DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, 411, and 414

[BPD–884–FC]

RIN 0938–AH94

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units 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: Final rule with comment period.

SUMMARY: This final rule makes several policy changes affecting Medicare Part B payment. The changes relate to physician services, including geographic practice cost index changes, clinical psychologist services, physician supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, and clinical consultations.

This rule also implements provisions in the Balanced Budget Act of 1997 relating to practice expense relative value units, screening mammography, colorectal cancer screening, screening pelvic examinations, and EKG transportation. In addition, we are finalizing the 1997 interim work relative value units and are issuing interim work relative value units for new and revised codes for 1998.

DATES: *Effective Date:* This rule is effective January 1, 1998. This rule is a major rule as defined in Title 5, United States Code, section 804(2). Pursuant to 5 U.S.C. section 801(a)(1)(A), we are submitting a report to the Congress on this rule on October 30, 1997.

Comment Date: We will accept comments on interim RVUs for selected procedure codes identified in Addendum C. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on December 30, 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–FC, 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-FC. Comments received timely will be available for public inspection as they are received, beginning approximately 3 weeks after publication of the 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 stock number 069–001–00101 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**.

Copies of the source files for this document can also be purchased on high density 3.5 inch personal computer diskettes for $17. Send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013–7082. 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 for the diskettes can also be placed by calling (202) 512–1530 or by faxing to (202) 512–1262. The file formats on the diskettes are ASCII and WordPerfect 6.1.

This **Federal Register** document is also available from the **Federal Register** online database through GPO Access, a service of the U.S. Government Printing Office. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/su_docs/, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then log in as guest (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then log in as guest (no password required).

FOR FURTHER INFORMATION CONTACT: For staff in the Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Practitioner and Ambulatory Care:

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

Regina Walker-Wren, (410) 786–9160 (for issues related to the clinical psychologist fee schedule).

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

Ward Pleines, Center for Health Plans and Providers, Chronic Care Purchasing Policy Group, Division of Cost Reporting, (410) 786–4528, (for issues related to the reasonable compensation equivalent limit update factor).

Anita Heygster, Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Integrated Delivery Systems, (410) 786–4486 (for issues related to participating and nonparticipating suppliers).

Bill Larson, Office of Clinical Standards and Quality, Coverage and Analysis Group, (410) 786–4639 (for issues related to screening mammography, screening pelvic examinations, and screening colorectal cancer examinations).

Stanley Weintraub, Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Practitioner and Ambulatory Care, (410) 786–4498 (for all other issues).

SUPPLEMENTARY INFORMATION: In this final rule, we provide background on the statutory authority for and development of the physician fee schedule. We also explain in detail the process by which certain interim work relative value units (RVUs) are reviewed and, in some cases, revised.

Section 1848(c)(2)(B) of the Social Security Act (the Act) provides that adjustments in RVUs resulting from an annual 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. Thus, the statute allows a $20 million tolerance for increasing or reducing total expenditures under the physician fee schedule. We have determined that net increases because of changes to the physician fee schedule would have added to projected expenditures in calendar year 1998 by approximately $300 million. Therefore, we are making the budget neutrality adjustment required by changes in payment policy and Physicians' Current Procedural Terminology (CPT) through the conversion factor (CF). A CF is a national value that converts RVUs into payment amounts. Effective January 1, 1998, there will be one CF, as specified by the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33), enacted on August 5, 1997. (Anesthesia has a separate CF but is paid using a different formula.) The CF is updated annually.

We have made the adjustment to achieve budget neutrality as we were best able to estimate. As a result, the total projected expenditures from the revised fee schedule are estimated to be the same as they would have been had we not changed the RVUs for any individual codes or added new codes to the fee schedule.

Addenda to this rule provide the following information:

Addendum A—Explanation and Use of Addenda B Through G.

Addendum B—1998 Relative Value Units and Related Information Used in Determining Medicare Payments for 1998.

Addendum C—Codes with Interim Relative Value Units.

Addendum D—1999 Geographic Practice Cost Indices by Medicare Carrier and Locality.

Addendum E—1998 Geographic Practice Cost Indices by Medicare Carrier and Locality.

Addendum F—1999 Versus 1997 Geographic Adjustment Factor (GAF) by 1998 Fee Schedule Area.

Addendum G—Counties Included in 1998 Localities (Alphabetically by State and Locality Name Within State).

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished on or after January 1, 1998.

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

Table of Contents

I. Background
A. Legislative History
B. Published Changes to the Fee Schedule
C. Components of the Fee Schedule Payment Amounts
D. Summary of the Development of the Relative Value Units
1. Work Relative Value Units
2. Practice Expense and Malpractice Expense Relative Value Units
II. Specific Proposals for Calendar Year 1998
A. Resource-Based Practice Expense Relative Value Units
1. Phased-In Implementation
2. Adjustment for Practice Expense Relative Value Units for 1998
3. Additional Provisions
B. Geographic Practice Cost Index Changes
1. Work Geographic Practice Cost Indices
2. Practice Expense Geographic Practice Cost Indices
a. Employee Wage Indices
b. Rent Indices
c. Medical Equipment, Supplies, and Miscellaneous Expenses
3. Malpractice Geographic Practice Cost Indices
C. Fee Schedule for Clinical Psychologist Services
1. Background
2. Legislative Changes
3. Physician Payment Reform
4. Related **Federal Register** Document
5. Policy Pertaining to Clinical Psychologist Services
6. Rationale and Alternatives Considered
D. Diagnostic Tests
1. Ordering of Diagnostic Tests
2. Supervision of Diagnostic Tests
3. Independent Diagnostic Testing Facility
E. Reasonable Compensation Equivalent Limit Update Factor
1. Background
2. Change in the Methodology Used to Develop Reasonable Compensation Equivalent Limits
F. Payment to Participating and Nonparticipating Suppliers
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
H. Caloric Vestibular Testing
I. Clinical Consultations
J. Actual Charges
III. Implementation of the Balanced Budget Act of 1997
A. Changes in Practice Expense Relative Value Units for 1998
B. Coverage of Screening Mammography and Related Payment Changes
C. Colorectal Cancer Screening
1. Coverage Determination in Screening Barium Enemas
2. Provisions of the Final Rule
3. Frequency Limits and Conditions of Coverage
4. Payment Limits
5. Screening Colonoscopy in an Ambulatory Surgical Center
D. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes
E. Reinstatement of the Payment for Transportation of EKG Equipment
F. Waiver of Proposed Rulemaking for Provisions in the Balanced Budget Act of 1997
IV. Refinement of Relative Value Units for Calendar Year 1998 and Responses to Public Comments on Interim Relative Value Units for 1997
A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units
B. Process for Establishing Work Relative Value Units for the 1998 Fee Schedule
1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 1—Work Relative Value Unit Refinements of 1997 Interim and Related Relative Value Units)
2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1998
a. Methodology (Includes Table 2—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1998 CPT Codes)
b. Discussion of Codes for Which the RUC Recommendations Were Not Accepted
C. Other Changes to the 1998 Physician Fee Schedule and Clarification of CPT Definitions
V. Provisions of the Final Rule
VI. Collection of Information Requirements
VII. Waiver of Proposed Rulemaking and Response to Comments
VIII. Regulatory Impact Analysis
A. Regulatory Flexibility Act
B. Geographic Practice Cost Index Changes
C. Fee Schedule for Clinical Psychologist Services
D. Diagnostic Tests
E. Reasonable Compensation Equivalent Limit Update Factor
F. Payment to Participating and Nonparticipating Suppliers
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
H. Caloric Vestibular Testing
I. Clinical Consultations
J. Changes in Practice Expense Relative Value Units for 1998
K. Coverage of Screening Mammography and Related Payment Changes
L. Colorectal Cancer Screening
M. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes
N. Reinstatement of the Payment for Transportation of EKG Equipment

O. Elimination of the Separate Budget-Neutrality Adjuster for the Work Relative Value Units
P. Effect of Changes Resulting from Adjustments to the Relative Value Units
Q. Net Impact of Relative Value Unit Changes on Medicare Specialties
1. Impact Estimation Methodology
2. Overall Fee Schedule Impact
3. Specialty Level Effect (Includes Table 3— Impact on Medicare Payments by Specialty Due to Changes in Relative Value Units)
R. Five-Year Impacts of Benefit Changes (Includes Table 4—Projected Budget Impact of New Benefits)
S. Rural Hospital Impact Statement
Addendum A—Explanation and Use of Addenda B Through G.
Addendum B—1998 Relative Value Units and Related Information Used in Determining Medicare Payments for 1998.
Addendum C—Codes with Interim Relative Value Units.
Addendum D—1999 Geographic Practice Cost Indices by Medicare Carrier and Locality.
Addendum E—1998 Geographic Practice Cost Indices by Medicare Carrier and Locality.
Addendum F—1999 Versus 1997 Geographic Adjustment Factor (GAF) by 1998 Fee Schedule Area.
Addendum G—Counties Included in 1998 Localities (Alphabetically by State and Locality Name Within State).

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.
BBA—1997 Balanced Budget Act of 1997
CF—Conversion factor.
CFR—Code of Federal Regulations.
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].
CT—Computerized axial tomography.
FDA—Food and Drug Administration.
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.
HUD—[Department of] Housing and Urban Development.
IDTF—Independent Diagnostic Testing Facility.
IPL—Independent Physiological Laboratory.
MEI—Medicare Economic Index.
MRI—Magnetic resonance imaging.
OBRA—Omnibus Budget Reconciliation Act.
PC—Professional component.
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 method to control the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

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

Section 1848(e)(1)(C) of the Act requires us to review and, if necessary, adjust the geographic practice cost indices (GPCIs) at least every 3 years. This section 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 were reviewed and revised in 1995. Thus, we are required to complete the second GPCI review and implement only one-half of any adjustment by 1998 and one-half in 1999.

The Act requires that payments vary among fee schedule areas according to geographic indices. In general, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule. A detailed discussion of fee schedule areas can be found in the June 5, 1991 proposed rule (56 FR 25832) and in the November 25, 1991 final rule (56 FR 59514). We are required by section 1848(e)(1)(A) of the Act to develop separate indices to measure relative 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 GPCIs and malpractice GPCIs 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.

B. Published Changes to the Fee Schedule

In the June 18, 1997 proposed rule (62 FR 33159), we listed all of the final rules published through November 22, 1996 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the June 1997 proposed rule (62 FR 33158), we discussed several policy options affecting Medicare payment for physicians' services including resource-based practice expense RVUs, geographic practice cost index changes, clinical psychologist services, supervision of diagnostic tests, establishment of independent diagnostic testing facilities, 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.

This final rule affects the regulations set forth at 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); part 411, which consists of regulations pertaining to exclusions from Medicare and limitations on Medicare payment; and part 414, which consists of regulations pertaining to the payment for Part B medical and other health services. It also discusses changes to work RVUs affecting payment of physician services. The information in this final rule updates information in the June 18, 1997 proposed rule (62 FR 33158).

C. Components of the Fee Schedule Payment Amounts

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

For each physician fee schedule service, there are three relative values: (1) An RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each

of these components of the fee schedule there is a GPCI for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component.

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

$$\text{Payment}=[(RVU_{work}\times_{work\ adjuster}\times GPCI_{work})+(RVU_{practice\ expense}\times GPCI_{practice\ expense})+(RVU_{malpractice}\times GPCI_{malpractice})\times CF]$$

The CF for calendar year 1998 appears in Addendum A. The RVUs for calendar year 1998 are in Addendum B. The GPCIs for calendar year 1998 are in Addendum E.

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

D. Summary of the Development of the Relative Value Units

1. Work Relative Value Units

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

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

Proposed RVUs for services were published in a proposed rule in the **Federal Register** on June 5, 1991 (56 FR 25792). We responded to the comments in the November 25, 1991 final rule. Since many of the RVUs were published for the first time in the final rule, we considered the RVUs to be interim during the first year of the fee schedule and gave the public 120 days to comment on all work RVUs. In response to the final rule, we received comments on approximately 1,000 services. We responded to those comments and listed the new RVUs in the November 25, 1992 notice for the 1993 fee schedule for physicians' services. We considered these RVUs to be final and did not request comments on them.

The November 25, 1992 notice (57 FR 55914) also discussed the process used to establish work RVUs for codes that were new or revised in 1993. The RVUs for these codes, which were listed in Addendum C of the November 25, 1992 notice, were considered interim in 1993 and open to comment through January 26, 1993.

We responded to comments received on RVUs listed in Addendum C of the November 25, 1992 notice (57 FR 56152) in the December 2, 1993 final rule (58 FR 63647) for the 1994 physician fee schedule. The December 2, 1993 final rule discussed the process used to establish RVUs for codes that were new or revised for 1994. The RVUs for these codes, which are listed in Addendum C of the December 2, 1993 final rule (58 FR 63842), were considered interim in 1994 and open to comment through January 31, 1994. We proposed RVUs for some non-Medicare and carrier-priced codes in our June 24, 1994 proposed rule (59 FR 32760). Codes listed in Table 1 of the June 1994 proposed rule were open to comment. These comments, in addition to comments on RVUs published as interim in the December 2, 1993 final rule were addressed in the December 8, 1994 final rule (59 FR 63432). In addition, the December 8, 1994 final rule discussed the process used to establish RVUs for codes that were new or revised for 1995. Interim RVUs for new or revised procedure codes were open to comment. Comments were also accepted on all RVUs considered under the 5-year refinement process. The December 8, 1995 final rule (60 FR 63124) addressed comments on RVUs published as interim in the December 8, 1994 final rule. In addition, the December 8, 1995 final rule discussed the process used to establish RVUs for codes that were new or revised for 1996. The November 22, 1996 final rule (61 FR 59490) addressed all comments received in response to our May 3, 1996 proposed notice (61 FR 19992) on the 5-year review of work RVUs, finalized the 1996 interim work RVUs, and issued interim RVUs for new and revised procedure codes for 1997.

2. Practice Expense and Malpractice Expense Relative Value Units

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

Section 121 of the Social Security Act Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, and amended by the BBA 1997, 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 considered the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation required the new payment methodology to be phased in over 4 years, effective for services furnished in 1999.

II. Specific Proposals for Calendar Year 1998

In response to the publication of the June 1997 proposed rule, we received approximately 8,600 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of the comments addressed the proposals related to resource-based practice expense RVUs, supervision of diagnostic tests, and payments based on actual charges.

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

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1998. We discuss in detail the effects of these changes in the

Regulatory Impact Analysis (section VIII).

For the convenience of the reader, the headings for the policy issues in section II correspond to the headings used in the June 1997 proposed rule (62 FR 33158). More detailed background information for each issue can be found in the June 1997 proposed rule.

A. Resource-Based Practice Expense Relative Value Units

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. The June 1997 proposed rule (62 FR 33160), contained the proposed resource-based practice expense RVUs. We received a substantial number of comments on our proposal, both favorable and unfavorable.

Before the close of the comment period on August 18, 1997, the Balanced Budget Act (BBA) of 1997 (Pub. L. 105–33) was enacted on August 5, 1997. The BBA 1997 delayed implementation of the resource-based practice expense system until 1999. The BBA 1997 contained additional requirements.

1. Phased-in Implementation

Instead of paying for all services entirely under a resource-based practice expense system in 1999, the system will be implemented over a 4-year period. The practice expense RVUs for 1999 will be based on the product of 75 percent of the previous year's practice expense RVUs (1998) and 25 percent of the resource-based practice expense RVUs. For the year 2000, the percentages will be 50 percent of the charge-based practice expense RVUs and 50 percent of the resource-based practice expense RVUs. For 2001, the percentages will be 25 percent of the charge-based practice expense RVUs and 75 percent of the resource-based practice expense RVUs. For subsequent years, the RVUs will be based totally on resource-based practice expense RVUs.

2. Adjustment for Practice Expense Relative Value Units for 1998

Section 4505 of the BBA 1997 specifies the manner in which practice expense RVUs in 1998 are adjusted.

Section 4505 of the BBA 1997 enacted a provision that would in 1998 redistribute practice expense RVUs in the direction of the resource-based RVUs that are to be implemented in 1999. The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service, and the monies are used to raise the practice expense RVUs for office visit procedures. (Section 4505 of the BBA 1997 also gives us the authority to adjust this percentage if the aggregate amount of reductions exceeds $390 million. Since the application of the 110 percent results in reductions of approximately $330 million, no further adjustment is necessary.) A detailed discussion of this provisions is discussed in section III, ''Implementation of the Balanced Budget Act of 1997.''

3. Additional Provisions

Several additional provisions relating to the development of resource-based practice expense RVUs will be published in the **Federal Register** in the spring of 1998. These provisions will be discussed in a notice of intent to regulate that is being published elsewhere in this issue of the **Federal Register.**

We are not adopting the resource-based practice expense system proposal published in the June 1997 proposed rule. However, we will publish a new proposed rule in the spring of 1998 with a new set of resource-based practice expense RVUs.

B. Geographic Practice Cost Index Changes

The Act requires that payments vary among fee schedule areas to the extent that resource costs vary as measured by the GPCIs. As stated earlier, section 1848(e)(1)(C) of the Act 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 in the first year 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. (A detailed discussion of the development of the GPCIs and references to obtaining studies on the development of the GPCIs can be found in the June 1997 proposed rule (62 FR 33172.)

The 1998 through 2000 GPCIs represent the second GPCI update. The 1999 GPCIs (Addendum D) are the fully revised GPCIs. The 1998 GPCIs (Addendum E) represent the one-half transition GPCIs. Addendum F shows the estimated effects on area payments of the fully revised 1999 GPCIs. The payment effects in 1998 will be about one-half of these amounts.

The same data sources and methodology used for the 1995 through 1997 GPCIs were used for the 1998 through 2000 GPCIs with a few very minor modifications. No acceptable additional data sources were found.

1. 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.

Therefore, we are making no changes in the work GPCIs, other than the generally negligible changes resulting from using 1994, rather than 1992, RVUs in mapping counties to localities for this GPCI update. We believe it is preferable to make no changes rather than making inaccurate changes based on unacceptable data. We believe that this is a particularly 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.

2. Practice Expense Geographic Practice Cost Indices

a. Employee Wage Indices. As with the work GPCIs, the employee wage portion of the practice expense GPCIs is based on decennial census data. Like the work GPCIs, the employee wage indices are not being changed during this GPCI update.

b. Rent Indices. The office rental indices are again based on HUD residential rent data. The revised rental indices are based on 1996 HUD data as opposed to 1994 HUD data used in the 1995 through 1997 GPCIs.

c. Medical Equipment, Supplies, and Miscellaneous Expenses. As with the 1992 through 1994 and 1995 through 1997 GPCIs, this component was given a national value of 1.000, indicating no measurable difference among areas in costs. (For previously published **Federal Register** documents that discuss these issues, see section I.B. of this final rule, ''Published Changes to the Fee Schedule.'')

3. 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. The proposed malpractice indices were 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.

Fee schedule areas are described by carrier and locality number with a short geographic description such as ''Atlanta.'' We received numerous inquiries about the geographic areas that comprise our fee schedule areas. Addendum G lists alphabetically by State and fee schedule area the counties included in each fee schedule area.

Comment: The majority of commenters expressed concern about the continued use of proxy data, especially the HUD residential rent data, rather than commercial rent data, in the GPCIs. They suggested we collect actual data on physician earnings and expenses.

Response: In both the 1995 and this GPCI revision we conducted an extensive search for alternative data sources as well as for more recent data. The search led us to conclude that the current GPCI proxies are still the best available data to measure practice cost differences among areas. As stated in all previous proposed and final rules on the GPCIs, the actual earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. That is, the use of actual physician earnings would be ''circular.'' As also discussed in all previous proposed and final rules on the GPCIs, no acceptable sources of commercial rent data were found.

We believe the current GPCI data sources are an accurate reflection of area practice cost differences. We believe physician earnings will vary among areas as do the earnings of other highly educated professionals, and commercial rents will vary among areas as do residential rents. The employee wage portion of the GPCIs is based on census data on the actual earnings of the type of employees found in physicians' offices. The malpractice index is based on actual malpractice premiums. The current GPCI data sources reflect costs across the country and are updated on a regular basis. Any data collection of actual physician costs of sufficient breadth to cover all counties and be updated on a regular basis would be massive and extremely costly. We are unconvinced that such an effort would produce a result so significantly at variance with the present GPCIs as to justify the resources required to collect the data.

Comment: Commenters stated that there should be no geographic payment differences under the physician fee schedule. They believe that in a national program with the same Medicare Part B premium everywhere, that equivalent services should have equivalent payment regardless of geographic area.

Response: Section 1848(e)(1)(A) of the Act requires that payments vary among areas as resource costs vary as reflected by the GPCIs.

Comment: One commenter stated that the GPCIs did not accurately reflect area cost differences because uniform GPCI component cost share weights were used. The commenter stated that use of the same cost shares everywhere fails to recognize that component weights might vary among areas, specialties, and services depending upon factors such as case mix, availability of other health care resources, and individual practice styles.

Response: We agree that different specialties and individual practitioners utilize resources differently and may have expenses in different proportions from the component weights used in the GPCIs as discussed in the June 1997 proposed rule at 62 FR 33172. The physician fee schedule was established in 1992 specifically to eliminate the large unjustifiable payment differences that existed among services, specialties, and geographic areas by establishing a uniform national payment system. Payments under the physician fee schedule are based on uniform national RVUs for a service and a national dollar conversion factor and can vary only as area resource costs vary as demonstrated by the GPCIs. The law prohibits any specialty payment differential. The RVUs for a service represent the typical service. The GPCI component weights represent the average practice expense component weights across all physician specialties and are intended to reflect average costs across all services and specialties in an area and not to reflect exactly the costs of each individual practitioner. Thus, physician fee schedule payments are designed by law to reflect the resources involved with provision of the typical service across all specialties and physicians in an area. It would not be in keeping with the intent of the law nor would it be practical or desirable in a national program to attempt to recognize individual practice patterns.

Comment: One commenter stated that contrary to the GPCIs, which show that costs tend to be higher in urban areas, rural physicians may actually have higher costs than urban or suburban physicians. The commenter attributed this to such factors as higher shipping costs, higher equipment maintenance costs, higher continuing education costs, and less efficient use of medical equipment.

Response: While we have heard this argument since the inception of the physician fee schedule, we have no data demonstrating that physicians in rural areas have higher costs of practice than physicians in urban or suburban areas. Physician work, rents, employee wages, and malpractice insurance represent about 86 percent of physician costs as reflected in the GPCIs. Our data show that wages, both physician wages as reflected by wages of other highly educated professionals and the wages of medical and clerical personnel in physicians' offices, and rents are higher in urban and suburban areas than in rural areas. While malpractice premiums are the same statewide in many States, in those States where premiums do vary geographically they are higher in urban areas. The types of expenses mentioned as higher in rural areas, continuing education, higher shipping costs, higher equipment maintenance costs, and less efficient use of equipment, represent only a very small portion of physician practice costs.

Comment: One commenter recommended that changes in malpractice GPCIs reflect actual changes in costs from year to year.

Response: We interpret this comment to mean that the malpractice GPCIs should reflect actual changes in malpractice premiums from the prior year. That is, the 1998 malpractice GPCIs should reflect actual changes in malpractice premiums from 1997 to 1998, and the malpractice GPCIs should be changed each year to reflect annual premium changes. The law requires that we review and revise the GPCIs at least every 3 years. This revision involves substantial data collection and analysis and must be published in a proposed rule. For example, the last GPCI revision was in 1995, meaning that the next revision is required in 1998. This requires publication of the proposed changes in the **Federal Register** in early 1997 to allow for public comment. To meet this timeframe, data collection begins in 1995 to allow time for data analysis and drafting of the proposed rule. Therefore, given the time frame for the process to utilize updated data, this is the most current data that could be used. Thus, the revised malpractice GPCIs are based on 1992 through 1994 malpractice premium data, the most recent data available at the time the revision process was begun in 1995. As discussed in the proposed rule, we use a 3-year average rather than the most recent single year of malpractice data to smooth the annual volatility of

malpractice premiums and present a more accurate indication of malpractice premium trends over time. We do not plan to revise the GPCIs more frequently than every 3 years as required by law.

Result of evaluation of comments: The GPCIs proposed on June 18, 1997 will be effective beginning in 1998.

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 on 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 for 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. 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 discuss establishing 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 Medicare Economic Index (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 Physicians' Current Procedural Terminology (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. 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 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 final 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 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 not resource-based but 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 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 physician update factor 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 American Medical Association's (AMA's) Specialty Society Relative Value Scale Update Committee (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.

We received a few comments on the clinical psychologist fee schedule from five separate major professional associations and federations at the national and State level.

Comment: One commenter urged us to develop an equitable payment methodology for clinical social workers that takes into account the practitioner's investment in education and training, office expenses, and malpractice costs instead of a methodology that is based on a percentage of what is paid to another nonphysician provider. The commenter noted that payment for clinical social worker services seems to be the only instance under the Medicare statute when one G48 nonphysician's payment rate is tied to that of another nonphysician provider.

Response: The Medicare statute requires that payment be made to clinical social workers at 80 percent of the lesser of the actual charge for the services or 75 percent of the amount determined for payment for clinical psychologist services. Under the circumstances, it would be inappropriate to develop an alternative payment amount for clinical social worker services.

Comment: Several commenters stated that they are pleased that we have addressed the problem of the clinical psychologist fee schedule and the inequitable situation that in some areas of the country fees for psychology services were higher than the fees for the same services provided by a psychiatrist. Accordingly, these commenters are supportive of our requirement that psychologists may bill only for psychotherapy without medical evaluation and management. However, two of the commenters suggested that we consider our policy of a fee schedule for psychologists' services set at 100 percent of the physician fee schedule amount to be an interim policy, pending completion of ongoing survey work and the RUC's deliberations. Completion of the RUC's review of the work involved in the new codes will help inform decision makers about whether the coding changes and RVUs have adequately captured the resource cost differences between psychotherapy provided by psychiatrists and that provided by psychologists.

Additionally, one of these commenters stated that it is illogical to permit psychologists to be paid at 100 percent of the physician fee schedule for comparable services using the same malpractice expense RVUs assigned to physician codes. Malpractice insurance premiums for psychologists are as low as 10 percent of the premiums charged to leading psychiatrists. Even when psychiatrists provide psychotherapy without evaluation and management, their professional standard of care exceeds the standard of care applicable to psychologists. Psychologists do not have the same responsibility as psychiatrists in terms of being accountable for failure to furnish medications or recognize a non-psychiatric medical condition when providing psychotherapy without medical evaluation and management.

Accordingly, this commenter believes that the malpractice expense and practice expense associated with the significantly higher standard of care required of psychiatrists requires that we set payment for psychologists' services at less than 100 percent of the physician fee schedule amount.

Response: The temporary psychotherapy ''G'' HCFA Common Procedure Coding System (HCPCS) codes (G0071 through G0094) were implemented as interim codes, and the RUC-recommended RVUs for these services were also considered as interim. Although these temporary ''G'' codes will be crosswalked directly to permanent numeric HCPCS codes effective January 1, 1998, the codes and the assigned RVUs will continue to be considered interim.

We believe that, for the most part, we have addressed the situation when malpractice insurance premiums for psychiatrists are higher than the cost of malpractice insurance for psychologists by establishing an entire set of psychotherapy codes that are exclusive to physicians that psychologists are precluded from billing under the Medicare program. We established this set of codes because the services that both physicians and psychologists can furnish are probably not the services that are contributing to the psychiatrist's higher malpractice costs. The services that are reserved to physicians alone are those involving medications and complexities that would contribute to the higher malpractice costs.

Comment: One commenter expressed that it has a major concern about our continued exclusion of psychologists from the use of CPT evaluation and management codes as well as the ''G'' HCPCS codes that encompass an evaluation and management component. The commenter believes that we should remove our longstanding restriction on the use of these codes by psychologists and, instead, incorporate into our coding system a realistic reflection of the present day practice of psychology.

Moreover, the commenter believes that since psychologists play an important evaluative role, we should seriously reconsider our longstanding exclusionary policy and permit payment to psychologists for evaluation and management codes that represent services that psychologists are already providing under the Medicare program.

Response: We believe that the CPT diagnostic psychological testing CPT codes 96100 through 96117 and the CPT psychotherapy codes 90801 through 90899 capture the range of mental health services, including nonmedical evaluation services, that clinical psychologists are expected to provide for purposes of the Medicare clinical psychologist benefit and that clinical psychologists are authorized by law to furnish. The evaluation and management services included in the codes that psychologists cannot bill Medicare are services involving *medical* evaluation and management. Psychologists are not licensed to perform these types of services.

Result of evaluation of comments: We are finalizing our proposal to maintain the clinical psychologist fee schedule at 100 percent of the physician fee schedule amount for comparable services. The RVUs for individual psychotherapy services remain in effect on an interim basis.

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 adding 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 and necessary diagnostic 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, commenters have asked about 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 clarifying 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.

All commenters addressing the proposal to permit certain physicians to order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary enthusiastically supported the proposal. We received no comments on the proposal to clarify that denial of claims by carriers because the tests were not ordered by a physician who uses the findings in the management of the beneficiary's care are based on the reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1).

Below is a discussion of the public comments we received on our proposal relating to ordering of diagnostic tests and our responses:

Comment: Several commenters requested clarification of the applicability of the diagnostic test ordering provision, adopted in the final rule of November 22, 1996, to diagnostic procedures performed in hospital settings: the responses to comments seemed to indicate that, although the intent of the new policy was primarily directed at nonhospital testing, the requirement applied in all settings.

Response: The policy was set forth in § 410.32, which generally addresses diagnostic tests covered under section 1861(s)(3) of the Act and payable by Part B carriers rather than fiscal intermediaries. Regulations other than § 410.32 govern the coverage of diagnostic tests furnished to hospital patients, which are payable through fiscal intermediary payment mechanisms. Specifically, the coverage of diagnostic tests furnished to hospital outpatients is addressed in § 410.28, and the coverage of diagnostic tests furnished to hospital inpatients is addressed in § 409.16. Therefore, the test ordering policy adopted in the final rule of November 22, 1996, effective for procedures furnished beginning January 1, 1997, does not apply to diagnostic tests furnished in hospitals.

Comment: A few commenters expressed concern that manual sections

implementing the ordering rule have not been issued. One commenter indicated that interpreting physicians are in the untenable position of having to choose between performing additional tests they know the patient needs based on the findings of the initial procedure or postponing procedures to ensure that they do not violate HCFA rules. Another indicated that there are times that the referring physician cannot be reached and delaying a procedure would not be in the best interests of the patient.

Response: In adopting the test-ordering proposal, we intended to establish the general principle that, to be covered under Medicare, a diagnostic test must be ordered by a physician who will use the findings in the medical management of the patient. The policy did not require that the order be in writing or instruct carriers to investigate claims prior to payment to ensure the existence of such an order. It was intended for use by carriers in situations in which a problem has been identified, or is strongly suspected, as a basis for recovery of payments for tests that did not meet the reasonable and necessary criteria of section 1862(a)(1)(A) of the Act. In the situations cited by the commenters, we do not think it would be unreasonable to ask for the testing physician to receive authorization from the ordering physician's office (either by phone or FAX) for the additional tests he or she believes to be necessary. Certainly, provision could be made for an emergency situation. We are trying to address situations in which there is a pattern of the testing entity's adding procedures to those ordered by the patient's personal physician.

Comment: Commenters representing the interests of entities that furnish nuclear medicine procedures indicated a continuing problem with the ordering requirement and stated that nuclear medicine physicians, by State and Federal regulations, are the only physicians who can actually order nuclear medicine tests.

Response: We see no conflict between our proposal and State and Federal regulations. However, in order to address these concerns more fully we would need more specific information as to the State and Federal regulations in question.

Comment: A national organization representing psychologists indicated that § 410.32 addresses the ordering and supervision of diagnostic tests and objected to some of the wording relating to nonphysician practitioners, such as clinical psychologists. The commenter pointed out that § 410.32(a)(3) indicates that certain nonphysician practitioners 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.'' The commenter suggested that the wording be changed to ''*shall* be treated the same . . .'' because, as written, the wording does not require that these individuals always be treated as physicians for purposes of this section.

Response: The commenter raises an interesting point that we agree needs further clarification. The purpose of § 410.32(a)(3) is to ensure that the nonphysician practitioners in question may *order* tests for the beneficiaries they are treating. (We are adding the same wording to the section on independent diagnostic testing facilities (IDTFs) to clarify that the nonphysician practitioners in question may order diagnostic testing by IDTFs.) However, we did not intend to permit these same nonphysician practitioners to supervise diagnostic testing performed by others. Under the rule we are adopting, all diagnostic tests payable under the physician fee schedule must be performed under the supervision of a physician (as defined in section 1861(r) of the Act) with certain exceptions set forth in § 410.32(b). Therefore, we are modifying the wording of § 410.32(a)(3) to change the last word from ''section'' to ''paragraph.'' In other words, the nonphysician practitioners are treated as physicians as far as the ordering of tests for the patients they are treating is concerned but not for the other subject of § 410.32, that is, the supervision of the performance of tests. (However, certain nonphysician practitioners may personally *perform* certain diagnostic tests without physician supervision. This subject is addressed in the discussion of the comments on both the physician supervision and IDTF proposals.)

Result of evaluation of comments: We are adopting the proposals (with the wording clarification indicated above) to (1) permit certain physicians to order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary and (2) clarify that carrier denial of claims because the tests were not ordered by a physician who uses the findings in the management of the beneficiary's care are based on the reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1).

2. Supervision of Diagnostic Tests

We are clarifying 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 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 clarification. This final 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 clarifying that some degree of physician supervision is required for every diagnostic test payable under the physician fee schedule with a few exceptions.

Our specific 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 clarifying 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 clarifying that this level of supervision is required for some types of diagnostic procedures that are not x-rays.

• We are incorporating 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 setting forth 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 final rule) by a physician (as defined in section 1861(r) of the Act). Because of the restrictive 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 excluding 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 setting forth the policy 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 setting forth the policy 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. 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 defining ''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 adding 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.

These supervision requirements are applicable only for diagnostic tests under section 1861(s)(3) of the Act. Other statutory provisions such as CLIA, the physician self-referral rules, etc., which contain supervisory standards for physicians, are not affected by this rule, and continue to be required, if applicable.

Several commenters who objected to various aspects of the physician supervision proposal were obviously addressing procedures performed in hospitals, and we would like to clarify this situation for them. As pointed out in the first paragraph of the preamble discussion of this proposal in the June 18, 1997 proposed rule (62 FR 33179), we proposed to modify and clarify the policy in § 410.32 on physician supervision of diagnostic procedures that are covered under section 1861(s)(3) of the Act and *payable under the physician fee schedule.* Regulations other than § 410.32 govern the coverage of diagnostic tests furnished to hospital patients. Specifically, the coverage of diagnostic tests furnished to hospital outpatients is addressed in § 410.28, and the coverage of diagnostic tests furnished to hospital inpatients is addressed in § 409.16. Further, this proposal addressed the coverage of the technical component (TC) (including TCs billed with the professional component (PC) of the procedure in a global bill) and other diagnostic procedures that are not split into PC or TC components and that do not have RVUs reflecting physician work. Diagnostic *services* that have physician work RVUs are not ''other diagnostic tests'' covered under section 1861(s)(3) of the Act but physician services and services incident to a physician's services covered under sections 1861(s)(1) and 1861(s)(2)(A) of the Act. These services are either personally

furnished by the physician or furnished as an ''incident to'' service. In both cases, the policy has been established and is unaffected by this rule. Either the physician is present because he or she is personally furnishing the service or, in the case of ''incident to'' services, the physician is in the suite (the same standard as proposed for direct supervision under the proposal) during the time the diagnostic service is performed. To summarize, neither the technical services associated with diagnostic tests furnished in hospitals nor diagnostic service codes containing physician work RVUs (other than global billings) are affected by this proposal.

Comment: Many physician commenters disagreed with our proposal to place diagnostic ultrasound procedures in the category of tests requiring general supervision. We received the following comments:

- Most ultrasound diagnostic procedures should be placed in the direct or personal supervision categories. The requirement for general supervision is not sufficient to achieve the needed degree of physician input in the final product of the ultrasound examination.
- Good ultrasound can only be performed through a working partnership between the technologist and the supervising physician. Commenters pointed out that radiologists frequently will examine the patient in real time to clarify uncertain findings or to further characterize pathology detected during the technologist's examination. If the physician does not go back to scan these patients himself, critical diagnoses would be missed. The common and correct practice of ultrasound is for a technologist to perform the examination and for a physician to check the study before the patient leaves the examining area.
- The performance of ultrasound procedures requires more physician supervision than magnetic resonance imaging (MRIs), computerized axial tomography (CTs), or nuclear medicine procedures.
- One commenter referred to unregulated ultrasound procedures in the U.S. as a ''cesspool of poor medical practice.''
- One commenter suggested that Medicare should prohibit payments for self-referred sonographic procedures performed by physicians who purchase this equipment for their offices and find reasons to use the equipment on their patients even though they are poorly-trained in the interpretations of the findings.
- Several physicians commented that they often performed these tests personally without a technologist present.

Response: In developing our proposal on levels of physician supervision for out-of-hospital diagnostic testing, we placed ultrasound procedures in the general category on the basis that it was safe to perform these procedures without the presence, either in the room or in the suite, of a physician. However, in determining whether services and procedures are reasonable and necessary, we also consider whether a service or procedure is effective. Based on the comments we received on the proposal, primarily from physicians who utilize ultrasound procedures in diagnosing patients, we have become convinced that the effectiveness of ultrasound procedures is enhanced when the performance of these tests is supervised by a physician who is not only on-site when the procedure is performed, but who also monitors the performance of the procedure. Therefore, we are modifying our proposal and are placing ultrasound diagnostic procedures in the direct category that requires the presence of the physician in the office suite when an individual procedure is performed.

Comment: Some commenters objected to our proposal to place CTs, MRIs, and nuclear medicine procedures in the category of procedures requiring the direct supervision of a physician. Some commenters indicated that CTs and MRIs required direct supervision only when contrast media are used to perform the tests. Commenters suggested that such a requirement would cause a dramatic reduction in the availability of these services furnished through mobile entities in rural areas. It was alleged that the physician supervision requirements contradict those established by the United States Nuclear Regulatory Commission for nuclear medicine procedures. Some commenters indicated that some nuclear medicine procedures required direct supervision, some required only general supervision, and some required a mid-level of supervision in which the physician could monitor the performance of the test by telephone.

Response: Based on the comments received, we have decided to move the required level of supervision for computerized axial tomography procedures (CTs) and magnetic resonance imagery procedures (MRIs) performed without the introduction of contrast media into the category of general supervision. We have become convinced that general supervision by a physician has become the established standard of practice for CTs and MRIs performed without contrast media. CT and MRI procedures in which contrast materials are utilized will remain in the direct category. We are adopting our proposal of direct supervision with regard to all nuclear medicine procedures. (Also, see comment below addressing supervision of nuclear cardiology procedures.)

Comment: Several commenters objected to the assignment of cardiovascular stress tests, including those furnished with nuclear medicine and echocardiography procedures, to the category of tests requiring performance under the personal supervision of a physician. Their comments included the following:

- Cardiovascular stress tests performed by well-trained physician extenders, such as registered nurses and physician assistants, using established protocols and under the direct supervision of a physician have proved to be safe and effective.
- The use of exercise physiologists, B.S.N. degree nurses, or physician assistants was the ''standard of care'' in their hospital.
- In the absence of data to suggest that direct supervision is less safe than personal supervision, only direct supervision should be required.
- The requirement is contrary to the position of the American College of Physicians, the American College of Cardiology, and the American Heart Association, set forth in a 1990 task force statement that endorses the position that ''exercise testing in selected patients can be safely performed by properly trained nurses, exercise physiologists, physical therapists, or medical technicians working directly under the supervision of a physician who should be in the immediate vicinity and available for emergencies.''
- The success of cardiac rehabilitation programs has demonstrated the success of nonsupervised exercise in the cardiac patient.
- One physician commenter agreed with our placing of stress tests in the personal supervision category and indicated that personal physician supervision was absolutely essential for the safety of the patient and for the test to be of maximal diagnostic utility.

Response: We do not agree with the general tone of the comments. It is established policy under Medicare that cardiovascular stress tests must be performed under the direct supervision of a physician to be covered. (For example, the interim teaching physician instructions, issued June 28, 1996,

placed the procedures in the category of complex and dangerous procedures requiring the presence of a teaching physician (rather than a resident) during their performance.) In addition, we do not believe that the reference to ''exercise'' and cardiac rehabilitation programs is the same thing as a cardiovascular stress test. With regard to the 1990 task force statement by the three organizations cited above, we believe that the reference to ''selected patients'' being safely tested by nonphysicians is a telling one. It is not at all clear to us that the appropriate level for ''selected patients'' should be the general standard applicable to all patients, particularly patients in the age group of most Medicare beneficiaries.

The circumstances surrounding cardiovascular stress tests are unusual because, although the issue at hand for Medicare coverage purposes is the supervision of the performance of the technical component of the test, this supervision is described by the AMA's CPT coding system with a specific code (CPT code 93016) for use in billing for physician supervision of cardiovascular stress tests when the physician who supervises the performance of the test differs from the physician who bills for the interpretation and report of the procedure. This means that the in-person supervision by a physician of this particular procedure has been determined to be so essential that it was necessary to establish a separate code for it. This code should be billed in connection with a stress test that will be interpreted and used in the diagnosis of the patient. It may not be used to bill for ''supervision'' of exercise in connection with a cardiac rehabilitation program.

We firmly believe that there should be a physician in attendance during the performance of cardiovascular stress tests to provide—

- Medical expertise required for the performance of the test;
- Medical treatment for complications and side effects of the test;
- Medical services required as part of the test, for example, injections or the administration of medications; and
- Medical expertise in the interpretation of the test (some of which may have to be provided while the test is actually being performed).

We do not believe that nonphysician personnel, even well-trained personnel, possess the knowledge and skills to immediately address all complications that may occur.

The reference to cardiovascular stress tests performed in hospitals indicates a misunderstanding of the physician supervision proposal. This proposal does not apply in hospitals; it only applies in settings in which the TC of the procedure is payable by the carrier. However, even in hospitals, if a physician wishes to bill the carrier for the supervision of the procedure using CPT code 93016 (a physician's service covered under section 1861(s)(1) of the Act rather than a diagnostic test covered under 1861(s)(3) of the Act), the physician must have been present for the performance of the test. It is our view that the physician's presence to deal with emergencies, as well as the other activities listed above, is the service that CPT code 93016 describes and the appropriate level of physician supervision for cardiovascular stress tests.

Comment: Several commenters indicated that it was inappropriate to require direct supervision of nuclear cardiology imaging procedures. Commenters indicated that these procedures can be provided under the general supervision of a nuclear cardiologist who is close at hand (but not in the suite during the performance of the procedure) or through supervision of the procedure through telemedicine. This latter position was described as a mid-level of physician supervision between general and direct. One commenter indicated that ready availability (within minutes) was sufficient to address any procedural, clinical, or radiation safety concerns that arise. One commenter indicated that the proposal was not rational and that the requirement for the physician to be in the office during a nuclear cardiology imaging procedure would make excessive demands upon a physician's schedule flexibility. The commenters indicated that no data exist to show that nuclear cardiology imaging provided with direct supervision was in any way superior to this imaging provided under general supervision. Some commenters made a distinction between their comments on the direct level of supervision standard applicable to nuclear cardiology procedures generally (as well as all other nuclear medicine procedures) and the personal supervision standard applicable to nuclear cardiology procedures involving cardiovascular stress tests. The commenters cited the passage from the 1990 American College of Physicians/American College of Cardiology/American Heart Association Task Force quoted in the prior discussion on stress tests to justify their position that some level of physician supervision between general and direct was all that was required. Finally, some commenters suggested that the goal of improving quality while reducing costs to the Medicare program would be better served by tightening standards for physicians eligible to be paid for the procedures.

Response: As stated earlier in these comments, we believe that direct supervision is the minimum level for all diagnostic tests involving the use of contrast materials including the radionuclides used in nuclear medicine procedures. We are not persuaded by the comments that there is something about nuclear cardiology procedures that should, instead, require only general physician supervision. With regard to the statement used to support only general and direct physician supervision for stress testing, we would point out that the July 1997 American College of Cardiology/American Heart Association Guidelines for Exercise Testing in its introduction states:

> For the purpose of this document, exercise testing is a cardiovascular stress test using treadmill or bicycle exercise and electrocardiographic and blood pressure monitoring. *Pharmacological stress and the use of imaging modalities (radionuclide imaging, echocardiography) are beyond the scope of these guidelines.* (Emphasis added.)

This statement leads us to believe that the argument with respect to stress testing of ''selected patients'' by nonphysicians was being quoted out of context with respect to nuclear cardiology procedures. We are not persuaded that our proposal was wrong, and we are adopting the proposed standards of physician supervision for the procedures. When the nuclear cardiology procedure in question involves a stress test and separate nuclear medicine and cardiovascular codes are used, personal supervision is required for the portion of the procedure involving stress, and the direct supervision standard applies to the nuclear portions of the overall procedure.

Comment: One commenter objected to the term ''other diagnostic tests'' in the title of § 410.32, questioned why x-rays are listed, and suggested that the term ''ultrasound'' be specifically cited. The commenter argued that the level of supervision cannot be appropriately indicated unless ultrasound is specifically named and the tests requiring supervision indicated.

Response: ''X-rays and other diagnostic tests'' is the term used in section 1861(s)(3) of the Act. We will indicate the appropriate level of supervision for a code in the data base, as indicated above. With regard to ultrasound procedures, direct supervision is required.

Comment: Several commenters suggested that direct supervision be defined to include the presence of a physician in a remote office suite to accommodate teleradiology. The physician would review the examination remotely, in real time, and arrange for a response team to handle patient care or contrast media emergencies at the site where the procedure is performed.

Response: Medicare currently pays for the *interpretation* of diagnostic procedures using images or other data transmitted via teleradiology. We would have to have more information about the arrangement the commenters have in mind, but, under the policy we are adopting, a physician cannot appropriately provide direct or personal supervision of diagnostic tests through telemedicine.

Comment: One commenter suggested that, for uroradiology procedures, the radiologist may not be present for the entire procedure; however, because of the use of contrast material, the appropriate level of supervision is direct.

Response: We have placed some uroradiology procedures in the direct category and others in the personal category. This is consistent with our general policy of requiring the presence of the physician during the imaging portion of any procedure described with a supervision and interpretation code.

Comment: One commenter suggested that the definition of ''personal supervision'' be clarified to provide for situations in which a radiologist must leave the procedure room for either clinical or safety reasons. The example was given of a radiologist leaving the procedure room during filming due to radiation exposure.

Response: If it is the customary practice for radiologists to leave the room for a short period of time for safety reasons to avoid radiation exposure, we would, of course, have no problem with them continuing to do so. We would expect the supervising physician to be present for all portions of the procedure that do not present a safety problem.

Comment: One commenter asked for clarification of whether the personal supervision standard applicable to cardiac stress tests should be required for pulmonary stress tests. The example of ambulating the patient to obtain oxygen saturation for oxygen recertification was given.

Response: We are not exactly sure of the specific procedures about which the commenter is inquiring. If it is CPT code 94620 (Pulmonary stress testing, simple or complex), the level is personal. For CPT codes 94760 through 94762 for noninvasive oximetry, the level is general.

Comment: A national organization representing psychologists questioned our decision not to provide an exception from the physician supervision requirement for procedures performed by clinical psychologists in the same way that we did for qualified independent psychologists (who are not clinical psychologists as defined in Medicare instructions). They requested that the rules be rewritten to clarify that both types of psychologists may perform services without physician supervision.

Response: Under our proposal, we explained that we were regulating diagnostic procedures covered under section 1861(s)(3) of the Act and payable under the physician fee schedule. We provided an exception to the physician supervision requirement in the case of diagnostic psychological testing services personally performed by qualified independent psychologists because these tests are covered under section 1861(s)(3), and there had been longstanding specific national coverage policy in the Medicare Carriers Manual regarding these billings without any requirement for physician supervision. We pointed out in the proposal that diagnostic tests performed by clinical psychologists (the same range of tests as those that qualified independent psychologists are permitted to bill) were covered under section 1861(ii) of the Act, rather than section 1861(s)(3), and we meant to convey the point that diagnostic tests performed by clinical psychologists were unaffected by the proposal. That is, clinical psychologists could continue to perform these tests without physician supervision. We were concerned about the logical consistency of providing an exception to a requirement in the regulations for a class of services to which that regulation did not apply. However, to clarify the policy, we have decided to explicitly include diagnostic psychological testing personally performed by clinical psychologists in the exception to the physician supervision requirement.

Comment: Several commenters indicated that physical therapists have performed electromyography procedures consistent with State laws for years without physician supervision. They pointed out that eliminating the availability of physical therapist-provided electromyography services would create a severe hardship for Medicare enrolles in rural areas.

Response: We did not intend to limit access to care in rural areas, and therefore, we have modified our proposal to provide two additional exceptions to the requirement for physician supervision for diagnostic procedures in which physical therapists are involved. These exceptions apply to codes in the range of CPT codes 95860 through 95937. Under one exception with a physician fee schedule data base indicator of 6, that is, the procedure must be personally performed by a physician or a physical therapist who is certified by the American Board of Physical therapy Specialties as a qualified electrophysiologic clinical specialist and is permitted to provide the service under State law. Under the second exception with a data base indicator of 7, the procedure must be personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist or performed under the direct supervision of a physician. We recognize that these categories were not contained in the proposed rule and specifically invite further comment on the appropriateness of these two exceptions to the CPT codes 95860 through 95937.

Comment: Several commenters expressed support for the physician supervision proposal but pointed out that we should state by CPT code into which category each procedure falls. One commenter pointed to the lack of specific information about the category of physician supervision into which pulmonary and neurology testing procedures should be placed and suggested that the final rule address these procedures to promote consistency among carriers.

Response: We are providing such a listing as a part of this preamble. It will become a part of the physician fee schedule data base and may be modified from time to time in the same way other data base indicators are changed; therefore, there should be consistency among carriers.

Result of evaluation of comments: We are adopting our proposal to assign an appropriate level of physician supervision to every diagnostic test payable under the physician fee schedule with exceptions for certain procedures personally performed by qualified independent psychologists, clinical psychologists, qualified audiologists, and physical therapists who are certified as qualified electrophysiologic clinical specialists. With respect to several groupings of diagnostic codes, we have changed our proposed policy based on comments from the physician specialties most involved with particular groups of codes. In some cases, such as CTs and MRIs performed without the use of contrast materials, we have lowered the

level of required physician supervision. In others, such as ultrasound procedures, we have increased the level of required supervision. We are publishing a listing of diagnostic codes in this preamble with the level of physician supervision we have determined to be appropriate. In addition, we are adding a field to the physician fee schedule data base indicating the appropriate level of supervision. We anticipate that there will continue to be discussions among HCFA, physician specialty groups, and others about these levels of supervision, and we expect that the indicators applicable to individual procedures will be changed from time to time as is currently the case with other data base indicators.

Physician Fee Schedule Data Base Indicator

Physician Supervision of Diagnostic Procedures

0=Vacant
1=Procedure must be performed under the general supervision of a physician
2=Procedure must be performed under the direct supervision of a physician
3=Procedure must be performed under the personal supervision of a physician
4=Physician supervision policy does not apply when procedure personally furnished by a qualified, independent psychologist or a clinical psychologist; otherwise must be performed under the general supervision of a physician
5=Physician supervision policy does not apply when procedure personally furnished by a qualified audiologist; otherwise must be performed under the general supervision of a physician
6=Procedure must be personally performed by a physician OR a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law
7=Procedure must be personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law OR performed under the direct supervision of a physician
9=Medicare physician diagnostic supervision policy does not apply
P=Decision pending

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS

HCPCS	Level	HCPCS	Level	HCPCS	Level
DIAGNOSTIC RADIOLOGY					
HEAD AND NECK					
70010 & TC	3	70015 & TC	3	70030 & TC	1
70100 & TC	1	70110 & TC	1	70120 & TC	1
70130 & TC	1	70134 & TC	1	70140 & TC	1
70150 & TC	1	70160 & TC	1	70170 & TC	3
70190 & TC	1	70200 & TC	1	70210 & TC	1
70220 & TC	1	70240 & TC	1	70250 & TC	1
70260 & TC	1	70300 & TC	1	70310 & TC	1
70320 & TC	1	70328 & TC	1	70330 & TC	1
70332 & TC	3	70336 & TC	1	70350 & TC	1
70355 & TC	1	70360 & TC	1	70370 & TC	3
70371 & TC	3	70373 & TC	3	70380 & TC	1
70390 & TC	3	70450 & TC	1	70460 & TC	2
70470 & TC	2	70480 & TC	1	70481 & TC	2
70482 & TC	2	70486 & TC	1	70487 & TC	2
70488 & TC	2	70490 & TC	1	70491 & TC	2
70492 & TC	2	70540 & TC	1	70541 & TC	2
70551 & TC	1	70552 & TC	2	70553 & TC	2
CHEST					
71010 & TC	1	71015 & TC	1	71020 & TC	1
71021 & TC	1	71022 & TC	1	71023 & TC	3
71030 & TC	1	71034 & TC	3	71035 & TC	1
71036 & TC	3	71038 & TC	3	71040 & TC	3
71060 & TC	3	71090 & TC	3	71100 & TC	1
71101 & TC	1	71110 & TC	1	71111 & TC	1
71120 & TC	1	71130 & TC	1	71250 & TC	1
71260 & TC	2	71270 & TC	2	71550 & TC	1
71555 & TC	9				
SPINE AND PELVIS					
72010 & TC	1	72020 & TC	1	72040 & TC	1
72050 & TC	1	72052 & TC	1	72069 & TC	1
72070 & TC	1	72072 & TC	1	72074 & TC	1
72080 & TC	1	72090 & TC	1	72100 & TC	1
72110 & TC	1	72114 & TC	1	72120 & TC	1
72125 & TC	1	72126 & TC	2	72127 & TC	2
72128 & TC	1	72129 & TC	2	72130 & TC	2
72131 & TC	1	72132 & TC	2	72133 & TC	2
72141 & TC	1	72142 & TC	2	72146 & TC	1

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
72147 & TC	2	72148 & TC	1	72149 & TC	2
72156 & TC	2	72157 & TC	2	72158 & TC	2
72159 & TC	9	72170 & TC	1	72190 & TC	1
72192 & TC	1	72193 & TC	2	72194 & TC	2
72196 & TC	1	72198 & TC	9	72200 & TC	1
72202 & TC	1	72220 & TC	1	72240 & TC	3
72255 & TC	3	72265 & TC	3	72270 & TC	3
72285 & TC	3	72295 & TC	3		
UPPER EXTREMITIES					
73000 & TC	1	73010 & TC	1	73020 & TC	1
73030 & TC	1	73040 & TC	3	73050 & TC	1
73060 & TC	1	73070 & TC	1	73080 & TC	1
73085 & TC	3	73090 & TC	1	73092 & TC	1
73100 & TC	1	73110 & TC	1	73115 & TC	3
73120 & TC	1	73130 & TC	1	73140 & TC	1
73200 & TC	1	73201 & TC	2	73202 & TC	2
73220 & TC	1	73221 & TC	1	73225 & TC	9
LOWER EXTREMITIES					
73500 & TC	1	73510 & TC	1	73520 & TC	1
73525 & TC	3	73530 & TC	3	73540 & TC	1
73550 & TC	3	73560 & TC	1	73562 & TC	1
73564 & TC	1	73565 & TC	1	73580 & TC	3
73590 & TC	1	73592 & TC	1	73600 & TC	1
73610 & TC	1	73615 & TC	3	73620 & TC	1
73630 & TC	1	73650 & TC	1	73660 & TC	1
73700 & TC	1	73701 & TC	2	73702 & TC	2
73720 & TC	1	73721 & TC	1	73725 & TC	2
ABDOMEN					
74000 & TC	1	74010 & TC	1	74020 & TC	1
74022 & TC	1	74150 & TC	1	74160 & TC	2
74170 & TC	2	74181 & TC	1	74185 & TC	9
74190 & TC	3				
GASTROINTESTINAL TRACT					
74210 & TC	3	74220 & TC	3	74230 & TC	3
74235 & TC	3	74240 & TC	3	74241 & TC	3
74245 & TC	3	74246 & TC	3	74247 & TC	3
74249 & TC	3	74250 & TC	2	74251 & TC	3
74260 & TC	3	74270 & TC	3	74280 & TC	3
74283 & TC	3	74290 & TC	2	74291 & TC	2
74300 & TC	3	74301 & TC	3	74305 & TC	3
74320 & TC	3	74327 & TC	3	74328 & TC	3
74329 & TC	3	74330 & TC	3	74340 & TC	3
74350 & TC	3	74355 & TC	3	74360 & TC	3
74363 & TC	3				
URINARY TRACT					
74400 & TC	2	74405 & TC	2	74410 & TC	2
74415 & TC	2	74420 & TC	3	74425 & TC	3
74430 & TC	3	74440 & TC	3	74445 & TC	3
74450 & TC	3	74455 & TC	3	74470 & TC	3
74475 & TC	3	74480 & TC	3	74485 & TC	3
GYNECOLOGICAL AND OBSTETRICAL					
74710 & TC	1	74740 & TC	3	74742 & TC	3
74775 & TC	3				
HEART					
75552 & TC	1	75553 & TC	2	75554 & TC	1
75555 & TC	1	75556	9		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
AORTA AND ARTERIES					
75600 & TC	3	75605 & TC	3	75625 & TC	3
75630 & TC	3	75650 & TC	3	75658 & TC	3
75660 & TC	3	75662 & TC	3	75665 & TC	3
75671 & TC	3	75676 & TC	3	75680 & TC	3
75685 & TC	3	75705 & TC	3	75710 & TC	3
75716 & TC	3	75722 & TC	3	75724 & TC	3
75726 & TC	3	75731 & TC	3	75733 & TC	3
75736 & TC	3	75741 & TC	3	75743 & TC	3
75746 & TC	3	75756 & TC	3	75774 & TC	3
75790 & TC	3				
VEINS AND LYMPHATICS					
75801 & TC	3	75803 & TC	3	75805 & TC	3
75807 & TC	3	75809 & TC	3	75810 & TC	3
75820 & TC	3	75822 & TC	3	75825 & TC	3
75827 & TC	3	75831 & TC	3	75833 & TC	3
75840 & TC	3	75842 & TC	3	75860 & TC	3
75870 & TC	3	75872 & TC	3	75880 & TC	3
75885 & TC	3	75887 & TC	3	75889 & TC	3
75891 & TC	3	75893 & TC	3		
TRANSCATHETER PROCEDURES					
75894 & TC	3	75896 & TC	3	75898 & TC	3
75900 & TC	3	75940 & TC	3	75945 & TC	3
75946 & TC	3	75960 & TC	3	75961 & TC	3
75962 & TC	3	75964 & TC	3	75966 & TC	3
75968 & TC	3	75970 & TC	3	75978 & TC	3
75980 & TC	3	75982 & TC	3	75984 & TC	3
75989 & TC	3				
TRANSLUMINAL ATHERECTOMY					
75992 & TC	3	75993 & TC	3	75994 & TC	3
75995 & TC	3	75996 & TC	3		
OTHER PROCEDURES					
76000 & TC	3	76001 & TC	3	76003 & TC	3
76010 & TC	1	76020 & TC	1	76040 & TC	1
76061 & TC	1	76062 & TC	1	76065 & TC	1
76066 & TC	1	76070 & TC	1		
76075 & TC	1	76076 & TC	1	76078 & TC	1
76080 & TC	3	76086 & TC	3	76088 & TC	3
76090 & TC	9	76091 & TC	9	76092	9
76093 & TC	1	76094 & TC	1	76095 & TC	3
76096 & TC	3	76098 & TC	1	76100 & TC	2
76101 & TC	2	76102 & TC	2	76120 & TC	2
76125 & TC	2	76140	9	76150	1
76350	2	76355 & TC	3	76360 & TC	3
76365 & TC	3	76370 & TC	2	76375 & TC	1
76380 & TC	1	76400 & TC	1	76499 & TC	9
DIAGNOSTIC ULTRASOUND					
HEAD AND NECK					
76506 & TC	2	76511 & TC	2	76512 & TC	2
76513 & TC	2	76516 & TC	2	76519 & TC	2
76529 & TC	2	76536 & TC	2		
CHEST					
76604 & TC	2	76645 & TC	2		
ABDOMEN AND RETROPERITONEUM					
76700 & TC	2	76705 & TC	2	76770 & TC	2
76775 & TC	2	76778 & TC	2		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
SPINAL CANAL					
76800 & TC	2				
PELVIS					
76805 & TC	2	76810 & TC	2	76815 & TC	2
76816 & TC	2	76818 & TC	2	76825 & TC	2
76826 & TC	2	76827 & TC	2	76828 & TC	2
76830 & TC	3	76856 & TC	2	76857 & TC	2
76870 & TC	2	76872 & TC	3		
EXTREMITIES					
76880 & TC	2				
VASCULAR STUDIES					
ULTRASONIC GUIDANCE PROCEDURES					
76930 & TC	3	76932 & TC	3	76934 & TC	3
76936 & TC	3	76938 & TC	3	76941 & TC	3
76942 & TC	3	76945 & TC	3	76946 & TC	3
76948 & TC	3	76950 & TC	2	76960 & TC	2
76965 & TC	3				
OTHER PROCEDURES					
76970 & TC	9	76975 & TC	3	76986 & TC	3
76999 & TC	9				
RADIATION ONCOLOGY					
77417	1				
DIAGNOSTIC NUCLEAR MEDICINE					
ENDOCRINE SYSTEM					
78000 & TC	2	78001 & TC	2	78003 & TC	2
78006 & TC	2	78007 & TC	2	78010 & TC	2
78011 & TC	2	78015 & TC	2	78016 & TC	2
78017 & TC	2	78018 & TC	2	78070 & TC	2
78075 & TC	2	78099 & TC	9		
HEMATOPOIETIC, RETICULOENDOTHELIAL, AND LYMPHATIC SYSTEM					
78102 & TC	2	78103 & TC	2	78104 & TC	2
78110 & TC	2	78111 & TC	2	78120 & TC	2
78121 & TC	2	78122 & TC	2	78130 & TC	2
78135 & TC	2	78140 & TC	2	78160 & TC	2
78162 & TC	2	78170 & TC	2	78172 & TC	2
78185 & TC	2	78190 & TC	2	78191 & TC	2
78195 & TC	2	78199 & TC	9		
GASTROINTESTINAL SYSTEM					
78201 & TC	2	78202 & TC	2	78205 & TC	2
78215 & TC	2	78216 & TC	2	78220 & TC	2
78223 & TC	2	78230 & TC	2	78231 & TC	2
78232 & TC	2	78258 & TC	2	78261 & TC	2
78262 & TC	2	78264 & TC	2	78270 & TC	2
78271 & TC	2	78272 & TC	2	78278 & TC	2
78282 & TC	2	78290 & TC	2	78291 & TC	2
78299 & TC	9				
MUSCULOSKELETAL SYSTEM					
78300 & TC	2	78305 & TC	2	78306 & TC	2
78315 & TC	2	78320 & TC	2	78350 & TC	2
78351	9	78399 & TC	9		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
CARDIOVASCULAR SYSTEM					
78414 & TC	2	78428 & TC	2	78445 & TC	2
78455 & TC	2	78457 & TC	2	78458 & TC	2
78459 & TC	9	78460 & TC	2	78461 & TC	2
78464 & TC	2	78465 & TC	2	78466 & TC	2
78468 & TC	2	78469 & TC	2	78472 & TC	2
78473 & TC	2	78478 & TC	2	78480 & TC	2
78481 & TC	2	78483 & TC	2	78499 & TC	9
RESPIRATORY SYSTEM					
78580 & TC	2	78584 & TC	2	78585 & TC	2
78586 & TC	2	78587 & TC	2	78591 & TC	2
78593 & TC	2	78594 & TC	2	78596 & TC	2
78599 & TC	9				
NERVOUS SYSTEM					
78600 & TC	2	78601 & TC	2	78605 & TC	2
78606 & TC	2	78607 & TC	2	78608	9
78609	9	78610 & TC	2	78615 & TC	2
78630 & TC	2	78635 & TC	2	78645 & TC	2
78647 & TC	2	78650 & TC	2	78660 & TC	2
78699 & TC	9				
GENITOURINARY SYSTEM					
78700 & TC	2	78701 & TC	2	78704 & TC	2
78707 & TC	2	78710 & TC	2	78715 & TC	2
78725 & TC	2	78726 & TC	2	78727 & TC	2
78730 & TC	2	78740 & TC	2	78760 & TC	2
78761 & TC	2	78799 & TC	9		
OTHER DIAGNOSTIC NUCLEAR MEDICINE PROCEDURES					
78800 & TC	2	78801 & TC	2	78802 & TC	2
78803 & TC	2'	78805 & TC	2	78806 & TC	2
78807 & TC	2	78810 & TC	9	78891 & TC	9
78990	9	78999 & TC	9		
PATHOLOGY AND LABORATORY					
85060	9	85095	9	85102	9
86485	1	86490	1	86510	1
86580	1	86585	1	86586	9
88104 & TC	9	88106 & TC	9	88107 & TC	9
88108 & TC	9	88125 & TC	1	88160 & TC	9
88161 & TC	9	88162 & TC	9	88170 & TC	1
88171 & TC	1	88172 & TC	9	88173 & TC	9
88180 & TC	9	88182 & TC	9	88300 & TC	9
88302 & TC	9	88304 & TC	9	88305 & TC	9
88307 & TC	9	88309 & TC	9	88311 & TC	1
88312 & TC	9	88313 & TC	9	88314 & TC	9
88318 & TC	9	88319 & TC	9	88323 & TC	9
88331 & TC	9	88332 & TC	9	88342 & TC	9
88346 & TC	9	88347 & TC	9	88348 & TC	9
88349 & TC	9	88355 & TC	9	88356 & TC	9
88358 & TC	9	88362 & TC	9	88365 & TC	9
89350	1	89360	9		
MEDICINE					
GASTROINTESTINAL					
91000 & TC	3	91010 & TC	3	91011 & TC	3
91012 & TC	3	91020 & TC	3	91030 & TC	3
91032 & TC	3	91033 & TC	3	91052 & TC	3
91055 & TC	3	91060 & TC	3	91065 & TC	1
91100	9	91105	9	91122 & TC	3

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
SPECIAL OPHTHALMOLOGICAL SERVICES					
92015	9	92081 & TC	1	92082 & TC	1
92083 & TC	1	92100	9	92120	9
92130	9	92140	9	92230	9
92235 & TC	2	92240 & TC	2	92250 & TC	2
92260	9				
OTHER SPECIALIZED SERVICES					
92265 & TC	3	92270 & TC	3	92275 & TC	3
92283 & TC	1	92284 & TC	3	92285 & TC	2
92286 & TC	3	92287	9		
SPECIAL OTORHINOLARYNGOLOGIC SERVICES					
92506	9	92507	9	92508	9
92511	9	92512	9	92516	9
92520	9	92525	9	92526	9
VESTIBULAR FUNCTION TESTS WITH OBSERVATION					
92531	9	92532	9	92533	9
92534	9				
VESTIBULAR FUNCTION TESTS WITH OBSERVATION					
92531	9	92532	9	92533	9
92534	9				
VESTIBULAR FUNCTION TESTS WITH RECORDING					
92541 & TC	2	92542 & TC	2	92543 & TC	2
92544 & TC	2	92545 & TC	2	92546 & TC	2
92547	2	92548 & TC	2		
AUDIOLOGIC FUNCTION TESTS					
92551	9	92552	5	92553	5
92555	5	92556	5	92557	5
92559	9	92560	9	92561	5
92562	5	92563	5	92564	5
92565	5	92567	5	92568	5
92569	5	92571	5	92572	5
92573	5	92575	5	92576	5
92577	5	92579	5	92582	5
92583	5	92584	5	92585 & TC	5
92587 & TC	5	92588 & TC	5	92589	5
92590	9	92591	9	92592	9
92593	9	92594	9	92595	9
92596	5	92597	9	92598	9
CARDIOGRAPHY					
93000	1	93005	1	93010	9
93012	1	93014	9	93015	3
93016	3	93017	3	93018	9
93024 & TC	3	93040	1	93041	1
93042	9	93224	1	93225	1
93226	1	93227	9	93230	1
93231	1	93232	9	93233	9
93235	1	93236	1	93237	9
93268	1	93270	1	93271	1
93272	9	93278 & TC	1		
ECHOCARDIOGRAPHY					
93303 & TC	2	93304 & TC	2	93307	2
93308 & TC	2	93312 & TC	3	93313	9
93314	9	93315 & TC	3	93316	9
93317	9	93320 & TC	2	93321 & TC	2
93325 & TC	2	93350 & TC	3		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
CARDIAC CATHETERIZATION					
93501 & TC	3	93503	9	93505 & TC	3
93510 & TC	3	93511 & TC	3	93514 & TC	3
93524 & TC	3	93526 & TC	3	93527 & TC	3
93528 & TC	3	93529 & TC	3	93536	9
93539	9	93540	9	93541	9
93542	9	93543	9	93544	9
93545	9	93555 & TC	3	93556 & TC	3
93561 & TC	3	93562 & TC	3		
INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES					
93600 & TC	3	93602 & TC	3	93603 & TC	3
93607 & TC	3	93609 & TC	3	93610 & TC	3
93612 & TC	3	93615 & TC	3	93616 & TC	3
93618 & TC	3	93619 & TC	3	93620 & TC	3
93621 & TC	3	93622 & TC	3	93623 & TC	3
93624 & TC	3	93631 & TC	3	93640 & TC	3
93641 & TC	3	93642 & TC	3	93650	9
93651	9	93652	9	93660 & TC	3
OTHER VASCULAR STUDIES					
93720	1	93721	1	93722	9
93724 & TC	3	93731	2	93732	3
93733 & TC	2	93734 & TC	2	93735 & TC	3
93736 & TC	2	93737 & TC	3	93738 & TC	3
93740 & TC	2	93760	9	93762	9
93770 & TC	3	93784	9	93786	9
93788	9	93790	9		
CEREBROVASCULAR ARTERIAL STUDIES					
93875 & TC	2	93880 & TC	2	93882 & TC	2
93886 & TC	2	93888 & TC	2		
EXTREMITY ARTERIAL STUDIES					
.					
93922 & TC	2	93923 & TC	2	93924 & TC	2
93925 & TC	2	93926 & TC	2	93930 & TC	2
93931 & TC	2				
EXTREMITY VENOUS STUDIES					
93965 & TC	2	93970 & TC	2	93971 & TC	2
VISCERAL AND PENILE VASCULAR STUDIES					
93975 & TC	2	93976 & TC	2	93978 & TC	2
93979 & TC	2	93980 & TC	2	93981 & TC	2
PULMONARY					
94010 & TC	1			94070 & TC	3
94150 & TC	9	94200 & TC	1	94240 & TC	1
94250 & TC	1	94260 & TC	1	94350 & TC	1
94360 & TC	1	94370 & TC	1	94375 & TC	1
94400 & TC	2	94450 & TC	2	94620 & TC	3
94640	9	94642	9	94650	9
94651	9	94652	9	94656	9
94657	9	94660	9	94662	9
94664	2	94665	2	94667	9
94668	9	94680 & TC	2	94681 & TC	2
94690 & TC	1	94720 & TC	1	94725 & TC	1
94750 & TC	1	94760	1	94761	1
94762	1	94770 & TC	1	94772 & TC	1
94799 & TC	9				
ALLERGY					
95004	2	95010	9	95015	9

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
95024	2	95027	2	95028	2
95044	2	95052	2	95056	2
95060	3	95065	3	95070	3
95071	3	95075	9	95078	3
NEUROLOGY AND NEUROMUSCULAR PROCEDURES					
SLEEP TESTING					
95805 & TC	1	95807 & TC	1	95808 & TC	1
95810 & TC	1	95812 & TC	1	95813 & TC	1
95816 & TC	2	95819 & TC	2	95822 & TC	1
95824 & TC	1	95827 & TC	1	95829 & TC	1
95830	9	95831	9	95832	9
95833	9	95834	9	95851	9
95852	9	95857	9	95858 & TC	3
95860 & TC	6	95861 & TC	6	95863 & TC	6
95864 & TC	6	95867 & TC	6	95868 & TC	6
95869 & TC	6	95870 & TC	6	95872 & TC	3
95875 & TC	3				
95900 & TC	7	95903 & TC	7	95904 & TC	7
95920 & TC	2	95921 & TC	2	95922 & TC	3
95923 & TC	3	95925 & TC	2	95926 & TC	2
95927 & TC	2	95930 & TC	2	95933 & TC	7
95934 & TC	7	95936 & TC	7	95937 & TC	7
95950 & TC	1	95951 & TC	1	95953 & TC	1
95954 & TC	3	95955 & TC	2	95956 & TC	1
95957 & TC	1	95958 & TC	3	95961 & TC	3
95962 & TC	3	95999	9		
CENTRAL NERVOUS SYSTEM ASSESSMENTS					
96100	4	96105	4	96110	4
96111	4	96115	4	96117	4
ALPHA-NUMERICS					
G0001	9	G0002	9	G0004	1
G0005	1	G0006	1	G0007	9
G0015	1	G0016	9	G0026	9
G0027	9	G0030 & TC	2	G0031 & TC	2
G0032 & TC	2	G0033 & TC	2	G0034 & TC	2
G0035 & TC	2	G0036 & TC	2	G0037 & TC	2
G0038 & TC	2	G0039 & TC	2	G0040 & TC	2
G0041 & TC	2	G0042 & TC	2	G0043 & TC	2
G0044 & TC	2	G0045 & TC	2	G0046 & TC	2
G0047 & TC	2	G0050	1	M0302	9
P2028	9	P2029	9	P2031	9
P2033	9	P2038	9	P3000	9
P3001	9	P7001	9	P9610	9
P9615	9	Q0035 & TC	1	Q0091	1
Q0092	9	Q0111	9	Q0112	9
Q0113	9	Q0114	9	Q0115	9
R0070	9	R0075	9	R0076	9
V5008	9	V5010	9	V5011	9
V5014	9	V5020	9	V5362	9
V5363	2	V5364	2		

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** 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 setting aside the term ''IPL'' and are defining 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 calling this entity an Independent Diagnostic Testing Facility (IDTF). The new entity will replace the IPL. The regulations are intended to resolve confusion surrounding the structure of entities Medicare previously classified as IPLs, as well as the services they furnish and to address the potential for abuse and the quality and safety concerns raised by the lack of Federal and State IPL licensure and certification requirements. The regulations will not apply to approved portable x-ray suppliers or to procedures furnished in physicians' offices including group practices or multispecialty clinics.

We are defining an IDTF as a fixed location, a mobile entity, or an individual nonphysician practitioner. 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.

IDTFs must 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 discussed in this section II.D. and § 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 § 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 operation 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 documentation available for review 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.

Below is a discussion of the public comments we received on this proposal and our responses:

Comment: We received many favorable comments (with reservations) from representatives of existing IPLs who indicated their preference for national standards rather than different standards in each carrier service area. Many expressed frustration with the current situation in which there is no national policy on the procedures an IPL may perform, and carriers have differing local medical review policies on these procedures.

One commenter indicated that limiting the types of diagnostic tests an IPL or IDTF can furnish is a better way to prevent unneeded and medically unnecessary testing than our proposal. He stated that adoption of the IDTF proposal will produce a rise in expenditures for diagnostic testing without a concomitant decrease in expenditures from other entities that currently bill Medicare for diagnostic tests.

Response: We believe that the time has come to change the current situation under which there are different local medical review policies on the services an IPL may perform in different carrier service areas. If a facility meets the standards established for IDTFs, including the appropriate level of physician supervision, it should be able to furnish the same range of procedures as other entities in the service area. Carriers should be denying claims for procedures that are not reasonable and necessary for individual patients.

Comment: A supplier of mobile bone density procedures commented that it had been erroneously classified as a portable x-ray supplier and supported the proposal as a clarification of its

mobile status under Medicare as an IDTF. The commenter supported the proposal.

Response: Under the IDTF policy, a mobile diagnostic facility may furnish the same procedures as a stationary facility unless there is a national policy indicating otherwise.

Comment: With regard to the credentialing criteria for IDTF personnel, several commenters questioned the need for the IDTF proposal and pointed out that there already were voluntary certification organizations in existence that possessed greater expertise than we did in these matters. Commenters cited organizations that have been granted membership by the National Commission for Certifying Agencies, such as The American Registry of Diagnostic Medical Sonographers for ultrasonography physician and nonphysician personnel, the Intersocietal Commission for the Accreditation of Vascular Laboratories, which deals with noninvasive vascular procedures, and the Intersocietal Commission for the Accreditation of Echocardiographic Laboratories for echocardiographic procedures. The commenters indicated that criteria established by these organizations are more specific than the vague criteria we proposed.

Response: We have no desire to interfere with these private accreditation activities. The IDTF should maintain documentation of recognition by these organizations for verification by the carrier as necessary. However, we do not believe that the standards for accreditation by these agencies are equivalent to ours. For example, in commenting on our proposal, one of the listed organizations indicated that it required records of the source of the order for the test in the accredited laboratories. However, this requirement is not the same as assuring that all tests are ordered by a physician who is treating the patient.

Comment: One commenter indicated that the proposal that the supervising physician in an IDTF cannot order tests performed by the IDTF is unrealistic. The commenter stated that if the IDTF is appropriately accredited and the supervising physician's income is fixed (rather than related to volume of testing), the supervising physician should be able to order any necessary test for his or her patients.

Response: We have decided to modify the prohibition in § 410.33(d) against the supervising physician's ordering of tests to be performed by the IDTF although we continue to believe there are potential problems in permitting such a practice. However, we acknowledge that there could be situations in which the IDTF's supervising physician is, in fact, the beneficiary's treating physician. The modified wording of the requirement indicates that, in these situations, the physician in question would have had a relationship with the beneficiary prior to the testing and would be *treating* the beneficiary for a specific medical problem.

Comment: Some commenters expressed concern that the policy requires State-credentialed nonphysician personnel to perform tests; commenters point out the varying State standards that may be applied. Some believed that credentialing by a national standardized body was preferable.

Response: We believe that credentialing of nonphysician technologists by either a State government or a recognized national organization should be sufficient.

Comment: Several commenters stated that the requirement that all procedures performed by IDTFs must be specifically ordered in writing by the treating physician would be very burdensome for the referring physician, patient, and the examiner if it is found that the patient needs additional tests and has to come back another day with written orders for them. Some indicated that the generally-applicable ordering provisions of § 410.32(a) were sufficient.

One commenter indicated that the requirement for written orders was redundant, time-consuming, and costly, and requested the rationale for the additional requirement applicable only to IDTFs.

Response: We believe that the physician responsible for the management of the patient's care (or some aspect of the patient's care) should be aware of the testing being performed. For that reason, we adopted a modification to § 410.32 to that effect in the physician fee schedule final rule of November 22, 1996. That rule did not explicitly require written orders but served to establish the link between test ordering and the treating physician as a matter of national Medicare law. If the testing entity chose not to maintain a file of written orders from physicians for the tests it performed, the entity might not be able to demonstrate the medical necessity of the tests to a reviewer from a Medicare carrier or another government agency. Some commenters have requested the rationale for requiring specific written orders for tests performed by IDTFs while not imposing the same requirement on testing in physicians' offices.

The rationale for requiring testing by IDTFs to be ordered in writing by the treating physician is based in our (and, more specifically, HCFA's contractors') experience with IPLs. There have been instances in which IPLs have offered ''free'' screening to Medicare beneficiaries in shopping malls and senior citizen centers, which meant that the IPL accepted the carrier payment for the procedure and waived billing the beneficiary for the coinsurance. There have been instances of mass testing in nursing facilities with questionable orders for the tests performed and little regard for the medical necessity of the tests. There have been numerous instances of IPLs performing tests in addition to those ordered by referring physicians.

The manual (Medicare Carriers Manual section 2070.5) has always required that the diagnostic services be ordered by a referring physician. Therefore, we believe there is little in this requirement that is new other than the explicit provision that the orders be in writing. While we are certain that many IPLs did not engage in the practices referred to above, we anticipate that the new rules will give the carriers tools to use to address abusive situations, when they do occur, through post-payment reviews. We believe that our experiences with waste and abuse in IPLs justify these requirements, including requiring the treating physician's order for a procedure.

In response to the absence of regulation of IPLs, we are creating the IDTF designation to establish a degree of national regulation of a diagnostic facility that is distinct from a physician's office and does not directly use the test results to treat a beneficiary. The facility's sole purpose is to furnish a test. We believe that any distinctions in treatment between IDTFs and physicians' offices or hospitals are justified by our experiences with the entities and the different degrees of regulation to which the entities have been subject.

We do not agree that the requirement for written orders is an unnecessarily burdensome requirement, or that there is any necessity for a beneficiary to return with written orders on another day. If an IDTF determines that a patient needs further testing, the IDTF may contact the ordering physician's office and receive a FAX order for the additional testing.

Comment: One commenter indicated that the term ''referring physician'' must be broadened to include appropriate ''licensed medical practitioners,'' including podiatrists, chiropractors,

optometrists and other similar allied-health care professionals. The commenter further stated that IDTF testing procedures should be ordered only by an appropriately licensed medical professional.

Response: The term ''referring physician'' was used in the proposal only in the description of the existing IPL policy. The current proposals refer to ''ordering physician'' and ''supervising physician.'' Podiatrists and optometrists (when operating within the scope of their State licensure) are included in the Medicare definition of a ''physician'' set forth in section 1861(r) of the Act and do not need to be singled out as appropriate persons to order tests. Chiropractors may not order tests for Medicare beneficiaries under any circumstances. The changes made to § 410.32 by the physician fee schedule final rule of November 22, 1996 (61 FR 59490) provided for the ordering of diagnostic tests by nonphysician practitioners under certain conditions. We have modified proposed § 410.33(d) in this final rule to make it clear that nonphysician practitioners who are working within the scope of the laws of their States may order testing from IDTFs.

Comment: Several commenters expressed concern about the exemption of physicians' offices, group practices, and multispecialty groups from the rules governing IDTFs. One commenter indicated that such an exemption would lead to the potential for abuse and quality and safety concerns. Others said that the proposed rules would put IDTFs at a competitive disadvantage with entities such as hospitals and physicians' offices in the furnishing of diagnostic tests and that the same rules should apply in all settings.

Response: In several responses immediately preceding this one, we have given our reasoning regarding the application of specific requirements to IDTFs that do not apply to physicians' offices. Our reasoning is that hospitals are currently regulated, and physicians must have State licensure to perform the services they furnish. (We would like to reiterate here, however, that the physician supervision requirements for specific tests discussed elsewhere in this rule apply to all diagnostic tests payable under the physician fee schedule whether they are performed in an IDTF, physicians' office, or other setting.)

On the other hand, IPLs do not exist because of a specific statutory provision but because of unique circumstances. HCFA has, for a number of years, permitted payment for diagnostic tests to entities that were not created by law. The implementing manual instruction for IPLs (section 2070.5 of the Medicare Carriers Manual) clearly presumes the existence of ''applicable State and local licensure laws'' for these facilities although very little regulation actually exists.

Comment: A commenter objected to the requirement in § 410.33(b)(2) that the supervising physician must have demonstrated proficiency in the performance and interpretation of each type of diagnostic test performed by the IDTF when there is no such requirement for hospital outpatient departments or physician groups. The commenter indicated that, for radiology procedures, State Board Certification in Radiology should be deemed sufficient for supervision of procedures requiring direct or general supervision.

Response: As we have pointed out elsewhere in this discussion, hospitals are regulated through the accreditation process. For example, § 482.26(c) of the Medicare Conditions of Participation for Hospitals establishes standards for a qualified supervisory radiologist in a hospital. Further, all States have licensure requirements that apply to physicians' offices, and we are not aware of significant problems with physicians and physician groups performing tests they are not qualified to perform.

On the other hand, the performance of diagnostic tests in IPLs (including the physician supervision of this testing) is generally not regulated by State or local laws. Our regional offices and carriers cite many problems with the way diagnostic procedures have been furnished in IPLs, such as IPLs entering into arrangements with physicians to serve as pro forma supervisors when these physicians had little expertise in the area of diagnostic testing involved. Because of systemic problems in IPLs, we believe that it is reasonable for Medicare to require physicians who supervise the performance of tests in IDTFs to demonstrate proficiency in the type of testing being performed while not imposing the same requirement on physicians' offices, which operate under the authority of the physician's State licensure.

Comment: A commenter indicated that the nonphysician credentialing requirements would impose significant additional costs and requirements on IDTFs that would not be borne by medical groups or hospitals.

Response: Most commenters from existing IPLs, many of whom indicated that their employees had already met these standards, did not raise this issue, and, therefore, we believe that any burden on IPLs will not be widespread. We believe it to be entirely appropriate to require the technologists who perform tests in IDTFs to possess appropriate credentialing while not imposing the same requirements on hospitals that must meet accreditation standards imposed by governmental and other bodies or on physicians' offices that operate under the authority of the physician's State licensure.

Comment: One commenter objected to the proposed requirement for documentation of physician supervision in IDTFs not being required of other entities.

Response: We believe that this requirement is justified by the past performance of IPLS. Moreover, when carriers identify a problem with lack of supervision of diagnostic testing in physicians' offices, they may request this information from the physician in the same way they currently request additional information on the medical necessity of a service or procedure.

Comment: One commenter indicated that record retention for CLIA laboratories was determined to be 2 years and that the same requirement should apply to IDTFs.

Response: We will review our record retention guidelines and will provide further advice through program instructions.

Comment: One commenter indicated that an IDTF should be allowed to bill globally for radiological procedures when it contracts with a medical group for interpretations and the medical group reassigns benefits to the IDTF.

Response: These billings are permitted under the policy in section 3060.5 of the Medicare Carriers Manual. In these situations, the IDTF would bill the carrier in such a way as to identify itself as an IDTF.

Comment: One commenter objected to the proposed requirement that an IDTF that operates across State boundaries maintain documentation that its supervising physicians are licensed in each of the States in which it is furnishing services. The commenter indicated that this requirement would be unnecessarily burdensome and cost prohibitive if the facility must engage physicians licensed in every State the facility serves.

Response: We believe it appropriate for a physician who is supervising the performance of tests performed in State to be licensed in that State.

Comment: One commenter indicated that we are creating a new regulatory scheme without Congressional authorization. The commenter stated that if a problem exists with respect to independent diagnostic facilities, the problem should be explored and

debated in public before rules are established.

Response: The commenter is correct in recognizing that IPLs are not created in the Medicare statute. Nonetheless, we have paid for services they furnish for a number of years. Over the years, however, a number of problems have become manifest in the operation of these entities. We believe that our general rulemaking authority is sufficient to permit us to deal with these problems and that the facts require our exercise of that authority. In addition, the publication of a proposed rule has provided the opportunity for public comment and debate.

Comment: Several commenters indicated that the regulation should address the competency of physicians to perform interpretations of, rather than supervision of, diagnostic tests. Some suggested that the responsibilities of the supervising physician in an IDTF include interpretation of the results of the procedures. One commenter supported the proposal that technologists in IDTFs be certified and recommended a requirement that radiologic procedures performed in IDTFs be interpreted by physicians who are qualified through: (1) Completing an approved residency program, (2) postresidency training, or (3) sufficient clinical experience.

Response: The performance of the interpretation (the physician's service covered under section 1861(s)(1) of the Act, as opposed to the diagnostic test covered under section 1861(s)(3) of the Act) is beyond the scope of this proposal except for the requirement that an IDTF's supervising physician evidence proficiency in the interpretation of each type of diagnostic procedure performed by the facility. In developing the IDTF proposal, we considered requiring IDTFs to furnish the interpretation as well as the test, but we decided not to include such a requirement because of the likelihood it would lead to unintended problems. For example, the physician who provides the general supervision for an IDTF may not be available to furnish an interpretation for a period of time and that could unnecessarily delay making a diagnosis in an urgent situation. In another situation, a beneficiary might want his or her test interpreted by a particular physician he or she has dealt with in the past.

Comment: One commenter pointed out that the proposal indicated that the IDTF policy did not apply to procedures furnished in physicians' offices and suggested that we clarify the status of procedures performed by IDTFs in physicians' offices.

Response: The IDTF requirements would apply to any procedures furnished by the IDTF either in its own facility or in a physician's office, clinic, or other nonprovider setting. For example, if a procedure requires direct supervision, it would be necessary for the IDTF's supervising physician to be present in the suite during performance. We have modified § 410.33(a)(1) to state that the IDTF policy applies to procedures performed by IDTFs in physicians' offices.

Comment: One commenter indicated that the IDTF proposal should apply to any noninvasive vascular procedure performed by portable x-ray suppliers.

Response: Noninvasive vascular procedures (or any test other than certain x-rays, diagnostic mammography, and EKGs) are not included in the portable x-ray benefit. If an approved portable x-ray supplier wishes to furnish these procedures, it would have to become an IDTF. No transportation payment would be made in connection with these types of procedures.

Comment: A national organization representing psychologists pointed out that, as written, the IDTF proposal would apply to individual nonphysician practitioners, including clinical psychologists and asked us to clarify that clinical psychologists do not have to become IDTFs and perform diagnostic psychological testing under physician supervision.

Response: We did not intend the IDTF proposal to apply to diagnostic psychological testing personally performed by clinical psychologists because these services are not covered under section 1861(s)(3) of the Act. However, in order to promote understanding of the policy by all concerned, we are explicitly excluding diagnostic psychological testing personally performed by clinical psychologists from the requirement that out-of-hospital, out-of-physician-office tests that must be performed under the supervision of a physician in an IDTF. In other words, a clinical psychologist does not have to become an IDTF to be paid by the carrier for the performance of diagnostic psychological testing.

Comment: A State Department of Health cited several aspects of the IDTF proposal that would conflict with the laws of its State. The commenter also indicated that the proposed rule did not define the types of diagnostic tests that could be covered by Medicare when performed by an IDTF, whether IDTFs can furnish radiologic services, or who will receive the Medicare payments for services performed by an IDTF.

Response: In making the IDTF proposal, we were recognizing the problems with the existing situation of largely unregulated entities that performed diagnostic tests. Neither IDTFs nor IPLs were established because of statutory mandate from the Congress. In making this proposal, it is not our intention to preempt any State licensing requirements; however, it is not clear to us how IPLs could have operated in a State and IDTFs cannot. However, in order to address these concerns, we have added an additional requirement in paragraph (f) of § 410.33 (Independent Diagnostic Testing Facility). Under this requirement, an IDTF must comply with the applicable laws of any State in which it operates. In IDTFs, Medicare would cover all tests payable under the Medicare physician fee schedule, including radiologic procedures, other than clinical laboratory tests. In many cases, the carrier will pay the IDTF for the technical component of the procedures. In some cases, an IDTF may purchase the interpretation of the test from a physician and bill for both professional and technical components, while in other cases, an interpreting physician may purchase the test from the IDTF and bill for both professional and technical components.

Comment: Some commenters expressed concern about the January 1, 1998 effective date of the IDTF proposal. They suggested transition periods of up to 1 year.

Response: We are addressing these comments in the discussion below.

Result of evaluation of comments: We are adopting the proposal to have IDTFs replace IPLs with the modifications or clarifications discussed above. In addition, we are providing that the replacement occur on a phased-in basis scheduled to be completed on July 1, 1998. Entities wishing to be recognized as IDTFs must send a letter to the Part B carrier for their service areas attesting that they meet all IDTF criteria. As soon as a carrier accepts the entity as an IDTF, the carrier notifies the entity of its new status and billing number. Once an entity becomes an IDTF, it is no longer subject to local medical review policies that currently preclude IPLs from furnishing procedures or groups of procedures while allowing other entities to perform them. An IDTF must comply with the applicable laws of any State in which it operates.

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 Strategic Planning, (formerly the Office of Research and Demonstrations). Copies of this paper are available on request from: OSP Publications, Office of Strategic Planning, 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 Consumer Price Index for All Urban Consumers (CPI-U).

2. 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 revising 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.

Comment: One association favored the adoption of the MEI in place of the CPI-U as the update factor for the reasonable compensation equivalent limits. Another medical association stated that, while it did not object to the adoption of the MEI, it recommended that the reasonable compensation equivalent limits methodology be replaced with a relative value based methodology.

Response: We will consider the development of a relative value based reasonable compensation equivalent limits methodology in the immediate future, but we are proceeding with the adoption of the MEI as the reasonable compensation equivalent limits update factor at the present time.

Result of evaluation of comments: As proposed, we are revising the reasonable compensation equivalent limits update methodology by replacing the CPI-U with the MEI as the update factor.

F. Payment to Participating and Nonparticipating Suppliers

Section 1848(a)(1) of the Act requires that payment for physician services (as defined in 1848(j)(3)) be based on the lesser of the actual charge for the service or the fee schedule amount. We proposed to revise the regulations at § 414.21 (Medicare payment basis) to ensure that they contain this statutory provision. (Our proposed definition of ''actual charges'' was discussed separately in section II.J. of our June 18, 1997 proposed rule (62 FR 33192).)

Section 1848(a)(3) of the Act provides incentives for participating physicians and suppliers by setting the fee schedule amount for those who participate at 100 percent of the amount calculated under the fee schedule for the service as provided in the formula at section 1848(b)(1) of the Act. It also provides that the fee schedule amount for nonparticipating physicians and suppliers be set at 95 percent of the amount for participating physicians and suppliers. Since regulations at § 400.202 (Definitions specific to Medicare) define the term ''supplier'' as including physicians and all other persons who provide services for which payment may be made under Part B except for ''providers of services'' as defined in 1861(u) of the Act, we proposed to define nonparticipating suppliers in § 400.202 as being suppliers who do not have a Part B participation agreement in effect on the date of the service. We also proposed to define participating suppliers as being suppliers who have an agreement to participate in Part B in effect on the date of the service. These definitions mirror the definitions of participating and nonparticipating physicians, suppliers, and other persons that are in section 1842(h) of the Act.

Section 1848(g)(2)(C) of the Act states that the Medicare limiting charge is to be set at 115 percent of the ''* * * payment amount for nonparticipating physicians or nonparticipating suppliers or other persons.'' Hence, we proposed to reflect this requirement in regulations in proposed § 414.48(b) (concerning specific limits on actual charges of nonparticipating suppliers).

We received two comments related to these proposed changes.

Comment: Some physicians objected to being considered ''suppliers,'' and some physicians did not recognize that, under current regulations, the term ''supplier'' includes physicians. These commenters wanted us to revise the terminology in the regulations to consider physicians not to be ''suppliers.''

Response: We did not accept this comment because the term ''supplier'' is used to include physicians for all other Medicare regulations (except where otherwise specified), all of which would have to be revised if we were to remove physicians from the definition of ''supplier'' for general Medicare regulations. Doing this would be impractical and would risk removing rules that apply to physicians in the same manner in which they apply to other persons who bill and are paid for services covered under Part B of Medicare.

Comment: Some commenters objected to the requirement that Medicare fee schedule payment be based on the lower of the actual charge or the fee schedule amount. They argued that the fee schedule amount should be the only basis for payment.

Response: We did not accept this comment because the law requires that the payment be based on the lesser of the actual charge or the fee schedule amount. Including it should have no practical effect on payment since carriers are already instructed to compare the submitted charge to the fee schedule amount and to base payment on the lesser of the two amounts. Moreover, we believe that some of these commenters may have confused this

general requirement with our proposed definition of ''actual charges'' (which is discussed in section II. J. of this preamble).

Result of evaluation of comments: We are making final the technical change to the regulations to conform them to statutory provisions and operating instructions (Medicare Carriers Manual).

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

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 preservice and postservice evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are increasing 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 0.7 percent to maintain budget neutrality.

We received the following public comments on this proposal:

Comment: Several commenters, ranging from individual physicians to physician specialty societies, expressed support for our proposal because it makes the increased work associated with the preservice and postservice work of global surgical services consistent with the increases that were made to evaluation and management services for the 1997 physician fee schedule.

Response: We agree that our proposal will make payment amounts for the increased evaluation and management services present in the preservice and postservice work of global surgical services more consistent with the increases in work that were made to evaluation and management services.

Comment: Several commenters expressed concerns that our proposal did not include all global surgical services. Commenters requested that we review our list of global surgical services to be affected by these work RVU increases.

Response: We agree with commenters that we inadvertently omitted certain global surgical services from our proposal. We addressed this oversight by reviewing the list of global surgical services, identifying those services which were omitted. After this residual list of services was compiled, we contacted the specialty societies most closely identified with the omitted CPT codes in order to attach the appropriate number of office visits associated with each individual CPT code.

Result of evaluation of comments: We are adopting our proposal to increase the work RVUs associated with global surgical services to reflect the increased evaluation and management present in the preservice and postservice portions of these services. We have added the services referred to above. This will assure that the evaluation and management portions of global surgical services are consistent with our 1997 increases to evaluation and management services. Those codes that have been changed due to the increase of work RVUs of global surgical services are identified in Addendum B.

H. Caloric Vestibular Testing

We proposed to reduce the RVUs for caloric vestibular testing, CPT code 92543, to 25 percent of what the values would have otherwise been. We made this proposal in order to permit physicians and suppliers to bill four units of service instead of the one unit now permitted. The use of four units is consistent with the AMA's interpretation of the code.

Addendum C in the June 18, 1997 proposed rule contained an error. The reduction to 25 percent of the RVUs otherwise applicable was reflected for the practice expense RVUs, but we incorrectly published unreduced RVUs for work and malpractice. On August 18, 1997, we published a correction notice (62 FR 43962) to reflect the correct values. The new values for work and malpractice were 25 percent of the numbers previously published.

The reduction to the direct practice expense RVUs had been correctly noted in the proposed rule. However, because the indirect practice expense RVUs are partially based on the work RVUs, the reduction to the work RVUs caused a reduction to the indirect practice expense RVUs. The new total practice expense RVUs published in the correction notice reflect the reduced indirect practice expense RVUs.

Because resource-based practice expense RVUs will not be implemented effective January 1998, the practice expense RVUs published in this final rule differ from those published in the proposed rule and the correction notice. The final practice expense RVUs continue to be based on charge-based data and are simply 25 percent of the charge-based RVUs currently in effect. The final work and malpractice RVUs are those published in the correction notice. They too are 25 percent of the values currently in effect.

Two physician organizations expressed support for this change. Other comments are discussed below.

Comment: One commenter suggested that Medicare should recognize four units of service when four irrigations are performed but that we should not make a reduction in RVU amounts.

Response: This change is not intended to reflect a decision that our relative payment amounts are too low for caloric vestibular testing. Medicare has not made such a decision. Instead, we are simply reconciling our interpretation of the code with the AMA's interpretation and, in order to do this in a budget neutral fashion, we are reducing the RVUs to 25 percent of the amount otherwise applicable.

Comment: Another commenter did not oppose this proposal but opposed the proposed resource-based practice expense RVUs for the service.

Response: Since we are no longer proceeding with resource-based practice expense RVUs for 1998, the merits of these comments will not be addressed in this final rule.

Result of evaluation of comments: Beginning in 1998, when a physician performs and interprets four irrigations, the physician will bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician will bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier will bill four units of CPT code 92543–TC.

I. Clinical Consultations

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 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. As we indicated in the preamble to the proposed rule, we have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician since a 1984 law suit. However, we believe that this policy is no longer appropriate. Because the policy was not embodied in the court's judgment or otherwise required by law and because we view it as creating opportunities for abuse and waste, effective January 1, 1998, we are not accepting a standing order as a substitute for the individual request by the attending physician. We are instructing the Medicare carriers to enforce § 415.130(b) as it is presently written.

Comment: We received comments from two organizations and many individual pathologists from Florida. These commenters argue that standing orders are an efficient mechanism of providing interpretive reports of specific clinical laboratory tests to attending physicians without prolonging care or the length of a hospital stay. Therefore, the proposed elimination of standing orders would create unnecessary delays and could adversely affect patient care and increase the cost of care.

Response: As we explained in the June 1997 proposed rule, pathologists could use a standing order policy to generate unnecessary consultations. These consultations may occur even though the attending physician can properly interpret the test results and does not need the assistance of the pathologist. We readily admit that standing orders can offer efficiencies over individual requests by attending physicians when attending physicians need interpretations from pathologists. However, we must balance this concern with the risk that the Medicare program may be inappropriately paying for medically unnecessary services under a standing order policy.

Comment: Individual commenters stated that there are several tests when prompt interpretation of tests is needed and the tests require interpretation by pathologists. Examples of these tests include cardiac enzymes, serum protein electrophoresis, and immunoelectrophoresis.

Response: These commenters appear to be confusing our policy on clinical laboratory interpretation services with clinical consultations. Before the implementation of the physician fee schedule in 1992, we worked with the College of American Pathologists and our carrier medical directors to identify those clinical laboratory tests for which the attending physician would ordinarily need the pathologist's interpretation. The clinical laboratory tests, which the commenters mentioned, were on the original list of tests which our carrier medical directors reviewed. Working with the carrier medical directors, we identified a list of 15 clinical laboratory tests for which we would recognize a clinical laboratory interpretation service. These tests were listed in the November 1991 final rule (56 FR 59565) and can be found at section 15020 E of the Medicare Carriers Manual. The list includes CPT codes 86320, 86325 and 86327, which describe immunoelectrophoresis services, and CPT code 84165, which describes serum protein electrophoresis. Since these tests are ordinarily interpreted by a pathologist, we allow a standing order policy to be used in place of an individual request by an attending physician.

Result of evaluation of comments: Except for the clinical laboratory tests mentioned above, we will not accept a standing order as a substitute for the individual request by the attending physician. We will instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

J. Actual Charges

In the June 18, 1997 proposed rule (62 FR 33184), we defined the term ''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 they have voluntarily agreed to accept as payment in full under a private plan contract that also covers the beneficiary when Medicare is primary and the private plan is secondary. We proposed this policy to protect Medicare beneficiaries from incurring greater deductible and coinsurance expenses as a result of enrollment in Part B of Medicare if the private plan's payment amount is less than the Medicare payment, and the Medicare coinsurance is more than the private plan's copayment.

For example, a retiree age 64, enrolled in a managed care plan, has a cataract removed by a physician who participates in Medicare and in the managed care plan. The managed care plan pays $800 of the physician's $1,500 actual charge. The retiree pays a $5 copayment. The physician cannot bill the retiree for the remaining amount under the terms of the contract with the managed care plan.

The retiree reaches age 65 and enrolls in Medicare Part B, which is usually required by the employer or the plan in order for the beneficiary to stay in the managed care plan. The beneficiary pays the Medicare premium each month and has the second cataract removed. Medicare is now the primary payer and the managed care plan is a secondary payer. The physician takes assignment on the Medicare claim and Medicare allows $1,000 of the physician's $1,500 charge. Medicare pays $800, its share of the payment. The physician bills the managed care plan for the $200 coinsurance but the plan may refuse to pay because the physician has already received the $800 that the plan considers to be payment in full. The physician may attempt to collect the coinsurance from the beneficiary. When this occurs, the beneficiary may have more out-of-pocket expense after age 65 than before. The potential for higher out-of-pocket expenses occurs also with the services of other practitioners and suppliers, especially suppliers of durable medical equipment, prosthetics, orthotics, and supplies, who often deeply discount the price they charge managed care organizations in exchange for exclusivity and guaranteed business.

We received numerous comments from individual physicians and suppliers and the organizations that represent them in opposition of this proposal. In general, the comments have the following common themes:

- Physicians and suppliers do not know what the plans will pay for their services, either because the plans change the payment amounts without notice or, in the case of physicians, because of withholds and bonuses that do not permit establishing actual payment for the service until after the end of the year—certainly not in time for the actual payment to be placed on the claim for Medicare payment.
- The proposal would increase physicians' and suppliers' administrative cost and burden to bill Medicare.
- There is no statutory basis for interpreting the term ''actual charges'' in any manner other than the plain meaning of the words, for example, whatever the physician or supplier chooses to charge.
- There is no standard coding and/or bundling among payers, hence, there is no standard description of services on which to base a comparison of Medicare and managed care payments.
- The proposal constitutes a breach of faith with the physician community that supports the physician fee schedule because of the participatory nature of its development.

As a result of our review of the comments, we have decided that the

actual charge issue, including the implications for beneficiary out-of-pocket expense, requires further study. Although we are not issuing a final rule requiring physicians and suppliers to show the lower negotiated payment as their submitted charge for the service, we continue to believe that the lower negotiated rate should be the submitted charge in this situation.

III. Implementation of the Balanced Budget Act of 1997

In addition to the physician fee schedule provisions of the Balanced Budget Act of 1997, the new legislation expands the previously enacted Medicare screening mammography benefit and adds several new screening benefits to the law—the colorectal cancer screening benefit and the screening pelvic examination benefit effective January 1, 1998. For many years physicians have understood the value of prevention and early detection measures in dealing with medical problems. Preventive services for the early detection of disease have also been associated with substantial reductions in morbidity. For example, dramatic reductions in the incidence of invasive cervical cancer and in cervical cancer mortality have occurred following the implementation of screening programs using Papanicolaou testing to detect cervical dysplasia.

Although sound clinical reasons exist for emphasizing prevention in medicine, studies have shown that clinicians often fail to provide recommended clinical preventive services. This is due to a variety of factors, including inadequate reimbursement for preventive services, fragmentation of health care delivery, and insufficient time with patients to deliver the range of preventive services that are recommended. It is our expectation that implementation of the recently enacted new Medicare benefit provisions should help to overcome at least some of the barriers to the use of preventive services, and may lead to substantial reductions in morbidity and mortality.

A. Changes in Practice Expense Relative Value Units for 1998

Section 4505 of the Balanced Budget Act of 1997 delays the implementation of the resource-based practice expense RVU system until January 1, 1999 and specifies the manner in which practice expense RVUs in 1998 are adjusted.

The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service. The reductions are used to increase practice expense RVUs for office visits. (Section 4505 of the BBA 1997 also provides the Secretary with the authority to adjust the 110 percent figure if the aggregate amount of reductions exceeds $390 million. Since the application of the 110 percent results in reductions of about $330 million, we did not need to make an additional adjustment.)

There are two categories of services that are excluded from this limitation: (1) The service provided more than 75 percent of the time in an office setting; and (2) the service had a proposed resource-based practice expense RVU (that is, the practice expense RVU for the service published in the June 18, 1997 proposed rule (62 FR 33158 et seq.)) that was an increase from its 1997 practice expense RVU.

In addition, there are services whose work RVU is zero and therefore are not affected by this provision. These services include technical component (TC) services (such as the TC of radiology services, surgical pathology services, and other services that have a corresponding PC service) and diagnostic tests, such as psychological tests, that are not TC services (because there is no corresponding PC service).

The exclusion for services because they have a value that increased in the June 1997 proposed rule (62 FR 33160) is applied separately by site-of-service with the distinction made between in-office and out-of-office services. For most codes, the June 1997 proposed rule provided a practice expense RVU for both the in-office and the out-of-office setting. Thus, if the proposed 1998 resource-based practice expense RVU for a code for the in-office setting increased in relation to its 1997 practice expense RVU even though the proposed value exceeded 110 percent of the work RVU, this code, for this service and this site, was excluded from the practice expense RVU reduction. Similarly, if the proposed 1998 resource-based practice expense RVU for the same code for the out-of-office setting decreased in relation to its 1997 practice expense RVU and the proposed value exceeded 110 percent of the work RVU, then this code, for this service and this site, was subject to the practice expense RVU reduction.

For 1998, the carriers will apply the same site-of-service differential policy they applied in 1997. Under the site-of-service differential, the practice expense RVUs for a procedure code that is furnished outside the office are reduced by 50 percent. There are approximately 700 codes affected by this policy. To coordinate this policy with the site-of-service distinctions in the June 1997 proposed rule and the interaction of the provisions of section 4505 of the BBA 1997, we are listing in Addendum B the practice expense RVUs for the two sites for the 700 procedure codes instead of allowing the carrier to calculate the 50 percent reduction.

The practice expense RVUs for office visit procedure codes are increased by a uniform percentage. This uniform percentage (13 percent) is calculated so that the aggregate increase in practice expense RVUs for office visit procedures is equal to the decrease in Practice expense RVUs for services whose practice expense RVUs are reduced. This results in an increase in total payments of between 3 percent and 5 percent for the office visit codes.

B. Coverage of Screening Mammography and Related Payment Changes

Before the enactment of the BBA 1997, section 1834(c)(2) of the Act prescribed certain limitations on the frequency of coverage of mammography screenings for women over 39 years of age with no waiver of the yearly Part B deductible requirement. Specifically, for a woman over age 39 but under 50 years of age, the law provided for coverage of screening mammography either once a year or twice a year depending upon whether the woman was considered to be at high risk of developing breast cancer, as determined pursuant to factors identified by the Secretary and specified in regulations. In the case of a woman over 49 years of age but under 65 years of age, the law specified that payment could be made for a screening mammography once a year (that is, if at least 11 months had passed following the month in which the last screening mammography was performed). Finally, in the case of a woman over 64 years of age, the law provided that payment could be made for a screening mammography once every 2 years following the month in which the last screening mammography was performed.

Section 4101(a) of the BBA 1997 amends section 1834(c)(2)(A) of the Act effective January 1, 1998 to simply provide that in the case of any woman over 39 years of age, payment may be made for a screening mammography if at least 11 months have passed following the month in which the last screening mammography was performed. Section 4101(b) of the BBA 1997 amends sections 1833(b) and 1834(c)(1)(C) of the Act to waive the Part B deductible requirement.

In view of the statutory changes in the (1) limitations on the frequency of coverage of screening mammographies for all women over 39 years of age and (2) the Part B deductible requirement as

it relates to all screening mammography services, we are amending § 410.34(d) (relating to limitations on coverage of screening mammography) and are adding a new exception as paragraph (5) in § 410.160(b) (relating to exceptions to the Part B annual deductible) to reflect these changes in the regulations.

C. Colorectal Cancer Screening

Section 4104 of the BBA 1997 provides for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998. The law provides for coverage for screening fecal-occult blood tests, screening flexible sigmoidoscopy, screening colonoscopy, and other tests we determined to be appropriate, subject to certain frequency and payment limits.

Present Medicare coverage policy allows payment for diagnostic tests to diagnose colorectal cancer and related medically necessary services that are furnished to beneficiaries. Under this policy, diagnostic colorectal cancer tests are covered if they are medically necessary to evaluate a specific complaint from or monitor an existing medical condition of an individual who has had a history of colon cancer or inflammatory bowel disease. This coverage is based, in part, on section 1861(s)(3) of the Act, which provides general Medicare coverage for diagnostic x-ray, clinical laboratory, and other diagnostic tests. However, prior to the enactment of the BBA 1997, screening colorectal cancer tests have been excluded from coverage based on section 1862(a)(7) of the Act, which states that routine physical checkups are excluded services. This exclusion is described in Medicare regulations in § 411.15(a).

1. Coverage Determination in Screening Barium Enemas

Section 4104(a)(2) of the BBA 1997 requires us to publish a notice in the **Federal Register** related to the coverage of screening barium enema as a colorectal cancer screening test. As provided by section 4104(a)(2) of the BBA 1997, this notice is to be published in the **Federal Register** by November 3, 1997, within 90 days after the date of enactment.

To the three colorectal cancer screening tests specifically designated as covered under sections 1861(pp)(1)(A), (B), and (C) of the Act, section 4104(a)(2) of the BBA 1997 added a new section 1861(pp)(1)(D) to the Act to provide that colorectal cancer screening tests may also include coverage of other tests or procedures the Secretary determines to be appropriate based on consultation with appropriate organizations.

As required by section 1861(pp)(1)(D) of the Act, we, acting on behalf of the Secretary, consulted with appropriate Federal government organizations and other organizations regarding the efficacy of a barium enema examination for detecting colorectal cancer. We also inquired about how this coverage should be included under Medicare. We contacted representatives of various Federal agencies, including the Agency for Health Care Policy and Research, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Cancer Institute, knowledgeable about using a barium enema as a screening test to detect colorectal cancer. We also consulted with staff from the American Cancer Society. In addition, the American Medical Association convened a preventive medicine expert panel that included representatives from the United States Preventive Services Task Force and various medical specialty organizations, such as the American Medical Association Council on Scientific Affairs, the American Medical Association Council on Medical Services, the American Academy of Family Physicians, the American College of Physicians, the American College of Preventive Medicine, the American College of Radiology, and the American Society of Colon and Rectal Surgeons.

Based on our review of this information and our evaluation of other data, we concluded that while there is not a consensus in the medical community regarding the specific role of a barium enema examination under the Medicare colorectal cancer screening benefit when compared to the use of the flexible sigmoidoscopy and colonoscopy examinations, there is a sufficient basis for us to include the use of barium enema as part of the new national Medicare coverage for colorectal screening.

In its Executive Summary, (AHCPR Publication Number 97–0302) Evidence Report No. 1: Colorectal Cancer Screening, the Agency for Health Care Policy and Research concluded that there is indirect evidence that supports the use of double contrast barium enema in screening for colorectal cancer. They also noted that the double contrast barium enema can image the entire colon and detect cancers and large polyps. (Medicare policy already allows payment for diagnostic barium enemas that are performed to evaluate a beneficiary's specific complaint or to monitor an existing medical condition for an individual with a history of colon cancer.) Additionally, the role of the barium enema examination as a colorectal cancer screening examination has recently been studied by several multi-disciplinary expert panels and, as a result of those studies, it appears that the usefulness of the examination is becoming widely accepted in the United States. First, the American Gastroenterological Association initially in conjunction with the Agency for Health Care Policy and Research, completed their report earlier this year. The double contrast barium enema was recommended as a screening option for all average risk patients (those with no predisposing factors) and selected groups of high risk patients (those with a history of prior polyps, or those with a first degree relative with colorectal cancer). Only in the case of the subset of patients at high risk with a family history of familial adenomatous polyposis, hereditary non-polyposis colorectal cancer, and inflammatory bowel disease was a colonoscopy recommended as the only screening modality. (This subset of patients represents a minority of the high risk population as defined by statute.) Second, earlier this year the American Cancer Society recently revised their guidelines to include the double contrast barium enema as an option for patients at average and moderate risk (nearly identical to the above described American Gastroenterological Association guidelines).

The American Gastroenterological Association and the National Cancer Institute studies have indicated that one of the major advantages of the barium enema examination is that it permits the imaging of the entire colorectum and it appears to have the ability to detect precursor adenomas as well as colorectal cancers. Anatomic visualization of the entire colorectum is believed to be highly desirable and is widely considered optimum for evaluating the colon. (It is generally acknowledged that one limitation of the flexible sigmoidoscopy examination is that it only allows for direct examination of the lower third to one-half of the colorectum.) There is also some evidence that racial differences exist in the distribution of colorectal cancers, with African-Americans having a higher proportion of cancers in the right side of the colon than Caucasians. Thus, tests that allow full structural coverage of the entire colorectum are needed as a choice for certain segments of the population.

Furthermore, on the basis of the information we have reviewed, the barium enema screening examination appears to have a superior safety profile

when compared to the screening flexible sigmoidoscopy and colonoscopy examinations, and it does not require sedation as is the case with colonoscopy examinations. Our information indicates that patients are typically exposed to 300 to 500 mrad of radiation during a barium enema examination, which is about equivalent to the dose of radiation that results from a single screening mammography examination. Considering the age and frequency at which screening is recommended for a barium enema examination, it is estimated by the American College of Radiology that a screening strategy using a barium enema x-ray every 2 or 4 years would deliver a lifetime dose of radiation that is lower than the radiation that would result from use of the annual Medicare screening mammography benefit.

Specifically, in view of the information summarized above, we have determined that a barium enema is a reasonable and necessary screening test for colorectal cancer, and have decided to cover screening barium enema examinations in the following manner:

First, such a screening examination may be covered as an alternative to a flexible sigmoidoscopy examination (that is, as a substitute for, and not as an added optional benefit) for an individual attaining age 50 and not at high risk for colorectal cancer, if the individual's attending physician orders the test in writing after a determination that the test is the appropriate screening test. That is, the attending physician must determine that, in the case of a particular individual, the estimated screening potential for the barium enema is equal to or greater than the screening potential that has been estimated for a flexible sigmoidoscopy for that same individual. For example, in the case of an individual who is taking anti-coagulant medications, the individual's attending physician may decide to order a barium enema instead of a flexible sigmoidoscopy because it is less likely to produce bleeding and typically allows for a total inspection of the colon, while the flexible sigmoidoscopy does not.

Second, we are establishing a frequency limitation for the coverage of the screening barium enema for an individual age 50 and over who is not at high risk for colorectal cancer at the same time interval that is specified in the statute for screening flexible sigmoidoscopy examination (that is, once every 48 months for the same individual.)

Third, we are providing that a screening barium enema may be covered as an alternative to a screening colonoscopy (that is, as a substitute and not as an added optional benefit) for individuals at high risk for colorectal cancer, if the individual's attending physician orders the test in writing following a determination that the screening barium enema is the appropriate test for that particular individual. This means that the attending physician must determine, in the case of a particular individual, that the estimated screening potential for the barium enema examination is equal to or greater than the screening potential that has been estimated for the colonoscopy examination. For instance, in the case of an individual at high risk for colorectal cancer who may not be able to receive a complete colonoscopy due to a markedly long and twisting loop(s) of colon, the individual's attending physician may decide to order a barium enema in lieu of a screening colonoscopy because it is more likely to permit a complete view of the entire colon.

Fourth, we are establishing the frequency limitation for coverage of the screening barium enema for an individual who is at high risk for colorectal cancer at the same time interval that is specified in the statute for screening colorectal examinations (that is, once every 24 months for the same individual.)

Fifth, we are establishing the double contrast barium enema as the standard type of screening barium enema that will be covered under the Medicare program because, based on information obtained from the American College of Radiology, we understand that it is regarded as the most sensitive for small colonic lesions in patients who are adequately prepared and optimally imaged. In the case of some patients who are infirm, immobile, or debilitated, however, a technically optimal double contrast examination may not be possible. In these patients a single contrast barium examination may be performed with high quality results despite the limitations of the patient's condition. In these situations, we are covering the single contrast method if it would satisfy the test described above for allowing coverage of the barium enema examination as an alternative to one of the other two colorectal cancer screening tests. That is, the individual's attending physician would have to determine that the estimated screening potential from the use of the single contrast barium enema is equal to or exceeds the estimated screening potential that would result from the use of the flexible sigmoidoscopy and the colonoscopy examinations.

In summary, effective January 1, 1998, we will pay for screening barium enemas as an alternative to either a screening flexible sigmoidoscopy or a screening colonoscopy, in accordance with the same frequency parameters specified in the law for the other two colorectal screening services identified.

2. Provisions of the Final Rule

We are specifying an exception to the list of examples of routine physical checkups excluded from coverage in § 411.15(a)(1) (Particular services excluded from coverage). The exception is for colorectal cancer screening tests that meet the frequency limitations and the conditions for coverage that we are specifying under § 410.37. Coverage of colorectal cancer screening tests is provided under Medicare Part B only.

3. Frequency Limits and Conditions of Coverage

Section 4104 of the BBA 1997 adds new subparagraph (R) to section 1861(s)(2) of the Act authorizing Medicare coverage of certain colorectal screening services as defined in section 1861(pp) that are furnished on or after January 1, 1998. These statutorily mandated colorectal services include screening fecal-occult blood tests, screening flexible sigmoidoscopy examinations, and screening colonoscopy examinations. Section 4104(b) of the BBA 1997 also establishes frequency of coverage limitations for all three of these colorectal screening services. The frequency of coverage limitations specified for fecal-occult blood tests is that payment may be made only for an individual 50 years of age or over, if the test has not been performed within the 11 months that have passed following the month in which the last screening fecal-occult blood test was performed. The frequency of coverage limitation indicated for screening flexible sigmoidoscopy examinations is that payment may be made only for an individual age 50 years of age or over, if the procedure has not been performed within the 47 months that have passed following the month in which the last screening flexible sigmoidoscopy examination was performed. In the case of screening colonoscopy examinations, section 4104 of the BBA 1997 provides for coverage of screening colonoscopies for individuals at high risk for developing colorectal cancer (as now defined in section 1861(pp)(2) of the Act), if the screening examination has not been performed within the 23 months that have passed following the month in which the last screening colonoscopy was performed.

We have added § 410.37 to provide for coverage of four types of colorectal cancer screening tests. First, we are specifying several definitions of terms that are included to implement the statutory provisions and to help the reader in understanding the regulation provisions. These include definitions of the terms (1) colorectal cancer screening tests, (2) fecal-occult blood test, (3) individual at high risk for colorectal cancer, (4) screening barium enema, and (5) attending physician. Second, we are establishing conditions of coverage for all four of the colorectal cancer screening tests that we will be paying for, effective January 1, 1998. Under our authority under the ''reasonable and necesary'' clause of the Act, section 1862(a)(1)(A), we are establishing conditions under which we would cover colorectal screening services. In § 410.37(b) (Conditions for coverage of screening fecal-occult blood tests) and § 410.37 (h) (Conditions for coverage of screening barium enemas) we are specifying that coverage is available for screening fecal-occult blood tests and screening barium enema examinations only if they are ordered in writing by the beneficiary's attending physician. We are including these coverage requirements to make certain that beneficiaries receive appropriate preventive counseling about the implications and possible results of having these examinations performed. In addition, in the case of the screening barium enema, which we will cover as an alternative to either the screening flexible sigmoidoscopy or the colonoscopy examination, we want to ensure that the beneficiary's attending physician has made a determination that the screening potential of that exam is at least equal to or greater than the screening potential for the alternative examination. Third, in order to ensure that the screening flexible sigmoidoscopy and screening colonoscopy exams are performed as safely and accurately as possible, we are requiring in § 410.37(d) (Conditions for coverage of screening flexible sigmoidoscopies) and § 410.37(f) (Conditions for coverage of screening colonoscopies) that the examinations must be performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act.)

Additionally, in §§ 410.37(c), 410.37(e), 410.37(g), and 410.37(i) (Limitations on coverage of screening fecal-occult blood tests, Limitations on coverage of screening flexible sigmoidoscopies, Limitations on coverage of screening colonoscopies, and limitations on coverage of screening barium enemas, respectively), we are setting forth the following frequency and payment restrictions for the four types of colorectal cancer screening test covered, which are mandated by sections 1834(d)(1)(B), 1834(d)(2)(E) and 1834(d)(3)(E) of the Act, except for those relating to screening barium enema examinations, which the law did not specifically address.

Limits on Fecal-Occult Blood Tests

- Payment may not be made for a screening fecal-occult blood test performed for an individual under age 50.
- For an individual 50 years of age or over, payment may be made for a screening fecal-occult blood test performed after at least 11 months have passed following the month in which the last fecal-occult blood test was performed.

Limits on Flexible Sigmoidoscopies

- Payment may not be made for a screening flexible sigmoidoscopy performed for an individual under age 50.
- For an individual 50 years of age or over, payment may be made for a screening flexible sigmoidoscopy performed after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy, or the last screening barium enema was performed.

Limits on Colonoscopies

- Payment may not be made for a screening colonoscopy performed for an individual who is not at high risk for colorectal cancer.
- Payment may be made for a screening colonoscopy performed for an individual at high risk for colorectal cancer after at least 23 months have passed following the month in which the last screening colonoscopy or the last screening barium enema was performed.

Limits for Barium Enemas

- In the case of an individual age 50 and over who is not at high risk for colorectal cancer, payment may be made for a screening barium enema after 47 months have passed following the month in which the last screening barium enema, or the last screening flexible sigmoidoscopy was performed.
- In the case of an individual who is at high risk for colorectal cancer, payment may be made for a screening barium enema after at least 23 months have passed following the month in which the last screening barium enema, or the last screening colonoscopy was performed.

As indicated previously, in explaining our national coverage determination on screening barium enemas, we have decided to pay for this examination as an alternative to either the flexible sigmoidoscopy or the colonoscopy coverage provisions (that is, as a substitute for, and not as add-on coverage.) In reviewing the matter of the appropriate frequency limits for screening barium enemas, we did consider the possibility of providing for payment for these services as an add-on to the other two major screening coverage provisions. However, since the screening barium enema allows for a complete examination of the colon, we have not adopted this alternative because we believe it would be duplicative for us to permit coverage of both a screening barium enema and a screening flexible sigmoidoscopy (or a screening colonoscopy for an individual at high risk of colorectal cancer) during the same 2 or 4 year time period, respectively. In the case of a suspicious or equivocal examination, other tests would be necessary but would be considered diagnostic tests, not screening, and would be covered under Medicare. It is generally unnecessary to perform duplicate screening tests.

4. Payment Limits

Payment amounts for screening fecal-occult blood tests, screening sigmoidoscopies, screening colonoscopies, and barium enemas as follows:

- Screening fecal occult blood tests are covered at a frequency of once every 12 months for beneficiaries who have attained age 50. Section 1834(d)(1) of the Act provides that screening fecal occult blood tests are paid at the same rate as diagnostic fecal-occult blood tests (CPT code 82270) are paid under the clinical laboratory fee schedule. We have created a new HCPCS code G0107, colorectal cancer screening; fecal-occult blood test, one to three simultaneous determinations, to be used for screening fecal-occult blood tests. This code will be carrier-priced at the payment amount that the Medicare carrier pays for CPT code 82270 under the clinical laboratory fee schedule.
- Screening flexible sigmoidoscopy is covered at a frequency of once every 48 months for beneficiaries who have attained age 50. Section 1861(pp)(2) of the Act provides that payment for screening flexible sigmoidoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic flexible sigmoidoscopy (CPT code 45330).

We have created a new HCPCS code G0104, colorectal cancer screening; flexible sigmoidoscopy, to be used for screening flexible sigmoidoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic sigmoidoscopy and are, therefore, assigning the same RVUs to HCPCS code G0104 as those assigned to CPT code 45330 in Addendum B. If during the course of the screening flexible sigmoidoscopy a lesion or a growth is detected that results in a biopsy or removal of the growth, section 1834(d)(2)(D) of the Act provides that the physician should bill for a flexible sigmoidoscopy with biopsy or removal, rather than using the screening HCPCS code G0104.

• Screening colonoscopy is covered at a frequency of once every 24 months for beneficiaries at high risk for colorectal cancer under section 1834(d)(3)(E) of the Act. Section 1861(pp)(2) of the Act defines high risk as a person who, because of family history, prior experience of cancer or precursor neoplastic polyps, a history of chronic digestive disease condition (including inflammatory bowel disease, Crohn's disease, or ulcerative colitis), the presence of any appropriate recognized gene markers for colorectal cancer, or other predisposing factors, faces a high risk for colorectal cancer. The law provides that payment for screening colonoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic colonoscopy (CPT code 45378).

We have created a new HCPCS code G0105, colorectal cancer screening; colonoscopy for an individual at high risk, to be used for screening colonoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic colonoscopy, and we are, therefore, assigning the same RVUs to HCPCS code G0105 as those assigned to CPT code 45378 in Addendum B. If during the course of the screening colonoscopy a lesion or growth is detected that results in a biopsy or removal of the growth, section 1834(d)(3)(D) of the Act provides that the physician should bill for a colonoscopy with biopsy or removal, rather than using the screening HCPCS code G0105.

• The frequency of payment limitations for the screening barium exams will be exactly the same as the frequency of payment limitations that would apply if the barium examination were not being substituted for the other screening service (that is, once every 4 years for a flexible sigmoidoscopy examination for individuals age 50 or over and once every 2 years for colonoscopy screening for individuals at high risk for colorectal cancer).

We have created the following new HCPCS codes:

HCPCS code	Descriptor
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema.
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk (non-covered).
G0122	Colorectal cancer screening; barium enema (non-covered).

The first two codes (G0106, and G0120) are to be used for the barium enema when the barium enema is being substituted for either the sigmoidoscopy or the colonoscopy, as indicated by the code nomenclature. The RVUs for these procedures will be the same as for the diagnostic barium enema procedure, CPT code 74280, and are shown in Addendum B.

The second two codes are to be used when the high risk criteria are not met, or a barium enema is performed but not a substitute for either a sigmoidoscopy or colonoscopy. These are non-covered services.

5. Screening Colonoscopy in an Ambulatory Surgical Center

CPT code 45378, which is used to code a diagnostic colonoscopy, is on the list of procedures approved by Medicare for payment of an ambulatory surgical center (ASC) facility fee under section 1833(I) of the Act. CPT code 45378 is currently assigned to ASC payment group 2. We propose to add the new HCPCS code G0105, colorectal cancer screening; colonoscopy on individual at high risk, to the ASC list. We believe that the facility services are the same whether the procedure is a screening or a diagnostic colonoscopy and are, therefore, assigning HCPCS code G0105 to payment group 2, which is the same payment rate assigned to CPT code 45378. If during the course of the screening colonoscopy performed at an ASC a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate procedure classified as a colonoscopy with biopsy or removal should be billed and paid rather than HCPCS code G0105.

D. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes

Section 4102 of the BBA 1997 provides for coverage of screening pelvic examinations (including a clinical breast examination) for all female beneficiaries, effective January 1, 1998, subject to certain frequency and other limitations. A screening pelvic examination (including a clinical breast examination) should include at least seven of the following eleven elements:

• Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.

• Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses. Pelvic examination (with or without specimen collection for smears and cultures) including:

• External genitalia (for example, general appearance, hair distribution, or lesions).

• Urethral meatus (for example, size, location, lesions, or prolapse).

• Urethra (for example, masses, tenderness, or scarring).

• Bladder (for example, fullness, masses, or tenderness).

• Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele).

• Cervix (for example, general appearance, lesions, or discharge).

• Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support).

• Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity).

• Anus and perineum.

This description is from *Documentation Guidelines for Evaluation and Management Services,* published in May 1997, and was developed by the Health Care Financing Administration and the American Medical Association. Section 1862(a)(1)(A) of the Act provides that Medicare cover only services that are reasonable and necessary for the diagnosis or treatment of illness or injury. We believe that a pelvic screening procedure should examine

various anatomical structures to avoid missing detection of as many potential disorders as practical. We will be including this description in instructions in the Medicare Carriers Manual.

This coverage allows payment for one pelvic examination for every female beneficiary every 3 years but includes the allowance of payment once every year for certain women of childbearing age as well as certain women at high risk for cervical or vaginal cancer. Specifically, section 4102(a) of the BBA 1997 provides for the following frequency of coverage limitations:

As reflected in the law, payment may be made for a screening pelvic examination on an annual basis if one of the following occurs:

- The woman is of childbearing age and has had an examination indicating the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years.
- The woman is considered by her physician or other practitioner to be at high risk of developing cervical or vaginal cancer as we have defined in these regulations.

We are adding § 410.56 (Screening pelvic examinations) to include this new coverage. In § 410.56(a) (Conditions for screening pelvic examinations), we are requiring that to be covered by Medicare Part B the screening pelvic examination must be performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by a certified nurse midwife (as defined in section 1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa) of the Act) who is authorized under State law to perform the examination. We have included this requirement to ensure that the screening exam is performed as safely and accurately as possible.

To implement the statutory mandate that requires us to identify in regulations the high risk factors for cervical and vaginal cancer, we are specifying in § 410.56(b)(2) (More frequent screening based on high-risk factors), the following factors that have been recommended to us by the National Cancer Institute and the Centers for Disease Prevention and Control. While other factors may have been identified such as low socioeconomic status, the lack of precise and verifiable definitions does not make them amenable to regulation at this time.

1. High Risk Factors for Cervical Cancer

- Early onset of sexual activity (under 16 years of age).
- Multiple sexual partners (five or more in a lifetime).
- History of a sexually transmitted disease (including the human immunodeficiency virus (HIV).
- Absence of three negative Pap smears or any Pap smears within the previous 7 years.

2. High Risk Factors for Vaginal Cancer

- Prenatal exposure to diethylstilbestrol.

Based on consultation with representatives of the American College of Gynecologists and Obstetricians and others, we have defined a woman of childbearing age in § 410.56(b)(3) (More frequent screening for women of childbearing age) to mean a woman who is premenopausal, and has been determined by her physician or other practitioner, as specified in § 410.56(a), to be of childbearing age, based on her medical history or other findings.

This new section also provides for a waiver of the Part B deductible requirement that would otherwise be applicable to these services.

E. Reinstatement of the Payment for Transportation of EKG Equipment

As set forth in section 4559 of the BBA 1997, effective for services furnished after December 31, 1997 and before January 1, 1999, carriers will make separate payments for HCPCS code R0076 (Transportation of portable EKG to facility or location, per patient) based upon payment methods in effect for these services as of December 31, 1996. EKG transportation payments are made at the carrier-priced level that was in effect on December 31, 1996. The procedure codes involved are CPT code 93000 (a 12-lead EKG with interpretation and report) or CPT code 93005 (a 12-lead EKG, tracing only, without interpretation and report). When multiple patients receive services at the same site, the transportation payment amount must be prorated among all patients seen. These payments may be made only under the following circumstances:

- The transportation service is furnished in connection with standard EKG procedures furnished by approved suppliers of portable x-ray services as set forth in section 2070.4.F. of the Medicare Carriers Manual.
- The transportation service is furnished in connection with standard EKG procedures by an independent diagnostic testing facility or an independent physiological laboratory under the conditions set forth in section 2070.1.G. of the Medicare Carriers Manual.

F. Waiver of Proposed Rulemaking for Provisions in the Balanced Budget Act of 1997

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite prior public comment on proposed rules. We have found good cause that a notice-and-comment procedure can be waived for the BBA 1997 provisions discussed above. A complete explanation of reasons is given in section VII. of this preamble.

IV. Refinement of Relative Value Units for Calendar Year 1998 and Responses to Public Comments on Interim Relative Value Units for 1997

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

Section IV.B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1998.

B. Process for Establishing Work Relative Value Units for the 1998 Fee Schedule

Our November 22, 1996 final rule on the 1997 physician fee schedule (61 FR 59490) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule apply to physician services furnished beginning January 1, 1997. We announced that we considered the RVUs for the interim codes to be subject to public comment under the annual refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the November 1996 final rule and our establishment of the work RVUs for new and revised codes for the 1998 fee schedule.

1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 1—Work Relative Value Unit Refinements of 1997 Interim and Related Relative Value Units)

Although the RVUs in the November 1996 final rule were used to calculate 1997 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments from

approximately five specialty societies on approximately nine CPT codes with interim RVUs. Only comments received on codes listed in Addendum C of the November 1996 final rule were considered this year.

Due to the low volume of comments we received for 1997 CPT codes with interim RVUs, we adjusted the refinement process we have used in previous years. (See the November 22, 1996 final rule on the physician fee schedule (61 FR 59536) for a detailed explanation of the refinement of CPT codes with interim RVUs.) Instead, we invited one representative from each of the five specialty societies from which comments were received to attend a discussion of the codes commented on by their respective societies. In attendance at this meeting were the following representatives:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist was nominated by the specialty society that submitted the comments.
- Representatives from the AMA's RUC.
- Carrier medical directors.
- HCFA medical officers.
- HCFA staff.

The group discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the group members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the set, we attempted to include: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set listed approximately 300 services. Group members were encouraged to make comparisons to reference services.

The specialty society's recommendations were accepted for all nine of the CPT codes that were reviewed. We will continue with the regular refinement process for future years.

Table 1—Work Relative Value Unit Refinements of 1997 Interim and Related Relative Value Units

Table 1 lists the interim and related codes reviewed during the 1997 refinement process described in this section. This table includes the following information:

- *CPT Code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1997 Work RVU.* The work RVUs that appeared in the November 1996 rule are shown for each reviewed code.
- *Requested Work RVU.* This column identifies the work RVUs requested by commenters.
- *1998 Work RVU.* This column contains the final RVUs for physician work.

The new values emerged from analysis of the specialty representative's presentation.

TABLE 1.—WORK RVU REFINEMENT OF 1997 INTERIM AND RELATED RVUS

CPT*	MOD	Description	1997 work RVU	Requested work RVU	1998 work RVU
37250	.....	Intravascular us	1.51	2.10	2.10
37251	.....	Intravascular us	1.15	1.60	1.60
56300	.....	Pelvis laparoscopy, dx	3.65	5.00	5.00
56305	.....	Pelvic laparoscopy, biopsy	3.97	5.30	5.30
75945	26	Intravascular us	0.29	0.40	0.40
75946	26	Intravascular us	0.29	0.40	0.40
95921	26	Autonomic nerve function test	0.45	0.90	0.90
95922	26	Autonomic nerve function test	0.48	0.96	0.96
95923	26	Autonomic nerve function test	0.45	0.90	0.90

*All CPT and descriptors copyright 1997 American Medical Association

2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1998

a. Methodology (Includes Table 2—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1998 CPT Codes). One aspect of establishing work RVUs for 1998 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B. of our November 26, 1996 final rule (61 FR 59505 through 59506), we established a process, based on recommendations received from the AMA's Specialty Society Relative Value Update Committee (RUC), for establishing interim RVUs for new and revised codes.

We received work RVU recommendations for approximately 208 new and revised codes from the RUC. Physician panels consisting of carrier medical directors and our staff reviewed the RUC recommendations by comparing them to our reference set or to other comparable services on the fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received the RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC in order to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 96 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 4 percent, work RVUs were decreased.

We received 11 recommendations from the Health Care Professionals Advisory Committee (HCPAC) for new or revised codes for which the RUC did not provide a recommendation. For 7 of the HCPAC's recommendations, the proposed work RVUs were accepted.

There were also 5 CPT codes for which HCFA did not receive a RUC recommendation. HCFA established interim work RVUs for 3 of these codes.

Table 2 is a listing of those codes that will be new or revised in 1998 as well as their associated work RVUs. This table includes the following information:

- A ''#'' identifies a new code for 1998.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agree''); we established work RVUs that are higher than the RUC recommendation (''increase''); or we established work RVUs that were less than the RUC recommendation (''decrease''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 2 in section IV.B.2.b. below. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table in section IV.B.2.b.
- *HCFA work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations. The RVUs shown for global surgical services have not been adjusted to account for the 1997 increases for work RVUs in evaluation and management services.

1998 work RVUs. This column contains the 1998 RVUs for physician work. The RVUs shown for global surgical services have been adjusted to account for the 1997 increases for work RVUs in evaluation and management.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from the HCPAC.

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work[b] RVU
11055#		Paring, Cutting, and Trimming of Nails		0.43	Decrease	0.27	0.27
11056#		Paring, Cutting, and Trimming of Nails		0.61	Decrease	0.39	0.39
11057#		Paring, Cutting, and Trimming of Nails		0.79	Decrease	0.50	0.50
11719#		Paring, Cutting, and Trimming of Nails		0.17	Decrease	0.06	0.06
11200		Destruction of lesions	0.69		Decrease	0.67	0.77
11201		Destruction of lesions	0.35		Decrease	0.29	0.29
15756		Free muscle flap	33.23		Agree	33.23	35.23
17000		Destruction of lesions	0.55		Agree	0.55	0.60
17003#		Destruction of lesions	0.15		Agree	0.15	0.15
17004#		Destruction of lesions	2.65		Agree	2.65	2.79
17110		Destruction of lesions	0.55		Agree	0.55	0.65
17111#		Destruction of lesions	0.82		Agree	0.82	0.92
17250		Destruction of lesions	0.50		Agree	0.50	0.50
19120		Excision of cyst	5.35		Agree	5.35	5.56
20664#		Application of halo	7.00		Agree	7.00	8.06
22818#		Kyphectomy	30.00		Agree	30.00	31.83
22819#		Kyphectomy	34.50		Agree	34.50	36.44
29860#		Arthroscopy of hip	7.75		Agree	7.75	8.05
29861#		Arthroscopy of hip	9.00		Agree	9.00	9.15
29862#		Arthroscopy of hip	9.50		Agree	9.50	9.90
29863#		Arthroscopy of hip	9.50		Agree	9.50	9.90
29891#		Arthroscopy of ankle	8.00		Agree	8.00	8.40
29892#		Arthroscopy of ankle	8.60		Agree	8.60	9.00
29893#		Arthroscopy of ankle		4.92	Agree	4.92	5.22
32200		Percutaneous abscess drainage	13.10		Agree	13.10	15.29
32201#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
33496#		Repair of non-structural valve dysfunction	25.64		Agree	25.64	27.25
33530		Repair of non-structural valve dysfunction	5.86		Agree	5.86	5.86
35400#		Intraoperative Endovascular Angioscopy	3.00		Agree	3.00	3.00
36215		Coronary Angiography	4.68		Agree	4.68	4.68
37195#		Thrombolytic therapy for acute ischemic	0.00		Agree	0.00	0.00
37250		Intravascular us	1.51		Agree	1.51	2.10
37251		Intravascular us	1.15		Agree	1.15	1.60
43116		Partial esophagectomy	29.67		Agree	29.67	31.22
43496		Free jejunum transfer	carrier		Agree	carrier	carrier
43635		Vagotomy	2.06		Agree	2.06	2.06
44625		Closure of colostomy	12.10		Agree	12.10	13.41
44626#		Closure of colostomy	21.29		Agree	21.29	22.59
44700#		Intestinal sling procedure	13.00		Agree	13.00	14.35
44900		Percutaneous abscess drainage	7.86		Agree	7.86	8.82
44901#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
45112		Proctectomy with coloanal anastomosis	24.02		Agree	24.02	25.96
45119#		Proctectomy with coloanal anastomosis	23.50		Increase	24.50	26.21
47010		Percutaneous abscess drainage	8.75		Agree	8.75	10.28
47011#		Percutaneous abscess drainage	3.70		Agree	3.70	3.70
48510		Percutaneous abscess drainage	11.22		Agree	11.22	12.96
48511#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
49040		Percutaneous abscess drainage	8.74		Agree	8.74	9.94
49041#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
49060		Percutaneous abscess drainage	10.55		Agree	10.55	11.66
49061#		Percutaneous abscess drainage	3.70		Agree	3.70	3.70
49062#		Lymphocele drainage	10.78		Agree	10.78	11.36
49423#		Percutaneous abscess drainage	1.46		Agree	1.46	1.46

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work[b] RVU
49424#		Percutaneous abscess drainage	0.76		Agree	0.76	0.76
49560		Ventral herniorgraphy	9.48		Agree	9.48	9.88
49565		Ventral herniorgraphy	9.48		Agree	9.48	9.88
49568		Ventral herniorgraphy	4.89		Agree	4.89	4.89
50020		Percutaneous abscess drainage	12.41		Agree	12.41	14.66
50021#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
51840		Burch procedure	9.78		Agree	9.78	10.71
52281		Cystourethroscopy	2.80		Agree	2.80	2.80
52282#		Urethral endoprosthesis	6.40		Agree	6.40	6.40
53850#		Transurethral destruction of prostate	9.58		Decrease	9.25	9.45
53852#		Transurethral destruction of prostate	9.58		Agree	9.58	9.88
56300		Laparoscopic surgery	5.00		Agree	5.00	5.10
56301		Laparoscopic surgery	5.50		Agree	5.50	5.60
56302		Laparoscopic surgery	5.50		Agree	5.50	5.60
56303		Laparoscopic surgery	10.50		Increase	10.95	11.79
56304		Laparoscopic surgery	10.00		Increase	10.45	11.29
56305		Laparoscopic surgery	5.30		Agree	5.30	5.40
56306		Laparoscopic surgery	5.60		Agree	5.60	5.70
56309		Laparoscopic surgery	13.79		Agree	13.79	14.21
56310#		Laparoscopic surgery	13.50		Agree	13.50	14.44
56314#		Laparoscopic surgery	8.93		Agree	8.93	9.48
56318#		Laparoscopic surgery	10.63		Agree	10.63	10.96
56345#		Laparoscopic surgery			([a])	carrier	carrier
56346#		Laparoscopic surgery	7.18		Agree	7.18	7.73
56347#		Laparoscopic surgery			([a])	carrier	carrier
56348#		Laparoscopy with intestinal resection	20.00		Increase	21.00	22.04
56349#		Laparoscopic surgery	17.75		Decrease	16.47	17.25
56350		Hysteroscopy	3.33		Agree	3.33	3.33
56351		Hysteroscopy	4.75		Agree	4.75	4.75
56352		Hysteroscopy	6.17		Agree	6.17	6.17
56353		Hysteroscopy	7.00		Agree	7.00	7.00
56354		Hysteroscopy	10.00		Agree	10.00	10.00
56355		Hysteroscopy	5.21		Agree	5.21	5.21
56356		Hysteroscopy	9.50		Decrease	6.17	6.17
57308		Closure of rectovaginal fistula	9.31		Agree	9.31	9.94
57531		Radical trachelectomy	28.00		Agree	28.00	29.60
58152		Burch procedure	14.10		Agree	14.10	15.09
58340		Hysterosonography	0.88		Agree	0.88	0.88
58820		Percutaneous abscess drainage	3.96		Agree	3.96	4.22
58822		Percutaneous abscess drainage	9.06		Agree	9.06	10.13
58823#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
59050		Fetal monitoring	0.89		Agree	0.89	0.89
59051		Fetal monitoring	0.74		Agree	0.74	0.74
59160		Curettage, postpartum	2.66		Agree	2.66	2.71
59871#		Removal of cerclage suture	2.13		Agree	2.13	2.13
61793		Stereotactic radiosurgery	16.70		Agree	16.70	17.24
67027#		Ganciclovir implant	10.35		Agree	10.35	10.85
70553	26	MI, brain	2.36		Agree	2.36	2.36
74283	26	Therapeutic Enema	2.02		Agree	2.02	2.02
74740	26	Hysterosonography	0.38		Agree	0.38	0.38
75989	26	Percutaneous Abscess drainage	1.19		Agree	1.19	1.19
76070	26	Bone density studies	0.25		Agree	0.25	0.25
76075	26	Bone density studies	0.30		Agree	0.30	0.30
76076#	26	Bone density studies	0.22		Agree	0.22	0.22
76078#	26	Bone density studies	0.20		Agree	0.20	0.20
76080	26	Percutaneous Abscess drainage	0.54		Agree	0.54	0.54
76095	26	Stereotactic breast biopsy	1.59		Agree	1.59	1.59
76375	26	Medical holography	0.16		Agree	0.16	0.16
76390#	26	Magnetic resonance spectroscopy	1.40		Agree	1.40	1.40
76815	26	Echography, pregant uterus	0.65		Agree	0.65	0.65
76830	26	Hysterosonography	0.69		Agree	0.69	0.69
76831#	26	Hysterosonography	0.72		Agree	0.72	0.72
76885#	26	Echography of infant hip	0.74		Agree	0.74	0.74
76886#	26	Echography of infant hip	0.62		Agree	0.62	0.62
77295	26	Therapeutic radiology simulation-aided	4.57		Agree	4.57	4.57
78350	26	Bone density studies	0.22		Agree	0.22	0.22
78351		Bone density studies	0.30		Agree	0.30	0.30
78459	26	PET myocardial perfusion imaging	1.88		Agree	1.88	1.88
78491#	26	PET myocardial perfusion imaging	1.50		Agree	1.50	1.50
78492#	26	PET myocardial perfusion imaging	1.87		Agree	1.87	1.87
78707	26	Renal nuclear medicine	0.96		Agree	0.96	0.96
78708#	26	Renal nuclear medicine	1.21		Agree	1.21	1.21
78709#	26	Renal nuclear medicine	1.41		Agree	1.41	1.41
78710	26	Kidney imaging	0.66		Agree	0.66	0.66
88108	26	Cervical or vaginal cytopathology	0.56		Agree	0.56	0.56
88141#		Cervical or vaginal cytopathology	0.42		Agree	0.42	0.42
90801		Psychotherapy	2.80		Agree	2.80	2.80
90802#		Psychotherapy	3.01		Agree	3.01	3.01
90804#		Psychotherapy	1.11		Agree	1.11	1.11

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work[b] RVU
90805#		Psychotherapy	1.47		Agree	1.47	1.47
90806#		Psychotherapy	1.72		Agree	1.72	1.72
90807#		Psychotherapy	2.00		Agree	2.00	2.00
90808#		Psychotherapy	2.76		Agree	2.76	2.76
90809#		Psychotherapy	3.15		Agree	3.15	3.15
90810#		Psychotherapy	1.19		Agree	1.19	1.19
90811#		Psychotherapy	1.58		Agree	1.58	1.58
90812#		Psychotherapy	1.86		Agree	1.86	1.86
90813#		Psychotherapy	2.15		Agree	2.15	2.15
90814#		Psychotherapy	2.97		Agree	2.97	2.97
90815#		Psychotherapy	3.39		Agree	3.39	3.39
90816#		Psychotherapy	1.24		Agree	1.24	1.24
90817#		Psychotherapy	1.65		Agree	1.65	1.65
90818#		Psychotherapy	1.94		Agree	1.94	1.94
90819#		Psychotherapy	2.24		Agree	2.24	2.24
90821#		Psychotherapy	3.09		Agree	3.09	3.09
90822#		Psychotherapy	3.53		Agree	3.53	3.53
90823#		Psychotherapy	1.33		Agree	1.33	1.33
90824#		Psychotherapy	1.77		Agree	1.77	1.77
90826#		Psychotherapy	2.08		Agree	2.08	2.08
90827#		Psychotherapy	2.41		Agree	2.41	2.41
90828#		Psychotherapy	3.32		Agree	3.32	3.32
90829#		Psychotherapy	3.80		Agree	3.80	3.80
90845		Psychotherapy	1.79		Agree	1.79	1.79
90846		Psychotherapy	1.83		Agree	1.83	1.83
90847		Psychotherapy	2.21		Agree	2.21	2.21
90849		Psychotherapy	0.59		Agree	0.59	0.59
90853		Psychotherapy	0.59		Agree	0.59	0.59
90857		Psychotherapy	0.63		Agree	0.63	0.63
90865#		Psychotherapy	2.84		Agree	2.84	2.84
90875		Psychotherapy		1.20	Agree	1.20	1.20
90876		Psychotherapy		1.90	Agree	1.90	1.90
90880		Psychotherapy	2.19		Agree	2.19	2.19
90885#		Psychotherapy	0.97		Agree	0.97	0.97
90911		Biofeedback training	0.89		Agree	0.89	0.89
91010		Esophageal motility studies	1.25		Agree	1.25	1.25
91020		Esophageal motility studies	1.44		Agree	1.44	1.44
92978	26	Intravascular us	1.80		Agree	1.80	1.80
92979	26	Intravascular us	1.44		Agree	1.44	1.44
92992		Atrial septectomy of septostomy	carrier		Agree	carrier	carrier
92997#		Pulmonary artery angioplasty	12.00		Agree	12.00	12.00
92998#		Pulmonary artery angioplasty	6.00		Agree	6.00	6.00
93320		Doppler echo	0.38		Agree	0.38	0.38
93325		Doppler echo	0.07		Agree	0.07	0.07
93508#	26	Coronary angiography	4.10		Agree	4.10	4.10
93530#	26	Pediatric cardiac catheterization	4.23		Agree	4.23	4.23
93531#	26	Pediatric cardiac catheterization	8.35		Agree	8.35	8.35
93532#	26	Pediatric cardiac catheterization	10.00		Agree	10.00	10.00
93533#	26	Pediatric cardiac catheterization	6.70		Agree	6.70	6.70
94010	26	Spirometry	0.17		Agree	0.17	0.17
94070	26	Pulmonary procedures	0.60		Agree	0.60	0.60
95805	26	Sleep studies	1.88		Agree	1.88	1.88
95806	26	Sleep studies	1.85		Decrease	1.66	1.66
95807	26	Sleep studies	1.66		Agree	1.66	1.66
95811#	26	Sleep studies	3.80		Agree	3.80	3.80
95860	26	Needle EMG	0.96		Agree	0.96	0.96
95861	26	Needle EMG	1.54		Agree	1.54	1.54
95863	26	Needle EMG	1.87		Agree	1.87	1.87
95864	26	Needle EMG	1.99		Agree	1.99	1.99
95869	26	Needle EMG	0.37		Agree	0.37	0.37
95870#	26	Needle EMG			([a])	0.37	0.37
96902#		Trichogram	0.41		Agree	0.41	0.41
97001#		Occupational and Physical Therapy		1.20	Agree	1.20	1.20
97002#		Occupational and Physical Therapy		0.60	Agree	0.60	0.60
97003#		Occupational and Physical Therapy		1.20	Agree	1.20	1.20
97004#		Occupational and Physical Therapy		0.60	Agree	0.60	0.60
97780#		Acupuncture			([a])	0.00	0.00
97781#		Acupuncture			([a])	0.00	0.00
99141#		Conscious sedation	0.80		Agree	0.80	0.80
99142#		Conscious sedation	0.60		Agree	0.60	0.60
99217		Observation same day discharge	1.28		Agree	1.28	1.28
99234#		Observation same day discharge	2.56		Agree	2.56	2.56
99235#		Observation same day discharge	3.42		Agree	3.42	3.42
99236#		Observation same day discharge	4.27		Agree	4.27	4.27
99315#		Nursing facility discharge	1.20		Decrease	1.13	1.13
99316#		Nursing facility discharge	1.60		Decrease	1.50	1.50
99341		Home care visits	0.89		Increase	1.01	1.01
99342		Home care visits	1.33		Increase	1.52	1.52
99343		Home care visits	1.99		Increase	2.27	2.27

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work[b] RVU
99344#		Home care visits	2.66		Increase	3.03	3.03
99345#		Home care visits	3.32		Increase	3.79	3.79
99347		Home care visits	0.66		Increase	0.76	0.76
99348		Home care visits	1.11		Increase	1.26	1.26
99349		Home care visits	1.77		Increase	2.02	2.02
99350#		Home care visits	2.66		Increase	3.03	3.03
99374#		Care plan oversight	1.10		Agree	1.10	1.10
99375		Care plan oversight	1.73		Agree	1.73	1.73
99377#		Care plan oversight	1.10		Agree	1.10	1.10
99378#		Care plan oversight	1.73		Agree	1.73	1.73
99379#		Care plan oversight	1.10		Agree	1.10	1.10
99380#		Care plan oversight	1.73		Agree	1.73	1.73
99436#		Attendance at delivery	1.50		Agree	1.50	1.50

[a] No RUC recommendation provided
[b] Work RVU changes due to global surgery evaluation and management increases.
New Codes
* All numeric HCPCS CPT Copyright 1997 American Medical Association

b. Discussion of Codes for Which the RUC Recommendations Were Not Accepted. The following is a summary of our rationale for not accepting particular recommendations. It is arranged by type of service in CPT code order. This summary refers only to work RVUs.

CPT codes 11055 (Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus), single lesion), 11056 (two to four lesions), 11057 (more than four lesions), and 11719 (Trimming of nails)).

CPT 1998 will include three new codes for paring or cutting of benign hyperkeratotic lesion(s) and one new code for trimming of nails. These new CPT codes will replace CPT codes 11050 through 11052 (Paring or curettement of benign hyperkeratotic skin lesion(s)) and HCFA Common Procedure Coding System (HCPCS) code M0101 (Cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care).

We agreed with the work RVU relationship established by the RUC HCPAC Review Board for these four codes. However, we have not accepted the actual work RVUs recommended because the total number of RVUs associated with the new codes would exceed the total number of RVUs associated with code M0101. We believe the expectation of the RUC HCPAC Review Board was that the RVU recommendations would achieve work neutrality within the family of codes. However, some of the services previously reported with M0101 will now be reported with codes used to report the destruction of skin lesions. These codes, for example, CPT code 17000, have higher work RVUs than M0101. Thus, the result of the coding changes and the recommended work RVUs would be an increase in the total number of RVUs for these services. Consequently, we revised the work RVUs recommended by the RUC HCPC Review Board in order to achieve work neutrality within this family of codes. That is, the work RVUs have been adjusted so that the sum of the new work RVUs (weighted by projected frequency of use) for this family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use).

CPT code	Descriptor	Work RVUs
11055	Paring or cutting of benign hyperkeratotic lesion (single).	0.27
11056	Two to four lesions	0.39
11057	More than four lesions	0.50
11719	Trimming of nails	0.06

CPT codes 11200 (Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions) and 11201 (each additional ten lesions).

The RUC recommended 0.69 work RVUs for CPT code 11200 and 0.35 work RVUs for CPT code 11201. These codes encompass services that were previously reported using CPT codes 11200, 11201, 17200, and 17201. When valuing new and revised codes that replace deleted codes, we typically have used Medicare frequency data and used the work RVUs of the deleted and revised codes in order to arrive at weighted average values for the revised codes in a budget neutral fashion. We have used this method to arrive at the work RVUs for revised CPT codes 11200 and 11201. We are establishing 0.67 work RVUs for CPT code 11200, which is a weighted average of CPT codes 17200 and 11200. We are establishing 0.29 work RVUs for CPT code 11201, which is the weighted average of CPT codes 17201 and 11201.

CPT code 45119 (Proctectomy, combined abdominoperineal pull through procedure (eg, colo-anal anastomosis) with creation of colonic reservoir (eg, J-pouch), with or without proximal diverting ostomy).

CPT 1998 will include a new code for proctectomy with colo-anal anastomosis. The RUC recommended 23.50 work RVUs for CPT code 45119. Upon review of these values, we concluded that CPT code 45119 was undervalued. CPT code 45119 is nearly an identical procedure to CPT code 45112 with the exception of the creation of the colonic reservoir included in CPT code 45119. We agree with the current work value for CPT code 45112 (24.02 work RVUs). CPT code 45119 is a more extensive procedure and should be valued higher than CPT code 45112. We believe CPT code 45119 is undervalued, and we are increasing the RUC-recommended work RVUs from 23.50 work RVUs to 24.50 work RVUs for the 1998 physician fee schedule.

CPT code 53850 (Transurethral destruction of prostate tissue; by microwave therapy) and 53852 (Transurethral destruction of prostate tissue; by radiofrequency thermotherapy).

CPT 1998 will include two new codes for the transurethral destruction of prostate tissue. We agree with the RUC value for CPT code 53852 (the RUC recommended 9.58 work RVUs) but not with the work value assigned to CPT code 53850. The RUC recommendations would make the work values for these two codes identical. While both procedures require skillful technique, we believe the actual physician work involved for microwave therapy (CPT code 53850) is less than that of radiofrequency thermotherapy (CPT

code 53852). Radiofrequency thermotherapy requires the physician to retract and reposition an electrode numerous times in order to destroy selected prostate tissue. Microwave therapy on the other hand does not require the repositioning of an electrode throughout the procedure. We are decreasing the RUC recommendation of 9.58 work RVUs to 9.25 interim work RVUs for CPT code 53850.

CPT codes 56300 through 56349 (Laparoscopic surgery) and CPT code 56356 (Hysteroscopy).

The RUC submitted recommendations to us during the 5-year review of the resource-based relative value scale for increases in the work RVUs for CPT code 56300 (Laparoscopy (peritoneoscopy), diagnostic; (separate procedure)) and CPT code 56305 (with biopsy (single or multiple)). At that time, we did not adopt those recommendations because we believed they would create rank order anomalies within the laparoscopy and hysteroscopy family of codes. Subsequently, at the request of HCFA, the entire family of codes was reviewed by the RUC. Following is a discussion of all of the codes that were affected by this review. The discussion is in order by CPT code. In some instances, global periods or work RVUs were changed in order to address inconsistencies within this family of codes. We believe additional review of the global period may be warranted and invite comment on this issue.

CPT codes 56300 (Laparoscopy, diagnostic; (separate procedure)) and 56305 (with biopsy (single or multiple)).

The RUC recommended 5.00 work RVUs for CPT code 56300 and 5.50 work RVUs for CPT code 56305. We agree with these work RVUs but will be changing the global period of both of these codes to 010 days.

CPT code 56304 Laparoscopy, surgical; with fulguration of oviducts (with or without transection), with lysis of adhesions).

The RUC recommended 10.00 work RVUs for this CPT code. We generally agree with the rank order of this recommendation but are increasing it to 10.45 work RVUs. We are increasing this recommendation because we added a level 2 office visit to the RUC recommendation (0.45 RVUs) to account for changing the global period from 010 to 090 days. Additionally, we will be discussing a change in the descriptor associated with CPT code 56304 with the CPT Editorial Panel. We will be asking the CPT Editorial Panel to revised the code descriptor to specify that it includes an extensive lysis of adhesions. A limited lysis of adhesions is included in CPT codes 56300 and 56305 and is not paid separately. CPT code 56304 should only be used for extensive lysis of adhesions.

CPT code 56303 (Laparoscopy, surgical; with fulguration of oviducts (with or without transection); with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method).

The RUC recommended 10.50 work RVUs to CPT code 56303. We changed this CPT code from a 010 day global period to a 090 day global period. Due to this increase in the global period, we are adding a level 2 office visit to the RUC recommendation. The resulting work RVUs for CPT code 56303 are 10.95.

CPT code 56345 (Laparoscopy, surgical; splenectomy) and CPT code 56347 (Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)).

We did not receive a RUC recommendation for CPT codes 56345 and 56347. We decided that we will make these as carrier-priced codes until we receive recommended RVUs from the RUC. Therefore, no RVUs are shown for these codes.

CPT code 56348 (Laparoscopy with intestinal resection).

The RUC recommended 20.00 work RVUs for CPT code 56348. We believe that the work involved with this procedure is comparable to that of CPT code 44145 (Partial removal of colon), which is valued at 21.29 work RVUs. We decided to value CPT code 56348 at the median value extracted from a RUC survey issued to colorectal surgeons. For the 1998 physician fee schedule, we are assigning 21.00 work RVUs to CPT code 56348.

CPT code 56349 (Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill, Toupet procedures)).

The RUC stated that the work represented by CPT code 56349 is more difficult than that in its corresponding open procedure (CPT code 43324 valued at 15.18 work RVUs). We do not agree that this procedure has more work involved than either a lobectomy (CPT code 32540 valued at 13.31 work RVUs) or colon resection (CPT code 44140 valued at 16.97 work RVUs). We are reducing the RUC recommendation of 17.75 work RVUs to 16.47 work RVUs for the 1998 physician fee schedule.

CPT code 56356 (Hysteroscopy, ablation).

The RUC recommended 9.50 work RVUs for CPT code 56356. Upon comparison of CPT code 56356 to other codes within this family, we decided to reduce the work RVUs to 6.17. This decision was based upon a comparison of CPT code 56356 to CPT code 56352 (Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C, with lysis of intrauterine adhesions (any method)) which is valued at 6.17 work RVUs. These codes had identical times and intensities identified in the survey of the clinical vignettes supplied to the RUC. Therefore, we decided to reduce the work RVU of CPT code 56356 to 6.17 work RVUs for the 1998 physician fee schedule.

CPT codes 59150 (Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy) and 59151 (Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy).

The RUC stated that the survey respondents substantially underestimated the number of post-procedure office visits associated with these procedures. We agree with the RUC and are increasing the work RVUs for both of these codes. We are assigning 11.20 work RVUs to CPT code 59150, and 11.10 work RVUs to CPT code 59151 for the 1998 physician fee schedule.

CPT code 95806 (Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist).

CPT 1998 will include a new code for an unattended sleep study. Currently, CPT code 95807 (1.66 work RVUs) is used for a sleep study that is attended by a technologist. The RUC recommended 1.85 work RVUs for CPT code 95806. We do not agree that there is more work involved in an unattended sleep study as opposed to an attended sleep study. We are assigning 1.66 interim work RVUs to CPT code 95806, which will make the work RVUs identical to those of CPT code 95807.

CPT codes 99315 (Nursing facility discharge day management; 30 minutes or less) and 99316 (Nursing facility discharge day management; more than 30 minutes).

CPT 1998 will include two new codes for nursing facility discharge day management. The RUC recommended 1.20 work RVUs for CPT code 99315 and 1.60 work RVUs for CPT code 99316. Upon review of these values, we found that the projected utilization of these new nursing facility discharge codes causes a significant work neutrality problem within the family of nursing facility CPT codes. While the codes are new, the work is already reflected within the current codes. In order to maintain the same total pool of work RVUs within this family, we are

reducing the two new CPT codes (that is, CPT codes 99315 and 99316), as well as six existing codes within the nursing facility family of codes (CPT codes 99301, 99302, 99303, 99311, 99312, and 99313), by 6.0 percent.

CPT code	Descriptor	Work RVUs
99301	Comprehensive nursing facility assessment.	1.20
99302	Comprehensive nursing facility assessment.	1.61
99303	Comprehensive nursing facility assessment.	2.01
99311	Subsequent nursing facility care.	0.60
99312	Subsequent nursing facility care.	1.00
99313	Subsequent nursing facility care.	1.42
99315	Nursing facility discharge day management; 30 minutes or less.	1.13
99316	Nursing facility discharge day management; more than 30 minutes.	1.50

CPT codes 99341 through 99345 (Home care visits; new patient) and 99347 through 99350 (Home care visits; established patient).

The RUC-recommended RVUs for the home care visit codes were established through comparisons to CPT's current office visit codes. Although we agree with the use of the office visit codes as key reference services, we believe that the RUC underestimated the pre-, intra-, and post-service intensities associated with the home visit codes. We note that the intensity values of the survey respondents were higher for the home visit codes than the reference codes for office visits. We increased the RUC recommendations by applying a uniform intensity factor increase of 10 percent to the pre-, intra-, and post-service times of the office visits codes. These increased intensities were then multiplied by the typical times specified in the new and revised CPT codes for the home visits.

CPT code	Descriptor	Work RVUs
99341	Home services; new patient	1.01
99342	Home services; new patient	1.52
99343	Home services; new patient	2.27
99344	Home services; new patient	3.03
99345	Home services; new patient	3.79
99347	Home services; established patient.	.76
99348	Home services; established patient.	1.26
99349	Home services; established patient.	2.02
99350	Home services; established patient.	3.03

C. Other Changes to the 1998 Physician Fee Schedule and Clarification of CPT Definitions

For the 1998 physician fee schedule, we are establishing or revising several alpha-numeric HCPCS codes for the reporting of certain services that are not clearly described by existing CPT codes. We view these codes as temporary since we will be referring them to the CPT Editorial Panel for possible inclusion in future editions of the CPT. Additionally, included in this section are some clarifications of proper usages of some new or revised codes.

HCPCS codes G0062 (peripheral bone mineral density) and G0063 (central bone density).

Effective January 1, 1998, HCPCS codes G0062, G0062–26, G0062-TC, G0063, G0063–26, and G0063-TC have been deleted. Use the appropriate code from the 70000 section of the CPT to bill for bone mineral density studies.

CPT code 35400 (Intraoperative endovascular angioscopy non-coronary vessels or grafts).

Although we agree with the recommended RUC work RVUs for this CPT code, some clarification of proper usage is needed. When billing CPT code 35400, units can only equal 1.00 because the code descriptor specifies vessels or grafts. The RVUs assigned are based on an assumption that angioscopy may be performed on multiple vessels.

CPT codes 44625 and 44626 (Closure of colostomy).

CPT codes 44625 and 44626 should not be billed with CPT code 44139, which is used to report the immobilization (take down) of the splenic flexure. By CPT definition, code 44139 can be used only in conjunction with the partial colectomy codes 44140 through 44147. We will be establishing a national claims edit to ensure that neither of these two codes are billed with CPT code 44139.

CPT codes 99217 and 99234 through 99236 (Observation same day discharge).

We will be consulting with the CPT Editorial Panel to clarify that the use of these codes should be restricted to observation care services of at least 12 hours duration.

CPT code 49021 (Percutaneous abscess drainage).

Based on the recommendation of the RUC, we are changing the global period of CPT code 49021 from 010 days to 000 days. Post-operative care during the 90 day period following the procedure is not typically provided for this procedure.

CPT codes 95860 through 95870 (Needle EMGs).

Although we have accepted the RUC recommendations for this family of codes, we believe some clarification on the proper use of these codes would be beneficial.

CPT codes 95860, 95861, 95863, and 95864 (Needle electromyogram of 1, 2, 3, or 4 limbs with or without paraspinals (cannot bill paraspinals separately—unless studying paraspinals between T3–T11)).

To bill these codes, extremity muscles innervated by three nerves (for example, radial, ulnar, median, tibial, peroneal, femoral, not sub branches) or four spinal levels must be evaluated, with a minimum of five muscles studied.

CPT code 95869 (Needle electromyography, thoracic paraspinals).

This CPT code should be used when exclusively studying thoracic paraspinals. One unit can be billed, despite the number of levels studied or whether unilateral or bilateral. This cannot be billed with CPT codes 95860, 95861, 95863, or 95864 if only T1 and/or T2 are studied when an upper extremity was also studied.

CPT code 95870 (Needle electromyography, limited study).

This CPT code can be billed at one unit per extremity. Muscles on the thorax or abdomen (unilateral or bilateral). One unit may be billed for studying cervical or lumbar paraspinal muscles (unilateral or bilateral), regardless of the number of level tested. This code should not be billed when the paraspinal muscles corresponding to an extremity are tested and when the extremity codes 95860, 95861, 95863, or 95864 are also billed.

PET Myocardial Perfusion Imaging (HCPCS Codes G0030 Through G0047)

When the PET myocardial perfusion imaging tests were originally valued, they were considered analogous to the SPECT codes. In consultation with the RUC, we have decided to raise the values of the PET procedures. Unlike the large field of view of SPECT scanners, PET scanners have a much smaller field. In addition, due to the short half-life of the Rb-82 tracer, physician involvement in patient positioning is critical when using the PET scanner. For these reasons, we are raising the single PET myocardial perfusion image to 1.50 work RVUs and the multiple PET myocardial perfusion image to 1.87 work RVUs.

Cervical or Vaginal Cancer Screening; Pelvic and Clinical Breast Examination (HCPCS Code G0101)

The law provides for coverage and payment of screening pelvic and clinical

breast examinations effective January 1, 1998. We decided that this service is comparable to a level 2 evaluation and management new patient office visit.

HCPCS code	Work RVUs	Practice Expense RVUs	Mal-practice Expense RVUs
G0101	0.45	0.28	0.02

Colorectal Cancer Screening (HCPCS Codes G0104 Through G0107)

Section 4104 of the BBA 1997 provides for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998. The law provides for coverage and payment for screening fecal-occult blood tests, screening flexible sigmoidoscopy, screening colonoscopy, and other such tests determined to be appropriate by the Secretary. We are setting payment amounts for screening sigmoidoscopy, screening colonoscopy, barium enema, and screening fecal-occult blood tests, as follows:

Flexible Sigmoidoscopy (HCPCS Code G0104)

The law provides that payment for screening flexible sigmoidoscopies be made at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic flexible sigmoidoscopy (CPT 45330). We have created a new code— HCPCS code G0104 (Colorectal cancer screening; flexible sigmoidoscopy)—to be used for screening flexible sigmoidoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic sigmoidoscopy and are therefore assigning the same RVUs to HCPCS code G0104 as those assigned to CPT code 45330 in Addendum B.

Screening Colonoscopy (HCPCS Code G0105)

The law provides that payment for screening colonoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic colonoscopy (CPT 45378). We have created a new code— HCPCS code G0105 (Colorectal cancer screening; colonoscopy on individual at high risk)—to be used for screening colonoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic colonoscopy, and we are therefore assigning the same RVUs to HCPCS code G0105 as those assigned to CPT code 45378 in Addendum B.

Barium Enema (HCPCS Code G0106)

The law provides that payment for colorectal cancer screening-barium enema be paid at rates consistent with payment for similar or related services under the physician fee schedule. We believe that the work is analogous to CPT code 74280 (Contrast x-ray exam of the colon), and we are therefore assigning the same RVUs to HCPCS code G0106 as those assigned to CPT code 74280 in Addendum B.

Fecal-Occult Blood Tests (HCPCS Code G0107)

The law provides that screening fecal-occult blood tests be paid at the same rate as diagnostic fecal-occult blood tests (CPT code 82270) paid under the clinical laboratory fee schedule. We have created a new code— HCPCS code G0107 (Colorectal cancer screening; fecal-occult blood test, 1–3 simultaneous determinations)—to be used for screening fecal-occult blood tests. This code will be carrier-priced at the payment amount that the carrier pays for CPT code 82270 under the clinical laboratory fee schedule.

HCPCS code	Work RVUs	Practice expense RVUs	Mal-practice expense RVUs
G0104	0.96	1.23	0.12
G0105	3.70	4.13	0.39
G0106	0.99	2.58	0.21
G0107	Lab Fee Schedule		

National Emphysema Treatment Trials (NETT) (CPT Codes G0110 Through G0116)

The following codes have been added to the physician fee schedule for the use of physicians participating in the NETT study. The National Emphysema Treatment Trials (NETT) are co-sponsored by HCFA and the National Heart, Lung, and Blood Institute with the Johns Hopkins University as the coordinating center for the study. The study is to last 7 years starting August 1, 1997. Since the use of these codes will be limited to some 18 clinical centers and physicians associated with these centers, either directly, as in furnishing services in the centers' outpatient departments or in rural areas where some of the participating beneficiaries live, these codes will be listed as restricted and can only be billed by those participating in the NETT study.

HCPCS code	Descriptor	Work RVUs	Practice expense RVUs	Malpractice expense RVUs
G0110	NETT Pulm Rehab; education/skills training, individual	0.90	0.26	0.04
G0111	NETT Pulm Rehab; education/skills training, group	0.27	0.20	0.02
G0112	NETT Pulm Rehab; nutritional guidance—initial	1.72	0.97	0.10
G0113	NETT Pulm Rehab; nutritional guidance—subsequent	1.29	0.77	0.09
G0114	NETT Pulm Rehab; psychosocial consultation	1.20	0.35	0.11
G0115	NETT Pulm Rehab; psychological testing	1.20	0.35	0.11
G0116	NETT Pulm Rehab; Psycho-social counseling—individual	1.11	0.35	0.05

V. Provisions of the Final Rule

The provisions of this final rule restate the provisions of the June 18, 1997, proposed rule except as noted elsewhere in this preamble. Following is a highlight of the exceptions:

For our proposal relating to physician supervision, we are adopting our proposal to assign an appropriate level of physician supervision to every diagnostic test payable under the physician fee schedule with exceptions for certain procedures personally performed by qualified independent psychologists, clinical psychologists, qualified audiologists, and physical therapists who are certified as qualified electrophysiologic clinical specialists. With respect to several groupings of diagnostic codes, we have changed our proposed policy based on comments from the physician specialities most involved with particular groups of codes. In some cases, such as CTs and MRIs performed without the use of contrast materials, we have lowered the level of required physician supervision. In others, such as ultrasound procedures, we have increased the level of required supervision. We are publishing a listing of diagnostic codes in the preamble of this document with the level of physician supervision we

have determined to be appropriate. In addition, we are adding a field to the physician fee schedule data base indicating the appropriate level of supervision. We anticipate that there will continue to be discussions among HCFA, physician specialty groups, and others about these levels of supervision, and we expect that the indicators applicable to individual procedures will be changed from time to time as is currently the case with other data base indicators.

As a result of our review of the comments, we have decided that the actual charge issue, including the implications for beneficiary out-of-pocket expense, requires further study. We received numerous comments from individual physicians and suppliers and the organizations that represent them in opposition to this proposal.

Based on provisions in the BBA 1997, we are not implementing the system of resource-based practice expense RVUs contained in the proposed rule for 1998. Rather, we are implementing the provision of the BBA 1997 that reduces practice expense RVUs for certain services and uses the monies to increase practice expense RVUs for office visits. Specifically, we are making the following changes from the regulations proposed in our June 18, 1997 proposed rule:

- In § 414.22 (Relative value units (RVUs)), we are stating that the practice expense RVUs for certain services are reduced to 110 percent of the work RVUs for those services. We are also stating that the following two categories of services are excluded from this limitation:
- The service is provided more than 75 percent of the time in an office setting; or
- The 1998 proposed resource-based practice expense RVUs (as specified in the June 18, 1997 physician fee schedule proposed rule) for the specific site, either in-office or out-of-office, increased from its 1997 practice expense RVUs.

In § 414.32 (Determining payments for certain physician services furnished in facility settings), we are revising paragraph (b) to state that if physician services of the type routinely furnished in a physician's office are furnished in facility settings, the fee schedule amount for those services is determined by reducing the applicable practice expense RVUs for the service by 50 percent.

We are not revising § 414.34 (Payment for services and supplies incident to a physician's service) because our resource-based practice expense system is not being implemented as proposed in the June 18, 1997 proposed rule.

We are adding the following changes to regulations required by the BBA 1997:

- In § 410.34 (Mammography services: Conditions for and limitations on coverage), we are expanding coverage of screening mammography services, effective January 1, 1998, to provide for payment for annual screening for all women beneficiaries age 40 and over.
- We are adding a new § 410.37 (Colorectal cancer screening tests: Conditions for and limitations on coverage) to provide for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998.
- We are adding a new § 410.56 (Screening pelvic examinations) to provide for new coverage of screening pelvic exams (including a clinical breast exam) for all women beneficiaries subject to certain frequency and payment limitations.

VI. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 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 PRA requires that we solicit comment on the following issues:

- Whether the information collection is necessary and useful to carry out the proper functions of the agency;
- The accuracy of the agency's estimate of the information collection burden;
- The quality, utility, and clarity of the information to be collected; and
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements discussed below.

Under 5 CFR 1320.3(b)(2), the burden associated with the time, effort and financial resources necessary to comply with a collection of information that would be incurred by persons in the normal course of business is excluded from an information collection. The burden in connection with such types of collection activities can be disregarded if it can be demonstrated that such collection activities are usual and customary. Each of the collection requirements referenced below are of the type that are usual and customary in the conduct of commercial business. Thus, we believe they fall under this exception.

Under 5 CFR 1320.3(b)(3), a collection of information conducted or sponsored by a Federal agency that is also conducted or sponsored by a unit of State, local or tribal government is presumed to impose a Federal burden except to the extent that the agency shows that such State, local, or tribal requirement would be imposed even in the absence of a Federal requirement.

The following sections contain information collection requirements that we believe meet these requirements listed above; therefore, the burden is exempt from the Act.

Section 410.33(b)(2) (Supervising physicians) must maintain documentation of sufficient physician resources during all hours of operation to assure that the required physician supervision is furnished.

Section 410.33(c) (Non-physician personnel) must maintain documentation available for review certifying that non-physician 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.

Section 410.33(e) (Multi-State entities) that operate 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 information collection requirement and associated burden as summarized below is subject to the PRA:

Section 410.33(b)(2) (Supervising physicians) 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.

The public reporting burden for this record keeping requirement is minimal. There are about 500 IPLs, which we assume will wish to become IDTFs, each requiring five minutes to document proficiency 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. The total public burden is 42 hours.

We have submitted a copy of this final rule with comment to OMB for its review of the information collection requirements in § 410.33(b)(2). This requirement is not effective until it has been approved by OMB.

If you comment on any of these information collection and recordkeeping requirements, please mail copies directly to the following:

Health Care Financing Administration, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: Louis Blank BPD–884

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

VII. Waiver of Proposed Rulemaking and Response to Comments

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite prior public comment on proposed rules. The notice of proposed rulemaking can be waived, however, if an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and it incorporates a statement of the finding and its reasons in the rule issued. We find good cause to waive the notice-and-comment procedure with respect to a number of provisions included in this final rule, as explained below.

With respect to the BBA 1997 provisions in this final rule affecting payment under the RVU system, we noted that the BBA 1997 was enacted shortly after the proposed rule was published. It delayed the implementation of the resource-based practice expense RVU system until January 1, 1999 and specifies the manner in which practice expense RVUs in 1998 are adjusted. As explained in section III. A. of this preamble, we are conforming the rules to be in compliance with these provisions of the statute. Our change is technical in nature and does not interpret the law. To submit such a technical, conforming change to notice-and-comment rulemaking would be both impracticable and unnecessary. Since the Congress intended that these provisions be effective on January 1, 1998 and intended to forestall significant adjustments in payment that would have occurred under the pre-amendment practice expense provision, it is in the public interest to issue this rule in final form.

With respect to the BBA 1997 provisions relating to coverage of screening mammography, coverage of screening pelvic examinations and colorectal cancer screening, and the related payment changes, our reasoning is somewhat similar. This rule conforms the regulations to the revisions contained in sections 4104 and 4102 of the BBA 1997. In addition, insofar as these regulations relate to coverage conditions under authority granted by section 1862(a)(1)(A) of the Act, they are exempted from public comment requirements pursuant to section 1869(b)(3)(B) of the Act. If we were to delay issuing a final rule beyond January, 1998, the statutory effective date of the benefit, our rules would be in conflict with the statute, which could cause confusion and would not be in the public interest.

We also note that, under express authority contained in section 1871(b)(2)(B) of the Act (42 U.S.C. 1395hh(b)(2)(B)) issuing a proposed rule is unnecessary if a statute establishes a specific deadline for the implementation of a provision and the deadline is less than 150 days after the enactment of the statute in which the deadline is contained. The BBA 1997 was enacted on August 5, 1997, less than 150 days from the statute's effective date of January 1, 1998.

The BBA 1997 provision related to colorectal cancer screening, as described in section III. C. of this preamble, requires us to publish a statement of coverage or noncoverage of screening barium enemas in the **Federal Register** by November 3, 1997. As noted in our preamble discussion, there was extensive consultation before we reached our decision. According to the National Cancer Institute, colorectal cancer is the second leading cause of death from cancer in the United States. It is clearly in the public interest to make this benefit available without delay and to bring our regulations into line with the expanded coverage.

In part IV. B. 2. of this preamble, we identify a number of interim 1997 codes. Since medical practice is dynamic, changes occur in coding or procedures and it is always possible that some changes occur after we have submitted our proposal for public comment. To address these changes, we identify ''interim'' RVUs for new and revised codes. To the extent possible, we subject these interim RVUs to all the procedures and considerations applicable to all RVUs, except publishing them in the **Federal Register** for public comment. It has been our practice to implement these interim RVUs, along with the ''final'' RVUs so that payment can be consistently made during the upcoming fee schedule year, and to solicit comments on the interim codes. We evaluate and respond to the comments in the next annual final rule. The public has recognized over the years that this approach has been in the public interest by allowing public participation yet permitting immediate, consistent payment to be made.

For the above reasons, we find good cause to waive notice-and-comment rulemaking. We invite written comments on the BBA 1997 provisions and the interim RVUs for selected procedures identified in Addendum C.

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.

VIII. Regulatory Impact Analysis

We have examined the impacts of this final 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). The benefit changes in this final rule due to the BBA 1997 will result in additional expenditures for calendar year 1998 in excess of $100 million.

Because the expenditures resulting from this final rule are expected to exceed $100 million, it is considered a major rule, and, as required by law, this final rule is subject to congressional review. Therefore, this final rule is being forwarded to the Congress for a 60-day review period.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits for 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 final

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 will 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 final rule will affect, and an explanation of any considered meaningful options that achieve the objectives and will 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 to minimize the burden on small entities.

B. Geographic Practice Cost Index Changes

Changes in GPCIs do not affect total payments under the physician fee schedule but rather redistribute payments among payment localities. An estimate of the overall redistributive effects can be seen by examining the changes in locality geographic adjustment factors or GAFs. The GAFs are a weighted composite of the locality GPCIs. Addendum F is a comparison of 1997 and 1999 locality GAFs. As this comparison shows, 58 of the 89 localities will experience changes in payments of less than 0.5 percent; 76 of the 89 localities will experience changes in payments of less than 1 percent; and only 3 of the 89 localities will experience changes in payment of 2 percent. The effects will be even less in 1998 as the GPCI revisions are phased in equally over a 2-year period. The effects of the GPCI revisions are thus negligible in most cases, and very minimal in all others.

C. 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' services, 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 this final rule will codify current payment policy, there will be no impact on Medicare program or beneficiary expenditures.

D. Diagnostic Tests

Our policy 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 will require at least a general level of physician supervision (that is, responsibility for the equipment and nonphysician personnel). The following services will be excepted from this provision:

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

This 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 most testing entities that did not previously furnish testing with the level of physician supervision required under the proposal in our June 18, 1997 proposed rule (62 FR 33179 through 33181) will modify the way they furnish testing services to conform to the new policy.

We will also create a new type of entity known as an independent diagnostic testing facility (IDTF) with specific national standards. It will 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 will 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. There are wide-spread allegations of unnecessary testing furnished by IPLs under the current policy. Our new policy is designed to assist Medicare carriers in addressing these allegations.

E. 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 revising 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 will be calculated using the MEI.

Because we are not making 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, this change in policy will not have an impact on Medicare program or beneficiary expenditures at this time.

F. Payment to Participating and Nonparticipating Suppliers

We are revising 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 defining ''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 revising § 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 revising the heading of § 414.20 to read ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

We are revising § 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 changes to §§ 414.2, 414.20, and 414.48 will 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.

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

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 preservice and postservice evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are increasing 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 payments by 0.7 percent to maintain budget neutrality.

H. Caloric Vestibular Testing

We are reducing 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 will bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician will bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier will bill four units of CPT code 92543–TC.

As part of the overall policy of resource-based practice expense RVUs for all codes, we are establishing 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 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.

I. 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. However, effective January 1, 1998, we will not accept a standing order as a substitute for the individual request by the attending physician. We will 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 has clearly contributed 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.

J. Changes in Practice Expense Relative Value Units for 1998

As discussed earlier, section 4505 of the BBA 1997 specifies the manner in which practice expense RVUs in 1998 are adjusted. The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service. The reductions are used to increase practice expense RVUs for office visits. We estimate that the aggregate reduction in the practice expense RVUs for services subject to this 110 percent is about $330 million. (See section III. A. above for a detailed explanation of the calculation of this provision of the BBA 1997.) Because these funds are used to increase the practice expense RVUs for office visits, there is no change in total spending as a result of this provision.

K. Coverage of Screening Mammography and Related Payment Changes

Section 4101 of the BBA 1997 provides for expanded coverage and waiver of the Part B deductible for screening mammography services furnished on or after January 1, 1998. Specifically, the revised benefit will allow for annual coverage of screening mammographies for all women age 40 and over, including women age 65 and over. Before enactment of the BBA 1997, biennial coverage of screening mammograms was available for (1) women at least age 40 but not yet age 50 who were not at high risk for breast cancer, and (2) women age 65 and over. Annual coverage of screening mammograms was only available for (1) women at least age 40 but not yet age 50 who were at high risk for breast

cancer, and (2) women at least age 50 but not yet age 65. We estimate that these changes in the frequency limitations and in the Part B deductible will result in an increase in Medicare payments. These payments will be made to many screening mammography suppliers, including the physicians who interpret the results of these examinations, as well as to other physicians who may be involved in providing any medically necessary follow-up tests or treatment that may be required as a result of the screening tests.

L. Colorectal Cancer Screening

Section 4104 of the BBA 1997 authorizes coverage of certain colorectal screening tests, effective January 1, 1998, subject to certain frequency and payment limits. The new tests include (1) screening fecal-occult blood tests, (2) screening flexible sigmoidoscopy exams, (3) screening colonoscopy exams, and (4) screening barium enema exams. Based on the projected utilization of these various screening services and related medically necessary follow-up tests and treatment that may be required for the beneficiaries screened, we estimate that this new benefit will result in an increase in Medicare payments. These payments will be made to many primary care physicians for the screening fecal-occult blood tests, and mostly to physician specialists such as gastroenterologists (in the case of screening flexible sigmoidoscopies and screening colonoscopies) and radiologists (in the case of screening barium enema procedures).

M. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes

Effective for services furnished beginning January 1, 1998, section 4102 of the BBA 1997 provides for coverage and waiver of the Part B deductible for screening pelvic examinations (including a clinical breast examination) subject to certain frequency and payment limitations. We estimate that this new coverage provision will increase program expenditures. These payments will be made to a large number of physicians and other practitioners who provide these tests or any medically necessary follow-up tests or treatment that may be required as a result of the screening tests throughout the United States.

N. Reinstatement of the Payment for Transportation of EKG Equipment

As set forth in section 4559 of the BBA 1997, effective for services furnished after December 31, 1997 and before January 1, 1999, carriers will make separate payments for HCPCS code R0076 (Transportation of portable EKG to facility or location, per patient) based upon payment methods in effect for these services as of December 31, 1996. EKG transportation payments should be made at the carrier-priced level that was in effect on December 31, 1996. The procedure codes involved are CPT code 93000 (a 12-lead EKG with interpretation and report) or CPT code 93005 (a 12-lead EKG, tracing only, without interpretation and report). When multiple patients receive services at the same site, the transportation payment amount must be prorated among all patients seen. These payments may be made only under the following circumstances:

- The transportation service is furnished in connection with standard EKG procedures furnished by approved suppliers of portable x-ray services as set forth in section 2070.4.F. of the Medicare Carriers Manual.
- The transportation service is furnished in connection with standard EKG procedures by an independent diagnostic testing facility or an independent physiological laboratory under the condition set forth in section 2070.1.G. of the Medicare Carriers Manual. We estimate that this provision will result in some increase in program expenditures.

O. 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 will accomplish this by increasing the practice and malpractice expense RVUs by 8.3 percent and reducing the CF by 8.3 percent. This allows us to eliminate the separate adjuster while not changing the payment for any service. However, due to the affects of the BBA 1997, we are postponing the elimination of the separate budget neutrality adjustment until 1999.

P. Effect of Changes Resulting From Adjustments to Relative Value Units

Because the new RVUs cause an increase in total estimated payments under the physician fee schedule, we must reduce payments by 0.8 percent in order to maintain budget neutrality as required by section 1848(c)(2)(B)(ii)(II) of the Act. This reduction in payments is being implemented through a 0.8 percent reduction to the conversion factor.

We anticipate that the reduction of net Medicare revenues for some physician practices due to the changes contained in this regulation will result in a volume and intensity response that will cause overall physician expenditures to increase by 0.1 percent, requiring an offsetting 0.1 percent reduction in the CF to maintain budget neutrality. This 0.1 percent reduction is included in the 0.8 percent reduction described above.

We increased the Sustainable Growth Rate target for physician spending by the anticipated 0.1 volume and intensity response. Because we increased the target, if the anticipated volume and intensity response does not occur, the Sustainable Growth Rate system will return the 0.1 percent reduction to the CF in the form of higher future updates.

Q. Net Impact of Relative Value Unit Changes on Medicare Specialties

1. Impact Estimation Methodology

Physician fee schedule impacts were estimated by comparing predicted physician payments under a continuation of the current RVUs to the estimated payments under the new RVUs.

2. Overall Fee Schedule Impact

As described above, we are making the budget neutrality adjustment required for changes in relative value units through an adjustment to the CF. In the discussion below of differential impacts by specialty, we have incorporated the separate 0.8 percent downward adjustment on the CF. The table below does not contain the impacts of the single CF.

3. Specialty Level Effect (Includes Table 3—Impact on Medicare Payments by Specialty Due to Changes in Relative Value Units)

Table 3, ''Impact on Medicare Payments by Specialty Due to Changes in Relative Value Units,'' shows the estimated percentage change in Medicare physician fees from the current RVUs to the new RVUs and by specialty. The specialties are ranked according to the impact of the changes to Medicare fees. The impact of the changes contained in this regulation on the total revenue (Medicare and non-Medicare) for a given specialty is less

than impact displayed in Table 3 since physicians provide services to Medicare and non-Medicare patients.

TABLE 3.—IMPACT ON MEDICARE PAYMENTS BY SPECIALITY DUE TO CHANGES IN RELATIVE VALUE UNITS

[In percent]

Specialty	Impact on total payments	Impact on work payments	Impact on practice expense payments
M.D./D.O. Physicians:			
Obstetrics/Gynecology	3.0	2.8	3.9
General Surgery	1.8	3.8	−0.4
Plastic Surgery	1.7	3.9	−0.6
Vascular Surgery	1.5	4.3	0.7
Rheumatology	1.4	−0.9	5.0
Family Practice	1.3	−1.0	5.3
General Practice	1.2	−0.4	4.1
Anesthesiology	0.9	1.0	0.7
Hematology/Oncology	0.8	−0.6	2.5
Orthopedic Surgery	0.8	4.0	−2.0
Internal Medicine	0.6	−0.9	3.0
Otolaryngology	0.6	0.3	1.1
Urology	0.4	0.6	0.3
Dermatology	0.2	−0.6	1.7
Neurology	0.0	0.7	1.2
Clinics	−0.1	−0.3	0.2
Neurosurgery	−0.2	3.2	−3.6
Thoracic Surgery	−0.2	5.0	−4.7
All Other Physicians	−0.2	−0.6	0.5
Pulmonary	−0.4	−0.8	0.4
Emergency Medicine	−0.6	−0.7	−0.5
Psychiatry	−0.7	−0.9	−0.4
Radiology	−0.7	−0.9	0.6
Cardiac Surgery	−0.7	5.4	−5.9
Radiation Oncology	−0.7	−0.7	−0.7
Pathology	−1.1	−0.8	−1.5
Nephrology	−1.2	−0.8	−1.9
Gastroenterology	−1.3	−0.8	−2.0
Cardiology	−1.4	−0.6	−2.3
Ophthalmology	−2.6	1.6	−6.8
Others:			
Podiatry	0.8	0.5	1.4
Optometry	0.1	−0.9	1.8
Nonphysician Practitioner	−0.6	0.3	−2.2
Chiropractic	−0.8	−0.8	−0.8
Suppliers	−1.0	−0.8	−1.1

R. Five-Year Impacts of Benefit Changes (Includes Table 4—Projected Budget Impact of New Benefits)

We estimate that the benefit changes enacted in the BBA 1997 described in this final rule will result in the following Medicare expenditures over the next 5 fiscal years:

TABLE 4.—PROJECTED BUDGET IMPACT OF NEW BENEFITS

[In millions]

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Total budget impact	$160	$385	$510	$685	$780

S. 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 604 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 final rule will have little direct effect on payments to rural hospitals since this rule will change only payments made to physicians and certain other practitioners under Part B of the Medicare program and will make no change in payments to hospitals under Part A. We do not believe the

changes will 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 will 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.

List of Subjects

42 CFR Part 400

Grant programs-health, Health facilities, Health maintenance organizations (HMO), 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 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

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

42 CFR chapter IV is 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—

* * * * *

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. 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 is treating 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 is treating 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 clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(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.

(ii) *Direct supervision* in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(iii) *Personal supervision* means a physician must be in attendance in the room during the performance of the procedure.

(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 July 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; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

(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 clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(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 an 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 is treating 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. (Nonphysician practitioners may order tests as set forth in § 410.32(a)(3).) The order must specify the diagnosis or other basis for

the testing. The supervising physician for the IDTF may not order tests to be performed by the IDTF, unless the IDTF's supervising physician is in fact the beneficiary's treating physician. That is, the physician in question had a relationship with the beneficiary prior to the performance of the testing and is treating the beneficiary for a specific medical problem. The IDTF may not add any procedures based on internal protocols without a 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.

(f) *Applicability of State law.* An IDTF must comply with the applicable laws of any State in which it operates.

4. In § 410.34, the introductory text to paragraph (d) and paragraph (d)(4) are revised to read as follows:

§ 410.34 Mammography services: Conditions for and limitations on coverage.

* * * * *

(d) *Limitations on coverage of screening mammography services.* The following limitations apply to coverage of screening mammography services as described in paragraphs (c) and (d) of this section:

* * * * *

(4) For an asymptomatic woman over 39 years of age, payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed.

* * * * *

5. A new § 410.37 is added to read as follows:

§ 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

(1) *Colorectal cancer screening tests* means any of the following procedures furnished to an individual for the purpose of early detection of colorectal cancer:

(i) Screening fecal-occult blood tests.

(ii) Screening flexible sigmoidoscopies.

(iii) In the case of an individual at high risk for colorectal cancer, screening colonoscopies.

(iv) Screening barium enemas.

(v) Other tests or procedures, and modifications to tests under this paragraph, with such frequency and payment limits as HCFA determines appropriate, in consultation with appropriate organizations.

(2) *Screening fecal-occult blood test* means a guaiac-based test for peroxidase activity, testing two samples from each of three consecutive stools.

(3) An *individual at high risk for colorectal cancer* means an individual with—

(i) A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;

(ii) A family history of familial adenomatous polyposis;

(iii) A family history of hereditary nonpolyposis colorectal cancer;

(iv) A personal history of adenomatous polyps; or

(v) A personal history of colorectal cancer; or

(vi) Inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis.

(4) *Screening barium enema* means—

(i) A screening double contrast barium enema of the entire colorectum (including a physician's interpretation of the results of the procedure); or

(ii) In the case of an individual whose attending physician decides that he or she cannot tolerate a screening double contrast barium enema, a screening single contrast barium enema of the entire colorectum (including a physician's interpretation of the results of the procedure).

(5) An *attending physician for purposes of this provision* is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

(b) *Condition for coverage of screening fecal-occult blood tests.* Medicare Part B pays for a screening fecal-occult blood test if it is ordered in writing by the beneficiary's attending physician.

(c) *Limitations on coverage of screening fecal-occult blood tests.* (1) Payment may not be made for a screening fecal-occult blood test performed for an individual under age 50.

(2) For an individual 50 years of age or over, payment may be made for a screening fecal-occult blood test performed after at least 11 months have passed following the month in which the last screening fecal-occult blood test was performed.

(d) *Condition for coverage of screening flexible sigmoidoscopies.* Medicare Part B pays for a screening flexible sigmoidoscopy service if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

(e) *Limitations on coverage of screening flexible sigmoidoscopies.* (1) Payment may not be made for a screening flexible sigmoidoscopy performed for an individual under age 50.

(2) For an individual 50 years of age or over, payment may be made for a screening flexible sigmoidoscopy after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy or, as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(f) *Condition for coverage of screening colonoscopies.* Medicare Part B pays for a screening colonoscopy if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

(g) *Limitations on coverage of screening colonoscopies.* (1) Payment may not be made for a screening colonoscopy for an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section.

(2) Payment may be made for a screening colonoscopy performed for an individual who is at high risk for colorectal cancer as described in paragraph (a)(3) of this section, after at least 23 months have passed following the month in which the last screening colonoscopy was performed, or as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(h) *Conditions for coverage of screening barium enemas.* Medicare Part B pays for a screening barium enema if it is ordered in writing by the beneficiary's attending physician.

(i) Limitations on coverage of screening barium enemas.

(1) In the case of an individual age 50 or over who is not at high risk of colorectal cancer, payment may be made for a screening barium enema examination performed after at least 47 months have passed following the month in which the last screening barium enema or screening flexible sigmoidoscopy was performed.

(2) In the case of an individual who is at high risk for colorectal cancer, payment may be made for a screening barium enema examination performed after at least 23 months have passed following the month in which the last screening barium enema or the last screening colonoscopy was performed.

6. A new § 410.56 is added to read as follows:

§ 410.56 Screening pelvic examinations.

(a) *Conditions for screening pelvic examinations.* Medicare Part B pays for a screening pelvic examination (including a clinical breast examination) if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by a certified nurse midwife (as defined in section 1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinic nurse specialist (as defined in section 1861(aa) of the Act) who is authorized under State law to perform the examination.

(b) *Limits on coverage of screening pelvic examinations.* The following limitations apply to coverage of screening pelvic examination services:

(1) *General rule.* Except as specified in paragraphs (b)(2) and (b)(3) of this section, payment may be made for a pelvic examination performed on an asymptomatic woman only if the individual has not had a pelvic examination paid for by Medicare during the preceding 35 months following the month in which her last Medicare-covered screening pelvic examination was performed and found to be normal.

(2) *More frequent screening based on high-risk factors.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 36 months if the test is performed by a physician or other practitioner specified in paragraph (a) of this section, and there is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical cancer, or vaginal cancer, as determined in accordance with the following risk factors:

(i) High risk factors for cervical cancer:

(A) Early onset of sexual activity (under 16 years of age).

(B) Multiple sexual partners (five or more in a lifetime).

(C) History of a sexually transmitted disease (including HIV infection).

(D) Absence of three negative or any Pap smears within the previous 7 years.

(ii) High risk factor for vaginal cancer: DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

(3) *More frequent screening for women of childbearing age.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 36 months if the test is performed by a physician or other practitioner as specified in paragraph (a) of this section for a woman of childbearing age who has had such an examination that indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years. The term ''woman of childbearing age'' means a woman who is premenopausal, and has been determined by a physician, or qualified practitioner as specified in paragraph (a) of this section, to be of childbearing age, based on her medical history or other findings.

(4) *Limitation applicable to women at high risk and those of childbearing age.* Payment is not made for a screening pelvic examination for women considered to be at high risk (under any of the criteria described in paragraph (b)(2) of this section), or who qualify for coverage under the childbearing provision (under the criteria described in paragraph (b)(3) of this section) more frequently than once every 11 months after the month that the last screening pelvic examination covered by Medicare was performed and found to be normal.

7. In § 410.160, the introductory text to paragraph (b) is republished, and new paragraphs (b)(5) and (b)(6) are added to read as follows:

§ 410.160 Part B annual deductible.

* * * * *

(b) *Exceptions.* Expenses incurred for the following services are not subject to the Part B annual deductible and do not count toward meeting that deductible:

* * * * *

(5) Screening mammography services as described in § 410.34 (c) and (d).

(6) Screening pelvic examinations as described in § 410.56.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

D. Part 411 is amended as set forth below:

1. The authority citation for part 411 continues to read as follows:

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

2. In § 411.15 the introductory text to the section and to paragraph (a) is republished, paragraph (a)(1) is revised, the introductory text to paragraph (k) is republished, and new paragraphs (k)(6), (k)(7), and (k)(8) are added to read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage.

(a) Routine physical checkups such as—

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury, except for screening mammography, colorectal cancer screening tests, or screening pelvic examinations that meet the criteria specified in paragraphs (k)(6), (k)(7), and (k)(8) of this section.

* * * * *

(k) *Any services that are not reasonable and necessary* for one of the following purposes:

* * * * *

(6) In the case of screening mammography, for the purpose of early detection of breast cancer subject to the conditions and limitations specified in § 410.34 of this chapter.

(7) In the case of colorectal cancer screening tests, for the purpose of early detection of colorectal cancer subject to the conditions and limitations specified in § 410.37 of this chapter.

(8) In the case of screening pelvic examinations, for the purpose of early detection of cervical or vaginal cancer subject to the conditions and limitations specified in § 410.56 of this chapter.

* * * * *

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

E. 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 or the applicable fee schedule amount.

4. In § 414.22, the introductory text to the section and to paragraph (b) is 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, practice expense RVUs for certain services are reduced to 110 percent of the work RVUs for those services. The following two categories of services are excluded from this limitation:

(i) The service is provided more than 75 percent of the time in an office setting; or

(ii) The service is one described in section 1848(c)(2)(G)(v) of the Act, codified at 42 U.S.C. 1395w–4(c)(2)(G). Section 1848(c)(2)(G)(v) of the Act refers to the 1998 proposed resource-based practice expense RVUs (as specified in the June 18, 1997 physician fee schedule proposed rule (62 FR 33158)) for the specific site, either in-office or out-of-office, increased from its 1997 practice expense RVUs.)

* * * * *

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 a physician's office are furnished in facility settings, the fee schedule amount for those services is determined by reducing the applicable practice expense RVUs for the service by 50 percent.

* * * * *

6. 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).

7. 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: October 23, 1997.

Nancy-Ann Min DeParle,

Deputy Administrator, Health Care Financing Administration.

Dated: October 27, 1997.

Donna E. Shalala,

Secretary.

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

Addendum A—Explanation and Use of Addenda B Through G

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physician services furnished in 1998. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services included in the physician fee schedule. Addendum C provides interim RVUs and related information for codes that are subject to comment. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

Addendum D contains the 1999 GPCIs by Medicare carrier and locality. Addendum E contains the 1998 GPCIs by Medicare carrier and locality. Addendum F contains the 1999 versus 1997 geographic adjustment factor by 1998 fee schedule area. Addendum G contains counties included in 1998 localities (listed alphabetically by State and locality name within the State).

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs for 1998 listed in Addendum E of this final rule. In applying the formula, use the CF of $36.6873. The work adjuster for 1998 is 0.917.

Addendum B—1998 Relative Value Units and Related Information Used in Determining Medicare Payments for 1998

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysician services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: One for the global values (both professional and technical); one for modifier -26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier -53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B = Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C = Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D = Deleted code. These codes are deleted effective with the beginning of the calendar year.

E = Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N = Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P = Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.

— If the item or service is covered as incident to a physician service and is furnished on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service).

— If the item or service is covered as other than incident to a physician service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R = Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T = Injections. There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X = Exclusion by law. These codes represent an item or service that is not within the definition of ''physician services'' for physician fee schedule payment purposes. No RVUs are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 1998. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1998.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1998.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1998.

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM = The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1998 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
10040	.....	A	Acne surgery of skin abscess	*1.18	0.32	0.32	0.03	1.53	1.53	010
10060	.....	A	Drainage of skin abscess	*1.17	0.44	0.44	0.04	1.65	1.65	010
10061	.....	A	Drainage of skin abscess	*2.40	0.64	0.64	0.06	3.10	3.10	010
10080	.....	A	Drainage of pilonidal cyst	*1.17	0.50	0.50	0.05	1.72	1.72	010
10081	.....	A	Drainage of pilonidal cyst	*2.45	1.11	1.11	0.16	3.72	3.72	010
10120	.....	A	Remove foreign body	*1.22	0.46	0.46	0.05	1.73	1.73	010
10121	.....	A	Remove foreign body	*2.69	1.00	1.00	0.12	3.81	3.81	010
10140	.....	A	Drainage of hematoma/fluid	*1.53	0.48	0.48	0.05	2.06	2.06	010
10160	.....	A	Puncture drainage of lesion	*1.20	0.38	0.38	0.05	1.63	1.63	010
10180	.....	A	Complex drainage, wound	*2.25	1.05	1.05	0.18	3.48	3.48	010
11000	.....	A	Debride infected skin	0.60	0.40	0.40	0.04	1.04	1.04	000
11001	.....	A	Debride infect skin add	0.30	0.26	0.26	0.02	0.58	0.58	ZZZ
11010	.....	A	Debride skin, fx	*4.20	3.96	3.96	0.65	8.81	8.81	010
11011	.....	A	Debride skin/muscle, fx	4.95	4.72	4.72	0.77	10.44	10.44	000
11012	.....	A	Debride skin/muscle/bone, fx	6.88	6.56	6.56	1.07	14.51	14.51	000
11040	.....	A	Debride skin partial	0.50	0.40	0.40	0.04	0.94	0.94	000
11041	.....	A	Debride skin full	0.82	0.56	0.56	0.06	1.44	1.44	000
11042	.....	A	Debride skin/tissue	1.12	0.65	0.65	0.08	1.85	1.85	000
11043	.....	A	Debride tissue/muscle	*2.38	1.81	1.81	0.34	4.53	4.53	010
11044	.....	A	Debride tissue/muscle/bone	*3.06	2.82	2.82	0.49	6.37	6.37	010
11050	.....	D	Trim skin lesion	0.00	0.00	0.00	0.00	0.00	0.00	000
11051	.....	D	Trim 2 to 4 skin lesions	0.00	0.00	0.00	0.00	0.00	0.00	000
11052	.....	D	Trim over 4 skin lesions	0.00	0.00	0.00	0.00	0.00	0.00	000
11055	.....	R	Trim skin lesion	0.27	0.19	0.19	0.01	0.47	0.47	000
11056	.....	R	Trim 2 to 4 skin lesions	0.39	0.26	0.26	0.02	0.67	0.67	000
11057	.....	R	Trim over 4 skin lesions	0.50	0.21	0.21	0.02	0.73	0.73	000
11100	.....	A	Biopsy of skin lesion	0.81	0.51	0.51	0.04	1.36	1.36	000
11101	.....	A	Biopsy, each added lesion	0.41	0.29	0.29	0.02	0.72	0.72	ZZZ
11200	.....	A	Removal of skin tags	*0.77	0.43	0.43	0.04	1.24	1.24	010
11201	.....	A	Removal of added skin tags	0.29	0.17	0.17	0.02	0.48	0.48	ZZZ
11300	.....	A	Shave skin lesion	0.51	0.53	0.53	0.05	1.09	1.09	000
11301	.....	A	Shave skin lesion	0.85	0.67	0.67	0.06	1.58	1.58	000
11302	.....	A	Shave skin lesion	1.05	0.89	0.89	0.09	2.03	2.03	000
11303	.....	A	Shave skin lesion	1.24	1.36	1.36	0.17	2.77	2.77	000
11305	.....	A	Shave skin lesion	0.67	0.52	0.52	0.05	1.24	1.24	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11306		A	Shave skin lesion	0.99	0.71	0.71	0.07	1.77	1.77	000
11307		A	Shave skin lesion	1.14	0.94	0.94	0.10	2.18	2.18	000
11308		A	Shave skin lesion	1.41	1.40	1.40	0.17	2.98	2.98	000
11310		A	Shave skin lesion	0.73	0.69	0.69	0.06	1.48	1.48	000
11311		A	Shave skin lesion	1.05	0.85	0.85	0.08	1.98	1.98	000
11312		A	Shave skin lesion	1.20	1.12	1.12	0.11	2.43	2.43	000
11313		A	Shave skin lesion	1.62	1.49	1.49	0.15	3.26	3.26	000
11400		A	Removal of skin lesion	*0.91	0.53	0.53	0.05	1.49	1.49	010
11401		A	Removal of skin lesion	*1.32	0.67	0.67	0.06	2.05	2.05	010
11402		A	Removal of skin lesion	*1.61	0.89	0.89	0.09	2.59	2.59	010
11403		A	Removal of skin lesion	*1.92	1.17	1.17	0.13	3.22	3.22	010
11404		A	Removal of skin lesion	*2.20	1.38	1.38	0.17	3.75	3.75	010
11406		A	Removal of skin lesion	*2.76	1.88	1.88	0.33	4.97	4.97	010
11420		A	Removal of skin lesion	*1.06	0.52	0.52	0.05	1.63	1.63	010
11421		A	Removal of skin lesion	*1.53	0.71	0.71	0.07	2.31	2.31	010
11422		A	Removal of skin lesion	*1.76	0.94	0.94	0.10	2.80	2.80	010
11423		A	Removal of skin lesion	*2.17	1.31	1.31	0.15	3.63	3.63	010
11424		A	Removal of skin lesion	*2.62	1.39	1.39	0.16	4.17	4.17	010
11426		A	Removal of skin lesion	*3.78	1.83	1.83	0.29	5.90	5.90	010
11440		A	Removal of skin lesion	*1.15	0.69	0.69	0.06	1.90	1.90	010
11441		A	Removal of skin lesion	*1.61	0.85	0.85	0.08	2.54	2.54	010
11442		A	Removal of skin lesion	*1.87	1.12	1.12	0.11	3.10	3.10	010
11443		A	Removal of skin lesion	*2.49	1.45	1.45	0.15	4.09	4.09	010
11444		A	Removal of skin lesion	*3.42	1.47	1.47	0.14	5.03	5.03	010
11446		A	Removal of skin lesion	*4.49	1.78	1.78	0.18	6.45	6.45	010
11450		A	Removal, sweat gland lesion	*2.73	2.68	2.68	0.44	5.85	5.85	090
11451		A	Removal, sweat gland lesion	*3.95	2.90	2.90	0.46	7.31	7.31	090
11462		A	Removal, sweat gland lesion	*2.51	2.41	2.41	0.36	5.28	5.28	090
11463		A	Removal, sweat gland lesion	*3.95	2.00	2.00	0.34	6.29	6.29	090
11470		A	Removal, sweat gland lesion	*3.25	2.78	2.78	0.45	6.48	6.48	090
11471		A	Removal, sweat gland lesion	*4.41	2.46	2.46	0.48	7.35	7.35	090
11600		A	Removal of skin lesion	*1.41	1.13	1.13	0.10	2.64	2.64	010
11601		A	Removal of skin lesion	*1.93	1.39	1.39	0.12	3.44	3.44	010
11602		A	Removal of skin lesion	*2.09	1.82	1.82	0.16	4.07	4.07	010
11603		A	Removal of skin lesion	*2.35	2.25	2.25	0.21	4.81	4.81	010
11604		A	Removal of skin lesion	*2.58	2.59	2.59	0.26	5.43	5.43	010
11606		A	Removal of skin lesion	*3.43	3.11	3.11	0.49	7.03	7.03	010
11620		A	Removal of skin lesion	*1.34	1.34	1.34	0.12	2.80	2.80	010
11621		A	Removal of skin lesion	*1.97	1.75	1.75	0.16	3.88	3.88	010
11622		A	Removal of skin lesion	*2.34	2.20	2.20	0.19	4.73	4.73	010
11623		A	Removal of skin lesion	*2.93	2.58	2.58	0.25	5.76	5.76	010
11624		A	Removal of skin lesion	*3.43	3.21	3.21	0.32	6.96	6.96	010
11626		A	Removal of skin lesion	*4.30	3.41	3.41	0.51	8.22	8.22	010
11640		A	Removal of skin lesion	*1.53	1.65	1.65	0.15	3.33	3.33	010
11641		A	Removal of skin lesion	*2.44	2.09	2.09	0.18	4.71	4.71	010
11642		A	Removal of skin lesion	*2.93	2.57	2.57	0.23	5.73	5.73	010
11643		A	Removal of skin lesion	*3.50	3.01	3.01	0.28	6.79	6.79	010
11644		A	Removal of skin lesion	*4.55	3.51	3.51	0.33	8.39	8.39	010
11646		A	Removal of skin lesion	*5.95	4.32	4.32	0.60	10.87	10.87	010
11719		R	Trim nail(s)	0.06	0.18	#0.07	0.01	0.25	0.14	000
11720		A	Debride nail, 1–5	0.32	0.32	0.32	0.03	0.67	0.67	000
11721		A	Debride nail, 6 or more	0.54	0.54	0.54	0.05	1.13	1.13	000
11730		A	Removal of nail plate	1.13	0.45	0.45	0.04	1.62	1.62	000
11731		A	Removal of second nail plate	0.57	0.51	0.51	0.05	1.13	1.13	ZZZ
11732		A	Remove additional nail plate	0.57	0.25	0.25	0.02	0.84	0.84	ZZZ
11740		A	Drain blood from under nail	0.37	0.39	0.39	0.04	0.80	0.80	000
11750		A	Removal of nail bed	*1.86	2.10	2.10	0.19	4.15	4.15	010
11752		A	Remove nail bed/finger tip	*2.67	2.82	2.82	0.36	5.85	5.85	010
11755		A	Biopsy, nail unit	1.31	0.99	0.99	0.12	2.42	2.42	000
11760		A	Reconstruction of nail bed	*1.58	0.93	0.93	0.09	2.60	2.60	010
11762		A	Reconstruction of nail bed	*2.89	2.57	2.57	0.24	5.70	5.70	010
11765		A	Excision of nail fold, toe	*0.69	0.51	0.51	0.05	1.25	1.25	010
11770		A	Removal of pilonidal lesion	*2.61	2.67	2.67	0.44	5.72	5.72	010
11771		A	Removal of pilonidal lesion	*5.74	4.52	4.52	0.92	11.18	11.18	090
11772		A	Removal of pilonidal lesion	*6.98	4.82	4.82	1.01	12.81	12.81	090
11900		A	Injection into skin lesions	0.52	0.25	0.25	0.02	0.79	0.79	000
11901		A	Added skin lesions injection	0.80	0.41	0.41	0.03	1.24	1.24	000
11920		R	Correct skin color defects	1.61	1.18	1.18	0.23	3.02	3.02	000
11921		R	Correct skin color defects	1.93	1.40	1.40	0.28	3.61	3.61	000
11922		R	Correct skin color defects	0.49	0.36	0.36	0.07	0.92	0.92	ZZZ
11950		R	Therapy for contour defects	0.84	1.19	1.19	0.11	2.14	2.14	000
11951		R	Therapy for contour defects	1.19	1.19	1.19	0.11	2.49	2.49	000
11952		R	Therapy for contour defects	1.69	1.19	1.19	0.11	2.99	2.99	000
11954		R	Therapy for contour defects	1.85	1.19	1.19	0.11	3.15	3.15	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11960		A	Insert tissue expander(s)	*9.08	7.73	7.73	1.48	18.29	18.29	090
11970		A	Replace tissue expander	*7.06	#7.77	#7.77	1.61	16.44	16.44	090
11971		A	Remove tissue expander(s)	*2.13	2.30	2.30	0.82	5.25	5.25	090
11975		N	Insert contraceptive cap	+1.48	1.06	1.06	0.25	2.79	2.79	XXX
11976		R	Removal of contraceptive cap	1.78	1.28	1.28	0.30	3.36	3.36	XXX
11977		N	Removal/reinsert contra cap	+3.30	2.36	2.36	0.55	6.21	6.21	XXX
12001		A	Repair superficial wound(s)	*1.70	0.57	0.57	0.05	2.32	2.32	010
12002		A	Repair superficial wound(s)	*1.86	0.79	0.79	0.07	2.72	2.72	010
12004		A	Repair superficial wound(s)	*2.24	1.14	1.14	0.10	3.48	3.48	010
12005		A	Repair superficial wound(s)	*2.86	1.47	1.47	0.14	4.47	4.47	010
12006		A	Repair superficial wound(s)	*3.67	1.78	1.78	0.19	5.64	5.64	010
12007		A	Repair superficial wound(s)	*4.12	1.80	1.80	0.19	6.11	6.11	010
12011		A	Repair superficial wound(s)	*1.76	0.74	0.74	0.06	2.56	2.56	010
12013		A	Repair superficial wound(s)	*1.99	1.03	1.03	0.08	3.10	3.10	010
12014		A	Repair superficial wound(s)	*2.46	1.19	1.19	0.10	3.75	3.75	010
12015		A	Repair superficial wound(s)	*3.19	1.62	1.62	0.14	4.95	4.95	010
12016		A	Repair superficial wound(s)	*3.93	2.26	2.26	0.19	6.38	6.38	010
12017		A	Repair superficial wound(s)	*4.71	3.36	3.36	0.31	8.38	8.38	010
12018		A	Repair superficial wound(s)	*5.53	5.15	5.15	0.48	11.16	11.16	010
12020		A	Closure of split wound	*2.62	1.19	1.19	0.18	3.99	3.99	010
12021		A	Closure of split wound	*1.84	0.62	0.62	0.11	2.57	2.57	010
12031		A	Layer closure of wound(s)	*2.15	0.72	0.72	0.07	2.94	2.94	010
12032		A	Layer closure of wound(s)	*2.47	1.05	1.05	0.10	3.62	3.62	010
12034		A	Layer closure of wound(s)	*2.92	1.47	1.47	0.15	4.54	4.54	010
12035		A	Layer closure of wound(s)	*3.43	1.92	1.92	0.23	5.58	5.58	010
12036		A	Layer closure of wound(s)	*4.05	2.32	2.32	0.37	6.74	6.74	010
12037		A	Layer closure of wound(s)	*4.67	3.09	3.09	0.48	8.24	8.24	010
12041		A	Layer closure of wound(s)	*2.37	0.84	0.84	0.08	3.29	3.29	010
12042		A	Layer closure of wound(s)	*2.74	1.17	1.17	0.12	4.03	4.03	010
12044		A	Layer closure of wound(s)	*3.14	1.62	1.62	0.17	4.93	4.93	010
12045		A	Layer closure of wound(s)	*3.64	2.13	2.13	0.23	6.00	6.00	010
12046		A	Layer closure of wound(s)	*4.25	2.82	2.82	0.37	7.44	7.44	010
12047		A	Layer closure of wound(s)	*4.65	4.02	4.02	0.56	9.23	9.23	010
12051		A	Layer closure of wound(s)	*2.47	1.01	1.01	0.10	3.58	3.58	010
12052		A	Layer closure of wound(s)	*2.77	1.47	1.47	0.14	4.38	4.38	010
12053		A	Layer closure of wound(s)	*3.12	1.76	1.76	0.17	5.05	5.05	010
12054		A	Layer closure of wound(s)	*3.46	2.60	2.60	0.25	6.31	6.31	010
12055		A	Layer closure of wound(s)	*4.43	3.24	3.24	0.37	8.04	8.04	010
12056		A	Layer closure of wound(s)	*5.24	4.74	4.74	0.52	10.50	10.50	010
12057		A	Layer closure of wound(s)	*5.96	5.57	5.57	0.48	12.01	12.01	010
13100		A	Repair of wound or lesion	*3.12	1.14	1.14	0.13	4.39	4.39	010
13101		A	Repair of wound or lesion	*3.92	2.08	2.08	0.21	6.21	6.21	010
13120		A	Repair of wound or lesion	*3.30	1.35	1.35	0.17	4.82	4.82	010
13121		A	Repair of wound or lesion	*4.33	2.65	2.65	0.33	7.31	7.31	010
13131		A	Repair of wound or lesion	*3.79	1.98	1.98	0.23	6.00	6.00	010
13132		A	Repair of wound or lesion	*5.95	4.57	4.57	0.44	10.96	10.96	010
13150		A	Repair of wound or lesion	*3.81	1.76	1.76	0.23	5.80	5.80	010
13151		A	Repair of wound or lesion	*4.45	2.45	2.45	0.35	7.25	7.25	010
13152		A	Repair of wound or lesion	*6.33	5.13	5.13	0.68	12.14	12.14	010
13160		A	Late closure of wound	*10.48	3.33	3.33	0.58	14.39	14.39	090
13300		A	Repair of wound or lesion	*5.27	5.71	5.71	0.86	11.84	11.84	010
14000		A	Skin tissue rearrangement	*5.89	3.41	3.41	0.38	9.68	9.68	090
14001		A	Skin tissue rearrangement	*8.47	4.75	4.75	0.76	13.98	13.98	090
14020		A	Skin tissue rearrangement	*6.59	4.90	4.90	0.49	11.98	11.98	090
14021		A	Skin tissue rearrangement	*10.06	6.21	6.21	0.94	17.21	17.21	090
14040		A	Skin tissue rearrangement	*7.87	6.77	6.77	0.65	15.29	15.29	090
14041		A	Skin tissue rearrangement	*11.49	7.88	7.88	1.02	20.39	20.39	090
14060		A	Skin tissue rearrangement	*8.50	7.75	7.75	1.04	17.29	17.29	090
14061		A	Skin tissue rearrangement	*12.29	10.49	10.49	1.27	24.05	24.05	090
14300		A	Skin tissue rearrangement	*11.76	11.31	11.31	1.84	24.91	24.91	090
14350		A	Skin tissue rearrangement	*9.61	6.07	6.07	1.05	16.73	16.73	090
15000		A	Skin graft procedure	1.95	#2.15	#2.15	0.53	4.63	4.63	ZZZ
15050		A	Skin pinch graft procedure	*4.30	1.79	1.79	0.30	6.39	6.39	090
15100		A	Skin split graft procedure	*9.05	4.54	4.54	0.89	14.48	14.48	090
15101		A	Skin split graft procedure	1.72	1.59	1.59	0.33	3.64	3.64	ZZZ
15120		A	Skin split graft procedure	*9.83	6.05	6.05	0.94	16.82	16.82	090
15121		A	Skin split graft procedure	2.67	2.91	2.91	0.53	6.11	6.11	ZZZ
15200		A	Skin full graft procedure	*8.03	4.13	4.13	0.69	12.85	12.85	090
15201		A	Skin full graft procedure	1.32	1.68	#1.45	0.50	3.50	3.27	ZZZ
15220		A	Skin full graft procedure	*7.87	4.84	4.84	0.85	13.56	13.56	090
15221		A	Skin full graft procedure	1.19	1.59	#1.31	0.50	3.28	3.00	ZZZ
15240		A	Skin full graft procedure	*9.04	6.10	6.10	1.03	16.17	16.17	090
15241		A	Skin full graft procedure	1.86	2.38	#2.05	0.58	4.82	4.49	ZZZ
15260		A	Skin full graft procedure	*10.06	7.46	7.46	0.99	18.51	18.51	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
15261		A	Skin full graft procedure	2.23	2.85	#2.45	0.60	5.68	5.28	ZZZ
15350		A	Skin homograft procedure	*4.36	2.15	2.15	0.42	6.93	6.93	090
15400		A	Skin heterograft procedure	*5.78	1.06	1.06	0.17	7.01	7.01	090
15570		A	Form skin pedicle flap	*9.21	5.50	5.50	2.08	16.79	16.79	090
15572		A	Form skin pedicle flap	*9.27	5.38	5.38	1.86	16.51	16.51	090
15574		A	Form skin pedicle flap	*9.88	5.40	5.40	1.66	16.94	16.94	090
15576		A	Form skin pedicle flap	*8.69	3.12	3.12	0.60	12.41	12.41	090
15580		A	Attach skin pedicle graft	*9.46	4.31	4.31	1.30	15.07	15.07	090
15600		A	Skin graft procedure	*1.91	2.51	#2.10	0.88	5.30	4.89	090
15610		A	Skin graft procedure	*2.42	2.82	#2.66	0.80	6.04	5.88	090
15620		A	Skin graft procedure	*2.94	3.44	#3.23	0.86	7.24	7.03	090
15625		A	Skin graft procedure	*1.91	#2.10	#2.10	0.78	4.79	4.79	090
15630		A	Skin graft procedure	*3.27	#3.60	#3.60	0.90	7.77	7.77	090
15650		A	Transfer skin pedicle flap	*3.97	#4.37	#4.37	0.93	9.27	9.27	090
15732		A	Muscle-skin graft, head/neck	*17.84	15.48	15.48	3.46	36.78	36.78	090
15734		A	Muscle-skin graft, trunk	*17.79	19.01	19.01	3.24	40.04	40.04	090
15736		A	Muscle-skin graft, arm	*16.27	16.21	16.21	3.02	35.50	35.50	090
15738		A	Muscle-skin graft, leg	*17.92	12.89	12.89	3.29	34.10	34.10	090
15740		A	Island pedicle flap graft	*10.25	10.39	10.39	1.62	22.26	22.26	090
15750		A	Neurovascular pedicle graft	*11.41	11.96	11.96	2.03	25.40	25.40	090
15756		A	Free muscle flap, microvasc	*35.23	30.09	30.09	5.33	70.65	70.65	090
15757		A	Free skin flap, microvasc	*35.23	30.09	30.09	5.33	70.65	70.65	090
15758		A	Free fascial flap, microvasc	*35.10	30.09	30.09	5.33	70.52	70.52	090
15760		A	Composite skin graft	*8.74	7.29	7.29	1.11	17.14	17.14	090
15770		A	Derma-fat-fascia graft	*7.52	7.46	7.46	0.95	15.93	15.93	090
15775		R	Hair transplant punch grafts	3.96	2.88	2.88	0.56	7.40	7.40	000
15776		R	Hair transplant punch grafts	5.54	4.03	4.03	0.79	10.36	10.36	000
15780		A	Abrasion treatment of skin	*7.29	1.53	1.53	0.13	8.95	8.95	090
15781		A	Abrasion treatment of skin	*4.85	3.77	3.77	0.39	9.01	9.01	090
15782		A	Abrasion treatment of skin	*4.32	1.19	1.19	0.13	5.64	5.64	090
15783		A	Abrasion treatment of skin	*4.29	1.85	1.85	0.19	6.33	6.33	090
15786		A	Abrasion treatment of lesion	*2.03	0.62	0.62	0.06	2.71	2.71	010
15787		A	Abrasion, added skin lesions	0.33	0.23	0.23	0.03	0.59	0.59	ZZZ
15788		R	Chemical peel, face, epiderm	*2.09	1.48	1.48	0.12	3.69	3.69	090
15789		R	Chemical peel, face, dermal	*4.92	1.48	1.48	0.12	6.52	6.52	090
15792		R	Chemical peel, nonfacial	*1.86	0.50	0.50	0.05	2.41	2.41	090
15793		A	Chemical peel, nonfacial	*3.74	0.50	0.50	0.05	4.29	4.29	090
15810		A	Salabrasion	*4.74	3.80	3.80	0.29	8.83	8.83	090
15811		A	Salabrasion	*5.39	3.74	3.74	0.73	9.86	9.86	090
15819		A	Plastic surgery, neck	*9.38	8.01	8.01	0.87	18.26	18.26	090
15820		A	Revision of lower eyelid	*5.15	#5.67	#5.67	0.64	11.46	11.46	090
15821		A	Revision of lower eyelid	*5.72	#6.29	#6.29	0.68	12.69	12.69	090
15822		A	Revision of upper eyelid	*4.45	#4.90	#4.90	0.56	9.91	9.91	090
15823		A	Revision of upper eyelid	*7.05	7.71	7.71	0.61	15.37	15.37	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15831		A	Excise excessive skin tissue	*12.40	9.84	9.84	2.01	24.25	24.25	090
15832		A	Excise excessive skin tissue	*11.59	8.29	8.29	1.33	21.21	21.21	090
15833		A	Excise excessive skin tissue	*10.64	6.22	6.22	1.12	17.98	17.98	090
15834		A	Excise excessive skin tissue	*10.85	7.18	7.18	1.22	19.25	19.25	090
15835		A	Excise excessive skin tissue	*11.67	7.00	7.00	1.22	19.89	19.89	090
15836		A	Excise excessive skin tissue	*9.34	5.80	5.80	1.10	16.24	16.24	090
15837		A	Excise excessive skin tissue	*8.43	5.97	5.97	0.85	15.25	15.25	090
15838		A	Excise excessive skin tissue	*7.13	5.88	5.88	0.73	13.74	13.74	090
15839		A	Excise excessive skin tissue	*9.38	2.44	2.44	0.46	12.28	12.28	090
15840		A	Graft for face nerve palsy	*13.26	#14.59	#14.59	2.28	30.13	30.13	090
15841		A	Graft for face nerve palsy	*23.26	16.87	16.87	2.76	42.89	42.89	090
15842		A	Graft for face nerve palsy	*37.96	29.00	29.00	2.68	69.64	69.64	090
15845		A	Skin and muscle repair, face	*12.57	#13.83	#13.83	2.54	28.94	28.94	090
15850		B	Removal of sutures	+0.78	0.36	0.36	0.04	1.18	1.18	XXX
15851		A	Removal of sutures	0.86	0.30	0.30	0.03	1.19	1.19	000
15852		A	Dressing change, not for burn	0.86	0.44	0.44	0.07	1.37	1.37	000
15860		A	Test for blood flow in graft	1.95	1.35	1.35	0.25	3.55	3.55	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15920		A	Removal of tail bone ulcer	*7.95	2.95	2.95	0.63	11.53	11.53	090
15922		A	Removal of tail bone ulcer	*9.90	5.98	5.98	1.19	17.07	17.07	090
15931		A	Remove sacrum pressure sore	*9.24	2.93	2.93	0.55	12.72	12.72	090
15933		A	Remove sacrum pressure sore	*10.85	6.92	6.92	1.43	19.20	19.20	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
15934		A	Remove sacrum pressure sore	*12.69	7.46	7.46	1.50	21.65	21.65	090
15935		A	Remove sacrum pressure sore	*14.57	11.24	11.24	2.27	28.08	28.08	090
15936		A	Remove sacrum pressure sore	*12.38	10.27	10.27	2.05	24.70	24.70	090
15937		A	Remove sacrum pressure sore	*14.21	13.47	13.47	2.67	30.35	30.35	090
15940		A	Removal of pressure sore	*9.34	3.55	3.55	0.73	13.62	13.62	090
15941		A	Removal of pressure sore	*11.43	7.05	7.05	1.39	19.87	19.87	090
15944		A	Removal of pressure sore	*11.46	9.26	9.26	1.82	22.54	22.54	090
15945		A	Removal of pressure sore	*12.69	11.14	11.14	2.09	25.92	25.92	090
15946		A	Removal of pressure sore	*21.57	16.61	16.61	3.24	41.42	41.42	090
15950		A	Remove thigh pressure sore	*7.54	3.01	3.01	0.58	11.13	11.13	090
15951		A	Remove thigh pressure sore	*10.72	7.65	7.65	1.58	19.95	19.95	090
15952		A	Remove thigh pressure sore	*11.39	7.13	7.13	1.37	19.89	19.89	090
15953		A	Remove thigh pressure sore	*12.63	9.08	9.08	1.87	23.58	23.58	090
15956		A	Remove thigh pressure sore	*15.52	#17.07	#17.07	3.39	35.98	35.98	090
15958		A	Remove thigh pressure sore	*15.48	#17.03	#17.03	3.76	36.27	36.27	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.35	0.35	0.03	1.27	1.27	000
16010		A	Treatment of burn(s)	0.87	0.32	0.32	0.03	1.22	1.22	000
16015		A	Treatment of burn(s)	2.35	2.04	2.04	0.38	4.77	4.77	000
16020		A	Treatment of burn(s)	0.80	0.34	0.34	0.03	1.17	1.17	000
16025		A	Treatment of burn(s)	1.85	0.45	0.45	0.05	2.35	2.35	000
16030		A	Treatment of burn(s)	2.08	0.52	0.52	0.08	2.68	2.68	000
16035		A	Incision of burn scab	*4.82	1.88	1.88	0.34	7.04	7.04	090
16040		A	Burn wound excision	1.02	1.56	#1.12	0.53	3.11	2.67	000
16041		A	Burn wound excision	2.70	#2.97	#2.97	0.53	6.20	6.20	000
16042		A	Burn wound excision	2.35	#2.59	#2.59	0.53	5.47	5.47	000
17000		A	Destroy benign/premal lesion	*0.60	0.42	0.42	0.03	1.05	1.05	010
17001		D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17002		D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17003		A	Destroy 2–14 lesions	0.15	0.13	0.13	0.01	0.29	0.29	ZZZ
17004		A	Destroy 15 & more lesions	*2.79	2.25	2.25	0.20	5.24	5.24	010
17010		D	12 Destruction skin lesion(s)	*0.00	0.00	0.00	0.00	0.00	0.00	010
17100		D	12 Destruction of skin lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
17101		D	Destruction of 2nd lesion	0.00	#0.00	#0.00	0.00	0.00	0.00	ZZZ
17102		D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17104		D	Destruction of skin lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
17105		D	Destruction of skin lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
17106		A	Destruction of skin lesions	*4.59	1.93	1.93	0.18	6.70	6.70	090
17107		A	Destruction of skin lesions	*9.16	3.70	3.70	0.39	13.25	13.25	090
17108		A	Destruction of skin lesions	*13.20	9.32	9.32	0.69	23.21	23.21	090
17110		A	Destruct lesion, 1–14	*0.65	0.40	0.40	0.03	1.08	1.08	010
17111		A	Destruct lesion, 15 or more	*0.92	0.60	0.60	0.05	1.57	1.57	010
17200		D	1 Electrocautery of skin tags	*0.00	0.00	0.00	0.00	0.00	0.00	010
17201		D	Electrocautery added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17250		A	Chemical cautery, tissue	0.50	0.34	0.34	0.04	0.88	0.88	000
17260		A	Destruction of skin lesions	*0.91	1.13	1.13	0.10	2.14	2.14	010
17261		A	Destruction of skin lesions	*1.17	1.39	1.39	0.12	2.68	2.68	010
17262		A	Destruction of skin lesions	*1.58	1.82	1.82	0.16	3.56	3.56	010
17263		A	Destruction of skin lesions	*1.79	2.25	2.25	0.21	4.25	4.25	010
17264		A	Destruction of skin lesions	*1.94	2.59	2.59	0.26	4.79	4.79	010
17266		A	Destruction of skin lesions	*2.34	3.11	3.11	0.49	5.94	5.94	010
17270		A	Destruction of skin lesions	*1.32	1.34	1.34	0.12	2.78	2.78	010
17271		A	Destruction of skin lesions	*1.49	1.75	1.75	0.16	3.40	3.40	010
17272		A	Destruction of skin lesions	*1.77	2.20	2.20	0.19	4.16	4.16	010
17273		A	Destruction of skin lesions	*2.05	2.58	2.58	0.25	4.88	4.88	010
17274		A	Destruction of skin lesions	*2.59	3.21	3.21	0.32	6.12	6.12	010
17276		A	Destruction of skin lesions	*3.20	3.41	3.41	0.51	7.12	7.12	010
17280		A	Destruction of skin lesions	*1.17	1.65	1.65	0.15	2.97	2.97	010
17281		A	Destruction of skin lesions	*1.72	2.09	2.09	0.18	3.99	3.99	010
17282		A	Destruction of skin lesions	*2.04	2.57	2.57	0.23	4.84	4.84	010
17283		A	Destruction of skin lesions	*2.64	3.01	3.01	0.28	5.93	5.93	010
17284		A	Destruction of skin lesions	*3.21	3.51	3.51	0.33	7.05	7.05	010
17286		A	Destruction of skin lesions	*4.44	4.32	4.32	0.60	9.36	9.36	010
17304		A	Chemosurgery of skin lesion	7.60	4.02	4.02	0.31	11.93	11.93	000
17305		A	2nd stage chemosurgery	2.85	2.26	2.26	0.17	5.28	5.28	000
17306		A	3rd stage chemosurgery	2.85	1.40	1.40	0.11	4.36	4.36	000
17307		A	Followup skin lesion therapy	2.85	1.47	1.47	0.12	4.44	4.44	000
17310		A	Extensive skin chemosurgery	0.95	0.13	0.13	0.01	1.09	1.09	000
17340		A	Cryotherapy of skin	*0.76	0.28	0.28	0.02	1.06	1.06	010
17360		A	Skin peel therapy	*1.43	0.27	0.27	0.02	1.72	1.72	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	0.38	0.38	0.07	1.29	1.29	000
19001		A	Drain added breast lesion	0.42	0.24	0.24	0.05	0.71	0.71	ZZZ

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
19020		A	Incision of breast lesion	*3.57	1.40	1.40	0.28	5.25	5.25	090
19030		A	Injection for breast x-ray	1.53	0.49	0.49	0.04	2.06	2.06	000
19100		A	Biopsy of breast	1.27	0.64	0.64	0.13	2.04	2.04	000
19101		A	Biopsy of breast	*3.18	2.34	2.34	0.45	5.97	5.97	010
19110		A	Nipple exploration	*4.30	2.46	2.46	0.51	7.27	7.27	090
19112		A	Excise breast duct fistula	*3.67	2.34	2.34	0.35	6.36	6.36	090
19120		A	Removal of breast lesion	*5.56	2.90	2.90	0.60	9.06	9.06	090
19125		A	Excision, breast lesion	*6.06	2.90	2.90	0.60	9.56	9.56	090
19126		A	Excision, added breast lesion	2.93	1.45	1.45	0.31	4.69	4.69	ZZZ
19140		A	Removal of breast tissue	*5.14	4.29	4.29	0.91	10.34	10.34	090
19160		A	Removal of breast tissue	*5.99	4.13	4.13	0.88	11.00	11.00	090
19162		A	Remove breast tissue, nodes	*13.53	9.38	9.38	1.96	24.87	24.87	090
19180		A	Removal of breast	*8.80	5.61	5.61	1.17	15.58	15.58	090
19182		A	Removal of breast	*7.73	6.07	6.07	1.27	15.07	15.07	090
19200		A	Removal of breast	*15.49	10.22	10.22	2.15	27.86	27.86	090
19220		A	Removal of breast	*15.72	10.73	10.73	2.38	28.83	28.83	090
19240		A	Removal of breast	*16.00	9.44	9.44	1.99	27.43	27.43	090
19260		A	Removal of chest wall lesion	*15.44	5.05	5.05	1.04	21.53	21.53	090
19271		A	Revision of chest wall	*18.90	13.95	13.95	2.77	35.62	35.62	090
19272		A	Extensive chest wall surgery	*21.55	12.60	12.60	2.56	36.71	36.71	090
19290		A	Place needle wire, breast	1.27	0.44	0.44	0.07	1.78	1.78	000
19291		A	Place needle wire, breast	0.63	0.25	0.25	0.04	0.92	0.92	ZZZ
19316		A	Suspension of breast	*10.69	#11.76	#11.76	2.43	24.88	24.88	090
19318		A	Reduction of large breast	*15.62	14.18	14.18	3.23	33.03	33.03	090
19324		A	Enlarge breast	*5.85	3.29	3.29	0.67	9.81	9.81	090
19325		A	Enlarge breast with implant	*8.45	5.87	5.87	1.13	15.45	15.45	090
19328		A	Removal of breast implant	*5.68	3.76	3.76	0.73	10.17	10.17	090
19330		A	Removal of implant material	*7.59	3.88	3.88	0.75	12.22	12.22	090
19340		A	Immediate breast prosthesis	6.33	#6.96	#6.96	2.06	15.35	15.35	ZZZ
19342		A	Delayed breast prosthesis	*11.20	10.81	10.81	2.03	24.04	24.04	090
19350		A	Breast reconstruction	*8.92	7.08	7.08	1.38	17.38	17.38	090
19355		A	Correct inverted nipple(s)	*7.57	4.93	4.93	1.00	13.50	13.50	090
19357		A	Breast reconstruction	*18.16	12.15	12.15	2.37	32.68	32.68	090
19361		A	Breast reconstruction	*19.26	20.13	20.13	3.88	43.27	43.27	090
19364		A	Breast reconstruction	*29.04	16.68	16.68	3.58	49.30	49.30	090
19366		A	Breast reconstruction	*21.28	16.40	16.40	3.18	40.86	40.86	090
19367		A	Breast reconstruction	*25.73	20.13	20.13	3.88	49.74	49.74	090
19368		A	Breast reconstruction	*32.42	20.13	20.13	3.88	56.43	56.43	090
19369		A	Breast reconstruction	*29.82	20.13	20.13	3.88	53.83	53.83	090
19370		A	Surgery of breast capsule	*8.05	6.17	6.17	1.19	15.41	15.41	090
19371		A	Removal of breast capsule	*9.35	7.91	7.91	1.54	18.80	18.80	090
19380		A	Revise breast reconstruction	*9.14	8.11	8.11	1.57	18.82	18.82	090
19396		A	Design custom breast implant	2.17	1.57	1.57	0.31	4.05	4.05	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	*2.12	0.85	0.85	0.08	3.05	3.05	010
20005		A	Incision of deep abscess	*3.42	1.83	1.83	0.28	5.53	5.53	010
20100		A	Explore wound, neck	*10.08	4.97	4.97	1.16	16.21	16.21	010
20101		A	Explore wound, chest	*3.22	1.57	1.57	0.37	5.16	5.16	010
20102		A	Explore wound, abdomen	*3.94	1.92	1.92	0.45	6.31	6.31	010
20103		A	Explore wound, extremity	*5.30	2.59	2.59	0.60	8.49	8.49	010
20150		A	Excise epiphyseal bar	*13.69	12.40	12.40	2.03	28.12	28.12	090
20200		A	Muscle biopsy	1.46	1.12	1.12	0.18	2.76	2.76	000
20205		A	Deep muscle biopsy	2.35	1.88	1.88	0.33	4.56	4.56	000
20206		A	Needle biopsy, muscle	0.99	0.96	0.96	0.14	2.09	2.09	000
20220		A	Bone biopsy, trocar/needle	1.27	1.31	1.31	0.09	2.67	2.67	000
20225		A	Bone biopsy, trocar/needle	1.87	2.39	#2.06	0.28	4.54	4.21	000
20240		A	Bone biopsy, excisional	*3.23	1.88	1.88	0.18	5.29	5.29	010
20245		A	Bone biopsy, excisional	*3.95	3.58	3.58	0.44	7.97	7.97	010
20250		A	Open bone biopsy	*5.03	5.07	5.07	0.76	10.86	10.86	010
20251		A	Open bone biopsy	*5.56	5.84	5.84	0.92	12.32	12.32	010
20500		A	Injection of sinus tract	*1.23	0.36	0.36	0.04	1.63	1.63	010
20501		A	Inject sinus tract for x-ray	0.76	0.30	0.30	0.02	1.08	1.08	000
20520		A	Removal of foreign body	*1.85	0.71	0.71	0.08	2.64	2.64	010
20525		A	Removal of foreign body	*3.50	2.23	2.23	0.33	6.06	6.06	010
20550		A	Inj tendon/ligament/cyst	0.86	0.38	0.38	0.04	1.28	1.28	000
20600		A	Drain/inject joint/bursa	0.66	0.47	0.47	0.05	1.18	1.18	000
20605		A	Drain/inject joint/bursa	0.68	0.45	0.45	0.05	1.18	1.18	000
20610		A	Drain/inject joint/bursa	0.79	0.45	0.45	0.05	1.29	1.29	000
20615		A	Treatment of bone cyst	*2.28	0.49	0.49	0.06	2.83	2.83	010
20650		A	Insert and remove bone pin	*2.23	1.08	1.08	0.14	3.45	3.45	010
20660		A	Apply, remove fixation device	2.51	1.56	1.56	0.21	4.28	4.28	000
20661		A	Application of head brace	*4.89	3.82	3.82	0.65	9.36	9.36	090
20662		A	Application of pelvis brace	*6.07	6.54	6.54	1.03	13.64	13.64	090
20663		A	Application of thigh brace	*5.43	4.64	4.64	0.76	10.83	10.83	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
20664		A	Halo brace application	*8.06	3.82	3.82	0.65	12.53	12.53	090
20665		A	Removal of fixation device	*1.31	0.50	0.50	0.07	1.88	1.88	010
20670		A	Removal of support implant	*1.74	0.74	0.74	0.11	2.59	2.59	010
20680		A	Removal of support implant	*3.35	3.33	3.33	0.51	7.19	7.19	090
20690		A	Apply bone fixation device	3.52	3.66	3.66	0.58	7.76	7.76	ZZZ
20692		A	Apply bone fixation device	6.41	5.51	5.51	0.89	12.81	12.81	ZZZ
20693		A	Adjust bone fixation device	*5.86	2.49	2.49	0.42	8.77	8.77	090
20694		A	Remove bone fixation device	*4.16	2.60	2.60	0.41	7.17	7.17	090
20802		A	Replantation, arm, complete	*41.15	37.72	37.72	6.17	85.04	85.04	090
20805		A	Replant forearm, complete	*50.00	46.17	46.17	7.56	103.73	103.73	090
20808		A	Replantation, hand, complete	*61.65	57.40	57.40	9.40	128.45	128.45	090
20816		A	Replantation digit, complete	*30.94	28.30	28.30	4.63	63.87	63.87	090
20822		A	Replantation digit, complete	*25.59	23.39	23.39	3.83	52.81	52.81	090
20824		A	Replantation thumb, complete	*30.94	28.30	28.30	4.63	63.87	63.87	090
20827		A	Replantation thumb, complete	*26.41	24.05	24.05	3.94	54.40	54.40	090
20838		A	Replantation, foot, complete	*41.41	37.72	37.72	6.17	85.30	85.30	090
20900		A	Removal of bone for graft	*5.58	2.80	2.80	0.45	8.83	8.83	090
20902		A	Removal of bone for graft	*7.55	4.95	4.95	0.80	13.30	13.30	090
20910		A	Remove cartilage for graft	*5.34	0.79	0.79	0.09	6.22	6.22	090
20912		A	Remove cartilage for graft	*6.35	4.62	4.62	0.64	11.61	11.61	090
20920		A	Removal of fascia for graft	*5.31	3.93	3.93	0.50	9.74	9.74	090
20922		A	Removal of fascia for graft	*6.61	4.39	4.39	0.71	11.71	11.71	090
20924		A	Removal of tendon for graft	*6.48	5.45	5.45	0.85	12.78	12.78	090
20926		A	Removal of tissue for graft	*5.53	2.59	2.59	0.39	8.51	8.51	090
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Spinal bone allograft	1.81	1.73	1.73	0.28	3.82	3.82	ZZZ
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Spinal bone autograft	2.79	2.66	2.66	0.44	5.89	5.89	ZZZ
20938		A	Spinal bone autograft	3.02	2.88	2.88	0.47	6.37	6.37	ZZZ
20950		A	Record fluid pressure, muscle	1.26	1.09	1.09	0.17	2.52	2.52	000
20955		A	Fibula bone graft, microvasc	*39.21	35.84	35.84	5.87	80.92	80.92	090
20956		A	Iliac bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
20957		A	Mt bone graft, microvasc	*40.65	27.87	27.87	5.45	73.97	73.97	090
20962		A	Other bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
20969		A	Bone/skin graft, microvasc	*43.92	40.13	40.13	6.57	90.62	90.62	090
20970		A	Bone/skin graft, iliac crest	*43.06	39.31	39.31	6.44	88.81	88.81	090
20972		A	Bone-skin graft, metatarsal	*42.99	39.61	39.61	6.49	89.09	89.09	090
20973		A	Bone-skin graft, great toe	*45.76	42.25	42.25	6.91	94.92	94.92	090
20974		A	Electrical bone stimulation	0.62	3.42	3.42	0.53	4.57	4.57	000
20975		A	Electrical bone stimulation	2.60	#2.86	#2.86	0.56	6.02	6.02	ZZZ
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	*10.14	10.24	10.24	0.93	21.31	21.31	090
21015		A	Resection of facial tumor	*5.29	#5.82	#5.82	1.13	12.24	12.24	090
21025		A	Excision of bone, lower jaw	*10.06	4.14	4.14	0.38	14.58	14.58	090
21026		A	Excision of facial bone(s)	*4.85	3.14	3.14	0.28	8.27	8.27	090
21029		A	Contour of face bone lesion	*7.71	#8.48	#8.48	0.78	16.97	16.97	090
21030		A	Removal of face bone lesion	*6.46	3.35	3.35	0.29	10.10	10.10	090
21031		A	Remove exostosis, mandible	*3.24	3.68	3.68	0.32	7.24	7.24	090
21032		A	Remove exostosis, maxilla	*3.24	3.88	3.88	0.35	7.47	7.47	090
21034		A	Removal of face bone lesion	*16.17	6.98	6.98	0.89	24.04	24.04	090
21040		A	Removal of jaw bone lesion	*2.11	2.76	2.76	0.24	5.11	5.11	090
21041		A	Removal of jaw bone lesion	*6.71	5.76	5.76	0.50	12.97	12.97	090
21044		A	Removal of jaw bone lesion	*11.86	9.55	9.55	1.11	22.52	22.52	090
21045		A	Extensive jaw surgery	*16.17	13.83	13.83	1.58	31.58	31.58	090
21050		A	Removal of jaw joint	*10.77	#11.85	#11.85	1.08	23.70	23.70	090
21060		A	Remove jaw joint cartilage	*10.23	#11.25	#11.25	1.04	22.52	22.52	090
21070		A	Remove coronoid process	*8.20	6.81	6.81	0.82	15.83	15.83	090
21076		A	Prepare face/oral prosthesis	*13.42	#14.76	#14.76	1.35	29.53	29.53	010
21077		A	Prepare face/oral prosthesis	*33.75	#37.13	#37.13	3.39	74.27	74.27	090
21079		A	Prepare face/oral prosthesis	*22.34	27.93	27.93	2.25	52.52	52.52	090
21080		A	Prepare face/oral prosthesis	*25.10	31.38	31.38	2.52	59.00	59.00	090
21081		A	Prepare face/oral prosthesis	*22.88	28.59	28.59	2.30	53.77	53.77	090
21082		A	Prepare face/oral prosthesis	*20.87	#22.96	#22.96	2.10	45.93	45.93	090
21083		A	Prepare face/oral prosthesis	*19.30	24.13	24.13	1.94	45.37	45.37	090
21084		A	Prepare face/oral prosthesis	*22.51	28.14	28.14	2.28	52.93	52.93	090
21085		A	Prepare face/oral prosthesis	*9.00	#9.90	#9.90	0.90	19.80	19.80	010
21086		A	Prepare face/oral prosthesis	*24.92	31.15	31.15	2.51	58.58	58.58	090
21087		A	Prepare face/oral prosthesis	*24.92	#27.41	#27.41	2.51	54.84	54.84	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21100		A	Maxillofacial fixation	*4.22	1.06	1.06	0.11	5.39	5.39	090
21110		A	Interdental fixation	*5.21	5.53	5.53	0.46	11.20	11.20	090
21116		A	Injection, jaw joint x-ray	0.81	0.73	0.73	0.06	1.60	1.60	000
21120		A	Reconstruction of chin	*4.93	3.59	3.59	0.42	8.94	8.94	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21121		A	Reconstruction of chin	*7.64	5.65	5.65	0.66	13.95	13.95	090
21122		A	Reconstruction of chin	*8.52	6.23	6.23	0.73	15.48	15.48	090
21123		A	Reconstruction of chin	*11.16	8.14	8.14	0.95	20.25	20.25	090
21125		A	Augmentation lower jaw bone	*10.62	4.72	4.72	0.54	15.88	15.88	090
21127		A	Augmentation lower jaw bone	*11.12	7.91	7.91	0.92	19.95	19.95	090
21137		A	Reduction of forehead	*9.82	7.11	7.11	0.83	17.76	17.76	090
21138		A	Reduction of forehead	*12.19	8.86	8.86	1.04	22.09	22.09	090
21139		A	Reduction of forehead	*14.61	10.64	10.64	1.25	26.50	26.50	090
21141		A	Reconstruct midface, lefort	*18.10	14.34	14.34	1.68	34.12	34.12	090
21142		A	Reconstruct midface, lefort	*18.81	14.84	14.84	1.74	35.39	35.39	090
21143		A	Reconstruct midface, lefort	*19.58	15.40	15.40	1.81	36.79	36.79	090
21145		A	Reconstruct midface, lefort	*19.94	14.34	14.34	1.68	35.96	35.96	090
21146		A	Reconstruct midface, lefort	*20.71	14.84	14.84	1.74	37.29	37.29	090
21147		A	Reconstruct midface, lefort	*21.77	15.40	15.40	1.81	38.98	38.98	090
21150		A	Reconstruct midface, lefort	*25.24	18.46	18.46	2.17	45.87	45.87	090
21151		A	Reconstruct midface, lefort	*28.30	20.68	20.68	2.42	51.40	51.40	090
21154		A	Reconstruct midface, lefort	*30.52	22.15	22.15	2.59	55.26	55.26	090
21155		A	Reconstruct midface, lefort	*34.45	25.11	25.11	2.94	62.50	62.50	090
21159		A	Reconstruct midface, lefort	*42.38	31.02	31.02	3.63	77.03	77.03	090
21160		A	Reconstruct midface, lefort	*46.44	33.96	33.96	3.98	84.38	84.38	090
21172		A	Reconstruct orbit/forehead	*27.80	20.30	20.30	2.37	50.47	50.47	090
21175		A	Reconstruct orbit/forehead	*33.17	24.37	24.37	2.85	60.39	60.39	090
21179		A	Reconstruct entire forehead	*22.25	16.24	16.24	1.90	40.39	40.39	090
21180		A	Reconstruct entire forehead	*25.19	18.46	18.46	2.17	45.82	45.82	090
21181		A	Contour cranial bone lesion	*9.90	7.11	7.11	0.83	17.84	17.84	090
21182		A	Reconstruct cranial bone	*32.19	23.63	23.63	2.77	58.59	58.59	090
21183		A	Reconstruct cranial bone	*35.31	25.85	25.85	3.03	64.19	64.19	090
21184		A	Reconstruct cranial bone	*38.24	28.06	28.06	3.28	69.58	69.58	090
21188		A	Reconstruction of midface	*22.46	16.24	16.24	1.90	40.60	40.60	090
21193		A	Reconstruct lower jaw bone	*17.15	12.31	12.31	1.44	30.90	30.90	090
21194		A	Reconstruct lower jaw bone	*19.84	14.26	14.26	1.67	35.77	35.77	090
21195		A	Reconstruct lower jaw bone	*17.24	12.34	12.34	1.44	31.02	31.02	090
21196		A	Reconstruct lower jaw bone	*18.91	13.61	13.61	1.58	34.10	34.10	090
21198		A	Reconstruct lower jaw bone	*14.16	14.82	14.82	1.74	30.72	30.72	090
21206		A	Reconstruct upper jaw bone	*14.10	10.14	10.14	1.19	25.43	25.43	090
21208		A	Augmentation of facial bones	*10.23	#11.25	#11.25	1.07	22.55	22.55	090
21209		A	Reduction of facial bones	*6.72	4.59	4.59	0.76	12.07	12.07	090
21210		A	Face bone graft	*10.23	#11.25	#11.25	1.29	22.77	22.77	090
21215		A	Lower jaw bone graft	*10.77	#11.85	#11.85	1.42	24.04	24.04	090
21230		A	Rib cartilage graft	*10.77	10.37	10.37	1.69	22.83	22.83	090
21235		A	Ear cartilage graft	*6.72	#7.39	#7.39	1.09	15.20	15.20	090
21240		A	Reconstruction of jaw joint	*14.05	#15.46	#15.46	2.09	31.60	31.60	090
21242		A	Reconstruction of jaw joint	*12.95	#14.25	#14.25	2.25	29.45	29.45	090
21243		A	Reconstruction of jaw joint	*20.79	14.40	14.40	1.68	36.87	36.87	090
21244		A	Reconstruction of lower jaw	*11.86	#13.05	#13.05	1.93	26.84	26.84	090
21245		A	Reconstruction of jaw	*11.86	11.47	11.47	1.31	24.64	24.64	090
21246		A	Reconstruction of jaw	*12.47	8.83	8.83	1.04	22.34	22.34	090
21247		A	Reconstruct lower jaw bone	*22.63	#24.89	#24.89	2.27	49.79	49.79	090
21248		A	Reconstruction of jaw	*11.48	#12.63	#12.63	1.75	25.86	25.86	090
21249		A	Reconstruction of jaw	*17.52	#19.27	#19.27	3.29	40.08	40.08	090
21255		A	Reconstruct lower jaw bone	*16.72	#18.39	#18.39	1.68	36.79	36.79	090
21256		A	Reconstruction of orbit	*16.19	#17.81	#17.81	1.63	35.63	35.63	090
21260		A	Revise eye sockets	*16.52	#18.17	#18.17	1.66	36.35	36.35	090
21261		A	Revise eye sockets	*31.49	17.78	17.78	1.65	50.92	50.92	090
21263		A	Revise eye sockets	*28.42	#31.26	#31.26	2.86	62.54	62.54	090
21267		A	Revise eye sockets	*18.90	14.61	14.61	2.13	35.64	35.64	090
21268		A	Revise eye sockets	*24.48	15.35	15.35	3.13	42.96	42.96	090
21270		A	Augmentation cheek bone	*10.23	9.60	9.60	1.41	21.24	21.24	090
21275		A	Revision orbitofacial bones	*11.24	8.95	8.95	1.26	21.45	21.45	090
21280		A	Revision of eyelid	*6.03	#6.63	#6.63	0.61	13.27	13.27	090
21282		A	Revision of eyelid	*3.49	#3.84	#3.84	0.79	8.12	8.12	090
21295		A	Revision of jaw muscle/bone	*1.53	0.96	0.96	0.13	2.62	2.62	090
21296		A	Revision of jaw muscle/bone	*4.25	3.62	3.62	0.22	8.09	8.09	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300		A	Treatment of skull fracture	0.72	0.92	#0.79	0.11	1.75	1.62	000
21310		A	Treatment of nose fracture	0.58	0.75	#0.64	0.09	1.42	1.31	000
21315		A	Treatment of nose fracture	*1.51	1.81	#1.66	0.21	3.53	3.38	010
21320		A	Treatment of nose fracture	*1.85	2.33	#2.04	0.34	4.52	4.23	010
21325		A	Repair of nose fracture	*3.77	4.09	4.09	0.52	8.38	8.38	090
21330		A	Repair of nose fracture	*5.38	#5.92	#5.92	0.86	12.16	12.16	090
21335		A	Repair of nose fracture	*8.61	#9.47	#9.47	1.56	19.64	19.64	090
21336		A	Repair nasal septal fracture	*5.72	4.09	4.09	0.52	10.33	10.33	090
21337		A	Repair nasal septal fracture	*2.70	2.82	2.82	0.38	5.90	5.90	090
21338		A	Repair nasoethmoid fracture	*6.46	5.01	5.01	0.66	12.13	12.13	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21339		A	Repair nasoethmoid fracture	*8.09	7.09	7.09	0.70	15.88	15.88	090
21340		A	Repair of nose fracture	*10.77	8.91	8.91	1.04	20.72	20.72	090
21343		A	Repair of sinus fracture	*12.95	9.17	9.17	1.08	23.20	23.20	090
21344		A	Repair of sinus fracture	*19.72	9.17	9.17	1.08	29.97	29.97	090
21345		A	Repair of nose/jaw fracture	*8.16	7.90	7.90	0.81	16.87	16.87	090
21346		A	Repair of nose/jaw fracture	*10.61	9.40	9.40	1.04	21.05	21.05	090
21347		A	Repair of nose/jaw fracture	*12.69	10.36	10.36	1.36	24.41	24.41	090
21348		A	Repair of nose/jaw fracture	*16.69	11.34	11.34	2.22	30.25	30.25	090
21355		A	Repair cheek bone fracture	*3.77	1.56	1.56	0.17	5.50	5.50	010
21356		A	Repair cheek bone fracture	*4.15	#4.57	#4.57	0.89	9.61	9.61	010
21360		A	Repair cheek bone fracture	*6.46	#7.11	#7.11	0.89	14.46	14.46	090
21365		A	Repair cheek bone fracture	*14.95	12.35	12.35	1.63	28.93	28.93	090
21366		A	Repair cheek bone fracture	*17.77	12.08	12.08	2.36	32.21	32.21	090
21385		A	Repair eye socket fracture	*9.16	9.59	9.59	1.13	19.88	19.88	090
21386		A	Repair eye socket fracture	*9.16	9.07	9.07	1.25	19.48	19.48	090
21387		A	Repair eye socket fracture	*9.70	7.45	7.45	0.96	18.11	18.11	090
21390		A	Repair eye socket fracture	*10.13	#11.14	#11.14	1.37	22.64	22.64	090
21395		A	Repair eye socket fracture	*12.68	9.63	9.63	1.37	23.68	23.68	090
21400		A	Treat eye socket fracture	*1.40	1.67	#1.54	0.17	3.24	3.11	090
21401		A	Repair eye socket fracture	*3.26	2.58	2.58	0.32	6.16	6.16	090
21406		A	Repair eye socket fracture	*7.01	5.21	5.21	0.74	12.96	12.96	090
21407		A	Repair eye socket fracture	*8.61	7.09	7.09	0.78	16.48	16.48	090
21408		A	Repair eye socket fracture	*12.38	8.49	8.49	0.99	21.86	21.86	090
21421		A	Treat mouth roof fracture	*5.14	6.14	#5.65	0.62	11.90	11.41	090
21422		A	Repair mouth roof fracture	*8.32	#9.15	#9.15	1.19	18.66	18.66	090
21423		A	Repair mouth roof fracture	*10.40	9.80	9.80	1.19	21.39	21.39	090
21431		A	Treat craniofacial fracture	*7.05	6.02	6.02	0.71	13.78	13.78	090
21432		A	Repair craniofacial fracture	*8.61	6.76	6.76	0.84	16.21	16.21	090
21433		A	Repair craniofacial fracture	*25.35	17.96	17.96	2.10	45.41	45.41	090
21435		A	Repair craniofacial fracture	*17.25	13.25	13.25	1.88	32.38	32.38	090
21436		A	Repair craniofacial fracture	*28.04	14.65	14.65	2.08	44.77	44.77	090
21440		A	Repair dental ridge fracture	*2.70	3.07	#2.97	0.28	6.05	5.95	090
21445		A	Repair dental ridge fracture	*5.38	6.11	#5.92	0.56	12.05	11.86	090
21450		A	Treat lower jaw fracture	*2.97	2.84	2.84	0.26	6.07	6.07	090
21451		A	Treat lower jaw fracture	*4.87	5.83	#5.36	0.74	11.44	10.97	090
21452		A	Treat lower jaw fracture	*1.98	1.39	1.39	0.17	3.54	3.54	090
21453		A	Treat lower jaw fracture	*5.54	6.64	#6.09	0.55	12.73	12.18	090
21454		A	Treat lower jaw fracture	*6.46	#7.11	#7.11	1.42	14.99	14.99	090
21461		A	Repair lower jaw fracture	*8.09	#8.90	#8.90	1.30	18.29	18.29	090
21462		A	Repair lower jaw fracture	*9.79	#10.77	#10.77	1.34	21.90	21.90	090
21465		A	Repair lower jaw fracture	*11.91	8.44	8.44	0.99	21.34	21.34	090
21470		A	Repair lower jaw fracture	*15.34	#16.87	#16.87	1.74	33.95	33.95	090
21480		A	Reset dislocated jaw	0.61	0.78	#0.67	0.09	1.48	1.37	000
21485		A	Reset dislocated jaw	*3.99	2.19	2.19	0.20	6.38	6.38	090
21490		A	Repair dislocated jaw	*11.86	6.31	6.31	0.52	18.69	18.69	090
21493		A	Treat hyoid bone fracture	*1.27	1.52	#1.40	0.13	2.92	2.80	090
21494		A	Repair hyoid bone fracture	*6.28	7.52	7.52	0.63	14.43	14.43	090
21495		A	Repair hyoid bone fracture	*5.69	4.82	4.82	0.51	11.02	11.02	090
21497		A	Interdental wiring	*3.86	3.97	3.97	0.38	8.21	8.21	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	*3.81	1.82	1.82	0.26	5.89	5.89	090
21502		A	Drain chest lesion	*7.12	4.22	4.22	0.75	12.09	12.09	090
21510		A	Drainage of bone lesion	*5.74	3.82	3.82	0.50	10.06	10.06	090
21550		A	Biopsy of neck/chest	*2.06	0.85	0.85	0.12	3.03	3.03	010
21555		A	Remove lesion neck/chest	*4.35	1.60	1.60	0.25	6.20	6.20	090
21556		A	Remove lesion neck/chest	*5.57	3.80	3.80	0.64	10.01	10.01	090
21557		A	Remove tumor, neck or chest	*8.88	8.50	8.50	1.41	18.79	18.79	090
21600		A	Partial removal of rib	*6.89	4.50	4.50	0.88	12.27	12.27	090
21610		A	Partial removal of rib	*14.61	5.17	5.17	0.76	20.54	20.54	090
21615		A	Removal of rib	*9.87	10.13	10.13	1.96	21.96	21.96	090
21616		A	Removal of rib and nerves	*12.04	7.26	7.26	1.50	20.80	20.80	090
21620		A	Partial removal of sternum	*6.79	6.85	6.85	1.23	14.87	14.87	090
21627		A	Sternal debridement	*6.81	5.03	5.03	0.90	12.74	12.74	090
21630		A	Extensive sternum surgery	*17.38	12.89	12.89	2.40	32.67	32.67	090
21632		A	Extensive sternum surgery	*18.14	11.54	11.54	2.22	31.90	31.90	090
21700		A	Revision of neck muscle	*6.19	4.16	4.16	0.50	10.85	10.85	090
21705		A	Revision of neck muscle/rib	*9.60	4.85	4.85	0.96	15.41	15.41	090
21720		A	Revision of neck muscle	*5.68	3.84	3.84	0.52	10.04	10.04	090
21725		A	Revision of neck muscle	*6.99	4.84	4.84	0.74	12.57	12.57	090
21740		A	Reconstruction of sternum	*16.50	8.99	8.99	1.64	27.13	27.13	090
21750		A	Repair of sternum separation	*10.77	7.33	7.33	1.43	19.53	19.53	090
21800		A	Treatment of rib fracture	*0.96	0.77	0.77	0.07	1.80	1.80	090
21805		A	Treatment of rib fracture	*2.75	1.35	1.35	0.17	4.27	4.27	090
21810		A	Treatment of rib fracture(s)	*6.86	7.33	7.33	0.61	14.80	14.80	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21820		A	Treat sternum fracture	*1.28	1.36	1.36	0.17	2.81	2.81	090
21825		A	Repair sternum fracture	*7.41	6.90	6.90	1.12	15.43	15.43	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	*2.06	0.79	0.79	0.11	2.96	2.96	010
21925		A	Biopsy soft tissue of back	*4.49	1.95	1.95	0.32	6.76	6.76	090
21930		A	Remove lesion, back or flank	*5.00	2.72	2.72	0.49	8.21	8.21	090
21935		A	Remove tumor of back	*17.96	6.59	6.59	1.30	25.85	25.85	090
22100		A	Remove part of neck vertebra	*9.73	7.64	7.64	1.09	18.46	18.46	090
22101		A	Remove part, thorax vertebra	*9.81	8.01	8.01	1.38	19.20	19.20	090
22102		A	Remove part, lumbar vertebra	*9.81	4.50	4.50	0.67	14.98	14.98	090
22103		A	Remove extra spine segment	2.34	2.23	2.23	0.37	4.94	4.94	ZZZ
22110		A	Remove part of neck vertebra	*12.74	9.72	9.72	1.64	24.10	24.10	090
22112		A	Remove part, thorax vertebra	*12.81	9.90	9.90	1.63	24.34	24.34	090
22114		A	Remove part, lumbar vertebra	*12.81	7.25	7.25	1.17	21.23	21.23	090
22116		A	Remove extra spine segment	2.32	2.21	2.21	0.36	4.89	4.89	ZZZ
22210		A	Revision of neck spine	*23.82	13.83	13.83	2.43	40.08	40.08	090
22212		A	Revision of thorax spine	*19.42	17.29	17.29	2.83	39.54	39.54	090
22214		A	Revision of lumbar spine	*19.45	15.11	15.11	2.68	37.24	37.24	090
22216		A	Revise, extra spine segment	6.04	5.07	5.07	0.89	12.00	12.00	ZZZ
22220		A	Revision of neck spine	*21.37	16.64	16.64	2.63	40.64	40.64	090
22222		A	Revision of thorax spine	*21.52	13.61	13.61	1.58	36.71	36.71	090
22224		A	Revision of lumbar spine	*21.52	14.68	14.68	2.66	38.86	38.86	090
22226		A	Revise, extra spine segment	6.04	5.07	5.07	0.89	12.00	12.00	ZZZ
22305		A	Treat spine process fracture	*2.05	#2.26	#2.26	0.37	4.68	4.68	090
22310		A	Treat spine fracture	*2.61	2.52	2.52	0.69	5.82	5.82	090
22315		A	Treat spine fracture	*8.84	5.51	5.51	0.86	15.21	15.21	090
22325		A	Repair of spine fracture	*18.30	8.32	8.32	1.34	27.96	27.96	090
22326		A	Repair neck spine fracture	*19.59	15.93	15.93	2.74	38.26	38.26	090
22327		A	Repair thorax spine fracture	*19.20	15.95	15.95	2.35	37.50	37.50	090
22328		A	Repair each add spine fx	4.61	4.40	4.40	0.72	9.73	9.73	ZZZ
22505		A	Manipulation of spine	*1.87	1.31	1.31	0.17	3.35	3.35	010
22548		A	Neck spine fusion	*25.82	22.74	22.74	3.82	52.38	52.38	090
22554		A	Neck spine fusion	*18.62	19.81	19.81	3.52	41.95	41.95	090
22556		A	Thorax spine fusion	*23.46	21.68	21.68	3.58	48.72	48.72	090
22558		A	Lumbar spine fusion	*22.28	20.17	20.17	3.38	45.83	45.83	090
22585		A	Additional spinal fusion	5.53	5.40	5.40	0.93	11.86	11.86	ZZZ
22590		A	Spine & skull spinal fusion	*20.51	21.57	21.57	3.44	45.52	45.52	090
22595		A	Neck spinal fusion	*19.39	#21.33	#21.33	3.87	44.59	44.59	090
22600		A	Neck spine fusion	*16.14	#17.75	#17.75	3.32	37.21	37.21	090
22610		A	Thorax spine fusion	*16.02	#17.62	#17.62	2.75	36.39	36.39	090
22612		A	Lumbar spine fusion	*21.00	20.60	20.60	3.33	44.93	44.93	090
22614		A	Spine fusion, extra segment	6.44	5.65	5.65	0.92	13.01	13.01	ZZZ
22630		A	Lumbar spine fusion	*20.84	18.44	18.44	3.15	42.43	42.43	090
22632		A	Spine fusion, extra segment	5.23	4.99	4.99	0.82	11.04	11.04	ZZZ
22800		A	Fusion of spine	*18.25	#20.08	#20.08	3.58	41.91	41.91	090
22802		A	Fusion of spine	*30.88	28.32	28.32	4.61	63.81	63.81	090
22804		A	Fusion of spine	*36.27	28.32	28.32	4.61	69.20	69.20	090
22808		A	Fusion of spine	*26.27	18.41	18.41	3.15	47.83	47.83	090
22810		A	Fusion of spine	*30.27	18.41	18.41	3.15	51.83	51.83	090
22812		A	Fusion of spine	*32.70	25.93	25.93	4.24	62.87	62.87	090
22818		A	Kyphectomy, 1–2 segments	*31.83	28.25	28.25	4.85	64.93	64.93	090
22819		A	Kyphectomy, 3 & more segment	*36.44	28.25	28.25	4.85	69.54	69.54	090
22830		A	Exploration of spinal fusion	*10.85	#11.94	#11.94	2.18	24.97	24.97	090
22840		A	Insert spine fixation device	12.54	5.98	5.98	0.98	19.50	19.50	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.58	6.86	6.86	1.12	20.56	20.56	ZZZ
22843		A	Insert spine fixation device	13.46	8.55	8.55	1.40	23.41	23.41	ZZZ
22844		A	Insert spine fixation device	16.44	10.45	10.45	1.71	28.60	28.60	ZZZ
22845		A	Insert spine fixation device	11.96	5.70	5.70	0.93	18.59	18.59	ZZZ
22846		A	Insert spine fixation device	12.42	7.90	7.90	1.29	21.61	21.61	ZZZ
22847		A	Insert spine fixation device	13.80	8.77	8.77	1.44	24.01	24.01	ZZZ
22848		A	Insert pelvic fixationdevice	6.00	5.72	5.72	0.94	12.66	12.66	ZZZ
22849		A	Reinsert spinal fixation	*18.51	11.76	11.76	1.97	32.24	32.24	090
22850		A	Remove spine fixation device	*9.52	9.17	9.17	1.50	20.19	20.19	090
22851		A	Apply spine prosth device	6.71	6.40	6.40	1.05	14.16	14.16	ZZZ
22852		A	Remove spine fixation device	*9.01	9.80	9.80	1.57	20.38	20.38	090
22855		A	Remove spine fixation device	*15.13	7.46	7.46	1.25	23.84	23.84	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Remove abdominal wall lesion	*5.80	3.03	3.03	0.60	9.43	9.43	090
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	*4.36	3.24	3.24	0.47	8.07	8.07	090
23020		A	Release shoulder joint	*8.93	7.27	7.27	1.09	17.29	17.29	090
23030		A	Drain shoulder lesion	*3.43	2.16	2.16	0.35	5.94	5.94	010
23031		A	Drain shoulder bursa	*2.74	0.50	0.50	0.05	3.29	3.29	010

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
23035		A	Drain shoulder bone lesion	*8.61	6.22	6.22	1.04	15.87	15.87	090
23040		A	Exploratory shoulder surgery	*9.20	9.27	9.27	1.47	19.94	19.94	090
23044		A	Exploratory shoulder surgery	*7.12	6.91	6.91	1.18	15.21	15.21	090
23065		A	Biopsy shoulder tissues	*2.27	0.66	0.66	0.09	3.02	3.02	010
23066		A	Biopsy shoulder tissues	*4.16	1.18	1.18	0.10	5.44	5.44	090
23075		A	Removal of shoulder lesion	*2.39	1.68	1.68	0.29	4.36	4.36	010
23076		A	Removal of shoulder lesion	*7.63	3.54	3.54	0.65	11.82	11.82	090
23077		A	Remove tumor of shoulder	*16.09	7.38	7.38	1.38	24.85	24.85	090
23100		A	Biopsy of shoulder joint	*6.03	#6.63	#6.63	1.24	13.90	13.90	090
23101		A	Shoulder joint surgery	*5.58	#6.14	#6.14	1.21	12.93	12.93	090
23105		A	Remove shoulder joint lining	*8.23	#9.05	#9.05	1.73	19.01	19.01	090
23106		A	Incision of collarbone joint	*5.96	4.75	4.75	0.80	11.51	11.51	090
23107		A	Explore,treat shoulder joint	*8.62	#9.48	#9.48	1.60	19.70	19.70	090
23120		A	Partial removal, collar bone	*7.11	4.61	4.61	0.74	12.46	12.46	090
23125		A	Removal of collarbone	*9.39	8.49	8.49	1.27	19.15	19.15	090
23130		A	Partial removal,shoulderbone	*7.55	7.05	7.05	1.14	15.74	15.74	090
23140		A	Removal of bone lesion	*6.89	4.16	4.16	0.73	11.78	11.78	090
23145		A	Removal of bone lesion	*9.09	8.13	8.13	1.33	18.55	18.55	090
23146		A	Removal of bone lesion	*7.83	5.23	5.23	1.01	14.07	14.07	090
23150		A	Removal of humerus lesion	*8.48	6.64	6.64	1.01	16.13	16.13	090
23155		A	Removal of humerus lesion	*10.35	8.80	8.80	1.37	20.52	20.52	090
23156		A	Removal of humerus lesion	*8.68	7.64	7.64	1.25	17.57	17.57	090
23170		A	Remove collarbone lesion	*6.86	4.81	4.81	0.78	12.45	12.45	090
23172		A	Remove shoulder blade lesion	*6.90	5.16	5.16	0.73	12.79	12.79	090
23174		A	Remove humerus lesion	*9.51	8.55	8.55	1.21	19.27	19.27	090
23180		A	Remove collar bone lesion	*8.53	4.30	4.30	0.67	13.50	13.50	090
23182		A	Remove shoulder blade lesion	*8.15	6.57	6.57	1.13	15.85	15.85	090
23184		A	Remove humerus lesion	*9.38	8.83	8.83	1.48	19.69	19.69	090
23190		A	Partial removal of scapula	*7.24	6.07	6.07	0.98	14.29	14.29	090
23195		A	Removal of head of humerus	*9.81	8.91	8.91	1.45	20.17	20.17	090
23200		A	Removal of collar bone	*12.08	9.17	9.17	1.26	22.51	22.51	090
23210		A	Removal of shoulderblade	*12.49	9.01	9.01	1.41	22.91	22.91	090
23220		A	Partial removal of humerus	*14.56	12.05	12.05	2.03	28.64	28.64	090
23221		A	Partial removal of humerus	*17.74	18.13	18.13	1.19	37.06	37.06	090
23222		A	Partial removal of humerus	*23.92	15.02	15.02	2.30	41.24	41.24	090
23330		A	Remove shoulder foreign body	*1.85	0.55	0.55	0.07	2.47	2.47	010
23331		A	Remove shoulder foreign body	*7.38	2.26	2.26	0.38	10.02	10.02	090
23332		A	Remove shoulder foreign body	*11.62	9.72	9.72	1.57	22.91	22.91	090
23350		A	Injection for shoulder x-ray	1.00	0.52	0.52	0.05	1.57	1.57	000
23395		A	Muscle transfer, shoulder/arm	*16.85	11.13	11.13	1.84	29.82	29.82	090
23397		A	Muscle transfers	*16.13	13.97	13.97	2.34	32.44	32.44	090
23400		A	Fixation of shoulder blade	*13.54	9.84	9.84	1.68	25.06	25.06	090
23405		A	Incision of tendon & muscle	*8.37	7.49	7.49	0.99	16.85	16.85	090
23406		A	Incise tendon(s) & muscle(s)	*10.79	9.41	9.41	1.58	21.78	21.78	090
23410		A	Repair of tendon(s)	*12.45	10.94	10.94	1.75	25.14	25.14	090
23412		A	Repair of tendon(s)	*13.31	13.37	13.37	2.16	28.84	28.84	090
23415		A	Release of shoulder ligament	*9.97	5.18	5.18	0.83	15.98	15.98	090
23420		A	Repair of shoulder	*13.30	#14.63	#14.63	2.34	30.27	30.27	090
23430		A	Repair biceps tendon	*9.98	7.34	7.34	1.19	18.51	18.51	090
23440		A	Removal/transplant tendon	*10.48	7.17	7.17	1.17	18.82	18.82	090
23450		A	Repair shoulder capsule	*13.40	12.75	12.75	2.04	28.19	28.19	090
23455		A	Repair shoulder capsule	*14.37	15.56	15.56	2.50	32.43	32.43	090
23460		A	Repair shoulder capsule	*15.37	14.07	14.07	2.24	31.68	31.68	090
23462		A	Repair shoulder capsule	*15.30	15.13	15.13	2.48	32.91	32.91	090
23465		A	Repair shoulder capsule	*15.85	14.15	14.15	2.27	32.27	32.27	090
23466		A	Repair shoulder capsule	*14.22	#15.64	#15.64	2.67	32.53	32.53	090
23470		A	Reconstruct shoulder joint	*17.15	16.76	16.76	2.65	36.56	36.56	090
23472		A	Reconstruct shoulder joint	*16.92	#18.61	#18.61	4.89	40.42	40.42	090
23480		A	Revision of collarbone	*11.18	6.59	6.59	1.02	18.79	18.79	090
23485		A	Revision of collar bone	*13.43	11.35	11.35	1.87	26.65	26.65	090
23490		A	Reinforce clavicle	*11.86	9.98	9.98	0.80	22.64	22.64	090
23491		A	Reinforce shoulder bones	*14.21	12.70	12.70	2.11	29.02	29.02	090
23500		A	Treat clavicle fracture	*2.08	1.65	1.65	0.21	3.94	3.94	090
23505		A	Treat clavicle fracture	*3.69	2.57	2.57	0.38	6.64	6.64	090
23515		A	Repair clavicle fracture	*7.41	6.93	6.93	1.12	15.46	15.46	090
23520		A	Treat clavicle dislocation	*2.16	1.38	1.38	0.19	3.73	3.73	090
23525		A	Treat clavicle dislocation	*3.60	1.98	1.98	0.27	5.85	5.85	090
23530		A	Repair clavicle dislocation	*7.31	6.58	6.58	0.91	14.80	14.80	090
23532		A	Repair clavicle dislocation	*8.01	7.23	7.23	1.19	16.43	16.43	090
23540		A	Treat clavicle dislocation	*2.23	1.55	1.55	0.19	3.97	3.97	090
23545		A	Treat clavicle dislocation	*3.25	1.98	1.98	0.29	5.52	5.52	090
23550		A	Repair clavicle dislocation	*7.24	#7.96	#7.96	1.46	16.66	16.66	090
23552		A	Repair clavicle dislocation	*8.45	7.29	7.29	1.17	16.91	16.91	090
23570		A	Treat shoulderblade fracture	*2.23	1.70	1.70	0.25	4.18	4.18	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
23575		A	Treat shoulderblade fracture	*4.06	2.75	2.75	0.43	7.24	7.24	090
23585		A	Repair scapula fracture	*8.96	7.70	7.70	1.29	17.95	17.95	090
23600		A	Treat humerus fracture	*2.93	2.90	2.90	0.43	6.26	6.26	090
23605		A	Treat humerus fracture	*4.87	4.76	4.76	0.76	10.39	10.39	090
23615		A	Repair humerus fracture	*9.35	#10.29	#10.29	1.78	21.42	21.42	090
23616		A	Repair humerus fracture	*21.27	22.32	22.32	3.54	47.13	47.13	090
23620		A	Treat humerus fracture	*2.40	2.88	#2.64	0.46	5.74	5.50	090
23625		A	Treat humerus fracture	*3.93	3.82	3.82	0.60	8.35	8.35	090
23630		A	Repair humerus fracture	*7.35	#8.09	#8.09	1.40	16.84	16.84	090
23650		A	Treat shoulder dislocation	*3.39	2.10	2.10	0.24	5.73	5.73	090
23655		A	Treat shoulder dislocation	*4.57	2.93	2.93	0.44	7.94	7.94	090
23660		A	Repair shoulder dislocation	*7.49	#8.24	#8.24	1.40	17.13	17.13	090
23665		A	Treat dislocation/fracture	*4.47	3.35	3.35	0.51	8.33	8.33	090
23670		A	Repair dislocation/fracture	*7.90	#8.69	#8.69	1.85	18.44	18.44	090
23675		A	Treat dislocation/fracture	*6.05	3.93	3.93	0.61	10.59	10.59	090
23680		A	Repair dislocation/fracture	*10.06	#11.07	#11.07	2.13	23.26	23.26	090
23700		A	Fixation of shoulder	*2.52	2.09	2.09	0.34	4.95	4.95	010
23800		A	Fusion of shoulder joint	*14.16	#15.58	#15.58	2.63	32.37	32.37	090
23802		A	Fusion of shoulder joint	*16.60	14.07	14.07	2.24	32.91	32.91	090
23900		A	Amputation of arm & girdle	*19.72	12.57	12.57	2.40	34.69	34.69	090
23920		A	Amputation at shoulder joint	*14.61	13.85	13.85	2.54	31.00	31.00	090
23921		A	Amputation follow-up surgery	*5.49	4.27	4.27	0.74	10.50	10.50	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	*2.94	1.61	1.61	0.24	4.79	4.79	010
23931		A	Drainage of arm bursa	*1.79	0.75	0.75	0.11	2.65	2.65	010
23935		A	Drain arm/elbow bone lesion	*6.09	4.69	4.69	0.78	11.56	11.56	090
24000		A	Exploratory elbow surgery	*5.82	#6.40	#6.40	1.44	13.66	13.66	090
24006		A	Release elbow joint	*9.31	7.14	7.14	1.17	17.62	17.62	090
24065		A	Biopsy arm/elbow soft tissue	*2.08	0.79	0.79	0.10	2.97	2.97	010
24066		A	Biopsy arm/elbow soft tissue	*5.21	2.71	2.71	0.41	8.33	8.33	090
24075		A	Remove arm/elbow lesion	*3.92	1.98	1.98	0.35	6.25	6.25	090
24076		A	Remove arm/elbow lesion	*6.30	3.68	3.68	0.67	10.65	10.65	090
24077		A	Remove tumor of arm/elbow	*11.76	9.79	9.79	1.87	23.42	23.42	090
24100		A	Biopsy elbow joint lining	*4.93	4.23	4.23	0.69	9.85	9.85	090
24101		A	Explore/treat elbow joint	*6.13	#6.74	#6.74	1.41	14.28	14.28	090
24102		A	Remove elbow joint lining	*8.03	#8.83	#8.83	1.81	18.67	18.67	090
24105		A	Removal of elbow bursa	*3.61	3.77	3.77	0.63	8.01	8.01	090
24110		A	Remove humerus lesion	*7.39	7.69	7.69	1.22	16.30	16.30	090
24115		A	Remove/graft bone lesion	*9.63	7.68	7.68	1.33	18.64	18.64	090
24116		A	Remove/graft bone lesion	*11.81	9.72	9.72	1.47	23.00	23.00	090
24120		A	Remove elbow lesion	*6.65	6.02	6.02	0.98	13.65	13.65	090
24125		A	Remove/graft bone lesion	*7.89	5.79	5.79	0.61	14.29	14.29	090
24126		A	Remove/graft bone lesion	*8.31	7.40	7.40	1.21	16.92	16.92	090
24130		A	Removal of head of radius	*6.25	6.72	6.72	1.08	14.05	14.05	090
24134		A	Removal of arm bone lesion	*9.73	8.69	8.69	1.24	19.66	19.66	090
24136		A	Remove radius bone lesion	*7.99	8.78	8.78	0.92	17.69	17.69	090
24138		A	Remove elbow bone lesion	*8.05	6.39	6.39	1.06	15.50	15.50	090
24140		A	Partial removal of arm bone	*9.18	8.77	8.77	1.45	19.40	19.40	090
24145		A	Partial removal of radius	*7.58	6.38	6.38	1.03	14.99	14.99	090
24147		A	Partial removal of elbow	*7.54	6.61	6.61	1.08	15.23	15.23	090
24149		A	Radical resection of elbow	*14.20	12.64	12.64	2.07	28.91	28.91	090
24150		A	Extensive humerus surgery	*13.27	14.08	14.08	2.24	29.59	29.59	090
24151		A	Extensive humerus surgery	*15.58	13.83	13.83	2.11	31.52	31.52	090
24152		A	Extensive radius surgery	*10.06	6.80	6.80	1.16	18.02	18.02	090
24153		A	Extensive radius surgery	*11.54	10.44	10.44	1.71	23.69	23.69	090
24155		A	Removal of elbow joint	*11.73	10.75	10.75	1.72	24.20	24.20	090
24160		A	Remove elbow joint implant	*7.83	4.84	4.84	0.80	13.47	13.47	090
24164		A	Remove radius head implant	*6.23	5.53	5.53	0.90	12.66	12.66	090
24200		A	Removal of arm foreign body	*1.76	0.56	0.56	0.06	2.38	2.38	010
24201		A	Removal of arm foreign body	*4.56	3.06	3.06	0.49	8.11	8.11	090
24220		A	Injection for elbow x-ray	1.31	0.51	0.51	0.05	1.87	1.87	000
24301		A	Muscle/tendon transfer	*10.20	7.90	7.90	1.23	19.33	19.33	090
24305		A	Arm tendon lengthening	*7.45	3.08	3.08	0.29	10.82	10.82	090
24310		A	Revision of arm tendon	*5.98	2.95	2.95	0.48	9.41	9.41	090
24320		A	Repair of arm tendon	*10.56	9.20	9.20	1.29	21.05	21.05	090
24330		A	Revision of arm muscles	*9.60	8.74	8.74	1.43	19.77	19.77	090
24331		A	Revision of arm muscles	*10.65	9.62	9.62	1.57	21.84	21.84	090
24340		A	Repair of biceps tendon	*7.89	7.00	7.00	1.13	16.02	16.02	090
24341		A	Repair tendon/muscle arm	*7.90	6.99	6.99	1.14	16.03	16.03	090
24342		A	Repair of ruptured tendon	*10.62	10.38	10.38	1.76	22.76	22.76	090
24350		A	Repair of tennis elbow	*5.25	4.23	4.23	0.69	10.17	10.17	090
24351		A	Repair of tennis elbow	*5.91	4.57	4.57	0.73	11.21	11.21	090
24352		A	Repair of tennis elbow	*6.43	5.69	5.69	0.93	13.05	13.05	090
24354		A	Repair of tennis elbow	*6.48	5.61	5.61	0.94	13.03	13.03	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
24356		A	Revision of tennis elbow	*6.68	7.28	7.28	1.18	15.14	15.14	090
24360		A	Reconstruct elbow joint	*12.34	#13.57	#13.57	2.47	28.38	28.38	090
24361		A	Reconstruct elbow joint	*14.08	13.13	13.13	2.00	29.21	29.21	090
24362		A	Reconstruct elbow joint	*14.99	13.14	13.14	0.80	28.93	28.93	090
24363		A	Replace elbow joint	*18.49	#20.34	#20.34	4.13	42.96	42.96	090
24365		A	Reconstruct head of radius	*8.39	7.52	7.52	1.19	17.10	17.10	090
24366		A	Reconstruct head of radius	*9.13	#10.04	#10.04	1.80	20.97	20.97	090
24400		A	Revision of humerus	*11.06	8.43	8.43	1.37	20.86	20.86	090
24410		A	Revision of humerus	*14.82	14.04	14.04	2.06	30.92	30.92	090
24420		A	Revision of humerus	*13.44	12.30	12.30	2.01	27.75	27.75	090
24430		A	Repair of humerus	*12.81	#14.09	#14.09	2.34	29.24	29.24	090
24435		A	Repair humerus with graft	*13.17	#14.49	#14.49	2.84	30.50	30.50	090
24470		A	Revision of elbow joint	*8.74	7.92	7.92	1.30	17.96	17.96	090
24495		A	Decompression of forearm	*8.12	5.75	5.75	1.10	14.97	14.97	090
24498		A	Reinforce humerus	*11.92	10.37	10.37	1.62	23.91	23.91	090
24500		A	Treat humerus fracture	*3.21	2.54	2.54	0.36	6.11	6.11	090
24505		A	Treat humerus fracture	*5.17	4.50	4.50	0.71	10.38	10.38	090
24515		A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24516		A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24530		A	Treat humerus fracture	*3.50	2.73	2.73	0.42	6.65	6.65	090
24535		A	Treat humerus fracture	*6.87	4.85	4.85	0.78	12.50	12.50	090
24538		A	Treat humerus fracture	*9.43	7.98	7.98	1.26	18.67	18.67	090
24545		A	Repair humerus fracture	*10.46	9.97	9.97	1.59	22.02	22.02	090
24546		A	Repair humerus fracture	*15.69	9.97	9.97	1.59	27.25	27.25	090
24560		A	Treat humerus fracture	*2.80	2.16	2.16	0.30	5.26	5.26	090
24565		A	Treat humerus fracture	*5.56	3.45	3.45	0.54	9.55	9.55	090
24566		A	Treat humerus fracture	*7.79	6.06	6.06	0.96	14.81	14.81	090
24575		A	Repair humerus fracture	*10.66	7.79	7.79	1.24	19.69	19.69	090
24576		A	Treat humerus fracture	*2.86	2.16	2.16	0.33	5.35	5.35	090
24577		A	Treat humerus fracture	*5.79	4.00	4.00	0.61	10.40	10.40	090
24579		A	Repair humerus fracture	*11.60	8.37	8.37	1.35	21.32	21.32	090
24582		A	Treat humerus fracture	*8.55	6.62	6.62	1.06	16.23	16.23	090
24586		A	Repair elbow fracture	*15.21	14.72	14.72	2.36	32.29	32.29	090
24587		A	Repair elbow fracture	*15.16	13.72	13.72	2.17	31.05	31.05	090
24600		A	Treat elbow dislocation	*4.23	1.95	1.95	0.26	6.44	6.44	090
24605		A	Treat elbow dislocation	*5.42	2.29	2.29	0.37	8.08	8.08	090
24615		A	Repair elbow dislocation	*9.42	9.29	9.29	1.48	20.19	20.19	090
24620		A	Treat elbow fracture	*6.98	3.78	3.78	0.57	11.33	11.33	090
24635		A	Repair elbow fracture	*13.19	11.06	11.06	1.78	26.03	26.03	090
24640		A	Treat elbow dislocation	*1.20	1.01	1.01	0.08	2.29	2.29	010
24650		A	Treat radius fracture	*2.16	2.25	2.25	0.33	4.74	4.74	090
24655		A	Treat radius fracture	*4.40	3.01	3.01	0.45	7.86	7.86	090
24665		A	Repair radius fracture	*8.14	7.13	7.13	1.14	16.41	16.41	090
24666		A	Repair radius fracture	*9.49	10.27	10.27	1.60	21.36	21.36	090
24670		A	Treatment of ulna fracture	*2.54	1.95	1.95	0.27	4.76	4.76	090
24675		A	Treatment of ulna fracture	*4.72	3.51	3.51	0.54	8.77	8.77	090
24685		A	Repair ulna fracture	*8.80	8.40	8.40	1.34	18.54	18.54	090
24800		A	Fusion of elbow joint	*11.20	10.59	10.59	1.55	23.34	23.34	090
24802		A	Fusion/graft of elbow joint	*13.69	12.18	12.18	1.99	27.86	27.86	090
24900		A	Amputation of upper arm	*9.60	7.68	7.68	1.39	18.67	18.67	090
24920		A	Amputation of upper arm	*9.54	6.78	6.78	1.19	17.51	17.51	090
24925		A	Amputation follow-up surgery	*7.07	6.27	6.27	0.75	14.09	14.09	090
24930		A	Amputation follow-up surgery	*10.25	8.16	8.16	1.17	19.58	19.58	090
24931		A	Amputate upper arm & implant	*12.72	11.17	11.17	1.84	25.73	25.73	090
24935		A	Revision of amputation	*15.56	13.70	13.70	2.24	31.50	31.50	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000		A	Incision of tendon sheath	*3.38	#3.72	#3.72	0.62	7.72	7.72	090
25020		A	Decompression of forearm	*5.92	4.35	4.35	0.77	11.04	11.04	090
25023		A	Decompression of forearm	*12.96	5.44	5.44	0.94	19.34	19.34	090
25028		A	Drainage of forearm lesion	*5.25	2.06	2.06	0.36	7.67	7.67	090
25031		A	Drainage of forearm bursa	*4.14	0.66	0.66	0.09	4.89	4.89	090
25035		A	Treat forearm bone lesion	*7.36	6.30	6.30	1.01	14.67	14.67	090
25040		A	Explore/treat wrist joint	*7.18	5.69	5.69	0.90	13.77	13.77	090
25065		A	Biopsy forearm soft tissues	*1.99	0.75	0.75	0.09	2.83	2.83	010
25066		A	Biopsy forearm soft tissues	*4.13	1.54	1.54	0.22	5.89	5.89	090
25075		A	Removal of forearm lesion	*3.74	2.19	2.19	0.37	6.30	6.30	090
25076		A	Removal of forearm lesion	*4.92	3.77	3.77	0.67	9.36	9.36	090
25077		A	Remove tumor, forearm/wrist	*9.76	8.48	8.48	1.67	19.91	19.91	090
25085		A	Incision of wrist capsule	*5.50	4.62	4.62	0.71	10.83	10.83	090
25100		A	Biopsy of wrist joint	*3.90	#4.29	#4.29	0.79	8.98	8.98	090
25101		A	Explore/treat wrist joint	*4.69	#5.16	#5.16	0.98	10.83	10.83	090
25105		A	Remove wrist joint lining	*5.85	#6.44	#6.44	1.19	13.48	13.48	090
25107		A	Remove wrist joint cartilage	*6.43	5.28	5.28	0.89	12.60	12.60	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
25110		A	Remove wrist tendon lesion	*3.92	2.80	2.80	0.46	7.18	7.18	090
25111		A	Remove wrist tendon lesion	*3.39	3.22	3.22	0.55	7.16	7.16	090
25112		A	Reremove wrist tendon lesion	*4.53	3.72	3.72	0.66	8.91	8.91	090
25115		A	Remove wrist/forearm lesion	*8.82	7.14	7.14	1.23	17.19	17.19	090
25116		A	Remove wrist/forearm lesion	*7.11	#7.82	#7.82	1.38	16.31	16.31	090
25118		A	Excise wrist tendon sheath	*4.37	#4.81	#4.81	1.02	10.20	10.20	090
25119		A	Partial removal of ulna	*6.04	#6.64	#6.64	1.32	14.00	14.00	090
25120		A	Removal of forearm lesion	*6.10	6.53	6.53	1.14	13.77	13.77	090
25125		A	Remove/graft forearm lesion	*7.48	6.84	6.84	1.04	15.36	15.36	090
25126		A	Remove/graft forearm lesion	*7.55	6.80	6.80	1.12	15.47	15.47	090
25130		A	Removal of wrist lesion	*5.26	4.21	4.21	0.67	10.14	10.14	090
25135		A	Remove & graft wrist lesion	*6.89	5.46	5.46	0.97	13.32	13.32	090
25136		A	Remove & graft wrist lesion	*5.97	4.74	4.74	0.85	11.56	11.56	090
25145		A	Remove forearm bone lesion	*6.37	5.95	5.95	0.75	13.07	13.07	090
25150		A	Partial removal of ulna	*7.09	6.67	6.67	1.12	14.88	14.88	090
25151		A	Partial removal of radius	*7.39	5.75	5.75	1.02	14.16	14.16	090
25170		A	Extensive forearm surgery	*11.09	9.79	9.79	1.51	22.39	22.39	090
25210		A	Removal of wrist bone	*5.95	4.88	4.88	0.80	11.63	11.63	090
25215		A	Removal of wrist bones	*7.89	8.68	8.68	1.42	17.99	17.99	090
25230		A	Partial removal of radius	*5.23	5.57	5.57	0.85	11.65	11.65	090
25240		A	Partial removal of ulna	*5.17	5.30	5.30	0.86	11.33	11.33	090
25246		A	Injection for wrist x-ray	1.45	0.50	0.50	0.05	2.00	2.00	000
25248		A	Remove forearm foreign body	*5.14	2.18	2.18	0.37	7.69	7.69	090
25250		A	Removal of wrist prosthesis	*6.60	5.63	5.63	0.91	13.14	13.14	090
25251		A	Removal of wrist prosthesis	*9.57	8.25	8.25	1.39	19.21	19.21	090
25260		A	Repair forearm tendon/muscle	*7.80	4.61	4.61	0.78	13.19	13.19	090
25263		A	Repair forearm tendon/muscle	*7.82	5.77	5.77	1.03	14.62	14.62	090
25265		A	Repair forearm tendon/muscle	*9.88	7.93	7.93	1.41	19.22	19.22	090
25270		A	Repair forearm tendon/muscle	*6.00	3.36	3.36	0.55	9.91	9.91	090
25272		A	Repair forearm tendon/muscle	*7.04	3.44	3.44	0.54	11.02	11.02	090
25274		A	Repair forearm tendon/muscle	*8.75	6.62	6.62	1.13	16.50	16.50	090
25280		A	Revise wrist/forearm tendon	*7.22	4.22	4.22	0.69	12.13	12.13	090
25290		A	Incise wrist/forearm tendon	*5.29	2.47	2.47	0.41	8.17	8.17	090
25295		A	Release wrist/forearm tendon	*6.55	3.05	3.05	0.52	10.12	10.12	090
25300		A	Fusion of tendons at wrist	*8.80	7.36	7.36	1.19	17.35	17.35	090
25301		A	Fusion of tendons at wrist	*8.40	6.77	6.77	1.18	16.35	16.35	090
25310		A	Transplant forearm tendon	*8.14	7.14	7.14	1.17	16.45	16.45	090
25312		A	Transplant forearm tendon	*9.57	7.63	7.63	1.31	18.51	18.51	090
25315		A	Revise palsy hand tendon(s)	*10.20	8.06	8.06	1.34	19.60	19.60	090
25316		A	Revise palsy hand tendon(s)	*12.33	10.58	10.58	1.78	24.69	24.69	090
25320		A	Repair/revise wrist joint	*10.77	8.60	8.60	1.45	20.82	20.82	090
25332		A	Revise wrist joint	*11.41	9.98	9.98	1.61	23.00	23.00	090
25335		A	Realignment of hand	*12.88	11.41	11.41	1.56	25.85	25.85	090
25337		A	Reconstruct ulna/radioulnar	*10.17	8.60	8.60	1.45	20.22	20.22	090
25350		A	Revision of radius	*8.78	7.61	7.61	1.26	17.65	17.65	090
25355		A	Revision of radius	*10.17	9.12	9.12	1.49	20.78	20.78	090
25360		A	Revision of ulna	*8.43	6.41	6.41	0.99	15.83	15.83	090
25365		A	Revise radius & ulna	*12.40	10.31	10.31	1.57	24.28	24.28	090
25370		A	Revise radius or ulna	*13.36	11.76	11.76	1.92	27.04	27.04	090
25375		A	Revise radius & ulna	*13.04	13.38	13.38	0.87	27.29	27.29	090
25390		A	Shorten radius/ulna	*10.40	8.82	8.82	1.50	20.72	20.72	090
25391		A	Lengthen radius/ulna	*13.65	11.25	11.25	1.93	26.83	26.83	090
25392		A	Shorten radius & ulna	*13.95	12.44	12.44	2.04	28.43	28.43	090
25393		A	Lengthen radius & ulna	*15.87	14.21	14.21	2.32	32.40	32.40	090
25400		A	Repair radius or ulna	*10.92	10.78	10.78	1.75	23.45	23.45	090
25405		A	Repair/graft radius or ulna	*14.38	12.42	12.42	2.02	28.82	28.82	090
25415		A	Repair radius & ulna	*13.35	11.42	11.42	1.92	26.69	26.69	090
25420		A	Repair/graft radius & ulna	*16.33	14.70	14.70	2.28	33.31	33.31	090
25425		A	Repair/graft radius or ulna	*13.21	12.02	12.02	1.87	27.10	27.10	090
25426		A	Repair/graft radius & ulna	*15.82	11.72	11.72	2.13	29.67	29.67	090
25440		A	Repair/graft wrist bone	*10.44	9.05	9.05	1.50	20.99	20.99	090
25441		A	Reconstruct wrist joint	*12.90	11.36	11.36	1.89	26.15	26.15	090
25442		A	Reconstruct wrist joint	*10.85	7.06	7.06	1.22	19.13	19.13	090
25443		A	Reconstruct wrist joint	*10.39	9.38	9.38	1.52	21.29	21.29	090
25444		A	Reconstruct wrist joint	*11.15	10.14	10.14	1.66	22.95	22.95	090
25445		A	Reconstruct wrist joint	*9.69	10.36	10.36	1.72	21.77	21.77	090
25446		A	Wrist replacement	*16.55	#18.21	#18.21	3.49	38.25	38.25	090
25447		A	Repair wrist joint(s)	*10.37	9.65	9.65	1.56	21.58	21.58	090
25449		A	Remove wrist joint implant	*14.49	7.84	7.84	1.16	23.49	23.49	090
25450		A	Revision of wrist joint	*7.87	7.31	7.31	1.19	16.37	16.37	090
25455		A	Revision of wrist joint	*9.49	8.71	8.71	1.42	19.62	19.62	090
25490		A	Reinforce radius	*9.54	8.69	8.69	1.42	19.65	19.65	090
25491		A	Reinforce ulna	*9.96	9.10	9.10	1.49	20.55	20.55	090
25492		A	Reinforce radius and ulna	*12.33	11.20	11.20	1.84	25.37	25.37	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
25500		A	Treat fracture of radius	*2.45	2.33	2.33	0.29	5.07	5.07	090
25505		A	Treat fracture of radius	*5.21	3.57	3.57	0.51	9.29	9.29	090
25515		A	Repair fracture of radius	*9.18	7.63	7.63	1.22	18.03	18.03	090
25520		A	Repair fracture of radius	*6.26	5.74	5.74	0.94	12.94	12.94	090
25525		A	Repair fracture of radius	*12.24	11.15	11.15	1.83	25.22	25.22	090
25526		A	Repair fracture of radius	*12.98	11.85	11.85	1.94	26.77	26.77	090
25530		A	Treat fracture of ulna	*2.09	2.44	#2.30	0.35	4.88	4.74	090
25535		A	Treat fracture of ulna	*5.14	3.57	3.57	0.54	9.25	9.25	090
25545		A	Repair fracture of ulna	*8.90	7.58	7.58	1.20	17.68	17.68	090
25560		A	Treat fracture radius & ulna	*2.44	2.27	2.27	0.27	4.98	4.98	090
25565		A	Treat fracture radius & ulna	*5.63	4.66	4.66	0.70	10.99	10.99	090
25574		A	Treat fracture radius & ulna	*7.01	#7.71	#7.71	1.73	16.45	16.45	090
25575		A	Repair fracture radius/ulna	*10.45	10.70	10.70	1.73	22.88	22.88	090
25600		A	Treat fracture radius/ulna	*2.63	2.84	2.84	0.42	5.89	5.89	090
25605		A	Treat fracture radius/ulna	*5.81	3.95	3.95	0.61	10.37	10.37	090
25611		A	Repair fracture radius/ulna	*7.77	6.01	6.01	0.97	14.75	14.75	090
25620		A	Repair fracture radius/ulna	*8.55	7.13	7.13	1.14	16.82	16.82	090
25622		A	Treat wrist bone fracture	*2.61	2.28	2.28	0.33	5.22	5.22	090
25624		A	Treat wrist bone fracture	*4.53	3.67	3.67	0.57	8.77	8.77	090
25628		A	Repair wrist bone fracture	*8.43	7.13	7.13	1.16	16.72	16.72	090
25630		A	Treat wrist bone fracture	*2.88	2.19	2.19	0.30	5.37	5.37	090
25635		A	Treat wrist bone fracture	*4.39	3.36	3.36	0.50	8.25	8.25	090
25645		A	Repair wrist bone fracture	*7.25	6.68	6.68	0.95	14.88	14.88	090
25650		A	Repair wrist bone fracture	*3.05	2.66	2.66	0.36	6.07	6.07	090
25660		A	Treat wrist dislocation	*4.76	1.82	1.82	0.26	6.84	6.84	090
25670		A	Repair wrist dislocation	*7.92	7.08	7.08	1.12	16.12	16.12	090
25675		A	Treat wrist dislocation	*4.67	2.28	2.28	0.34	7.29	7.29	090
25676		A	Repair wrist dislocation	*8.04	7.32	7.32	1.11	16.47	16.47	090
25680		A	Treat wrist fracture	*5.99	2.44	2.44	0.36	8.79	8.79	090
25685		A	Repair wrist fracture	*9.78	8.79	8.79	1.44	20.01	20.01	090
25690		A	Treat wrist dislocation	*5.50	4.89	4.89	0.73	11.12	11.12	090
25695		A	Repair wrist dislocation	*8.34	7.04	7.04	1.17	16.55	16.55	090
25800		A	Fusion of wrist joint	*9.76	#10.74	#10.74	1.80	22.30	22.30	090
25805		A	Fusion/graft of wrist joint	*11.28	#12.41	#12.41	2.09	25.78	25.78	090
25810		A	Fusion/graft of wrist joint	*10.57	#11.63	#11.63	2.06	24.26	24.26	090
25820		A	Fusion of hand bones	*7.45	#8.20	#8.20	1.48	17.13	17.13	090
25825		A	Fusion hand bones with graft	*9.27	#10.20	#10.20	1.99	21.46	21.46	090
25830		A	Fusion radioulnar jnt/ulna	*10.06	8.60	8.60	1.45	20.11	20.11	090
25900		A	Amputation of forearm	*9.01	7.08	7.08	1.31	17.40	17.40	090
25905		A	Amputation of forearm	*9.12	7.11	7.11	1.15	17.38	17.38	090
25907		A	Amputation follow-up surgery	*7.80	5.74	5.74	1.00	14.54	14.54	090
25909		A	Amputation follow-up surgery	*8.96	5.55	5.55	1.06	15.57	15.57	090
25915		A	Amputation of forearm	*17.08	15.83	15.83	2.59	35.50	35.50	090
25920		A	Amputate hand at wrist	*8.68	7.00	7.00	1.20	16.88	16.88	090
25922		A	Amputate hand at wrist	*7.42	5.55	5.55	1.02	13.99	13.99	090
25924		A	Amputation follow-up surgery	*8.46	7.50	7.50	1.22	17.18	17.18	090
25927		A	Amputation of hand	*8.80	6.29	6.29	1.22	16.31	16.31	090
25929		A	Amputation follow-up surgery	*7.59	4.74	4.74	0.96	13.29	13.29	090
25931		A	Amputation follow-up surgery	*7.81	4.54	4.54	0.90	13.25	13.25	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	*1.54	0.48	0.48	0.05	2.07	2.07	010
26011		A	Drainage of finger abscess	*2.19	1.54	1.54	0.24	3.97	3.97	010
26020		A	Drain hand tendon sheath	*4.67	3.72	3.72	0.63	9.02	9.02	090
26025		A	Drainage of palm bursa	*4.82	4.51	4.51	0.76	10.09	10.09	090
26030		A	Drainage of palm bursa(s)	*5.93	5.73	5.73	0.98	12.64	12.64	090
26034		A	Treat hand bone lesion	*6.23	4.23	4.23	0.71	11.17	11.17	090
26035		A	Decompress fingers/hand	*9.51	5.17	5.17	0.86	15.54	15.54	090
26037		A	Decompress fingers/hand	*7.25	6.37	6.37	1.05	14.67	14.67	090
26040		A	Release palm contracture	*3.33	2.86	2.86	0.49	6.68	6.68	090
26045		A	Release palm contracture	*5.56	4.83	4.83	0.81	11.20	11.20	090
26055		A	Incise finger tendon sheath	*2.69	3.28	3.28	0.56	6.53	6.53	090
26060		A	Incision of finger tendon	*2.81	1.13	1.13	0.17	4.11	4.11	090
26070		A	Explore/treat hand joint	*3.69	2.76	2.76	0.42	6.87	6.87	090
26075		A	Explore/treat finger joint	*3.79	3.78	3.78	0.62	8.19	8.19	090
26080		A	Explore/treat finger joint	*4.24	3.14	3.14	0.51	7.89	7.89	090
26100		A	Biopsy hand joint lining	*3.67	2.99	2.99	0.45	7.11	7.11	090
26105		A	Biopsy finger joint lining	*3.71	4.17	4.17	0.67	8.55	8.55	090
26110		A	Biopsy finger joint lining	*3.53	2.93	2.93	0.50	6.96	6.96	090
26115		A	Removal of hand lesion	*3.86	2.01	2.01	0.34	6.21	6.21	090
26116		A	Removal of hand lesion	*5.53	3.71	3.71	0.62	9.86	9.86	090
26117		A	Remove tumor, hand/finger	*8.55	5.07	5.07	0.91	14.53	14.53	090
26121		A	Release palm contracture	*7.54	#8.29	#8.29	1.61	17.44	17.44	090
26123		A	Release palm contracture	*9.29	9.10	9.10	1.53	19.92	19.92	090
26125		A	Release palm contracture	4.61	2.62	2.62	0.45	7.68	7.68	ZZZ

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26130		A	Remove wrist joint lining	*5.42	5.01	5.01	0.86	11.29	11.29	090
26135		A	Revise finger joint, each	*6.96	4.86	4.86	0.82	12.64	12.64	090
26140		A	Revise finger joint, each	*6.17	4.40	4.40	0.75	11.32	11.32	090
26145		A	Tendon excision, palm/finger	*6.32	4.71	4.71	0.80	11.83	11.83	090
26160		A	Remove tendon sheath lesion	*3.15	2.32	2.32	0.40	5.87	5.87	090
26170		A	Removal of palm tendon, each	*4.77	2.83	2.83	0.45	8.05	8.05	090
26180		A	Removal of finger tendon	*5.18	4.01	4.01	0.71	9.90	9.90	090
26185		A	Remove finger bone	*5.25	4.24	4.24	0.41	9.90	9.90	090
26200		A	Remove hand bone lesion	*5.51	4.48	4.48	0.72	10.71	10.71	090
26205		A	Remove/graft bone lesion	*7.70	6.40	6.40	1.03	15.13	15.13	090
26210		A	Removal of finger lesion	*5.15	3.90	3.90	0.64	9.69	9.69	090
26215		A	Remove/graft finger lesion	*7.10	5.55	5.55	0.94	13.59	13.59	090
26230		A	Partial removal of hand bone	*6.33	4.26	4.26	0.69	11.28	11.28	090
26235		A	Partial removal, finger bone	*6.19	4.17	4.17	0.71	11.07	11.07	090
26236		A	Partial removal, finger bone	*5.32	3.86	3.86	0.66	9.84	9.84	090
26250		A	Extensive hand surgery	*7.55	6.00	6.00	1.07	14.62	14.62	090
26255		A	Extensive hand surgery	*12.43	8.94	8.94	1.54	22.91	22.91	090
26260		A	Extensive finger surgery	*7.03	5.73	5.73	0.97	13.73	13.73	090
26261		A	Extensive finger surgery	*9.09	7.70	7.70	1.31	18.10	18.10	090
26262		A	Partial removal of finger	*5.67	4.75	4.75	0.76	11.18	11.18	090
26320		A	Removal of implant from hand	*3.98	3.54	3.54	0.57	8.09	8.09	090
26350		A	Repair finger/hand tendon	*5.99	5.74	5.74	0.99	12.72	12.72	090
26352		A	Repair/graft hand tendon	*7.68	6.60	6.60	1.10	15.38	15.38	090
26356		A	Repair finger/hand tendon	*8.07	7.21	7.21	1.24	16.52	16.52	090
26357		A	Repair finger/hand tendon	*8.58	6.58	6.58	1.19	16.35	16.35	090
26358		A	Repair/graft hand tendon	*9.14	7.40	7.40	1.27	17.81	17.81	090
26370		A	Repair finger/hand tendon	*7.11	6.71	6.71	1.13	14.95	14.95	090
26372		A	Repair/graft hand tendon	*8.76	6.39	6.39	1.15	16.30	16.30	090
26373		A	Repair finger/hand tendon	*8.16	6.85	6.85	1.11	16.12	16.12	090
26390		A	Revise hand/finger tendon	*9.19	7.95	7.95	1.23	18.37	18.37	090
26392		A	Repair/graft hand tendon	*10.26	8.61	8.61	1.26	20.13	20.13	090
26410		A	Repair hand tendon	*4.63	3.29	3.29	0.51	8.43	8.43	090
26412		A	Repair/graft hand tendon	*6.31	6.01	6.01	0.97	13.29	13.29	090
26415		A	Excision, hand/finger tendon	*8.34	6.75	6.75	0.90	15.99	15.99	090
26416		A	Graft hand or finger tendon	*9.37	8.64	8.64	1.41	19.42	19.42	090
26418		A	Repair finger tendon	*4.25	3.58	3.58	0.59	8.42	8.42	090
26420		A	Repair/graft finger tendon	*6.77	5.68	5.68	0.96	13.41	13.41	090
26426		A	Repair finger/hand tendon	*6.15	6.31	6.31	1.07	13.53	13.53	090
26428		A	Repair/graft finger tendon	*7.21	5.50	5.50	1.00	13.71	13.71	090
26432		A	Repair finger tendon	*4.02	3.15	3.15	0.51	7.68	7.68	090
26433		A	Repair finger tendon	*4.56	3.94	3.94	0.66	9.16	9.16	090
26434		A	Repair/graft finger tendon	*6.09	4.95	4.95	0.84	11.88	11.88	090
26437		A	Realignment of tendons	*5.82	4.05	4.05	0.68	10.55	10.55	090
26440		A	Release palm/finger tendon	*5.02	3.57	3.57	0.59	9.18	9.18	090
26442		A	Release palm & finger tendon	*8.16	3.37	3.37	0.59	12.12	12.12	090
26445		A	Release hand/finger tendon	*4.31	3.25	3.25	0.54	8.10	8.10	090
26449		A	Release forearm/hand tendon	*7.00	5.57	5.57	0.96	13.53	13.53	090
26450		A	Incision of palm tendon	*3.67	2.28	2.28	0.36	6.31	6.31	090
26455		A	Incision of finger tendon	*3.64	1.89	1.89	0.33	5.86	5.86	090
26460		A	Incise hand/finger tendon	*3.46	1.72	1.72	0.30	5.48	5.48	090
26471		A	Fusion of finger tendons	*5.73	4.15	4.15	0.67	10.55	10.55	090
26474		A	Fusion of finger tendons	*5.32	4.61	4.61	0.75	10.68	10.68	090
26476		A	Tendon lengthening	*5.18	2.89	2.89	0.27	8.34	8.34	090
26477		A	Tendon shortening	*5.15	3.99	3.99	0.73	9.87	9.87	090
26478		A	Lengthening of hand tendon	*5.80	4.30	4.30	0.72	10.82	10.82	090
26479		A	Shortening of hand tendon	*5.74	5.29	5.29	0.86	11.89	11.89	090
26480		A	Transplant hand tendon	*6.69	6.53	6.53	1.11	14.33	14.33	090
26483		A	Transplant/graft hand tendon	*8.29	8.50	8.50	1.40	18.19	18.19	090
26485		A	Transplant palm tendon	*7.70	6.50	6.50	1.08	15.28	15.28	090
26489		A	Transplant/graft palm tendon	*9.55	3.40	3.40	0.51	13.46	13.46	090
26490		A	Revise thumb tendon	*8.41	7.80	7.80	1.28	17.49	17.49	090
26492		A	Tendon transfer with graft	*9.62	8.75	8.75	1.21	19.58	19.58	090
26494		A	Hand tendon/muscle transfer	*8.47	7.28	7.28	1.23	16.98	16.98	090
26496		A	Revise thumb tendon	*9.59	8.73	8.73	1.53	19.85	19.85	090
26497		A	Finger tendon transfer	*9.57	8.02	8.02	1.38	18.97	18.97	090
26498		A	Finger tendon transfer	*14.00	11.78	11.78	2.04	27.82	27.82	090
26499		A	Revision of finger	*8.98	7.75	7.75	1.25	17.98	17.98	090
26500		A	Hand tendon reconstruction	*5.96	3.49	3.49	0.60	10.05	10.05	090
26502		A	Hand tendon reconstruction	*7.14	5.27	5.27	0.95	13.36	13.36	090
26504		A	Hand tendon reconstruction	*7.47	6.72	6.72	1.11	15.30	15.30	090
26508		A	Release thumb contracture	*6.01	4.15	4.15	0.72	10.88	10.88	090
26510		A	Thumb tendon transfer	*5.43	4.15	4.15	0.68	10.26	10.26	090
26516		A	Fusion of knuckle joint	*7.15	4.16	4.16	0.67	11.98	11.98	090
26517		A	Fusion of knuckle joints	*8.83	7.07	7.07	1.23	17.13	17.13	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26518		A	Fusion of knuckle joints	*9.02	6.51	6.51	1.22	16.75	16.75	090
26520		A	Release knuckle contracture	*5.30	4.48	4.48	0.71	10.49	10.49	090
26525		A	Release finger contracture	*5.33	3.64	3.64	0.62	9.59	9.59	090
26530		A	Revise knuckle joint	*6.69	5.16	5.16	0.85	12.70	12.70	090
26531		A	Revise knuckle with implant	*7.91	6.65	6.65	1.11	15.67	15.67	090
26535		A	Revise finger joint	*5.24	4.84	4.84	0.58	10.66	10.66	090
26536		A	Revise/implant finger joint	*6.37	#7.01	#7.01	1.19	14.57	14.57	090
26540		A	Repair hand joint	*6.43	6.64	6.64	1.12	14.19	14.19	090
26541		A	Repair hand joint with graft	*8.62	8.94	8.94	1.47	19.03	19.03	090
26542		A	Repair hand joint with graft	*6.78	5.67	5.67	0.97	13.42	13.42	090
26545		A	Reconstruct finger joint	*6.92	5.27	5.27	0.94	13.13	13.13	090
26546		A	Repair non-union hand	*8.92	8.11	8.11	1.33	18.36	18.36	090
26548		A	Reconstruct finger joint	*8.03	5.79	5.79	1.00	14.82	14.82	090
26550		A	Construct thumb replacement	*21.24	19.81	19.81	3.24	44.29	44.29	090
26551		A	Great toe-hand transfer	*46.58	42.25	42.25	6.92	95.75	95.75	090
26553		A	Single toe-hand transfer	*46.27	41.96	41.96	6.87	95.10	95.10	090
26554		A	Double toe-hand transfer	*54.95	50.06	50.06	8.20	113.21	113.21	090
26555		A	Positional change of finger	*16.63	15.41	15.41	2.52	34.56	34.56	090
26556		A	Toe joint transfer	*47.26	42.67	42.67	6.99	96.92	96.92	090
26560		A	Repair of web finger	*5.38	4.65	4.65	0.66	10.69	10.69	090
26561		A	Repair of web finger	*10.92	8.89	8.89	1.56	21.37	21.37	090
26562		A	Repair of web finger	*9.68	#10.65	#10.65	0.82	21.15	21.15	090
26565		A	Correct metacarpal flaw	*6.74	5.82	5.82	0.85	13.41	13.41	090
26567		A	Correct finger deformity	*6.82	4.28	4.28	0.67	11.77	11.77	090
26568		A	Lengthen metacarpal/finger	*9.08	8.45	8.45	1.06	18.59	18.59	090
26580		A	Repair hand deformity	*18.18	16.89	16.89	2.76	37.83	37.83	090
26585		A	Repair finger deformity	*14.05	12.95	12.95	2.12	29.12	29.12	090
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	090
26590		A	Repair finger deformity	*17.96	16.63	16.63	2.72	37.31	37.31	090
26591		A	Repair muscles of hand	*3.25	2.29	2.29	0.39	5.93	5.93	090
26593		A	Release muscles of hand	*5.31	4.12	4.12	0.70	10.13	10.13	090
26596		A	Excision constricting tissue	*8.95	8.24	8.24	1.35	18.54	18.54	090
26597		A	Release of scar contracture	*9.82	8.02	8.02	1.37	19.21	19.21	090
26600		A	Treat metacarpal fracture	*1.96	1.54	1.54	0.22	3.72	3.72	090
26605		A	Treat metacarpal fracture	*2.85	2.29	2.29	0.36	5.50	5.50	090
26607		A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
26608		A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
26615		A	Repair metacarpal fracture	*5.33	4.87	4.87	0.80	11.00	11.00	090
26641		A	Treat thumb dislocation	*3.94	1.11	1.11	0.14	5.19	5.19	090
26645		A	Treat thumb fracture	*4.41	2.20	2.20	0.33	6.94	6.94	090
26650		A	Repair thumb fracture	*5.72	4.01	4.01	0.64	10.37	10.37	090
26665		A	Repair thumb fracture	*7.60	6.39	6.39	1.09	15.08	15.08	090
26670		A	Treat hand dislocation	*3.69	0.96	0.96	0.10	4.75	4.75	090
26675		A	Treat hand dislocation	*4.64	4.34	4.34	0.60	9.58	9.58	090
26676		A	Pin hand dislocation	*5.52	4.86	4.86	0.67	11.05	11.05	090
26685		A	Repair hand dislocation	*6.98	5.76	5.76	0.91	13.65	13.65	090
26686		A	Repair hand dislocation	*7.94	6.31	6.31	1.04	15.29	15.29	090
26700		A	Treat knuckle dislocation	*3.69	0.88	0.88	0.10	4.67	4.67	090
26705		A	Treat knuckle dislocation	*4.19	1.78	1.78	0.27	6.24	6.24	090
26706		A	Pin knuckle dislocation	*5.12	4.68	4.68	0.75	10.55	10.55	090
26715		A	Repair knuckle dislocation	*5.74	4.13	4.13	0.66	10.53	10.53	090
26720		A	Treat finger fracture, each	*1.66	1.10	1.10	0.15	2.91	2.91	090
26725		A	Treat finger fracture, each	*3.33	1.54	1.54	0.23	5.10	5.10	090
26727		A	Treat finger fracture, each	*5.23	2.45	2.45	0.38	8.06	8.06	090
26735		A	Repair finger fracture, each	*5.98	3.73	3.73	0.61	10.32	10.32	090
26740		A	Treat finger fracture, each	*1.94	1.16	1.16	0.16	3.26	3.26	090
26742		A	Treat finger fracture, each	*3.85	1.98	1.98	0.32	6.15	6.15	090
26746		A	Repair finger fracture, each	*5.81	4.75	4.75	0.80	11.36	11.36	090
26750		A	Treat finger fracture, each	*1.70	0.83	0.83	0.10	2.63	2.63	090
26755		A	Treat finger fracture, each	*3.10	1.08	1.08	0.15	4.33	4.33	090
26756		A	Pin finger fracture, each	*4.39	1.90	1.90	0.33	6.62	6.62	090
26765		A	Repair finger fracture, each	*4.17	2.66	2.66	0.45	7.28	7.28	090
26770		A	Treat finger dislocation	*3.02	0.76	0.76	0.08	3.86	3.86	090
26775		A	Treat finger dislocation	*3.71	1.13	1.13	0.17	5.01	5.01	090
26776		A	Pin finger dislocation	*4.80	2.08	2.08	0.35	7.23	7.23	090
26785		A	Repair finger dislocation	*4.21	2.97	2.97	0.48	7.66	7.66	090
26820		A	Thumb fusion with graft	*8.26	6.65	6.65	1.05	15.96	15.96	090
26841		A	Fusion of thumb	*7.13	6.17	6.17	1.00	14.30	14.30	090
26842		A	Thumb fusion with graft	*8.24	8.58	8.58	1.37	18.19	18.19	090
26843		A	Fusion of hand joint	*7.61	6.37	6.37	1.10	15.08	15.08	090
26844		A	Fusion/graft of hand joint	*8.73	7.35	7.35	1.19	17.27	17.27	090
26850		A	Fusion of knuckle	*6.97	4.63	4.63	0.76	12.36	12.36	090
26852		A	Fusion of knuckle with graft	*8.46	5.72	5.72	1.00	15.18	15.18	090
26860		A	Fusion of finger joint	*4.69	4.30	4.30	0.68	9.67	9.67	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26861		A	Fusion of finger joint, added	1.74	#1.91	#1.91	0.43	4.08	4.08	ZZZ
26862		A	Fusion/graft of finger joint	*7.37	5.16	5.16	0.85	13.38	13.38	090
26863		A	Fuse/graft added joint	3.90	3.37	3.37	0.57	7.84	7.84	ZZZ
26910		A	Amputate metacarpal bone	*7.60	5.16	5.16	0.93	13.69	13.69	090
26951		A	Amputation of finger/thumb	*4.59	2.87	2.87	0.49	7.95	7.95	090
26952		A	Amputation of finger/thumb	*6.31	4.00	4.00	0.69	11.00	11.00	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	*7.48	3.10	3.10	0.51	11.09	11.09	090
26991		A	Drainage of pelvis bursa	*6.68	1.81	1.81	0.29	8.78	8.78	090
26992		A	Drainage of bone lesion	*13.02	6.38	6.38	1.05	20.45	20.45	090
27000		A	Incision of hip tendon	*5.62	1.85	1.85	0.24	7.71	7.71	090
27001		A	Incision of hip tendon	*6.94	2.34	2.34	0.38	9.66	9.66	090
27003		A	Incision of hip tendon	*7.34	6.77	6.77	1.08	15.19	15.19	090
27005		A	Incision of hip tendon	*9.66	3.37	3.37	0.54	13.57	13.57	090
27006		A	Incision of hip tendons	*9.68	4.64	4.64	0.77	15.09	15.09	090
27025		A	Incision of hip/thigh fascia	*11.16	6.12	6.12	1.02	18.30	18.30	090
27030		A	Drainage of hip joint	*13.01	11.42	11.42	1.86	26.29	26.29	090
27033		A	Exploration of hip joint	*13.39	11.52	11.52	1.85	26.76	26.76	090
27035		A	Denervation of hip joint	*16.69	11.86	11.86	2.21	30.76	30.76	090
27036		A	Excision of hip joint/muscle	*12.88	11.44	11.44	1.87	26.19	26.19	090
27040		A	Biopsy of soft tissues	*2.87	0.72	0.72	0.11	3.70	3.70	010
27041		A	Biopsy of soft tissues	*9.89	2.67	2.67	0.44	13.00	13.00	090
27047		A	Remove hip/pelvis lesion	*7.45	1.89	1.89	0.32	9.66	9.66	090
27048		A	Remove hip/pelvis lesion	*6.25	4.33	4.33	0.82	11.40	11.40	090
27049		A	Remove tumor, hip/pelvis	*13.66	10.14	10.14	1.87	25.67	25.67	090
27050		A	Biopsy of sacroiliac joint	*4.36	4.78	4.78	0.90	10.04	10.04	090
27052		A	Biopsy of hip joint	*6.23	#6.85	#6.85	1.59	14.67	14.67	090
27054		A	Removal of hip joint lining	*8.54	#9.39	#9.39	2.26	20.19	20.19	090
27060		A	Removal of ischial bursa	*5.43	3.93	3.93	0.68	10.04	10.04	090
27062		A	Remove femur lesion/bursa	*5.37	4.23	4.23	0.70	10.30	10.30	090
27065		A	Removal of hip bone lesion	*5.90	5.59	5.59	0.90	12.39	12.39	090
27066		A	Removal of hip bone lesion	*10.33	7.90	7.90	1.30	19.53	19.53	090
27067		A	Remove/graft hip bone lesion	*13.83	11.63	11.63	1.93	27.39	27.39	090
27070		A	Partial removal of hip bone	*10.72	7.41	7.41	1.21	19.34	19.34	090
27071		A	Partial removal of hip bone	*11.46	8.50	8.50	1.45	21.41	21.41	090
27075		A	Extensive hip surgery	*17.23	13.54	13.54	2.32	33.09	33.09	090
27076		A	Extensive hip surgery	*22.12	16.37	16.37	2.61	41.10	41.10	090
27077		A	Extensive hip surgery	*23.13	18.98	18.98	3.24	45.35	45.35	090
27078		A	Extensive hip surgery	*13.44	9.20	9.20	1.67	24.31	24.31	090
27079		A	Extensive hip surgery	*13.75	8.64	8.64	1.66	24.05	24.05	090
27080		A	Removal of tail bone	*6.39	4.78	4.78	0.87	12.04	12.04	090
27086		A	Remove hip foreign body	*1.87	0.58	0.58	0.07	2.52	2.52	010
27087		A	Remove hip foreign body	*8.54	3.62	3.62	0.60	12.76	12.76	090
27090		A	Removal of hip prosthesis	*11.15	9.09	9.09	1.46	21.70	21.70	090
27091		A	Removal of hip prosthesis	*22.14	19.81	19.81	3.16	45.11	45.11	090
27093		A	Injection for hip x-ray	1.30	0.82	0.82	0.11	2.23	2.23	000
27095		A	Injection for hip x-ray	1.50	0.93	0.93	0.13	2.56	2.56	000
27097		A	Revision of hip tendon	*8.80	7.71	7.71	1.26	17.77	17.77	090
27098		A	Transfer tendon to pelvis	*8.83	7.71	7.71	1.26	17.80	17.80	090
27100		A	Transfer of abdominal muscle	*11.08	7.68	7.68	1.42	20.18	20.18	090
27105		A	Transfer of spinal muscle	*11.77	5.89	5.89	1.36	19.02	19.02	090
27110		A	Transfer of iliopsoas muscle	*13.26	10.61	10.61	1.86	25.73	25.73	090
27111		A	Transfer of iliopsoas muscle	*12.15	11.63	11.63	1.65	25.43	25.43	090
27120		A	Reconstruction of hip socket	*18.01	18.10	18.10	2.95	39.06	39.06	090
27122		A	Reconstruction of hip socket	*14.98	#16.48	#16.48	2.94	34.40	34.40	090
27125		A	Partial hip replacement	*14.69	#16.16	#16.16	3.01	33.86	33.86	090
27130		A	Total hip replacement	*20.12	#22.13	#22.13	4.58	46.83	46.83	090
27132		A	Total hip replacement	*23.30	#25.63	#25.63	5.09	54.02	54.02	090
27134		A	Revise hip joint replacement	*28.52	#31.37	#31.37	5.96	65.85	65.85	090
27137		A	Revise hip joint replacement	*21.17	#23.29	#23.29	4.82	49.28	49.28	090
27138		A	Revise hip joint replacement	*22.17	24.23	24.23	4.58	50.98	50.98	090
27140		A	Transplant of femur ridge	*12.24	11.05	11.05	1.71	25.00	25.00	090
27146		A	Incision of hip bone	*17.43	10.88	10.88	1.35	29.66	29.66	090
27147		A	Revision of hip bone	*20.58	16.97	16.97	2.76	40.31	40.31	090
27151		A	Incision of hip bones	*22.51	17.71	17.71	2.90	43.12	43.12	090
27156		A	Revision of hip bones	*24.63	18.32	18.32	3.08	46.03	46.03	090
27158		A	Revision of pelvis	*19.74	14.42	14.42	2.64	36.80	36.80	090
27161		A	Incision of neck of femur	*16.71	14.31	14.31	2.31	33.33	33.33	090
27165		A	Incision/fixation of femur	*17.91	16.76	16.76	2.63	37.30	37.30	090
27170		A	Repair/graft femur head/neck	*16.07	16.41	16.41	2.65	35.13	35.13	090
27175		A	Treat slipped epiphysis	*8.46	1.18	1.18	0.18	9.82	9.82	090
27176		A	Treat slipped epiphysis	*12.05	10.39	10.39	1.70	24.14	24.14	090
27177		A	Repair slipped epiphysis	*15.08	12.39	12.39	2.05	29.52	29.52	090
27178		A	Repair slipped epiphysis	*11.99	10.46	10.46	1.55	24.00	24.00	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27179		A	Revise head/neck of femur	*12.98	11.15	11.15	1.83	25.96	25.96	090
27181		A	Repair slipped epiphysis	*14.68	13.14	13.14	2.16	29.98	29.98	090
27185		A	Revision of femur epiphysis	*9.18	2.77	2.77	0.87	12.82	12.82	090
27187		A	Reinforce hip bones	*13.54	#14.89	#14.89	2.76	31.19	31.19	090
27193		A	Treat pelvic ring fracture	*5.56	2.41	2.41	0.39	8.36	8.36	090
27194		A	Treat pelvic ring fracture	*9.65	3.90	3.90	0.50	14.05	14.05	090
27200		A	Treat tail bone fracture	*1.84	1.49	1.49	0.17	3.50	3.50	090
27202		A	Repair tail bone fracture	*7.04	6.15	6.15	0.89	14.08	14.08	090
27215		A	Pelvic fracture(s) treatment	*10.05	#11.06	#11.06	2.33	23.44	23.44	090
27216		A	Treat pelvic ring fracture	*15.19	4.30	4.30	0.66	20.15	20.15	090
27217		A	Treat pelvic ring fracture	*14.11	14.55	14.55	2.33	30.99	30.99	090
27218		A	Treat pelvic ring fracture	*20.15	14.55	14.55	2.33	37.03	37.03	090
27220		A	Treat hip socket fracture	*6.18	4.26	4.26	0.64	11.08	11.08	090
27222		A	Treat hip socket fracture	*12.70	6.37	6.37	1.03	20.10	20.10	090
27226		A	Treat hip wall fracture	*14.91	15.78	15.78	2.52	33.21	33.21	090
27227		A	Treat hip fracture(s)	*23.45	19.70	19.70	3.20	46.35	46.35	090
27228		A	Treat hip fracture(s)	*27.16	19.95	19.95	3.20	50.31	50.31	090
27230		A	Treat fracture of thigh	*5.50	3.30	3.30	0.41	9.21	9.21	090
27232		A	Treat fracture of thigh	*10.68	8.98	8.98	1.46	21.12	21.12	090
27235		A	Repair of thigh fracture	*12.16	#13.38	#13.38	2.60	28.14	28.14	090
27236		A	Repair of thigh fracture	*15.60	16.91	16.91	2.71	35.22	35.22	090
27238		A	Treatment of thigh fracture	*5.52	4.91	4.91	0.71	11.14	11.14	090
27240		A	Treatment of thigh fracture	*12.50	9.70	9.70	1.53	23.73	23.73	090
27244		A	Repair of thigh fracture	*15.94	16.30	16.30	2.62	34.86	34.86	090
27245		A	Repair of thigh fracture	*20.31	16.30	16.30	2.62	39.23	39.23	090
27246		A	Treatment of thigh fracture	*4.71	3.87	3.87	0.60	9.18	9.18	090
27248		A	Repair of thigh fracture	*10.45	#11.50	#11.50	2.11	24.06	24.06	090
27250		A	Treat hip dislocation	*6.95	3.19	3.19	0.45	10.59	10.59	090
27252		A	Treat hip dislocation	*10.39	4.34	4.34	0.68	15.41	15.41	090
27253		A	Repair of hip dislocation	*12.92	13.14	13.14	2.11	28.17	28.17	090
27254		A	Repair of hip dislocation	*18.26	13.47	13.47	2.27	34.00	34.00	090
27256		A	Treatment of hip dislocation	*4.12	1.88	1.88	0.31	6.31	6.31	010
27257		A	Treatment of hip dislocation	*5.22	4.62	4.62	0.73	10.57	10.57	010
27258		A	Repair of hip dislocation	*15.43	13.73	13.73	2.25	31.41	31.41	090
27259		A	Repair of hip dislocation	*21.55	17.20	17.20	2.82	41.57	41.57	090
27265		A	Treatment of hip dislocation	*5.05	3.46	3.46	0.54	9.05	9.05	090
27266		A	Treatment of hip dislocation	*7.49	4.45	4.45	0.71	12.65	12.65	090
27275		A	Manipulation of hip joint	*2.27	1.88	1.88	0.30	4.45	4.45	010
27280		A	Fusion of sacroiliac joint	*13.39	10.06	10.06	1.77	25.22	25.22	090
27282		A	Fusion of pubic bones	*11.34	9.01	9.01	1.69	22.04	22.04	090
27284		A	Fusion of hip joint	*16.76	14.50	14.50	2.40	33.66	33.66	090
27286		A	Fusion of hip joint	*16.79	15.20	15.20	2.26	34.25	34.25	090
27290		A	Amputation of leg at hip	*23.28	25.40	25.40	4.70	53.38	53.38	090
27295		A	Amputation of leg at hip	*18.65	16.54	16.54	2.95	38.14	38.14	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	*6.49	2.46	2.46	0.40	9.35	9.35	090
27303		A	Drainage of bone lesion	*8.28	5.86	5.86	0.96	15.10	15.10	090
27305		A	Incise thigh tendon & fascia	*5.92	3.80	3.80	0.68	10.40	10.40	090
27306		A	Incision of thigh tendon	*4.62	1.99	1.99	0.32	6.93	6.93	090
27307		A	Incision of thigh tendons	*5.80	3.01	3.01	0.48	9.29	9.29	090
27310		A	Exploration of knee joint	*9.27	9.60	9.60	1.51	20.38	20.38	090
27315		A	Partial removal, thigh nerve	*6.97	5.38	5.38	0.96	13.31	13.31	090
27320		A	Partial removal, thigh nerve	*6.30	5.18	5.18	0.73	12.21	12.21	090
27323		A	Biopsy thigh soft tissues	*2.28	0.91	0.91	0.13	3.32	3.32	010
27324		A	Biopsy thigh soft tissues	*4.90	2.63	2.63	0.45	7.98	7.98	090
27327		A	Removal of thigh lesion	*4.47	2.29	2.29	0.40	7.16	7.16	090
27328		A	Removal of thigh lesion	*5.57	4.07	4.07	0.73	10.37	10.37	090
27329		A	Remove tumor, thigh/knee	*14.14	11.69	11.69	2.14	27.97	27.97	090
27330		A	Biopsy knee joint lining	*4.97	#5.47	#5.47	1.19	11.63	11.63	090
27331		A	Explore/treat knee joint	*5.88	#6.47	#6.47	1.49	13.84	13.84	090
27332		A	Removal of knee cartilage	*8.27	#9.10	#9.10	1.73	19.10	19.10	090
27333		A	Removal of knee cartilage	*7.30	#8.03	#8.03	2.52	17.85	17.85	090
27334		A	Remove knee joint lining	*8.70	#9.57	#9.57	1.77	20.04	20.04	090
27335		A	Remove knee joint lining	*10.00	#11.00	#11.00	2.05	23.05	23.05	090
27340		A	Removal of kneecap bursa	*4.18	3.85	3.85	0.62	8.65	8.65	090
27345		A	Removal of knee cyst	*5.92	5.63	5.63	0.95	12.50	12.50	090
27350		A	Removal of kneecap	*8.17	#8.99	#8.99	1.54	18.70	18.70	090
27355		A	Remove femur lesion	*7.65	7.58	7.58	1.23	16.46	16.46	090
27356		A	Remove femur lesion/graft	*9.48	8.20	8.20	1.34	19.02	19.02	090
27357		A	Remove femur lesion/graft	*10.53	8.80	8.80	1.43	20.76	20.76	090
27358		A	Remove femur lesion/fixation	4.74	4.55	4.55	0.72	10.01	10.01	ZZZ
27360		A	Partial removal leg bone(s)	*10.50	8.56	8.56	1.40	20.46	20.46	090
27365		A	Extensive leg surgery	*16.27	13.94	13.94	2.43	32.64	32.64	090
27370		A	Injection for knee x-ray	0.96	0.60	0.60	0.05	1.61	1.61	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27372		A	Removal of foreign body	*5.07	3.42	3.42	0.54	9.03	9.03	090
27380		A	Repair of kneecap tendon	*7.16	#7.88	#7.88	1.29	16.33	16.33	090
27381		A	Repair/graft kneecap tendon	*10.34	11.27	11.27	1.82	23.43	23.43	090
27385		A	Repair of thigh muscle	*7.76	#8.54	#8.54	1.42	17.72	17.72	090
27386		A	Repair/graft of thigh muscle	*10.56	#11.62	#11.62	2.02	24.20	24.20	090
27390		A	Incision of thigh tendon	*5.33	4.36	4.36	0.71	10.40	10.40	090
27391		A	Incision of thigh tendons	*7.20	5.42	5.42	0.90	13.52	13.52	090
27392		A	Incision of thigh tendons	*9.20	7.67	7.67	1.28	18.15	18.15	090
27393		A	Lengthening of thigh tendon	*6.39	5.67	5.67	0.93	12.99	12.99	090
27394		A	Lengthening of thigh tendons	*8.50	5.73	5.73	0.94	15.17	15.17	090
27395		A	Lengthening of thigh tendons	*11.73	10.48	10.48	1.65	23.86	23.86	090
27396		A	Transplant of thigh tendon	*7.86	7.06	7.06	1.11	16.03	16.03	090
27397		A	Transplants of thigh tendons	*11.28	8.88	8.88	1.45	21.61	21.61	090
27400		A	Revise thigh muscles/tendons	*9.02	7.89	7.89	1.24	18.15	18.15	090
27403		A	Repair of knee cartilage	*8.33	8.79	8.79	1.44	18.56	18.56	090
27405		A	Repair of knee ligament	*8.65	#9.52	#9.52	1.67	19.84	19.84	090
27407		A	Repair of knee ligament	*10.28	8.87	8.87	1.42	20.57	20.57	090
27409		A	Repair of knee ligaments	*12.90	#14.19	#14.19	2.48	29.57	29.57	090
27418		A	Repair degenerated kneecap	*10.85	#11.94	#11.94	1.85	24.64	24.64	090
27420		A	Revision of unstable kneecap	*9.83	#10.81	#10.81	1.74	22.38	22.38	090
27422		A	Revision of unstable kneecap	*9.78	#10.76	#10.76	1.83	22.37	22.37	090
27424		A	Revision/removal of kneecap	*9.81	#10.79	#10.79	1.89	22.49	22.49	090
27425		A	Lateral retinacular release	*5.22	#5.74	#5.74	1.08	12.04	12.04	090
27427		A	Reconstruction, knee	*9.36	#10.30	#10.30	2.25	21.91	21.91	090
27428		A	Reconstruction, knee	*14.00	13.67	13.67	2.71	30.38	30.38	090
27429		A	Reconstruction, knee	*15.52	11.27	11.27	1.83	28.62	28.62	090
27430		A	Revision of thigh muscles	*9.67	9.36	9.36	1.50	20.53	20.53	090
27435		A	Incision of knee joint	*9.49	7.03	7.03	1.13	17.65	17.65	090
27437		A	Revise kneecap	*8.46	#9.31	#9.31	1.55	19.32	19.32	090
27438		A	Revise kneecap with implant	*11.23	#12.35	#12.35	2.14	25.72	25.72	090
27440		A	Revision of knee joint	*10.43	#11.47	#11.47	2.10	24.00	24.00	090
27441		A	Revision of knee joint	*10.82	9.14	9.14	1.51	21.47	21.47	090
27442		A	Revision of knee joint	*11.89	#13.08	#13.08	3.05	28.02	28.02	090
27443		A	Revision of knee joint	*10.93	#12.02	#12.02	3.34	26.29	26.29	090
27445		A	Revision of knee joint	*17.68	#19.45	#19.45	4.21	41.34	41.34	090
27446		A	Revision of knee joint	*15.84	#17.42	#17.42	3.87	37.13	37.13	090
27447		A	Total knee replacement	*21.48	#23.63	#23.63	4.95	50.06	50.06	090
27448		A	Incision of thigh	*11.06	#12.17	#12.17	2.09	25.32	25.32	090
27450		A	Incision of thigh	*13.98	14.84	14.84	2.36	31.18	31.18	090
27454		A	Realignment of thigh bone	*17.56	15.70	15.70	2.82	36.08	36.08	090
27455		A	Realignment of knee	*12.82	12.01	12.01	1.95	26.78	26.78	090
27457		A	Realignment of knee	*13.45	13.30	13.30	2.14	28.89	28.89	090
27465		A	Shortening of thigh bone	*13.87	12.24	12.24	2.00	28.11	28.11	090
27466		A	Lengthening of thigh bone	*16.33	13.43	13.43	2.27	32.03	32.03	090
27468		A	Shorten/lengthen thighs	*18.97	16.84	16.84	2.75	38.56	38.56	090
27470		A	Repair of thigh	*16.07	16.67	16.67	2.60	35.34	35.34	090
27472		A	Repair/graft of thigh	*17.72	#19.49	#19.49	3.16	40.37	40.37	090
27475		A	Surgery to stop leg growth	*8.64	7.74	7.74	1.27	17.65	17.65	090
27477		A	Surgery to stop leg growth	*9.85	#10.84	#10.84	2.57	23.26	23.26	090
27479		A	Surgery to stop leg growth	*12.80	11.63	11.63	1.89	26.32	26.32	090
27485		A	Surgery to stop leg growth	*8.84	7.91	7.91	1.30	18.05	18.05	090
27486		A	Revise knee joint replace	*19.27	#21.20	#21.20	4.26	44.73	44.73	090
27487		A	Revise knee joint replace	*25.27	27.76	27.76	5.97	59.00	59.00	090
27488		A	Removal of knee prosthesis	*15.74	16.16	16.16	2.58	34.48	34.48	090
27495		A	Reinforce thigh	*15.55	#17.11	#17.11	2.82	35.48	35.48	090
27496		A	Decompression of thigh/knee	*6.11	4.53	4.53	0.74	11.38	11.38	090
27497		A	Decompression of thigh/knee	*7.17	5.55	5.55	0.91	13.63	13.63	090
27498		A	Decompression of thigh/knee	*7.99	6.32	6.32	1.04	15.35	15.35	090
27499		A	Decompression of thigh/knee	*9.00	7.28	7.28	1.19	17.47	17.47	090
27500		A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27501		A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27502		A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27503		A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27506		A	Repair of thigh fracture	*17.45	16.02	16.02	2.56	36.03	36.03	090
27507		A	Treatment of thigh fracture	*13.99	#15.39	#15.39	2.56	31.94	31.94	090
27508		A	Treatment of thigh fracture	*5.83	4.22	4.22	0.65	10.70	10.70	090
27509		A	Treatment of thigh fracture	*7.71	4.22	4.22	0.65	12.58	12.58	090
27510		A	Treatment of thigh fracture	*9.13	6.82	6.82	1.09	17.04	17.04	090
27511		A	Treatment of thigh fracture	*13.64	#15.00	#15.00	2.56	31.20	31.20	090
27513		A	Treatment of thigh fracture	*17.92	16.02	16.02	2.56	36.50	36.50	090
27514		A	Repair of thigh fracture	*17.30	15.76	15.76	2.53	35.59	35.59	090
27516		A	Repair of thigh growth plate	*5.37	4.82	4.82	0.71	10.90	10.90	090
27517		A	Repair of thigh growth plate	*8.78	7.82	7.82	1.28	17.88	17.88	090
27519		A	Repair of thigh growth plate	*15.02	12.68	12.68	2.05	29.75	29.75	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27520		A	Treat kneecap fracture	*2.86	3.04	3.04	0.45	6.35	6.35	090
27524		A	Repair of kneecap fracture	*10.00	10.34	10.34	1.65	21.99	21.99	090
27530		A	Treatment of knee fracture	*3.78	3.40	3.40	0.51	7.69	7.69	090
27532		A	Treatment of knee fracture	*7.30	5.68	5.68	0.91	13.89	13.89	090
27535		A	Treatment of knee fracture	*11.50	11.69	11.69	1.88	25.07	25.07	090
27536		A	Repair of knee fracture	*15.65	11.69	11.69	1.88	29.22	29.22	090
27538		A	Treat knee fracture(s)	*4.87	3.37	3.37	0.51	8.75	8.75	090
27540		A	Repair of knee fracture	*13.10	10.95	10.95	1.74	25.79	25.79	090
27550		A	Treat knee dislocation	*5.76	2.57	2.57	0.36	8.69	8.69	090
27552		A	Treat knee dislocation	*7.90	3.43	3.43	0.53	11.86	11.86	090
27556		A	Repair of knee dislocation	*14.41	12.48	12.48	1.95	28.84	28.84	090
27557		A	Repair of knee dislocation	*16.77	14.60	14.60	2.43	33.80	33.80	090
27558		A	Repair of knee dislocation	*17.72	14.60	14.60	2.43	34.75	34.75	090
27560		A	Treat kneecap dislocation	*3.82	1.43	1.43	0.16	5.41	5.41	090
27562		A	Treat kneecap dislocation	*5.79	5.18	5.18	0.76	11.73	11.73	090
27566		A	Repair kneecap dislocation	*12.23	10.58	10.58	1.67	24.48	24.48	090
27570		A	Fixation of knee joint	*1.74	1.72	1.72	0.28	3.74	3.74	010
27580		A	Fusion of knee	*19.37	15.70	15.70	2.56	37.63	37.63	090
27590		A	Amputate leg at thigh	*12.03	9.11	9.11	1.80	22.94	22.94	090
27591		A	Amputate leg at thigh	*12.68	11.77	11.77	2.11	26.56	26.56	090
27592		A	Amputate leg at thigh	*10.02	8.11	8.11	1.61	19.74	19.74	090
27594		A	Amputation follow-up surgery	*6.92	3.65	3.65	0.68	11.25	11.25	090
27596		A	Amputation follow-up surgery	*10.60	7.37	7.37	1.42	19.39	19.39	090
27598		A	Amputate lower leg at knee	*10.53	10.04	10.04	1.78	22.35	22.35	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	*5.65	3.39	3.39	0.64	9.68	9.68	090
27601		A	Decompression of lower leg	*5.64	3.38	3.38	0.67	9.69	9.69	090
27602		A	Decompression of lower leg	*7.35	4.05	4.05	0.77	12.17	12.17	090
27603		A	Drain lower leg lesion	*4.94	2.38	2.38	0.41	7.73	7.73	090
27604		A	Drain lower leg bursa	*4.47	1.02	1.02	0.14	5.63	5.63	090
27605		A	Incision of achilles tendon	*2.87	1.18	1.18	0.14	4.19	4.19	010
27606		A	Incision of achilles tendon	*4.14	2.12	2.12	0.35	6.61	6.61	010
27607		A	Treat lower leg bone lesion	*7.97	6.01	6.01	0.98	14.96	14.96	090
27610		A	Explore/treat ankle joint	*8.34	7.43	7.43	1.13	16.90	16.90	090
27612		A	Exploration of ankle joint	*7.33	7.97	7.97	1.30	16.60	16.60	090
27613		A	Biopsy lower leg soft tissue	*2.17	0.67	0.67	0.10	2.94	2.94	010
27614		A	Biopsy lower leg soft tissue	*5.66	2.26	2.26	0.38	8.30	8.30	090
27615		A	Remove tumor, lower leg	*12.56	8.23	8.23	1.42	22.21	22.21	090
27618		A	Remove lower leg lesion	*5.09	2.10	2.10	0.32	7.51	7.51	090
27619		A	Remove lower leg lesion	*8.40	4.13	4.13	0.67	13.20	13.20	090
27620		A	Explore, treat ankle joint	*5.98	6.03	6.03	0.96	12.97	12.97	090
27625		A	Remove ankle joint lining	*8.30	8.71	8.71	1.27	18.28	18.28	090
27626		A	Remove ankle joint lining	*8.91	#9.80	#9.80	1.25	19.96	19.96	090
27630		A	Removal of tendon lesion	*4.80	3.10	3.10	0.46	8.36	8.36	090
27635		A	Remove lower leg bone lesion	*7.78	8.04	8.04	1.27	17.09	17.09	090
27637		A	Remove/graft leg bone lesion	*9.85	8.47	8.47	1.40	19.72	19.72	090
27638		A	Remove/graft leg bone lesion	*10.57	9.15	9.15	1.52	21.24	21.24	090
27640		A	Partial removal of tibia	*11.37	9.81	9.81	1.57	22.75	22.75	090
27641		A	Partial removal of fibula	*9.24	7.13	7.13	1.18	17.55	17.55	090
27645		A	Extensive lower leg surgery	*14.17	11.64	11.64	1.98	27.79	27.79	090
27646		A	Extensive lower leg surgery	*12.66	10.75	10.75	1.71	25.12	25.12	090
27647		A	Extensive ankle/heel surgery	*12.24	9.95	9.95	1.35	23.54	23.54	090
27648		A	Injection for ankle x-ray	0.96	0.52	0.52	0.05	1.53	1.53	000
27650		A	Repair achilles tendon	*9.69	8.98	8.98	1.41	20.08	20.08	090
27652		A	Repair/graft achilles tendon	*10.33	10.41	10.41	1.56	22.30	22.30	090
27654		A	Repair of achilles tendon	*10.02	10.93	10.93	1.65	22.60	22.60	090
27656		A	Repair leg fascia defect	*4.57	3.18	3.18	0.54	8.29	8.29	090
27658		A	Repair of leg tendon, each	*4.98	4.02	4.02	0.60	9.60	9.60	090
27659		A	Repair of leg tendon, each	*6.81	5.87	5.87	0.86	13.54	13.54	090
27664		A	Repair of leg tendon, each	*4.59	3.41	3.41	0.52	8.52	8.52	090
27665		A	Repair of leg tendon, each	*5.40	4.95	4.95	0.76	11.11	11.11	090
27675		A	Repair lower leg tendons	*7.18	6.40	6.40	0.94	14.52	14.52	090
27676		A	Repair lower leg tendons	*8.42	7.56	7.56	1.14	17.12	17.12	090
27680		A	Release of lower leg tendon	*5.74	4.12	4.12	0.61	10.47	10.47	090
27681		A	Release of lower leg tendons	*6.82	5.97	5.97	0.86	13.65	13.65	090
27685		A	Revision of lower leg tendon	*6.50	3.83	3.83	0.41	10.74	10.74	090
27686		A	Revise lower leg tendons	*7.46	6.56	6.56	0.90	14.92	14.92	090
27687		A	Revision of calf tendon	*6.24	5.45	5.45	0.76	12.45	12.45	090
27690		A	Revise lower leg tendon	*8.71	6.74	6.74	0.88	16.33	16.33	090
27691		A	Revise lower leg tendon	*9.96	7.89	7.89	1.23	19.08	19.08	090
27692		A	Revise additional leg tendon	1.87	2.03	2.03	0.29	4.19	4.19	ZZZ
27695		A	Repair of ankle ligament	*6.51	#7.16	#7.16	1.32	14.99	14.99	090
27696		A	Repair of ankle ligaments	*8.27	7.06	7.06	1.16	16.49	16.49	090
27698		A	Repair of ankle ligament	*9.36	#10.30	#10.30	1.86	21.52	21.52	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27700		A	Revision of ankle joint	*9.29	#10.22	#10.22	1.51	21.02	21.02	090
27702		A	Reconstruct ankle joint	*13.67	#15.04	#15.04	3.99	32.70	32.70	090
27703		A	Reconstruction, ankle joint	*15.87	13.82	13.82	2.25	31.94	31.94	090
27704		A	Removal of ankle implant	*7.62	5.84	5.84	0.98	14.44	14.44	090
27705		A	Incision of tibia	*10.38	10.74	10.74	1.76	22.88	22.88	090
27707		A	Incision of fibula	*4.37	4.75	4.75	0.79	9.91	9.91	090
27709		A	Incision of tibia & fibula	*9.95	#10.95	#10.95	2.14	23.04	23.04	090
27712		A	Realignment of lower leg	*14.25	10.99	10.99	1.63	26.87	26.87	090
27715		A	Revision of lower leg	*14.39	12.61	12.61	1.88	28.88	28.88	090
27720		A	Repair of tibia	*11.79	#12.97	#12.97	2.25	27.01	27.01	090
27722		A	Repair/graft of tibia	*11.82	10.50	10.50	1.64	23.96	23.96	090
27724		A	Repair/graft of tibia	*14.99	15.50	15.50	2.87	33.36	33.36	090
27725		A	Repair of lower leg	*15.59	10.43	10.43	1.53	27.55	27.55	090
27727		A	Repair of lower leg	*14.01	9.38	9.38	1.84	25.23	25.23	090
27730		A	Repair of tibia epiphysis	*7.41	3.59	3.59	0.84	11.84	11.84	090
27732		A	Repair of fibula epiphysis	*5.32	4.84	4.84	0.79	10.95	10.95	090
27734		A	Repair lower leg epiphyses	*8.48	7.54	7.54	1.23	17.25	17.25	090
27740		A	Repair of leg epiphyses	*9.30	8.36	8.36	1.36	19.02	19.02	090
27742		A	Repair of leg epiphyses	*10.30	9.29	9.29	1.52	21.11	21.11	090
27745		A	Reinforce tibia	*10.07	8.97	8.97	1.39	20.43	20.43	090
27750		A	Treatment of tibia fracture	*3.19	3.45	3.45	0.50	7.14	7.14	090
27752		A	Treatment of tibia fracture	*5.84	5.09	5.09	0.81	11.74	11.74	090
27756		A	Repair of tibia fracture	*6.78	#7.46	#7.46	1.70	15.94	15.94	090
27758		A	Repair of tibia fracture	*11.67	#12.84	#12.84	2.22	26.73	26.73	090
27759		A	Repair of tibia fracture	*13.76	13.74	13.74	2.22	29.72	29.72	090
27760		A	Treatment of ankle fracture	*3.01	2.58	2.58	0.37	5.96	5.96	090
27762		A	Treatment of ankle fracture	*5.25	3.36	3.36	0.50	9.11	9.11	090
27766		A	Repair of ankle fracture	*8.36	7.87	7.87	1.26	17.49	17.49	090
27780		A	Treatment of fibula fracture	*2.65	1.97	1.97	0.26	4.88	4.88	090
27781		A	Treatment of fibula fracture	*4.40	3.29	3.29	0.49	8.18	8.18	090
27784		A	Repair of fibula fracture	*7.11	5.59	5.59	0.87	13.57	13.57	090
27786		A	Treatment of ankle fracture	*2.84	2.52	2.52	0.38	5.74	5.74	090
27788		A	Treatment of ankle fracture	*4.45	3.27	3.27	0.50	8.22	8.22	090
27792		A	Repair of ankle fracture	*7.66	7.38	7.38	1.17	16.21	16.21	090
27808		A	Treatment of ankle fracture	*2.83	2.79	2.79	0.39	6.01	6.01	090
27810		A	Treatment of ankle fracture	*5.13	5.05	5.05	0.80	10.98	10.98	090
27814		A	Repair of ankle fracture	*10.68	10.00	10.00	1.60	22.28	22.28	090
27816		A	Treatment of ankle fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27818		A	Treatment of ankle fracture	*5.50	#6.05	#6.05	1.06	12.61	12.61	090
27822		A	Repair of ankle fracture	*9.20	#10.12	#10.12	1.88	21.20	21.20	090
27823		A	Repair of ankle fracture	*11.80	12.79	12.79	2.05	26.64	26.64	090
27824		A	Treat lower leg fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27825		A	Treat lower leg fracture	*6.19	6.51	6.51	1.06	13.76	13.76	090
27826		A	Treat lower leg fracture	*8.54	#9.39	#9.39	1.88	19.81	19.81	090
27827		A	Treat lower leg fracture	*14.06	11.71	11.71	1.88	27.65	27.65	090
27828		A	Treat lower leg fracture	*16.23	12.79	12.79	2.05	31.07	31.07	090
27829		A	Treat lower leg joint	*5.49	#6.04	#6.04	1.37	12.90	12.90	090
27830		A	Treat lower leg dislocation	*3.79	3.25	3.25	0.46	7.50	7.50	090
27831		A	Treat lower leg dislocation	*4.56	3.98	3.98	0.59	9.13	9.13	090
27832		A	Repair lower leg dislocation	*6.49	5.70	5.70	0.89	13.08	13.08	090
27840		A	Treat ankle dislocation	*4.58	1.87	1.87	0.21	6.66	6.66	090
27842		A	Treat ankle dislocation	*6.21	2.22	2.22	0.34	8.77	8.77	090
27846		A	Repair ankle dislocation	*9.79	8.59	8.59	1.37	19.75	19.75	090
27848		A	Repair ankle dislocation	*11.20	8.36	8.36	1.32	20.88	20.88	090
27860		A	Fixation of ankle joint	*2.34	1.39	1.39	0.23	3.96	3.96	010
27870		A	Fusion of ankle joint	*13.91	13.34	13.34	2.22	29.47	29.47	090
27871		A	Fusion of tibiofibular joint	*9.17	7.79	7.79	1.21	18.17	18.17	090
27880		A	Amputation of lower leg	*11.85	8.36	8.36	1.60	21.81	21.81	090
27881		A	Amputation of lower leg	*12.34	10.82	10.82	1.87	25.03	25.03	090
27882		A	Amputation of lower leg	*8.94	7.36	7.36	1.42	17.72	17.72	090
27884		A	Amputation follow-up surgery	*8.21	3.37	3.37	0.61	12.19	12.19	090
27886		A	Amputation follow-up surgery	*9.32	7.17	7.17	1.34	17.83	17.83	090
27888		A	Amputation of foot at ankle	*9.67	9.49	9.49	1.65	20.81	20.81	090
27889		A	Amputation of foot at ankle	*9.98	8.43	8.43	1.55	19.96	19.96	090
27892		A	Decompression of leg	*7.39	3.39	3.39	0.64	11.42	11.42	090
27893		A	Decompression of leg	*7.35	3.38	3.38	0.67	11.40	11.40	090
27894		A	Decompression of leg	*10.49	4.05	4.05	0.77	15.31	15.31	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	*2.73	0.52	0.52	0.05	3.30	3.30	010
28002		A	Treatment of foot infection	*4.62	2.25	2.25	0.33	7.20	7.20	010
28003		A	Treatment of foot infection	*8.41	3.50	3.50	0.59	12.50	12.50	090
28005		A	Treat foot bone lesion	*8.68	4.08	4.08	0.61	13.37	13.37	090
28008		A	Incision of foot fascia	*4.45	2.68	2.68	0.29	7.42	7.42	090
28010		A	Incision of toe tendon	*2.84	3.62	3.62	0.33	6.79	6.79	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28011		A	Incision of toe tendons	*4.14	1.77	1.77	0.19	6.10	6.10	090
28020		A	Exploration of a foot joint	*5.01	4.40	4.40	0.56	9.97	9.97	090
28022		A	Exploration of a foot joint	*4.67	2.74	2.74	0.31	7.72	7.72	090
28024		A	Exploration of a toe joint	*4.38	2.39	2.39	0.24	7.01	7.01	090
28030		A	Removal of foot nerve	*6.15	3.93	3.93	0.42	10.50	10.50	090
28035		A	Decompression of tibia nerve	*5.09	6.18	#5.60	0.90	12.17	11.59	090
28043		A	Excision of foot lesion	*3.54	1.73	1.73	0.20	5.47	5.47	090
28045		A	Excision of foot lesion	*4.72	3.99	3.99	0.46	9.17	9.17	090
28046		A	Resection of tumor, foot	*10.18	5.35	5.35	0.79	16.32	16.32	090
28050		A	Biopsy of foot joint lining	*4.25	3.84	3.84	0.53	8.62	8.62	090
28052		A	Biopsy of foot joint lining	*3.94	3.82	3.82	0.43	8.19	8.19	090
28054		A	Biopsy of toe joint lining	*3.45	2.24	2.24	0.28	5.97	5.97	090
28060		A	Partial removal foot fascia	*5.23	4.22	4.22	0.53	9.98	9.98	090
28062		A	Removal of foot fascia	*6.52	7.06	7.06	0.86	14.44	14.44	090
28070		A	Removal of foot joint lining	*5.10	4.48	4.48	0.48	10.06	10.06	090
28072		A	Removal of foot joint lining	*4.58	3.21	3.21	0.42	8.21	8.21	090
28080		A	Removal of foot lesion	*3.58	4.07	4.07	0.45	8.10	8.10	090
28086		A	Excise foot tendon sheath	*4.78	3.12	3.12	0.46	8.36	8.36	090
28088		A	Excise foot tendon sheath	*3.86	3.62	3.62	0.40	7.88	7.88	090
28090		A	Removal of foot lesion	*4.41	3.02	3.02	0.29	7.72	7.72	090
28092		A	Removal of toe lesions	*3.64	2.03	2.03	0.25	5.92	5.92	090
28100		A	Removal of ankle/heel lesion	*5.66	4.58	4.58	0.56	10.80	10.80	090
28102		A	Remove/graft foot lesion	*7.73	6.84	6.84	0.85	15.42	15.42	090
28103		A	Remove/graft foot lesion	*6.50	5.61	5.61	0.69	12.80	12.80	090
28104		A	Removal of foot lesion	*5.12	4.33	4.33	0.49	9.94	9.94	090
28106		A	Remove/graft foot lesion	*7.16	6.42	6.42	0.79	14.37	14.37	090
28107		A	Remove/graft foot lesion	*5.56	4.86	4.86	0.48	10.90	10.90	090
28108		A	Removal of toe lesions	*4.16	4.20	4.20	0.38	8.74	8.74	090
28110		A	Part removal of metatarsal	*4.08	3.48	3.48	0.39	7.95	7.95	090
28111		A	Part removal of metatarsal	*5.01	5.04	5.04	0.65	10.70	10.70	090
28112		A	Part removal of metatarsal	*4.49	3.96	3.96	0.45	8.90	8.90	090
28113		A	Part removal of metatarsal	*4.79	4.44	4.44	0.48	9.71	9.71	090
28114		A	Removal of metatarsal heads	*9.79	9.17	9.17	1.42	20.38	20.38	090
28116		A	Revision of foot	*7.75	5.48	5.48	0.57	13.80	13.80	090
28118		A	Removal of heel bone	*5.96	5.71	5.71	0.66	12.33	12.33	090
28119		A	Removal of heel spur	*5.39	5.44	5.44	0.57	11.40	11.40	090
28120		A	Part removal of ankle/heel	*5.40	5.04	5.04	0.67	11.11	11.11	090
28122		A	Partial removal of foot bone	*7.29	4.48	4.48	0.54	12.31	12.31	090
28124		A	Partial removal of toe	*4.81	4.11	4.11	0.37	9.29	9.29	090
28126		A	Partial removal of toe	*3.52	3.98	3.98	0.36	7.86	7.86	090
28130		A	Removal of ankle bone	*8.11	7.03	7.03	0.88	16.02	16.02	090
28140		A	Removal of metatarsal	*6.91	4.93	4.93	0.62	12.46	12.46	090
28150		A	Removal of toe	*4.09	3.29	3.29	0.38	7.76	7.76	090
28153		A	Partial removal of toe	*3.66	3.99	3.99	0.36	8.01	8.01	090
28160		A	Partial removal of toe	*3.74	4.12	4.12	0.38	8.24	8.24	090
28171		A	Extensive foot surgery	*9.60	7.99	7.99	0.88	18.47	18.47	090
28173		A	Extensive foot surgery	*8.80	5.74	5.74	0.74	15.28	15.28	090
28175		A	Extensive foot surgery	*6.05	5.38	5.38	0.58	12.01	12.01	090
28190		A	Removal of foot foreign body	*1.96	0.52	0.52	0.05	2.53	2.53	010
28192		A	Removal of foot foreign body	*4.64	1.95	1.95	0.24	6.83	6.83	090
28193		A	Removal of foot foreign body	*5.73	2.38	2.38	0.30	8.41	8.41	090
28200		A	Repair of foot tendon	*4.60	5.06	5.06	0.50	10.16	10.16	090
28202		A	Repair/graft of foot tendon	*6.84	5.82	5.82	0.77	13.43	13.43	090
28208		A	Repair of foot tendon	*4.37	2.81	2.81	0.28	7.46	7.46	090
28210		A	Repair/graft of foot tendon	*6.35	5.60	5.60	0.60	12.55	12.55	090
28220		A	Release of foot tendon	*4.53	3.87	3.87	0.43	8.83	8.83	090
28222		A	Release of foot tendons	*5.62	6.40	6.40	0.63	12.65	12.65	090
28225		A	Release of foot tendon	*3.66	2.37	2.37	0.25	6.28	6.28	090
28226		A	Release of foot tendons	*4.53	3.38	3.38	0.40	8.31	8.31	090
28230		A	Incision of foot tendon(s)	*4.24	2.43	2.43	0.22	6.89	6.89	090
28232		A	Incision of toe tendon	*3.39	1.60	1.60	0.15	5.14	5.14	090
28234		A	Incision of foot tendon	*3.37	1.53	1.53	0.14	5.04	5.04	090
28238		A	Revision of foot tendon	*7.73	7.23	7.23	0.85	15.81	15.81	090
28240		A	Release of big toe	*4.36	2.13	2.13	0.23	6.72	6.72	090
28250		A	Revision of foot fascia	*5.92	4.46	4.46	0.50	10.88	10.88	090
28260		A	Release of midfoot joint	*7.96	4.43	4.43	0.48	12.87	12.87	090
28261		A	Revision of foot tendon	*11.73	5.91	5.91	0.58	18.22	18.22	090
28262		A	Revision of foot and ankle	*15.83	11.91	11.91	1.44	29.18	29.18	090
28264		A	Release of midfoot joint	*10.35	9.56	9.56	1.17	21.08	21.08	090
28270		A	Release of foot contracture	*4.76	2.63	2.63	0.23	7.62	7.62	090
28272		A	Release of toe joint, each	*3.80	2.04	2.04	0.18	6.02	6.02	090
28280		A	Fusion of toes	*5.19	2.22	2.22	0.30	7.71	7.71	090
28285		A	Repair of hammertoe	*4.59	4.37	4.37	0.39	9.35	9.35	090
28286		A	Repair of hammertoe	*4.56	3.58	3.58	0.38	8.52	8.52	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28288		A	Partial removal of foot bone	*4.74	3.75	3.75	0.43	8.92	8.92	090
28290		A	Correction of bunion	*5.66	5.36	5.36	0.63	11.65	11.65	090
28292		A	Correction of bunion	*7.04	7.05	7.05	0.74	14.83	14.83	090
28293		A	Correction of bunion	*9.15	9.55	9.55	0.98	19.68	19.68	090
28294		A	Correction of bunion	*8.56	9.16	9.16	0.86	18.58	18.58	090
28296		A	Correction of bunion	*9.18	8.81	8.81	0.98	18.97	18.97	090
28297		A	Correction of bunion	*9.18	9.02	9.02	1.05	19.25	19.25	090
28298		A	Correction of bunion	*7.94	#8.73	#8.73	0.79	17.46	17.46	090
28299		A	Correction of bunion	*8.88	#9.77	#9.77	1.08	19.73	19.73	090
28300		A	Incision of heel bone	*9.54	6.52	6.52	0.79	16.85	16.85	090
28302		A	Incision of ankle bone	*9.55	8.89	8.89	1.12	19.56	19.56	090
28304		A	Incision of midfoot bones	*9.16	6.44	6.44	0.70	16.30	16.30	090
28305		A	Incise/graft midfoot bones	*10.50	9.85	9.85	1.03	21.38	21.38	090
28306		A	Incision of metatarsal	*5.86	4.57	4.57	0.47	10.90	10.90	090
28307		A	Incision of metatarsal	*6.33	5.87	5.87	0.76	12.96	12.96	090
28308		A	Incision of metatarsal	*5.29	5.71	5.71	0.50	11.50	11.50	090
28309		A	Incision of metatarsals	*12.78	6.87	6.87	1.00	20.65	20.65	090
28310		A	Revision of big toe	*5.43	4.17	4.17	0.42	10.02	10.02	090
28312		A	Revision of toe	*4.55	4.56	4.56	0.45	9.56	9.56	090
28313		A	Repair deformity of toe	*5.01	2.57	2.57	0.31	7.89	7.89	090
28315		A	Removal of sesamoid bone	*4.86	4.24	4.24	0.41	9.51	9.51	090
28320		A	Repair of foot bones	*9.18	8.69	8.69	1.03	18.90	18.90	090
28322		A	Repair of metatarsals	*8.34	4.67	4.67	0.52	13.53	13.53	090
28340		A	Resect enlarged toe tissue	*6.98	6.34	6.34	0.91	14.23	14.23	090
28341		A	Resect enlarged toe	*8.41	7.66	7.66	0.96	17.03	17.03	090
28344		A	Repair extra toe(s)	*4.26	3.70	3.70	0.60	8.56	8.56	090
28345		A	Repair webbed toe(s)	*5.92	5.34	5.34	0.73	11.99	11.99	090
28360		A	Reconstruct cleft foot	*13.34	11.91	11.91	1.95	27.20	27.20	090
28400		A	Treatment of heel fracture	*2.16	2.57	2.57	0.40	5.13	5.13	090
28405		A	Treatment of heel fracture	*4.57	3.90	3.90	0.58	9.05	9.05	090
28406		A	Treatment of heel fracture	*6.31	6.09	6.09	0.93	13.33	13.33	090
28415		A	Repair of heel fracture	*15.97	9.02	9.02	1.39	26.38	26.38	090
28420		A	Repair/graft heel fracture	*16.64	10.89	10.89	1.63	29.16	29.16	090
28430		A	Treatment of ankle fracture	*2.09	2.45	2.45	0.35	4.89	4.89	090
28435		A	Treatment of ankle fracture	*3.40	3.36	3.36	0.50	7.26	7.26	090
28436		A	Treatment of ankle fracture	*4.71	4.19	4.19	0.68	9.58	9.58	090
28445		A	Repair of ankle fracture	*9.33	8.80	8.80	1.40	19.53	19.53	090
28450		A	Treat midfoot fracture, each	*1.90	1.87	1.87	0.25	4.02	4.02	090
28455		A	Treat midfoot fracture, each	*3.09	2.54	2.54	0.34	5.97	5.97	090
28456		A	Repair midfoot fracture	*2.68	2.27	2.27	0.38	5.33	5.33	090
28465		A	Repair midfoot fracture, each	*7.01	5.54	5.54	0.81	13.36	13.36	090
28470		A	Treat metatarsal fracture	*1.99	1.80	1.80	0.23	4.02	4.02	090
28475		A	Treat metatarsal fracture	*2.97	2.34	2.34	0.30	5.61	5.61	090
28476		A	Repair metatarsal fracture	*3.38	3.37	3.37	0.45	7.20	7.20	090
28485		A	Repair metatarsal fracture	*5.71	4.68	4.68	0.60	10.99	10.99	090
28490		A	Treat big toe fracture	*1.09	0.90	0.90	0.10	2.09	2.09	090
28495		A	Treat big toe fracture	*1.58	1.12	1.12	0.13	2.83	2.83	090
28496		A	Repair big toe fracture	*2.33	2.07	2.07	0.31	4.71	4.71	090
28505		A	Repair big toe fracture	*3.81	2.99	2.99	0.43	7.23	7.23	090
28510		A	Treatment of toe fracture	*1.09	0.89	0.89	0.09	2.07	2.07	090
28515		A	Treatment of toe fracture	*1.46	1.12	1.12	0.11	2.69	2.69	090
28525		A	Repair of toe fracture	*3.32	2.06	2.06	0.29	5.67	5.67	090
28530		A	Treat sesamoid bone fracture	*1.06	1.00	1.00	0.10	2.16	2.16	090
28531		A	Treat sesamoid bone fracture	*2.35	1.91	1.91	0.32	4.58	4.58	090
28540		A	Treat foot dislocation	*2.04	0.60	0.60	0.06	2.70	2.70	090
28545		A	Treat foot dislocation	*2.45	1.31	1.31	0.14	3.90	3.90	090
28546		A	Treat foot dislocation	*3.20	2.74	2.74	0.45	6.39	6.39	090
28555		A	Repair foot dislocation	*6.30	5.58	5.58	0.73	12.61	12.61	090
28570		A	Treat foot dislocation	*1.66	1.59	1.59	0.17	3.42	3.42	090
28575		A	Treat foot dislocation	*3.31	2.77	2.77	0.42	6.50	6.50	090
28576		A	Treat foot dislocation	*4.17	2.77	2.77	0.42	7.36	7.36	090
28585		A	Repair foot dislocation	*7.99	4.96	4.96	0.55	13.50	13.50	090
28600		A	Treat foot dislocation	*1.89	0.68	0.68	0.08	2.65	2.65	090
28605		A	Treat foot dislocation	*2.71	2.26	2.26	0.34	5.31	5.31	090
28606		A	Treat foot dislocation	*4.90	3.49	3.49	0.55	8.94	8.94	090
28615		A	Repair foot dislocation	*7.77	4.96	4.96	0.78	13.51	13.51	090
28630		A	Treat toe dislocation	*1.70	1.03	1.03	0.11	2.84	2.84	010
28635		A	Treat toe dislocation	*1.91	1.45	1.45	0.18	3.54	3.54	010
28636		A	Treat toe dislocation	*2.77	2.56	2.56	0.42	5.75	5.75	010
28645		A	Repair toe dislocation	*4.22	3.24	3.24	0.38	7.84	7.84	090
28660		A	Treat toe dislocation	*1.23	0.63	0.63	0.06	1.92	1.92	010
28665		A	Treat toe dislocation	*1.92	0.98	0.98	0.11	3.01	3.01	010
28666		A	Treat toe dislocation	*2.66	2.44	2.44	0.40	5.50	5.50	010
28675		A	Repair of toe dislocation	*2.92	3.00	3.00	0.41	6.33	6.33	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28705		A	Fusion of foot bones	*15.21	15.11	15.11	2.35	32.67	32.67	090
28715		A	Fusion of foot bones	*13.10	12.33	12.33	1.89	27.32	27.32	090
28725		A	Fusion of foot bones	*11.61	9.44	9.44	1.44	22.49	22.49	090
28730		A	Fusion of foot bones	*10.76	9.00	9.00	1.33	21.09	21.09	090
28735		A	Fusion of foot bones	*10.85	9.76	9.76	1.37	21.98	21.98	090
28737		A	Revision of foot bones	*9.64	8.87	8.87	1.13	19.64	19.64	090
28740		A	Fusion of foot bones	*8.02	5.14	5.14	0.72	13.88	13.88	090
28750		A	Fusion of big toe joint	*7.30	5.32	5.32	0.82	13.44	13.44	090
28755		A	Fusion of big toe joint	*4.74	3.69	3.69	0.45	8.88	8.88	090
28760		A	Fusion of big toe joint	*7.75	5.40	5.40	0.65	13.80	13.80	090
28800		A	Amputation of midfoot	*8.21	6.65	6.65	1.19	16.05	16.05	090
28805		A	Amputation thru metatarsal	*8.39	6.32	6.32	1.21	15.92	15.92	090
28810		A	Amputation toe & metatarsal	*6.21	3.91	3.91	0.75	10.87	10.87	090
28820		A	Amputation of toe	*4.41	2.58	2.58	0.46	7.45	7.45	090
28825		A	Partial amputation of toe	*3.59	2.40	2.40	0.41	6.40	6.40	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	1.85	1.85	0.21	4.31	4.31	000
29010		A	Application of body cast	2.06	2.33	#2.27	0.34	4.73	4.67	000
29015		A	Application of body cast	2.41	2.33	2.33	0.33	5.07	5.07	000
29020		A	Application of body cast	2.11	1.82	1.82	0.23	4.16	4.16	000
29025		A	Application of body cast	2.40	0.75	0.75	0.14	3.29	3.29	000
29035		A	Application of body cast	1.77	1.95	1.95	0.32	4.04	4.04	000
29040		A	Application of body cast	2.22	2.02	2.02	0.30	4.54	4.54	000
29044		A	Application of body cast	2.12	2.09	2.09	0.34	4.55	4.55	000
29046		A	Application of body cast	2.41	2.23	2.23	0.36	5.00	5.00	000
29049		A	Application of figure eight	0.89	0.42	0.42	0.06	1.37	1.37	000
29055		A	Application of shoulder cast	1.78	1.20	1.20	0.17	3.15	3.15	000
29058		A	Application of shoulder cast	1.31	0.65	0.65	0.09	2.05	2.05	000
29065		A	Application of long arm cast	0.87	0.80	0.80	0.13	1.80	1.80	000
29075		A	Application of forearm cast	0.77	0.61	0.61	0.10	1.48	1.48	000
29085		A	Apply hand/wrist cast	0.87	0.50	0.50	0.08	1.45	1.45	000
29105		A	Apply long arm splint	0.87	0.50	0.50	0.08	1.45	1.45	000
29125		A	Apply forearm splint	0.59	0.37	0.37	0.05	1.01	1.01	000
29126		A	Apply forearm splint	0.77	0.40	0.40	0.06	1.23	1.23	000
29130		A	Application of finger splint	0.50	0.17	0.17	0.02	0.69	0.69	000
29131		A	Application of finger splint	0.55	0.39	0.39	0.06	1.00	1.00	000
29200		A	Strapping of chest	0.65	0.27	0.27	0.03	0.95	0.95	000
29220		A	Strapping of low back	0.64	0.38	0.38	0.05	1.07	1.07	000
29240		A	Strapping of shoulder	0.71	0.27	0.27	0.03	1.01	1.01	000
29260		A	Strapping of elbow or wrist	0.55	0.23	0.23	0.03	0.81	0.81	000
29280		A	Strapping of hand or finger	0.51	0.21	0.21	0.02	0.74	0.74	000
29305		A	Application of hip cast	2.03	1.88	1.88	0.31	4.22	4.22	000
29325		A	Application of hip casts	2.32	1.94	1.94	0.28	4.54	4.54	000
29345		A	Application of long leg cast	1.40	1.02	1.02	0.16	2.58	2.58	000
29355		A	Application of long leg cast	1.53	1.10	1.10	0.17	2.80	2.80	000
29358		A	Apply long leg cast brace	1.43	#1.57	#1.57	0.33	3.33	3.33	000
29365		A	Application of long leg cast	1.18	0.86	0.86	0.14	2.18	2.18	000
29405		A	Apply short leg cast	0.86	0.79	0.79	0.12	1.77	1.77	000
29425		A	Apply short leg cast	1.01	0.97	0.97	0.14	2.12	2.12	000
29435		A	Apply short leg cast	1.18	1.18	1.18	0.18	2.54	2.54	000
29440		A	Addition of walker to cast	0.57	0.23	0.23	0.03	0.83	0.83	000
29445		A	Apply rigid leg cast	1.78	1.70	1.70	0.28	3.76	3.76	000
29450		A	Application of leg cast	1.02	0.39	0.39	0.04	1.45	1.45	000
29505		A	Application long leg splint	0.69	0.57	0.57	0.07	1.33	1.33	000
29515		A	Application lower leg splint	0.73	0.47	0.47	0.06	1.26	1.26	000
29520		A	Strapping of hip	0.54	0.36	0.36	0.03	0.93	0.93	000
29530		A	Strapping of knee	0.57	0.35	0.35	0.05	0.97	0.97	000
29540		A	Strapping of ankle	0.51	0.30	0.30	0.03	0.84	0.84	000
29550		A	Strapping of toes	0.47	0.28	0.28	0.03	0.78	0.78	000
29580		A	Application of paste boot	0.57	0.79	0.79	0.04	1.40	1.40	000
29590		A	Application of foot splint	0.76	0.28	0.28	0.03	1.07	1.07	000
29700		A	Removal/revision of cast	0.57	0.32	0.32	0.05	0.94	0.94	000
29705		A	Removal/revision of cast	0.76	0.35	0.35	0.05	1.16	1.16	000
29710		A	Removal/revision of cast	1.34	0.45	0.45	0.07	1.86	1.86	000
29715		A	Removal/revision of cast	0.94	0.86	0.86	0.12	1.92	1.92	000
29720		A	Repair of body cast	0.68	0.23	0.23	0.04	0.95	0.95	000
29730		A	Windowing of cast	0.75	0.26	0.26	0.04	1.05	1.05	000
29740		A	Wedging of cast	1.12	0.38	0.38	0.06	1.56	1.56	000
29750		A	Wedging of clubfoot cast	1.26	0.50	0.50	0.07	1.83	1.83	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	*6.43	4.01	4.01	0.46	10.90	10.90	090
29804		A	Jaw arthroscopy/surgery	*8.14	#8.95	#8.95	1.46	18.55	18.55	090
29815		A	Shoulder arthroscopy	*5.89	4.84	4.84	0.76	11.49	11.49	090
29819		A	Shoulder arthroscopy/surgery	*7.62	#8.38	#8.38	1.73	17.73	17.73	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
29820		A	Shoulder arthroscopy/surgery	*7.07	#7.78	#7.78	1.73	16.58	16.58	090
29821		A	Shoulder arthroscopy/surgery	*7.72	#8.49	#8.49	2.13	18.34	18.34	090
29822		A	Shoulder arthroscopy/surgery	*7.43	#8.17	#8.17	1.74	17.34	17.34	090
29823		A	Shoulder arthroscopy/surgery	*8.17	#8.99	#8.99	2.32	19.48	19.48	090
29825		A	Shoulder arthroscopy/surgery	*7.62	#8.38	#8.38	2.05	18.05	18.05	090
29826		A	Shoulder arthroscopy/surgery	*8.99	#9.89	#9.89	2.31	21.19	21.19	090
29830		A	Elbow arthroscopy	*5.76	5.32	5.32	0.83	11.91	11.91	090
29834		A	Elbow arthroscopy/surgery	*6.28	5.84	5.84	0.96	13.08	13.08	090
29835		A	Elbow arthroscopy/surgery	*6.48	6.03	6.03	0.99	13.50	13.50	090
29836		A	Elbow arthroscopy/surgery	*7.55	7.03	7.03	1.15	15.73	15.73	090
29837		A	Elbow arthroscopy/surgery	*6.87	6.40	6.40	1.06	14.33	14.33	090
29838		A	Elbow arthroscopy/surgery	*7.71	7.05	7.05	1.14	15.90	15.90	090
29840		A	Wrist arthroscopy	*5.54	3.29	3.29	0.54	9.37	9.37	090
29843		A	Wrist arthroscopy/surgery	*6.01	5.60	5.60	0.91	12.52	12.52	090
29844		A	Wrist arthroscopy/surgery	*6.37	5.59	5.59	0.95	12.91	12.91	090
29845		A	Wrist arthroscopy/surgery	*7.52	7.00	7.00	1.15	15.67	15.67	090
29846		A	Wrist arthroscopy/surgery	*6.75	#7.43	#7.43	2.20	16.38	16.38	090
29847		A	Wrist arthroscopy/surgery	*7.08	6.78	6.78	0.97	14.83	14.83	090
29848		A	Wrist arthroscopy/surgery	*5.44	3.85	3.85	0.62	9.91	9.91	090
29850		A	Knee arthroscopy/surgery	*8.19	#9.01	#9.01	1.74	18.94	18.94	090
29851		A	Knee arthroscopy/surgery	*13.10	10.95	10.95	1.74	25.79	25.79	090
29855		A	Tibial arthroscopy/surgery	*10.62	#11.68	#11.68	1.88	24.18	24.18	090
29856		A	Tibial arthroscopy/surgery	*14.14	11.69	11.69	1.88	27.71	27.71	090
29860		A	Hip arthroscopy, dx	*8.05	4.84	4.84	0.76	13.65	13.65	090
29861		A	Hip arthroscopy/surgery	*9.15	9.38	9.38	1.73	20.26	20.26	090
29862		A	Hip arthroscopy/surgery	*9.90	10.07	10.07	2.32	22.29	22.29	090
29863		A	Hip arthroscopy/surgery	*9.90	8.72	8.72	1.73	20.35	20.35	090
29870		A	Knee arthroscopy, diagnostic	*5.07	4.02	4.02	0.64	9.73	9.73	090
29871		A	Knee arthroscopy/drainage	*6.55	6.77	6.77	0.96	14.28	14.28	090
29874		A	Knee arthroscopy/surgery	*7.05	#7.76	#7.76	1.52	16.33	16.33	090
29875		A	Knee arthroscopy/surgery	*6.31	#6.94	#6.94	1.61	14.86	14.86	090
29876		A	Knee arthroscopy/surgery	*7.92	#8.71	#8.71	1.95	18.58	18.58	090
29877		A	Knee arthroscopy/surgery	*7.35	#8.09	#8.09	1.81	17.25	17.25	090
29879		A	Knee arthroscopy/surgery	*8.04	#8.84	#8.84	2.19	19.07	19.07	090
29880		A	Knee arthroscopy/surgery	*8.50	#9.35	#9.35	2.22	20.07	20.07	090
29881		A	Knee arthroscopy/surgery	*7.76	#8.54	#8.54	1.82	18.12	18.12	090
29882		A	Knee arthroscopy/surgery	*8.65	#9.52	#9.52	1.90	20.07	20.07	090
29883		A	Knee arthroscopy/surgery	*9.46	#10.41	#10.41	2.80	22.67	22.67	090
29884		A	Knee arthroscopy/surgery	*7.33	#8.06	#8.06	1.56	16.95	16.95	090
29885		A	Knee arthroscopy/surgery	*9.09	8.23	8.23	1.35	18.67	18.67	090
29886		A	Knee arthroscopy/surgery	*7.54	6.80	6.80	1.12	15.46	15.46	090
29887		A	Knee arthroscopy/surgery	*9.04	#9.94	#9.94	1.71	20.69	20.69	090
29888		A	Knee arthroscopy/surgery	*13.90	#15.29	#15.29	3.18	32.37	32.37	090
29889		A	Knee arthroscopy/surgery	*15.13	10.26	10.26	1.68	27.07	27.07	090
29891		A	Ankle arthroscopy/surgery	*8.40	8.86	8.86	1.77	19.03	19.03	090
29892		A	Ankle arthroscopy/surgery	*9.00	8.86	8.86	1.77	19.63	19.63	090
29893		A	Scope, plantar fasciotomy	*5.22	5.20	5.20	0.46	10.88	10.88	090
29894		A	Ankle arthroscopy/surgery	*7.21	#7.93	#7.93	1.47	16.61	16.61	090
29895		A	Ankle arthroscopy/surgery	*6.99	#7.69	#7.69	1.51	16.19	16.19	090
29897		A	Ankle arthroscopy/surgery	*7.18	#7.90	#7.90	1.77	16.85	16.85	090
29898		A	Ankle arthroscopy/surgery	*8.32	#9.15	#9.15	1.91	19.38	19.38	090
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	*1.43	0.58	0.58	0.05	2.06	2.06	010
30020		A	Drainage of nose lesion	*1.43	0.60	0.60	0.06	2.09	2.09	010
30100		A	Intranasal biopsy	0.94	0.69	0.69	0.08	1.71	1.71	000
30110		A	Removal of nose polyp(s)	*1.63	1.29	1.29	0.14	3.06	3.06	010
30115		A	Removal of nose polyp(s)	*4.35	2.81	2.81	0.30	7.46	7.46	090
30117		A	Removal of intranasal lesion	*3.16	2.84	2.84	0.31	6.31	6.31	090
30118		A	Removal of intranasal lesion	*9.69	8.01	8.01	0.92	18.62	18.62	090
30120		A	Revision of nose	*5.27	#5.80	#5.80	1.00	12.07	12.07	090
30124		A	Removal of nose lesion	*3.10	1.34	1.34	0.16	4.60	4.60	090
30125		A	Removal of nose lesion	*7.16	5.55	5.55	0.73	13.44	13.44	090
30130		A	Removal of turbinate bones	*3.38	1.67	1.67	0.17	5.22	5.22	090
30140		A	Removal of turbinate bones	*3.43	3.04	3.04	0.34	6.81	6.81	090
30150		A	Partial removal of nose	*9.14	7.92	7.92	1.07	18.13	18.13	090
30160		A	Removal of nose	*9.58	#10.54	#10.54	1.73	21.85	21.85	090
30200		A	Injection treatment of nose	0.78	0.37	0.37	0.04	1.19	1.19	000
30210		A	Nasal sinus therapy	*1.08	0.26	0.26	0.03	1.37	1.37	010
30220		A	Insert nasal septal button	*1.54	1.51	1.51	0.16	3.21	3.21	010
30300		A	Remove nasal foreign body	*1.04	0.46	0.46	0.05	1.55	1.55	010
30310		A	Remove nasal foreign body	*1.96	1.62	1.62	0.18	3.76	3.76	010
30320		A	Remove nasal foreign body	*4.52	4.29	4.29	0.43	9.24	9.24	090
30400		R	Reconstruction of nose	*9.83	9.97	9.97	1.36	21.16	21.16	090
30410		R	Reconstruction of nose	*12.98	#14.28	#14.28	2.01	29.27	29.27	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
30420		R	Reconstruction of nose	*15.88	#17.47	#17.47	2.22	35.57	35.57	090
30430		R	Revision of nose	*7.21	6.09	6.09	0.66	13.96	13.96	090
30435		R	Revision of nose	*11.71	10.17	10.17	1.10	22.98	22.98	090
30450		R	Revision of nose	*18.65	11.24	11.24	0.91	30.80	30.80	090
30460		A	Revision of nose	*9.96	8.58	8.58	0.93	19.47	19.47	090
30462		A	Revision of nose	*19.57	17.16	17.16	1.87	38.60	38.60	090
30520		A	Repair of nasal septum	*5.70	#6.27	#6.27	0.96	12.93	12.93	090
30540		A	Repair nasal defect	*7.75	6.63	6.63	0.70	15.08	15.08	090
30545		A	Repair nasal defect	*11.38	10.83	10.83	0.93	23.14	23.14	090
30560		A	Release of nasal adhesions	*1.26	0.55	0.55	0.06	1.87	1.87	010
30580		A	Repair upper jaw fistula	*6.69	6.24	6.24	0.57	13.50	13.50	090
30600		A	Repair mouth/nose fistula	*6.02	3.77	3.77	0.36	10.15	10.15	090
30620		A	Intranasal reconstruction	*5.97	#6.57	#6.57	1.10	13.64	13.64	090
30630		A	Repair nasal septum defect	*7.12	6.24	6.24	0.71	14.07	14.07	090
30801		A	Cauterization inner nose	*1.09	0.47	0.47	0.05	1.61	1.61	010
30802		A	Cauterization inner nose	*2.03	0.94	0.94	0.11	3.08	3.08	010
30901		A	Control of nosebleed	1.21	0.56	0.56	0.06	1.83	1.83	000
30903		A	Control of nosebleed	1.54	0.85	0.85	0.08	2.47	2.47	000
30905		A	Control of nosebleed	1.97	1.79	1.79	0.17	3.93	3.93	000
30906		A	Repeat control of nosebleed	2.45	1.08	1.08	0.11	3.64	3.64	000
30915		A	Ligation nasal sinus artery	*7.20	4.95	4.95	0.52	12.67	12.67	090
30920		A	Ligation upper jaw artery	*9.83	9.54	9.54	1.32	20.69	20.69	090
30930		A	Therapy fracture of nose	*1.26	0.71	0.71	0.08	2.05	2.05	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation maxillary sinus	*1.15	0.43	0.43	0.05	1.63	1.63	010
31002		A	Irrigation sphenoid sinus	*1.91	0.46	0.46	0.05	2.42	2.42	010
31020		A	Exploration maxillary sinus	*2.94	2.66	2.66	0.29	5.89	5.89	090
31030		A	Exploration maxillary sinus	*5.92	#6.51	#6.51	0.86	13.29	13.29	090
31032		A	Explore sinus, remove polyps	*6.57	#7.23	#7.23	0.99	14.79	14.79	090
31040		A	Exploration behind upper jaw	*9.42	7.98	7.98	0.86	18.26	18.26	090
31050		A	Exploration sphenoid sinus	*5.28	#5.81	#5.81	0.64	11.73	11.73	090
31051		A	Sphenoid sinus surgery	*7.11	#7.82	#7.82	0.85	15.78	15.78	090
31070		A	Exploration of frontal sinus	*4.28	4.69	4.69	0.50	9.47	9.47	090
31075		A	Exploration of frontal sinus	*9.16	#10.08	#10.08	1.10	20.34	20.34	090
31080		A	Removal of frontal sinus	*11.42	9.21	9.21	1.12	21.75	21.75	090
31081		A	Removal of frontal sinus	*12.75	10.32	10.32	1.30	24.37	24.37	090
31084		A	Removal of frontal sinus	*13.51	14.79	14.79	1.62	29.92	29.92	090
31085		A	Removal of frontal sinus	*14.20	#15.62	#15.62	1.76	31.58	31.58	090
31086		A	Removal of frontal sinus	*12.86	10.87	10.87	1.15	24.88	24.88	090
31087		A	Removal of frontal sinus	*13.10	10.39	10.39	1.33	24.82	24.82	090
31090		A	Exploration of sinuses	*9.53	#10.48	#10.48	2.12	22.13	22.13	090
31200		A	Removal of ethmoid sinus	*4.97	4.62	4.62	0.48	10.07	10.07	090
31201		A	Removal of ethmoid sinus	*8.37	7.01	7.01	0.75	16.13	16.13	090
31205		A	Removal of ethmoid sinus	*10.24	8.03	8.03	0.81	19.08	19.08	090
31225		A	Removal of upper jaw	*19.23	19.44	19.44	2.37	41.04	41.04	090
31230		A	Removal of upper jaw	*21.94	21.74	21.74	2.48	46.16	46.16	090
31231		A	Nasal endoscopy, dx	1.10	1.37	1.37	0.15	2.62	2.62	000
31233		A	Nasal/sinus endoscopy, dx	2.18	2.79	2.79	0.31	5.28	5.28	000
31235		A	Nasal/sinus endoscopy, dx	2.64	2.39	2.39	0.26	5.29	5.29	000
31237		A	Nasal/sinus endoscopy, surg	2.98	#3.28	#3.28	0.37	6.63	6.63	000
31238		A	Nasal/sinus endoscopy, surg	3.26	#3.59	#3.59	0.45	7.30	7.30	000
31239		A	Nasal/sinus endoscopy, surg	*8.70	#9.57	#9.57	1.18	19.45	19.45	010
31240		A	Nasal/sinus endoscopy, surg	2.61	#2.87	#2.87	0.37	5.85	5.85	000
31254		A	Revision of ethmoid sinus	4.65	#5.12	#5.12	0.69	10.46	10.46	000
31255		A	Removal of ethmoid sinus	6.96	#7.66	#7.66	1.14	15.76	15.76	000
31256		A	Exploration maxillary sinus	3.29	#3.62	#3.62	0.41	7.32	7.32	000
31267		A	Endoscopy, maxillary sinus	5.46	5.23	5.23	0.81	11.50	11.50	000
31276		A	Sinus surgical endoscopy	8.85	6.72	6.72	0.73	16.30	16.30	000
31287		A	Nasal/sinus endoscopy, surg	3.92	#4.31	#4.31	0.65	8.88	8.88	000
31288		A	Nasal/sinus endoscopy, surg	4.58	#5.04	#5.04	0.78	10.40	10.40	000
31290		A	Nasal/sinus endoscopy, surg	*17.24	16.47	16.47	1.80	35.51	35.51	010
31291		A	Nasal/sinus endoscopy, surg	*18.19	17.31	17.31	1.88	37.38	37.38	010
31292		A	Nasal/sinus endoscopy, surg	*14.76	13.38	13.38	1.45	29.59	29.59	010
31293		A	Nasal/sinus endoscopy, surg	*16.21	14.64	14.64	1.59	32.44	32.44	010
31294		A	Nasal/sinus endoscopy, surg	*19.06	16.72	16.72	1.83	37.61	37.61	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	*14.29	11.58	11.58	1.28	27.15	27.15	090
31320		A	Diagnostic incision larynx	*5.26	3.87	3.87	0.48	9.61	9.61	090
31360		A	Removal of larynx	*17.08	#18.79	#18.79	2.19	38.06	38.06	090
31365		A	Removal of larynx	*24.16	#26.58	#26.58	3.10	53.84	53.84	090
31367		A	Partial removal of larynx	*21.86	17.22	17.22	1.88	40.96	40.96	090
31368		A	Partial removal of larynx	*27.09	26.76	26.76	3.06	56.91	56.91	090
31370		A	Partial removal of larynx	*21.38	17.18	17.18	1.88	40.44	40.44	090
31375		A	Partial removal of larynx	*20.21	14.84	14.84	1.56	36.61	36.61	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
31380		A	Partial removal of larynx	*20.21	17.27	17.27	1.88	39.36	39.36	090
31382		A	Partial removal of larynx	*20.52	16.06	16.06	1.78	38.36	38.36	090
31390		A	Removal of larynx & pharynx	*27.53	27.08	27.08	4.05	58.66	58.66	090
31395		A	Reconstruct larynx & pharynx	*31.09	33.52	33.52	4.42	69.03	69.03	090
31400		A	Revision of larynx	*10.31	7.81	7.81	0.91	19.03	19.03	090
31420		A	Removal of epiglottis	*10.22	8.08	8.08	0.84	19.14	19.14	090
31500		A	Insert emergency airway	2.33	1.14	1.14	0.14	3.61	3.61	000
31502		A	Change of windpipe airway	0.65	0.58	0.58	0.07	1.30	1.30	000
31505		A	Diagnostic laryngoscopy	0.61	0.43	0.43	0.05	1.09	1.09	000
31510		A	Laryngoscopy with biopsy	1.92	0.55	0.55	0.07	2.54	2.54	000
31511		A	Remove foreign body, larynx	2.16	0.96	0.96	0.10	3.22	3.22	000
31512		A	Removal of larynx lesion	2.07	1.79	1.79	0.20	4.06	4.06	000
31513		A	Injection into vocal cord	2.10	#2.31	#2.31	0.38	4.79	4.79	000
31515		A	Laryngoscopy for aspiration	1.80	1.13	1.13	0.14	3.07	3.07	000
31520		A	Diagnostic laryngoscopy	2.56	1.64	1.64	0.18	4.38	4.38	000
31525		A	Diagnostic laryngoscopy	2.63	2.20	2.20	0.23	5.06	5.06	000
31526		A	Diagnostic laryngoscopy	2.57	#2.83	#2.83	0.38	5.78	5.78	000
31527		A	Laryngoscopy for treatment	3.27	2.99	2.99	0.30	6.56	6.56	000
31528		A	Laryngoscopy and dilatation	2.37	#2.61	#2.61	0.30	5.28	5.28	000
31529		A	Laryngoscopy and dilatation	2.68	2.46	2.46	0.25	5.39	5.39	000
31530		A	Operative laryngoscopy	3.39	3.63	3.63	0.39	7.41	7.41	000
31531		A	Operative laryngoscopy	3.59	#3.95	#3.95	0.60	8.14	8.14	000
31535		A	Operative laryngoscopy	3.16	#3.48	#3.48	0.45	7.09	7.09	000
31536		A	Operative laryngoscopy	3.56	#3.92	#3.92	0.59	8.07	8.07	000
31540		A	Operative laryngoscopy	4.13	#4.54	#4.54	0.61	9.28	9.28	000
31541		A	Operative laryngoscopy	4.53	4.56	4.56	0.75	9.84	9.84	000
31560		A	Operative laryngoscopy	5.46	4.99	4.99	0.51	10.96	10.96	000
31561		A	Operative laryngoscopy	6.00	6.27	6.27	1.08	13.35	13.35	000
31570		A	Laryngoscopy with injection	3.87	#4.26	#4.26	0.60	8.73	8.73	000
31571		A	Laryngoscopy with injection	4.27	4.51	4.51	0.69	9.47	9.47	000
31575		A	Diagnostic laryngoscopy	1.10	1.56	1.56	0.17	2.83	2.83	000
31576		A	Laryngoscopy with biopsy	1.97	#2.17	#2.17	0.33	4.47	4.47	000
31577		A	Remove foreign body, larynx	2.47	#2.72	#2.72	0.37	5.56	5.56	000
31578		A	Removal of larynx lesion	2.84	#3.12	#3.12	0.48	6.44	6.44	000
31579		A	Diagnostic laryngoscopy	2.26	2.33	2.33	0.26	4.85	4.85	000
31580		A	Revision of larynx	*12.38	#13.62	#13.62	1.63	27.63	27.63	090
31582		A	Revision of larynx	*21.62	17.87	17.87	1.94	41.43	41.43	090
31584		A	Repair of larynx fracture	*19.64	12.72	12.72	1.34	33.70	33.70	090
31585		A	Repair of larynx fracture	*4.64	3.77	3.77	0.40	8.81	8.81	090
31586		A	Repair of larynx fracture	*8.03	6.55	6.55	0.71	15.29	15.29	090
31587		A	Revision of larynx	*11.99	7.21	7.21	0.79	19.99	19.99	090
31588		A	Revision of larynx	*13.11	10.70	10.70	1.16	24.97	24.97	090
31590		A	Reinnervate larynx	*6.97	5.76	5.76	0.62	13.35	13.35	090
31595		A	Larynx nerve surgery	*8.34	6.84	6.84	0.74	15.92	15.92	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	3.62	#3.98	#3.98	0.65	8.25	8.25	000
31601		A	Incision of windpipe	4.45	#4.90	#4.90	0.66	10.01	10.01	000
31603		A	Incision of windpipe	4.15	4.23	4.23	0.66	9.04	9.04	000
31605		A	Incision of windpipe	3.58	#3.94	#3.94	0.50	8.02	8.02	000
31610		A	Incision of windpipe	*8.76	6.67	6.67	0.92	16.35	16.35	090
31611		A	Surgery/speech prosthesis	*5.64	6.45	6.45	1.04	13.13	13.13	090
31612		A	Puncture/clear windpipe	0.91	1.17	#1.00	0.12	2.20	2.03	000
31613		A	Repair windpipe opening	*4.59	2.21	2.21	0.28	7.08	7.08	090
31614		A	Repair windpipe opening	*7.12	6.74	6.74	0.73	14.59	14.59	090
31615		A	Visualization of windpipe	2.09	1.95	1.95	0.22	4.26	4.26	000
31622		A	Diagnostic bronchoscopy	2.80	#3.08	#3.08	0.34	6.22	6.22	000
31625		A	Bronchoscopy with biopsy	3.37	#3.71	#3.71	0.35	7.43	7.43	000
31628		A	Bronchoscopy with biopsy	3.81	#4.19	#4.19	0.38	8.38	8.38	000
31629		A	Bronchoscopy with biopsy	3.37	#3.71	#3.71	0.34	7.42	7.42	000
31630		A	Bronchoscopy with repair	3.82	3.72	3.72	0.50	8.04	8.04	000
31631		A	Bronchoscopy with dilation	4.37	3.94	3.94	0.48	8.79	8.79	000
31635		A	Remove foreign body, airway	3.68	#4.05	#4.05	0.53	8.26	8.26	000
31640		A	Bronchoscopy & remove lesion	4.94	5.02	5.02	0.67	10.63	10.63	000
31641		A	Bronchoscopy, treat blockage	5.03	#5.53	#5.53	0.85	11.41	11.41	000
31645		A	Bronchoscopy, clear airways	3.16	#3.48	#3.48	0.30	6.94	6.94	000
31646		A	Bronchoscopy, reclear airways	2.72	#2.99	#2.99	0.27	5.98	5.98	000
31656		A	Bronchoscopy, inject for x-ray	2.17	#2.39	#2.39	0.31	4.87	4.87	000
31700		A	Insertion of airway catheter	1.34	1.38	1.38	0.17	2.89	2.89	000
31708		A	Instill airway contrast dye	1.41	0.77	0.77	0.09	2.27	2.27	000
31710		A	Insertion of airway catheter	1.30	0.90	0.90	0.12	2.32	2.32	000
31715		A	Injection for bronchus x-ray	1.11	0.48	0.48	0.04	1.63	1.63	000
31717		A	Bronchial brush biopsy	2.12	0.73	0.73	0.06	2.91	2.91	000
31720		A	Clearance of airways	1.06	0.74	0.74	0.09	1.89	1.89	000
31725		A	Clearance of airways	1.96	1.41	1.41	0.15	3.52	3.52	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
31730		A	Intro windpipe wire/tube	2.85	2.47	2.47	0.23	5.55	5.55	000
31750		A	Repair of windpipe	*13.02	8.88	8.88	1.09	22.99	22.99	090
31755		A	Repair of windpipe	*15.93	13.30	13.30	1.44	30.67	30.67	090
31760		A	Repair of windpipe	*22.35	10.92	10.92	2.55	35.82	35.82	090
31766		A	Reconstruction of windpipe	*30.43	18.40	18.40	1.12	49.95	49.95	090
31770		A	Repair/graft of bronchus	*22.51	15.07	15.07	2.08	39.66	39.66	090
31775		A	Reconstruct bronchus	*23.54	16.37	16.37	1.92	41.83	41.83	090
31780		A	Reconstruct windpipe	*17.72	17.33	17.33	2.08	37.13	37.13	090
31781		A	Reconstruct windpipe	*23.53	16.86	16.86	1.96	42.35	42.35	090
31785		A	Remove windpipe lesion	*17.23	8.92	8.92	1.17	27.32	27.32	090
31786		A	Remove windpipe lesion	*23.98	13.30	13.30	2.24	39.52	39.52	090
31800		A	Repair of windpipe injury	*7.43	4.90	4.90	0.76	13.09	13.09	090
31805		A	Repair of windpipe injury	*13.13	9.82	9.82	1.41	24.36	24.36	090
31820		A	Closure of windpipe lesion	*4.49	3.58	3.58	0.46	8.53	8.53	090
31825		A	Repair of windpipe defect	*6.81	5.00	5.00	0.58	12.39	12.39	090
31830		A	Revise windpipe scar	*4.50	3.66	3.66	0.42	8.58	8.58	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000		A	Drainage of chest	1.54	0.90	0.90	0.08	2.52	2.52	000
32002		A	Treatment of collapsed lung	2.19	1.34	1.34	0.22	3.75	3.75	000
32005		A	Treat lung lining chemically	2.19	1.09	1.09	0.15	3.43	3.43	000
32020		A	Insertion of chest tube	3.98	2.63	2.63	0.43	7.04	7.04	000
32035		A	Exploration of chest	*8.67	6.76	6.76	1.25	16.68	16.68	090
32036		A	Exploration of chest	*9.68	7.13	7.13	1.32	18.13	18.13	090
32095		A	Biopsy through chest wall	*8.36	8.25	8.25	1.45	18.06	18.06	090
32100		A	Exploration/biopsy of chest	*11.84	11.24	11.24	2.10	25.18	25.18	090
32110		A	Explore/repair chest	*13.62	11.51	11.51	2.01	27.14	27.14	090
32120		A	Re-exploration of chest	*11.54	9.45	9.45	1.72	22.71	22.71	090
32124		A	Explore chest, free adhesions	*12.72	10.94	10.94	2.21	25.87	25.87	090
32140		A	Removal of lung lesion(s)	*13.93	12.37	12.37	2.42	28.72	28.72	090
32141		A	Remove/treat lung lesions	*14.00	13.42	13.42	2.53	29.95	29.95	090
32150		A	Removal of lung lesion(s)	*14.15	10.34	10.34	2.01	26.50	26.50	090
32151		A	Remove lung foreign body	*14.21	9.15	9.15	1.37	24.73	24.73	090
32160		A	Open chest heart massage	*9.30	9.13	9.13	1.52	19.95	19.95	090
32200		A	Open drainage, lung lesion	*15.29	6.89	6.89	0.93	23.11	23.11	090
32201		A	Percut drainage, lung lesion	4.00	3.03	3.03	0.35	7.38	7.38	000
32215		A	Treat chest lining	*11.33	7.62	7.62	1.28	20.23	20.23	090
32220		A	Release of lung	*19.27	15.81	15.81	3.01	38.09	38.09	090
32225		A	Partial release of lung	*13.96	11.84	11.84	2.28	28.08	28.08	090
32310		A	Removal of chest lining	*13.44	11.64	11.64	2.10	27.18	27.18	090
32320		A	Free/remove chest lining	*20.54	18.10	18.10	3.40	42.04	42.04	090
32400		A	Needle biopsy chest lining	1.76	1.48	1.48	0.12	3.36	3.36	000
32402		A	Open biopsy chest lining	*7.56	7.58	7.58	1.34	16.48	16.48	090
32405		A	Biopsy, lung or mediastinum	1.93	2.12	2.12	0.18	4.23	4.23	000
32420		A	Puncture/clear lung	2.18	1.50	1.50	0.13	3.81	3.81	000
32440		A	Removal of lung	*21.02	18.56	18.56	3.55	43.13	43.13	090
32442		A	Sleeve pneumonectomy	*26.24	17.94	17.94	3.50	47.68	47.68	090
32445		A	Removal of lung	*25.09	20.46	20.46	3.88	49.43	49.43	090
32480		A	Partial removal of lung	*18.32	17.15	17.15	3.23	38.70	38.70	090
32482		A	Bilobectomy	*19.71	17.15	17.15	3.23	40.09	40.09	090
32484		A	Segmentectomy	*20.69	17.15	17.15	3.23	41.07	41.07	090
32486		A	Sleeve lobectomy	*23.92	16.54	16.54	3.23	43.69	43.69	090
32488		A	Completion pneumonectomy	*25.71	17.74	17.74	3.46	46.91	46.91	090
32491		R	Lung volume reduction	21.25	15.45	15.45	3.02	39.72	39.72	090
32500		A	Partial removal of lung	*14.30	13.47	13.47	2.56	30.33	30.33	090
32501		A	Repair bronchus (add-on)	4.69	4.31	4.31	0.70	9.70	9.70	ZZZ
32520		A	Remove lung & revise chest	*21.68	20.67	20.67	3.93	46.28	46.28	090
32522		A	Remove lung & revise chest	*24.20	21.90	21.90	4.19	50.29	50.29	090
32525		A	Remove lung & revise chest	*26.50	23.50	23.50	4.61	54.61	54.61	090
32540		A	Removal of lung lesion	*14.64	11.67	11.67	2.05	28.36	28.36	090
32601		A	Thoracoscopy, diagnostic	5.46	3.47	3.47	0.57	9.50	9.50	000
32602		A	Thoracoscopy, diagnostic	5.96	3.87	3.87	0.64	10.47	10.47	000
32603		A	Thoracoscopy, diagnostic	7.81	3.47	3.47	0.57	11.85	11.85	000
32604		A	Thoracoscopy, diagnostic	8.78	3.87	3.87	0.64	13.29	13.29	000
32605		A	Thoracoscopy, diagnostic	6.93	3.47	3.47	0.57	10.97	10.97	000
32606		A	Thoracoscopy, diagnostic	8.40	3.87	3.87	0.64	12.91	12.91	000
32650		A	Thoracoscopy, surgical	*10.75	7.62	7.62	1.28	19.65	19.65	090
32651		A	Thoracoscopy, surgical	*12.91	11.84	11.84	2.28	27.03	27.03	090
32652		A	Thoracoscopy, surgical	*18.66	15.81	15.81	3.01	37.48	37.48	090
32653		A	Thoracoscopy, surgical	*12.87	10.34	10.34	2.01	25.22	25.22	090
32654		A	Thoracoscopy, surgical	*12.44	11.51	11.51	2.01	25.96	25.96	090
32655		A	Thoracoscopy, surgical	*13.10	13.42	13.42	2.53	29.05	29.05	090
32656		A	Thoracoscopy, surgical	*12.91	13.36	13.36	2.36	28.63	28.63	090
32657		A	Thoracoscopy, surgical	*13.65	13.47	13.47	2.56	29.68	29.68	090
32658		A	Thoracoscopy, surgical	*11.63	#12.79	#12.79	2.52	26.94	26.94	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
32659		A	Thoracoscopy, surgical	*11.59	#12.75	#12.75	2.61	26.95	26.95	090
32660		A	Thoracoscopy, surgical	*17.43	#19.17	#19.17	3.56	40.16	40.16	090
32661		A	Thoracoscopy, surgical	*13.25	9.25	9.25	1.47	23.97	23.97	090
32662		A	Thoracoscopy, surgical	*16.44	14.55	14.55	2.74	33.73	33.73	090
32663		A	Thoracoscopy, surgical	*18.47	17.15	17.15	3.23	38.85	38.85	090
32664		A	Thoracoscopy, surgical	*14.20	10.55	10.55	2.04	26.79	26.79	090
32665		A	Thoracoscopy, surgical	*15.54	14.33	14.33	2.64	32.51	32.51	090
32800		A	Repair lung hernia	*13.69	8.28	8.28	1.58	23.55	23.55	090
32810		A	Close chest after drainage	*13.05	6.50	6.50	1.19	20.74	20.74	090
32815		A	Close bronchial fistula	*23.15	15.22	15.22	2.62	40.99	40.99	090
32820		A	Reconstruct injured chest	*21.48	19.01	19.01	3.24	43.73	43.73	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant, single	*38.63	25.55	25.55	4.99	69.17	69.17	090
32852		A	Lung transplant w/bypass	*41.80	27.71	27.71	5.41	74.92	74.92	090
32853		A	Lung transplant, double	*47.81	31.94	31.94	6.24	85.99	85.99	090
32854		A	Lung transplant w/bypass	*50.98	34.10	34.10	6.67	91.75	91.75	090
32900		A	Removal of rib(s)	*20.27	8.47	8.47	1.63	30.37	30.37	090
32905		A	Revise & repair chest wall	*20.75	12.74	12.74	2.60	36.09	36.09	090
32906		A	Revise & repair chest wall	*26.77	15.42	15.42	2.92	45.11	45.11	090
32940		A	Revision of lung	*19.43	11.37	11.37	1.75	32.55	32.55	090
32960		A	Therapeutic pneumothorax	1.84	0.93	0.93	0.13	2.90	2.90	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	1.54	1.54	0.14	3.92	3.92	000
33011		A	Repeat drainage of heart sac	2.24	1.11	1.11	0.12	3.47	3.47	000
33015		A	Incision of heart sac	*6.80	4.26	4.26	0.62	11.68	11.68	090
33020		A	Incision of heart sac	*12.61	13.26	13.26	2.52	28.39	28.39	090
33025		A	Incision of heart sac	*12.09	#13.30	#13.30	2.61	28.00	28.00	090
33030		A	Partial removal of heart sac	*18.71	#20.58	#20.58	3.92	43.21	43.21	090
33031		A	Partial removal of heart sac	*21.79	13.25	13.25	2.50	37.54	37.54	090
33050		A	Removal of heart sac lesion	*14.36	9.25	9.25	1.47	25.08	25.08	090
33120		A	Removal of heart lesion	*24.56	#27.02	#27.02	5.17	56.75	56.75	090
33130		A	Removal of heart lesion	*21.39	13.50	13.50	2.22	37.11	37.11	090
33200		A	Insertion of heart pacemaker	*12.48	12.27	12.27	1.90	26.65	26.65	090
33201		A	Insertion of heart pacemaker	*10.18	11.19	11.19	1.67	23.04	23.04	090
33206		A	Insertion of heart pacemaker	*6.67	#7.34	#7.34	1.34	15.35	15.35	090
33207		A	Insertion of heart pacemaker	*8.04	#8.84	#8.84	1.33	18.21	18.21	090
33208		A	Insertion of heart pacemaker	*8.13	#8.94	#8.94	1.54	18.61	18.61	090
33210		A	Insertion of heart electrode	3.30	3.30	3.30	0.27	6.87	6.87	000
33211		A	Insertion of heart electrode	3.40	3.30	3.30	0.27	6.97	6.97	000
33212		A	Insertion of pulse generator	*5.52	5.38	5.38	0.88	11.78	11.78	090
33213		A	Insertion of pulse generator	*6.37	5.38	5.38	0.88	12.63	12.63	090
33214		A	Upgrade of pacemaker system	*7.75	5.40	5.40	1.06	14.21	14.21	090
33216		A	Revision implanted electrode	*5.39	5.02	5.02	0.55	10.96	10.96	090
33217		A	Insert/revise electrode	*5.75	5.02	5.02	0.55	11.32	11.32	090
33218		A	Repair pacemaker electrodes	*5.44	4.59	4.59	0.62	10.65	10.65	090
33220		A	Repair pacemaker electrode	*5.52	4.59	4.59	0.62	10.73	10.73	090
33222		A	Pacemaker aicd pocket	*4.96	#5.46	#5.46	1.01	11.43	11.43	090
33223		A	Pacemaker aicd pocket	*6.46	5.70	5.70	1.01	13.17	13.17	090
33233		A	Removal of pacemaker system	*3.29	2.64	2.64	0.05	5.98	5.98	090
33234		A	Removal of pacemaker system	*7.82	2.84	2.84	0.23	10.89	10.89	090
33235		A	Removal pacemaker electrode	*9.40	3.14	3.14	0.33	12.87	12.87	090
33236		A	Remove electrode/thoracotomy	*12.60	3.98	3.98	0.62	17.20	17.20	090
33237		A	Remove electrode/thoracotomy	*13.71	9.60	9.60	1.13	24.44	24.44	090
33238		A	Remove electrode/thoracotomy	*15.22	10.29	10.29	2.01	27.52	27.52	090
33240		A	Insert/replace pulse gener	*7.60	5.38	5.38	0.88	13.86	13.86	090
33241		A	Remove pulse generator only	*3.24	2.16	2.16	0.43	5.83	5.83	090
33242		A	Repair pulse generator/leads	*6.17	#6.79	#6.79	1.54	14.50	14.50	090
33243		A	Remove generator/thoracotomy	*22.64	9.02	9.02	1.54	33.20	33.20	090
33244		A	Remove generator	*8.97	9.02	9.02	1.54	19.53	19.53	090
33245		A	Implant heart defibrillator	*14.30	#15.73	#15.73	2.36	32.39	32.39	090
33246		A	Implant heart defibrillator	*20.71	20.79	20.79	3.19	44.69	44.69	090
33247		A	Insert/replace leads	*10.21	#11.23	#11.23	2.36	23.80	23.80	090
33249		A	Insert/replace leads/gener	*13.28	#14.61	#14.61	3.19	31.08	31.08	090
33250		A	Ablate heart dysrhythm focus	*21.85	11.56	11.56	0.86	34.27	34.27	090
33251		A	Ablate heart dysrhythm focus	*24.88	16.41	16.41	3.21	44.50	44.50	090
33253		A	Reconstruct atria	*31.06	21.81	21.81	4.26	57.13	57.13	090
33261		A	Ablate heart dysrhythm focus	*24.88	13.96	13.96	2.73	41.57	41.57	090
33300		A	Repair of heart wound	*17.92	14.36	14.36	2.60	34.88	34.88	090
33305		A	Repair of heart wound	*21.44	17.40	17.40	3.07	41.91	41.91	090
33310		A	Exploratory heart surgery	*18.51	11.28	11.28	1.93	31.72	31.72	090
33315		A	Exploratory heart surgery	*22.37	14.48	14.48	2.57	39.42	39.42	090
33320		A	Repair major blood vessel(s)	*16.79	14.14	14.14	2.51	33.44	33.44	090
33321		A	Repair major vessel	*20.20	21.75	21.75	3.61	45.56	45.56	090
33322		A	Repair major blood vessel(s)	*20.62	21.75	21.75	3.61	45.98	45.98	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33330		A	Insert major vessel graft	*21.43	12.67	12.67	1.93	36.03	36.03	090
33332		A	Insert major vessel graft	*23.96	15.07	15.07	2.39	41.42	41.42	090
33335		A	Insert major vessel graft	*30.01	15.07	15.07	2.39	47.47	47.47	090
33400		A	Repair of aortic valve	*25.34	26.21	26.21	2.83	54.38	54.38	090
33401		A	Valvuloplasty, open	*23.91	26.21	26.21	2.83	52.95	52.95	090
33403		A	Valvuloplasty, w/cp bypass	*24.89	26.21	26.21	2.83	53.93	53.93	090
33404		A	Prepare heart-aorta conduit	*28.54	31.25	31.25	5.59	65.38	65.38	090
33405		A	Replacement of aortic valve	*30.61	30.48	30.48	5.33	66.42	66.42	090
33406		A	Replacement, aortic valve	*32.30	#35.53	#35.53	7.45	75.28	75.28	090
33411		A	Replacement of aortic valve	*32.47	#35.72	#35.72	7.45	75.64	75.64	090
33412		A	Replacement of aortic valve	*34.79	#38.27	#38.27	7.45	80.51	80.51	090
33413		A	Replacement, aortic valve	*35.24	#38.76	#38.76	7.23	81.23	81.23	090
33414		A	Repair, aortic valve	*30.35	#33.39	#33.39	7.45	71.19	71.19	090
33415		A	Revision, subvalvular tissue	*27.15	#29.87	#29.87	5.33	62.35	62.35	090
33416		A	Revise ventricle muscle	*30.35	28.14	28.14	4.99	63.48	63.48	090
33417		A	Repair of aortic valve	*28.53	#31.38	#31.38	6.18	66.09	66.09	090
33420		A	Revision of mitral valve	*22.70	19.82	19.82	2.45	44.97	44.97	090
33422		A	Revision of mitral valve	*25.94	#28.53	#28.53	6.45	60.92	60.92	090
33425		A	Repair of mitral valve	*27.00	#29.70	#29.70	5.42	62.12	62.12	090
33426		A	Repair of mitral valve	*31.03	31.96	31.96	5.80	68.79	68.79	090
33427		A	Repair of mitral valve	*33.72	34.71	34.71	6.30	74.73	74.73	090
33430		A	Replacement of mitral valve	*31.43	#34.57	#34.57	6.11	72.11	72.11	090
33460		A	Revision of tricuspid valve	*23.60	#25.96	#25.96	4.73	54.29	54.29	090
33463		A	Valvuloplasty, tricuspid	*25.62	#28.18	#28.18	5.95	59.75	59.75	090
33464		A	Valvuloplasty, tricuspid	*27.33	#30.06	#30.06	5.95	63.34	63.34	090
33465		A	Replace tricuspid valve	*28.79	#31.67	#31.67	5.95	66.41	66.41	090
33468		A	Revision of tricuspid valve	*30.12	#33.13	#33.13	6.30	69.55	69.55	090
33470		A	Revision of pulmonary valve	*20.81	19.82	19.82	2.45	43.08	43.08	090
33471		A	Valvotomy, pulmonary valve	*22.25	#24.48	#24.48	2.83	49.56	49.56	090
33472		A	Revision of pulmonary valve	*22.25	#24.48	#24.48	2.83	49.56	49.56	090
33474		A	Revision of pulmonary valve	*23.04	#25.34	#25.34	2.83	51.21	51.21	090
33475		A	Replacement, pulmonary valve	*28.41	#31.25	#31.25	6.11	65.77	65.77	090
33476		A	Revision of heart chamber	*25.77	28.14	28.14	4.99	58.90	58.90	090
33478		A	Revision of heart chamber	*26.74	#29.41	#29.41	5.42	61.57	61.57	090
33496		A	Repair, prosth valve clot	*27.25	#29.98	#29.98	5.33	62.56	62.56	090
33500		A	Repair heart vessel fistula	*25.55	#28.11	#28.11	5.20	58.86	58.86	090
33501		A	Repair heart vessel fistula	*17.78	14.14	14.14	2.51	34.43	34.43	090
33502		A	Coronary artery correction	*21.04	14.14	14.14	2.51	37.69	37.69	090
33503		A	Coronary artery graft	*21.78	#23.96	#23.96	5.20	50.94	50.94	090
33504		A	Coronary artery graft	*24.66	#27.13	#27.13	5.20	56.99	56.99	090
33505		A	Repair artery w/tunnel	*26.84	#29.52	#29.52	6.03	62.39	62.39	090
33506		A	Repair artery, translocation	*26.71	#29.38	#29.38	6.03	62.12	62.12	090
33510		A	CABG, vein, single	*25.12	#27.63	#27.63	5.20	57.95	57.95	090
33511		A	CABG, vein, two	*27.40	#30.14	#30.14	5.71	63.25	63.25	090
33512		A	CABG, vein, three	*29.67	#32.64	#32.64	6.22	68.53	68.53	090
33513		A	CABG, vein, four	*31.95	#35.15	#35.15	6.73	73.83	73.83	090
33514		A	CABG, vein, five	*35.00	#38.50	#38.50	7.23	80.73	80.73	090
33516		A	CABG, vein, six+	*37.40	#41.14	#41.14	7.74	86.28	86.28	090
33517		A	CABG, artery-vein, single	*2.57	#2.83	#2.83	0.50	5.90	5.90	090
33518		A	CABG, artery-vein, two	*4.85	#5.34	#5.34	1.02	11.21	11.21	090
33519		A	CABG, artery-vein, three	*7.12	#7.83	#7.83	1.52	16.47	16.47	090
33521		A	CABG, artery-vein, four	*9.40	#10.34	#10.34	2.03	21.77	21.77	090
33522		A	CABG, artery-vein, five	*11.67	#12.84	#12.84	2.54	27.05	27.05	090
33523		A	CABG, artery-vein, six+	*13.95	#15.35	#15.35	3.05	32.35	32.35	090
33530		A	Coronary artery, bypass/reop	5.86	#6.45	#6.45	2.18	14.49	14.49	ZZZ
33533		A	CABG, arterial, single	*25.83	#28.41	#28.41	5.36	59.60	59.60	090
33534		A	CABG, arterial, two	*28.82	#31.70	#31.70	6.03	66.55	66.55	090
33535		A	CABG, arterial, three	*31.81	#34.99	#34.99	6.70	73.50	73.50	090
33536		A	CABG, arterial, four+	*34.79	#38.27	#38.27	7.37	80.43	80.43	090
33542		A	Removal of heart lesion	*28.85	30.73	30.73	5.53	65.11	65.11	090
33545		A	Repair of heart damage	*36.78	34.92	34.92	6.28	77.98	77.98	090
33572		A	Open coronary endarterectomy	4.45	3.23	3.23	0.63	8.31	8.31	ZZZ
33600		A	Closure of valve	*29.51	#32.46	#32.46	6.11	68.08	68.08	090
33602		A	Closure of valve	*28.54	30.48	30.48	5.33	64.35	64.35	090
33606		A	Anastomosis/artery-aorta	*30.74	#33.81	#33.81	7.45	72.00	72.00	090
33608		A	Repair anomaly w/conduit	*31.09	#34.20	#34.20	7.45	72.74	72.74	090
33610		A	Repair by enlargement	*30.61	#33.67	#33.67	7.45	71.73	71.73	090
33611		A	Repair double ventricle	*32.30	#35.53	#35.53	7.45	75.28	75.28	090
33612		A	Repair double ventricle	*33.26	#36.59	#36.59	7.45	77.30	77.30	090
33615		A	Repair (simple fontan)	*32.06	#35.27	#35.27	7.45	74.78	74.78	090
33617		A	Repair by modified fontan	*34.03	#37.43	#37.43	7.45	78.91	78.91	090
33619		A	Repair single ventricle	*37.57	#41.33	#41.33	8.04	86.94	86.94	090
33641		A	Repair heart septum defect	*21.39	#23.53	#23.53	4.87	49.79	49.79	090
33645		A	Revision of heart veins	*24.82	#27.30	#27.30	4.87	56.99	56.99	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33647		A	Repair heart septum defects	*28.73	#31.60	#31.60	6.28	66.61	66.61	090
33660		A	Repair of heart defects	*25.54	#28.09	#28.09	5.42	59.05	59.05	090
33665		A	Repair of heart defects	*28.60	31.27	31.27	5.42	65.29	65.29	090
33670		A	Repair of heart chambers	*32.73	#36.00	#36.00	7.45	76.18	76.18	090
33681		A	Repair heart septum defect	*27.67	#30.44	#30.44	6.28	64.39	64.39	090
33684		A	Repair heart septum defect	*29.65	#32.62	#32.62	6.28	68.55	68.55	090
33688		A	Repair heart septum defect	*30.62	#33.68	#33.68	6.28	70.58	70.58	090
33690		A	Reinforce pulmonary artery	*19.55	#21.51	#21.51	4.29	45.35	45.35	090
33692		A	Repair of heart defects	*30.75	#33.83	#33.83	7.45	72.03	72.03	090
33694		A	Repair of heart defects	*31.73	#34.90	#34.90	7.45	74.08	74.08	090
33697		A	Repair of heart defects	*33.71	#37.08	#37.08	7.45	78.24	78.24	090
33702		A	Repair of heart defects	*26.54	#29.19	#29.19	5.33	61.06	61.06	090
33710		A	Repair of heart defects	*29.71	#32.68	#32.68	6.28	68.67	68.67	090
33720		A	Repair of heart defect	*26.56	#29.22	#29.22	5.33	61.11	61.11	090
33722		A	Repair of heart defect	*28.41	30.48	30.48	5.33	64.22	64.22	090
33730		A	Repair heart-vein defect(s)	*31.67	#34.84	#34.84	7.45	73.96	73.96	090
33732		A	Repair heart-vein defect	*28.16	#30.98	#30.98	5.42	64.56	64.56	090
33735		A	Revision of heart chamber	*21.39	25.69	25.69	4.87	51.95	51.95	090
33736		A	Revision of heart chamber	*23.52	25.69	25.69	4.87	54.08	54.08	090
33737		A	Revision of heart chamber	*21.76	#23.94	#23.94	4.87	50.57	50.57	090
33750		A	Major vessel shunt	*21.41	22.10	22.10	4.29	47.80	47.80	090
33755		A	Major vessel shunt	*21.79	22.10	22.10	4.29	48.18	48.18	090
33762		A	Major vessel shunt	*21.79	22.10	22.10	4.29	48.18	48.18	090
33764		A	Major vessel shunt & graft	*21.79	22.10	22.10	4.29	48.18	48.18	090
33766		A	Major vessel shunt	*22.76	22.10	22.10	4.29	49.15	49.15	090
33767		A	Atrial septectomy/septostomy	*24.50	25.69	25.69	4.87	55.06	55.06	090
33770		A	Repair great vessels defect	*33.29	#36.62	#36.62	7.45	77.36	77.36	090
33771		A	Repair great vessels defect	*34.65	#38.12	#38.12	7.45	80.22	80.22	090
33774		A	Repair great vessels defect	*30.98	31.27	31.27	5.42	67.67	67.67	090
33775		A	Repair great vessels defect	*32.20	31.27	31.27	5.42	68.89	68.89	090
33776		A	Repair great vessels defect	*34.04	34.92	34.92	6.28	75.24	75.24	090
33777		A	Repair great vessels defect	*33.46	31.27	31.27	5.42	70.15	70.15	090
33778		A	Repair great vessels defect	*35.82	#39.40	#39.40	7.37	82.59	82.59	090
33779		A	Repair great vessels defect	*36.21	#39.83	#39.83	7.37	83.41	83.41	090
33780		A	Repair great vessels defect	*36.94	#40.63	#40.63	7.37	84.94	84.94	090
33781		A	Repair great vessels defect	*36.45	#40.10	#40.10	7.37	83.92	83.92	090
33786		A	Repair arterial trunk	*34.84	#38.32	#38.32	7.45	80.61	80.61	090
33788		A	Revision of pulmonary artery	*26.62	#29.28	#29.28	5.20	61.10	61.10	090
33800		A	Aortic suspension	*16.24	14.14	14.14	2.51	32.89	32.89	090
33802		A	Repair vessel defect	*17.66	#19.43	#19.43	4.29	41.38	41.38	090
33803		A	Repair vessel defect	*19.60	#21.56	#21.56	4.29	45.45	45.45	090
33813		A	Repair septal defect	*20.65	22.10	22.10	4.29	47.04	47.04	090
33814		A	Repair septal defect	*25.77	#28.35	#28.35	5.33	59.45	59.45	090
33820		A	Revise major vessel	*16.29	#17.92	#17.92	4.29	38.50	38.50	090
33822		A	Revise major vessel	*17.32	#19.05	#19.05	4.29	40.66	40.66	090
33824		A	Revise major vessel	*19.52	#21.47	#21.47	4.29	45.28	45.28	090
33840		A	Remove aorta constriction	*20.63	#22.69	#22.69	5.59	48.91	48.91	090
33845		A	Remove aorta constriction	*22.12	#24.33	#24.33	5.59	52.04	52.04	090
33851		A	Remove aorta constriction	*21.27	#23.40	#23.40	5.59	50.26	50.26	090
33852		A	Repair septal defect	*23.71	#26.08	#26.08	5.59	55.38	55.38	090
33853		A	Repair septal defect	*31.72	#34.89	#34.89	7.45	74.06	74.06	090
33860		A	Ascending aorta graft	*33.96	34.71	34.71	6.18	74.85	74.85	090
33861		A	Ascending aorta graft	*34.52	34.71	34.71	6.18	75.41	75.41	090
33863		A	Ascending aorta graft	*36.47	34.71	34.71	6.18	77.36	77.36	090
33870		A	Transverse aortic arch graft	*40.31	44.30	44.30	8.04	92.65	92.65	090
33875		A	Thoracic aorta graft	*33.06	31.25	31.25	5.59	69.90	69.90	090
33877		A	Thoracoabdominal graft	*42.60	44.11	44.11	8.38	95.09	95.09	090
33910		A	Remove lung artery emboli	*24.59	14.65	14.65	2.77	42.01	42.01	090
33915		A	Remove lung artery emboli	*21.02	12.02	12.02	2.22	35.26	35.26	090
33916		A	Surgery of great vessel	*25.83	17.57	17.57	3.43	46.83	46.83	090
33917		A	Repair pulmonary artery	*24.50	#26.95	#26.95	6.30	57.75	57.75	090
33918		A	Repair pulmonary atresia	*26.45	#29.10	#29.10	5.20	60.75	60.75	090
33919		A	Repair pulmonary atresia	*32.67	#35.94	#35.94	7.45	76.06	76.06	090
33920		A	Repair pulmonary atresia	*31.95	#35.15	#35.15	7.45	74.55	74.55	090
33922		A	Transect pulmonary artery	*23.52	#25.87	#25.87	2.83	52.22	52.22	090
33924		A	Remove pulmonary shunt	5.50	4.00	4.00	0.78	10.28	10.28	ZZZ
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	*60.96	#67.06	#67.06	13.54	141.56	141.56	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	*42.10	#46.31	#46.31	11.05	99.46	99.46	090
33960		A	External circulation assist	19.36	7.01	7.01	0.94	27.31	27.31	XXX
33961		A	External circulation assist	10.93	7.01	7.01	0.94	18.88	18.88	XXX
33970		A	Aortic circulation assist	6.75	#7.43	#7.43	1.00	15.18	15.18	000
33971		A	Aortic circulation assist	*9.69	5.16	5.16	0.91	15.76	15.76	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33973		A	Insert balloon device	9.76	7.54	7.54	1.00	18.30	18.30	000
33974		A	Remove intra-aortic balloon	*14.41	5.56	5.56	0.91	20.88	20.88	090
33975		A	Implant ventricular device	*21.60	14.19	14.19	2.77	38.56	38.56	090
33976		A	Implant ventricular device	*29.10	19.33	19.33	3.78	52.21	52.21	090
33977		A	Remove ventricular device	*19.29	12.41	12.41	2.43	34.13	34.13	090
33978		A	Remove ventricular device	*21.73	14.19	14.19	2.77	38.69	38.69	090
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	*12.91	9.58	9.58	1.87	24.36	24.36	090
34051		A	Removal of artery clot	*15.21	8.81	8.81	1.59	25.61	25.61	090
34101		A	Removal of artery clot	*9.97	8.34	8.34	1.71	20.02	20.02	090
34111		A	Removal of arm artery clot	*8.07	7.59	7.59	1.59	17.25	17.25	090
34151		A	Removal of artery clot	*16.86	11.96	11.96	2.39	31.21	31.21	090
34201		A	Removal of artery clot	*9.13	8.90	8.90	1.78	19.81	19.81	090
34203		A	Removal of leg artery clot	*12.21	8.63	8.63	1.72	22.56	22.56	090
34401		A	Removal of vein clot	*12.86	8.07	8.07	1.39	22.32	22.32	090
34421		A	Removal of vein clot	*9.93	7.45	7.45	1.51	18.89	18.89	090
34451		A	Removal of vein clot	*14.44	10.69	10.69	2.14	27.27	27.27	090
34471		A	Removal of vein clot	*10.18	3.51	3.51	0.55	14.24	14.24	090
34490		A	Removal of vein clot	*7.60	7.27	7.27	1.54	16.41	16.41	090
34501		A	Repair valve, femoral vein	*10.93	7.35	7.35	0.86	19.14	19.14	090
34502		A	Reconstruct, vena cava	*26.95	18.65	18.65	3.64	49.24	49.24	090
34510		A	Transposition of vein valve	*13.25	8.89	8.89	1.04	23.18	23.18	090
34520		A	Cross-over vein graft	*13.74	9.33	9.33	1.09	24.16	24.16	090
34530		A	Leg vein fusion	*17.61	12.35	12.35	1.44	31.40	31.40	090
35001		A	Repair defect of artery	*19.64	15.90	15.90	3.18	38.72	38.72	090
35002		A	Repair artery rupture, neck	*21.00	12.64	12.64	2.41	36.05	36.05	090
35005		A	Repair defect of artery	*18.12	10.28	10.28	2.19	30.59	30.59	090
35011		A	Repair defect of artery	*11.65	#12.82	#12.82	2.76	27.23	27.23	090
35013		A	Repair artery rupture, arm	*17.40	14.70	14.70	3.03	35.13	35.13	090
35021		A	Repair defect of artery	*19.65	18.13	18.13	3.06	40.84	40.84	090
35022		A	Repair artery rupture, chest	*23.18	14.78	14.78	2.80	40.76	40.76	090
35045		A	Repair defect of arm artery	*11.26	12.35	12.35	2.50	26.11	26.11	090
35081		A	Repair defect of artery	*28.01	21.45	21.45	4.18	53.64	53.64	090
35082		A	Repair artery rupture, aorta	*36.35	22.91	22.91	4.59	63.85	63.85	090
35091		A	Repair defect of artery	*35.40	22.67	22.67	4.25	62.32	62.32	090
35092		A	Repair artery rupture, aorta	*38.39	26.27	26.27	5.21	69.87	69.87	090
35102		A	Repair defect of artery	*30.76	22.15	22.15	4.32	57.23	57.23	090
35103		A	Repair artery rupture, groin	*33.57	26.16	26.16	5.21	64.94	64.94	090
35111		A	Repair defect of artery	*16.43	17.60	17.60	3.70	37.73	37.73	090
35112		A	Repair artery rupture, spleen	*18.69	10.45	10.45	2.22	31.36	31.36	090
35121		A	Repair defect of artery	*25.99	19.12	19.12	3.66	48.77	48.77	090
35122		A	Repair artery rupture, belly	*33.45	17.92	17.92	3.96	55.33	55.33	090
35131		A	Repair defect of artery	*18.55	15.88	15.88	3.15	37.58	37.58	090
35132		A	Repair artery rupture, groin	*21.95	18.68	18.68	3.58	44.21	44.21	090
35141		A	Repair defect of artery	*14.46	14.70	14.70	2.88	32.04	32.04	090
35142		A	Repair artery rupture, thigh	*15.86	16.10	16.10	3.24	35.20	35.20	090
35151		A	Repair defect of artery	*17.00	15.36	15.36	2.94	35.30	35.30	090
35152		A	Repair artery rupture, knee	*16.70	9.27	9.27	1.95	27.92	27.92	090
35161		A	Repair defect of artery	*18.76	15.88	15.88	3.15	37.79	37.79	090
35162		A	Repair artery rupture	*19.78	18.68	18.68	3.58	42.04	42.04	090
35180		A	Repair blood vessel lesion	*13.62	7.37	7.37	1.48	22.47	22.47	090
35182		A	Repair blood vessel lesion	*17.74	10.65	10.65	1.61	30.00	30.00	090
35184		A	Repair blood vessel lesion	*12.25	9.73	9.73	1.96	23.94	23.94	090
35188		A	Repair blood vessel lesion	*14.28	8.11	8.11	1.59	23.98	23.98	090
35189		A	Repair blood vessel lesion	*18.43	11.33	11.33	2.21	31.97	31.97	090
35190		A	Repair blood vessel lesion	*12.75	10.34	10.34	2.14	25.23	25.23	090
35201		A	Repair blood vessel lesion	*9.99	10.07	10.07	1.94	22.00	22.00	090
35206		A	Repair blood vessel lesion	*9.25	10.15	10.15	2.03	21.43	21.43	090
35207		A	Repair blood vessel lesion	*10.15	10.80	10.80	1.93	22.88	22.88	090
35211		A	Repair blood vessel lesion	*22.12	13.38	13.38	2.59	38.09	38.09	090
35216		A	Repair blood vessel lesion	*18.75	10.68	10.68	2.08	31.51	31.51	090
35221		A	Repair blood vessel lesion	*16.42	11.09	11.09	2.20	29.71	29.71	090
35226		A	Repair blood vessel lesion	*9.06	#9.97	#9.97	1.95	20.98	20.98	090
35231		A	Repair blood vessel lesion	*12.00	#13.20	#13.20	2.91	28.11	28.11	090
35236		A	Repair blood vessel lesion	*10.54	#11.59	#11.59	2.56	24.69	24.69	090
35241		A	Repair blood vessel lesion	*23.12	13.49	13.49	2.60	39.21	39.21	090
35246		A	Repair blood vessel lesion	*19.84	16.95	16.95	2.15	38.94	38.94	090
35251		A	Repair blood vessel lesion	*17.49	9.59	9.59	1.88	28.96	28.96	090
35256		A	Repair blood vessel lesion	*11.38	12.40	12.40	2.39	26.17	26.17	090
35261		A	Repair blood vessel lesion	*11.63	#12.79	#12.79	2.66	27.08	27.08	090
35266		A	Repair blood vessel lesion	*10.30	#11.33	#11.33	2.41	24.04	24.04	090
35271		A	Repair blood vessel lesion	*22.12	12.53	12.53	2.56	37.21	37.21	090
35276		A	Repair blood vessel lesion	*18.75	10.85	10.85	2.26	31.86	31.86	090
35281		A	Repair blood vessel lesion	*16.48	17.28	17.28	3.37	37.13	37.13	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
35286		A	Repair blood vessel lesion	*11.87	11.71	11.71	2.33	25.91	25.91	090
35301		A	Rechanneling of artery	*18.70	14.46	14.46	2.81	35.97	35.97	090
35311		A	Rechanneling of artery	*23.85	22.06	22.06	4.61	50.52	50.52	090
35321		A	Rechanneling of artery	*11.97	12.96	12.96	2.69	27.62	27.62	090
35331		A	Rechanneling of artery	*23.52	13.34	13.34	2.66	39.52	39.52	090
35341		A	Rechanneling of artery	*25.11	17.37	17.37	3.53	46.01	46.01	090
35351		A	Rechanneling of artery	*20.11	14.95	14.95	2.97	38.03	38.03	090
35355		A	Rechanneling of artery	*16.09	15.42	15.42	2.99	34.50	34.50	090
35361		A	Rechanneling of artery	*23.59	19.37	19.37	3.88	46.84	46.84	090
35363		A	Rechanneling of artery	*24.66	22.77	22.77	4.40	51.83	51.83	090
35371		A	Rechanneling of artery	*11.64	12.51	12.51	2.50	26.65	26.65	090
35372		A	Rechanneling of artery	*13.56	11.20	11.20	2.28	27.04	27.04	090
35381		A	Rechanneling of artery	*15.81	13.67	13.67	2.71	32.19	32.19	090
35390		A	Reoperation, carotid	3.19	1.67	1.67	0.39	5.25	5.25	ZZZ
35400		A	Angioscopy	3.00	2.27	2.27	0.27	5.54	5.54	ZZZ
35450		A	Repair arterial blockage	10.07	#11.08	#11.08	1.38	22.53	22.53	000
35452		A	Repair arterial blockage	6.91	4.35	4.35	0.61	11.87	11.87	000
35454		A	Repair arterial blockage	6.04	#6.64	#6.64	1.53	14.21	14.21	000
35456		A	Repair arterial blockage	7.35	#8.09	#8.09	1.69	17.13	17.13	000
35458		A	Repair arterial blockage	9.49	10.13	10.13	1.83	21.45	21.45	000
35459		A	Repair arterial blockage	8.63	#9.49	#9.49	1.69	19.81	19.81	000
35460		A	Repair venous blockage	6.04	3.16	3.16	0.74	9.94	9.94	000
35470		A	Repair arterial blockage	8.63	#9.49	#9.49	1.69	19.81	19.81	000
35471		A	Repair arterial blockage	10.07	#11.08	#11.08	1.38	22.53	22.53	000
35472		A	Repair arterial blockage	6.91	3.61	3.61	0.85	11.37	11.37	000
35473		A	Repair arterial blockage	6.04	#6.64	#6.64	1.53	14.21	14.21	000
35474		A	Repair arterial blockage	7.36	#8.10	#8.10	1.69	17.15	17.15	000
35475		R	Repair arterial blockage	9.49	10.13	10.13	1.83	21.45	21.45	000
35476		A	Repair venous blockage	6.04	3.16	3.16	0.74	9.94	9.94	000
35480		A	Atherectomy, open	11.08	#12.19	#12.19	1.38	24.65	24.65	000
35481		A	Atherectomy, open	7.61	4.35	4.35	0.61	12.57	12.57	000
35482		A	Atherectomy, open	6.65	#7.32	#7.32	1.53	15.50	15.50	000
35483		A	Atherectomy, open	8.10	#8.91	#8.91	1.69	18.70	18.70	000
35484		A	Atherectomy, open	10.44	10.13	10.13	1.83	22.40	22.40	000
35485		A	Atherectomy, open	9.49	4.52	4.52	1.06	15.07	15.07	000
35490		A	Atherectomy, percutaneous	11.08	#12.19	#12.19	1.38	24.65	24.65	000
35491		A	Atherectomy, percutaneous	7.61	4.35	4.35	0.61	12.57	12.57	000
35492		A	Atherectomy, percutaneous	6.65	#7.32	#7.32	1.53	15.50	15.50	000
35493		A	Atherectomy, percutaneous	8.10	#8.91	#8.91	1.69	18.70	18.70	000
35494		A	Atherectomy, percutaneous	10.44	10.13	10.13	1.83	22.40	22.40	000
35495		A	Atherectomy, percutaneous	9.49	4.52	4.52	1.06	15.07	15.07	000
35501		A	Artery bypass graft	*19.19	19.35	19.35	3.49	42.03	42.03	090
35506		A	Artery bypass graft	*19.67	19.17	19.17	3.64	42.48	42.48	090
35507		A	Artery bypass graft	*19.67	17.92	17.92	3.61	41.20	41.20	090
35508		A	Artery bypass graft	*18.65	18.11	18.11	3.43	40.19	40.19	090
35509		A	Artery bypass graft	*18.07	18.90	18.90	3.92	40.89	40.89	090
35511		A	Artery bypass graft	*16.83	10.40	10.40	1.92	29.15	29.15	090
35515		A	Artery bypass graft	*18.65	11.25	11.25	2.01	31.91	31.91	090
35516		A	Artery bypass graft	*16.32	17.37	17.37	3.54	37.23	37.23	090
35518		A	Artery bypass graft	*15.42	#16.96	#16.96	3.38	35.76	35.76	090
35521		A	Artery bypass graft	*16.17	17.53	17.53	3.34	37.04	37.04	090
35526		A	Artery bypass graft	*20.00	12.95	12.95	2.44	35.39	35.39	090
35531		A	Artery bypass graft	*25.61	20.25	20.25	3.90	49.76	49.76	090
35533		A	Artery bypass graft	*20.52	21.04	21.04	4.43	45.99	45.99	090
35536		A	Artery bypass graft	*23.11	21.37	21.37	4.17	48.65	48.65	090
35541		A	Artery bypass graft	*25.80	19.55	19.55	3.65	49.00	49.00	090
35546		A	Artery bypass graft	*25.54	21.39	21.39	4.26	51.19	51.19	090
35548		A	Artery bypass graft	*21.57	19.55	19.55	3.65	44.77	44.77	090
35549		A	Artery bypass graft	*23.35	21.39	21.39	4.26	49.00	49.00	090
35551		A	Artery bypass graft	*26.67	19.25	19.25	3.87	49.79	49.79	090
35556		A	Artery bypass graft	*21.76	18.71	18.71	3.71	44.18	44.18	090
35558		A	Artery bypass graft	*14.04	#15.44	#15.44	3.23	32.71	32.71	090
35560		A	Artery bypass graft	*23.56	20.22	20.22	3.93	47.71	47.71	090
35563		A	Artery bypass graft	*15.14	8.32	8.32	1.70	25.16	25.16	090
35565		A	Artery bypass graft	*15.14	#16.65	#16.65	3.51	35.30	35.30	090
35566		A	Artery bypass graft	*26.92	20.62	20.62	4.08	51.62	51.62	090
35571		A	Artery bypass graft	*18.58	19.36	19.36	3.87	41.81	41.81	090
35582		A	Vein bypass graft	*27.13	23.74	23.74	4.89	55.76	55.76	090
35583		A	Vein bypass graft	*22.37	20.44	20.44	4.13	46.94	46.94	090
35585		A	Vein bypass graft	*28.39	22.95	22.95	4.63	55.97	55.97	090
35587		A	Vein bypass graft	*19.05	#20.96	#20.96	4.13	44.14	44.14	090
35601		A	Artery bypass graft	*17.50	18.83	18.83	3.33	39.66	39.66	090
35606		A	Artery bypass graft	*18.71	17.55	17.55	3.51	39.77	39.77	090
35612		A	Artery bypass graft	*15.76	16.75	16.75	3.30	35.81	35.81	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
35616		A	Artery bypass graft	*15.70	16.79	16.79	3.42	35.91	35.91	090
35621		A	Artery bypass graft	*14.54	#15.99	#15.99	3.80	34.33	34.33	090
35623		A	Bypass graft, not vein	*16.62	8.06	8.06	1.88	26.56	26.56	090
35626		A	Artery bypass graft	*23.63	20.51	20.51	4.08	48.22	48.22	090
35631		A	Artery bypass graft	*24.60	17.87	17.87	3.57	46.04	46.04	090
35636		A	Artery bypass graft	*22.46	13.50	13.50	2.45	38.41	38.41	090
35641		A	Artery bypass graft	*24.57	20.56	20.56	4.08	49.21	49.21	090
35642		A	Artery bypass graft	*17.98	10.33	10.33	2.20	30.51	30.51	090
35645		A	Artery bypass graft	*17.47	11.15	11.15	2.05	30.67	30.67	090
35646		A	Artery bypass graft	*25.81	23.78	23.78	4.73	54.32	54.32	090
35650		A	Artery bypass graft	*14.36	#15.80	#15.80	3.56	33.72	33.72	090
35651		A	Artery bypass graft	*25.04	24.09	24.09	4.69	53.82	53.82	090
35654		A	Artery bypass graft	*18.61	#20.47	#20.47	4.42	43.50	43.50	090
35656		A	Artery bypass graft	*19.53	17.73	17.73	3.60	40.86	40.86	090
35661		A	Artery bypass graft	*13.18	#14.50	#14.50	3.30	30.98	30.98	090
35663		A	Artery bypass graft	*14.17	#15.59	#15.59	3.80	33.56	33.56	090
35665		A	Artery bypass graft	*15.40	#16.94	#16.94	3.57	35.91	35.91	090
35666		A	Artery bypass graft	*19.19	20.06	20.06	4.00	43.25	43.25	090
35671		A	Artery bypass graft	*14.80	15.60	15.60	4.08	34.48	34.48	090
35681		A	Artery bypass graft	8.05	#8.86	#8.86	3.52	20.43	20.43	ZZZ
35691		A	Arterial transposition	*18.05	19.62	19.62	3.81	41.48	41.48	090
35693		A	Arterial transposition	*15.36	9.40	9.40	1.91	26.67	26.67	090
35694		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35695		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35700		A	Reoperation, bypass graft	3.08	1.61	1.61	0.38	5.07	5.07	ZZZ
35701		A	Exploration, carotid artery	*5.55	5.82	5.82	1.25	12.62	12.62	090
35721		A	Exploration, femoral artery	*5.28	5.56	5.56	1.11	11.95	11.95	090
35741		A	Exploration popliteal artery	*5.37	5.73	5.73	1.15	12.25	12.25	090
35761		A	Exploration of artery/vein	*5.37	5.81	5.81	1.14	12.32	12.32	090
35800		A	Explore neck vessels	*7.02	5.28	5.28	0.97	13.27	13.27	090
35820		A	Explore chest vessels	*12.88	7.92	7.92	1.43	22.23	22.23	090
35840		A	Explore abdominal vessels	*9.77	7.23	7.23	1.44	18.44	18.44	090
35860		A	Explore limb vessels	*5.55	5.81	5.81	1.15	12.51	12.51	090
35870		A	Repair vessel graft defect	*22.17	10.64	10.64	2.47	35.28	35.28	090
35875		A	Removal of clot in graft	*10.01	8.21	8.21	1.65	19.87	19.87	090
35876		A	Removal of clot in graft	*13.67	8.21	8.21	1.65	23.53	23.53	090
35901		A	Excision, graft, neck	*8.19	7.18	7.18	1.46	16.83	16.83	090
35903		A	Excision, graft, extremity	*9.39	7.18	7.18	1.46	18.03	18.03	090
35905		A	Excision, graft, thorax	*18.19	7.18	7.18	1.46	26.83	26.83	090
35907		A	Excision, graft, abdomen	*19.24	7.18	7.18	1.46	27.88	27.88	090
36000		A	Place needle in vein	0.18	0.24	#0.20	0.04	0.46	0.42	XXX
36005		A	Injection, venography	0.95	0.47	0.47	0.04	1.46	1.46	000
36010		A	Place catheter in vein	2.43	2.11	2.11	0.31	4.85	4.85	XXX
36011		A	Place catheter in vein	3.14	1.90	1.90	0.22	5.26	5.26	XXX
36012		A	Place catheter in vein	3.52	2.67	2.67	0.32	6.51	6.51	XXX
36013		A	Place catheter in artery	2.52	2.11	2.11	0.31	4.94	4.94	XXX
36014		A	Place catheter in artery	3.02	2.28	2.28	0.27	5.57	5.57	XXX
36015		A	Place catheter in artery	3.52	2.67	2.67	0.32	6.51	6.51	XXX
36100		A	Establish access to artery	3.02	2.59	2.59	0.32	5.93	5.93	XXX
36120		A	Establish access to artery	2.01	#2.21	#2.21	0.30	4.52	4.52	XXX
36140		A	Establish access to artery	2.01	1.41	1.41	0.24	3.66	3.66	XXX
36145		A	Artery to vein shunt	2.01	#2.21	#2.21	0.49	4.71	4.71	XXX
36160		A	Establish access to aorta	2.52	2.32	2.32	0.35	5.19	5.19	XXX
36200		A	Place catheter in aorta	3.02	2.73	2.73	0.28	6.03	6.03	XXX
36215		A	Place catheter in artery	4.68	2.78	2.78	0.23	7.69	7.69	XXX
36216		A	Place catheter in artery	5.28	3.29	3.29	0.27	8.84	8.84	XXX
36217		A	Place catheter in artery	6.30	3.92	3.92	0.32	10.54	10.54	XXX
36218		A	Place catheter in artery	1.01	0.62	0.62	0.05	1.68	1.68	XXX
36245		A	Place catheter in artery	4.68	3.15	3.15	0.26	8.09	8.09	XXX
36246		A	Place catheter in artery	5.28	3.29	3.29	0.27	8.84	8.84	XXX
36247		A	Place catheter in artery	6.30	3.92	3.92	0.32	10.54	10.54	XXX
36248		A	Place catheter in artery	1.01	0.62	0.62	0.05	1.68	1.68	XXX
36260		A	Insertion of infusion pump	*9.71	6.74	6.74	1.41	17.86	17.86	090
36261		A	Revision of infusion pump	*5.45	2.23	2.23	0.42	8.10	8.10	090
36262		A	Removal of infusion pump	*4.02	1.93	1.93	0.40	6.35	6.35	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.18	0.09	0.09	0.01	0.28	0.28	XXX
36405		A	Drawing blood	0.18	0.45	0.45	0.03	0.66	0.66	XXX
36406		A	Drawing blood	0.18	0.16	0.16	0.01	0.35	0.35	XXX
36410		A	Drawing blood	0.18	0.22	#0.20	0.02	0.42	0.40	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	0.51	0.51	0.05	1.57	1.57	XXX
36425		A	Establish access to vein	0.76	0.08	0.08	0.01	0.85	0.85	XXX
36430		A	Blood transfusion service	0.00	0.96	0.96	0.07	1.03	1.03	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
36440		A	Blood transfusion service	1.03	0.94	0.94	0.07	2.04	2.04	XXX
36450		A	Exchange transfusion service	2.23	1.88	1.88	0.18	4.29	4.29	XXX
36455		A	Exchange transfusion service	2.43	2.27	2.27	0.22	4.92	4.92	XXX
36460		A	Transfusion service, fetal	6.59	4.71	4.71	1.09	12.39	12.39	XXX
36468		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470		A	Injection therapy of vein	*1.09	0.27	0.27	0.04	1.40	1.40	010
36471		A	Injection therapy of veins	*1.57	0.39	0.39	0.05	2.01	2.01	010
36481		A	Insertion of catheter, vein	6.99	5.30	5.30	0.61	12.90	12.90	000
36488		A	Insertion of catheter, vein	1.35	0.97	0.97	0.14	2.46	2.46	000
36489		A	Insertion of catheter, vein	1.22	1.12	1.12	0.17	2.51	2.51	000
36490		A	Insertion of catheter, vein	1.67	1.38	1.38	0.20	3.25	3.25	000
36491		A	Insertion of catheter, vein	1.43	#1.57	#1.57	0.32	3.32	3.32	000
36493		A	Repositioning of cvc	1.21	0.63	0.63	0.16	2.00	2.00	000
36500		A	Insertion of catheter, vein	3.52	0.08	0.08	0.01	3.61	3.61	000
36510		A	Insertion of catheter, vein	1.09	0.34	0.34	0.02	1.45	1.45	000
36520		A	Plasma and/or cell exchange	1.74	#1.91	#1.91	0.12	3.77	3.77	000
36522		A	Photopheresis	1.67	2.48	#1.84	0.37	4.52	3.88	000
36530		R	Insertion of infusion pump	*6.20	4.82	4.82	1.02	12.04	12.04	010
36531		R	Revision of infusion pump	*4.87	4.37	4.37	0.27	9.51	9.51	010
36532		R	Removal of infusion pump	*3.30	1.77	1.77	0.37	5.44	5.44	010
36533		A	Insertion of access port	*5.32	4.29	4.29	0.85	10.46	10.46	010
36534		A	Revision of access port	*2.80	#3.08	#3.08	0.21	6.09	6.09	010
36535		A	Removal of access port	*2.27	1.81	1.81	0.38	4.46	4.46	010
36600		A	Withdrawal of arterial blood	0.32	0.28	0.28	0.02	0.62	0.62	XXX
36620		A	Insertion catheter, artery	1.15	0.66	0.66	0.14	1.95	1.95	000
36625		A	Insertion catheter, artery	2.11	0.86	0.86	0.18	3.15	3.15	000
36640		A	Insertion catheter, artery	2.10	#2.31	#2.31	0.40	4.81	4.81	000
36660		A	Insertion catheter, artery	1.40	0.49	0.49	0.04	1.93	1.93	000
36680		A	Insert needle, bone cavity	1.20	1.24	1.24	0.10	2.54	2.54	000
36800		A	Insertion of cannula	2.43	2.22	2.22	0.28	4.93	4.93	000
36810		A	Insertion of cannula	3.97	#4.37	#4.37	0.74	9.08	9.08	000
36815		A	Insertion of cannula	2.62	#2.88	#2.88	0.70	6.20	6.20	000
36821		A	Artery-vein fusion	*8.93	7.24	7.24	1.46	17.63	17.63	090
36822		A	Insertion of cannula(s)	*5.42	5.60	5.60	0.77	11.79	11.79	090
36825		A	Artery-vein graft	*9.84	#10.82	#10.82	2.21	22.87	22.87	090
36830		A	Artery-vein graft	*12.00	9.96	9.96	2.36	24.32	24.32	090
36832		A	Revise artery-vein fistula	*6.45	#7.10	#7.10	2.38	15.93	15.93	090
36834		A	Repair A–V aneurysm	*9.93	7.80	7.80	1.66	19.39	19.39	090
36835		A	Artery to vein shunt	*7.15	3.42	3.42	0.79	11.36	11.36	090
36860		A	Cannula declotting	2.01	2.57	#2.21	0.43	5.01	4.65	000
36861		A	Cannula declotting	2.52	#2.77	#2.77	1.01	6.30	6.30	000
37140		A	Revision of circulation	*23.60	16.29	16.29	3.34	43.23	43.23	090
37145		A	Revision of circulation	*24.61	17.13	17.13	1.72	43.46	43.46	090
37160		A	Revision of circulation	*21.60	17.74	17.74	3.79	43.13	43.13	090
37180		A	Revision of circulation	*24.61	14.19	14.19	2.76	41.56	41.56	090
37181		A	Splice spleen/kidney veins	*26.68	16.41	16.41	3.52	46.61	46.61	090
37195		A	Thrombolytic therapy, stroke	0.00	7.68	7.68	0.54	8.22	8.22	XXX
37200		A	Transcatheter biopsy	4.56	1.59	1.59	0.13	6.28	6.28	000
37201		A	Transcatheter therapy infuse	5.00	5.50	5.50	0.64	11.14	11.14	000
37202		A	Transcatheter therapy infuse	5.68	4.30	4.30	0.50	10.48	10.48	000
37203		A	Transcatheter retrieval	5.03	3.82	3.82	0.45	9.30	9.30	000
37204		A	Transcatheter occlusion	18.14	13.76	13.76	1.60	33.50	33.50	000
37205		A	Transcatheter stent	8.28	5.16	5.16	0.42	13.86	13.86	000
37206		A	Transcatheter stent	4.13	2.58	2.58	0.21	6.92	6.92	ZZZ
37207		A	Transcatheter stent	8.28	5.16	5.16	0.42	13.86	13.86	000
37208		A	Transcatheter stent	4.13	2.58	2.58	0.21	6.92	6.92	ZZZ
37209		A	Exchange arterial catheter	2.27	1.41	1.41	0.11	3.79	3.79	000
37250		A	Intravascular us	2.10	1.14	1.14	0.13	3.37	3.37	ZZZ
37251		A	Intravascular us	1.60	0.87	0.87	0.10	2.57	2.57	ZZZ
37565		A	Ligation of neck vein	*4.44	3.79	3.79	0.74	8.97	8.97	090
37600		A	Ligation of neck artery	*4.57	4.98	4.98	0.80	10.35	10.35	090
37605		A	Ligation of neck artery	*6.19	5.56	5.56	1.04	12.79	12.79	090
37606		A	Ligation of neck artery	*6.28	5.92	5.92	0.72	12.92	12.92	090
37607		A	Ligation of fistula	*6.16	3.06	3.06	0.71	9.93	9.93	090
37609		A	Temporal artery procedure	*2.30	2.22	2.22	0.38	4.90	4.90	010
37615		A	Ligation of neck artery	*5.73	5.62	5.62	1.11	12.46	12.46	090
37616		A	Ligation of chest artery	*16.49	4.21	4.21	0.83	21.53	21.53	090
37617		A	Ligation of abdomen artery	*15.95	8.00	8.00	1.54	25.49	25.49	090
37618		A	Ligation of extremity artery	*4.84	4.98	4.98	1.06	10.88	10.88	090
37620		A	Revision of major vein	*10.56	8.81	8.81	1.48	20.85	20.85	090
37650		A	Revision of major vein	*5.13	4.02	4.02	0.52	9.67	9.67	090
37660		A	Revision of major vein	*10.61	5.75	5.75	1.07	17.43	17.43	090
37700		A	Revise leg vein	*3.73	3.64	3.64	0.73	8.10	8.10	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
37720		A	Removal of leg vein	*5.66	5.11	5.11	1.04	11.81	11.81	090
37730		A	Removal of leg veins	*7.33	6.95	6.95	1.40	15.68	15.68	090
37735		A	Removal of leg veins/lesion	*10.53	8.34	8.34	1.68	20.55	20.55	090
37760		A	Revision of leg veins	*10.47	7.48	7.48	1.52	19.47	19.47	090
37780		A	Revision of leg vein	*3.84	1.89	1.89	0.35	6.08	6.08	090
37785		A	Revise secondary varicosity	*3.88	0.98	0.98	0.18	5.04	5.04	090
37788		A	Revascularization, penis	*22.01	15.14	15.14	1.48	38.63	38.63	090
37790		A	Penile venous occlusion	*8.34	5.70	5.70	0.55	14.59	14.59	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	*13.01	8.55	8.55	1.81	23.37	23.37	090
38101		A	Removal of spleen, partial	*13.74	6.99	6.99	1.51	22.24	22.24	090
38102		A	Removal of spleen, total	4.80	2.51	2.51	0.58	7.89	7.89	ZZZ
38115		A	Repair of ruptured spleen	*14.19	7.64	7.64	1.49	23.32	23.32	090
38200		A	Injection for spleen x-ray	2.64	1.71	1.71	0.15	4.50	4.50	000
38230		R	Bone marrow collection	*4.54	2.78	2.78	0.21	7.53	7.53	010
38231		R	Stem cell collection	1.50	1.37	1.37	0.08	2.95	2.95	000
38240		R	Bone marrow/stem transplant	2.24	2.08	2.08	0.14	4.46	4.46	XXX
38241		R	Bone marrow/stem transplant	2.24	2.04	2.04	0.13	4.41	4.41	XXX
38300		A	Drainage lymph node lesion	*1.53	0.58	0.58	0.10	2.21	2.21	010
38305		A	Drainage lymph node lesion	*4.61	1.96	1.96	0.36	6.93	6.93	090
38308		A	Incision of lymph channels	*4.95	3.37	3.37	0.45	8.77	8.77	090
38380		A	Thoracic duct procedure	*7.46	4.44	4.44	0.76	12.66	12.66	090
38381		A	Thoracic duct procedure	*12.88	7.56	7.56	1.50	21.94	21.94	090
38382		A	Thoracic duct procedure	*10.08	4.84	4.84	1.13	16.05	16.05	090
38500		A	Biopsy/removal, lymph node(s)	*2.88	1.59	1.59	0.31	4.78	4.78	010
38505		A	Needle biopsy, lymph node(s)	1.14	1.12	1.12	0.17	2.43	2.43	000
38510		A	Biopsy/removal, lymph node(s)	*4.14	2.54	2.54	0.45	7.13	7.13	090
38520		A	Biopsy/removal, lymph node(s)	*5.12	2.99	2.99	0.56	8.67	8.67	090
38525		A	Biopsy/removal, lymph node(s)	*4.66	2.59	2.59	0.53	7.78	7.78	090
38530		A	Biopsy/removal, lymph node(s)	*6.13	3.17	3.17	0.65	9.95	9.95	090
38542		A	Explore deep node(s), neck	*5.91	4.26	4.26	0.59	10.76	10.76	090
38550		A	Removal neck/armpit lesion	*6.73	3.23	3.23	0.63	10.59	10.59	090
38555		A	Removal neck/armpit lesion	*14.27	7.27	7.27	1.38	22.92	22.92	090
38562		A	Removal, pelvic lymph nodes	*10.49	6.88	6.88	1.20	18.57	18.57	090
38564		A	Removal, abdomen lymph nodes	*10.83	7.39	7.39	1.51	19.73	19.73	090
38700		A	Removal of lymph nodes, neck	*8.24	#9.06	#9.06	1.31	18.61	18.61	090
38720		A	Removal of lymph nodes, neck	*13.61	#14.97	#14.97	2.04	30.62	30.62	090
38724		A	Removal of lymph nodes, neck	*14.54	14.36	14.36	2.00	30.90	30.90	090
38740		A	Remove armpit lymph nodes	*6.77	4.72	4.72	1.00	12.49	12.49	090
38745		A	Remove armpits lymph nodes	*8.84	8.28	8.28	1.76	18.88	18.88	090
38746		A	Remove thoracic lymph nodes	4.39	2.29	2.29	0.53	7.21	7.21	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	2.56	2.56	0.59	8.04	8.04	ZZZ
38760		A	Remove groin lymph nodes	*8.74	6.63	6.63	1.35	16.72	16.72	090
38765		A	Remove groin lymph nodes	*16.06	12.67	12.67	2.42	31.15	31.15	090
38770		A	Remove pelvis lymph nodes	*13.23	#14.55	#14.55	1.73	29.51	29.51	090
38780		A	Remove abdomen lymph nodes	*16.59	16.06	16.06	3.13	35.78	35.78	090
38790		A	Injection for lymphatic x-ray	1.29	1.64	#1.42	0.19	3.12	2.90	000
38794		A	Access thoracic lymph duct	*4.45	2.84	2.84	0.38	7.67	7.67	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	*6.10	6.05	6.05	1.08	13.23	13.23	090
39010		A	Exploration of chest	*11.79	11.46	11.46	2.08	25.33	25.33	090
39200		A	Removal chest lesion	*13.62	11.58	11.58	2.14	27.34	27.34	090
39220		A	Removal chest lesion	*17.42	14.94	14.94	2.83	35.19	35.19	090
39400		A	Visualization of chest	*5.61	5.12	5.12	0.95	11.68	11.68	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	*13.19	10.66	10.66	2.10	25.95	25.95	090
39502		A	Repair paraesophageal hernia	*16.33	11.93	11.93	2.45	30.71	30.71	090
39503		A	Repair of diaphragm hernia	*34.85	25.18	25.18	2.94	62.97	62.97	090
39520		A	Repair of diaphragm hernia	*16.10	12.53	12.53	2.46	31.09	31.09	090
39530		A	Repair of diaphragm hernia	*15.41	14.06	14.06	2.71	32.18	32.18	090
39531		A	Repair of diaphragm hernia	*16.42	10.00	10.00	1.80	28.22	28.22	090
39540		A	Repair of diaphragm hernia	*13.32	11.98	11.98	2.51	27.81	27.81	090
39541		A	Repair of diaphragm hernia	*14.41	12.16	12.16	2.37	28.94	28.94	090
39545		A	Revision of diaphragm	*13.37	7.90	7.90	1.31	22.58	22.58	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	0.74	0.74	0.07	2.03	2.03	000
40500		A	Partial excision of lip	*4.28	#4.71	#4.71	0.94	9.93	9.93	090
40510		A	Partial excision of lip	*4.70	#5.17	#5.17	0.83	10.70	10.70	090
40520		A	Partial excision of lip	*4.67	4.50	4.50	0.68	9.85	9.85	090
40525		A	Reconstruct lip with flap	*7.55	#8.31	#8.31	1.43	17.29	17.29	090
40527		A	Reconstruct lip with flap	*9.13	#10.04	#10.04	1.65	20.82	20.82	090
40530		A	Partial removal of lip	*5.40	5.10	5.10	0.74	11.24	11.24	090
40650		A	Repair lip	*3.64	#4.00	#4.00	0.65	8.29	8.29	090
40652		A	Repair lip	*4.26	#4.69	#4.69	0.79	9.74	9.74	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
40654		A	Repair lip	*5.31	#5.84	#5.84	1.00	12.15	12.15	090
40700		A	Repair cleft lip/nasal	*12.79	8.46	8.46	1.28	22.53	22.53	090
40701		A	Repair cleft lip/nasal	*15.85	19.33	19.33	1.62	36.80	36.80	090
40702		A	Repair cleft lip/nasal	*13.04	9.37	9.37	1.10	23.51	23.51	090
40720		A	Repair cleft lip/nasal	*13.55	9.59	9.59	1.79	24.93	24.93	090
40761		A	Repair cleft lip/nasal	*14.72	10.84	10.84	1.74	27.30	27.30	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	*1.17	0.74	0.74	0.07	1.98	1.98	010
40801		A	Drainage of mouth lesion	*2.53	1.70	1.70	0.16	4.39	4.39	010
40804		A	Removal foreign body, mouth	*1.24	0.58	0.58	0.06	1.88	1.88	010
40805		A	Removal foreign body, mouth	*2.69	2.50	2.50	0.30	5.49	5.49	010
40806		A	Incision of lip fold	0.31	0.36	0.36	0.03	0.70	0.70	000
40808		A	Biopsy of mouth lesion	*0.96	0.76	0.76	0.08	1.80	1.80	010
40810		A	Excision of mouth lesion	*1.31	1.18	1.18	0.11	2.60	2.60	010
40812		A	Excise/repair mouth lesion	*2.31	1.50	1.50	0.14	3.95	3.95	010
40814		A	Excise/repair mouth lesion	*3.42	3.23	3.23	0.32	6.97	6.97	090
40816		A	Excision of mouth lesion	*3.67	3.22	3.22	0.33	7.22	7.22	090
40818		A	Excise oral mucosa for graft	*2.41	2.25	2.25	0.20	4.86	4.86	090
40819		A	Excise lip or cheek fold	*2.41	1.23	1.23	0.14	3.78	3.78	090
40820		A	Treatment of mouth lesion	*1.28	0.53	0.53	0.06	1.87	1.87	010
40830		A	Repair mouth laceration	*1.76	0.67	0.67	0.07	2.50	2.50	010
40831		A	Repair mouth laceration	*2.46	1.94	1.94	0.21	4.61	4.61	010
40840		R	Reconstruction of mouth	*8.73	6.28	6.28	0.73	15.74	15.74	090
40842		R	Reconstruction of mouth	*8.73	6.28	6.28	0.73	15.74	15.74	090
40843		R	Reconstruction of mouth	*12.10	8.80	8.80	1.03	21.93	21.93	090
40844		R	Reconstruction of mouth	*16.01	11.63	11.63	1.36	29.00	29.00	090
40845		R	Reconstruction of mouth	*18.58	#20.44	#20.44	1.93	40.95	40.95	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	*1.30	0.76	0.76	0.08	2.14	2.14	010
41005		A	Drainage of mouth lesion	*1.26	0.62	0.62	0.07	1.95	1.95	010
41006		A	Drainage of mouth lesion	*3.24	1.01	1.01	0.11	4.36	4.36	090
41007		A	Drainage of mouth lesion	*3.10	2.90	2.90	0.30	6.30	6.30	090
41008		A	Drainage of mouth lesion	*3.37	1.06	1.06	0.11	4.54	4.54	090
41009		A	Drainage of mouth lesion	*3.59	3.31	3.31	0.34	7.24	7.24	090
41010		A	Incision of tongue fold	*1.06	0.37	0.37	0.04	1.47	1.47	010
41015		A	Drainage of mouth lesion	*3.96	0.87	0.87	0.10	4.93	4.93	090
41016		A	Drainage of mouth lesion	*4.07	3.69	3.69	0.38	8.14	8.14	090
41017		A	Drainage of mouth lesion	*4.07	1.40	1.40	0.14	5.61	5.61	090
41018		A	Drainage of mouth lesion	*5.10	3.93	3.93	0.38	9.41	9.41	090
41100		A	Biopsy of tongue	*1.63	0.80	0.80	0.08	2.51	2.51	010
41105		A	Biopsy of tongue	*1.42	1.03	1.03	0.12	2.57	2.57	010
41108		A	Biopsy of floor of mouth	*1.05	0.85	0.85	0.09	1.99	1.99	010
41110		A	Excision of tongue lesion	*1.51	1.30	1.30	0.15	2.96	2.96	010
41112		A	Excision of tongue lesion	*2.73	2.39	2.39	0.23	5.35	5.35	090
41113		A	Excision of tongue lesion	*3.19	3.41	3.41	0.37	6.97	6.97	090
41114		A	Excision of tongue lesion	*8.47	6.39	6.39	0.73	15.59	15.59	090
41115		A	Excision of tongue fold	*1.74	1.78	1.78	0.17	3.69	3.69	010
41116		A	Excision of mouth lesion	*2.44	2.49	2.49	0.27	5.20	5.20	090
41120		A	Partial removal of tongue	*9.77	7.28	7.28	0.88	17.93	17.93	090
41130		A	Partial removal of tongue	*11.15	9.06	9.06	1.14	21.35	21.35	090
41135		A	Tongue and neck surgery	*23.09	18.30	18.30	2.64	44.03	44.03	090
41140		A	Removal of tongue	*25.50	18.89	18.89	2.45	46.84	46.84	090
41145		A	Tongue removal; neck surgery	*30.06	22.79	22.79	2.95	55.80	55.80	090
41150		A	Tongue, mouth, jaw surgery	*23.04	18.96	18.96	2.46	44.46	44.46	090
41153		A	Tongue, mouth, neck surgery	*23.77	25.00	25.00	3.03	51.80	51.80	090
41155		A	Tongue, jaw, & neck surgery	*27.72	29.95	29.95	3.75	61.42	61.42	090
41250		A	Repair tongue laceration	*1.91	1.07	1.07	0.11	3.09	3.09	010
41251		A	Repair tongue laceration	*2.27	2.07	2.07	0.21	4.55	4.55	010
41252		A	Repair tongue laceration	*2.97	2.35	2.35	0.26	5.58	5.58	010
41500		A	Fixation of tongue	*3.71	3.29	3.29	0.26	7.26	7.26	090
41510		A	Tongue to lip surgery	*3.42	2.53	2.53	0.45	6.40	6.40	090
41520		A	Reconstruction, tongue fold	*2.73	2.88	2.88	0.28	5.89	5.89	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	*1.17	0.69	0.69	0.07	1.93	1.93	010
41805		A	Removal foreign body, gum	*1.24	0.84	0.84	0.08	2.16	2.16	010
41806		A	Removal foreign body, jawbone	*2.69	1.64	1.64	0.15	4.48	4.48	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822		R	Excision of gum lesion	*2.31	3.03	3.03	0.25	5.59	5.59	010
41823		R	Excision of gum lesion	*3.30	#3.63	#3.63	0.34	7.27	7.27	090
41825		A	Excision of gum lesion	*1.31	1.49	1.49	0.14	2.94	2.94	010
41826		A	Excision of gum lesion	*2.31	2.07	2.07	0.18	4.56	4.56	010
41827		A	Excision of gum lesion	*3.42	#3.76	#3.76	0.38	7.56	7.56	090
41828		R	Excision of gum lesion	*3.09	4.07	4.07	0.33	7.49	7.49	010

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
41830		R	Removal of gum tissue	*3.35	#3.69	#3.69	0.36	7.40	7.40	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872		R	Repair gum	*2.59	#2.85	#2.85	0.27	5.71	5.71	090
41874		R	Repair tooth socket	*3.09	#3.40	#3.40	0.32	6.81	6.81	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	*1.23	0.62	0.62	0.06	1.91	1.91	010
42100		A	Biopsy roof of mouth	*1.31	0.79	0.79	0.08	2.18	2.18	010
42104		A	Excision lesion, mouth roof	*1.64	1.62	1.62	0.17	3.43	3.43	010
42106		A	Excision lesion, mouth roof	*2.10	2.22	2.22	0.21	4.53	4.53	010
42107		A	Excision lesion, mouth roof	*4.44	#4.88	#4.88	0.50	9.82	9.82	090
42120		A	Remove palate/lesion	*6.17	#6.79	#6.79	1.01	13.97	13.97	090
42140		A	Excision of uvula	*1.62	1.35	1.35	0.15	3.12	3.12	090
42145		A	Repair, palate, pharynx/uvula	*8.05	#8.86	#8.86	1.45	18.36	18.36	090
42160		A	Treatment mouth roof lesion	*1.80	1.53	1.53	0.16	3.49	3.49	010
42180		A	Repair palate	*2.50	2.24	2.24	0.26	5.00	5.00	010
42182		A	Repair palate	*3.83	3.47	3.47	0.38	7.68	7.68	010
42200		A	Reconstruct cleft palate	*12.00	7.19	7.19	0.85	20.04	20.04	090
42205		A	Reconstruct cleft palate	*9.59	#10.55	#10.55	0.79	20.93	20.93	090
42210		A	Reconstruct cleft palate	*14.50	12.51	12.51	0.95	27.96	27.96	090
42215		A	Reconstruct cleft palate	*8.82	7.68	7.68	0.86	17.36	17.36	090
42220		A	Reconstruct cleft palate	*7.02	5.40	5.40	0.81	13.23	13.23	090
42225		A	Reconstruct cleft palate	*9.54	6.90	6.90	1.08	17.52	17.52	090
42226		A	Lengthening of palate	*10.01	7.89	7.89	0.86	18.76	18.76	090
42227		A	Lengthening of palate	*9.52	7.41	7.41	0.38	17.31	17.31	090
42235		A	Repair palate	*7.87	5.55	5.55	0.49	13.91	13.91	090
42260		A	Repair nose to lip fistula	*9.80	3.98	3.98	0.44	14.22	14.22	090
42280		A	Preparation, palate mold	*1.54	1.99	1.99	0.17	3.70	3.70	010
42281		A	Insertion, palate prosthesis	*1.93	1.47	1.47	0.15	3.55	3.55	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	*1.93	0.96	0.96	0.12	3.01	3.01	010
42305		A	Drainage of salivary gland	*6.07	2.18	2.18	0.27	8.52	8.52	090
42310		A	Drainage of salivary gland	*1.56	1.03	1.03	0.12	2.71	2.71	010
42320		A	Drainage of salivary gland	*2.35	1.83	1.83	0.22	4.40	4.40	010
42325		A	Create salivary cyst drain	*2.75	2.12	2.12	0.20	5.07	5.07	090
42326		A	Create salivary cyst drain	*3.78	#4.16	#4.16	0.33	8.27	8.27	090
42330		A	Removal of salivary stone	*2.21	1.10	1.10	0.12	3.43	3.43	010
42335		A	Removal of salivary stone	*3.31	2.47	2.47	0.27	6.05	6.05	090
42340		A	Removal of salivary stone	*4.60	4.25	4.25	0.45	9.30	9.30	090
42400		A	Biopsy of salivary gland	0.78	0.79	0.79	0.10	1.67	1.67	000
42405		A	Biopsy of salivary gland	*3.29	1.54	1.54	0.19	5.02	5.02	010
42408		A	Excision of salivary cyst	*4.54	3.24	3.24	0.38	8.16	8.16	090
42409		A	Drainage of salivary cyst	*2.81	2.81	2.81	0.30	5.92	5.92	090
42410		A	Excise parotid gland/lesion	*9.34	5.94	5.94	0.92	16.20	16.20	090
42415		A	Excise parotid gland/lesion	*16.89	12.68	12.68	1.68	31.25	31.25	090
42420		A	Excise parotid gland/lesion	*19.59	14.82	14.82	1.87	36.28	36.28	090
42425		A	Excise parotid gland/lesion	*13.02	11.10	11.10	1.43	25.55	25.55	090
42426		A	Excise parotid gland/lesion	*21.26	#23.39	#23.39	3.21	47.86	47.86	090
42440		A	Excision submaxillary gland	*6.97	#7.67	#7.67	0.99	15.63	15.63	090
42450		A	Excision sublingual gland	*4.62	3.42	3.42	0.35	8.39	8.39	090
42500		A	Repair salivary duct	*4.30	4.61	4.61	0.50	9.41	9.41	090
42505		A	Repair salivary duct	*6.18	#6.80	#6.80	0.86	13.84	13.84	090
42507		A	Parotid duct diversion	*6.11	4.65	4.65	0.67	11.43	11.43	090
42508		A	Parotid duct diversion	*9.10	7.61	7.61	0.94	17.65	17.65	090
42509		A	Parotid duct diversion	*11.54	7.31	7.31	1.23	20.08	20.08	090
42510		A	Parotid duct diversion	*8.15	7.65	7.65	0.84	16.64	16.64	090
42550		A	Injection for salivary x-ray	1.25	0.44	0.44	0.04	1.73	1.73	000
42600		A	Closure of salivary fistula	*4.82	3.89	3.89	0.46	9.17	9.17	090
42650		A	Dilation of salivary duct	0.77	0.39	0.39	0.04	1.20	1.20	000
42660		A	Dilation of salivary duct	1.13	0.50	0.50	0.06	1.69	1.69	000
42665		A	Ligation of salivary duct	*2.53	2.04	2.04	0.25	4.82	4.82	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	*1.62	0.85	0.85	0.10	2.57	2.57	010
42720		A	Drainage of throat abscess	*5.42	1.89	1.89	0.22	7.53	7.53	010
42725		A	Drainage of throat abscess	*10.72	4.45	4.45	0.53	15.70	15.70	090
42800		A	Biopsy of throat	*1.39	0.74	0.74	0.08	2.21	2.21	010
42802		A	Biopsy of throat	*1.54	1.02	1.02	0.12	2.68	2.68	010
42804		A	Biopsy of upper nose/throat	*1.24	1.09	1.09	0.13	2.46	2.46	010
42806		A	Biopsy of upper nose/throat	*1.58	1.40	1.40	0.16	3.14	3.14	010
42808		A	Excise pharynx lesion	*2.30	2.52	2.52	0.29	5.11	5.11	010
42809		A	Remove pharynx foreign body	*1.81	0.82	0.82	0.08	2.71	2.71	010
42810		A	Excision of neck cyst	*3.33	3.14	3.14	0.47	6.94	6.94	090
42815		A	Excision of neck cyst	*7.23	#7.95	#7.95	1.12	16.30	16.30	090
42820		A	Remove tonsils and adenoids	*3.91	3.15	3.15	0.32	7.38	7.38	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
42821		A	Remove tonsils and adenoids	*4.29	3.93	3.93	0.46	8.68	8.68	090
42825		A	Removal of tonsils	*3.42	2.64	2.64	0.33	6.39	6.39	090
42826		A	Removal of tonsils	*3.38	#3.72	#3.72	0.43	7.53	7.53	090
42830		A	Removal of adenoids	*2.57	1.86	1.86	0.27	4.70	4.70	090
42831		A	Removal of adenoids	*2.71	2.36	2.36	0.25	5.32	5.32	090
42835		A	Removal of adenoids	*2.30	1.86	1.86	0.10	4.26	4.26	090
42836		A	Removal of adenoids	*3.18	2.79	2.79	0.31	6.28	6.28	090
42842		A	Extensive surgery of throat	*8.76	6.69	6.69	0.73	16.18	16.18	090
42844		A	Extensive surgery of throat	*14.31	10.85	10.85	1.27	26.43	26.43	090
42845		A	Extensive surgery of throat	*24.29	18.62	18.62	2.22	45.13	45.13	090
42860		A	Excision of tonsil tags	*2.22	1.89	1.89	0.21	4.32	4.32	090
42870		A	Excision of lingual tonsil	*5.40	2.32	2.32	0.26	7.98	7.98	090
42890		A	Partial removal of pharynx	*12.94	8.99	8.99	1.03	22.96	22.96	090
42892		A	Revision of pharyngeal walls	*15.83	10.92	10.92	1.27	28.02	28.02	090
42894		A	Revision of pharyngeal walls	*22.88	16.06	16.06	1.83	40.77	40.77	090
42900		A	Repair throat wound	*5.25	4.26	4.26	0.48	9.99	9.99	010
42950		A	Reconstruction of throat	*8.10	#8.91	#8.91	1.10	18.11	18.11	090
42953		A	Repair throat, esophagus	*8.96	6.34	6.34	0.93	16.23	16.23	090
42955		A	Surgical opening of throat	*7.39	3.32	3.32	0.43	11.14	11.14	090
42960		A	Control throat bleeding	*2.33	1.08	1.08	0.12	3.53	3.53	010
42961		A	Control throat bleeding	*5.59	1.75	1.75	0.19	7.53	7.53	090
42962		A	Control throat bleeding	*7.14	5.98	5.98	0.68	13.80	13.80	090
42970		A	Control nose/throat bleeding	*5.43	1.03	1.03	0.10	6.56	6.56	090
42971		A	Control nose/throat bleeding	*6.21	2.90	2.90	0.34	9.45	9.45	090
42972		A	Control nose/throat bleeding	*7.20	4.55	4.55	0.73	12.48	12.48	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	*8.09	6.58	6.58	0.71	15.38	15.38	090
43030		A	Throat muscle surgery	*7.69	#8.46	#8.46	1.21	17.36	17.36	090
43045		A	Incision of esophagus	*20.12	12.45	12.45	2.36	34.93	34.93	090
43100		A	Excision of esophagus lesion	*9.19	6.19	6.19	0.95	16.33	16.33	090
43101		A	Excision of esophagus lesion	*16.24	9.48	9.48	1.88	27.60	27.60	090
43107		A	Removal of esophagus	*28.79	22.50	22.50	4.42	55.71	55.71	090
43108		A	Removal of esophagus	*34.19	25.27	25.27	4.77	64.23	64.23	090
43112		A	Removal of esophagus	*31.22	21.65	21.65	4.22	57.09	57.09	090
43113		A	Removal of esophagus	*35.27	25.27	25.27	4.77	65.31	65.31	090
43116		A	Partial removal of esophagus	*31.22	25.27	25.27	4.77	61.26	61.26	090
43117		A	Partial removal of esophagus	*30.02	25.27	25.27	4.77	60.06	60.06	090
43118		A	Partial removal of esophagus	*33.20	25.27	25.27	4.77	63.24	63.24	090
43121		A	Partial removal of esophagus	*29.19	21.36	21.36	4.19	54.74	54.74	090
43122		A	Parital removal of esophagus	*29.11	21.36	21.36	4.19	54.66	54.66	090
43123		A	Partial removal of esophagus	*33.20	25.27	25.27	4.77	63.24	63.24	090
43124		A	Removal of esophagus	*27.32	22.50	22.50	4.42	54.24	54.24	090
43130		A	Removal of esophagus pouch	*11.75	10.51	10.51	1.60	23.86	23.86	090
43135		A	Removal of esophagus pouch	*16.10	11.72	11.72	2.17	29.99	29.99	090
43200		A	Esophagus endoscopy	1.59	2.04	#1.75	0.26	3.89	3.60	000
43202		A	Esophagus endoscopy, biopsy	1.89	2.41	#2.08	0.31	4.61	4.28	000
43204		A	Esophagus endoscopy & inject	3.77	#4.15	#4.15	0.36	8.28	8.28	000
43205		A	Esophagus endoscopy/ligation	3.79	2.70	2.70	0.18	6.67	6.67	000
43215		A	Esophagus endoscopy	2.60	#2.86	#2.86	0.46	5.92	5.92	000
43216		A	Esophagus endoscopy/lesion	2.40	#2.64	#2.64	0.37	5.41	5.41	000
43217		A	Esophagus endoscopy	2.90	#3.19	#3.19	0.37	6.46	6.46	000
43219		A	Esophagus endoscopy	2.80	#3.08	#3.08	0.34	6.22	6.22	000
43220		A	Esophagus endoscopy, dilation	2.10	#2.31	#2.31	0.27	4.68	4.68	000
43226		A	Esophagus endoscopy, dilation	2.34	#2.57	#2.57	0.26	5.17	5.17	000
43227		A	Esophagus endoscopy, repair	3.60	#3.96	#3.96	0.34	7.90	7.90	000
43228		A	Esophagus endoscopy, ablation	3.77	#4.15	#4.15	0.38	8.30	8.30	000
43234		A	Upper GI endoscopy, exam	2.01	2.57	#2.21	0.30	4.88	4.52	000
43235		A	Upper gi endoscopy, diagnosis	2.39	3.07	#2.63	0.29	5.75	5.31	000
43239		A	Upper GI endoscopy, biopsy	2.69	3.44	#2.96	0.33	6.46	5.98	000
43241		A	Upper GI endoscopy with tube	2.59	#2.85	#2.85	0.38	5.82	5.82	000
43243		A	Upper GI endoscopy & inject.	4.57	#5.03	#5.03	0.39	9.99	9.99	000
43244		A	Upper GI endoscopy/ligation	4.59	3.47	3.47	0.41	8.47	8.47	000
43245		A	Operative upper GI endoscopy	3.39	#3.73	#3.73	0.40	7.52	7.52	000
43246		A	Place gastrostomy tube	4.33	#4.76	#4.76	0.51	9.60	9.60	000
43247		A	Operative upper GI endoscopy	3.39	#3.73	#3.73	0.38	7.50	7.50	000
43248		A	Upper GI endoscopy/guidewire	3.15	#3.47	#3.47	0.35	6.97	6.97	000
43249		A	Esophagus endoscopy, dilation	2.90	#3.19	#3.19	0.30	6.39	6.39	000
43250		A	Upper GI endoscopy/tumor	3.20	#3.52	#3.52	0.43	7.15	7.15	000
43251		A	Operative upper GI endoscopy	3.70	#4.07	#4.07	0.43	8.20	8.20	000
43255		A	Operative upper GI endoscopy	4.40	#4.84	#4.84	0.38	9.62	9.62	000
43258		A	Operative upper GI endoscopy	4.55	#5.01	#5.01	0.38	9.94	9.94	000
43259		A	Endoscopic ultrasound exam	4.89	4.02	4.02	0.35	9.26	9.26	000
43260		A	Endoscopy, bile duct/pancreas	5.96	5.98	5.98	0.39	12.33	12.33	000
43261		A	Endoscopy, bile duct/pancreas	6.27	5.98	5.98	0.39	12.64	12.64	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
43262		A	Endoscopy, bile duct/pancreas	7.39	#8.13	#8.13	0.58	16.10	16.10	000
43263		A	Endoscopy, bile duct/pancreas	6.19	5.83	5.83	0.38	12.40	12.40	000
43264		A	Endoscopy, bile duct/pancreas	8.90	8.92	8.92	0.61	18.43	18.43	000
43265		A	Endoscopy, bile duct/pancreas	8.90	6.82	6.82	0.49	16.21	16.21	000
43267		A	Endoscopy, bile duct/pancreas	7.39	7.41	7.41	0.48	15.28	15.28	000
43268		A	Endoscopy, bile duct/pancreas	7.39	#8.13	#8.13	0.56	16.08	16.08	000
43269		A	Endoscopy, bile duct/pancreas	6.04	#6.64	#6.64	0.51	13.19	13.19	000
43271		A	Endoscopy, bile duct/pancreas	7.39	7.63	7.63	0.50	15.52	15.52	000
43272		A	Endoscopy, bile duct/pancreas	7.39	5.60	5.60	0.42	13.41	13.41	000
43300		A	Repair of esophagus	*9.14	#10.05	#10.05	1.70	20.89	20.89	090
43305		A	Repair esophagus and fistula	*17.15	13.71	13.71	1.78	32.64	32.64	090
43310		A	Repair of esophagus	*25.39	16.99	16.99	3.23	45.61	45.61	090
43312		A	Repair esophagus and fistula	*28.42	13.72	13.72	2.30	44.44	44.44	090
43320		A	Fuse esophagus & stomach	*16.07	11.68	11.68	2.05	29.80	29.80	090
43324		A	Revise esophagus & stomach	*16.58	11.88	11.88	2.53	30.99	30.99	090
43325		A	Revise esophagus & stomach	*16.17	11.61	11.61	2.29	30.07	30.07	090
43326		A	Revise esophagus & stomach	*15.91	7.52	7.52	1.75	25.18	25.18	090
43330		A	Repair of esophagus	*15.94	11.36	11.36	2.39	29.69	29.69	090
43331		A	Repair of esophagus	*16.23	14.33	14.33	2.64	33.20	33.20	090
43340		A	Fuse esophagus & intestine	*15.81	12.44	12.44	2.52	30.77	30.77	090
43341		A	Fuse esophagus & intestine	*16.81	9.90	9.90	1.56	28.27	28.27	090
43350		A	Surgical opening, esophagus	*12.72	7.88	7.88	1.15	21.75	21.75	090
43351		A	Surgical opening, esophagus	*14.79	8.77	8.77	1.53	25.09	25.09	090
43352		A	Surgical opening, esophagus	*12.30	8.86	8.86	1.47	22.63	22.63	090
43360		A	Gastrointestinal repair	*28.78	21.36	21.36	4.19	54.33	54.33	090
43361		A	Gastrointestinal repair	*32.65	25.27	25.27	4.77	62.69	62.69	090
43400		A	Ligate esophagus veins	*17.09	10.82	10.82	1.63	29.54	29.54	090
43401		A	Esophagus surgery for veins	*17.81	9.59	9.59	1.93	29.33	29.33	090
43405		A	Ligate/staple esophagus	*16.13	14.33	14.33	2.64	33.10	33.10	090
43410		A	Repair esophagus wound	*10.86	8.90	8.90	1.54	21.30	21.30	090
43415		A	Repair esophagus wound	*17.06	12.74	12.74	2.52	32.32	32.32	090
43420		A	Repair esophagus opening	*11.57	5.88	5.88	0.78	18.23	18.23	090
43425		A	Repair esophagus opening	*16.95	9.94	9.94	1.71	28.60	28.60	090
43450		A	Dilate esophagus	1.38	0.68	0.68	0.05	2.11	2.11	000
43453		A	Dilate esophagus	1.51	1.51	1.51	0.11	3.13	3.13	000
43456		A	Dilate esophagus	2.57	2.47	2.47	0.24	5.28	5.28	000
43458		A	Dilation of esophagus	3.06	1.52	1.52	0.27	4.85	4.85	000
43460		A	Pressure treatment esophagus	3.80	1.67	1.67	0.15	5.62	5.62	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	*8.44	6.13	6.13	1.20	15.77	15.77	090
43501		A	Surgical repair of stomach	*15.31	8.58	8.58	1.83	25.72	25.72	090
43502		A	Surgical repair of stomach	*17.67	8.58	8.58	1.83	28.08	28.08	090
43510		A	Surgical opening of stomach	*9.99	8.29	8.29	0.94	19.22	19.22	090
43520		A	Incision of pyloric muscle	*7.63	4.48	4.48	0.87	12.98	12.98	090
43600		A	Biopsy of stomach	1.91	0.50	0.50	0.05	2.46	2.46	000
43605		A	Biopsy of stomach	*9.15	5.91	5.91	1.29	16.35	16.35	090
43610		A	Excision of stomach lesion	*11.15	8.17	8.17	1.71	21.03	21.03	090
43611		A	Excision of stomach lesion	*13.63	8.17	8.17	1.71	23.51	23.51	090
43620		A	Removal of stomach	*22.54	15.38	15.38	3.19	41.11	41.11	090
43621		A	Removal of stomach	*23.06	15.38	15.38	3.19	41.63	41.63	090
43622		A	Removal of stomach	*24.41	15.38	15.38	3.19	42.98	42.98	090
43631		A	Removal of stomach, partial	*19.66	12.42	12.42	2.66	34.74	34.74	090
43632		A	Removal stomach, partial	*19.66	12.42	12.42	2.66	34.74	34.74	090
43633		A	Removal stomach, partial	*20.10	12.42	12.42	2.66	35.18	35.18	090
43634		A	Removal stomach, partial	*21.86	20.83	20.83	4.57	47.26	47.26	090
43635		A	Partial removal of stomach	2.06	1.08	1.08	0.26	3.40	3.40	ZZZ
43638		A	Partial removal of stomach	*21.76	12.75	12.75	2.73	37.24	37.24	090
43639		A	Removal stomach, partial	*22.25	12.75	12.75	2.73	37.73	37.73	090
43640		A	Vagotomy & pylorus repair	*14.81	10.34	10.34	2.19	27.34	27.34	090
43641		A	Vagotomy & pylorus repair	*15.03	10.34	10.34	2.18	27.55	27.55	090
43750		A	Place gastrostomy tube	*4.49	4.35	4.35	0.56	9.40	9.40	010
43760		A	Change gastrostomy tube	1.10	0.69	0.69	0.09	1.88	1.88	000
43761		A	Reposition gastrostomy tube	2.01	1.06	1.06	0.25	3.32	3.32	000
43800		A	Reconstruction of pylorus	*10.46	6.85	6.85	1.47	18.78	18.78	090
43810		A	Fusion of stomach and bowel	*11.19	7.64	7.64	1.53	20.36	20.36	090
43820		A	Fusion of stomach and bowel	*11.74	8.29	8.29	1.75	21.78	21.78	090
43825		A	Fusion of stomach and bowel	*14.68	11.08	11.08	2.30	28.06	28.06	090
43830		A	Place gastrostomy tube	*7.28	6.19	6.19	1.19	14.66	14.66	090
43831		A	Place gastrostomy tube	*7.33	5.20	5.20	0.93	13.46	13.46	090
43832		A	Place gastrostomy tube	*11.92	7.95	7.95	1.36	21.23	21.23	090
43840		A	Repair of stomach lesion	*11.89	7.84	7.84	1.66	21.39	21.39	090
43842		A	Gastroplasty for obesity	*14.71	13.72	13.72	2.93	31.36	31.36	090
43843		A	Gastroplasty for obesity	*14.85	13.72	13.72	2.93	31.50	31.50	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
43846		A	Gastric bypass for obesity	*19.15	14.80	14.80	3.30	37.25	37.25	090
43847		A	Gastric bypass for obesity	*21.44	14.80	14.80	3.30	39.54	39.54	090
43848		A	Revision gastroplasty	*23.41	14.80	14.80	3.30	41.51	41.51	090
43850		A	Revise stomach-bowel fusion	*19.69	11.64	11.64	2.25	33.58	33.58	090
43855		A	Revise stomach-bowel fusion	*20.83	10.44	10.44	2.28	33.55	33.55	090
43860		A	Revise stomach-bowel fusion	*19.91	11.46	11.46	2.51	33.88	33.88	090
43865		A	Revise stomach-bowel fusion	*21.12	13.39	13.39	2.98	37.49	37.49	090
43870		A	Repair stomach opening	*7.40	5.77	5.77	1.14	14.31	14.31	090
43880		A	Repair stomach-bowel fistula	*19.63	8.25	8.25	1.76	29.64	29.64	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	*13.84	8.28	8.28	1.75	23.87	23.87	090
44010		A	Incision of small bowel	*10.68	6.91	6.91	1.42	19.01	19.01	090
44015		A	Insert needle catheter, bowel	2.62	#2.88	#2.88	0.45	5.95	5.95	ZZZ
44020		A	Exploration of small bowel	*11.93	7.81	7.81	1.65	21.39	21.39	090
44021		A	Decompress small bowel	*12.01	7.00	7.00	1.48	20.49	20.49	090
44025		A	Incision of large bowel	*12.18	7.74	7.74	1.61	21.53	21.53	090
44050		A	Reduce bowel obstruction	*11.40	7.77	7.77	1.64	20.81	20.81	090
44055		A	Correct malrotation of bowel	*13.14	7.66	7.66	1.60	22.40	22.40	090
44100		A	Biopsy of bowel	2.01	1.38	1.38	0.13	3.52	3.52	000
44110		A	Excision of bowel lesion(s)	*10.07	7.67	7.67	1.58	19.32	19.32	090
44111		A	Excision of bowel lesion(s)	*12.19	9.67	9.67	2.14	24.00	24.00	090
44120		A	Removal of small intestine	*14.50	9.46	9.46	2.02	25.98	25.98	090
44121		A	Removal of small intestine	4.45	2.32	2.32	0.54	7.31	7.31	ZZZ
44125		A	Removal of small intestine	*14.96	10.75	10.75	2.28	27.99	27.99	090
44130		A	Bowel to bowel fusion	*12.36	8.67	8.67	1.86	22.89	22.89	090
44139		A	Mobilization of colon	2.23	1.17	1.17	0.27	3.67	3.67	ZZZ
44140		A	Partial removal of colon	*18.35	11.37	11.37	2.40	32.12	32.12	090
44141		A	Partial removal of colon	*19.51	11.86	11.86	2.55	33.92	33.92	090
44143		A	Partial removal of colon	*20.17	12.26	12.26	2.62	35.05	35.05	090
44144		A	Partial removal of colon	*18.89	12.06	12.06	2.53	33.48	33.48	090
44145		A	Partial removal of colon	*23.18	13.25	13.25	2.78	39.21	39.21	090
44146		A	Partial removal of colon	*24.16	14.98	14.98	3.14	42.28	42.28	090
44147		A	Partial removal of colon	*18.17	15.34	15.34	3.30	36.81	36.81	090
44150		A	Removal of colon	*21.01	14.84	14.84	3.17	39.02	39.02	090
44151		A	Removal of colon/ileostomy	*20.04	10.21	10.21	2.22	32.47	32.47	090
44152		A	Removal of colon/ileostomy	*24.41	15.44	15.44	3.36	43.21	43.21	090
44153		A	Removal of colon/ileostomy	*26.83	19.35	19.35	3.63	49.81	49.81	090
44155		A	Removal of colon	*24.44	16.65	16.65	3.50	44.59	44.59	090
44156		A	Removal of colon/ileostomy	*23.01	11.40	11.40	2.52	36.93	36.93	090
44160		A	Removal of colon	*15.88	12.44	12.44	2.68	31.00	31.00	090
44300		A	Open bowel to skin	*8.88	6.03	6.03	1.29	16.20	16.20	090
44310		A	Ileostomy/jejunostomy	*11.70	7.88	7.88	1.66	21.24	21.24	090
44312		A	Revision of ileostomy	*5.88	3.08	3.08	0.45	9.41	9.41	090
44314		A	Revision of ileostomy	*11.04	6.68	6.68	1.21	18.93	18.93	090
44316		A	Devise bowel pouch	*15.47	9.64	9.64	1.43	26.54	26.54	090
44320		A	Colostomy	*12.94	7.46	7.46	1.57	21.97	21.97	090
44322		A	Colostomy with biopsies	*11.98	9.07	9.07	1.88	22.93	22.93	090
44340		A	Revision of colostomy	*5.66	1.68	1.68	0.35	7.69	7.69	090
44345		A	Revision of colostomy	*11.32	4.84	4.84	1.03	17.19	17.19	090
44346		A	Revision of colostomy	*12.46	6.65	6.65	1.38	20.49	20.49	090
44360		A	Small bowel endoscopy	2.92	#3.21	#3.21	0.32	6.45	6.45	000
44361		A	Small bowel endoscopy, biopsy	3.23	#3.55	#3.55	0.34	7.12	7.12	000
44363		A	Small bowel endoscopy	3.94	2.99	2.99	0.36	7.29	7.29	000
44364		A	Small bowel endoscopy	4.22	#4.64	#4.64	0.72	9.58	9.58	000
44365		A	Small bowel endoscopy	3.73	#4.10	#4.10	0.72	8.55	8.55	000
44366		A	Small bowel endoscopy	4.97	#5.47	#5.47	0.45	10.89	10.89	000
44369		A	Small bowel endoscopy	5.09	#5.60	#5.60	0.50	11.19	11.19	000
44372		A	Small bowel endoscopy	4.97	#5.47	#5.47	0.67	11.11	11.11	000
44373		A	Small bowel endoscopy	3.94	#4.33	#4.33	0.50	8.77	8.77	000
44376		A	Small bowel endoscopy	5.69	4.05	4.05	0.26	10.00	10.00	000
44377		A	Small bowel endoscopy	5.98	4.26	4.26	0.28	10.52	10.52	000
44378		A	Small bowel endoscopy	7.71	5.27	5.27	0.35	13.33	13.33	000
44380		A	Small bowel endoscopy	1.51	#1.66	#1.66	0.22	3.39	3.39	000
44382		A	Small bowel endoscopy	1.82	#2.00	#2.00	0.29	4.11	4.11	000
44385		A	Endoscopy of bowel pouch	1.82	2.33	#2.00	0.34	4.49	4.16	000
44386		A	Endoscopy, bowel pouch, biopsy	2.12	1.54	1.54	0.15	3.81	3.81	000
44388		A	Colon endoscopy	2.82	3.61	#3.10	0.50	6.93	6.42	000
44389		A	Colonoscopy with biopsy	3.13	4.00	#3.44	0.45	7.58	7.02	000
44390		A	Colonoscopy for foreign body	3.83	2.63	2.63	0.28	6.74	6.74	000
44391		A	Colonoscopy for bleeding	4.32	5.26	#4.75	0.53	10.11	9.60	000
44392		A	Colonoscopy & polypectomy	3.82	5.16	#4.20	0.70	9.68	8.72	000
44393		A	Colonoscopy, lesion removal	4.84	5.41	#5.32	0.70	10.95	10.86	000
44394		A	Colonoscopy w/snare	4.43	5.16	#4.87	0.70	10.29	10.00	000
44500		A	Intro, gastrointestinal tube	0.49	0.36	0.36	0.02	0.87	0.87	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
44602		A	Suture, small intestine	*10.61	7.65	7.65	1.62	19.88	19.88	090
44603		A	Suture, small intestine	*14.00	9.09	9.09	1.96	25.05	25.05	090
44604		A	Suture, large intestine	*14.28	7.87	7.87	1.67	23.82	23.82	090
44605		A	Repair of bowel lesion	*15.37	9.37	9.37	2.02	26.76	26.76	090
44615		A	Intestinal stricturoplasty	*14.19	6.74	6.74	1.57	22.50	22.50	090
44620		A	Repair bowel opening	*10.87	5.97	5.97	1.26	18.10	18.10	090
44625		A	Repair bowel opening	*13.41	9.58	9.58	2.03	25.02	25.02	090
44626		A	Repair bowel opening	*22.59	11.37	11.37	2.40	36.36	36.36	090
44640		A	Repair bowel-skin fistula	*14.83	6.54	6.54	1.35	22.72	22.72	090
44650		A	Repair bowel fistula	*15.25	7.33	7.33	1.46	24.04	24.04	090
44660		A	Repair bowel-bladder fistula	*14.63	8.34	8.34	1.21	24.18	24.18	090
44661		A	Repair bowel-bladder fistula	*16.99	13.94	13.94	2.52	33.45	33.45	090
44680		A	Surgical revision, intestine	*13.72	9.71	9.71	2.14	25.57	25.57	090
44700		A	Suspend bowel w/prosthesis	*14.35	11.37	11.37	2.40	28.12	28.12	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	*11.23	5.24	5.24	1.08	17.55	17.55	090
44820		A	Excision of mesentery lesion	*10.31	5.80	5.80	1.21	17.32	17.32	090
44850		A	Repair of mesentery	*9.57	5.60	5.60	1.18	16.35	16.35	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain, app abscess, open	*8.82	4.28	4.28	0.88	13.98	13.98	090
44901		A	Drain, app abscess, perc	3.38	2.56	2.56	0.30	6.24	6.24	000
44950		A	Appendectomy	*8.70	4.89	4.89	1.01	14.60	14.60	090
44955		A	Appendectomy	1.53	#1.68	#1.68	0.60	3.81	3.81	ZZZ
44960		A	Appendectomy	*10.74	5.89	5.89	1.24	17.87	17.87	090
45000		A	Drainage of pelvic abscess	*4.52	1.59	1.59	0.24	6.35	6.35	090
45005		A	Drainage of rectal abscess	*1.99	1.29	1.29	0.21	3.49	3.49	010
45020		A	Drainage of rectal abscess	*4.72	2.61	2.61	0.51	7.84	7.84	090
45100		A	Biopsy of rectum	*3.68	1.88	1.88	0.35	5.91	5.91	090
45108		A	Removal of anorectal lesion	*4.76	2.66	2.66	0.53	7.95	7.95	090
45110		A	Removal of rectum	*23.80	16.32	16.32	3.43	43.55	43.55	090
45111		A	Partial removal of rectum	*16.48	11.77	11.77	2.49	30.74	30.74	090
45112		A	Removal of rectum	*25.96	16.06	16.06	3.36	45.38	45.38	090
45113		A	Partial proctectomy	*25.99	16.06	16.06	3.36	45.41	45.41	090
45114		A	Partial removal of rectum	*23.22	15.39	15.39	3.24	41.85	41.85	090
45116		A	Partial removal of rectum	*20.89	10.77	10.77	2.34	34.00	34.00	090
45119		A	Remove, rectum w/reservoir	*26.21	16.06	16.06	3.36	45.63	45.63	090
45120		A	Removal of rectum	*24.60	16.39	16.39	3.54	44.53	44.53	090
45121		A	Removal of rectum and colon	*27.04	10.79	10.79	2.01	39.84	39.84	090
45123		A	Partial proctectomy	*14.20	11.77	11.77	2.49	28.46	28.46	090
45130		A	Excision of rectal prolapse	*13.97	8.92	8.92	1.79	24.68	24.68	090
45135		A	Excision of rectal prolapse	*16.39	15.95	15.95	3.50	35.84	35.84	090
45150		A	Excision of rectal stricture	*5.67	3.38	3.38	0.63	9.68	9.68	090
45160		A	Excision of rectal lesion	*13.02	7.46	7.46	1.56	22.04	22.04	090
45170		A	Excision of rectal lesion	*9.77	4.62	4.62	0.96	15.35	15.35	090
45190		A	Destruction, rectal tumor	*8.28	5.09	5.09	1.06	14.43	14.43	090
45300		A	Proctosigmoidoscopy	0.70	0.55	0.55	0.07	1.32	1.32	000
45303		A	Proctosigmoidoscopy	0.80	0.64	0.64	0.12	1.56	1.56	000
45305		A	Proctosigmoidoscopy; biopsy	1.01	0.84	0.84	0.14	1.99	1.99	000
45307		A	Proctosigmoidoscopy	1.71	1.27	1.27	0.18	3.16	3.16	000
45308		A	Proctosigmoidoscopy	1.51	1.13	1.13	0.20	2.84	2.84	000
45309		A	Proctosigmoidoscopy	2.01	1.13	1.13	0.20	3.34	3.34	000
45315		A	Proctosigmoidoscopy	2.54	1.19	1.19	0.18	3.91	3.91	000
45317		A	Proctosigmoidoscopy	2.73	1.26	1.26	0.19	4.18	4.18	000
45320		A	Proctosigmoidoscopy	2.88	1.87	1.87	0.34	5.09	5.09	000
45321		A	Proctosigmoidoscopy	2.12	1.47	1.47	0.27	3.86	3.86	000
45330		A	Sigmoidoscopy, diagnostic	0.96	1.23	#1.06	0.12	2.31	2.14	000
45331		A	Sigmoidoscopy and biopsy	1.26	1.61	#1.39	0.15	3.02	2.80	000
45332		A	Sigmoidoscopy	1.96	1.76	1.76	0.16	3.88	3.88	000
45333		A	Sigmoidoscopy & polypectomy	1.96	2.24	#2.16	0.26	4.46	4.38	000
45334		A	Sigmoidoscopy for bleeding	2.99	2.71	2.71	0.23	5.93	5.93	000
45337		A	Sigmoidoscopy, decompression	2.36	#2.60	#2.60	0.38	5.34	5.34	000
45338		A	Sigmoidoscopy	2.57	2.24	2.24	0.26	5.07	5.07	000
45339		A	Sigmoidoscopy	3.14	3.24	3.24	0.31	6.69	6.69	000
45355		A	Surgical colonoscopy	3.52	1.17	1.17	0.10	4.79	4.79	000
45378		A	Diagnostic colonoscopy	3.70	4.13	#4.07	0.39	8.22	8.16	000
45378	53	A	Diagnostic colonoscopy	0.96	1.23	#1.06	0.12	2.31	2.14	000
45379		A	Colonoscopy	4.72	5.33	#5.19	0.45	10.50	10.36	000
45380		A	Colonoscopy and biopsy	4.01	4.79	#4.41	0.40	9.20	8.82	000
45382		A	Colonoscopy, control bleeding	5.73	5.87	5.87	0.41	12.01	12.01	000
45383		A	Colonoscopy, lesion removal	5.87	5.92	5.92	0.50	12.29	12.29	000
45384		A	Colonoscopy	4.70	#5.17	#5.17	0.58	10.45	10.45	000
45385		A	Colonoscopy, lesion removal	5.31	6.65	#5.84	0.58	12.54	11.73	000
45500		A	Repair of rectum	*7.29	5.95	5.95	1.21	14.45	14.45	090
45505		A	Repair of rectum	*6.02	6.29	6.29	1.23	13.54	13.54	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
45520		A	Treatment of rectal prolapse	0.55	0.61	0.61	0.10	1.26	1.26	000
45540		A	Correct rectal prolapse	*12.92	9.89	9.89	2.10	24.91	24.91	090
45541		A	Correct rectal prolapse	*10.64	10.17	10.17	2.04	22.85	22.85	090
45550		A	Repair rectum; remove sigmoid	*18.26	11.49	11.49	2.38	32.13	32.13	090
45560		A	Repair of rectocele	*8.40	4.79	4.79	0.98	14.17	14.17	090
45562		A	Exploration/repair of rectum	*12.21	8.09	8.09	1.58	21.88	21.88	090
45563		A	Exploration/repair of rectum	*18.63	12.77	12.77	2.49	33.89	33.89	090
45800		A	Repair rectumbladder fistula	*14.11	9.82	9.82	1.45	25.38	25.38	090
45805		A	Repair fistula; colostomy	*16.50	12.32	12.32	2.39	31.21	31.21	090
45820		A	Repair rectourethral fistula	*14.67	8.98	8.98	1.23	24.88	24.88	090
45825		A	Repair fistula; colostomy	*16.87	9.87	9.87	1.66	28.40	28.40	090
45900		A	Reduction of rectal prolapse	*1.83	0.58	0.58	0.11	2.52	2.52	010
45905		A	Dilation of anal sphincter	*1.61	0.71	0.71	0.12	2.44	2.44	010
45910		A	Dilation of rectal narrowing	*1.96	0.87	0.87	0.13	2.96	2.96	010
45915		A	Remove rectal obstruction	*2.20	0.78	0.78	0.09	3.07	3.07	010
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030		A	Removal of rectal marker	*1.23	0.40	0.40	0.07	1.70	1.70	010
46040		A	Incision of rectal abscess	*4.96	1.69	1.69	0.34	6.99	6.99	090
46045		A	Incision of rectal abscess	*4.32	1.85	1.85	0.38	6.55	6.55	090
46050		A	Incision of anal abscess	*1.19	0.60	0.60	0.11	1.90	1.90	010
46060		A	Incision of rectal abscess	*5.69	5.35	5.35	1.12	12.16	12.16	090
46070		A	Incision of anal septum	*2.71	1.37	1.37	0.33	4.41	4.41	090
46080		A	Incision of anal sphincter	*2.49	2.13	2.13	0.43	5.05	5.05	010
46083		A	Incise external hemorrhoid	*1.40	0.63	0.63	0.08	2.11	2.11	010
46200		A	Removal of anal fissure	*3.42	3.29	3.29	0.66	7.37	7.37	090
46210		A	Removal of anal crypt	*2.67	0.77	0.77	0.14	3.58	3.58	090
46211		A	Removal of anal crypts	*4.25	1.90	1.90	0.38	6.53	6.53	090
46220		A	Removal of anal tab	*1.56	0.63	0.63	0.12	2.31	2.31	010
46221		A	Ligation of hemorrhoid(s)	*1.43	0.66	0.66	0.14	2.23	2.23	010
46230		A	Removal of anal tabs	*2.57	0.83	0.83	0.12	3.52	3.52	010
46250		A	Hemorrhoidectomy	*4.53	2.84	2.84	0.52	7.89	7.89	090
46255		A	Hemorrhoidectomy	*5.36	4.72	4.72	0.85	10.93	10.93	090
46257		A	Remove hemorrhoids & fissure	*6.28	5.23	5.23	1.08	12.59	12.59	090
46258		A	Remove hemorrhoids & fistula	*6.67	5.87	5.87	1.22	13.76	13.76	090
46260		A	Hemorrhoidectomy	*7.42	6.07	6.07	1.25	14.74	14.74	090
46261		A	Remove hemorrhoids & fissure	*8.24	6.62	6.62	1.34	16.20	16.20	090
46262		A	Remove hemorrhoids & fistula	*8.73	6.72	6.72	1.39	16.84	16.84	090
46270		A	Removal of anal fistula	*3.72	1.87	1.87	0.37	5.96	5.96	090
46275		A	Removal of anal fistula	*4.56	#5.02	#5.02	1.13	10.71	10.71	090
46280		A	Removal of anal fistula	*5.98	6.08	6.08	1.24	13.30	13.30	090
46285		A	Removal of anal fistula	*4.09	2.28	2.28	0.43	6.80	6.80	090
46288		A	Repair anal fistula	*7.13	3.57	3.57	0.83	11.53	11.53	090
46320		A	Removal of hemorrhoid clot	*1.61	0.70	0.70	0.11	2.42	2.42	010
46500		A	Injection into hemorrhoids	*1.61	0.32	0.32	0.06	1.99	1.99	010
46600		A	Diagnostic anoscopy	0.50	0.28	0.28	0.03	0.81	0.81	000
46604		A	Anoscopy and dilation	1.31	0.38	0.38	0.06	1.75	1.75	000
46606		A	Anoscopy and biopsy	0.81	0.36	0.36	0.06	1.23	1.23	000
46608		A	Anoscopy; remove foreign body	1.51	1.07	1.07	0.12	2.70	2.70	000
46610		A	Anoscopy; remove lesion	1.32	0.85	0.85	0.15	2.32	2.32	000
46611		A	Anoscopy	1.81	0.85	0.85	0.15	2.81	2.81	000
46612		A	Anoscopy; remove lesions	2.34	1.39	1.39	0.20	3.93	3.93	000
46614		A	Anoscopy; control bleeding	2.01	1.55	1.55	0.25	3.81	3.81	000
46615		A	Anoscopy	2.68	1.55	1.55	0.25	4.48	4.48	000
46700		A	Repair of anal stricture	*7.25	6.14	6.14	1.24	14.63	14.63	090
46705		A	Repair of anal stricture	*7.17	3.60	3.60	0.77	11.54	11.54	090
46715		A	Repair of anovaginal fistula	*7.46	3.51	3.51	0.82	11.79	11.79	090
46716		A	Repair of anovaginal fistula	*12.15	6.05	6.05	1.40	19.60	19.60	090
46730		A	Construction of absent anus	*21.57	10.74	10.74	2.50	34.81	34.81	090
46735		A	Construction of absent anus	*25.94	13.04	13.04	3.04	42.02	42.02	090
46740		A	Construction of absent anus	*23.11	11.55	11.55	2.68	37.34	37.34	090
46742		A	Repair, imperforated anus	*29.67	19.75	19.75	1.93	51.35	51.35	090
46744		A	Repair, cloacal anomaly	*33.21	22.17	22.17	2.17	57.55	57.55	090
46746		A	Repair, cloacal anomaly	*36.74	24.26	24.26	2.37	63.37	63.37	090
46748		A	Repair, cloacal anomaly	*40.52	27.03	27.03	2.64	70.19	70.19	090
46750		A	Repair of anal sphincter	*8.14	6.00	6.00	1.22	15.36	15.36	090
46751		A	Repair of anal sphincter	*8.56	4.07	4.07	0.95	13.58	13.58	090
46753		A	Reconstruction of anus	*6.58	4.89	4.89	1.02	12.49	12.49	090
46754		A	Removal of suture from anus	*1.54	1.48	1.48	0.30	3.32	3.32	010
46760		A	Repair of anal sphincter	*11.46	6.80	6.80	1.41	19.67	19.67	090
46761		A	Repair of anal sphincter	*10.99	6.83	6.83	1.35	19.17	19.17	090
46762		A	Implant artificial sphincter	*10.09	5.72	5.72	1.21	17.02	17.02	090
46900		A	Destruction, anal lesion(s)	*1.91	0.39	0.39	0.06	2.36	2.36	010
46910		A	Destruction, anal lesion(s)	*1.86	0.64	0.64	0.08	2.58	2.58	010
46916		A	Cryosurgery, anal lesion(s)	*1.86	0.67	0.67	0.06	2.59	2.59	010

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
46917		A	Laser surgery, anal lesion(s)	*1.86	1.94	1.94	0.31	4.11	4.11	010
46922		A	Excision of anal lesion(s)	*1.86	1.28	1.28	0.23	3.37	3.37	010
46924		A	Destruction, anal lesion(s)	*2.76	2.56	2.56	0.46	5.78	5.78	010
46934		A	Destruction of hemorrhoids	*4.08	1.19	1.19	0.17	5.44	5.44	090
46935		A	Destruction of hemorrhoids	*2.43	1.62	1.62	0.22	4.27	4.27	010
46936		A	Destruction of hemorrhoids	*4.30	2.29	2.29	0.24	6.83	6.83	090
46937		A	Cryotherapy of rectal lesion	*2.69	2.35	2.35	0.45	5.49	5.49	010
46938		A	Cryotherapy of rectal lesion	*4.66	2.50	2.50	0.52	7.68	7.68	090
46940		A	Treatment of anal fissure	*2.32	0.51	0.51	0.09	2.92	2.92	010
46942		A	Treatment of anal fissure	*2.04	0.46	0.46	0.08	2.58	2.58	010
46945		A	Ligation of hemorrhoids	*2.14	0.63	0.63	0.12	2.89	2.89	090
46946		A	Ligation of hemorrhoids	*3.00	0.94	0.94	0.17	4.11	4.11	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	1.40	1.40	0.13	3.43	3.43	000
47001		A	Needle biopsy, liver	1.90	1.40	1.40	0.13	3.43	3.43	ZZZ
47010		A	Open drainage, liver lesion	*10.28	6.75	6.75	1.13	18.16	18.16	090
47011		A	Percut drain, liver lesion	3.70	2.80	2.80	0.33	6.83	6.83	000
47015		A	Inject/aspirate liver cyst	*9.70	6.75	6.75	1.13	17.58	17.58	090
47100		A	Wedge biopsy of liver	*7.49	3.29	3.29	0.67	11.45	11.45	090
47120		A	Partial removal of liver	*22.79	12.00	12.00	2.48	37.27	37.27	090
47122		A	Extensive removal of liver	*35.39	17.58	17.58	3.59	56.56	56.56	090
47125		A	Partial removal of liver	*31.58	17.43	17.43	3.61	52.62	52.62	090
47130		A	Partial removal of liver	*34.25	19.19	19.19	3.89	57.33	57.33	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	20.48	20.48	4.77	64.40	64.40	XXX
47135		R	Transplantation of liver	*81.52	54.48	54.48	8.49	144.49	144.49	090
47136		R	Transplantation of liver	*68.60	33.50	33.50	7.79	109.89	109.89	090
47300		A	Surgery for liver lesion	*9.68	7.67	7.67	1.59	18.94	18.94	090
47350		A	Repair liver wound	*12.56	7.46	7.46	1.49	21.51	21.51	090
47360		A	Repair liver wound	*17.28	10.93	10.93	2.18	30.39	30.39	090
47361		A	Repair liver wound	*30.25	14.64	14.64	3.41	48.30	48.30	090
47362		A	Repair liver wound	*11.88	5.23	5.23	1.22	18.33	18.33	090
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	*20.86	8.53	8.53	1.36	30.75	30.75	090
47420		A	Incision of bile duct	*16.72	9.48	9.48	1.99	28.19	28.19	090
47425		A	Incision of bile duct	*16.68	11.71	11.71	2.45	30.84	30.84	090
47460		A	Incise bile duct sphincter	*15.17	15.54	15.54	1.82	32.53	32.53	090
47480		A	Incision of gallbladder	*9.10	7.60	7.60	1.59	18.29	18.29	090
47490		A	Incision of gallbladder	*7.23	3.57	3.57	0.38	11.18	11.18	090
47500		A	Injection for liver x-rays	1.96	1.51	1.51	0.14	3.61	3.61	000
47505		A	Injection for liver x-rays	0.76	0.98	#0.84	0.14	1.88	1.74	000
47510		A	Insert catheter, bile duct	*7.83	2.87	2.87	0.25	10.95	10.95	090
47511		A	Insert bile duct drain	*10.50	2.87	2.87	0.25	13.62	13.62	090
47525		A	Change bile duct catheter	*5.55	1.59	1.59	0.16	7.30	7.30	010
47530		A	Revise, reinsert bile tube	*5.85	1.51	1.51	0.19	7.55	7.55	090
47550		A	Bile duct endoscopy	3.02	1.56	1.56	0.35	4.93	4.93	000
47552		A	Biliary endoscopy, thru skin	6.04	1.36	1.36	0.21	7.61	7.61	000
47553		A	Biliary endoscopy, thru skin	6.35	3.80	3.80	0.62	10.77	10.77	000
47554		A	Biliary endoscopy, thru skin	9.06	3.93	3.93	0.67	13.66	13.66	000
47555		A	Biliary endoscopy, thru skin	7.56	2.63	2.63	0.30	10.49	10.49	000
47556		A	Biliary endoscopy, thru skin	8.56	2.63	2.63	0.30	11.49	11.49	000
47600		A	Removal of gallbladder	*11.42	7.53	7.53	1.58	20.53	20.53	090
47605		A	Removal of gallbladder	*12.36	8.14	8.14	1.75	22.25	22.25	090
47610		A	Removal of gallbladder	*15.83	9.37	9.37	2.00	27.20	27.20	090
47612		A	Removal of gallbladder	*15.80	14.23	14.23	3.05	33.08	33.08	090
47620		A	Removal of gallbladder	*17.36	11.23	11.23	2.36	30.95	30.95	090
47630		A	Remove bile duct stone	*9.11	3.75	3.75	0.40	13.26	13.26	090
47700		A	Exploration of bile ducts	*14.93	7.63	7.63	1.58	24.14	24.14	090
47701		A	Bile duct revision	*27.81	8.21	8.21	1.90	37.92	37.92	090
47711		A	Excision of bile duct tumor	*19.37	12.06	12.06	2.46	33.89	33.89	090
47712		A	Excision of bile duct tumor	*25.44	12.06	12.06	2.46	39.96	39.96	090
47715		A	Excision of bile duct cyst	*15.81	8.22	8.22	1.71	25.74	25.74	090
47716		A	Fusion of bile duct cyst	*13.83	6.56	6.56	1.53	21.92	21.92	090
47720		A	Fuse gallbladder & bowel	*13.38	9.16	9.16	1.93	24.47	24.47	090
47721		A	Fuse upper gi structures	*16.08	11.42	11.42	2.47	29.97	29.97	090
47740		A	Fuse gallbladder & bowel	*15.54	10.21	10.21	2.14	27.89	27.89	090
47741		A	Fuse gallbladder & bowel	*17.95	14.35	14.35	3.02	35.32	35.32	090
47760		A	Fuse bile ducts and bowel	*21.74	11.61	11.61	2.53	35.88	35.88	090
47765		A	Fuse liver ducts & bowel	*20.93	14.61	14.61	2.97	38.51	38.51	090
47780		A	Fuse bile ducts and bowel	*22.29	13.07	13.07	2.73	38.09	38.09	090
47785		A	Fuse bile ducts and bowel	*26.23	13.07	13.07	2.73	42.03	42.03	090
47800		A	Reconstruction of bile ducts	*19.60	13.22	13.22	2.43	35.25	35.25	090
47801		A	Placement, bile duct support	*12.76	5.48	5.48	0.81	19.05	19.05	090
47802		A	Fuse liver duct & intestine	*18.13	10.27	10.27	1.75	30.15	30.15	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
47900		A	Suture bile duct injury	*16.74	13.22	13.22	2.43	32.39	32.39	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	*14.91	7.05	7.05	1.40	23.36	23.36	090
48001		A	Placement of drain, pancreas	*18.83	8.13	8.13	1.89	28.85	28.85	090
48005		A	Resect/debride pancreas	*22.40	9.19	9.19	2.14	33.73	33.73	090
48020		A	Removal of pancreatic stone	*14.22	6.78	6.78	1.57	22.57	22.57	090
48100		A	Biopsy of pancreas	*11.08	4.21	4.21	0.79	16.08	16.08	090
48102		A	Needle biopsy, pancreas	*4.68	2.41	2.41	0.25	7.34	7.34	010
48120		A	Removal of pancreas lesion	*14.36	9.72	9.72	2.07	26.15	26.15	090
48140		A	Partial removal of pancreas	*20.78	13.29	13.29	2.83	36.90	36.90	090
48145		A	Partial removal of pancreas	*21.76	15.71	15.71	3.16	40.63	40.63	090
48146		A	Pancreatectomy	*23.91	16.49	16.49	1.92	42.32	42.32	090
48148		A	Removal of pancreatic duct	*15.71	8.23	8.23	1.68	25.62	25.62	090
48150		A	Partial removal of pancreas	*43.48	22.54	22.54	4.75	70.77	70.77	090
48152		A	Pancreatectomy	*39.63	22.54	22.54	4.75	66.92	66.92	090
48153		A	Pancreatectomy	*43.38	22.54	22.54	4.75	70.67	70.67	090
48154		A	Pancreatectomy	*39.95	22.54	22.54	4.75	67.24	67.24	090
48155		A	Removal of pancreas	*22.32	20.40	20.40	4.26	46.98	46.98	090
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180		A	Fuse pancreas and bowel	*22.39	12.60	12.60	2.63	37.62	37.62	090
48400		A	Injection, intraoperative	1.95	1.03	1.03	0.24	3.22	3.22	ZZZ
48500		A	Surgery of pancreas cyst	*13.84	8.53	8.53	1.66	24.03	24.03	090
48510		A	Drain pancreatic pseudocyst	*12.96	7.54	7.54	1.44	21.94	21.94	090
48511		A	Drain pancreatic pseudocyst	4.00	3.03	3.03	0.35	7.38	7.38	000
48520		A	Fuse pancreas cyst and bowel	*14.12	11.30	11.30	2.43	27.85	27.85	090
48540		A	Fuse pancreas cyst and bowel	*17.86	12.66	12.66	2.65	33.17	33.17	090
48545		A	Pancreatorrhaphy	*16.47	7.66	7.66	1.79	25.92	25.92	090
48547		A	Duodenal exclusion	*23.40	11.08	11.08	2.58	37.06	37.06	090
48550		N	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554		N	Transplantallograft pancreas	+34.17	17.87	17.87	4.16	56.20	56.20	XXX
48556		A	Removal, allograft pancreas	*15.71	7.26	7.26	1.69	24.66	24.66	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	*11.68	6.79	6.79	1.40	19.87	19.87	090
49002		A	Reopening of abdomen	*10.49	6.05	6.05	1.21	17.75	17.75	090
49010		A	Exploration behind abdomen	*12.28	6.95	6.95	1.31	20.54	20.54	090
49020		A	Drain abdominal abscess	*16.79	4.82	4.82	0.91	22.52	22.52	090
49021		A	Drain abdominal abscess	*3.38	#3.72	#3.72	0.91	8.01	8.01	000
49040		A	Open drainage abdom abscess	*9.94	6.54	6.54	1.27	17.75	17.75	090
49041		A	Percut drain abdom abscess	4.00	3.03	3.03	0.35	7.38	7.38	000
49060		A	Open drain retroper abscess	*11.66	5.54	5.54	1.01	18.21	18.21	090
49061		A	Percutdrain retroper abscess	3.70	2.80	2.80	0.33	6.83	6.83	000
49062		A	Drain to peritoneal cavity	*11.36	8.07	8.07	0.79	20.22	20.22	090
49080		A	Puncture, peritoneal cavity	1.35	0.87	0.87	0.08	2.30	2.30	000
49081		A	Removal of abdominal fluid	1.26	0.75	0.75	0.07	2.08	2.08	000
49085		A	Remove abdomen foreign body	*8.93	3.46	3.46	0.67	13.06	13.06	090
49180		A	Biopsy, abdominal mass	1.73	1.82	1.82	0.20	3.75	3.75	000
49200		A	Removal of abdominal lesion	*10.25	8.38	8.38	1.70	20.33	20.33	090
49201		A	Removal of abdominal lesion	*14.84	12.10	12.10	2.50	29.44	29.44	090
49215		A	Excise sacral spine tumor	*22.36	8.50	8.50	1.59	32.45	32.45	090
49220		A	Multiple surgery, abdomen	*14.88	12.30	12.30	2.53	29.71	29.71	090
49250		A	Excision of umbilicus	*8.35	4.52	4.52	0.96	13.83	13.83	090
49255		A	Removal of omentum	*11.14	5.16	5.16	1.15	17.45	17.45	090
49400		A	Air injection into abdomen	1.88	1.12	1.12	0.17	3.17	3.17	000
49420		A	Insert abdominal drain	2.22	1.58	1.58	0.20	4.00	4.00	000
49421		A	Insert abdominal drain	*5.54	4.14	4.14	0.81	10.49	10.49	090
49422		A	Remove perm cannula/catheter	*6.25	4.14	4.14	0.81	11.20	11.20	010
49423		A	Exchange drainage cath	1.46	1.10	1.10	0.13	2.69	2.69	000
49424		A	Assess cyst, contrast inj	0.76	0.57	0.57	0.07	1.40	1.40	000
49425		A	Insert abdomen-venous drain	*11.37	8.48	8.48	1.78	21.63	21.63	090
49426		A	Revise abdomen-venous shunt	*9.63	5.39	5.39	1.07	16.09	16.09	090
49427		A	Injection, abdominal shunt	0.89	0.49	0.49	0.03	1.41	1.41	000
49428		A	Ligation of shunt	*2.38	1.04	1.04	0.24	3.66	3.66	010
49429		A	Removal of shunt	*7.40	3.32	3.32	0.77	11.49	11.49	010
49495		A	Repair inguinal hernia, init	*5.89	4.98	4.98	0.95	11.82	11.82	090
49496		A	Repair inguinal hernia, init	*8.79	5.04	5.04	1.08	14.91	14.91	090
49500		A	Repair inguinal hernia	*4.68	4.98	4.98	0.95	10.61	10.61	090
49501		A	Repair inguinal hernia, init	*7.58	5.04	5.04	1.08	13.70	13.70	090
49505		A	Repair inguinal hernia	*6.49	4.51	4.51	0.94	11.94	11.94	090
49507		A	Repair, inguinal hernia	*8.17	5.04	5.04	1.08	14.29	14.29	090
49520		A	Rerepair inguinal hernia	*8.22	5.22	5.22	1.11	14.55	14.55	090
49521		A	Repair inguinal hernia, rec	*10.22	5.04	5.04	1.08	16.34	16.34	090
49525		A	Repair inguinal hernia	*7.32	5.55	5.55	1.16	14.03	14.03	090
49540		A	Repair lumbar hernia	*8.87	5.20	5.20	1.12	15.19	15.19	090
49550		A	Repair femoral hernia	*7.37	4.61	4.61	0.97	12.95	12.95	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
49553		A	Repair femoral hernia, init	*8.06	4.61	4.61	0.97	13.64	13.64	090
49555		A	Repair femoral hernia	*7.71	6.07	6.07	1.26	15.04	15.04	090
49557		A	Repair femoral hernia, recur	*9.52	6.07	6.07	1.26	16.85	16.85	090
49560		A	Repair abdominal hernia	*9.88	5.65	5.65	1.19	16.72	16.72	090
49561		A	Repair incisional hernia	*12.17	5.65	5.65	1.19	19.01	19.01	090
49565		A	Rerepair abdominal hernia	*9.88	6.41	6.41	1.35	17.64	17.64	090
49566		A	Repair incisional hernia	*12.30	6.41	6.41	1.35	20.06	20.06	090
49568		A	Hernia repair w/mesh	4.89	2.56	2.56	0.59	8.04	8.04	ZZZ
49570		A	Repair epigastric hernia	*4.86	4.38	4.38	0.91	10.15	10.15	090
49572		A	Repair, epigastric hernia	*5.75	5.60	5.60	1.18	12.53	12.53	090
49580		A	Repair umbilical hernia	*3.51	#3.86	#3.86	0.94	8.31	8.31	090
49582		A	Repair umbilical hernia	*5.68	4.61	4.61	0.94	11.23	11.23	090
49585		A	Repair umbilical hernia	*5.32	4.41	4.41	0.91	10.64	10.64	090
49587		A	Repair umbilical hernia	*6.46	4.41	4.41	0.91	11.78	11.78	090
49590		A	Repair abdominal hernia	*7.29	5.63	5.63	1.22	14.14	14.14	090
49600		A	Repair umbilical lesion	*10.35	5.26	5.26	0.77	16.38	16.38	090
49605		A	Repair umbilical lesion	*22.66	8.57	8.57	1.77	33.00	33.00	090
49606		A	Repair umbilical lesion	*18.60	8.31	8.31	0.96	27.87	27.87	090
49610		A	Repair umbilical lesion	*10.50	5.48	5.48	1.27	17.25	17.25	090
49611		A	Repair umbilical lesion	*8.92	9.00	9.00	0.58	18.50	18.50	090
49900		A	Repair of abdominal wall	*12.28	3.66	3.66	0.75	16.69	16.69	090
49905		A	Omental flap	6.55	3.42	3.42	0.80	10.77	10.77	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	*10.98	9.55	9.55	1.13	21.66	21.66	090
50020		A	Open drain renal abscess	*14.66	6.80	6.80	0.85	22.31	22.31	090
50021		A	Percut drain renal abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
50040		A	Drainage of kidney	*14.94	7.18	7.18	0.62	22.74	22.74	090
50045		A	Exploration of kidney	*15.46	9.81	9.81	0.89	26.16	26.16	090
50060		A	Removal of kidney stone	*19.30	12.25	12.25	1.21	32.76	32.76	090
50065		A	Incision of kidney	*20.79	13.93	13.93	1.35	36.07	36.07	090
50070		A	Incision of kidney	*20.32	12.87	12.87	1.35	34.54	34.54	090
50075		A	Removal of kidney stone	*25.34	16.87	16.87	1.62	43.83	43.83	090
50080		A	Removal of kidney stone	*14.71	12.20	12.20	1.15	28.06	28.06	090
50081		A	Removal of kidney stone	*21.80	14.96	14.96	1.44	38.20	38.20	090
50100		A	Revise kidney blood vessels	*16.09	10.34	10.34	1.35	27.78	27.78	090
50120		A	Exploration of kidney	*15.91	10.91	10.91	1.24	28.06	28.06	090
50125		A	Explore and drain kidney	*16.52	10.95	10.95	1.06	28.53	28.53	090
50130		A	Removal of kidney stone	*17.29	12.80	12.80	1.26	31.35	31.35	090
50135		A	Exploration of kidney	*19.18	17.05	17.05	1.63	37.86	37.86	090
50200		A	Biopsy of kidney	2.63	2.61	2.61	0.22	5.46	5.46	000
50205		A	Biopsy of kidney	*11.31	5.64	5.64	0.69	17.64	17.64	090
50220		A	Removal of kidney	*17.15	13.31	13.31	1.43	31.89	31.89	090
50225		A	Removal of kidney	*20.23	16.52	16.52	1.70	38.45	38.45	090
50230		A	Removal of kidney	*22.07	18.40	18.40	1.84	42.31	42.31	090
50234		A	Removal of kidney & ureter	*22.40	16.65	16.65	1.65	40.70	40.70	090
50236		A	Removal of kidney & ureter	*24.86	17.74	17.74	1.74	44.34	44.34	090
50240		A	Partial removal of kidney	*22.00	16.00	16.00	1.70	39.70	39.70	090
50280		A	Removal of kidney lesion	*15.67	10.86	10.86	1.16	27.69	27.69	090
50290		A	Removal of kidney lesion	*14.73	8.87	8.87	1.19	24.79	24.79	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	*22.21	16.49	16.49	2.40	41.10	41.10	090
50340		A	Removal of kidney	*12.15	12.49	12.49	2.24	26.88	26.88	090
50360		A	Transplantation of kidney	*31.53	24.45	24.45	4.24	60.22	60.22	090
50365		A	Transplantation of kidney	*36.81	30.71	30.71	3.89	71.41	71.41	090
50370		A	Remove transplanted kidney	*13.72	11.08	11.08	1.92	26.72	26.72	090
50380		A	Reimplantation of kidney	*20.76	10.12	10.12	1.71	32.59	32.59	090
50390		A	Drainage of kidney lesion	1.96	1.69	1.69	0.15	3.80	3.80	000
50392		A	Insert kidney drain	3.38	2.36	2.36	0.20	5.94	5.94	000
50393		A	Insert ureteral tube	4.16	3.01	3.01	0.26	7.43	7.43	000
50394		A	Injection for kidney x-ray	0.76	0.55	0.55	0.05	1.36	1.36	000
50395		A	Create passage to kidney	3.38	3.33	3.33	0.29	7.00	7.00	000
50396		A	Measure kidney pressure	2.09	0.50	0.50	0.05	2.64	2.64	000
50398		A	Change kidney tube	1.46	0.53	0.53	0.05	2.04	2.04	000
50400		A	Revision of kidney/ureter	*19.50	13.66	13.66	1.36	34.52	34.52	090
50405		A	Revision of kidney/ureter	*23.93	17.29	17.29	1.74	42.96	42.96	090
50500		A	Repair of kidney wound	*19.57	12.46	12.46	1.64	33.67	33.67	090
50520		A	Close kidney-skin fistula	*17.23	10.34	10.34	1.50	29.07	29.07	090
50525		A	Repair renal-abdomen fistula	*22.27	12.61	12.61	1.99	36.87	36.87	090
50526		A	Repair renal-abdomen fistula	*24.02	7.39	7.39	2.32	33.73	33.73	090
50540		A	Revision of horseshoe kidney	*19.93	13.41	13.41	1.54	34.88	34.88	090
50551		A	Kidney endoscopy	5.60	2.19	2.19	0.21	8.00	8.00	000
50553		A	Kidney endoscopy	5.99	1.66	1.66	0.17	7.82	7.82	000
50555		A	Kidney endoscopy & biopsy	6.53	4.70	4.70	0.45	11.68	11.68	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
50557		A	Kidney endoscopy & treatment	6.62	4.71	4.71	0.49	11.82	11.82	000
50559		A	Renal endoscopy; radiotracer	6.78	1.34	1.34	0.14	8.26	8.26	000
50561		A	Kidney endoscopy & treatment	7.59	5.12	5.12	0.49	13.20	13.20	000
50570		A	Kidney endoscopy	9.54	1.45	1.45	0.14	11.13	11.13	000
50572		A	Kidney endoscopy	10.35	7.25	7.25	0.75	18.35	18.35	000
50574		A	Kidney endoscopy & biopsy	11.02	7.08	7.08	0.64	18.74	18.74	000
50575		A	Kidney endoscopy	13.98	9.93	9.93	0.97	24.88	24.88	000
50576		A	Kidney endoscopy & treatment	10.99	8.69	8.69	0.77	20.45	20.45	000
50578		A	Renal endoscopy; radiotracer	11.35	3.79	3.79	1.19	16.33	16.33	000
50580		A	Kidney endoscopy & treatment	11.86	3.58	3.58	0.35	15.79	15.79	000
50590		A	Fragmenting of kidney stone	*9.09	#10.00	#10.00	0.97	20.06	20.06	090
50600		A	Exploration of ureter	*15.84	9.69	9.69	1.01	26.54	26.54	090
50605		A	Insert ureteral support	*15.46	6.11	6.11	0.60	22.17	22.17	090
50610		A	Removal of ureter stone	*15.92	11.77	11.77	1.17	28.86	28.86	090
50620		A	Removal of ureter stone	*15.16	11.49	11.49	1.16	27.81	27.81	090
50630		A	Removal of ureter stone	*14.94	12.71	12.71	1.25	28.90	28.90	090
50650		A	Removal of ureter	*17.41	12.07	12.07	1.21	30.69	30.69	090
50660		A	Removal of ureter	*19.55	12.49	12.49	1.53	33.57	33.57	090
50684		A	Injection for ureter x-ray	0.76	0.49	0.49	0.05	1.30	1.30	000
50686		A	Measure ureter pressure	1.51	0.37	0.37	0.04	1.92	1.92	000
50688		A	Change of ureter tube	*1.17	0.39	0.39	0.04	1.60	1.60	010
50690		A	Injection for ureter x-ray	1.16	0.32	0.32	0.03	1.51	1.51	000
50700		A	Revision of ureter	*15.21	12.57	12.57	1.29	29.07	29.07	090
50715		A	Release of ureter	*18.90	11.24	11.24	1.49	31.63	31.63	090
50722		A	Release of ureter	*16.35	10.32	10.32	1.97	28.64	28.64	090
50725		A	Release/revise ureter	*18.49	12.05	12.05	1.75	32.29	32.29	090
50727		A	Revise ureter	*8.18	5.37	5.37	0.51	14.06	14.06	090
50728		A	Revise ureter	*12.02	7.90	7.90	0.77	20.69	20.69	090
50740		A	Fusion of ureter & kidney	*18.42	13.03	13.03	1.88	33.33	33.33	090
50750		A	Fusion of ureter & kidney	*19.51	14.04	14.04	1.26	34.81	34.81	090
50760		A	Fusion of ureters	*18.42	13.47	13.47	1.48	33.37	33.37	090
50770		A	Splicing of ureters	*19.51	15.23	15.23	1.53	36.27	36.27	090
50780		A	Reimplant ureter in bladder	*18.36	13.78	13.78	1.46	33.60	33.60	090
50782		A	Reimplant ureter in bladder	*19.54	13.78	13.78	1.46	34.78	34.78	090
50783		A	Reimplant ureter in bladder	*20.55	13.78	13.78	1.46	35.79	35.79	090
50785		A	Reimplant ureter in bladder	*20.52	15.42	15.42	1.80	37.74	37.74	090
50800		A	Implant ureter in bowel	*14.52	14.67	14.67	1.51	30.70	30.70	090
50810		A	Fusion of ureter & bowel	*20.05	12.57	12.57	1.75	34.37	34.37	090
50815		A	Urine shunt to bowel	*19.93	19.76	19.76	2.75	42.44	42.44	090
50820		A	Construct bowel bladder	*21.89	18.97	18.97	2.50	43.36	43.36	090
50825		A	Construct bowel bladder	*28.18	30.54	30.54	3.33	62.05	62.05	090
50830		A	Revise urine flow	*31.28	20.93	20.93	2.27	54.48	54.48	090
50840		A	Replace ureter by bowel	*20.00	13.32	13.32	1.35	34.67	34.67	090
50845		A	Appendico-vesicostomy	*20.89	13.87	13.87	1.35	36.11	36.11	090
50860		A	Transplant ureter to skin	*15.36	10.92	10.92	1.16	27.44	27.44	090
50900		A	Repair of ureter	*13.62	9.98	9.98	1.15	24.75	24.75	090
50920		A	Closure ureter/skin fistula	*14.33	9.52	9.52	0.99	24.84	24.84	090
50930		A	Closure ureter/bowel fistula	*18.72	12.50	12.50	1.22	32.44	32.44	090
50940		A	Release of ureter	*14.51	9.90	9.90	0.95	25.36	25.36	090
50951		A	Endoscopy of ureter	5.84	1.67	1.67	0.17	7.68	7.68	000
50953		A	Endoscopy of ureter	6.24	1.66	1.66	0.16	8.06	8.06	000
50955		A	Ureter endoscopy & biopsy	6.75	2.55	2.55	0.25	9.55	9.55	000
50957		A	Ureter endoscopy & treatment	6.79	2.50	2.50	0.25	9.54	9.54	000
50959		A	Ureter endoscopy & tracer	4.40	3.38	3.38	0.29	8.07	8.07	000
50961		A	Ureter endoscopy & treatment	6.05	2.62	2.62	0.26	8.93	8.93	000
50970		A	Ureter endoscopy	7.14	5.17	5.17	0.52	12.83	12.83	000
50972		A	Ureter endoscopy & catheter	6.89	1.54	1.54	0.16	8.59	8.59	000
50974		A	Ureter endoscopy & biopsy	9.17	7.01	7.01	0.65	16.83	16.83	000
50976		A	Ureter endoscopy & treatment	9.04	6.41	6.41	0.62	16.07	16.07	000
50978		A	Ureter endoscopy & tracer	5.10	4.05	4.05	0.48	9.63	9.63	000
50980		A	Ureter endoscopy & treatment	6.85	3.13	3.13	0.30	10.28	10.28	000
51000		A	Drainage of bladder	0.78	0.48	0.48	0.05	1.31	1.31	000
51005		A	Drainage of bladder	1.02	0.46	0.46	0.04	1.52	1.52	000
51010		A	Drainage of bladder	*3.53	0.97	0.97	0.11	4.61	4.61	010
51020		A	Incise & treat bladder	*6.71	6.85	6.85	0.71	14.27	14.27	090
51030		A	Incise & treat bladder	*6.77	4.53	4.53	0.43	11.73	11.73	090
51040		A	Incise & drain bladder	*4.40	#4.84	#4.84	0.75	9.99	9.99	090
51045		A	Incise bladder, drain ureter	*6.77	4.96	4.96	0.50	12.23	12.23	090
51050		A	Removal of bladder stone	*6.92	7.12	7.12	0.70	14.74	14.74	090
51060		A	Removal of ureter stone	*8.85	#9.74	#9.74	1.19	19.78	19.78	090
51065		A	Removal of ureter stone	*8.85	7.08	7.08	0.71	16.64	16.64	090
51080		A	Drainage of bladder abscess	*5.96	5.18	5.18	0.57	11.71	11.71	090
51500		A	Removal of bladder cyst	*10.14	6.86	6.86	1.21	18.21	18.21	090
51520		A	Removal of bladder lesion	*9.29	8.53	8.53	0.87	18.69	18.69	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
51525	.....	A	Removal of bladder lesion	*13.97	10.67	10.67	1.06	25.70	25.70	090
51530	.....	A	Removal of bladder lesion	*12.38	9.25	9.25	1.02	22.65	22.65	090
51535	.....	A	Repair of ureter lesion	*12.57	7.68	7.68	1.14	21.39	21.39	090
51550	.....	A	Partial removal of bladder	*15.66	10.71	10.71	1.17	27.54	27.54	090
51555	.....	A	Partial removal of bladder	*21.23	12.26	12.26	1.31	34.80	34.80	090
51565	.....	A	Revise bladder & ureter(s)	*21.62	15.84	15.84	1.67	39.13	39.13	090
51570	.....	A	Removal of bladder	*24.24	15.66	15.66	1.62	41.52	41.52	090
51575	.....	A	Removal of bladder & nodes	*30.45	22.87	22.87	2.25	55.57	55.57	090
51580	.....	A	Remove bladder; revise tract	*31.08	19.95	19.95	2.04	53.07	53.07	090
51585	.....	A	Removal of bladder & nodes	*35.23	25.12	25.12	2.42	62.77	62.77	090
51590	.....	A	Remove bladder; revise tract	*32.66	24.52	24.52	2.56	59.74	59.74	090
51595	.....	A	Remove bladder; revise tract	*37.14	33.80	33.80	3.34	74.28	74.28	090
51596	.....	A	Remove bladder, create pouch	*39.52	34.89	34.89	3.45	77.86	77.86	090
51597	.....	A	Removal of pelvic structures	*38.35	30.63	30.63	4.31	73.29	73.29	090
51600	.....	A	Injection for bladder x-ray	0.88	0.28	0.28	0.03	1.19	1.19	000
51605	.....	A	Preparation for bladder x-ray	0.64	0.30	0.30	0.03	0.97	0.97	000
51610	.....	A	Injection for bladder x-ray	1.05	0.27	0.27	0.02	1.34	1.34	000
51700	.....	A	Irrigation of bladder	0.88	0.22	0.22	0.02	1.12	1.12	000
51705	.....	A	Change of bladder tube	*1.02	0.38	0.38	0.04	1.44	1.44	010
51710	.....	A	Change of bladder tube	*1.49	0.57	0.57	0.06	2.12	2.12	010
51715	.....	A	Endoscopic injection/implant	3.74	2.65	2.65	0.27	6.66	6.66	000
51720	.....	A	Treatment of bladder lesion	1.96	0.45	0.45	0.05	2.46	2.46	000
51725	.....	A	Simple cystometrogram	1.51	1.01	1.01	0.11	2.63	2.63	000
51725	TC	A	Simple cystometrogram	0.00	0.38	0.38	0.04	0.42	0.42	000
51725	26	A	Simple cystometrogram	1.51	0.63	0.63	0.07	2.21	2.21	000
51726	.....	A	Complex cystometrogram	1.71	1.29	1.29	0.13	3.13	3.13	000
51726	TC	A	Complex cystometrogram	0.00	0.48	0.48	0.05	0.53	0.53	000
51726	26	A	Complex cystometrogram	1.71	0.81	0.81	0.08	2.60	2.60	000
51736	.....	A	Urine flow measurement	0.61	0.41	0.41	0.04	1.06	1.06	000
51736	TC	A	Urine flow measurement	0.00	0.15	0.15	0.01	0.16	0.16	000
51736	26	A	Urine flow measurement	0.61	0.26	0.26	0.03	0.90	0.90	000
51741	.....	A	Electro-uroflowmetry, first	1.14	0.56	0.56	0.06	1.76	1.76	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.21	0.02	0.23	0.23	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.35	0.35	0.04	1.53	1.53	000
51772	.....	A	Urethra pressure profile	1.61	0.94	0.94	0.11	2.66	2.66	000
51772	TC	A	Urethra pressure profile	0.00	0.42	0.42	0.05	0.47	0.47	000
51772	26	A	Urethra pressure profile	1.61	0.52	0.52	0.06	2.19	2.19	000
51784	.....	A	Anal/urinary muscle study	1.53	1.04	1.04	0.11	2.68	2.68	000
51784	TC	A	Anal/urinary muscle study	0.00	0.39	0.39	0.04	0.43	0.43	000
51784	26	A	Anal/urinary muscle study	1.53	0.65	0.65	0.07	2.25	2.25	000
51785	.....	A	Anal/urinary muscle study	1.53	1.04	1.04	0.11	2.68	2.68	000
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.39	0.04	0.43	0.43	000
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.65	0.07	2.25	2.25	000
51792	.....	A	Urinary reflex study	1.10	1.93	1.93	0.20	3.23	3.23	000
51792	TC	A	Urinary reflex study	0.00	1.34	1.34	0.14	1.48	1.48	000
51792	26	A	Urinary reflex study	1.10	0.59	0.59	0.06	1.75	1.75	000
51795	.....	A	Urine voiding pressure study	1.53	1.44	1.44	0.16	3.13	3.13	000
51795	TC	A	Urine voiding pressure study	0.00	0.87	0.87	0.10	0.97	0.97	000
51795	26	A	Urine voiding pressure study	1.53	0.57	0.57	0.06	2.16	2.16	000
51797	.....	A	Intraabdominal pressure test	1.60	0.96	0.96	0.10	2.66	2.66	000
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.45	0.05	0.50	0.50	000
51797	26	A	Intraabdominal pressure test	1.60	0.51	0.51	0.05	2.16	2.16	000
51800	.....	A	Revision of bladder/urethra	*17.42	12.02	12.02	1.47	30.91	30.91	090
51820	.....	A	Revision of urinary tract	*17.89	7.39	7.39	1.32	26.60	26.60	090
51840	.....	A	Attach bladder/urethra	*10.71	9.22	9.22	1.26	21.19	21.19	090
51841	.....	A	Attach bladder/urethra	*13.03	11.01	11.01	1.48	25.52	25.52	090
51845	.....	A	Repair bladder neck	*9.73	#10.70	#10.70	1.09	21.52	21.52	090
51860	.....	A	Repair of bladder wound	*12.02	7.62	7.62	0.91	20.55	20.55	090
51865	.....	A	Repair of bladder wound	*15.04	10.96	10.96	1.27	27.27	27.27	090
51880	.....	A	Repair of bladder opening	*7.66	4.96	4.96	0.52	13.14	13.14	090
51900	.....	A	Repair bladder/vagina lesion	*12.97	11.65	11.65	1.41	26.03	26.03	090
51920	.....	A	Close bladder-uterus fistula	*11.81	7.51	7.51	0.73	20.05	20.05	090
51925	.....	A	Hysterectomy/bladder repair	*15.58	10.07	10.07	2.33	27.98	27.98	090
51940	.....	A	Correction of bladder defect	*26.81	18.95	18.95	2.22	47.98	47.98	090
51960	.....	A	Revision of bladder & bowel	*23.01	21.40	21.40	2.27	46.68	46.68	090
51980	.....	A	Construct bladder opening	*11.36	7.46	7.46	0.75	19.57	19.57	090
52000	.....	A	Cystoscopy	2.01	1.33	1.33	0.14	3.48	3.48	000
52005	.....	A	Cystoscopy & ureter catheter	2.37	2.20	2.20	0.22	4.79	4.79	000
52007	.....	A	Cystoscopy and biopsy	3.02	2.82	2.82	0.28	6.12	6.12	000
52010	.....	A	Cystoscopy & duct catheter	3.02	1.90	1.90	0.20	5.12	5.12	000
52204	.....	A	Cystoscopy	2.37	2.38	2.38	0.24	4.99	4.99	000
52214	.....	A	Cystoscopy and treatment	3.71	2.80	2.80	0.28	6.79	6.79	000
52224	.....	A	Cystoscopy and treatment	3.14	2.90	2.90	0.29	6.33	6.33	000
52234	.....	A	Cystoscopy and treatment	4.63	4.71	4.71	0.45	9.79	9.79	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
52235		A	Cystoscopy and treatment	5.45	#6.00	#6.00	0.81	12.26	12.26	000
52240		A	Cystoscopy and treatment	9.72	10.65	10.65	1.04	21.41	21.41	000
52250		A	Cystoscopy & radiotracer	4.50	2.86	2.86	0.29	7.65	7.65	000
52260		A	Cystoscopy & treatment	3.92	2.11	2.11	0.22	6.25	6.25	000
52265		A	Cystoscopy & treatment	2.94	1.35	1.35	0.14	4.43	4.43	000
52270		A	Cystoscopy & revise urethra	3.37	3.47	3.47	0.35	7.19	7.19	000
52275		A	Cystoscopy & revise urethra	4.70	3.42	3.42	0.34	8.46	8.46	000
52276		A	Cystoscopy and treatment	5.00	4.58	4.58	0.45	10.03	10.03	000
52277		A	Cystoscopy and treatment	6.17	4.82	4.82	0.47	11.46	11.46	000
52281		A	Cystoscopy and treatment	2.80	2.31	2.31	0.23	5.34	5.34	000
52282		A	Cystoscopy, implant stent	6.40	4.58	4.58	0.45	11.43	11.43	000
52283		A	Cystoscopy and treatment	3.74	1.51	1.51	0.15	5.40	5.40	000
52285		A	Cystoscopy and treatment	3.61	2.94	2.94	0.30	6.85	6.85	000
52290		A	Cystoscopy and treatment	4.59	2.34	2.34	0.24	7.17	7.17	000
52300		A	Cystoscopy and treatment	5.31	3.47	3.47	0.36	9.14	9.14	000
52301		A	Cystoscopy and treatment	5.51	3.47	3.47	0.36	9.34	9.34	000
52305		A	Cystoscopy and treatment	5.31	3.50	3.50	0.35	9.16	9.16	000
52310		A	Cystoscopy and treatment	2.81	2.99	2.99	0.30	6.10	6.10	000
52315		A	Cystoscopy and treatment	5.21	4.07	4.07	0.40	9.68	9.68	000
52317		A	Remove bladder stone	6.72	6.19	6.19	0.59	13.50	13.50	000
52318		A	Remove bladder stone	9.19	7.88	7.88	0.77	17.84	17.84	000
52320		A	Cystoscopy and treatment	4.70	4.86	4.86	0.47	10.03	10.03	000
52325		A	Cystoscopy, stone removal	6.16	#6.78	#6.78	0.68	13.62	13.62	000
52327		A	Cystoscopy, inject material	5.19	3.69	3.69	0.36	9.24	9.24	000
52330		A	Cystoscopy and treatment	5.04	3.47	3.47	0.35	8.86	8.86	000
52332		A	Cystoscopy and treatment	2.83	3.21	#3.11	0.32	6.36	6.26	000
52334		A	Create passage to kidney	4.83	3.33	3.33	0.34	8.50	8.50	000
52335		A	Endoscopy of urinary tract	5.86	4.69	4.69	0.45	11.00	11.00	000
52336		A	Cystoscopy, stone removal	6.88	#7.57	#7.57	0.99	15.44	15.44	000
52337		A	Cystoscopy, stone removal	7.97	#8.77	#8.77	1.08	17.82	17.82	000
52338		A	Cystoscopy and treatment	7.34	5.92	5.92	0.57	13.83	13.83	000
52339		A	Cystoscopy and treatment	8.82	5.92	5.92	0.57	15.31	15.31	000
52340		A	Cystoscopy and treatment	*9.68	5.15	5.15	0.50	15.33	15.33	090
52450		A	Incision of prostate	*7.64	4.99	4.99	0.49	13.12	13.12	090
52500		A	Revision of bladder neck	*8.47	7.44	7.44	0.72	16.63	16.63	090
52510		A	Dilation prostatic urethra	*6.72	#7.39	#7.39	0.74	14.85	14.85	090
52601		A	Prostatectomy (TURP)	*12.37	11.87	11.87	1.16	25.40	25.40	090
52606		A	Control postop bleeding	*8.13	3.32	3.32	0.33	11.78	11.78	090
52612		A	Prostatectomy, first stage	*7.98	#8.78	#8.78	0.99	17.75	17.75	090
52614		A	Prostatectomy, second stage	*6.84	7.09	7.09	0.68	14.61	14.61	090
52620		A	Remove residual prostate	*6.61	5.33	5.33	0.51	12.45	12.45	090
52630		A	Remove prostate regrowth	*7.26	#7.99	#7.99	1.13	16.38	16.38	090
52640		A	Relieve bladder contracture	*6.62	6.43	6.43	0.62	13.67	13.67	090
52647		A	Laser surgery of prostate	*10.36	#11.40	#11.40	1.16	22.92	22.92	090
52648		A	Laser surgery of prostate	*11.21	11.87	11.87	1.16	24.24	24.24	090
52700		A	Drainage of prostate abscess	*6.80	3.30	3.30	0.34	10.44	10.44	090
53000		A	Incision of urethra	*2.28	1.76	1.76	0.17	4.21	4.21	010
53010		A	Incision of urethra	*3.64	3.52	3.52	0.37	7.53	7.53	090
53020		A	Incision of urethra	1.77	0.82	0.82	0.09	2.68	2.68	000
53025		A	Incision of urethra	1.13	0.80	0.80	0.08	2.01	2.01	000
53040		A	Drainage of urethra abscess	*6.40	1.85	1.85	0.19	8.44	8.44	090
53060		A	Drainage of urethra abscess	*2.63	0.51	0.51	0.07	3.21	3.21	010
53080		A	Drainage of urinary leakage	*6.29	3.98	3.98	0.45	10.72	10.72	090
53085		A	Drainage of urinary leakage	*10.27	6.75	6.75	0.70	17.72	17.72	090
53200		A	Biopsy of urethra	2.59	1.10	1.10	0.12	3.81	3.81	000
53210		A	Removal of urethra	*12.57	6.64	6.64	0.67	19.88	19.88	090
53215		A	Removal of urethra	*15.58	10.00	10.00	0.96	26.54	26.54	090
53220		A	Treatment of urethra lesion	*7.00	4.77	4.77	0.49	12.26	12.26	090
53230		A	Removal of urethra lesion	*9.58	7.93	7.93	0.79	18.30	18.30	090
53235		A	Removal of urethra lesion	*10.14	5.02	5.02	0.49	15.65	15.65	090
53240		A	Surgery for urethra pouch	*6.45	4.33	4.33	0.45	11.23	11.23	090
53250		A	Removal of urethra gland	*5.89	4.05	4.05	0.40	10.34	10.34	090
53260		A	Treatment of urethra lesion	*2.98	1.12	1.12	0.16	4.26	4.26	010
53265		A	Treatment of urethra lesion	*3.12	1.88	1.88	0.22	5.22	5.22	010
53270		A	Removal of urethra gland	*3.09	0.84	0.84	0.18	4.11	4.11	010
53275		A	Repair of urethra defect	*4.53	2.37	2.37	0.25	7.15	7.15	010
53400		A	Revise urethra, 1st stage	*12.77	7.47	7.47	0.76	21.00	21.00	090
53405		A	Revise urethra, 2nd stage	*14.48	10.38	10.38	1.21	26.07	26.07	090
53410		A	Reconstruction of urethra	*16.44	8.56	8.56	0.84	25.84	25.84	090
53415		A	Reconstruction of urethra	*19.41	11.87	11.87	1.15	32.43	32.43	090
53420		A	Reconstruct urethra, stage 1	*14.08	10.88	10.88	1.05	26.01	26.01	090
53425		A	Reconstruct urethra, stage 2	*15.98	9.25	9.25	0.88	26.11	26.11	090
53430		A	Reconstruction of urethra	*16.34	7.16	7.16	0.76	24.26	24.26	090
53440		A	Correct bladder function	*12.34	13.14	13.14	1.39	26.87	26.87	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
53442	.....	A	Remove perineal prosthesis	*8.27	5.84	5.84	0.67	14.78	14.78	090
53443	.....	A	Reconstruction of urethra	*19.89	10.03	10.03	1.07	30.99	30.99	090
53445	.....	A	Correct urine flow control	*14.06	#15.47	#15.47	2.03	31.56	31.56	090
53447	.....	A	Remove artificial sphincter	*13.17	9.16	9.16	0.89	23.22	23.22	090
53449	.....	A	Correct artificial sphincter	*9.70	8.41	8.41	0.82	18.93	18.93	090
53450	.....	A	Revision of urethra	*6.14	2.74	2.74	0.27	9.15	9.15	090
53460	.....	A	Revision of urethra	*7.12	2.44	2.44	0.25	9.81	9.81	090
53502	.....	A	Repair of urethra injury	*7.63	4.97	4.97	0.56	13.16	13.16	090
53505	.....	A	Repair of urethra injury	*7.63	5.18	5.18	0.51	13.32	13.32	090
53510	.....	A	Repair of urethra injury	*10.11	6.98	6.98	0.66	17.75	17.75	090
53515	.....	A	Repair of urethra injury	*13.31	9.03	9.03	0.88	23.22	23.22	090
53520	.....	A	Repair of urethra defect	*8.68	5.89	5.89	0.56	15.13	15.13	090
53600	.....	A	Dilate urethra stricture	1.21	0.33	0.33	0.03	1.57	1.57	000
53601	.....	A	Dilate urethra stricture	0.98	0.29	0.29	0.03	1.30	1.30	000
53605	.....	A	Dilate urethra stricture	1.28	0.46	0.46	0.05	1.79	1.79	000
53620	.....	A	Dilate urethra stricture	1.62	0.47	0.47	0.05	2.14	2.14	000
53621	.....	A	Dilate urethra stricture	1.35	0.38	0.38	0.04	1.77	1.77	000
53660	.....	A	Dilation of urethra	0.71	0.28	0.28	0.03	1.02	1.02	000
53661	.....	A	Dilation of urethra	0.72	0.25	0.25	0.03	1.00	1.00	000
53665	.....	A	Dilation of urethra	0.76	0.36	0.36	0.04	1.16	1.16	000
53670	.....	A	Insert urinary catheter	0.50	0.22	0.22	0.02	0.74	0.74	000
53675	.....	A	Insert urinary catheter	1.47	0.47	0.47	0.05	1.99	1.99	000
53850	.....	A	Prostatic microwave thermotx	*9.45	6.71	6.71	0.66	16.82	16.82	090
53852	.....	A	Prostatic rf thermotx	*9.88	7.01	7.01	0.69	17.58	17.58	090
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000	.....	A	Slitting of prepuce	*1.54	0.63	0.63	0.07	2.24	2.24	010
54001	.....	A	Slitting of prepuce	*2.19	0.84	0.84	0.09	3.12	3.12	010
54015	.....	A	Drain penis lesion	*5.32	0.83	0.83	0.09	6.24	6.24	010
54050	.....	A	Destruction, penis lesion(s)	*1.24	0.38	0.38	0.03	1.65	1.65	010
54055	.....	A	Destruction, penis lesion(s)	*1.22	0.61	0.61	0.06	1.89	1.89	010
54056	.....	A	Cryosurgery, penis lesion(s)	*1.24	0.53	0.53	0.04	1.81	1.81	010
54057	.....	A	Laser surg, penis lesion(s)	*1.24	1.52	#1.36	0.21	2.97	2.81	010
54060	.....	A	Excision of penis lesion(s)	*1.93	1.17	1.17	0.12	3.22	3.22	010
54065	.....	A	Destruction, penis lesion(s)	*2.42	2.47	2.47	0.25	5.14	5.14	010
54100	.....	A	Biopsy of penis	1.90	0.65	0.65	0.07	2.62	2.62	000
54105	.....	A	Biopsy of penis	*3.50	1.01	1.01	0.11	4.62	4.62	010
54110	.....	A	Treatment of penis lesion	*10.13	6.03	6.03	0.61	16.77	16.77	090
54111	.....	A	Treat penis lesion, graft	*13.57	9.18	9.18	0.97	23.72	23.72	090
54112	.....	A	Treat penis lesion, graft	*15.86	10.84	10.84	1.14	27.84	27.84	090
54115	.....	A	Treatment of penis lesion	*6.15	4.18	4.18	0.44	10.77	10.77	090
54120	.....	A	Partial removal of penis	*9.97	6.47	6.47	0.62	17.06	17.06	090
54125	.....	A	Removal of penis	*13.53	11.56	11.56	1.17	26.26	26.26	090
54130	.....	A	Remove penis & nodes	*20.14	14.66	14.66	1.32	36.12	36.12	090
54135	.....	A	Remove penis & nodes	*26.36	17.75	17.75	1.74	45.85	45.85	090
54150	.....	A	Circumcision	*1.81	0.54	0.54	0.05	2.40	2.40	010
54152	.....	A	Circumcision	*2.31	1.82	1.82	0.20	4.33	4.33	010
54160	.....	A	Circumcision	*2.48	1.66	1.66	0.21	4.35	4.35	010
54161	.....	A	Circumcision	*3.27	2.17	2.17	0.23	5.67	5.67	010
54200	.....	A	Treatment of penis lesion	*1.06	0.32	0.32	0.03	1.41	1.41	010
54205	.....	A	Treatment of penis lesion	*7.93	5.11	5.11	0.50	13.54	13.54	090
54220	.....	A	Treatment of penis lesion	2.42	1.58	1.58	0.17	4.17	4.17	000
54230	.....	A	Prepare penis study	1.34	1.34	1.34	0.13	2.81	2.81	000
54231	.....	A	Dynamic cavernosometry	2.04	1.44	1.44	0.14	3.62	3.62	000
54235	.....	A	Penile injection	1.19	0.43	0.43	0.04	1.66	1.66	000
54240	.....	A	Penis study	1.31	0.99	0.99	0.12	2.42	2.42	000
54240	TC	A	Penis study	0.00	0.48	0.48	0.06	0.54	0.54	000
54240	26	A	Penis study	1.31	0.51	0.51	0.06	1.88	1.88	000
54250	.....	A	Penis study	2.22	0.80	0.80	0.08	3.10	3.10	000
54250	TC	A	Penis study	0.00	0.30	0.30	0.03	0.33	0.33	000
54250	26	A	Penis study	2.22	0.50	0.50	0.05	2.77	2.77	000
54300	.....	A	Revision of penis	*10.41	6.88	6.88	0.87	18.16	18.16	090
54304	.....	A	Revision of penis	*12.49	8.66	8.66	0.90	22.05	22.05	090
54308	.....	A	Reconstruction of urethra	*11.83	5.84	5.84	0.74	18.41	18.41	090
54312	.....	A	Reconstruction of urethra	*13.57	9.37	9.37	0.91	23.85	23.85	090
54316	.....	A	Reconstruction of urethra	*16.82	11.34	11.34	1.12	29.28	29.28	090
54318	.....	A	Reconstruction of urethra	*11.25	7.53	7.53	1.11	19.89	19.89	090
54322	.....	A	Reconstruction of urethra	*13.01	7.61	7.61	0.74	21.36	21.36	090
54324	.....	A	Reconstruction of urethra	*16.31	10.98	10.98	1.08	28.37	28.37	090
54326	.....	A	Reconstruction of urethra	*15.72	10.51	10.51	1.03	27.26	27.26	090
54328	.....	A	Revise penis, urethra	*15.65	10.72	10.72	1.24	27.61	27.61	090
54332	.....	A	Revise penis, urethra	*17.08	12.52	12.52	1.13	30.73	30.73	090
54336	.....	A	Revise penis, urethra	*20.04	18.79	18.79	1.40	40.23	40.23	090
54340	.....	A	Secondary urethral surgery	*8.91	6.07	6.07	0.59	15.57	15.57	090
54344	.....	A	Secondary urethral surgery	*15.94	16.61	16.61	1.10	33.65	33.65	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
54348		A	Secondary urethral surgery	*17.15	11.62	11.62	1.14	29.91	29.91	090
54352		A	Reconstruct urethra, penis	*24.74	16.18	16.18	1.49	42.41	42.41	090
54360		A	Penis plastic surgery	*11.93	7.02	7.02	0.73	19.68	19.68	090
54380		A	Repair penis	*13.18	9.42	9.42	0.75	23.35	23.35	090
54385		A	Repair penis	*15.39	10.46	10.46	0.89	26.74	26.74	090
54390		A	Repair penis and bladder	*21.61	13.57	13.57	1.58	36.76	36.76	090
54400		A	Insert semi-rigid prosthesis	*8.99	#9.89	#9.89	1.27	20.15	20.15	090
54401		A	Insert self-contd prosthesis	*10.28	#11.31	#11.31	1.73	23.32	23.32	090
54402		A	Remove penis prosthesis	*9.21	6.00	6.00	0.58	15.79	15.79	090
54405		A	Insert multi-comp prosthesis	*13.43	#14.77	#14.77	2.10	30.30	30.30	090
54407		A	Remove multi-comp prosthesis	*13.34	11.22	11.22	1.10	25.66	25.66	090
54409		A	Revise penis prosthesis	*12.20	8.97	8.97	0.87	22.04	22.04	090
54420		A	Revision of penis	*11.42	7.74	7.74	0.87	20.03	20.03	090
54430		A	Revision of penis	*10.15	6.99	6.99	0.69	17.83	17.83	090
54435		A	Revision of penis	*6.12	4.15	4.15	0.39	10.66	10.66	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.68	0.68	0.07	1.87	1.87	000
54500		A	Biopsy of testis	1.31	0.44	0.44	0.05	1.80	1.80	000
54505		A	Biopsy of testis	*3.46	1.86	1.86	0.22	5.54	5.54	010
54510		A	Removal of testis lesion	*5.45	3.03	3.03	0.38	8.86	8.86	090
54520		A	Removal of testis	*5.23	5.31	5.31	0.52	11.06	11.06	090
54530		A	Removal of testis	*8.58	7.32	7.32	0.77	16.67	16.67	090
54535		A	Extensive testis surgery	*12.16	8.54	8.54	1.02	21.72	21.72	090
54550		A	Exploration for testis	*7.78	5.25	5.25	0.61	13.64	13.64	090
54560		A	Exploration for testis	*11.13	7.23	7.23	0.81	19.17	19.17	090
54600		A	Reduce testis torsion	*7.01	4.62	4.62	0.48	12.11	12.11	090
54620		A	Suspension of testis	*4.90	3.32	3.32	0.33	8.55	8.55	010
54640		A	Suspension of testis	*6.90	#7.59	#7.59	0.91	15.40	15.40	090
54650		A	Orchiopexy (Fowler-Stephens)	*11.45	7.82	7.82	0.91	20.18	20.18	090
54660		A	Revision of testis	*5.11	3.40	3.40	0.34	8.85	8.85	090
54670		A	Repair testis injury	*6.41	4.30	4.30	0.43	11.14	11.14	090
54680		A	Relocation of testis(es)	*12.65	8.19	8.19	0.80	21.64	21.64	090
54700		A	Drainage of scrotum	*3.43	0.90	0.90	0.11	4.44	4.44	010
54800		A	Biopsy of epididymis	2.33	1.97	1.97	0.19	4.49	4.49	000
54820		A	Exploration of epididymis	*5.14	2.62	2.62	0.29	8.05	8.05	090
54830		A	Remove epididymis lesion	*5.38	3.51	3.51	0.39	9.28	9.28	090
54840		A	Remove epididymis lesion	*5.20	4.84	4.84	0.48	10.52	10.52	090
54860		A	Removal of epididymis	*6.32	5.17	5.17	0.50	11.99	11.99	090
54861		A	Removal of epididymis	*8.90	7.30	7.30	0.72	16.92	16.92	090
54900		A	Fusion of spermatic ducts	*13.20	8.95	8.95	0.87	23.02	23.02	090
54901		A	Fusion of spermatic ducts	*17.94	12.29	12.29	1.20	31.43	31.43	090
55000		A	Drainage of hydrocele	1.43	0.40	0.40	0.04	1.87	1.87	000
55040		A	Removal of hydrocele	*5.36	4.88	4.88	0.55	10.79	10.79	090
55041		A	Removal of hydroceles	*7.74	7.47	7.47	0.81	16.02	16.02	090
55060		A	Repair of hydrocele	*5.52	4.13	4.13	0.50	10.15	10.15	090
55100		A	Drainage of scrotum abscess	*2.13	0.63	0.63	0.07	2.83	2.83	010
55110		A	Explore scrotum	*5.70	3.48	3.48	0.37	9.55	9.55	090
55120		A	Removal of scrotum lesion	*5.09	1.79	1.79	0.21	7.09	7.09	090
55150		A	Removal of scrotum	*7.22	5.45	5.45	0.57	13.24	13.24	090
55175		A	Revision of scrotum	*5.24	4.49	4.49	0.48	10.21	10.21	090
55180		A	Revision of scrotum	*10.72	6.83	6.83	0.82	18.37	18.37	090
55200		A	Incision of sperm duct	*4.24	1.97	1.97	0.20	6.41	6.41	090
55250		A	Removal of sperm duct(s)	*3.29	2.63	2.63	0.28	6.20	6.20	090
55300		A	Preparation, sperm duct x-ray	3.51	2.71	2.71	0.27	6.49	6.49	000
55400		A	Repair of sperm duct	*8.49	6.56	6.56	0.62	15.67	15.67	090
55450		A	Ligation of sperm duct	*4.12	2.61	2.61	0.32	7.05	7.05	010
55500		A	Removal of hydrocele	*5.59	4.32	4.32	0.50	10.41	10.41	090
55520		A	Removal of sperm cord lesion	*6.03	3.12	3.12	0.51	9.66	9.66	090
55530		A	Revise spermatic cord veins	*5.66	5.20	5.20	0.60	11.46	11.46	090
55535		A	Revise spermatic cord veins	*6.56	4.40	4.40	0.45	11.41	11.41	090
55540		A	Revise hernia & sperm veins	*7.67	4.54	4.54	0.91	13.12	13.12	090
55600		A	Incise sperm duct pouch	*6.38	4.31	4.31	0.55	11.24	11.24	090
55605		A	Incise sperm duct pouch	*7.96	5.60	5.60	0.59	14.15	14.15	090
55650		A	Remove sperm duct pouch	*11.80	7.22	7.22	0.76	19.78	19.78	090
55680		A	Remove sperm pouch lesion	*5.19	4.43	4.43	0.38	10.00	10.00	090
55700		A	Biopsy of prostate	1.57	1.50	1.50	0.15	3.22	3.22	000
55705		A	Biopsy of prostate	*4.57	3.37	3.37	0.34	8.28	8.28	010
55720		A	Drainage of prostate abscess	*7.64	3.51	3.51	0.37	11.52	11.52	090
55725		A	Drainage of prostate abscess	*8.68	5.62	5.62	0.54	14.84	14.84	090
55801		A	Removal of prostate	*17.80	12.76	12.76	1.44	32.00	32.00	090
55810		A	Extensive prostate surgery	*22.58	17.88	17.88	1.77	42.23	42.23	090
55812		A	Extensive prostate surgery	*27.51	17.68	17.68	1.94	47.13	47.13	090
55815		A	Extensive prostate surgery	*30.46	25.20	25.20	2.42	58.08	58.08	090
55821		A	Removal of prostate	*14.25	13.59	13.59	1.35	29.19	29.19	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
55831		A	Removal of prostate	*15.62	14.56	14.56	1.44	31.62	31.62	090
55840		A	Extensive prostate surgery	*22.69	16.60	16.60	1.61	40.90	40.90	090
55842		A	Extensive prostate surgery	*24.38	19.16	19.16	1.88	45.42	45.42	090
55845		A	Extensive prostate surgery	*28.55	25.10	25.10	2.44	56.09	56.09	090
55859		A	Percut/needle insert, pros	*12.52	5.89	5.89	0.58	18.99	18.99	090
55860		A	Surgical exposure, prostate	*14.45	7.13	7.13	0.70	22.28	22.28	090
55862		A	Extensive prostate surgery	*18.39	11.69	11.69	1.20	31.28	31.28	090
55865		A	Extensive prostate surgery	*22.87	24.52	24.52	2.39	49.78	49.78	090
55870		A	Electroejaculation	2.58	1.83	1.83	0.18	4.59	4.59	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300		A	Laparoscopy; diagnostic	*5.10	4.45	4.45	0.93	10.48	10.48	010
56301		A	Laparoscopy; tubal cautery	*5.60	4.71	4.71	1.28	11.59	11.59	010
56302		A	Laparoscopy; tubal block	*5.60	5.26	5.26	1.32	12.18	12.18	010
56303		A	Laparoscopy; excise lesions	*11.79	5.53	5.53	1.16	18.48	18.48	090
56304		A	Laparoscopy; lysis	*11.29	5.60	5.60	1.20	18.09	18.09	090
56305		A	Laparoscopy; biopsy	*5.40	4.90	4.90	0.79	11.09	11.09	010
56306		A	Laparoscopy; aspiration	*5.70	4.87	4.87	1.18	11.75	11.75	010
56307		A	Laparoscopy; remove adnexa	*11.05	7.16	7.16	1.60	19.81	19.81	010
56308		A	Laparoscopy; hysterectomy	*14.19	9.39	9.39	2.07	25.65	25.65	010
56309		A	Laparoscopy; remove myoma	*14.21	4.76	4.76	1.03	20.00	20.00	010
56310		A	Laparoscopic enterolysis	*14.44	8.28	8.28	1.75	24.47	24.47	090
56311		A	Laparoscopic lymph node biop	*9.25	6.38	6.38	1.47	17.10	17.10	010
56312		A	Laparoscopic lymphadenectomy	*12.38	8.56	8.56	0.84	21.78	21.78	010
56313		A	Laparoscopic lymphadenectomy	*14.32	10.01	10.01	2.31	26.64	26.64	010
56314		A	Lapar; drain lymphocele	*9.48	6.73	6.73	0.66	16.87	16.87	090
56315		A	Laparoscopic appendectomy	*8.70	4.89	4.89	1.01	14.60	14.60	090
56316		A	Laparoscopic hernia repair	*6.27	4.51	4.51	0.94	11.72	11.72	090
56317		A	Laparoscopic hernia repair	*8.24	5.22	5.22	1.11	14.57	14.57	090
56318		A	Laparoscopic orchiectomy	*10.96	7.23	7.23	0.81	19.00	19.00	090
56320		A	Laparoscopy, spermatic veins	*6.57	4.40	4.40	0.45	11.42	11.42	090
56322		A	Laparoscopy, vagus nerves	*10.15	5.07	5.07	1.18	16.40	16.40	090
56323		A	Laparoscopy, vagus nerves	*12.15	6.09	6.09	1.41	19.65	19.65	090
56324		A	Laparoscopy, cholecystoenter	*12.58	9.16	9.16	1.93	23.67	23.67	090
56340		A	Laparoscopic cholecystectomy	*11.09	7.99	7.99	1.74	20.82	20.82	090
56341		A	Laparoscopic cholecystectomy	*11.94	8.43	8.43	1.84	22.21	22.21	090
56342		A	Laparoscopic cholecystectomy	*14.23	9.37	9.37	2.00	25.60	25.60	090
56343		A	Laparoscopic salpingostomy	*13.74	5.28	5.28	1.11	20.13	20.13	090
56344		A	Laparoscopic fimbrioplasty	*12.88	5.11	5.11	1.19	19.18	19.18	090
56345		C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346		A	Laparoscopic gastrostomy	*7.73	6.19	6.19	1.19	15.11	15.11	090
56347		C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348		A	Laparo; resect intestine	*22.04	13.25	13.25	2.78	38.07	38.07	090
56349		A	Laparoscopy; fundoplasty	*17.25	11.88	11.88	2.53	31.66	31.66	090
56350		A	Hysteroscopy; diagnostic	3.33	1.99	1.99	0.44	5.76	5.76	000
56351		A	Hysteroscopy; biopsy	4.75	1.99	1.99	0.44	7.18	7.18	000
56352		A	Hysteroscopy; lysis	6.17	3.77	3.77	0.85	10.79	10.79	000
56353		A	Hysteroscopy; resect septum	7.00	3.77	3.77	0.85	11.62	11.62	000
56354		A	Hysteroscopy; remove myoma	10.00	4.93	4.93	1.30	16.23	16.23	000
56355		A	Hysteroscopy; remove impact	5.21	1.99	1.99	0.44	7.64	7.64	000
56356		A	Hysteroscopy; ablation	6.17	4.39	4.39	1.49	12.05	12.05	000
56362		A	Laparoscopy w/cholangio	4.89	2.77	2.77	0.19	7.85	7.85	000
56363		A	Laparoscopy w/biopsy	5.18	3.93	3.93	0.45	9.56	9.56	000
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405		A	I & D of vulva/perineum	*1.44	0.76	0.76	0.15	2.35	2.35	010
56420		A	Drainage of gland abscess	*1.39	0.80	0.80	0.13	2.32	2.32	010
56440		A	Surgery for vulva lesion	*2.84	2.63	2.63	0.52	5.99	5.99	010
56441		A	Lysis of labial lesion(s)	*1.97	1.65	1.65	0.30	3.92	3.92	010
56501		A	Destruction, vulva lesion(s)	*1.53	0.54	0.54	0.11	2.18	2.18	010
56515		A	Destruction, vulva lesion(s)	*1.88	2.36	#2.07	0.66	4.90	4.61	010
56605		A	Biopsy of vulva/perineum	1.10	0.68	0.68	0.15	1.93	1.93	000
56606		A	Biopsy of vulva/perineum	0.55	0.35	0.35	0.08	0.98	0.98	000
56620		A	Partial removal of vulva	*7.47	6.47	6.47	1.40	15.34	15.34	090
56625		A	Complete removal of vulva	*8.40	#9.24	#9.24	2.13	19.77	19.77	090
56630		A	Extensive vulva surgery	*12.36	13.46	13.46	3.28	29.10	29.10	090
56631		A	Extensive vulva surgery	*16.20	#17.82	#17.82	4.51	38.53	38.53	090
56632		A	Extensive vulva surgery	*20.29	21.32	21.32	4.51	46.12	46.12	090
56633		A	Extensive vulva surgery	*16.47	15.97	15.97	3.28	35.72	35.72	090
56634		A	Extensive vulva surgery	*17.88	#19.67	#19.67	4.51	42.06	42.06	090
56637		A	Extensive vulva surgery	*21.97	21.42	21.42	4.51	47.90	47.90	090
56640		A	Extensive vulva surgery	*22.17	19.95	19.95	4.36	46.48	46.48	090
56700		A	Partial removal of hymen	*2.52	1.82	1.82	0.35	4.69	4.69	010
56720		A	Incision of hymen	0.68	0.48	0.48	0.11	1.27	1.27	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
56740		A	Remove vagina gland lesion	*3.76	2.87	2.87	0.55	7.18	7.18	010
56800		A	Repair of vagina	*3.89	2.92	2.92	0.57	7.38	7.38	010
56805		A	Repair clitoris	*18.86	11.75	11.75	1.37	31.98	31.98	090
56810		A	Repair of perineum	*4.13	2.62	2.62	0.51	7.26	7.26	010
57000		A	Exploration of vagina	*2.97	2.03	2.03	0.35	5.35	5.35	010
57010		A	Drainage of pelvic abscess	*6.03	2.65	2.65	0.51	9.19	9.19	090
57020		A	Drainage of pelvic fluid	1.50	0.65	0.65	0.14	2.29	2.29	000
57061		A	Destruction vagina lesion(s)	*1.25	0.82	0.82	0.17	2.24	2.24	010
57065		A	Destruction vagina lesion(s)	*2.61	#2.87	#2.87	0.74	6.22	6.22	010
57100		A	Biopsy of vagina	0.97	0.62	0.62	0.13	1.72	1.72	000
57105		A	Biopsy of vagina	*1.69	1.57	1.57	0.33	3.59	3.59	010
57108		A	Partial removal of vagina	*6.36	5.28	5.28	1.10	12.74	12.74	090
57110		A	Removal of vagina	*14.29	7.88	7.88	1.76	23.93	23.93	090
57120		A	Closure of vagina	*7.41	6.99	6.99	1.51	15.91	15.91	090
57130		A	Remove vagina lesion	*2.43	2.62	2.62	0.55	5.60	5.60	010
57135		A	Remove vagina lesion	*2.67	1.93	1.93	0.38	4.98	4.98	010
57150		A	Treat vagina infection	0.55	0.19	0.19	0.04	0.78	0.78	000
57160		A	Insertion of pessary/device	0.89	0.25	0.25	0.05	1.19	1.19	000
57170		A	Fitting of diaphragm/cap	0.91	0.32	0.32	0.06	1.29	1.29	000
57180		A	Treat vaginal bleeding	*1.58	0.55	0.55	0.11	2.24	2.24	010
57200		A	Repair of vagina	*3.94	2.71	2.71	0.60	7.25	7.25	090
57210		A	Repair vagina/perineum	*5.17	3.27	3.27	0.65	9.09	9.09	090
57220		A	Revision of urethra	*4.31	4.44	4.44	0.80	9.55	9.55	090
57230		A	Repair of urethral lesion	*5.64	3.84	3.84	0.64	10.12	10.12	090
57240		A	Repair bladder & vagina	*6.07	#6.68	#6.68	1.60	14.35	14.35	090
57250		A	Repair rectum & vagina	*5.53	#6.08	#6.08	1.69	13.30	13.30	090
57260		A	Repair of vagina	*8.27	8.65	8.65	1.88	18.80	18.80	090
57265		A	Extensive repair of vagina	*11.34	9.42	9.42	2.11	22.87	22.87	090
57268		A	Repair of bowel bulge	*6.76	7.02	7.02	1.50	15.28	15.28	090
57270		A	Repair of bowel pouch	*12.11	6.83	6.83	1.44	20.38	20.38	090
57280		A	Suspension of vagina	*15.04	8.53	8.53	1.85	25.42	25.42	090
57282		A	Repair of vaginal prolapse	*8.86	8.72	8.72	1.89	19.47	19.47	090
57284		A	Repair paravaginal defect	*12.70	8.59	8.59	0.84	22.13	22.13	090
57288		A	Repair bladder defect	*13.02	10.72	10.72	1.36	25.10	25.10	090
57289		A	Repair bladder & vagina	*11.58	8.19	8.19	1.13	20.90	20.90	090
57291		A	Construction of vagina	*7.95	5.35	5.35	1.19	14.49	14.49	090
57292		A	Construct vagina with graft	*13.09	6.55	6.55	1.38	21.02	21.02	090
57300		A	Repair rectum-vagina fistula	*7.61	7.91	7.91	1.66	17.18	17.18	090
57305		A	Repair rectum-vagina fistula	*13.77	7.55	7.55	1.56	22.88	22.88	090
57307		A	Fistula repair & colostomy	*15.93	6.11	6.11	1.28	23.32	23.32	090
57308		A	Fistula repair, transperine	*9.94	7.23	7.23	1.41	18.58	18.58	090
57310		A	Repair urethrovaginal lesion	*6.78	4.32	4.32	0.48	11.58	11.58	090
57311		A	Repair urethrovaginal lesion	*7.98	5.58	5.58	0.41	13.97	13.97	090
57320		A	Repair bladder-vagina lesion	*8.01	#8.81	#8.81	1.35	18.17	18.17	090
57330		A	Repair bladder-vagina lesion	*12.35	8.29	8.29	0.81	21.45	21.45	090
57335		A	Repair vagina	*18.73	6.91	6.91	0.81	26.45	26.45	090
57400		A	Dilation of vagina	2.27	0.33	0.33	0.06	2.66	2.66	000
57410		A	Pelvic examination	1.75	0.36	0.36	0.05	2.16	2.16	000
57415		A	Removal vaginal foreign body	*2.17	0.36	0.36	0.05	2.58	2.58	010
57452		A	Examination of vagina	0.99	0.65	0.65	0.14	1.78	1.78	000
57454		A	Vagina examination & biopsy	1.27	1.21	1.21	0.26	2.74	2.74	000
57460		A	Cervix excision	2.83	2.02	2.02	0.46	5.31	5.31	000
57500		A	Biopsy of cervix	0.97	0.57	0.57	0.12	1.66	1.66	000
57505		A	Endocervical curettage	*1.14	0.63	0.63	0.13	1.90	1.90	010
57510		A	Cauterization of cervix	*1.90	0.52	0.52	0.09	2.51	2.51	010
57511		A	Cryocautery of cervix	*1.90	0.85	0.85	0.17	2.92	2.92	010
57513		A	Laser surgery of cervix	*1.90	#2.09	#2.09	0.67	4.66	4.66	010
57520		A	Conization of cervix	*4.04	3.45	3.45	0.73	8.22	8.22	090
57522		A	Conization of cervix	*3.36	3.45	3.45	0.73	7.54	7.54	090
57530		A	Removal of cervix	*4.79	3.61	3.61	0.78	9.18	9.18	090
57531		A	Removal of cervix, radical	*22.04	17.77	17.77	3.87	43.68	43.68	090
57540		A	Removal of residual cervix	*12.22	6.74	6.74	1.51	20.47	20.47	090
57545		A	Remove cervix, repair pelvis	*13.03	4.58	4.58	1.03	18.64	18.64	090
57550		A	Removal of residual cervix	*5.53	#6.08	#6.08	1.54	13.15	13.15	090
57555		A	Remove cervix, repair vagina	*8.95	#9.85	#9.85	2.17	20.97	20.97	090
57556		A	Remove cervix, repair bowel	*8.37	#9.21	#9.21	1.92	19.50	19.50	090
57700		A	Revision of cervix	*3.55	2.39	2.39	0.34	6.28	6.28	090
57720		A	Revision of cervix	*4.13	2.76	2.76	0.50	7.39	7.39	090
57800		A	Dilation of cervical canal	0.77	0.48	0.48	0.10	1.35	1.35	000
57820		A	D&c of residual cervix	*1.67	2.08	2.08	0.46	4.21	4.21	010
58100		A	Biopsy of uterus lining	0.71	0.66	0.66	0.14	1.51	1.51	000
58120		A	Dilation and curettage (D&C)	*3.27	2.70	2.70	0.56	6.53	6.53	010
58140		A	Removal of uterus lesion	*14.60	8.33	8.33	1.71	24.64	24.64	090
58145		A	Removal of uterus lesion	*8.04	8.24	8.24	1.54	17.82	17.82	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
58150		A	Total hysterectomy	*15.24	9.57	9.57	2.08	26.89	26.89	090
58152		A	Total hysterectomy	*15.09	11.99	11.99	2.59	29.67	29.67	090
58180		A	Partial hysterectomy	*15.29	9.76	9.76	2.11	27.16	27.16	090
58200		A	Extensive hysterectomy	*21.59	12.98	12.98	2.80	37.37	37.37	090
58210		A	Extensive hysterectomy	*28.85	17.77	17.77	3.87	50.49	50.49	090
58240		A	Removal of pelvis contents	*38.39	28.73	28.73	6.15	73.27	73.27	090
58260		A	Vaginal hysterectomy	*12.20	9.39	9.39	2.07	23.66	23.66	090
58262		A	Vaginal hysterectomy	*13.99	9.39	9.39	2.07	25.45	25.45	090
58263		A	Vaginal hysterectomy	*15.28	10.32	10.32	2.22	27.82	27.82	090
58267		A	Hysterectomy & vagina repair	*15.00	11.53	11.53	2.46	28.99	28.99	090
58270		A	Hysterectomy & vagina repair	*13.48	10.32	10.32	2.22	26.02	26.02	090
58275		A	Hysterectomy, revise vagina	*14.98	11.02	11.02	2.32	28.32	28.32	090
58280		A	Hysterectomy, revise vagina	*15.41	10.50	10.50	2.30	28.21	28.21	090
58285		A	Extensive hysterectomy	*18.57	11.60	11.60	2.70	32.87	32.87	090
58300		N	Insert intrauterine device	+1.01	0.77	0.77	0.13	1.91	1.91	XXX
58301		A	Remove intrauterine device	1.27	0.45	0.45	0.08	1.80	1.80	000
58321		A	Artificial insemination	0.92	0.71	0.71	0.15	1.78	1.78	000
58322		A	Artificial insemination	1.10	0.71	0.71	0.15	1.96	1.96	000
58323		A	Sperm washing	0.23	0.16	0.16	0.04	0.43	0.43	000
58340		A	Catheter for hysterography	0.88	0.57	0.57	0.08	1.53	1.53	000
58345		A	Reopen fallopian tube	*4.66	3.49	3.49	0.41	8.56	8.56	010
58350		A	Reopen fallopian tube	*1.01	0.69	0.69	0.16	1.86	1.86	010
58400		A	Suspension of uterus	*6.36	5.64	5.64	1.16	13.16	13.16	090
58410		A	Suspension of uterus	*12.73	5.53	5.53	0.84	19.10	19.10	090
58520		A	Repair of ruptured uterus	*11.92	4.24	4.24	0.99	17.15	17.15	090
58540		A	Revision of uterus	*14.64	6.13	6.13	1.42	22.19	22.19	090
58600		A	Division of fallopian tube	*3.84	#4.22	#4.22	1.38	9.44	9.44	090
58605		A	Division of fallopian tube	*3.34	#3.67	#3.67	1.01	8.02	8.02	090
58611		A	Ligate oviduct(s)	0.63	0.47	0.47	0.10	1.20	1.20	ZZZ
58615		A	Occlude fallopian tube(s)	*3.90	2.91	2.91	0.35	7.16	7.16	010
58700		A	Removal of fallopian tube	*6.49	6.33	6.33	1.31	14.13	14.13	090
58720		A	Removal of ovary/tube(s)	*11.36	7.50	7.50	1.63	20.49	20.49	090
58740		A	Revise fallopian tube(s)	*5.83	#6.41	#6.41	1.88	14.12	14.12	090
58750		A	Repair oviduct	*14.84	6.31	6.31	1.46	22.61	22.61	090
58752		A	Revise ovarian tube(s)	*14.84	6.74	6.74	0.93	22.51	22.51	090
58760		A	Remove tubal obstruction	*13.13	5.11	5.11	1.19	19.43	19.43	090
58770		A	Create new tubal opening	*13.97	5.28	5.28	1.11	20.36	20.36	090
58800		A	Drainage of ovarian cyst(s)	*4.14	2.68	2.68	0.53	7.35	7.35	090
58805		A	Drainage of ovarian cyst(s)	*5.88	6.38	6.38	1.36	13.62	13.62	090
58820		A	Open drain ovary abscess	*4.22	2.76	2.76	0.49	7.47	7.47	090
58822		A	Percut drain ovary abscess	*10.13	3.55	3.55	0.81	14.49	14.49	090
58823		A	Percut drain pelvic abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
58825		A	Transposition, ovary(s)	*6.13	4.03	4.03	0.93	11.09	11.09	090
58900		A	Biopsy of ovary(s)	*5.99	5.19	5.19	1.07	12.25	12.25	090
58920		A	Partial removal of ovary(s)	*6.78	6.78	6.78	1.41	14.97	14.97	090
58925		A	Removal of ovarian cyst(s)	*11.36	6.56	6.56	1.38	19.30	19.30	090
58940		A	Removal of ovary(s)	*7.29	6.49	6.49	1.33	15.11	15.11	090
58943		A	Removal of ovary(s)	*18.43	12.11	12.11	2.63	33.17	33.17	090
58950		A	Resect ovarian malignancy	*15.27	11.24	11.24	2.38	28.89	28.89	090
58951		A	Resect ovarian malignancy	*21.81	18.34	18.34	3.93	44.08	44.08	090
58952		A	Resect ovarian malignancy	*25.01	18.11	18.11	3.92	47.04	47.04	090
58960		A	Exploration of abdomen	*14.65	12.98	12.98	2.95	30.58	30.58	090
58970		A	Retrieval of oocyte	3.53	2.52	2.52	0.58	6.63	6.63	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.83	2.73	2.73	0.63	7.19	7.19	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000		A	Amniocentesis	1.30	0.97	0.97	0.18	2.45	2.45	000
59012		A	Fetal cord puncture, prenatal	3.45	2.62	2.62	0.31	6.38	6.38	000
59015		A	Chorion biopsy	2.20	1.20	1.20	0.10	3.50	3.50	000
59020		A	Fetal contract stress test	0.66	1.23	1.23	0.29	2.18	2.18	000
59020	TC	A	Fetal contract stress test	0.00	0.50	0.50	0.10	0.60	0.60	000
59020	26	A	Fetal contract stress test	0.66	#0.73	#0.73	0.19	1.58	1.58	000
59025		A	Fetal non-stress test	0.53	0.61	0.61	0.12	1.26	1.26	000
59025	TC	A	Fetal non-stress test	0.00	0.22	0.22	0.04	0.26	0.26	000
59025	26	A	Fetal non-stress test	0.53	0.39	0.39	0.08	1.00	1.00	000
59030		A	Fetal scalp blood sample	1.99	1.58	1.58	0.21	3.78	3.78	000
59050		A	Fetal monitor w/report	0.89	0.81	0.81	0.15	1.85	1.85	XXX
59051		A	Fetal monitor/interpret only	0.74	0.81	0.81	0.15	1.70	1.70	XXX
59100		A	Remove uterus lesion	*12.35	4.14	4.14	0.96	17.45	17.45	090
59120		A	Treat ectopic pregnancy	*11.49	7.86	7.86	1.50	20.85	20.85	090
59121		A	Treat ectopic pregnancy	*11.67	5.38	5.38	1.07	18.12	18.12	090
59130		A	Treat ectopic pregnancy	*14.22	5.96	5.96	0.70	20.88	20.88	090
59135		A	Treat ectopic pregnancy	*13.88	9.85	9.85	1.15	24.88	24.88	090
59136		A	Treat ectopic pregnancy	*13.18	6.22	6.22	1.44	20.84	20.84	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
59140		A	Treat ectopic pregnancy	*5.46	4.66	4.66	0.29	10.41	10.41	090
59150		A	Treat ectopic pregnancy	*6.89	4.53	4.53	1.05	12.47	12.47	090
59151		A	Treat ectopic pregnancy	*7.86	8.61	8.61	0.64	17.11	17.11	090
59160		A	D&C after delivery	*2.71	2.93	2.93	0.52	6.16	6.16	010
59200		A	Insert cervical dilator	0.79	0.54	0.54	0.11	1.44	1.44	000
59300		A	Episiotomy or vaginal repair	2.41	0.99	0.99	0.10	3.50	3.50	000
59320		A	Revision of cervix	2.48	1.78	1.78	0.41	4.67	4.67	000
59325		A	Revision of cervix	4.07	2.89	2.89	0.29	7.25	7.25	000
59350		A	Repair of uterus	4.95	3.54	3.54	0.82	9.31	9.31	000
59400		A	Obstetrical care	23.06	14.99	14.99	3.47	41.52	41.52	MMM
59409		A	Obstetrical care	13.50	9.48	9.48	2.20	25.18	25.18	MMM
59410		A	Obstetrical care	14.78	10.31	10.31	2.39	27.48	27.48	MMM
59412		A	Antepartum manipulation	1.71	1.22	1.22	0.29	3.22	3.22	MMM
59414		A	Deliver placenta	1.61	1.15	1.15	0.27	3.03	3.03	MMM
59425		A	Antepartum care only	4.81	2.88	2.88	0.66	8.35	8.35	MMM
59426		A	Antepartum care only	8.28	4.94	4.94	1.14	14.36	14.36	MMM
59430		A	Care after delivery	2.13	0.38	0.38	0.07	2.58	2.58	MMM
59510		A	Cesarean delivery	26.22	16.90	16.90	3.92	47.04	47.04	MMM
59514		A	Cesarean delivery only	15.97	10.99	10.99	2.55	29.51	29.51	MMM
59515		A	Cesarean delivery	17.37	11.82	11.82	2.73	31.92	31.92	MMM
59525		A	Remove uterus after cesarean	8.54	3.81	3.81	0.88	13.23	13.23	MMM
59610		A	Vbac delivery	24.62	14.99	14.99	3.47	43.08	43.08	MMM
59612		A	Vbac delivery only	15.06	9.48	9.48	2.20	26.74	26.74	MMM
59614		A	Vbac care after delivery	16.34	10.31	10.31	2.39	29.04	29.04	MMM
59618		A	Attempted vbac delivery	27.78	16.90	16.90	3.92	48.60	48.60	MMM
59620		A	Attempted vbac delivery only	17.53	10.99	10.99	2.55	31.07	31.07	MMM
59622		A	Attempted vbac after care	18.93	11.82	11.82	2.73	33.48	33.48	MMM
59812		A	Treatment of miscarriage	*3.25	3.61	#3.58	0.77	7.63	7.60	090
59820		A	Care of miscarriage	*4.01	3.75	3.75	0.77	8.53	8.53	090
59821		A	Treatment of miscarriage	*4.47	2.72	2.72	0.62	7.81	7.81	090
59830		A	Treat uterus infection	*6.11	4.53	4.53	0.52	11.16	11.16	090
59840		A	Abortion	*3.01	3.22	3.22	0.69	6.92	6.92	010
59841		A	Abortion	*5.24	3.75	3.75	0.76	9.75	9.75	010
59850		A	Abortion	*5.91	4.00	4.00	0.85	10.76	10.76	090
59851		A	Abortion	*5.93	4.28	4.28	0.88	11.09	11.09	090
59852		A	Abortion	*8.24	5.51	5.51	1.27	15.02	15.02	090
59855		A	Abortion	*6.12	4.14	4.14	0.96	11.22	11.22	090
59856		A	Abortion	*7.48	5.11	5.11	1.19	13.78	13.78	090
59857		A	Abortion	*9.29	6.22	6.22	1.44	16.95	16.95	090
59866		A	Abortion	4.00	2.86	2.86	0.66	7.52	7.52	000
59870		A	Evacuate mole of uterus	*4.28	2.91	2.91	0.67	7.86	7.86	090
59871		A	Remove cerclage suture	2.13	1.78	1.78	0.41	4.32	4.32	000
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	*1.76	0.60	0.60	0.09	2.45	2.45	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.05	1.05	0.12	2.14	2.14	000
60100		A	Biopsy of thyroid	0.97	1.05	1.05	0.12	2.14	2.14	000
60200		A	Remove thyroid lesion	*9.55	6.02	6.02	1.04	16.61	16.61	090
60210		A	Partial excision thyroid	*10.88	8.68	8.68	1.65	21.21	21.21	090
60212		A	Parital thyroid excision	*16.03	9.04	9.04	1.74	26.81	26.81	090
60220		A	Partial removal of thyroid	*10.53	8.54	8.54	1.61	20.68	20.68	090
60225		A	Partial removal of thyroid	*14.19	10.49	10.49	1.92	26.60	26.60	090
60240		A	Removal of thyroid	*16.06	10.58	10.58	1.96	28.60	28.60	090
60252		A	Removal of thyroid	*18.20	13.65	13.65	2.55	34.40	34.40	090
60254		A	Extensive thyroid surgery	*23.88	19.21	19.21	3.08	46.17	46.17	090
60260		A	Repeat thyroid surgery	*15.46	3.14	3.14	0.34	18.94	18.94	090
60270		A	Removal of thyroid	*17.94	13.97	13.97	2.54	34.45	34.45	090
60271		A	Removal of thyroid	*14.89	12.14	12.14	2.25	29.28	29.28	090
60280		A	Remove thyroid duct lesion	*6.08	#6.69	#6.69	1.11	13.88	13.88	090
60281		A	Remove thyroid duct lesion	*8.53	5.04	5.04	0.95	14.52	14.52	090
60500		A	Explore parathyroid glands	*16.23	11.36	11.36	2.31	29.90	29.90	090
60502		A	Re-explore parathyroids	*20.35	11.39	11.39	2.33	34.07	34.07	090
60505		A	Explore parathyroid glands	*21.49	13.14	13.14	2.56	37.19	37.19	090
60512		A	Autotransplant, parathyroid	4.45	2.32	2.32	0.54	7.31	7.31	ZZZ
60520		A	Removal of thymus gland	*16.81	13.54	13.54	2.46	32.81	32.81	090
60521		A	Removal thymus gland	*18.87	13.54	13.54	2.46	34.87	34.87	090
60522		A	Removal of thymus gland	*23.09	13.54	13.54	2.46	39.09	39.09	090
60540		A	Explore adrenal gland	*17.03	12.05	12.05	2.08	31.16	31.16	090
60545		A	Explore adrenal gland	*19.88	14.27	14.27	2.34	36.49	36.49	090
60600		A	Remove carotid body lesion	*17.93	11.46	11.46	1.88	31.27	31.27	090
60605		A	Remove carotid body lesion	*20.24	10.71	10.71	2.21	33.16	33.16	090
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000		A	Remove cranial cavity fluid	1.58	1.07	1.07	0.17	2.82	2.82	000
61001		A	Remove cranial cavity fluid	1.49	0.88	0.88	0.17	2.54	2.54	000
61020		A	Remove brain cavity fluid	1.51	1.26	1.26	0.20	2.97	2.97	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
61026		A	Injection into brain canal	1.69	#1.86	#1.86	0.22	3.77	3.77	000
61050		A	Remove brain canal fluid	1.51	1.23	1.23	0.15	2.89	2.89	000
61055		A	Injection into brain canal	2.10	1.88	1.88	0.19	4.17	4.17	000
61070		A	Brain canal shunt procedure	0.89	0.49	0.49	0.03	1.41	1.41	000
61105		A	Drill skull for examination	*5.14	#5.65	#5.65	1.24	12.03	12.03	090
61106		A	Drill skull for exam/surgery	4.62	#5.08	#5.08	1.15	10.85	10.85	ZZZ
61107		A	Drill skull for implantation	5.00	#5.50	#5.50	1.26	11.76	11.76	000
61108		A	Drill skull for drainage	*10.19	#11.21	#11.21	2.22	23.62	23.62	090
61120		A	Pierce skull for examination	*8.76	5.95	5.95	1.08	15.79	15.79	090
61130		A	Pierce skull, exam/surgery	6.37	4.95	4.95	0.96	12.28	12.28	ZZZ
61140		A	Pierce skull for biopsy	*15.90	14.13	14.13	2.56	32.59	32.59	090
61150		A	Pierce skull for drainage	*17.57	14.65	14.65	2.63	34.85	34.85	090
61151		A	Pierce skull for drainage	*12.42	2.13	2.13	0.37	14.92	14.92	090
61154		A	Pierce skull, remove clot	*14.99	#16.49	#16.49	3.27	34.75	34.75	090
61156		A	Pierce skull for drainage	*16.32	16.19	16.19	3.05	35.56	35.56	090
61210		A	Pierce skull; implant device	5.84	6.04	6.04	1.53	13.41	13.41	000
61215		A	Insert brain-fluid device	*4.89	#5.38	#5.38	1.63	11.90	11.90	090
61250		A	Pierce skull & explore	*10.42	8.03	8.03	1.44	19.89	19.89	090
61253		A	Pierce skull & explore	*12.36	9.62	9.62	1.69	23.67	23.67	090
61304		A	Open skull for exploration	*21.96	#24.16	#24.16	4.78	50.90	50.90	090
61305		A	Open skull for exploration	*26.61	29.11	29.11	5.05	60.77	60.77	090
61312		A	Open skull for drainage	*24.57	24.13	24.13	4.46	53.16	53.16	090
61313		A	Open skull for drainage	*24.93	24.04	24.04	4.38	53.35	53.35	090
61314		A	Open skull for drainage	*24.23	25.62	25.62	4.68	54.53	54.53	090
61315		A	Open skull for drainage	*27.68	24.41	24.41	4.47	56.56	56.56	090
61320		A	Open skull for drainage	*25.62	18.70	18.70	3.41	47.73	47.73	090
61321		A	Open skull for drainage	*28.50	19.83	19.83	3.54	51.87	51.87	090
61330		A	Decompress eye socket	*23.32	12.97	12.97	1.22	37.51	37.51	090
61332		A	Explore/biopsy eye socket	*27.28	20.72	20.72	2.76	50.76	50.76	090
61333		A	Explore orbit; remove lesion	*27.95	20.46	20.46	3.26	51.67	51.67	090
61334		A	Explore orbit; remove object	*18.27	14.65	14.65	1.82	34.74	34.74	090
61340		A	Relieve cranial pressure	*18.66	14.80	14.80	2.54	36.00	36.00	090
61343		A	Incise skull, pressure relief	*29.77	30.05	30.05	5.28	65.10	65.10	090
61345		A	Relieve cranial pressure	*27.20	19.18	19.18	3.45	49.83	49.83	090
61440		A	Incise skull for surgery	*26.63	20.75	20.75	3.00	50.38	50.38	090
61450		A	Incise skull for surgery	*25.95	20.43	20.43	3.43	49.81	49.81	090
61458		A	Incise skull for brain wound	*27.29	27.28	27.28	4.87	59.44	59.44	090
61460		A	Incise skull for surgery	*28.39	25.05	25.05	3.98	57.42	57.42	090
61470		A	Incise skull for surgery	*26.06	13.86	13.86	2.53	42.45	42.45	090
61480		A	Incise skull for surgery	*26.49	15.07	15.07	1.78	43.34	43.34	090
61490		A	Incise skull for surgery	*25.66	11.72	11.72	2.16	39.54	39.54	090
61500		A	Removal of skull lesion	*17.92	#19.71	#19.71	3.58	41.21	41.21	090
61501		A	Remove infected skull bone	*14.84	#16.32	#16.32	3.33	34.49	34.49	090
61510		A	Removal of brain lesion	*28.45	27.04	27.04	4.90	60.39	60.39	090
61512		A	Remove brain lining lesion	*35.09	29.02	29.02	5.28	69.39	69.39	090
61514		A	Removal of brain abscess	*25.26	25.52	25.52	4.74	55.52	55.52	090
61516		A	Removal of brain lesion	*24.61	26.48	26.48	4.57	55.66	55.66	090
61518		A	Removal of brain lesion	*37.32	30.02	30.02	5.46	72.80	72.80	090
61519		A	Remove brain lining lesion	*41.39	31.22	31.22	5.77	78.38	78.38	090
61520		A	Removal of brain lesion	*54.84	33.85	33.85	5.89	94.58	94.58	090
61521		A	Removal of brain lesion	*44.48	32.97	32.97	5.85	83.30	83.30	090
61522		A	Removal of brain abscess	*29.45	19.96	19.96	3.79	53.20	53.20	090
61524		A	Removal of brain lesion	*27.86	27.45	27.45	5.15	60.46	60.46	090
61526		A	Removal of brain lesion	*52.17	34.01	34.01	4.79	90.97	90.97	090
61530		A	Removal of brain lesion	*43.86	34.01	34.01	4.79	82.66	82.66	090
61531		A	Implant brain electrodes	*14.63	14.98	14.98	1.75	31.36	31.36	090
61533		A	Implant brain electrodes	*19.71	17.02	17.02	3.33	40.06	40.06	090
61534		A	Removal of brain lesion	*20.97	6.38	6.38	2.01	29.36	29.36	090
61535		A	Remove brain electrodes	*11.63	7.66	7.66	1.25	20.54	20.54	090
61536		A	Removal of brain lesion	*35.52	21.96	21.96	3.99	61.47	61.47	090
61538		A	Removal of brain tissue	*26.81	29.08	29.08	4.97	60.86	60.86	090
61539		A	Removal of brain tissue	*32.08	22.96	22.96	4.07	59.11	59.11	090
61541		A	Incision of brain tissue	*28.85	19.80	19.80	3.78	52.43	52.43	090
61542		A	Removal of brain tissue	*31.02	19.91	19.91	3.90	54.83	54.83	090
61543		A	Removal of brain tissue	*29.22	17.24	17.24	2.49	48.95	48.95	090
61544		A	Remove & treat brain lesion	*25.50	#28.05	#28.05	2.11	55.66	55.66	090
61545		A	Excision of brain tumor	*43.80	25.66	25.66	4.80	74.26	74.26	090
61546		A	Removal of pituitary gland	*31.30	27.01	27.01	4.78	63.09	63.09	090
61548		A	Removal of pituitary gland	*21.53	#23.68	#23.68	4.03	49.24	49.24	090
61550		A	Release of skull seams	*14.65	11.81	11.81	1.11	27.57	27.57	090
61552		A	Release of skull seams	*19.56	13.83	13.83	2.70	36.09	36.09	090
61556		A	Incise skull/sutures	*22.26	15.53	15.53	3.04	40.83	40.83	090
61557		A	Incise skull/sutures	*22.38	15.62	15.62	3.05	41.05	41.05	090
61558		A	Excision of skull/sutures	*25.58	17.74	17.74	3.47	46.79	46.79	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
61559		A	Excision of skull/sutures	*32.79	23.01	23.01	4.50	60.30	60.30	090
61563		A	Excision of skull tumor	*26.83	18.81	18.81	3.68	49.32	49.32	090
61564		A	Excision of skull tumor	*33.83	23.73	23.73	4.64	62.20	62.20	090
61570		A	Remove brain foreign body	*24.60	16.49	16.49	3.06	44.15	44.15	090
61571		A	Incise skull for brain wound	*26.39	18.32	18.32	3.21	47.92	47.92	090
61575		A	Skull base/brainstem surgery	*34.36	32.99	32.99	5.05	72.40	72.40	090
61576		A	Skull base/brainstem surgery	*52.43	28.23	28.23	3.91	84.57	84.57	090
61580		A	Craniofacial approach, skull	*30.35	21.01	21.01	4.10	55.46	55.46	090
61581		A	Craniofacial approach, skull	*34.60	23.84	23.84	4.66	63.10	63.10	090
61582		A	Craniofacial approach, skull	*31.66	21.65	21.65	4.22	57.53	57.53	090
61583		A	Craniofacial approach, skull	*36.21	24.70	24.70	4.83	65.74	65.74	090
61584		A	Orbitocranial approach/skull	*34.65	23.91	23.91	4.68	63.24	63.24	090
61585		A	Orbitocranial approach/skull	*38.61	26.75	26.75	5.23	70.59	70.59	090
61586		A	Resect nasopharynx, skull	*25.10	21.38	21.38	2.32	48.80	48.80	090
61590		A	Infratemporal approach/skull	*41.78	29.10	29.10	5.68	76.56	76.56	090
61591		A	Infratemporal approach/skull	*43.68	30.52	30.52	5.96	80.16	80.16	090
61592		A	Orbitocranial approach/skull	*39.64	27.68	27.68	5.41	72.73	72.73	090
61595		A	Transtemporal approach/skull	*29.57	20.44	20.44	4.00	54.01	54.01	090
61596		A	Transcochlear approach/skull	*35.63	24.84	24.84	4.86	65.33	65.33	090
61597		A	Transcondylar approach/skull	*37.96	26.26	26.26	5.13	69.35	69.35	090
61598		A	Transpetrosal approach/skull	*33.41	23.13	23.13	4.52	61.06	61.06	090
61600		A	Resect/excise cranial lesion	*25.85	17.74	17.74	3.46	47.05	47.05	090
61601		A	Resect/excise cranial lesion	*27.89	19.03	19.03	3.72	50.64	50.64	090
61605		A	Resect/excise cranial lesion	*29.33	20.09	20.09	3.93	53.35	53.35	090
61606		A	Resect/excise cranial lesion	*38.83	26.90	26.90	5.25	70.98	70.98	090
61607		A	Resect/excise cranial lesion	*36.27	25.13	25.13	4.91	66.31	66.31	090
61608		A	Resect/excise cranial lesion	*42.10	29.24	29.24	5.71	77.05	77.05	090
61609		A	Transect, artery, sinus	9.89	7.19	7.19	1.40	18.48	18.48	ZZZ
61610		A	Transect, artery, sinus	29.67	21.57	21.57	4.21	55.45	55.45	ZZZ
61611		A	Transect, artery, sinus	7.42	5.39	5.39	1.06	13.87	13.87	ZZZ
61612		A	Transect, artery, sinus	27.88	20.27	20.27	3.96	52.11	52.11	ZZZ
61613		A	Remove aneurysm, sinus	*40.86	28.67	28.67	5.61	75.14	75.14	090
61615		A	Resect/excise lesion, skull	*32.07	22.07	22.07	4.31	58.45	58.45	090
61616		A	Resect/excise lesion, skull	*43.33	30.03	30.03	5.86	79.22	79.22	090
61618		A	Repair dura	*16.99	11.35	11.35	2.22	30.56	30.56	090
61619		A	Repair dura	*20.71	14.19	14.19	2.77	37.67	37.67	090
61624		A	Occlusion/embolization cath	20.15	15.28	15.28	1.79	37.22	37.22	000
61626		A	Occlusion/embolization cath	16.62	12.60	12.60	1.47	30.69	30.69	000
61680		A	Intracranial vessel surgery	*30.71	31.06	31.06	5.79	67.56	67.56	090
61682		A	Intracranial vessel surgery	*61.57	35.31	35.31	6.36	103.24	103.24	090
61684		A	Intracranial vessel surgery	*39.81	29.76	29.76	3.47	73.04	73.04	090
61686		A	Intracranial vessel surgery	*64.49	35.98	35.98	4.20	104.67	104.67	090
61690		A	Intracranial vessel surgery	*29.31	27.46	27.46	4.09	60.86	60.86	090
61692		A	Intracranial vessel surgery	*51.87	28.79	28.79	3.36	84.02	84.02	090
61700		A	Inner skull vessel surgery	*50.52	31.69	31.69	5.67	87.88	87.88	090
61702		A	Inner skull vessel surgery	*48.41	36.31	36.31	6.61	91.33	91.33	090
61703		A	Clamp neck artery	*17.47	12.21	12.21	2.24	31.92	31.92	090
61705		A	Revise circulation to head	*36.20	30.41	30.41	5.25	71.86	71.86	090
61708		A	Revise circulation to head	*35.30	25.20	25.20	2.32	62.82	62.82	090
61710		A	Revise circulation to head	*29.67	16.63	16.63	1.75	48.05	48.05	090
61711		A	Fusion of skull arteries	*36.33	33.04	33.04	6.20	75.57	75.57	090
61712		A	Skull or spine microsurgery	3.49	#3.84	#3.84	0.93	8.26	8.26	ZZZ
61720		A	Incise skull/brain surgery	*16.77	#18.45	#18.45	4.05	39.27	39.27	090
61735		A	Incise skull/brain surgery	*20.43	12.96	12.96	1.51	34.90	34.90	090
61750		A	Incise skull; brain biopsy	*18.20	13.54	13.54	4.31	36.05	36.05	090
61751		A	Brain biopsy with cat scan	*17.62	#19.38	#19.38	4.44	41.44	41.44	090
61760		A	Implant brain electrodes	*22.27	14.98	14.98	1.75	39.00	39.00	090
61770		A	Incise skull for treatment	*21.44	19.38	19.38	3.43	44.25	44.25	090
61790		A	Treat trigeminal nerve	*10.86	#11.95	#11.95	3.03	25.84	25.84	090
61791		A	Treat trigeminal tract	*14.61	9.77	9.77	3.16	27.54	27.54	090
61793		A	Focus radiation beam	*17.24	#18.96	#18.96	1.96	38.16	38.16	090
61795		A	Brain surgery using computer	4.04	#4.44	#4.44	1.55	10.03	10.03	000
61850		A	Implant neuroelectrodes	*12.39	11.63	11.63	2.26	26.28	26.28	090
61855		A	Implant neuroelectrodes	*13.39	10.39	10.39	1.47	25.25	25.25	090
61860		A	Implant neuroelectrodes	*20.87	8.14	8.14	1.59	30.60	30.60	090
61865		A	Implant neuroelectrodes	*22.97	15.78	15.78	3.09	41.84	41.84	090
61870		A	Implant neuroelectrodes	*14.94	4.19	4.19	0.82	19.95	19.95	090
61875		A	Implant neuroelectrodes	*15.06	6.69	6.69	1.31	23.06	23.06	090
61880		A	Revise/remove neuroelectrode	*6.29	4.79	4.79	0.66	11.74	11.74	090
61885		A	Implant neuroreceiver	*5.85	1.96	1.96	0.29	8.10	8.10	090
61888		A	Revise/remove neuroreceiver	*5.07	2.25	2.25	0.44	7.76	7.76	010
62000		A	Repair of skull fracture	*12.53	5.73	5.73	0.95	19.21	19.21	090
62005		A	Repair of skull fracture	*16.17	11.08	11.08	1.97	29.22	29.22	090
62010		A	Treatment of head injury	*19.81	19.20	19.20	3.39	42.40	42.40	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
62100	.....	A	Repair brain fluid leakage	*22.03	21.62	21.62	3.72	47.37	47.37	090
62115	.....	A	Reduction of skull defect	*21.66	15.51	15.51	1.82	38.99	38.99	090
62116	.....	A	Reduction of skull defect	*23.59	16.98	16.98	1.99	42.56	42.56	090
62117	.....	A	Reduction of skull defect	*26.60	19.20	19.20	2.25	48.05	48.05	090
62120	.....	A	Repair skull cavity lesion	*23.35	16.90	16.90	1.98	42.23	42.23	090
62121	.....	A	Incise skull repair	*21.58	17.51	17.51	3.41	42.50	42.50	090
62140	.....	A	Repair of skull defect	*13.51	13.43	13.43	2.39	29.33	29.33	090
62141	.....	A	Repair of skull defect	*14.91	#16.40	#16.40	3.28	34.59	34.59	090
62142	.....	A	Remove skull plate/flap	*10.79	#11.87	#11.87	2.64	25.30	25.30	090
62143	.....	A	Replace skull plate/flap	*13.05	9.17	9.17	1.65	23.87	23.87	090
62145	.....	A	Repair of skull & brain	*18.82	13.16	13.16	2.29	34.27	34.27	090
62146	.....	A	Repair of skull with graft	*16.12	10.99	10.99	2.15	29.26	29.26	090
62147	.....	A	Repair of skull with graft	*19.34	13.17	13.17	2.57	35.08	35.08	090
62180	.....	A	Establish brain cavity shunt	*21.06	14.21	14.21	2.70	37.97	37.97	090
62190	.....	A	Establish brain cavity shunt	*11.07	#12.18	#12.18	3.21	26.46	26.46	090
62192	.....	A	Establish brain cavity shunt	*12.25	#13.48	#13.48	2.74	28.47	28.47	090
62194	.....	A	Replace/irrigate catheter	*5.03	1.88	1.88	0.29	7.20	7.20	010
62200	.....	A	Establish brain cavity shunt	*18.32	16.95	16.95	3.09	38.36	38.36	090
62201	.....	A	Establish brain cavity shunt	*14.86	8.78	8.78	1.72	25.36	25.36	090
62220	.....	A	Establish brain cavity shunt	*13.00	#14.30	#14.30	3.12	30.42	30.42	090
62223	.....	A	Establish brain cavity shunt	*12.87	#14.16	#14.16	3.02	30.05	30.05	090
62225	.....	A	Replace/irrigate catheter	*5.41	4.80	4.80	0.58	10.79	10.79	090
62230	.....	A	Replace/revise brain shunt	*10.54	9.83	9.83	1.82	22.19	22.19	090
62256	.....	A	Remove brain cavity shunt	*6.60	6.38	6.38	1.17	14.15	14.15	090
62258	.....	A	Replace brain cavity shunt	*14.54	14.78	14.78	2.55	31.87	31.87	090
62268	.....	A	Drain spinal cord cyst	4.74	2.98	2.98	0.36	8.08	8.08	000
62269	.....	A	Needle biopsy spinal cord	5.02	1.75	1.75	0.28	7.05	7.05	000
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.71	0.71	0.06	1.90	1.90	000
62272	.....	A	Drain spinal fluid	1.35	1.01	1.01	0.12	2.48	2.48	000
62273	.....	A	Treat lumbar spine lesion	2.15	1.12	1.12	0.26	3.53	3.53	000
62274	.....	A	Inject spinal anesthetic	1.78	0.74	0.74	0.17	2.69	2.69	000
62275	.....	A	Inject spinal anesthetic	1.79	0.59	0.59	0.19	2.57	2.57	000
62276	.....	A	Inject spinal anesthetic	2.04	1.23	1.23	0.23	3.50	3.50	000
62277	.....	A	Inject spinal anesthetic	2.15	0.84	0.84	0.23	3.22	3.22	000
62278	.....	A	Inject spinal anesthetic	1.51	0.98	0.98	0.26	2.75	2.75	000
62279	.....	A	Inject spinal anesthetic	1.58	0.82	0.82	0.24	2.64	2.64	000
62280	.....	A	Treat spinal cord lesion	*2.63	0.71	0.71	0.14	3.48	3.48	010
62281	.....	A	Treat spinal cord lesion	*2.66	0.87	0.87	0.28	3.81	3.81	010
62282	.....	A	Treat spinal canal lesion	*2.33	1.70	1.70	0.40	4.43	4.43	010
62284	.....	A	Injection for myelogram	1.54	1.98	#1.69	0.34	3.86	3.57	000
62287	.....	A	Percutaneous diskectomy	*8.08	6.96	6.96	2.65	17.69	17.69	090
62288	.....	A	Injection into spinal canal	1.74	1.12	1.12	0.24	3.10	3.10	000
62289	.....	A	Injection into spinal canal	1.64	1.07	1.07	0.29	3.00	3.00	000
62290	.....	A	Inject for spine disk x-ray	3.00	1.86	1.86	0.24	5.10	5.10	000
62291	.....	A	Inject for spine disk x-ray	2.91	1.78	1.78	0.39	5.08	5.08	000
62292	.....	A	Injection into disk lesion	*7.86	#8.65	#8.65	2.13	18.64	18.64	090
62294	.....	A	Injection into spinal artery	*11.83	5.84	5.84	0.68	18.35	18.35	090
62298	.....	A	Injection into spinal canal	2.20	1.04	1.04	0.13	3.37	3.37	000
62350	.....	A	Implant spinal catheter	*6.87	3.49	3.49	1.02	11.38	11.38	090
62351	.....	A	Implant spinal catheter	*10.00	5.16	5.16	1.50	16.66	16.66	090
62355	.....	A	Remove spinal canal catheter	*5.45	3.49	3.49	0.68	9.62	9.62	090
62360	.....	A	Insert spine infusion device	*2.62	1.12	1.12	0.33	4.07	4.07	090
62361	.....	A	Implant spine infusion pump	*5.42	2.68	2.68	0.78	8.88	8.88	090
62362	.....	A	Implant spine infusion pump	*7.04	3.51	3.51	1.02	11.57	11.57	090
62365	.....	A	Remove spine infusion device	*5.42	3.47	3.47	0.68	9.57	9.57	090
62367	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.35	0.35	0.07	0.90	0.90	XXX
62368	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.55	0.55	0.11	1.41	1.41	XXX
63001	.....	A	Removal of spinal lamina	*15.82	#17.40	#17.40	3.42	36.64	36.64	090
63003	.....	A	Removal of spinal lamina	*15.95	#17.55	#17.55	3.23	36.73	36.73	090
63005	.....	A	Removal of spinal lamina	*14.92	#16.41	#16.41	3.10	34.43	34.43	090
63011	.....	A	Removal of spinal lamina	*14.52	9.99	9.99	1.87	26.38	26.38	090
63012	.....	A	Removal of spinal lamina	*15.40	#16.94	#16.94	3.15	35.49	35.49	090
63015	.....	A	Removal of spinal lamina	*19.35	21.23	21.23	4.18	44.76	44.76	090
63016	.....	A	Removal of spinal lamina	*19.20	#21.12	#21.12	4.11	44.43	44.43	090
63017	.....	A	Removal of spinal lamina	*15.94	#17.53	#17.53	4.00	37.47	37.47	090
63020	.....	A	Neck spine disk surgery	*14.81	16.04	16.04	3.38	34.23	34.23	090
63030	.....	A	Low back disk surgery	*12.00	#13.20	#13.20	2.81	28.01	28.01	090
63035	.....	A	Added spinal disk surgery	3.15	#3.47	#3.47	0.76	7.38	7.38	ZZZ
63040	.....	A	Neck spine disk surgery	*18.81	#20.69	#20.69	4.30	43.80	43.80	090
63042	.....	A	Low back disk surgery	*17.47	#19.22	#19.22	4.38	41.07	41.07	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
63045		A	Removal of spinal lamina	*16.50	#18.15	#18.15	4.38	39.03	39.03	090
63046		A	Removal of spinal lamina	*15.80	#17.38	#17.38	4.58	37.76	37.76	090
63047		A	Removal of spinal lamina	*14.61	#16.07	#16.07	4.48	35.16	35.16	090
63048		A	Removal of spinal lamina	3.26	#3.59	#3.59	1.03	7.88	7.88	ZZZ
63055		A	Decompress spinal cord	*21.99	23.73	23.73	4.18	49.90	49.90	090
63056		A	Decompress spinal cord	*20.36	21.84	21.84	3.76	45.96	45.96	090
63057		A	Decompress spinal cord	5.26	3.84	3.84	0.85	9.95	9.95	ZZZ
63064		A	Decompress spinal cord	*24.61	23.83	23.83	4.09	52.53	52.53	090
63066		A	Decompress spinal cord	3.26	2.48	2.48	0.45	6.19	6.19	ZZZ
63075		A	Neck spine disk surgery	*19.41	17.57	17.57	3.21	40.19	40.19	090
63076		A	Neck spine disk surgery	4.05	#4.46	#4.46	0.97	9.48	9.48	ZZZ
63077		A	Spine disk surgery, thorax	*21.44	18.42	18.42	3.17	43.03	43.03	090
63078		A	Spine disk surgery, thorax	3.28	2.61	2.61	0.45	6.34	6.34	ZZZ
63081		A	Removal of vertebral body	*23.73	#26.10	#26.10	4.50	54.33	54.33	090
63082		A	Removal of vertebral body	4.37	#4.81	#4.81	1.22	10.40	10.40	ZZZ
63085		A	Removal of vertebral body	*26.92	27.39	27.39	4.69	59.00	59.00	090
63086		A	Removal of vertebral body	3.19	#3.51	#3.51	1.07	7.77	7.77	ZZZ
63087		A	Removal of vertebral body	*35.57	28.25	28.25	4.85	68.67	68.67	090
63088		A	Removal of vertebral body	4.33	#4.76	#4.76	1.18	10.27	10.27	ZZZ
63090		A	Removal of vertebral body	*28.16	29.22	29.22	4.92	62.30	62.30	090
63091		A	Removal of vertebral body	3.03	2.73	2.73	0.46	6.22	6.22	ZZZ
63170		A	Incise spinal cord tract(s)	*19.83	18.88	18.88	3.28	41.99	41.99	090
63172		A	Drainage of spinal cyst	*17.66	#19.43	#19.43	4.26	41.35	41.35	090
63173		A	Drainage of spinal cyst	*21.99	15.47	15.47	1.81	39.27	39.27	090
63180		A	Revise spinal cord ligaments	*18.27	11.61	11.61	2.05	31.93	31.93	090
63182		A	Revise spinal cord ligaments	*20.50	16.44	16.44	2.21	39.15	39.15	090
63185		A	Incise spinal column/nerves	*15.04	15.55	15.55	2.93	33.52	33.52	090
63190		A	Incise spinal column/nerves	*17.45	#19.20	#19.20	3.91	40.56	40.56	090
63191		A	Incise spinal column/nerves	*17.54	13.04	13.04	2.21	32.79	32.79	090
63194		A	Incise spinal column & cord	*19.19	13.02	13.02	2.33	34.54	34.54	090
63195		A	Incise spinal column & cord	*18.84	13.86	13.86	2.11	34.81	34.81	090
63196		A	Incise spinal column & cord	*22.30	15.59	15.59	1.83	39.72	39.72	090
63197		A	Incise spinal column & cord	*21.11	14.36	14.36	2.62	38.09	38.09	090
63198		A	Incise spinal column & cord	*25.38	16.32	16.32	3.19	44.89	44.89	090
63199		A	Incise spinal column & cord	*26.89	21.40	21.40	2.61	50.90	50.90	090
63200		A	Release of spinal cord	*19.18	12.49	12.49	1.83	33.50	33.50	090
63250		A	Revise spinal cord vessels	*40.76	27.99	27.99	5.22	73.97	73.97	090
63251		A	Revise spinal cord vessels	*41.20	22.74	22.74	4.32	68.26	68.26	090
63252		A	Revise spinal cord vessels	*41.19	28.25	28.25	5.52	74.96	74.96	090
63265		A	Excise intraspinal lesion	*21.56	22.01	22.01	3.90	47.47	47.47	090
63266		A	Excise intraspinal lesion	*22.30	#24.53	#24.53	4.43	51.26	51.26	090
63267		A	Excise intraspinal lesion	*17.95	#19.75	#19.75	4.20	41.90	41.90	090
63268		A	Excise intraspinal lesion	*18.52	12.56	12.56	2.46	33.54	33.54	090
63270		A	Excise intraspinal lesion	*26.80	18.14	18.14	3.42	48.36	48.36	090
63271		A	Excise intraspinal lesion	*26.92	26.60	26.60	4.79	58.31	58.31	090
63272		A	Excise intraspinal lesion	*25.32	23.15	23.15	4.26	52.73	52.73	090
63273		A	Excise intraspinal lesion	*24.29	17.56	17.56	3.12	44.97	44.97	090
63275		A	Biopsy/excise spinal tumor	*23.68	#26.05	#26.05	5.09	54.82	54.82	090
63276		A	Biopsy/excise spinal tumor	*23.45	25.31	25.31	4.62	53.38	53.38	090
63277		A	Biopsy/excise spinal tumor	*20.83	#22.91	#22.91	4.25	47.99	47.99	090
63278		A	Biopsy/excise spinal tumor	*20.56	#22.62	#22.62	4.32	47.50	47.50	090
63280		A	Biopsy/excise spinal tumor	*28.35	28.08	28.08	4.99	61.42	61.42	090
63281		A	Biopsy/excise spinal tumor	*28.05	27.67	27.67	4.96	60.68	60.68	090
63282		A	Biopsy/excise spinal tumor	*26.39	24.11	24.11	4.44	54.94	54.94	090
63283		A	Biopsy/excise spinal tumor	*25.00	18.77	18.77	3.44	47.21	47.21	090
63285		A	Biopsy/excise spinal tumor	*36.00	24.49	24.49	4.49	64.98	64.98	090
63286		A	Biopsy/excise spinal tumor	*35.63	28.76	28.76	4.92	69.31	69.31	090
63287		A	Biopsy/excise spinal tumor	*36.70	25.72	25.72	4.53	66.95	66.95	090
63290		A	Biopsy/excise spinal tumor	*37.38	27.16	27.16	4.65	69.19	69.19	090
63300		A	Removal of vertebral body	*24.43	17.27	17.27	2.02	43.72	43.72	090
63301		A	Removal of vertebral body	*27.60	18.45	18.45	3.58	49.63	49.63	090
63302		A	Removal of vertebral body	*27.81	21.36	21.36	3.02	52.19	52.19	090
63303		A	Removal of vertebral body	*30.50	18.50	18.50	3.39	52.39	52.39	090
63304		A	Removal of vertebral body	*30.33	21.31	21.31	2.49	54.13	54.13	090
63305		A	Removal of vertebral body	*32.03	22.49	22.49	3.75	58.27	58.27	090
63306		A	Removal of vertebral body	*32.22	22.76	22.76	2.65	57.63	57.63	090
63307		A	Removal of vertebral body	*31.63	24.42	24.42	2.98	59.03	59.03	090
63308		A	Removal of vertebral body	5.25	4.05	4.05	0.73	10.03	10.03	ZZZ
63600		A	Remove spinal cord lesion	*14.02	10.70	10.70	2.63	27.35	27.35	090
63610		A	Stimulation of spinal cord	8.73	6.73	6.73	2.06	17.52	17.52	000
63615		A	Remove lesion of spinal cord	*16.28	11.55	11.55	2.03	29.86	29.86	090
63650		A	Implant neuroelectrodes	*6.74	#7.41	#7.41	2.13	16.28	16.28	090
63655		A	Implant neuroelectrodes	*10.29	#11.32	#11.32	3.64	25.25	25.25	090
63660		A	Revise/remove neuroelectrode	*6.16	#6.78	#6.78	1.56	14.50	14.50	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
63685		A	Implant neuroreceiver	*7.04	7.40	7.40	1.46	15.90	15.90	090
63688		A	Revise/remove neuroreceiver	*5.39	#5.93	#5.93	1.26	12.58	12.58	090
63690		A	Analysis of neuroreceiver	0.45	0.58	#0.50	0.12	1.15	1.07	XXX
63691		A	Analysis of neuroreceiver	0.65	0.41	0.41	0.11	1.17	1.17	XXX
63700		A	Repair of spinal herniation	*16.53	11.35	11.35	2.22	30.10	30.10	090
63702		A	Repair of spinal herniation	*18.48	12.78	12.78	2.49	33.75	33.75	090
63704		A	Repair of spinal herniation	*21.18	14.19	14.19	2.77	38.14	38.14	090
63706		A	Repair of spinal herniation	*24.11	16.33	16.33	3.18	43.62	43.62	090
63707		A	Repair spinal fluid leakage	*11.26	#12.39	#12.39	2.56	26.21	26.21	090
63709		A	Repair spinal fluid leakage	*14.32	#15.75	#15.75	3.30	33.37	33.37	090
63710		A	Graft repair of spine defect	*14.07	9.75	9.75	1.58	25.40	25.40	090
63740		A	Install spinal shunt	*11.36	#12.50	#12.50	2.99	26.85	26.85	090
63741		A	Install spinal shunt	*8.25	#9.08	#9.08	2.39	19.72	19.72	090
63744		A	Revision of spinal shunt	*8.10	8.15	8.15	1.68	17.93	17.93	090
63746		A	Removal of spinal shunt	*6.43	5.52	5.52	1.08	13.03	13.03	090
64400		A	Injection for nerve block	1.11	0.48	0.48	0.05	1.64	1.64	000
64402		A	Injection for nerve block	1.25	0.62	0.62	0.09	1.96	1.96	000
64405		A	Injection for nerve block	1.32	0.64	0.64	0.07	2.03	2.03	000
64408		A	Injection for nerve block	1.41	1.04	1.04	0.11	2.56	2.56	000
64410		A	Injection for nerve block	1.43	0.71	0.71	0.15	2.29	2.29	000
64412		A	Injection for nerve block	1.18	0.62	0.62	0.08	1.88	1.88	000
64413		A	Injection for nerve block	1.40	0.74	0.74	0.08	2.22	2.22	000
64415		A	Injection for nerve block	1.48	0.26	0.26	0.07	1.81	1.81	000
64417		A	Injection for nerve block	1.44	0.63	0.63	0.15	2.22	2.22	000
64418		A	Injection for nerve block	1.32	0.85	0.85	0.10	2.27	2.27	000
64420		A	Injection for nerve block	1.18	0.64	0.64	0.07	1.89	1.89	000
64421		A	Injection for nerve block	1.68	0.83	0.83	0.17	2.68	2.68	000
64425		A	Injection for nerve block	1.75	0.57	0.57	0.10	2.42	2.42	000
64430		A	Injection for nerve block	1.46	0.70	0.70	0.12	2.28	2.28	000
64435		A	Injection for nerve block	1.45	0.47	0.47	0.09	2.01	2.01	000
64440		A	Injection for nerve block	1.34	0.79	0.79	0.09	2.22	2.22	000
64441		A	Injection for nerve block	1.79	1.01	1.01	0.12	2.92	2.92	000
64442		A	Injection for nerve block	1.41	1.19	1.19	0.16	2.76	2.76	000
64443		A	Injection for nerve block	0.98	0.63	0.63	0.12	1.73	1.73	ZZZ
64445		A	Injection for nerve block	1.48	0.49	0.49	0.06	2.03	2.03	000
64450		A	Injection for nerve block	1.27	0.53	0.53	0.05	1.85	1.85	000
64505		A	Injection for nerve block	1.36	0.62	0.62	0.06	2.04	2.04	000
64508		A	Injection for nerve block	1.12	1.04	1.04	0.08	2.24	2.24	000
64510		A	Injection for nerve block	1.22	0.71	0.71	0.18	2.11	2.11	000
64520		A	Injection for nerve block	1.35	0.72	0.72	0.17	2.24	2.24	000
64530		A	Injection for nerve block	1.58	1.17	1.17	0.28	3.03	3.03	000
64550		A	Apply neurostimulator	0.18	0.44	0.44	0.04	0.66	0.66	000
64553		A	Implant neuroelectrodes	*2.31	1.02	1.02	0.10	3.43	3.43	010
64555		A	Implant neuroelectrodes	*2.27	0.42	0.42	0.10	2.79	2.79	010
64560		A	Implant neuroelectrodes	*2.36	1.45	1.45	0.24	4.05	4.05	010
64565		A	Implant neuroelectrodes	*1.76	0.76	0.76	0.08	2.60	2.60	010
64573		A	Implant neuroelectrodes	*4.43	3.16	3.16	0.61	8.20	8.20	090
64575		A	Implant neuroelectrodes	*4.35	3.07	3.07	0.40	7.82	7.82	090
64577		A	Implant neuroelectrodes	*4.62	2.76	2.76	0.45	7.83	7.83	090
64580		A	Implant neuroelectrodes	*4.12	2.91	2.91	0.20	7.23	7.23	090
64585		A	Revise/remove neuroelectrode	*2.06	0.97	0.97	0.09	3.12	3.12	010
64590		A	Implant neuroreceiver	*2.40	1.84	1.84	0.35	4.59	4.59	010
64595		A	Revise/remove neuroreceiver	*1.73	1.12	1.12	0.21	3.06	3.06	010
64600		A	Injection treatment of nerve	*3.45	1.69	1.69	0.17	5.31	5.31	010
64605		A	Injection treatment of nerve	*5.61	1.56	1.56	0.33	7.50	7.50	010
64610		A	Injection treatment of nerve	*7.16	7.26	7.26	1.35	15.77	15.77	010
64612		A	Destroy nerve, face muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64613		A	Destroy nerve, spine muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64620		A	Injection treatment of nerve	*2.84	1.00	1.00	0.19	4.03	4.03	010
64622		A	Injection treatment of nerve	*3.00	1.82	1.82	0.35	5.17	5.17	010
64623		A	Injection treatment of nerve	0.99	0.85	0.85	0.17	2.01	2.01	ZZZ
64630		A	Injection treatment of nerve	*3.00	1.74	1.74	0.38	5.12	5.12	010
64640		A	Injection treatment of nerve	*2.76	0.92	0.92	0.09	3.77	3.77	010
64680		A	Injection treatment of nerve	*2.62	1.55	1.55	0.41	4.58	4.58	010
64702		A	Revise finger/toe nerve	*4.23	4.22	4.22	0.70	9.15	9.15	090
64704		A	Revise hand/foot nerve	*4.57	#5.03	#5.03	0.74	10.34	10.34	090
64708		A	Revise arm/leg nerve	*6.12	#6.73	#6.73	1.26	14.11	14.11	090
64712		A	Revision of sciatic nerve	*7.75	#8.53	#8.53	1.68	17.96	17.96	090
64713		A	Revision of arm nerve(s)	*11.00	9.40	9.40	1.72	22.12	22.12	090
64714		A	Revise low back nerve(s)	*10.33	6.13	6.13	1.41	17.87	17.87	090
64716		A	Revision of cranial nerve	*6.31	4.83	4.83	0.67	11.81	11.81	090
64718		A	Revise ulnar nerve at elbow	*5.99	#6.59	#6.59	1.13	13.71	13.71	090
64719		A	Revise ulnar nerve at wrist	*4.85	4.95	4.95	0.85	10.65	10.65	090
64721		A	Carpal tunnel surgery	*4.29	#4.72	#4.72	0.83	9.84	9.84	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
64722		A	Relieve pressure on nerve(s)	*4.70	#5.17	#5.17	1.11	10.98	10.98	090
64726		A	Release foot/toe nerve	*4.18	0.72	0.72	0.07	4.97	4.97	090
64727		A	Internal nerve revision	3.10	3.24	3.24	0.55	6.89	6.89	ZZZ
64732		A	Incision of brow nerve	*4.41	4.31	4.31	0.72	9.44	9.44	090
64734		A	Incision of cheek nerve	*4.92	4.61	4.61	0.67	10.20	10.20	090
64736		A	Incision of chin nerve	*4.60	4.46	4.46	0.42	9.48	9.48	090
64738		A	Incision of jaw nerve	*5.73	5.07	5.07	0.61	11.41	11.41	090
64740		A	Incision of tongue nerve	*5.59	5.18	5.18	0.62	11.39	11.39	090
64742		A	Incision of facial nerve	*6.22	5.00	5.00	0.44	11.66	11.66	090
64744		A	Incise nerve, back of head	*5.24	#5.76	#5.76	1.10	12.10	12.10	090
64746		A	Incise diaphragm nerve	*5.93	3.77	3.77	0.77	10.47	10.47	090
64752		A	Incision of vagus nerve	*7.06	3.93	3.93	0.85	11.84	11.84	090
64755		A	Incision of stomach nerves	*13.52	10.47	10.47	2.27	26.26	26.26	090
64760		A	Incision of vagus nerve	*6.96	6.65	6.65	1.50	15.11	15.11	090
64761		A	Incision of pelvis nerve	*6.41	4.66	4.66	0.50	11.57	11.57	090
64763		A	Incise hip/thigh nerve	*6.93	4.80	4.80	0.92	12.65	12.65	090
64766		A	Incise hip/thigh nerve	*8.67	6.67	6.67	1.20	16.54	16.54	090
64771		A	Sever cranial nerve	*7.35	6.42	6.42	0.73	14.50	14.50	090
64772		A	Incision of spinal nerve	*7.21	6.77	6.77	1.30	15.28	15.28	090
64774		A	Remove skin nerve lesion	*5.17	2.74	2.74	0.45	8.36	8.36	090
64776		A	Remove digit nerve lesion	*5.12	2.78	2.78	0.41	8.31	8.31	090
64778		A	Added digit nerve surgery	3.11	2.73	2.73	0.43	6.27	6.27	ZZZ
64782		A	Remove limb nerve lesion	*6.23	4.70	4.70	0.46	11.39	11.39	090
64783		A	Added limb nerve surgery	3.72	3.26	3.26	0.47	7.45	7.45	ZZZ
64784		A	Remove nerve lesion	*9.82	5.64	5.64	0.96	16.42	16.42	090
64786		A	Remove sciatic nerve lesion	*15.46	12.66	12.66	2.14	30.26	30.26	090
64787		A	Implant nerve end	4.30	3.47	3.47	0.60	8.37	8.37	ZZZ
64788		A	Remove skin nerve lesion	*4.61	3.63	3.63	0.50	8.74	8.74	090
64790		A	Removal of nerve lesion	*11.31	7.11	7.11	1.22	19.64	19.64	090
64792		A	Removal of nerve lesion	*14.92	8.99	8.99	1.66	25.57	25.57	090
64795		A	Biopsy of nerve	3.01	2.38	2.38	0.39	5.78	5.78	000
64802		A	Remove sympathetic nerves	*9.15	5.40	5.40	1.10	15.65	15.65	090
64804		A	Remove sympathetic nerves	*14.64	12.77	12.77	2.44	29.85	29.85	090
64809		A	Remove sympathetic nerves	*13.67	10.55	10.55	2.04	26.26	26.26	090
64818		A	Remove sympathetic nerves	*10.30	8.57	8.57	1.72	20.59	20.59	090
64820		A	Remove sympathetic nerves	*10.37	7.27	7.27	1.42	19.06	19.06	090
64830		A	Microrepair of nerve	3.10	2.01	2.01	0.38	5.49	5.49	ZZZ
64831		A	Repair of digit nerve	*9.44	3.38	3.38	0.56	13.38	13.38	090
64832		A	Repair additional nerve	5.66	1.40	1.40	0.24	7.30	7.30	ZZZ
64834		A	Repair of hand or foot nerve	*10.19	3.50	3.50	0.56	14.25	14.25	090
64835		A	Repair of hand or foot nerve	*10.94	5.96	5.96	1.03	17.93	17.93	090
64836		A	Repair of hand or foot nerve	*10.94	6.70	6.70	1.22	18.86	18.86	090
64837		A	Repair additional nerve	6.26	4.45	4.45	0.85	11.56	11.56	ZZZ
64840		A	Repair of leg nerve	*13.02	10.35	10.35	0.53	23.90	23.90	090
64856		A	Repair/transpose nerve	*13.80	8.21	8.21	1.46	23.47	23.47	090
64857		A	Repair arm/leg nerve	*14.49	9.53	9.53	1.54	25.56	25.56	090
64858		A	Repair sciatic nerve	*16.49	10.98	10.98	2.11	29.58	29.58	090
64859		A	Additional nerve surgery	4.26	3.50	3.50	0.58	8.34	8.34	ZZZ
64861		A	Repair of arm nerves	*19.24	13.42	13.42	1.38	34.04	34.04	090
64862		A	Repair of low back nerves	*19.44	21.56	21.56	1.61	42.61	42.61	090
64864		A	Repair of facial nerve	*12.55	7.86	7.86	1.16	21.57	21.57	090
64865		A	Repair of facial nerve	*15.24	12.34	12.34	1.50	29.08	29.08	090
64866		A	Fusion of facial/other nerve	*15.74	11.19	11.19	1.84	28.77	28.77	090
64868		A	Fusion of facial/other nerve	*14.04	11.19	11.19	1.47	26.70	26.70	090
64870		A	Fusion of facial/other nerve	*15.99	13.91	13.91	1.70	31.60	31.60	090
64872		A	Subsequent repair of nerve	1.99	1.44	1.44	0.29	3.72	3.72	ZZZ
64874		A	Repair & revise nerve	2.98	2.17	2.17	0.43	5.58	5.58	ZZZ
64876		A	Repair nerve; shorten bone	3.38	2.46	2.46	0.48	6.32	6.32	ZZZ
64885		A	Nerve graft, head or neck	*17.53	12.69	12.69	1.48	31.70	31.70	090
64886		A	Nerve graft, head or neck	*20.75	15.13	15.13	1.77	37.65	37.65	090
64890		A	Nerve graft, hand or foot	*15.15	12.26	12.26	2.12	29.53	29.53	090
64891		A	Nerve graft, hand or foot	*16.14	10.42	10.42	1.73	28.29	28.29	090
64892		A	Nerve graft, arm or leg	*14.65	11.04	11.04	1.69	27.38	27.38	090
64893		A	Nerve graft, arm or leg	*15.60	13.93	13.93	2.27	31.80	31.80	090
64895		A	Nerve graft, hand or foot	*19.25	13.16	13.16	2.55	34.96	34.96	090
64896		A	Nerve graft, hand or foot	*20.49	17.53	17.53	1.90	39.92	39.92	090
64897		A	Nerve graft, arm or leg	*18.24	12.63	12.63	2.47	33.34	33.34	090
64898		A	Nerve graft, arm or leg	*19.50	14.40	14.40	2.35	36.25	36.25	090
64901		A	Additional nerve graft	10.22	10.16	10.16	0.87	21.25	21.25	ZZZ
64902		A	Additional nerve graft	11.83	11.92	11.92	0.99	24.74	24.74	ZZZ
64905		A	Nerve pedicle transfer	*14.02	9.40	9.40	0.70	24.12	24.12	090
64907		A	Nerve pedicle transfer	*18.83	13.02	13.02	2.55	34.40	34.40	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	*6.46	#7.11	#7.11	0.45	14.02	14.02	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
65093		A	Revise eye with implant	*6.87	#7.56	#7.56	0.52	14.95	14.95	090
65101		A	Removal of eye	*7.03	#7.73	#7.73	0.47	15.23	15.23	090
65103		A	Remove eye/insert implant	*7.57	#8.33	#8.33	0.50	16.40	16.40	090
65105		A	Remove eye/attach implant	*8.49	#9.34	#9.34	0.55	18.38	18.38	090
65110		A	Removal of eye	*13.95	#15.35	#15.35	1.14	30.44	30.44	090
65112		A	Remove eye, revise socket	*16.38	12.16	12.16	1.09	29.63	29.63	090
65114		A	Remove eye, revise socket	*17.53	13.07	13.07	1.65	32.25	32.25	090
65125		A	Revise ocular implant	*3.12	2.47	2.47	0.13	5.72	5.72	090
65130		A	Insert ocular implant	*7.15	#7.87	#7.87	0.50	15.52	15.52	090
65135		A	Insert ocular implant	*7.33	5.42	5.42	0.35	13.10	13.10	090
65140		A	Attach ocular implant	*8.02	6.22	6.22	0.33	14.57	14.57	090
65150		A	Revise ocular implant	*6.26	#6.89	#6.89	0.56	13.71	13.71	090
65155		A	Reinsert ocular implant	*8.66	#9.53	#9.53	0.90	19.09	19.09	090
65175		A	Removal of ocular implant	*6.28	#6.91	#6.91	0.40	13.59	13.59	090
65205		A	Remove foreign body from eye	0.71	0.37	0.37	0.02	1.10	1.10	000
65210		A	Remove foreign body from eye	0.84	0.46	0.46	0.03	1.33	1.33	000
65220		A	Remove foreign body from eye	0.71	0.52	0.52	0.04	1.27	1.27	000
65222		A	Remove foreign body from eye	0.93	0.57	0.57	0.03	1.53	1.53	000
65235		A	Remove foreign body from eye	*7.57	5.61	5.61	0.30	13.48	13.48	090
65260		A	Remove foreign body from eye	*10.96	8.63	8.63	0.45	20.04	20.04	090
65265		A	Remove foreign body from eye	*12.59	10.04	10.04	0.51	23.14	23.14	090
65270		A	Repair of eye wound	*1.90	1.17	1.17	0.07	3.14	3.14	010
65272		A	Repair of eye wound	*3.82	1.64	1.64	0.10	5.56	5.56	090
65273		A	Repair of eye wound	*4.36	3.22	3.22	0.21	7.79	7.79	090
65275		A	Repair of eye wound	*5.34	0.66	0.66	0.04	6.04	6.04	090
65280		A	Repair of eye wound	*7.66	#8.43	#8.43	0.49	16.58	16.58	090
65285		A	Repair of eye wound	*12.90	12.26	12.26	0.64	25.80	25.80	090
65286		A	Repair of eye wound	*5.51	4.79	4.79	0.25	10.55	10.55	090
65290		A	Repair of eye socket wound	*5.41	#5.95	#5.95	0.37	11.73	11.73	090
65400		A	Removal of eye lesion	*6.06	6.46	6.46	0.35	12.87	12.87	090
65410		A	Biopsy of cornea	1.47	1.59	1.59	0.11	3.17	3.17	000
65420		A	Removal of eye lesion	*4.17	4.28	4.28	0.23	8.68	8.68	090
65426		A	Removal of eye lesion	*5.25	#5.78	#5.78	0.38	11.41	11.41	090
65430		A	Corneal smear	1.47	0.54	0.54	0.03	2.04	2.04	000
65435		A	Curette/treat cornea	0.92	0.77	0.77	0.04	1.73	1.73	000
65436		A	Curette/treat cornea	*4.19	1.53	1.53	0.08	5.80	5.80	090
65450		A	Treatment of corneal lesion	*3.27	3.28	3.28	0.17	6.72	6.72	090
65600		A	Revision of cornea	*3.40	2.62	2.62	0.14	6.16	6.16	090
65710		A	Corneal transplant	*12.35	12.44	12.44	1.13	25.92	25.92	090
65730		A	Corneal transplant	*14.25	15.14	15.14	1.29	30.68	30.68	090
65750		A	Corneal transplant	*15.00	16.10	16.10	1.33	32.43	32.43	090
65755		A	Corneal transplant	*14.89	16.10	16.10	1.39	32.38	32.38	090
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	*17.56	13.81	13.81	0.71	32.08	32.08	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	*4.29	#4.72	#4.72	0.31	9.32	9.32	090
65775		A	Correction of astigmatism	*5.79	#6.37	#6.37	0.50	12.66	12.66	090
65800		A	Drainage of eye	1.91	1.72	1.72	0.10	3.73	3.73	000
65805		A	Drainage of eye	1.91	1.81	1.81	0.10	3.82	3.82	000
65810		A	Drainage of eye	*4.87	#5.36	#5.36	0.30	10.53	10.53	090
65815		A	Drainage of eye	*5.05	4.49	4.49	0.24	9.78	9.78	090
65820		A	Relieve inner eye pressure	*8.13	9.54	9.54	0.51	18.18	18.18	090
65850		A	Incision of eye	*10.52	#11.57	#11.57	0.69	22.78	22.78	090
65855		A	Laser surgery of eye	*4.30	6.01	6.01	0.52	10.83	10.83	090
65860		A	Incise inner eye adhesions	*3.55	#3.91	#3.91	0.37	7.83	7.83	090
65865		A	Incise inner eye adhesions	*5.60	#6.16	#6.16	0.41	12.17	12.17	090
65870		A	Incise inner eye adhesions	*6.27	5.86	5.86	0.31	12.44	12.44	090
65875		A	Incise inner eye adhesions	*6.54	6.28	6.28	0.34	13.16	13.16	090
65880		A	Incise inner eye adhesions	*7.09	6.85	6.85	0.37	14.31	14.31	090
65900		A	Remove eye lesion	*10.93	7.91	7.91	0.92	19.76	19.76	090
65920		A	Remove implant from eye	*8.40	8.36	8.36	0.44	17.20	17.20	090
65930		A	Remove blood clot from eye	*7.44	7.68	7.68	0.41	15.53	15.53	090
66020		A	Injection treatment of eye	*1.59	#1.75	#1.75	0.14	3.48	3.48	010
66030		A	Injection treatment of eye	*1.25	0.54	0.54	0.03	1.82	1.82	010
66130		A	Remove eye lesion	*7.69	5.28	5.28	0.28	13.25	13.25	090
66150		A	Glaucoma surgery	*8.30	#9.13	#9.13	0.59	18.02	18.02	090
66155		A	Glaucoma surgery	*8.29	#9.12	#9.12	0.50	17.91	17.91	090
66160		A	Glaucoma surgery	*10.17	10.77	10.77	0.55	21.49	21.49	090
66165		A	Glaucoma surgery	*8.01	#8.81	#8.81	0.57	17.39	17.39	090
66170		A	Glaucoma surgery	*12.16	12.15	12.15	0.63	24.94	24.94	090
66172		A	Incision of eye	*15.04	12.15	12.15	0.63	27.82	27.82	090
66180		A	Implant eye shunt	*14.55	#16.01	#16.01	1.03	31.59	31.59	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
66185		A	Revise eye shunt	*8.14	#8.95	#8.95	0.58	17.67	17.67	090
66220		A	Repair eye lesion	*7.77	5.95	5.95	0.34	14.06	14.06	090
66225		A	Repair/graft eye lesion	*11.05	#12.16	#12.16	0.86	24.07	24.07	090
66250		A	Follow-up surgery of eye	*5.98	#6.58	#6.58	0.38	12.94	12.94	090
66500		A	Incision of iris	*3.71	#4.08	#4.08	0.27	8.06	8.06	090
66505		A	Incision of iris	*4.08	3.27	3.27	0.17	7.52	7.52	090
66600		A	Remove iris and lesion	*8.68	9.36	9.36	0.51	18.55	18.55	090
66605		A	Removal of iris	*12.79	11.87	11.87	0.67	25.33	25.33	090
66625		A	Removal of iris	*5.13	#5.64	#5.64	0.48	11.25	11.25	090
66630		A	Removal of iris	*6.16	#6.78	#6.78	0.45	13.39	13.39	090
66635		A	Removal of iris	*6.25	#6.88	#6.88	0.49	13.62	13.62	090
66680		A	Repair iris & ciliary body	*5.44	#5.98	#5.98	0.35	11.77	11.77	090
66682		A	Repair iris and ciliary body	*6.21	#6.83	#6.83	0.38	13.42	13.42	090
66700		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.35	10.39	10.39	090
66710		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.41	10.45	10.45	090
66720		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.38	10.42	10.42	090
66740		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.39	10.43	10.43	090
66761		A	Revision of iris	*4.07	#4.48	#4.48	0.47	9.02	9.02	090
66762		A	Revision of iris	*4.58	#5.04	#5.04	0.55	10.17	10.17	090
66770		A	Removal of inner eye lesion	*5.18	#5.70	#5.70	0.45	11.33	11.33	090
66820		A	Incision, secondary cataract	*3.89	#4.28	#4.28	0.29	8.46	8.46	090
66821		A	After cataract laser surgery	*2.35	#2.59	#2.59	0.37	5.31	5.31	090
66825		A	Reposition intraocular lens	*8.23	7.33	7.33	0.38	15.94	15.94	090
66830		A	Removal of lens lesion	*8.20	7.67	7.67	0.40	16.27	16.27	090
66840		A	Removal of lens material	*7.91	#8.70	#8.70	0.54	17.15	17.15	090
66850		A	Removal of lens material	*9.11	#10.02	#10.02	0.70	19.83	19.83	090
66852		A	Removal of lens material	*9.97	#10.97	#10.97	0.90	21.84	21.84	090
66920		A	Extraction of lens	*8.86	#9.75	#9.75	0.60	19.21	19.21	090
66930		A	Extraction of lens	*10.18	10.49	10.49	0.57	21.24	21.24	090
66940		A	Extraction of lens	*8.93	#9.82	#9.82	0.62	19.37	19.37	090
66983		A	Remove cataract, insert lens	*8.99	#9.89	#9.89	0.95	19.83	19.83	090
66984		A	Remove cataract, insert lens	*10.28	#11.31	#11.31	0.94	22.53	22.53	090
66985		A	Insert lens prosthesis	*8.39	#9.23	#9.23	0.63	18.25	18.25	090
66986		A	Exchange lens prosthesis	*12.28	12.20	12.20	0.63	25.11	25.11	090
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	*5.70	#6.27	#6.27	1.13	13.10	13.10	090
67010		A	Partial removal of eye fluid	*6.87	#7.56	#7.56	1.04	15.47	15.47	090
67015		A	Release of eye fluid	*6.92	6.45	6.45	0.35	13.72	13.72	090
67025		A	Replace eye fluid	*6.84	6.75	6.75	0.36	13.95	13.95	090
67027		A	Implant eye drug system	*10.85	9.04	9.04	0.47	20.36	20.36	090
67028		A	Injection eye drug	2.52	3.22	#2.77	0.18	5.92	5.47	000
67030		A	Incise inner eye strands	*4.84	#5.32	#5.32	0.50	10.66	10.66	090
67031		A	Laser surgery, eye strands	*3.67	#4.04	#4.04	0.75	8.46	8.46	090
67036		A	Removal of inner eye fluid	*11.89	#13.08	#13.08	1.49	26.46	26.46	090
67038		A	Strip retinal membrane	*21.24	#23.36	#23.36	1.80	46.40	46.40	090
67039		A	Laser treatment of retina	*14.52	#15.97	#15.97	1.68	32.17	32.17	090
67040		A	Laser treatment of retina	*17.23	#18.95	#18.95	1.75	37.93	37.93	090
67101		A	Repair, detached retina	*7.53	#8.28	#8.28	0.66	16.47	16.47	090
67105		A	Repair, detached retina	*7.41	9.14	9.14	0.80	17.35	17.35	090
67107		A	Repair detached retina	*14.84	#16.32	#16.32	1.10	32.26	32.26	090
67108		A	Repair detached retina	*20.82	#22.90	#22.90	1.76	45.48	45.48	090
67110		A	Repair detached retina	*8.81	#9.69	#9.69	0.97	19.47	19.47	090
67112		A	Re-repair detached retina	*16.86	16.51	16.51	0.86	34.23	34.23	090
67115		A	Release, encircling material	*4.99	#5.49	#5.49	0.44	10.92	10.92	090
67120		A	Remove eye implant material	*5.98	#6.58	#6.58	0.38	12.94	12.94	090
67121		A	Remove eye implant material	*10.67	9.42	9.42	0.49	20.58	20.58	090
67141		A	Treatment of retina	*5.20	#5.72	#5.72	0.48	11.40	11.40	090
67145		A	Treatment of retina	*5.37	6.50	6.50	0.49	12.36	12.36	090
67208		A	Treatment of retinal lesion	*6.70	#7.37	#7.37	0.52	14.59	14.59	090
67210		A	Treatment of retinal lesion	*10.05	9.02	9.02	0.47	19.54	19.54	090
67218		A	Treatment of retinal lesion	*13.52	13.31	13.31	0.70	27.53	27.53	090
67227		A	Treatment of retinal lesion	*6.58	#7.24	#7.24	0.51	14.33	14.33	090
67228		A	Treatment of retinal lesion	*12.74	9.39	9.39	0.48	22.61	22.61	090
67250		A	Reinforce eye wall	*8.66	6.99	6.99	0.40	16.05	16.05	090
67255		A	Reinforce/graft eye wall	*8.90	#9.79	#9.79	0.87	19.56	19.56	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	*6.65	#7.32	#7.32	0.47	14.44	14.44	090
67312		A	Revise two eye muscles	*8.54	#9.39	#9.39	0.53	18.46	18.46	090
67314		A	Revise eye muscle	*7.52	#8.27	#8.27	0.58	16.37	16.37	090
67316		A	Revise two eye muscles	*9.66	10.27	10.27	0.67	20.60	20.60	090
67318		A	Revise eye muscle(s)	*7.85	6.21	6.21	0.33	14.39	14.39	090
67320		A	Revise eye muscle(s)	*8.66	#9.53	#9.53	0.69	18.88	18.88	090
67331		A	Eye surgery follow-up	*8.12	#8.93	#8.93	0.54	17.59	17.59	090
67332		A	Rerevise eye muscles	*8.99	#9.89	#9.89	0.58	19.46	19.46	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
67334		A	Revise eye muscle w/suture	*7.96	6.30	6.30	0.33	14.59	14.59	090
67335		A	Eye suture during surgery	2.49	#2.74	#2.74	0.43	5.66	5.66	ZZZ
67340		A	Revise eye muscle	*9.85	7.88	7.88	0.41	18.14	18.14	090
67343		A	Release eye tissue	*7.35	5.83	5.83	0.31	13.49	13.49	090
67345		A	Destroy nerve of eye muscle	*2.96	2.22	2.22	0.26	5.44	5.44	010
67350		A	Biopsy eye muscle	2.87	2.39	2.39	0.13	5.39	5.39	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	*9.76	#10.74	#10.74	0.62	21.12	21.12	090
67405		A	Explore/drain eye socket	*7.93	#8.72	#8.72	0.67	17.32	17.32	090
67412		A	Explore/treat eye socket	*9.50	#10.45	#10.45	0.67	20.62	20.62	090
67413		A	Explore/treat eye socket	*10.00	8.09	8.09	0.57	18.66	18.66	090
67414		A	Explore/decompress eye socket	*11.13	8.39	8.39	0.44	19.96	19.96	090
67415		A	Aspiration orbital contents	1.76	#1.94	#1.94	0.12	3.82	3.82	000
67420		A	Explore/treat eye socket	*20.06	16.78	16.78	1.11	37.95	37.95	090
67430		A	Explore/treat eye socket	*13.39	10.65	10.65	0.54	24.58	24.58	090
67440		A	Explore/drain eye socket	*13.09	#14.40	#14.40	0.97	28.46	28.46	090
67445		A	Explore/decompress eye socket	*14.42	11.13	11.13	0.57	26.12	26.12	090
67450		A	Explore/biopsy eye socket	*13.51	#14.86	#14.86	0.87	29.24	29.24	090
67500		A	Inject/treat eye socket	0.79	0.73	0.73	0.06	1.58	1.58	000
67505		A	Inject/treat eye socket	0.82	1.04	#0.90	0.06	1.92	1.78	000
67515		A	Inject/treat eye socket	0.61	0.56	0.56	0.03	1.20	1.20	000
67550		A	Insert eye socket implant	*10.19	9.62	9.62	0.70	20.51	20.51	090
67560		A	Revise eye socket implant	*10.60	8.30	8.30	0.48	19.38	19.38	090
67570		A	Decompress optic nerve	*13.58	7.56	7.56	0.39	21.53	21.53	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	*1.35	0.49	0.49	0.03	1.87	1.87	010
67710		A	Incision of eyelid	*1.02	1.01	1.01	0.06	2.09	2.09	010
67715		A	Incision of eyelid fold	*1.22	#1.34	#1.34	0.09	2.65	2.65	010
67800		A	Remove eyelid lesion	*1.38	0.94	0.94	0.05	2.37	2.37	010
67801		A	Remove eyelid lesions	*1.88	1.39	1.39	0.08	3.35	3.35	010
67805		A	Remove eyelid lesions	*2.22	1.38	1.38	0.08	3.68	3.68	010
67808		A	Remove eyelid lesion(s)	*3.80	2.13	2.13	0.13	6.06	6.06	090
67810		A	Biopsy of eyelid	1.48	0.81	0.81	0.05	2.34	2.34	000
67820		A	Revise eyelashes	0.89	0.38	0.38	0.02	1.29	1.29	000
67825		A	Revise eyelashes	*1.38	0.90	0.90	0.05	2.33	2.33	010
67830		A	Revise eyelashes	*1.70	2.12	#1.87	0.17	3.99	3.74	010
67835		A	Revise eyelashes	*5.56	#6.12	#6.12	0.45	12.13	12.13	090
67840		A	Remove eyelid lesion	*2.04	1.22	1.22	0.07	3.33	3.33	010
67850		A	Treat eyelid lesion	*1.69	0.82	0.82	0.05	2.56	2.56	010
67875		A	Closure of eyelid by suture	1.35	1.72	#1.49	0.13	3.20	2.97	000
67880		A	Revision of eyelid	*3.80	3.94	3.94	0.23	7.97	7.97	090
67882		A	Revision of eyelid	*5.07	#5.58	#5.58	0.37	11.02	11.02	090
67900		A	Repair brow defect	*6.14	3.78	3.78	0.20	10.12	10.12	090
67901		A	Repair eyelid defect	*6.97	#7.67	#7.67	0.64	15.28	15.28	090
67902		A	Repair eyelid defect	*7.03	#7.73	#7.73	0.72	15.48	15.48	090
67903		A	Repair eyelid defect	*6.37	#7.01	#7.01	0.73	14.11	14.11	090
67904		A	Repair eyelid defect	*6.26	#6.89	#6.89	0.71	13.86	13.86	090
67906		A	Repair eyelid defect	*6.79	5.46	5.46	0.36	12.61	12.61	090
67908		A	Repair eyelid defect	*5.13	#5.64	#5.64	0.54	11.31	11.31	090
67909		A	Revise eyelid defect	*5.40	#5.94	#5.94	0.48	11.82	11.82	090
67911		A	Revise eyelid defect	*5.27	#5.80	#5.80	0.79	11.86	11.86	090
67914		A	Repair eyelid defect	*3.68	#4.05	#4.05	0.39	8.12	8.12	090
67915		A	Repair eyelid defect	*3.18	1.25	1.25	0.07	4.50	4.50	090
67916		A	Repair eyelid defect	*5.31	#5.84	#5.84	0.38	11.53	11.53	090
67917		A	Repair eyelid defect	*6.02	#6.62	#6.62	0.47	13.11	13.11	090
67921		A	Repair eyelid defect	*3.40	#3.74	#3.74	0.20	7.34	7.34	090
67922		A	Repair eyelid defect	*3.06	1.19	1.19	0.07	4.32	4.32	090
67923		A	Repair eyelid defect	*5.88	#6.47	#6.47	0.38	12.73	12.73	090
67924		A	Repair eyelid defect	*5.79	#6.37	#6.37	0.43	12.59	12.59	090
67930		A	Repair eyelid wound	*3.61	1.27	1.27	0.08	4.96	4.96	010
67935		A	Repair eyelid wound	*6.22	3.79	3.79	0.24	10.25	10.25	090
67938		A	Remove eyelid foreign body	*1.33	0.52	0.52	0.03	1.88	1.88	010
67950		A	Revision of eyelid	*5.82	#6.40	#6.40	0.45	12.67	12.67	090
67961		A	Revision of eyelid	*5.69	#6.26	#6.26	0.50	12.45	12.45	090
67966		A	Revision of eyelid	*6.57	#7.23	#7.23	0.66	14.46	14.46	090
67971		A	Reconstruction of eyelid	*9.79	10.68	10.68	0.64	21.11	21.11	090
67973		A	Reconstruction of eyelid	*12.87	13.54	13.54	0.91	27.32	27.32	090
67974		A	Reconstruction of eyelid	*12.84	14.07	14.07	0.87	27.78	27.78	090
67975		A	Reconstruction of eyelid	*9.13	4.15	4.15	0.24	13.52	13.52	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	*1.37	0.51	0.51	0.03	1.91	1.91	010
68040		A	Treatment of eyelid lesions	0.85	0.45	0.45	0.02	1.32	1.32	000
68100		A	Biopsy of eyelid lining	1.35	0.99	0.99	0.06	2.40	2.40	000
68110		A	Remove eyelid lining lesion	*1.77	1.24	1.24	0.07	3.08	3.08	010

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
68115		A	Remove eyelid lining lesion	*2.36	1.93	1.93	0.11	4.40	4.40	010
68130		A	Remove eyelid lining lesion	*4.93	4.09	4.09	0.22	9.24	9.24	090
68135		A	Remove eyelid lining lesion	*1.84	0.74	0.74	0.04	2.62	2.62	010
68200		A	Treat eyelid by injection	0.49	0.52	0.52	0.03	1.04	1.04	000
68320		A	Revise/graft eyelid lining	*5.37	#5.91	#5.91	0.42	11.70	11.70	090
68325		A	Revise/graft eyelid lining	*7.36	#8.10	#8.10	0.62	16.08	16.08	090
68326		A	Revise/graft eyelid lining	*7.15	#7.87	#7.87	0.49	15.51	15.51	090
68328		A	Revise/graft eyelid lining	*8.18	#9.00	#9.00	0.82	18.00	18.00	090
68330		A	Revise eyelid lining	*4.83	#5.31	#5.31	0.35	10.49	10.49	090
68335		A	Revise/graft eyelid lining	*7.19	#7.91	#7.91	0.68	15.78	15.78	090
68340		A	Separate eyelid adhesions	*4.17	3.14	3.14	0.17	7.48	7.48	090
68360		A	Revise eyelid lining	*4.37	#4.81	#4.81	0.33	9.51	9.51	090
68362		A	Revise eyelid lining	*7.34	8.01	8.01	0.42	15.77	15.77	090
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	*1.69	1.00	1.00	0.06	2.75	2.75	010
68420		A	Incise/drain tear sac	*2.30	1.02	1.02	0.06	3.38	3.38	010
68440		A	Incise tear duct opening	*0.94	0.76	0.76	0.04	1.74	1.74	010
68500		A	Removal of tear gland	*11.02	7.61	7.61	0.75	19.38	19.38	090
68505		A	Partial removal tear gland	*10.94	8.69	8.69	0.49	20.12	20.12	090
68510		A	Biopsy of tear gland	4.61	3.69	3.69	0.28	8.58	8.58	000
68520		A	Removal of tear sac	*7.51	#8.26	#8.26	0.51	16.28	16.28	090
68525		A	Biopsy of tear sac	4.43	3.68	3.68	0.23	8.34	8.34	000
68530		A	Clearance of tear duct	*3.66	2.85	2.85	0.17	6.68	6.68	010
68540		A	Remove tear gland lesion	*10.60	8.31	8.31	0.50	19.41	19.41	090
68550		A	Remove tear gland lesion	*13.26	11.34	11.34	0.74	25.34	25.34	090
68700		A	Repair tear ducts	*6.60	2.69	2.69	0.15	9.44	9.44	090
68705		A	Revise tear duct opening	*2.06	1.02	1.02	0.05	3.13	3.13	010
68720		A	Create tear sac drain	*8.96	9.84	9.84	0.74	19.54	19.54	090
68745		A	Create tear duct drain	*8.63	6.56	6.56	0.45	15.64	15.64	090
68750		A	Create tear duct drain	*8.66	#9.53	#9.53	0.83	19.02	19.02	090
68760		A	Close tear duct opening	*1.73	0.92	0.92	0.04	2.69	2.69	010
68761		A	Close tear duct opening	*1.36	0.92	0.92	0.04	2.32	2.32	010
68770		A	Close tear system fistula	*7.02	4.24	4.24	0.23	11.49	11.49	090
68801		A	Dilate tear duct opening	*0.94	0.42	0.42	0.02	1.38	1.38	010
68810		A	Probe nasolacrimal duct	*1.90	0.55	0.55	0.03	2.48	2.48	010
68811		A	Probe nasolacrimal duct	*2.35	1.49	1.49	0.09	3.93	3.93	010
68815		A	Probe nasolacrimal duct	*3.20	1.93	1.93	0.10	5.23	5.23	010
68840		A	Explore/irrigate tear ducts	*1.25	0.49	0.49	0.03	1.77	1.77	010
68850		A	Injection for tear sac x-ray	0.80	0.51	0.51	0.04	1.35	1.35	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	*1.45	0.35	0.35	0.03	1.83	1.83	010
69005		A	Drain external ear lesion	*2.11	1.16	1.16	0.13	3.40	3.40	010
69020		A	Drain outer ear canal lesion	*1.48	0.45	0.45	0.04	1.97	1.97	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	0.66	0.66	0.07	1.54	1.54	000
69105		A	Biopsy of external ear canal	0.85	0.80	0.80	0.09	1.74	1.74	000
69110		A	Partial removal external ear	*3.44	2.63	2.63	0.37	6.44	6.44	090
69120		A	Removal of external ear	*4.05	0.78	0.78	0.07	4.90	4.90	090
69140		A	Remove ear canal lesion(s)	*7.97	8.00	8.00	0.88	16.85	16.85	090
69145		A	Remove ear canal lesion(s)	*2.62	2.51	2.51	0.28	5.41	5.41	090
69150		A	Extensive ear canal surgery	*13.43	10.46	10.46	1.25	25.14	25.14	090
69155		A	Extensive ear/neck surgery	*20.80	15.92	15.92	1.61	38.33	38.33	090
69200		A	Clear outer ear canal	0.77	0.42	0.42	0.04	1.23	1.23	000
69205		A	Clear outer ear canal	*1.20	1.07	1.07	0.11	2.38	2.38	010
69210		A	Remove impacted ear wax	0.61	0.23	0.23	0.02	0.86	0.86	000
69220		A	Clean out mastoid cavity	0.83	0.50	0.50	0.05	1.38	1.38	000
69222		A	Clean out mastoid cavity	*1.40	0.74	0.74	0.08	2.22	2.22	010
69300		R	Revise external ear	6.36	5.30	5.30	0.28	11.94	11.94	YYY
69310		A	Rebuild outer ear canal	*10.79	9.84	9.84	1.08	21.71	21.71	090
69320		A	Rebuild outer ear canal	*16.96	14.65	14.65	1.66	33.27	33.27	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	0.45	0.45	0.05	1.33	1.33	000
69401		A	Inflate middle ear canal	0.63	0.25	0.25	0.03	0.91	0.91	000
69405		A	Catheterize middle ear canal	*2.63	0.48	0.48	0.04	3.15	3.15	010
69410		A	Inset middle ear baffle	0.33	0.60	0.60	0.07	1.00	1.00	000
69420		A	Incision of eardrum	*1.33	0.69	0.69	0.08	2.10	2.10	010
69421		A	Incision of eardrum	*1.73	1.14	1.14	0.13	3.00	3.00	010
69424		A	Remove ventilating tube	0.85	0.60	0.60	0.06	1.51	1.51	000
69433		A	Create eardrum opening	*1.52	1.33	1.33	0.15	3.00	3.00	010
69436		A	Create eardrum opening	*1.96	2.13	2.13	0.23	4.32	4.32	010
69440		A	Exploration of middle ear	*7.57	#8.33	#8.33	0.93	16.83	16.83	090
69450		A	Eardrum revision	*5.57	#6.13	#6.13	1.15	12.85	12.85	090
69501		A	Mastoidectomy	*9.07	#9.98	#9.98	1.17	20.22	20.22	090
69502		A	Mastoidectomy	*12.38	13.36	13.36	1.45	27.19	27.19	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
69505	.....	A	Remove mastoid structures	*12.99	#14.29	#14.29	1.79	29.07	29.07	090
69511	.....	A	Extensive mastoid surgery	*13.52	#14.87	#14.87	1.84	30.23	30.23	090
69530	.....	A	Extensive mastoid surgery	*19.19	16.71	16.71	1.72	37.62	37.62	090
69535	.....	A	Remove part of temporal bone	*36.14	25.27	25.27	2.85	64.26	64.26	090
69540	.....	A	Remove ear lesion	*1.20	1.27	1.27	0.14	2.61	2.61	010
69550	.....	A	Remove ear lesion	*10.99	#12.09	#12.09	2.00	25.08	25.08	090
69552	.....	A	Remove ear lesion	*19.46	16.73	16.73	1.86	38.05	38.05	090
69554	.....	A	Remove ear lesion	*33.16	22.87	22.87	2.63	58.66	58.66	090
69601	.....	A	Mastoid surgery revision	*13.24	14.02	14.02	1.55	28.81	28.81	090
69602	.....	A	Mastoid surgery revision	*13.58	#14.94	#14.94	1.75	30.27	30.27	090
69603	.....	A	Mastoid surgery revision	*14.02	#15.42	#15.42	1.88	31.32	31.32	090
69604	.....	A	Mastoid surgery revision	*14.02	#15.42	#15.42	2.70	32.14	32.14	090
69605	.....	A	Mastoid surgery revision	*18.49	14.95	14.95	1.86	35.30	35.30	090
69610	.....	A	Repair of eardrum	*4.43	0.93	0.93	0.10	5.46	5.46	010
69620	.....	A	Repair of eardrum	*5.89	#6.48	#6.48	1.16	13.53	13.53	090
69631	.....	A	Repair eardrum structures	*9.86	#10.85	#10.85	1.61	22.32	22.32	090
69632	.....	A	Rebuild eardrum structures	*12.75	#14.03	#14.03	1.73	28.51	28.51	090
69633	.....	A	Rebuild eardrum structures	*12.10	#13.31	#13.31	1.78	27.19	27.19	090
69635	.....	A	Repair eardrum structures	*13.33	#14.66	#14.66	1.91	29.90	29.90	090
69636	.....	A	Rebuild eardrum structures	*15.22	#16.74	#16.74	2.11	34.07	34.07	090
69637	.....	A	Rebuild eardrum structures	*15.11	#16.62	#16.62	2.22	33.95	33.95	090
69641	.....	A	Revise middle ear & mastoid	*12.71	#13.98	#13.98	1.87	28.56	28.56	090
69642	.....	A	Revise middle ear & mastoid	*16.84	#18.52	#18.52	2.21	37.57	37.57	090
69643	.....	A	Revise middle ear & mastoid	*15.32	#16.85	#16.85	2.51	34.68	34.68	090
69644	.....	A	Revise middle ear & mastoid	*16.97	#18.67	#18.67	2.70	38.34	38.34	090
69645	.....	A	Revise middle ear & mastoid	*16.38	#18.02	#18.02	2.51	36.91	36.91	090
69646	.....	A	Revise middle ear & mastoid	*17.99	#19.79	#19.79	2.40	40.18	40.18	090
69650	.....	A	Release middle ear bone	*9.66	#10.63	#10.63	1.33	21.62	21.62	090
69660	.....	A	Revise middle ear bone	*11.90	#13.09	#13.09	1.82	26.81	26.81	090
69661	.....	A	Revise middle ear bone	*15.74	#17.31	#17.31	1.93	34.98	34.98	090
69662	.....	A	Revise middle ear bone	*15.44	#16.98	#16.98	1.94	34.36	34.36	090
69666	.....	A	Repair middle ear structures	*9.75	#10.73	#10.73	1.77	22.25	22.25	090
69667	.....	A	Repair middle ear structures	*9.76	#10.74	#10.74	1.66	22.16	22.16	090
69670	.....	A	Remove mastoid air cells	*11.51	10.18	10.18	1.08	22.77	22.77	090
69676	.....	A	Remove middle ear nerve	*9.52	8.53	8.53	0.86	18.91	18.91	090
69700	.....	A	Close mastoid fistula	*8.23	7.86	7.86	0.84	16.93	16.93	090
69710	.....	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711	.....	A	Remove/repair hearing aid	*10.44	8.44	8.44	0.44	19.32	19.32	090
69720	.....	A	Release facial nerve	*14.38	#15.82	#15.82	2.27	32.47	32.47	090
69725	.....	A	Release facial nerve	*25.38	14.65	14.65	1.51	41.54	41.54	090
69740	.....	A	Repair facial nerve	*15.96	11.83	11.83	1.69	29.48	29.48	090
69745	.....	A	Repair facial nerve	*16.69	15.95	15.95	1.53	34.17	34.17	090
69799	.....	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801	.....	A	Incise inner ear	*8.56	#9.42	#9.42	1.84	19.82	19.82	090
69802	.....	A	Incise inner ear	*13.10	11.24	11.24	1.22	25.56	25.56	090
69805	.....	A	Explore inner ear	*13.82	13.14	13.14	2.00	28.96	28.96	090
69806	.....	A	Explore inner ear	*12.35	#13.59	#13.59	2.54	28.48	28.48	090
69820	.....	A	Establish inner ear window	*10.34	8.85	8.85	1.00	20.19	20.19	090
69840	.....	A	Revise inner ear window	*10.26	8.49	8.49	0.51	19.26	19.26	090
69905	.....	A	Remove inner ear	*11.10	#12.21	#12.21	2.07	25.38	25.38	090
69910	.....	A	Remove inner ear & mastoid	*13.63	#14.99	#14.99	2.34	30.96	30.96	090
69915	.....	A	Incise inner ear nerve	*21.23	17.71	17.71	2.02	40.96	40.96	090
69930	.....	A	Implant cochlear device	*16.81	#18.49	#18.49	3.34	38.64	38.64	090
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950	.....	A	Incise inner ear nerve	*25.64	17.99	17.99	2.31	45.94	45.94	090
69955	.....	A	Release facial nerve	*27.04	20.28	20.28	2.25	49.57	49.57	090
69960	.....	A	Release inner ear canal	*27.04	17.85	17.85	1.93	46.82	46.82	090
69970	.....	A	Remove inner ear lesion	*30.04	19.69	19.69	2.26	51.99	51.99	090
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
70010	.....	A	Contrast x-ray of brain	1.19	4.65	4.65	0.34	6.18	6.18	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.13	4.13	0.26	4.39	4.39	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.52	0.52	0.08	1.79	1.79	XXX
70015	.....	A	Contrast x-ray of brain	1.19	1.81	1.81	0.17	3.17	3.17	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.29	1.29	0.09	1.38	1.38	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.52	0.52	0.08	1.79	1.79	XXX
70030	.....	A	X-ray eye for foreign body	0.17	0.48	0.48	0.04	0.69	0.69	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70100	.....	A	X-ray exam of jaw	0.18	0.59	0.59	0.04	0.81	0.81	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.50	0.50	0.03	0.53	0.53	XXX
70100	26	A	X-ray exam of jaw	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70110	.....	A	X-ray exam of jaw	0.25	0.71	0.71	0.06	1.02	1.02	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70110	26	A	X-ray exam of jaw	0.25	0.12	0.12	0.02	0.39	0.39	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
70120	.....	A	X-ray exam of mastoids	0.18	0.68	0.68	0.05	0.91	0.91	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70130	.....	A	X-ray exam of mastoids	0.34	0.91	0.91	0.07	1.32	1.32	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.86	0.07	1.27	1.27	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.70	0.70	0.05	0.75	0.75	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70140	.....	A	X-ray exam of facial bones	0.19	0.68	0.68	0.05	0.92	0.92	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.09	0.01	0.29	0.29	XXX
70150	.....	A	X-ray exam of facial bones	0.26	0.87	0.87	0.07	1.20	1.20	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.12	0.02	0.40	0.40	XXX
70160	.....	A	X-ray exam of nasal bones	0.17	0.58	0.58	0.04	0.79	0.79	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	0.50	0.03	0.53	0.53	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70170	.....	A	X-ray exam of tear duct	0.30	1.04	1.04	0.08	1.42	1.42	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.90	0.90	0.06	0.96	0.96	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.14	0.02	0.46	0.46	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	0.69	0.69	0.05	0.95	0.95	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.10	0.01	0.32	0.32	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	0.88	0.88	0.07	1.23	1.23	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.13	0.02	0.43	0.43	XXX
70210	.....	A	X-ray exam of sinuses	0.17	0.67	0.67	0.05	0.89	0.89	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70220	.....	A	X-ray exam of sinuses	0.25	0.87	0.87	0.07	1.19	1.19	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.12	0.02	0.39	0.39	XXX
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.49	0.04	0.72	0.72	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.09	0.01	0.29	0.29	XXX
70250	.....	A	X-ray exam of skull	0.24	0.70	0.70	0.06	1.00	1.00	XXX
70250	TC	A	X-ray exam of skull	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70250	26	A	X-ray exam of skull	0.24	0.11	0.11	0.02	0.37	0.37	XXX
70260	.....	A	X-ray exam of skull	0.34	1.01	1.01	0.08	1.43	1.43	XXX
70260	TC	A	X-ray exam of skull	0.00	0.85	0.85	0.06	0.91	0.91	XXX
70260	26	A	X-ray exam of skull	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.30	0.03	0.43	0.43	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.25	0.02	0.27	0.27	XXX
70300	26	A	X-ray exam of teeth	0.10	0.05	0.05	0.01	0.16	0.16	XXX
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.47	0.04	0.67	0.67	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70310	26	A	X-ray exam of teeth	0.16	0.07	0.07	0.01	0.24	0.24	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	0.85	0.85	0.07	1.14	1.14	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.10	0.02	0.34	0.34	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.56	0.04	0.78	0.78	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	0.47	0.03	0.50	0.50	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	0.91	0.91	0.07	1.22	1.22	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	0.80	0.05	0.85	0.85	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.11	0.02	0.37	0.37	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	2.25	2.25	0.17	2.96	2.96	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	2.00	2.00	0.13	2.13	2.13	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.25	0.25	0.04	0.83	0.83	XXX
70336	.....	A	Magnetic image jaw joint	1.48	11.11	11.11	0.73	13.32	13.32	XXX
70336	TC	A	Magnetic image jaw joint	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.43	0.43	0.06	1.97	1.97	XXX
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.44	0.03	0.64	0.64	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.36	0.02	0.38	0.38	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	0.63	0.63	0.05	0.88	0.88	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	0.54	0.04	0.58	0.58	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.09	0.01	0.30	0.30	XXX
70360	.....	A	X-ray exam of neck	0.17	0.48	0.48	0.04	0.69	0.69	XXX
70360	TC	A	X-ray exam of neck	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70360	26	A	X-ray exam of neck	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.39	1.39	0.10	1.81	1.81	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	1.24	0.08	1.32	1.32	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.15	0.02	0.49	0.49	XXX
70371		A	Speech evaluation, complex	0.84	2.38	2.38	0.19	3.41	3.41	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.00	2.00	0.13	2.13	2.13	XXX
70371	26	A	Speech evaluation, complex	0.84	0.38	0.38	0.06	1.28	1.28	XXX
70373		A	Contrast x-ray of larynx	0.44	1.90	1.90	0.14	2.48	2.48	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.70	1.70	0.11	1.81	1.81	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.20	0.03	0.67	0.67	XXX
70380		A	X-ray exam of salivary gland	0.17	0.72	0.72	0.05	0.94	0.94	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.64	0.64	0.04	0.68	0.68	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70390		A	X-ray exam of salivary duct	0.38	1.87	1.87	0.14	2.39	2.39	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.70	1.70	0.11	1.81	1.81	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.17	0.03	0.58	0.58	XXX
70450		A	CAT scan of head or brain	0.85	4.88	4.88	0.35	6.08	6.08	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70450	26	A	CAT scan of head or brain	0.85	0.38	0.38	0.06	1.29	1.29	XXX
70460		A	Contrast CAT scan of head	1.13	5.89	5.89	0.43	7.45	7.45	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.50	0.50	0.08	1.71	1.71	XXX
70470		A	Contrast CAT scans of head	1.27	7.30	7.30	0.52	9.09	9.09	XXX
70470	TC	A	Contrast CAT scans of head	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.56	0.56	0.09	1.92	1.92	XXX
70480		A	CAT scan of skull	1.28	5.07	5.07	0.38	6.73	6.73	XXX
70480	TC	A	CAT scan of skull	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70480	26	A	CAT scan of skull	1.28	0.57	0.57	0.09	1.94	1.94	XXX
70481		A	Contrast CAT scan of skull	1.38	6.00	6.00	0.44	7.82	7.82	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.61	0.61	0.09	2.08	2.08	XXX
70482		A	Contrast CAT scans of skull	1.45	7.38	7.38	0.53	9.36	9.36	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.64	0.64	0.10	2.19	2.19	XXX
70486		A	CAT scan of face, jaw	1.14	5.00	5.00	0.37	6.51	6.51	XXX
70486	TC	A	CAT scan of face, jaw	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.50	0.50	0.08	1.72	1.72	XXX
70487		A	Contrast CAT scan, face/jaw	1.30	5.96	5.96	0.44	7.70	7.70	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.57	0.57	0.09	1.96	1.96	XXX
70488		A	Contrast CAT scans face/jaw	1.42	7.37	7.37	0.53	9.32	9.32	XXX
70488	TC	A	Contrast CAT scans face/jaw	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70488	26	A	Contrast CAT scans face/jaw	1.42	0.63	0.63	0.10	2.15	2.15	XXX
70490		A	CAT scan of neck tissue	1.28	5.07	5.07	0.38	6.73	6.73	XXX
70490	TC	A	CAT scan of neck tissue	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.57	0.57	0.09	1.94	1.94	XXX
70491		A	Contrast CAT of neck tissue	1.38	6.00	6.00	0.44	7.82	7.82	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.61	0.61	0.09	2.08	2.08	XXX
70492		A	Contrast CAT of neck tissue	1.45	7.38	7.38	0.53	9.36	9.36	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.64	0.64	0.10	2.19	2.19	XXX
70540		A	Magnetic image, face, neck	1.48	11.34	11.34	0.77	13.59	13.59	XXX
70540	TC	A	Magnetic image, face, neck	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70540	26	A	Magnetic image, face, neck	1.48	0.66	0.66	0.10	2.24	2.24	XXX
70541		R	Magnetic image, head (MRA)	1.81	11.34	11.34	0.77	13.92	13.92	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.66	0.66	0.10	2.57	2.57	XXX
70551		A	Magnetic image, brain (MRI)	1.48	11.34	11.34	0.77	13.59	13.59	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.66	0.66	0.10	2.24	2.24	XXX
70552		A	Magnetic image, brain (MRI)	1.78	13.61	13.61	0.93	16.32	16.32	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	12.81	12.81	0.81	13.62	13.62	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.80	0.80	0.12	2.70	2.70	XXX
70553		A	Magnetic image, brain	2.36	24.79	24.79	1.65	28.80	28.80	XXX
70553	TC	A	Magnetic image, brain	0.00	23.72	23.72	1.49	25.21	25.21	XXX
70553	26	A	Magnetic image, brain	2.36	1.07	1.07	0.16	3.59	3.59	XXX
71010		A	Chest x-ray	0.18	0.53	0.53	0.04	0.75	0.75	XXX
71010	TC	A	Chest x-ray	0.00	0.45	0.45	0.03	0.48	0.48	XXX
71010	26	A	Chest x-ray	0.18	0.08	0.08	0.01	0.27	0.27	XXX
71015		A	X-ray exam of chest	0.21	0.60	0.60	0.04	0.85	0.85	XXX
71015	TC	A	X-ray exam of chest	0.00	0.50	0.50	0.03	0.53	0.53	XXX
71015	26	A	X-ray exam of chest	0.21	0.10	0.10	0.01	0.32	0.32	XXX
71020		A	Chest x-ray	0.22	0.69	0.69	0.05	0.96	0.96	XXX
71020	TC	A	Chest x-ray	0.00	0.59	0.59	0.04	0.63	0.63	XXX
71020	26	A	Chest x-ray	0.22	0.10	0.10	0.01	0.33	0.33	XXX
71021		A	Chest x-ray	0.27	0.82	0.82	0.07	1.16	1.16	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
71021	TC	A	Chest x-ray	0.00	0.70	0.70	0.05	0.75	0.75	XXX
71021	26	A	Chest x-ray	0.27	0.12	0.12	0.02	0.41	0.41	XXX
71022		A	Chest x-ray	0.31	0.84	0.84	0.07	1.22	1.22	XXX
71022	TC	A	Chest x-ray	0.00	0.70	0.70	0.05	0.75	0.75	XXX
71022	26	A	Chest x-ray	0.31	0.14	0.14	0.02	0.47	0.47	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	0.92	0.92	0.08	1.38	1.38	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.17	0.03	0.58	0.58	XXX
71030		A	Chest x-ray	0.31	0.89	0.89	0.07	1.27	1.27	XXX
71030	TC	A	Chest x-ray	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71030	26	A	Chest x-ray	0.31	0.14	0.14	0.02	0.47	0.47	XXX
71034		A	Chest x-ray & fluoroscopy	0.46	1.58	1.58	0.12	2.16	2.16	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.37	1.37	0.09	1.46	1.46	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.21	0.21	0.03	0.70	0.70	XXX
71035		A	Chest x-ray	0.18	0.58	0.58	0.04	0.80	0.80	XXX
71035	TC	A	Chest x-ray	0.00	0.50	0.50	0.03	0.53	0.53	XXX
71035	26	A	Chest x-ray	0.18	0.08	0.08	0.01	0.27	0.27	XXX
71036		A	X-ray guidance for biopsy	0.54	1.75	1.75	0.14	2.43	2.43	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.50	1.50	0.10	1.60	1.60	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71038		A	X-ray guidance for biopsy	0.54	1.85	1.85	0.15	2.54	2.54	XXX
71038	TC	A	X-ray guidance for biopsy	0.00	1.60	1.60	0.11	1.71	1.71	XXX
71038	26	A	X-ray guidance for biopsy	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.66	1.66	0.13	2.37	2.37	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	1.39	0.09	1.48	1.48	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.27	0.27	0.04	0.89	0.89	XXX
71060		A	Contrast x-ray of bronchi	0.74	2.44	2.44	0.19	3.37	3.37	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.10	2.10	0.14	2.24	2.24	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.34	0.34	0.05	1.13	1.13	XXX
71090		A	X-ray & pacemaker insertion	0.54	1.85	1.85	0.15	2.54	2.54	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	1.60	0.11	1.71	1.71	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71100		A	X-ray exam of ribs	0.22	0.64	0.64	0.06	0.92	0.92	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.54	0.04	0.58	0.58	XXX
71100	26	A	X-ray exam of ribs	0.22	0.10	0.10	0.02	0.34	0.34	XXX
71101		A	X-ray exam of ribs, chest	0.27	0.77	0.77	0.06	1.10	1.10	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.64	0.64	0.04	0.68	0.68	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.13	0.02	0.42	0.42	XXX
71110		A	X-ray exam of ribs	0.27	0.88	0.88	0.07	1.22	1.22	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71110	26	A	X-ray exam of ribs	0.27	0.13	0.13	0.02	0.42	0.42	XXX
71111		A	X-ray exam of ribs, chest	0.32	1.00	1.00	0.08	1.40	1.40	XXX
71111	TC	A	X-ray exam of ribs, chest	0.00	0.85	0.85	0.06	0.91	0.91	XXX
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.15	0.02	0.49	0.49	XXX
71120		A	X-ray exam of breastbone	0.20	0.71	0.71	0.05	0.96	0.96	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.62	0.62	0.04	0.66	0.66	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.09	0.01	0.30	0.30	XXX
71130		A	X-ray exam of breastbone	0.22	0.77	0.77	0.05	1.04	1.04	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.67	0.04	0.71	0.71	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.10	0.01	0.33	0.33	XXX
71250		A	Cat scan of chest	1.16	6.14	6.14	0.44	7.74	7.74	XXX
71250	TC	A	Cat scan of chest	0.00	5.63	5.63	0.36	5.99	5.99	XXX
71250	26	A	Cat scan of chest	1.16	0.51	0.51	0.08	1.75	1.75	XXX
71260		A	Contrast CAT scan of chest	1.24	7.29	7.29	0.51	9.04	9.04	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	6.74	6.74	0.43	7.17	7.17	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.55	0.55	0.08	1.87	1.87	XXX
71270		A	Contrast CAT scans of chest	1.38	9.04	9.04	0.61	11.03	11.03	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	8.43	8.43	0.52	8.95	8.95	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.61	0.61	0.09	2.08	2.08	XXX
71550		A	Magnetic image, chest	1.60	11.40	11.40	0.78	13.78	13.78	XXX
71550	TC	A	Magnetic image, chest	0.00	10.68	10.68	0.67	11.35	11.35	XXX
71550	26	A	Magnetic image, chest	1.60	0.72	0.72	0.11	2.43	2.43	XXX
71555		N	Magnetic imaging/chest (MRA)	+1.81	11.40	11.40	0.78	13.99	13.99	XXX
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.72	0.72	0.11	2.64	2.64	XXX
72010		A	X-ray exam of spine	0.45	1.18	1.18	0.09	1.72	1.72	XXX
72010	TC	A	X-ray exam of spine	0.00	0.98	0.98	0.06	1.04	1.04	XXX
72010	26	A	X-ray exam of spine	0.45	0.20	0.20	0.03	0.68	0.68	XXX
72020		A	X-ray exam of spine	0.15	0.47	0.47	0.04	0.66	0.66	XXX
72020	TC	A	X-ray exam of spine	0.00	0.40	0.40	0.03	0.43	0.43	XXX
72020	26	A	X-ray exam of spine	0.15	0.07	0.07	0.01	0.23	0.23	XXX
72040		A	X-ray exam of neck spine	0.22	0.67	0.67	0.05	0.94	0.94	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.57	0.57	0.04	0.61	0.61	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
72050	.....	A	X-ray exam of neck spine	0.31	0.99	0.99	0.08	1.38	1.38	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.85	0.85	0.06	0.91	0.91	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.14	0.02	0.47	0.47	XXX
72052	.....	A	X-ray exam of neck spine	0.36	1.25	1.25	0.09	1.70	1.70	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.08	1.08	0.07	1.15	1.15	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.17	0.02	0.55	0.55	XXX
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.57	0.04	0.83	0.83	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	0.47	0.03	0.50	0.50	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72070	.....	A	X-ray exam of thorax spine	0.22	0.72	0.72	0.05	0.99	0.99	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.62	0.62	0.04	0.66	0.66	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72072	.....	A	X-ray exam of thoracic spine	0.22	0.80	0.80	0.06	1.08	1.08	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	0.70	0.05	0.75	0.75	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72074	.....	A	X-ray exam of thoracic spine	0.22	0.97	0.97	0.07	1.26	1.26	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.87	0.06	0.93	0.93	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72080	.....	A	X-ray exam of trunk spine	0.22	0.74	0.74	0.05	1.01	1.01	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.77	0.06	1.11	1.11	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.13	0.02	0.43	0.43	XXX
72100	.....	A	X-ray exam of lower spine	0.22	0.74	0.74	0.05	1.01	1.01	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72110	.....	A	X-ray exam of lower spine	0.31	1.01	1.01	0.08	1.40	1.40	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.87	0.87	0.06	0.93	0.93	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.14	0.02	0.47	0.47	XXX
72114	.....	A	X-ray exam of lower spine	0.36	1.30	1.30	0.09	1.75	1.75	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.13	1.13	0.07	1.20	1.20	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.17	0.02	0.55	0.55	XXX
72120	.....	A	X-ray exam of lower spine	0.22	0.95	0.95	0.07	1.24	1.24	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.85	0.85	0.06	0.91	0.91	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72125	.....	A	CAT scan of neck spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72125	TC	A	CAT scan of neck spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72125	26	A	CAT scan of neck spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72126	.....	A	Contrast CAT scan of neck	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72127	.....	A	Contrast CAT scans of neck	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72128	.....	A	CAT scan of thorax spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72128	TC	A	CAT scan of thorax spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72129	.....	A	Contrast CAT scan of thorax	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72130	.....	A	Contrast CAT scans of thorax	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72131	.....	A	CAT scan of lower spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72131	TC	A	CAT scan of lower spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72131	26	A	CAT scan of lower spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72132	.....	A	Contrast CAT of lower spine	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72133	.....	A	Contrast CAT scans, low spine	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72133	TC	A	Contrast CAT scans, low spine	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72133	26	A	Contrast CAT scans, low spine	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72141	.....	A	Magnetic image, neck spine	1.60	11.40	11.40	0.78	13.78	13.78	XXX
72141	TC	A	Magnetic image, neck spine	0.00	10.68	10.68	0.67	11.35	11.35	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72142	.....	A	Magnetic image, neck spine	1.92	13.67	13.67	0.94	16.53	16.53	XXX
72142	TC	A	Magnetic image, neck spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.86	0.86	0.13	2.91	2.91	XXX
72146	.....	A	Magnetic image, chest spine	1.60	12.58	12.58	0.85	15.03	15.03	XXX
72146	TC	A	Magnetic image, chest spine	0.00	11.86	11.86	0.74	12.60	12.60	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72147	.....	A	Magnetic image, chest spine	1.92	13.67	13.67	0.94	16.53	16.53	XXX
72147	TC	A	Magnetic image, chest spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
72147	26	A	Magnetic image, chest spine	1.92	0.86	0.86	0.13	2.91	2.91	XXX
72148	.....	A	Magnetic image, lumbar spine	1.48	12.52	12.52	0.84	14.84	14.84	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	11.86	11.86	0.74	12.60	12.60	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.66	0.66	0.10	2.24	2.24	XXX
72149	.....	A	Magnetic image, lumbar spine	1.78	13.61	13.61	0.93	16.32	16.32	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.80	0.80	0.12	2.70	2.70	XXX
72156	.....	A	Magnetic image, neck spine	2.57	24.87	24.87	1.66	29.10	29.10	XXX
72156	TC	A	Magnetic image, neck spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72156	26	A	Magnetic image, neck spine	2.57	1.15	1.15	0.17	3.89	3.89	XXX
72157	.....	A	Magnetic image, chest spine	2.57	24.87	24.87	1.66	29.10	29.10	XXX
72157	TC	A	Magnetic image, chest spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72157	26	A	Magnetic image, chest spine	2.57	1.15	1.15	0.17	3.89	3.89	XXX
72158	.....	A	Magnetic image, lumbar spine	2.36	24.79	24.79	1.65	28.80	28.80	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	1.07	1.07	0.16	3.59	3.59	XXX
72159	.....	N	Magnetic imaging/spine (MRA)	+1.80	12.52	12.52	0.84	15.16	15.16	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	11.86	11.86	0.74	12.60	12.60	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.66	0.66	0.10	2.56	2.56	XXX
72170	.....	A	X-ray exam of pelvis	0.17	0.57	0.57	0.04	0.78	0.78	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.50	0.50	0.03	0.53	0.53	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.07	0.01	0.25	0.25	XXX
72190	.....	A	X-ray exam of pelvis	0.21	0.74	0.74	0.05	1.00	1.00	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.10	0.01	0.32	0.32	XXX
72192	.....	A	CAT scan of pelvis	1.09	6.11	6.11	0.43	7.63	7.63	XXX
72192	TC	A	CAT scan of pelvis	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72192	26	A	CAT scan of pelvis	1.09	0.48	0.48	0.07	1.64	1.64	XXX
72193	.....	A	Contrast CAT scan of pelvis	1.16	7.03	7.03	0.49	8.68	8.68	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.52	6.52	0.41	6.93	6.93	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72194	.....	A	Contrast CAT scans of pelvis	1.22	8.62	8.62	0.58	10.42	10.42	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.09	8.09	0.50	8.59	8.59	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72196	.....	A	Magnetic image, pelvis	1.60	11.40	11.40	0.78	13.78	13.78	XXX
72196	TC	A	Magnetic image, pelvis	0.00	10.68	10.68	0.67	11.35	11.35	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72198	.....	N	Magnetic imaging/pelvis(MRA)	+1.80	11.40	11.40	0.78	13.98	13.98	XXX
72198	TC	N	Magnetic imaging/pelvis(MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
72198	26	N	Magnetic imaging/pelvis(MRA)	+1.80	0.72	0.72	0.11	2.63	2.63	XXX
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.58	0.58	0.04	0.79	0.79	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	0.50	0.03	0.53	0.53	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.08	0.01	0.26	0.26	XXX
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.68	0.68	0.05	0.92	0.92	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	0.59	0.04	0.63	0.63	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.09	0.01	0.29	0.29	XXX
72220	.....	A	X-ray exam of tailbone	0.17	0.62	0.62	0.05	0.84	0.84	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.54	0.54	0.04	0.58	0.58	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.08	0.01	0.26	0.26	XXX
72240	.....	A	Contrast x-ray of neck spine	0.91	4.93	4.93	0.35	6.19	6.19	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.52	4.52	0.29	4.81	4.81	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.41	0.41	0.06	1.38	1.38	XXX
72255	.....	A	Contrast x-ray thorax spine	0.91	4.54	4.54	0.32	5.77	5.77	XXX
72255	TC	A	Contrast x-ray thorax spine	0.00	4.13	4.13	0.26	4.39	4.39	XXX
72255	26	A	Contrast x-ray thorax spine	0.91	0.41	0.41	0.06	1.38	1.38	XXX
72265	.....	A	Contrast x-ray lower spine	0.83	4.26	4.26	0.31	5.40	5.40	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	3.88	3.88	0.25	4.13	4.13	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.38	0.38	0.06	1.27	1.27	XXX
72270	.....	A	Contrast x-ray of spine	1.33	6.40	6.40	0.46	8.19	8.19	XXX
72270	TC	A	Contrast x-ray of spine	0.00	5.81	5.81	0.37	6.18	6.18	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.59	0.59	0.09	2.01	2.01	XXX
72285	.....	A	X-ray of neck spine disk	0.83	8.37	8.37	0.56	9.76	9.76	XXX
72285	TC	A	X-ray of neck spine disk	0.00	7.99	7.99	0.50	8.49	8.49	XXX
72285	26	A	X-ray of neck spine disk	0.83	0.38	0.38	0.06	1.27	1.27	XXX
72295	.....	A	X-ray of lower spine disk	0.83	7.87	7.87	0.52	9.22	9.22	XXX
72295	TC	A	X-ray of lower spine disk	0.00	7.49	7.49	0.46	7.95	7.95	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.38	0.38	0.06	1.27	1.27	XXX
73000	.....	A	X-ray exam of collarbone	0.16	0.57	0.57	0.04	0.77	0.77	XXX
73000	TC	A	X-ray exam of collarbone	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73010	.....	A	X-ray exam of shoulder blade	0.17	0.58	0.58	0.04	0.79	0.79	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73020	.....	A	X-ray exam of shoulder	0.15	0.52	0.52	0.04	0.71	0.71	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.07	0.01	0.23	0.23	XXX
73030		A	X-ray exam of shoulder	0.18	0.62	0.62	0.05	0.85	0.85	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.08	0.01	0.27	0.27	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73050		A	X-ray exam of shoulders	0.20	0.73	0.73	0.05	0.98	0.98	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.64	0.04	0.68	0.68	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.09	0.01	0.30	0.30	XXX
73060		A	X-ray exam of humerus	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73060	26	A	X-ray exam of humerus	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73070		A	X-ray exam of elbow	0.15	0.57	0.57	0.04	0.76	0.76	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73070	26	A	X-ray exam of elbow	0.15	0.07	0.07	0.01	0.23	0.23	XXX
73080		A	X-ray exam of elbow	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73080	26	A	X-ray exam of elbow	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73085		A	Contrast x-ray of elbow	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73090		A	X-ray exam of forearm	0.16	0.57	0.57	0.04	0.77	0.77	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73090	26	A	X-ray exam of forearm	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73092		A	X-ray exam of arm, infant	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73100		A	X-ray exam of wrist	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73100	26	A	X-ray exam of wrist	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73110		A	X-ray exam of wrist	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73110	26	A	X-ray exam of wrist	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73115		A	Contrast x-ray of wrist	0.54	1.75	1.75	0.14	2.43	2.43	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	1.50	0.10	1.60	1.60	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73120		A	X-ray exam of hand	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73120	TC	A	X-ray exam of hand	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73120	26	A	X-ray exam of hand	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73130		A	X-ray exam of hand	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73130	TC	A	X-ray exam of hand	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73130	26	A	X-ray exam of hand	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73140		A	X-ray exam of finger(s)	0.13	0.46	0.46	0.04	0.63	0.63	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.40	0.03	0.43	0.43	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.06	0.01	0.20	0.20	XXX
73200		A	CAT scan of arm	1.09	5.21	5.21	0.37	6.67	6.67	XXX
73200	TC	A	CAT scan of arm	0.00	4.73	4.73	0.30	5.03	5.03	XXX
73200	26	A	CAT scan of arm	1.09	0.48	0.48	0.07	1.64	1.64	XXX
73201		A	Contrast CAT scan of arm	1.16	6.14	6.14	0.44	7.74	7.74	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	5.63	5.63	0.36	5.99	5.99	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.51	0.51	0.08	1.75	1.75	XXX
73202		A	Contrast CAT scans of arm	1.22	7.61	7.61	0.53	9.36	9.36	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	7.08	7.08	0.45	7.53	7.53	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.53	0.53	0.08	1.83	1.83	XXX
73220		A	Magnetic image, arm, hand	1.48	11.34	11.34	0.77	13.59	13.59	XXX
73220	TC	A	Magnetic image, arm, hand	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73220	26	A	Magnetic image, arm, hand	1.48	0.66	0.66	0.10	2.24	2.24	XXX
73221		A	Magnetic image, joint of arm	1.48	11.11	11.11	0.73	13.32	13.32	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.43	0.43	0.06	1.97	1.97	XXX
73225		N	Magnetic imaging/upper (MRA)	+1.73	11.34	11.34	0.77	13.84	13.84	XXX
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.66	0.66	0.10	2.49	2.49	XXX
73500		A	X-ray exam of hip	0.17	0.53	0.53	0.04	0.74	0.74	XXX
73500	TC	A	X-ray exam of hip	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73500	26	A	X-ray exam of hip	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73510		A	X-ray exam of hip	0.21	0.64	0.64	0.05	0.90	0.90	XXX
73510	TC	A	X-ray exam of hip	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73510	26	A	X-ray exam of hip	0.21	0.10	0.10	0.01	0.32	0.32	XXX
73520		A	X-ray exam of hips	0.26	0.76	0.76	0.06	1.08	1.08	XXX
73520	TC	A	X-ray exam of hips	0.00	0.64	0.64	0.04	0.68	0.68	XXX
73520	26	A	X-ray exam of hips	0.26	0.12	0.12	0.02	0.40	0.40	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
73525	.....	A	Contrast x-ray of hip	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73525	TC	A	Contrast x-ray of hip	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73530	.....	A	X-ray exam of hip	0.29	0.63	0.63	0.05	0.97	0.97	XXX
73530	TC	A	X-ray exam of hip	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73530	26	A	X-ray exam of hip	0.29	0.13	0.13	0.02	0.44	0.44	XXX
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.64	0.64	0.05	0.89	0.89	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.10	0.01	0.31	0.31	XXX
73550	.....	A	X-ray exam of thigh	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73550	26	A	X-ray exam of thigh	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73560	.....	A	X-ray exam of knee	0.17	0.57	0.57	0.04	0.78	0.78	XXX
73560	TC	A	X-ray exam of knee	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73560	26	A	X-ray exam of knee	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73562	.....	A	X-ray exam of knee	0.18	0.63	0.63	0.05	0.86	0.86	XXX
73562	TC	A	X-ray exam of knee	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73562	26	A	X-ray exam of knee	0.18	0.09	0.09	0.01	0.28	0.28	XXX
73564	.....	A	X-ray exam of knee	0.22	0.69	0.69	0.06	0.97	0.97	XXX
73564	TC	A	X-ray exam of knee	0.00	0.59	0.59	0.04	0.63	0.63	XXX
73564	26	A	X-ray exam of knee	0.22	0.10	0.10	0.02	0.34	0.34	XXX
73565	.....	A	X-ray exam of knee	0.17	0.54	0.54	0.04	0.75	0.75	XXX
73565	TC	A	X-ray exam of knee	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73565	26	A	X-ray exam of knee	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73580	.....	A	Contrast x-ray of knee joint	0.54	2.75	2.75	0.21	3.50	3.50	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.50	2.50	0.17	2.67	2.67	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73590	.....	A	X-ray exam of lower leg	0.17	0.57	0.57	0.04	0.78	0.78	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73600	.....	A	X-ray exam of ankle	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73600	26	A	X-ray exam of ankle	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73610	.....	A	X-ray exam of ankle	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73610	26	A	X-ray exam of ankle	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73620	.....	A	X-ray exam of foot	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73620	TC	A	X-ray exam of foot	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73620	26	A	X-ray exam of foot	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73630	.....	A	X-ray exam of foot	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73630	TC	A	X-ray exam of foot	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73630	26	A	X-ray exam of foot	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73650	.....	A	X-ray exam of heel	0.16	0.52	0.52	0.04	0.72	0.72	XXX
73650	TC	A	X-ray exam of heel	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73650	26	A	X-ray exam of heel	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.46	0.04	0.63	0.63	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.40	0.03	0.43	0.43	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.06	0.01	0.20	0.20	XXX
73700	.....	A	CAT scan of leg	1.09	5.21	5.21	0.37	6.67	6.67	XXX
73700	TC	A	CAT scan of leg	0.00	4.73	4.73	0.30	5.03	5.03	XXX
73700	26	A	CAT scan of leg	1.09	0.48	0.48	0.07	1.64	1.64	XXX
73701	.....	A	Contrast CAT scan of leg	1.16	6.14	6.14	0.44	7.74	7.74	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	5.63	5.63	0.36	5.99	5.99	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.51	0.51	0.08	1.75	1.75	XXX
73702	.....	A	Contrast CAT scans of leg	1.22	7.61	7.61	0.53	9.36	9.36	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.08	7.08	0.45	7.53	7.53	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.53	0.53	0.08	1.83	1.83	XXX
73720	.....	A	Magnetic image, leg, foot	1.48	11.34	11.34	0.77	13.59	13.59	XXX
73720	TC	A	Magnetic image, leg, foot	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.66	0.66	0.10	2.24	2.24	XXX
73721	.....	A	Magnetic image, joint of leg	1.48	11.11	11.11	0.73	13.32	13.32	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.43	0.43	0.06	1.97	1.97	XXX
73725	.....	R	Magnetic imaging/lower (MRA)	1.82	11.34	11.34	0.77	13.93	13.93	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.66	0.66	0.10	2.58	2.58	XXX
74000	.....	A	X-ray exam of abdomen	0.18	0.58	0.58	0.04	0.80	0.80	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.50	0.50	0.03	0.53	0.53	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.08	0.01	0.27	0.27	XXX
74010		A	X-ray exam of abdomen	0.23	0.65	0.65	0.06	0.94	0.94	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.54	0.54	0.04	0.58	0.58	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.11	0.02	0.36	0.36	XXX
74020		A	X-ray exam of abdomen	0.27	0.72	0.72	0.06	1.05	1.05	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.59	0.59	0.04	0.63	0.63	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.13	0.02	0.42	0.42	XXX
74022		A	X-ray exam series, abdomen	0.32	0.85	0.85	0.07	1.24	1.24	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	0.70	0.05	0.75	0.75	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74150		A	CAT scan of abdomen	1.19	5.91	5.91	0.43	7.53	7.53	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.39	5.39	0.35	5.74	5.74	XXX
74150	26	A	CAT scan of abdomen	1.19	0.52	0.52	0.08	1.79	1.79	XXX
74160		A	Contrast CAT scan of abdomen	1.27	7.08	7.08	0.50	8.85	8.85	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.52	6.52	0.41	6.93	6.93	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.56	0.56	0.09	1.92	1.92	XXX
74170		A	Contrast CAT scans, abdomen	1.40	8.71	8.71	0.60	10.71	10.71	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.09	8.09	0.50	8.59	8.59	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.62	0.62	0.10	2.12	2.12	XXX
74181		A	Magnetic image, abdomen (MRI)	1.60	11.40	11.40	0.78	13.78	13.78	XXX
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.72	0.72	0.11	2.43	2.43	XXX
74185		N	Magnetic image/abdomen (MRA)	+1.80	11.40	11.40	0.78	13.98	13.98	XXX
74185	TC	N	Magnetic image/abdomen (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
74185	26	N	Magnetic image/abdomen (MRA)	+1.80	0.72	0.72	0.11	2.63	2.63	XXX
74190		A	X-ray exam of peritoneum	0.48	1.37	1.37	0.10	1.95	1.95	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.13	0.02	0.63	0.63	XXX
74210		A	Contrast x-ray exam of throat	0.36	1.29	1.29	0.09	1.74	1.74	XXX
74210	TC	A	Contrast x-ray exam of throat	0.00	1.13	1.13	0.07	1.20	1.20	XXX
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74220		A	Contrast x-ray exam,esophagus	0.46	1.34	1.34	0.10	1.90	1.90	XXX
74220	TC	A	Contrast x-ray exam,esophagus	0.00	1.13	1.13	0.07	1.20	1.20	XXX
74220	26	A	Contrast x-ray exam,esophagus	0.46	0.21	0.21	0.03	0.70	0.70	XXX
74230		A	Cinema x-ray throat/esophagus	0.53	1.49	1.49	0.12	2.14	2.14	XXX
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74230	26	A	Cinema x-ray throat/esophagus	0.53	0.25	0.25	0.04	0.82	0.82	XXX
74235		A	Remove esophagus obstruction	1.19	3.02	3.02	0.25	4.46	4.46	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.52	0.52	0.08	1.79	1.79	XXX
74240		A	X-ray exam upper GI tract	0.69	1.71	1.71	0.14	2.54	2.54	XXX
74240	TC	A	X-ray exam upper GI tract	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74240	26	A	X-ray exam upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74241		A	X-ray exam upper GI tract	0.69	1.74	1.74	0.14	2.57	2.57	XXX
74241	TC	A	X-ray exam upper GI tract	0.00	1.42	1.42	0.09	1.51	1.51	XXX
74241	26	A	X-ray exam upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74245		A	X-ray exam upper GI tract	0.91	2.68	2.68	0.21	3.80	3.80	XXX
74245	TC	A	X-ray exam upper GI tract	0.00	2.27	2.27	0.15	2.42	2.42	XXX
74245	26	A	X-ray exam upper GI tract	0.91	0.41	0.41	0.06	1.38	1.38	XXX
74246		A	Contrast x-ray upper GI tract	0.69	1.89	1.89	0.15	2.73	2.73	XXX
74246	TC	A	Contrast x-ray upper GI tract	0.00	1.57	1.57	0.10	1.67	1.67	XXX
74246	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74247		A	Contrast x-ray upper GI tract	0.69	1.92	1.92	0.16	2.77	2.77	XXX
74247	TC	A	Contrast x-ray upper GI tract	0.00	1.60	1.60	0.11	1.71	1.71	XXX
74247	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74249		A	Contrast x-ray upper GI tract	0.91	2.86	2.86	0.22	3.99	3.99	XXX
74249	TC	A	Contrast x-ray upper GI tract	0.00	2.45	2.45	0.16	2.61	2.61	XXX
74249	26	A	Contrast x-ray upper GI tract	0.91	0.41	0.41	0.06	1.38	1.38	XXX
74250		A	X-ray exam of small bowel	0.47	1.45	1.45	0.11	2.03	2.03	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.21	0.21	0.03	0.71	0.71	XXX
74251		A	X-ray exam of small bowel	0.69	1.45	1.45	0.11	2.25	2.25	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.21	0.03	0.93	0.93	XXX
74260		A	X-ray exam of small bowel	0.50	1.65	1.65	0.12	2.27	2.27	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.42	1.42	0.09	1.51	1.51	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.23	0.23	0.03	0.76	0.76	XXX
74270		A	Contrast x-ray exam of colon	0.69	1.94	1.94	0.16	2.79	2.79	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	1.62	0.11	1.73	1.73	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74280		A	Contrast x-ray exam of colon	0.99	2.58	2.58	0.21	3.78	3.78	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.13	2.13	0.14	2.27	2.27	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.45	0.45	0.07	1.51	1.51	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.34	3.34	0.30	5.66	5.66	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74283	TC	A	Contrast x-ray exam of colon	0.00	2.44	2.44	0.16	2.60	2.60	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.90	0.90	0.14	3.06	3.06	XXX
74290		A	Contrast x-ray, gallbladder	0.32	0.85	0.85	0.07	1.24	1.24	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	0.70	0.05	0.75	0.75	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74291		A	Contrast x-rays, gallbladder	0.20	0.49	0.49	0.04	0.73	0.73	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.40	0.03	0.43	0.43	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.09	0.01	0.30	0.30	XXX
74300		C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.17	0.02	0.55	0.55	XXX
74301		C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.10	0.01	0.32	0.32	XXX
74305		A	X-ray bile ducts, pancreas	0.42	0.94	0.94	0.08	1.44	1.44	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.75	0.75	0.05	0.80	0.80	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.19	0.03	0.64	0.64	XXX
74320		A	Contrast x-ray of bile ducts	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74327		A	X-ray for bile stone removal	0.70	2.00	2.00	0.16	2.86	2.86	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.68	1.68	0.11	1.79	1.79	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74328		A	X-ray for bile duct endoscopy	0.70	3.32	3.32	0.24	4.26	4.26	XXX
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74328	26	A	X-ray for bile duct endoscopy	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74329		A	X-ray for pancreas endoscopy	0.70	3.32	3.32	0.24	4.26	4.26	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74330		A	X-ray, bile/pancreas endoscopy	0.90	3.32	3.32	0.24	4.46	4.46	XXX
74330	TC	A	X-ray, bile/pancreas endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74330	26	A	X-ray, bile/pancreas endoscopy	0.90	0.32	0.32	0.05	1.27	1.27	XXX
74340		A	X-ray guide for GI tube	0.54	2.75	2.75	0.21	3.50	3.50	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74350		A	X-ray guide, stomach tube	0.76	3.35	3.35	0.24	4.35	4.35	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.35	0.35	0.05	1.16	1.16	XXX
74355		A	X-ray guide, intestinal tube	0.76	2.85	2.85	0.22	3.83	3.83	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.35	0.35	0.05	1.16	1.16	XXX
74360		A	X-ray guide, GI dilation	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74363		A	X-ray, bile duct dilation	0.88	6.21	6.21	0.43	7.52	7.52	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	5.81	5.81	0.37	6.18	6.18	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.40	0.40	0.06	1.34	1.34	XXX
74400		A	Contrast x-ray urinary tract	0.49	1.82	1.82	0.14	2.45	2.45	XXX
74400	TC	A	Contrast x-ray urinary tract	0.00	1.60	1.60	0.11	1.71	1.71	XXX
74400	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74405		A	Contrast x-ray urinary tract	0.49	2.11	2.11	0.16	2.76	2.76	XXX
74405	TC	A	Contrast x-ray urinary tract	0.00	1.89	1.89	0.13	2.02	2.02	XXX
74405	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74410		A	Contrast x-ray urinary tract	0.49	2.08	2.08	0.15	2.72	2.72	XXX
74410	TC	A	Contrast x-ray urinary tract	0.00	1.86	1.86	0.12	1.98	1.98	XXX
74410	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74415		A	Contrast x-ray urinary tract	0.49	2.24	2.24	0.16	2.89	2.89	XXX
74415	TC	A	Contrast x-ray urinary tract	0.00	2.02	2.02	0.13	2.15	2.15	XXX
74415	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74420		A	Contrast x-ray urinary tract	0.36	2.66	2.66	0.19	3.21	3.21	XXX
74420	TC	A	Contrast x-ray urinary tract	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74425		A	Contrast x-ray urinary tract	0.36	1.40	1.40	0.10	1.86	1.86	XXX
74425	TC	A	Contrast x-ray urinary tract	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74430		A	Contrast x-ray of bladder	0.32	1.15	1.15	0.09	1.56	1.56	XXX
74430	TC	A	Contrast x-ray of bladder	0.00	1.00	1.00	0.07	1.07	1.07	XXX
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74440		A	X-ray exam male genital tract	0.38	1.25	1.25	0.10	1.73	1.73	XXX
74440	TC	A	X-ray exam male genital tract	0.00	1.08	1.08	0.07	1.15	1.15	XXX
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.17	0.03	0.58	0.58	XXX
74445		A	X-ray exam of penis	1.14	1.58	1.58	0.15	2.87	2.87	XXX
74445	TC	A	X-ray exam of penis	0.00	1.08	1.08	0.07	1.15	1.15	XXX
74445	26	A	X-ray exam of penis	1.14	0.50	0.50	0.08	1.72	1.72	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74450	.....	A	X-ray exam urethra/bladder	0.33	1.54	1.54	0.11	1.98	1.98	XXX
74450	TC	A	X-ray exam urethra/bladder	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.15	0.02	0.50	0.50	XXX
74455	.....	A	X-ray exam urethra/bladder	0.33	1.65	1.65	0.12	2.10	2.10	XXX
74455	TC	A	X-ray exam urethra/bladder	0.00	1.50	1.50	0.10	1.60	1.60	XXX
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.15	0.02	0.50	0.50	XXX
74470	.....	A	X-ray exam of kidney lesion	0.54	1.44	1.44	0.12	2.10	2.10	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.19	1.19	0.08	1.27	1.27	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74475	.....	A	X-ray control catheter insert	0.54	4.13	4.13	0.29	4.96	4.96	XXX
74475	TC	A	X-ray control catheter insert	0.00	3.88	3.88	0.25	4.13	4.13	XXX
74475	26	A	X-ray control catheter insert	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74480	.....	A	X-ray control catheter insert	0.54	4.13	4.13	0.29	4.96	4.96	XXX
74480	TC	A	X-ray control catheter insert	0.00	3.88	3.88	0.25	4.13	4.13	XXX
74480	26	A	X-ray control catheter insert	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74485	.....	A	X-ray guide, GU dilation	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74710	.....	A	X-ray measurement of pelvis	0.34	1.16	1.16	0.09	1.59	1.59	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	1.00	0.07	1.07	1.07	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.16	0.02	0.52	0.52	XXX
74740	.....	A	X-ray female genital tract	0.38	1.41	1.41	0.11	1.90	1.90	XXX
74740	TC	A	X-ray female genital tract	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74740	26	A	X-ray female genital tract	0.38	0.17	0.17	0.03	0.58	0.58	XXX
74742	.....	A	X-ray fallopian tube	0.61	3.25	3.25	0.23	4.09	4.09	XXX
74742	TC	A	X-ray fallopian tube	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74742	26	A	X-ray fallopian tube	0.61	0.25	0.25	0.04	0.90	0.90	XXX
74775	.....	A	X-ray exam of perineum	0.62	1.68	1.68	0.13	2.43	2.43	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74775	26	A	X-ray exam of perineum	0.62	0.29	0.29	0.04	0.95	0.95	XXX
75552	.....	A	Magnetic image, myocardium	1.60	11.40	11.40	0.78	13.78	13.78	XXX
75552	TC	A	Magnetic image, myocardium	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75552	26	A	Magnetic image, myocardium	1.60	0.72	0.72	0.11	2.43	2.43	XXX
75553	.....	A	Magnetic image, myocardium	2.00	11.40	11.40	0.78	14.18	14.18	XXX
75553	TC	A	Magnetic image, myocardium	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.72	0.72	0.11	2.83	2.83	XXX
75554	.....	A	Cardiac MRI/function	1.83	11.40	11.40	0.78	14.01	14.01	XXX
75554	TC	A	Cardiac MRI/function	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75554	26	A	Cardiac MRI/function	1.83	0.72	0.72	0.11	2.66	2.66	XXX
75555	.....	A	Cardiac MRI/limited study	1.74	11.40	11.40	0.78	13.92	13.92	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.72	0.11	2.57	2.57	XXX
75556	.....	N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600	.....	A	Contrast x-ray exam of aorta	0.49	12.23	12.23	0.78	13.50	13.50	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.22	0.22	0.03	0.74	0.74	XXX
75605	.....	A	Contrast x-ray exam of aorta	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75625	.....	A	Contrast x-ray exam of aorta	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75630	.....	A	X-ray aorta, leg arteries	1.79	13.09	13.09	0.88	15.76	15.76	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	12.51	12.51	0.79	13.30	13.30	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.58	0.58	0.09	2.46	2.46	XXX
75650	.....	A	Artery x-rays, head & neck	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75658	.....	A	X-ray exam of arm arteries	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75660	.....	A	Artery x-rays, head & neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75662	.....	A	Artery x-rays, head & neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75665	.....	A	Artery x-rays, head & neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75671	.....	A	Artery x-rays, head & neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75676	.....	A	Artery x-rays, neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75676	TC	A	Artery x-rays, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75676	26	A	Artery x-rays, neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75680	.....	A	Artery x-rays, neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75680	TC	A	Artery x-rays, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75680	26	A	Artery x-rays, neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75685	.....	A	Artery x-rays, spine	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75685	TC	A	Artery x-rays, spine	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75685	26	A	Artery x-rays, spine	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75705	.....	A	Artery x-rays, spine	2.18	12.99	12.99	0.90	16.07	16.07	XXX
75705	TC	A	Artery x-rays, spine	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75705	26	A	Artery x-rays, spine	2.18	0.98	0.98	0.15	3.31	3.31	XXX
75710	.....	A	Artery x-rays, arm/leg	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75716	.....	A	Artery x-rays, arms/legs	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75722	.....	A	Artery x-rays, kidney	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75722	TC	A	Artery x-rays, kidney	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75724	.....	A	Artery x-rays, kidneys	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75726	.....	A	Artery x-rays, abdomen	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75731	.....	A	Artery x-rays, adrenal gland	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75733	.....	A	Artery x-rays, adrenal glands	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75733	26	A	Artery x-rays, adrenal glands	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75736	.....	A	Artery x-rays, pelvis	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75741	.....	A	Artery x-rays, lung	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75741	TC	A	Artery x-rays, lung	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75741	26	A	Artery x-rays, lung	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75743	.....	A	Artery x-rays, lungs	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75743	TC	A	Artery x-rays, lungs	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75746	.....	A	Artery x-rays, lung	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75746	TC	A	Artery x-rays, lung	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75746	26	A	Artery x-rays, lung	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75756	.....	A	Artery x-rays, chest	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75756	TC	A	Artery x-rays, chest	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75756	26	A	Artery x-rays, chest	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75774	.....	A	Artery x-ray, each vessel	0.36	12.17	12.17	0.77	13.30	13.30	XXX
75774	TC	A	Artery x-ray, each vessel	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75790	.....	A	Visualize A–V shunt	1.84	2.12	2.12	0.21	4.17	4.17	XXX
75790	TC	A	Visualize A–V shunt	0.00	1.29	1.29	0.09	1.38	1.38	XXX
75790	26	A	Visualize A–V shunt	1.84	0.83	0.83	0.12	2.79	2.79	XXX
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	5.53	5.53	0.38	6.72	6.72	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.37	0.37	0.05	1.23	1.23	XXX
75803	.....	A	Lymph vessel x-ray, arms/legs	1.17	5.67	5.67	0.41	7.25	7.25	XXX
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.51	0.51	0.08	1.76	1.76	XXX
75805	.....	A	Lymph vessel x-ray, trunk	0.81	6.18	6.18	0.42	7.41	7.41	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.37	0.37	0.05	1.23	1.23	XXX
75807	.....	A	Lymph vessel x-ray, trunk	1.17	6.32	6.32	0.45	7.94	7.94	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.51	0.51	0.08	1.76	1.76	XXX
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.94	0.94	0.08	1.49	1.49	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.75	0.75	0.05	0.80	0.80	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.19	0.19	0.03	0.69	0.69	XXX
75810	.....	A	Vein x-ray, spleen/liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75820	.....	A	Vein x-ray, arm/leg	0.70	1.22	1.22	0.11	2.03	2.03	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	0.90	0.06	0.96	0.96	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.32	0.32	0.05	1.07	1.07	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75822	.....	A	Vein x-ray, arms/legs	1.06	1.88	1.88	0.16	3.10	3.10	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.41	1.41	0.09	1.50	1.50	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.47	0.47	0.07	1.60	1.60	XXX
75825	.....	A	Vein x-ray, trunk	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75825	TC	A	Vein x-ray, trunk	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75827	.....	A	Vein x-ray, chest	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75827	TC	A	Vein x-ray, chest	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75827	26	A	Vein x-ray, chest	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75831	.....	A	Vein x-ray, kidney	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75831	TC	A	Vein x-ray, kidney	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75833	.....	A	Vein x-ray, kidneys	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75840	.....	A	Vein x-ray, adrenal gland	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75842	.....	A	Vein x-ray, adrenal glands	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75860	.....	A	Vein x-ray, neck	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75860	TC	A	Vein x-ray, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75860	26	A	Vein x-ray, neck	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75870	.....	A	Vein x-ray, skull	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75870	TC	A	Vein x-ray, skull	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75870	26	A	Vein x-ray, skull	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75872	.....	A	Vein x-ray, skull	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75872	TC	A	Vein x-ray, skull	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75872	26	A	Vein x-ray, skull	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75880	.....	A	Vein x-ray, eye socket	0.70	1.22	1.22	0.11	2.03	2.03	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	0.90	0.06	0.96	0.96	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.32	0.32	0.05	1.07	1.07	XXX
75885	.....	A	Vein x-ray, liver	1.44	12.65	12.65	0.85	14.94	14.94	XXX
75885	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75885	26	A	Vein x-ray, liver	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75887	.....	A	Vein x-ray, liver	1.44	12.65	12.65	0.85	14.94	14.94	XXX
75887	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75887	26	A	Vein x-ray, liver	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75889	.....	A	Vein x-ray, liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75889	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75889	26	A	Vein x-ray, liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75891	.....	A	Vein x-ray, liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75891	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75891	26	A	Vein x-ray, liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75893	.....	A	Venous sampling by catheter	0.54	12.26	12.26	0.79	13.59	13.59	XXX
75893	TC	A	Venous sampling by catheter	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75893	26	A	Venous sampling by catheter	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75894	.....	A	Xrays, transcatheter therapy	1.31	23.58	23.58	1.53	26.42	26.42	XXX
75894	TC	A	Xrays, transcatheter therapy	0.00	23.00	23.00	1.44	24.44	24.44	XXX
75894	26	A	Xrays, transcatheter therapy	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75896	.....	A	Xrays, transcatheter therapy	1.31	20.58	20.58	1.34	23.23	23.23	XXX
75896	TC	A	Xrays, transcatheter therapy	0.00	20.00	20.00	1.25	21.25	21.25	XXX
75896	26	A	Xrays, transcatheter therapy	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75898	.....	A	Follow-up angiogram	1.65	1.74	1.74	0.18	3.57	3.57	XXX
75898	TC	A	Follow-up angiogram	0.00	1.00	1.00	0.07	1.07	1.07	XXX
75898	26	A	Follow-up angiogram	1.65	0.74	0.74	0.11	2.50	2.50	XXX
75900	.....	A	Arterial catheter exchange	0.49	20.22	20.22	1.29	22.00	22.00	XXX
75900	TC	A	Arterial catheter exchange	0.00	19.99	19.99	1.26	21.25	21.25	XXX
75900	26	A	Arterial catheter exchange	0.49	0.23	0.23	0.03	0.75	0.75	XXX
75940	.....	A	X-ray placement, vein filter	0.54	12.26	12.26	0.79	13.59	13.59	XXX
75940	TC	A	X-ray placement, vein filter	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75945	.....	A	Intravascular us	0.40	4.57	4.57	0.31	5.28	5.28	XXX
75945	TC	A	Intravascular us	0.00	4.35	4.35	0.28	4.63	4.63	XXX
75945	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75946	.....	A	Intravascular us	0.40	2.40	2.40	0.17	2.97	2.97	XXX
75946	TC	A	Intravascular us	0.00	2.18	2.18	0.14	2.32	2.32	XXX
75946	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75960	.....	A	Transcatheter intro, stent	0.82	14.57	14.57	0.94	16.33	16.33	XXX
75960	TC	A	Transcatheter intro, stent	0.00	14.20	14.20	0.88	15.08	15.08	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.37	0.37	0.06	1.25	1.25	XXX
75961	.....	A	Retrieval, broken catheter	4.25	11.91	11.91	0.90	17.06	17.06	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.01	10.01	0.62	10.63	10.63	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75961	26	A	Retrieval, broken catheter	4.25	1.90	1.90	0.28	6.43	6.43	XXX
75962	.....	A	Repair arterial blockage	0.54	15.25	15.25	0.98	16.77	16.77	XXX
75962	TC	A	Repair arterial blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75962	26	A	Repair arterial blockage	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75964	.....	A	Repair artery blockage, each	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75964	TC	A	Repair artery blockage, each	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75964	26	A	Repair artery blockage, each	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75966	.....	A	Repair arterial blockage	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75966	TC	A	Repair arterial blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75966	26	A	Repair arterial blockage	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75968	.....	A	Repair artery blockage, each	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75968	TC	A	Repair artery blockage, each	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75968	26	A	Repair artery blockage, each	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75970	.....	A	Vascular biopsy	0.83	11.38	11.38	0.75	12.96	12.96	XXX
75970	TC	A	Vascular biopsy	0.00	11.00	11.00	0.69	11.69	11.69	XXX
75970	26	A	Vascular biopsy	0.83	0.38	0.38	0.06	1.27	1.27	XXX
75978	.....	A	Repair venous blockage	0.54	15.48	15.48	0.98	17.00	17.00	XXX
75978	TC	A	Repair venous blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75978	26	A	Repair venous blockage	0.54	0.48	0.48	0.04	1.06	1.06	XXX
75980	.....	A	Contrast x-ray exam bile duct	1.44	5.80	5.80	0.43	7.67	7.67	XXX
75980	TC	A	Contrast x-ray exam bile duct	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75980	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75982	.....	A	Contrast x-ray exam bile duct	1.44	6.45	6.45	0.47	8.36	8.36	XXX
75982	TC	A	Contrast x-ray exam bile duct	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75982	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75984	.....	A	X-ray control catheter change	0.72	2.19	2.19	0.17	3.08	3.08	XXX
75984	TC	A	X-ray control catheter change	0.00	1.86	1.86	0.12	1.98	1.98	XXX
75984	26	A	X-ray control catheter change	0.72	0.33	0.33	0.05	1.10	1.10	XXX
75989	.....	A	Abscess drainage under x-ray	1.19	3.52	3.52	0.27	4.98	4.98	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	3.00	3.00	0.19	3.19	3.19	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.52	0.52	0.08	1.79	1.79	XXX
75992	.....	A	Atherectomy, x-ray exam	0.54	15.25	15.25	0.98	16.77	16.77	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75993	.....	A	Atherectomy, x-ray exam	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75993	TC	A	Atherectomy, x-ray exam	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75994	.....	A	Atherectomy, x-ray exam	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75995	.....	A	Atherectomy, x-ray exam	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75996	.....	A	Atherectomy, x-ray exam	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75996	TC	A	Atherectomy, x-ray exam	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.02	0.54	0.54	XXX
76000	.....	A	Fluoroscope examination	0.17	1.31	1.31	0.09	1.57	1.57	XXX
76000	TC	A	Fluoroscope examination	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76000	26	A	Fluoroscope examination	0.17	0.07	0.07	0.01	0.25	0.25	XXX
76001	.....	A	Fluoroscope exam, extensive	0.67	2.81	2.81	0.22	3.70	3.70	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76003	.....	A	Needle localization by x-ray	0.54	1.49	1.49	0.12	2.15	2.15	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76003	26	A	Needle localization by x-ray	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76010	.....	A	X-ray, nose to rectum	0.18	0.58	0.58	0.04	0.80	0.80	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.50	0.03	0.53	0.53	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.08	0.01	0.27	0.27	XXX
76020	.....	A	X-rays for bone age	0.19	0.59	0.59	0.04	0.82	0.82	XXX
76020	TC	A	X-rays for bone age	0.00	0.50	0.50	0.03	0.53	0.53	XXX
76020	26	A	X-rays for bone age	0.19	0.09	0.09	0.01	0.29	0.29	XXX
76040	.....	A	X-rays, bone evaluation	0.27	0.88	0.88	0.07	1.22	1.22	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.75	0.75	0.05	0.80	0.80	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.13	0.02	0.42	0.42	XXX
76061	.....	A	X-rays, bone survey	0.45	1.15	1.15	0.09	1.69	1.69	XXX
76061	TC	A	X-rays, bone survey	0.00	0.95	0.95	0.06	1.01	1.01	XXX
76061	26	A	X-rays, bone survey	0.45	0.20	0.20	0.03	0.68	0.68	XXX
76062	.....	A	X-rays, bone survey	0.54	1.62	1.62	0.13	2.29	2.29	XXX
76062	TC	A	X-rays, bone survey	0.00	1.37	1.37	0.09	1.46	1.46	XXX
76062	26	A	X-rays, bone survey	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76065	.....	A	X-rays, bone evaluation	0.28	0.83	0.83	0.07	1.18	1.18	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.70	0.70	0.05	0.75	0.75	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.13	0.02	0.43	0.43	XXX
76066	.....	A	Joint(s) survey, single film	0.31	1.20	1.20	0.09	1.60	1.60	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76066	TC	A	Joint(s) survey, single film	0.00	1.06	1.06	0.07	1.13	1.13	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.14	0.02	0.47	0.47	XXX
76070		A	CT scan, bone density study	0.25	2.93	2.93	0.20	3.38	3.38	XXX
76070	TC	A	CT scan, bone density study	0.00	2.81	2.81	0.18	2.99	2.99	XXX
76070	26	A	CT scan, bone density study	0.25	0.12	0.12	0.02	0.39	0.39	XXX
76075		A	Dual energy x-ray study	0.30	3.07	3.07	0.21	3.58	3.58	XXX
76075	TC	A	Dual energy x-ray study	0.00	2.95	2.95	0.19	3.14	3.14	XXX
76075	26	A	Dual energy x-ray study	0.30	0.12	0.12	0.02	0.44	0.44	XXX
76076		A	Dual energy x-ray study	0.22	1.54	1.54	0.12	1.88	1.88	XXX
76076	TC	A	Dual energy x-ray study	0.00	1.44	1.44	0.10	1.54	1.54	XXX
76076	26	A	Dual energy x-ray study	0.22	0.10	0.10	0.02	0.34	0.34	XXX
76078		A	Photodensitometry	0.20	0.82	0.82	0.07	1.09	1.09	XXX
76078	TC	A	Photodensitometry	0.00	0.72	0.72	0.05	0.77	0.77	XXX
76078	26	A	Photodensitometry	0.20	0.10	0.10	0.02	0.32	0.32	XXX
76080		A	X-ray exam of fistula	0.54	1.25	1.25	0.11	1.90	1.90	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76080	26	A	X-ray exam of fistula	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76086		A	X-ray of mammary duct	0.36	2.67	2.67	0.19	3.22	3.22	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76086	26	A	X-ray of mammary duct	0.36	0.17	0.17	0.02	0.55	0.55	XXX
76088		A	X-ray of mammary ducts	0.45	3.69	3.69	0.25	4.39	4.39	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.49	3.49	0.22	3.71	3.71	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.20	0.03	0.68	0.68	XXX
76090		A	Mammogram, one breast	0.58	1.12	1.12	0.09	1.79	1.79	XXX
76090	TC	A	Mammogram, one breast	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76090	26	A	Mammogram, one breast	0.58	0.12	0.12	0.02	0.72	0.72	XXX
76091		A	Mammogram, both breasts	0.69	1.42	1.42	0.11	2.22	2.22	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76091	26	A	Mammogram, both breasts	0.69	0.18	0.18	0.03	0.90	0.90	XXX
76092		X	Mammogram, screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093		A	Magnetic image, breast	1.63	17.52	17.52	1.16	20.31	20.31	XXX
76093	TC	A	Magnetic image, breast	0.00	16.80	16.80	1.05	17.85	17.85	XXX
76093	26	A	Magnetic image, breast	1.63	0.72	0.72	0.11	2.46	2.46	XXX
76094		A	Magnetic image, both breasts	1.63	23.51	23.51	1.53	26.67	26.67	XXX
76094	TC	A	Magnetic image, both breasts	0.00	22.79	22.79	1.42	24.21	24.21	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.72	0.11	2.46	2.46	XXX
76095		A	Stereotactic breast biopsy	1.59	7.54	7.54	0.54	9.67	9.67	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	6.83	6.83	0.43	7.26	7.26	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.71	0.71	0.11	2.41	2.41	XXX
76096		A	X-ray of needle wire, breast	0.56	1.50	1.50	0.12	2.18	2.18	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.26	0.26	0.04	0.86	0.86	XXX
76098		A	X-ray exam, breast specimen	0.16	0.47	0.47	0.04	0.67	0.67	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.40	0.03	0.43	0.43	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.07	0.01	0.24	0.24	XXX
76100		A	X-ray exam of body section	0.58	1.46	1.46	0.12	2.16	2.16	XXX
76100	TC	A	X-ray exam of body section	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76100	26	A	X-ray exam of body section	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76101		A	Complex body section x-ray	0.58	1.62	1.62	0.13	2.33	2.33	XXX
76101	TC	A	Complex body section x-ray	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76101	26	A	Complex body section x-ray	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76102		A	Complex body section x-rays	0.58	1.92	1.92	0.15	2.65	2.65	XXX
76102	TC	A	Complex body section x-rays	0.00	1.65	1.65	0.11	1.76	1.76	XXX
76102	26	A	Complex body section x-rays	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76120		A	Cinematic x-rays	0.38	1.17	1.17	0.10	1.65	1.65	XXX
76120	TC	A	Cinematic x-rays	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76120	26	A	Cinematic x-rays	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76125		A	Cinematic x-rays	0.27	0.87	0.87	0.07	1.21	1.21	XXX
76125	TC	A	Cinematic x-rays	0.00	0.75	0.75	0.05	0.80	0.80	XXX
76125	26	A	Cinematic x-rays	0.27	0.12	0.12	0.02	0.41	0.41	XXX
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.40	0.40	0.03	0.43	0.43	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355		A	CAT scan for localization	1.21	8.40	8.40	0.57	10.18	10.18	XXX
76355	TC	A	CAT scan for localization	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76355	26	A	CAT scan for localization	1.21	0.53	0.53	0.08	1.82	1.82	XXX
76360		A	CAT scan for needle biopsy	1.16	8.37	8.37	0.57	10.10	10.10	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.50	0.50	0.08	1.74	1.74	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.37	8.37	0.57	10.10	10.10	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.50	0.50	0.08	1.74	1.74	XXX
76370		A	CAT scan for therapy guide	0.85	3.19	3.19	0.24	4.28	4.28	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.81	2.81	0.18	2.99	2.99	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76370	26	A	CAT scan for therapy guide	0.85	0.38	0.38	0.06	1.29	1.29	XXX
76375	.....	A	3d/holograph reconstr add-on	0.16	3.44	3.44	0.22	3.82	3.82	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.37	3.37	0.21	3.58	3.58	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.07	0.07	0.01	0.24	0.24	XXX
76380	.....	A	CAT scan follow-up study	0.98	3.78	3.78	0.28	5.04	5.04	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.34	3.34	0.21	3.55	3.55	XXX
76380	26	A	CAT scan follow-up study	0.98	0.44	0.44	0.07	1.49	1.49	XXX
76390	.....	A	Mr spectroscopy	1.40	11.34	11.34	0.77	13.51	13.51	XXX
76390	TC	A	Mr spectroscopy	0.00	10.68	10.68	0.67	11.35	11.35	XXX
76390	26	A	Mr spectroscopy	1.40	0.66	0.66	0.10	2.16	2.16	XXX
76400	.....	A	Magnetic image, bone marrow	1.60	11.40	11.40	0.78	13.78	13.78	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	10.68	10.68	0.67	11.35	11.35	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.72	0.72	0.11	2.43	2.43	XXX
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506	.....	A	Echo exam of head	0.63	1.64	1.64	0.13	2.40	2.40	XXX
76506	TC	A	Echo exam of head	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76506	26	A	Echo exam of head	0.63	0.29	0.29	0.04	0.96	0.96	XXX
76511	.....	A	Echo exam of eye	0.94	1.44	1.44	0.12	2.50	2.50	XXX
76511	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76511	26	A	Echo exam of eye	0.94	0.25	0.25	0.04	1.23	1.23	XXX
76512	.....	A	Echo exam of eye	0.66	1.75	1.75	0.15	2.56	2.56	XXX
76512	TC	A	Echo exam of eye	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76512	26	A	Echo exam of eye	0.66	0.30	0.30	0.05	1.01	1.01	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	1.75	1.75	0.15	2.56	2.56	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.30	0.05	1.01	1.01	XXX
76516	.....	A	Echo exam of eye	0.54	1.44	1.44	0.12	2.10	2.10	XXX
76516	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76516	26	A	Echo exam of eye	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76519	.....	A	Echo exam of eye	0.54	1.44	1.44	0.12	2.10	2.10	XXX
76519	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76519	26	A	Echo exam of eye	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76529	.....	A	Echo exam of eye	0.57	1.56	1.56	0.13	2.26	2.26	XXX
76529	TC	A	Echo exam of eye	0.00	1.30	1.30	0.09	1.39	1.39	XXX
76529	26	A	Echo exam of eye	0.57	0.26	0.26	0.04	0.87	0.87	XXX
76536	.....	A	Echo exam of head and neck	0.56	1.61	1.61	0.13	2.30	2.30	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76536	26	A	Echo exam of head and neck	0.56	0.26	0.26	0.04	0.86	0.86	XXX
76604	.....	A	Echo exam of chest	0.55	1.50	1.50	0.12	2.17	2.17	XXX
76604	TC	A	Echo exam of chest	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76604	26	A	Echo exam of chest	0.55	0.26	0.26	0.04	0.85	0.85	XXX
76645	.....	A	Echo exam of breast	0.54	1.25	1.25	0.11	1.90	1.90	XXX
76645	TC	A	Echo exam of breast	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76645	26	A	Echo exam of breast	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76700	.....	A	Echo exam of abdomen	0.81	2.25	2.25	0.17	3.23	3.23	XXX
76700	TC	A	Echo exam of abdomen	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76700	26	A	Echo exam of abdomen	0.81	0.37	0.37	0.05	1.23	1.23	XXX
76705	.....	A	Echo exam of abdomen	0.59	1.62	1.62	0.13	2.34	2.34	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76705	26	A	Echo exam of abdomen	0.59	0.27	0.27	0.04	0.90	0.90	XXX
76770	.....	A	Echo exam abdomen back wall	0.74	2.22	2.22	0.17	3.13	3.13	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.34	0.34	0.05	1.13	1.13	XXX
76775	.....	A	Echo exam abdomen back wall	0.58	1.62	1.62	0.13	2.33	2.33	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76778	.....	A	Echo exam kidney transplant	0.74	2.22	2.22	0.17	3.13	3.13	XXX
76778	TC	A	Echo exam kidney transplant	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.34	0.34	0.05	1.13	1.13	XXX
76800	.....	A	Echo exam spinal canal	1.13	1.85	1.85	0.17	3.15	3.15	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76800	26	A	Echo exam spinal canal	1.13	0.50	0.50	0.08	1.71	1.71	XXX
76805	.....	A	Echo exam of pregnant uterus	0.99	2.45	2.45	0.20	3.64	3.64	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.00	2.00	0.13	2.13	2.13	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.45	0.45	0.07	1.51	1.51	XXX
76810	.....	A	Echo exam of pregnant uterus	1.97	4.88	4.88	0.38	7.23	7.23	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.00	4.00	0.25	4.25	4.25	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.88	0.88	0.13	2.98	2.98	XXX
76815	.....	A	Echo exam of pregnant uterus	0.65	1.65	1.65	0.13	2.43	2.43	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.30	0.30	0.04	0.99	0.99	XXX
76816	.....	A	Echo exam followup or repeat	0.57	1.32	1.32	0.11	2.00	2.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76816	TC	A	Echo exam followup or repeat	0.00	1.06	1.06	0.07	1.13	1.13	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.26	0.26	0.04	0.87	0.87	XXX
76818		A	Fetal biophysical profile	0.77	1.89	1.89	0.15	2.81	2.81	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.54	1.54	0.10	1.64	1.64	XXX
76818	26	A	Fetal biophysical profile	0.77	0.35	0.35	0.05	1.17	1.17	XXX
76825		A	Echo exam of fetal heart	1.67	2.23	2.23	0.17	4.07	4.07	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.35	0.35	0.05	2.07	2.07	XXX
76826		A	Echo exam of fetal heart	0.83	1.35	1.35	0.10	2.28	2.28	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.67	0.67	0.05	0.72	0.72	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.68	0.68	0.05	1.56	1.56	XXX
76827		A	Echo exam of fetal heart	0.58	2.28	2.28	0.18	3.04	3.04	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.64	1.64	0.13	1.77	1.77	XXX
76827	26	A	Echo exam of fetal heart	0.58	#0.64	#0.64	0.05	1.27	1.27	XXX
76828		A	Echo exam of fetal heart	0.56	1.34	1.34	0.11	2.01	2.01	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.06	1.06	0.09	1.15	1.15	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.28	0.28	0.02	0.86	0.86	XXX
76830		A	Echo exam, transvaginal	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76831		A	Echo exam, uterus	0.72	1.77	1.77	0.15	2.64	2.64	XXX
76831	TC	A	Echo exam, uterus	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76831	26	A	Echo exam, uterus	0.72	0.32	0.32	0.05	1.09	1.09	XXX
76856		A	Echo exam of pelvis	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76856	26	A	Echo exam of pelvis	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76857		A	Echo exam of pelvis	0.38	1.17	1.17	0.10	1.65	1.65	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76857	26	A	Echo exam of pelvis	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76870		A	Echo exam of scrotum	0.64	1.74	1.74	0.14	2.52	2.52	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76870	26	A	Echo exam of scrotum	0.64	0.29	0.29	0.04	0.97	0.97	XXX
76872		A	Echo exam, transrectal	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76872	26	A	Echo exam, transrectal	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76880		A	Echo exam of extremity	0.59	1.62	1.62	0.13	2.34	2.34	XXX
76880	TC	A	Echo exam of extremity	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76880	26	A	Echo exam of extremity	0.59	0.27	0.27	0.04	0.90	0.90	XXX
76885		A	Echo exam, infant hips	0.74	1.77	1.77	0.15	2.66	2.66	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76885	26	A	Echo exam, infant hips	0.74	0.32	0.32	0.05	1.11	1.11	XXX
76886		A	Echo exam, infant hips	0.62	1.62	1.62	0.13	2.37	2.37	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76886	26	A	Echo exam, infant hips	0.62	0.27	0.27	0.04	0.93	0.93	XXX
76930		A	Echo guide for heart sac tap	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76932		A	Echo guide for heart biopsy	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76934		A	Echo guide for chest tap	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76934	26	A	Echo guide for chest tap	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76936		A	Echo guide for artery repair	1.99	7.24	7.24	0.48	9.71	9.71	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.00	6.00	0.38	6.38	6.38	XXX
76936	26	A	Echo guide for artery repair	1.99	1.24	1.24	0.10	3.33	3.33	XXX
76938		A	Echo exam for drainage	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76938	TC	A	Echo exam for drainage	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76938	26	A	Echo exam for drainage	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76941		A	Echo guide for transfusion	1.34	2.07	2.07	0.19	3.60	3.60	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.46	1.46	0.09	1.55	1.55	XXX
76941	26	A	Echo guide for transfusion	1.34	0.61	0.61	0.10	2.05	2.05	XXX
76942		A	Echo guide for biopsy	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76942	26	A	Echo guide for biopsy	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76945		A	Echo guide, villus sampling	0.67	2.07	2.07	0.19	2.93	2.93	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.46	1.46	0.09	1.55	1.55	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.61	0.10	1.38	1.38	XXX
76946		A	Echo guide for amniocentesis	0.38	1.62	1.62	0.13	2.13	2.13	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76948		A	Echo guide, ova aspiration	0.38	1.62	1.62	0.13	2.13	2.13	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.17	0.03	0.58	0.58	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76950	.....	A	Echo guidance radiotherapy	0.58	1.51	1.51	0.12	2.21	2.21	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76960	.....	A	Echo guidance radiotherapy	0.58	1.51	1.51	0.12	2.21	2.21	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	6.78	6.78	0.52	8.64	8.64	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.31	5.31	0.33	5.64	5.64	XXX
76965	26	A	Echo guidance radiotherapy	1.34	#1.47	#1.47	0.19	3.00	3.00	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	1.18	1.18	0.10	1.68	1.68	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.18	0.03	0.61	0.61	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.79	1.79	0.15	2.75	2.75	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.34	0.34	0.05	1.20	1.20	XXX
76986	.....	A	Echo exam at surgery	1.20	3.03	3.03	0.25	4.48	4.48	XXX
76986	TC	A	Echo exam at surgery	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76986	26	A	Echo exam at surgery	1.20	0.53	0.53	0.08	1.81	1.81	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261	.....	A	Radiation therapy planning	1.39	0.62	0.62	0.09	2.10	2.10	XXX
77262	.....	A	Radiation therapy planning	2.11	0.94	0.94	0.14	3.19	3.19	XXX
77263	.....	A	Radiation therapy planning	3.14	1.40	1.40	0.20	4.74	4.74	XXX
77280	.....	A	Set radiation therapy field	0.70	3.63	3.63	0.26	4.59	4.59	XXX
77280	TC	A	Set radiation therapy field	0.00	3.31	3.31	0.21	3.52	3.52	XXX
77280	26	A	Set radiation therapy field	0.70	0.32	0.32	0.05	1.07	1.07	XXX
77285	.....	A	Set radiation therapy field	1.05	5.77	5.77	0.41	7.23	7.23	XXX
77285	TC	A	Set radiation therapy field	0.00	5.31	5.31	0.34	5.65	5.65	XXX
77285	26	A	Set radiation therapy field	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77290	.....	A	Set radiation therapy field	1.56	6.90	6.90	0.50	8.96	8.96	XXX
77290	TC	A	Set radiation therapy field	0.00	6.20	6.20	0.39	6.59	6.59	XXX
77290	26	A	Set radiation therapy field	1.56	0.70	0.70	0.11	2.37	2.37	XXX
77295	.....	A	Set radiation therapy field	4.57	28.68	28.68	1.93	35.18	35.18	XXX
77295	TC	A	Set radiation therapy field	0.00	26.62	26.62	1.70	28.32	28.32	XXX
77295	26	A	Set radiation therapy field	4.57	2.06	2.06	0.23	6.86	6.86	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.56	1.56	0.12	2.30	2.30	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.28	1.28	0.08	1.36	1.36	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.28	0.28	0.04	0.94	0.94	XXX
77305	.....	A	Radiation therapy dose plan	0.70	2.09	2.09	0.17	2.96	2.96	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.77	1.77	0.12	1.89	1.89	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.32	0.32	0.05	1.07	1.07	XXX
77310	.....	A	Radiation therapy dose plan	1.05	2.68	2.68	0.22	3.95	3.95	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77315	.....	A	Radiation therapy dose plan	1.56	3.23	3.23	0.28	5.07	5.07	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.53	2.53	0.17	2.70	2.70	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.70	0.70	0.11	2.37	2.37	XXX
77321	.....	A	Radiation therapy port plan	0.95	4.28	4.28	0.30	5.53	5.53	XXX
77321	TC	A	Radiation therapy port plan	0.00	3.85	3.85	0.24	4.09	4.09	XXX
77321	26	A	Radiation therapy port plan	0.95	0.43	0.43	0.06	1.44	1.44	XXX
77326	.....	A	Radiation therapy dose plan	0.93	2.67	2.67	0.21	3.81	3.81	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.25	2.25	0.15	2.40	2.40	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.42	0.42	0.06	1.41	1.41	XXX
77327	.....	A	Radiation therapy dose plan	1.39	3.93	3.93	0.30	5.62	5.62	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.31	3.31	0.21	3.52	3.52	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.62	0.62	0.09	2.10	2.10	XXX
77328	.....	A	Radiation therapy dose plan	2.09	5.66	5.66	0.44	8.19	8.19	XXX
77328	TC	A	Radiation therapy dose plan	0.00	4.73	4.73	0.30	5.03	5.03	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.93	0.93	0.14	3.16	3.16	XXX
77331	.....	A	Special radiation dosimetry	0.87	0.87	0.87	0.09	1.83	1.83	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.48	0.48	0.03	0.51	0.51	XXX
77331	26	A	Special radiation dosimetry	0.87	0.39	0.39	0.06	1.32	1.32	XXX
77332	.....	A	Radiation treatment aid(s)	0.54	1.53	1.53	0.12	2.19	2.19	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	1.28	0.08	1.36	1.36	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.25	0.25	0.04	0.83	0.83	XXX
77333	.....	A	Radiation treatment aid(s)	0.84	2.19	2.19	0.18	3.21	3.21	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.81	1.81	0.12	1.93	1.93	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.38	0.38	0.06	1.28	1.28	XXX
77334	.....	A	Radiation treatment aid(s)	1.24	3.64	3.64	0.27	5.15	5.15	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.10	3.10	0.19	3.29	3.29	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
77334	26	A	Radiation treatment aid(s)	1.24	0.54	0.54	0.08	1.86	1.86	XXX
77336	.....	A	Radiation physics consult	0.00	2.84	2.84	0.18	3.02	3.02	XXX
77370	.....	A	Radiation physics consult	0.00	3.33	3.33	0.21	3.54	3.54	XXX
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77402	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77403	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77404	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77406	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77407	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77408	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77409	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77411	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77412	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77413	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77414	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77416	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77417	.....	A	Radiology port film(s)	0.00	0.56	0.56	0.04	0.60	0.60	XXX
77419	.....	A	Weekly radiation therapy	3.60	1.61	1.61	0.23	5.44	5.44	XXX
77420	.....	A	Weekly radiation therapy	1.61	0.72	0.72	0.11	2.44	2.44	XXX
77425	.....	A	Weekly radiation therapy	2.44	1.10	1.10	0.17	3.71	3.71	XXX
77430	.....	A	Weekly radiation therapy	3.60	1.61	1.61	0.23	5.44	5.44	XXX
77431	.....	A	Radiation therapy management	1.81	0.81	0.81	0.12	2.74	2.74	XXX
77432	.....	A	Stereotactic radiation trmt	7.93	4.94	4.94	0.40	13.27	13.27	XXX
77470	.....	A	Special radiation treatment	2.09	11.55	11.55	0.80	14.44	14.44	XXX
77470	TC	A	Special radiation treatment	0.00	10.62	10.62	0.66	11.28	11.28	XXX
77470	26	A	Special radiation treatment	2.09	0.93	0.93	0.14	3.16	3.16	XXX
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77600	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77600	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77605	.....	R	Hyperthermia treatment	2.09	4.80	4.80	0.39	7.28	7.28	ZZZ
77605	TC	R	Hyperthermia treatment	0.00	3.87	3.87	0.25	4.12	4.12	ZZZ
77605	26	R	Hyperthermia treatment	2.09	0.93	0.93	0.14	3.16	3.16	ZZZ
77610	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77610	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77610	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77615	.....	R	Hyperthermia treatment	2.09	4.80	4.80	0.39	7.28	7.28	ZZZ
77615	TC	R	Hyperthermia treatment	0.00	3.87	3.87	0.25	4.12	4.12	ZZZ
77615	26	R	Hyperthermia treatment	2.09	0.93	0.93	0.14	3.16	3.16	ZZZ
77620	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77620	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77620	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77750	.....	A	Infuse radioactive materials	*4.91	3.32	3.32	0.38	8.61	8.61	090
77750	TC	A	Infuse radioactive materials	0.00	1.27	1.27	0.08	1.35	1.35	090
77750	26	A	Infuse radioactive materials	*4.91	2.05	2.05	0.30	7.26	7.26	090
77761	.....	A	Radioelement application	*3.81	3.98	3.98	0.39	8.18	8.18	090
77761	TC	A	Radioelement application	0.00	2.39	2.39	0.16	2.55	2.55	090
77761	26	A	Radioelement application	*3.81	1.59	1.59	0.23	5.63	5.63	090
77762	.....	A	Radioelement application	*5.72	5.83	5.83	0.57	12.12	12.12	090
77762	TC	A	Radioelement application	0.00	3.44	3.44	0.22	3.66	3.66	090
77762	26	A	Radioelement application	*5.72	2.39	2.39	0.35	8.46	8.46	090
77763	.....	A	Radioelement application	*8.57	7.86	7.86	0.77	17.20	17.20	090
77763	TC	A	Radioelement application	0.00	4.28	4.28	0.27	4.55	4.55	090
77763	26	A	Radioelement application	*8.57	3.58	3.58	0.50	12.65	12.65	090
77776	.....	A	Radioelement application	4.66	4.16	4.16	0.45	9.27	9.27	XXX
77776	TC	A	Radioelement application	0.00	2.07	2.07	0.14	2.21	2.21	XXX
77776	26	A	Radioelement application	4.66	2.09	2.09	0.31	7.06	7.06	XXX
77777	.....	A	Radioelement application	*7.48	7.17	7.17	0.71	15.36	15.36	090
77777	TC	A	Radioelement application	0.00	4.04	4.04	0.26	4.30	4.30	090
77777	26	A	Radioelement application	*7.48	3.13	3.13	0.45	11.06	11.06	090
77778	.....	A	Radioelement application	*11.19	9.58	9.58	0.98	21.75	21.75	090
77778	TC	A	Radioelement application	0.00	4.89	4.89	0.31	5.20	5.20	090
77778	26	A	Radioelement application	*11.19	4.69	4.69	0.67	16.55	16.55	090
77781	.....	A	High intensity brachytherapy	*1.66	20.04	20.04	1.32	23.02	23.02	090
77781	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77781	26	A	High intensity brachytherapy	*1.66	0.69	0.69	0.11	2.46	2.46	090
77782	.....	A	High intensity brachytherapy	*2.49	20.40	20.40	1.37	24.26	24.26	090
77782	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77782	26	A	High intensity brachytherapy	*2.49	1.05	1.05	0.16	3.70	3.70	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
77783	.....	A	High intensity brachytherapy	*3.73	20.90	20.90	1.44	26.07	26.07	090
77783	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77783	26	A	High intensity brachytherapy	*3.73	1.55	1.55	0.23	5.51	5.51	090
77784	.....	A	High intensity brachytherapy	*5.61	21.69	21.69	1.56	28.86	28.86	090
77784	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77784	26	A	High intensity brachytherapy	*5.61	2.34	2.34	0.35	8.30	8.30	090
77789	.....	A	Radioelement application	*1.12	0.89	0.89	0.10	2.11	2.11	090
77789	TC	A	Radioelement application	0.00	0.43	0.43	0.03	0.46	0.46	090
77789	26	A	Radioelement application	*1.12	0.46	0.46	0.07	1.65	1.65	090
77790	.....	A	Radioelement handling	1.05	0.94	0.94	0.10	2.09	2.09	XXX
77790	TC	A	Radioelement handling	0.00	0.48	0.48	0.03	0.51	0.51	XXX
77790	26	A	Radioelement handling	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000	.....	A	Thyroid, single uptake	0.19	1.01	1.01	0.07	1.27	1.27	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.92	0.92	0.06	0.98	0.98	XXX
78000	26	A	Thyroid, single uptake	0.19	0.09	0.09	0.01	0.29	0.29	XXX
78001	.....	A	Thyroid, multiple uptakes	0.26	1.36	1.36	0.10	1.72	1.72	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	1.24	0.08	1.32	1.32	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.12	0.02	0.40	0.40	XXX
78003	.....	A	Thyroid suppress/stimul	0.33	1.07	1.07	0.08	1.48	1.48	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	0.92	0.06	0.98	0.98	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.15	0.02	0.50	0.50	XXX
78006	.....	A	Thyroid, imaging with uptake	0.49	2.49	2.49	0.18	3.16	3.16	XXX
78006	TC	A	Thyroid, imaging with uptake	0.00	2.27	2.27	0.15	2.42	2.42	XXX
78006	26	A	Thyroid, imaging with uptake	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78007	.....	A	Thyroid, image, mult uptakes	0.50	2.68	2.68	0.19	3.37	3.37	XXX
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78007	26	A	Thyroid, image, mult uptakes	0.50	0.23	0.23	0.03	0.76	0.76	XXX
78010	.....	A	Thyroid imaging	0.39	1.90	1.90	0.14	2.43	2.43	XXX
78010	TC	A	Thyroid imaging	0.00	1.73	1.73	0.11	1.84	1.84	XXX
78010	26	A	Thyroid imaging	0.39	0.17	0.17	0.03	0.59	0.59	XXX
78011	.....	A	Thyroid imaging with flow	0.45	2.50	2.50	0.18	3.13	3.13	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.29	2.29	0.15	2.44	2.44	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.21	0.21	0.03	0.69	0.69	XXX
78015	.....	A	Thyroid met imaging	0.67	2.76	2.76	0.21	3.64	3.64	XXX
78015	TC	A	Thyroid met imaging	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78015	26	A	Thyroid met imaging	0.67	0.31	0.31	0.05	1.03	1.03	XXX
78016	.....	A	Thyroid met imaging/studies	0.82	3.70	3.70	0.27	4.79	4.79	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.32	3.32	0.21	3.53	3.53	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.38	0.38	0.06	1.26	1.26	XXX
78017	.....	A	Thyroid met imaging, mult	0.87	3.94	3.94	0.28	5.09	5.09	XXX
78017	TC	A	Thyroid met imaging, mult	0.00	3.55	3.55	0.22	3.77	3.77	XXX
78017	26	A	Thyroid met imaging, mult	0.87	0.39	0.39	0.06	1.32	1.32	XXX
78018	.....	A	Thyroid, met imaging, body	0.95	5.60	5.60	0.39	6.94	6.94	XXX
78018	TC	A	Thyroid, met imaging, body	0.00	5.17	5.17	0.33	5.50	5.50	XXX
78018	26	A	Thyroid, met imaging, body	0.95	0.43	0.43	0.06	1.44	1.44	XXX
78070	.....	A	Parathyroid nuclear imaging	0.82	1.96	1.96	0.15	2.93	2.93	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	1.73	0.11	1.84	1.84	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.23	0.04	1.09	1.09	XXX
78075	.....	A	Adrenal nuclear imaging	0.74	5.51	5.51	0.38	6.63	6.63	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.17	5.17	0.33	5.50	5.50	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102	.....	A	Bone marrow imaging, ltd	0.55	2.19	2.19	0.17	2.91	2.91	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	1.94	0.13	2.07	2.07	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.25	0.25	0.04	0.84	0.84	XXX
78103	.....	A	Bone marrow imaging, mult	0.75	3.36	3.36	0.24	4.35	4.35	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.02	3.02	0.19	3.21	3.21	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.34	0.34	0.05	1.14	1.14	XXX
78104	.....	A	Bone marrow imaging, body	0.80	4.25	4.25	0.30	5.35	5.35	XXX
78104	TC	A	Bone marrow imaging, body	0.00	3.88	3.88	0.25	4.13	4.13	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.37	0.37	0.05	1.22	1.22	XXX
78110	.....	A	Plasma volume, single	0.19	0.99	0.99	0.07	1.25	1.25	XXX
78110	TC	A	Plasma volume, single	0.00	0.90	0.90	0.06	0.96	0.96	XXX
78110	26	A	Plasma volume, single	0.19	0.09	0.09	0.01	0.29	0.29	XXX
78111	.....	A	Plasma volume, multiple	0.22	2.55	2.55	0.18	2.95	2.95	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78111	26	A	Plasma volume, multiple	0.22	0.10	0.10	0.02	0.34	0.34	XXX
78120	.....	A	Red cell mass, single	0.23	1.76	1.76	0.13	2.12	2.12	XXX
78120	TC	A	Red cell mass, single	0.00	1.65	1.65	0.11	1.76	1.76	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78120	26	A	Red cell mass, single	0.23	0.11	0.11	0.02	0.36	0.36	XXX
78121		A	Red cell mass, multiple	0.32	2.92	2.92	0.19	3.43	3.43	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.77	2.77	0.17	2.94	2.94	XXX
78121	26	A	Red cell mass, multiple	0.32	0.15	0.15	0.02	0.49	0.49	XXX
78122		A	Blood volume	0.45	4.59	4.59	0.31	5.35	5.35	XXX
78122	TC	A	Blood volume	0.00	4.39	4.39	0.28	4.67	4.67	XXX
78122	26	A	Blood volume	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78130		A	Red cell survival study	0.61	3.00	3.00	0.21	3.82	3.82	XXX
78130	TC	A	Red cell survival study	0.00	2.72	2.72	0.17	2.89	2.89	XXX
78130	26	A	Red cell survival study	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78135		A	Red cell survival kinetics	0.64	4.93	4.93	0.34	5.91	5.91	XXX
78135	TC	A	Red cell survival kinetics	0.00	4.64	4.64	0.30	4.94	4.94	XXX
78135	26	A	Red cell survival kinetics	0.64	0.29	0.29	0.04	0.97	0.97	XXX
78140		A	Red cell sequestration	0.61	4.03	4.03	0.28	4.92	4.92	XXX
78140	TC	A	Red cell sequestration	0.00	3.75	3.75	0.24	3.99	3.99	XXX
78140	26	A	Red cell sequestration	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78160		A	Plasma iron turnover	0.33	3.64	3.64	0.24	4.21	4.21	XXX
78160	TC	A	Plasma iron turnover	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78160	26	A	Plasma iron turnover	0.33	0.15	0.15	0.02	0.50	0.50	XXX
78162		A	Iron absorption exam	0.45	3.25	3.25	0.22	3.92	3.92	XXX
78162	TC	A	Iron absorption exam	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78162	26	A	Iron absorption exam	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78170		A	Red cell iron utilization	0.41	5.24	5.24	0.35	6.00	6.00	XXX
78170	TC	A	Red cell iron utilization	0.00	5.06	5.06	0.32	5.38	5.38	XXX
78170	26	A	Red cell iron utilization	0.41	0.18	0.18	0.03	0.62	0.62	XXX
78172		C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78185		A	Spleen imaging	0.40	2.43	2.43	0.18	3.01	3.01	XXX
78185	TC	A	Spleen imaging	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78185	26	A	Spleen imaging	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78190		A	Platelet survival, kinetics	1.09	5.93	5.93	0.42	7.44	7.44	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.45	5.45	0.35	5.80	5.80	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78191		A	Platelet survival	0.61	7.27	7.27	0.48	8.36	8.36	XXX
78191	TC	A	Platelet survival	0.00	6.99	6.99	0.44	7.43	7.43	XXX
78191	26	A	Platelet survival	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78195		A	Lymph system imaging	1.20	4.20	4.20	0.30	5.70	5.70	XXX
78195	TC	A	Lymph system imaging	0.00	3.88	3.88	0.25	4.13	4.13	XXX
78195	26	A	Lymph system imaging	1.20	0.32	0.32	0.05	1.57	1.57	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	2.44	2.44	0.18	3.06	3.06	XXX
78201	TC	A	Liver imaging	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78201	26	A	Liver imaging	0.44	0.19	0.19	0.03	0.66	0.66	XXX
78202		A	Liver imaging with flow	0.51	2.98	2.98	0.21	3.70	3.70	XXX
78202	TC	A	Liver imaging with flow	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78202	26	A	Liver imaging with flow	0.51	0.23	0.23	0.04	0.78	0.78	XXX
78205		A	Liver imaging (3D)	0.71	5.96	5.96	0.41	7.08	7.08	XXX
78205	TC	A	Liver imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78205	26	A	Liver imaging (3D)	0.71	0.33	0.33	0.05	1.09	1.09	XXX
78215		A	Liver and spleen imaging	0.49	3.02	3.02	0.20	3.71	3.71	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.80	2.80	0.17	2.97	2.97	XXX
78215	26	A	Liver and spleen imaging	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78216		A	Liver & spleen image, flow	0.57	3.58	3.58	0.25	4.40	4.40	XXX
78216	TC	A	Liver & spleen image, flow	0.00	3.32	3.32	0.21	3.53	3.53	XXX
78216	26	A	Liver & spleen image, flow	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78220		A	Liver function study	0.49	3.77	3.77	0.25	4.51	4.51	XXX
78220	TC	A	Liver function study	0.00	3.55	3.55	0.22	3.77	3.77	XXX
78220	26	A	Liver function study	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78223		A	Hepatobiliary imaging	0.84	3.87	3.87	0.28	4.99	4.99	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.38	0.38	0.06	1.28	1.28	XXX
78230		A	Salivary gland imaging	0.45	2.28	2.28	0.17	2.90	2.90	XXX
78230	TC	A	Salivary gland imaging	0.00	2.07	2.07	0.14	2.21	2.21	XXX
78230	26	A	Salivary gland imaging	0.45	0.21	0.21	0.03	0.69	0.69	XXX
78231		A	Serial salivary imaging	0.52	3.26	3.26	0.23	4.01	4.01	XXX
78231	TC	A	Serial salivary imaging	0.00	3.02	3.02	0.19	3.21	3.21	XXX
78231	26	A	Serial salivary imaging	0.52	0.24	0.24	0.04	0.80	0.80	XXX
78232		A	Salivary gland function exam	0.47	3.59	3.59	0.24	4.30	4.30	XXX
78232	TC	A	Salivary gland function exam	0.00	3.37	3.37	0.21	3.58	3.58	XXX
78232	26	A	Salivary gland function exam	0.47	0.22	0.22	0.03	0.72	0.72	XXX
78258		A	Esophageal motility study	0.74	3.09	3.09	0.22	4.05	4.05	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78258	TC	A	Esophageal motility study	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78258	26	A	Esophageal motility study	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78261		A	Gastric mucosa imaging	0.69	4.23	4.23	0.30	5.22	5.22	XXX
78261	TC	A	Gastric mucosa imaging	0.00	3.91	3.91	0.25	4.16	4.16	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.32	0.32	0.05	1.06	1.06	XXX
78262		A	Gastroesophageal reflux exam	0.68	4.36	4.36	0.31	5.35	5.35	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.05	4.05	0.26	4.31	4.31	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78264		A	Gastric emptying study	0.78	4.29	4.29	0.30	5.37	5.37	XXX
78264	TC	A	Gastric emptying study	0.00	3.93	3.93	0.25	4.18	4.18	XXX
78264	26	A	Gastric emptying study	0.78	0.36	0.36	0.05	1.19	1.19	XXX
78270		A	Vit B–12 absorption exam	0.20	1.57	1.57	0.11	1.88	1.88	XXX
78270	TC	A	Vit B–12 absorption exam	0.00	1.47	1.47	0.10	1.57	1.57	XXX
78270	26	A	Vit B–12 absorption exam	0.20	0.10	0.10	0.01	0.31	0.31	XXX
78271		A	Vit B–12 absorp exam, IF	0.20	1.67	1.67	0.11	1.98	1.98	XXX
78271	TC	A	Vit B–12 absorp exam, IF	0.00	1.57	1.57	0.10	1.67	1.67	XXX
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.10	0.10	0.01	0.31	0.31	XXX
78272		A	Vit B–12 absorp, combined	0.27	2.34	2.34	0.17	2.78	2.78	XXX
78272	TC	A	Vit B–12 absorp, combined	0.00	2.21	2.21	0.15	2.36	2.36	XXX
78272	26	A	Vit B–12 absorp, combined	0.27	0.13	0.13	0.02	0.42	0.42	XXX
78278		A	Acute GI blood loss imaging	0.99	5.09	5.09	0.37	6.45	6.45	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	4.64	4.64	0.30	4.94	4.94	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.45	0.45	0.07	1.51	1.51	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.17	0.17	0.03	0.58	0.58	XXX
78290		A	Meckel's divert exam	0.68	3.21	3.21	0.23	4.12	4.12	XXX
78290	TC	A	Meckel's divert exam	0.00	2.90	2.90	0.18	3.08	3.08	XXX
78290	26	A	Meckel's divert exam	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78291		A	Leveen/shunt patency exam	0.88	3.31	3.31	0.24	4.43	4.43	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	2.92	2.92	0.18	3.10	3.10	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.39	0.39	0.06	1.33	1.33	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	2.66	2.66	0.20	3.48	3.48	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.37	2.37	0.16	2.53	2.53	XXX
78300	26	A	Bone imaging, limited area	0.62	0.29	0.29	0.04	0.95	0.95	XXX
78305		A	Bone imaging, multiple areas	0.83	3.87	3.87	0.28	4.98	4.98	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.38	0.38	0.06	1.27	1.27	XXX
78306		A	Bone imaging, whole body	0.86	4.46	4.46	0.32	5.64	5.64	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.07	4.07	0.26	4.33	4.33	XXX
78306	26	A	Bone imaging, whole body	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78315		A	Bone imaging, 3 phase	1.02	5.00	5.00	0.36	6.38	6.38	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.55	4.55	0.29	4.84	4.84	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.45	0.45	0.07	1.54	1.54	XXX
78320		A	Bone imaging (3D)	1.04	6.09	6.09	0.43	7.56	7.56	XXX
78320	TC	A	Bone imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78320	26	A	Bone imaging (3D)	1.04	0.46	0.46	0.07	1.57	1.57	XXX
78350		A	Bone mineral, single photon	0.22	0.82	0.82	0.07	1.11	1.11	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.72	0.72	0.05	0.77	0.77	XXX
78350	26	A	Bone mineral, single photon	0.22	0.10	0.10	0.02	0.34	0.34	XXX
78351		N	Bone mineral, dual photon	+0.30	0.19	0.19	0.02	0.51	0.51	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78428		A	Cardiac shunt imaging	0.78	2.51	2.51	0.19	3.48	3.48	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.15	2.15	0.14	2.29	2.29	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.36	0.36	0.05	1.19	1.19	XXX
78445		A	Vascular flow imaging	0.49	2.01	2.01	0.15	2.65	2.65	XXX
78445	TC	A	Vascular flow imaging	0.00	1.77	1.77	0.11	1.88	1.88	XXX
78445	26	A	Vascular flow imaging	0.49	0.24	0.24	0.04	0.77	0.77	XXX
78455		A	Venous thrombosis study	0.73	4.13	4.13	0.29	5.15	5.15	XXX
78455	TC	A	Venous thrombosis study	0.00	3.80	3.80	0.24	4.04	4.04	XXX
78455	26	A	Venous thrombosis study	0.73	0.33	0.33	0.05	1.11	1.11	XXX
78457		A	Venous thrombosis imaging	0.77	2.88	2.88	0.22	3.87	3.87	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.53	2.53	0.17	2.70	2.70	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.35	0.35	0.05	1.17	1.17	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.23	4.23	0.30	5.43	5.43	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	3.83	3.83	0.24	4.07	4.07	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78458	26	A	Ven thrombosis images, bilat	0.90	0.40	0.40	0.06	1.36	1.36	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	1.34	1.34	0.10	3.32	3.32	XXX
78460		A	Heart muscle blood single	0.86	2.64	2.64	0.21	3.71	3.71	XXX
78460	TC	A	Heart muscle blood single	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78460	26	A	Heart muscle blood single	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78461		A	Heart muscle blood multiple	1.23	5.04	5.04	0.37	6.64	6.64	XXX
78461	TC	A	Heart muscle blood multiple	0.00	4.50	4.50	0.29	4.79	4.79	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.54	0.54	0.08	1.85	1.85	XXX
78464		A	Heart image (3D) single	1.09	7.22	7.22	0.50	8.81	8.81	XXX
78464	TC	A	Heart image (3D) single	0.00	6.74	6.74	0.43	7.17	7.17	XXX
78464	26	A	Heart image (3D) single	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78465		A	Heart image (3D) multiple	1.46	11.89	11.89	0.80	14.15	14.15	XXX
78465	TC	A	Heart image (3D) multiple	0.00	11.24	11.24	0.70	11.94	11.94	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.65	0.10	2.21	2.21	XXX
78466		A	Heart infarct image	0.69	2.82	2.82	0.22	3.73	3.73	XXX
78466	TC	A	Heart infarct image	0.00	2.50	2.50	0.17	2.67	2.67	XXX
78466	26	A	Heart infarct image	0.69	0.32	0.32	0.05	1.06	1.06	XXX
78468		A	Heart infarct image, EF	0.80	3.85	3.85	0.27	4.92	4.92	XXX
78468	TC	A	Heart infarct image, EF	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78468	26	A	Heart infarct image, EF	0.80	0.36	0.36	0.05	1.21	1.21	XXX
78469		A	Heart infarct image (3D)	0.92	5.39	5.39	0.38	6.69	6.69	XXX
78469	TC	A	Heart infarct image (3D)	0.00	4.98	4.98	0.32	5.30	5.30	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.41	0.06	1.39	1.39	XXX
78472		A	Gated heart, resting	0.98	5.69	5.69	0.41	7.08	7.08	XXX
78472	TC	A	Gated heart, resting	0.00	5.25	5.25	0.34	5.59	5.59	XXX
78472	26	A	Gated heart, resting	0.98	0.44	0.44	0.07	1.49	1.49	XXX
78473		A	Gated heart, multiple	1.47	8.52	8.52	0.59	10.58	10.58	XXX
78473	TC	A	Gated heart, multiple	0.00	7.87	7.87	0.49	8.36	8.36	XXX
78473	26	A	Gated heart, multiple	1.47	0.65	0.65	0.10	2.22	2.22	XXX
78478		A	Heart wall motion (add-on)	0.62	1.76	1.76	0.14	2.52	2.52	XXX
78478	TC	A	Heart wall motion (add-on)	0.00	1.48	1.48	0.10	1.58	1.58	XXX
78478	26	A	Heart wall motion (add-on)	0.62	0.28	0.28	0.04	0.94	0.94	XXX
78480		A	Heart function, (add-on)	0.62	1.76	1.76	0.14	2.52	2.52	XXX
78480	TC	A	Heart function, (add-on)	0.00	1.48	1.48	0.10	1.58	1.58	XXX
78480	26	A	Heart function, (add-on)	0.62	0.28	0.28	0.04	0.94	0.94	XXX
78481		A	Heart first pass single	0.98	5.42	5.42	0.39	6.79	6.79	XXX
78481	TC	A	Heart first pass single	0.00	4.98	4.98	0.32	5.30	5.30	XXX
78481	26	A	Heart first pass single	0.98	0.44	0.44	0.07	1.49	1.49	XXX
78483		A	Heart first pass multiple	1.47	8.15	8.15	0.57	10.19	10.19	XXX
78483	TC	A	Heart first pass multiple	0.00	7.50	7.50	0.47	7.97	7.97	XXX
78483	26	A	Heart first pass multiple	1.47	0.65	0.65	0.10	2.22	2.22	XXX
78491		I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	TC	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet) single	+1.50	1.34	1.34	0.10	2.94	2.94	XXX
78492		I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	TC	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet) multiple	+1.87	1.34	1.34	0.10	3.31	3.31	XXX
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	3.61	3.61	0.26	4.61	4.61	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.27	3.27	0.21	3.48	3.48	XXX
78580	26	A	Lung perfusion imaging	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78584		A	Lung V/Q image single breath	0.99	3.50	3.50	0.26	4.75	4.75	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.45	0.45	0.07	1.51	1.51	XXX
78585		A	Lung V/Q imaging	1.09	5.85	5.85	0.41	7.35	7.35	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.37	5.37	0.34	5.71	5.71	XXX
78585	26	A	Lung V/Q imaging	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78586		A	Aerosol lung image, single	0.40	2.65	2.65	0.19	3.24	3.24	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.47	2.47	0.16	2.63	2.63	XXX
78586	26	A	Aerosol lung image, single	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78587		A	Aerosol lung image, multiple	0.49	2.89	2.89	0.20	3.58	3.58	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.67	2.67	0.17	2.84	2.84	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	2.90	2.90	0.20	3.50	3.50	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.72	2.72	0.17	2.89	2.89	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78593		A	Vent image, 1 proj, gas	0.49	3.51	3.51	0.24	4.24	4.24	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.29	3.29	0.21	3.50	3.50	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78594		A	Vent image, mult proj, gas	0.53	5.00	5.00	0.34	5.87	5.87	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78594	TC	A	Vent image, mult proj, gas	0.00	4.75	4.75	0.30	5.05	5.05	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78596		A	Lung differential function	1.27	7.30	7.30	0.52	9.09	9.09	XXX
78596	TC	A	Lung differential function	0.00	6.74	6.74	0.43	7.17	7.17	XXX
78596	26	A	Lung differential function	1.27	0.56	0.56	0.09	1.92	1.92	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600		A	Brain imaging, ltd static	0.44	2.95	2.95	0.20	3.59	3.59	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.20	0.03	0.67	0.67	XXX
78601		A	Brain ltd imaging & flow	0.51	3.48	3.48	0.24	4.23	4.23	XXX
78601	TC	A	Brain ltd imaging & flow	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78601	26	A	Brain ltd imaging & flow	0.51	0.24	0.24	0.04	0.79	0.79	XXX
78605		A	Brain imaging, complete	0.53	3.49	3.49	0.24	4.26	4.26	XXX
78605	TC	A	Brain imaging, complete	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78605	26	A	Brain imaging, complete	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78606		A	Brain imaging comp & flow	0.64	3.98	3.98	0.27	4.89	4.89	XXX
78606	TC	A	Brain imaging comp & flow	0.00	3.69	3.69	0.23	3.92	3.92	XXX
78606	26	A	Brain imaging comp & flow	0.64	0.29	0.29	0.04	0.97	0.97	XXX
78607		A	Brain imaging (3D)	1.23	6.79	6.79	0.47	8.49	8.49	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78607	26	A	Brain imaging (3D)	1.23	0.54	0.54	0.08	1.85	1.85	XXX
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610		A	Brain flow imaging only	0.30	1.64	1.64	0.12	2.06	2.06	XXX
78610	TC	A	Brain flow imaging only	0.00	1.50	1.50	0.10	1.60	1.60	XXX
78610	26	A	Brain flow imaging only	0.30	0.14	0.14	0.02	0.46	0.46	XXX
78615		A	Cerebral blood flow imaging	0.42	3.86	3.86	0.26	4.54	4.54	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	3.67	3.67	0.23	3.90	3.90	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.19	0.03	0.64	0.64	XXX
78630		A	Cerebrospinal fluid scan	0.68	5.11	5.11	0.36	6.15	6.15	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	4.80	4.80	0.31	5.11	5.11	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78635		A	CSF ventriculography	0.61	2.70	2.70	0.20	3.51	3.51	XXX
78635	TC	A	CSF ventriculography	0.00	2.42	2.42	0.16	2.58	2.58	XXX
78635	26	A	CSF ventriculography	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78645		A	CSF shunt evaluation	0.57	3.53	3.53	0.25	4.35	4.35	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.27	3.27	0.21	3.48	3.48	XXX
78645	26	A	CSF shunt evaluation	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78647		A	Cerebrospinal fluid scan	0.90	6.04	6.04	0.42	7.36	7.36	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.41	0.41	0.06	1.37	1.37	XXX
78650		A	CSF leakage imaging	0.61	4.70	4.70	0.32	5.63	5.63	XXX
78650	TC	A	CSF leakage imaging	0.00	4.42	4.42	0.28	4.70	4.70	XXX
78650	26	A	CSF leakage imaging	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78660		A	Nuclear exam of tear flow	0.53	2.27	2.27	0.17	2.97	2.97	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.02	2.02	0.13	2.15	2.15	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, static	0.45	3.10	3.10	0.21	3.76	3.76	XXX
78700	TC	A	Kidney imaging, static	0.00	2.90	2.90	0.18	3.08	3.08	XXX
78700	26	A	Kidney imaging, static	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78701		A	Kidney imaging with flow	0.49	3.61	3.61	0.24	4.34	4.34	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.39	3.39	0.21	3.60	3.60	XXX
78701	26	A	Kidney imaging with flow	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78704		A	Imaging renogram	0.74	4.11	4.11	0.29	5.14	5.14	XXX
78704	TC	A	Imaging renogram	0.00	3.77	3.77	0.24	4.01	4.01	XXX
78704	26	A	Imaging renogram	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78707		A	Kidney flow & function image	0.96	4.68	4.68	0.33	5.97	5.97	XXX
78707	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78707	26	A	Kidney flow & function image	0.96	0.42	0.42	0.06	1.44	1.44	XXX
78708		A	Kidney flow & function image	1.21	4.68	4.68	0.33	6.22	6.22	XXX
78708	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78708	26	A	Kidney flow & function image	1.21	0.42	0.42	0.06	1.69	1.69	XXX
78709		A	Kidney flow & function image	1.41	4.68	4.68	0.33	6.42	6.42	XXX
78709	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78709	26	A	Kidney flow & function image	1.41	0.42	0.42	0.06	1.89	1.89	XXX
78710		A	Kidney imaging (3D)	0.66	5.93	5.93	0.41	7.00	7.00	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.30	0.30	0.05	1.01	1.01	XXX
78715		A	Renal vascular flow exam	0.30	1.64	1.64	0.12	2.06	2.06	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78715	TC	A	Renal vascular flow exam	0.00	1.50	1.50	0.10	1.60	1.60	XXX
78715	26	A	Renal vascular flow exam	0.30	0.14	0.14	0.02	0.46	0.46	XXX
78725		A	Kidney function study	0.38	1.87	1.87	0.14	2.39	2.39	XXX
78725	TC	A	Kidney function study	0.00	1.70	1.70	0.11	1.81	1.81	XXX
78725	26	A	Kidney function study	0.38	0.17	0.17	0.03	0.58	0.58	XXX
78726		D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78726	TC	D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78726	26	D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727		D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727	TC	D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727	26	D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78730		A	Urinary bladder retention	0.36	1.55	1.55	0.11	2.02	2.02	XXX
78730	TC	A	Urinary bladder retention	0.00	1.39	1.39	0.09	1.48	1.48	XXX
78730	26	A	Urinary bladder retention	0.36	0.16	0.16	0.02	0.54	0.54	XXX
78740		A	Ureteral reflux study	0.57	2.28	2.28	0.17	3.02	3.02	XXX
78740	TC	A	Ureteral reflux study	0.00	2.02	2.02	0.13	2.15	2.15	XXX
78740	26	A	Ureteral reflux study	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78760		A	Testicular imaging	0.66	2.85	2.85	0.21	3.72	3.72	XXX
78760	TC	A	Testicular imaging	0.00	2.55	2.55	0.17	2.72	2.72	XXX
78760	26	A	Testicular imaging	0.66	0.30	0.30	0.04	1.00	1.00	XXX
78761		A	Testicular imaging & flow	0.71	3.38	3.38	0.24	4.33	4.33	XXX
78761	TC	A	Testicular imaging & flow	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78761	26	A	Testicular imaging & flow	0.71	0.33	0.33	0.05	1.09	1.09	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.54	3.54	0.24	4.44	4.44	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.30	0.04	1.00	1.00	XXX
78801		A	Tumor imaging, mult areas	0.79	4.39	4.39	0.31	5.49	5.49	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.03	4.03	0.26	4.29	4.29	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.36	0.36	0.05	1.20	1.20	XXX
78802		A	Tumor imaging, whole body	0.86	5.66	5.66	0.40	6.92	6.92	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.27	5.27	0.34	5.61	5.61	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78803		A	Tumor imaging (3D)	1.09	6.73	6.73	0.46	8.28	8.28	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78805		A	Abscess imaging, ltd area	0.73	3.57	3.57	0.25	4.55	4.55	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.33	0.33	0.05	1.11	1.11	XXX
78806		A	Abscess imaging, whole body	0.86	6.51	6.51	0.45	7.82	7.82	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.13	6.13	0.39	6.52	6.52	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.38	0.38	0.06	1.30	1.30	XXX
78807		A	Nuclear localization/abscess	1.09	6.73	6.73	0.46	8.28	8.28	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	1.37	1.37	0.10	3.40	3.40	XXX
78890		B	Nuclear medicine data proc	+0.05	1.26	1.26	0.08	1.39	1.39	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.24	1.24	0.08	1.32	1.32	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.00	0.07	0.07	XXX
78891		B	Nuclear med data proc	+0.10	2.55	2.55	0.18	2.83	2.83	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.50	2.50	0.17	2.67	2.67	XXX
78891	26	B	Nuclear med data proc	+0.10	0.05	0.05	0.01	0.16	0.16	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000		A	Intial hyperthyroid therapy	1.80	3.31	3.31	0.29	5.40	5.40	XXX
79000	TC	A	Intial hyperthyroid therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79000	26	A	Intial hyperthyroid therapy	1.80	0.81	0.81	0.12	2.73	2.73	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.70	1.70	0.15	2.90	2.90	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.46	0.46	0.07	1.58	1.58	XXX
79020		A	Thyroid ablation	1.81	3.31	3.31	0.29	5.41	5.41	XXX
79020	TC	A	Thyroid ablation	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79020	26	A	Thyroid ablation	1.81	0.81	0.81	0.12	2.74	2.74	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.44	3.44	0.31	5.85	5.85	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.94	0.94	0.14	3.18	3.18	XXX
79035		A	Thyroid metastatic therapy	2.52	3.63	3.63	0.34	6.49	6.49	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
79035	26	A	Thyroid metastatic therapy	2.52	1.13	1.13	0.17	3.82	3.82	XXX
79100		A	Hematopoetic nuclear therapy	1.32	3.08	3.08	0.26	4.66	4.66	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.58	0.58	0.09	1.99	1.99	XXX
79200		A	Intracavitary nuc treatment	1.99	3.39	3.39	0.31	5.69	5.69	XXX
79200	TC	A	Intracavitary nuc treatment	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79200	26	A	Intracavitary nuc treatment	1.99	0.89	0.89	0.14	3.02	3.02	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.71	0.71	0.11	2.42	2.42	XXX
79400		A	Nonhemato nuclear therapy	1.96	3.37	3.37	0.30	5.63	5.63	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.87	0.87	0.13	2.96	2.96	XXX
79420		C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuc therapy	1.51	0.67	0.67	0.10	2.28	2.28	XXX
79440		A	Nuclear joint therapy	1.99	3.39	3.39	0.31	5.69	5.69	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79440	26	A	Nuclear joint therapy	1.99	0.89	0.89	0.14	3.02	3.02	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80002		D	1–2 clinical chem tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80003		D	3 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80004		D	124 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80005		D	5 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80006		D	6 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80007		D	7 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80008		D	8 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80009		D	129 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80010		D	110 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80011		D	11 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80012		D	12 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80016		D	13–16 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80018		D	112/317–18 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80019		D	12/31/9719 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049		X	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050		N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051		X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054		X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055		I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058		X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059		X	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061		X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091		X	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092		X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156		X	Assay carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162		X	Assay for digoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170		X	Gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172		X	Assay for gold	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176		X	Assay for lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178		X	Assay for lithium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182		X	Assay for nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184		X	Assay for phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185		X	Assay for phenytoin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186		X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188		X	Assay for primidone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
80192		X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194		X	Assay for quinidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196		X	Assay for salicylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay for tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay for theophylline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay for tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay for topiramate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay for vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.20	0.20	0.01	0.58	0.58	XXX
80502		A	Lab pathology consultation	1.33	0.33	0.33	0.02	1.68	1.68	XXX
81000		X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005		X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000		X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003		X	Assay acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010		X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024		X	ACTH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030		X	ADP & AMP	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040		X	Assay serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042		X	Assay urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay, aluminum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Test for amino acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82130		X	Amino acids analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Androsterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82250		X	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82251		X	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270		X	Test feces for blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300		X	Assay cadmium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310		X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330		X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340		X	Assay calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370		X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374		X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375		X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380		X	Assay carotene	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382		X	Assay urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383		X	Assay blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384		X	Assay three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387		X	Cathepsin-D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390		X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415		X	Assay chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435		X	Assay blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436		X	Assay urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438		X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465		X	Assay serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480		X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482		X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485		X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromotography, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay chromium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay citrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay for cocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay copper	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay creatine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay CK (CPK)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay CPK in blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B–12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B–12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670		X	Estradiol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Estriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Estrone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids, feces, quantitati	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Folic acid, RBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	RBC galactokinase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay galactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947		X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950		X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951		X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952		X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955		X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960		X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965		X	Assay GDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979		X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985		X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003		X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
83008	.....	X	Assay guanosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010	.....	X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012	.....	X	Assay haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83019	.....	X	Breath isotope test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	.....	X	Assay hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Assay hemoglobin	0.37	0.20	0.20	0.01	0.58	0.58	XXX
83026	.....	X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030	.....	X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033	.....	X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051	.....	X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065	.....	X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069	.....	X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070	.....	X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071	.....	X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088	.....	X	Assay histamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150	.....	X	Assay for HVA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497	.....	X	Assay 5-HIAA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500	.....	X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505	.....	X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516	.....	X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519	.....	X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528	.....	X	Assay intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540	.....	X	Assay iron	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570	.....	X	Assay IDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582	.....	X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586	.....	X	Assay 17-(17-KS)ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593	.....	X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605	.....	X	Lactic acid assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615	.....	X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625	.....	X	Assay LDH enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632	.....	X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633	.....	X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634	.....	X	Assay urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655	.....	X	Assay for lead	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661	.....	X	Assay L/S ratio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662	.....	X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670	.....	X	Assay LAP enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83717	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727	.....	X	LRH hormone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873	.....	X	Assay, CSF protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
83883		X	Nephelometry, not specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885		X	Assay for nickel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887		X	Assay nicotine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912		X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.20	0.20	0.01	0.58	0.58	XXX
83915		X	Assay nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918		X	Assay organic acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925		X	Opiates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930		X	Assay blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935		X	Assay urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937		X	Assay for osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945		X	Assay oxalate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986		X	Assay body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992		X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030		X	Assay blood PKU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035		X	Assay phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085		X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100		X	Assay phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105		X	Assay urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110		X	Assay porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120		X	Assay urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126		X	Assay feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127		X	Porphyrins, feces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132		X	Assay serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133		X	Assay urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134		X	Prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153		X	Prostate specific antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155		X	Assay protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay serum proteins	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84181		X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207		X	Assay vitamin B–6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228		X	Assay quinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244		X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252		X	Assay vitamin B–2	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
84255		X	Assay selenium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270		X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285		X	Assay silica	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305		X	Somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307		X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402		X	Testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425		X	Assay vitamin B–1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442		X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445		X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446		X	Assay vitamin E	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466		X	Transferrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479		X	Assay thyroid (t–3 or t–4)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480		X	Assay triiodothyronine (t–3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481		X	Free assay (FT–3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482		X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484		X	Troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490		X	Assay feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510		X	Assay tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512		X	Troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520		X	Assay urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540		X	Assay urine urea-N	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550		X	Assay blood uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560		X	Assay urine uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577		X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585		X	Assay urine VMA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586		X	VIP assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588		X	Assay vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590		X	Assay vitamin-A	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597		X	Assay vitamin-K	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600		X	Assay for volatiles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630		X	Assay zinc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681		X	Assay C-peptide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85029		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85030		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031		X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060		A	Blood smear interpretation	0.45	0.22	0.22	0.02	0.69	0.69	XXX
85095		A	Bone marrow aspiration	1.08	0.67	0.67	0.05	1.80	1.80	XXX
85097		A	Bone marrow interpretation	0.94	0.48	0.48	0.04	1.46	1.46	XXX
85102		A	Bone marrow biopsy	1.37	0.80	0.80	0.05	2.22	2.22	XXX
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390		X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysins screen	0.37	0.20	0.20	0.01	0.58	0.58	XXX
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441		X	Heinz bodies; direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445		X	Heinz bodies; induced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475		X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520		X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525		X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549		X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.20	0.20	0.01	0.58	0.58	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590		X	Platelet manual count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635		X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651		X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652		X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060		X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063		X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077		A	Physician blood bank service	0.94	0.30	0.30	0.02	1.26	1.26	XXX
86078		A	Physician blood bank service	0.94	0.34	0.34	0.02	1.30	1.30	XXX
86079		A	Physician blood bank service	0.94	0.33	0.33	0.02	1.29	1.29	XXX
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148		X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225		X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243		X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86287		D	12/Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86289		D	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86290		D	12/Hepatitis BC antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86291		D	Hepatitis BS antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86293		D	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86295		D	12/Hepatitis Be antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86296		D	Hepatitis A antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86299		D	Hepatitis A antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86302		D	Hepatitis C antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86303		D	Hepatitis C antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86306		D	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86311		D	12/31/97HIV antigen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86313		D	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86315		D	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86325	.....	X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86327	.....	X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.20	0.20	0.01	0.63	0.63	XXX
86329	.....	X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86337	.....	X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360	.....	X	T cell absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361	.....	X	T cell absolute count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	0.28	0.02	0.30	0.30	XXX
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.30	0.02	0.32	0.32	XXX
86580	.....	A	TB intradermal test	0.00	0.24	0.24	0.02	0.26	0.26	XXX
86585	.....	A	TB tine test	0.00	0.19	0.19	0.01	0.20	0.20	XXX
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588	.....	X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603	.....	X	Adenovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609	.....	X	Bacterium, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612	.....	X	Blastomyces, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622	.....	X	Brucella, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625	.....	X	Campylobacter, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628	.....	X	Candida, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631	.....	X	Chlamydia, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632	.....	X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635	.....	X	Coccidioides, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644	.....	X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645	.....	X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658	.....	X	Enterovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665	.....	X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671	.....	X	Fungus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674	.....	X	Giardia lamblia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682	.....	X	Helminth, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687	.....	X	HTLV I	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688	.....	X	HTLV–II	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV–1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV–2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hepatitis b surface ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hepatitis be ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospira	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915		X	Bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86920	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927	.....	X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930	.....	X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931	.....	X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932	.....	X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940	.....	X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941	.....	X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945	.....	X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950	.....	X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965	.....	X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985	.....	X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999	.....	X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015	.....	X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040	.....	X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045	.....	X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060	.....	X	Nose/throat culture,bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076	.....	X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081	.....	X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086	.....	X	Urine culture, colony count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101	.....	X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102	.....	X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103	.....	X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106	.....	X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109	.....	X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110	.....	X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118	.....	X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140	.....	X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143	.....	X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87145	.....	X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155	.....	X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158	.....	X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163	.....	X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.20	0.20	0.01	0.58	0.58	XXX
87166	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175	.....	X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177	.....	X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87178	.....	D	Microbe identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87179	.....	D	Microbe identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186	.....	X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187	.....	X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190	.....	X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.20	0.20	0.01	0.58	0.58	XXX
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260		X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265		X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270		X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272		X	Cryptosporidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274		X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276		X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278		X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280		X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285		X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290		X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299		X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301		X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320		X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324		X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328		X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332		X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335		X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340		X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350		X	Hepatitis b ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380		X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385		X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390		X	HIV-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391		X	HIV-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420		X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425		X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430		X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449		X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450		X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470		X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471		X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472		X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475		X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476		X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477		X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480		X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481		X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482		X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485		X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486		X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487		X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490		X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491		X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492		X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495		X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496		X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497		X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510		X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511		X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512		X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515		X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516		X	Hepatitis b, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517		X	Hepatitis b, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520		X	Hepatitis c, rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521		X	Hepatitis c, rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522		X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525		X	Hepatitis g , dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526		X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527		X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528		X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529		X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530		X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531		X	Hhv–6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532		X	Hhv–6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
87533	.....	X	Hhv–6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534	.....	X	Hiv–1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535	.....	X	Hiv–1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536	.....	X	Hiv–1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537	.....	X	Hiv–2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538	.....	X	Hiv–2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539	.....	X	Hiv–2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540	.....	X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541	.....	X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542	.....	X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550	.....	X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551	.....	X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552	.....	X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555	.....	X	M. tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556	.....	X	M. tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557	.....	X	M. tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560	.....	X	M. avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561	.....	X	M. avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562	.....	X	M. avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580	.....	X	M. pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581	.....	X	M. pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582	.....	X	M. pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590	.....	X	N. gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591	.....	X	N. gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592	.....	X	N. gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620	.....	X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621	.....	X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622	.....	X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650	.....	X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651	.....	X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652	.....	X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797	.....	X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798	.....	X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799	.....	X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810	.....	X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850	.....	X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880	.....	X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899	.....	X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104	.....	A	Cytopathology, fluids	0.56	0.44	0.44	0.04	1.04	1.04	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.21	0.21	0.02	0.23	0.23	XXX
88104	26	A	Cytopathology, fluids	0.56	0.23	0.23	0.02	0.81	0.81	XXX
88106	.....	A	Cytopathology, fluids	0.56	0.37	0.37	0.03	0.96	0.96	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.17	0.17	0.02	0.19	0.19	XXX
88106	26	A	Cytopathology, fluids	0.56	0.20	0.20	0.01	0.77	0.77	XXX
88107	.....	A	Cytopathology, fluids	0.76	0.47	0.47	0.04	1.27	1.27	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88107	26	A	Cytopathology, fluids	0.76	0.24	0.24	0.02	1.02	1.02	XXX
88108	.....	A	Cytopath, concentrate tech	0.56	0.47	0.47	0.04	1.07	1.07	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.24	0.24	0.02	0.82	0.82	XXX
88125	.....	A	Forensic cytopathology	0.26	0.11	0.11	0.00	0.37	0.37	XXX
88125	TC	A	Forensic cytopathology	0.00	0.04	0.04	0.00	0.04	0.04	XXX
88125	26	A	Forensic cytopathology	0.26	0.07	0.07	0.00	0.33	0.33	XXX
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141	.....	A	Cytopath cerv/vag interpret	0.42	0.32	0.32	0.04	0.78	0.78	XXX
88142	.....	X	Cytopath cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
88150	.....	X	Cytopath cerv/vag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88151	.....	D	Cytopathology interpretation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88151	26	D	Cytopathology interpretation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152	.....	X	Cytopath cerv/vag auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88155	.....	X	Cytopath cerv/vag index	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88156	.....	X	Cytopath cerv/vag tbs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88157	.....	D	1TBS smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88157	26	D	1TBS smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88158	.....	X	Cytopath cerv/vag tbs auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160	.....	A	Cytopath smear, other source	0.50	0.33	0.33	0.03	0.86	0.86	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.16	0.16	0.02	0.18	0.18	XXX
88160	26	A	Cytopath smear, other source	0.50	0.17	0.17	0.01	0.68	0.68	XXX
88161	.....	A	Cytopath smear, other source	0.50	0.39	0.39	0.03	0.92	0.92	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.19	0.19	0.02	0.21	0.21	XXX
88161	26	A	Cytopath smear, other source	0.50	0.20	0.20	0.01	0.71	0.71	XXX
88162	.....	A	Cytopath smear, other source	0.76	0.79	0.79	0.05	1.60	1.60	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.38	0.38	0.02	0.40	0.40	XXX
88162	26	A	Cytopath smear, other source	0.76	0.41	0.41	0.03	1.20	1.20	XXX
88170	.....	A	Fine needle aspiration	1.27	0.99	0.99	0.09	2.35	2.35	XXX
88170	TC	A	Fine needle aspiration	0.00	0.47	0.47	0.04	0.51	0.51	XXX
88170	26	A	Fine needle aspiration	1.27	0.52	0.52	0.05	1.84	1.84	XXX
88171	.....	A	Fine needle aspiration	1.27	1.35	1.35	0.09	2.71	2.71	XXX
88171	TC	A	Fine needle aspiration	0.00	0.64	0.64	0.04	0.68	0.68	XXX
88171	26	A	Fine needle aspiration	1.27	0.71	0.71	0.05	2.03	2.03	XXX
88172	.....	A	Evaluation of smear	0.60	0.71	0.71	0.05	1.36	1.36	XXX
88172	TC	A	Evaluation of smear	0.00	0.35	0.35	0.02	0.37	0.37	XXX
88172	26	A	Evaluation of smear	0.60	0.36	0.36	0.03	0.99	0.99	XXX
88173	.....	A	Interpretation of smear	1.39	0.87	0.87	0.05	2.31	2.31	XXX
88173	TC	A	Interpretation of smear	0.00	0.42	0.42	0.02	0.44	0.44	XXX
88173	26	A	Interpretation of smear	1.39	0.45	0.45	0.03	1.87	1.87	XXX
88180	.....	A	Cell marker study	0.36	0.33	0.33	0.03	0.72	0.72	XXX
88180	TC	A	Cell marker study	0.00	0.16	0.16	0.02	0.18	0.18	XXX
88180	26	A	Cell marker study	0.36	0.17	0.17	0.01	0.54	0.54	XXX
88182	.....	A	Cell marker study	0.77	0.89	0.89	0.07	1.73	1.73	XXX
88182	TC	A	Cell marker study	0.00	0.44	0.44	0.04	0.48	0.48	XXX
88182	26	A	Cell marker study	0.77	0.45	0.45	0.03	1.25	1.25	XXX
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262	.....	X	Chromosome count: 15–20 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300	.....	A	Surg path, gross	0.08	0.20	0.20	0.01	0.29	0.29	XXX
88300	TC	A	Surg path, gross	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88300	26	A	Surg path, gross	0.08	0.10	0.10	0.01	0.19	0.19	XXX
88302	.....	A	Tissue exam by pathologist	0.13	0.40	0.40	0.04	0.57	0.57	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.17	0.17	0.02	0.32	0.32	XXX
88304	.....	A	Tissue exam by pathologist	0.22	0.57	0.57	0.04	0.83	0.83	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.33	0.02	0.35	0.35	XXX
88304	26	A	Tissue exam by pathologist	0.22	#0.24	#0.24	0.02	0.48	0.48	XXX
88305	.....	A	Tissue exam by pathologist	0.75	1.03	1.03	0.08	1.86	1.86	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.50	0.50	0.04	0.54	0.54	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.53	0.53	0.04	1.32	1.32	XXX
88307	.....	A	Tissue exam by pathologist	1.59	1.52	1.52	0.12	3.23	3.23	XXX
88307	TC	A	Tissue exam by pathologist	0.00	0.74	0.74	0.06	0.80	0.80	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.78	0.78	0.06	2.43	2.43	XXX
88309	.....	A	Tissue exam by pathologist	2.28	1.92	1.92	0.13	4.33	4.33	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
88309	TC	A	Tissue exam by pathologist	0.00	0.93	0.93	0.06	0.99	0.99	XXX
88309	26	A	Tissue exam by pathologist	2.28	0.99	0.99	0.07	3.34	3.34	XXX
88311		A	Decalcify tissue	0.24	0.21	0.21	0.01	0.46	0.46	XXX
88311	TC	A	Decalcify tissue	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88312		A	Special stains	0.54	0.26	0.26	0.01	0.81	0.81	XXX
88312	TC	A	Special stains	0.00	0.12	0.12	0.00	0.12	0.12	XXX
88312	26	A	Special stains	0.54	0.14	0.14	0.01	0.69	0.69	XXX
88313		A	Special stains	0.24	0.21	0.21	0.01	0.46	0.46	XXX
88313	TC	A	Special stains	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88313	26	A	Special stains	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88314		A	Histochemical stain	0.45	0.62	0.62	0.04	1.11	1.11	XXX
88314	TC	A	Histochemical stain	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88314	26	A	Histochemical stain	0.45	0.35	0.35	0.02	0.82	0.82	XXX
88318		A	Chemical histochemistry	0.42	0.24	0.24	0.01	0.67	0.67	XXX
88318	TC	A	Chemical histochemistry	0.00	0.12	0.12	0.00	0.12	0.12	XXX
88318	26	A	Chemical histochemistry	0.42	0.12	0.12	0.01	0.55	0.55	XXX
88319		A	Enzyme histochemistry	0.53	0.49	0.49	0.04	1.06	1.06	XXX
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88319	26	A	Enzyme histochemistry	0.53	0.26	0.26	0.02	0.81	0.81	XXX
88321		A	Microslide consultation	1.30	0.41	0.41	0.03	1.74	1.74	XXX
88323		A	Microslide consultation	1.35	0.72	0.72	0.05	2.12	2.12	XXX
88323	TC	A	Microslide consultation	0.00	0.33	0.33	0.02	0.35	0.35	XXX
88323	26	A	Microslide consultation	1.35	0.39	0.39	0.03	1.77	1.77	XXX
88325		A	Comprehensive review of data	2.22	0.47	0.47	0.04	2.73	2.73	XXX
88329		A	Pathology consult in surgery	0.67	0.37	0.37	0.03	1.07	1.07	XXX
88331		A	Pathology consult in surgery	1.19	1.10	1.10	0.08	2.37	2.37	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.54	0.04	0.58	0.58	XXX
88331	26	A	Pathology consult in surgery	1.19	0.56	0.56	0.04	1.79	1.79	XXX
88332		A	Pathology consult in surgery	0.59	0.56	0.56	0.04	1.19	1.19	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88332	26	A	Pathology consult in surgery	0.59	0.29	0.29	0.02	0.90	0.90	XXX
88342		A	Immunocytochemistry	0.85	0.64	0.64	0.04	1.53	1.53	XXX
88342	TC	A	Immunocytochemistry	0.00	0.31	0.31	0.02	0.33	0.33	XXX
88342	26	A	Immunocytochemistry	0.85	0.33	0.33	0.02	1.20	1.20	XXX
88346		A	Immunofluorescent study	0.86	0.58	0.58	0.04	1.48	1.48	XXX
88346	TC	A	Immunofluorescent study	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88346	26	A	Immunofluorescent study	0.86	0.31	0.31	0.02	1.19	1.19	XXX
88347		A	Immunofluorescent study	0.86	0.42	0.42	0.04	1.32	1.32	XXX
88347	TC	A	Immunofluorescent study	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88347	26	A	Immunofluorescent study	0.86	0.15	0.15	0.02	1.03	1.03	XXX
88348		A	Electron microscopy	1.51	2.28	2.28	0.16	3.95	3.95	XXX
88348	TC	A	Electron microscopy	0.00	1.09	1.09	0.08	1.17	1.17	XXX
88348	26	A	Electron microscopy	1.51	1.19	1.19	0.08	2.78	2.78	XXX
88349		A	Scanning electron microscopy	0.76	1.55	1.55	0.12	2.43	2.43	XXX
88349	TC	A	Scanning electron microscopy	0.00	0.76	0.76	0.06	0.82	0.82	XXX
88349	26	A	Scanning electron microscopy	0.76	0.79	0.79	0.06	1.61	1.61	XXX
88355		A	Analysis, skeletal muscle	1.85	1.74	1.74	0.13	3.72	3.72	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	0.82	0.82	0.06	0.88	0.88	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.92	0.92	0.07	2.84	2.84	XXX
88356		A	Analysis, nerve	3.02	2.66	2.66	0.18	5.86	5.86	XXX
88356	TC	A	Analysis, nerve	0.00	1.27	1.27	0.08	1.35	1.35	XXX
88356	26	A	Analysis, nerve	3.02	1.39	1.39	0.10	4.51	4.51	XXX
88358		A	Analysis, tumor	2.82	2.32	2.32	0.16	5.30	5.30	XXX
88358	TC	A	Analysis, tumor	0.00	1.16	1.16	0.08	1.24	1.24	XXX
88358	26	A	Analysis, tumor	2.82	1.16	1.16	0.08	4.06	4.06	XXX
88362		A	Nerve teasing preparations	2.17	1.97	1.97	0.13	4.27	4.27	XXX
88362	TC	A	Nerve teasing preparations	0.00	0.97	0.97	0.06	1.03	1.03	XXX
88362	26	A	Nerve teasing preparations	2.17	1.00	1.00	0.07	3.24	3.24	XXX
88365		A	Tissue hybridization	0.93	0.75	0.75	0.05	1.73	1.73	XXX
88365	TC	A	Tissue hybridization	0.00	0.37	0.37	0.02	0.39	0.39	XXX
88365	26	A	Tissue hybridization	0.93	0.38	0.38	0.03	1.34	1.34	XXX
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.20	0.20	0.01	0.58	0.58	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.20	0.20	0.01	0.58	0.58	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.20	0.01	0.58	0.58	XXX
89100		A	Sample intestinal contents	0.60	0.42	0.42	0.03	1.05	1.05	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
89105		A	Sample intestinal contents	0.50	0.39	0.39	0.03	0.92	0.92	XXX
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130		A	Sample stomach contents	0.45	0.41	0.41	0.03	0.89	0.89	XXX
89132		A	Sample stomach contents	0.19	0.19	0.19	0.02	0.40	0.40	XXX
89135		A	Sample stomach contents	0.79	0.58	0.58	0.04	1.41	1.41	XXX
89136		A	Sample stomach contents	0.21	0.22	0.22	0.02	0.45	0.45	XXX
89140		A	Sample stomach contents	0.94	0.81	0.81	0.07	1.82	1.82	XXX
89141		A	Sample stomach contents	0.85	0.73	0.73	0.06	1.64	1.64	XXX
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.39	0.39	0.03	0.42	0.42	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.43	0.43	0.03	0.46	0.46	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	DTaP immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701		E	DTP immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702		E	DT immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703		E	Tetanus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705		E	Measles immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707		E	MMR virus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708		E	Measles-rubella immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709		E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710		E	Combined vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90711		E	Combined vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714		E	Typhoid immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720		E	DTP/HIB vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90724		X	Influenza immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90726		E	Rabies immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727		E	Plague immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90728		E	BCG immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90730		E	Hepatitis A vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90737		E	Influenza B immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90741		E	Passive immunization, ISG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90742		E	Special passive immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hepatitis B vaccine, under 11	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745		X	Hepatitis B vaccine, 11–19	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hepatitis B vaccine, over 20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hepatitis B vaccine, ill pat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		X	Hepatitis b/hib vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		C	Immunization procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
90780		A	IV infusion therapy, 1 hour	0.00	1.06	1.06	0.08	1.14	1.14	XXX
90781		A	IV infusion, additional hour	0.00	0.53	0.53	0.04	0.57	0.57	XXX
90782		T	Injection (SC)/(IM)	0.00	0.10	0.10	0.01	0.11	0.11	XXX
90783		T	Injection (IA)	0.00	0.39	0.39	0.03	0.42	0.42	XXX
90784		T	Injection (IV)	0.00	0.45	0.45	0.04	0.49	0.49	XXX
90788		T	Injection of antibiotic	0.00	0.11	0.11	0.01	0.12	0.12	XXX
90799		C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	0.67	0.67	0.09	3.56	3.56	XXX
90802		A	Intac psy dx interview	3.01	0.38	0.38	0.05	3.44	3.44	XXX
90804		A	Psytx, office (20–30)	1.11	0.35	0.35	0.05	1.51	1.51	XXX
90805		A	Psytx, office (20–30) w/e&m	1.47	0.35	0.35	0.05	1.87	1.87	XXX
90806		A	Psytx, office (45–50)	1.73	0.54	0.54	0.08	2.35	2.35	XXX
90807		A	Psytx, office (45–50) w/e&m	2.00	0.54	0.54	0.08	2.62	2.62	XXX
90808		A	Psytx, office (75–80)	2.76	1.05	1.05	0.15	3.96	3.96	XXX
90809		A	Psytx, office (75–80) w/e&m	3.15	1.05	1.05	0.15	4.35	4.35	XXX
90810		A	Intac psytx, office (20–30)	1.19	0.59	0.59	0.09	1.87	1.87	XXX
90811		A	Intac psytx, off 20–30 w/e&m	1.58	0.59	0.59	0.09	2.26	2.26	XXX
90812		A	Intac psytx, office (45–50)	1.86	0.59	0.59	0.09	2.54	2.54	XXX
90813		A	Intac psytx, off 45–50 w/e&m	2.15	0.59	0.59	0.09	2.83	2.83	XXX
90814		A	Intac psytx, office (75–80)	2.97	0.59	0.59	0.09	3.65	3.65	XXX
90815		A	Intac psytx, off 75–80 w/e&m	3.39	0.59	0.59	0.09	4.07	4.07	XXX
90816		A	Psytx, hosp (20–30)	1.24	0.35	0.35	0.05	1.64	1.64	XXX
90817		A	Psytx, hosp (20–30) w/e&m	1.65	0.35	0.35	0.05	2.05	2.05	XXX
90818		A	Psytx, hosp (45–50)	1.94	0.54	0.54	0.08	2.56	2.56	XXX
90819		A	Psytx, hosp (45–50) w/e&m	2.24	0.54	0.54	0.08	2.86	2.86	XXX
90820		D	Diagnostic interview	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90821		A	Psytx, hosp (75–80)	3.09	1.05	1.05	0.15	4.29	4.29	XXX
90822		A	Psytx, hosp (75–80) w/e&m	3.53	1.05	1.05	0.15	4.73	4.73	XXX
90823		A	Intac psytx, hosp (20–30)	1.33	0.59	0.59	0.09	2.01	2.01	XXX
90824		A	Intac psytx, hsp 20–30 w/e&m	1.77	0.59	0.59	0.09	2.45	2.45	XXX
90825		D	1Evaluation of tests/records	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90826		A	Intac psytx, hosp (45–50)	2.08	0.59	0.59	0.09	2.76	2.76	XXX
90827		A	Intac psytx, hsp 45–50 w/e&m	2.41	0.59	0.59	0.09	3.09	3.09	XXX
90828		A	Intac psytx, hosp (75–80)	3.32	0.59	0.59	0.09	4.00	4.00	XXX
90829		A	Intac psytx, hsp 75–80 w/e&m	3.80	0.59	0.59	0.09	4.48	4.48	XXX
90835		D	Special interview	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90841		D	Psychotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90842		D	Psychotherapy, 75–80 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90843		D	Psychotherapy, 20–30 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90844		D	Psychotherapy, 45–50 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90845		A	Psychoanalysis	1.79	0.41	0.41	0.05	2.25	2.25	XXX
90846		R	Family psytx w/o patient	1.83	0.62	0.62	0.08	2.53	2.53	XXX
90847		R	Family psytx w/patient	2.21	0.58	0.58	0.08	2.87	2.87	XXX
90849		R	Multiple family group psytx	0.59	0.26	0.26	0.03	0.88	0.88	XXX
90853		A	Group psychotherapy	0.59	0.26	0.26	0.03	0.88	0.88	XXX
90855		D	12/3 Individual psychotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90857		A	Intac group psytx	0.63	0.15	0.15	0.02	0.80	0.80	XXX
90862		A	Medication management	0.95	0.37	0.37	0.05	1.37	1.37	XXX
90865		A	Narcosynthesis	2.84	0.50	0.50	0.07	3.41	3.41	XXX
90870		A	Electroconvulsive therapy	1.88	0.55	0.55	0.08	2.51	2.51	000
90871		A	Electroconvulsive therapy	2.72	0.83	0.83	0.13	3.68	3.68	000
90875		N	Psychophysiological therapy	1.20	0.00	0.00	0.00	1.20	1.20	XXX
90876		N	Psychophysiological therapy	1.90	0.00	0.00	0.00	1.90	1.90	XXX
90880		A	Hypnotherapy	2.19	0.64	0.64	0.07	2.90	2.90	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	+0.97	0.31	0.31	0.04	1.32	1.32	XXX
90887		B	Consultation with family	+1.48	0.33	0.33	0.04	1.85	1.85	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback, any method	0.41	0.97	0.97	0.07	1.45	1.45	000
90911		A	Biofeedback peri/uro/rectal	0.89	1.13	1.13	0.27	2.29	2.29	000
90918		A	ESRD related services, month	11.18	2.19	2.19	0.14	13.51	13.51	XXX
90919		A	ESRD related services, month	8.54	2.19	2.19	0.14	10.87	10.87	XXX
90920		A	ESRD related services, month	7.27	2.19	2.19	0.14	9.60	9.60	XXX
90921		A	ESRD related services, month	4.47	2.19	2.19	0.14	6.80	6.80	XXX
90922		A	ESRD related services, day	0.37	0.07	0.07	0.01	0.45	0.45	XXX
90923		A	Esrd related services, day	0.28	0.07	0.07	0.01	0.36	0.36	XXX
90924		A	Esrd related services, day	0.24	0.07	0.07	0.01	0.32	0.32	XXX
90925		A	Esrd related services, day	0.15	0.07	0.07	0.01	0.23	0.23	XXX
90935		A	Hemodialysis, one evaluation	1.22	#1.34	#1.34	0.10	2.66	2.66	000
90937		A	Hemodialysis, repeated eval.	2.11	#2.32	#2.32	0.18	4.61	4.61	000
90945		A	Dialysis, one evaluation	1.28	1.27	1.27	0.08	2.63	2.63	000
90947		A	Dialysis, repeated eval.	2.16	2.09	2.09	0.14	4.39	4.39	000
90989		X	Dialysis training/complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997	.....	A	Hemoperfusion	1.84	#2.02	#2.02	0.16	4.02	4.02	000
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000	.....	A	Esophageal intubation	0.73	0.66	0.66	0.06	1.45	1.45	000
91000	TC	A	Esophageal intubation	0.00	0.07	0.07	0.01	0.08	0.08	000
91000	26	A	Esophageal intubation	0.73	0.59	0.59	0.05	1.37	1.37	000
91010	.....	A	Esophagus motility study	1.25	2.16	2.16	0.17	3.58	3.58	000
91010	TC	A	Esophagus motility study	0.00	0.78	0.78	0.06	0.84	0.84	000
91010	26	A	Esophagus motility study	1.25	#1.38	#1.38	0.11	2.74	2.74	000
91011	.....	A	Esophagus motility study	1.50	2.63	2.63	0.18	4.31	4.31	000
91011	TC	A	Esophagus motility study	0.00	0.98	0.98	0.07	1.05	1.05	000
91011	26	A	Esophagus motility study	1.50	#1.65	#1.65	0.11	3.26	3.26	000
91012	.....	A	Esophagus motility study	1.46	2.71	2.71	0.23	4.40	4.40	000
91012	TC	A	Esophagus motility study	0.00	1.10	1.10	0.08	1.18	1.18	000
91012	26	A	Esophagus motility study	1.46	#1.61	#1.61	0.15	3.22	3.22	000
91020	.....	A	Gastric motility	1.44	2.31	2.31	0.18	3.93	3.93	000
91020	TC	A	Gastric motility	0.00	0.73	0.73	0.06	0.79	0.79	000
91020	26	A	Gastric motility	1.44	#1.58	#1.58	0.12	3.14	3.14	000
91030	.....	A	Acid perfusion of esophagus	0.91	0.56	0.56	0.05	1.52	1.52	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.21	0.02	0.23	0.23	000
91030	26	A	Acid perfusion of esophagus	0.91	0.35	0.35	0.03	1.29	1.29	000
91032	.....	A	Esophagus, acid reflux test	1.21	1.96	1.96	0.16	3.33	3.33	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.71	0.71	0.06	0.77	0.77	000
91032	26	A	Esophagus, acid reflux test	1.21	1.25	1.25	0.10	2.56	2.56	000
91033	.....	A	Prolonged acid reflux test	1.30	2.71	2.71	0.25	4.26	4.26	000
91033	TC	A	Prolonged acid reflux test	0.00	1.28	1.28	0.11	1.39	1.39	000
91033	26	A	Prolonged acid reflux test	1.30	#1.43	#1.43	0.14	2.87	2.87	000
91052	.....	A	Gastric analysis test	0.79	0.82	0.82	0.07	1.68	1.68	000
91052	TC	A	Gastric analysis test	0.00	0.32	0.32	0.03	0.35	0.35	000
91052	26	A	Gastric analysis test	0.79	0.50	0.50	0.04	1.33	1.33	000
91055	.....	A	Gastric intubation for smear	0.94	0.80	0.80	0.06	1.80	1.80	000
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.29	0.02	0.31	0.31	000
91055	26	A	Gastric intubation for smear	0.94	0.51	0.51	0.04	1.49	1.49	000
91060	.....	A	Gastric saline load test	0.45	0.71	0.71	0.06	1.22	1.22	000
91060	TC	A	Gastric saline load test	0.00	0.21	0.21	0.02	0.23	0.23	000
91060	26	A	Gastric saline load test	0.45	0.50	0.50	0.04	0.99	0.99	000
91065	.....	A	Breath hydrogen test	0.20	0.56	0.56	0.05	0.81	0.81	000
91065	TC	A	Breath hydrogen test	0.00	0.34	0.34	0.02	0.36	0.36	000
91065	26	A	Breath hydrogen test	0.20	#0.22	#0.22	0.03	0.45	0.45	000
91100	.....	A	Pass intestine bleeding tube	1.08	0.56	0.56	0.05	1.69	1.69	000
91105	.....	A	Gastric intubation treatment	0.37	#0.41	#0.41	0.04	0.82	0.82	000
91122	.....	A	Anal pressure record	1.77	1.73	1.73	0.22	3.72	3.72	000
91122	TC	A	Anal pressure record	0.00	0.67	0.67	0.09	0.76	0.76	000
91122	26	A	Anal pressure record	1.77	1.06	1.06	0.13	2.96	2.96	000
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002	.....	A	Eye exam, new patient	0.88	0.49	0.49	0.02	1.39	1.39	XXX
92004	.....	A	Eye exam, new patient	1.67	0.57	0.57	0.02	2.26	2.26	XXX
92012	.....	A	Eye exam established pt	0.67	0.44	0.44	0.02	1.13	1.13	XXX
92014	.....	A	Eye exam & treatment	1.10	0.54	0.54	0.02	1.66	1.66	XXX
92015	.....	N	Refraction	+0.38	0.32	0.32	0.02	0.72	0.72	XXX
92018	.....	A	New eye exam & treatment	1.51	0.47	0.47	0.03	2.01	2.01	XXX
92019	.....	A	Eye exam & treatment	1.31	0.47	0.47	0.03	1.81	1.81	XXX
92020	.....	A	Special eye evaluation	0.37	0.29	0.29	0.01	0.67	0.67	XXX
92060	.....	A	Special eye evaluation	0.69	0.39	0.39	0.02	1.10	1.10	XXX
92060	TC	A	Special eye evaluation	0.00	0.18	0.18	0.01	0.19	0.19	XXX
92060	26	A	Special eye evaluation	0.69	0.21	0.21	0.01	0.91	0.91	XXX
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.36	0.01	0.74	0.74	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.16	0.00	0.16	0.16	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.20	0.01	0.58	0.58	XXX
92070	.....	A	Fitting of contact lens	0.70	1.20	1.20	0.06	1.96	1.96	XXX
92081	.....	A	Visual field examination(s)	0.36	0.32	0.32	0.01	0.69	0.69	XXX
92081	TC	A	Visual field examination(s)	0.00	0.15	0.15	0.00	0.15	0.15	XXX
92081	26	A	Visual field examination(s)	0.36	0.17	0.17	0.01	0.54	0.54	XXX
92082	.....	A	Visual field examination(s)	0.44	0.49	0.49	0.02	0.95	0.95	XXX
92082	TC	A	Visual field examination(s)	0.00	0.19	0.19	0.01	0.20	0.20	XXX
92082	26	A	Visual field examination(s)	0.44	0.30	0.30	0.01	0.75	0.75	XXX
92083	.....	A	Visual field examination(s)	0.50	0.83	0.83	0.04	1.37	1.37	XXX
92083	TC	A	Visual field examination(s)	0.00	0.28	0.28	0.01	0.29	0.29	XXX
92083	26	A	Visual field examination(s)	0.50	0.55	0.55	0.03	1.08	1.08	XXX
92100	.....	A	Serial tonometry exam(s)	0.92	0.25	0.25	0.01	1.18	1.18	XXX
92120	.....	A	Tonography & eye evaluation	0.81	0.31	0.31	0.02	1.14	1.14	XXX
92130	.....	A	Water provocation tonography	0.81	0.49	0.49	0.02	1.32	1.32	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92140		A	Glaucoma provocative tests	0.50	0.30	0.30	0.01	0.81	0.81	XXX
92225		A	Special eye exam, initial	0.38	0.45	0.45	0.02	0.85	0.85	XXX
92226		A	Special eye exam, subsequent	0.33	0.40	0.40	0.02	0.75	0.75	XXX
92230		A	Eye exam with photos	0.60	0.69	0.69	0.04	1.33	1.33	XXX
92235		A	Eye exam with photos	0.81	1.58	1.58	0.09	2.48	2.48	XXX
92235	TC	A	Eye exam with photos	0.00	0.99	0.99	0.06	1.05	1.05	XXX
92235	26	A	Eye exam with photos	0.81	0.59	0.59	0.03	1.43	1.43	XXX
92240		A	Icg angiography	1.10	1.58	1.58	0.09	2.77	2.77	XXX
92240	TC	A	Icg angiography	0.00	0.99	0.99	0.06	1.05	1.05	XXX
92240	26	A	Icg angiography	1.10	0.59	0.59	0.03	1.72	1.72	XXX
92250		A	Eye exam with photos	0.44	0.42	0.42	0.02	0.88	0.88	XXX
92250	TC	A	Eye exam with photos	0.00	0.17	0.17	0.01	0.18	0.18	XXX
92250	26	A	Eye exam with photos	0.44	0.25	0.25	0.01	0.70	0.70	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.54	0.54	0.03	0.77	0.77	XXX
92265		A	Eye muscle evaluation	0.81	0.29	0.29	0.02	1.12	1.12	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.22	0.02	0.24	0.24	XXX
92265	26	A	Eye muscle evaluation	0.81	0.07	0.07	0.00	0.88	0.88	XXX
92270		A	Electro-oculography	0.81	0.67	0.67	0.05	1.53	1.53	XXX
92270	TC	A	Electro-oculography	0.00	0.30	0.30	0.02	0.32	0.32	XXX
92270	26	A	Electro-oculography	0.81	0.37	0.37	0.03	1.21	1.21	XXX
92275		A	Electroretinography	1.01	0.90	0.90	0.05	1.96	1.96	XXX
92275	TC	A	Electroretinography	0.00	0.39	0.39	0.02	0.41	0.41	XXX
92275	26	A	Electroretinography	1.01	0.51	0.51	0.03	1.55	1.55	XXX
92283		A	Color vision examination	0.17	0.29	0.29	0.01	0.47	0.47	XXX
92283	TC	A	Color vision examination	0.00	0.12	0.12	0.00	0.12	0.12	XXX
92283	26	A	Color vision examination	0.17	0.17	0.17	0.01	0.35	0.35	XXX
92284		A	Dark adaptation eye exam	0.24	0.45	0.45	0.02	0.71	0.71	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.17	0.01	0.18	0.18	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.28	0.28	0.01	0.53	0.53	XXX
92285		A	Eye photography	0.20	0.29	0.29	0.01	0.50	0.50	XXX
92285	TC	A	Eye photography	0.00	0.11	0.11	0.00	0.11	0.11	XXX
92285	26	A	Eye photography	0.20	0.18	0.18	0.01	0.39	0.39	XXX
92286		A	Internal eye photography	0.66	1.22	1.22	0.07	1.95	1.95	XXX
92286	TC	A	Internal eye photography	0.00	0.39	0.39	0.02	0.41	0.41	XXX
92286	26	A	Internal eye photography	0.66	0.83	0.83	0.05	1.54	1.54	XXX
92287		A	Internal eye photography	0.81	1.52	1.52	0.08	2.41	2.41	XXX
92310		N	Contact lens fitting	+1.17	#1.29	#1.29	0.00	2.46	2.46	XXX
92311		A	Contact lens fitting	1.08	0.90	0.90	0.03	2.01	2.01	XXX
92312		A	Contact lens fitting	1.26	1.16	1.16	0.03	2.45	2.45	XXX
92313		A	Contact lens fitting	0.92	0.88	0.88	0.03	1.83	1.83	XXX
92314		N	Prescription of contact lens	+0.69	#0.76	#0.76	0.00	1.45	1.45	XXX
92315		A	Prescription of contact lens	0.45	0.66	0.66	0.03	1.14	1.14	XXX
92316		A	Prescription of contact lens	0.68	0.95	0.95	0.04	1.67	1.67	XXX
92317		A	Prescription of contact lens	0.45	0.39	0.39	0.02	0.86	0.86	XXX
92325		A	Modification of contact lens	0.00	0.38	0.38	0.01	0.39	0.39	XXX
92326		A	Replacement of contact lens	0.00	1.56	1.56	0.06	1.62	1.62	XXX
92330		A	Fitting of artificial eye	1.08	1.13	1.13	0.09	2.30	2.30	XXX
92335		A	Fitting of artificial eye	0.45	1.97	1.97	0.11	2.53	2.53	XXX
92340		N	Fitting of spectacles	+0.37	0.42	#0.41	0.00	0.79	0.78	XXX
92341		N	Fitting of spectacles	+0.47	0.53	#0.52	0.00	1.00	0.99	XXX
92342		N	Fitting of spectacles	+0.53	0.60	#0.58	0.00	1.13	1.11	XXX
92352		B	Special spectacles fitting	+0.37	0.30	0.30	0.01	0.68	0.68	XXX
92353		B	Special spectacles fitting	+0.50	0.40	0.40	0.01	0.91	0.91	XXX
92354		B	Special spectacles fitting	+0.00	8.44	8.44	0.10	8.54	8.54	XXX
92355		B	Special spectacles fitting	+0.00	4.13	4.13	0.01	4.14	4.14	XXX
92358		B	Eye prosthesis service	+0.00	0.92	0.92	0.05	0.97	0.97	XXX
92370		N	Repair & adjust spectacles	+0.32	0.36	#0.35	0.00	0.68	0.67	XXX
92371		B	Repair & adjust spectacles	+0.00	0.59	0.59	0.02	0.61	0.61	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392		I	Supply of low vision aids	+0.00	3.85	3.85	0.02	3.87	3.87	XXX
92393		I	Supply of artificial eye	+0.00	11.96	11.96	0.67	12.63	12.63	XXX
92395		I	Supply of spectacles	+0.00	1.31	1.31	0.10	1.41	1.41	XXX
92396		I	Supply of contact lenses	+0.00	2.19	2.19	0.08	2.27	2.27	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	1.12	1.12	0.12	2.75	2.75	000
92504		A	Ear microscopy examination	0.18	0.26	0.26	0.02	0.46	0.46	XXX
92506		A	Speech & hearing evaluation	0.86	0.52	0.52	0.05	1.43	1.43	XXX
92507		A	Speech/hearing therapy	0.52	0.33	0.33	0.03	0.88	0.88	XXX
92508		A	Speech/hearing therapy	0.26	0.18	0.18	0.02	0.46	0.46	XXX
92510		A	Rehab for ear implant	1.50	1.36	1.36	0.15	3.01	3.01	XXX
92511		A	Nasopharyngoscopy	0.84	0.85	0.85	0.09	1.78	1.78	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92512	.....	A	Nasal function studies	0.55	0.47	0.47	0.05	1.07	1.07	XXX
92516	.....	A	Facial nerve function test	0.43	0.39	0.39	0.04	0.86	0.86	XXX
92520	.....	A	Laryngeal function studies	0.76	0.53	0.53	0.05	1.34	1.34	XXX
92525	.....	A	Oral function evaluation	1.50	1.02	1.02	0.11	2.63	2.63	XXX
92526	.....	A	Oral function therapy	0.55	0.47	0.47	0.05	1.07	1.07	XXX
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541	.....	A	Spontaneous nystagmus test	0.40	0.67	0.67	0.07	1.14	1.14	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.22	0.02	0.24	0.24	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.45	0.45	0.05	0.90	0.90	XXX
92542	.....	A	Positional nystagmus test	0.33	0.61	0.61	0.07	1.01	1.01	XXX
92542	TC	A	Positional nystagmus test	0.00	0.25	0.25	0.03	0.28	0.28	XXX
92542	26	A	Positional nystagmus test	0.33	0.36	0.36	0.04	0.73	0.73	XXX
92543	.....	A	Caloric vestibular test	0.38	0.82	0.82	0.09	1.29	1.29	XXX
92543	TC	A	Caloric vestibular test	0.00	0.40	0.40	0.04	0.44	0.44	XXX
92543	26	A	Caloric vestibular test	0.38	0.42	0.42	0.05	0.85	0.85	XXX
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.47	0.05	0.78	0.78	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.27	0.03	0.56	0.56	XXX
92545	.....	A	Oscillating tracking test	0.23	0.40	0.40	0.04	0.67	0.67	XXX
92545	TC	A	Oscillating tracking test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
92545	26	A	Oscillating tracking test	0.23	0.20	0.20	0.02	0.45	0.45	XXX
92546	.....	A	Sinusoidal rotational test	0.29	0.53	0.53	0.05	0.87	0.87	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.23	0.23	0.02	0.25	0.25	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.30	0.30	0.03	0.62	0.62	XXX
92547	.....	A	Supplemental electrical test	0.00	0.53	0.53	0.06	0.59	0.59	XXX
92548	.....	A	Posturography	0.50	1.85	1.85	0.19	2.54	2.54	XXX
92548	TC	A	Posturography	0.00	1.40	1.40	0.14	1.54	1.54	XXX
92548	26	A	Posturography	0.50	0.45	0.45	0.05	1.00	1.00	XXX
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.42	0.04	0.46	0.46	XXX
92553	.....	A	Audiometry, air & bone	0.00	0.63	0.63	0.07	0.70	0.70	XXX
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92556	.....	A	Speech audiometry, complete	0.00	0.54	0.54	0.06	0.60	0.60	XXX
92557	.....	A	Comprehensive hearing test	0.00	1.13	1.13	0.13	1.26	1.26	XXX
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.68	0.68	0.07	0.75	0.75	XXX
92562	.....	A	Loudness balance test	0.00	0.39	0.39	0.04	0.43	0.43	XXX
92563	.....	A	Tone decay hearing test	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92564	.....	A	Sisi hearing test	0.00	0.45	0.45	0.05	0.50	0.50	XXX
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.38	0.04	0.42	0.42	XXX
92567	.....	A	Tympanometry	0.00	0.50	0.50	0.06	0.56	0.56	XXX
92568	.....	A	Acoustic reflex testing	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92569	.....	A	Acoustic reflex decay test	0.00	0.39	0.39	0.04	0.43	0.43	XXX
92571	.....	A	Filtered speech hearing test	0.00	0.37	0.37	0.04	0.41	0.41	XXX
92572	.....	A	Staggered spondaic word test	0.00	0.08	0.08	0.01	0.09	0.09	XXX
92573	.....	A	Lombard test	0.00	0.33	0.33	0.04	0.37	0.37	XXX
92575	.....	A	Sensorineural acuity test	0.00	0.29	0.29	0.03	0.32	0.32	XXX
92576	.....	A	Synthetic sentence test	0.00	0.42	0.42	0.05	0.47	0.47	XXX
92577	.....	A	Stenger test, speech	0.00	0.68	0.68	0.08	0.76	0.76	XXX
92579	.....	A	Visual audiometry (vra)	0.00	0.69	0.69	0.07	0.76	0.76	XXX
92582	.....	A	Conditioning play audiometry	0.00	0.69	0.69	0.07	0.76	0.76	XXX
92583	.....	A	Select picture audiometry	0.00	0.85	0.85	0.09	0.94	0.94	XXX
92584	.....	A	Electrocochleography	0.00	2.36	2.36	0.25	2.61	2.61	XXX
92585	.....	A	Auditory evoked potential	0.50	3.25	3.25	0.31	4.06	4.06	XXX
92585	TC	A	Auditory evoked potential	0.00	1.76	1.76	0.17	1.93	1.93	XXX
92585	26	A	Auditory evoked potential	0.50	1.49	1.49	0.14	2.13	2.13	XXX
92587	.....	A	Evoked auditory test	0.13	1.35	1.35	0.13	1.61	1.61	XXX
92587	TC	A	Evoked auditory test	0.00	1.24	1.24	0.12	1.36	1.36	XXX
92587	26	A	Evoked auditory test	0.13	0.11	0.11	0.01	0.25	0.25	XXX
92588	.....	A	Evoked auditory test	0.36	1.70	1.70	0.16	2.22	2.22	XXX
92588	TC	A	Evoked auditory test	0.00	1.40	1.40	0.14	1.54	1.54	XXX
92588	26	A	Evoked auditory test	0.36	0.30	0.30	0.02	0.68	0.68	XXX
92589	.....	A	Auditory function test(s)	0.00	0.51	0.51	0.06	0.57	0.57	XXX
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594	.....	N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595	.....	N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596	.....	A	Ear protector evaluation	0.00	0.56	0.56	0.06	0.62	0.62	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92597	.....	A	Oral speech device eval	1.35	1.01	1.01	0.11	2.47	2.47	XXX
92598	.....	A	Modify oral speech device	0.99	0.66	0.66	0.07	1.72	1.72	XXX
92599	.....	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950	.....	A	Heart/lung resuscitation (CPR)	3.80	2.27	2.27	0.17	6.24	6.24	000
92953	.....	A	Temporary external pacing	0.23	#0.25	#0.25	0.15	0.63	0.63	000
92960	.....	A	Heart electroconversion	2.25	1.88	1.88	0.16	4.29	4.29	000
92970	.....	A	Cardioassist, internal	3.52	3.47	3.47	0.41	7.40	7.40	000
92971	.....	A	Cardioassist, external	1.77	1.11	1.11	0.08	2.96	2.96	000
92975	.....	A	Dissolve clot, heart vessel	7.25	5.71	5.71	0.42	13.38	13.38	000
92977	.....	A	Dissolve clot, heart vessel	0.00	7.68	7.68	0.54	8.22	8.22	XXX
92978	.....	A	Intravas us, heart (add-on)	1.80	5.41	5.41	0.36	7.57	7.57	ZZZ
92978	TC	A	Intravas us, heart (add-on)	0.00	4.35	4.35	0.28	4.63	4.63	ZZZ
92978	26	A	Intravas us, heart (add-on)	1.80	1.06	1.06	0.08	2.94	2.94	ZZZ
92979	.....	A	Intravas us, heart (add-on)	1.44	3.03	3.03	0.20	4.67	4.67	ZZZ
92979	TC	A	Intravas us, heart (add-on)	0.00	2.18	2.18	0.14	2.32	2.32	ZZZ
92979	26	A	Intravas us, heart (add-on)	1.44	0.85	0.85	0.06	2.35	2.35	ZZZ
92980	.....	A	Insert intracoronary stent	14.84	#16.32	#16.32	1.22	32.38	32.38	000
92981	.....	A	Insert intracoronary stent	4.17	#4.59	#4.59	0.44	9.20	9.20	ZZZ
92982	.....	A	Coronary artery dilation	10.98	#12.08	#12.08	1.22	24.28	24.28	000
92984	.....	A	Coronary artery dilation	2.97	#3.27	#3.27	0.44	6.68	6.68	ZZZ
92986	.....	A	Revision of aortic valve	*21.80	12.04	12.04	0.90	34.74	34.74	090
92987	.....	A	Revision of mitral valve	*22.70	12.20	12.20	0.91	35.81	35.81	090
92990	.....	A	Revision of pulmonary valve	*17.34	9.59	9.59	0.71	27.64	27.64	090
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92995	.....	A	Coronary atherectomy	12.09	#13.30	#13.30	1.22	26.61	26.61	000
92996	.....	A	Coronary atherectomy	3.26	#3.59	#3.59	0.44	7.29	7.29	ZZZ
92997	.....	A	Pul art balloon repair, perc	12.00	#13.20	#13.20	1.22	26.42	26.42	000
92998	.....	A	Pul art balloon repair, perc	6.00	3.80	3.80	0.44	10.24	10.24	ZZZ
93000	.....	A	Electrocardiogram, complete	0.17	0.59	0.59	0.04	0.80	0.80	XXX
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	0.43	0.03	0.46	0.46	XXX
93010	.....	A	Electrocardiogram report	0.17	0.16	0.16	0.01	0.34	0.34	XXX
93012	.....	A	Transmission of ecg	0.00	2.25	2.25	0.22	2.47	2.47	XXX
93014	.....	A	Report on transmitted ecg	0.52	0.40	0.40	0.05	0.97	0.97	XXX
93015	.....	A	Cardiovascular stress test	0.75	2.32	2.32	0.18	3.25	3.25	XXX
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.39	0.03	0.87	0.87	XXX
93017	.....	A	Cardiovascular stress test	0.00	1.60	1.60	0.12	1.72	1.72	XXX
93018	.....	A	Cardiovascular stress test	0.30	#0.33	#0.33	0.03	0.66	0.66	XXX
93024	.....	A	Cardiac drug stress test	1.17	2.36	2.36	0.23	3.76	3.76	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.07	1.07	0.09	1.16	1.16	XXX
93024	26	A	Cardiac drug stress test	1.17	#1.29	#1.29	0.14	2.60	2.60	XXX
93040	.....	A	Rhythm ECG with report	0.16	0.26	0.26	0.02	0.44	0.44	XXX
93041	.....	A	Rhythm ECG, tracing	0.00	0.14	0.14	0.01	0.15	0.15	XXX
93042	.....	A	Rhythm ECG, report	0.16	0.12	0.12	0.01	0.29	0.29	XXX
93224	.....	A	ECG monitor/report, 24 hrs	0.52	3.83	3.83	0.31	4.66	4.66	XXX
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.18	1.18	0.09	1.27	1.27	XXX
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.08	2.08	0.16	2.24	2.24	XXX
93227	.....	A	ECG monitor/review, 24 hrs	0.52	#0.57	#0.57	0.06	1.15	1.15	XXX
93230	.....	A	ECG monitor/report, 24 hrs	0.52	4.09	4.09	0.34	4.95	4.95	XXX
93231	.....	A	ECG monitor/record, 24 hrs	0.00	1.45	1.45	0.11	1.56	1.56	XXX
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.07	2.07	0.15	2.22	2.22	XXX
93233	.....	A	ECG monitor/review, 24 hrs	0.52	#0.57	#0.57	0.08	1.17	1.17	XXX
93235	.....	A	ECG monitor/report, 24 hrs	0.45	3.00	3.00	0.23	3.68	3.68	XXX
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.50	2.50	0.17	2.67	2.67	XXX
93237	.....	A	ECG monitor/review, 24 hrs	0.45	#0.50	#0.50	0.06	1.01	1.01	XXX
93268	.....	A	ECG record/review	0.52	3.83	3.83	0.36	4.71	4.71	XXX
93270	.....	A	ECG recording	0.00	1.18	1.18	0.09	1.27	1.27	XXX
93271	.....	A	ECG/monitoring and anaylsis	0.00	2.25	2.25	0.22	2.47	2.47	XXX
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.40	0.05	0.97	0.97	XXX
93278	.....	A	ECG/signal-averaged	0.25	1.38	1.38	0.18	1.81	1.81	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.10	1.10	0.12	1.22	1.22	XXX
93278	26	A	ECG/signal-averaged	0.25	#0.28	#0.28	0.06	0.59	0.59	XXX
93303	.....	A	Echo transthoracic	1.30	4.68	4.68	0.36	6.34	6.34	XXX
93303	TC	A	Echo transthoracic	0.00	3.68	3.68	0.27	3.95	3.95	XXX
93303	26	A	Echo transthoracic	1.30	1.00	1.00	0.09	2.39	2.39	XXX
93304	.....	A	Echo transthoracic	0.75	2.53	2.53	0.19	3.47	3.47	XXX
93304	TC	A	Echo transthoracic	0.00	1.85	1.85	0.14	1.99	1.99	XXX
93304	26	A	Echo transthoracic	0.75	0.68	0.68	0.05	1.48	1.48	XXX
93307	.....	A	Echo exam of heart	0.92	4.68	4.68	0.36	5.96	5.96	XXX
93307	TC	A	Echo exam of heart	0.00	3.68	3.68	0.27	3.95	3.95	XXX
93307	26	A	Echo exam of heart	0.92	1.00	1.00	0.09	2.01	2.01	XXX
93308	.....	A	Echo exam of heart	0.53	2.43	2.43	0.19	3.15	3.15	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93308	TC	A	Echo exam of heart	0.00	1.85	1.85	0.14	1.99	1.99	XXX
93308	26	A	Echo exam of heart	0.53	#0.58	#0.58	0.05	1.16	1.16	XXX
93312	.....	A	Echo transesophageal	2.20	4.95	4.95	0.45	7.60	7.60	XXX
93312	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93312	26	A	Echo transesophageal	2.20	1.35	1.35	0.12	3.67	3.67	XXX
93313	.....	A	Echo transesophageal	0.95	0.67	0.67	0.06	1.68	1.68	XXX
93314	.....	A	Echo transesophageal	1.25	4.27	4.27	0.39	5.91	5.91	XXX
93314	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93314	26	A	Echo transesophageal	1.25	0.67	0.67	0.06	1.98	1.98	XXX
93315	.....	A	Echo transesophageal	2.78	4.95	4.95	0.45	8.18	8.18	XXX
93315	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93315	26	A	Echo transesophageal	2.78	1.35	1.35	0.12	4.25	4.25	XXX
93316	.....	A	Echo transesophageal	0.95	0.67	0.67	0.06	1.68	1.68	XXX
93317	.....	A	Echo transesophageal	1.83	4.27	4.27	0.39	6.49	6.49	XXX
93317	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93317	26	A	Echo transesophageal	1.83	0.67	0.67	0.06	2.56	2.56	XXX
93320	.....	A	Doppler echo exam, heart	0.38	2.05	2.05	0.18	2.61	2.61	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.63	1.63	0.13	1.76	1.76	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	#0.42	#0.42	0.05	0.85	0.85	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	1.23	1.23	0.11	1.49	1.49	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.06	1.06	0.09	1.15	1.15	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	#0.17	#0.17	0.02	0.34	0.34	ZZZ
93325	.....	A	Doppler color flow	0.07	2.80	2.80	0.25	3.12	3.12	ZZZ
93325	TC	A	Doppler color flow	0.00	2.76	2.76	0.24	3.00	3.00	ZZZ
93325	26	A	Doppler color flow	0.07	0.04	0.04	0.01	0.12	0.12	ZZZ
93350	.....	A	Echo transthoracic	0.78	2.54	2.54	0.24	3.56	3.56	XXX
93350	TC	A	Echo transthoracic	0.00	1.68	1.68	0.14	1.82	1.82	XXX
93350	26	A	Echo transthoracic	0.78	#0.86	#0.86	0.10	1.74	1.74	XXX
93501	.....	A	Right heart catheterization	3.02	19.43	19.43	1.54	23.99	23.99	000
93501	TC	A	Right heart catheterization	0.00	16.11	16.11	1.20	17.31	17.31	000
93501	26	A	Right heart catheterization	3.02	#3.32	#3.32	0.34	6.68	6.68	000
93503	.....	A	Insert/place heart catheter	2.91	2.37	2.37	0.36	5.64	5.64	000
93505	.....	A	Biopsy of heart lining	4.38	4.92	4.92	0.46	9.76	9.76	000
93505	TC	A	Biopsy of heart lining	0.00	1.89	1.89	0.18	2.07	2.07	000
93505	26	A	Biopsy of heart lining	4.38	3.03	3.03	0.28	7.69	7.69	000
93508	.....	A	Cath placement, angiography	4.10	14.79	14.79	0.98	19.87	19.87	000
93508	TC	A	Cath placement, angiography	0.00	12.01	12.01	0.75	12.76	12.76	000
93508	26	A	Cath placement, angiography	4.10	2.78	2.78	0.23	7.11	7.11	000
93510	.....	A	Left heart catheterization	4.33	38.28	38.28	2.86	45.47	45.47	000
93510	TC	A	Left heart catheterization	0.00	35.22	35.22	2.63	37.85	37.85	000
93510	26	A	Left heart catheterization	4.33	3.06	3.06	0.23	7.62	7.62	000
93511	.....	A	Left heart catheterization	5.03	36.91	36.91	2.76	44.70	44.70	000
93511	TC	A	Left heart catheterization	0.00	34.29	34.29	2.56	36.85	36.85	000
93511	26	A	Left heart catheterization	5.03	2.62	2.62	0.20	7.85	7.85	000
93514	.....	A	Left heart catheterization	7.05	38.84	38.84	2.94	48.83	48.83	000
93514	TC	A	Left heart catheterization	0.00	34.29	34.29	2.56	36.85	36.85	000
93514	26	A	Left heart catheterization	7.05	4.55	4.55	0.38	11.98	11.98	000
93524	.....	A	Left heart catheterization	6.95	49.45	49.45	3.69	60.09	60.09	000
93524	TC	A	Left heart catheterization	0.00	44.80	44.80	3.35	48.15	48.15	000
93524	26	A	Left heart catheterization	6.95	4.65	4.65	0.34	11.94	11.94	000
93526	.....	A	Rt & Lt heart catheters	5.99	51.48	51.48	3.83	61.30	61.30	000
93526	TC	A	Rt & Lt heart catheters	0.00	46.03	46.03	3.44	49.47	49.47	000
93526	26	A	Rt & Lt heart catheters	5.99	5.45	5.45	0.39	11.83	11.83	000
93527	.....	A	Rt & Lt heart catheters	7.28	51.94	51.94	3.85	63.07	63.07	000
93527	TC	A	Rt & Lt heart catheters	0.00	44.80	44.80	3.35	48.15	48.15	000
93527	26	A	Rt & Lt heart catheters	7.28	7.14	7.14	0.50	14.92	14.92	000
93528	.....	A	Rt & Lt heart catheters	9.00	49.23	49.23	3.68	61.91	61.91	000
93528	TC	A	Rt & Lt heart catheters	0.00	44.80	44.80	3.35	48.15	48.15	000
93528	26	A	Rt & Lt heart catheters	9.00	4.43	4.43	0.33	13.76	13.76	000
93529	.....	A	Rt, Lt heart catheterization	4.80	47.73	47.73	3.57	56.10	56.10	000
93529	TC	A	Rt, Lt heart catheterization	0.00	44.80	44.80	3.35	48.15	48.15	000
93529	26	A	Rt, Lt heart catheterization	4.80	2.93	2.93	0.22	7.95	7.95	000
93530	.....	A	Rt heart cath, congenital	4.23	19.72	19.72	1.54	25.49	25.49	000
93530	TC	A	Rt heart cath, congenital	0.00	16.11	16.11	1.20	17.31	17.31	000
93530	26	A	Rt heart cath, congenital	4.23	3.61	3.61	0.34	8.18	8.18	000
93531	.....	A	R & l heart cath, congenital	8.35	51.48	51.48	3.83	63.66	63.66	000
93531	TC	A	R & l heart cath, congenital	0.00	46.03	46.03	3.44	49.47	49.47	000
93531	26	A	R & l heart cath, congenital	8.35	5.45	5.45	0.39	14.19	14.19	000
93532	.....	A	R & l heart cath, congenital	10.00	51.94	51.94	3.85	65.79	65.79	000
93532	TC	A	R & l heart cath, congenital	0.00	44.80	44.80	3.35	48.15	48.15	000
93532	26	A	R & l heart cath, congenital	10.00	7.14	7.14	0.50	17.64	17.64	000
93533	.....	A	R & l heart cath, congenital	6.70	47.73	47.73	3.57	58.00	58.00	000
93533	TC	A	R & l heart cath, congenital	0.00	44.80	44.80	3.35	48.15	48.15	000
93533	26	A	R & l heart cath, congenital	6.70	2.93	2.93	0.22	9.85	9.85	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93536	.....	A	Insert circulation assi	4.85	#5.34	#5.34	0.71	10.90	10.90	000
93539	.....	A	Injection, cardiac cath	0.40	0.88	#0.44	0.20	1.48	1.04	000
93540	.....	A	Injection, cardiac cath	0.43	0.88	#0.47	0.20	1.51	1.10	000
93541	.....	A	Injection for lung angiogram	0.29	#0.32	#0.32	0.16	0.77	0.77	000
93542	.....	A	Injection for heart x-rays	0.29	#0.32	#0.32	0.16	0.77	0.77	000
93543	.....	A	Injection for heart x-rays	0.29	0.57	#0.32	0.11	0.97	0.72	000
93544	.....	A	Injection for aortography	0.25	0.57	#0.28	0.11	0.93	0.64	000
93545	.....	A	Injection for coronary x-rays	0.40	#0.44	#0.44	0.24	1.08	1.08	000
93555	.....	A	Imaging, cardiac cath	0.81	6.25	6.25	0.42	7.48	7.48	XXX
93555	TC	A	Imaging, cardiac cath	0.00	5.98	5.98	0.38	6.36	6.36	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.27	0.27	0.04	1.12	1.12	XXX
93556	.....	A	Imaging, cardiac cath	0.83	9.88	9.88	0.65	11.36	11.36	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.43	9.43	0.58	10.01	10.01	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.45	0.45	0.07	1.35	1.35	XXX
93561	.....	A	Cardiac output measurement	0.50	1.05	1.05	0.16	1.71	1.71	000
93561	TC	A	Cardiac output measurement	0.00	0.50	0.50	0.07	0.57	0.57	000
93561	26	A	Cardiac output measurement	0.50	#0.55	#0.55	0.09	1.14	1.14	000
93562	.....	A	Cardiac output measurement	0.16	0.48	0.48	0.10	0.74	0.74	000
93562	TC	A	Cardiac output measurement	0.00	0.30	0.30	0.04	0.34	0.34	000
93562	26	A	Cardiac output measurement	0.16	#0.18	#0.18	0.06	0.40	0.40	000
93600	.....	A	Bundle of His recording	2.12	4.19	4.19	0.38	6.69	6.69	000
93600	TC	A	Bundle of His recording	0.00	1.86	1.86	0.14	2.00	2.00	000
93600	26	A	Bundle of His recording	2.12	#2.33	#2.33	0.24	4.69	4.69	000
93602	.....	A	Intra-atrial recording	2.12	2.83	2.83	0.22	5.17	5.17	000
93602	TC	A	Intra-atrial recording	0.00	1.06	1.06	0.08	1.14	1.14	000
93602	26	A	Intra-atrial recording	2.12	1.77	1.77	0.14	4.03	4.03	000
93603	.....	A	Right ventricular recording	2.12	3.79	3.79	0.28	6.19	6.19	000
93603	TC	A	Right ventricular recording	0.00	1.60	1.60	0.12	1.72	1.72	000
93603	26	A	Right ventricular recording	2.12	2.19	2.19	0.16	4.47	4.47	000
93607	.....	A	Right ventricular recording	3.26	3.63	3.63	0.28	7.17	7.17	000
93607	TC	A	Right ventricular recording	0.00	1.42	1.42	0.11	1.53	1.53	000
93607	26	A	Right ventricular recording	3.26	2.21	2.21	0.17	5.64	5.64	000
93609	.....	A	Mapping of tachycardia	10.07	6.43	6.43	0.47	16.97	16.97	000
93609	TC	A	Mapping of tachycardia	0.00	2.59	2.59	0.19	2.78	2.78	000
93609	26	A	Mapping of tachycardia	10.07	3.84	3.84	0.28	14.19	14.19	000
93610	.....	A	Intra-atrial pacing	3.02	3.60	3.60	0.27	6.89	6.89	000
93610	TC	A	Intra-atrial pacing	0.00	1.29	1.29	0.10	1.39	1.39	000
93610	26	A	Intra-atrial pacing	3.02	2.31	2.31	0.17	5.50	5.50	000
93612	.....	A	Intraventricular pacing	3.02	3.88	3.88	0.29	7.19	7.19	000
93612	TC	A	Intraventricular pacing	0.00	1.54	1.54	0.12	1.66	1.66	000
93612	26	A	Intraventricular pacing	3.02	2.34	2.34	0.17	5.53	5.53	000
93615	.....	A	Esophageal recording	0.99	0.65	0.65	0.04	1.68	1.68	000
93615	TC	A	Esophageal recording	0.00	0.30	0.30	0.02	0.32	0.32	000
93615	26	A	Esophageal recording	0.99	0.35	0.35	0.02	1.36	1.36	000
93616	.....	A	Esophageal recording	1.49	1.66	1.66	0.10	3.25	3.25	000
93616	TC	A	Esophageal recording	0.00	0.30	0.30	0.02	0.32	0.32	000
93616	26	A	Esophageal recording	1.49	1.36	1.36	0.08	2.93	2.93	000
93618	.....	A	Heart rhythm pacing	4.26	8.47	8.47	0.72	13.45	13.45	000
93618	TC	A	Heart rhythm pacing	0.00	3.78	3.78	0.28	4.06	4.06	000
93618	26	A	Heart rhythm pacing	4.26	#4.69	#4.69	0.44	9.39	9.39	000
93619	.....	A	Electrophysiology evaluation	7.32	15.39	15.39	1.40	24.11	24.11	000
93619	TC	A	Electrophysiology evaluation	0.00	7.34	7.34	0.54	7.88	7.88	000
93619	26	A	Electrophysiology evaluation	7.32	#8.05	#8.05	0.86	16.23	16.23	000
93620	.....	A	Electrophysiology evaluation	11.59	21.29	21.29	1.55	34.43	34.43	000
93620	TC	A	Electrophysiology evaluation	0.00	8.54	8.54	0.60	9.14	9.14	000
93620	26	A	Electrophysiology evaluation	11.59	#12.75	#12.75	0.95	25.29	25.29	000
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	26	A	Electrophysiology evaluation	12.66	#13.93	#13.93	1.11	27.70	27.70	000
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	26	A	Electrophysiology evaluation	12.74	#14.01	#14.01	1.07	27.82	27.82	000
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	000
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	000
93623	26	A	Stimulation, pacing heart	2.85	2.78	2.78	0.20	5.83	5.83	000
93624	.....	A	Electrophysiologic study	4.81	4.88	4.88	0.35	10.04	10.04	000
93624	TC	A	Electrophysiologic study	0.00	1.89	1.89	0.14	2.03	2.03	000
93624	26	A	Electrophysiologic study	4.81	2.99	2.99	0.21	8.01	8.01	000
93631	.....	A	Heart pacing, mapping	7.60	11.62	11.62	1.37	20.59	20.59	000
93631	TC	A	Heart pacing, mapping	0.00	5.86	5.86	0.70	6.56	6.56	000
93631	26	A	Heart pacing, mapping	7.60	5.76	5.76	0.67	14.03	14.03	000
93640	.....	A	Evaluation heart device	3.52	10.71	10.71	1.09	15.32	15.32	000
93640	TC	A	Evaluation heart device	0.00	6.84	6.84	0.48	7.32	7.32	000
93640	26	A	Evaluation heart device	3.52	#3.87	#3.87	0.61	8.00	8.00	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93641	.....	A	Electrophysiology evaluation	5.93	13.36	13.36	1.09	20.38	20.38	000
93641	TC	A	Electrophysiology evaluation	0.00	6.84	6.84	0.48	7.32	7.32	000
93641	26	A	Electrophysiology evaluation	5.93	#6.52	#6.52	0.61	13.06	13.06	000
93642	.....	A	Electrophysiology evaluation	4.89	12.22	12.22	1.09	18.20	18.20	000
93642	TC	A	Electrophysiology evaluation	0.00	6.84	6.84	0.48	7.32	7.32	000
93642	26	A	Electrophysiology evaluation	4.89	#5.38	#5.38	0.61	10.88	10.88	000
93650	.....	A	Ablate heart dysrhythm focus	10.51	#11.56	#11.56	1.34	23.41	23.41	000
93651	.....	A	Ablate heart dysrhythm focus	16.25	17.83	17.83	1.34	35.42	35.42	000
93652	.....	A	Ablate heart dysrhythm focus	17.68	17.83	17.83	1.34	36.85	36.85	000
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	26	A	Tilt table evaluation	1.89	1.44	1.44	0.17	3.50	3.50	000
93720	.....	A	Total body plethysmography	0.17	0.89	0.86	0.10	1.16	1.13	XXX
93721	.....	A	Plethysmography tracing	0.00	0.67	0.67	0.07	0.74	0.74	XXX
93722	.....	A	Plethysmography report	0.17	0.22	#0.19	0.03	0.42	0.39	XXX
93724	.....	A	Analyze pacemaker system	4.89	6.66	6.66	0.50	12.05	12.05	000
93724	TC	A	Analyze pacemaker system	0.00	3.78	3.78	0.28	4.06	4.06	000
93724	26	A	Analyze pacemaker system	4.89	2.88	2.88	0.22	7.99	7.99	000
93731	.....	A	Analyze pacemaker system	0.45	0.79	0.79	0.07	1.31	1.31	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.47	0.47	0.04	0.51	0.51	XXX
93731	26	A	Analyze pacemaker system	0.45	0.32	0.32	0.03	0.80	0.80	XXX
93732	.....	A	Analyze pacemaker system	0.92	0.91	0.91	0.08	1.91	1.91	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.49	0.49	0.04	0.53	0.53	XXX
93732	26	A	Analyze pacemaker system	0.92	0.42	0.42	0.04	1.38	1.38	XXX
93733	.....	A	Telephone analysis, pacemaker	0.17	0.88	0.88	0.08	1.13	1.13	XXX
93733	TC	A	Telephone analysis, pacemaker	0.00	0.69	0.69	0.06	0.75	0.75	XXX
93733	26	A	Telephone analysis, pacemaker	0.17	#0.19	#0.19	0.02	0.38	0.38	XXX
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.64	0.06	1.08	1.08	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.33	0.03	0.36	0.36	XXX
93734	26	A	Analyze pacemaker system	0.38	0.31	0.31	0.03	0.72	0.72	XXX
93735	.....	A	Analyze pacemaker system	0.74	0.85	0.85	0.08	1.67	1.67	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.42	0.04	0.46	0.46	XXX
93735	26	A	Analyze pacemaker system	0.74	0.43	0.43	0.04	1.21	1.21	XXX
93736	.....	A	Telephone analysis, pacemaker	0.15	0.77	0.77	0.09	1.01	1.01	XXX
93736	TC	A	Telephone analysis, pacemaker	0.00	0.60	0.60	0.06	0.66	0.66	XXX
93736	26	A	Telephone analysis, pacemaker	0.15	#0.17	#0.17	0.03	0.35	0.35	XXX
93737	.....	A	Analyze cardio/defibrillator	0.45	0.74	0.74	0.06	1.25	1.25	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.47	0.47	0.04	0.51	0.51	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.27	0.02	0.74	0.74	XXX
93738	.....	A	Analyze cardio/defibrillator	0.92	0.88	0.88	0.07	1.87	1.87	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.49	0.49	0.04	0.53	0.53	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.39	0.03	1.34	1.34	XXX
93740	.....	A	Temperature gradient studies	0.16	0.45	0.45	0.04	0.65	0.65	XXX
93740	TC	A	Temperature gradient studies	0.00	0.15	0.15	0.01	0.16	0.16	XXX
93740	26	A	Temperature gradient studies	0.16	0.30	0.30	0.03	0.49	0.49	XXX
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770	.....	A	Measure venous pressure	0.16	0.20	0.20	0.02	0.38	0.38	XXX
93770	TC	A	Measure venous pressure	0.00	0.03	0.03	0.00	0.03	0.03	XXX
93770	26	A	Measure venous pressure	0.16	0.17	0.17	0.02	0.35	0.35	XXX
93784	.....	N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786	.....	N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788	.....	N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797	.....	A	Cardiac rehab	0.18	#0.20	#0.20	0.02	0.40	0.40	000
93798	.....	A	Cardiac rehab/monitor	0.28	0.47	0.47	0.04	0.79	0.79	000
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875	.....	A	Extracranial study	0.22	1.29	1.29	0.18	1.69	1.69	XXX
93875	TC	A	Extracranial study	0.00	1.05	1.05	0.12	1.17	1.17	XXX
93875	26	A	Extracranial study	0.22	#0.24	#0.24	0.06	0.52	0.52	XXX
93880	.....	A	Extracranial study	0.60	3.94	3.94	0.44	4.98	4.98	XXX
93880	TC	A	Extracranial study	0.00	3.55	3.55	0.40	3.95	3.95	XXX
93880	26	A	Extracranial study	0.60	0.39	0.39	0.04	1.03	1.03	XXX
93882	.....	A	Extracranial study	0.40	2.62	2.62	0.29	3.31	3.31	XXX
93882	TC	A	Extracranial study	0.00	2.36	2.36	0.26	2.62	2.62	XXX
93882	26	A	Extracranial study	0.40	0.26	0.26	0.03	0.69	0.69	XXX
93886	.....	A	Intracranial study	0.94	4.44	4.44	0.50	5.88	5.88	XXX
93886	TC	A	Intracranial study	0.00	4.02	4.02	0.45	4.47	4.47	XXX
93886	26	A	Intracranial study	0.94	0.42	0.42	0.05	1.41	1.41	XXX
93888	.....	A	Intracranial study	0.62	2.96	2.96	0.34	3.92	3.92	XXX
93888	TC	A	Intracranial study	0.00	2.68	2.68	0.31	2.99	2.99	XXX
93888	26	A	Intracranial study	0.62	0.28	0.28	0.03	0.93	0.93	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93922	.....	A	Extremity study	0.25	1.38	1.38	0.19	1.82	1.82	XXX
93922	TC	A	Extremity study	0.00	1.10	1.10	0.14	1.24	1.24	XXX
93922	26	A	Extremity study	0.25	0.28	0.28	0.05	0.58	0.58	XXX
93923	.....	A	Extremity study	0.45	2.58	2.58	0.35	3.38	3.38	XXX
93923	TC	A	Extremity study	0.00	2.08	2.08	0.26	2.34	2.34	XXX
93923	26	A	Extremity study	0.45	#0.50	#0.50	0.09	1.04	1.04	XXX
93924	.....	A	Extremity study	0.50	2.81	2.81	0.39	3.70	3.70	XXX
93924	TC	A	Extremity study	0.00	2.26	2.26	0.29	2.55	2.55	XXX
93924	26	A	Extremity study	0.50	#0.55	#0.55	0.10	1.15	1.15	XXX
93925	.....	A	Lower extremity study	0.58	3.96	3.96	0.44	4.98	4.98	XXX
93925	TC	A	Lower extremity study	0.00	3.57	3.57	0.40	3.97	3.97	XXX
93925	26	A	Lower extremity study	0.58	0.39	0.39	0.04	1.01	1.01	XXX
93926	.....	A	Lower extremity study	0.39	2.64	2.64	0.30	3.33	3.33	XXX
93926	TC	A	Lower extremity study	0.00	2.38	2.38	0.27	2.65	2.65	XXX
93926	26	A	Lower extremity study	0.39	0.26	0.26	0.03	0.68	0.68	XXX
93930	.....	A	Upper extremity study	0.46	4.18	4.18	0.47	5.11	5.11	XXX
93930	TC	A	Upper extremity study	0.00	3.79	3.79	0.42	4.21	4.21	XXX
93930	26	A	Upper extremity study	0.46	0.39	0.39	0.05	0.90	0.90	XXX
93931	.....	A	Upper extremity study	0.31	2.78	2.78	0.31	3.40	3.40	XXX
93931	TC	A	Upper extremity study	0.00	2.52	2.52	0.28	2.80	2.80	XXX
93931	26	A	Upper extremity study	0.31	0.26	0.26	0.03	0.60	0.60	XXX
93965	.....	A	Extremity study	0.35	1.43	1.43	0.19	1.97	1.97	XXX
93965	TC	A	Extremity study	0.00	1.04	1.04	0.13	1.17	1.17	XXX
93965	26	A	Extremity study	0.35	#0.39	#0.39	0.06	0.80	0.80	XXX
93970	.....	A	Extremity study	0.68	4.33	4.33	0.51	5.52	5.52	XXX
93970	TC	A	Extremity study	0.00	3.93	3.93	0.46	4.39	4.39	XXX
93970	26	A	Extremity study	0.68	0.40	0.40	0.05	1.13	1.13	XXX
93971	.....	A	Extremity study	0.45	2.89	2.89	0.34	3.68	3.68	XXX
93971	TC	A	Extremity study	0.00	2.62	2.62	0.31	2.93	2.93	XXX
93971	26	A	Extremity study	0.45	0.27	0.27	0.03	0.75	0.75	XXX
93975	.....	A	Vascular study	1.80	4.90	4.90	0.55	7.25	7.25	XXX
93975	TC	A	Vascular study	0.00	4.48	4.48	0.50	4.98	4.98	XXX
93975	26	A	Vascular study	1.80	0.42	0.42	0.05	2.27	2.27	XXX
93976	.....	A	Vascular study	1.21	3.27	3.27	0.37	4.85	4.85	XXX
93976	TC	A	Vascular study	0.00	2.99	2.99	0.34	3.33	3.33	XXX
93976	26	A	Vascular study	1.21	0.28	0.28	0.03	1.52	1.52	XXX
93978	.....	A	Vascular study	0.65	4.06	4.06	0.47	5.18	5.18	XXX
93978	TC	A	Vascular study	0.00	3.67	3.67	0.42	4.09	4.09	XXX
93978	26	A	Vascular study	0.65	0.39	0.39	0.05	1.09	1.09	XXX
93979	.....	A	Vascular study	0.44	2.70	2.70	0.31	3.45	3.45	XXX
93979	TC	A	Vascular study	0.00	2.44	2.44	0.28	2.72	2.72	XXX
93979	26	A	Vascular study	0.44	0.26	0.26	0.03	0.73	0.73	XXX
93980	.....	A	Penile vascular study	1.25	4.15	4.15	0.45	5.85	5.85	XXX
93980	TC	A	Penile vascular study	0.00	3.33	3.33	0.38	3.71	3.71	XXX
93980	26	A	Penile vascular study	1.25	0.82	0.82	0.07	2.14	2.14	XXX
93981	.....	A	Penile vascular study	0.44	3.47	3.47	0.39	4.30	4.30	XXX
93981	TC	A	Penile vascular study	0.00	3.07	3.07	0.36	3.43	3.43	XXX
93981	26	A	Penile vascular study	0.44	0.40	0.40	0.03	0.87	0.87	XXX
93990	.....	A	Doppler flow testing	0.25	2.57	2.57	0.29	3.11	3.11	XXX
93990	TC	A	Doppler flow testing	0.00	2.38	2.38	0.27	2.65	2.65	XXX
93990	26	A	Doppler flow testing	0.25	0.19	0.19	0.02	0.46	0.46	XXX
94010	.....	A	Breathing capacity test	0.17	0.68	0.68	0.05	0.90	0.90	XXX
94010	TC	A	Breathing capacity test	0.00	0.40	0.40	0.03	0.43	0.43	XXX
94010	26	A	Breathing capacity test	0.17	0.28	0.28	0.02	0.47	0.47	XXX
94060	.....	A	Evaluation of wheezing	0.31	1.23	1.23	0.09	1.63	1.63	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.89	0.89	0.06	0.95	0.95	XXX
94060	26	A	Evaluation of wheezing	0.31	#0.34	#0.34	0.03	0.68	0.68	XXX
94070	.....	A	Evaluation of wheezing	0.60	1.77	1.77	0.13	2.50	2.50	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.39	1.39	0.10	1.49	1.49	XXX
94070	26	A	Evaluation of wheezing	0.60	0.38	0.38	0.03	1.01	1.01	XXX
94150	.....	B	Vital capacity test	+0.07	0.16	0.16	0.02	0.25	0.25	XXX
94150	TC	B	Vital capacity test	+0.00	0.08	0.08	0.01	0.09	0.09	XXX
94150	26	B	Vital capacity test	+0.07	#0.08	#0.08	0.01	0.16	0.16	XXX
94200	.....	A	Lung function test (MBC/MVV)	0.11	0.36	0.36	0.03	0.50	0.50	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.24	0.24	0.02	0.26	0.26	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	#0.12	#0.12	0.01	0.24	0.24	XXX
94240	.....	A	Residual lung capacity	0.26	0.88	0.88	0.07	1.21	1.21	XXX
94240	TC	A	Residual lung capacity	0.00	0.65	0.65	0.05	0.70	0.70	XXX
94240	26	A	Residual lung capacity	0.26	0.23	0.23	0.02	0.51	0.51	XXX
94250	.....	A	Expired gas collection	0.11	0.25	0.25	0.02	0.38	0.38	XXX
94250	TC	A	Expired gas collection	0.00	0.13	0.13	0.01	0.14	0.14	XXX
94250	26	A	Expired gas collection	0.11	#0.12	#0.12	0.01	0.24	0.24	XXX
94260	.....	A	Thoracic gas volume	0.13	0.66	0.66	0.06	0.85	0.85	XXX
94260	TC	A	Thoracic gas volume	0.00	0.52	0.52	0.04	0.56	0.56	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
94260	26	A	Thoracic gas volume	0.13	#0.14	#0.14	0.02	0.29	0.29	XXX
94350	.....	A	Lung nitrogen washout curve	0.26	0.73	0.73	0.05	1.04	1.04	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.52	0.52	0.04	0.56	0.56	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.21	0.01	0.48	0.48	XXX
94360	.....	A	Measure airflow resistance	0.26	1.11	1.11	0.07	1.44	1.44	XXX
94360	TC	A	Measure airflow resistance	0.00	0.92	0.92	0.06	0.98	0.98	XXX
94360	26	A	Measure airflow resistance	0.26	0.19	0.19	0.01	0.46	0.46	XXX
94370	.....	A	Breath airway closing volume	0.26	0.40	0.40	0.03	0.69	0.69	XXX
94370	TC	A	Breath airway closing volume	0.00	0.26	0.26	0.02	0.28	0.28	XXX
94370	26	A	Breath airway closing volume	0.26	0.14	0.14	0.01	0.41	0.41	XXX
94375	.....	A	Respiratory flow volume loop	0.31	0.67	0.67	0.04	1.02	1.02	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.46	0.46	0.03	0.49	0.49	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.21	0.01	0.53	0.53	XXX
94400	.....	A	CO2 breathing response curve	0.40	0.77	0.77	0.19	1.36	1.36	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.30	0.30	0.06	0.36	0.36	XXX
94400	26	A	CO2 breathing response curve	0.40	0.47	0.47	0.13	1.00	1.00	XXX
94450	.....	A	Hypoxia response curve	0.40	0.61	0.61	0.05	1.06	1.06	XXX
94450	TC	A	Hypoxia response curve	0.00	0.37	0.37	0.03	0.40	0.40	XXX
94450	26	A	Hypoxia response curve	0.40	0.24	0.24	0.02	0.66	0.66	XXX
94620	.....	A	Pulmonary stress testing	0.88	2.05	2.05	0.15	3.08	3.08	XXX
94620	TC	A	Pulmonary stress testing	0.00	1.35	1.35	0.10	1.45	1.45	XXX
94620	26	A	Pulmonary stress testing	0.88	0.70	0.70	0.05	1.63	1.63	XXX
94640	.....	A	Airway inhalation treatment	0.00	0.39	0.39	0.03	0.42	0.42	XXX
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650	.....	A	Pressure breathing (IPPB)	0.00	0.37	0.37	0.03	0.40	0.40	XXX
94651	.....	A	Pressure breathing (IPPB)	0.00	0.36	0.36	0.03	0.39	0.39	XXX
94652	.....	A	Pressure breathing (IPPB)	0.00	0.41	0.41	0.08	0.49	0.49	XXX
94656	.....	A	Initial ventilator mgmt	1.22	1.13	1.13	0.12	2.47	2.47	XXX
94657	.....	A	Cont. ventilator	0.83	0.62	0.62	0.05	1.50	1.50	XXX
94660	.....	A	Pos airway pressure, CPAP	0.76	0.71	0.71	0.06	1.53	1.53	XXX
94662	.....	A	Neg pressure ventilation, cnp	0.76	0.30	0.30	0.02	1.08	1.08	XXX
94664	.....	A	Aerosol or vapor inhalations	0.00	0.50	0.50	0.04	0.54	0.54	XXX
94665	.....	A	Aerosol or vapor inhalations	0.00	0.46	0.46	0.05	0.51	0.51	XXX
94667	.....	A	Chest wall manipulation	0.00	0.55	0.55	0.05	0.60	0.60	XXX
94668	.....	A	Chest wall manipulation	0.00	0.34	0.34	0.03	0.37	0.37	XXX
94680	.....	A	Exhaled air analysis: O2	0.26	0.78	0.78	0.10	1.14	1.14	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	0.49	0.49	0.07	0.56	0.56	XXX
94680	26	A	Exhaled air analysis: O2	0.26	#0.29	#0.29	0.03	0.58	0.58	XXX
94681	.....	A	Exhaled air analysis: O2, CO2	0.20	1.54	1.54	0.17	1.91	1.91	XXX
94681	TC	A	Exhaled air analysis: O2, CO2	0.00	1.32	1.32	0.13	1.45	1.45	XXX
94681	26	A	Exhaled air analysis: O2, CO2	0.20	#0.22	#0.22	0.04	0.46	0.46	XXX
94690	.....	A	Exhaled air analysis	0.07	0.56	0.56	0.04	0.67	0.67	XXX
94690	TC	A	Exhaled air analysis	0.00	0.51	0.51	0.04	0.55	0.55	XXX
94690	26	A	Exhaled air analysis	0.07	0.05	0.05	0.00	0.12	0.12	XXX
94720	.....	A	Monoxide diffusing capacity	0.26	1.03	1.03	0.08	1.37	1.37	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.80	0.80	0.06	0.86	0.86	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.23	0.02	0.51	0.51	XXX
94725	.....	A	Membrane diffusion capacity	0.26	1.84	1.84	0.14	2.24	2.24	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.66	1.66	0.13	1.79	1.79	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.18	0.01	0.45	0.45	XXX
94750	.....	A	Pulmonary compliance study	0.23	0.80	0.80	0.06	1.09	1.09	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.55	0.55	0.04	0.59	0.59	XXX
94750	26	A	Pulmonary compliance study	0.23	#0.25	#0.25	0.02	0.50	0.50	XXX
94760	.....	A	Measure blood oxygen level	0.00	0.25	0.25	0.02	0.27	0.27	XXX
94761	.....	A	Measure blood oxygen level	0.00	0.64	0.64	0.06	0.70	0.70	XXX
94762	.....	A	Measure blood oxygen level	0.00	1.08	1.08	0.10	1.18	1.18	XXX
94770	.....	A	Exhaled carbon dioxide test	0.15	0.40	0.40	0.11	0.66	0.66	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.29	0.08	0.37	0.37	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.11	0.11	0.03	0.29	0.29	XXX
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004	.....	A	Allergy skin tests	0.00	0.09	0.09	0.01	0.10	0.10	XXX
95010	.....	A	Sensitivity skin tests	0.15	0.11	0.11	0.01	0.27	0.27	XXX
95015	.....	A	Sensitivity skin tests	0.15	0.11	0.11	0.01	0.27	0.27	XXX
95024	.....	A	Allergy skin tests	0.00	0.14	0.14	0.01	0.15	0.15	XXX
95027	.....	A	Skin end point titration	0.00	0.14	0.14	0.01	0.15	0.15	XXX
95028	.....	A	Allergy skin tests	0.00	0.22	0.22	0.01	0.23	0.23	XXX
95044	.....	A	Allergy patch tests	0.00	0.19	0.19	0.01	0.20	0.20	XXX
95052	.....	A	Photo patch test	0.00	0.24	0.24	0.01	0.25	0.25	XXX
95056	.....	A	Photosensitivity tests	0.00	0.17	0.17	0.01	0.18	0.18	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95060	.....	A	Eye allergy tests	0.00	0.33	0.33	0.02	0.35	0.35	XXX
95065	.....	A	Nose allergy test	0.00	0.19	0.19	0.01	0.20	0.20	XXX
95070	.....	A	Bronchial allergy tests	0.00	2.17	2.17	0.02	2.19	2.19	XXX
95071	.....	A	Bronchial allergy tests	0.00	2.78	2.78	0.02	2.80	2.80	XXX
95075	.....	A	Ingestion challenge test	0.95	1.97	1.97	0.02	2.94	2.94	XXX
95078	.....	A	Provocative testing	0.00	0.24	0.24	0.02	0.26	0.26	XXX
95115	.....	A	Immunotherapy, one injection	0.00	0.37	0.37	0.02	0.39	0.39	000
95117	.....	A	Immunotherapy injections	0.00	0.48	0.48	0.02	0.50	0.50	000
95120	.....	I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125	.....	I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130	.....	I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144	.....	A	Antigen therapy services	0.06	0.13	0.13	0.01	0.20	0.20	000
95145	.....	A	Antigen therapy services	0.06	0.34	0.34	0.03	0.43	0.43	000
95146	.....	A	Antigen therapy services	0.06	0.61	0.61	0.03	0.70	0.70	000
95147	.....	A	Antigen therapy services	0.06	0.91	0.91	0.03	1.00	1.00	000
95148	.....	A	Antigen therapy services	0.06	0.91	0.91	0.03	1.00	1.00	000
95149	.....	A	Antigen therapy services	0.06	1.14	1.14	0.03	1.23	1.23	000
95165	.....	A	Antigen therapy services	0.06	0.10	0.10	0.01	0.17	0.17	000
95170	.....	A	Antigen therapy services	0.06	0.35	0.35	0.03	0.44	0.44	000
95180	.....	A	Rapid desensitization	2.01	0.14	0.14	0.01	2.16	2.16	000
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	000
95805	.....	A	Multiple sleep latency test	1.88	5.51	5.51	0.45	7.84	7.84	XXX
95805	TC	A	Multiple sleep latency test	0.00	4.95	4.95	0.38	5.33	5.33	XXX
95805	26	A	Multiple sleep latency test	1.88	0.56	0.56	0.07	2.51	2.51	XXX
95806	.....	A	Sleep study, unattended	1.66	7.18	6.56	0.55	9.39	8.77	XXX
95806	TC	A	Sleep study, unattended	0.00	4.73	4.73	0.36	5.09	5.09	XXX
95806	26	A	Sleep study, unattended	1.66	2.45	#1.83	0.19	4.30	3.68	XXX
95807	.....	A	Sleep study, attended	1.66	8.13	8.13	0.67	10.46	10.46	XXX
95807	TC	A	Sleep study, attended	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95807	26	A	Sleep study, attended	1.66	#1.83	#1.83	0.19	3.68	3.68	XXX
95808	.....	A	Polysomnography, 1–3	2.65	8.75	8.75	0.67	12.07	12.07	XXX
95808	TC	A	Polysomnography, 1–3	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95808	26	A	Polysomnography, 1–3	2.65	2.45	2.45	0.19	5.29	5.29	XXX
95810	.....	A	Polysomnography, 4 or more	3.53	8.75	8.75	0.67	12.95	12.95	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95810	26	A	Polysomnography, 4 or more	3.53	2.45	2.45	0.19	6.17	6.17	XXX
95811	.....	A	Polysomnography w/cpap	3.80	9.19	9.19	0.70	13.69	13.69	XXX
95811	TC	A	Polysomnography w/cpap	0.00	6.62	6.62	0.50	7.12	7.12	XXX
95811	26	A	Polysomnography w/cpap	3.80	2.57	2.57	0.20	6.57	6.57	XXX
95812	.....	A	Electroencephalogram (EEG)	1.08	1.85	1.85	0.15	3.08	3.08	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	1.35	0.11	1.46	1.46	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.50	0.04	1.62	1.62	XXX
95813	.....	A	Electroencephalogram (EEG)	1.73	1.85	1.85	0.15	3.73	3.73	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	1.35	0.11	1.46	1.46	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.50	0.04	2.27	2.27	XXX
95816	.....	A	Electroencephalogram (EEG)	1.08	1.54	1.54	0.13	2.75	2.75	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	1.26	1.26	0.10	1.36	1.36	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.28	0.28	0.03	1.39	1.39	XXX
95819	.....	A	Electroencephalogram (EEG)	1.08	1.80	1.80	0.14	3.02	3.02	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	1.30	1.30	0.10	1.40	1.40	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.50	0.50	0.04	1.62	1.62	XXX
95822	.....	A	Sleep electroencephalogram	1.08	2.28	2.28	0.18	3.54	3.54	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.72	1.72	0.14	1.86	1.86	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.56	0.56	0.04	1.68	1.68	XXX
95824	.....	A	Electroencephalography	0.74	0.98	0.98	0.07	1.79	1.79	XXX
95824	TC	A	Electroencephalography	0.00	0.40	0.40	0.03	0.43	0.43	XXX
95824	26	A	Electroencephalography	0.74	0.58	0.58	0.04	1.36	1.36	XXX
95827	.....	A	Night electroencephalogram	1.08	3.06	3.06	0.24	4.38	4.38	XXX
95827	TC	A	Night electroencephalogram	0.00	2.18	2.18	0.17	2.35	2.35	XXX
95827	26	A	Night electroencephalogram	1.08	0.88	0.88	0.07	2.03	2.03	XXX
95829	.....	A	Surgery electrocorticogram	6.21	0.59	0.59	0.05	6.85	6.85	XXX
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.14	0.02	0.16	0.16	XXX
95829	26	A	Surgery electrocorticogram	6.21	0.45	0.45	0.03	6.69	6.69	XXX
95830	.....	A	Insert electrodes for EEG	1.70	0.78	0.78	0.07	2.55	2.55	XXX
95831	.....	A	Limb muscle testing, manual	0.28	0.29	0.29	0.03	0.60	0.60	XXX
95832	.....	A	Hand muscle testing, manual	0.29	0.25	0.25	0.02	0.56	0.56	XXX
95833	.....	A	Body muscle testing, manual	0.47	0.38	0.38	0.05	0.90	0.90	XXX
95834	.....	A	Body muscle testing, manual	0.60	0.61	0.61	0.06	1.27	1.27	XXX
95851	.....	A	Range of motion measurements	0.16	0.24	0.24	0.02	0.42	0.42	XXX
95852	.....	A	Range of motion measurements	0.11	0.15	0.15	0.02	0.28	0.28	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95857	.....	A	Tensilon test	0.53	0.50	0.50	0.04	1.07	1.07	XXX
95858	.....	A	Tensilon test & myogram	1.56	1.02	1.02	0.09	2.67	2.67	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.38	0.04	0.42	0.42	XXX
95858	26	A	Tensilon test & myogram	1.56	0.64	0.64	0.05	2.25	2.25	XXX
95860	.....	A	Muscle test, one limb	0.96	1.09	1.09	0.09	2.14	2.14	XXX
95860	TC	A	Muscle test, one limb	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95860	26	A	Muscle test, one limb	0.96	0.73	0.73	0.06	1.75	1.75	XXX
95861	.....	A	Muscle test, two limbs	1.54	1.97	1.97	0.16	3.67	3.67	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.70	0.70	0.06	0.76	0.76	XXX
95861	26	A	Muscle test, two limbs	1.54	1.27	1.27	0.10	2.91	2.91	XXX
95863	.....	A	Muscle test, 3 limbs	1.87	2.30	2.30	0.18	4.35	4.35	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	0.89	0.07	0.96	0.96	XXX
95863	26	A	Muscle test, 3 limbs	1.87	1.41	1.41	0.11	3.39	3.39	XXX
95864	.....	A	Muscle test, 4 limbs	1.99	3.45	3.45	0.27	5.71	5.71	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.70	1.70	0.13	1.83	1.83	XXX
95864	26	A	Muscle test, 4 limbs	1.99	1.75	1.75	0.14	3.88	3.88	XXX
95867	.....	A	Muscle test, head or neck	0.79	1.13	1.13	0.09	2.01	2.01	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.55	0.55	0.04	0.59	0.59	XXX
95867	26	A	Muscle test, head or neck	0.79	0.58	0.58	0.05	1.42	1.42	XXX
95868	.....	A	Muscle test, head or neck	1.18	1.92	1.92	0.15	3.25	3.25	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.66	0.66	0.05	0.71	0.71	XXX
95868	26	A	Muscle test, head or neck	1.18	1.26	1.26	0.10	2.54	2.54	XXX
95869	.....	A	Muscle test, thor paraspinal	0.37	0.53	0.53	0.05	0.95	0.95	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95870	.....	A	Muscle test, non-paraspinal	0.37	0.53	0.53	0.05	0.95	0.95	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95872	.....	A	Muscle test, one fiber	1.50	1.25	1.25	0.11	2.86	2.86	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.57	0.57	0.05	0.62	0.62	XXX
95872	26	A	Muscle test, one fiber	1.50	0.68	0.68	0.06	2.24	2.24	XXX
95875	.....	A	Limb exercise test	1.34	0.60	0.60	0.10	2.04	2.04	XXX
95875	TC	A	Limb exercise test	0.00	0.38	0.38	0.06	0.44	0.44	XXX
95875	26	A	Limb exercise test	1.34	0.22	0.22	0.04	1.60	1.60	XXX
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.62	0.05	1.09	1.09	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.27	0.02	0.29	0.29	XXX
95900	26	A	Motor nerve conduction test	0.42	0.35	0.35	0.03	0.80	0.80	XXX
95903	.....	A	Motor nerve conduction test	0.60	0.59	0.59	0.05	1.24	1.24	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.24	0.24	0.02	0.26	0.26	XXX
95903	26	A	Motor nerve conduction test	0.60	0.35	0.35	0.03	0.98	0.98	XXX
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.55	0.05	0.94	0.94	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.21	0.02	0.23	0.23	XXX
95904	26	A	Sense nerve conduction test	0.34	0.34	0.34	0.03	0.71	0.71	XXX
95920	.....	A	Intraoperative nerve testing	2.11	2.67	2.67	0.20	4.98	4.98	XXX
95920	TC	A	Intraoperative nerve testing	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95920	26	A	Intraoperative nerve testing	2.11	1.43	1.43	0.12	3.66	3.66	XXX
95921	.....	A	Autonomic nervous func test	0.90	0.68	0.68	0.05	1.63	1.63	XXX
95921	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95921	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95922	.....	A	Autonomic nervous func test	0.96	0.70	0.70	0.06	1.72	1.72	XXX
95922	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95922	26	A	Autonomic nervous func test	0.96	0.34	0.34	0.03	1.33	1.33	XXX
95923	.....	A	Autonomic nervous func test	0.90	0.68	0.68	0.05	1.63	1.63	XXX
95923	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95923	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95925	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95925	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95925	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95926	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95926	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95926	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95927	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95927	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95927	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95930	.....	A	Visual evoked potential test	0.35	0.83	0.83	0.05	1.23	1.23	XXX
95930	TC	A	Visual evoked potential test	0.00	0.25	0.25	0.01	0.26	0.26	XXX
95930	26	A	Visual evoked potential test	0.35	0.58	0.58	0.04	0.97	0.97	XXX
95933	.....	A	Blink reflex test	0.59	1.25	1.25	0.10	1.94	1.94	XXX
95933	TC	A	Blink reflex test	0.00	0.75	0.75	0.06	0.81	0.81	XXX
95933	26	A	Blink reflex test	0.59	0.50	0.50	0.04	1.13	1.13	XXX
95934	.....	A	h reflex test	0.51	0.54	0.54	0.05	1.10	1.10	XXX
95934	TC	A	h reflex test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95934	26	A	h reflex test	0.51	0.34	0.34	0.03	0.88	0.88	XXX
95936	.....	A	h reflex test	0.55	0.54	0.54	0.05	1.14	1.14	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95936	TC	A	h reflex test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95936	26	A	h reflex test	0.55	0.34	0.34	0.03	0.92	0.92	XXX
95937		A	Neuromuscular junction test	0.65	0.77	0.77	0.07	1.49	1.49	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.32	0.03	0.35	0.35	XXX
95937	26	A	Neuromuscular junction test	0.65	0.45	0.45	0.04	1.14	1.14	XXX
95950		A	Ambulatory eeg monitoring	1.51	7.25	7.25	0.60	9.36	9.36	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	1.21	1.21	0.10	2.82	2.82	XXX
95951		A	EEG monitoring/videorecord	6.00	8.83	8.83	0.64	15.47	15.47	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	7.33	7.33	0.53	7.86	7.86	XXX
95951	26	A	EEG monitoring/videorecord	6.00	1.50	1.50	0.11	7.61	7.61	XXX
95953		A	EEG monitoring/computer	3.08	7.25	7.25	0.60	10.93	10.93	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95953	26	A	EEG monitoring/computer	3.08	1.21	1.21	0.10	4.39	4.39	XXX
95954		A	EEG monitoring/giving drugs	2.45	2.32	2.32	0.28	5.05	5.05	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	0.45	0.45	0.06	0.51	0.51	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	1.87	1.87	0.22	4.54	4.54	XXX
95955		A	EEG during surgery	1.01	2.90	2.90	0.30	4.21	4.21	XXX
95955	TC	A	EEG during surgery	0.00	1.87	1.87	0.19	2.06	2.06	XXX
95955	26	A	EEG during surgery	1.01	1.03	1.03	0.11	2.15	2.15	XXX
95956		A	EEG monitoring/cable/radio	3.08	7.54	7.54	0.61	11.23	11.23	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.50	1.50	0.11	4.69	4.69	XXX
95957		A	EEG digital analysis	1.98	2.25	2.25	0.18	4.41	4.41	XXX
95957	TC	A	EEG digital analysis	0.00	1.62	1.62	0.13	1.75	1.75	XXX
95957	26	A	EEG digital analysis	1.98	0.63	0.63	0.05	2.66	2.66	XXX
95958		A	EEG monitoring/function test	4.25	4.89	4.89	0.52	9.66	9.66	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.66	1.66	0.14	1.80	1.80	XXX
95958	26	A	EEG monitoring/function test	4.25	3.23	3.23	0.38	7.86	7.86	XXX
95961		A	Electrode stimulation, brain	2.97	2.67	2.67	0.20	5.84	5.84	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.43	1.43	0.12	4.52	4.52	XXX
95962		A	Electrode stimulation, brain	3.21	2.67	2.67	0.20	6.08	6.08	XXX
95962	TC	A	Electrode stimulation, brain	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95962	26	A	Electrode stimulation, brain	3.21	1.43	1.43	0.12	4.76	4.76	XXX
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100		A	Psychological testing	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96105		A	Assessment of aphasia	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96111		A	Developmental test, extend	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96115		A	Neurobehavior status exam	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96117		A	Neuropsych test battery	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96400		A	Chemotherapy, (SC)/(IM)	0.00	0.13	0.13	0.01	0.14	0.14	XXX
96405		A	Intralesional chemo admin	0.52	0.38	0.38	0.03	0.93	0.93	000
96406		A	Intralesional chemo admin	0.80	0.56	0.56	0.04	1.40	1.40	000
96408		A	Chemotherapy, push technique	0.00	0.92	0.92	0.06	0.98	0.98	XXX
96410		A	Chemotherapy, infusion method	0.00	1.47	1.47	0.09	1.56	1.56	XXX
96412		A	Chemotherapy, infusion method	0.00	1.10	1.10	0.08	1.18	1.18	XXX
96414		A	Chemotherapy, infusion method	0.00	1.27	1.27	0.09	1.36	1.36	XXX
96420		A	Chemotherapy, push technique	0.00	1.19	1.19	0.09	1.28	1.28	XXX
96422		A	Chemotherapy, infusion method	0.00	1.17	1.17	0.09	1.26	1.26	XXX
96423		A	Chemotherapy, infusion method	0.00	0.46	0.46	0.03	0.49	0.49	XXX
96425		A	Chemotherapy, infusion method	0.00	1.36	1.36	0.09	1.45	1.45	XXX
96440		A	Chemotherapy, intracavitary	2.37	0.81	0.81	0.06	3.24	3.24	000
96445		A	Chemotherapy, intracavitary	2.20	0.98	0.98	0.09	3.27	3.27	000
96450		A	Chemotherapy, into CNS	1.89	0.87	0.87	0.06	2.82	2.82	000
96520		A	Pump refilling, maintenance	0.00	0.85	0.85	0.06	0.91	0.91	XXX
96530		A	Pump refilling, maintenance	0.00	1.01	1.01	0.07	1.08	1.08	XXX
96542		A	Chemotherapy injection	1.42	1.09	1.09	0.13	2.64	2.64	XXX
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96900		A	Ultraviolet light therapy	0.00	0.38	0.38	0.03	0.41	0.41	XXX
96902		B	Trichogram	+0.41	0.29	0.29	0.02	0.72	0.72	XXX
96910		A	Photochemotherapy with UV–B	0.00	0.55	0.55	0.04	0.59	0.59	XXX
96912		A	Photochemotherapy with UV–A	0.00	0.63	0.63	0.05	0.68	0.68	XXX
96913		A	Photochemotherapy, UV–A or B	0.00	1.29	1.29	0.10	1.39	1.39	XXX
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97002		A	Pt re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97003		A	Ot evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97004		A	Ot re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97010		B	Hot or cold packs therapy	+0.06	0.21	0.21	0.02	0.29	0.29	XXX
97012		A	Mechanical traction therapy	0.25	0.19	0.19	0.02	0.46	0.46	XXX
97014		A	Electric stimulation therapy	0.18	0.20	0.20	0.02	0.40	0.40	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
97016		A	Vasopneumatic device therapy	0.18	0.25	0.25	0.02	0.45	0.45	XXX
97018		A	Paraffin bath therapy	0.06	0.24	0.24	0.03	0.33	0.33	XXX
97020		A	Microwave therapy	0.06	0.20	0.20	0.02	0.28	0.28	XXX
97022		A	Whirlpool therapy	0.17	0.19	0.19	0.02	0.38	0.38	XXX
97024		A	Diathermy treatment	0.06	0.21	0.21	0.02	0.29	0.29	XXX
97026		A	Infrared therapy	0.06	0.19	0.19	0.02	0.27	0.27	XXX
97028		A	Ultraviolet therapy	0.08	0.19	0.19	0.01	0.28	0.28	XXX
97032		A	Electrical stimulation	0.25	0.14	0.14	0.01	0.40	0.40	XXX
97033		A	Electric current therapy	0.26	0.14	0.14	0.02	0.42	0.42	XXX
97034		A	Contrast bath therapy	0.21	0.10	0.10	0.01	0.32	0.32	XXX
97035		A	Ultrasound therapy	0.21	0.11	0.11	0.01	0.33	0.33	XXX
97036		A	Hydrotherapy	0.28	0.21	0.21	0.02	0.51	0.51	XXX
97039		A	Physical therapy treatment	0.20	0.24	0.24	0.03	0.47	0.47	XXX
97110		A	Therapeutic exercises	0.45	0.13	0.13	0.02	0.60	0.60	XXX
97112		A	Neuromuscular reeducation	0.45	0.13	0.13	0.01	0.59	0.59	XXX
97113		A	Aquatic therapy/exercises	0.44	0.20	0.20	0.02	0.66	0.66	XXX
97116		A	Gait training therapy	0.40	0.11	0.11	0.01	0.52	0.52	XXX
97122		A	Manual traction therapy	0.42	0.11	0.11	0.01	0.54	0.54	XXX
97124		A	Massage therapy	0.35	0.11	0.11	0.01	0.47	0.47	XXX
97139		A	Physical medicine procedure	0.21	0.16	0.16	0.02	0.39	0.39	XXX
97150		A	Group therapeutic procedures	0.27	0.20	0.20	0.02	0.49	0.49	XXX
97250		A	Myofascial release	0.45	0.35	0.35	0.04	0.84	0.84	000
97260		A	Regional manipulation	0.19	0.20	0.20	0.02	0.41	0.41	000
97261		A	Supplemental manipulations	0.12	0.11	0.11	0.01	0.24	0.24	000
97265		A	Joint mobilization	0.45	0.35	0.35	0.04	0.84	0.84	XXX
97504		A	Orthotic training	0.45	0.14	0.14	0.02	0.61	0.61	XXX
97520		A	Prosthetic training	0.45	0.15	0.15	0.02	0.62	0.62	XXX
97530		A	Therapeutic activities	0.44	0.17	0.17	0.02	0.63	0.63	XXX
97535		A	Self care mngment training	0.45	0.17	0.17	0.02	0.64	0.64	XXX
97537		A	Community/work reintegration	0.45	0.17	0.17	0.02	0.64	0.64	XXX
97542		A	Wheelchair mngement training	0.25	0.17	0.17	0.02	0.44	0.44	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97703		A	Prosthetic checkout	0.25	0.18	0.18	0.03	0.46	0.46	XXX
97750		A	Physical performance test	0.45	0.24	0.24	0.03	0.72	0.72	XXX
97770		A	Cognitive skills development	0.44	0.28	0.28	0.03	0.75	0.75	XXX
97780		N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925		A	Osteopathic manipulation	0.45	0.25	0.25	0.02	0.72	0.72	000
98926		A	Osteopathic manipulation	0.65	0.40	0.40	0.03	1.08	1.08	000
98927		A	Osteopathic manipulation	0.87	0.38	0.38	0.03	1.28	1.28	000
98928		A	Osteopathic manipulation	1.03	0.42	0.42	0.04	1.49	1.49	000
98929		A	Osteopathic manipulation	1.19	0.39	0.39	0.03	1.61	1.61	000
98940		A	Chiropractic manipulation	0.45	0.29	0.29	0.01	0.75	0.75	000
98941		A	Chiropractic manipulation	0.65	0.29	0.29	0.01	0.95	0.95	000
98942		A	Chiropractic manipulation	0.87	0.29	0.29	0.01	1.17	1.17	000
98943		N	Chiropractic manipulation	+0.40	0.29	0.29	0.01	0.70	0.70	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Post-op follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054		B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99141		B	Sedation, iv/im or inhalant	+0.80	0.83	0.83	0.05	1.68	1.68	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	0.62	0.62	0.04	1.26	1.26	XXX
99175		A	Induction of vomiting	0.00	1.33	1.33	0.10	1.43	1.43	XXX
99183		A	Hyperbaric oxygen therapy	2.34	1.67	1.67	0.11	4.12	4.12	XXX
99185		A	Regional hypothermia	0.00	0.61	0.61	0.04	0.65	0.65	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
99186		A	Total body hypothermia	0.00	1.70	1.70	0.52	2.22	2.22	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	0.42	0.42	0.03	0.45	0.45	XXX
99199		C	Special service or report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.42	0.37	0.04	0.91	0.86	XXX
99202		A	Office/outpatient visit, new	0.88	0.51	0.45	0.05	1.44	1.38	XXX
99203		A	Office/outpatient visit, new	1.34	0.59	0.52	0.06	1.99	1.92	XXX
99204		A	Office/outpatient visit, new	2.00	0.88	0.78	0.08	2.96	2.86	XXX
99205		A	Office/outpatient visit, new	2.67	0.96	0.85	0.09	3.72	3.61	XXX
99211		A	Office/outpatient visit, est	0.17	0.21	0.19	0.02	0.40	0.38	XXX
99212		A	Office/outpatient visit, est	0.45	0.32	0.28	0.02	0.79	0.75	XXX
99213		A	Office/outpatient visit, est	0.67	0.43	0.38	0.03	1.13	1.08	XXX
99214		A	Office/outpatient visit, est	1.10	0.57	0.50	0.04	1.71	1.64	XXX
99215		A	Office/outpatient visit, est	1.77	0.86	0.76	0.07	2.70	2.60	XXX
99217		A	Observation care discharge	1.28	0.52	0.52	0.04	1.84	1.84	XXX
99218		A	Observation care	1.28	0.68	0.68	0.06	2.02	2.02	XXX
99219		A	Observation care	2.14	1.05	1.05	0.09	3.28	3.28	XXX
99220		A	Observation care	2.99	1.14	1.14	0.09	4.22	4.22	XXX
99221		A	Initial hospital care	1.28	0.67	0.67	0.06	2.01	2.01	XXX
99222		A	Initial hospital care	2.14	1.04	1.04	0.09	3.27	3.27	XXX
99223		A	Initial hospital care	2.99	1.13	1.13	0.08	4.20	4.20	XXX
99231		A	Subsequent hospital care	0.64	0.38	0.38	0.03	1.05	1.05	XXX
99232		A	Subsequent hospital care	1.06	0.45	0.45	0.04	1.55	1.55	XXX
99233		A	Subsequent hospital care	1.51	0.60	0.60	0.05	2.16	2.16	XXX
99234		A	Observ/hosp same date	2.56	0.68	0.68	0.06	3.30	3.30	XXX
99235		A	Observ/hosp same date	3.42	1.05	1.05	0.09	4.56	4.56	XXX
99236		A	Observ/hosp same date	4.27	1.14	1.14	0.09	5.50	5.50	XXX
99238		A	Hospital discharge day	1.28	0.51	0.51	0.04	1.83	1.83	XXX
99239		A	Hospital discharge day	1.75	0.51	0.51	0.04	2.30	2.30	XXX
99241		A	Office consultation	0.64	0.64	0.64	0.08	1.36	1.36	XXX
99242		A	Office consultation	1.29	0.77	0.77	0.09	2.15	2.15	XXX
99243		A	Office consultation	1.72	0.97	0.97	0.10	2.79	2.79	XXX
99244		A	Office consultation	2.58	1.23	1.23	0.11	3.92	3.92	XXX
99245		A	Office consultation	3.43	1.69	1.69	0.16	5.28	5.28	XXX
99251		A	Initial inpatient consult	0.66	0.67	0.67	0.08	1.41	1.41	XXX
99252		A	Initial inpatient consult	1.32	0.76	0.76	0.09	2.17	2.17	XXX
99253		A	Initial inpatient consult	1.82	0.95	0.95	0.10	2.87	2.87	XXX
99254		A	Initial inpatient consult	2.64	1.20	1.20	0.11	3.95	3.95	XXX
99255		A	Initial inpatient consult	3.65	1.57	1.57	0.14	5.36	5.36	XXX
99261		A	Follow-up inpatient consult	0.42	0.33	0.33	0.03	0.78	0.78	XXX
99262		A	Follow-up inpatient consult	0.85	0.46	0.46	0.04	1.35	1.35	XXX
99263		A	Follow-up inpatient consult	1.27	0.67	0.67	0.04	1.98	1.98	XXX
99271		A	Confirmatory consultation	0.45	0.58	0.58	0.07	1.10	1.10	XXX
99272		A	Confirmatory consultation	0.84	0.71	0.71	0.09	1.64	1.64	XXX
99273		A	Confirmatory consultation	1.19	1.02	1.02	0.11	2.32	2.32	XXX
99274		A	Confirmatory consultation	1.73	1.22	1.22	0.11	3.06	3.06	XXX
99275		A	Confirmatory consultation	2.31	1.74	1.74	0.17	4.22	4.22	XXX
99281		A	Emergency dept visit	0.33	0.28	0.28	0.01	0.62	0.62	XXX
99282		A	Emergency dept visit	0.55	0.38	0.38	0.03	0.96	0.96	XXX
99283		A	Emergency dept visit	1.24	0.49	0.49	0.04	1.77	1.77	XXX
99284		A	Emergency dept visit	1.95	0.70	0.70	0.06	2.71	2.71	XXX
99285		A	Emergency dept visit	3.06	1.13	1.13	0.08	4.27	4.27	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	4.00	1.43	1.43	0.11	5.54	5.54	XXX
99292		A	Critical care, addl 30 min	2.00	0.63	0.63	0.04	2.67	2.67	XXX
99295		A	Neonatal critical care	16.00	5.08	5.08	1.55	22.63	22.63	XXX
99296		A	Neonatal critical care	8.00	2.46	2.46	0.77	11.23	11.23	XXX
99297		A	Neonatal critical care	4.00	1.23	1.23	0.38	5.61	5.61	XXX
99301		A	Nursing facility care	1.20	0.45	0.45	0.03	1.68	1.68	XXX
99302		A	Nursing facility care	1.61	0.50	0.50	0.04	2.15	2.15	XXX
99303		A	Nursing facility care	2.01	0.95	0.95	0.07	3.03	3.03	XXX
99311		A	Nursing facility care, subseq	0.60	0.34	0.34	0.03	0.97	0.97	XXX
99312		A	Nursing facility care, subseq	1.00	0.41	0.41	0.03	1.44	1.44	XXX
99313		A	Nursing facility care, subseq	1.42	0.46	0.46	0.04	1.92	1.92	XXX
99315		A	Nursing fac discharge day	1.13	0.51	0.51	0.04	1.68	1.68	XXX
99316		A	Nursing fac discharge day	1.50	0.51	0.51	0.04	2.05	2.05	XXX
99321		A	Rest home visit, new patient	0.71	0.37	0.37	0.03	1.11	1.11	XXX
99322		A	Rest home visit, new patient	1.01	0.51	0.51	0.05	1.57	1.57	XXX
99323		A	Rest home visit, new patient	1.28	0.73	0.73	0.06	2.07	2.07	XXX
99331		A	Rest home visit, estab pat	0.60	0.28	0.28	0.02	0.90	0.90	XXX
99332		A	Rest home visit, estab pat	0.80	0.36	0.36	0.03	1.19	1.19	XXX
99333		A	Rest home visit, estab pat	1.00	0.44	0.44	0.02	1.46	1.46	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
99341		A	Home visit, new patient	1.01	0.53	0.53	0.05	1.59	1.59	XXX
99342		A	Home visit, new patient	1.52	0.60	0.60	0.05	2.17	2.17	XXX
99343		A	Home visit, new patient	2.27	0.77	0.77	0.06	3.10	3.10	XXX
99344		A	Home visit, new patient	3.03	0.85	0.85	0.09	3.97	3.97	XXX
99345		A	Home visit, new patient	3.79	0.85	0.85	0.09	4.73	4.73	XXX
99347		A	Home visit, estab patient	0.76	0.45	0.45	0.04	1.25	1.25	XXX
99348		A	Home visit, estab patient	1.26	0.53	0.53	0.04	1.83	1.83	XXX
99349		A	Home visit, estab patient	2.02	0.61	0.61	0.05	2.68	2.68	XXX
99350		A	Home visit, estab patient	3.03	0.76	0.76	0.07	3.86	3.86	XXX
99351		D	Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99352		D	Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99353		D	12/Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99354		A	Prolonged service, office	1.77	0.76	0.76	0.07	2.60	2.60	XXX
99355		A	Prolonged service, office	1.77	0.76	0.76	0.07	2.60	2.60	XXX
99356		A	Prolonged service, inpatient	1.71	0.85	0.85	0.08	2.64	2.64	XXX
99357		A	Prolonged service, inpatient	1.71	0.85	0.85	0.08	2.64	2.64	XXX
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99375		A	Home health care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99376		D	1Care plan oversight/over 60	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99377		B	Hospice care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99378		A	Hospice care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99379		B	Nursing fac care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99380		B	Nursing fac care supervision	+1.73	0.51	0.51	0.04	2.28	2.28	XXX
99381		N	Preventive visit, new, infant	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99382		N	Preventive visit, new, age 1–4	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99383		N	Preventive visit, new, age 5–11	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99384		N	Preventive visit, new, 12–17	+1.53	1.59	1.59	0.10	3.22	3.22	XXX
99385		N	Preventive visit, new, 18–39	+1.53	1.40	1.40	0.09	3.02	3.02	XXX
99386		N	Preventive visit, new, 40–64	+1.88	1.72	1.72	0.10	3.70	3.70	XXX
99387		N	Preventive visit, new, 65 & over	+2.06	1.88	1.88	0.11	4.05	4.05	XXX
99391		N	Preventive visit, est, infant	+1.02	1.06	1.06	0.07	2.15	2.15	XXX
99392		N	Preventive visit, est, age 1–4	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99393		N	Preventive visit, est, age 5–11	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99394		N	Preventive visit, est, 12–17	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99395		N	Preventive visit, est, 18–39	+1.36	1.25	1.25	0.08	2.69	2.69	XXX
99396		N	Preventive visit, est, 40–64	+1.53	1.40	1.40	0.09	3.02	3.02	XXX
99397		N	Preventive visit, est, 65 & over	+1.71	1.56	1.56	0.10	3.37	3.37	XXX
99401		N	Preventive counseling, indiv	+0.48	0.45	0.45	0.03	0.96	0.96	XXX
99402		N	Preventive counseling, indiv	+0.98	0.89	0.89	0.05	1.92	1.92	XXX
99403		N	Preventive counseling, indiv	+1.46	1.34	1.34	0.08	2.88	2.88	XXX
99404		N	Preventive counseling, indiv	+1.95	1.78	1.78	0.11	3.84	3.84	XXX
99411		N	Preventive counseling, group	+0.15	0.14	0.14	0.01	0.30	0.30	XXX
99412		N	Preventive counseling, group	+0.25	0.23	0.23	0.01	0.49	0.49	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	1.21	1.21	0.08	2.46	2.46	XXX
99432		A	Newborn care not in hospital	1.26	1.31	1.31	0.08	2.65	2.65	XXX
99433		A	Normal newborn care, hospital	0.62	0.64	0.64	0.04	1.30	1.30	XXX
99435		A	Hospital NB discharge day	1.50	1.55	1.55	0.10	3.15	3.15	XXX
99436		A	Attendance, birth	1.50	1.55	1.55	0.10	3.15	3.15	XXX
99440		A	Newborn resuscitation	2.93	3.04	3.04	0.19	6.16	6.16	XXX
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted E/M service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300		X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302		X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342		X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344		X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364		X	Adv non-er no serv sep mi & su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366		X	Adv non-er serv sep mil & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368		X	Adv er no serv sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370		X	Adv er spec serv sep mi & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A2000		D	Chiropractor manip of spine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		P	1 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		P	2 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		P	3 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		P	5+ CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		P	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		P	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		N	Infus insulin pump non needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		P	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		P	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		P	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		P	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4263		A	Permanent tear duct plug	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		A	Cath impl vasc access portal	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363		P	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365		X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462		X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		A	Surgical trays	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560		X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565		X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570		X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572		X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927		X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064		I	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065		I	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074		I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075		I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126		P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020		P	Collagen dressing cover ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025		I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154		P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196		P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197		P	Alginate drsg ≤16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198		P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199		P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203		P	Composite drsg <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204		P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205		P	Composite drsg >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206		P	Contact layer <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207		P	Contact layer >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208		P	Contact layer >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209		P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210		P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211		P	Foam drg >48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212		P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213		P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214		P	Foam drg >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215		P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216		P	Non-sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217		P	Non-sterile gauze >16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218		P	Non-sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219		P	Gauze <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220		P	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221		P	Gauze >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222		P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223		P	Gauze >16 <=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224		P	Gauze >48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228		P	Gauze <=16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229		P	Gauze >16 <=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A6230		P	Gauze >48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234		P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235		P	Hydrocolld drg >16 <=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236		P	Hydrocolld drg >48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237		P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238		P	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239		P	Hydrocolld drg >48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240		P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241		P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242		P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243		P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244		P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245		P	Hydrogel drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246		P	Hydrogel drg >≤16 <=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247		P	Hydrogel drg >48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248		P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250		P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251		P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252		P	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253		P	Absorpt drg >48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254		P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255		P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256		P	Absorpt drg >48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257		P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258		P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259		P	Transparent film >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260		P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261		P	Wound filler gel/paste/oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262		P	Wound filler dry form/gram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263		P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264		P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265		P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266		P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402		P	Sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403		P	Sterile gauze >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404		P	Sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405		P	Sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406		P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505		E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120		N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140		N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160		N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210		I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220		I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230		I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0290		I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310		I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320		I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321		I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322		I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330		I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340		I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415		N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425		N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470		N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471		R	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	YYY

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110		N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120		N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201		N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203		N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204		N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205		N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310		N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320		N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330		N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351		N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110		N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120		N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130		N	Amalgam three surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131		N	Amalgam four/more surf primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140		N	Amalgam one surface permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150		N	Amalgam two surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160		N	Amalgam three surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161		N	Amalgam 4 or > surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210		N	Silicate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330		N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331		N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332		N	Resin three surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335		N	Resin 4/> surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336		N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380		N	Resin one surf poster primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381		N	Resin two surf poster primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385		N	Resin one surf poster permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386		N	Resin two surf poster permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410		N	Dental gold foil one surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420		N	Dental gold foil two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430		N	Dental gold foil three surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510		N	Dental inlay metallic 1 surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520		N	Dental inlay metallic 2 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530		N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543		N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544		N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630		N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642		N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643		N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644		N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650		N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651		N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652		N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662		N	Dental onlay resin 2 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663		N	Dental onlay resin 3 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664		N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710		N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720		N	Crown resin w/high noble me	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740		N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750		N	Crown porcelain w/h noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751		N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752		N	Crown porcelain w/noble met	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790		N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791		N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792		N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810		N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910		N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920		N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930		N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931		N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955		N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970		R	Temporary—fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980		N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240		N	Pulpal therapy posterior prim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310		N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450		N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460		R	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910		N	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960		N	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/planing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250		R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D5411		N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D6050		I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720		N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780		N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975		N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210		R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272		N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285		I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286		I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290		N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310		I	Alveoplasty w/extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320		I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340		I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350		I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410		I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420		I	Lesion >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430		I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431		I	Benign tumor exc >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440		I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441		I	Malig tumor >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450		I	Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451		I	Rem odontogen cyst >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460		I	Rem nonodonto cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461		I	Rem nonodonto cyst >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D7465		I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470		I	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480		I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490		I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510		I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520		I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530		I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540		I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550		I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560		I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610		I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620		I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630		I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640		I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650		I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660		I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670		I	Open red simple alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680		I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710		I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720		I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730		I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740		I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750		I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760		I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770		I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780		I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810		I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820		I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830		I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840		I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850		I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852		I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854		I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856		I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858		I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860		I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865		I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870		I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872		I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873		I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874		I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875		I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876		I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877		I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880		I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899		I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910		I	Dent sutur recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911		I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912		I	Suture complicate wnd >5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920		I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941		I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942		I	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943		I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944		I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945		I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946		I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947		I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948		I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949		I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950		I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955		I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960		I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970		I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971		I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980		I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981		I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982		I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983		I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990		I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991		I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995		I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996		I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999		I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D8010		N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020		N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030		N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040		N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050		N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060		N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070		N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080		N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090		N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210		N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220		N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660		N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670		N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680		N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690		N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999		N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210		I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211		I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212		I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215		I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220		I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221		I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240		I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310		I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410		I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420		I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430		I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440		I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610		I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920		N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970		N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999		I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002		A	Temporary urinary catheter	0.50	0.70	0.70	0.02	1.22	1.22	000
G0004		A	ECG transm phys review & int	0.52	7.31	7.31	0.65	8.48	8.48	XXX
G0005		A	ECG 24 hour recording	0.00	1.18	1.18	0.09	1.27	1.27	XXX
G0006		A	ECG transmission & analysis	0.00	5.73	5.73	0.51	6.24	6.24	XXX
G0007		A	ECG phy review & interpret	0.52	0.40	0.40	0.05	0.97	0.97	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015		A	Post symptom ECG tracing	0.00	5.73	5.73	0.51	6.24	6.24	XXX
G0016		A	Post symptom ECG md review	0.52	0.40	0.40	0.05	0.97	0.97	XXX
G0025		A	Collagen skin test kit	0.00	0.95	0.95	0.00	0.95	0.95	XXX
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0031		C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0036		C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0037		C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0050		A	Residual urine by ultrasound	0.00	0.81	0.81	0.05	0.86	0.86	XXX
G0051		D	Destroy benign/premal lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0052		D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
G0053		D	Destruction of added lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0058		D	Auto multichannel 20 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0059		D	Auto multichannel 21 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0060		D	Auto multichannel 22 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062		D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062	TC	D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062	26	D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063		D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063	TC	D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063	26	D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0064		D	care plan oversight, hme hlth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0065		D	care plan oversight, hospice	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0066		D	care plan oversight nurs fac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0071		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0072		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0073		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0074		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0075		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0076		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0077		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0078		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0079		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0080		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0081		D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0082		D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0083		D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0084		D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0085		D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0086		D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0087		D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0088		D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0089		D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0090		D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0091		D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0092		D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0093	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0094	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0100	.....	D	HIV-1, viral load, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0101	.....	A	CA screen; pelvic/breast exam	0.45	0.28	0.28	0.02	0.75	0.75	XXX
G0104	.....	A	CA screen; flexi sigmoidscope	0.96	1.23	#1.06	0.12	2.31	2.14	000
G0105	.....	A	Colorectal scrn; hi risk ind	3.70	4.13	#4.07	0.39	8.22	8.16	000
G0106	.....	A	Colon CA screen; barium enema	0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0107	.....	X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0110	.....	R	Nett pulm-rehab educ; ind	0.90	0.26	0.26	0.04	1.20	1.20	XXX
G0111	.....	R	Nett pulm-rehab educ; group	0.27	0.20	0.20	0.02	0.49	0.49	XXX
G0112	.....	R	Nett; nutrition guid, initial	1.72	0.97	0.97	0.10	2.79	2.79	XXX
G0113	.....	R	Nett; nutrition guid, subseqnt	1.29	0.77	0.77	0.09	2.15	2.15	XXX
G0114	.....	R	Nett; psychosocial consult	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0115	.....	R	Nett; psychological testing	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0116	.....	A	Nett; psychosocial counsel	1.11	0.35	0.35	0.05	1.51	1.51	XXX
G0120	.....	A	Colon ca scrn; barium enema	0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0121	.....	N	Colon ca scrn; barium enema	+3.70	4.13	#4.07	0.39	8.22	8.16	XXX
G0122	.....	N	Colon ca scrn; barium enema	+0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.45	0.45	0.07	1.51	1.51	XXX
H5300	.....	D	Occupational therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0120	.....	E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150	.....	E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170	.....	E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190	.....	E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205	.....	E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207	.....	E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210	.....	E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256	.....	E	Alpha 1-proteinase 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270	.....	E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280	.....	E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290	.....	E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295	.....	E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300	.....	E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330	.....	E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340	.....	E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350	.....	E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360	.....	E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380	.....	E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390	.....	E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400	.....	E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460	.....	E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470	.....	E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475	.....	E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500	.....	E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510	.....	E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515	.....	E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520	.....	E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585	.....	E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590	.....	E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600	.....	E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610	.....	E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620	.....	E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630	.....	E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635	.....	E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640	.....	E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670	.....	E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690	.....	E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694	.....	E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695	.....	E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696	.....	E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697	.....	E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698	.....	E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702	.....	E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055		N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070		E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080		E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100		E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190		E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325		E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362		E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440		E	Filgrastim 300 mcg injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560		E	Gamma globulin >10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561		E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562		E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1625		D	Granisetron hydrochlor/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760		E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1770		E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780		E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825		E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830		E	Interferon beta-1b/.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950		E	Leuprolide acetate/3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175		E	Meperidine hydrochl/100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260		E	Inj milrinone lactate/5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430		E	Pamidronate disodium/30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700		E	Oxacillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710		E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910		E	Aurothioglucose injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950		E	Promazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995		E	Inj streptokinase/250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3005		D	Strontium-89 chloride/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010		E	Fentanyl citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030		E	Sumatriptan succinate/6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070		E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305		E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310		E	Perphenazine injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350		E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196		X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503		X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630		E	Cromolyn sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653		E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000		E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015		E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050		E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060		E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062		E	Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065		E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070		E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080		E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090		E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J9091		E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092		E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100		E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110		E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120		E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130		E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140		E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150		E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165		E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170		E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181		E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182		E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185		E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190		E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200		E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201		E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202		E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206		E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208		E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209		E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211		E	Idarubicin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213		E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214		E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215		E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216		E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217		E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218		E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230		E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245		E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265		E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266		E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268		E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270		E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280		E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290		E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291		E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293		E	Mitoxantrone hydrochl/5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320		E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340		E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350		E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360		E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370		E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375		E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380		E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390		E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600		E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999		E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0005		D	Off visit 2/more modalities	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0006		D	One phys therapy modality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0007		D	Combined phys ther mod & tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0008		D	Combined phys ther mod & tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.19	0.19	0.03	0.59	0.59	XXX
M0075		N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076		N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100		N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0101		G	Foot care hygienic/pm	0.43	0.35	0.35	0.03	0.81	0.81	XXX
M0300		N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301		N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302		N	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2028		X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029		X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031		N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033		X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038		X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000		X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001		X	Screening pap smear by phys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	26	A	Screening pap smear by phys	0.42	0.32	0.32	0.04	0.78	0.78	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
P7001		I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010		E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013		E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9014		E	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9015		E	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9610		X	Urine specimen collect singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035		A	Cardiokymography	0.17	0.49	0.49	0.04	0.70	0.70	XXX
Q0035	TC	A	Cardiokymography	0.00	0.37	0.37	0.03	0.40	0.40	XXX
Q0035	26	A	Cardiokymography	0.17	0.12	0.12	0.01	0.30	0.30	XXX
Q0068		A	Extracorpeal plasmapheresis	1.67	1.27	1.27	0.16	3.10	3.10	000
Q0091		A	Obtaining screen pap smear	0.37	0.28	0.28	0.03	0.68	0.68	XXX
Q0092		A	Set up port x-ray equipment	0.00	0.30	0.30	0.01	0.31	0.31	XXX
Q0103		D	Physical therapy evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0104		D	Phys therapy re-evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0109		D	Occupational therapy eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0110		D	Occupational therap re-eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0111		X	Wet mounts/w preparations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0158		D	Combined hib & hep B vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <=20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct =21	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct =22	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct =23	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct =24	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct =25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct =26	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct =27	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct =28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929		E	Epoetin with hct =29	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct =30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct =31	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct =32	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct =33	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct =34	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct =35	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct =36	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct =37	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct =38	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct =39	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct >=40	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076		C	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Spherocylindr 4.00–0.12–2.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106		X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
V2108		X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcy bifocal 4.25–7d/.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcy bifocal 4.25–7/2.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcy bifocal 4.25–7/4.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcy bifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12–7.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/.12–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25–7/.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25–7/2.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25–7/4.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width >28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX

Addendum C—Codes With Interim Relative Value Units

Addendum C lists the codes for which interim RVUs have been established. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m., December 30, 1997. Any revisions to the interim RVUs will be announced in a document to be published in 1998 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1999.

Addendum C contains the following information:

1. *CPT/HCPCS code.* This is either a CPT or alphanumeric HCPCS code for the service in question. CPT codes are listed first, followed by alphanumeric HCPCS codes.

2. *Modifier.* A modifier is shown if there is TC (modifier TC) and a PC (modifier -26) for the service. If there is a PC and a TC for the service, Addendum C contains three entries for the code: one for the global values (both professional and technical); one for modifier -26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PCs and the TCs of the service.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the fee schedule and whether it is separately payable if the service is covered. See Addendum B for a description of the status indicators.

4. *Description of the code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the interim RVUs for the physician work for this service.

6. *Practice expense RVUs.* These are the interim RVUs for the practice expense for the service.

7. *Malpractice expense RVUs.* These are the interim RVUs for the malpractice expense for the service.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs.

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). See Addendum B for explanations of the alpha codes.

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11055	.....	R	Trim skin lesion	0.27	0.19	0.19	0.01	0.47	0.47	000
11056	.....	R	Trim 2 to 4 skin lesions	0.39	0.26	0.26	0.02	0.67	0.67	000
11057	.....	R	Trim over 4 skin lesions	0.50	0.21	0.21	0.02	0.73	0.73	000
11200	.....	A	Removal of skin tags	*0.77	0.43	0.43	0.04	1.24	1.24	010
11201	.....	A	Removal of added skin tags	0.29	0.17	0.17	0.02	0.48	0.48	ZZZ
11719	.....	R	Trim nail(s)	0.06	0.18	#0.07	0.01	0.25	0.14	000
17000	.....	A	Destroy benign/premal lesion	*0.60	0.42	0.42	0.03	1.05	1.05	010
17003	.....	A	Destroy 2–14 lesions	0.15	0.13	0.13	0.01	0.29	0.29	ZZZ
17004	.....	A	Destroy 15 & more lesions	*2.79	2.25	2.25	0.20	5.24	5.24	010
17110	.....	A	Destruct lesion, 1–14	*0.65	0.40	0.40	0.03	1.08	1.08	010
17111	.....	A	Destruct lesion, 15 or more	*0.92	0.60	0.60	0.05	1.57	1.57	010
17200	.....	D	1Electrocautery of skin tags	*0.00	0.00	0.00	0.00	0.00	0.00	010
17340	.....	A	Cryotherapy of skin	*0.76	0.28	0.28	0.02	1.06	1.06	010
19020	.....	A	Incision of breast lesion	*3.57	1.40	1.40	0.28	5.25	5.25	090
19316	.....	A	Suspension of breast	*10.69	#11.76	#11.76	2.43	24.88	24.88	090
19357	.....	A	Breast reconstruction	*18.16	12.15	12.15	2.37	32.68	32.68	090
19361	.....	A	Breast reconstruction	*19.26	20.13	20.13	3.88	43.27	43.27	090
19366	.....	A	Breast reconstruction	*21.28	16.40	16.40	3.18	40.86	40.86	090
20102	.....	A	Explore wound, abdomen	*3.94	1.92	1.92	0.45	6.31	6.31	010
20103	.....	A	Explore wound, extremity	*5.30	2.59	2.59	0.60	8.49	8.49	010
20664	.....	A	Halo brace application	*8.06	3.82	3.82	0.65	12.53	12.53	090
20962	.....	A	Other bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
21010	.....	A	Incision of jaw joint	*10.14	10.24	10.24	0.93	21.31	21.31	090
21015	.....	A	Resection of facial tumor	*5.29	#5.82	#5.82	1.13	12.24	12.24	090
21026	.....	A	Excision of facial bone(s)	*4.85	3.14	3.14	0.28	8.27	8.27	090
21029	.....	A	Contour of face bone lesion	*7.71	#8.48	#8.48	0.78	16.97	16.97	090
21030	.....	A	Removal of face bone lesion	*6.46	3.35	3.35	0.29	10.10	10.10	090
21032	.....	A	Remove exostosis, maxilla	*3.24	3.88	3.88	0.35	7.47	7.47	090
21034	.....	A	Removal of face bone lesion	*16.17	6.98	6.98	0.89	24.04	24.04	090
21040	.....	A	Removal of jaw bone lesion	*2.11	2.76	2.76	0.24	5.11	5.11	090
21044	.....	A	Removal of jaw bone lesion	*11.86	9.55	9.55	1.11	22.52	22.52	090
21045	.....	A	Extensive jaw surgery	*16.17	13.83	13.83	1.58	31.58	31.58	090
21050	.....	A	Removal of jaw joint	*10.77	#11.85	#11.85	1.08	23.70	23.70	090
21060	.....	A	Remove jaw joint cartilage	*10.23	#11.25	#11.25	1.04	22.52	22.52	090
21070	.....	A	Remove coronoid process	*8.20	6.81	6.81	0.82	15.83	15.83	090
21076	.....	A	Prepare face/oral prosthesis	*13.42	#14.76	#14.76	1.35	29.53	29.53	010
21077	.....	A	Prepare face/oral prosthesis	*33.75	#37.13	#37.13	3.39	74.27	74.27	090
21079	.....	A	Prepare face/oral prosthesis	*22.34	27.93	27.93	2.25	52.52	52.52	090
21080	.....	A	Prepare face/oral prosthesis	*25.10	31.38	31.38	2.52	59.00	59.00	090
21081	.....	A	Prepare face/oral prosthesis	*22.88	28.59	28.59	2.30	53.77	53.77	090
21082	.....	A	Prepare face/oral prosthesis	*20.87	#22.96	#22.96	2.10	45.93	45.93	090
21083	.....	A	Prepare face/oral prosthesis	*19.30	24.13	24.13	1.94	45.37	45.37	090
21084	.....	A	Prepare face/oral prosthesis	*22.51	28.14	28.14	2.28	52.93	52.93	090
21085	.....	A	Prepare face/oral prosthesis	*9.00	#9.90	#9.90	0.90	19.80	19.80	010
21086	.....	A	Prepare face/oral prosthesis	*24.92	31.15	31.15	2.51	58.58	58.58	090
21087	.....	A	Prepare face/oral prosthesis	*24.92	#27.41	#27.41	2.51	54.84	54.84	090
21100	.....	A	Maxillofacial fixation	*4.22	1.06	1.06	0.11	5.39	5.39	090
21110	.....	A	Interdental fixation	*5.21	5.53	5.53	0.46	11.20	11.20	090
21141	.....	A	Reconstruct midface, lefort	*18.10	14.34	14.34	1.68	34.12	34.12	090
21142	.....	A	Reconstruct midface, lefort	*18.81	14.84	14.84	1.74	35.39	35.39	090
21143	.....	A	Reconstruct midface, lefort	*19.58	15.40	15.40	1.81	36.79	36.79	090
21208	.....	A	Augmentation of facial bones	*10.23	#11.25	#11.25	1.07	22.55	22.55	090
21209	.....	A	Reduction of facial bones	*6.72	4.59	4.59	0.76	12.07	12.07	090
21210	.....	A	Face bone graft	*10.23	#11.25	#11.25	1.29	22.77	22.77	090
21215	.....	A	Lower jaw bone graft	*10.77	#11.85	#11.85	1.42	24.04	24.04	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21230		A	Rib cartilage graft	*10.77	10.37	10.37	1.69	22.83	22.83	090
21235		A	Ear cartilage graft	*6.72	#7.39	#7.39	1.09	15.20	15.20	090
21242		A	Reconstruction of jaw joint	*12.95	#14.25	#14.25	2.25	29.45	29.45	090
21244		A	Reconstruction of lower jaw	*11.86	#13.05	#13.05	1.93	26.84	26.84	090
21245		A	Reconstruction of jaw	*11.86	11.47	11.47	1.31	24.64	24.64	090
21246		A	Reconstruction of jaw	*12.47	8.83	8.83	1.04	22.34	22.34	090
21247		A	Reconstruct lower jaw bone	*22.63	#24.89	#24.89	2.27	49.79	49.79	090
21255		A	Reconstruct lower jaw bone	*16.72	#18.39	#18.39	1.68	36.79	36.79	090
21256		A	Reconstruction of orbit	*16.19	#17.81	#17.81	1.63	35.63	35.63	090
21260		A	Revise eye sockets	*16.52	#18.17	#18.17	1.66	36.35	36.35	090
21261		A	Revise eye sockets	*31.49	17.78	17.78	1.65	50.92	50.92	090
21263		A	Revise eye sockets	*28.42	#31.26	#31.26	2.86	62.54	62.54	090
21267		A	Revise eye sockets	*18.90	14.61	14.61	2.13	35.64	35.64	090
21268		A	Revise eye sockets	*24.48	15.35	15.35	3.13	42.96	42.96	090
21270		A	Augmentation cheek bone	*10.23	9.60	9.60	1.41	21.24	21.24	090
21275		A	Revision orbitofacial bones	*11.24	8.95	8.95	1.26	21.45	21.45	090
21280		A	Revision of eyelid	*6.03	#6.63	#6.63	0.61	13.27	13.27	090
21282		A	Revision of eyelid	*3.49	#3.84	#3.84	0.79	8.12	8.12	090
21295		A	Revision of jaw muscle/bone	*1.53	0.96	0.96	0.13	2.62	2.62	090
21296		A	Revision of jaw muscle/bone	*4.25	3.62	3.62	0.22	8.09	8.09	090
21325		A	Repair of nose fracture	*3.77	4.09	4.09	0.52	8.38	8.38	090
21330		A	Repair of nose fracture	*5.38	#5.92	#5.92	0.86	12.16	12.16	090
21335		A	Repair of nose fracture	*8.61	#9.47	#9.47	1.56	19.64	19.64	090
21336		A	Repair nasal septal fracture	*5.72	4.09	4.09	0.52	10.33	10.33	090
21337		A	Repair nasal septal fracture	*2.70	2.82	2.82	0.38	5.90	5.90	090
21338		A	Repair nasoethmoid fracture	*6.46	5.01	5.01	0.66	12.13	12.13	090
21339		A	Repair nasoethmoid fracture	*8.09	7.09	7.09	0.70	15.88	15.88	090
21340		A	Repair of nose fracture	*10.77	8.91	8.91	1.04	20.72	20.72	090
21343		A	Repair of sinus fracture	*12.95	9.17	9.17	1.08	23.20	23.20	090
21344		A	Repair of sinus fracture	*19.72	9.17	9.17	1.08	29.97	29.97	090
21345		A	Repair of nose/jaw fracture	*8.16	7.90	7.90	0.81	16.87	16.87	090
21346		A	Repair of nose/jaw fracture	*10.61	9.40	9.40	1.04	21.05	21.05	090
21347		A	Repair of nose/jaw fracture	*12.69	10.36	10.36	1.36	24.41	24.41	090
21348		A	Repair of nose/jaw fracture	*16.69	11.34	11.34	2.22	30.25	30.25	090
21355		A	Repair cheek bone fracture	*3.77	1.56	1.56	0.17	5.50	5.50	010
21356		A	Repair cheek bone fracture	*4.15	#4.57	#4.57	0.89	9.61	9.61	010
21360		A	Repair cheek bone fracture	*6.46	#7.11	#7.11	0.89	14.46	14.46	090
21366		A	Repair cheek bone fracture	*17.77	12.08	12.08	2.36	32.21	32.21	090
21385		A	Repair eye socket fracture	*9.16	9.59	9.59	1.13	19.88	19.88	090
21386		A	Repair eye socket fracture	*9.16	9.07	9.07	1.25	19.48	19.48	090
21387		A	Repair eye socket fracture	*9.70	7.45	7.45	0.96	18.11	18.11	090
21390		A	Repair eye socket fracture	*10.13	#11.14	#11.14	1.37	22.64	22.64	090
21395		A	Repair eye socket fracture	*12.68	9.63	9.63	1.37	23.68	23.68	090
21400		A	Treat eye socket fracture	*1.40	1.67	#1.54	0.17	3.24	3.11	090
21401		A	Repair eye socket fracture	*3.26	2.58	2.58	0.32	6.16	6.16	090
21406		A	Repair eye socket fracture	*7.01	5.21	5.21	0.74	12.96	12.96	090
21407		A	Repair eye socket fracture	*8.61	7.09	7.09	0.78	16.48	16.48	090
21408		A	Repair eye socket fracture	*12.38	8.49	8.49	0.99	21.86	21.86	090
21421		A	Treat mouth roof fracture	*5.14	6.14	#5.65	0.62	11.90	11.41	090
21422		A	Repair mouth roof fracture	*8.32	#9.15	#9.15	1.19	18.66	18.66	090
21423		A	Repair mouth roof fracture	*10.40	9.80	9.80	1.19	21.39	21.39	090
21431		A	Treat craniofacial fracture	*7.05	6.02	6.02	0.71	13.78	13.78	090
21432		A	Repair craniofacial fracture	*8.61	6.76	6.76	0.84	16.21	16.21	090
21433		A	Repair craniofacial fracture	*25.35	17.96	17.96	2.10	45.41	45.41	090
21435		A	Repair craniofacial fracture	*17.25	13.25	13.25	1.88	32.38	32.38	090
21436		A	Repair craniofacial fracture	*28.04	14.65	14.65	2.08	44.77	44.77	090
21440		A	Repair dental ridge fracture	*2.70	3.07	#2.97	0.28	6.05	5.95	090
21445		A	Repair dental ridge fracture	*5.38	6.11	#5.92	0.56	12.05	11.86	090
21450		A	Treat lower jaw fracture	*2.97	2.84	2.84	0.26	6.07	6.07	090
21451		A	Treat lower jaw fracture	*4.87	5.83	#5.36	0.74	11.44	10.97	090
21452		A	Treat lower jaw fracture	*1.98	1.39	1.39	0.17	3.54	3.54	090
21453		A	Treat lower jaw fracture	*5.54	6.64	#6.09	0.55	12.73	12.18	090
21454		A	Treat lower jaw fracture	*6.46	#7.11	#7.11	1.42	14.99	14.99	090
21461		A	Repair lower jaw fracture	*8.09	#8.90	#8.90	1.30	18.29	18.29	090
21462		A	Repair lower jaw fracture	*9.79	#10.77	#10.77	1.34	21.90	21.90	090
21465		A	Repair lower jaw fracture	*11.91	8.44	8.44	0.99	21.34	21.34	090
21485		A	Reset dislocated jaw	*3.99	2.19	2.19	0.20	6.38	6.38	090
21490		A	Repair dislocated jaw	*11.86	6.31	6.31	0.52	18.69	18.69	090
21493		A	Treat hyoid bone fracture	*1.27	1.52	#1.40	0.13	2.92	2.80	090
21494		A	Repair hyoid bone fracture	*6.28	7.52	7.52	0.63	14.43	14.43	090
21495		A	Repair hyoid bone fracture	*5.69	4.82	4.82	0.51	11.02	11.02	090
21497		A	Interdental wiring	*3.86	3.97	3.97	0.38	8.21	8.21	090
21740		A	Reconstruction of sternum	*16.50	8.99	8.99	1.64	27.13	27.13	090
21750		A	Repair of sternum separation	*10.77	7.33	7.33	1.43	19.53	19.53	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
22505		A	Manipulation of spine	*1.87	1.31	1.31	0.17	3.35	3.35	010
22818		A	Kyphectomy, 1–2 segments	*31.83	28.25	28.25	4.85	64.93	64.93	090
22819		A	Kyphectomy, 3 & more segment	*36.44	28.25	28.25	4.85	69.54	69.54	090
23616		A	Repair humerus fracture	*21.27	22.32	22.32	3.54	47.13	47.13	090
24006		A	Release elbow joint	*9.31	7.14	7.14	1.17	17.62	17.62	090
24516		A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24546		A	Repair humerus fracture	*15.69	9.97	9.97	1.59	27.25	27.25	090
25337		A	Reconstruct ulna/radioulnar	*10.17	8.60	8.60	1.45	20.22	20.22	090
25520		A	Repair fracture of radius	*6.26	5.74	5.74	0.94	12.94	12.94	090
25525		A	Repair fracture of radius	*12.24	11.15	11.15	1.83	25.22	25.22	090
25526		A	Repair fracture of radius	*12.98	11.85	11.85	1.94	26.77	26.77	090
25574		A	Treat fracture radius & ulna	*7.01	#7.71	#7.71	1.73	16.45	16.45	090
26546		A	Repair non-union hand	*8.92	8.11	8.11	1.33	18.36	18.36	090
26608		A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
27193		A	Treat pelvic ring fracture	*5.56	2.41	2.41	0.39	8.36	8.36	090
27194		A	Treat pelvic ring fracture	*9.65	3.90	3.90	0.50	14.05	14.05	090
27215		A	Pelvic fracture(s) treatment	*10.05	#11.06	#11.06	2.33	23.44	23.44	090
27216		A	Treat pelvic ring fracture	*15.19	4.30	4.30	0.66	20.15	20.15	090
27217		A	Treat pelvic ring fracture	*14.11	14.55	14.55	2.33	30.99	30.99	090
27218		A	Treat pelvic ring fracture	*20.15	14.55	14.55	2.33	37.03	37.03	090
27226		A	Treat hip wall fracture	*14.91	15.78	15.78	2.52	33.21	33.21	090
27245		A	Repair of thigh fracture	*20.31	16.30	16.30	2.62	39.23	39.23	090
27496		A	Decompression of thigh/knee	*6.11	4.53	4.53	0.74	11.38	11.38	090
27497		A	Decompression of thigh/knee	*7.17	5.55	5.55	0.91	13.63	13.63	090
27498		A	Decompression of thigh/knee	*7.99	6.32	6.32	1.04	15.35	15.35	090
27499		A	Decompression of thigh/knee	*9.00	7.28	7.28	1.19	17.47	17.47	090
27501		A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27503		A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27507		A	Treatment of thigh fracture	*13.99	#15.39	#15.39	2.56	31.94	31.94	090
27509		A	Treatment of thigh fracture	*7.71	4.22	4.22	0.65	12.58	12.58	090
27511		A	Treatment of thigh fracture	*13.64	#15.00	#15.00	2.56	31.20	31.20	090
27535		A	Treatment of knee fracture	*11.50	11.69	11.69	1.88	25.07	25.07	090
27558		A	Repair of knee dislocation	*17.72	14.60	14.60	2.43	34.75	34.75	090
27759		A	Repair of tibia fracture	*13.76	13.74	13.74	2.22	29.72	29.72	090
27824		A	Treat lower leg fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27825		A	Treat lower leg fracture	*6.19	6.51	6.51	1.06	13.76	13.76	090
27826		A	Treat lower leg fracture	*8.54	#9.39	#9.39	1.88	19.81	19.81	090
27829		A	Treat lower leg joint	*5.49	#6.04	#6.04	1.37	12.90	12.90	090
27892		A	Decompression of leg	*7.39	3.39	3.39	0.64	11.42	11.42	090
27893		A	Decompression of leg	*7.35	3.38	3.38	0.67	11.40	11.40	090
28470		A	Treat metatarsal fracture	*1.99	1.80	1.80	0.23	4.02	4.02	090
28475		A	Treat metatarsal fracture	*2.97	2.34	2.34	0.30	5.61	5.61	090
28531		A	Treat sesamoid bone fracture	*2.35	1.91	1.91	0.32	4.58	4.58	090
28576		A	Treat foot dislocation	*4.17	2.77	2.77	0.42	7.36	7.36	090
29800		A	Jaw arthroscopy/surgery	*6.43	4.01	4.01	0.46	10.90	10.90	090
29804		A	Jaw arthroscopy/surgery	*8.14	#8.95	#8.95	1.46	18.55	18.55	090
29850		A	Knee arthroscopy/surgery	*8.19	#9.01	#9.01	1.74	18.94	18.94	090
29851		A	Knee arthroscopy/surgery	*13.10	10.95	10.95	1.74	25.79	25.79	090
29855		A	Tibial arthroscopy/surgery	*10.62	#11.68	#11.68	1.88	24.18	24.18	090
29856		A	Tibial arthroscopy/surgery	*14.14	11.69	11.69	1.88	27.71	27.71	090
29860		A	Hip arthroscopy, dx	*8.05	4.84	4.84	0.76	13.65	13.65	090
29861		A	Hip arthroscopy/surgery	*9.15	9.38	9.38	1.73	20.26	20.26	090
29862		A	Hip arthroscopy/surgery	*9.90	10.07	10.07	2.32	22.29	22.29	090
29863		A	Hip arthroscopy/surgery	*9.90	8.72	8.72	1.73	20.35	20.35	090
29891		A	Ankle arthroscopy/surgery	*8.40	8.86	8.86	1.77	19.03	19.03	090
29892		A	Ankle arthroscopy/surgery	*9.00	8.86	8.86	1.77	19.63	19.63	090
29893		A	Scope, plantar fasciotomy	*5.22	5.20	5.20	0.46	10.88	10.88	090
30460		A	Revision of nose	*9.96	8.58	8.58	0.93	19.47	19.47	090
30462		A	Revision of nose	*19.57	17.16	17.16	1.87	38.60	38.60	090
30801		A	Cauterization inner nose	*1.09	0.47	0.47	0.05	1.61	1.61	010
30802		A	Cauterization inner nose	*2.03	0.94	0.94	0.11	3.08	3.08	010
32201		A	Percut drainage, lung lesion	4.00	3.03	3.03	0.35	7.38	7.38	000
33496		A	Repair, prosth valve clot	*27.25	#29.98	#29.98	5.33	62.56	62.56	090
33501		A	Repair heart vessel fistula	*17.78	14.14	14.14	2.51	34.43	34.43	090
33514		A	CABG, vein, five	*35.00	#38.50	#38.50	7.23	80.73	80.73	090
33516		A	CABG, vein, six+	*37.40	#41.14	#41.14	7.74	86.28	86.28	090
33517		A	CABG, artery-vein, single	*2.57	#2.83	#2.83	0.50	5.90	5.90	090
33518		A	CABG, artery-vein, two	*4.85	#5.34	#5.34	1.02	11.21	11.21	090
33519		A	CABG, artery-vein, three	*7.12	#7.83	#7.83	1.52	16.47	16.47	090
33521		A	CABG, artery-vein, four	*9.40	#10.34	#10.34	2.03	21.77	21.77	090
33522		A	CABG, artery-vein, five	*11.67	#12.84	#12.84	2.54	27.05	27.05	090
33523		A	CABG, artery-vein, six+	*13.95	#15.35	#15.35	3.05	32.35	32.35	090
33533		A	CABG, arterial, single	*25.83	#28.41	#28.41	5.36	59.60	59.60	090
33534		A	CABG, arterial, two	*28.82	#31.70	#31.70	6.03	66.55	66.55	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33535		A	CABG, arterial, three	*31.81	#34.99	#34.99	6.70	73.50	73.50	090
33536		A	CABG, arterial, four+	*34.79	#38.27	#38.27	7.37	80.43	80.43	090
33800		A	Aortic suspension	*16.24	14.14	14.14	2.51	32.89	32.89	090
34151		A	Removal of artery clot	*16.86	11.96	11.96	2.39	31.21	31.21	090
35400		A	Angioscopy	3.00	2.27	2.27	0.27	5.54	5.54	ZZZ
35691		A	Arterial transposition	*18.05	19.62	19.62	3.81	41.48	41.48	090
35693		A	Arterial transposition	*15.36	9.40	9.40	1.91	26.67	26.67	090
35694		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35695		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
36470		A	Injection therapy of vein	*1.09	0.27	0.27	0.04	1.40	1.40	010
36530		R	Insertion of infusion pump	*6.20	4.82	4.82	1.02	12.04	12.04	010
36531		R	Revision of infusion pump	*4.87	4.37	4.37	0.27	9.51	9.51	010
36532		R	Removal of infusion pump	*3.30	1.77	1.77	0.37	5.44	5.44	010
36534		A	Revision of access port	*2.80	#3.08	#3.08	0.21	6.09	6.09	010
36535		A	Removal of access port	*2.27	1.81	1.81	0.38	4.46	4.46	010
36834		A	Repair A–V aneurysm	*9.93	7.80	7.80	1.66	19.39	19.39	090
37195		A	Thrombolytic therapy, stroke	0.00	7.68	7.68	0.54	8.22	8.22	XXX
37250		A	Intravascular us	2.10	1.14	1.14	0.13	3.37	3.37	ZZZ
37251		A	Intravascular us	1.60	0.87	0.87	0.10	2.57	2.57	ZZZ
40800		A	Drainage of mouth lesion	*1.17	0.74	0.74	0.07	1.98	1.98	010
40801		A	Drainage of mouth lesion	*2.53	1.70	1.70	0.16	4.39	4.39	010
40804		A	Removal foreign body, mouth	*1.24	0.58	0.58	0.06	1.88	1.88	010
40805		A	Removal foreign body, mouth	*2.69	2.50	2.50	0.30	5.49	5.49	010
40808		A	Biopsy of mouth lesion	*0.96	0.76	0.76	0.08	1.80	1.80	010
40810		A	Excision of mouth lesion	*1.31	1.18	1.18	0.11	2.60	2.60	010
40812		A	Excise/repair mouth lesion	*2.31	1.50	1.50	0.14	3.95	3.95	010
40814		A	Excise/repair mouth lesion	*3.42	3.23	3.23	0.32	6.97	6.97	090
40816		A	Excision of mouth lesion	*3.67	3.22	3.22	0.33	7.22	7.22	090
40818		A	Excise oral mucosa for graft	*2.41	2.25	2.25	0.20	4.86	4.86	090
40819		A	Excise lip or cheek fold	*2.41	1.23	1.23	0.14	3.78	3.78	090
40820		A	Treatment of mouth lesion	*1.28	0.53	0.53	0.06	1.87	1.87	010
40830		A	Repair mouth laceration	*1.76	0.67	0.67	0.07	2.50	2.50	010
40831		A	Repair mouth laceration	*2.46	1.94	1.94	0.21	4.61	4.61	010
41800		A	Drainage of gum lesion	*1.17	0.69	0.69	0.07	1.93	1.93	010
41805		A	Removal foreign body, gum	*1.24	0.84	0.84	0.08	2.16	2.16	010
41806		A	Removal foreign body, jawbone	*2.69	1.64	1.64	0.15	4.48	4.48	010
41822		R	Excision of gum lesion	*2.31	3.03	3.03	0.25	5.59	5.59	010
41823		R	Excision of gum lesion	*3.30	#3.63	#3.63	0.34	7.27	7.27	090
41825		A	Excision of gum lesion	*1.31	1.49	1.49	0.14	2.94	2.94	010
41826		A	Excision of gum lesion	*2.31	2.07	2.07	0.18	4.56	4.56	010
41827		A	Excision of gum lesion	*3.42	#3.76	#3.76	0.38	7.56	7.56	090
41828		R	Excision of gum lesion	*3.09	4.07	4.07	0.33	7.49	7.49	010
41830		R	Removal of gum tissue	*3.35	#3.69	#3.69	0.36	7.40	7.40	010
41872		R	Repair gum	*2.59	#2.85	#2.85	0.27	5.71	5.71	090
41874		R	Repair tooth socket	*3.09	#3.40	#3.40	0.32	6.81	6.81	090
43360		A	Gastrointestinal repair	*28.78	21.36	21.36	4.19	54.33	54.33	090
43361		A	Gastrointestinal repair	*32.65	25.27	25.27	4.77	62.69	62.69	090
44626		A	Repair bowel opening	*22.59	11.37	11.37	2.40	36.36	36.36	090
44700		A	Suspend bowel w/prosthesis	*14.35	11.37	11.37	2.40	28.12	28.12	090
44901		A	Drain, app abscess, perc	3.38	2.56	2.56	0.30	6.24	6.24	000
45119		A	Remove, rectum w/reservoir	*26.21	16.06	16.06	3.36	45.63	45.63	090
45900		A	Reduction of rectal prolapse	*1.83	0.58	0.58	0.11	2.52	2.52	010
45905		A	Dilation of anal sphincter	*1.61	0.71	0.71	0.12	2.44	2.44	010
45910		A	Dilation of rectal narrowing	*1.96	0.87	0.87	0.13	2.96	2.96	010
46715		A	Repair of anovaginal fistula	*7.46	3.51	3.51	0.82	11.79	11.79	090
46746		A	Repair, cloacal anomaly	*36.74	24.26	24.26	2.37	63.37	63.37	090
47011		A	Percut drain, liver lesion	3.70	2.80	2.80	0.33	6.83	6.83	000
47511		A	Insert bile duct drain	*10.50	2.87	2.87	0.25	13.62	13.62	090
47716		A	Fusion of bile duct cyst	*13.83	6.56	6.56	1.53	21.92	21.92	090
48001		A	Placement of drain, pancreas	*18.83	8.13	8.13	1.89	28.85	28.85	090
48005		A	Resect/debride pancreas	*22.40	9.19	9.19	2.14	33.73	33.73	090
48146		A	Pancreatectomy	*23.91	16.49	16.49	1.92	42.32	42.32	090
48154		A	Pancreatectomy	*39.95	22.54	22.54	4.75	67.24	67.24	090
48511		A	Drain pancreatic pseudocyst	4.00	3.03	3.03	0.35	7.38	7.38	000
48556		A	Removal, allograft pancreas	*15.71	7.26	7.26	1.69	24.66	24.66	090
49021		A	Drain abdominal abscess	*3.38	#3.72	#3.72	0.91	8.01	8.01	000
49041		A	Percut drain abdom abscess	4.00	3.03	3.03	0.35	7.38	7.38	000
49061		A	Percutdrain retroper abscess	3.70	2.80	2.80	0.33	6.83	6.83	000
49062		A	Drain to peritoneal cavity	*11.36	8.07	8.07	0.79	20.22	20.22	090
49423		A	Exchange drainage cath	1.46	1.10	1.10	0.13	2.69	2.69	000
49424		A	Assess cyst, contrast inj	0.76	0.57	0.57	0.07	1.40	1.40	000
49507		A	Repair, inguinal hernia	*8.17	5.04	5.04	1.08	14.29	14.29	090
50021		A	Percut drain renal abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
50727		A	Revise ureter	*8.18	5.37	5.37	0.51	14.06	14.06	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
50728		A	Revise ureter	*12.02	7.90	7.90	0.77	20.69	20.69	090
50782		A	Reimplant ureter in bladder	*19.54	13.78	13.78	1.46	34.78	34.78	090
50783		A	Reimplant ureter in bladder	*20.55	13.78	13.78	1.46	35.79	35.79	090
52282		A	Cystoscopy, implant stent	6.40	4.58	4.58	0.45	11.43	11.43	000
52450		A	Incision of prostate	*7.64	4.99	4.99	0.49	13.12	13.12	090
53850		A	Prostatic microwave thermotx	*9.45	6.71	6.71	0.66	16.82	16.82	090
53852		A	Prostatic rf thermotx	*9.88	7.01	7.01	0.69	17.58	17.58	090
54401		A	Insert self-contd prosthesis	*10.28	#11.31	#11.31	1.73	23.32	23.32	090
56300		A	Laparoscopy; diagnostic	*5.10	4.45	4.45	0.93	10.48	10.48	010
56301		A	Laparoscopy; tubal cautery	*5.60	4.71	4.71	1.28	11.59	11.59	010
56302		A	Laparoscopy; tubal block	*5.60	5.26	5.26	1.32	12.18	12.18	010
56303		A	Laparoscopy; excise lesions	*11.79	5.53	5.53	1.16	18.48	18.48	090
56304		A	Laparoscopy; lysis	*11.29	5.60	5.60	1.20	18.09	18.09	090
56305		A	Laparoscopy; biopsy	*5.40	4.90	4.90	0.79	11.09	11.09	010
56306		A	Laparoscopy; aspiration	*5.70	4.87	4.87	1.18	11.75	11.75	010
56310		A	Laparoscopic enterolysis	*14.44	8.28	8.28	1.75	24.47	24.47	090
56314		A	Lapar; drain lymphocele	*9.48	6.73	6.73	0.66	16.87	16.87	090
56318		A	Laparoscopic orchiectomy	*10.96	7.23	7.23	0.81	19.00	19.00	090
56322		A	Laparoscopy, vagus nerves	*10.15	5.07	5.07	1.18	16.40	16.40	090
56323		A	Laparoscopy, vagus nerves	*12.15	6.09	6.09	1.41	19.65	19.65	090
56324		A	Laparoscopy, cholecystoenter	*12.58	9.16	9.16	1.93	23.67	23.67	090
56342		A	Laparoscopic cholecystectomy	*14.23	9.37	9.37	2.00	25.60	25.60	090
56343		A	Laparoscopic salpingostomy	*13.74	5.28	5.28	1.11	20.13	20.13	090
56344		A	Laparoscopic fimbrioplasty	*12.88	5.11	5.11	1.19	19.18	19.18	090
56345		C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346		A	Laparoscopic gastrostomy	*7.73	6.19	6.19	1.19	15.11	15.11	090
56347		C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348		A	Laparo; resect intestine	*22.04	13.25	13.25	2.78	38.07	38.07	090
56349		A	Laparoscopy; fundoplasty	*17.25	11.88	11.88	2.53	31.66	31.66	090
56350		A	Hysteroscopy; diagnostic	3.33	1.99	1.99	0.44	5.76	5.76	000
56351		A	Hysteroscopy; biopsy	4.75	1.99	1.99	0.44	7.18	7.18	000
56352		A	Hysteroscopy; lysis	6.17	3.77	3.77	0.85	10.79	10.79	000
56353		A	Hysteroscopy; resect septum	7.00	3.77	3.77	0.85	11.62	11.62	000
56354		A	Hysteroscopy; remove myoma	10.00	4.93	4.93	1.30	16.23	16.23	000
56355		A	Hysteroscopy; remove impact	5.21	1.99	1.99	0.44	7.64	7.64	000
56356		A	Hysteroscopy; ablation	6.17	4.39	4.39	1.49	12.05	12.05	000
56631		A	Extensive vulva surgery	*16.20	#17.82	#17.82	4.51	38.53	38.53	090
56634		A	Extensive vulva surgery	*17.88	#19.67	#19.67	4.51	42.06	42.06	090
56637		A	Extensive vulva surgery	*21.97	21.42	21.42	4.51	47.90	47.90	090
56810		A	Repair of perineum	*4.13	2.62	2.62	0.51	7.26	7.26	010
57308		A	Fistula repair, transperine	*9.94	7.23	7.23	1.41	18.58	18.58	090
57510		A	Cauterization of cervix	*1.90	0.52	0.52	0.09	2.51	2.51	010
57531		A	Removal of cervix, radical	*22.04	17.77	17.77	3.87	43.68	43.68	090
58262		A	Vaginal hysterectomy	*13.99	9.39	9.39	2.07	25.45	25.45	090
58263		A	Vaginal hysterectomy	*15.28	10.32	10.32	2.22	27.82	27.82	090
58345		A	Reopen fallopian tube	*4.66	3.49	3.49	0.41	8.56	8.56	010
58823		A	Percut drain pelvic abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
58825		A	Transposition, ovary(s)	*6.13	4.03	4.03	0.93	11.09	11.09	090
59150		A	Treat ectopic pregnancy	*6.89	4.53	4.53	1.05	12.47	12.47	090
59151		A	Treat ectopic pregnancy	*7.86	8.61	8.61	0.64	17.11	17.11	090
59871		A	Remove cerclage suture	2.13	1.78	1.78	0.41	4.32	4.32	000
60271		A	Removal of thyroid	*14.89	12.14	12.14	2.25	29.28	29.28	090
61760		A	Implant brain electrodes	*22.27	14.98	14.98	1.75	39.00	39.00	090
62280		A	Treat spinal cord lesion	*2.63	0.71	0.71	0.14	3.48	3.48	010
62281		A	Treat spinal cord lesion	*2.66	0.87	0.87	0.28	3.81	3.81	010
62282		A	Treat spinal canal lesion	*2.33	1.70	1.70	0.40	4.43	4.43	010
64612		A	Destroy nerve, face muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64613		A	Destroy nerve, spine muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64716		A	Revision of cranial nerve	*6.31	4.83	4.83	0.67	11.81	11.81	090
64755		A	Incision of stomach nerves	*13.52	10.47	10.47	2.27	26.26	26.26	090
64885		A	Nerve graft, head or neck	*17.53	12.69	12.69	1.48	31.70	31.70	090
64886		A	Nerve graft, head or neck	*20.75	15.13	15.13	1.77	37.65	37.65	090
65860		A	Incise inner eye adhesions	*3.55	#3.91	#3.91	0.37	7.83	7.83	090
66700		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.35	10.39	10.39	090
66710		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.41	10.45	10.45	090
66740		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.39	10.43	10.43	090
67027		A	Implant eye drug system	*10.85	9.04	9.04	0.47	20.36	20.36	090
67414		A	Explore/decompress eye socke	*11.13	8.39	8.39	0.44	19.96	19.96	090
67445		A	Explore/decompress eye socke	*14.42	11.13	11.13	0.57	26.12	26.12	090
67570		A	Decompress optic nerve	*13.58	7.56	7.56	0.39	21.53	21.53	090
68761		A	Close tear duct opening	*1.36	0.92	0.92	0.04	2.32	2.32	010
69205		A	Clear outer ear canal	*1.20	1.07	1.07	0.11	2.38	2.38	010
75945	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75946	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76076	26	A	Dual energy x-ray study	0.22	0.10	0.10	0.02	0.34	0.34	XXX
76078	26	A	Photodensitometry	0.20	0.10	0.10	0.02	0.32	0.32	XXX
76390	26	A	Mr spectroscopy	1.40	0.66	0.66	0.10	2.16	2.16	XXX
76831	26	A	Echo exam, uterus	0.72	0.32	0.32	0.05	1.09	1.09	XXX
76885	26	A	Echo exam, infant hips	0.74	0.32	0.32	0.05	1.11	1.11	XXX
76886	26	A	Echo exam, infant hips	0.62	0.27	0.27	0.04	0.93	0.93	XXX
77750		A	Infuse radioactive materials	*4.91	3.32	3.32	0.38	8.61	8.61	090
77750	26	A	Infuse radioactive materials	*4.91	2.05	2.05	0.30	7.26	7.26	090
77761		A	Radioelement application	*3.81	3.98	3.98	0.39	8.18	8.18	090
77761	26	A	Radioelement application	*3.81	1.59	1.59	0.23	5.63	5.63	090
77762		A	Radioelement application	*5.72	5.83	5.83	0.57	12.12	12.12	090
77762	26	A	Radioelement application	*5.72	2.39	2.39	0.35	8.46	8.46	090
77763		A	Radioelement application	*8.57	7.86	7.86	0.77	17.20	17.20	090
77763	26	A	Radioelement application	*8.57	3.58	3.58	0.50	12.65	12.65	090
77777		A	Radioelement application	*7.48	7.17	7.17	0.71	15.36	15.36	090
77777	26	A	Radioelement application	*7.48	3.13	3.13	0.45	11.06	11.06	090
77778		A	Radioelement application	*11.19	9.58	9.58	0.98	21.75	21.75	090
77778	26	A	Radioelement application	*11.19	4.69	4.69	0.67	16.55	16.55	090
77781		A	High intensity brachytherapy	*1.66	20.04	20.04	1.32	23.02	23.02	090
77781	26	A	High intensity brachytherapy	*1.66	0.69	0.69	0.11	2.46	2.46	090
77782		A	High intensity brachytherapy	*2.49	20.40	20.40	1.37	24.26	24.26	090
77782	26	A	High intensity brachytherapy	*2.49	1.05	1.05	0.16	3.70	3.70	090
77783		A	High intensity brachytherapy	*3.73	20.90	20.90	1.44	26.07	26.07	090
77783	26	A	High intensity brachytherapy	*3.73	1.55	1.55	0.23	5.51	5.51	090
77784		A	High intensity brachytherapy	*5.61	21.69	21.69	1.56	28.86	28.86	090
77784	26	A	High intensity brachytherapy	*5.61	2.34	2.34	0.35	8.30	8.30	090
77789		A	Radioelement application	*1.12	0.89	0.89	0.10	2.11	2.11	090
77789	26	A	Radioelement application	*1.12	0.46	0.46	0.07	1.65	1.65	090
78491	26	I	Heart image (pet) single	+1.50	1.34	1.34	0.10	2.94	2.94	XXX
78492	26	I	Heart image (pet) multiple	+1.87	1.34	1.34	0.10	3.31	3.31	XXX
78707	26	A	Kidney flow & function image	0.96	0.42	0.42	0.06	1.44	1.44	XXX
78708	26	A	Kidney flow & function image	1.21	0.42	0.42	0.06	1.69	1.69	XXX
78709	26	A	Kidney flow & function image	1.41	0.42	0.42	0.06	1.89	1.89	XXX
88141		A	Cytopath cerv/vag interpret	0.42	0.32	0.32	0.04	0.78	0.78	XXX
88152		X	Cytopath cerv/vag auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90802		A	Intac psy dx interview	3.01	0.38	0.38	0.05	3.44	3.44	XXX
90804		A	Psytx, office (20–30)	1.11	0.35	0.35	0.05	1.51	1.51	XXX
90805		A	Psytx, office (20–30) w/e&m	1.47	0.35	0.35	0.05	1.87	1.87	XXX
90806		A	Psytx, office (45–50)	1.73	0.54	0.54	0.08	2.35	2.35	XXX
90807		A	Psytx, office (45–50) w/e&m	2.00	0.54	0.54	0.08	2.62	2.62	XXX
90808		A	Psytx, office (75–80)	2.76	1.05	1.05	0.15	3.96	3.96	XXX
90809		A	Psytx, office (75–80) w/e&m	3.15	1.05	1.05	0.15	4.35	4.35	XXX
90810		A	Intac psytx, office (20–30)	1.19	0.59	0.59	0.09	1.87	1.87	XXX
90811		A	Intac psytx, off 20–30 w/e&m	1.58	0.59	0.59	0.09	2.26	2.26	XXX
90812		A	Intac psytx, office (45–50)	1.86	0.59	0.59	0.09	2.54	2.54	XXX
90813		A	Intac psytx, off 45–50 w/e&m	2.15	0.59	0.59	0.09	2.83	2.83	XXX
90814		A	Intac psytx, office (75–80)	2.97	0.59	0.59	0.09	3.65	3.65	XXX
90815		A	Intac psytx, off 75–80 w/e&m	3.39	0.59	0.59	0.09	4.07	4.07	XXX
90816		A	Psytx, hosp (20–30)	1.24	0.35	0.35	0.05	1.64	1.64	XXX
90817		A	Psytx, hosp (20–30) w/e&m	1.65	0.35	0.35	0.05	2.05	2.05	XXX
90818		A	Psytx, hosp (45–50)	1.94	0.54	0.54	0.08	2.56	2.56	XXX
90819		A	Psytx, hosp (45–50) w/e&m	2.24	0.54	0.54	0.08	2.86	2.86	XXX
90821		A	Psytx, hosp (75–80)	3.09	1.05	1.05	0.15	4.29	4.29	XXX
90822		A	Psytx, hosp (75–80) w/e&m	3.53	1.05	1.05	0.15	4.73	4.73	XXX
90823		A	Intac psytx, hosp (20–30)	1.33	0.59	0.59	0.09	2.01	2.01	XXX
90824		A	Intac psytx, hsp 20–30 w/e&m	1.77	0.59	0.59	0.09	2.45	2.45	XXX
90826		A	Intac psytx, hosp (45–50)	2.08	0.59	0.59	0.09	2.76	2.76	XXX
90827		A	Intac psytx, hsp 45–50 w/e&m	2.41	0.59	0.59	0.09	3.09	3.09	XXX
90828		A	Intac psytx, hosp (75–80)	3.32	0.59	0.59	0.09	4.00	4.00	XXX
90829		A	Intac psytx, hsp 75–80 w/e&m	3.80	0.59	0.59	0.09	4.48	4.48	XXX
90865		A	Narcosynthesis	2.84	0.50	0.50	0.07	3.41	3.41	XXX
90875		N	Psychophysiological therapy	1.20	0.00	0.00	0.00	1.20	1.20	XXX
90876		N	Psychophysiological therapy	1.90	0.00	0.00	0.00	1.90	1.90	XXX
90885		B	Psy evaluation of records	+0.97	0.31	0.31	0.04	1.32	1.32	XXX
92986		A	Revision of aortic valve	*21.80	12.04	12.04	0.90	34.74	34.74	090
92987		A	Revision of mitral valve	*22.70	12.20	12.20	0.91	35.81	35.81	090
92990		A	Revision of pulmonary valve	*17.34	9.59	9.59	0.71	27.64	27.64	090
92997		A	Pul art balloon repair, perc	12.00	#13.20	#13.20	1.22	26.42	26.42	000
92998		A	Pul art balloon repair, perc	6.00	3.80	3.80	0.44	10.24	10.24	ZZZ
93508	26	A	Cath placement, angiography	4.10	2.78	2.78	0.23	7.11	7.11	000
93530	26	A	Rt heart cath, congenital	4.23	3.61	3.61	0.34	8.18	8.18	000
93531	26	A	R & l heart cath, congenital	8.35	5.45	5.45	0.39	14.19	14.19	000
93532	26	A	R & l heart cath, congenital	10.00	7.14	7.14	0.50	17.64	17.64	000
93533	26	A	R & l heart cath, congenital	6.70	2.93	2.93	0.22	9.85	9.85	000

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95806	26	A	Sleep study, unattended	1.66	2.45	#1.83	0.19	4.30	3.68	XXX
95811	26	A	Polysomnography w/cpap	3.80	2.57	2.57	0.20	6.57	6.57	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95921	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95922	26	A	Autonomic nervous func test	0.96	0.34	0.34	0.03	1.33	1.33	XXX
95923	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
96902		B	Trichogram	+0.41	0.29	0.29	0.02	0.72	0.72	XXX
97001		A	Pt evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97002		A	Pt re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97003		A	Ot evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97004		A	Ot re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97780		N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99141		B	Sedation, iv/im or inhalant	+0.80	0.83	0.83	0.05	1.68	1.68	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	0.62	0.62	0.04	1.26	1.26	XXX
99234		A	Observ/hosp same date	2.56	0.68	0.68	0.06	3.30	3.30	XXX
99235		A	Observ/hosp same date	3.42	1.05	1.05	0.09	4.56	4.56	XXX
99236		A	Observ/hosp same date	4.27	1.14	1.14	0.09	5.50	5.50	XXX
99301		A	Nursing facility care	1.20	0.45	0.45	0.03	1.68	1.68	XXX
99302		A	Nursing facility care	1.61	0.50	0.50	0.04	2.15	2.15	XXX
99303		A	Nursing facility care	2.01	0.95	0.95	0.07	3.03	3.03	XXX
99311		A	Nursing facility care, subseq	0.60	0.34	0.34	0.03	0.97	0.97	XXX
99312		A	Nursing facility care, subseq	1.00	0.41	0.41	0.03	1.44	1.44	XXX
99313		A	Nursing facility care, subseq	1.42	0.46	0.46	0.04	1.92	1.92	XXX
99315		A	Nursing fac discharge day	1.13	0.51	0.51	0.04	1.68	1.68	XXX
99316		A	Nursing fac discharge day	1.50	0.51	0.51	0.04	2.05	2.05	XXX
99341		A	Home visit, new patient	1.01	0.53	0.53	0.05	1.59	1.59	XXX
99342		A	Home visit, new patient	1.52	0.60	0.60	0.05	2.17	2.17	XXX
99343		A	Home visit, new patient	2.27	0.77	0.77	0.06	3.10	3.10	XXX
99344		A	Home visit, new patient	3.03	0.85	0.85	0.09	3.97	3.97	XXX
99345		A	Home visit, new patient	3.79	0.85	0.85	0.09	4.73	4.73	XXX
99347		A	Home visit, estab patient	0.76	0.45	0.45	0.04	1.25	1.25	XXX
99348		A	Home visit, estab patient	1.26	0.53	0.53	0.04	1.83	1.83	XXX
99349		A	Home visit, estab patient	2.02	0.61	0.61	0.05	2.68	2.68	XXX
99350		A	Home visit, estab patient	3.03	0.76	0.76	0.07	3.86	3.86	XXX
99374		B	Home health care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99375		A	Home health care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99377		B	Hospice care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99378		A	Hospice care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99379		B	Nursing fac care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99380		B	Nursing fac care supervision	+1.73	0.51	0.51	0.04	2.28	2.28	XXX
99436		A	Attendance, birth	1.50	1.55	1.55	0.10	3.15	3.15	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0051		D	Destroy benign/premal lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0101		A	CA screen;pelvic/breast exam	0.45	0.28	0.28	0.02	0.75	0.75	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	1.23	#1.06	0.12	2.31	2.14	000
G0105		A	Colorectal scrn; hi risk ind	3.70	4.13	#4.07	0.39	8.22	8.16	000
G0106	26	A	Colon CA screen;barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.26	0.26	0.04	1.20	1.20	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.20	0.20	0.02	0.49	0.49	XXX
G0112		R	Nett;nutrition guid, initial	1.72	0.97	0.97	0.10	2.79	2.79	XXX
G0113		R	Nett;nutrition guid, subseqnt	1.29	0.77	0.77	0.09	2.15	2.15	XXX
G0114		R	Nett; psychosocial consult	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0115		R	Nett; psychological testing	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0116		A	Nett; psychosocial counsel	1.11	0.35	0.35	0.05	1.51	1.51	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0121	.....	N	Colon ca scrn; barium enema	+3.70	4.13	#4.07	0.39	8.22	8.16	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.45	0.45	0.07	1.51	1.51	XXX

ADDENDUM D.—1999 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00510	00	ALABAMA	0.978	0.872	0.876
00831	01	ALASKA	1.063	1.173	1.533
00832	00	ARIZONA	0.995	0.971	1.189
00520	13	ARKANSAS	0.953	0.855	0.403
02050	26	ANAHEIM/SANTA ANA, CA	1.036	1.191	0.846
02050	18	LOS ANGELES, CA	1.055	1.199	0.846
31140	03	MARIN/NAPA/SOLANO, CA	1.014	1.161	0.667
31140	07	OAKLAND/BERKLEY, CA	1.040	1.196	0.667
31140	05	SAN FRANCISCO, CA	1.067	1.299	0.667
31140	06	SAN MATEO, CA	1.047	1.274	0.667
31140	09	SANTA CLARA, CA	1.062	1.262	0.667
02050	17	VENTURA, CA	1.027	1.131	0.717
02050	99	REST OF STATE*	1.008	1.043	0.698
31140	99	REST OF STATE*	1.008	1.043	0.698
00824	01	COLORADO	0.987	0.970	0.795
10230	00	CONNECTICUT	1.049	1.172	1.052
00570	01	DELAWARE	1.019	1.028	0.860
00580	01	DC + MD/VA SUBURBS	1.050	1.161	1.032
00590	03	FORT LAUDERDALE, FL	0.996	1.026	1.783
00590	04	MIAMI, FL	1.015	1.077	2.350
00590	99	REST OF STATE	0.975	0.948	1.327
00511	01	ATLANTA, GA	1.006	1.034	0.951
00511	99	REST OF STATE	0.970	0.900	0.951
00833	01	HAWAII/GUAM	0.998	1.183	0.954
05130	00	IDAHO	0.960	0.892	0.566
00621	16	CHICAGO, IL	1.027	1.088	1.693
00621	12	EAST ST. LOUIS, IL	0.988	0.931	1.487
00621	15	SUBURBAN CHICAGO, IL	1.006	1.067	1.365
00621	99	REST OF STATE	0.963	0.886	0.990
00630	00	INDIANA	0.981	0.917	0.408
00640	00	IOWA	0.958	0.882	0.648
00650	00	KANSAS*	0.963	0.898	0.890
00740	04	KANSAS*	0.963	0.898	0.890
00660	00	KENTUCKY	0.970	0.874	0.807
00528	01	NEW ORLEANS, LA	0.998	0.950	1.153
00528	99	REST OF STATE	0.969	0.881	1.031
31142	03	SOUTHERN MAINE	0.979	1.030	0.708
31142	99	REST OF STATE	0.961	0.924	0.708
00901	01	BALTIMORE/SURR. CNTYS, MD	1.019	1.039	1.098
00901	99	REST OF STATE	0.985	0.986	0.866
31143	01	METROPOLITAN BOSTON	1.039	1.196	0.713
31143	99	REST OF STATE	1.010	1.093	0.713
00623	01	DETROIT, MI	1.042	1.022	3.069
00623	99	REST OF STATE	0.996	0.939	1.828
10240	00	MINNESOTA	0.989	0.967	0.507
10250	00	MISSISSIPPI	0.957	0.846	0.721
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.949	1.196
11260	01	METROPOLITAN ST. LOUIS, MO	0.994	0.943	1.198
00740	99	REST OF STATE*	0.945	0.828	1.165
11260	99	REST OF STATE*	0.945	0.828	1.165
00751	01	MONTANA	0.951	0.877	0.732
00655	00	NEBRASKA	0.949	0.873	0.443
00834	00	NEVADA	1.005	1.032	0.997
31144	40	NEW HAMPSHIRE	0.988	1.033	1.013
00860	01	NORTHERN NJ	1.057	1.191	0.795
00860	99	REST OF STATE	1.028	1.094	0.795
00521	05	NEW MEXICO	0.973	0.910	0.716
00803	01	MANHATTAN, NY	1.093	1.353	1.654
00803	02	NYC SUBURBS/LONG I., NY	1.067	1.233	1.932
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.010	1.084	1.326
14330	04	QUEENS, NY	1.057	1.234	1.839
00801	99	REST OF STATE	0.999	0.959	0.793
05535	00	NORTH CAROLINA	0.970	0.924	0.497
00820	01	NORTH DAKOTA	0.950	0.877	0.656
16360	00	OHIO	0.990	0.939	1.074

ADDENDUM D.—1999 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00522	00	OKLAHOMA	0.969	0.882	0.451
00835	01	PORTLAND, OR	0.996	1.021	0.587
00835	99	REST OF STATE	0.961	0.938	0.587
00865	01	METROPOLITAN PHILADELPHIA, PA	1.024	1.089	1.207
00865	99	REST OF STATE	0.989	0.931	0.637
00973	20	PUERTO RICO	0.882	0.729	0.359
00870	01	RHODE ISLAND	1.018	1.069	1.189
00880	01	SOUTH CAROLINA	0.975	0.905	0.280
00820	02	SOUTH DAKOTA	0.935	0.873	0.435
05440	35	TENNESSEE	0.975	0.899	0.552
00900	31	AUSTIN, TX	0.986	1.000	0.849
00900	20	BEAUMONT, TX	0.992	0.899	1.386
00900	09	BRAZORIA, TX	0.992	0.977	1.386
00900	11	DALLAS, TX	1.010	1.016	0.930
00900	28	FORT WORTH, TX	0.987	0.971	0.930
00900	15	GALVESTON, TX	0.988	0.970	1.386
00900	18	HOUSTON, TX	1.020	1.007	1.418
00900	99	REST OF STATE	0.966	0.888	0.871
00910	09	UTAH	0.977	0.909	0.594
31145	50	VERMONT	0.973	0.984	0.548
00973	50	VIRGIN ISLANDS	0.965	1.034	1.032
10490	00	VIRGINIA	0.985	0.941	0.557
00836	02	SEATTLE (KING CNTY), WA	1.005	1.080	0.742
00836	99	REST OF STATE	0.982	0.976	0.742
16510	16	WEST VIRGINIA	0.963	0.853	1.106
00951	00	WISCONSIN	0.981	0.933	0.841
00825	21	WYOMING	0.967	0.895	0.705

*Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

ADDENDUM E.—1998 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00510	00	ALABAMA	0.979	0.871	0.902
00831	01	ALASKA	1.064	1.164	1.575
00832	00	ARIZONA	0.996	0.964	1.255
00520	13	ARKANSAS	0.954	0.854	0.415
02050	26	ANAHEIM/SANTA ANA, CA	1.037	1.198	0.799
02050	18	LOS ANGELES, CA	1.056	1.203	0.799
31140	03	MARIN/NAPA/SOLANO, CA	1.015	1.171	0.632
31140	07	OAKLAND/BERKLEY, CA	1.041	1.206	0.632
31140	05	SAN FRANCISCO, CA	1.068	1.315	0.632
31140	06	SAN MATEO, CA	1.048	1.287	0.632
31140	09	SANTA CLARA, CA	1.063	1.276	0.632
02050	17	VENTURA, CA	1.028	1.162	0.702
02050	99	REST OF STATE*	1.009	1.046	0.663
31140	99	REST OF STATE*	1.009	1.046	0.663
00824	01	COLORADO	0.988	0.961	0.811
10230	00	CONNECTICUT	1.050	1.182	1.027
00570	01	DELAWARE	1.020	1.030	0.826
00580	01	DC + MD/VA SUBURBS	1.051	1.177	1.006
00590	03	FORT LAUDERDALE, FL	0.997	1.031	1.825
00590	04	MIAMI, FL	1.016	1.082	2.403
00590	99	REST OF STATE	0.976	0.946	1.372
00511	01	ATLANTA, GA	1.007	1.032	0.927
00511	99	REST OF STATE	0.971	0.896	0.927
00833	01	HAWAII/GUAM	0.999	1.202	0.938
05130	00	IDAHO	0.961	0.887	0.577
00621	16	CHICAGO, IL	1.028	1.084	1.538
00621	12	EAST ST. LOUIS, IL	0.988	0.930	1.345
00621	15	SUBURBAN CHICAGO, IL	1.007	1.080	1.262
00621	99	REST OF STATE	0.964	0.885	0.906
00630	00	INDIANA	0.982	0.917	0.382
00640	00	IOWA	0.959	0.880	0.664
00650	00	KANSAS*	0.964	0.895	1.041
00740	04	KANSAS*	0.964	0.895	1.041
00660	00	KENTUCKY	0.971	0.871	0.813
00528	01	NEW ORLEANS, LA	0.999	0.948	1.075
00528	99	REST OF STATE	0.969	0.876	0.972
31142	03	SOUTHERN MAINE	0.980	1.032	0.734
31142	99	REST OF STATE	0.962	0.925	0.734
00901	01	BALTIMORE/SURR. CNTYS, MD	1.020	1.038	1.107
00901	99	REST OF STATE	0.984	0.969	0.864

ADDENDUM E.—1998 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
31143	01	METROPOLITAN BOSTON	1.040	1.205	0.846
31143	99	REST OF STATE	1.011	1.089	0.846
00623	01	DETROIT, MI	1.043	1.030	3.060
00623	99	REST OF STATE	0.997	0.937	1.836
10240	00	MINNESOTA	0.990	0.966	0.551
10250	00	MISSISSIPPI	0.957	0.845	0.724
00740	02	METROPOLITAN KANSAS CITY, MO	0.989	0.949	1.202
11260	01	METROPOLITAN ST. LOUIS, MO	0.995	0.944	1.203
00740	99	REST OF STATE*	0.946	0.831	1.162
11260	99	REST OF STATE*	0.946	0.831	1.162
00751	01	MONTANA	0.952	0.871	0.744
00655	00	NEBRASKA	0.950	0.873	0.444
00834	00	NEVADA	1.006	1.030	0.942
31144	40	NEW HAMPSHIRE	0.988	1.034	0.965
00860	01	NORTHERN NJ	1.058	1.203	0.779
00860	99	REST OF STATE	1.029	1.104	0.779
00521	05	NEW MEXICO	0.974	0.907	0.754
00803	01	MANHATTAN, NY	1.094	1.356	1.600
00803	02	NYC SUBURBS/LONG I., NY	1.068	1.234	1.846
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.011	1.083	1.272
14330	04	QUEENS, NY	1.058	1.237	1.763
00801	99	REST OF STATE	1.000	0.957	0.807
05535	00	NORTH CAROLINA	0.971	0.921	0.466
00820	01	NORTH DAKOTA	0.951	0.869	0.637
16360	00	OHIO	0.991	0.940	1.062
00522	00	OKLAHOMA	0.969	0.881	0.437
00835	01	PORTLAND, OR	0.997	1.011	0.612
00835	99	REST OF STATE	0.962	0.934	0.612
00865	01	METROPOLITAN PHILADELPHIA, PA	1.025	1.090	1.261
00865	99	REST OF STATE	0.990	0.928	0.687
00973	20	PUERTO RICO	0.883	0.734	0.314
00870	01	RHODE ISLAND	1.019	1.072	1.379
00880	01	SOUTH CAROLINA	0.976	0.902	0.321
00820	02	SOUTH DAKOTA	0.936	0.865	0.439
05440	35	TENNESSEE	0.976	0.899	0.538
00900	31	AUSTIN, TX	0.987	0.993	0.838
00900	20	BEAUMONT, TX	0.993	0.896	1.407
00900	09	BRAZORIA, TX	0.993	0.972	1.407
00900	11	DALLAS, TX	1.011	1.014	0.912
00900	28	FORT WORTH, TX	0.988	0.972	0.912
00900	15	GALVESTON, TX	0.989	0.968	1.407
00900	18	HOUSTON, TX	1.021	1.006	1.423
00900	99	REST OF STATE	0.966	0.884	0.855
00910	09	UTAH	0.978	0.900	0.619
31145	50	VERMONT	0.974	0.986	0.500
00973	50	VIRGIN ISLANDS	0.966	1.006	1.028
10490	00	VIRGINIA	0.986	0.940	0.538
00836	02	SEATTLE (KING CNTY), WA	1.006	1.079	0.745
00836	99	REST OF STATE	0.983	0.969	0.745
16510	16	WEST VIRGINIA	0.964	0.852	1.055
00951	00	WISCONSIN	0.982	0.930	1.001
00825	21	WYOMING	0.968	0.888	0.758

*Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00973	50	VIRGIN ISLANDS	0.997	0.974	0.023	2.4
00621	16	CHICAGO, IL	1.084	1.066	0.018	1.7
00901	99	REST OF MARYLAND	0.980	0.964	0.016	1.7
00621	12	EAST ST. LOUIS, IL	0.989	0.974	0.015	1.5
00528	99	REST OF LOUISIANA	0.936	0.926	0.010	1.1
00621	99	REST OF ILLINOIS	0.933	0.924	0.009	1.0
00528	01	NEW ORLEANS, LA	0.986	0.977	0.009	0.9
00820	01	NORTH DAKOTA	0.906	0.898	0.008	0.9
00803	02	NYC SUBURBS/LONG I., NY	1.177	1.170	0.007	0.6
00834	00	NEVADA	1.016	1.010	0.006	0.6
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.056	1.050	0.006	0.6
00835	01	PORTLAND, OR	0.987	0.981	0.006	0.6
00820	02	SOUTH DAKOTA	0.886	0.880	0.006	0.7
00900	31	AUSTIN, TX	0.985	0.979	0.006	0.6
16510	16	WEST VIRGINIA	0.925	0.919	0.006	0.7

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA—Continued

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00824	01	COLORADO	0.971	0.966	0.005	0.5
00900	99	REST OF TEXAS	0.929	0.924	0.005	0.5
00910	09	UTAH	0.931	0.926	0.005	0.5
00836	99	REST OF WASHINGTON	0.968	0.963	0.005	0.5
31144	40	NEW HAMPSHIRE	1.008	1.003	0.005	0.5
00511	01	ATLANTA, GA	1.015	1.011	0.004	0.4
00511	99	REST OF GEORGIA	0.940	0.936	0.004	0.4
05535	00	NORTH CAROLINA	0.928	0.924	0.004	0.4
14330	04	QUEENS, NY	1.167	1.163	0.004	0.3
00900	11	DALLAS, TX	1.009	1.006	0.003	0.3
00751	01	MONTANA	0.910	0.907	0.003	0.3
00831	01	ALASKA	1.131	1.128	0.003	0.3
05130	00	IDAHO	0.913	0.911	0.002	0.2
00630	00	INDIANA	0.927	0.925	0.002	0.2
00660	00	KENTUCKY	0.923	0.921	0.002	0.2
00803	01	MANHATTAN, NY	1.227	1.225	0.002	0.2
00900	09	BRAZORIA, TX	1.005	1.003	0.002	0.2
10490	00	VIRGINIA	0.946	0.944	0.002	0.2
31145	50	VERMONT	0.957	0.955	0.002	0.2
02050	18	LOS ANGELES	1.104	1.103	0.001	0.1
10250	00	MISSISSIPPI	0.900	0.899	0.001	0.1
00835	99	REST OF OREGON	0.934	0.933	0.001	0.1
05440	35	TENNESSEE	0.924	0.923	0.001	0.1
00590	03	FORT WORTH, TX	0.978	0.977	0.001	0.1
00570	01	DELAWARE	1.015	1.015	0.000	0.0
00640	00	IOWA	0.912	0.912	0.000	0.0
00623	99	REST OF MICHIGAN	1.013	1.013	0.000	0.0
00655	00	NEBRASKA	0.894	0.894	0.000	0.0
16360	00	OHIO	0.973	0.973	0.000	0.0
00973	20	PUERTO RICO	0.794	0.794	0.000	0.0
00900	18	HOUSTON, TX	1.034	1.034	0.000	0.0
00900	20	BEAUMONT, TX	0.973	0.973	0.000	0.0
00836	02	SEATTLE (KING CNTY), WA	1.023	1.023	0.000	0.0
00825	21	WYOMING	0.925	0.925	0.000	0.0
02050	99	REST OF CALIFORNIA*	1.007	1.008	−0.001	−0.1
31140	99	REST OF CALIFORNIA*	1.007	1.008	−0.001	−0.1
00520	13	ARKANSAS	0.886	0.887	−0.001	−0.1
00832	00	ARIZONA	0.994	0.995	−0.001	−0.1
00740	02	METROPOLITAN KANSAS CITY, MO	0.982	0.983	−0.001	−0.1
11260	01	METROPOLITAN ST. LOUIS, MO	0.983	0.984	−0.001	−0.1
00801	99	REST OF NEW YORK	0.973	0.974	−0.001	−0.1
00901	01	BALTIMORE/SURR. CNTYS, MD	1.031	1.032	−0.001	−0.1
00900	15	GALVESTON, TX	1.000	1.001	−0.001	−0.1
00510	00	ALABAMA	0.930	0.932	−0.002	−0.2
02050	26	ANAHEIM/SANTA ANA, CA	1.090	1.092	−0.002	−0.2
00621	15	SUBURBAN CHICAGO, IL	1.048	1.050	−0.002	−0.2
00521	05	NEW MEXICO	0.935	0.937	−0.002	−0.2
00522	00	OKLAHOMA	0.908	0.910	−0.002	−0.2
00880	01	SOUTH CAROLINA	0.913	0.915	−0.002	−0.2
00590	99	REST OF FLORIDA	0.981	0.984	−0.003	−0.3
31142	99	REST OF MAINE	0.934	0.937	−0.003	−0.3
00740	99	REST OF MISSOURI*	0.908	0.911	−0.003	−0.3
11260	99	REST OF MISSOURI*	0.908	0.911	−0.003	−0.3
00865	99	REST OF PENNSYLVANIA	0.948	0.951	−0.003	−0.3
10240	00	MINNESOTA	0.957	0.961	−0.004	−0.4
31140	03	MARIN/NAPA/SOLANO, CA	1.058	1.063	−0.005	−0.5
31142	03	SOUTHERN MAINE	0.987	0.992	−0.005	−0.5
31140	07	OAKLAND/BERKLEY, CA	1.086	1.092	−0.006	−0.5
10230	00	CONNECTICUT	1.100	1.106	−0.006	−0.5
00623	01	DETROIT, MI	1.131	1.137	−0.006	−0.5
00860	99	REST OF NEW JERSEY	1.044	1.051	−0.007	−0.7
00865	01	METROPOLITAN PHILADELPHIA, PA	1.059	1.066	−0.007	−0.7
31140	06	SAN MATEO, CA	1.122	1.130	−0.008	−0.7
00900	28	FORT LAUDERDALE, FL	1.046	1.055	−0.009	−0.9
31140	09	SANTA CLARA, CA	1.125	1.134	−0.009	−0.8
00590	04	MIAMI, FL	1.105	1.114	−0.009	−0.8
31140	05	SAN FRANCISCO, CA	1.143	1.153	−0.010	−0.9
00580	01	DC +MD/VA SUBURBS	1.095	1.105	−0.010	−0.9
31143	99	REST OF MASSACHUSETTS	1.030	1.040	−0.010	−1.0
00860	01	NORTHERN NJ	1.099	1.109	−0.010	−0.9
00650	00	KANSAS*	0.933	0.945	−0.012	−1.3
00740	04	KANSAS*	0.933	0.945	−0.012	−1.3
00951	00	WISCONSIN	0.955	0.968	−0.013	−1.3
00833	01	HAWAII/GUAM	1.072	1.086	−0.014	−1.3
31143	01	METROPOLITAN BOSTON	1.088	1.108	−0.020	−1.8

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA—Continued

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00870	01	RHODE ISLAND	1.047	1.068	−0.021	−2.0
02050	17	VENTURA, CA	1.055	1.079	−0.024	−2.2

*Payment locality is serviced by two carriers.

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES

[Alphabetically by State and Locality Name Within State]

Carrier No.	Locality No.	State	Fee schedule area	Counties
00510	00	ALABAMA	STATEWIDE	ALL COUNTIES.
00831	01	ALASKA	STATEWIDE	ALL COUNTIES.
00832	00	ARIZONA	STATEWIDE	ALL COUNTIES.
00520	13	ARKANSAS	STATEWIDE	ALL COUNTIES.
02050	26	CALIFORNIA	ANAHEIM/SANTA ANA	ORANGE.
02050	18		LOS ANGELES	LOS ANGELES.
31140	03		MARIN/NAPA/SOLANO	MARIN, NAPA, AND SOLANO.
31140	07		OAKLAND/BERKLEY	ALAMEDA AND CONTRA COSTA.
31140	05		SAN FRANCISCO	SAN FRANCISCO.
31140	06		SAN MATEO	SAN MATEO.
31140	09		SANTA CLARA	SANTA CLARA.
02050	17		VENTURA	VENTURA.
02050	99		REST OF STATE*	ALL OTHER COUNTIES.
31140	99		REST OF STATE*	ALL OTHER COUNTIES.
00824	01	COLORADO	STATEWIDE	ALL COUNTIES.
10230	00	CONNECTICUT	STATEWIDE	ALL COUNTIES.
00570	01	DELAWARE	STATEWIDE	ALL COUNTIES.
00580	01	DISTRICT OF COLUMBIA	DC + MD/VA SUBURBS	DISTRICT OF COLUMBIA; ALEXANDRIA CITY, ARLINGTON, FAIRFAX, FAIRFAX CITY, FALLS CHURCH CITY IN VIRGINIA; MONTGOMERY AND PRINCE GEORGE'S IN MARYLAND.
00900	03	FLORIDA	FORT LAUDERDALE	BROWARD, COLLIER, INDIAN RIVER, LEE, MARTIN, PALM BEACH, AND ST. LUCIE.
00590	04		MIAMI	DADE AND MONROE.
00590	99		REST OF STATE	ALL OTHER COUNTIES.
00511	01	GEORGIA	ATLANTA	BUTTS, CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON, GWINNETT, HENRY, NEWTON, PAULDING, ROCKDALE AND WALTON.
00511	99		REST OF STATE	ALL OTHER COUNTIES.
00833	01	HAWAII/GUAM	STATEWIDE	ALL COUNTIES.
05130	00	IDAHO	STATEWIDE	ALL COUNTIES.
00621	16	ILLINOIS	CHICAGO	COOK.
00621	12		EAST ST. LOUIS	BOND, CALHOUN, CLINTON, JERSEY, MACOUPIN, MADISON, MONROE, MONTGOMERY, RANDOLPH, ST. CLAIR AND WASHINGTON.
00621	15		SUBURBAN CHICAGO	DUPAGE, KANE, LAKE AND WILL.
00621	99		REST OF STATE	ALL OTHER COUNTIES.
00630	00	INDIANA	STATEWIDE	ALL COUNTIES.
00640	00	IOWA	STATEWIDE	ALL COUNTIES.
00650	00	KANSAS	STATEWIDE*	ALL COUNTIES.
00740	04		STATEWIDE*	ALL COUNTIES.
00660	00	KENTUCKY	STATEWIDE	ALL COUNTIES.
00528	01	LOUISIANA	NEW ORLEANS	JEFFERSON, ORLEANS, PLAQUEMINES AND ST. BERNARD.
00528	99		REST OF STATE	ALL OTHER COUNTIES.
31142	03	MAINE	SOUTHERN MAINE	CUMBERLAND AND YORK.
31142	99		REST OF STATE	ALL OTHER COUNTIES.
00901	01	MARYLAND	BALTIMORE/SURR. CNTYS	ANNE ARUNDEL, BALTIMORE, BALTIMORE CITY, CARROLL, HARFORD AND HOWARD.
00901	99		REST OF STATE	ALL OTHER COUNTIES EXCEPT MONTGOMERY AND PRINCE GEORGE'S.
31143	01	MASSACHUSETTS	METROPOLITAN BOSTON	MIDDLESEX, NORFOLK AND SUFFOLK.
31143	99		REST OF STATE	ALL OTHER COUNTIES.
00623	01	MICHIGAN	DETROIT	MACOMB, OAKLAND, WASHTENAW AND WAYNE.
00623	99		REST OF STATE	ALL OTHER COUNTIES.
10240	00	MINNESOTA	STATEWIDE	ALL COUNTIES.
10250	00	MISSISSIPPI	STATEWIDE	ALL COUNTIES.
00740	02	MISSOURI	METROPOLITAN KANSAS CITY	CLAY, JACKSON AND PLATTE.
11260	01		METROPOLITAN ST. LOUIS	JEFFERSON, ST. CHARLES, ST. LOUIS AND ST. LOUIS CITY.
00740	99		REST OF STATE*	ALL OTHER COUNTIES.
11260	99		REST OF STATE*	ALL OTHER COUNTIES.
00751	01	MONTANA	STATEWIDE	ALL COUNTIES.

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES—Continued

[Alphabetically by State and Locality Name Within State]

Carrier No.	Locality No.	State	Fee schedule area	Counties
00655	00	NEBRASKA	STATEWIDE	ALL COUNTIES.
00834	00	NEVADA	STATEWIDE	ALL COUNTIES.
31144	40	NEW HAMPSHIRE	STATEWIDE	ALL COUNTIES.
00860	01	NEW JERSEY	NORTHERN NJ	BERGEN, ESSEX, HUDSON, HUNTERDON, MIDDLESEX, MORRIS, PASSAIC, SOMERSET, SUSSEX, UNION AND WARREN.
00860	99		REST OF STATE	ALL OTHER COUNTIES.
00521	05	NEW MEXICO	STATEWIDE	ALL COUNTIES.
00803	01	NEW YORK	MANHATTAN	NEW YORK.
00803	02		NYC SUBURBS/LONG ISLAND	BRONX, KINGS, NASSAU, RICHMOND, ROCKLAND, SUFFOLK AND WESTCHESTER.
00803	03		POUGHKPSIE/N NYC SUBURBS	COLUMBIA, DELAWARE, DUTCHESS, GREENE, ORANGE, PUTNAM, SULLIVAN AND ULSTER.
14330	04		QUEENS	QUEENS.
00801	99		REST OF STATE	ALL OTHER COUNTIES.
05535	00	NORTH CAROLINA	STATEWIDE	ALL COUNTIES.
00820	01	NORTH DAKOTA	STATEWIDE	ALL COUNTIES.
16360	00	OHIO	STATEWIDE	ALL COUNTIES.
00522	00	OKLAHOMA	STATEWIDE	ALL COUNTIES.
00835	01	OREGON	PORTLAND	CLACKAMAS, MULTNOMAH AND WASHINGTON.
00835	99		REST OF STATE	ALL OTHER COUNTIES.
00865	01	PENNSYLVANIA	METROPOLITAN PHILADELPHIA	BUCKS, CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA.
00865	99		REST OF STATE	ALL OTHER COUNTIES.
00973	20	PUERTO RICO	PUERTO RICO	ALL COUNTY EQUIVALENTS.
00870	01	RHODE ISLAND	STATEWIDE	ALL COUNTIES.
00880	01	SOUTH CAROLINA	STATEWIDE	ALL COUNTIES.
00820	02	SOUTH DAKOTA	STATEWIDE	ALL COUNTIES.
05440	35	TENNESSEE	STATEWIDE	ALL COUNTIES.
00900	31	TEXAS	AUSTIN	TRAVIS.
00900	20		BEAUMONT	JEFFERSON.
00900	09		BRAZORIA	BRAZORIA.
00900	11		DALLAS	DALLAS.
00590	03		FORT WORTH	TARRANT.
00900	15		GALVESTON	GALVESTON.
00900	18		HOUSTON	HARRIS.
00900	99		REST OF STATE	ALL OTHER COUNTIES.
00910	09	UTAH	STATEWIDE	ALL COUNTIES.
31145	50	VERMONT	STATEWIDE	ALL COUNTIES.
00973	50	VIRGIN ISLANDS	VIRGIN ISLANDS	ALL COUNTY EQUIVALENTS.
10490	00	VIRGINIA	STATEWIDE	ALL COUNTIES, EXCEPT ALEXANDRIA CITY, ARLINGTON, FAIRFAX, FAIRFAX CITY, AND FALLS CHURCH CITY.
00836	02	WASHINGTON	SEATTLE (KING CNTY)	KING.
00836	99		REST OF STATE	ALL OTHER COUNTIES.
16510	16	WEST VIRGINIA	STATEWIDE	ALL COUNTIES.
00951	00	WISCONSIN	STATEWIDE	ALL COUNTIES.
00825	21	WYOMING	STATEWIDE	ALL COUNTIES.

*Payment locality is serviced by two carriers.

[FR Doc. 97–28973 Filed 10–30–97; 8:45 am]

BILLING CODE 4120–03–P