DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[BPD–846–PN]

RIN 0938–AH38

Medicare Program; Five-Year Review of Work Relative Value Units Under the Physician Fee Schedule

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

ACTION: Proposed notice.

SUMMARY: This proposed notice discusses changes to work relative value units (RVUs) affecting payment for physician services. Section 1848(c)(2)(B)(i) of the Social Security Act requires that we review all work RVUs no less often than every 5 years. Since we implemented the physician fee schedule effective for services furnished beginning January 1, 1992, we have initiated the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 2, 1996.

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–846–PN, P.O. Box 7519, Baltimore, MD 21207–0519.

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–846–PN. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

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FOR FURTHER INFORMATION CONTACT: Elizabeth Holland, (410) 786–1309.

SUPPLEMENTARY INFORMATION: To assist readers in referencing sections contained in this proposed notice, we are providing the following table of contents.

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

AMA American Medical Association
CPT [Physicians'] Current Procedural Terminology [4th Edition, 1996, copyrighted by the American Medical Association]
HCFA Health Care Financing Administration
HCPCS HCFA Common Procedure Coding System
IWPUT Intraservice work per unit time
RUC [American Medical Association Specialty Society] Relative [Value] Update Committee
RVU Relative value unit

I. Background

A. Legislative Requirements

The Medicare program was established in 1965 by the addition of title XVIII to the Social Security Act (the Act). Since January 1, 1992, Medicare pays for physician services under section 1848 of the Act, ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a Medicare volume performance standard for the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

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

B. Published Changes to the Physician Fee Schedule

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

- September 15, 1992, as a correction notice for the 1992 physician fee schedule (57 FR 42491).
- November 25, 1992, as a final notice with comment period on new and revised RVUs only for the 1993 physician fee schedule (57 FR 55914).
- June 7, 1993, as a correction notice for the 1993 physician fee schedule (58 FR 31964).
- December 2, 1993, as a final rule with comment period (58 FR 63626) announcing revised payment policies and RVUs for 1994. (We solicited comments on new and revised RVUs only. There were two correction notices published for the 1994 physician fee schedule (July 15, 1994, 59 FR 36069) and (August 4, 1994, 59 FR 39828).)
- December 8, 1994, as a final rule with comment period (59 FR 63410) to revise the geographic adjustment factor values, fee schedule payment areas, and payment policies and RVUs for 1995. The final rule also discussed the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Act. (There were two correction notices published for the 1995 physician fee schedule (January 3, 1995, 60 FR 46) and (July 18, 1995, 60 FR 36733).)
- December 8, 1995, as a final rule with comment period (60 FR 63124) to revise various policies affecting payment for physician services including Medicare payment for physician services in teaching settings, the RVUs for certain existing procedure codes, and to establish interim RVUs for new and revised procedure codes. The rule also included the final revised 1996 geographic practice cost indices.

This proposed notice updates information in the final Federal Register documents listed above. It discusses changes to work RVUs affecting payment for physician services. Section 1848(c)(2)(B)(i) of the Act requires that we review all work RVUs no less often than every 5 years. Since we implemented the physician fee schedule effective for services furnished beginning January 1, 1992, we have initiated the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997.

C. Summary of the Development of Physician Work Relative Value Units

Development of the concepts and methodology underlying the physician fee schedule has been under way for a number of years. Based on Congressional mandates contained in the Consolidated Omnibus Budget Reconciliation Act of 1985 (Public Law 99–272), the Omnibus Budget Reconciliation Act of 1986 (Public Law 99–509), and the Omnibus Budget Reconciliation Act of 1987 (Public Law 100–203), we began our effort to develop a physician fee schedule based on a relative value scale. We were assisted in this task by a number of experts inside and outside of government, including the research team at the Harvard University School of Public Health. The Harvard research team produced ''A National Study of Resource-Based Relative Value Scales for Physician Services'' (September 1988) and ''A National Study of Resource-Based Relative Value Scales for Physician Services Phase II'' (November 1990) under a cooperative agreement with us. Harvard's Phase III final report was completed in December of 1991.

A model fee schedule was published on September 4, 1990 as part of a notice with comment period (55 FR 36178). The addenda to the model fee schedule notice provided preliminary estimates of the RVUs associated with the approximately 1,400 services studied as part of the Harvard Phase I study. We provided a 60-day public comment period; comments received were considered carefully and were helpful to us in developing the proposed rule that was published in the Federal Register on June 5, 1991 (56 FR 25792).

Based primarily on Phase II and some of Phase III of the Harvard study, the proposed rule contained RVUs for more than 4,000 services representing about 85 percent of Medicare payments. In Phase II, 15 additional medical and surgical specialties were studied that were not studied in Phase I. In addition, seven Phase I specialties were restudied, with four of these restudies funded by the specialty societies. Not only did Phase II almost triple the number of services for which RVUs had been produced, but it refined the RVUs for many of the original 1,400 services.

The final rule published on November 25, 1991 (56 FR 59502) was based primarily on Phases II and III of the Harvard study, which produced RVUs for all but about 400 of the remaining Medicare-covered services that required work RVUs. In Phase III, most of the extrapolated Phases I and II RVUs were replaced by RVUs that were generated by a small group survey process, and many preservice and postservice work estimates for Phases I and II work RVUs were revised. A few early Phase III results were available for inclusion in the proposed rule; additional Phase III results were provided to us in installments throughout 1991. We developed RVUs for roughly 400 services that had not been surveyed by Harvard (generally low volume services or nonphysician services or services that were extrapolated by Harvard). Physician work RVUs were reviewed and developed by carrier medical directors, initially through a survey conducted by mail and subsequently through group meetings to refine the product of the survey process. Through a consensus or Delphi-type process, carrier medical directors rated physician work for the remaining services. In addition, a number of physician work RVUs were refined based on information provided as part of the

comment process on the June 5, 1991 proposed rule.

The AMA Specialty Society Relative Value Update Committee (RUC) was formed in November 1991 and grew out of a series of discussions between the AMA and the major national medical specialty societies. The RUC is comprised of 26 members; 22 are representatives of major specialty societies. The remaining members represent the AMA, the American Osteopathic Association, and the CPT Editorial Panel. The work of the RUC is supported by the RUC Advisory Committee made up of representatives of 65 specialty societies in the AMA's House of Delegates.

The RUC currently makes recommendations to us on the assignment of RVUs for new and revised CPT codes. As we discussed in our December 8, 1994 final rule with comment period, we shared comments we received on the 1995 work RVUs with the RUC (59 FR 63453). However, we retained the responsibility for analyzing the comments and developing this proposed notice.

D. Scope of the Review

We initiated the 5-year review by soliciting public comments on all work RVUs for approximately 7,000 CPT/HCPCS (HCFA Common Procedure Coding System) codes published in our December 8, 1994 final rule (59 FR 63410). We reviewed all timely comments received during the comment period for our December 8, 1994 final rule. We excluded two major areas of comments from the 5-year review. The first excluded area was comments that addressed work RVUs that were considered interim for 1995. We considered these comments as a part of our annual review process, the results of which we published in the December 8, 1995 final rule (60 FR 63124). The second major area we excluded was comments that addressed practice expense and malpractice expense RVUs. As we stated in the December 8, 1994 final rule (59 FR 63454), the scope of the 5-year review is limited to work RVUs.

Three specialty societies (the American Academy of Orthopaedic Surgeons, the American Society of Anesthesiologists, and the American Academy of Otolaryngology - Head and Neck Surgery, Inc.) submitted studies conducted for them by Abt Associates, Inc., which spanned all of the more than 2,000 codes used by physicians in those specialties. We referred these studies to the RUC. The American Academy of Pediatrics submitted comments asserting that the physician work involved in furnishing 480 services to pediatric patients is different than the physician work involved in furnishing the same services to adult patients.

After a preliminary screening, we referred approximately 3,500 codes to the RUC for its review. The codes included those found in public comments (700 codes), the American Academy of Pediatrics— comments (480 codes); three special studies by Abt Associates, Inc. (about 2,000 codes); and those we identified as potentially misvalued (300 codes).

II. Discussion of Comments and Decisions

A. Review of Comments

During the comment period for our December 8, 1994 final rule (59 FR 63410), we received more than 500 public comments on approximately 1,100 codes. After review by our medical staff, we forwarded comments on approximately 700 codes for consideration by the RUC. Comments that we did not forward are listed in Table 1 and are identified by a code that explains our rejection of the comment. In addition, we forwarded comments on approximately 300 codes identified by us as potentially misvalued.

Comments that we did not refer to the RUC generally fall into several categories:

- Comments that do not pertain to work RVUs or that are not sufficiently descriptive to be helpful in understanding why the existing RVUs are incorrect.
- Comments on services for which we have not assigned work RVUs because we have determined that the codes do not represent physician services or, in a few instances, because they represent either ''bundled'' or noncovered services.
- Comments that are similar to, or duplicate, other comments which we referred to the RUC.

The process for evaluating codes included in the 5-year review involved the same basic methodology as the process for the annual physician fee schedule update, with some important changes. Because the 5-year review involved evaluating the physician work of established codes with established work RVUs, we needed compelling arguments to support changes in the assignment of work RVUs. To gather evidence to support these arguments, in addition to comparing the total physician work involved in the services under review to key reference services, we asked commenters to provide a detailed comparison of the preservice, intraservice, and postservice time involved in the key reference services selected. For this purpose, for surgical procedures, we further divided postservice time into time on the day of the procedure, time in the intensive care unit, hospital visits, and office or other outpatient visits following discharge.

We also requested comments regarding other elements of physician work, in addition to time, and the extent to which the service had changed over the last 5 years. We considered the commenters' statements regarding the complexity of each nontemporal component for the services under review and the services used as key references. The nontemporal components of work are the physician's mental effort and judgment, technical skill and physical effort, and stress resulting from the risk of mortality or iatrogenic harm to the patient. We also considered whether the service had changed over the past 5 years as the result of one of the following conditions: new technology that had become more familiar to physicians, the service having been furnished to patients who had more or less complex medical conditions, or a change in the site where the service had usually been furnished.

The public comments addressed many CPT codes for evaluation and management services. Because we introduced the new codes for these services simultaneously with the Medicare physician fee schedule in 1992 and because we have not revised them during the annual update process, their inclusion in the 5-year review presents the first opportunity for evaluating their relative physician work. In the public comments addressing these services, the major primary care specialty societies stated that the services had become more difficult than they were when the original Harvard resource-based relative value scale surveys were conducted in the late 1980's, due to factors such as decreasing lengths of hospital stay, increasing complexity of patients in inpatient and outpatient settings, documentation and case management requirements, and a better educated patient population that expects more information from physicians.

For more than 1,000 codes included in the 5-year review, we divided the CPT codes into clinical groups and another group containing all the codes identified by the RUC as potentially overvalued services. (Additional codes from the Abt Associates, Inc. studies and from the American Academy of Pediatrics' comments are discussed in sections II.C.2. and II.C.3. of this notice, respectively.) In addition, the AMA is submitting approximately 65 CPT codes

to its CPT Editorial Panel. The RUC was unable to recommend work RVUs for these codes because the services were not clearly described or could vary widely from patient to patient. We will address these codes in a future annual update of the physician fee schedule. The following is a categorization of our decisions and how they relate to the comments received from the public (including medical specialty societies) and the RUC:

- For 28 percent of the codes, we are proposing to increase the work RVUs.
- For 61 percent of the codes, we are proposing to maintain the current work RVUs. We are also proposing to maintain the values for the anesthesia codes.
- For 11 percent of the codes, we are proposing to decrease the work RVUs.

Our proposed work RVUs agree with the RUC recommendations for 93 percent of the codes. Table 1—Five-Year Review of Work Relative Value Units

Table 1 lists the codes reviewed during the 5-year review. This table includes the following information:

- *CPT/HCPCS (HCFA Common Procedure Coding System) code*. This is the CPT or alphanumeric HCPCS code for a service.
- *Modifier*. A modifier -26 is shown if the work RVUs represent the professional component of the service.
- *Description*. This is an abbreviated version of the narrative description of the code.
- *1995 work RVUs*. The work RVUs that appeared in the December 8, 1994 final rule are shown for each reviewed code.
- *Requested work RVUs*. This column identifies the work RVUs requested by commenters. We received more than one comment on some codes, and, in a few of these cases, the commenters requested different RVUs. If the comment was sent to the RUC, the table lists the RVUs sent to the RUC. The letters ''CPT'' indicate that the commenter requested that the code be referred to the CPT Editorial Panel. For some codes, we received no specific RVU recommendations. Some of these codes are included in the review because of rank order anomaly issues within a family of codes. An asterisk indicates a code identified by the RUC as potentially overvalued. The RVUs shown have not been adjusted for budget neutrality.
- *RUC recommendation*. This column identifies the work RVUs recommended by the RUC. A letter in this column indicates that the comment was rejected and not sent to the RUC. An ''A'' indicates that the comment was covered by another comment. A ''B'' indicates that the comment was not helpful. A ''C'' indicates that no change was requested. A ''D'' indicates a misinterpretation of the code. An ''E'' indicates that the comment was withdrawn by the commenter. The letters ''CPT'' indicate that the RUC has referred this code to the CPT Editorial Panel for further clarification. A ''Z'' indicates that these services have no physician work and were not subject to the 5-year review. For a general discussion of these codes, see section II.C.5. (codes without work relative value units). The letters ''POS'' indicate that the code is potentially overvalued.
- *HCFA Decision*. This column indicates whether we agreed with the RUC recommendation (''agreed''); we are proposing work RVUs that are higher than the RUC recommendation (''increased''); or we are proposing work RVUs that are less than the RUC recommendation (''decreased''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 1. An (a) in this column indicates that in the absence of a RUC recommendation we are proposing to maintain the present work RVUs. A (b) in this column indicates that this code is being considered in the 1996 refinement process.
- *Proposed work RVUs*. This column contains the proposed RVUs for physician work. The absence of proposed work RVUs indicates that comments on these codes were rejected or withdrawn and the work RVUs for these codes are not changing as a result of the 5-year review. The work RVUs shown have not been adjusted for budget neutrality.

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Table 1
Five-Year Review of Work Relative Value Units

CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
A2000		Chiropractor manip of spine	0.45	0.87	CPT[2]	(a)	0.45
M0101		Cutting or removal of corns	0.37	0.56	0.45	Decreased	0.37
10040		Acne surgery	1.34	0.80	0.80	Agreed	0.80
10061		Drainage of skin abscess	2.48	2.24	2.24	Agreed	2.24
10080		Drainage of pilonidal cyst	1.62	1.12	1.12	Agreed	1.12
10140		Drainage of hematoma/fluid	1.48	Decrease	1.48	Agreed	1.48
11000		Surgical cleansing of skin	0.91	0.45	0.60	Agreed	0.60
11001		Additional cleansing of skin	0.45	0.23	0.30	Agreed	0.30
11043		Cleansing of tissue/muscle	1.83	6.23	CPT	(a)	1.83
11044		Cleansing tissue/muscle/bone	2.28	8.93	CPT	(a)	2.28
11100		Biopsy of skin lesion	0.81		B		
11101		Biopsy, each added lesion	0.41	0.65	0.41	Agreed	0.41
11300		Shave skin lesion	0.51	0.43	0.51	Agreed	0.51
11301		Shave skin lesion	0.85	0.64	0.85	Agreed	0.85
11302		Shave skin lesion	1.05	0.78	1.05	Agreed	1.05
11303		Shave skin lesion	1.24	0.94	1.24	Agreed	1.24
11305		Shave skin lesion	0.67	0.51	0.67	Agreed	0.67
11306		Shave skin lesion	0.99	0.74	0.99	Agreed	0.99
11307		Shave skin lesion	1.14	0.86	1.14	Agreed	1.14
11308		Shave skin lesion	1.41	1.06	1.41	Agreed	1.41
11310		Shave skin lesion	0.73	0.55	0.73	Agreed	0.73
11311		Shave skin lesion	1.05	0.78	1.05	Agreed	1.05
11312		Shave skin lesion	1.20	0.91	1.20	Agreed	1.20
11313		Shave skin lesion	1.62	1.22	1.62	Agreed	1.62
11441		Removal of skin lesion	1.56	Decrease	1.56	Agreed	1.56
11710		Scraping of 1-5 nails	0.32	0.28	CPT	(a)	0.32
11711		Scraping of additional nails	0.20	0.23	CPT	(a)	0.20
11731		Removal of second nail plate	0.55	0.57	0.57	Agreed	0.57
11732		Remove additional nail plate	0.38	0.57	0.57	Agreed	0.57
11750		Removal of nail bed	1.66	2.12	1.66	Agreed	1.66
11752		Remove nail bed/finger tip	2.37	4.84	2.37	Agreed	2.37
11760		Reconstruction of nail bed	1.53	2.35	E		
11762		Reconstruction of nail bed	2.84	4.73	2.84	Agreed	2.84
11901		Added skin lesion injections	0.80	1.34	0.80	Agreed	0.80
11960		Insert tissue expander(s)	6.04	16.00	8.00	Agreed	8.00
11971		Remove tissue expander(s)	1.51	3.60	CPT	(a)	1.51
13131		Repair of wound or lesion	3.74	Increase	3.74	Agreed	3.74
13132		Repair of wound or lesion	4.21	4.32	5.75	Agreed	5.75
13150		Repair of wound or lesion	3.76	Increase	3.76	Agreed	3.76
13151		Repair of wound or lesion	4.40	Increase	4.40	Agreed	4.40
13160		Late closure of wound	9.53	Increase	9.53	Agreed	9.53
13300		Repair of wound or lesion	5.11	Increase	CPT	(a)	5.11
14300		Skin tissue rearrangement	10.76	CPT	CPT	(a)	10.76
15000		Skin graft procedure	1.95	4.02	CPT	(a)	1.95
15100		Skin split graft procedure	8.05	Increase	B		
15101		Skin split graft procedure	1.72	2.68	CPT	(a)	1.72
15120		Skin split graft procedure	9.14	Increase	A		
15121		Skin split graft procedure	2.67	3.05	CPT	(a)	2.67
15201		Skin full graft procedure	1.32	2.49	CPT	(a)	1.32
15221		Skin full graft procedure	1.19	2.47	CPT	(a)	1.19
15241		Skin full graft procedure	1.86	2.77	CPT	(a)	1.86
15261		Skin full graft procedure	2.23	3.19	CPT	(a)	2.23
15570		Form skin pedicle flap	3.75	9.00	8.39	Decreased	3.75
15572		Form skin pedicle flap	3.80	11.00	8.59	Decreased	3.80
15574		Form skin pedicle flap	3.85	9.00	8.79	Decreased	3.85
15576		Form skin pedicle flap	4.27	Increase	7.85	Decreased	4.27

1 All CPT codes and descriptors copyright 1995 American Medical Association.
2 Although A2000 is presently a HCPCS code, a request for a CPT code is presently pending.

Table 1
Five-Year Review of Work Relative Value Units

CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
15580		Attach skin pedicle graft	3.30	11.33	9.00	Decreased	5.40
15732		Muscle-skin graft, head/neck	12.10	14.00	16.52	Agreed	16.52
15734		Muscle-skin graft, trunk	16.52	Increase	B		
15736		Muscle-skin graft, arm	15.26	12.50	15.26	Agreed	15.26
15738		Muscle-skin graft, leg	10.07	14.50	16.52	Agreed	16.52
15755		Microvascular flap graft	28.33	41.68	CPT	(a)	28.33
15958		Remove thigh pressure sore	13.89	15.49	13.89	Agreed	13.89
16000		Initial treatment of burn(s)	0.89	Decrease	0.89	Agreed	0.89
16035		Incision of burn scab	4.53	Increase	4.53	Agreed	4.53
17000		Destroy benign/premal lesion	0.64	Decrease	0.64	Decreased	0.36
17001		Destruction of add'l lesions	0.19	Decrease	0.19	Decreased	0.14
17002		Destruction of add'l lesions	0.19	Decrease	0.19	Decreased	0.14
17010		Destruction skin lesion(s)	1.01	Increase	B		
17105		Destruction of skin lesions	0.76	Increase	B		
17106		Destruction of skin lesions	4.54	2.27	4.54	Agreed	4.54
17107		Destruction of skin lesions	9.06	5.06	9.06	Agreed	9.06
17108		Destruction of skin lesions	13.10	7.10	13.10	Agreed	13.10
17304		Chemosurgery of skin lesion	7.60	12.20*	7.60	Agreed	7.60
17305		2nd stage chemosurgery	2.85	6.10	B		
17306		3rd stage chemosurgery	2.85	6.10	B		
17307		Followup skin lesion therapy	2.85	6.10	B		
19120		Removal of breast lesion	4.84	5.66	5.35	Agreed	5.35
19140		Removal of breast tissue	4.90	4.85	4.85	Agreed	4.85
19160		Removal of breast tissue	6.65	5.74	5.75	Agreed	5.75
19180		Removal of breast	8.15	8.09	8.09	Agreed	8.09
19318		Reduction of large breast	11.08	Increase	15.00	Agreed	15.00
19325		Enlarge breast with implant	8.05	10.64	8.05	Agreed	8.05
19350		Breast reconstruction	8.21	10.16	8.52	Agreed	8.52
19357		Breast reconstruction	16.72		B		
19361		Breast reconstruction	17.82		B		
19364		Breast reconstruction	27.60		B		
19371		Removal of breast capsule	8.84		B		
20225		Bone biopsy, trocar/needle	1.87	Increase	1.87	Agreed	1.87
20610		Drain/inject joint/bursa	0.79	1.05	E		
20661		Application of head brace	4.27	2.84	E		
21015		Resection of facial tumor	4.94	*	4.94	Agreed	4.94
21025		Excision of bone, lower jaw	5.03	8.98	8.92	Decreased	5.03
21030		Removal of face bone lesion	7.05	Decrease	6.04	Agreed	6.04
21031		Remove exostosis, mandible	2.01	5.30	3.14	Agreed	3.14
21032		Remove exostosis, maxilla	4.27		3.14	Agreed	3.14
21041		Removal of jaw bone lesion	5.03	7.08	6.04	Agreed	6.04
21110		Interdental fixation	5.03	5.20	5.03	Agreed	5.03
21125		Augmentation lower jaw bone	6.22	10.50	6.22	Agreed	6.22
21150		Reconstruct midface, lefort	24.41	45.00	24.41	Agreed	24.41
21175		Reconstruct orbit/forehead	32.21		B		
21188		Reconstruction of midface	21.47	20.30	21.47	Agreed	21.47
21194		Reconstruct lower jaw bone	18.81	19.60	18.81	Agreed	18.81
21243		Reconstruction of jaw joint	18.98	21.15	18.98	Agreed	18.98
21270		Augmentation cheek bone	12.10	10.50	12.10	Agreed	12.10
21320		Treatment of nose fracture	1.82	3.00	1.82	Agreed	1.82
21330		Repair of nose fracture	5.03	10.00	5.03	Agreed	5.03
21338		Repair nasoethmoid fracture	6.04	12.00	6.04	Agreed	6.04
21339		Repair nasoethmoid fracture	7.56	16.00	7.56	Agreed	7.56
21435		Repair craniofacial fracture	16.12	30.00	16.12	Agreed	16.12
21453		Treat lower jaw fracture	5.18	9.50	5.18	Agreed	5.18
21462		Repair lower jaw fracture	9.15	11.06	9.15	Agreed	9.15
21485		Reset dislocated jaw	3.73	5.50	3.73	Agreed	3.73

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Table 1
Five-Year Review of Work Relative Value Units

CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
21550		Biopsy of neck/chest	2.01		B		
21610		Partial removal of rib	8.54	18.51	13.66	Agreed	13.66
21930		Remove lesion, back or flank	6.55	4.82	4.82	Agreed	4.82
22210		Revision of neck spine	22.51	19.76	CPT	(b)	
22315		Treat spine fracture	8.36	6.05	CPT	(b)	
22327		Repair thorax spine fracture	17.56	8.14	CPT	(b)	
22554		Neck spine fusion	18.14	8.02	CPT	(b)	
22558		Lumbar spine fusion	22.12	14.68	CPT	(b)	
22610		Thorax spine fusion	15.11	20.47	CPT	(b)	
22612		Lumbar spine fusion	22.25	13.32	CPT	(b)	
22800		Fusion of spine	16.92	19.08	CPT	(b)	
22802		Fusion of spine	31.31	24.55	CPT	(b)	
22812		Fusion of spine	27.20	30.89	CPT	(b)	
22840		Insert spine fixation device	12.54	18.00	CPT	(b)	
22842		Insert spine fixation device	14.42	8.27	CPT	(b)	
22845		Insert spine fixation device	12.48	16.00	CPT	(b)	
22849		Reinsert spinal fixation	12.86	17.55	17.55	Agreed	17.55
22855		Remove spine fixation device	9.10	14.11	14.11	Agreed	14.11
22900		Remove abdominal wall lesion	6.56	5.13	5.13	Agreed	5.13
23065		Biopsy shoulder tissues	2.24		B		
23222		Partial removal of humerus	16.64	35.26	22.78	Agreed	22.78
23395		Muscle transfer,shoulder/arm	12.42	Increase	16.00	Agreed	16.00
23420		Repair of shoulder	12.60	Increase	12.60	Agreed	12.60
23466		Repair shoulder capsule	13.65	Increase	13.65	Agreed	13.65
23472		Reconstruct shoulder joint	16.09	23.03	16.09	Agreed	16.09
23615		Repair humerus fracture	8.38	Increase	8.38	Agreed	8.38
23802		Fusion of shoulder joint	14.67	Increase	15.62	Agreed	15.62
23920		Amputation at shoulder joint	13.60	Increase	13.60	Agreed	13.60
24102		Remove elbow joint lining	7.57	9.52	E		
24363		Replace elbow joint	17.66	22.91	17.66	Agreed	17.66
24435		Repair humerus with graft	12.19	Increase	12.19	Agreed	12.19
24515		Repair humerus fracture	10.92	12.93	E		
24546		Repair humerus fracture	14.66	Increase	14.66	Agreed	14.66
25065		Biopsy forearm soft tissues	2.39	*	1.94	Agreed	1.94
25107		Remove wrist joint cartilage	5.89	Increase	5.89	Agreed	5.89
25111		Remove wrist tendon lesion	3.24	4.23	E		
25115		Remove wrist/forearm lesion	6.26	Increase	8.00	Agreed	8.00
25420		Repair/graft radius & ulna	15.34	19.50	15.34	Agreed	15.34
25440		Repair/graft wrist bone	9.95	12.10	E		
25446		Wrist replacement	15.52	21.97	15.52	Agreed	15.52
25575		Repair fracture radius/ulna	9.47	Increase	9.47	Agreed	9.47
25628		Repair wrist bone fracture	7.81	Increase	7.81	Agreed	7.81
25810		Fusion/graft of wrist joint	9.79	14.57	9.79	Agreed	9.79
26010		Drainage of finger abscess	1.49	Decrease	1.49	Agreed	1.49
26123		Release palm contracture	8.64	8.68	8.64	Agreed	8.64
26356		Repair finger/hand tendon	7.05	8.82	7.05	Agreed	7.05
26442		Release palm & finger tendon	6.10	Increase	7.45	Agreed	7.45
26449		Release forearm/hand tendon	6.39	Increase	6.39	Agreed	6.39
26531		Revise knuckle with implant	7.57	10.46	7.57	Agreed	7.57
26992		Drainage of bone lesion	13.97	*	12.30	Agreed	12.30
27001		Incision of hip tendon	7.70	*	6.50	Agreed	6.50
27003		Incision of hip tendon	6.53		6.62	Agreed	6.62
27006		Incision of hip tendons	9.50	*	9.00	Agreed	9.00
27040		Biopsy of soft tissues	3.26	*	2.71	Agreed	2.71
27049		Remove tumor, hip/pelvis	12.52	Increase	12.52	Agreed	12.52
27052		Biopsy of hip joint	5.45	Increase	5.45	Agreed	5.45
27076		Extensive hip surgery	17.93	Increase	20.23	Agreed	20.23

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
27090		Removal of hip prosthesis	12.00	*	10.34	Agreed	10.34
27130		Total hip replacement	18.68	23.15	E		
27134		Revise hip joint replacement	24.54	40.19	27.00	Agreed	27.00
27137		Revise hip joint replacement	18.67	Increase	20.00	Agreed	20.00
27138		Revise hip joint replacement	18.93	Increase	21.00	Agreed	21.00
27146		Incision of hip bone	13.72	Increase	16.55	Agreed	16.55
27147		Revision of hip bone	17.58	28.20	19.70	Agreed	19.70
27151		Incision of hip bones	18.58	Increase	21.50	Agreed	21.50
27156		Revision of hip bones	20.16	Increase	23.62	Agreed	23.62
27181		Repair slipped epiphysis	13.80	21.15	13.80	Agreed	13.80
27227		Treat hip fracture(s)	15.39	Increase	22.00	Agreed	22.00
27228		Treat hip fracture(s)	17.90	49.53	25.59	Agreed	25.59
27244		Repair of thigh fracture	14.35	11.75	E		
27252		Treat hip dislocation	9.47	4.93	E		
27259		Repair of hip dislocation	18.03	24.00	20.50	Agreed	20.50
27265		Treatment of hip dislocation	5.58	*	4.74	Agreed	4.74
27266		Treatment of hip dislocation	7.73	*	6.96	Agreed	6.96
27284		Fusion of hip joint	15.62	Increase	15.62	Agreed	15.62
27286		Fusion of hip joint	15.65	Increase	15.65	Agreed	15.65
27323		Biopsy thigh soft tissues	2.67	*	2.23	Agreed	2.23
27329		Remove tumor, thigh/knee	11.74	Increase	13.00	Agreed	13.00
27365		Extensive leg surgery	13.84	26.44	15.00	Agreed	15.00
27395		Lengthening of thigh tendons	10.96	10.70	E		
27397		Transplants of thigh tendons	9.33	Increase	10.53	Agreed	10.53
27428		Reconstruction, knee	10.68	Increase	13.28	Agreed	13.28
27429		Reconstruction, knee	11.86	Increase	14.67	Agreed	14.67
27435		Incision of knee joint	8.74	Increase	8.74	Agreed	8.74
27454		Realignment of thigh bone	12.26	Increase	16.55	Agreed	16.55
27457		Realignment of knee	12.60	Increase	12.60	Agreed	12.60
27486		Revise knee joint replace	16.63	Increase	18.00	Agreed	18.00
27487		Revise knee joint replace	21.69	36.66	24.00	Agreed	24.00
27488		Removal of knee prosthesis	14.48	Increase	14.48	Agreed	14.48
27506		Repair of thigh fracture	15.93	Increase	15.93	Agreed	15.93
27513		Treatment of thigh fracture	16.78	Increase	16.78	Agreed	16.78
27536		Repair of knee fracture	14.51	Increase	14.51	Agreed	14.51
27550		Treat knee dislocation	5.53	*	5.53	Agreed	5.53
27580		Fusion of knee	12.26	Increase	18.20	Agreed	18.20
27607		Treat lower leg bone lesion	7.05	9.28	7.05	Agreed	7.05
27685		Revision of lower leg tendon	6.08	5.29	E		
27712		Realignment of lower leg	11.81	Increase	13.20	Agreed	13.20
27724		Repair/graft of tibia	12.11	Increase	13.88	Agreed	13.88
27725		Repair of lower leg	11.04	16.10	14.50	Agreed	14.50
27759		Repair of tibia fracture	12.60	Increase	12.60	Agreed	12.60
27827		Treat lower leg fracture	9.90	Increase	12.95	Agreed	12.95
27828		Treat lower leg fracture	12.33	Increase	15.12	Agreed	15.12
27870		Fusion of ankle joint	10.42	15.39	13.00	Agreed	13.00
27894		Decompression of leg	7.64	Increase	9.13	Agreed	9.13
28002		Treatment of foot infection	3.76	4.47	3.76	Agreed	3.76
28010		Incision of toe tendon	2.97	*	POS		2.97
28043		Excision of foot lesion	3.41	2.70	E		
28080		Removal of foot lesion	3.18	4.76	3.18	Agreed	3.18
28113		Part removal of metatarsal	4.09	4.23	4.23	Agreed	4.23
28114		Removal of metatarsal heads	7.16	10.51	7.16	Agreed	7.16
28116		Revision of foot	6.17	Increase	7.00	Agreed	7.00
28120		Part removal of ankle/heel	4.81	8.92	4.81	Agreed	4.81
28130		Removal of ankle bone	7.33	Increase	7.33	Agreed	7.33
28190		Removal of foot foreign body	1.91	Decrease	1.91	Agreed	1.91

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
28192		Removal of foot foreign body	4.49	3.29	E		
28200		Repair of foot tendon	4.45	4.26	4.45	Agreed	4.45
28202		Repair/graft of foot tendon	6.38	5.72	6.38	Agreed	6.38
28208		Repair of foot tendon	4.11	3.85	4.11	Agreed	4.11
28220		Release of foot tendon	4.27	3.71	4.27	Agreed	4.27
28222		Release of foot tendons	5.36	4.48	5.36	Agreed	5.36
28225		Release of foot tendon	3.42	3.28	3.42	Agreed	3.42
28226		Release of foot tendons	4.27	3.82	4.27	Agreed	4.27
28230		Incision of foot tendon(s)	4.00	3.52	4.00	Agreed	4.00
28232		Incision of toe tendon	3.26	3.08	3.26	Agreed	3.26
28234		Incision of foot tendon	3.19	3.07	3.19	Agreed	3.19
28238		Revision of foot tendon	7.27	8.20	7.27	Agreed	7.27
28261		Revision of foot tendon	8.92	Increase	10.95	Agreed	10.95
28262		Revision of foot and ankle	12.19	16.20	15.00	Agreed	15.00
28270		Release of foot contracture	4.58	3.94	4.58	Agreed	4.58
28272		Release of toe joint, each	3.67	3.31	3.67	Agreed	3.67
28285		Repair of hammertoe	4.41	5.24	4.41	Agreed	4.41
28288		Partial removal of foot bone	3.73	4.40	4.23	Agreed	4.23
28292		Correction of bunion	6.24	7.32	6.24	Agreed	6.24
28293		Correction of bunion	8.25	8.60	8.25	Agreed	8.25
28299		Correction of bunion	8.46	11.55	8.46	Agreed	8.46
28309		Incision of metatarsals	8.83	Increase	12.00	Agreed	12.00
28341		Resect enlarged toe	7.86	6.67	7.86	Agreed	7.86
28344		Repair extra toe(s)	3.89	5.30	3.89	Agreed	3.89
28415		Repair of heel fracture	13.28	Increase	15.00	Agreed	15.00
28476		Repair metatarsal fracture	3.15	4.66	3.15	Agreed	3.15
28496		Repair big toe fracture	2.18	4.84	2.18	Agreed	2.18
28531		Treat sesamoid bone fracture	2.01	3.60	2.01	Agreed	2.01
28576		Treat foot dislocation	3.75	5.29	3.75	Agreed	3.75
28615		Repair foot dislocation	5.12	Increase	6.99	Agreed	6.99
28636		Treat toe dislocation	2.67	4.92	2.67	Agreed	2.67
28666		Treat toe dislocation	2.56	4.60	2.56	Agreed	2.56
28705		Fusion of foot bones	14.23	Increase	14.23	Agreed	14.23
28715		Fusion of foot bones	12.18	16.20	12.18	Agreed	12.18
28730		Fusion of foot bones	9.91	Increase	9.91	Agreed	9.91
28735		Fusion of foot bones	10.07	Increase	10.07	Agreed	10.07
28737		Revision of foot bones	8.89	Increase	8.89	Agreed	8.89
28740		Fusion of foot bones	6.20	Increase	7.40	Agreed	7.40
28750		Fusion of big toe joint	4.77	7.77	6.90	Agreed	6.90
28755		Fusion of big toe joint	4.48	5.50	4.48	Agreed	4.48
28760		Fusion of big toe joint	5.47	9.82	7.00	Agreed	7.00
29700		Removal/revision of cast	0.88	0.57	0.57	Agreed	0.57
29705		Removal/revision of cast	1.12	0.76	0.76	Agreed	0.76
29840		Wrist arthroscopy	5.39	10.93	5.39	Agreed	5.39
29843		Wrist arthroscopy/surgery	5.86	11.82	5.86	Agreed	5.86
29844		Wrist arthroscopy/surgery	6.22	11.13	6.22	Agreed	6.22
29845		Wrist arthroscopy/surgery	7.34	11.68	7.34	Agreed	7.34
29846		Wrist arthroscopy/surgery	6.60	12.08	6.60	Agreed	6.60
29847		Wrist arthroscopy/surgery	6.93	12.83	6.93	Agreed	6.93
29848		Wrist arthroscopy/surgery	4.04	5.70	4.04	Agreed	4.04
29876		Knee arthroscopy/surgery	7.51	Increase	7.51	Agreed	7.51
29877		Knee arthroscopy/surgery	7.05	5.99	E		
29882		Knee arthroscopy/surgery	8.24	10.57	8.24	Agreed	8.24
29888		Knee arthroscopy/surgery	13.28	20.44	E		
29889		Knee arthroscopy/surgery	10.76	Increase	14.41	Agreed	14.41
30020		Drainage of nose lesion	1.38	2.50	1.38	Agreed	1.38
30545		Repair nasal defect	10.89	14.00	10.89	Agreed	10.89

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30903		Control of nosebleed	1.54	2.50	1.54	Agreed	1.54
30905		Control of nosebleed	1.97	3.50	1.97	Agreed	1.97
30906		Repeat control of nosebleed	2.45	4.00	2.45	Agreed	2.45
30920		Ligation upper jaw artery	7.46	10.00	8.79	Agreed	8.79
31090		Exploration of sinuses	8.65	20.00	CPT	(a)	8.65
31225		Removal of upper jaw	15.19	25.00	17.50	Agreed	17.50
31230		Removal of upper jaw	21.06	30.00	20.00	Agreed	20.00
31290		Nasal/sinus endoscopy, surg	12.87	24.36	16.05	Agreed	16.05
31291		Nasal/sinus endoscopy, surg	13.52	26.32	17.00	Agreed	17.00
31292		Nasal/sinus endoscopy, surg	10.45	13.54	13.83	Agreed	13.83
31293		Nasal/sinus endoscopy, surg	11.43	15.14	15.15	Agreed	15.15
31294		Nasal/sinus endoscopy, surg	13.06	20.33	18.00	Agreed	18.00
31320		Diagnostic incision larynx	4.54	10.00	4.54	Agreed	4.54
31360		Removal of larynx	15.19	25.00	15.19	Agreed	15.19
31365		Removal of larynx	21.83	35.00	21.83	Agreed	21.83
31367		Partial removal of larynx	18.98	30.00	18.98	Agreed	18.98
31368		Partial removal of larynx	23.72	40.00	23.72	Agreed	23.72
31370		Partial removal of larynx	18.50	30.50	18.50	Agreed	18.50
31380		Partial removal of larynx	18.50	25.00	18.50	Agreed	18.50
31382		Partial removal of larynx	18.50	28.00	18.50	Agreed	18.50
31390		Removal of larynx & pharynx	21.15	40.00	25.00	Agreed	25.00
31395		Reconstruct larynx & pharynx	26.19	55.00	28.00	Agreed	28.00
31400		Revision of larynx	9.06	18.00	9.06	Agreed	9.06
31502		Change of windpipe airway	0.65	Increase	0.65	Agreed	0.65
31513		Injection into vocal cord	2.10	4.00	2.10	Agreed	2.10
31520		Diagnostic laryngoscopy	2.56	*	2.56	Agreed	2.56
31531		Operative laryngoscopy	3.73		3.79	Decreased	3.39
31536		Operative laryngoscopy	3.17		3.56	Decreased	3.16
31541		Operative laryngoscopy	3.56	5.50	4.53	Decreased	4.13
31561		Operative laryngoscopy	4.90	7.00	5.86	Decreased	5.46
31571		Laryngoscopy with injection	3.52	5.00	4.27	Decreased	3.87
31580		Revision of larynx	11.01	17.00	11.01	Agreed	11.01
31587		Revision of larynx	7.98	12.00	10.00	Agreed	10.00
31600		Incision of windpipe	3.62	7.35	3.62	Agreed	3.62
31601		Incision of windpipe	4.45	10.00	4.45	Agreed	4.45
31603		Incision of windpipe	4.15	4.40	4.15	Agreed	4.15
31610		Incision of windpipe	7.87	12.00	7.87	Agreed	7.87
31611		Surgery/speech prosthesis	5.03	13.00	5.03	Agreed	5.03
31614		Repair windpipe opening	6.11	10.00	6.11	Agreed	6.11
31750		Repair of windpipe	9.05	15.00	11.73	Agreed	11.73
31780		Reconstruct windpipe	16.14	30.00	16.14	Agreed	16.14
32000		Drainage of chest	1.54	3.98	1.54	Agreed	1.54
32020		Insertion of chest tube	3.98	4.94	3.98	Agreed	3.98
32100		Exploration/biopsy of chest	10.07	19.56	10.07	Agreed	10.07
32440		Removal of lung	19.15	25.15	19.15	Agreed	19.15
32480		Partial removal of lung	16.84	25.09	16.84	Agreed	16.84
32500		Partial removal of lung	13.10	19.02	13.10	Agreed	13.10
32602		Thoracoscopy, diagnostic	5.96	11.81	5.96	Agreed	5.96
33010		Drainage of heart sac	2.24	6.00	2.24	Agreed	2.24
33208		Insertion of heart pacemaker	7.28	8.76	7.28	Agreed	7.28
33244		Remove generator	8.34	12.00	8.34	Agreed	8.34
33425		Repair of mitral valve	25.57	29.42	25.57	Agreed	25.57
33426		Repair of mitral valve	26.07	29.42	29.42	Agreed	29.42
33427		Repair of mitral valve	32.07	35.00	32.07	Agreed	32.07
33510		CABG, vein, single	23.29	23.47	23.29	Agreed	23.29
33511		CABG, vein, two	25.57	25.97	25.57	Agreed	25.57
33512		CABG, vein, three	27.84	28.47	27.84	Agreed	27.84

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33513		CABG, vein, four	30.12	30.97	30.12	Agreed	30.12
33514		CABG, vein, five	32.39	33.47	32.39	Agreed	32.39
33516		CABG, vein, six+	34.66	35.97	34.66	Agreed	34.66
33530		Coronary artery, bypass/reop	5.86	11.71	5.86	Agreed	5.86
33533		CABG, arterial, single	24.00	25.65	24.00	Agreed	24.00
33534		CABG, arterial, two	26.99	30.33	26.99	Agreed	26.99
33535		CABG, arterial, three	29.98	35.01	29.98	Agreed	29.98
33536		CABG, arterial, four+	32.96	39.69	32.96	Agreed	32.96
33870		Transverse aortic arch graft	37.74	49.91	37.74	Agreed	37.74
33875		Thoracic aorta graft	26.94	31.23	31.23	Agreed	31.23
33877		Thoracoabdominal graft	40.29	Increase	B		
33970		Aortic circulation assist	8.05	*	POS		8.05
34201		Removal of artery clot	8.04	12.59	8.04	Agreed	8.04
35081		Repair defect of artery	22.15	32.10	26.23	Agreed	26.23
35082		Repair artery rupture, aorta	28.82	37.35	34.20	Agreed	34.20
35091		Repair defect of artery	28.10	29.61	33.16	Agreed	33.16
35102		Repair defect of artery	23.44	37.00	28.80	Agreed	28.80
35301		Rechanneling of artery	15.95	18.76	17.79	Agreed	17.79
35470		Repair arterial blockage	8.63	Decrease	8.63	Agreed	8.63
35471		Repair arterial blockage	10.07	Decrease	10.07	Agreed	10.07
35472		Repair arterial blockage	6.91	Decrease	6.91	Agreed	6.91
35473		Repair arterial blockage	6.04	Decrease	6.04	Agreed	6.04
35474		Repair arterial blockage	7.36	Decrease	7.36	Agreed	7.36
35475		Repair arterial blockage	9.49	Decrease	9.49	Agreed	9.49
35476		Repair venous blockage	6.04	Decrease	6.04	Agreed	6.04
35490		Atherectomy, percutaneous	11.08	Decrease	11.08	Agreed	11.08
35491		Atherectomy, percutaneous	7.61	Decrease	7.61	Agreed	7.61
35492		Atherectomy, percutaneous	6.65	Decrease	6.65	Agreed	6.65
35493		Atherectomy, percutaneous	8.10	Decrease	8.10	Agreed	8.10
35494		Atherectomy, percutaneous	10.44	Decrease	10.44	Agreed	10.44
35495		Atherectomy, percutaneous	9.49	Decrease	9.49	Agreed	9.49
35556		Artery bypass graft	15.47	23.18	19.37	Agreed	19.37
35566		Artery bypass graft	20.21	29.06	24.45	Agreed	24.45
35583		Vein bypass graft	15.97	22.96	20.03	Agreed	20.03
35585		Vein bypass graft	19.05	27.39	25.92	Agreed	25.92
35654		Artery bypass graft	17.62	22.79	17.62	Agreed	17.62
35656		Artery bypass graft	13.86	18.73	17.84	Agreed	17.84
35681		Artery bypass graft	8.05	3.93	3.93	Agreed	3.93
35875		Removal of clot in graft	9.07	8.19	8.19	Agreed	8.19
36010		Place catheter in vein	2.43	*	2.43	Agreed	2.43
36215		Place catheter in artery	4.47	5.07	4.68	Agreed	4.68
36218		Place catheter in artery	1.01	2.75	1.01	Agreed	1.01
36245		Place catheter in artery	5.07		4.68	Agreed	4.68
36248		Place catheter in artery	1.01	2.75	1.01	Agreed	1.01
36489		Insertion of catheter, vein	1.22	2.43	1.22	Agreed	1.22
36520		Plasma and/or cell exchange	1.74	Increase	1.74	Agreed	1.74
36533		Insertion of access port	3.82	5.70	5.00	Agreed	5.00
36534		Revision of access port	3.79	2.73	2.73	Agreed	2.73
36620		Insertion catheter, artery	1.15	2.01	1.15	Agreed	1.15
36821		Artery-vein fusion	8.39	*	8.39	Agreed	8.39
36830		Artery-vein graft	7.78	12.75	11.25	Agreed	11.25
37201		Transcatheter therapy infuse	7.25	*	7.25	Decreased	5.00
37205		Transcatheter stent	8.28	Decrease	8.28	Agreed	8.28
37206		Transcatheter stent	4.13	Decrease	4.13	Agreed	4.13
37730		Removal of leg veins	6.63	8.60	6.63	Agreed	6.63
38230		Bone marrow collection	3.16	Increase	4.22	Agreed	4.22
38720		Removal of lymph nodes, neck	12.29	17.00	12.29	Agreed	12.29

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
38724		Removal of lymph nodes, neck	13.22	20.00	13.22	Agreed	13.22
39400		Visualization of chest	5.11	8.30	5.11	Agreed	5.11
40490		Biopsy of lip	1.22		B		
40806		Incision of lip fold	0.31	1.19	0.31	Agreed	0.31
40808		Biopsy of mouth lesion	0.91	2.00	0.91	Agreed	0.91
40820		Treatment of mouth lesion	1.23	3.00	1.23	Agreed	1.23
40843		Reconstruction of mouth	11.63	12.47	11.63	Agreed	11.63
41000		Drainage of mouth lesion	1.25	3.00	1.25	Agreed	1.25
41005		Drainage of mouth lesion	1.21	2.65	1.21	Agreed	1.21
41010		Incision of tongue fold	1.19	*	1.01	Agreed	1.01
41112		Excision of tongue lesion	2.63	5.00	2.63	Agreed	2.63
41113		Excision of tongue lesion	3.09	7.00	3.09	Agreed	3.09
41115		Excision of tongue fold	1.69	2.26	1.69	Agreed	1.69
41116		Excision of mouth lesion	2.36	5.00	2.36	Agreed	2.36
41135		Tongue and neck surgery	14.29	27.00	21.15	Agreed	21.15
41145		Tongue removal; neck surgery	27.58	39.00	27.58	Agreed	27.58
41150		Tongue, mouth, jaw surgery	19.36	33.50	21.00	Agreed	21.00
41155		Tongue, jaw, & neck surgery	23.40	45.00	25.60	Agreed	25.60
41252		Repair tongue laceration	2.92	5.00	2.92	Agreed	2.92
42106		Excision lesion, mouth roof	2.63	2.44	2.05	Agreed	2.05
42120		Remove palate/lesion	5.39	8.00	5.39	Agreed	5.39
42145		Repair,palate,pharynx/uvula	7.04	12.00	7.04	Agreed	7.04
42182		Repair palate	3.78	6.00	3.78	Agreed	3.78
42200		Reconstruct cleft palate	9.48	11.75	11.25	Agreed	11.25
42210		Reconstruct cleft palate	10.02	12.33	13.75	Agreed	13.75
42260		Repair nose to lip fistula	4.17	5.87	9.18	Agreed	9.18
42305		Drainage of salivary gland	5.59	8.00	5.59	Agreed	5.59
42320		Drainage of salivary gland	2.30	4.00	2.30	Agreed	2.30
42340		Removal of salivary stone	4.47	8.00	4.47	Agreed	4.47
42415		Excise parotid gland/lesion	16.12	17.84	16.12	Agreed	16.12
42426		Excise parotid gland/lesion	19.88	26.59	19.88	Agreed	19.88
42500		Repair salivary duct	4.06	10.00	4.06	Agreed	4.06
42505		Repair salivary duct	5.92	14.00	5.92	Agreed	5.92
42507		Parotid duct diversion	5.96	14.00	5.96	Agreed	5.96
42508		Parotid duct diversion	8.64	20.00	8.64	Agreed	8.64
42720		Drainage of throat abscess	2.61	6.00	4.53	Agreed	4.53
42725		Drainage of throat abscess	7.60	14.00	9.50	Agreed	9.50
42809		Remove pharynx foreign body	1.76	2.50	1.76	Agreed	1.76
42815		Excision of neck cyst	6.75	12.00	6.75	Agreed	6.75
42820		Remove tonsils and adenoids	3.59	4.95	3.59	Agreed	3.59
42880		Excise nose/throat lesion	6.01	10.00	CPT	(a)	6.01
42961		Control throat bleeding	5.18	9.00	5.18	Agreed	5.18
42962		Control throat bleeding	6.64	11.00	6.64	Agreed	6.64
42972		Control nose/throat bleeding	6.55	10.00	6.55	Agreed	6.55
43200		Esophagus endoscopy	1.59	5.00	1.59	Agreed	1.59
43235		Upper GI endoscopy,diagnosis	2.39	4.23	2.39	Agreed	2.39
43239		Upper GI endoscopy, biopsy	2.69	4.15	2.69	Agreed	2.69
43248		Upper GI endoscopy/guidewire	3.15	Increase	B		
43260		Endoscopy,bile duct/pancreas	5.96	8.51	5.96	Agreed	5.96
43262		Endoscopy,bile duct/pancreas	7.39	9.94	7.39	Agreed	7.39
43420		Repair esophagus opening	10.19	11.89	10.19	Agreed	10.19
43456		Dilate esophagus	3.52	2.57	2.57	Agreed	2.57
43458		Dilation of esophagus	3.06	Increase	B		
43610		Excision of stomach lesion	10.11	15.57	10.11	Agreed	10.11
43750		Place gastrostomy tube	5.71	7.65	4.27	Agreed	4.27
43830		Place gastrostomy tube	4.84	7.50	7.50	Decreased	6.52
44010		Incision of small bowel	9.24	10.05	9.24	Agreed	9.24

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
44020		Exploration of small bowel	10.69	9.95	10.69	Agreed	10.69
44140		Partial removal of colon	16.97	20.43	16.97	Agreed	16.97
44141		Partial removal of colon	17.36	18.79	17.36	Agreed	17.36
44143		Partial removal of colon	15.00	18.79	17.36	Agreed	17.36
44144		Partial removal of colon	15.00	18.79	16.97	Agreed	16.97
44145		Partial removal of colon	21.29	23.62	21.29	Agreed	21.29
44152		Removal of colon/ileostomy	22.98	25.64	22.98	Agreed	22.98
44160		Removal of colon	14.09	14.52	14.09	Agreed	14.09
44322		Colostomy with biopsies	10.31	11.70	10.31	Agreed	10.31
44388		Colon endoscopy	2.82	7.71	2.82	Agreed	2.82
44389		Colonoscopy with biopsy	3.13	4.01	3.13	Agreed	3.13
44390		Colonoscopy for foreign body	3.83	4.72	3.83	Agreed	3.83
44391		Colonoscopy for bleeding	4.32	5.73	4.32	Agreed	4.32
44392		Colonoscopy & polypectomy	3.82	4.70	3.82	Agreed	3.82
44393		Colonoscopy, lesion removal	4.84	5.87	4.84	Agreed	4.84
44394		Colonoscopy w/snare	4.43	5.31	4.43	Agreed	4.43
44950		Appendectomy	6.06	8.22	8.25	Agreed	8.25
45110		Removal of rectum	21.68	28.78	21.68	Agreed	21.68
45303		Proctosigmoidoscopy	0.50	0.80	0.80	Agreed	0.80
45330		Sigmoidoscopy, diagnostic	0.96	Increase	B		
45331		Sigmoidoscopy and biopsy	1.26	Increase	B		
45378		Diagnostic colonoscopy	3.70	4.95	3.70	Agreed	3.70
45380		Colonoscopy and biopsy	4.01	5.26	4.01	Agreed	4.01
45550		Repair rectum;remove sigmoid	13.38	18.68	16.97	Agreed	16.97
45905		Dilation of anal sphincter	1.51	Increase	B		
46040		Incision of rectal abscess	4.90	4.41	4.41	Agreed	4.41
46255		Hemorrhoidectomy	4.95	6.24	4.95	Agreed	4.95
46260		Hemorrhoidectomy	6.70	7.29	6.70	Agreed	6.70
46261		Remove hemorrhoids & fissure	6.54	7.77	7.62	Agreed	7.62
46262		Remove hemorrhoids & fistula	6.77	7.99	8.01	Agreed	8.01
46900		Destruction, anal lesion(s)	1.81	0.56	CPT	(a)	1.81
46910		Destruction, anal lesion(s)	1.81		B		
46916		Cryosurgery, anal lesion(s)	1.81	Decrease	B		
46917		Laser surgery,anal lesion(s)	1.81		B		
46922		Excision of anal lesion(s)	1.81	Decrease	B		
46924		Destruction, anal lesion(s)	2.71		B		
46945		Ligation of hemorrhoids	3.06	1.90	1.90	Agreed	1.90
46946		Ligation of hemorrhoids	4.04	2.76	2.76	Agreed	2.76
47130		Partial removal of liver	31.56	32.16	31.56	Agreed	31.56
47425		Incision of bile duct	14.79	13.50		(a)	14.79
47600		Removal of gallbladder	10.68	11.72	10.68	Agreed	10.68
47605		Removal of gallbladder	11.53	13.16	11.53	Agreed	11.53
47610		Removal of gallbladder	13.86	15.12	15.00	Agreed	15.00
48150		Partial removal of pancreas	40.25	40.19	40.25	Agreed	40.25
49000		Exploration of abdomen	8.99	12.54	11.00	Agreed	11.00
49020		Drain abdominal abscess	9.06	17.49	CPT	(a)	9.06
49180		Biopsy, abdominal mass	1.49	2.05	1.73	Agreed	1.73
49255		Removal of omentum	4.04	12.50	10.25	Agreed	10.25
49421		Insert abdominal drain	4.89	Increase	B		
49505		Repair inguinal hernia	6.17	6.88	6.17	Agreed	6.17
49605		Repair umbilical lesion	21.92	*	21.92	Agreed	21.92
49606		Repair umbilical lesion	17.93	*	17.93	Agreed	17.93
49900		Repair of abdominal wall	4.54	12.66	9.40	Agreed	9.40
50010		Exploration of kidney	10.07	8.99	10.07	Agreed	10.07
50020		Drainage of kidney abscess	12.41	9.06	12.41	Agreed	12.41
50040		Drainage of kidney	13.80	10.55	13.80	Agreed	13.80
50081		Removal of kidney stone	20.58	16.98	20.58	Agreed	20.58

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50200		Biopsy of kidney	2.63	1.90	2.63	Agreed	2.63
50205		Biopsy of kidney	12.69	6.75	12.69	Decreased	10.50
50220		Removal of kidney	15.98	12.97	15.98	Agreed	15.98
50225		Removal of kidney	18.93	14.14	18.93	Agreed	18.93
50230		Removal of kidney	20.56	20.92	20.56	Agreed	20.56
50234		Removal of kidney & ureter	21.11	17.79	21.11	Agreed	21.11
50236		Removal of kidney & ureter	23.33	19.93	23.33	Agreed	23.33
50240		Partial removal of kidney	20.24	17.05	20.24	Agreed	20.24
50320		Removal of donor kidney	21.22		21.22	Agreed	21.22
50390		Drainage of kidney lesion	3.24	1.96	1.96	Agreed	1.96
50392		Insert kidney drain	5.59	2.50	3.38	Agreed	3.38
50393		Insert ureteral tube	6.88	3.50	4.16	Agreed	4.16
50395		Create passage to kidney	5.15	2.50	3.38	Agreed	3.38
50590		Fragmenting of kidney stone	9.62	6.54	9.62	Decreased	7.13
50684		Injection for ureter x-ray	0.76	0.50	0.76	Agreed	0.76
50715		Release of ureter	17.60	14.00	17.60	Agreed	17.60
51010		Drainage of bladder	2.54	1.75	2.54	Agreed	2.54
51597		Removal of pelvic structures	35.27	32.25	35.27	Agreed	35.27
51600		Injection for bladder x-ray	0.88	0.50	0.88	Agreed	0.88
51605		Preparation for bladder xray	1.13	0.64	0.64	Agreed	0.64
51610		Injection for bladder x-ray	1.59	0.90	1.05	Agreed	1.05
51700		Irrigation of bladder	0.88	0.50	0.88	Agreed	0.88
51720		Treatment of bladder lesion	1.96	1.01	1.96	Agreed	1.96
51725	26	Simple cystometrogram	1.51	1.10	1.51	Agreed	1.51
51726	26	Complex cystometrogram	1.71	1.25	1.71	Agreed	1.71
51736	26	Urine flow measurement	0.84	0.61	0.61	Agreed	0.61
51741	26	Electro-uroflowmetry, first	1.57	1.14	1.57	Decreased	1.14
51772	26	Urethra pressure profile	1.61	1.17	1.61	Agreed	1.61
51785	26	Anal/urinary muscle study	1.53	0.42	1.53	Agreed	1.53
51792	26	Urinary reflex study	1.10	0.59	1.10	Agreed	1.10
51795	26	Urine voiding pressure study	1.53	1.11	1.53	Agreed	1.53
51797	26	Intraabdominal pressure test	1.60	1.17	1.60	Agreed	1.60
52007		Cystoscopy and biopsy	3.02	2.37	3.02	Agreed	3.02
52270		Cystoscopy & revise urethra	3.84	3.37	3.37	Agreed	3.37
52275		Cystoscopy & revise urethra	4.70	4.01	4.70	Agreed	4.70
52276		Cystoscopy and treatment	3.93	3.43	5.00	Agreed	5.00
52277		Cystoscopy and treatment	6.17	3.44	6.17	Agreed	6.17
52340		Cystoscopy and treatment	7.76	5.44	CPT	(a)	7.76
52500		Revision of bladder neck	7.82	6.82	7.82	Agreed	7.82
52510		Dilation prostatic urethra	6.04	11.51	6.04	Agreed	6.04
53600		Dilate urethra stricture	1.21	2.10	CPT	(a)	1.21
53620		Dilate urethra stricture	1.62	2.43	CPT	(a)	1.62
53640		Relieve bladder retention	1.59	2.50	CPT	(a)	1.59
54050		Destruction, penis lesion(s)	1.19		B		
54055		Destruction, penis lesion(s)	1.19		B		
54056		Cryosurgery, penis lesion(s)	1.19		B		
54057		Laser surg, penis lesion(s)	1.19		B		
54060		Excision of penis lesion(s)	1.88		B		
54065		Destruction, penis lesion(s)	2.37		B		
54100		Biopsy of penis	1.90	0.86	CPT	(a)	1.90
54200		Treatment of penis lesion	1.01	Decrease	1.01	Agreed	1.01
54231		Dynamic cavernosometry	2.04	2.51	2.04	Agreed	2.04
54640		Suspension of testis	6.55	8.08	6.55	Agreed	6.55
56300		Pelvis laparoscopy, dx	3.58	4.04	CPT	(a)	3.58
56301		Laparoscopy; tubal cautery	3.68	Increase	B		
56302		Laparoscopy; tubal block	4.11	Increase	B		
56303		Laparoscopy; excise lesions	5.69	Increase	B		

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56304		Laparoscopy; lysis	4.37	Increase	B		
56305		Pelvic laparoscopy; biopsy	3.80	4.32	CPT	(a)	3.80
56307		Laparoscopy; remove adnexa	5.60	6.20	10.68	Agreed	10.68
56308		Laparoscopy; hysterectomy	13.87	Increase	B		
56309		Laparoscopy; remove myoma	5.60	7.61	13.79	Agreed	13.79
56312		Laparoscopic lymphadenectomy	12.06	Increase	12.06	Agreed	12.06
56315		Laparoscopic appendectomy	6.06	9.09	8.25	Agreed	8.25
56340		Laparoscopic cholecystectomy	10.68	11.47	10.68	Agreed	10.68
56341		Laparoscopic cholecystectomy	11.53	12.38	11.53	Agreed	11.53
56360		Peritoneoscopy	4.04	3.87	3.87	Agreed	3.87
56605		Biopsy of vulva/perineum	0.86	1.90	1.10	Agreed	1.10
56606		Biopsy of vulva/perineum	0.43	Increase	0.55	Agreed	0.55
56633		Extensive vulva surgery	12.15	Increase	15.00	Agreed	15.00
57110		Removal of vagina	13.48	20.00	13.48	Agreed	13.48
57150		Treat vagina infection	0.94	Increase	0.55	Agreed	0.55
57265		Extensive repair of vagina	7.36	10.66	7.36	Agreed	7.36
57270		Repair of bowel pouch	7.36	Increase	11.30	Agreed	11.30
57280		Suspension of vagina	8.35	Increase	14.10	Agreed	14.10
57289		Repair bladder & vagina	6.40	Increase	10.80	Agreed	10.80
57305		Repair rectum-vagina fistula	8.69	Increase	12.75	Agreed	12.75
57307		Fistula repair & colostomy	10.05	Increase	15.08	Agreed	15.08
57400		Dilation of vagina	0.83	Increase	2.27	Agreed	2.27
57410		Pelvic examination	0.59	Increase	1.75	Agreed	1.75
57415		Removal vaginal foreign body	0.91	Increase	2.12	Agreed	2.12
57540		Removal of residual cervix	6.01	Increase	11.54	Agreed	11.54
57545		Remove cervix, repair pelvis	6.63	Increase	12.30	Agreed	12.30
58120		Dilation and curettage (D&C)	2.45	Increase	2.91	Agreed	2.91
58140		Removal of uterus lesion	7.61	Increase	13.79	Agreed	13.79
58150		Total hysterectomy	13.00	Increase	14.30	Agreed	14.30
58180		Partial hysterectomy	9.06	Increase	14.30	Agreed	14.30
58200		Extensive hysterectomy	20.34	24.00	20.34	Agreed	20.34
58210		Extensive hysterectomy	23.97	Increase	27.50	Agreed	27.50
58240		Removal of pelvis contents	28.79	35.27	35.27	Agreed	35.27
58301		Remove intrauterine device	0.73	Increase	1.27	Agreed	1.27
58323		Sperm washing	0.23	Increase	0.23	Agreed	0.23
58410		Suspension of uterus	6.78	Increase	12.00	Agreed	12.00
58520		Repair of ruptured uterus	6.35	Increase	11.11	Agreed	11.11
58540		Revision of uterus	8.58	Increase	13.96	Agreed	13.96
58720		Removal of ovary/tube(s)	6.20	Increase	10.68	Agreed	10.68
58750		Repair oviduct(s)	8.82	Increase	14.26	Agreed	14.26
58752		Revise ovarian tube(s)	7.94	Increase	14.26	Agreed	14.26
58760		Remove tubal obstruction	7.16	Increase	12.50	Agreed	12.50
58770		Create new tubal opening	6.96	Increase	13.34	Agreed	13.34
58822		Drainage of ovarian abscess	6.18	Increase	9.06	Agreed	9.06
58925		Removal of ovarian cyst(s)	6.40	Increase	10.68	Agreed	10.68
58952		Resect ovarian malignancy	21.35	Increase	23.35	Agreed	23.35
58960		Exploration of abdomen	10.14	Increase	13.66	Agreed	13.66
59100		Remove uterus lesion	5.96	Increase	11.54	Agreed	11.54
59120		Treat ectopic pregnancy	7.11	Increase	10.68	Agreed	10.68
59121		Treat ectopic pregnancy	6.99	Increase	10.99	Agreed	10.99
59130		Treat ectopic pregnancy	7.88	Increase	13.49	Agreed	13.49
59136		Treat ectopic pregnancy	8.69	Increase	12.50	Agreed	12.50
59841		Abortion	3.24	Increase	4.80	Agreed	4.80
60225		Partial removal of thyroid	11.65	13.31	13.31	Agreed	13.31
60240		Removal of thyroid	15.66	16.98	15.66	Agreed	15.66
60252		Removal of thyroid	15.40	17.23	17.23	Agreed	17.23
60254		Extensive thyroid surgery	16.68	22.50	22.50	Agreed	22.50

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Table 1
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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
61020		Remove brain cavity fluid	1.51	1.59	1.51	Agreed	1.51
61026		Injection into brain canal	1.69	1.74	1.69	Agreed	1.69
61105		Drill skull for examination	8.19	4.82	4.82	Agreed	4.82
61106		Drill skull for exam/surgery	7.35	4.62	4.62	Agreed	4.62
61107		Drill skull for implantation	4.35	5.00	5.00	Agreed	5.00
61108		Drill skull for drainage	10.80	9.00	9.00	Agreed	9.00
61120		Pierce skull for examination	9.31	8.00	8.00	Agreed	8.00
61210		Pierce skull; implant device	4.72	5.84	5.84	Agreed	5.84
61215		Insert brain-fluid device	10.05	4.00	4.00	Agreed	4.00
61250		Pierce skull & explore	11.03	9.40	9.40	Agreed	9.40
61253		Pierce skull & explore	13.00	11.27	11.27	Agreed	11.27
61312		Open skull for drainage	20.54	21.54	21.83	Agreed	21.83
61313		Open skull for drainage	20.54	22.50	22.50	Agreed	22.50
61330		Decompress eye socket	15.65	21.55	21.55	Agreed	21.55
61340		Relieve cranial pressure	11.56	17.33	17.33	Agreed	17.33
61470		Incise skull for surgery	20.79	24.60	24.60	Agreed	24.60
61480		Incise skull for surgery	16.77	25.03	25.03	Agreed	25.03
61490		Incise skull for surgery	15.63	24.20	24.20	Agreed	24.20
61510		Removal of brain lesion	23.39	24.42	26.77	Agreed	26.77
61512		Remove brain lining lesion	24.26	27.03	33.51	Agreed	33.51
61518		Removal of brain lesion	32.27	31.02	35.59	Agreed	35.59
61519		Remove brain lining lesion	33.84	39.98	39.58	Agreed	39.58
61520		Removal of brain lesion	38.35	41.16	52.98	Agreed	52.98
61521		Removal of brain lesion	39.48	42.20	42.20	Agreed	42.20
61526		Removal of brain lesion	29.71	45.00	50.59	Agreed	50.59
61531		Implant brain electrodes	20.50	23.33	12.95	Agreed	12.95
61533		Implant brain electrodes	23.41	26.64	18.05	Agreed	18.05
61536		Removal of brain lesion	29.43	33.49	33.49	Agreed	33.49
61538		Removal of brain tissue	28.05	31.92	25.09	Agreed	25.09
61539		Removal of brain tissue	30.05	34.20	30.05	Agreed	30.05
61542		Removal of brain tissue	27.39	29.05	29.05	Agreed	29.05
61543		Removal of brain tissue	20.62	30.46	27.32	Agreed	27.32
61545		Excision of brain tumor	34.50	36.70	41.76	Agreed	41.76
61546		Removal of pituitary gland	29.33	Increase	B		
61548		Removal of pituitary gland	20.15	Increase	B		
61576		Skull base/brainstem surgery	33.82	42.40	50.08	Agreed	50.08
61580		Craniofacial approach, skull	28.90	Increase	B		
61600		Resect/excise cranial lesion	24.41	Increase	B		
61680		Intracranial vessel surgery	36.45	38.20	29.13	Agreed	29.13
61682		Intracranial vessel surgery	42.21	51.32	59.47	Agreed	59.47
61684		Intracranial vessel surgery	39.25	39.96	38.23	Agreed	38.23
61686		Intracranial vessel surgery	47.45	56.51	62.08	Agreed	62.08
61690		Intracranial vessel surgery	33.82		27.80	Agreed	27.80
61692		Intracranial vessel surgery	37.96	41.92	49.74	Agreed	49.74
61700		Inner skull vessel surgery	34.83	37.45	48.30	Agreed	48.30
61702		Inner skull vessel surgery	39.20	44.50	46.31	Agreed	46.31
61720		Incise skull/brain surgery	15.85	18.73	15.92	Agreed	15.92
61735		Incise skull/brain surgery	17.08	18.72	18.72	Agreed	18.72
61750		Incise skull; brain biopsy	10.03	16.67	16.67	Agreed	16.67
61751		Brain biopsy with cat scan	15.18	18.20	16.66	Agreed	16.66
61760		Implant brain electrodes	24.83	15.80	21.00	Agreed	21.00
61770		Incise skull for treatment	15.14	19.78	19.78	Agreed	19.78
61791		Treat trigeminal tract	7.29	13.99	13.99	Agreed	13.99
61793		Focus radiation beam	16.70	19.08	17.88	Decreased	16.70
61850		Implant neuroelectrodes	15.98	9.50	11.50	Agreed	11.50
61855		Implant neuroelectrodes	12.94	10.00	12.50	Agreed	12.50
61860		Implant neuroelectrodes	11.20	12.96	19.60	Agreed	19.60

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
61865		Implant neuroelectrodes	21.70		21.70	Agreed	21.70
61870		Implant neuroelectrodes	5.77	13.67	13.67	Agreed	13.67
61875		Implant neuroelectrodes	9.20	13.79	13.79	Agreed	13.79
61885		Implant neuroreceiver	2.35	5.28	5.28	Agreed	5.28
61888		Revise/remove neuroreceiver	3.10	4.67	4.67	Agreed	4.67
62180		Establish brain cavity shunt	12.72	15.23	19.71	Agreed	19.71
62194		Replace/irrigate catheter	2.81	4.50	4.50	Agreed	4.50
62200		Establish brain cavity shunt	13.24	18.42	17.33	Agreed	17.33
62201		Establish brain cavity shunt	12.10	15.62	13.54	Agreed	13.54
62223		Establish brain cavity shunt	12.81	13.84	11.96	Agreed	11.96
62268		Drain spinal cord cyst	3.87	4.74	4.74	Agreed	4.74
62269		Needle biopsy spinal cord	4.07	5.02	5.02	Agreed	5.02
62275		Inject spinal anesthetic	1.79	*	1.79	Agreed	1.79
62287		Percutaneous diskectomy	4.13	7.00	7.43	Agreed	7.43
62290		Inject for spine disk x-ray	3.58	2.05	3.00	Agreed	3.00
62294		Injection into spinal artery	8.05	10.95	10.95	Agreed	10.95
63005		Removal of spinal lamina	13.53	14.80	13.88	Agreed	13.88
63011		Removal of spinal lamina	11.11	13.40	13.40	Agreed	13.40
63015		Removal of spinal lamina	16.59	17.55	17.77	Agreed	17.77
63017		Removal of spinal lamina	15.85	16.86	14.90	Agreed	14.90
63020		Neck spine disk surgery	12.53		13.77	Agreed	13.77
63030		Low back disk surgery	12.11	13.90	11.10	Agreed	11.10
63042		Low back disk surgery	17.27	16.56	16.56	Agreed	16.56
63047		Removal of spinal lamina	12.76		13.57	Agreed	13.57
63057		Decompress spinal cord	3.00	4.20	5.26	Agreed	5.26
63075		Neck spine disk surgery	19.77	8.02	18.50	Agreed	18.50
63087		Removal of vertebral body	27.56	14.43	33.91	Agreed	33.91
63655		Implant neuroelectrodes	8.95	9.30	9.30	Agreed	9.30
63740		Install spinal shunt	10.43	10.37	10.37	Agreed	10.37
63741		Install spinal shunt	7.13	7.57	7.57	Agreed	7.57
63744		Revision of spinal shunt	6.83	7.34	7.34	Agreed	7.34
64443		Injection for nerve block	1.35	0.70	0.98	Agreed	0.98
64623		Injection treatment of nerve	0.99	*	0.99	Agreed	0.99
64718		Revise ulnar nerve at elbow	5.48	Increase	5.48	Agreed	5.48
64721		Carpal tunnel surgery	3.99	Increase	3.99	Agreed	3.99
64734		Incision of cheek nerve	4.62	4.50	4.50	Agreed	4.50
64736		Incision of chin nerve	4.40	4.50	4.40	Agreed	4.40
64763		Incise hip/thigh nerve	6.72		6.62	Agreed	6.62
64790		Removal of nerve lesion	10.95		B		
65101		Removal of eye	6.52	12.75	6.52	Agreed	6.52
65105		Remove eye/attach implant	7.82	12.75	CPT	(a)	7.82
65205		Remove foreign body from eye	0.78	0.55	0.71	Agreed	0.71
65430		Corneal smear	0.87	Increase	1.47	Agreed	1.47
65450		Treatment of corneal lesion	3.07	6.40	3.07	Agreed	3.07
65710		Corneal transplant	9.52	Increase	11.75	Agreed	11.75
65730		Corneal transplant	11.83	13.50	13.50	Agreed	13.50
65750		Corneal transplant	12.58	14.00	14.25	Agreed	14.25
65755		Corneal transplant	12.58	14.00	14.25	Agreed	14.25
65820		Relieve inner eye pressure	7.60	8.78	7.60	Agreed	7.60
65855		Laser surgery of eye	4.65	4.90	4.15	Agreed	4.15
66170		Glaucoma surgery	11.31		11.26	Agreed	11.26
66172		Incision of eye	13.67		13.62	Agreed	13.62
66180		Implant eye shunt	12.63	14.00	14.00	Agreed	14.00
66821		After cataract laser surgery	2.78	2.30	2.78	Decreased	2.15
66825		Reposition intraocular lens	7.73	8.25	7.73	Agreed	7.73
66830		Removal of lens lesion	7.80	6.23	7.80	Agreed	7.80
66840		Removal of lens material	7.51	6.92	7.51	Agreed	7.51

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66850		Removal of lens material	8.66	12.14	8.66	Agreed	8.66
66852		Removal of lens material	9.52	7.60	9.52	Agreed	9.52
66920		Extraction of lens	8.46	6.76	8.46	Agreed	8.46
66930		Extraction of lens	9.73	8.39	9.73	Agreed	9.73
66940		Extraction of lens	8.48	6.77	8.48	Agreed	8.48
66983		Remove cataract, insert lens	8.54	6.82	8.54	Agreed	8.54
66984		Remove cataract, insert lens	9.89	23.70	9.89	Agreed	9.89
66985		Insert lens prosthesis	7.89	8.25	7.89	Agreed	7.89
66986		Exchange lens prosthesis	11.78	9.41	11.78	Agreed	11.78
67005		Partial removal of eye fluid	6.63	5.50	5.50	Agreed	5.50
67015		Release of eye fluid	6.69	7.50	6.69	Agreed	6.69
67210		Treatment of retinal lesion	9.48	*	CPT	(a)	9.48
67228		Treatment of retinal lesion	12.39	Increase	B		
67312		Revise two eye muscles	7.55	9.00	8.19	Agreed	8.19
67316		Revise two eye muscles	8.02	9.50	9.26	Agreed	9.26
67420		Explore/treat eye socket	13.36	25.00	19.00	Agreed	19.00
67820		Revise eyelashes	0.89	Decrease	B		
67900		Repair brow defect	4.54	5.84	5.84	Agreed	5.84
67904		Repair eyelid defect	5.96	11.00	5.96	Agreed	5.96
67911		Revise eyelid defect	5.09	9.00	5.09	Agreed	5.09
67924		Repair eyelid defect	5.64	7.80	5.64	Agreed	5.64
67966		Revision of eyelid	6.39	14.12	6.39	Agreed	6.39
68720		Create tear sac drain	7.68	11.56	8.56	Agreed	8.56
68745		Create tear duct drain	8.23	13.60	8.23	Agreed	8.23
68750		Create tear duct drain	8.21	15.25	8.21	Agreed	8.21
68825		Explore tear duct system	1.53	2.50	CPT	(a)	1.53
68830		Reopen tear duct channel	2.12	Increase	2.12	Agreed	2.12
69100		Biopsy of external ear	0.76	0.81	0.81	Agreed	0.81
69110		Partial removal external ear	3.34	Decrease	3.34	Agreed	3.34
69150		Extensive ear canal surgery	13.01	30.00	13.01	Agreed	13.01
69155		Extensive ear/neck surgery	17.03	40.00	19.09	Agreed	19.09
69200		Clear outer ear canal	0.77	Decrease	B		
69320		Rebuild outer ear canal	16.60	30.00	16.60	Agreed	16.60
69530		Extensive mastoid surgery	18.04	32.00	18.04	Agreed	18.04
69535		Remove part of temporal bone	34.50	65.00	34.50	Agreed	34.50
69554		Remove ear lesion	25.78	50.00	31.27	Agreed	31.27
69605		Mastoid surgery revision	18.04	30.00	18.04	Agreed	18.04
69660		Revise middle ear bone	11.64	17.00	11.64	Agreed	11.64
69661		Revise middle ear bone	15.32	22.00	15.32	Agreed	15.32
69662		Revise middle ear bone	15.04	22.00	15.04	Agreed	15.04
69725		Release facial nerve	18.98	45.00	24.01	Agreed	24.01
69805		Explore inner ear	10.27	15.00	13.18	Agreed	13.18
69930		Implant cochlear device	14.00	20.00	16.13	Agreed	16.13
69950		Incise inner ear nerve	21.15	32.00	24.21	Agreed	24.21
69955		Release facial nerve	22.12	50.00	25.54	Agreed	25.54
69960		Release inner ear canal	19.75	40.00	25.54	Agreed	25.54
69970		Remove inner ear lesion	22.30	45.00	28.54	Agreed	28.54
70030	26	X-ray eye for foreign body	0.17	0.11	0.17	Agreed	0.17
70100	26	X-ray exam of jaw	0.18	0.12	0.18	Agreed	0.18
70110	26	X-ray exam of jaw	0.25	0.18	0.25	Agreed	0.25
70120	26	X-ray exam of mastoids	0.18	0.12	0.18	Agreed	0.18
70130	26	X-ray exam of mastoids	0.34	0.27	0.34	Agreed	0.34
70140	26	X-ray exam of facial bones	0.19	0.13	0.19	Agreed	0.19
70150	26	X-ray exam of facial bones	0.26	0.20	0.26	Agreed	0.26
70160	26	X-ray exam of nasal bones	0.17	0.11	0.17	Agreed	0.17
70170	26	X-ray exam of tear duct	0.30	0.20	0.30	Agreed	0.30
70210	26	X-ray exam of sinuses	0.17	0.11	0.17	Agreed	0.17

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70220	26	X-ray exam of sinuses	0.25	0.19	0.25	Agreed	0.25
70250	26	X-ray exam of skull	0.24	0.18	0.24	Agreed	0.24
70260	26	X-ray exam of skull	0.34	0.28	0.34	Agreed	0.34
70300	26	X-ray exam of teeth	0.10	0.08	0.10	Agreed	0.10
70310	26	X-ray exam of teeth	0.16	0.10	0.16	Agreed	0.16
70320	26	Full mouth x-ray of teeth	0.22	0.16	0.22	Agreed	0.22
70328	26	X-ray exam of jaw joint	0.18	0.12	0.18	Agreed	0.18
70330	26	X-ray exam of jaw joints	0.24	0.18	0.24	Agreed	0.24
70332	26	X-ray exam of jaw joint	0.54	0.18	0.54	Agreed	0.54
70336	26	Magnetic image jaw joint	0.95	1.48	1.48	Agreed	1.48
70350	26	X-ray head for orthodontia	0.17	0.11	0.17	Agreed	0.17
70355	26	Panoramic x-ray of jaws	0.20	0.14	0.20	Agreed	0.20
70360	26	X-ray exam of neck	0.17	0.11	0.17	Agreed	0.17
70380	26	X-ray exam of salivary gland	0.17	0.11	0.17	Agreed	0.17
70390	26	X-ray exam of salivary duct	0.38	0.26	0.38	Agreed	0.38
70450	26	CAT scan of head or brain	0.85	1.09	0.85	Agreed	0.85
70460	26	Contrast CAT scan of head	1.13	1.09	1.13	Agreed	1.13
70470	26	Contrast CAT scans of head	1.27	1.21	1.27	Agreed	1.27
70480	26	CAT scan of skull	1.28	1.09	1.28	Agreed	1.28
70481	26	Contrast CAT scan of skull	1.38	1.09	1.38	Agreed	1.38
70482	26	Contrast CAT scans of skull	1.45	1.21	1.45	Agreed	1.45
70486	26	CAT scan of face, jaw	1.14	1.09	1.14	Agreed	1.14
70487	26	Contrast CAT scan, face/jaw	1.30	1.09	1.30	Agreed	1.30
70488	26	Contrast CAT scans face/jaw	1.42	1.21	1.42	Agreed	1.42
70490	26	CAT scan of neck tissue	1.28	1.09	1.28	Agreed	1.28
70491	26	Contrast CAT of neck tissue	1.38	1.09	1.38	Agreed	1.38
70492	26	Contrast CAT of neck tissue	1.45	1.21	1.45	Agreed	1.45
70540	26	Magnetic image, face, neck	1.48	1.48	1.48	Agreed	1.48
70551	26	Magnetic image, brain (MRI)	1.48	1.48	1.48	Agreed	1.48
70552	26	Magnetic image, brain (MRI)	1.78	1.48	1.78	Agreed	1.78
70553	26	Magnetic image, brain	2.36	2.06	2.36	Agreed	2.36
71010	26	Chest x-ray	0.18	0.12	0.18	Agreed	0.18
71015	26	X-ray exam of chest	0.21	0.15	0.21	Agreed	0.21
71020	26	Chest x-ray	0.22	0.16	0.22	Agreed	0.22
71021	26	Chest x-ray	0.27	0.21	0.27	Agreed	0.27
71022	26	Chest x-ray	0.31	0.25	0.31	Agreed	0.31
71035	26	Chest x-ray	0.18	0.12	0.18	Agreed	0.18
71040	26	Contrast x-ray of bronchi	0.58	0.22	0.58	Agreed	0.58
71060	26	Contrast x-ray of bronchi	0.74	0.22	0.74	Agreed	0.74
71100	26	X-ray exam of ribs	0.22	0.12	0.22	Agreed	0.22
71101	26	X-ray exam of ribs, chest	0.27	0.16	0.27	Agreed	0.27
71110	26	X-ray exam of ribs	0.27	0.18	0.27	Agreed	0.27
71111	26	X-ray exam of ribs, chest	0.32	0.26	0.32	Agreed	0.32
71120	26	X-ray exam of breastbone	0.20	0.12	0.20	Agreed	0.20
71130	26	X-ray exam of breastbone	0.22	0.16	0.22	Agreed	0.22
71250	26	Cat scan of chest	1.16	1.09	1.16	Agreed	1.16
71260	26	Contrast CAT scan of chest	1.24	1.09	1.24	Agreed	1.24
71270	26	Contrast CAT scans of chest	1.38	1.21	1.38	Agreed	1.38
71550	26	Magnetic image, chest	1.60	1.48	1.60	Agreed	1.60
72020	26	X-ray exam of spine	0.15	0.10	0.15	Agreed	0.15
72040	26	X-ray exam of neck spine	0.22	0.16	0.22	Agreed	0.22
72050	26	X-ray exam of neck spine	0.31	0.25	0.31	Agreed	0.31
72069	26	X-ray exam of trunk spine	0.22	0.16	0.22	Agreed	0.22
72070	26	X-ray exam of thorax spine	0.22	0.16	0.22	Agreed	0.22
72072	26	X-ray exam of thoracic spine	0.22	0.16	0.22	Agreed	0.22
72074	26	X-ray exam of thoracic spine	0.22	0.16	0.22	Agreed	0.22
72080	26	X-ray exam of trunk spine	0.22	0.16	0.22	Agreed	0.22

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72090	26	X-ray exam of trunk spine	0.28	0.22	0.28	Agreed	0.28
72100	26	X-ray exam of lower spine	0.22	0.16	0.22	Agreed	0.22
72110	26	X-ray exam of lower spine	0.31	0.25	0.31	Agreed	0.31
72114	26	X-ray exam of lower spine	0.36	0.33	0.36	Agreed	0.36
72120	26	X-ray exam of lower spine	0.22	0.16	0.22	Agreed	0.22
72125	26	CAT scan of neck spine	1.16	1.09	1.16	Agreed	1.16
72126	26	Contrast CAT scan of neck	1.22	1.09	1.22	Agreed	1.22
72127	26	Contrast CAT scans of neck	1.27	1.21	1.27	Agreed	1.27
72128	26	CAT scan of thorax spine	1.16	1.09	1.16	Agreed	1.16
72129	26	Contrast CAT scan of thorax	1.22	1.09	1.22	Agreed	1.22
72130	26	Contrast CAT scans of thorax	1.27	1.21	1.27	Agreed	1.27
72131	26	CAT scan of lower spine	1.16	1.09	1.16	Agreed	1.16
72132	26	Contrast CAT of lower spine	1.22	1.09	1.22	Agreed	1.22
72133	26	Contrast CAT scans,low spine	1.27	1.21	1.27	Agreed	1.27
72141	26	Magnetic image, neck spine	1.60	1.48	1.60	Agreed	1.60
72142	26	Magnetic image, neck spine	1.92	1.48	1.92	Agreed	1.92
72146	26	Magnetic image, chest spine	1.60	1.48	1.60	Agreed	1.60
72147	26	Magnetic image, chest spine	1.92	1.48	1.92	Agreed	1.92
72148	26	Magnetic image, lumbar spine	1.48	1.48	1.48	Agreed	1.48
72149	26	Magnetic image, lumbar spine	1.78	1.48	1.78	Agreed	1.78
72156	26	Magnetic image, neck spine	2.57	1.48	2.57	Agreed	2.57
72157	26	Magnetic image, chest spine	2.57	1.48	2.57	Agreed	2.57
72158	26	Magnetic image, lumbar spine	2.36	1.48	2.36	Agreed	2.36
72170	26	X-ray exam of pelvis	0.17	0.11	0.17	Agreed	0.17
72190	26	X-ray exam of pelvis	0.21	0.15	0.21	Agreed	0.21
72192	26	CAT scan of pelvis	1.09	1.09	1.09	Agreed	1.09
72193	26	Contrast CAT scan of pelvis	1.16	1.09	1.16	Agreed	1.16
72194	26	Contrast CAT scans of pelvis	1.22	1.21	1.22	Agreed	1.22
72196	26	Magnetic image, pelvis	1.60	1.48	1.60	Agreed	1.60
72200	26	X-ray exam sacroiliac joints	0.17	0.11	0.17	Agreed	0.17
72202	26	X-ray exam sacroiliac joints	0.19	0.13	0.19	Agreed	0.19
72220	26	X-ray exam of tailbone	0.17	0.11	0.17	Agreed	0.17
72265	26	Contrast x-ray lower spine	0.83	0.22	0.83	Agreed	0.83
73000	26	X-ray exam of collarbone	0.16	0.10	0.16	Agreed	0.16
73010	26	X-ray exam of shoulder blade	0.17	0.11	0.17	Agreed	0.17
73020	26	X-ray exam of shoulder	0.15	0.10	0.15	Agreed	0.15
73030	26	X-ray exam of shoulder	0.18	0.12	0.18	Agreed	0.18
73040	26	Contrast x-ray of shoulder	0.54	0.15	0.54	Agreed	0.54
73050	26	X-ray exam of shoulders	0.20	0.14	0.20	Agreed	0.20
73060	26	X-ray exam of humerus	0.17	0.11	0.17	Agreed	0.17
73070	26	X-ray exam of elbow	0.15	0.10	0.15	Agreed	0.15
73080	26	X-ray exam of elbow	0.17	0.11	0.17	Agreed	0.17
73085	26	Contrast x-ray of elbow	0.54	0.15	0.54	Agreed	0.54
73090	26	X-ray exam of forearm	0.16	0.10	0.16	Agreed	0.16
73092	26	X-ray exam of arm, infant	0.16	0.10	0.16	Agreed	0.16
73100	26	X-ray exam of wrist	0.16	0.10	0.16	Agreed	0.16
73110	26	X-ray exam of wrist	0.17	0.11	0.17	Agreed	0.17
73115	26	Contrast x-ray of wrist	0.54	0.16	0.54	Agreed	0.54
73120	26	X-ray exam of hand	0.16	0.10	0.16	Agreed	0.16
73130	26	X-ray exam of hand	0.17	0.11	0.17	Agreed	0.17
73140	26	X-ray exam of finger(s)	0.13	0.09	0.13	Agreed	0.13
73200	26	CAT scan of arm	1.09	1.09	1.09	Agreed	1.09
73201	26	Contrast CAT scan of arm	1.16	1.09	1.16	Agreed	1.16
73202	26	Contrast CAT scans of arm	1.22	1.21	1.22	Agreed	1.22
73220	26	Magnetic image, arm, hand	1.48	1.48	1.48	Agreed	1.48
73221	26	Magnetic image, joint of arm	0.95	1.48	1.48	Agreed	1.48
73225	26	Magnetic imaging/upper (MRA)	1.73	1.48	1.73	Agreed	1.73

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Table 1
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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
73500	26	X-ray exam of hip	0.17	0.11	0.17	Agreed	0.17
73510	26	X-ray exam of hip	0.21	0.15	0.21	Agreed	0.21
73520	26	X-ray exam of hips	0.26	0.20	0.26	Agreed	0.26
73525	26	Contrast x-ray of hip	0.54	0.17	0.54	Agreed	0.54
73530	26	X-ray exam of hip	0.29	0.21	0.29	Agreed	0.29
73540	26	X-ray exam of pelvis & hips	0.20	0.14	0.20	Agreed	0.20
73550	26	X-ray exam of thigh	0.17	0.11	0.17	Agreed	0.17
73560	26	X-ray exam of knee	0.17	0.11	0.17	Agreed	0.17
73562	26	X-ray exam of knee	0.18	0.12	0.18	Agreed	0.18
73564	26	X-ray exam of knee	0.22	0.16	0.22	Agreed	0.22
73565	26	X-ray exam of knee	0.17	0.11	0.17	Agreed	0.17
73580	26	Contrast x-ray of knee joint	0.54	0.17	0.54	Agreed	0.54
73590	26	X-ray exam of lower leg	0.17	0.11	0.17	Agreed	0.17
73592	26	X-ray exam of leg, infant	0.16	0.10	0.16	Agreed	0.16
73600	26	X-ray exam of ankle	0.16	0.10	0.16	Agreed	0.16
73610	26	X-ray exam of ankle	0.17	0.11	0.17	Agreed	0.17
73615	26	Contrast x-ray of ankle	0.54	0.16	0.54	Agreed	0.54
73620	26	X-ray exam of foot	0.16	0.10	0.16	Agreed	0.16
73630	26	X-ray exam of foot	0.17	0.11	0.17	Agreed	0.17
73650	26	X-ray exam of heel	0.16	0.10	0.16	Agreed	0.16
73660	26	X-ray exam of toe(s)	0.13	0.09	0.13	Agreed	0.13
73700	26	CAT scan of leg	1.09	1.09	1.09	Agreed	1.09
73701	26	Contrast CAT scan of leg	1.16	1.09	1.16	Agreed	1.16
73702	26	Contrast CAT scans of leg	1.22	1.21	1.22	Agreed	1.22
73720	26	Magnetic image, leg, foot	1.48	1.48	1.48	Agreed	1.48
73721	26	Magnetic image, joint of leg	0.95	1.48	1.48	Agreed	1.48
74000	26	X-ray exam of abdomen	0.18	0.12	0.18	Agreed	0.18
74010	26	X-ray exam of abdomen	0.23	0.17	0.23	Agreed	0.23
74020	26	X-ray exam of abdomen	0.27	0.21	0.27	Agreed	0.27
74022	26	X-ray exam series, abdomen	0.32	0.26	0.32	Agreed	0.32
74150	26	CAT scan of abdomen	1.19	1.09	1.19	Agreed	1.19
74160	26	Contrast CAT scan of abdomen	1.27	1.09	1.27	Agreed	1.27
74170	26	Contrast CAT scans, abdomen	1.40	1.21	1.40	Agreed	1.40
74181	26	Magnetic image, abdomen (MRI	1.60	1.48	1.60	Agreed	1.60
74330	26	Xray,bile/pancreas endoscopy	0.70	1.05	0.90	Agreed	0.90
74360	26	X-ray guide, GI dilation	0.54	*	0.54	Agreed	0.54
74710	26	X-ray measurement of pelvis	0.34	0.28	0.34	Agreed	0.34
75552	26	Magnetic image, myocardium	1.60	1.48	1.60	Agreed	1.60
75553	26	Magnetic image, myocardium	2.00	1.48	2.00	Agreed	2.00
75554	26	Cardiac MRI/function	1.83	1.48	1.83	Agreed	1.83
75555	26	Cardiac MRI/limited study	1.74	1.48	1.74	Agreed	1.74
75556		Cardiac MRI/flow mapping	0.00	1.48	0.00	Agreed	0.00
75630	26	X-ray aorta, leg arteries	1.31	2.45	1.79	Agreed	1.79
76066	26	Joint(s) survey, single film	0.31	0.25	0.31	Agreed	0.31
76090	26	Mammogram, one breast	0.25	0.65	0.58	Agreed	0.58
76091	26	Mammogram, both breasts	0.41	0.80	0.69	Agreed	0.69
76092		Mammogram, screening	0.00	0.55	Z		
76093	26	Magnetic image, breast	1.63	1.48	1.63	Agreed	1.63
76094	26	Magnetic image, both breasts	1.63	1.48	1.63	Agreed	1.63
76098	26	X-ray exam, breast specimen	0.16	0.10	0.16	Agreed	0.16
76355	26	CAT scan for localization	1.21	1.09	1.21	Agreed	1.21
76360	26	CAT scan for needle biopsy	1.16	1.09	1.16	Agreed	1.16
76365	26	CAT scan for cyst aspiration	1.16	1.09	1.16	Agreed	1.16
76370	26	CAT scan for therapy guide	0.85	1.09	0.85	Agreed	0.85
76375	26	CAT scans, other planes	0.16	1.09	0.16	Agreed	0.16
76380	26	CAT scan follow-up study	0.98	1.09	0.98	Agreed	0.98
76400	26	Magnetic image, bone marrow	1.60	1.48	1.60	Agreed	1.60

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
76536	26	Echo exam of head and neck	0.56	Increase	D		
76645	26	Echo exam of breast	0.54	Increase	D		
76700	26	Echo exam of abdomen	0.81	Increase	D		
76705	26	Echo exam of abdomen	0.59	Increase	D		
76770	26	Echo exam abdomen back wall	0.74	Increase	D		
76778	26	Echo exam kidney transplant	0.74	Increase	D		
76805	26	Echo exam of pregnant uterus	0.99	Increase	D		
76815	26	Echo exam of pregnant uterus	0.65	Increase	D		
76825	26	Echo exam of fetal heart	0.98	1.67	1.67	Agreed	1.67
76830	26	Echo exam, transvaginal	0.69	Increase	D		
76856	26	Echo exam of pelvis	0.69	Increase	D		
76870	26	Echo exam of scrotum	0.64	Increase	D		
76872	26	Echo exam, transrectal	0.69	Increase	D		
76880	26	Echo exam of extremity	0.59	Increase	D		
77420		Weekly radiation therapy	1.61	*	POS		1.61
77425		Weekly radiation therapy	2.44	*	POS		2.44
77430		Weekly radiation therapy	3.60	*	POS		3.60
77761	26	Radioelement application	3.56	*	3.56	Agreed	3.56
78070	26	Parathyroid nuclear imaging	0.51	1.00	0.82	Agreed	0.82
78075	26	Adrenal nuclear imaging	0.74	0.83	0.74	Agreed	0.74
78195	26	Lymph system imaging	0.70	2.00	1.20	Agreed	1.20
78480	26	Heart function, (add-on)	0.62	Decrease	CPT	(a)	0.62
78608		Brain imaging (PET)	0.00	Increase	Z		
78609		Brain imaging (PET)	0.00	Increase	Z		
78635	26	CSF ventriculography	0.61	0.70	0.61	Agreed	0.61
78803	26	Tumor imaging (3D)	1.09	*	1.09	Agreed	1.09
78805	26	Abscess imaging, ltd area	0.73		0.73	Agreed	0.73
78806	26	Abscess imaging, whole body	0.73		0.73	Agreed	0.73
83020	26	Assay hemoglobin	0.37	0.16	0.37	Agreed	0.37
83912	26	Genetic examination	0.37	0.30	0.37	Agreed	0.37
84165	26	Assay serum proteins	0.37	0.16	0.37	Agreed	0.37
84181	26	Western blot test	0.37	0.16	0.37	Agreed	0.37
84182	26	Protein, western blot test	0.37	0.16	0.37	Agreed	0.37
85095		Bone marrow aspiration	1.08	Increase	1.08	Agreed	1.08
85102		Bone marrow biopsy	1.37	Increase	1.37	Agreed	1.37
85390	26	Fibrinolysins screen	0.37	1.19	0.75	Decreased	0.37
85576	26	Blood platelet aggregation	0.37	0.16	0.37	Agreed	0.37
86077		Physician blood bank service	0.37	0.94	0.94	Agreed	0.94
86079		Physician blood bank service	0.37	0.94	0.94	Agreed	0.94
86255	26	Fluorescent antibody; screen	0.37	0.16	0.37	Agreed	0.37
86256	26	Fluorescent antibody; titer	0.37	0.16	0.37	Agreed	0.37
86320	26	Serum immunoelectrophoresis	0.37	0.17	0.37	Agreed	0.37
86325	26	Other immunoelectrophoresis	0.37	0.17	0.37	Agreed	0.37
86327	26	Immunoelectrophoresis assay	0.37	0.18	0.45	Decreased	0.37
86334	26	Immunofixation procedure	0.37	0.18	0.37	Agreed	0.37
88150		Cytopathology, pap smear	0.00	0.60	Z		
88151	26	Cytopathology interpretation	0.42		B		
88170	26	Fine needle aspiration	0.50	1.35	1.27	Agreed	1.27
88171	26	Fine needle aspiration	1.05	1.54	1.27	Agreed	1.27
88172	26	Evaluation of smear	0.60	0.56	0.60	Agreed	0.60
88173	26	Interpretation of smear	1.08	1.60	1.08	Agreed	1.08
88180	26	Cell marker study	0.36	0.16	0.36	Agreed	0.36
88182	26	Cell marker study	0.77	0.34	0.77	Agreed	0.77
88305	26	Tissue exam by pathologist	0.75	Increase	B		
88311	26	Decalcify tissue	0.24	0.00	0.24	Agreed	0.24
88321		Microslide consultation	1.30	Increase	B		
88331	26	Pathology consult in surgery	1.19	Increase	B		

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88332	26	Pathology consult in surgery	0.59	Increase	B			
88348	26	Electron microscopy	1.51	Increase	B			
89060	26	Exam,synovial fluid crystals	0.37	0.16	0.37	Agreed	0.37	
90780		IV infusion therapy, 1 hour	0.00	1.10	Z			
90781		IV infusion, additional hour	0.00	0.70	Z			
90801		Psychiatric interview	2.19	3.23	2.80	Decreased	2.21	[3]
90820		Diagnostic interview	2.25	3.75	2.25	Agreed	2.27	[3]
90825		Evaluation of tests/records	0.97	1.67	0.97	Agreed	0.97	
90835		Special interview	2.82	5.37	2.82	Agreed	2.84	[3]
90842		Psychotherapy, 75-80 min	2.74	3.64	2.74	Agreed	2.76	[3]
90843		Psychotherapy 20-30 min.	1.10	1.46	1.47	Decreased	1.11	[3]
90844		Psychotherapy 45-50 min.	1.72	2.29	2.00	Decreased	1.73	[3]
90845		Medical psychoanalysis	1.78	2.37	1.78	Agreed	1.79	[3]
90846		Special family therapy	1.82	2.42	1.82	Agreed	1.83	[3]
90847		Special family therapy	2.19	2.91	2.19	Agreed	2.21	[3]
90853		Special group therapy	0.43	0.57	0.59	Decreased	0.43	
90855		Individual psychotherapy	1.81	2.40	2.15	Decreased	1.82	[3]
90857		Special group therapy	0.43	0.57	0.43	Agreed	0.43	
90862		Medication management	0.95	1.40	0.95	Agreed	0.95	
90870		Electroconvulsive therapy	1.88	2.58	1.88	Agreed	1.88	
90871		Electroconvulsive therapy	2.72	3.52	2.72	Agreed	2.72	
90880		Medical hypnotherapy	2.19	1.76	2.19	Agreed	2.19	
90887		Consultation with family	1.48	2.56	1.48	Agreed	1.48	
90900		Biofeedback, electromyogram	0.89	0.43	0.89	Agreed	0.89	
90902		Biofeedback, nerve impulse	0.89	0.43	0.43	Agreed	0.43	
90904		Biofeedback, blood pressure	0.89	0.43	0.43	Agreed	0.43	
90906		Biofeedback, blood flow	0.89	0.43	0.43	Agreed	0.43	
90908		Biofeedback, brain waves	0.89	0.43	0.43	Agreed	0.43	
90910		Biofeedback, oculogram	0.89	0.43	0.43	Agreed	0.43	
90911		Anorectal biofeedback	2.15	0.93	2.15	Decreased	0.89	
90915		Biofeedback, unspecified	0.89	0.43	0.89	Agreed	0.89	
91000	26	Esophageal intubation	0.99	0.73	0.73	Agreed	0.73	
91010	26	Esophagus motility study	1.65	3.90	1.25	Agreed	1.25	
91011	26	Esophagus motility study	1.98	1.50	1.50	Agreed	1.50	
91012	26	Esophagus motility study	1.92	1.46	1.46	Agreed	1.46	
91020	26	Esophagogastric study	1.89	1.44	1.44	Agreed	1.44	
91030	26	Acid perfusion of esophagus	1.20	0.91	0.91	Agreed	0.91	
91032	26	Esophagus, acid reflux test	1.59	1.21	1.21	Agreed	1.21	
91033	26	Prolonged acid reflux test	1.71	4.68	1.30	Agreed	1.30	
91052	26	Gastric analysis test	1.71	0.79	0.79	Agreed	0.79	
91055	26	Gastric intubation for smear	1.28	0.94	0.94	Agreed	0.94	
91065	26	Breath hydrogen test	0.45	0.20	0.20	Agreed	0.20	
91122	26	Anal pressure record	1.77	0.66	1.77	Agreed	1.77	
92002		Eye exam, new patient	1.01	0.75	0.79	Increased	0.88	
92004		Eye exam, new patient	1.61	1.71	1.50	Decreased	1.34	
92012		Eye exam established pt	0.82	0.55	0.80	Decreased	0.67	
92014		Eye exam & treatment	1.06	0.94	1.27	Decreased	1.10	
92018		New eye exam & treatment	1.51	0.88	1.51	Agreed	1.51	
92019		Eye exam & treatment	1.31	0.38	1.31	Agreed	1.31	
92020		Special eye evaluation	0.37	0.16	0.37	Agreed	0.37	
92060	26	Special eye evaluation	0.50	0.23	0.69	Agreed	0.69	
92065	26	Orthoptic/pleoptic training	0.37	Increase	0.37	Agreed	0.37	
92070		Fitting of contact lens	0.70	1.05	0.70	Agreed	0.70	
92225		Special eye exam, initial	0.58	1.73	CPT	(a)	0.58	
92226		Special eye exam, subsequent	0.50	0.33	CPT	(a)	0.50	
92235	26	Eye exam with photos	0.81	1.12	B			

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3 RVUs were modified due to a policy change implemented in 1996.

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92260		Ophthalmoscopy/dynamometry	0.50	0.20	CPT	(a)	0.50
92275	26	Electroretinography	1.01	0.40	1.01	Agreed	1.01
92283	26	Color vision examination	0.26	0.17	0.17	Agreed	0.17
92284	26	Dark adaptation eye exam	0.37	0.24	0.24	Agreed	0.24
92506		Speech & hearing evaluation	0.86	Increase	0.86	Agreed	0.86
92507		Speech/hearing therapy	0.52	Increase	0.52	Agreed	0.52
92508		Speech/hearing therapy	0.26	Increase	0.26	Agreed	0.26
92512		Nasal function studies	0.55	0.31	0.55	Agreed	0.55
92541	26	Spontaneous nystagmus test	0.40	1.40	0.40	Agreed	0.40
92542	26	Positional nystagmus test	0.33	0.80	0.33	Agreed	0.33
92543	26	Caloric vestibular test	0.38	0.80	0.38	Agreed	0.38
92544	26	Optokinetic nystagmus test	0.26	Increase	0.26	Agreed	0.26
92545	26	Oscillating tracking test	0.23	1.40	0.23	Agreed	0.23
92546	26	Torsion swing recording	0.29	Increase	0.29	Agreed	0.29
92547		Supplemental electrical test	0.00	Increase	Z		
92551		Pure tone hearing test, air	0.00	0.40	Z		
92552		Pure tone audiometry, air	0.00	0.40	Z		
92553		Audiometry, air & bone	0.00	0.80	Z		
92555		Speech threshold audiometry	0.00	0.40	Z		
92556		Speech audiometry, complete	0.00	0.80	Z		
92557		Comprehensive hearing test	0.00	1.70	Z		
92561		Bekesy audiometry, diagnosis	0.00	Increase	Z		
92562		Loudness balance test	0.00	Increase	Z		
92563		Tone decay hearing test	0.00	0.60	Z		
92564		Sisi hearing test	0.00	0.60	Z		
92565		Stenger test, pure tone	0.00	0.40	Z		
92567		Tympanometry	0.00	0.40	Z		
92568		Acoustic reflex testing	0.00	0.40	Z		
92569		Acoustic reflex decay test	0.00	0.40	Z		
92571		Filtered speech hearing test	0.00	0.60	Z		
92572		Staggered spondaic word test	0.00	0.90	Z		
92573		Lombard test	0.00	Increase	Z		
92575		Sensorineural acuity test	0.00	Increase	Z		
92576		Synthetic sentence test	0.00	Increase	Z		
92577		Stenger test, speech	0.00	0.40	Z		
92582		Conditioning play audiometry	0.00	1.40	Z		
92583		Select picture audiometry	0.00	0.90	Z		
92584		Electrocochleography	0.00	2.70	Z		
92585	26	Brainstem evoked audiometry	0.50	3.90	0.50	Agreed	0.50
92589		Auditory function test(s)	0.00	3.80	Z		
92594		Electro hearing aid test,one	0.00	1.40	Z		
92595		Electro hearingaid test,both	0.00	2.50	Z		
92596		Ear protector evaluation	0.00	0.90	Z		
92977		Dissolve clot, heart vessel	0.00	Increase	Z		
93000		Electrocardiogram, complete	0.17	0.05	0.17	Agreed	0.17
93010		Electrocardiogram report	0.17	0.05	0.17	Agreed	0.17
93225		ECG monitor/record, 24 hrs	0.00		Z		
93278	26	ECG/signal-averaged	0.35	0.16	0.25	Agreed	0.25
93307	26	Echo exam of heart	0.78	1.67	1.06	Decreased	0.78
93312	26	Echo exam of heart	1.57	2.39	2.39	Decreased	1.90
93320	26	Doppler echo exam, heart	0.38	0.57	0.38	Agreed	0.38
93325	26	Doppler color flow	0.07		B		
93503		Insert/place heart catheter	2.43	3.67	2.43	Agreed	2.43
93505	26	Biopsy of heart lining	4.56	4.38	4.38	Agreed	4.38
93510	26	Left heart catheterization	4.33	*	4.33	Agreed	4.33
93526	26	Rt & Lt heart catheters	5.99	*	5.99	Agreed	5.99

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
93527	26	Rt & Lt heart catheters	7.28	8.56	7.28	Agreed	7.28
93529	26	Rt, Lt heart catheterization	4.80	7.28	4.80	Agreed	4.80
93539		Injection, cardiac cath	0.29	0.40	0.40	Agreed	0.40
93544		Injection for aortography	0.29	0.23	0.25	Agreed	0.25
93545		Injection for coronary xrays	0.29	0.35	0.40	Agreed	0.40
93561	26	Cardiac output measurement	1.15	0.50	0.50	Agreed	0.50
93562	26	Cardiac output measurement	0.37	0.16	0.16	Agreed	0.16
93621	26	Electrophysiology evaluation	12.66	CPT	CPT	(a)	12.66
93641	26	Electrophysiology evaluation	5.93	8.60	5.93	Agreed	5.93
93660	26	Tilt table evaluation	1.89		B		
93733	26	Telephone analysis,pacemaker	0.17		0.17	Agreed	0.17
93875	26	Extracranial study	0.22	0.38	0.22	Agreed	0.22
93880	26	Extracranial study	0.60	0.79	0.60	Agreed	0.60
93882	26	Extracranial study	0.40	0.59	0.40	Agreed	0.40
93922	26	Extremity study	0.25	0.38	0.25	Agreed	0.25
93923	26	Extremity study	0.45	0.79	0.45	Agreed	0.45
93924	26	Extremity study	0.50	1.17	0.50	Agreed	0.50
93925	26	Lower extremity study	0.58	0.79	0.58	Agreed	0.58
93926	26	Lower extremity study	0.39	0.59	0.39	Agreed	0.39
93930	26	Upper extremity study	0.46	0.79	0.46	Agreed	0.46
93931	26	Upper extremity study	0.31	0.59	0.31	Agreed	0.31
93965	26	Extremity study	0.35	0.79	0.35	Agreed	0.35
93970	26	Extremity study	0.68	0.79	0.68	Agreed	0.68
93971	26	Extremity study	0.45	0.59	0.45	Agreed	0.45
93980	26	Penile vascular study	1.82	1.25	1.25	Agreed	1.25
93981	26	Penile vascular study	0.64	0.44	0.44	Agreed	0.44
94060	26	Evaluation of wheezing	0.31	0.31	0.31	Agreed	0.31
94150	26	Vital capacity test	0.11	0.07	CPT	(a)	0.11
94160	26	Vital capacity screening	0.18	0.11	0.18	Agreed	0.18
94240	26	Residual lung capacity	0.26	0.16	0.26	Agreed	0.26
94350	26	Lung nitrogen washout curve	0.26	0.16	0.26	Agreed	0.26
94360	26	Measure airflow resistance	0.26	0.16	0.26	Agreed	0.26
94375	26	Respiratory flow volume loop	0.31	0.19	0.31	Agreed	0.31
94400	26	CO2 breathing response curve	0.40	*	0.40	Agreed	0.40
94720	26	Monoxide diffusing capacity	0.26	0.16	0.26	Agreed	0.26
94725	26	Membrane diffusion capacity	0.26	0.16	0.26	Agreed	0.26
94770	26	Exhaled carbon dioxide test	0.20	0.11	0.15	Agreed	0.15
95004		Allergy skin tests	0.00	0.01	Z		
95010		Sensitivity skin tests	0.15	0.07	0.15	Agreed	0.15
95015		Sensitivity skin tests	0.15	0.07	0.15	Agreed	0.15
95024		Allergy skin tests	0.00	0.03	Z		
95028		Allergy skin tests	0.00	Increase	Z		
95075		Ingestion challenge test	0.95	0.60	0.95	Agreed	0.95
95115		Immunotherapy, one injection	0.00	0.17	Z		
95117		Immunotherapy injections	0.00	0.17	Z		
95807	26	Sleep study	1.66	1.66	C		
95808	26	Polysomnography, 1-3	2.65	2.65	C		
95810	26	Polysomnography, 4 or more	3.53	3.53	C		
95851		Range of motion measurements	0.28	0.16	0.16	Agreed	0.16
95852		Range of motion measurements	0.19	0.11	0.11	Agreed	0.11
95867	26	Muscle test, head or neck	0.62	0.79	0.79	Agreed	0.79
95868	26	Muscle test, head or neck	1.50	1.18	1.18	Agreed	1.18
95872	26	Muscle test, one fiber	1.50	2.00	CPT	(a)	1.50
95937	26	Neuromuscular junction test	0.60	0.51	0.65	Agreed	0.65
95951	26	EEG monitoring/videorecord	3.80	6.75	6.00	Agreed	6.00
96400		Chemotherapy, (SC)/(IM)	0.00	1.80	Z		

1 All CPT codes and descriptors copyright 1995 American Medical Association.

Table 1
Five-Year Review of Work Relative Value Units

CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
96405		Intralesional chemo admin	0.52	1.20	0.52	Agreed	0.52
96406		Intralesional chemo admin	0.80	1.09	0.80	Agreed	0.80
96408		Chemotherapy, push technique	0.00	1.21	Z		
96410		Chemotherapy,infusion method	0.00	1.81	Z		
96412		Chemotherapy,infusion method	0.00	1.43	Z		
96414		Chemotherapy,infusion method	0.00	1.50	Z		
96420		Chemotherapy, push technique	0.00	1.00	Z		
96422		Chemotherapy,infusion method	0.00	1.40	Z		
96423		Chemotherapy,infusion method	0.00	0.70	Z		
96425		Chemotherapy,infusion method	0.00	1.70	Z		
96440		Chemotherapy, intracavitary	2.37	3.40	2.37	Agreed	2.37
96445		Chemotherapy, intracavitary	2.20	3.22	2.20	Agreed	2.20
96450		Chemotherapy, into CNS	1.89	2.91	1.89	Agreed	1.89
96910		Photochemotherapy with UV-B	0.00	0.75	Z		
96912		Photochemotherapy with UV-A	0.00	0.75	Z		
97250		Myofascial release	0.45	0.19	CPT	(a)	0.45
97260		Regional manipulation	0.19		CPT	(a)	0.19
97261		Supplemental manipulations	0.12		CPT	(a)	0.12
97500		Orthotics training	0.31	Increase	CPT	(a)	0.31
97501		Supplemental training	0.17	Increase	CPT	(a)	0.17
97520		Prosthetic training	0.37	Increase	CPT	(a)	0.37
97521		Supplemental training	0.22	Increase	CPT	(a)	0.22
98925		Osteopathic manipulation	0.45	0.45	0.45	Agreed	0.45
98926		Osteopathic manipulation	0.65	0.65	0.65	Agreed	0.65
98927		Osteopathic manipulation	0.87	0.87	0.87	Agreed	0.87
98928		Osteopathic manipulation	1.03	0.87	1.03	Agreed	1.03
98929		Osteopathic manipulation	1.19	1.19	1.19	Agreed	1.19
99201		Office/outpatient visit, new	0.38	Increase	0.39	Increased	0.45
99202		Office/outpatient visit, new	0.75	Increase	0.79	Increased	0.88
99203		Office/outpatient visit, new	1.14	Increase	1.20	Increased	1.34
99204		Office/outpatient visit, new	1.71	Increase	1.80	Increased	2.00
99205		Office/outpatient visit, new	2.28	Increase	2.41	Increased	2.67
99211		Office/outpatient visit, est	0.17	Increase	0.25	Decreased	0.17
99212		Office/outpatient visit, est	0.38	Increase	0.50	Decreased	0.45
99213		Office/outpatient visit, est	0.55	Increase	0.80	Decreased	0.67
99214		Office/outpatient visit, est	0.94	Increase	1.27	Decreased	1.10
99215		Office/outpatient visit, est	1.51	Increase	1.90	Decreased	1.77
99221		Initial hospital care	1.06	Increase	1.06	Increased	1.28
99222		Initial hospital care	1.84	Increase	1.84	Increased	2.14
99223		Initial hospital care	2.57	Increase	2.57	Increased	2.99
99231		Subsequent hospital care	0.51	Increase	0.65	Decreased	0.64
99232		Subsequent hospital care	0.88	Increase	1.30	Decreased	1.06
99233		Subsequent hospital care	1.25	1.97	1.75	Decreased	1.51
99238		Hospital discharge day	1.06	1.97	CPT		1.28
99241		Office consultation	0.54	Increase	0.63	Increased	0.64
99242		Office consultation	1.11	Increase	1.25	Increased	1.28
99243		Office consultation	1.47	Increase	1.90	Decreased	1.71
99244		Office consultation	2.23	Increase	2.50	Increased	2.56
99245		Office consultation	2.96	Increase	3.21	Increased	3.41
99251		Initial inpatient consult	0.54	Increase	0.63	Increased	0.66
99252		Initial inpatient consult	1.13	Increase	1.25	Increased	1.32
99253		Initial inpatient consult	1.56	Increase	1.90	Decreased	1.82
99254		Initial inpatient consult	2.27	Increase	2.50	Increased	2.64
99255		Initial inpatient consult	3.14	Increase	3.40	Increased	3.65
99261		Follow-up inpatient consult	0.36	Increase	0.65	Decreased	0.42
99262		Follow-up inpatient consult	0.74	Increase	1.30	Decreased	0.85

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CPT/HCPCS Code[1]	Mod	Description	1995 work RVU	requested work RVUs	RUC Rec	HCFA Decision	Proposed RVUs
99263		Follow-up inpatient consult	1.16	Increase	1.75	Decreased	1.27
99281		Emergency dept visit	0.28	0.54	B		0.33
99282		Emergency dept visit	0.47	0.54	B		0.55
99284		Emergency dept visit	1.68	2.20	1.68	Increased	1.95
99285		Emergency dept visit	2.63	3.20	2.63	Increased	3.06
99291		Critical care, first hour	3.64	3.64	4.00	Agreed	4.00
99292		Critical care, addl 30 min	1.84	1.84	2.00	Agreed	2.00
99296		Neonatal critical care	7.40	88.28	B		8.00
99301		Nursing facility care	1.07	Increase	CPT		1.28
99302		Nursing facility care	1.67	Increase	CPT		1.71
99303		Nursing facility care	2.29	Increase	CPT		2.14
99311		Nursing facility care,subseq	0.54	Increase	CPT		0.64
99312		Nursing facility care,subseq	0.89	Increase	CPT		1.06
99313		Nursing facility care,subseq	1.19	Increase	CPT		1.51
99341		Home visit, new patient	1.12	2.25	1.12	Increased	1.34
99342		Home visit, new patient	1.58	3.57	1.58	Increased	2.00
99343		Home visit, new patient	2.09	4.83	2.09	Increased	2.67
99351		Home visit, estab patient	0.83	1.65	0.83	Decreased	0.67
99352		Home visit, estab patient	1.12	3.00	1.12	Decreased	1.10
99353		Home visit, estab patient	1.48	4.00	1.48	Increased	1.77
99354		Prolonged service, office	1.51	2.33			1.77
99355		Prolonged service, office	1.51	1.20			1.77
99356		Prolonged service, inpatient	1.44	3.00			1.71
99357		Prolonged service, inpatient	1.44	1.50			1.71
99358		Prolonged serv, w/o contact	0.00	2.10	Z		
99359		Prolonged serv, w/o contact	0.00	1.00	Z		
99376		Care plan oversight/over 60	0.00	2.40	Z		

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B. Discussion of Comments by Clinical Area

1. Integumentary System

Comment: Numerous specialty societies surveyed and commented on the CPT codes for the integumentary system that they believed were undervalued or overvalued. In several instances, specialty societies were responding to reductions proposed by other commenters. The specialty societies' recommendations were supported with survey data and arguments that were based on changes in the patient population, changes in technology, and rank-order anomalies. Survey samples were of sufficient size to validate the results. Additionally, specialty societies made cross-specialty comparisons to similar procedures. The comparisons gave support to arguments and survey data.

RUC Evaluation/Recommendation: Generally, the RUC found the data, comparisons, and arguments convincing. The RUC looked for compelling evidence that the procedure had changed, the patient population had changed, or the code had been originally undervalued or overvalued. When the RUC recommended different work RVUs, it typically attempted to reconcile new survey data and rationale with Harvard data, producing final recommended work RVUs. In all, the RUC recommended that the work RVUs for 6 codes be reduced in value, for 15 codes be increased in value, and for 35 codes be maintained at the current value.

HCFA Decision: We agree with the RUC on most of its findings, but we have rejected the RUC recommendations for the following eight integumentary system codes:

CPT codes 15570 through 15576 (Formation of direct or tubed pedicle, with or without transfer).

There are four codes in this family that are used to report the formation of direct or tubed pedicles in different body areas. We received a comment that all of these codes are undervalued when compared to the corresponding adjacent flap codes, CPT code 14001 with 7.78 work RVUs, CPT code 14021 with 9.37 work RVUs, and CPT code 14040 with 7.18 work RVUs.

In its recommendation to us, the RUC indicated that several old codes, CPT codes 15500 through 15515, which were valued by Harvard, were deleted in 1992 and replaced with CPT codes 15570 through 15576. The RUC also noted that the new codes are misvalued and that no explanation had been received describing how the work RVUs of these codes were determined. The current survey results show median work RVUs of 9.85 and a median intraservice time of 105 minutes for CPT code 15570; median work RVUs of 9.63 and a median intraservice time of 90 minutes for CPT code 15572; median work RVUs of 10.50 and a median intraservice time of 120 minutes for CPT code 15574; and median work RVUs of 8.50 and a median intraservice time of 90 minutes for CPT code 15576. These results agree with the Harvard data for the original codes, CPT codes 15500 through 15515. Based on the survey results and the lack of rationale for the current work RVUs, the RUC recommended that the codes be valued at the same level established by Harvard for the original deleted codes.

We have not accepted the RUC recommendations for two reasons. First, the RUC's understanding of the source of the work RVUs for the current codes is incorrect and second, we believe the vignettes that were surveyed may have led to an overestimation of the work.

These four codes first appeared in CPT 1992, following a revision of this section of CPT. The codes do not correspond directly to the deleted codes (CPT codes 15500 through 15515) cited by the RUC because other codes (CPT codes 15540 through 15555 and 15700 through 15730) also were deleted and crosswalked to the new codes. Because we viewed the coding change as significant, we did not accept the work RVUs developed by Harvard for CPT codes 15500 through 15515 as a valid basis for the new codes. We proposed work RVUs for the current CPT codes 15540 through 15555 in the November 25, 1991 final rule for the 1992 physician fee schedule (56 FR 59502). Because the comments that we received suggested that the proposed work RVUs were too low, we referred the codes to one of the multispecialty refinement panels that met in May 1992. Based on the ratings of that panel, no changes were made in the work RVUs, and they became final work RVUs effective January 1, 1993.

The vignettes that were surveyed by the RUC describe patient problems and services that we believe may have led to an overestimation of the work involved in the formation of direct or tubed pedicles. For example, the vignette for CPT code 15574 reads:

A 56-year-old hunter sustains a gun shot injury to his left hand. He is brought to the hospital and initial debridement, fracture stabilization and temporary wound cover is accomplished with dressing changes. A tailored groin flap is planned for coverage of the dorsal defect. At operation, a random patterned groin flap is elevated. The hand is, again, thoroughly debrided and lavaged, and the groin flap is placed. The abdominal wound is closed by primary advancement of the abdominal skin. The postoperative care is routine until either further delay or separation occurs.

The preservice work is described as including an assessment of the patient in the emergency room. The intraservice work is described as including the creation of a special dressing to maintain the relative positions of the hand, the flap, and the abdominal wall. We are concerned that the survey respondents may have considered the work of debridement, fracture stabilization, initial emergency room evaluation, and immobilization of the hand, flap, and abdomen in their estimates of work. If so, the work RVUs are excessive because those other services can be reported and paid separately. Therefore, we are maintaining the current work RVUs.

CPT code 15580 (Cross finger flap, including free graft to donor site).

We received a comment that this code is undervalued when compared to CPT code 15240 (Skin full graft procedure) and CPT code 15100 (Skin split graft procedure). It was argued that the current work RVUs do not account for the intraservice time and work involved in harvesting and applying the skin graft. Survey data showed a median intraservice time of 90 minutes and median work RVUs of 9.00. The RUC recommended that the work RVUs be increased based on the survey results and its conclusion that the comparison to skin graft procedures was appropriate.

We have not proposed a change in the work RVUs for this code because we are concerned that CPT is not clear regarding the separate reporting of a graft to the donor site, and the vignette may have led to an overestimation of work. There is a note in the introductory paragraphs for the flap codes that states: ''Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure.'' This contradicts the terminology of CPT code 15580 and could be a source of confusion.

The vignette that was used in the survey reads: A 36-year-old laborer sustains an avulsion injury of the volar aspect of the middle of phalanx of the left index finger in a grinding machine. The profundus tendon is intact and the neurovascular bundles are intact. At operation, a cross finger pedicle flap from the dorsum of the adjacent left middle phalanx is elevated and rotated downward and placed on the volar aspect of the adjacent finger. The donor site defect was reconstructed with a full thickness skin graft harvested from the left groin. Both the pedicle and the skin graft were sewn in place. The postoperative care is routine for that of a split thickness skin graft.

The preservice work is described as including an assessment of the patient in the emergency room. The description of the intraservice work includes thorough debridement and immobilization of the fingers in a specially constructed dressing to remove tension from the flap by preventing motion.

We are concerned that the survey respondents may have considered the work of debridement, initial emergency room evaluation, and immobilization of the fingers in their estimates of work. If so, the work RVUs are excessive because the other services can be reported separately. Therefore, we are maintaining the current work RVUs.

CPT codes 17000, 17001, and 17002 (Destruction by any method of benign facial or premalignant lesions in any location).

An individual who underwent the destruction of skin lesions commented that the physician charges for these procedures were excessive. He stated that the application of liquid nitrogen is not time consuming and is an insignificant cost and that the physician work involved is minimal and does not require great skill. We forwarded the comment to the RUC. The specialty society recommended to the RUC that the work RVUs for these codes be maintained.

The RUC responded by indicating that the intention of the RUC and the 5-year review is to examine work RVUs. The RUC concluded that the comment we forwarded was based on charges the commenter incurred, a matter which is not directly related to the mission of the RUC. Therefore, the RUC recommended that the current work RVUs be maintained.

We acknowledge that part of the individual's comments related to the charges he incurred. However, we believe that the commenter raised a legitimate concern about the amount of physician work when he made reference to the amount of time, physician involvement, and skill required to destroy a skin lesion. Therefore, we reexamined the work RVUs assigned to these codes and concluded they are too high when compared to other services on the fee schedule. CPT code 17000 (Destruction of a single benign facial or premalignant lesion) currently has work RVUs that are approximately 3.5 times higher than the work RVUs assigned to the destruction of a second similar lesion (CPT code 17001). There are no other services with such a variance. A more appropriate valuation of CPT code 17000 would set the initial lesion destruction at about twice the level of the work RVUs for a subsequent lesion. Therefore, we are proposing 0.36 work RVUs. This downward revaluation of CPT code 17000 is supported by comparing the proposed work RVUs to the following reference services: CPT code 11700 (Debridement of nails), with 0.32 work RVUs, and CPT code 11050 (Paring of skin lesion), with 0.43 work RVUs. These services are comparable to CPT code 17000 in terms of setup time, procedure time, risk, and aftercare.

We also believe that CPT code 17001 (Destruction of second and third benign facial or premalignant lesion, each) and CPT code 17002 (Destruction of over three lesions, each additional lesion) are overvalued. We propose to reduce the work RVUs of these codes to 0.14. The proposed work RVUs for these codes would maintain approximately the same ratio to CPT code 17101, with 0.11 work RVUs, and CPT code 17102, also with 0.11 work RVUs, as CPT code 17000, with 0.64 work RVUs, now has to CPT code 17100, with 0.53 work RVUs, that is, about 1.2. In other words, we believe the current relative relationship of work RVUs for the destruction of benign facial or premalignant lesions (CPT code 17000) to the work RVU for the destruction of benign lesions in areas other than the face (CPT code 17100) is correct but the work RVUs are too high.

Additionally, we are concerned that there is an inconsistency in the current CPT coding for these two groups of codes. For benign non-facial lesion destruction, CPT code 17104 is only reported once for any number of lesions numbering 15 or more. There is not currently a parallel code for benign facial or premalignant lesions, and there is no limitation on the number of times CPT code 17002 can be reported for lesions removed during a single visit. Also, we did not receive comments on all of the destruction codes so we have not addressed in this notice other destruction of skin lesion codes that appear to be overvalued. We plan to address our concerns regarding the coding and work RVUs for those services in the future.

2. Orthopaedic Surgery

Originally, the American Academy of Orthopaedic Surgeons submitted a study of 1,300 orthopaedic services conducted by Abt Associates, Inc. for review during the 5-year review. In addition, the American Academy of Orthopaedic Surgeons submitted detailed comments on 41 procedures. The Abt study involved a combination of a telephone survey of randomly selected orthopaedic surgeons and multiple consensus panels comprised of orthopaedic subspecialists and generalists. The American Academy of Orthopaedic Surgeons considered the work RVUs that resulted from the study to be much more appropriately aligned than the current work RVUs. In addition, the American Academy of Orthopaedic Surgeons believed that the work RVUs in the current scale are compressed at both the low and the high end, whereas the Abt values expand the scale in both directions.

The American Academy of Orthopaedic Surgeons stated that the Harvard study underestimated the intraservice work of many of the services its members furnish. The commenter was particularly concerned that the work RVUs for many of the services are based on a survey of general orthopaedic surgeons with little or no experience performing highly specialized services normally provided by subspecialists within orthopaedic surgery, such as pediatric orthopaedic surgeons. For example, Harvard included general orthopaedic surgeons in the survey for CPT code 28262 (Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity) while the American Academy of Orthopaedic Surgeons surveyed pediatric orthopaedic surgeons with much more experience performing the procedure. The American Academy of Orthopaedic Surgeons' survey confirmed that the Harvard study had underestimated intraservice time.

The RUC reviewed the methodology used by Abt and concluded that the RUC should consider a survey of representative codes using Abt's methodology to validate the relationship of the Abt-developed work RVUs to RUC-developed work RVUs. Instead, the American Academy of Orthopaedic Surgeons elected to withdraw the Abt study and the comments on 41 codes. The American Academy of Orthopaedic Surgeons also elected to conduct a survey of the work involved in 83 codes that it believed were misvalued in accordance with the RUC process. The American Academy of Orthopaedic Surgeons involved 11 national orthopaedic subspecialty organizations in this survey.

The RUC reviewed and recommended increases in work RVUs for 37 of the 83 codes presented by the American Academy of Orthopaedic Surgeons. The RUC reviewed an additional 15 services based on comments from the American Academy of Pediatrics, the American Society of Plastic and Reconstructive Surgeons, and other commenters. In general, the RUC did not accept recommendations for increased work RVUs when the American Academy of

Orthopaedic Surgeons' survey time data were similar to Harvard data or when the reference services cited were not appropriate. The RUC recommended increased work RVUs to correct rank-order anomalies in codes for which the American Academy of Orthopaedic Surgeons' surveys confirm that the intraservice time for the procedure was underestimated in the Harvard study and the patient population had changed in the past 5 years.

The RUC also reviewed and recommended decreases for 10 of the 12 following orthopaedic services, which the RUC identified as potentially overvalued based on special analyses of trends in claims data and the intensity (work per unit of time) of the intraservice work. This intensity of intraservice work is expressed as IWPUT, which is an acronym for intraservice work per unit time.

CPT code	Descriptor
25065	Biopsy, soft tissue of forearm and/or wrist; superficial.
26992	Incision, deep, with opening of bone cortex (e.g., for osteomyelitis or bone abscess), pelvis and/or hip joint.
27001	Tenotomy, adductor of hip, subcutaneous, open.
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy.
27006	Tenotomy, adductors of hip, subcutaneous, open (separate procedure).
27040	Biopsy, soft tissue of pelvis and hip area; superficial.
27090	Removal of hip prosthesis (separate procedure).
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia.
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia.
27323	Biopsy, soft tissue of thigh or knee area; superficial.
27550	Closed treatment of knee dislocation; without anesthesia.
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy.

The description of, and rationale for, these decreases is included in section II.C.7. of this notice, which contains the discussion of the entire group of services identified as potentially overvalued.

HCFA Decision: We have accepted all of the RUC recommendations for the orthopaedic surgery codes.

3. Otolaryngology and Maxillofacial Surgery

The American Academy of Otolaryngology—Head and Neck Surgery, Inc. submitted a study conducted for it by Abt Associates, Inc. that covered 800 codes, 417 of which are considered to be primary otolaryngology codes, and 100 of which were discussed in detailed comments for the 5-year review. The 100 codes represent approximately 10 percent of the universe of otolaryngolog—head and neck surgery services. The comments reflect the opinions of about 40 American Academy of Otolaryngology—Head and Neck Surgery, Inc. members with expertise in the services chosen. The American Academy of Oral and Maxillofacial Surgeons and the American Society of Plastic and Reconstructive Surgeons, Inc. also submitted comments and presented recommendations to the RUC for some of the codes discussed in this section.

The RUC reviewed the methodology used by Abt and concluded that the RUC should consider a survey of representative codes using RUC methodology to validate the relationship of the Abt-developed work RVUs to the RUC-developed work RVUs. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. surveyed and submitted recommendations for 53 codes using the RUC methodology. The survey response rate was low for many of the codes for which we originally received comments during the public comment phase and, therefore, the American Academy of Otolaryngology—Head and Neck Surgery, Inc. chose to withdraw these codes from the RUC review.

The RUC was concerned by the lack of compelling evidence for changing many of the services presented by the American Academy of Otolaryngology—Head and Neck Surgery, Inc. and recommended that their current work RVUs be maintained. The RUC identified several problems with these services: Survey results for preservice and postservice time appeared to be overstated; inappropriate reference services with different global periods were used; the only arguments were that the patient population presented increased risk of HIV and hepatitis to the physician, the patients had previous radiation treatment, and acceptable vocal cord capability is now more important to patients. In addition, commenters made many recommendations to increase the current work RVUs, but the American Academy of Otolaryngology—Head and Neck Surgery, Inc. data were very similar to the Harvard time data. The RUC also did not find the argument that the IWPUT was understated, without any other evidence, a compelling reason to increase the work RVUs.

The RUC recommended increased work RVUs for 30 codes to correct rank-order anomalies, address problems when American Academy of Otolaryngology—Head and Neck Surgery, Inc. surveys confirm that the intraservice time for the procedure was underestimated in the Harvard study, and when the patient population had changed in the past 5 years making the services more complex.

HCFA decision: We have accepted the RUC recommendations for work RVUs for 24 of the codes but have rejected its recommendations for the following 6 codes: *CPT code 21025 (Excision of bone, lower jaw).*

The current work RVUs are 5.03. A commenter recommended an increase to 8.98 work RVUs since this code is similar to CPT code 24134 (Removal of arm bone lesion). The RUC noted that a rank anomaly exists between this service and CPT code 21030 (Excision of benign tumor or cyst of facial bone other than mandible) and CPT code 21041 (Excision of benign cyst or tumor of mandible; complex). The American Academy of Oral and Maxillofacial Surgeons' survey median for intraservice time is 120 minutes, which is significantly higher than CPT code 21041 and reference service CPT code 24134. Thus, the RUC recommended that the American Academy of Oral and Maxillofacial Surgeons' survey median of 8.92 work RVUs be adopted.

We believe that the surveyed vignette does not represent the typical patient, and it includes services for which other codes can be reported. The vignette describes a patient with intraoral and extraoral swelling and suppuration from multiple fistulae. Dissection of the inferior alveolar nerve is required and hyperbaric oxygen is initiated. We believe this vignette describes a patient with much more extensive infection than the typical patient. It is also our view that CPT code 21030, which has 7.05 work RVUs, is more difficult than this procedure. Therefore, we are retaining the current 5.03 work RVUs for CPT code 21025. *CPT codes 31531, 31536, 31541, 31561, and 31571 (Operative laryngoscopies).*

We received comments that CPT codes 31541, 31561, and 31571 are undervalued because of increased patient complexity and greater emphasis on acceptable vocal results. The RUC did not find those arguments compelling enough to suggest a change in work RVUs.

However, the RUC identified rank order anomalies in the work RVUs for direct laryngoscopies and the corresponding procedures using an operating microscope. Among the five

pairs of procedures, the difference in work RVUs for use of the operating microscope varies from −0.57 to +0.34 work RVUs. The RUC recommended retaining the 1995 work RVUs for the direct laryngoscopies (CPT codes 31530, 31535, 31540, 31560, and 31570) and adding a constant 0.40 work RVUs to arrive at the work RVUs for the corresponding procedures using an operating microscope (CPT codes 31531, 31536, 31541, 31561, and 31571).

We disagree with the concept of increasing the work RVUs for procedures using an operating microscope and believe that the work RVUs for a procedure generally should be the same, regardless of the technique used. For example, the destruction of skin lesions (CPT codes 17000 through 17105) are valued the same regardless of the method of destruction. Therefore, we have established work RVUs that are the same for both codes in a pair.

4. Podiatry

The American Podiatric Medical Association submitted comments on services that its members frequently perform that may be inappropriately valued. The organization's comments were based on surveys of the members of the organization representing the spectrum of foot and ankle services, as well as geographic diversity. In addition, the organization relied on data from two previous national surveys on preservice and intraservice care prepared by the American Podiatric Medical Association for the Physician Payment Review Commission.

The American Podiatric Medical Association submitted recommendations to the RUC for review in two formats: surveyed services with completed summary of recommendation forms and a letter detailing rationale for those services they did not survey. The Association also commented on 13 codes that it considers to be overvalued.

RUC Evaluation/Recommendation: The RUC's position was that the American Podiatric Medical Association had not provided compelling evidence for changing the work RVUs for any of the services for which no survey was conducted. Neither did the RUC find surveys that only confirmed the Harvard survey times to be sufficient evidence to justify change. However, the survey data for CPT codes 28113 and 28288 and HCPCS code M0101 persuaded the RUC to recommend increases in the work RVUs for these services. The RUC also did not concur with the American Podiatric Medical Association's comment about overvalued procedures and recommended that the current work RVUs be maintained.

HCFA Decision: We have accepted all but one of the RUC's 20 recommendations for podiatry (19 resulting from the American Podiatric Medical Association's comments and one to maintain a rank order between codes): *HCPCS code M0101 (Cutting or removal of corns).*

The current work RVUs are 0.37. A commenter recommended that we increase the work RVUs to 0.70 based on the view that this service is significantly more difficult than the work for CPT code 11050 (Paring or curettement of benign hyperkeratotic skin lesion with or without chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) with or without local anesthesia; single lesion), which is valued at 0.43 work RVUs, and CPT code 11700 (Debridement of nails, manual; five or less), which is valued at 0.32 work RVUs. The preservice work is slightly greater than reference procedures CPT codes 11050 and 11700, but the intraservice work was reported by a survey as 250 percent greater than either reference procedure. The commenter stated that the technical skill for these services is similar; however, physical effort is much greater for HCPCS code M0101. The RUC agreed that HCPCS code M0101 involves more work than treating 2 skin lesions and trimming 10 toenails and that this service is undervalued. It proposed 0.45 work RVUs. We disagree with these proposed work RVUs. The description of this service is ''cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care (excludes debridement of nail(s).''

We believe that the service most reported by this code is trimming of nails, which is of less intensity than the work associated with cutting or removal of corns and calluses. The typical service involves the less intense portions of this complex definition. The surveys conducted by the American Podiatric Medical Association used vignettes of patients with circulatory impairment and neurologic deficit accompanying systemic disease. The existence of these comorbid conditions may not accurately reflect the work RVUs for the typical patient. Although current Medicare coverage is restricted to the more difficult patients with coexisting disease, we base the work RVUs on the typical patient. The RUC survey methodology is based on vignettes that are intended to describe the typical patient and service. In this case, we believe the vignette describes an unusual or atypical patient which results in an RVU recommendation that exceeds the current work RVUs. We believe that the usual service of trimming of nails is less work than the paring or curettement of other less common procedures such as benign hyperkeratotic skin lesions and, therefore, have decided to maintain the current 0.37 work RVUs.

5. Cardiology and Interventional Radiology

The RUC considered comments submitted by the Society of Cardiovascular and Interventional Radiology, the Society of Critical Care Medicine, and the American College of Cardiology on 25 cardiology and interventional radiology procedures.

The Society of Cardiovascular and Interventional Radiology reported to the RUC that it did not conduct a RUC survey. The Society of Cardiovascular and Interventional Radiology sent a survey containing all of the interventional radiology codes to 60 interventional radiologists that asked the physicians to evaluate the 1995 work RVUs for each code and select those codes that they believed were misvalued. For the codes selected, the respondents were instructed to indicate which CPT code they believed more accurately described the service in terms of time and intensity. These responses were evaluated by a small working group formed by the Society of Cardiovascular and Interventional Radiology consisting of physicians that are familiar with CPT, work RVUs, and the RUC process. Those codes that were identified by the working group as misvalued were the codes upon which that society commented. In its comments to us and during the RUC presentation, the Society of Cardiovascular and Interventional Radiology mentioned that the physician work for vascular ultrasound studies is equal to all other diagnostic ultrasound services, including those in the abdomen, chest, pelvis, retroperitoneum, and heart. The work RVU recommendations are based on work RVUs for either ''limited'' or ''complete'' ultrasound examinations in those areas.

HCFA Decision: We have accepted all but two of the RUC recommendations for the cardiology and interventional radiology codes: CPT codes 93307 and 93312, both for echo exam of heart.

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

We received a comment that the field of echocardiography has changed significantly in the past 5 years, in both

clinical utility and diagnostic complexity. Although the technical innovations of the past 5 years have made this an easier service to perform, the patients that require this service are more complex, which has resulted in an increased amount of physician work. The physicians are viewing and making judgments on constantly moving objects, which increases the possibility of misinterpretation. Often this service is furnished in acute care settings or emergency situations, which increase physician stress. The information derived from this study is used in the development of critical management decisions. The risk of misdiagnosis, in both emergent and nonemergent situations, can lead to potentially fatal events.

The current work RVUs for echocardiography are 0.78. The RUC agreed that the code is undervalued based on the amount of physician work that is required to perform this study and the increased amount of information that can now be derived from echocardiography. However, the RUC believed that the specialty society recommendation of 1.48 work RVUs was too high and recommended the Harvard value for this procedure, which was 1.06 work RVUs.

We do not agree that echocardiography is undervalued. We believe that technical innovations have made physician interpretations of echocardiograms less difficult than in the past. We also believe that some of the work that is being reported as physician work is actually the work of technicians. For example, the description of intraservice work provided to the RUC implies that physicians review entire tapes and analyze and measure the structure and dynamics of the chambers, valves, and great vessels. It is our understanding that much of this information is prepared by technicians for subsequent review by physicians. We consider the work of technicians to be a practice expense that is reflected in the practice expense RVUs, not the physician work RVUs. We also question whether the vignette surveyed by the specialty society, which describes an echocardiogram performed on an acutely ill patient in need of emergency echocardiography, represents the typical patient requiring echocardiography. Medicare claims data from calendar year 1995 indicate that 50 percent of claims for CPT code 93307 are billed with place of service as office or outpatient hospital and 49 percent are billed with place of service as inpatient hospital. This suggests that the typical patient is not critically ill or that there is a bimodal distribution of patients.

CPT code 93312 (Echocardiography, real-time with image documentation (2D) (with or without M-Mode recording), transesophageal; including probe placement, image acquisition, interpretation and report).

We received a comment that transesophageal echocardiography is undervalued in comparison to other services that require similar physician work effort and that performance of this procedure requires considerable mental effort. As described above in the discussion of CPT code 93307, the heart is constantly moving, increasing the possibility of misinterpretation, which could lead to misdiagnosis. There is an added technical skill required by the physician to insert the probe into the esophagus and the stomach of a critically ill patient. This procedure is often performed in the emergency setting while the patient is under conscious sedation. As a point of reference, the RUC reviewed Harvard Phase III data that show 2.76 work RVUs (adjusted to be on a scale equivalent to 1995 work RVUs) for upper gastrointestinal endoscopy (CPT code 43235), the reference code being used in this comparison. These work RVUs are higher than both the existing 1.57 work RVUs and the 2.39 work RVUs recommended by the specialty society. The RUC agreed with the specialty society rationale and recommended an increase to 2.39 work RVUs.

For reasons similar to those described above for CPT code 93307, we do not believe that transesophageal echocardiography is undervalued. This service was considered by a refinement panel in 1993, and, based on the ratings of the panel, the RVUs were not increased. We do not find the new evidence submitted by the RUC to be sufficient to warrant an increase in RVUs.

6. General Surgery, Colon and Rectal Surgery, and Gastroenterology

The review of general surgery procedures primarily addressed comments submitted by the American College of Surgeons on codes identified as misvalued through a study conducted by Abt Associates, Inc. Although this study identified many procedures as potentially misvalued, the American College of Surgeons' comments selected only 30 codes for review, based on the magnitude of the potential change and their frequency and expenditures. The American College of Surgeons recommended both increases and decreases.

The American Society of General Surgeons also submitted comments on a number of procedures, including several general surgery procedures, and their suggestions were consistent with some of those made by the American College of Surgeons.

The American Society of Colon and Rectal Surgeons submitted comments indicating that the partial colectomy codes and hemorrhoidectomy codes should be reviewed to place them in a more correct rank-order from least to most difficult. Other commenters also identified rank-order problems in these families and further identified three overvalued procedures. The American Society of General Surgeons recommended that the work RVUs for several colon and rectal procedures be increased.

Comments were submitted by the American College of Gastroenterology and another commenter on several gastroenterology codes.

Of the 30 codes on which the American College of Surgeons commented, the RUC recommended adopting most of the recommended decreases and a few of the recommended increases, based on results from a survey of 175 surgeons, comparisons to the final Harvard study results, comparisons to key reference services, and analysis of Medicare claims data.

The current work RVUs for several of the codes identified by the American Society of General Surgeons, however, are based on recent RUC recommendations, and, in the absence of new evidence, the RUC did not believe reconsideration was warranted for these codes.

The RUC agreed with most of the changes recommended by the American Society of Colon and Rectal Surgeons based on the evidence provided by the Society.

The RUC did not believe compelling new evidence had been provided to support either an increase or a decrease in the work RVUs for the gastroenterology codes on which the American College of Gastroenterology commented. The RUC has previously reviewed most work RVUs for the gastroenterology procedures and has recently considered the evidence for adjusting these work RVUs and did not find the evidence to be persuasive.

HCFA Decision: We have accepted all but one of the RUC recommendations for general surgery, colon and rectal surgery, and gastroenterology codes:

CPT code 43830 (Place gastrostomy tube).

The current work RVUs are 4.84. A commenter noted that an anomaly exists

between CPT code 43750 (Place gastrotomy tube), which is assigned 5.71 work RVUs, and CPT code 43830 since the latter procedure is more complex. The commenter recommended 7.50 work RVUs. The RUC noted that the Harvard data indicate that the IWPUT for CPT code 43750 is 0.082, while it is 0.059 for CPT code 43830. Since CPT code 43830 is much more complex than CPT code 43750, the IWPUT is the reverse of the appropriate relationship. The RUC recommended 7.50 work RVUs for CPT code 43830.

We relied on Harvard work RVUs to reestablish the proper relationship by accepting the decrease recommended by the RUC for CPT code 43750 and increasing CPT code 43830 to 6.52 work RVUs. We rejected the RUC recommendation of 7.50 work RVUs for CPT code 43830 as too high since this recommendation would value placement of a gastronomy tube higher than CPT code 49507 (Repair of an inguinal hernia), which is assigned 7.40 work RVUs and appear to approximate the work of placing a gastrostomy tube.

7. Urology

Commenters advocated reductions in about 40 urology-related CPT codes. In most cases, commenters based their rationale on comparisons to cross-specialty procedures. Work RVUs were reduced to the level of the work RVUs of the cross-specialty procedure. The commenters also attempted to link the reduction of one code in a family to other codes in an effort to maintain the reduction of work RVUs throughout the family. Typically, the response of the American Urological Association was to survey the code and to refute the cross-specialty link established by the commenters. The rationale established by the American Urological Association was generally compelling in that it was based on anatomical, technical, and patient-population differences that proved the cross-specialty comparisons to be faulty. Usually, the American Urological Association's arguments were supported by survey data that validated their claims when compared to Harvard data. In many instances, surveyed intraservice time was greater than the Harvard data showed, and work RVUs turned out to be greater than established 1995 work RVUs.

RUC Evaluation/Recommendation: The RUC examined the American Urological Association's arguments against the cross-specialty links and proposed work RVU reductions. They evaluated the aspects of the arguments and typically came to the conclusion that the reference procedures chosen for comparison by the commenters were inappropriate. The RUC also analyzed survey data to determine if time and complexity measures were sufficient to support the arguments of the American Urological Association. The RUC also looked at time and complexity gains to ascertain if increased work RVUs were necessary. The basis for many of the comments was comparison between urology codes and codes in other specialties. As part of its review, the RUC compared several urology codes to other procedures on its multiple points of comparison reference set based on the IWPUT. The urology codes proved to be well within expected levels. For example, CPT code 50010 (Exploration of kidney) has an IWPUT of 0.094, which compares to CPT code 93510 (Left heart catheterization), with an IWPUT of 0.099; CPT code 26531 (Revise knuckle with implant), with an IWPUT of 0.090; CPT code 66984 (Remove cataract, insert lens), with an IWPUT of 0.121; or CPT code 61700 (Inner skull vessel surgery), with an IWPUT of 0.088. CPT code 54200 (Treatment of penis lesion) has an IWPUT of 0.038, which compares to CPT code 11642 (Removal of skin lesion), with an IWPUT of 0.047; CPT code 45110 (Removal of rectum), with an IWPUT of 0.061; or CPT code 46260 (Hemorrhoidectomy), with an IWPUT of 0.049. Generally, the RUC found that the recommended reductions were not appropriate, but that rationale and data were also not sufficiently compelling to support specialty-recommended increased work RVUs. As a result, the RUC recommended that 37 of the 46 codes be maintained at 1995 levels.

HCFA Decision: We have accepted all but three of the RUC recommendations for the urology codes: CPT code 50205 (Biopsy of kidney).

The current work RVUs are 12.69. A commenter recommended a decrease to 6.75 work RVUs since the procedure requires no more work, time, or effort than CPT code 47100 (Wedge biopsy of liver), which is assigned 6.75 work RVUs. In addition, the commenter argued, this procedure is incorrectly valued relative to kidney exploration; the biopsy should be lower than an exploration. The RUC noted that most renal biopsies are not open but percutaneous procedures; however, CPT code 50205 is an open procedure. Survey data show median intraservice time of 75 minutes and median work RVUs of 18.50. Although the American Urological Association recommended increasing the work RVUs up to the survey median, the RUC found no compelling evidence to increase the work RVUs.

We rejected the RUC recommendation to retain the current work RVUs and have assigned 10.50 work RVUs, a value slightly greater than CPT code 50010 (Exploration of the kidney) to reflect the added work of the open procedure biopsy.

CPT code 50590 (Lithotripsy, extracorporeal shock wave).

The current work RVUs are 9.62. A commenter recommended a reduction to 6.54 work RVUs based on an argument that this is not a surgical procedure. The commenter compared the intraservice work to 1 hour of critical care. The proposed work RVUs also include two hospital visits (CPT codes 99221 and 99231) and 2.5 level-three office visits (CPT 99213). The RUC believed that this procedure is similar to a surgical procedure in that anesthesia is used and a urologist is always present. The RUC concluded that the current work RVUs should not be reduced based on its analysis of survey data showing a median intraservice time of 80 minutes.

We disagree with the RUC recommendation to maintain the 9.62 work RVUs. We believe the intraservice intensity of extracorporeal shock wave lithotripsy is more comparable to evaluation and management services than traditional surgical services. For example, the current 9.62 work RVUs are higher than those for an exploratory laparotomy (CPT code 49000), with 8.99 work RVUs. We have assigned 7.13 work RVUs to CPT code 50590 based on 90 minutes of critical care (CPT codes 99291 and 99292), with work RVUs of 3.64 and 1.84, respectively, and three mid-level office visits (CPT code 99213), with 0.55 work RVUs.

CPT code 51741 (Electro-uroflowmetry, first).

The current work RVUs are 1.57. A commenter recommended a reduction to 1.14 work RVUs to bring the code into correct alignment with the family of codes. The RUC recommended no change in the current work RVUs. We believe that a reduction in work RVUs to 1.14 is appropriate to maintain the proper relationship to CPT code 51736 (Urine flow measurement), which the RUC reduced from 0.84 work RVUs to 0.61 work RVUs.

8. Gynecology

Comment: The American College of Obstetricians and Gynecologists has had significant and longstanding concerns about the accuracy of the work RVUs assigned for obstetric and gynecologic services. The American College of Obstetricians and Gynecologists believed that the work RVUs for services furnished to women have been historically undervalued when

compared to similar services on men or on similar anatomical structures. The American College of Obstetricians and Gynecologists presented survey data and arguments for 45 codes, 44 of which recommended increased work RVUs. In addition to providing survey data, the American College of Obstetricians and Gynecologists developed rationales based on a ''building block'' method using survey data on service characteristics and work RVUs of established codes. The building block method also uses preservice, postservice, and intraservice work intervals to assign physician work RVUs to the individual components of the global surgical services package. Appropriate work RVUs for preservice and postservice intervals for the evaluation and management services were selected based on length of time, number of visits, clinical setting, and judgment of level of care required. Using this method, the American College of Obstetricians and Gynecologists was able to arrive at work RVU estimates for surgical codes with a variety of global periods.

The survey data in almost every case supported an increase in work RVUs. The surveys had a minimum survey sample size of 100 and response rates in excess of 30 percent. The surveyed intraservice times were consistently substantially greater than Harvard intraservice times. The work RVUs that were derived from a survey were in every case greater than the established work RVUs. When the building block method was used, it produced results that confirmed the survey data and argued for increased work RVUs. The American College of Obstetricians and Gynecologists used cross-specialty comparisons to validate both survey data and its building block method. Cross-specialty comparisons were especially convincing when direct parallels could be drawn to similar services on men or similar procedures to manage like disease in different organs.

RUC Evaluation/Recommendation: The RUC found the multiple independent points of validation convincing. The survey, building block, and cross-specialty comparisons typically supported the claim for increased work RVUs. Generally, the RUC was skeptical of the building block approach. The RUC believed that there was too much room for subjective selection of the type and level of evaluation and management services. The RUC also recognized that double counting and overestimation of work components may yield results for which the sum of the parts exceeds the whole. Typically, the RUC accepted the lowest work RVU increase generated by the three methods.

HCFA Decision: We have accepted all of the RUC recommendations for the gynecology codes.

9. Neurosurgery

Comment: The American Association of Neurological Surgeons/Congress of Neurological Surgeons submitted comments identifying 73 misvalued services, both undervalued and overvalued. The comments presented a detailed history of the work RVUs for neurosurgery, identifying several problems in the methodology and results of the original Harvard study, particularly in the change from intraoperative work to total work in the cross-specialty linkage process and in review by refinement panels. The commenter attributed the basic problem to the Harvard cross-specialty linkage process, arguing that it caused distortions and compressions of work RVUs within the neurosurgery services. Although this was corrected to some degree in Phase III of the Harvard study, the 1992 refinement panels did not accept many of the final Harvard numbers for neurosurgical procedures. Even the final Harvard data contain errors in data on postservice work, and the study often does not assume any intensive care unit visits when at least several would be furnished by the neurosurgeon.

Most of the arguments presented focus on the nontemporal components of physician work, described as ''intensity.'' The commenters explained that the current work RVUs do not accurately reflect the varying levels of intensity for different neurosurgical procedures, nor within the different components of each service. To identify the specific codes that are misvalued in the current scale, the American Association of Neurological Surgeons/Congress of Neurological Surgeons conducted a survey in 1994. This organization surveyed a representative sample of 200 neurosurgeons to evaluate in detail the time and intensity of the key reference services for neurosurgery in accordance with our discussion of the nature and format of comments on work RVUs that appeared in our December 8, 1994 final rule (59 FR 63454 to 63455). The survey did not ask physicians to reevaluate the total work RVUs for these procedures. The time data gathered from this study, which included detailed operative logs on over 1,500 neurosurgical patients, were found to correspond closely to the final Harvard Phase III data, and the American Association of Neurological Surgeons/Congress of Neurological Surgeons concluded that the survey validated the Harvard results for this component of work. The study also attempted to directly measure mental effort and judgment, technical skill and physical effort, and psychological stress, rather than calculating it as a ratio of work to time. This allowed for more variation within each component of intensity and greater precision in calculating work RVUs. This research confirmed the problems initially identified by the American Association of Neurological Surgeons/Congress of Neurological Surgeons that, for some of the most complex procedures, preservice and postservice work were underestimated by 30 to 40 percent.

The focus of the American Association of Neurological Surgeons/Congress of Neurological Surgeons' comments was on appropriately valuing the codes within neurosurgery by adjusting the rank-orders upwards and downwards. To develop its recommendations to the RUC, the American Association of Neurological Surgeons/Congress of Neurological Surgeons conducted a second survey in 1995, which led the RUC to make some adjustments in the recommended work RVUs. In addition, the American Association of Neurological Surgeons/Congress of Neurological Surgeons identified five more misvalued codes that had not been mentioned in its original comments.

RUC Evaluation/Recommendation: The RUC evaluated the approach used to calculate the recommended work RVUs and considered it to be reasonable. There was some discussion of ''lumping'' vs. ''splitting,'' because the American Association of Neurological Surgeons/Congress of Neurological Surgeons' methodology of measuring intensity ''splits'' it out from overall work. On the other hand, the time periods used by the American Association of Neurological Surgeons/Congress of Neurological Surgeons were the same as those used by Harvard, and the time estimates were based on objective data, not on surgeons' opinions about how much time they spend doing each component of work. In fact, for a number of the services studied by the American Association of Neurological Surgeons/Congress of Neurological Surgeons, the resulting work RVUs tended to validate the final work RVUs from the Harvard study. For example, CPT code 61480 (Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy) currently has 16.77 work RVUs, but the final Harvard work RVUs for the service are 25.55, and the neurosurgery study

produced a recommended 25.03 work RVUs.

The effort appeared to the RUC more as an attempt to bring a higher degree of precision to the work RVUs for neurosurgery than to split work into more components in order to inflate the work RVUs. The recommended reductions in some higher frequency codes bolstered this perception (for example, CPT code 63030 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar) was reduced from 12.11 to 11.10 work RVUs and had a frequency of 29,103 in 1994). In addition, a number of very low frequency services, including some pediatric codes, were included in the analysis and recommendations (for example, CPT code 61480 (Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy), which had zero claims in 1994). Services that are both highly specialized and very infrequently furnished may not have received sufficient attention in the Harvard study.

To evaluate the results of this approach, the RUC workgroup, which included a general surgeon, an ophthalmologist, and a psychiatrist, first selected a number of the codes and calculated two ratios: (1) recommended total work RVUs/intraservice time, and (2) recommended total work RVUs/total time. The results of this analysis were very consistent with one another and with other codes with work RVUs, with nearly all of the codes having a ratio of work RVUs to total time of about 0.05 and ratios of work RVUs to intraservice work time of 0.10 to 0.14. The highest intraservice work ratio was 0.178 for CPT code 61700 (Surgery of intracranial aneurysm, intracranial approach; carotid circulation), with 48.30 recommended work RVUs. The results were considered appropriate because of the extremely complex and difficult nature of the service, when compared both to other codes within the family of intracranial vascular codes and to other major neurosurgical services.

The RUC then selected several of the codes for comparison with codes on the multiple points of comparison with which they were familiar:

- CPT code 61682 (Surgery of intracranial arteriovenous malformation; supratentorial, complex), with 59.47 recommended work RVUs, was compared with CPT code 33870 (Transverse aortic arch graft), which has 37.74 work RVUs. This service involves the surgical efforts to obliterate and remove a congenital vascular malformation from within the brain, frequently deep within a cerebral hemisphere. Many of the issues that contribute to the high complexity of CPT code 61700 also apply to this service, although preservice and postservice work complexity is somewhat lower. This service requires 420 minutes of intraoperative time, however, compared to 270 minutes for CPT code 61700.
- CPT code 67107 (Repair of retinal detachment), with 13.99 work RVUs, was compared to CPT code 61875 (Implantation of neurostimulator electrodes), with 13.79 recommended work RVUs. The intraservice work ratio for retinal detachment is 0.13 and the total work ratio is 0.049; for the neurosurgery code the intraservice work ratio is 0.115 and the total work ratio is 0.04. The ratio comparisons and the work and time involved in each service appear to be correct. CPT code 67107 involves 107 minutes of intraoperative time, and CPT code 61875 involves 120 minutes of intraoperative time. The final Harvard work RVUs for CPT code 61875 are 14.06.
- The comparison of CPT code 61702 (Surgery of intracranial aneurysm), with 46.31 recommended work RVUs, to CPT code 48150 (Partial removal of pancreas), with 42.53 work RVUs, also seems correct, since CPT code 61702 involves surgery of a vertebral or basilar artery aneurysm and has the same high levels of mental effort, technical skill, and stress/risk outlined above for CPT code 61700.

The RUC concluded that the neurosurgery study produced work RVU recommendations that are considerably more precise than the current work RVUs for these services.

Three of the codes surveyed by the American Association of Neurological Surgeons/Congress of Neurological Surgeons were also the subject of other comments and were therefore reviewed individually by the RUC:

- For CPT code 61791 (Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract) with 7.29 work RVUs, the commenters recommended an increase to 13.29 work RVUs because the service is substantially more difficult than CPT code 61790, which is the same service performed on the gasserian ganglion, with 10.31 work RVUs. The RUC recommended a somewhat higher increase to 13.99 work RVUs rather than the 13.29 work RVUs recommended by commenters. The Harvard work RVUs for this service are 14.28.
- For CPT code 62290 (Injection procedure for diskography, each level; lumbar), with 3.58 work RVUs, we received a comment recommending a reduction to 2.05 work RVUs, which would be 25 percent more than the work RVUs for CPT code 62289 (Injection of substance other than anesthetic, antispasmodic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure)). The American Association of Neurological Surgeons/Congress of Neurological Surgeons argued that CPT code 62289 is a poor reference for CPT code 62290 because the techniques are not very comparable and the targets and risks are different. The RUC agreed with this argument. The American Association of Neurological Surgeons/Congress of Neurological Surgeons stated that CPT code 62291 (Injection procedure for diskography, each level; cervical), with 2.91 work RVUs, is a better reference. The specialty society stated that CPT code 62290 should be reduced from 3.58 to 3.00 work RVUs to allow for the fact that lumbar diskography is inherently more difficult than cervical diskography and still maintain the correct rank-order of the current work RVUs.
- For CPT code 64443 (Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, each additional level), with 1.35 work RVUs, commenters recommended the code be valued at 50 percent of CPT code 64442 (Injection, anesthetic agent; paravertebral facet joint nerve, lumbar, single level) because it is an add-on code and does not involve preservice and postservice work. Although the general rule is that about 50 percent of the work is intraservice work and 50 percent is preservice and postservice work, this, however, does not hold true for many minor procedures. In fact, the work RVUs for CPT code 64443 were already reduced significantly when the global period was changed in 1994. For these two codes (CPT code 64442 and CPT code 64443), the ratio is approximately 61 percent. The RUC recommended, therefore, that the work RVUs for CPT code 64443 be reduced to 0.98 from 1.35, but not to 0.78, as recommended by the commenter.

The RUC believed it is important to add all of the codes identified by the American Association of Neurological Surgeons/Congress of Neurological Surgeons to the 5-year review in order to have correct rank-ordering of codes across neurosurgical procedures. In addition, the RUC considered recommending that all the neurosurgery codes in the 5-year review be rescaled so that the net effect of the changes in work RVUs would be zero to make the

changes work-neutral. Although the American Association of Neurological Surgeons/Congress of Neurological Surgeons recommended changes in a very large number of codes, the overall impact of the recommendations is relatively small. An AMA analysis using 1994 frequency data found that acceptance of the recommended changes would only increase Medicare expenditures by about $3.8 million. The RUC recommended, therefore, that all the suggested changes be adopted without any rescaling.

HCFA Decision: We have accepted all but one of the RUC recommendations for the neurosurgery codes: *CPT code 61793 (Stereotactic focused proton beam or gamma radiosurgery).*

The RUC recommended an increase in work RVUs from 16.70 to 17.88. We disagree with this recommendation, which is based in large part on a calculation of the intraservice time components by the American Association of Neurological Surgeons rather than on the surveyed time. The calculated time was 210 minutes, while the surveyed time was 120 minutes. We are concerned that the calculated intraservice time includes specific elements that are described and reported by codes in the radiation oncology section of CPT. For example, the calculated time includes 15 minutes for ''stereotactic images processed by dose planning computer using dose planning module for optimal dosimetry'' and 15 minutes for ''planned dose tested in radiosurgical device to assure correct targeting and dosimetry.'' In view of our concern, we have decided to maintain the current 16.70 work RVUs.

10. Ophthalmology

The American Academy of Ophthalmology and the American Optometric Association responded to comments requesting that the work RVUs for 11 cataract-related codes be reduced. In addition, the American Academy of Ophthalmology surveyed several codes and recommended work RVU increases. Arguments supporting increased work RVUs relied on surveys, comparisons to cross-specialty codes, and rationale claiming that procedures have changed and now require adjusted work RVUs. The response rates and resulting samples were of sufficient size to produce valid results.

Generally, the RUC found the data, comparisons, and arguments convincing. The RUC was looking for compelling evidence that the procedure had changed, the patient population had changed, or the code had been originally undervalued or overvalued. When the RUC recommended different work RVUs, it typically attempted to reconcile new survey data and rationale with Harvard data. This approach produced final recommended work RVUs below those recommended by the specialty society. In all, the RUC proposed that the work RVUs be reduced for 7 codes, increased for 12 codes, and maintained at the current value for 29 codes.

HCFA Decision: We have accepted all but one of the RUC recommendations for the ophthalmology codes: *CPT code 66821 (Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)).*

We referred a comment to the RUC which stated that this service is overvalued and that the work RVUs should be reduced to 2.30. The basis of this recommendation was that the technical skill and intensity of work for CPT code 66821 are significantly lower than for CPT code 66820 (Incision, secondary cataract). In addition, the intraservice time is less, and the number of outpatient visits during the global period are fewer.

The RUC reviewed the survey data which showed a median intraservice time of 11 minutes and median work RVUs of 3.42. The intraservice skill and complexity were considered to be comparable to those of CPT code 66761 (Revision of iris) and CPT code 67031 (Laser surgery, eye strands). The RUC concluded that the survey data and comparisons were sufficiently compelling to reject the commenter's recommended decrease in work RVUs. The RUC recommended that the current work RVUs be maintained.

We disagree. On a related matter, we had forwarded a comment to the RUC that the cataract codes were overvalued because the procedures typically can be performed in a shorter period of time than the 54 minutes in the Harvard data. However, we accepted the surveyed median intraservice time of 50 minutes presented to the RUC for cataract surgery as the basis for not reducing the work RVUs. Applying the intraservice work intensity of the cataract procedure (CPT code 66984) to the 11 minutes of surveyed intraservice time for the YAG laser procedure results in 2.15 work RVUs, which we are proposing for CPT code 66821. We believe this comparison is appropriate because we do not believe that the intensity of a YAG laser procedure is greater than the intensity of a cataract extraction.

For information on eye visit codes, see the discussion of the evaluation and management codes in section II.C.1. of this notice.

11. Imaging

The RUC considered public comments submitted by the American College of Radiology, the American College of Cardiology, and the Society for Cardiovascular and Interventional Radiology. The American College of Radiology cited nine radiology codes that it believed are misvalued. The American College of Radiology noted that a multidisciplinary approach was used to identify these nine procedures. Specifically, radiologists in each specialty of radiology were asked to review the procedures they perform and determine whether or not the work RVUs reflect the difficulty of the procedure. A multidisciplinary panel of radiologists and the American College of Radiology Commission on Economics then reviewed the selected procedures. The panel determined that it could present an adequate case for reconsideration of the work RVUs for these nine procedures.

We received many comments which generally stated that radiology codes were overvalued. The most common reasons given were the following: Plain film studies are relatively overvalued compared to more complex radiographic procedures; ultrasound studies are overvalued; and the most common computerized axial tomography and magnetic resonance imaging studies are overvalued. A comment also suggested that plain film studies appeared overvalued relative to evaluation and management services. Other comments suggested that simple planar procedures such as aortography should be decreased to equate the readings of these films with equivalent noncontrast studies; magnetic resonance imaging should be revalued to reflect easier interpretations with contrast material; and both magnetic resonance imaging and computerized axial tomography scans should be similar for all anatomic locations.

As part of its report outlining the work RVU recommendations to the RUC, the American College of Radiology prepared a comprehensive rebuttal of the comments. Specifically, the American College of Radiology noted that the current physician work RVUs for plain film studies accurately reflect the work involved in the procedure and, therefore, should be maintained. Contrary to the comments, the RUC concluded, plain film studies are not overvalued relative to more complex radiographic studies. The American College of Radiology survey data supported the fact that the

interpretation of plain film studies requires more time than the evaluation and management CPT code 99212 (Office/outpatient visit, established patient) to which those studies were most often compared.

The RUC also recommended that the current work RVUs assigned to codes involving the use of contrast material should be retained since they require more physician work than those not involving the use of contrast. When contrast is used, physicians must interpret more images, with a concomitant increase in work. Time data and intensity analysis prepared by the American College of Radiology confirm the fact that the current work RVUs for computerized axial tomography scans reflect the physician work involved. The American College of Radiology also noted that the number of images varies by the site that is being imaged during a computerized axial tomography scan, which rebuts the commenters' notion that the work RVUs for this scan be the same regardless of site. The American College of Radiology reported that the presence of contrast material increases the physician work of magnetic resonance imaging since the physician must visualize the anatomy in greater detail, therefore, increasing the complexity of the interpretation.

RUC Evaluation/Recommendation: The RUC believed that extensive evidence presented by the American Society of Radiology compellingly supported maintaining the current work RVUs. The RUC agreed with all of the recommended changes based on evidence that was presented by the American College of Radiology. For the codes that were presented by the Society for Cardiovascular and Interventional Radiology, although the RUC agreed that the services were undervalued, the RUC did not believe that the Society for Cardiovascular and Interventional Radiology presented compelling evidence for the requested increases. Instead, the RUC suggested increased work RVUs, but lower than the specialty society recommended.

HCFA Decision: We have accepted all of the RUC recommendations for the imaging codes.

12. Cardiothoracic and Vascular Surgery

The American Society of General Surgeons and the Society of Thoracic Surgeons stated that the Harvard study did not appropriately value lung procedures. In particular, the commenters stated that the Harvard study had estimated, rather than directly measured, preservice and postservice times and that the current RVUs do not reflect the physician work involved in maintaining proper hemodynamics during initiation of anesthesia, stabilizing the patient for transfer to the recovery room, and accumulating sufficient evidence that immediate reoperation or other intervention for bleeding, impaired circulation, or air leak is not needed. The Society of Thoracic Surgeons also commented on several cardiac operations that it believed have become more complex over time and recommended slight increases in 11 coronary artery bypass graft procedures.

Generally, the RUC did not consider evidence that the Society of Thoracic Surgeons provided sufficiently compelling to support increases in the work RVUs for the thoracic procedures identified in its comment. Also, the RUC has already reviewed most of these services, and any changes in work since the Harvard study would have been reflected in the RUC's 1993 recommendations. However, the RUC agreed that increases were warranted in two of the cardiac surgery procedures, CPT code 33426 (Repair of mitral valve) and CPT code 33875 (Thoracic aorta graft), which have become more complex over the last 5 years.

The International Society for Cardiovascular Surgery/The Society for Vascular Surgery described a number of problems in the current work RVUs for vascular surgery procedures, many of which are the result of the lack of any distinct study of vascular surgical procedures or vascular surgeons in the Harvard study. This lack of a study could have particularly deleterious effects for the Medicare program because Medicare patients account for an exceptionally high percentage of total patients seen by vascular surgeons. The commenter stated, for example, that no vascular surgeons were included in the Harvard Technical Consulting Groups. It also described errors in the Harvard vignettes, which could have resulted from the absence of vascular surgeons on the Harvard Technical Consulting Groups and led to incorrect data. The commenter also noted that some adjustments were made in these services for the 1993 work RVUs based on an Abt study, but that further refinements are needed. Finally, the commenter reported the results of an effort to obtain intraoperative times from 10 hospitals for 9 vascular procedures and 11 other codes selected from the list of reference procedures. This study found that, while data on nonvascular surgeries corresponded closely to existing Harvard and RUC data for the services, for vascular surgeries the current data were 20 percent lower than the hospital reported times. The American Society of General Surgeons also commented on two vascular surgical procedures, CPT code 34201 (Removal of artery clot) and CPT code 35654 (Artery bypass graft).

The RUC found that the International Society for Cardiovascular Surgery/Society for Vascular Surgery offered compelling reasons to review the current work RVUs for selected vascular surgery procedures. The RUC did not adopt the particular approaches or proposed RVUs recommended by the International Society for Cardiovascular Surgery/Society for Vascular Surgery, however.

The Society for Cardiovascular and Interventional Radiology, the American College of Surgeons, the American Society of Hematology, the American Thoracic Society, the International Society for Cardiovascular Surgery/Society for Vascular Surgery, and the American Society of General Surgeons commented on nine other cardiovascular procedures.

The RUC agreed with the Society of Cardiovascular and Interventional Radiology that there are anomalies in the current work RVUs for CPT codes 36215, 36218, 36245, and 36248, all of which are codes for placing a catheter in an artery. The RUC recommended an adjustment in the current work RVUs for CPT codes 36215 and 36245 to make them equal and recommended a change in the global period for CPT codes 36218 and 36248 to maintain consistency within this family. The RUC adopted the increase recommended by the general and vascular surgeons for CPT code 36830 (Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft). For the remainder of the codes in this group, the RUC did not believe the commenters presented sufficient evidence to support an increase and recommended that the current work RVUs be maintained.

HCFA Decision: We have accepted all of the RUC recommendations for the cardiothoracic and vascular surgery codes.

13. Pathology and Laboratory Procedures

Commenters identified numerous pathology and laboratory procedure codes as being overvalued.

The review of pathology and laboratory procedures primarily focused on the codes that commenters identified as overvalued. In response to the comments, the College of American Pathologists provided recommendations to the RUC to maintain or increase the RVUs for these codes. Based on survey results, comparisons to the final

Harvard study results, comparisons to key reference services, and analysis of Medicare claims data, the RUC believed that the College of American Pathologists provided compelling evidence for maintaining the current work RVUs of these procedures and, for CPT code 86327 (Immunoelectrophoresis assay), for increasing the work RVUs from their current level.

Comment: The American Society of Hematology provided recommendations to the RUC on the following five codes:

CPT code	Descriptor
36520	Therapeutic apheresis (plasma and/or cell exchange).
38230	Bone marrow harvesting for transplantation.
85390	Fibrinolysins or coagulopathy screen, interpretation and report.
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report.
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (e.g., use of outdated blood, transfusion of Rh incompatible units), with written report.

RUC Evaluation/Recommendation: Based on survey results and comparisons to key reference services, the RUC recommended increasing the work RVUs of all five codes; however, in two instances the RUC did not believe that the specialty society had provided enough evidence to support adopting the increase that the specialty society recommended.

Comment: The Medical Oncology Association of Southern California, Inc. requested increased work RVUs for CPT code 85095 (Bone marrow, aspiration only) and CPT code 85102 (Bone marrow biopsy; needle or trocar).

RUC Evaluation/Recommendation: Since the Medical Oncology Association of Southern California, Inc. presented no evidence to support the comment, the RUC recommended maintaining the current work RVUs of these codes.

HCFA Decision: We have accepted all but two of the RUC recommendations for the pathology and laboratory procedures codes: *CPT code 85390 (Fibrinolysins screen).*

The current work RVUs are 0.37. We received conflicting comments on this code. One commenter recommended that the work RVUs be reduced on the basis that a fibrinolysin screen requires less time and expertise than the interpretation of CPT code 71021 (Chest x-ray), which is assigned 0.22 work RVUs with a Harvard study time of 5 minutes. Another commenter requested an increase to 1.19 work RVUs. The commenter compared this service to CPT code 88331 (Pathology consult in surgery), which has 1.19 work RVUs and a Harvard time of 20 to 24 minutes. The RUC noted that this procedure has never been surveyed and the current work RVUs were established by HCFA. The RUC agreed that the physician work of furnishing this service has changed during the past few years. The clinical problems presented by patients are more complex, the tests are more technical, and the physician is required to perform more tests. However, the RUC did not believe that these changes warranted an increase to 1.20 work RVUs. Instead, the RUC believed that the service is comparable in physician work to the key reference service CPT code 88305 (Tissue exam by pathologist), which has 0.75 work RVUs. Therefore, the RUC recommended 0.75 work RVUs.

Clinical laboratory tests are covered by the Medicare program and paid for under the clinical laboratory fee schedule; performance of the test itself does not require the services of a physician and does not have physician work associated with it. However, we have recognized that there are a limited number of clinical laboratory codes for which it is almost always necessary for the laboratory physician to furnish an interpretation, and we have assigned 0.37 work RVUs to these interpretations. We are not persuaded that the work has changed over time. The vignette used to survey this code appeared to represent service well beyond interpretation of a single test and seemed to describe a typical consultation. CPT code 80502 (Lab pathology consultation) describes the surveyed vignette and is valued at 1.33 work RVUs, which is similar to the 1.20 work RVUs from the RUC survey. Therefore, we have retained the current 0.37 work RVUs for CPT code 85390.

CPT code 86327 (Immunoelectrophoresis assay).

The current work RVUs are 0.37. Pathology interpretation of laboratory tests was originally valued at 0.37 work RVUs. (See comment for CPT code 85390 above.) We are not persuaded that the work has changed over time. The vignette used to survey this code appeared to represent service well beyond interpretation of a single test and seemed to describe a typical consultation. CPT code 80502 (Lab pathology consultation) describes the surveyed vignette and is valued at 1.33 work RVUs, which is similar to the 1.20 work RVUs from the RUC survey.

14. Psychiatry

The American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry submitted comments on psychiatric services. Both societies commented that the current physician fee schedule has not preserved the original work-value relationships developed by Harvard. It was their view that if the relative value of the code for 45 minutes of psychotherapy (CPT code 90844) is changed, all other values in the psychiatric section of CPT should be changed to preserve the original relationship with the psychotherapy code. The societies contended that our failure to maintain the relative relationships among the psychiatric codes that were surveyed by Harvard has resulted in the undervaluation of all psychiatric services.

The American Psychiatric Association made five other specific comments:

- Psychotherapy service CPT codes 90842, 90843, and 90844 represent three bundled services (continuing medical evaluation, medication management, and psychotherapy).
- Psychotherapy codes that are time dependent, especially CPT code 90844, have inappropriately low work RVUs as a result of undervaluing of time as a dimension of work.
- The nature of psychotherapy services has become more intensive since the development of the existing work RVUs.
- The preservice and postservice work for psychiatric services is undervalued.
- CPT code 90844 is inappropriately linked to CPT code 99204 (Office or other outpatient visit for the evaluation and management of a new patient). The American Psychiatric Association argued in its comments that CPT code 90844 requires that the physician spend 45 to 50 minutes of face-to-face time with a patient. In contrast, CPT code 99204 can routinely last less than 45 minutes.

Based on a combined survey of 250 physicians, clinical psychologists, and nurses, the American Psychiatric Association presented recommendations for 18 psychiatric codes. The American Psychiatric Association, in its comments and during its presentation to the RUC, presented the following evidence to support increasing the work RVUs of the psychiatric codes:

- Patient type and mix have changed dramatically during the past 5 years. The American Psychiatric Association reported that before 1990, for the most part, ''stable'' patients were seen in an office outpatient setting. Patients that

were considered unstable, and otherwise hard to manage, were treated as inpatients, allowing the physician to coordinate with the hospital staff, if necessary. In the past, patients tended to seek treatment earlier and physicians were able to make referrals to psychiatrists earlier. The onset of managed care has increased the likelihood that many patients are referred to nonphysician mental health providers, which has translated into psychiatrists treating only the severely ill patient.

- Decreasing inpatient hospital admission has resulted in increased patient morbidity. Again, the American Psychiatric Association noted that shifting insurance industry patterns have played a significant role in this trend. Although many insurance policies offer mental health coverage, the coverage is often very restrictive. For example, most policies have strict limits on the number of inpatient hospital days. Many managed care policies have shifted away from long-term psychotherapy in favor of short intermittent treatment therapies.
- Since many more patients are seen on an outpatient basis, there is an increasing amount of coordination of care with other providers. The American Psychiatric Association noted that the time spent dealing with coordination of care issues has resulted in an increase of physician preservice and postservice work.
- During the past 5 years, new, highly sophisticated neuroleptic and antidepressant medications have been introduced. The American Psychiatric Association noted that, because of the advances in psychopharmacology, a greater number of individual psychotherapy patients will likely utilize these medications than was the case 5 years ago. The greater reliance on these medications has increased the complexity of the medical decision making during an individual psychotherapy visit. Many of these new drugs require constant monitoring, such as weekly blood monitoring in the case of Clorazil. The failure to monitor these drugs appropriately could result in adverse side effects and possibly death.
- The psychotherapy codes have specific times incorporated into the CPT descriptor that do not accurately reflect the current practice of psychiatry. The American Psychiatric Association noted that the practice of psychiatry has changed significantly since the psychotherapy codes were surveyed during the Harvard study; therefore, the current RVUs should be increased to reflect this change.

The RUC reviewed 18 services in the psychiatry section of CPT. For 13 of those services, the RUC recommended no change from the current work RVUs. For the other five services, the RUC believed that the five points cited by the American Psychiatric Association provide a compelling argument for increasing the work RVUs from their current levels. The RUC also concluded that the survey vignettes that the specialty society used describe the ''typical patient'' in 1995. In two instances, a commenter recommended lowering the current work RVUs of psychiatric services. In both instances, the RUC concluded that the specialty society provided compelling evidence for maintaining the current work RVUs for those codes.

HCFA Decision: We agree with the RUC recommendations not to change the current work RVUs for 13 psychiatric services. We disagree with the RUC that there is compelling evidence to increase the work RVUs of the remaining 5 psychiatric services (CPT codes 90801, 90843, 90844, 90853, and 90855). As a result, we will maintain the current work RVUs for all 18 psychiatric services. The 1996 work RVUs are slightly higher than the 1995 work RVUs because, effective January 1, 1996, we bundled the work RVUs for CPT codes 90825 and 90887 across CPT codes 90801, 90820, 90835, 90842 through 90847, and 90853 through 90857.

15. Other Medical and Therapeutic Services

Comment: We received isolated comments regarding purportedly overvalued miscellaneous diagnostic and therapeutic procedures such as biofeedback, esophageal motility studies, pulmonary testing, and intralesional chemotherapy.

RUC Evaluation/Recommendation: Based on recommendations from the National Association of Medical Directors of Respiratory Care, the American Thoracic Society, the American College of Chest Physicians, the Joint Council of Allergy, Asthma and Immunology, and the American Academy of Electrodiagnostic Medicine, the RUC recommended maintaining the current work RVUs of most of the procedures that were identified by commenters. These recommendations were based on survey results, comparisons to final Harvard study results, comparisons to key reference services, and analysis of Medicare claims data.

Comment: The American Academy of Neurology submitted a comment on CPT code 95951 (Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours) recommending an increase in work RVUs from 3.80 to 6.75.

RUC Evaluation/Recommendation: The requested work RVUs were amended to 6.00 based on results of the survey by the American Academy of Neurology. The RUC held the view that the survey results provided sufficient evidence to warrant increasing the work RVUs for the procedure. This recommendation was based on a survey of 60 neurologists, comparisons to final Harvard study results, and comparisons to key reference services.

Comment: The Medical Oncology Association of Southern California, Inc. submitted work RVU recommendations for the following CPT codes:

CPT code	Descriptor
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis.
96445	Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis.
96450	Chemotherapy administration into CNS (e.g., intrathecal), requiring and including lumbar puncture.

RUC Evaluation/Recommendation: The RUC recommended maintaining the current work RVUs for these three chemotherapy codes. These recommendations were based on the fact that the RUC had recently reviewed one of the procedures and the fact that Medicare Part B data showed that the other chemotherapy procedures are infrequently performed.

HCFA Decision: We have accepted all but one of the RUC recommendations for other medical and therapeutic services: CPT code 90911 (Anorectal biofeedback).

The current work RVUs are 2.15. A commenter recommended a reduction to 0.93 work RVUs since this procedure lacks the intensity of CPT code 90937 (Hemodialysis, repeated evaluation) or CPT code 90801 (Psychiatric interview). CPT code 46606 (Anoscopy and biopsy) requires less time but presents a greater risk than CPT code 90911. The RUC recommended retaining the current work RVUs since the procedure is lengthy, taking a minimum of 30 minutes but typically lasting 45 to 60 minutes. The RUC's view was that the procedure is more intense and requires more work than CPT code 46606. The RUC considers that this procedure is

similar in its intensity to CPT code 90801.

In our assessment, the RUC recommendation is too high. Other biofeedback procedures are valued at 0.89 work RVUs. This procedure involves little physician work and is similar to other biofeedback procedures; therefore, we have assigned 0.89 work RVUs.

16. Speech/Language/Hearing

Comment: The American Speech-Language-Hearing Association and the American Academy of Audiology submitted comments on the following CPT codes:

CPT code	Descriptor
92506	Speech & hearing evaluation.
92507	Speech/hearing therapy.
92508	Speech/hearing therapy.
92541	Spontaneous nystagmus test.
92542	Positional nystagmus test
92544	Optokinetic nystagmus test.
92545	Oscillating tracking test.
92546	Sinusoidal rotational test.
92585	Auditory evoked potential.

In general, these commenters expressed concern regarding our payment policies for audiologists and speech pathologists. These organizations stated that the current practice expense component does not accurately reflect the technical work that is involved in performing the services. In addition, the American Academy of Audiology noted that the current physician fee schedule includes zero work RVUs for audiology services, even though the Harvard study included physician work RVUs for these codes.

The American Speech-Language-Hearing Association and the American Academy of Otolaryngology—Head and Neck Surgery, Inc. had originally wanted to survey these services; however, they have now requested that the codes be withdrawn from further consideration.

RUC Evaluation/Recommendation: A majority of these codes have been revised for CPT 1996, and the RUC submitted work RVU recommendations to us in May 1995. The distinction between physician work RVUs and work recognized as practice expenses such as the labor component of audiology services is addressed in section II.C.5. of this notice. Because interim work RVUs, which are subject to public comment, were established in January 1996, and final work RVUs will be established for 1997, we are not considering these codes in the 5-year review.

Comment: Commenters stated that CPT code 92512 (Nasal function studies (e.g., rhinomanometry)) is similar to CPT code 94060 (Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise), with 0.31 work RVUs.

RUC Evaluation/Recommendation: The RUC noted that nasal function studies are performed to evaluate the normal or abnormal function of the nose. Rhinomanometry is a nasal function study that measures the flow and pressure of air through the nose. It enables the physician to assess the degree of obstruction, if any, that may be present in the nasal passages. Anterior rhinomanometry measures air flow in the front of the nasal cavity and is performed by inserting flexible air tubes into each nostril. The tubes are connected to a device that measures the amount and pressure of air that flows through them as the patient breathes. The physician records measurements of air flow and, from these, calculates the degree of obstruction. CPT code 94060 is a distinctly different test, which uses spirometry to measure exhaled gas and record the time of collection. CPT code 94060 is less intense and requires less physician time than CPT code 92512. Therefore, the RUC recommended that the current work RVUs be maintained.

HCFA Decision: We have accepted all of the RUC recommendations for the speech, language, and hearing codes.

C. Other Comments

1. Evaluation and Management Services

We received numerous comments requesting review of evaluation and management services. Most of the comments focused on office visits, hospital visits, and consultations. The commenters offered three major reasons for requesting that the work RVUs for these evaluation and management services be reviewed:

- The physician work involved in these services has increased since the initial Harvard study of RVUs was conducted. As a mechanism to control costs over the past 10 years, there has been increased pressure to treat patients in the office rather than the hospital or emergency room. Patients are being discharged from the hospital sooner. As a result, the typical patient seen in the office and in the hospital is more complex than the patient seen in the mid-1980's. Also, the preservice and postservice work has changed due to the following factors:

+ Increased documentation requirements.

+ Time and effort required for obtaining or providing authorizations for tests and referrals.

+ Higher patient expectations and an increasingly well informed patient population.

+ Increased coordination with other health professionals and family members.

+ Increased patient education regarding issues such as fall prevention and adverse drug reactions.

- Evaluation and management services are undervalued relative to most other procedures. The highest level evaluation and management services require a ''comprehensive examination'' and ''medical decision making of high complexity,'' yet the assigned work RVUs for these services are lower than for procedures that involve less time, less mental effort and judgment, and less technical skill and physical effort. An analysis of intraservice work per unit time (intensity) by one commenter found that the intensity of 96 percent of the services paid under the physician fee schedule exceeded the existing intensity of evaluation and management services. The existing intensities were calculated by dividing the work RVUs by the typical time of the CPT codes for evaluation and management services.
- The current CPT codes for evaluation and management services were never directly surveyed or studied in the Harvard RVU study. The Harvard study conducted its survey from 1986 through 1988; the new CPT codes were published in 1992. At the time of the Harvard surveys, evaluation and management services were not defined based on the level of history, examination, and medical decision making. A crosswalk from the old CPT codes to the new CPT codes was used to establish work RVUs. Also, the preservice and postservice work was not directly surveyed, nor was postservice work defined.

We forwarded these comments to the RUC. The RUC agreed with the commenters that an in-depth review of the work involved in office and hospital visits and consultations was warranted. We also referred comments suggesting that the work RVUs for nursing facility visits and home visits should be reviewed.

After reviewing selected evaluation and management services, the RUC found the evidence compelling to recommend increasing the work RVUs for office visits, subsequent hospital visits, and consultations. The RUC made an interim recommendation not to change the work RVUs for the home visits. In developing its

recommendations, the RUC focused principally on the work involved in the evaluation and management services, how the work has changed over time, and how the work is related to the work of other evaluation and management services and non-evaluation and management services. The RUC recommended work RVUs for 39 of the 98 evaluation and management services for which we have assigned work RVUs. When there was not a recommendation, the RUC took the position that the work RVUs did not need to be changed.

As we evaluated the RUC recommendations, we noted several inconsistencies:

- The recommendations significantly alter the existing relationships among all the evaluation and management services without providing compelling evidence that the existing rank order is incorrect.
- The complexity of the service, as described by the level of history, examination, and decision making, did not directly correspond to the recommended work RVUs.
- The survey data were flawed; however, the RUC used the postservice work times that it acknowledges are overstated in its formula to calculate intraservice work intensity. The formula actually calculates something that is more accurately described as total work intensity, that is, total work divided by total time.
- Many of the arguments to increase the RVUs are based on the assumptions that the CPT codes do not adequately describe the service and that the current CPT codes for evaluation and management services were not used in the Harvard surveys.

We believe that maintaining the relationships among the evaluation and management services is important. Therefore, we have examined all 98 evaluation and management services for which we have assigned work RVUs. In assigning work RVUs, we considered the level of complexity of each service and valued the service as described by the CPT code. As the American Academy of Family Physicians noted in its original 5-year review comments, ''valuing a service which requires more effort and more time at a lower level than a 'simple' procedure is inconsistent with the concept of a resource-based relative value scale.'' We believe that this rationale applies within the family of evaluation and management services. We took the survey data into general consideration but also investigated other objective data sources such as the AMA Socioeconomic Monitoring Survey from 1988 and 1994.

If, as the commenters have suggested, the patients are more complex and the postservice work has increased, we should expect to see a change in the number of patient care hours a physician works or in the number of patient visits per week or a change in the level of visit billed. However, data from the AMA Socioeconomic Monitoring Survey as published in *Physician Marketplace Statistics* 1989 and 1994, reveal that the median number of hours a physician works in patient care (51) and the median number of patient visits per week (101) have not changed between 1988 and 1994. The AMA definition of hours in patient care includes activities that we consider to be postservice work. Using these data along with Medicare frequency data and the total service times provided in the RUC recommendations (RUC RVUs/RUC intensities), we calculated that the minimum number of hours in patient care necessary to perform 101 visits per week is 78.5. This discrepancy suggests that the RUC recommendations overestimate the total times by approximately 50 percent.

In reviewing our claims data, we have seen a slight increase in the average number of work RVUs billed within each group of evaluation and management services. For each family of evaluation and management services, we calculated the quarterly average work RVUs since the beginning of the physician fee schedule. The average work RVUs for the family of office/outpatient visit for an established patient (CPT codes 99211 through 99215), have increased from 0.60 to 0.62, a 3.33 percent increase from 1992 to 1995. This increase may reflect the increasing complexity of the Medicare patient or other factors.

National Ambulatory Medical Care Survey data from 1989 and 1993 reveal that the mean face-to-face time for all office visits has increased 13.6 percent. In 1989, the mean time was 16.2 minutes and in 1993 it was 18.4 minutes. Although the change is statistically significant, we question its clinical significance. The data demonstrate, however, that between 1989 and 1993 there has been a shift toward office visits with longer face-to-face times.

We approached review of the work RVUs for the evaluation and management services with three basic assumptions that were integral to the Harvard study and the 1992 work RVU refinement:

- All services within a family of evaluation and management services (that is, office visits) have the same intraservice work intensity.
- The intraservice work times in the CPT code descriptors are correct.
- The preservice and postservice work intensity is a fixed percentage of the intraservice work intensity.

The RUC recommendations do not preserve these basic assumptions except for using the CPT times as an accurate measure of intraservice work times. Despite claiming that it maintained constant intensities within a family, the intensities the RUC calculated are not always consistent. For example, the RUC intensities for CPT codes 99231 through 99233 range from 0.018 to 0.021. It is also unclear whether the RUC calculated preservice and postservice work intensities. If we assume a fixed intraservice work intensity within a family of evaluation and management codes, the RUC recommendations actually assign higher amounts of preservice and postservice work to the lower level codes within an evaluation and management family.

The commenters claim that Harvard did not survey the current evaluation and management codes is technically correct but very misleading. In fact, the current codes were carefully developed to support the clinical vignettes used in, and the results of, the Harvard surveys. An extraordinary amount of work by Harvard, HCFA, the Physician Payment Review Commission, the CPT Editorial Panel, and the specialty societies went into the formulation and testing of the codes. We will continue to value services based on the CPT descriptions. If physicians believe that the definitions do not correctly describe the service as furnished in today's health care sector, they should discuss revising the definitions with the CPT Editorial Panel.

In assigning work RVUs to these services, we defined preservice work as preparing to see the patient, reviewing records, and communicating with other professionals, as appropriate. We defined postservice work as including all coordination of care, documentation, and telephone calls with the patient, family members, or other health professionals associated with the delivery of care to the patient until the next face-to-face evaluation and management service is furnished (excluding separately billable services such as care plan oversight, CPT code 99375). The RUC used these definitions in its survey of evaluation and management services. Unlike the RUC and other commenters, we consider the time and effort required for obtaining and providing authorizations for tests and referrals to be a practice expense

issue because most of the work is done by a physician's staff rather than the physicians themselves.

We agree with the commenters that the intensities of evaluation and management services should be increased to bring them closer to the intensities of procedural services on the physician fee schedule. Therefore, we propose to increase the intensities of the intraservice work, which is that portion of total work furnished either face-to-face with the patient in the office or on the floor or unit for inpatient services. We also agree with the commenters that postservice work has increased over time. We propose to increase the fixed percentage of intraservice work that represents preservice and postservice work. To determine the appropriate amounts to increase these intensities, we have chosen CPT code 99291 (Critical care, first hour) as our anchor because we believe that it is the most intense evaluation and management service. We accepted the RUC recommendation of 4.00 work RVUs for this service.

If we assume that CPT code 99291 is the most intense service, we do not want the work RVUs for the other evaluation and management services to exceed 4.00. Under the current work RVUs, we have an established relationship between CPT code 99291 and CPT code 99213 (Level-three established patient office visit). CPT code 99213 represents a service with 15 minutes of face-to-face time. CPT code 99291 represents an hour of service. We believe that four times the value for CPT code 99213 plus the work RVUs for ventilation management (1.22) and the interpretation of a single view chest x-ray (0.18) should be about equivalent to the work RVUs for critical care. We selected ventilation management and interpretation of a chest x-ray because they are the commonly performed items in critical care that are bundled into the critical care work RVUs. Given this relationship, we used an iterative process and determined that, for most evaluation and management services, if we increased the intraservice work intensity by 10 percent and the fixed percentage of intraservice work (to capture preservice and postservice work) by 25 percent, we would increase the work RVUs for evaluation and management services in a manner that would be consistent with the RUC recommendations while maintaining the existing relationships of the evaluation and management families.

We followed a straightforward methodology in revising the work RVUs. For each code in the following classes: office, new patient; office, established patient; initial hospital care; subsequent hospital care; office consultation; initial inpatient consultation; and follow-up inpatient consultation, we calculated the revised intensity by adjusting the intensities developed in 1992 and described in our November 25, 1992 final notice for the 1993 physician fee schedule (57 FR 55949 through 55951). Those intensities were originally based upon results of the Harvard study and adjusted to maintain linearity in 1992 based on comments received on the 1991 physician fee schedule final rule (56 FR 59502).

The revised intraservice work intensities that have resulted from our 5-year review of evaluation and management services are summarized in the following table.

Code/class	1995 intraservice intensity	1997 intraservice intensity
Office visits, new patient	0.028	0.031
Office visits, established patient	0.028	0.031
Initial hospital visits	0.028	0.031
Subsequent hospital visits	0.028	0.031
Office consultations	0.028	0.031
Initial inpatient consultations	0.022	0.024
Follow-up inpatient consultations	0.028	0.031

Preservice and postservice work is expressed as a percentage of the intraservice work. The following table summarizes the revised preservice and postservice work as percentage of intraservice work for the evaluation and management codes.

Code/class	1995 mean percentage	1997 mean percentage
Office visits, new patient	35.0	43.8
Office visits, established patient	35.1	43.8
Initial hospital visits	30.3	37.9
Subsequent hospital visits	12.5	37.9
Office consultations	34.5	38.5
Initial inpatient consultations	34.5	37.9
Follow-up inpatient consultations	34.9	37.9

To calculate the new work RVUs for the above classes of evaluation and management services as part of the 5-year review, we used the above intraservice work intensities and preservice and postservice work percentages in addition to the CPT times. The intraservice work intensity was multiplied by the typical time of the codes as listed in CPT to determine the new intraservice work values. The preservice and postservice work percentage of this value was added to the intraservice work value to calculate the final work RVUs for the codes. The formula is total work RVUs = (intraservice work intensity) × (CPT time) × (1 + pre/post percentage of intraservice work).

Table 2, ''Evaluation and Management Codes; Five-Year Review—Proposed Relative Value Units,'' lists all of the evaluation and management services and their 1995 and proposed new work RVUs. For each code, we have also provided a measure of complexity. This is a numeric representation of the level of history, examination, and medical decision making associated with the service. These three components of the evaluation and management service are considered the key components in selecting a level of evaluation and management service. For each of the 3 elements, the maximum score is 4; therefore, the most complex service has a score of 12. If the CPT code descriptor does not define the typical level of history, examination, and decision making complexity, as with CPT code 99291 (Critical care, first hour), no score for that code may be computed.

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TABLE 2: Evaluation and Management Codes; Five-Year Review -- Proposed Relative Value Units

CPT[1]	Complexity Score	CPT Time	1995 work RVUs	RUC Recommendations	Proposed 1997 work RVUs
99201	3	10	0.38	0.39	**0.45**
99202	5	20	0.75	0.79	**0.88**
99203	8	30	1.14	1.20	**1.34**
99204	11	45	1.71	1.80	**2.00**
99205	12	60	2.28	2.41	**2.67**
99211	0	5	0.17	0.25	**0.17**
99212	3	10	0.38	0.50	**0.45**
99213	6	15	0.55	0.80	**0.67**
99214	9	25	0.94	1.27	**1.10**
99215	12	40	1.51	1.90	**1.77**
99217			1.09		**1.28**
99218	8.5		1.08		**1.28**
99219	11		1.75		**2.14**
99220	12		2.41		**2.99**
99221	8.5	30	1.06	1.06	**1.28**
99222	11	50	1.84	1.84	**2.14**
99223	12	70	2.57	2.57	**2.99**
99231	3.5	15	0.51	0.65	**0.64**
99232	7	25	0.88	1.30	**1.06**
99233	10	35	1.25	1.75	**1.51**
99238		<30	1.06		**1.28**
99239		>30	1.75**		**1.75**
99241	3	15	0.54	0.63*	**0.64**
99242	5	30	1.11	1.25*	**1.28**
99243	8	40	1.47	1.9*	**1.71**
99244	11	60	2.23	2.5*	**2.56**
99245	12	80	2.96	3.21*	**3.41**
99251	3	20	0.54	0.63*	**0.66**
99252	5	40	1.13	1.25*	**1.32**
99253	8	55	1.56	1.9*	**1.82**
99254	11	80	2.27	2.5*	**2.64**
99255	12	110	3.14	3.4*	**3.65**
99261	3.5	10	0.36	0.65	**0.42**
99262	7	20	0.74	1.30	**0.85**
99263	10	30	1.16	1.75	**1.27**
99271	3		0.45		**0.45**
99272	5		0.84		**0.84**
99273	8		1.19		**1.19**
99274	11		1.73		**1.73**
99275	12		2.31		**2.31**
99281	3		0.28		**0.33**
99282	6		0.47		**0.55**
99283	7		1.07		**1.24**
99284	9		1.68	1.68	**1.95**
99285	12		2.63	2.63	**3.06**
99291	na	60	3.64	4.00	**4.00**
99292	na	30	1.84	2.00	**2.00**
99295	na	day	16.03		**16.00**
99296	na	day	7.40		**8.00**
99297	na	day	3.84		**4.00**
99301	8.5	30	1.07		**1.28**
99302	10.5	40	1.67		**1.71**
99303	11.5	50	2.29		**2.14**
99311	3.5	15	0.54		**0.64**
99312	7	25	0.89		**1.06**
99313	9.5	35	1.19		**1.51**

TABLE 2: Evaluation and Management Codes; Five-Year Review -- Proposed Relative Value Units

CPT[1]	Complexity Score	CPT Time	1995 work RVUs	RUC Recommendations	Proposed 1997 work RVUs
99321	3.5		0.71		**0.89**
99322	7		1.01		**1.34**
99323	10		1.28		**1.78**
99331	3.5		0.60		**0.45**
99332	7		0.80		**0.73**
99333	10		1.00		**1.18**
99341	3.5		1.12	1.12*	**1.34**
99342	7		1.58	1.58*	**2.00**
99343	10		2.09	2.09*	**2.67**
99351	3.5		0.83	0.83*	**0.67**
99352	7		1.12	1.12*	**1.10**
99353	10		1.48	1.48*	**1.77**
99354	na	60	1.51		**1.77**
99355	na	30	1.51		**1.77**
99356	na	60	1.44		**1.71**
99357	na	30	1.44		**1.71**
99375			1.73**		**1.73**
99381			1.19		**1.19**
99382	8		1.36		**1.36**
99383	8		1.36		**1.36**
99384	8		1.53		**1.53**
99385	8		1.53		**1.53**
99386	8		1.88		**1.88**
99387	8		2.06		**2.06**
99391	8		1.02		**1.02**
99392	8		1.19		**1.19**
99393	8		1.19		**1.19**
99394	8		1.36		**1.36**
99395	8		1.36		**1.36**
99396	8		1.53		**1.53**
99397	8		1.71		**1.71**
99401	na	15	0.48		**0.48**
99402	na	30	0.98		**0.98**
99403	na	45	1.46		**1.46**
99404	na	60	1.95		**1.95**
99411	na	30	0.15		**0.15**
99412	na	60	0.25		**0.25**
99431	na		1.17		**1.17**
99432	na		1.26		**1.26**
99433	na		0.62		**0.62**
99435	na		1.50		**1.50**
99440	na		2.93		**2.93**

[1] All CPT codes and descriptors copyright 1995 American Medical Association
* interim RUC recommendation
** 1996 RVU

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CPT codes 99201 through 99215 (Office visits).

We disagree with the RUC' contention that the established patient visits are more undervalued than the new patient visits. We also disagree with the RUC recommendations that assign higher work RVUs to established patient visits than new patient visits of the same duration and same level of complexity, for example, the recommended work RVUs for CPT codes 99201 and 99212. Both codes describe 10 minute office visits of equal complexity. However, the RUC has recommended work RVUs for the established patient visit that are 28 percent greater than the recommended work RVUs for the new patient visit. Historically, there has been a consensus in the physician community (confirmed by the Harvard resource-based relative value study) that new patients involve more physician work than established patients. It was for this reason that the CPT Editorial Panel created separate codes for new and established patients.

Finally, we do not agree that the work RVUs for CPT code 99211 (Level-one established patient office visit) should change as the RUC has recommended. Because this service, by definition, does not require the presence of a physician, we are maintaining the 1995 work RVUs.

We adjusted the intraservice work intensity of CPT code 99213 to equal the intensities of the other office visit codes. Rounding due to past budget neutrality adjustments had caused the slight variation in the intraservice work intensities. To account for the possibility that these services were originally undervalued, we increased the intraservice work intensity by 10 percent. Because the package of postservice work, as defined earlier, was not explicitly surveyed by Harvard and we believe that the amount of postservice work has increased since these codes were originally assigned RVUs, we increased the preservice and postservice work percentage of intraservice work for all office visit codes (except for CPT code 99211) by 25 percent.

Using the adjusted work intensities and the times included in the CPT descriptors for the codes, we calculated new work RVUs for all office visits. The new work RVUs are on average 17.1 percent greater than the 1995 work RVUs for CPT codes 99201 through 99215.

CPT codes 99221 through 99239 (Hospital visits).

The RUC assumed that there has been no change in initial hospital visits (CPT codes 99221 through 99223) since the original Harvard study. In fact, the RUC did not survey these services to determine whether its assumption was true. Neither did the RUC suggest that these codes were originally undervalued like other evaluation and management services. The RUC recommended no change in the work RVUs for these codes despite the comments that all evaluation and management services were undervalued relative to procedural services. Our view is that if the office visits were undervalued, so were the initial hospital visits. We approached review of these codes in the same manner as we did the office visit codes.

The RUC recommended that the work RVUs for subsequent hospital visits and follow-up inpatient consultations should be equivalent because the time and complexity of the lowest, middle, and highest levels of subsequent hospital care and follow-up inpatient consultations are very similar. We agree that they are similar; however, they are not identical. Therefore, we have reviewed each group of services on its own merit.

Because the RUC recommended no change in the work RVUs for initial hospital visits and significant increases in the work RVUs for subsequent hospital visits, the rank order of these two groups of evaluation and management services is distorted. We do not agree, as the RUC recommended, that subsequent hospital visits typically require more work than initial hospital visits. The work RVUs recommended for CPT code 99232 (Level-two subsequent hospital visit with a typical time of 25 minutes and a complexity score of 7.0) are 23 percent greater than the recommended work RVUs for CPT code 99221 (Level-one initial hospital visit with a typical time of 30 minutes and a complexity score of 8.5). If we chose to accept the RUC, we would be allowing a shorter, less complex service to be valued higher than a longer, more complex service. This assignment of work RVUs corrupts the integrity of a resource-based relative value system.

We reestablished a fixed intraservice work intensity for initial hospital visits at 0.028. (There was minimal variation across the three levels due to the past budget neutrality adjustments.) This intensity is the same as the intensity for subsequent hospital visits (CPT codes 99231 through 99233). As with the office visits, we increased the intraservice work intensity by 10 percent for both initial and subsequent hospital visits to account for an original undervaluing of the services.

Following the change in the intraservice work intensities, we increased the preservice and postservice work percentage of intraservice work for the subsequent hospital visits to equal that of inpatient consultations. We then increased this percentage for all initial and subsequent hospital visit codes by 25 percent. Using the adjusted work intensities and the times included in the CPT descriptors for the codes, we calculated new work RVUs for all initial and subsequent hospital visits. The new work RVUs are on average 20 percent greater than the 1995 work RVUs for CPT codes 99221 through 99233.

After making these adjustments to the initial hospital visit codes, we equated CPT code 99238 (Hospital discharge day management, 30 minutes or less) to CPT code 99221 (Level-one initial hospital visit) when assigning new work RVUs. The 1995 work RVUs for CPT codes 99238 and 99221 are equal. We have decided to maintain this relationship because there is no evidence to suggest that altering it is appropriate. We did not change the work RVUs for CPT code 99239 (Hospital discharge day management, more than 30 minutes) because the code was new in calendar year 1996. Therefore, there has been no change over time in the service described by this code. Not revising the work RVUs for CPT code 99239 also places it just below CPT code 99222, a similar service of slightly greater duration.

CPT codes 99217 through 99220 (Observation care services).

The RUC did not make any recommendations regarding observation care services. As part of our effort to examine the whole group of evaluation and management services to maintain existing relationships, we reviewed these codes.

In reviewing the work RVUs for CPT code 99217 (Observation care discharge), we noted that this code is relatively equivalent to CPT code 99238 (Hospital discharge day management). To reflect this relationship, we assigned work RVUs to this code equal to the work RVUs assigned to CPT code 99221, a 17.3 percent increase in work RVUs.

The initial observation care services for new or established patients (CPT codes 99218 through 99220) match the services described by the initial hospital visits codes in the level of complexity. Because both sets of codes can only be billed once per date of service and patients in observation status are virtually identical to inpatients, we have made the work RVUs for CPT codes 99218 through 99220 equivalent to the work RVUs assigned to CPT codes 99221 through 99223, thereby increasing the work RVUs by an average of 21.6 percent.

CPT codes 99241 through 99275 (Consultations).

The RUC concluded that the work RVUs for office consultations and inpatient consultations should be ''equivalent at all levels of service except the highest. This preserves the same relationship that exists in the current RVUs for these services.'' We disagree with the RUC that inpatient and office consultations should be equally valued. The 1995 work RVUs for these two families are not equivalent. The Harvard data demonstrated that inpatient consultations are more total work than office consultations, except at the lowest level of service. We believe that these services are not equivalent because the intraservice times are different and the associated postservice work is different (it is greater for inpatient consultations). However, we acknowledge that the level of complexity of the five levels of services for both inpatient and office consultations are the same.

CPT codes 99241 through 99245 (Office or other outpatient consultations).

The work associated with office consultations is more comparable to the work of office visits than to inpatient consultations. Therefore, we standardized the intraservice work intensities to make them equivalent to the 1995 intraservice work intensities of office and hospital visits (0.028). We also adjusted the preservice and postservice work percentage of intraservice work to equal the 1995 percentage for office visits, a slight increase from 34.5 percent to 35 percent.

After these initial adjustments were made, we increased the intraservice work intensities by 10 percent to reflect our belief that the codes may have been originally undervalued. To account for the previously defined package of postservice work, we increased the preservice and postservice work percentage of intraservice work by 10 percent. We did not increase the postservice work percentage by 25 percent as we did with the office visits because we do not believe that the postservice work associated with an office consultation is as great as for an office visit. The postservice work for an office visit includes the ongoing management of the patient until the next face-to-face visit. The postservice work for a consultation involves writing a report for the referring physician without the expectation, in the typical case, that the patient will return to the consulting physician, nor is the consulting physician responsible for any ongoing management of the patient. If the consultation results in a decision to perform surgery, any postservice management of the patient is included in the global surgical package.

CPT codes 99251 through 99255 (Initial inpatient consultations).

We standardized the intraservice work intensities to eliminate the minor variation that resulted from the annual budget neutrality adjustments to the RVUs. Based on the Harvard study, the intraservice work intensity is less than that of the office consultations.

As we did with hospital visits, we increased the intraservice work intensities by 10 percent and the preservice and postservice work percentage of intraservice work by 25 percent. These increases reflect the belief that the services were initially undervalued and that the postservice work, now clearly defined, is greater due to changes over time. Postservice work associated with an inpatient consultation is greater than that for an office consultation because of the amount of work performed off-the-floor by the consulting physician, such as checking on laboratory results and reviewing x-rays. The new work RVUs are, on average, 17.5 percent greater than the 1995 work RVUs assigned to initial inpatient consultations.

CPT codes 99261 through 99263 (Follow-up inpatient consultations).

We disagree with the RUC that these codes should have the same work RVUs as their corresponding level of the subsequent hospital visit codes because the intraservice times are different and consultations and visits are not equivalent services. We agree that the intraservice work intensities and the preservice and postservice work percentages of intraservice work are probably the same for follow-up consultations and subsequent hospital visits. Therefore, we adjusted the preservice and postservice work percentage of intraservice work to match the 1995 percentage of the subsequent hospital visits, a decrease from 34.5 percent to 30.3 percent.

Using the same rationale as for the initial inpatient consultations, we increased the intraservice work intensities by 10 percent and the preservice and postservice work percentages of intraservice work by 25 percent. The new work RVUs for these services are about 14 percent higher than the 1995 work RVUs assigned to these codes.

CPT codes 99271 through 99275 (Confirmatory consultations).

We have decided not to change the work RVUs assigned to these codes. There is less work associated with a confirmatory consultation than a new patient office visit because the patient arrives with a preliminary diagnosis and the consulting physician is expected to provide an opinion or advice only. Not adjusting the work RVUs alters the existing relationships that these codes have with the rest of the evaluation and management services, but we believe that this change is appropriate.

CPT codes 99281 through 99285 (Emergency department services).

We disagree with the RUC's recommendation to maintain the 1995 work RVUs for emergency department services. The RUC did not consider the emergency room physicians' survey of CPT codes 99284 and 99285 adequate to support change. In our view, this survey was no less adequate than some surveys on which the RUC based its recommendations to increase the work RVUs of other evaluation and management codes. For consistency and equity, if other visit codes are being reviewed because of a belief that evaluation and management services were originally undervalued, emergency department services should also be reviewed.

Given that we have assigned increased work RVUs to other evaluation and management services with complexities comparable to those of the emergency room services, we believe that we should make comparable changes to CPT codes 99281 through 99285. We do not have work intensities or CPT times for these codes, thus, we have assigned work RVUs to these services that maintain their proportional relationship with the work RVUs assigned to CPT code 99255, the non-critical care evaluation and management code with the highest work RVUs. The resulting work RVUs reflect an average 16.6 percent increase from the 1995 work RVUs for emergency department services.

CPT codes 99291 through 99297 (Critical care services).

We have accepted the RUC recommendations for CPT codes 99291 and 99292. Because the work RVUs for CPT codes 99293 through 99297 are based on the work RVUs of CPT codes 99291 and 99292, we have adjusted the work RVUs for these neonatal intensive care services. Using the formula articulated in the December 2, 1993 final rule for the 1994 physician fee schedule (58 FR 63675), CPT code 99295 is equivalent to 4 hours of critical care, CPT code 99296 is equivalent to 2 hours of critical care, and CPT code 99297 is equivalent to 1 hour of critical care. Therefore, the new work RVUs for CPT code 99295 (16.00) are calculated as follows: the work RVUs of CPT code 99291 (4.00) plus six times CPT code 99292 (6×2.00). The new work RVUs for CPT code 99296 (8.00) equal the work

RVUs of CPT code 99291 (4.00) plus two times CPT code 99292 (2×2.00). The new work RVUs for CPT code 99297 (4.00) equal the work RVUs of CPT code 99291 (4.00).

CPT codes 99301 through 99313 (Nursing facility services).

In 1992, these codes were evaluated by a multispecialty refinement panel after commenters had requested that we assign work RVUs for nursing facility services that were more commensurate with the work RVUs assigned to the hospital visit codes. The commenters believed that nursing facility visits were most similar to hospital visits in time, intensity, and complexity. In general, the refinement panel agreed with the commenters. Therefore, we need to revise the work RVUs assigned to CPT codes 99301 through 99313 because we have revised the work RVUs for the initial and subsequent hospital visits. In order to maintain the relationship that the refinement panel created, we are assigning new work RVUs to the nursing facility services using the CPT times and the revised intensities for initial and subsequent hospital visits (intraservice intensity = 0.031 and the pre/post fixed percentage of intraservice work = 37.9 percent). Because the 1995 work RVUs resulted from a refinement panel, they do not consistently represent the above relationship. The proposed work RVUs use the intensities for initial and subsequent hospital visits for all the nursing facility codes. As a result, some of the proposed work RVUs are lower than the current work RVUs.

CPT codes 99341 through 99353 (Home services).

Our view is that the current relationship between the work RVUs for home visits and office visits should be maintained. The May 1992 refinement panel equated the home codes to office visit codes. Our position is that a home visit takes longer to furnish than a service with a similar content (level of history, examination, and medical decision making) in an office setting, thus, the home visits are equated with office visits of greater length. Therefore, we assigned new work RVUs to the home visit codes using the following relationships with the new work RVUs for office visits:

New patients:

CPT code 99341=CPT code 99203;
CPT code 99342=CPT code 99204;
CPT code 99343=CPT code 99205.

Established patients:

CPT code 99351=CPT code 99213;
CPT code 99352=CPT code 99214;
CPT code 99353=CPT code 99215.

Because the 1995 work RVUs resulted from a refinement panel, the above relationships are not perfectly represented by the 1995 work RVUs. Therefore, in assigning new work RVUs with the above-described relationship, we have decreased the work RVUs for CPT codes 99351 and 99352.

CPT codes 99321 through 99333 (Domiciliary, rest home (e.g., boarding home), or custodial care services).

The source of the 1995 work RVUs is HCFA. We assumed that these services require less work than home visits because of the availability of personal assistant services. We have taken the average of the relative proportion of the 1995 work RVUs for these codes to the 1995 work RVUs of the home visit codes; on that basis, the domiciliary codes represent two-thirds of the work of the home visits. We are maintaining the existing relationship in the fee schedule. We calculated the new work RVUs for CPT codes 99321 through 99333 by multiplying the work RVUs for CPT codes 99341 through 99353 by 0.667. Specifically, the relationship between the two families is the following:

CPT code 99321=(0.667) CPT code 99341
CPT code 99322=(0.667) CPT code 99342
CPT code 99323=(0.667) CPT code 99343
CPT code 99331=(0.667) CPT code 99351
CPT code 99332=(0.667) CPT code 99352
CPT code 99333=(0.667) CPT code 99353

CPT codes 99354 through 99357 (Prolonged physician service with direct (face-to-face) patient contact).

We did not receive any RUC recommendations for these services. However, the 1995 work RVUs for these codes are based on the work RVUs of three other evaluation and management codes. This relationship was established in the December 8, 1994 final rule for the 1995 physician fee schedule (59 FR 63437 through 63440). To maintain this relationship, we have recalculated the work RVUs for CPT codes 99354 through 99357 using the new work RVUs for CPT codes 99215, 99221, and 99222. The work RVUs for CPT codes 99354 and 99355 are equal to the work RVUs assigned to CPT code 99215. The work RVUs for CPT codes 99356 and 99357 are equal to the average of the work RVUs of CPT codes 99221 and 99222.

We understand that some physicians do not associate the use of prolonged service codes with potential increases in postservice work. Because the work RVUs for these prolonged service codes are based on other evaluation and management services, the use of a prolonged service code increases the potential amount of postservice work associated with the service being furnished to the Medicare beneficiary. The prolonged service codes describe additional face-to-face time but CPT codes 99215, 99221, and 99222 include postservice time. By establishing a clear relationship among these codes, a prolonged face-to-face service may very well have increased postservice work. We believe that the use of these codes adequately describes the total service.

CPT code 99375 (Care plan oversight).

Because the current 1.73 work RVUs resulted from a 1995 refinement panel, we do not see any need to adjust the work RVUs further.

CPT codes 99381 through 99412 (Preventive medicine services).

The work RVUs assigned to these codes were added to the Medicare physician fee schedule in 1995. Because these codes were recently valued, we do not believe that we need to review the work RVUs for them. The intraservice work intensities and the preservice and postservice work have not changed since 1994 when the work RVUs were assigned. Because we are not adjusting the work RVUs, we are changing the rank order of the evaluation and management services. We believe that the new rank order better reflects the relative complexities of the office visits for a sick patient and for a healthy patient. For example, a preventive medicine visit for a 65-year old patient (CPT code 99397) has work RVUs assigned to it that are between a level-four and level-five office visit for an established, sick patient (CPT codes 99214 and 99215). In fact, the work RVUs are only 3 percent less than the new RVUs assigned to CPT code 99215.

CPT codes 99431 through 99440 (Newborn care).

The work RVUs for these services resulted from a multispecialty refinement panel convened in the summer of 1994. The work RVUs for CPT code 99435 were assigned last summer. We do not believe that we need to revise these codes since the work RVUs were recently assigned.

Ophthalmology Codes

We referred comments to the RUC requesting review of the ophthalmology codes for eye visits. The comments compared the work RVUs for these codes to the work RVUs for office visits.

The RUC agreed that a permanent link should be established between the ophthalmological eye examination codes and evaluation and management services. The RUC recommended that

the following relationship be established for assigning work RVUs to the ophthalmological codes:

- CPT code 92002 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient) should have the same work RVUs as CPT code 99202 (Level-two office/outpatient visit, new patient).
- CPT code 92004 (Ophthalmological services: medical examination and evaluation, with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits) should have the same work RVUs as CPT code 99203 (Level-three office/outpatient visit, new patient).
- CPT code 92012 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, established patient) should have the same work RVUs as CPT code 99213 (Level-three office/outpatient visit, established patient).
- CPT code 92014 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, established patient, one or more visits) should have the same work RVUs as CPT code 99214 (Level-four office/outpatient visit, established patient).

We agree with the relationships in the RUC recommendation. However, because the work RVUs that we assigned to CPT codes 99202, 99203, 99213, and 99214 are different from the RUC-recommended work RVUs for these codes, the work RVUs that we have assigned to the ophthalmological codes are different from the RUC recommendation. We have assigned the following work RVUs:

CPT code	1995 work RVUs	New work RVUs
92002	1.01	0.88
92004	1.61	1.34
92012	0.82	0.67
92014	1.06	1.10

These work RVUs represent a reduction from the current work RVUs for eye examinations, except for the slight increase in work RVUs for CPT code 92014.

2. Review of Studies by Abt Associates, Inc.

The RUC evaluated the methodologies used by Abt Associates, Inc. before considering the actual recommended work RVUs. The RUC concluded that the Abt studies for orthopaedics and otolaryngology produced correct rank-ordering of codes within the respective specialties, but that an additional study would need to be conducted to produce compelling evidence that the proposed work RVUs were correct. The RUC did not reach any conclusions about the Abt study commissioned by the American Society of Anesthesiologists but indicated that the specialty was still entitled to demonstrate the validity of the study's methodology through the normal RUC update process.

Following the RUC review, the American Academy of Orthopaedic Surgeons, with our concurrence, withdrew its Abt study from consideration and developed a list of 83 codes for which it conducted a survey and submitted individual recommendations. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. provided detailed comments on about 100 codes, in addition to submitting an Abt study. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. evaluated the work of the individually identified codes and made recommendations for work RVUs. The American Society of Anesthesiologists conducted further research to validate its Abt study and presented the results.

3. Pediatrics

Section 124 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, requires the development of RVUs for the full range of pediatric services. As we noted in our December 8, 1994 final rule, we believe that the work RVUs for the full range of pediatric services are essentially complete (59 FR 63454). We proposed to use the 5-year review process to determine whether there are significant variations in the resources used in furnishing similar services to children and adults.

The comments submitted by the American Academy of Pediatrics responded to our question in the December 8, 1994 final rule of whether the work involved in treating pediatric patients is different from that involved in treating adult patients (59 FR 63454). The American Academy of Pediatrics requested that new codes be added to the CPT to describe different age categories of patients, and that work RVUs be assigned to these codes reflecting the differences in work for patients of different ages. Following adoption of new or revised CPT codes for pediatric services, the RUC will recommend work RVUs.

If, after reviewing the RUC recommendations, we choose to assign work RVUs for these new codes, we will do so in a future annual physician fee schedule update.

4. Anesthesia

Comment: The American Society of Anesthesiologists submitted the report of a study conducted by Abt Associates, Inc. covering all the current CPT codes for anesthesia services. Abt conducted the study to assess the work of anesthesia services in a way that does not rely on the current anesthesia conversion factor.

We base Medicare payments for anesthesia services on allowable base and time units. We have developed a uniform relative value guide in which the base unit per anesthesia code is largely based on the American Society of Anesthesiologists' relative value guide. We published the anesthesia codes and their imputed work RVUs in our December 8, 1994 final rule (59 FR 63456 through 63459) for the 1995 physician fee schedule and in the January 3, 1995 correction notice (60 FR 48 through 49). Anesthesiologists report the actual anesthesia time for each procedure on the claim, and the carrier converts the time to time units. The carriers then multiply the sum of base and time units by the anesthesia conversion factor.

Although the relative values for each service are not based on the Harvard study, we used the Harvard study to determine the anesthesia conversion factor established under the physician fee schedule in 1992. As with other specialties, Harvard first conducted a survey of anesthesiologists of the work involved in a number of anesthesia services, including two procedures performed by anesthesiologists subject to the conventional RVU payment methodology instead of the base and time unit payment methodology. These are CPT code 93503 (Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes) and CPT code 62279 (Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous). Two evaluation and management services were also included. Then, Harvard selected cross-specialty links and placed the anesthesia services on the common scale with other specialties. Our use of these results produced a 42 percent reduction in the work RVUs for anesthesia, which was a 29 percent reduction in the anesthesia conversion factor.

The American Society of Anesthesiologists' comments claimed that the Harvard cross-specialty process produced flawed results, and this is the reason for the Abt study. The study involved Abt convening a

multidisciplinary panel of 12 physicians. The panel accepted as correct the average anesthesia times for 15 surgical procedures selected for in-depth study. The panel separated the anesthesia time for each service into five components: preservice work, induction, procedure, emergence, and postservice work. The sum of the times for induction, procedure, and emergence were, in almost all cases, equal to the intraservice times we supplied.

For each component of these reference services, the panel rated the intensity (defined as the intraservice work per unit time (IWPUT)) of the work effort. The panel selected four key procedures, listed in the table below, as the fundamental levels of intensity for use in this comparison, with the unit of time being 1 minute:

CPT code	Descriptor	Intensity (IWPUT)
99204	Office or other outpatient visit for the evaluation and management of a new patient	0.027
62279	Injection of diagnostic or therapeutic anesthetic or antispasmodic substance (including narcotics); epidural, lumbar or caudal, continuous.	0.044
99291	Critical care, evaluation and management of the unstable or critically injured patient, requiring the constant attendance of the physician; first hour.	0.061
33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft	0.090

The panel then multiplied the intensity values by the time for each component to produce recommended work RVUs on the same scale as other services in the Medicare payment schedule. The 15 studied services represent 45.6 percent of total Medicare payments for anesthesia services.

For illustrative purposes, the panel presented an example for CPT code 00350 (Anesthesia for procedures on major vessels of neck; not otherwise specified) from the Abt study. The surgical CPT code is 35301 (Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision).

CPT Code 00350 (Anesthesia for procedures on major vessels of neck; not otherwise specified).

Period	Time (minutes)	Intensity (IWPUT)	Work
Preanesthesia	20	@ 0.027	= 0.54
Induction	25	@ 0.061	= 1.53
Procedure	120	@ 0.044	= 5.28
Emergence	20	@ 0.061	= 1.22
Postanesthesia	20	@ 0.027	= 0.54
Total Work	.....	.....	= 9.11

The panel followed the same process for each of the 15 procedures. The panel performed a regression analysis to extrapolate from these 15 procedures to the other anesthesia services in CPT.

Based on the results of the panel's study, the American Society of Anesthesiologists recommended that the work RVUs for all anesthesia services be increased by 40 percent through an increase of approximately 27 percent in the anesthesia conversion factor.

RUC Evaluation/Recommendation: The RUC's evaluation of the American Society of Anesthesiologists' comment focused initially on the methodology employed by Abt, particularly the use of assigned intensity levels rather than measures of physician work. The RUC suggested to the American Society of Anesthesiologists that, because many anesthesiologists have experience in other specialties, a study could be conducted of anesthesiologists who are board-certified in more than one specialty. In this study, physicians could assess the work involved in reference services compared to the work involved in both anesthesia and nonanesthesia services. This study could validate the approach of assigning intensity levels to the discrete time periods.

The RUC also expressed concern about the particular levels of intensity selected, especially the use of the IWPUT of CPT code 99204 (Office or other outpatient visit for the evaluation and management of a new patient) as the lowest value for any anesthesia work, which is used for the period when the surgeon is performing the operation. The RUC noted that the regression analysis used to expand the study from the 15 services directly studied to the 250 anesthesia codes in the CPT appeared to work well.

In response to the RUC's request, the American Society of Anesthesiologists conducted a RUC-like survey of anesthesiologists who are board certified in more than one specialty. This survey, however, produced even higher work RVUs (median survey values were on average 30 percent higher) than the physician panel produced. The American Society of Anesthesiologists also reconvened the multidisciplinary panel to review the survey results and to discuss the levels of intensity assigned to the codes. The panel used the survey results to refine its previous estimates, but did not adopt the survey results as a substitute for its previous approach. The panel also confirmed its view that the intensity levels selected are correct.

The RUC asked for an additional explanation of the intensity levels selected, particularly the use of 0.027, the IWPUT for evaluation and management services, as the reference service for that period of time when the surgeon is performing the procedure and the patient is anesthetized. The American Society of Anesthesiologists' advisor explained that during this period the anesthesiologist is continuously monitoring the patient, integrating the anesthesia care with what the surgeon is doing, integrating data, making decisions, and doing whatever has to be done for the patient. The panel considered this to be equivalent to face-to-face evaluation and management services.

The RUC concluded that, although this period of time clearly involved two of the components of physician work, time and stress (because of the risk of harm to the patient), this part of each procedure does not involve the same mental effort, judgment, technical skill, and physical effort as an evaluation and management encounter.

Following this review, the American Society of Anesthesiologists made some adjustments to its recommendations by reducing the IWPUT for the period of time considered to be equivalent to evaluation and management services from 0.027 to 0.025. It also shortened the number of minutes to which the two highest intensity levels were assigned.

Based on the review, the RUC did not find the anesthesia study sufficiently compelling to justify a recommendation changing the work RVUs. The RUC concluded that the method used was a reasonable estimate of the rank order of the procedures. The RUC was concerned, however, that the actual magnitudes were not validated and therefore could not be directly compared to other specialties.

The RUC agreed to reconsider this issue at its February 1996 meeting and allowed Abt Associates to make an additional presentation. The RUC has not transmitted to us the results of its recommendation made at that meeting. Since we have not yet received the final recommendation, we will maintain the current base unit values and the current 1996 national conversion factor of $15.28 per unit.

5. Codes Without Work Relative Value Units

Comment: Two specialty societies objected to certain codes having zero work RVUs. The American Psychological Association believed we should adopt the 1993 RUC work RVU recommendations for CPT codes 90830 (a code which was deleted and replaced by CPT code 96100 (Psychological testing) in 1996), 95880 (Cerebral aphasia testing), 95881 (Cerebral developmental test), 95882 (Cognitive function testing), and 95883 (Neuropsychological testing). Those work RVU recommendations were in the 2.00 to 2.20 range. Also, the American Academy of Audiology believed that work RVUs of greater than zero should be assigned to certain audiology function tests that now have zero work RVUs.

Essentially, the organizations contended that our view that only the work of a physician, such as a doctor of medicine or a doctor of osteopathy, should qualify for work RVUs, is erroneous. They contended that everything that is included within the definition of a physician service under section 1848(j)(3) of the Act has work that is done by a ''physician'' and should therefore have physician work RVUs.

Response: We disagree. Section 1848 of the Act defined physician services to delineate which services would be paid under the physician fee schedule. The Congress intended that more than the professional services of doctors of medicine and doctors of osteopathy, that is, physicians as defined in section 1861(r) of the Act, be included for payment under the physician fee schedule.

We currently believe, however, that under section 1848 of the Act, only the work of physicians, as defined in section 1861(r) of the Act, their ''incident to'' employees, and independently practicing occupational and physical therapists qualify for payment through the work RVUs.

Every service for which payment is made under the physician fee schedule requires the expenditure of work resources by some entity. X-ray technicians ''work'' to produce the technical component of a diagnostic chest x-ray. Radiology technicians ''work'' to produce the technical component of radiation therapy. However, the Congress did not intend that every expenditure of ''work'' under the fee schedule be paid through the physician work RVUs. In section 1848(c)(1)(B) of the Act, the term ''practice expense component'' is defined to clearly include the wages of personnel who perform or create physician fee schedule services. Their labor is reimbursed through the practice expense component rather than the physician work component. Practice expense RVUs are currently charge-based, but, in 1998, they will be resource-based and there will be an opportunity for appropriate adjustments to these practice expense RVUs.

6. Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel

For CPT 1997, the AMA placed a moratorium on specialty requests for coding changes in order to prevent a large number of new codes from being implemented at the same time as the changes in the physician fee schedule due to the 5-year review. The only coding change requests being considered are those for new technologies that cannot currently be reported with other codes in CPT and those for codes that are not on the physician fee schedule (for example, clinical laboratory services). The RUC and the CPT Editorial Panel had also anticipated, however, that a small percentage of the issues included in the 5-year review would require review by CPT before they could be considered by the RUC, because it appeared likely that some comments on misvalued codes would actually be due to the codes' nomenclature.

After reviewing the comments referred for inclusion in the 5-year review, the RUC identified 25 issues that it recommended be considered by CPT before further review by the RUC. The RUC requested the specialty societies to submit proposals to CPT in time for any coding changes to be reviewed by the RUC and reflected in CPT 1997 and the 1997 physician fee schedule, simultaneous with the other changes due to the 5-year review. We discuss these issues in Table 3, ''Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel,'' which follows.

In addition to issues requiring further review by CPT, four issues were addressed in 5-year review comments that had already been addressed by the CPT Editorial Panel and the RUC as part of the updates for CPT 1996. We also discuss these issues in Table 3.

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Table 3

Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel

CPT/HCPCS Code *	Description
A2000	Chiropractor manip of spine
11043	Cleansing of tissue/muscle
11044	Cleansing tissue/muscle/bone
11710	Scraping of 1-5 nails
11711	Scraping of additional nails
11971	Remove tissue expander(s)
13300	Repair of wound or lesion
14300	Skin tissue rearrangement
15000	Skin graft procedure
15101	Skin split graft procedure
15121	Skin split graft procedure
15201	Skin full graft procedure
15221	Skin full graft procedure
15241	Skin full graft procedure
15261	Skin full graft procedure
15755	Microvascular flap graft
22210	Revision of neck spine
22315	Treat spine fracture
22327	Repair thorax spine fracture
22554	Neck spine fusion
22558	Lumbar spine fusion
22610	Thorax spine fusion
22612	Lumbar spine fusion
22800	Fusion of spine
22802	Fusion of spine
22812	Fusion of spine
22840	Insert spine fixation device
22842	Insert spine fixation device
22845	Insert spine fixation device
31090	Exploration of sinuses
42880	Excise nose/throat lesion
46900	Destruction, anal lesion(s)
49020	Drain abdominal abscess
52340	Cystoscopy and treatment
53600	Dilate urethra stricture
53620	Dilate urethra stricture
53640	Relieve bladder retention
54100	Biopsy of penis
56300	Pelvis laparoscopy, dx
56305	Pelvic laparoscopy; biopsy
65105	Remove eye/attach implant
67210	Treatment of retinal lesion
68825	Explore tear duct system
78480	Heart function, (add-on)
92225	Special eye exam, initial
92226	Special eye exam, subsequent
92260	Ophthalmoscopy/dynamometry
93621	Electrophysiology evaluation
94150	Vital capacity test
95872	Muscle test, one fiber
97250	Myofascial release
97260	Regional manipulation
97261	Supplemental manipulations
97500	Orthotics training
97501	Supplemental training
97520	Prosthetic training
97521	Supplemental training
99238	Hospital discharge day

* All CPT codes and descriptors copyright 1995 American Medical Association

Table 3

Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel

CPT/HCPCS Code *	Description
99301	Nursing facility care
99302	Nursing facility care
99303	Nursing facility care
99311	Nursing facility care,subseq
99312	Nursing facility care,subseq
99313	Nursing facility care, subseq

* All CPT codes and descriptors copyright 1995 American Medical Association

BILLING CODE 4120–01–C

The American Academy of Pediatrics submitted a public comment requesting that 480 CPT codes each be divided into several codes for different age categories and about 20 new codes be added for pediatric services that are not currently described in CPT. To address these issues, a Pediatrics Committee, comprised of RUC members and two members of the CPT Editorial Panel, was formed. This committee has made several recommendations to the American Academy of Pediatrics about how to handle the issues raised in its comments.

The RUC referred 65 codes to the CPT Editorial Panel to be considered for coding changes before further review by the RUC. These codes are included in the Addendum, ''Codes Subject to Comment.''

7. Potentially Overvalued Services

Comment/RUC Evaluation/ Recommendation: Because specialty societies would be likely to identify the most important undervalued services during the public comment period for the December 8, 1994 final rule (59 FR 63410), several groups, including the Physician Payment Review Commission, underscored the need to identify potentially overvalued services. The RUC and HCFA performed four complementary analyses to identify potentially misvalued services, based primarily on recent Medicare claims data. These analyses are discussed below.

HCFA provided data on IWPUT and other characteristics of services to carrier medical directors to use in a systematic analysis to identify misvalued services. As a result of this review, HCFA referred 300 potentially misvalued codes to the RUC. Those codes are included in Table 1 of this notice.

The RUC analyzed trends in the frequency and site-of-service for services furnished between 1992 and 1994. It identified services for which the frequency increased by an average of more than 25 percent per year, the percentage of times the service was furnished in an inpatient setting decreased by more than 5 percent per year, and there were more than 1,000 Medicare claims for the service in 1992 and 1994.

The RUC believed that the combination of a high rate of increase in annual frequency combined with a shift from inpatient to outpatient site-of-service could be an indicator that the services were becoming more commonly furnished and that the work involved each time the service was performed may be less than the current work RVUs imply.

The RUC also conducted an analysis of IWPUT, although the analysis differed somewhat from the HCFA analysis. The RUC divided the codes into clinical groupings and calculated the mean IWPUT for each group. The RUC identified individual services as being potentially overvalued if they had an IWPUT more than 3 standard deviations above the mean for the group.

Finally, the RUC identified a number of codes for which the final Harvard work RVUs are significantly lower than the 1995 Medicare work RVUs. This relationship suggested that the Medicare work RVUs are too high.

After eliminating from these three categories those codes that were already included in the 5-year review because of the comment process, the RUC asked us if 33 of these potentially overvalued codes could be included in the 5-year review. Since the codes were not identified until June 1995, the RUC also asked if it could take more time, if necessary, to complete review of these codes. We agreed to add the codes and to allow more time for review. We have noted these 33 codes in Table 1 of this notice.

The RUC disseminated the list to all the specialty societies on its Advisory Committee and, as with the codes identified through the comment process, asked them to indicate whether they wished to be involved in developing the primary recommendation to the RUC for each code. The RUC asked the specialty societies that responded affirmatively to take one of the following four actions:

- Recommend lower work RVUs for the code.
- Demonstrate, if the code was identified by the RUC's analysis of the Harvard data, that it is appropriate that the service have a higher IWPUT than other clinically related codes or that the current Medicare work RVUs are more appropriate than the Harvard work RVUs.
- Demonstrate, if the code was identified by the AMA trends analysis, that the service work has not decreased over time.
- Show why the code was identified for review in error.

The full RUC, not one of the RUC workgroups, conducted the primary review of most of these services. For 10 of the 33 codes, the specialty societies recommended that the work RVUs be reduced, and the RUC concurred with these recommendations. Five of them were found to have been identified in error because of problems in the Medicare Part B data or because previous coding changes were responsible for the trend changes. The RUC reviewed an additional 17 services and recommended that the current work RVUs be maintained. We did not receive RUC recommendations for the 6 remaining codes. One code, CPT code 67210, was sent to the CPT Editorial Panel for clarification. The RUC has not completed its consideration of the other 5 codes.

HCFA Decision: We agree with all but one of the RUC recommendations. For CPT codes 28010, 33970, 67210, 77420, 77425, and 77430, we are proposing to maintain the current work RVUs because we have no RUC recommendations or additional evidence to assist us in revising the values.

CPT code 37201 (Transcatheter therapy, infusion for thrombolysis other than coronary).

The current work RVUs are 7.25. The RUC agreed with the Society for Cardiovascular and Interventional Radiology that the frequency of claims for this code is growing because thrombolytic infusion is an effective therapy for thrombosed arteries and grafts, allowing physicians to save patient limbs. The service is still a relatively new technology and the RUC believed that it is appropriately valued.

Unlike CPT code 34111 (Removal of arm artery clot), a similar open procedure with a 90-day global period, CPT code 37201 is billed with an evaluation and management code and a supervision and interpretation code. Therefore, we believe that the work RVUs for CPT code 37201 should approximate the work RVUs for CPT code 34111 (7.18) minus the work RVUs for a level-two subsequent hospital visit (0.88) and the work RVUs for the radiological supervision and interpretation, CPT code 75894 (1.31). We are proposing 5.00 work RVUs for CPT code 37201.

D. Other Issues

1. Budget Neutrality

In conjunction with our review of proposed changes to the work RVUs, we reexamined our method for making the required budget neutrality adjustments. Past adjustments were made across-the-board, either on all RVUs or, beginning in 1996, on the conversion factors. Because this is a 5-year review of work RVUs, we believe the budget neutrality adjustment should be made only on the work RVUs.

Many services on the physician fee schedule have no work RVUs assigned to them. Services with no work RVUs were not subject to this 5-year review.

If we made the budget neutrality adjustment either on all RVUs or on the conversion factors, those services would be negatively affected by a process that did not consider those codes. Other services that would be adversely affected by an across-the-board approach to budget neutrality are those with a practice expense percentage of total RVUs that is greater than the average practice expense percentage for the physician fee schedule.

Next year we will propose new resource-based RVUs to capture the practice expenses associated with each CPT and alphanumeric HCPCS code on the physician fee schedule. We expect to make a budget neutrality adjustment as a result of this change. At that time, we plan to make the adjustment across the practice expense RVUs. Making the budget neutrality adjustment only across the type of RVUs affected maintains the integrity of the different pools for work, practice expense, and malpractice expense.

Therefore, we propose a budget neutrality adjustment resulting from the 5-year review of work RVUs on work RVUs only. This proposal is consistent with the Physician Payment Review Commission's recommendation in its 1996 Annual Report to Congress that ''Implementation of any changes to work relative values as a result of the current five-year review should be budget neutral with respect to work values and should not affect practice expense and malpractice expense relative values.''

Based on our proposed work RVUs, the necessary budget neutrality adjustment across the work RVUs is a decrease of 7.63 percent. This percentage is subject to change depending on refinements made in response to the comments. Because this adjustment would be on only the work RVUs, it does not directly correspond to the impact on payments. The total impact of this adjustment will also be somewhat mitigated by the anticipated updates to the conversion factors for 1997. For a discussion of the impact on Medicare payments, refer to section V.B. To make the adjustment, we plan to rescale across the work RVUs. However, in recognition that changing RVUs causes some administrative burdens for other payers, we will consider developing a new budget neutrality adjuster that will be applied only to the work RVUs if we receive comments requesting that we do so. In this case, the payment formula would be calculated as follows: [(work RVU) (work adjuster) (work geographic practice cost index) + (practice expense RVU) (practice expense geographic practice cost index) + (malpractice RVU) (malpractice geographic practice cost index)] × conversion factor. From year to year this new adjuster would reflect the cumulative adjustment needed to maintain work budget neutrality.

We will continue to make any budget neutrality adjustment due to policy changes on the conversion factors and not on the RVUs. Under our proposal, only adjustments resulting from RVU changes will be made on the appropriate pool of RVUs (for example, work, practice expense, or malpractice expense).

2. Calculation of Practice Expense and Malpractice Expense Relative Value Units

As we noted in our December 8, 1994 final rule, practice expense and malpractice expense RVUs were not subject to comment and will not be recalculated as a part of the 5-year review of work RVUs (59 FR 63454). Section 1848(c)(2) of the Act requires that the practice expense and malpractice expense RVUs be calculated based upon 1991 allowed charges and practice expense and malpractice expense shares for the specialties that furnish the services. When we calculated the practice expense and malpractice expense RVUs, we aged 1989 actual charges forward to approximate 1991 actual charges, and we used the specialty practice shares from the AMA's Socioeconomic Survey of practice expenses by specialty.

In addition, as we mentioned in our December 8, 1995 final rule, we are presently developing a methodology for a resource-based system for practice expense RVUs for each physician service (60 FR 63169). We expect to publish a proposed rule in the spring of 1997 and will implement the resource-based practice expense RVUs beginning January 1, 1998.

3. Impact of Work Relative Value Unit Changes for Evaluation and Management Services on Work Relative Value Units for Global Surgical Services

In the November 25, 1992 final notice for the 1993 physician fee schedule, we increased the RVUs for some evaluation and management services. At the time, we stated, ''Because we have not increased the RVUs for the lower level codes, we do not believe it would be necessary or appropriate to revise the work RVUs of any surgical procedures resulting from our refinement of the evaluation and management services.'' (57 FR 55951) We based this decision on evidence from the Harvard study that indicates that the evaluation and management services included in the global surgical packages are typically comparable to lower level visits.

Based on data from the 5-year review of work RVUs, we are proposing to increase most of the work RVUs for evaluation and management services, including those for lower level established patient visits. Our reasons for increasing these work RVUs suggest that making corresponding across-the-board increases to the work RVUs for all global surgical packages may be inappropriate. To the extent that evaluation and management services have been undervalued relative to procedural services, it can be inferred that we should not increase the procedural services simply because we increased the work RVUs for the evaluation and management services. In many cases the work RVUs for global services have been reviewed, either as part of the 5-year review or for new and revised codes, and significant aberrations of the work in the postoperative office visits have not been obvious. The assumption that work RVUs for evaluation and management services are directly related to global surgical services has not been validated.

We also revised the work RVUs for the evaluation and management services in recognition of the increase in preservice and postservice work. Many of the items included in preservice and postservice work are not of equal magnitude when considering preoperative and postoperative visits. We believe that the preservice and postservice work associated with postoperative visits has not changed. The arguments about increased case management, telephone calls, and documentation that supported changes for evaluation and management services may not hold true for visits in a global surgical period where many elements may be duplicative. For example, the documentation requirements are much lower for a surgical follow-up visit than for an established patient office visit because individual claims subject to audit are not being submitted. The visits also all fall within a defined time limit (that is, 0, 10, or 90 days). Regular office visits are not so predictable, increasing the time that the postservice work may cover.

When we originally valued most of the global surgical packages, we did not use a discreet building block approach. We acknowledged the need to incorporate evaluation and management equivalents but did not use specific evaluation and management services as described by CPT. For all these reasons, we believe that the global surgical packages should be valued solely on their own merit rather than in

connection with the evaluation and management services.

We did not receive comments that suggested we make changes to the work RVUs assigned to CPT codes with global periods to reflect changes in the work RVUs for the evaluation and management services. We did receive comments to review many procedure codes because of changes in technology, work, skill, etc. Unlike the comments regarding the need to review the evaluation and management services, the comments on surgical codes did not discuss any change in the postservice work associated with the postoperative visits. Additionally, the RUC did not express an opinion on this issue.

Given a lack of evidence that the preservice and postservice work associated with surgical procedures has changed, we are not adjusting the work RVUs of services with a global period. We have no plans to adjust the global surgical packages as a result of our increases to the evaluation and management services. If the physician community, through the RUC, makes a recommendation to us on this issue, we will consider reviewing our current policy. However, until we receive compelling evidence to make adjustments to the global surgical packages, we will make no across-the-board adjustments outside of our regular review of work RVUs.

4. Future Review

Since the physician fee schedule was implemented in 1992 we have undertaken significant annual revisions to the work RVUs for large numbers of codes, and with the publication of a final rule later this year we will have completed the first 5-year review. We believe that through these extensive efforts the work RVUs are now largely correct. We believe that a significant case would need to be made to change the work RVUs for the overwhelming bulk of procedures.

For the future, we are considering periodic review of the physician fee schedule as necessary. However, there are several categories of codes and issues for which we have tentative plans to review prior to the next 5-year review: Services that typically require reporting more than one code to describe the service correctly; the relationship of physician work between analogous open and closed procedures; radiation oncology; and rank order anomalies within families.

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

We will accept comments on the proposed work RVUs for the codes identified in the Addendum of this notice. We will also accept comments on the anesthesia codes. Comments should discuss how the work associated with a given CPT/HCPCS code is analogous to the work in other services or discuss the rationale for disagreeing with the RUC recommendation. We are especially interested in information or arguments that were not presented in earlier comments.

III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

IV. Response to Comments

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

V. Regulatory Impact Analysis

A. Regulatory Flexibility Act

Consistent with the Regulatory Flexibility Act (5 U.S.C. 601 through 612), we prepare a regulatory flexibility analysis unless the Secretary certifies that a rule would not have a significant economic impact on a substantial number of small entities. For purposes of the Regulatory Flexibility Act, all physicians are considered to be small entities.

Although the changes included in this proposed notice are not expected to have a significant economic impact on a substantial number of small entities, we are preparing a voluntary regulatory flexibility analysis. The provisions of this proposed notice would have varying effects on the distribution of Medicare physician payments across specialties. We anticipate that virtually all of the approximately 500,000 physicians who furnish covered services to Medicare beneficiaries would be affected by one or more provisions of this notice. In addition, physicians who are paid by private insurers for non-Medicare services would be affected to the extent that they are paid by private insurers that choose to use the RVUs. However, with few exceptions, we expect that the impact on individual medical practitioners would be limited.

B. Effects on Physician Payments

1. Impact Estimation Methodology

Physician fee schedule impacts were estimated by comparing predicted physician payments under a continuation of the current work RVUs to the estimated payments under the proposed work RVUs resulting from the 5-year review. The impact analysis does not incorporate assumptions about volume and intensity responses.

2. Overall Fee Schedule Impact

Because the proposed work RVUs cause an increase in total estimated payments under the physician fee schedule, we must reduce payments in order to maintain budget neutrality as required by section 1848(c)(2)(B)(ii)(II) of the Act. As we discussed in section II.D.1. of this notice, we are proposing to make the budget neutrality adjustment on the physician work component on the physician fee schedule. In the discussion below of differential impacts by specialty, we have incorporated this projected downward adjustment of 7.63 percent.

3. Specialty Level Effect

Table 4, ''Five-Year Review Impact on Medicare Payments by Specialty,'' shows the estimated percentage change in Medicare physician payment from the current work RVUs to the proposed work RVUs by specialty. The specialties are ranked according to the impact of the work RVU change on Medicare payments. The magnitude of the impact depends on the mix of services the specialty provides. In general, because of the proposed changes to the evaluation and management services, those specialties that account for more visits and fewer procedures are expected to experience larger increases in Medicare payments than procedurally oriented specialties, including surgical specialties.

Because the budget neutrality adjustment reduces payments for services with work RVUs which did not experience any change as a result of the 5-year review, specialties that primarily perform these services will experience a negative impact. For example, although the one code that chiropractors can bill under Medicare, HCPCS code A2000, was unchanged, chiropractors are expected to experience a 4.4 percent decrease in Medicare payments. This decrease is less than the budget neutrality adjustment of 7.63 percent because only 60 percent of payments for

HCPCS code A2000 are attributable to the work RVUs. The rest of the payments are attributable to the practice expense and malpractice expense RVUs which were unaffected by the budget neutrality adjustment. The total impact of the budget neutrality adjustment will be somewhat mitigated by the anticipated updates to the conversion factors for 1997.

TABLE 4.—FIVE-YEAR REVIEW IMPACT ON MEDICARE PAYMENTS BY SPECIALTY

Specialty	Impact of work RVU change (percent)
Family Practice	4.6
Internal Medicine	4.2
Hematology Oncology	3.9
Emergency Medicine	3.7
Pulmonary	3.6
General Practice	3.5
Rheumatology	3.4
All Other Physicians	2.9
Neurology	2.6
Obstetrics/Gynecology	2.0
Clinics	1.2
Cardiology	1.1
Otolaryngology	0.9
Vascular Surgery	0.5
Gastroenterology	0.2
Neurosurgery	0.2
Nephrology	−0.4
General Surgery	−0.8
Orthopedic Surgery	−1.5
Suppliers	−1.6
Urology	−1.6
Oral Surgery	−1.8
Thoracic Surgery	−1.8
Plastic Surgery	−2.0
Psychiatry	−2.2
Cardiac Surgery	−2.4
Radiology	−2.6
Podiatry	−2.6
Radiation Oncology	−3.1
Ophthalmology	−3.8
Nonphysician Practitioners	−4.1
Pathology	−4.2
Optometrist	−4.5
Chiropractor	−4.6
Anesthesiology	−4.7
Dermatology	−6.2
All Physician Specialties	0.0

C. Rural Hospital Impact Statement

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the Regulatory Flexibility Act. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

This proposed notice would have little direct effect on payments to rural hospitals since this notice would change only payments made to physicians and certain other practitioners under Part B of the Medicare program and would not change payments to hospitals under Part A. We do not believe the changes would have a major, indirect effect on rural hospitals.

Therefore, we are not preparing an analysis for section 1102(b) of the Act since we have determined, and the Secretary certifies, that this notice would not have a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

Authority: Section 1848(c) of the Social Security Act (42 U.S.C. 1395w–4(c)).

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

Dated: April 26, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: April 26, 1996.

Donna E. Shalala,

Secretary.

Addendum—Codes Subject to Comment

This addendum lists the codes reviewed during the 5-year review. This addendum includes the following information:

- *CPT/HCPCS (HCFA Common Procedure Coding System) code.* This is the CPT or alphanumeric HCPCS code for a service.
- *Modifier.* A modifier -26 is shown if the work RVUs represent the professional component of the service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *Proposed work RVUs.* This column contains the proposed RVUs for physician work. The work RVUs shown have not been adjusted for budget neutrality.

BILLING CODE 4120–01–P

Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
A2000		Chiropractor manip of spine	0.45
M0101		Cutting or removal of corns	0.37
10040		Acne surgery	0.80
10061		Drainage of skin abscess	2.24
10080		Drainage of pilonidal cyst	1.12
10140		Drainage of hematoma/fluid	1.48
11000		Surgical cleansing of skin	0.60
11001		Additional cleansing of skin	0.30
11043		Cleansing of tissue/muscle	1.83
11044		Cleansing tissue/muscle/bone	2.28
11101		Biopsy, each added lesion	0.41
11300		Shave skin lesion	0.51
11301		Shave skin lesion	0.85
11302		Shave skin lesion	1.05
11303		Shave skin lesion	1.24
11305		Shave skin lesion	0.67
11306		Shave skin lesion	0.99
11307		Shave skin lesion	1.14
11308		Shave skin lesion	1.41
11310		Shave skin lesion	0.73
11311		Shave skin lesion	1.05
11312		Shave skin lesion	1.20
11313		Shave skin lesion	1.62
11441		Removal of skin lesion	1.56
11710		Scraping of 1-5 nails	0.32
11711		Scraping of additional nails	0.20
11731		Removal of second nail plate	0.57
11732		Remove additional nail plate	0.57
11750		Removal of nail bed	1.66
11752		Remove nail bed/finger tip	2.37
11762		Reconstruction of nail bed	2.84
11901		Added skin lesion injections	0.80
11960		Insert tissue expander(s)	8.00
11971		Remove tissue expander(s)	1.51
13131		Repair of wound or lesion	3.74
13132		Repair of wound or lesion	5.75
13150		Repair of wound or lesion	3.76
13151		Repair of wound or lesion	4.40
13160		Late closure of wound	9.53
13300		Repair of wound or lesion	5.11
14300		Skin tissue rearrangement	10.76
15000		Skin graft procedure	1.95
15101		Skin split graft procedure	1.72
15121		Skin split graft procedure	2.67
15201		Skin full graft procedure	1.32
15221		Skin full graft procedure	1.19
15241		Skin full graft procedure	1.86
15261		Skin full graft procedure	2.23
15570		Form skin pedicle flap	3.75
15572		Form skin pedicle flap	3.80
15574		Form skin pedicle flap	3.85
15576		Form skin pedicle flap	4.27
15580		Attach skin pedicle graft	3.30
15732		Muscle-skin graft, head/neck	16.52
15736		Muscle-skin graft, arm	15.26
15738		Muscle-skin graft, leg	16.52
15755		Microvascular flap graft	28.33
15958		Remove thigh pressure sore	13.89

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
16000		Initial treatment of burn(s)	0.89
16035		Incision of burn scab	4.53
17000		Destroy benign/premal lesion	0.36
17001		Destruction of add'l lesions	0.14
17002		Destruction of add'l lesions	0.14
17106		Destruction of skin lesions	4.54
17107		Destruction of skin lesions	9.06
17108		Destruction of skin lesions	13.10
17304		Chemosurgery of skin lesion	7.60
19120		Removal of breast lesion	5.35
19140		Removal of breast tissue	4.85
19160		Removal of breast tissue	5.75
19180		Removal of breast	8.09
19318		Reduction of large breast	15.00
19325		Enlarge breast with implant	8.05
19350		Breast reconstruction	8.52
20225		Bone biopsy, trocar/needle	1.87
21015		Resection of facial tumor	4.94
21025		Excision of bone, lower jaw	5.03
21030		Removal of face bone lesion	6.04
21031		Remove exostosis, mandible	3.14
21032		Remove exostosis, maxilla	3.14
21041		Removal of jaw bone lesion	6.04
21110		Interdental fixation	5.03
21125		Augmentation lower jaw bone	6.22
21150		Reconstruct midface, lefort	24.41
21188		Reconstruction of midface	21.47
21194		Reconstruct lower jaw bone	18.81
21243		Reconstruction of jaw joint	18.98
21270		Augmentation cheek bone	12.10
21320		Treatment of nose fracture	1.82
21330		Repair of nose fracture	5.03
21338		Repair nasoethmoid fracture	6.04
21339		Repair nasoethmoid fracture	7.56
21435		Repair craniofacial fracture	16.12
21453		Treat lower jaw fracture	5.18
21462		Repair lower jaw fracture	9.15
21485		Reset dislocated jaw	3.73
21610		Partial removal of rib	13.66
21930		Remove lesion, back or flank	4.82
22849		Reinsert spinal fixation	17.55
22855		Remove spine fixation device	14.11
22900		Remove abdominal wall lesion	5.13
23222		Partial removal of humerus	22.78
23395		Muscle transfer,shoulder/arm	16.00
23420		Repair of shoulder	12.60
23466		Repair shoulder capsule	13.65
23472		Reconstruct shoulder joint	16.09
23615		Repair humerus fracture	8.38
23802		Fusion of shoulder joint	15.62
23920		Amputation at shoulder joint	13.60
24363		Replace elbow joint	17.66
24435		Repair humerus with graft	12.19
24546		Repair humerus fracture	14.66
25065		Biopsy forearm soft tissues	1.94
25107		Remove wrist joint cartilage	5.89
25115		Remove wrist/forearm lesion	8.00
25420		Repair/graft radius & ulna	15.34
25446		Wrist replacement	15.52

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
25575		Repair fracture radius/ulna	9.47
25628		Repair wrist bone fracture	7.81
25810		Fusion/graft of wrist joint	9.79
26010		Drainage of finger abscess	1.49
26123		Release palm contracture	8.64
26356		Repair finger/hand tendon	7.05
26442		Release palm & finger tendon	7.45
26449		Release forearm/hand tendon	6.39
26531		Revise knuckle with implant	7.57
26992		Drainage of bone lesion	12.30
27001		Incision of hip tendon	6.50
27003		Incision of hip tendon	6.62
27006		Incision of hip tendons	9.00
27040		Biopsy of soft tissues	2.71
27049		Remove tumor, hip/pelvis	12.52
27052		Biopsy of hip joint	5.45
27076		Extensive hip surgery	20.23
27090		Removal of hip prosthesis	10.34
27134		Revise hip joint replacement	27.00
27137		Revise hip joint replacement	20.00
27138		Revise hip joint replacement	21.00
27146		Incision of hip bone	16.55
27147		Revision of hip bone	19.70
27151		Incision of hip bones	21.50
27156		Revision of hip bones	23.62
27181		Repair slipped epiphysis	13.80
27227		Treat hip fracture(s)	22.00
27228		Treat hip fracture(s)	25.59
27259		Repair of hip dislocation	20.50
27265		Treatment of hip dislocation	4.74
27266		Treatment of hip dislocation	6.96
27284		Fusion of hip joint	15.62
27286		Fusion of hip joint	15.65
27323		Biopsy thigh soft tissues	2.23
27329		Remove tumor, thigh/knee	13.00
27365		Extensive leg surgery	15.00
27397		Transplants of thigh tendons	10.53
27428		Reconstruction, knee	13.28
27429		Reconstruction, knee	14.67
27435		Incision of knee joint	8.74
27454		Realignment of thigh bone	16.55
27457		Realignment of knee	12.60
27486		Revise knee joint replace	18.00
27487		Revise knee joint replace	24.00
27488		Removal of knee prosthesis	14.48
27506		Repair of thigh fracture	15.93
27513		Treatment of thigh fracture	16.78
27536		Repair of knee fracture	14.51
27550		Treat knee dislocation	5.53
27580		Fusion of knee	18.20
27607		Treat lower leg bone lesion	7.05
27712		Realignment of lower leg	13.20
27724		Repair/graft of tibia	13.88
27725		Repair of lower leg	14.50
27759		Repair of tibia fracture	12.60
27827		Treat lower leg fracture	12.95
27828		Treat lower leg fracture	15.12
27870		Fusion of ankle joint	13.00
27894		Decompression of leg	9.13

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
28002		Treatment of foot infection	3.76
28010		Incision of toe tendon	2.97
28080		Removal of foot lesion	3.18
28113		Part removal of metatarsal	4.23
28114		Removal of metatarsal heads	7.16
28116		Revision of foot	7.00
28120		Part removal of ankle/heel	4.81
28130		Removal of ankle bone	7.33
28190		Removal of foot foreign body	1.91
28200		Repair of foot tendon	4.45
28202		Repair/graft of foot tendon	6.38
28208		Repair of foot tendon	4.11
28220		Release of foot tendon	4.27
28222		Release of foot tendons	5.36
28225		Release of foot tendon	3.42
28226		Release of foot tendons	4.27
28230		Incision of foot tendon(s)	4.00
28232		Incision of toe tendon	3.26
28234		Incision of foot tendon	3.19
28238		Revision of foot tendon	7.27
28261		Revision of foot tendon	10.95
28262		Revision of foot and ankle	15.00
28270		Release of foot contracture	4.58
28272		Release of toe joint, each	3.67
28285		Repair of hammertoe	4.41
28288		Partial removal of foot bone	4.23
28292		Correction of bunion	6.24
28293		Correction of bunion	8.25
28299		Correction of bunion	8.46
28309		Incision of metatarsals	12.00
28341		Resect enlarged toe	7.86
28344		Repair extra toe(s)	3.89
28415		Repair of heel fracture	15.00
28476		Repair metatarsal fracture	3.15
28496		Repair big toe fracture	2.18
28531		Treat sesamoid bone fracture	2.01
28576		Treat foot dislocation	3.75
28615		Repair foot dislocation	6.99
28626		Treat toe dislocation	2.67
28666		Treat toe dislocation	2.56
28705		Fusion of foot bones	14.23
28715		Fusion of foot bones	12.18
28730		Fusion of foot bones	9.91
28735		Fusion of foot bones	10.07
28737		Revision of foot bones	8.89
28740		Fusion of foot bones	7.40
28750		Fusion of big toe joint	6.90
28755		Fusion of big toe joint	4.48
28760		Fusion of big toe joint	7.00
29700		Removal/revision of cast	0.57
29705		Removal/revision of cast	0.76
29840		Wrist arthroscopy	5.39
29843		Wrist arthroscopy/surgery	5.86
29844		Wrist arthroscopy/surgery	6.22
29845		Wrist arthroscopy/surgery	7.34
29846		Wrist arthroscopy/surgery	6.60
29847		Wrist arthroscopy/surgery	6.93
29848		Wrist arthroscopy/surgery	4.04
29876		Knee arthroscopy/surgery	7.51

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
29882		Knee arthroscopy/surgery	8.24
29889		Knee arthroscopy/surgery	14.41
30020		Drainage of nose lesion	1.38
30545		Repair nasal defect	10.89
30903		Control of nosebleed	1.54
30905		Control of nosebleed	1.97
30906		Repeat control of nosebleed	2.45
30920		Ligation upper jaw artery	8.79
31090		Exploration of sinuses	8.65
31225		Removal of upper jaw	17.50
31230		Removal of upper jaw	20.00
31290		Nasal/sinus endoscopy, surg	16.05
31291		Nasal/sinus endoscopy, surg	17.00
31292		Nasal/sinus endoscopy, surg	13.83
31293		Nasal/sinus endoscopy, surg	15.15
31294		Nasal/sinus endoscopy, surg	18.00
31320		Diagnostic incision larynx	4.54
31360		Removal of larynx	15.19
31365		Removal of larynx	21.83
31367		Partial removal of larynx	18.98
31368		Partial removal of larynx	23.72
31370		Partial removal of larynx	18.50
31380		Partial removal of larynx	18.50
31382		Partial removal of larynx	18.50
31390		Removal of larynx & pharynx	25.00
31395		Reconstruct larynx & pharynx	28.00
31400		Revision of larynx	9.06
31502		Change of windpipe airway	0.65
31513		Injection into vocal cord	2.10
31520		Diagnostic laryngoscopy	2.56
31531		Operative laryngoscopy	3.39
31536		Operative laryngoscopy	3.16
31541		Operative laryngoscopy	4.13
31561		Operative laryngoscopy	5.46
31571		Laryngoscopy with injection	3.87
31580		Revision of larynx	11.01
31587		Revision of larynx	10.00
31600		Incision of windpipe	3.62
31601		Incision of windpipe	4.45
31603		Incision of windpipe	4.15
31610		Incision of windpipe	7.87
31611		Surgery/speech prosthesis	5.03
31614		Repair windpipe opening	6.11
31750		Repair of windpipe	11.73
31780		Reconstruct windpipe	16.14
32000		Drainage of chest	1.54
32020		Insertion of chest tube	3.98
32100		Exploration/biopsy of chest	10.07
32440		Removal of lung	19.15
32480		Partial removal of lung	16.84
32500		Partial removal of lung	13.10
32602		Thoracoscopy, diagnostic	5.96
33010		Drainage of heart sac	2.24
33208		Insertion of heart pacemaker	7.28
33244		Remove generator	8.34
33425		Repair of mitral valve	25.57
33426		Repair of mitral valve	29.42
33427		Repair of mitral valve	32.07
33510		CABG, vein, single	23.29

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
33511		CABG, vein, two	25.57
33512		CABG, vein, three	27.84
33513		CABG, vein, four	30.12
33514		CABG, vein, five	32.39
33516		CABG, vein, six+	34.66
33530		Coronary artery, bypass/reop	5.86
33533		CABG, arterial, single	24.00
33534		CABG, arterial, two	26.99
33535		CABG, arterial, three	29.98
33536		CABG, arterial, four+	32.96
33870		Transverse aortic arch graft	37.74
33875		Thoracic aorta graft	31.23
33970		Aortic circulation assist	8.05
33971		Aortic circulation assist	4.04
34201		Removal of artery clot	8.04
35081		Repair defect of artery	26.23
35082		Repair artery rupture, aorta	34.20
35091		Repair defect of artery	33.16
35102		Repair defect of artery	28.80
35301		Rechanneling of artery	17.79
35470		Repair arterial blockage	8.63
35471		Repair arterial blockage	10.07
35472		Repair arterial blockage	6.91
35473		Repair arterial blockage	6.04
35474		Repair arterial blockage	7.36
35475		Repair arterial blockage	9.49
35476		Repair venous blockage	6.04
35490		Atherectomy, percutaneous	11.08
35491		Atherectomy, percutaneous	7.61
35492		Atherectomy, percutaneous	6.65
35493		Atherectomy, percutaneous	8.10
35494		Atherectomy, percutaneous	10.44
35495		Atherectomy, percutaneous	9.49
35556		Artery bypass graft	19.37
35566		Artery bypass graft	24.45
35583		Vein bypass graft	20.03
35585		Vein bypass graft	25.92
35654		Artery bypass graft	17.62
35656		Artery bypass graft	17.84
35681		Artery bypass graft	3.93
35875		Removal of clot in graft	8.19
36010		Place catheter in vein	2.43
36215		Place catheter in artery	4.68
36218		Place catheter in artery	1.01
36245		Place catheter in artery	4.68
36248		Place catheter in artery	1.01
36489		Insertion of catheter, vein	1.22
36520		Plasma and/or cell exchange	1.74
36533		Insertion of access port	5.00
36534		Revision of access port	2.73
36620		Insertion catheter, artery	1.15
36821		Artery-vein fusion	8.39
36830		Artery-vein graft	11.25
37201		Transcatheter therapy infuse	5.00
37205		Transcatheter stent	8.28
37206		Transcatheter stent	4.13
37730		Removal of leg veins	6.63
38230		Bone marrow collection	4.22
38720		Removal of lymph nodes, neck	12.29

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
38724		Removal of lymph nodes, neck	13.22
39400		Visualization of chest	5.11
40806		Incision of lip fold	0.31
40808		Biopsy of mouth lesion	0.91
40820		Treatment of mouth lesion	1.23
40843		Reconstruction of mouth	11.63
41000		Drainage of mouth lesion	1.25
41005		Drainage of mouth lesion	1.21
41010		Incision of tongue fold	1.01
41112		Excision of tongue lesion	2.63
41113		Excision of tongue lesion	3.09
41115		Excision of tongue fold	1.69
41116		Excision of mouth lesion	2.36
41135		Tongue and neck surgery	21.15
41145		Tongue removal; neck surgery	27.58
41150		Tongue, mouth, jaw surgery	21.00
41155		Tongue, jaw, & neck surgery	25.60
41252		Repair tongue laceration	2.92
42106		Excision lesion, mouth roof	2.05
42120		Remove palate/lesion	5.39
42145		Repair,palate,pharynx/uvula	7.04
42182		Repair palate	3.78
42200		Reconstruct cleft palate	11.25
42210		Reconstruct cleft palate	13.75
42260		Repair nose to lip fistula	9.18
42305		Drainage of salivary gland	5.59
42320		Drainage of salivary gland	2.30
42340		Removal of salivary stone	4.47
42415		Excise parotid gland/lesion	16.12
42426		Excise parotid gland/lesion	19.88
42500		Repair salivary duct	4.06
42505		Repair salivary duct	5.92
42507		Parotid duct diversion	5.96
42508		Parotid duct diversion	8.64
42720		Drainage of throat abscess	4.53
42725		Drainage of throat abscess	9.50
42809		Remove pharynx foreign body	1.76
42815		Excision of neck cyst	6.75
42820		Remove tonsils and adenoids	3.59
42880		Excise nose/throat lesion	6.01
42961		Control throat bleeding	5.18
42962		Control throat bleeding	6.64
42972		Control nose/throat bleeding	6.55
43200		Esophagus endoscopy	1.59
43235		Upper GI endoscopy,diagnosis	2.39
43239		Upper GI endoscopy, biopsy	2.69
43260		Endoscopy,bile duct/pancreas	5.96
43262		Endoscopy,bile duct/pancreas	7.39
43420		Repair esophagus opening	10.19
43456		Dilate esophagus	2.57
43610		Excision of stomach lesion	10.11
43750		Place gastrostomy tube	4.27
43830		Place gastrostomy tube	6.52
44010		Incision of small bowel	9.24
44020		Exploration of small bowel	10.69
44140		Partial removal of colon	16.97
44141		Partial removal of colon	17.36
44143		Partial removal of colon	17.36
44144		Partial removal of colon	16.97

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
44145		Partial removal of colon	21.29
44152		Removal of colon/ileostomy	22.98
44160		Removal of colon	14.09
44322		Colostomy with biopsies	10.31
44388		Colon endoscopy	2.82
44389		Colonoscopy with biopsy	3.13
44390		Colonoscopy for foreign body	3.83
44391		Colonoscopy for bleeding	4.32
44392		Colonoscopy & polypectomy	3.82
44393		Colonoscopy, lesion removal	4.84
44394		Colonoscopy w/snare	4.43
44950		Appendectomy	8.25
45110		Removal of rectum	21.68
45303		Proctosigmoidoscopy	0.80
45378		Diagnostic colonoscopy	3.70
45380		Colonoscopy and biopsy	4.01
45550		Repair rectum;remove sigmoid	16.97
46040		Incision of rectal abscess	4.41
46255		Hemorrhoidectomy	4.95
46260		Hemorrhoidectomy	6.70
46261		Remove hemorrhoids & fissure	7.62
46262		Remove hemorrhoids & fistula	8.01
46900		Destruction, anal lesion(s)	1.81
46945		Ligation of hemorrhoids	1.90
46946		Ligation of hemorrhoids	2.76
47130		Partial removal of liver	31.56
47425		Incision of bile duct	14.79
47600		Removal of gallbladder	10.68
47605		Removal of gallbladder	11.53
47610		Removal of gallbladder	15.00
48150		Partial removal of pancreas	40.25
49000		Exploration of abdomen	11.00
49020		Drain abdominal abscess	9.06
49180		Biopsy, abdominal mass	1.73
49255		Removal of omentum	10.25
49505		Repair inguinal hernia	6.17
49605		Repair umbilical lesion	21.92
49606		Repair umbilical lesion	17.93
49900		Repair of abdominal wall	9.40
50010		Exploration of kidney	10.07
50020		Drainage of kidney abscess	12.41
50040		Drainage of kidney	13.80
50081		Removal of kidney stone	20.58
50200		Biopsy of kidney	2.63
50205		Biopsy of kidney	10.50
50220		Removal of kidney	15.98
50225		Removal of kidney	18.93
50230		Removal of kidney	20.56
50234		Removal of kidney & ureter	21.11
50236		Removal of kidney & ureter	23.33
50240		Partial removal of kidney	20.24
50320		Removal of donor kidney	21.22
50390		Drainage of kidney lesion	1.96
50392		Insert kidney drain	3.38
50393		Insert ureteral tube	4.16
50395		Create passage to kidney	3.38
50590		Fragmenting of kidney stone	7.13
50684		Injection for ureter x-ray	0.76
50715		Release of ureter	17.60

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
51010		Drainage of bladder	2.54
51597		Removal of pelvic structures	35.27
51600		Injection for bladder x-ray	0.88
51605		Preparation for bladder xray	0.64
51610		Injection for bladder x-ray	1.05
51700		Irrigation of bladder	0.88
51720		Treatment of bladder lesion	1.96
51725	26	Simple cystometrogram	1.51
51726	26	Complex cystometrogram	1.71
51736	26	Urine flow measurement	0.61
51741	26	Electro-uroflowmetry, first	1.14
51772	26	Urethra pressure profile	1.61
51785	26	Anal/urinary muscle study	1.53
51792	26	Urinary reflex study	1.10
51795	26	Urine voiding pressure study	1.53
51797	26	Intraabdominal pressure test	1.60
52007		Cystoscopy and biopsy	3.02
52270		Cystoscopy & revise urethra	3.37
52275		Cystoscopy & revise urethra	4.70
52276		Cystoscopy and treatment	5.00
52277		Cystoscopy and treatment	6.17
52340		Cystoscopy and treatment	7.76
52500		Revision of bladder neck	7.82
52510		Dilation prostatic urethra	6.04
53600		Dilate urethra stricture	1.21
53620		Dilate urethra stricture	1.62
53640		Relieve bladder retention	1.59
54100		Biopsy of penis	1.90
54200		Treatment of penis lesion	1.01
54231		Dynamic cavernosometry	2.04
54640		Suspension of testis	6.55
56300		Pelvis laparoscopy, dx	3.58
56305		Pelvic laparoscopy; biopsy	3.80
56307		Laparoscopy; remove adnexa	10.68
56309		Laparoscopy; remove myoma	13.79
56312		Laparoscopic lymphadenectomy	12.06
56315		Laparoscopic appendectomy	8.25
56340		Laparoscopic cholecystectomy	10.68
56341		Laparoscopic cholecystectomy	11.53
56360		Peritoneoscopy	3.87
56605		Biopsy of vulva/perineum	1.10
56606		Biopsy of vulva/perineum	0.55
56633		Extensive vulva surgery	15.00
57110		Removal of vagina	13.48
57150		Treat vagina infection	0.55
57265		Extensive repair of vagina	7.36
57270		Repair of bowel pouch	11.30
57280		Suspension of vagina	14.10
57289		Repair bladder & vagina	10.80
57305		Repair rectum-vagina fistula	12.75
57307		Fistula repair & colostomy	15.08
57400		Dilation of vagina	2.27
57410		Pelvic examination	1.75
57415		Removal vaginal foreign body	2.12
57540		Removal of residual cervix	11.54
57545		Remove cervix, repair pelvis	12.30
58120		Dilation and curettage (D&C)	2.91
58140		Removal of uterus lesion	13.79
58150		Total hysterectomy	14.30

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
58180		Partial hysterectomy	14.30
58200		Extensive hysterectomy	20.34
58210		Extensive hysterectomy	27.50
58240		Removal of pelvis contents	35.27
58301		Remove intrauterine device	1.27
58323		Sperm washing	0.23
58410		Suspension of uterus	12.00
58520		Repair of ruptured uterus	11.11
58540		Revision of uterus	13.96
58720		Removal of ovary/tube(s)	10.68
58750		Repair oviduct(s)	14.26
58752		Revise ovarian tube(s)	14.26
58760		Remove tubal obstruction	12.50
58770		Create new tubal opening	13.34
58822		Drainage of ovarian abscess	9.06
58925		Removal of ovarian cyst(s)	10.68
58952		Resect ovarian malignancy	23.35
58960		Exploration of abdomen	13.66
59100		Remove uterus lesion	11.54
59120		Treat ectopic pregnancy	10.68
59121		Treat ectopic pregnancy	10.99
59130		Treat ectopic pregnancy	13.49
59136		Treat ectopic pregnancy	12.50
59841		Abortion	4.80
60225		Partial removal of thyroid	13.31
60240		Removal of thyroid	15.66
60252		Removal of thyroid	17.23
60254		Extensive thyroid surgery	22.50
61020		Remove brain cavity fluid	1.51
61026		Injection into brain canal	1.69
61105		Drill skull for examination	4.82
61106		Drill skull for exam/surgery	4.62
61107		Drill skull for implantation	5.00
61108		Drill skull for drainage	9.00
61120		Pierce skull for examination	8.00
61210		Pierce skull; implant device	5.84
61215		Insert brain-fluid device	4.00
61250		Pierce skull & explore	9.40
61253		Pierce skull & explore	11.27
61312		Open skull for drainage	21.83
61313		Open skull for drainage	22.50
61330		Decompress eye socket	21.55
61340		Relieve cranial pressure	17.33
61470		Incise skull for surgery	24.60
61480		Incise skull for surgery	25.03
61490		Incise skull for surgery	24.20
61510		Removal of brain lesion	26.77
61512		Remove brain lining lesion	33.51
61518		Removal of brain lesion	35.59
61519		Remove brain lining lesion	39.58
61520		Removal of brain lesion	52.98
61521		Removal of brain lesion	42.20
61526		Removal of brain lesion	50.59
61531		Implant brain electrodes	12.95
61533		Implant brain electrodes	18.05
61536		Removal of brain lesion	33.49
61538		Removal of brain tissue	25.09
61539		Removal of brain tissue	30.05
61542		Removal of brain tissue	29.05

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
61543		Removal of brain tissue	27.32
61545		Excision of brain tumor	41.76
61576		Skull base/brainstem surgery	50.08
61680		Intracranial vessel surgery	29.13
61682		Intracranial vessel surgery	59.47
61684		Intracranial vessel surgery	38.23
61686		Intracranial vessel surgery	62.08
61690		Intracranial vessel surgery	27.80
61692		Intracranial vessel surgery	49.74
61700		Inner skull vessel surgery	48.30
61702		Inner skull vessel surgery	46.31
61720		Incise skull/brain surgery	15.92
61735		Incise skull/brain surgery	18.72
61750		Incise skull; brain biopsy	16.67
61751		Brain biopsy with cat scan	16.66
61760		Implant brain electrodes	21.00
61770		Incise skull for treatment	19.78
61791		Treat trigeminal tract	13.99
61793		Focus radiation beam	16.70
61850		Implant neuroelectrodes	11.50
61855		Implant neuroelectrodes	12.50
61860		Implant neuroelectrodes	19.60
61865		Implant neuroelectrodes	21.70
61870		Implant neuroelectrodes	13.67
61875		Implant neuroelectrodes	13.79
61885		Implant neuroreceiver	5.28
61888		Revise/remove neuroreceiver	4.67
62180		Establish brain cavity shunt	19.71
62194		Replace/irrigate catheter	4.50
62200		Establish brain cavity shunt	17.33
62201		Establish brain cavity shunt	13.54
62223		Establish brain cavity shunt	11.96
62268		Drain spinal cord cyst	4.74
62269		Needle biopsy spinal cord	5.02
62275		Inject spinal anesthetic	1.79
62287		Percutaneous diskectomy	7.43
62290		Inject for spine disk x-ray	3.00
62294		Injection into spinal artery	10.95
63005		Removal of spinal lamina	13.88
63011		Removal of spinal lamina	13.40
63015		Removal of spinal lamina	17.77
63017		Removal of spinal lamina	14.90
63020		Neck spine disk surgery	13.77
63030		Low back disk surgery	11.10
63042		Low back disk surgery	16.56
63047		Removal of spinal lamina	13.57
63057		Decompress spinal cord	5.26
63075		Neck spine disk surgery	18.50
63087		Removal of vertebral body	33.91
63655		Implant neuroelectrodes	9.30
63740		Install spinal shunt	10.37
63741		Install spinal shunt	7.57
63744		Revision of spinal shunt	7.34
64443		Injection for nerve block	0.98
64623		Injection treatment of nerve	0.99
64718		Revise ulnar nerve at elbow	5.48
64721		Carpal tunnel surgery	3.99
64734		Incision of cheek nerve	4.50
64736		Incision of chin nerve	4.40

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
64763		Incise hip/thigh nerve	6.62
65101		Removal of eye	6.52
65105		Remove eye/attach implant	7.82
65205		Remove foreign body from eye	0.71
65430		Corneal smear	1.47
65450		Treatment of corneal lesion	3.07
65710		Corneal transplant	11.75
65730		Corneal transplant	13.50
65750		Corneal transplant	14.25
65755		Corneal transplant	14.25
65820		Relieve inner eye pressure	7.60
65855		Laser surgery of eye	4.15
66170		Glaucoma surgery	11.26
66172		Incision of eye	13.62
66180		Implant eye shunt	14.00
66821		After cataract laser surgery	2.15
66825		Reposition intraocular lens	7.73
66830		Removal of lens lesion	7.80
66840		Removal of lens material	7.51
66850		Removal of lens material	8.66
66852		Removal of lens material	9.52
66920		Extraction of lens	8.46
66930		Extraction of lens	9.73
66940		Extraction of lens	8.48
66983		Remove cataract, insert lens	8.54
66984		Remove cataract, insert lens	9.89
66985		Insert lens prosthesis	7.89
66986		Exchange lens prosthesis	11.78
67005		Partial removal of eye fluid	5.50
67015		Release of eye fluid	6.69
67210		Treatment of retinal lesion	9.48
67312		Revise two eye muscles	8.19
67316		Revise two eye muscles	9.26
67420		Explore/treat eye socket	19.00
67900		Repair brow defect	5.84
67904		Repair eyelid defect	5.96
67911		Revise eyelid defect	5.09
67924		Repair eyelid defect	5.64
67966		Revision of eyelid	6.39
68720		Create tear sac drain	8.56
68745		Create tear duct drain	8.23
68750		Create tear duct drain	8.21
68825		Explore tear duct system	1.53
68830		Reopen tear duct channel	2.12
69100		Biopsy of external ear	0.81
69110		Partial removal external ear	3.34
69150		Extensive ear canal surgery	13.01
69155		Extensive ear/neck surgery	19.09
69320		Rebuild outer ear canal	16.60
69530		Extensive mastoid surgery	18.04
69535		Remove part of temporal bone	34.50
69554		Remove ear lesion	31.27
69605		Mastoid surgery revision	18.04
69660		Revise middle ear bone	11.64
69661		Revise middle ear bone	15.32
69662		Revise middle ear bone	15.04
69725		Release facial nerve	24.01
69805		Explore inner ear	13.18
69930		Implant cochlear device	16.13

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
69950		Incise inner ear nerve	24.21
69955		Release facial nerve	25.54
69960		Release inner ear canal	25.54
69970		Remove inner ear lesion	28.54
70030	26	X-ray eye for foreign body	0.17
70100	26	X-ray exam of jaw	0.18
70110	26	X-ray exam of jaw	0.25
70120	26	X-ray exam of mastoids	0.18
70130	26	X-ray exam of mastoids	0.34
70140	26	X-ray exam of facial bones	0.19
70150	26	X-ray exam of facial bones	0.26
70160	26	X-ray exam of nasal bones	0.17
70170	26	X-ray exam of tear duct	0.30
70210	26	X-ray exam of sinuses	0.17
70220	26	X-ray exam of sinuses	0.25
70250	26	X-ray exam of skull	0.24
70260	26	X-ray exam of skull	0.34
70300	26	X-ray exam of teeth	0.10
70310	26	X-ray exam of teeth	0.16
70320	26	Full mouth x-ray of teeth	0.22
70328	26	X-ray exam of jaw joint	0.18
70330	26	X-ray exam of jaw joints	0.24
70332	26	X-ray exam of jaw joint	0.54
70336	26	Magnetic image jaw joint	1.48
70350	26	X-ray head for orthodontia	0.17
70355	26	Panoramic x-ray of jaws	0.20
70360	26	X-ray exam of neck	0.17
70380	26	X-ray exam of salivary gland	0.17
70390	26	X-ray exam of salivary duct	0.38
70450	26	CAT scan of head or brain	0.85
70460	26	Contrast CAT scan of head	1.13
70470	26	Contrast CAT scans of head	1.27
70480	26	CAT scan of skull	1.28
70481	26	Contrast CAT scan of skull	1.38
70482	26	Contrast CAT scans of skull	1.45
70486	26	CAT scan of face, jaw	1.14
70487	26	Contrast CAT scan, face/jaw	1.30
70488	26	Contrast CAT scans face/jaw	1.42
70490	26	CAT scan of neck tissue	1.28
70491	26	Contrast CAT of neck tissue	1.38
70492	26	Contrast CAT of neck tissue	1.45
70540	26	Magnetic image, face, neck	1.48
70551	26	Magnetic image, brain (MRI)	1.48
70552	26	Magnetic image, brain (MRI)	1.78
70553	26	Magnetic image, brain	2.36
71010	26	Chest x-ray	0.18
71015	26	X-ray exam of chest	0.21
71020	26	Chest x-ray	0.22
71021	26	Chest x-ray	0.27
71022	26	Chest x-ray	0.31
71035	26	Chest x-ray	0.18
71040	26	Contrast x-ray of bronchi	0.58
71060	26	Contrast x-ray of bronchi	0.74
71100	26	X-ray exam of ribs	0.22
71101	26	X-ray exam of ribs, chest	0.27
71110	26	X-ray exam of ribs	0.27
71111	26	X-ray exam of ribs, chest	0.32
71120	26	X-ray exam of breastbone	0.20
71130	26	X-ray exam of breastbone	0.22

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
71250	26	Cat scan of chest	1.16
71260	26	Contrast CAT scan of chest	1.24
71270	26	Contrast CAT scans of chest	1.38
71550	26	Magnetic image, chest	1.60
72020	26	X-ray exam of spine	0.15
72040	26	X-ray exam of neck spine	0.22
72050	26	X-ray exam of neck spine	0.31
72069	26	X-ray exam of trunk spine	0.22
72070	26	X-ray exam of thorax spine	0.22
72072	26	X-ray exam of thoracic spine	0.22
72074	26	X-ray exam of thoracic spine	0.22
72080	26	X-ray exam of trunk spine	0.22
72090	26	X-ray exam of trunk spine	0.28
72100	26	X-ray exam of lower spine	0.22
72110	26	X-ray exam of lower spine	0.31
72114	26	X-ray exam of lower spine	0.36
72120	26	X-ray exam of lower spine	0.22
72125	26	CAT scan of neck spine	1.16
72126	26	Contrast CAT scan of neck	1.22
72127	26	Contrast CAT scans of neck	1.27
72128	26	CAT scan of thorax spine	1.16
72129	26	Contrast CAT scan of thorax	1.22
72130	26	Contrast CAT scans of thorax	1.27
72131	26	CAT scan of lower spine	1.16
72132	26	Contrast CAT of lower spine	1.22
72133	26	Contrast CAT scans,low spine	1.27
72141	26	Magnetic image, neck spine	1.60
72142	26	Magnetic image, neck spine	1.92
72146	26	Magnetic image, chest spine	1.60
72147	26	Magnetic image, chest spine	1.92
72148	26	Magnetic image, lumbar spine	1.48
72149	26	Magnetic image, lumbar spine	1.78
72156	26	Magnetic image, neck spine	2.57
72157	26	Magnetic image, chest spine	2.57
72158	26	Magnetic image, lumbar spine	2.36
72170	26	X-ray exam of pelvis	0.17
72190	26	X-ray exam of pelvis	0.21
72192	26	CAT scan of pelvis	1.09
72193	26	Contrast CAT scan of pelvis	1.16
72194	26	Contrast CAT scans of pelvis	1.22
72196	26	Magnetic image, pelvis	1.60
72200	26	X-ray exam sacroiliac joints	0.17
72202	26	X-ray exam sacroiliac joints	0.19
72220	26	X-ray exam of tailbone	0.17
72265	26	Contrast x-ray lower spine	0.83
73000	26	X-ray exam of collarbone	0.16
73010	26	X-ray exam of shoulder blade	0.17
73020	26	X-ray exam of shoulder	0.15
73030	26	X-ray exam of shoulder	0.18
73040	26	Contrast x-ray of shoulder	0.54
73050	26	X-ray exam of shoulders	0.20
73060	26	X-ray exam of humerus	0.17
73070	26	X-ray exam of elbow	0.15
73080	26	X-ray exam of elbow	0.17
73085	26	Contrast x-ray of elbow	0.54
73090	26	X-ray exam of forearm	0.16
73092	26	X-ray exam of arm, infant	0.16
73100	26	X-ray exam of wrist	0.16
73110	26	X-ray exam of wrist	0.17

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
73115	26	Contrast x-ray of wrist	0.54
73120	26	X-ray exam of hand	0.16
73130	26	X-ray exam of hand	0.17
73140	26	X-ray exam of finger(s)	0.13
73200	26	CAT scan of arm	1.09
73201	26	Contrast CAT scan of arm	1.16
73202	26	Contrast CAT scans of arm	1.22
73220	26	Magnetic image, arm, hand	1.48
73221	26	Magnetic image, joint of arm	1.48
73225	26	Magnetic imaging/upper (MRA)	1.73
73500	26	X-ray exam of hip	0.17
73510	26	X-ray exam of hip	0.21
73520	26	X-ray exam of hips	0.26
73525	26	Contrast x-ray of hip	0.54
73530	26	X-ray exam of hip	0.29
73540	26	X-ray exam of pelvis & hips	0.20
73550	26	X-ray exam of thigh	0.17
73560	26	X-ray exam of knee	0.17
73562	26	X-ray exam of knee	0.18
73564	26	X-ray exam of knee	0.22
73565	26	X-ray exam of knee	0.17
73580	26	Contrast x-ray of knee joint	0.54
73590	26	X-ray exam of lower leg	0.17
73592	26	X-ray exam of leg, infant	0.16
73600	26	X-ray exam of ankle	0.16
73610	26	X-ray exam of ankle	0.17
73615	26	Contrast x-ray of ankle	0.54
73620	26	X-ray exam of foot	0.16
73630	26	X-ray exam of foot	0.17
73650	26	X-ray exam of heel	0.16
73660	26	X-ray exam of toe(s)	0.13
73700	26	CAT scan of leg	1.09
73701	26	Contrast CAT scan of leg	1.16
73702	26	Contrast CAT scans of leg	1.22
73720	26	Magnetic image, leg, foot	1.48
73721	26	Magnetic image, joint of leg	1.48
74000	26	X-ray exam of abdomen	0.18
74010	26	X-ray exam of abdomen	0.23
74020	26	X-ray exam of abdomen	0.27
74022	26	X-ray exam series, abdomen	0.32
74150	26	CAT scan of abdomen	1.19
74160	26	Contrast CAT scan of abdomen	1.27
74170	26	Contrast CAT scans, abdomen	1.40
74181	26	Magnetic image, abdomen (MRI	1.60
74330	26	Xray,bile/pancreas endoscopy	0.90
74360	26	X-ray guide, GI dilation	0.54
74710	26	X-ray measurement of pelvis	0.34
75552	26	Magnetic image, myocardium	1.60
75553	26	Magnetic image, myocardium	2.00
75554	26	Cardiac MRI/function	1.83
75555	26	Cardiac MRI/limited study	1.74
75556		Cardiac MRI/flow mapping	0.00
75630	26	X-ray aorta, leg arteries	1.79
76066	26	Joint(s) survey, single film	0.31
76090	26	Mammogram, one breast	0.58
76091	26	Mammogram, both breasts	0.69
76093	26	Magnetic image, breast	1.63
76094	26	Magnetic image, both breasts	1.63
76098	26	X-ray exam, breast specimen	0.16

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
76355	26	CAT scan for localization	1.21
76360	26	CAT scan for needle biopsy	1.16
76365	26	CAT scan for cyst aspiration	1.16
76370	26	CAT scan for therapy guide	0.85
76375	26	CAT scans, other planes	0.16
76380	26	CAT scan follow-up study	0.98
76400	26	Magnetic image, bone marrow	1.60
76825	26	Echo exam of fetal heart	1.67
77420		Weekly radiation therapy	1.61
77425		Weekly radiation therapy	2.44
77430		Weekly radiation therapy	3.60
77761	26	Radioelement application	3.56
78070	26	Parathyroid nuclear imaging	0.82
78075	26	Adrenal nuclear imaging	0.74
78195	26	Lymph system imaging	1.20
78480	26	Heart function, (add-on)	0.62
78635	26	CSF ventriculography	0.61
78803	26	Tumor imaging (3D)	1.09
78805	26	Abscess imaging, ltd area	0.73
78806	26	Abscess imaging, whole body	0.73
83020	26	Assay hemoglobin	0.37
83912	26	Genetic examination	0.37
84165	26	Assay serum proteins	0.37
84181	26	Western blot test	0.37
84182	26	Protein, western blot test	0.37
85095		Bone marrow aspiration	1.08
85102		Bone marrow biopsy	1.37
85390	26	Fibrinolysins screen	0.37
85576	26	Blood platelet aggregation	0.37
86077		Physician blood bank service	0.94
86079		Physician blood bank service	0.94
86255	26	Fluorescent antibody; screen	0.37
86256	26	Fluorescent antibody; titer	0.37
86320	26	Serum immunoelectrophoresis	0.37
86325	26	Other immunoelectrophoresis	0.37
86327	26	Immunoelectrophoresis assay	0.37
86334	26	Immunofixation procedure	0.37
88170	26	Fine needle aspiration	1.27
88171	26	Fine needle aspiration	1.27
88172	26	Evaluation of smear	0.60
88173	26	Interpretation of smear	1.08
88180	26	Cell marker study	0.36
88182	26	Cell marker study	0.77
88311	26	Decalcify tissue	0.24
89060	26	Exam,synovial fluid crystals	0.37
90801		Psychiatric interview	2.21
90820		Diagnostic interview	2.27
90825		Evaluation of tests/records	0.97
90835		Special interview	2.84
90842		Psychotherapy, 75-80 min	2.76
90843		Psychotherapy 20-30 min.	1.11
90844		Psychotherapy 45-50 min.	1.73
90845		Medical psychoanalysis	1.79
90846		Special family therapy	1.83
90847		Special family therapy	2.21
90853		Special group therapy	0.43
90855		Individual psychotherapy	1.82
90857		Special group therapy	0.43
90862		Medication management	0.95

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
90870		Electroconvulsive therapy	1.88
90871		Electroconvulsive therapy	2.72
90880		Medical hypnotherapy	2.19
90887		Consultation with family	1.48
90900		Biofeedback, electromyogram	0.89
90902		Biofeedback, nerve impulse	0.43
90904		Biofeedback, blood pressure	0.43
90906		Biofeedback, blood flow	0.43
90908		Biofeedback, brain waves	0.43
90910		Biofeedback, oculogram	0.43
90911		Anorectal biofeedback	0.89
90915		Biofeedback, unspecified	0.89
91000	26	Esophageal intubation	0.73
91010	26	Esophagus motility study	1.25
91011	26	Esophagus motility study	1.50
91012	26	Esophagus motility study	1.46
91020	26	Esophagogastric study	1.44
91030	26	Acid perfusion of esophagus	0.91
91032	26	Esophagus, acid reflux test	1.21
91033	26	Prolonged acid reflux test	1.30
91052	26	Gastric analysis test	0.79
91055	26	Gastric intubation for smear	0.94
91065	26	Breath hydrogen test	0.20
91122	26	Anal pressure record	1.77
92002		Eye exam, new patient	0.88
92004		Eye exam, new patient	1.34
92012		Eye exam established pt	0.67
92014		Eye exam & treatment	1.10
92018		New eye exam & treatment	1.51
92019		Eye exam & treatment	1.31
92020		Special eye evaluation	0.37
92060	26	Special eye evaluation	0.69
92065	26	Orthoptic/pleoptic training	0.37
92070		Fitting of contact lens	0.70
92225		Special eye exam, initial	0.58
92226		Special eye exam, subsequent	0.50
92260		Ophthalmoscopy/dynamometry	0.50
92275	26	Electroretinography	1.01
92283	26	Color vision examination	0.17
92284	26	Dark adaptation eye exam	0.24
92506		Speech & hearing evaluation	0.86
92507		Speech/hearing therapy	0.52
92508		Speech/hearing therapy	0.26
92512		Nasal function studies	0.55
92541	26	Spontaneous nystagmus test	0.40
92542	26	Positional nystagmus test	0.33
92543	26	Caloric vestibular test	0.38
92544	26	Optokinetic nystagmus test	0.26
92545	26	Oscillating tracking test	0.23
92546	26	Torsion swing recording	0.29
92585	26	Brainstem evoked audiometry	0.50
93000		Electrocardiogram, complete	0.17
93010		Electrocardiogram report	0.17
93278	26	ECG/signal-averaged	0.25
93307	26	Echo exam of heart	0.78
93312	26	Echo exam of heart	1.90
93320	26	Doppler echo exam, heart	0.38
93503		Insert/place heart catheter	2.43
93505	26	Biopsy of heart lining	4.38

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
93510	26	Left heart catheterization	4.33
93526	26	Rt & Lt heart catheters	5.99
93527	26	Rt & Lt heart catheters	7.28
93529	26	Rt, Lt heart catheterization	4.80
93539		Injection, cardiac cath	0.40
93544		Injection for aortography	0.25
93545		Injection for coronary xrays	0.40
93561	26	Cardiac output measurement	0.50
93562	26	Cardiac output measurement	0.16
93621	26	Electrophysiology evaluation	12.66
93641	26	Electrophysiology evaluation	5.93
93733	26	Telephone analysis,pacemaker	0.17
93875	26	Extracranial study	0.22
93880	26	Extracranial study	0.60
93882	26	Extracranial study	0.40
93922	26	Extremity study	0.25
93923	26	Extremity study	0.45
93924	26	Extremity study	0.50
93925	26	Lower extremity study	0.58
93926	26	Lower extremity study	0.39
93930	26	Upper extremity study	0.46
93931	26	Upper extremity study	0.31
93965	26	Extremity study	0.35
93970	26	Extremity study	0.68
93971	26	Extremity study	0.45
93980	26	Penile vascular study	1.25
93981	26	Penile vascular study	0.44
94060	26	Evaluation of wheezing	0.31
94150	26	Vital capacity test	0.11
94160	26	Vital capacity screening	0.18
94240	26	Residual lung capacity	0.26
94350	26	Lung nitrogen washout curve	0.26
94360	26	Measure airflow resistance	0.26
94375	26	Respiratory flow volume loop	0.31
94400	26	CO2 breathing response curve	0.40
94720	26	Monoxide diffusing capacity	0.26
94725	26	Membrane diffusion capacity	0.26
94770	26	Exhaled carbon dioxide test	0.15
95010		Sensitivity skin tests	0.15
95015		Sensitivity skin tests	0.15
95075		Ingestion challenge test	0.95
95851		Range of motion measurements	0.16
95852		Range of motion measurements	0.11
95867	26	Muscle test, head or neck	0.79
95868	26	Muscle test, head or neck	1.18
95872	26	Muscle test, one fiber	1.50
95937	26	Neuromuscular junction test	0.65
95951	26	EEG monitoring/videorecord	6.00
96405		Intralesional chemo admin	0.52
96406		Intralesional chemo admin	0.80
96440		Chemotherapy, intracavitary	2.37
96445		Chemotherapy, intracavitary	2.20
96450		Chemotherapy, into CNS	1.89
97250		Myofascial release	0.45
97260		Regional manipulation	0.19
97261		Supplemental manipulations	0.12
97500		Orthotics training	0.31
97501		Supplemental training	0.17
97520		Prosthetic training	0.37

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
97521		Supplemental training	0.22
98925		Osteopathic manipulation	0.45
98926		Osteopathic manipulation	0.65
98927		Osteopathic manipulation	0.87
98928		Osteopathic manipulation	1.03
98929		Osteopathic manipulation	1.19
99201		Office/outpatient visit, new	0.45
99202		Office/outpatient visit, new	0.88
99203		Office/outpatient visit, new	1.34
99204		Office/outpatient visit, new	2.00
99205		Office/outpatient visit, new	2.67
99211		Office/outpatient visit, est	0.17
99212		Office/outpatient visit, est	0.45
99213		Office/outpatient visit, est	0.67
99214		Office/outpatient visit, est	1.10
99215		Office/outpatient visit, est	1.77
99217		Observation care discharge	1.28
99218		Observation care	1.28
99219		Observation care	2.14
99220		Observation care	2.99
99221		Initial hospital care	1.28
99222		Initial hospital care	2.14
99223		Initial hospital care	2.99
99231		Subsequent hospital care	0.64
99232		Subsequent hospital care	1.06
99233		Subsequent hospital care	1.51
99238		Hospital discharge day	1.28
99239		Hospital discharge day	1.75
99241		Office consultation	0.64
99242		Office consultation	1.28
99243		Office consultation	1.71
99244		Office consultation	2.56
99245		Office consultation	3.41
99251		Initial inpatient consult	0.66
99252		Initial inpatient consult	1.32
99253		Initial inpatient consult	1.82
99254		Initial inpatient consult	2.64
99255		Initial inpatient consult	3.65
99261		Follow-up inpatient consult	0.42
99262		Follow-up inpatient consult	0.85
99263		Follow-up inpatient consult	1.27
99271		Confirmatory consultation	0.45
99272		Confirmatory consultation	0.84
99273		Confirmatory consultation	1.19
99274		Confirmatory consultation	1.73
99275		Confirmatory consultation	2.31
99281		Emergency dept visit	0.33
99282		Emergency dept visit	0.55
99283		Emergency dept visit	1.24
99284		Emergency dept visit	1.95
99285		Emergency dept visit	3.06
99291		Critical care, first hour	4.00
99292		Critical care, addl 30 min	2.00
99295		Neonatal critical care	16.00
99296		Neonatal critical care	8.00
99297		Neonatal critical care	4.00
99301		Nursing facility care	1.28
99302		Nursing facility care	1.71
99303		Nursing facility care	2.14

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Codes Subject to Comment

CPT/HCPCS Code *	Mod	Description	Proposed RVUs
99311		Nursing facility care,subseq	0.64
99312		Nursing facility care,subseq	1.06
99313		Nursing facility care,subseq	1.51
99341		Home visit, new patient	1.34
99342		Home visit, new patient	2.00
99343		Home visit, new patient	2.67
99351		Home visit, estab patient	0.67
99352		Home visit, estab patient	1.10
99353		Home visit, estab patient	1.77
99354		Prolonged service, office	1.77
99355		Prolonged service, office	1.77
99356		Prolonged service, inpatient	1.71
99357		Prolonged service, inpatient	1.71
99375		Care plan oversight/30-60	1.73
99381		Preventive visit, new, infant	1.19
99382		Preventive visit, new, age 1-4	1.36
99383		Preventive visit, new, age 5-11	1.36
99384		Preventive visit, new, age 12-17	1.53
99385		Preventive visit, new, age 18-39	1.53
99386		Preventive visit, new, age 40-64	1.88
99387		Preventive visit, new, age 65 & over	2.06
99391		Preventive visit, est, infant	1.02
99392		Preventive visit, est, age 1-4	1.19
99393		Preventive visit, est, age 5-11	1.19
99394		Preventive visit, est, age 12-17	1.36
99395		Preventive visit, est, age 18-39	1.36
99396		Preventive visit, est, age 40-64	1.53
99397		Preventive visit, est, age 65 & over	1.71
99401		Preventive counseling, indiv	0.48
99402		Preventive counseling, indiv	0.98
99403		Preventive counseling, indiv	1.46
99404		Preventive counseling, indiv	1.95
99411		Preventive counseling, group	0.15
99412		Preventive counseling, group	0.25
99431		Initial care, normal newborn	1.17
99432		Newborn care not in hospital	1.26
99433		Normal newborn care, hospital	0.62
99435		Hospital NB discharge day	1.50
99440		Newborn resuscitation	2.93

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