DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410 and 415

[BPD–852–FC]

RIN 0938–AH40

Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997

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

ACTION: Final rule with comment period.

SUMMARY: This final rule makes several policy changes affecting Medicare payment for physician services, including payment for diagnostic services and transportation in connection with furnishing diagnostic tests. The final rule also makes changes in geographic payment areas (localities) and changes in the procedure status codes for a variety of services. Since we established the physician fee schedule on January 1, 1992, our experience indicates that some of our policies may need to be reconsidered. This final rule is intended to correct several inequities in physician payment.

This final rule also makes 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 completed the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997. In addition, we are finalizing the 1996 interim RVUs and are issuing interim RVUs for new and revised procedure codes for 1997.

DATES: *Effective Date:* This rule is effective January 1, 1997, as provided by the Medicare statute. Ordinarily, 5 U.S.C. section 801 requires that agencies submit major rules to Congress 60 days before the rules are scheduled to become effective. However, the 104th Congress adjourned on October 4, 1996, and the 105th Congress is not scheduled to convene until January 7, 1997. The Department has concluded that, in this instance, a further delay in this rule's effective date in order to satisfy section 801 would not serve the law's intent, since Congress will not be in session during this period, and such delay in the effective date established by the Medicare statute is unnecessary and contrary to the public interest. The Department finds, on this basis, that there is good cause for establishing this effective date pursuant to 5 U.S.C. section 808(2).

Comment Date: We will accept comments on interim RVUs for selected procedure codes identified in Addendum C. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 21, 1997.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–852–FC, P.O. Box 26688, Baltimore, MD 21207–0488.

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

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

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

Comments may also be submitted electronically to the following e-mail address: BPD852FC@hcfa.gov. E-mail comments must include the full name and address of the sender and must be submitted to the referenced address to be considered. All comments must be incorporated in the e-mail message because we may not be able to access attachments. Electronically submitted comments will be available for public inspection at the Independence Avenue address below.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–852–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 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: Stanley Weintraub, (410) 786–4498.

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

Section 1848(c)(2)(B) of the Social Security Act (the Act) provides that adjustments in RVUs resulting from an annual review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. Thus, the statute allows a $20 million tolerance for increasing or reducing total expenditures under the

physician fee schedule. This year we are making the budget neutrality adjustment required by changes in payment policy and CPT through the conversion factors (CFs) and the adjustment required by the 5-year review through a separate adjuster to the work RVUs. We have determined that net increases because of changes to the physician fee schedule would have added to projected expenditures in calendar year 1997 by approximately $2.7 billion. Therefore, it is necessary to make budget-neutrality adjustments.

We have made the two adjustments in such a manner as to achieve budget neutrality as we were best able to estimate. As a result, the total projected expenditures from the revised fee schedule are estimated to be the same as they would have been had we not changed the RVUs for any individual codes or added new codes to the fee schedule. We have adjusted all CFs by a uniform adjustment factor of 0.985, which results in a uniform reduction of 1.5 percent to the CFs for all services. The new work adjuster factor is 0.917, which results in a reduction of −8.3 percent to all work RVUs.

A CF is a national value that converts RVUs into payment amounts. There are three separate CFs: one for surgical services, one for primary care services, and one for nonsurgical services other than primary care. The CFs are updated annually.

Addenda to this rule provide the following information:

Addendum A—Explanation and Use of Addenda B through D.

Addendum B—1997 Relative Value Units and Related Information Used in Determining Medicare Payments for 1997.

Addendum C—Codes with Interim Relative Value Units.

Addendum D—1997 Geographic Practice Cost Indices by Medicare Carrier and Locality.

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished on or after January 1, 1997.

To assist readers in referencing sections contained in this final rule, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations.

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

AMA—American Medical Association
CF—Conversion factor
CFR—Code of Federal Regulations
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1996, copyrighted by the American Medical Association]
CY—Calendar year
EKG—Electrocardiogram
FSA—Fee Schedule Area
FY—Fiscal year
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCFA—Health Care Financing Administration
HCPAC—Health Care Professionals Advisory Committee
HCPCS—HCFA Common Procedure Coding System
HHS—[Department of] Health and Human Services
MSA—Metropolitan Statistical Area
MVPS—Medicare Volume Performance Standards
OBRA—Omnibus Budget Reconciliation Act
OMB—Office of Management and Budget
PC—Professional component
RUC—[American Medical Association Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
TC—Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the 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 Fee Schedule

In the May 3, 1996 and July 2, 1996 proposed rules (61 FR 19993 and 61 FR 34615, respectively), we listed all of the final rules published through December 8, 1995 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the May 3, 1996 proposed notice (61 FR 19992), we discussed proposed changes to work RVUs affecting payment for physician services in keeping with the requirement under section 1848(c)(2)(B)(i) of the Act 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 completed the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997. In the July 1996 proposed rule (61 FR 34614), we discussed several policy changes affecting Medicare payment for physician services including payment for diagnostic services and transportation in connection with furnishing diagnostic tests. The proposed rule also discussed comprehensive locality changes and changes in the procedure status codes for a variety of services.

This final rule with comment period affects the regulations set forth at 42 CFR part 410, which consists of regulations on supplementary medical insurance benefits and part 415, which contains regulations on services of physicians in provider settings, supervising physicians in teaching settings, and residents in certain settings. It also discusses changes to work RVUs affecting payment for physician services. The information in this final rule updates information in the final Federal Register documents listed in the May 1996 and July 1996 proposed rules (61 FR 19993 and 61 FR 34615, respectively).

C. Components of the Fee Schedule Payment Amounts

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

For each physician fee schedule service, there are three relative values: (1) An RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each of these components of the fee schedule there is a geographic practice cost index (GPCI) for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component. In addition, for 1997, there is an added adjustment for budget neutrality to work reflecting the results of the 5-year review of work RVUs. The work adjuster is explained in section IV.C.1. of this final rule.

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

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

The CFs for calendar year 1997 appear in Addendum A. The RVUs for calendar year 1997 are in Addendum B. The GPCIs are in Addendum D.

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

For the first year of the fee schedule, the law required a base-year CF that was budget-neutral relative to 1991 estimated expenditures. The Secretary is required to recommend to the Congress updates to the CFs by April 15 of each year as part of the Medicare volume performance standards and annual fee schedule update process. The Congress may choose to enact the Secretary's recommendation, enact another update amount, or not act at all. If the Congress does not act, the annual fee schedule update is set according to a ''default'' mechanism in the law. Under this mechanism, the update will equal the Medicare Economic Index adjusted by the amount actual expenditures for the second previous fiscal year (FY) were greater or less than the performance standard rate of increase for that FY. (The Medicare Economic Index is a physician input price index, in which the annual percent changes for the direct-labor price component are adjusted by an annual percent change in a 10-year moving average index of labor productivity in the nonfarm business sector.) The Medicare volume performance standard for FY 1997 and the physician fee schedule update for calendar year (CY) 1997 are published elsewhere in this Federal Register issue as a final notice (BPD–853–FN).

D. Summary of the Development of the Relative Value Units

1. Work Relative Value Units

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

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

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

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

We responded to comments received on RVUs listed in Addendum C of the November 25, 1992 notice (57 FR 56152) in the December 2, 1993 final rule (58 FR 63647) for the 1994 physician fee schedule. The December 2, 1993 final rule discussed the process used to establish RVUs for codes that were new or revised for 1994. The RVUs for these codes, which are listed in Addendum C of the December 2, 1993 final rule (58 FR 63842), were considered interim in 1994 and open to comment through January 31, 1994. We proposed RVUs for some non-Medicare and carrier-priced codes in our June 24, 1994 proposed rule (59 FR 32760). Codes listed in Table 1 of the June 1994 proposed rule were open to comment. These comments, in addition to comments on RVUs published as interim in the December 2, 1993 final rule were addressed in the December 8, 1994 final rule (59 FR 63432). In addition, the December 8, 1994 final rule discussed the process used to establish RVUs for codes that were new or revised for 1995. Interim RVUs for new or revised procedure codes were open to comment. Comments were also accepted on all RVUs considered under the 5-year refinement process. The comment period closed on February 6, 1995.

2. Practice Expense and Malpractice Expense Relative Value Units

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

If charge data were unavailable or insufficient, we imputed the practice expense and malpractice expense RVUs from the work RVUs. For example, if a procedure has work RVUs of 6.00, and the specialty practice cost percentages for the specialty furnishing the service is 60 percent work, 30 percent practice expense, and 10 percent malpractice expense, then the total RVUs would be 10.00 (6.00/.60), the practice expense RVUs would be 3.00 (10 x .30), and the malpractice expense RVUs would be 1.00 (10 x .10).

II. Specific Proposals for Calendar Year 1997 and Responses to Public Comments

In response to the publication of the July 1996 proposed rule, we received approximately 3,000 comments. We received comments from individual physicians and health care workers and professional associations and societies. The majority of the comments addressed the proposals related to locality changes, transportation in connection with furnishing diagnostic tests, and diagnostic testing.

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

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1997. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section IX).

For the convenience of the reader, the headings for the policy issues in section II, for the most part, correspond to the headings used in the July 1996 proposed rule (61 FR 34614). More detailed background information for each issue can be found in the July 1996 proposed rule.

A. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes

Currently, there are 210 payment localities under the physician fee schedule. Twenty-two States have single statewide localities, while the number of localities in other States ranges from 2 to 32. The current localities were set by local Medicare carriers based on their knowledge of local physician charging patterns. Therefore, current localities have no consistent basis, and have generally changed little since the inception of Medicare in 1966. Currently, we set physician fee schedule localities, and local Medicare carriers may not revise them. Over the years, we have received numerous complaints from physicians that, since the current localities were established, changing economic and demographic conditions warrant a comprehensive review and revision of payment localities.

We contracted with Health Economics Research, Inc. to conduct an analysis of options for realignment of payment localities. After analyzing the Health Economics Research report, we announced in the July 1996 proposed rule (61 FR 34618) that we were proposing Option 1i, 5-percent threshold, with subcounty payment area restructuring in certain States with subcounty localities.

Under this option, current localities are used as building blocks. The 22 existing statewide localities remain statewide localities. Our proposal sets new localities in the remaining 28 States by comparing the area cost differences as represented by the locality GAFs within a State. An area's GAF is a weighted composite of the area's work, practice expense, and malpractice GPCIs and allows a comparison of overall costs among areas. Briefly, a State's localities are ranked from the highest to the lowest GAF. The GAF of the highest-price locality is compared to the weighted average GAF of all lower-price localities. If the percentage difference exceeds 5-percent, the highest-price locality remains a distinct locality. If not, the State becomes a statewide locality. If the highest-price locality remains a distinct locality, the process is repeated for the second highest-price locality. Its GAF is compared to the statewide average excluding the two highest-price localities. If this difference exceeds 5-percent, the second highest-price locality remains a distinct locality. This logic is repeated, moving down the ranking of localities by costliness, until the highest-price locality does not exceed the combined GAFs of all less costly localities by 5-percent and does not remain a distinct locality. No further comparisons are made, and the remaining localities become a residual rest-of-State locality. The GAF of a locality always is compared to the average GAF of all lower-price localities. This ensures that the statewide or residual State locality has relatively homogeneous resource costs.

We combined Option 1i, 5-percent, with a restructuring of localities in the 11 States that currently contain subcounty localities. We proposed to use counties as the basic locality structure. The input price data used in computing the GPCIs is not available at the subcounty level. The use of subcounty localities creates unnecessary complexity and administrative burden. It requires laborious mapping of zip codes and city boundaries to localities for both claims processing and computing the GPCIs. Using counties as the basic locality unit provides a national uniform physician fee schedule structure. Option 1i, 5-percent threshold, automatically eliminates these subcounty areas in 8 States as it aggregates them into statewide or residual State localities. The remaining 3 subcounty States—Massachusetts, Missouri, and Pennsylvania—are more problematic. Currently, each of these States contain noncontiguous localities comprised of parts of counties with dissimilar costs. We proposed to fundamentally restructure localities in these States by examining county level costs as represented by county GAFs and creating new localities based on costs with some geographic consideration. A detailed discussion of this fundamental restructuring can be found in the July 1996 proposed rule (61 FR 34620).

Our proposed locality structure meets the major goal of simplifying payment areas and reducing payment differences among adjacent geographic areas while maintaining accuracy in tracking input prices among areas. It significantly reduces the number of payment localities from 210 to 89 and increases the number of statewide localities from 22 to 34, thereby simplifying program administration. It also provides a more rational and understandable basis for localities, reduces urban/rural payment differences, and maintains separate payment areas for relatively high-priced large and mid-sized cities in large States. It decreases the number of payment areas by almost 60 percent while at the same time reducing average county boundary differences, yet reduces average county input price accuracy by only 0.42 percent.

The GPCIs for the new localities were calculated to be budget neutral within each State. That is, the same total physician fee schedule payment will be made within a State that would have been made if the current localities were retained. The effect on most localities will be minimal. Of the total localities in the 28 States currently having multiple localities, 82 percent of the GAFs change less than 3 percent, 93 percent change less than 4 percent, and 96 percent change less than 5 percent. Forty-three percent of the areas will experience increases in payments, 33 percent will experience decreases, and 24 percent will experience no change.

We proposed phasing in the new localities over a 2-year period in States containing a payment area estimated to lose more than 4 percent. We proposed that no locality be allowed to lose more than 4 percent in the first year. We selected a 4 percent threshold because it is about one-half of the largest estimated payment area decrease. This means phasing in the new localities over 2 years in Missouri and Pennsylvania because they are the only States containing a payment locality estimated to lose more than 4 percent. The payment locality changes would be fully effective in 1997 in all other States.

Comment: The single largest number of comments were from commenters supporting our proposal because it would reduce or eliminate urban/rural payment differences in their State. They believed that this would help in the recruitment and retention of physicians in underserved rural areas, thereby improving access. The commenters stated that increased Medicare payments are particularly needed in rural areas as these areas tend to have an unusually large percentage of the Medicare population.

Response: We agree that our proposal will reduce urban/rural payment differences under the Medicare physician fee schedule, and we are hopeful that this may help to improve access to care in rural areas.

Comment: Some commenters from localities estimated to experience payment decreases objected to what they termed the ''proposed reduction'' in their payment level under Medicare. They were concerned about the ripple effect on their payments from other sources, especially managed care, as these sources frequently base their payments on Medicare payment rates. They gave no rationale for objecting to our proposal, other than the payment reduction.

Response: Our proposal is not intended as a payment reduction policy. Rather, it is a restructuring of localities based on area costs wherein existing localities with costs that are

significantly higher than other localities within their State remain distinct localities while localities with similar costs within the State are collapsed into a residual State locality. Since this will be implemented on a budget-neutral basis within a State, some of the current localities comprising these newly collapsed localities will experience slight increases in payments while others will experience slight decreases. Our proposal to aggregate current localities is based on the application of statistical criteria comparing area costs. In the July 2, 1996 proposed rule (61 FR 34621), we stated that while we welcomed comments and would consider other suggested alternatives, these alternatives should be based on a statistical analysis demonstrating why the alternative is preferable. Merely objecting to reductions in payment without accompanying analysis is not a compelling reason for not implementing the proposed locality revisions.

Comment: Commenters from urban areas whose costs were not significantly higher than rural areas and, thus, were collapsed into statewide or State residual areas were opposed to our proposal, maintaining that their expenses such as labor, rent, and taxes are higher than in rural areas.

Response: We agree that our cost data generally show that costs are higher in urban than in rural areas. However, urban areas whose costs do not meet our statistical criteria, that is, are not more than 5 percent higher than the combined costs of all lower-price localities in their State, are combined with these lower-price localities into a new locality. We believe that, for all of the reasons stated in the introduction, our proposed locality structure has many advantages over the current structure while maintaining an acceptable degree of accuracy in tracking area cost differences.

Comment: Commenters in losing areas objected to our methodology on the basis that the GPCIs are based on proxy data that are outdated and are not an accurate reflection of area cost differences. Some commenters quoted other limited data sources or provided limited local data to demonstrate that their costs were higher relative to other areas than indicated by the GPCIs. Indeed, some commenters did not comment on our locality proposal, but commented on the construction of the GPCIs and how the GPCIs understate costs in their area.

Response: The accuracy of the GPCIs was initially addressed in the June 1991 proposed rule (56 FR 25815) and the November 1991 (56 FR 59511) final rule on the physician fee schedule. It was addressed again in the June 24, 1994 proposed rule (59 FR 32756) and the December 1994 final rule (59 FR 63414) on the physician fee schedule discussing the first update of the GPCIs. Those rules discussed in depth the formulation of the GPCIs. Those proposed and final rules were the appropriate vehicles for commenting on the GPCIs. The next GPCI update is scheduled for 1998, and likely will be announced in a proposed rule published in 1997. This will provide another opportunity for commenting on the formulation of the GPCIs. Our July 2 proposed rule requested comments on the proposed locality reconfiguration, not the GPCI formulation.

The GPCIs are based on the best and most recent data available. The current GPCIs are based on 1990 census wage data, 1994 rental data, and 1990 through 1992 malpractice premium data. The current GPCIs were required by law to become effective in 1995. We began work on them in 1993. These data were the best and most recent data available at that time. Because of the time necessary to collect and evaluate the data, there will always be a time lag between data collection and implementation of the GPCIs. It is not possible to be absolutely current. The GPCIs have been examined in depth by government and private groups and there is general agreement that they are the best available measurement of area physician practice cost differences.

Since the GPCIs reflect practice costs among all areas across the country, national data sources that are widely available and are updated on a periodic basis are required. Using locally available data to demonstrate higher local costs is not acceptable in a national program with national indices.

Comment: Some commenters, while generally agreeing with the intent of our locality proposal, stated that we should make an exception to furnish the same payment amount for metropolitan areas that cross State lines as these areas tend to have relatively homogenous resource costs throughout the metropolitan area. Commenters believed that not doing this might have a negative impact on health care delivery in the part of the metropolitan area in the State with the lower GAF. One commenter cited an example of neighboring payment areas across State borders that currently have nearly identical GAFs but under our proposal will have a nearly 4-percent difference as one of the areas becomes part of a statewide locality while the other remains a distinct locality.

Response: We considered using metropolitan statistical areas as locality building blocks in one option for setting localities. For the reasons discussed in the July 1996 proposed rule (61 FR 34618), we rejected this option as less promising than our proposed option. We agree that in many cases resource cost are similar across State lines. However, we currently have no localities that cross State lines and see no reason to begin establishing them. There are numerous situations under the current locality system when there are larger payment differences across State boundaries than the 4 percent cited by the commenter. We have no evidence that physicians are crossing State borders to secure higher Medicare payment. There are many differences among States that affect business decisions in addition to the elements reflected in our resource costs. For example, States have different physician licensing requirements, business licensing requirements, safety and health requirements, and different business, corporate, and personal income tax rates. We do not believe that a few percentage points difference in Medicare payments will cause physicians to relocate across State lines.

Comment: Some commenters in the 16 States that would remain multiple locality States under our proposal stated that they would prefer that we make their State a single statewide locality.

Response: Our proposal creates statewide localities except in States containing high-price localities whose costs exceed the combined costs of all lower-price localities by more than 5 percent. We stated in the July 1996 proposed rule (61 FR 34622) that we would consider requests to convert multiple locality States to statewide localities if there is overwhelming support for a statewide locality among both winning and losing physicians in the State. We will be glad to consider applications demonstrating such overwhelming support for a statewide locality from these States.

Comment: Some commenters supported our proposal but requested that all localities have the changes transitioned in over a 2-year period. Other commenters requested a 3-or 4-year transition.

Response: Transitions are operationally complex and can be very confusing to physicians. Most localities experience a negligible or minor change in payments under our proposal. We see no need to transition such areas. We believe that transitioning only to limit the larger losses is reasonable. We also believe that transitioning over 2 years in these areas is reasonable. The periodic GPCI revisions are required by law to be transitioned over 2 years. A longer transition will run into the next GPCI

update and the implementation of resource-based practice expenses. It would be very complex and difficult to explain the interaction of these simultaneous changes to physicians.

Comment: While generally supporting our concept of consolidating payment areas, some commenters requested that we allow more flexibility on a statewide basis. They requested that we accommodate their wishes if physicians within a State wish to have a slight modification to our proposal, for example, to select a lower threshold than 5 percent to allow certain areas that would be part of the State residual area to remain a distinct payment area.

Response: The fee schedule is a national program, with national RVUs and national CFs. The GPCIs are based on national data. Therefore, we applied the same statistical criteria, Option 1i, 5-percent threshold, to all multiple locality States in our locality revision proposal. As announced in the proposed rule, we still plan to be responsive to the wishes of physicians in multiple locality States by accepting requests for a statewide payment area if overwhelmingly supported by physicians in both winning and losing areas within the State. While we prefer to be responsive to the wishes of physicians within a State, commenters failed to state what criteria would be applied to demonstrate that physicians within the State desired a modification of our proposal.

Our past experience with converting States to statewide payment areas has demonstrated that it is often difficult to develop a consensus among physicians for these changes because there are both winners and losers. Our criteria for such changes have been to require a resolution, passed by the State medical society requesting the change, that clearly states that there will be winners and losers, and also offers proof of overwhelming support for the change among physicians in both winning and losing areas. Then, even if such support is demonstrated among State medical society members, we will publish the proposed change in the Federal Register to give all physicians in the State, medical society members and nonmembers, an opportunity to comment because State medical societies usually represent only about 50 to 60 percent of all physicians in the State. Also, many nonphysician practitioners paid under the fee schedule and not represented by State medical associations are affected by fee schedule changes. In many cases, we have received letters of protest from losing, usually urban, physicians as soon as a resolution is passed and before we have even proposed a change.

While we were willing to consider modifications to our proposed localities within a State, such modifications would have to be statistically based. For example, a request for a modification should state why we should use a lower threshold than our 5-percent threshold within that State, rather than merely saying that a large city, which becomes part of the State residual area under the proposal, should be a separate locality because it is similar in size or characteristics to other higher-cost cities. We would also need evidence that areas that would lose under this modification understood and supported the change.

Comment: A commenter from California, while generally supporting the proposal, requested to return to the designations in Los Angeles that existed under the reasonable charge system whereby more expensive areas of Los Angeles, namely Beverly Hills, West Los Angeles, and Santa Monica had higher prevailing charge allowances than other parts of Los Angeles County. The commenter believed that costs are not homogeneous across Los Angeles County and are higher in these areas.

Response: Los Angeles was divided into eight areas under the reasonable charge system. These eight areas have the same GPCIs and payment amounts under the fee schedule because the lowest level cost data we have are county cost data. Thus, combining these eight areas into one area under our proposal has no effect on payments in Los Angeles. Making Beverly Hills, West Los Angeles, and Santa Monica separate payment areas would not change their payments because we would still use the Los Angeles County cost data since we do not have subcounty cost data. As stated in the July 1996 proposed rule (61 FR 34618), we are using current counties as the basic locality building block and will have no subcounty payment areas under our proposal. We believe that limiting localities to at least the county level is reasonable. While an individual city, town, or individual physician might incur higher costs than the average in their payment locality, the choice to locate in high cost space is a business decision.

Comment: Some commenters in losing areas stated that we should not reduce payments in their locality because their locality contained numerous teaching hospitals, which have higher costs of providing services. Also, these large teaching facilities tend to serve as physicians' offices for many poor and indigent people.

Response: Under the law, physician fee schedule payments do not differ by type of provider. All physicians' services, whether furnished by solo practitioners, group practices, large multispecialty clinics, or hospital-based physicians, are paid at the same rate within a locality. The added costs of teaching hospitals are recognized through the added Medicare direct and indirect medical education payments made to teaching facilities. Likewise, hospitals furnishing a disproportionate share of services to indigent patients receive additional disproportionate share payments.

Comment: Some commenters requested we delay implementation of our proposal until we can perform a thorough study using more recent cost data.

Response: We see no reason for a delay. As mentioned earlier, in response to physicians' concerns, we stated that we would consider a comprehensive revision in localities once the transition was completed in 1996. We believe that the Health Economics Research, Inc. study was extremely comprehensive. The data used when the study was started in 1995 were the data that formed the basis for the newly revised 1995 GPCIs. As stated in the previous response about the accuracy of the GPCIs, there will always be some time lag because of data collection and analysis requirements. The GPCIs are based on the best currently available data.

Comment: Commenters from some losing, relatively low cost urban areas that were combined into a residual State area suggested we ameliorate the effects on these areas by taking a few percentage points away from the higher cost areas that remain distinct localities within the State and redistributing this to the residual State area. They believed that these higher paid areas can ''afford'' to give up these few percentage points, and stated that this is in keeping with our stated goal of reducing urban/rural payment differences.

Response: Our proposal is based strictly on the application of statistical methodology comparing area costs. Arbitrarily taking away money from a high cost area merely to redistribute it to other areas would violate our criteria and underpay the high cost area while overpaying the low cost areas. It is true that we generally favor statewide payment areas as they result in greater simplicity and ease of administration and reduce urban/rural payment differentials; we are hopeful that this will improve access in rural underserved areas. However, once a statewide area is established, it is given

the GPCIs justified by the GPCI cost data.

Comment: Commenters from losing areas that would be retained as distinct payment areas under a lower threshold believed that our selection of the 5-percent threshold is arbitrary.

Response: We disagree. We examined various thresholds with various options. As stated in the July 1996 proposed rule (61 FR 34619), Option 1i, 5-percent threshold was selected because it provided the greatest simplification while reducing average boundary differences from the current structure at a virtually negligible increase in average county input price error of only 0.42 percent. This option provided the best combination of simplicity, reducing boundary payment differences, and maintaining accuracy in tracking area cost differences.

Comment: While understanding and generally agreeing with our statistical methodology, some commenters asked if we planned to change localities on a periodic basis to recognize future cost changes. Others requested that we commit to such future change as we update the GPCIs.

Response: There have been no comprehensive studies and revisions of physician payment localities in 30 years. We agreed with physicians that such a study and revision was necessary, especially since we changed from the local carrier pricing system to a national fee schedule. We have stated on numerous occasions that we favor statewide localities because of their understandability, simplicity, and ease of administration, and because they reduce urban/rural payment differences. We do not plan to break up statewide payment areas in the future. We also do not generally favor fragmenting existing payment areas into smaller areas. While we do not plan to routinely revise payment areas as we implement new GPCIs, we will review the areas in multiple locality States if the newer GPCI data indicates dramatic relative cost changes among areas.

Final decision: Effective January 1, 1997, we will proceed with the implementation of our proposed Option 1i, 5-percent threshold, with restructuring of subcounty payment areas to reduce the number of physician fee schedule payment localities from 210 to 89 as indicated in the July 1996 proposed rule (61 FR 34619). A list of the new localities with their 1997 GPCIs can be found in Addendum D. These GPCIs will be fully effective in all States except Missouri and Pennsylvania in 1997. Because Missouri and Pennsylvania contain localities whose GPCIs decrease by more than 4 percent under our proposal, these States will be phased in over a 2-year period. Because the losing areas will have their losses limited to 4 percent in 1997, the winning areas in these States will experience slightly less than their full expected increases in 1997.

This policy change does not require a change to the regulations set forth in § 414.4 (''Fee schedule areas'').

B. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures

We proposed that, to be covered, diagnostic tests, including diagnostic radiologic procedures must be ordered by the physician who treats the patient. The physician who treats the patient is the physician responsible for the treatment of the patient and who orders the test or radiologic procedure to use the results in the management of the beneficiary's specific medical problem(s). (Physicians can order tests while they are consulting for another physician.) We believe this requirement is fundamental for coverage and payment of diagnostic tests and, therefore, are including it in the regulations at § 410.32 (''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions'').

However, a physician who orders the x-ray that is used by a chiropractor to demonstrate the subluxation of the spine in a beneficiary who is receiving manual manipulation treatments will be exempted from this rule. Because no payment can be made for a diagnostic test ordered by a chiropractor under § 410.22(b)(2), we will allow payment for the x-ray when ordered by a physician who will not be treating the patient for subluxation of the spine. Otherwise, beneficiaries would always have to pay out-of-pocket for these x-rays, which would frustrate their use of the benefit.

Further, certain nonphysician practitioners who provide services that would be physician services if furnished by a physician under a specific enumerated benefit in the statute would be treated the same way as the physician treating the beneficiary for the purpose of this section. Nonphysician practitioners who meet this definition are physician assistants (section 1861(s)(2)(K)(i) of the Act), nurse practitioners (section 1861(s)(2)(K)(ii) of the Act), clinical nurse specialists (section 1861(s)(2)(K)(iii) of the Act), nurse-midwives (sections 1861(s)(2)(L) and 1861(gg) of the Act), clinical psychologists (sections 1861(s)(2)(M) and 1861(ii) of the Act), and clinical social workers (sections 1861(s)(2)(N) and 1861(hh) of the Act) operating within the scope of their statutory benefit and State licenses.

Comment: One commenter suggested that clinical psychologists and nurse midwife practitioners be added to the list of nonphysician practitioners permitted to order tests.

Response: The same policy would apply to these nonphysician practitioners when working within the scope of their statutory benefit. We have added provisions pertaining to these nonphysician practitioners to the regulations text.

Comment: Several primary care physicians were concerned that they would be precluded from ordering diagnostic tests if the results of the testing leads to referral to a specialist since the referring physician would not be the treating physician. Similarly, an ophthalmological organization expressed concern about ordering radiologic tests for a suspicious area of the eye because the ophthalmologist would not be the treating physician. In addition, several commenters indicated that radiologic imaging centers, pathological laboratories, and noninvasive vascular laboratories often are faced with situations in which the patient's physician has ordered one test when another is more appropriate or, as a result of the findings of the ordered tests, it may be necessary for the reading physician to order additional tests. The commenters suggested that the proposal be modified to allow for the interpreting physician to modify the order to meet the patient's needs.

Response: We had proposed that, to be covered, diagnostic tests must be ordered by the physician who treats the beneficiary. This policy is designed to assure that beneficiaries receive medically necessary services and to prevent patterns of abuse, such as the furnishing of diagnostic tests that are screening (noncovered) services rather than medically necessary services for the diagnosis of the individual patient's condition. For example, we have heard of situations in which a physician is employed for the sole purpose of ordering diagnostic tests (in nursing homes or mobile centers).

The discussion of our proposal should have indicated that an individual may have several treating physicians including a primary care physician and a specialist. We would also consider as a ''treating physician'' an ''on call'' physician who has been given responsibility for a patient's care during a period when the patient's physician is unavailable. Our intention was not to preclude the ordering of tests by a patient's primary care physician who refers the patient to a specialist, or by

a specialist who is managing only one aspect of the patient's care. Further, we do not want to prevent medically necessary testing that is a modification of the diagnostic work-up a treating physician orders for a specific patient. The intent of the policy is to assure that the physician who orders the test is responsible for the management of some aspect of the patient's care.

While we do not think it is necessary to change the language in the regulations, we agree that some provision should be made for the situations in question. We will publish our interpretations of the regulation in the implementing manual instructions.

Further, we believe that the physician interpreting the diagnostic tests has an obligation to discuss any changes in or additions to the original order with the patient's physician. In the ideal situation, this discussion should take place before the change in orders is implemented, but we realize there may be urgent situations when this is not possible.

Comment: A national medical specialty organization indicated its agreement with the concept of the proposal but suggested that another approach would be to preclude physicians, nurse practitioners, and physician assistants employed by home health agencies and skilled nursing facilities from independently ordering laboratory tests without the knowledge and consent of the patient's attending physician.

Response: We will keep this suggestion in mind in case additional action is needed in this area but believe it would be difficult to enforce this policy. In addition, the suggestion does not address the problem of unnecessary testing in nursing facilities and questionable testing offered to beneficiaries in public areas such as shopping malls.

Comment: An organization representing medical directors in the field of long-term care pointed out that medical directors of nursing facilities are responsible for providing oversight and supervision of physician services and the medical care of residents. In that capacity they may have to order tests to evaluate possible inadequate care.

Response: We believe that in these unusual cases the medical director of the nursing facility would contact the patient's physician about the testing and that the medical necessity of the test could be ascertained. The facility director should document the medical necessity of the testing in the facility's medical records. As indicted above, we established this policy to address inappropriate patterns of ordering tests, such as the medical director of a nursing facility who orders screening diagnostic testing for many patients in the facility.

Comment: One commenter expressed concern about the effect of the policy on the ordering of tests by residents in teaching hospitals. The commenter also was concerned about tests ordered by one member of a group practice at the time a patient is admitted to a hospital when another member of the group is the patient's treating physician in the hospital.

Response: We do not intend for this policy to have a significant effect on diagnostic procedures furnished in hospitals. Residents may order tests without involving a teaching physician since the ordering of tests generally is not a billable service. In addition, we realize that, in group practices, different members of the group may treat the patient at different times. This policy is not intended to prevent the substitution of physicians within a group.

Comment: One commenter requested clarification of the interaction between the ordering of tests by nonphysician practitioners and the coverage requirement for direct physician supervision of the performance of x-rays and other diagnostic tests.

Response: While nonphysician practitioners are permitted to order diagnostic tests under certain conditions, this does not eliminate the requirement for physician supervision.

Comment: A commenter noted that the proposed rule addresses only physicians who order the x-ray used by a chiropractor to demonstrate subluxation of the spine. It does not address coverage for other diagnostic services that may be ordered by a physician on the referral from a chiropractor.

Response: The purpose of the July 1996 proposed rule was to address the x-ray required by section 1861(r)(5) of the Act that limits the services of a chiropractor to manual manipulation of the spine to correct a subluxation that is demonstrated by x-ray to exist. Because the statute requires the x-ray but § 410.22(b)(2) prohibits payment to chiropractors for ordering or furnishing the x-ray, beneficiaries, in some cases, have incurred the expense for the mandated x-ray. We have attempted to resolve this issue in a manner that would be equitable and, at the same time, maintain the intent of the Congress in establishing the original requirement. Therefore, we proposed an exception to the policy that requires the ordering physician to be the treating or consulting physician. Thus, we focused on easing the burden on the patient for payment of the mandated x-ray: under the rule, the chiropractor may send the patient for the x-ray that the radiologist, as a physician, may order, even though the radiologist is not the treating physician.

Final Decision: We are adopting our proposal to cover diagnostic tests only if ordered by the physician or nonphysician practitioner who treats the patient, unless it is a physician who orders an x-ray to be used (by a chiropractor) to demonstrate subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatment even though the physician does not provide the manual manipulation.

C. Transportation in Connection With Furnishing Diagnostic Tests

We proposed allowing separate payment only for the transportation of x-ray equipment furnished by approved suppliers of portable x-ray services. As a result, we proposed not allowing separate payment for the transportation of electrocardiogram (EKG) equipment furnished by any supplier. Payment for the transportation would be bundled into our payment for the EKG service. We proposed this policy because, in our judgment, statutory authority existed for separate payments for only the transportation of x-ray equipment. Therefore, we proposed to eliminate HCFA Common Procedure Coding System (HCPCS) code R0076 (Transportation of portable EKG equipment and personnel to home or nursing home). Payment for CPT codes 93000 (Electrocardiogram, complete) and 93005 (Electrocardiogram, tracing) would not change.

This proposal is consistent with actions taken in our December 1995 final rule (60 FR 63149). In that rule, we noted that the general physician fee schedule policy is that travel is included in the practice expense RVUs for a service. However, until issuance of that regulation, Medicare carriers had the discretion to make separate or additional payments for the transportation of diagnostic equipment. As a result of the December 1995 final rule, effective January 1, 1996, we standardized our policy for the payment of the transportation costs. We precluded separate payment for these costs, except under certain circumstances. Those circumstances included paying separately for EKG transportation to approved portable x-ray suppliers and independent physiological laboratories. As noted above, after further review of this policy, we concluded that the statute authorized such separate transportation

payments for only portable x-ray services, and we are now bringing our policy into compliance with this interpretation effective January 1, 1997.

We believe there is no policy basis for paying for EKG transportation in a manner different from our payment for transportation of other diagnostic tests. The only exception would be portable x-ray transportation, for which, we believe, the Congress required separate payment.

Comment: We have received over a hundred comments from portable x-ray suppliers, officials of nursing facilities, and family members of residents of nursing facilities indicating that:

- These suppliers will have to close either their EKG operations or their entire business.
- We will pay 4 or 5 times as much in ambulance payments to take patients to hospitals to receive EKGs.
- Transporting patients to a hospital will cause them pain, discomfort, and confusion.
- We should discontinue transportation payments to independent physiological laboratories for EKGs but continue payment to portable x-ray suppliers.

Response: We believe that the premise that only two alternatives are available, that is, portable EKGs and ambulance transportation, is erroneous. Patients requiring ambulance transportation will exhibit symptoms and signs that require medical evaluation and treatment that would make furnishing an EKG alone as a portable test inappropriate. Nor can it be assumed that ambulance payments would be made in many of these situations since use of an ambulance is medically necessary only when other transportation is contraindicated. We regard the use of an ambulance simply as a means of transportation to receive a diagnostic procedure to be an abusive practice. Therefore, we believe that the portrayal of portable EKG and ambulance transportation as the only alternatives is not an accurate description of normal, acceptable medical practice.

We believe that, in the case of severe, potentially life threatening cardiac problems, a patient should be transported by ambulance to the hospital instead of waiting for a van with portable equipment to arrive. The comments do not describe the conditions under which EKG services should be provided to nursing facility patients on a mobile basis. The apparent rationale for such payment would be for services furnished in response to symptoms that are significant enough to make the procedure medically necessary but not serious enough for the patient to be taken to a hospital or to require immediate attention by a physician.

We believe that there are sufficient alternatives to furnishing EKG services on a portable basis:

- EKG equipment is lightweight and often carried by physicians into nursing facilities.
- Nursing homes (particularly skilled nursing facilities) often have this equipment and staff who know how to do the test. (Our physicians have advised us that individuals can learn how to hook up these devices with on-the-job training and that the training required to do these procedures does not compare to that required for a radiologic technician). In addition, the results of the test may be sent by phone to the interpreting cardiologist or other physician.
- Patients may be transported by family members or others to medical facilities in the same way they receive other diagnostic or therapeutic services for which we do not make separate transportation payments.

Comment: One commenter described our proposal as ''noncovering'' transportation services for EKG equipment.

Response: That is not an accurate description of our proposed policy. The service will still be covered, but we will not pay separately for the transportation service. We will bundle payment for transportation services into the payment for EKG services.

Comment: One commenter indicated that the proposal was an unconstitutional ''taking'' of the equipment and investment of portable x-ray suppliers and independent physiological laboratories. The commenter went on to say we would be required to provide fair and adequate compensation to indemnify those persons who invested, with a reasonable expectation of return in such equipment, personnel, or businesses.

Response: The commenter's position would seem to be that, once Medicare makes a decision to pay for something, it is forever locked into continuing such payments. However, suppliers have no constitutional right to continued Medicare payment for particular services. In the case of a service, such as the transportation of EKG equipment, for which there is no explicit provision in the law, the responsibility to make needed program changes is delegated to us. We have exercised this discretion in the case of transportation of EKG equipment.

Comment: A few commenters indicated that the proposal to eliminate the transportation payment for EKG equipment was particularly harsh since it follows so closely the recent decision by Medicare to disallow a set-up fee for EKGs.

Response: There never was a set-up fee for EKG equipment. HCPCS code Q0092 (Set-up portable x-ray equipment) was established in 1992 to be billed with radiologic procedures furnished by portable x-ray suppliers. It was designed to recognize the historical payment differential, on a national basis, between the technical component payments under the Medicare radiologist fee schedule for services furnished by portable suppliers and stationary entities. If payment was made under Q0092 for the set-up of EKG equipment by portable x-ray suppliers, it was an erroneous payment that was inconsistent with both the HCPCS code description and the instructions in section 15022 of the Medicare Carriers Manual.

Final Decision: We are assigning HCPCS code R0076 (Transportation of EKG equipment) a ''B'' or bundled status to indicate that, effective January 1, 1997, HCPCS code R0076 will be paid for within the practice expense RVUs of the EKG services. Separate payment will no longer be made for the transportation of EKG equipment. There are sufficient alternatives to provide patients with EKG services. Effective on or after January 1, 1997, Medicare payment under the physician fee schedule may be made only for the transportation of equipment used to perform x-rays and diagnostic mammograms furnished by approved suppliers of portable x-ray services.

This policy change does not require a change in the text of the regulations.

D. Bundled Services

1. Hot or Cold Packs

The results of a comprehensive analysis of Medicare claims data indicate that CPT code 97010 (the application of hot or cold packs to one or more areas) is being used extensively with a wide variety of services such as office visits and physical medicine and rehabilitative services. We proposed to bundle payment for CPT code 97010 into the payment for all other services including, but not limited to, those with which it historically has been billed with the greatest frequency (such as office visits and physical therapy).

We believe that bundling payment and, thus, precluding separate payment for the application of hot and cold packs is justified for three reasons:

- As a therapy, hot and cold packs are easily self-administered. Generally, we do not cover procedures that are basically self-administered; hot and cold

packs, by their nature, do not require the level of professional involvement as do the other physical medicine and rehabilitation modalities.

• Although we acknowledge that professional judgment is involved in the use of hot and cold packs, much less judgment is demanded for them than for other modalities. These packs are commonly used in the home, and, thus, require a minimal level of professional attention.

• The application of hot and cold packs is usually a precursor to other interventions and, as such, is appropriately used in combination with other procedures. Our data analysis supports this conclusion because the majority of claims for CPT code 97010 occurred in conjunction with claims for other services performed on the same day.

We proposed to change the status indicator for CPT code 97010 to ''B'' to indicate that the service is covered under Medicare but payment for it is bundled into the payment for other services. Separate payment for CPT code 97010 would not be permitted under this proposed change. This change would be implemented in a budget neutral manner across all other procedures. Because the RVUs for this procedure would be redistributed across all physician fee schedule services, there would be no measurable impact.

Comment: We received a limited number of comments in response to this proposal. Most of the commenters were opposed to our proposal. However, several commenters supported the concept of bundling CPT code 97010 conditionally and one commenter was fully supportive of the proposal. Those opposed to bundling stated that distribution of the RVUs for CPT code 97010 across all services will result in payment to all physicians performing services when, in fact, only very few physicians use hot and cold pack modalities. Furthermore, the commenters, in supporting the use of hot or cold packs outside of the home setting, stated that these modalities are not appropriate in the home since they are part of a rehabilitation program that is generally not provided in the home. They objected to the proposed bundling of hot or cold packs because they are separate and distinct services. Other physical modality and physical therapy codes are used without the application of hot or cold packs as well, and the packs can be applied independent of any other service.

Response: As indicated in our proposed rule, we analyzed data on the use of CPT code 97010. As a result, we identified the distribution of CPT code 97010 across specialties and occurrences with other procedures. Hot or cold packs were billed by physical therapists, occupational therapists, orthopedic surgeons, physical medicine and rehabilitation specialists, and many other specialties.

Our data indicate that the vast majority (approximately 95 percent) of hot or cold packs were administered in conjunction with other services. Thus, we continue to believe that our data justifies our proposal to bundle payment for CPT code 97010 with other services performed on the same patient on the same day.

Comment: Although some commenters supported the bundling of payment for CPT code 97010 with other services, they stated that the RVUs should be distributed only across other procedures in the CPT code 97000 series. They concluded that because the use of hot or cold packs was not considered in the original RVUs for physical medicine and rehabilitation, the value for CPT code 97010 should be included only with CPT codes 97012 through 97799.

Response: As noted above, our analysis indicates that the use of hot or cold packs is distributed across many other specialties and frequently occurs with a variety of other procedures. Therefore, we believe that the most equitable distribution of the RVUs assigned to CPT code 97010 is across all services. As we noted, the impact of the values for this procedure, distributed across all procedures, is minimal.

Comment: One commenter was concerned about compensating practitioners for the supply costs associated with the use of hot and cold packs.

Response: We believe the practice expense costs are very low for hot and cold packs. Further, the entire RVUs for CPT code 97010 were reallocated including the physician work and the practice expense components. Thus, the supply costs are included in the practice expense RVUs allocated to other codes.

Comment: One commenter opposed the inclusion of this modality with other codes because use of this modality requires the professional skill of a trained therapist.

Response: Other commenters did not express this concern. In many States, therapy assistants with considerably less training than therapists may administer these modalities. In institutional settings, health care workers other than trained professional therapists also administer these modalities. Also, both hot and cold packs are available to patients to use in the home and are safely used in this setting.

Comment: One commenter stated that hydrocollator packs should be treated differently from self administered hot packs.

Response: Hydrocollator packs are a type of hot pack that typically contains silicon dioxide encased in a canvas covering. It is heated by immersion in very hot water. This type of heat pack is still considered to be a superficial heat modality and is generally therapeutically equivalent to other types of hot packs.

Comment: We received one comment with unequivocal support for bundling payment for CPT code 97010 with payment for other services. This commenter, representing a large professional organization, concurred based on the belief that these packs do not require the same level of professional involvement as do other physical therapy modalities, and they represent a precursor to other covered interventions.

Response: We appreciate the support for our proposed policy.

Final Decision: In response to the comments, we revisited the CPT code 97010 utilization data and found no new information to justify changing our proposal. Therefore, payment for procedure 97010 will be bundled into the payment for other services, and the status indicator will be changed to ''B''.

This policy change does not require a change in the text of the regulations.

2. Dermatology Procedures

a. Bundling of Repair Codes into Excision Codes

Currently, the RVUs for the dermatology excision codes (CPT codes 11400 through 11446 and 11600 through 11646) include RVUs for services described by the simple repair codes (CPT codes 12001 through 12018). We proposed to cease paying separately for other types of repair codes when billed in conjunction with excision codes. We proposed to bundle the RVUs for the intermediate and complex repair codes (CPT codes 12031 through 12057 and 13100 through 13152, respectively) into both the benign and malignant skin lesion excision codes (CPT codes 11400 through 11446 and 11600 through 11646, respectively). Under our proposal, we would redistribute the RVUs for the repair codes across CPT codes 11400 through 11446 and 11600 through 11646. We would base the number of RVUs for redistribution on the frequency with which the repair codes are billed with the excision codes.

We did not propose to assign these repair codes a ''B'' status indicator

because we acknowledged that these codes are not used exclusively with excision services. Instead, we would implement this policy change by establishing edits in our claims processing systems that would deny payment for a repair code billed on the same date of service as a claim for payment for an excision of a skin lesion. This change would standardize our policy for payment for wound closure.

Comment: Commenters opposed the proposal to cease paying separately for the intermediate and complex repair codes when billed in conjunction with the excision codes. They argued that an average payment was not appropriate because the same payment would be made for services having substantial differences in physician work. In addition, some commenters noted that coding separately for the intermediate and complex repair codes corresponded to CPT definitions.

Response: As a result of our review of the comments on this issue, we have decided not to implement this proposal. We agree that there is an established hierarchy of work RVUs associated with the families of excision of skin lesion codes that would be disrupted by the bundling of RVUs for the intermediate and complex repair codes.

We believe, however, that the definitions of a simple and an intermediate repair code need clarification to reflect the differences in physician work for these procedures.

The CPT definitions of simple and intermediate repairs include the following:

Simple repair is used if the wound is superficial; for example, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure/suturing.

Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure.

We do not believe these definitions appropriately distinguish simple repairs (which are not separately reported and paid when performed after the excision of a skin lesion) from intermediate repairs (which are separately reported and paid when performed after the excision of a skin lesion) because they allow the reporting of the intermediate repair codes for the placement of a single suture in the subcutaneous tissue. We do not believe such a suture involves significantly more work than a simple one layer closure. Therefore, we do not believe the intermediate repairs should be reported in addition to the excision codes if the only additional work is a layered closure of the subcutaneous tissue.

We believe the distinction between a simple and intermediate repair should be based on anatomical levels of repair. Based on this principle, a simple repair should be used if the wound involves the skin and subcutaneous tissue and an intermediate repair should be used for closure of one or more of the deeper fascial layers, in addition to the skin and subcutaneous tissue. For Medicare reporting purposes, these definitions will be the basis of payment for the reporting of repair codes with excision codes effective January 1, 1997. This clarification should reduce the potential for misuse of intermediate repair codes. If not, we may need to reconsider this proposal in the future.

Final Decision: We will continue to allow separate payment for the intermediate and complex repair codes (CPT codes 12031 through 12057 and 13100 through 13152, respectively) if they are reported with the excision codes. However, we will no longer follow the CPT definitions of simple and intermediate repairs. We will follow the revised definitions described above while we work with the CPT Editorial Panel to incorporate these definitions in the next annual update of the CPT.

b. Skin Lesion Destruction Codes

There are several CPT codes that describe the destruction of various benign or premalignant skin lesions. Within this group of codes, the reporting methods vary. We proposed to simplify the reporting of and payment for the destruction of benign or premalignant skin lesions by assigning a ''G'' status indicator to CPT codes 11050 through 11052, 11200 and 11201, 17000 through 17105, 17110, and 17200 and 17201 to indicate that these CPT codes are not valid for Medicare purposes and that there is another code to use for the reporting of and payment for these services.

To report the destruction of benign and premalignant skin lesions, we proposed to create two HCPCS codes. The first code would describe the destruction of up to and including 15 lesions. The second code would describe the destruction of each additional 10 lesions. To assign RVUs to these codes, we proposed to take a weighted average of the RVUs assigned to CPT codes 11050 through 11052, 11200 and 11201, 17000 through 17105, 17110, and 17200 and 17201 based on the billing frequencies and the code descriptors.

Comment: Several commenters opposed the proposal to combine the numerous CPT codes that describe the destruction of various benign or premalignant lesions into two HCPCS codes because the work RVUs for these procedures are not similar. In addition, some commenters noted that the destruction of benign or malignant lesions is a separate procedure from paring or curettement of benign hyperkeratotic skin lesions.

Response: In general, we agree that our proposal would consolidate services with a wide range of work RVUs and have decided to modify our proposal accordingly. We also agree that distinct codes for paring or curettement of benign hyperkeratotic skin lesions is appropriate.

We intend, however, to consolidate the CPT codes with similar work RVUs—the destruction of benign or premalignant lesions (CPT codes 17001 through 17105).

Comment: Some commenters stated that the proposal would introduce administrative problems for claim submission since a dual coding system would be needed for Medicare and other insurers.

Response: We acknowledge that the creation of codes for Medicare purposes only might create some administrative problems. However, we believe these problems are significantly outweighed by the problems associated with the confusing and inconsistent terminology of the existing CPT codes for the destruction of benign or premalignant lesions (CPT codes 17001 through 17105). Within this group of codes, the reporting methods vary and create the potential for misuse. Some codes describe the destruction of a single lesion but require reporting multiple codes for the destruction of several lesions; other codes describe destruction of one or more ''complicated'' lesions regardless of the number of lesions destroyed. Thus, it is sometimes not clear how many codes to report.

For example, to report the destruction of 4 benign facial lesions and 11 premalignant lesions, a physician must use a combination of 3 CPT codes with varying units of service on the claim form. In contrast, to report the destruction of 15 benign lesions on the trunk, a physician would only use one code with one unit of service on the claim form. Supporting our concern for potential misuse, 1995 utilization data indicate that 2.32 percent of allowed services for CPT code 17002 were for destruction of more than 15 lesions with a range from 16 to 115 lesions.

Further support for consolidation of these CPT codes are the

recommendations from the 1996 RVU refinement panels for only a 0.03 difference in work for the destruction of premalignant lesions in any location (CPT code 17000, final RVU 0.56) and the destruction of benign lesions in locations other than the face (CPT code 17100, final RVU 0.53). See section IV.A.1. of this final rule for a fuller discussion of these work RVUs. We do not believe it is necessary to maintain two families of codes when the difference in work between the families is so small.

Final Decision: As a result of our review of the comments on this issue, we will modify our proposal. We will maintain the active status of CPT codes 11050 through 11052, 11200, 11201, 17200, and 17201. Preliminary revision of these CPT codes has begun, and we will continue working with the CPT Editorial Panel to clarify these CPT codes.

Codes for the destruction of benign or premalignant lesions will be consolidated into one series of codes, regardless of body location. Three new HCPCS codes will be used to report the destruction of benign or premalignant lesions, and we will assign a ''G '' status indicator to CPT codes 17000 through 17105, indicating that these codes will not be valid for Medicare purposes. The following temporary codes will be effective January 1, 1997:

G0051: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion

G0052: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; second through fourteenth lesion, each (report in addition to G0051)

G0053: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; fifteen lesions or over (includes G0051 and G0052)

The RVUs for these new codes have been derived from the RVUs for CPT codes 17000 through 17105 and distributed so that the total number of RVUs in the new family of codes will be the same as in the old family of codes. The practice expense and malpractice expense RVUs also will be distributed to maintain budget neutrality within the family of codes, and they will be proportionate to the work RVUs. Thus, this coding change will not affect the total payments made for the destruction of skin lesions currently reported with CPT codes 17000 through 17105.

The codes and RVUs assigned to them, listed in the following table, are considered interim, and we will accept comments on them. We will continue to work with the CPT Editorial Panel to standardize this coding nomenclature and will share comments on our temporary codes with the Panel.

Code	Descriptor	Work RVUs	Practice expense RVUs	Malpractice RVUs
G0051	Destruction skin lesions, first lesion	0.55	0.41	0.04
G0052	Destruction skin lesions, 2nd to 14th lesion	0.18	0.13	0.01
G0053	Destruction skin lesions, 15 or more lesions	3.05	2.25	0.20

This policy change does not require a change in the text of the regulations.

E. Change in Coverage Status for Screening and Obsolete Procedures

1. Vital Capacity Testing

CPT code 94150 (Vital capacity, total) is a screening measure and is typically performed on patients who are asymptomatic. Because these tests are performed on patients who do not have symptoms of breathing problems, they represent preventive services that are, by statute, not covered by Medicare. However, we inadvertently failed to identify CPT code 94150 as noncovered by Medicare. With limited exceptions, sections 1862(a)(1)(A) and 1862(a)(7) of the Act preclude Medicare coverage for screening services. Therefore, we proposed changing the status indicator for CPT code 94150 from ''A'' to ''N'' to represent its noncovered status.

Comment: Two commenters expressed the opinion that the proposal was in error because vital capacity tests may have some clinical utility in monitoring patients who have either congestive heart failure or restrictive lung disease. One commenter indicated that vital capacity tests might be performed as part of the screening of asymptomatic patients for industrial exposure but suggested that most measurements of this type are performed on patients to monitor their symptoms or underlying disease process. Another commenter stated that a physician's charge for performing a simple measurement of vital capacity (CPT code 94150) should be less than the charge for a full spirogram (CPT code 94010) because the first test is an integral part of the second test.

Response: Based on our further evaluation of this issue, we have concluded that a simple vital capacity measurement by itself may provide a physician with a ''partial look'' when monitoring a patient with pulmonary disease or congestive heart failure either as clinical documentation, or when assessing a response to therapeutic interventions. As a stand-alone service, however, we understand that this test provides only a partial assessment of a patient's ventilatory function and, thus, has outlived its clinical usefulness. In addition, we understand that the information provided by this measurement should be readily evident from a carefully performed physical examination of the patient and from simple maneuvers at the time of examination (for example, in the case of a pulmonary disease patient, a walking test or blowing up a balloon).

Final Decision: Based on our review of the comments received and further consultation with our medical staff, we have decided to modify our original proposal. Instead of changing the coverage status for vital capacity tests from ''active'' to ''noncovered,'' we will change it from ''active'' to ''bundled'' to indicate that payment for a particular procedure will always be bundled into payment for other services furnished to Medicare patients. Simple vital capacity tests (CPT code 94150) by themselves are generally considered to be clinically incomplete and have outlived their usefulness. To the extent that these tests are still performed in medical practice, however, we understand that they are routinely performed as a small part of a more comprehensive physician's examination of a pulmonary disease or congestive heart failure patient. Therefore, we believe it is appropriate to

bundle Medicare payment for these measurements into the payment for evaluation and management services.

In addition, we received a RUC recommendation to decrease the work RVUs from 0.11 to 0.07. For a discussion of this recommendation and our decision on work RVUs, see section IV.A.15. of this final rule.

This policy change does not require a change in the text of the regulations.

2. Certain Cardiovascular Procedures

Based on the American College of Cardiology's recommendation, our review of recent claims history data, and our consultation with other medical specialty groups, we proposed to discontinue coverage for 10 phonocardiography and vectorcardiography diagnostic tests (CPT codes 93201 through 93222) that are outmoded and of little clinical value. We proposed changing the status indicators for these 10 procedures from ''A'' to ''N'' to reflect their noncovered status.

Comment: Two commenters recommended that we clarify the meaning of the ''N'' status indicator that was proposed to reflect the noncovered status of phonocardiography and vectorcardiography diagnostic tests. They expressed confusion as to whether status indicator ''N'' meant that the cardiovascular services in question were being excluded from Medicare coverage based on the statutory reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act, or some other statutory exclusion such as section 1862(a)(7) of the Act, which applies to routine physical checkups and refractions. The commenters pointed out that the statutory basis for the exclusion is important because it determines whether the physician is required to file a claim for the service and whether the patient must sign a waiver of liability statement and, thus, be held financially responsible to the physician for payment for the service. They suggested that we may want to establish unique status indicators for medical procedures that are precluded from coverage based on different statutory exclusions.

Response: The statutory basis for our proposal to discontinue Medicare coverage for the 10 cardiovascular tests should have been specifically identified in our preamble of the proposed rule that was published on July 2, 1996. In view of the comments received from the American College of Cardiology that these tests are outmoded and of little clinical value, our proposal to end coverage of these tests was based on the assumption that they are no longer considered to have clinical utility for Medicare patients, and, thus, should be precluded from payment by section 1862(a)(1)(A) of the Act (the reasonable and necessary exclusion). Accordingly, under our proposal, physicians would have to treat Medicare denials of claims for the 10 cardiovascular tests in question as medical necessity denials under section 1862(a)(1)(A) of the Act.

Since the physician fee schedule was established in 1992, the ''N'' status indicator has always meant that the procedures in question were not covered under Medicare because of one or more statutory exclusions in the law (for example, either section 1862(a)(1)(A) of the Act or one of the other statutory coverage exclusions.) We do not believe it would be appropriate to establish unique status indicators in the physician fee schedule for various noncovered medical procedures based on different statutory exclusions for several reasons. First, the primary purpose of the physician fee schedule is to provide general Medicare payment information on more than 7,000 medical procedures to the physician community and other interested parties and not to provide specific claims processing information that Medicare carriers are required to provide to the medical community in their localities under their Medicare contracts. Second, in the case of certain medical procedures (for example, noncovered screening services), it is possible for a national noncoverage decision to be based on more than one statutory exclusion. It would unduly complicate the status indicator process if we had to explain these unique situations.

Final Decision: We are adopting our proposal to discontinue coverage for the 10 phonocardiography and vectorcardiography procedures because we did not receive any negative comments. However, we will delete the 10 codes from the 1997 fee schedule rather than change the status indicators from ''A'' to ''N'' to reflect their noncovered status because these codes have been deleted from the American Medical Association's Physician's Current Procedural Terminology for 1997. Any Medicare claims submitted by physicians for these cardiovascular procedures under a miscellaneous code will be denied by local Medicare carriers. We will issue instructions to Medicare carriers regarding the noncoverage status of these procedures.

This policy change does not require a change in the text of the regulations.

F. Payments for Supervising Physicians in Teaching Settings

1. Definition of Approved Graduate Medical Education Programs

Since publication of the December 8, 1995 (60 FR 63182) final rule, we have received questions about the difference in the definition of an approved residency program for purposes of the teaching physician rules under § 415.152 (''Definitions'') and the definition used in the direct medical education rules under § 413.86(b) (''Direct graduate medical education payments''). To be consistent, we proposed to modify § 415.152 to match the definition of an approved graduate medical education program in § 413.86(b). We proposed adding a reference to programs that are recognized as an ''approved medical residency program'' under § 413.86(b). By making this change, the regulations text will reflect a common definition of approved graduate medical education programs for Medicare Part A and Part B. This is a technical change and will have no effect on the implementation of our revised policy regarding the payment for supervising physicians in teaching settings that is effective July 1, 1996.

Comment: Commenters, including an organization representing physicians in a subspecialty of internal medicine, objected to this proposal because residents in subspecialty programs (often called ''fellows'') who provide direction to interns and residents would be included in the definition of residents in an approved program. The organization argued that fellows are teaching physicians who must be allowed to bill for their direction of interns and residents. A few of the commenters objected to the proposal and suggested that each individual residency program should be allowed to decide whether to bill for the services as physicians' services or to have the services included in the hospital's count used to compute direct graduate medical education payments since a teaching hospital may receive only partial credit for its advanced residents in some cases. The commenter pointed out that this approach was consistent with our policy for services when furnished in nonprovider settings (section 1886(h)(4)(E) of the Act and § 413.86(f)(1)(iii)).

Response: Contrary to the suggestion of the commenters, we are not changing our policy on the definition of an approved residency program for purposes of determining payments for the services of teaching physicians. Rather, we proposed to revise the

regulations text because questions have been raised about the different language used to define an approved residency program in different contexts. We believe it is reasonable and appropriate to have consistent definitions and, in fact, it would make little sense to apply one definition of an approved residency program in one context and a substantively different definition in another context.

It is our position that, to the extent Medicare pays for the services of residents in an approved residency program under section 1886(h) of the Act, we should not make a separate Medicare Part B payment for the same services under the physician fee schedule. We see no reason to treat fellows in a way that is different from other residents. ''Fellows'' are residents in subspecialty programs, and the costs of fellows, like other residents, are addressed by section 1886(h) of the Act. Section 1886(h)(5)(A) of the Act specifically cites subspecialty programs. While we understand the comments about the partial crediting of residents beyond their initial residency period limitation, this reflects a judgment by the Congress concerning the appropriate level of Medicare payment for such activities. As was pointed out in the preamble discussion in the September 29, 1989 final rule (54 FR 40312) on the direct graduate medical education payment provision:

> We believe that the enactment of section 1886(h) of the Act was a clear statement from the Congress that a limitation on the growth in Medicare GME expenditures was necessary. Further, although not explicitly stated, it reflects a decision on the part of the Congress to focus reductions on subspecialty programs beyond the initial residency periods rather than on primary care programs.

We believe it would be inappropriate to allow Medicare Part B billing for the services of fellows simply because Congress has chosen to limit the amount of GME payments for such activities. We note that teaching physicians that involve these residents or fellows in the care of the teaching physician's patients can bill Medicare Part B if the criteria addressed in the December 8, 1995 final rule are met.

Final Decision: We will revise the regulations text as proposed.

2. Evaluation and Management Services Furnished in Certain Settings

In the December 8, 1995 final rule (60 FR 63135), we revised our policy regarding the payment for supervising physicians in teaching settings. We eliminated the attending physician criteria but clarified the physician presence requirement for services billed to the Medicare carrier. As part of our revised policy, we created a limited exception for residency programs that are fundamentally incompatible with a physical presence requirement. The exception to the physician presence requirement is for certain evaluation and management services (CPT codes 99201, 99202, 99203, 99211, 99212, and 99213) furnished in ambulatory care centers within the context of specific types of residency training programs. The exception is set forth in § 415.174 (''Exception: Evaluation and management services furnished in certain centers'').

As the exception currently reads, one of the criteria is that ''The range of services furnished by residents in the center includes * * * Comprehensive care not limited by organ system, diagnosis, or gender.'' (§ 415.174(a)(4)(iii)). It has come to our attention that many obstetric and gynecological residency programs have been restructured over the years to have a greater primary care focus. Some of these programs that otherwise qualify for an exception might be denied payment if the gender limitation were strictly applied.

Contrary to suggestions in correspondence we received after publication of the final rule, it was not our intention to prevent obstetric and gynecological residency programs or other residency programs focusing on women's health care from qualifying for the exception solely because of the patient's gender. Thus, we proposed to make a technical change to the regulations text to delete the reference to gender in § 415.174(a)(4)(iii) and change the text to ''Comprehensive care not limited by organ system or diagnosis.'' Of course, such programs must satisfy the otherwise applicable criteria to qualify for an exception.

Comment: All of the commenters supported the proposal to delete the word ''gender'' from the primary care exception criteria.

Response:

We agree with the commenters.

Final Decision:

We will delete the word ''gender'' from the primary care exception criteria in § 415.174(a)(4)(iii). We will not include the word ''gender'' in any program directive on the primary care exception.

G. Change in Global Periods for Four Percutaneous Biliary Procedures

The Society of Cardiovascular and Interventional Radiology advised us that a 90-day global period is inappropriate for four percutaneous biliary procedures. The four procedures are CPT codes 47490 (percutaneous cholecystectomy), 47510 (introduction of percutaneous transhepatic catheter for biliary drainage), 47511 (introduction of percutaneous transhepatic stent for internal and external biliary drainage), and 47630 (biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (for example, Burhenne technique)). The Society believes that these four procedures should have a ''0-day'' global period. We agreed with the Society's arguments that a 90-day global period is contrary to the widespread practice conventions of percutaneous biliary intervention and is inconsistent with other similar interventions in the biliary tract and urinary tract.

We believed that the global periods for these four codes should be changed. Therefore, we proposed changing the global periods for these services from 90 days to 0 days. To make this change, we proposed to reduce the work RVUs assigned to these procedures to reflect the lack of postsurgical work in the shortened global period. We proposed to reduce the work RVUs for CPT codes 47490, 47510, 47511, and 47630 by 17 percent if we changed the global periods. The 17 percent figure (as the measure of the postsurgical work associated with these codes) was taken from the original data in a study by the Harvard School of Public Health (''A National Study of Resource-Based Relative Value Scales for Physician Services'').

Comment: Several commenters indicated that, while they agreed with the proposal to reduce the global surgery period from 90 days to 0 days for the percutaneous biliary procedures under CPT codes 47490, 47510, 47511 and 47630, they disagreed with reducing the work RVUs by 17 percent to take into account the portion of the current RVUs attributable to postsurgical work. One physician organization indicated that a global period of 0 days was assumed in the Harvard study of CPT code 47630 and that the Harvard study included these procedures in its study of general surgeons rather than interventional radiologists. The Society of Cardiovascular and Interventional Radiology commented that its 1991 recommendations on these procedures, based on surveys by a consulting firm, were made without the inclusion of postsurgical work in the RVUs, and that reducing RVUs would lower the value of these procedures relative to analogous endoscopic procedures in the biliary tract.

Response: We reviewed the data in the Harvard study to determine whether a global period of 0 days was assumed for CPT code 47630. Three of the codes (CPT codes 47490, 47510 and 47630) were studied and all three were assumed to have 90 day global periods. The fourth code (CPT code 47511) was new in 1992 and was not part of the Harvard study.

The following table shows the percent of total work associated with each of the components of work for which Harvard provided data:

PERCENT OF TOTAL WORK BY COMPONENT

Code	Pre-operative (percent)	Intra-operative (percent)	Post-operative same day (percent)	Post-operative hospital (percent)	Post-operative office (percent)
47490	10	40	8	33	9
47510	16	36	12	19	17
47630	10	56	9	14	11

These data show that if the current RVUs were based on Harvard data and we were to reduce the global period from 90 days to 0 days, we would need to reduce the RVUs by the amount attributed to postoperative hospital work (other than the same day) and postoperative office work. For these three codes, the reductions would not be 17 percent as described in our proposal but 42 percent for CPT code 47490, 36 percent for CPT code 47510 and 25 percent for CPT code 47630.

We also reviewed the results of the refinement panel meeting held in May 1992 for CPT codes 47510, 47511 and 47630. CPT code 47490 was not reviewed by the refinement panel. For the insertion of a catheter in a bile duct (CPT code 47510), we agreed that the work is equivalent to the work of inserting a drainage tube endoscopically (CPT code 43267). For inserting a stent for biliary drainage (CPT code 47511), we agreed that the work was more than the work of the comparable endoscopic procedure (CPT code 43267) and assigned a higher RVU. We did not accept the argument that the global period should be reduced from 90 to 0 days, because we believed a physician performing this procedure should be responsible for following the patient even if other physicians are involved in the care of the patient. For the extraction of a bile duct stone (CPT code 47630), the RVUs that emerged from the panel's ratings were less than the corresponding endoscopic procedure (CPT code 43264).

We also reviewed the RVUs assigned to the radiological supervision and interpretation (S & I) codes that are reported in addition to the procedure codes. These codes are not used with endoscopic procedures. In stating that the percutaneous biliary procedures should have comparable global periods and RVUs to endoscopic procedures, the commenter appears to have overlooked the additional RVUs associated with the supervision and interpretation codes. The following table shows the codes and RVUs associated with each of the codes and the total RVUs associated with the complete percutaneous procedures.

Procedure codes	RVUs for procedure	S&I codes	RVUs for S&I	Total RVUs for complete procedure
47450	6.04	75989	1.19	7.23
47510	7.39	75980	1.44	8.83
47511	9.91	75982	1.44	11.35
47630	8.31	74327	0.70	9.01

Based on our re-analysis of the Harvard study data, the May 1992 refinement panel results and the total RVUs associated with these procedures, we now believe that a change in global periods from 90 to 0 days may be inappropriate because of uncertainty about the reduction in RVUs, if any, that should be made in conjunction with the change in global periods.

Final decision: We will maintain the current global period of 90 days and the current RVUs for these four percutaneous biliary procedures. We plan to refer to the Relative Value Update Committee for its consideration the issue of work RVUs and global periods for procedures that can be performed endoscopically, percutaneously, and open. For a more detailed discussion of our plans to review these procedures, see section IV.C.4 of this final rule.

III. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on the Five-Year Review of Work Relative Value Units

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

We discussed in detail the development of the concepts and methodology underlying the physician fee schedule in our May 3, 1996 proposed notice (61 FR 19993 through 19994).

B. Scope of the Review

This final rule is the culmination of the 5-year review of work RVUs required by section 1848(c)(2)(B)(i) of the Act. The work RVUs affected by this review will be effective for services furnished beginning January 1, 1997.

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). 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 required compelling arguments to support changes from the existing 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.

During the comment period, we received more than 500 public comments on approximately 1,100 individual codes. In addition, three specialty societies (the American Academy of Orthopedic 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. The American Academy of Pediatrics also 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 AMA Specialty Society Relative Value Update Committee (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).

The 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.

We shared the comments we received with the RUC, which currently makes recommendations to us on the assignment of RVUs to new and revised CPT codes and offered to advise us on the assignment of RVUs to procedures for which we received substantive comments. We believed that the RUC's perspective would be helpful because of the RUC's experience in recommending RVUs for the codes that have been added to, or revised by, the CPT since we implemented the physician fee schedule in 1992. Furthermore, the RUC, by virtue of its multispecialty membership and consultation with approximately 65 specialty societies, represents the family of medicine in the refinement process.

We wish to acknowledge the extraordinary efforts of the RUC, the RUC Advisory Committee, the HCPAC, the specialty societies and the staffs of these organizations in assisting us in the completion of this 5-year review process. While we did not delegate to the RUC or any other organization our responsibility for analyzing the comments and deciding whether to revise RVUs, it is doubtful that we could have completed the 5-year review in a timely manner and with such extensive clinical input without their assistance.

In our May 3, 1996 proposed notice (61 FR 19992), we identified more than 1,000 codes included in the 5-year review and for which we had received recommendations from the RUC for work RVUs. With this notice, we provided the public with an opportunity to comment on our proposed work RVUs for these codes.

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 were discussed in sections II.C.2. and II.C.3. of the May 3, 1996 proposed 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 announced our plans to address these codes in a future annual update of the physician fee schedule.

The following is a categorization of our decisions and how they related to the comments received from the public (including medical specialty societies) and the RUC as published in the May 3, 1996 notice:

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

Our proposed work RVUs agreed with the RUC recommendations for 93 percent of the codes.

C. Review of Comments (Includes Table 1—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the May 3, 1996 Proposed Notice)

During the comment period for our May 3, 1996 proposed notice, we received more than 2,900 public comments on approximately 133 codes plus all anesthesia services. Over 2,000 of these comments addressed our not having accepted the RUC recommendations for evaluation and management services.

We convened three multispecialty panels of physicians to assist us in the review of the comments. The comments that we did not submit to panel review are discussed at the end of this section as well as those that we did send to the panels. The panels were moderated by our medical staff and consisted of the following groups:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist on the panel was nominated by the specialty society that submitted the comments. This same clinician also provided ratings for the other procedures being considered. Thus, depending on the codes in question, this clinician was in one of two groups: ''specialist'' or ''other specialist.'' 19 specialty societies and one individual commenter, including primary care, were represented on the panels.
- Primary care clinicians nominated by the American Academy of Family Physicians, the American Society of Internal Medicine, the American College of Physicians, the American Osteopathic Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.
- Carrier medical directors.

We submitted 33 codes for evaluation by the panels. The panel discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the panel members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the reference set, we attempted to include: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would

be represented. The set listed approximately 300 services. Panelists were encouraged to make comparisons to these reference services.

The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential, and there was no attempt to reach consensus among the panel members.

We then analyzed the ratings based on a presumption that the proposed notice RVUs were correct. To overcome this presumption, the inaccuracy of the proposed RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups of the panel and whether the agreed-upon RVUs were significantly different from the proposed RVUs. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the three remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final notice (57 FR 55938).

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 33 codes reviewed by our multispecialty panels, all of the requests were for increased values.

We also received comments that we did not submit to the panels for review for a variety of reasons. These comments are discussed in section IV.B of this final rule. Of the 131 proposed RVUs that were reviewed, approximately 60 percent were increased, 13 percent were decreased, and 27 percent were not changed. These numbers excluded the changes that were made to the anesthesia services. The anesthesia changes are discussed in section IV.B.3. of this final rule.

Table 1—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the May 3, 1996 Proposed Notice

Table 1 lists the codes reviewed during this 5-year review process described in this section. 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.
- *Mod (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 RVU.* This column includes the work RVUs proposed in the May 3, 1996 proposed notice for each reviewed code.
- *Requested Work RVU.* 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. This table lists the highest requested RVUs. For some codes, we received recommendations for an increase but by no specific RVU recommendations.
- *RUC Recommendation.* This column identifies the work RVUs recommended by the RUC if the RUC made a recommendation as part of its comments on the May 3, 1996 proposed notice.
- *1997 Work RVU.* This column contains the final RVUs for physician work.
- *Basis for Decision.* This column indicates whether:

—The recommendations of the refinement panel were the basis upon which we determined that the proposed work RVUs published in the May 3, 1996 proposed notice should be retained (indicator 1);

—A new value emerged from our analysis of the refinement panel ratings (indicator 2);

—A new or retained value came from the review of a comment (indicator 3);

—A new value came from the need to make a rank order change to maintain or correct existing relationships among services (indicator 4);

—A value is retained because the code has been referred back to the CPT Editorial Panel (indicator 5);

—A new value came from adjusting the work of services with MMM global periods as a result of changes in evaluation and management service work RVUs (indicator 6); or

—There is no value because of a 1997 CPT coding change that deletes the code (indicator 7). These deleted codes were replaced by new 1997 CPT codes.

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
00100–01999	.....	Anesthesia Services	n/a	Increase work by 28.97%	Increase work by 22.76%	Increase work by 22.76%[a]	3
10040	.....	Acne surgery of skin abcess	0.80	1.15	Review	1.15	3
11971	.....	Remove tissue expander(s)	1.51	.....	.....	[a] 1.51	5
13300	.....	Repair of wound or lesion	5.11	.....	.....	[a] 5.11	5
14300	.....	Skin tissue rearrangement	10.76	.....	.....	[a] 10.76	5
15000	.....	Skin graft procedure	1.95	.....	.....	[a] 1.95	5
15101	.....	Skin split graft procedure	1.72	.....	.....	[a] 1.72	5
15121	.....	Skin split graft procedure	2.67	.....	.....	[a] 2.67	5
15201	.....	Skin full graft procedure	1.32	.....	.....	[a] 1.32	5
15221	.....	Skin full graft procedure	1.19	.....	.....	[a] 1.19	5
15241	.....	Skin full graft procedure	1.86	.....	.....	[a] 1.86	5
15261	.....	Skin full graft procedure	2.23	.....	.....	[a] 2.23	5

*All CPT codes and descriptors copyright 1996 American Medical Association

[a] RVUs to remain interim in 1997

[b] CPT codes not used for 1997 Medicare payment, refer to sections II.D.2.b and IV.A.14 for explanation

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE—Continued

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
15570	.....	Form skin pedicle flap	3.75	9.85	8.39	8.39	2
15572	.....	Form skin pedicle flap	3.80	9.63	8.59	8.59	2
15574	.....	Form skin pedicle flap	3.85	10.50	8.79	8.97	2
15576	.....	Form skin pedicle flap	4.27	8.50	7.85	8.14	2
15580	.....	Attach skin pedicle graft	5.40	9.00	9.00	8.84	2
15755	.....	Microvascular flap graft	28.33	41.68	.....	.....	7
17000	.....	Destroy benign/premal lesion	0.36	0.64	0.64	0.56	[b] 2
17001	.....	Destruction of add'l lesions	0.14	0.19	0.19	0.19	[b] 2
17002	.....	Destruction of add'l lesions	0.14	0.19	0.19	0.19	[b] 2
17100	.....	Destruction of skin lesion	0.53	.....	.....	0.53	[b] 1
17101	.....	Destruction of 2nd lesion	0.11	.....	.....	0.11	[b] 1
17102	.....	Destruction of add'l lesion	0.11	.....	.....	0.11	[b] 1
21025	.....	Excision of bone, lower jaw	5.03	8.98	.....	8.98	2
21125	.....	Augmentation lower jaw bone	6.22	10.00	10.00	10.00	3,4
21270	.....	Augmentation cheek bone	12.10	9.56	9.56	9.56	3,4
28010	.....	Incision of toe tendon	2.97	.....	2.71	2.71	3,4
28114	.....	Removal of metatarsal heads	7.16	.....	8.65	[a] 8.65	4
29848	.....	Wrist arthroscopy/surgery	4.04	5.70	.....	5.14	2
31090	.....	Exploration of sinuses	8.65	.....	.....	[a] 8.65	5
31531	.....	Operative laryngoscopy	3.39	3.79	.....	3.59	2
31536	.....	Operative laryngoscopy	3.16	3.56	.....	3.56	2
31541	.....	Operative laryngoscopy	4.13	6.00	.....	4.53	2
31561	.....	Operative laryngoscopy	5.46	8.13	.....	6.00	2
31571	.....	Laryngoscopy with injection	3.87	5.90	.....	4.27	2
33970	.....	Aortic circulation assist	8.05	.....	6.75	[a] 6.75	4
33971	.....	Aortic circulation assist	4.04	.....	8.40	[a] 8.40	4
35556	.....	Artery bypass graft	19.37	.....	19.37	[a] 19.84	4
35566	.....	Artery bypass graft	24.45	.....	24.45	[a] 25.00	4
35571	.....	Artery bypass graft	16.66	.....	.....	[a] 17.14	4
35583	.....	Vein bypass graft	15.97	.....	20.03	[a] 20.50	4
35585	.....	Vein bypass graft	25.92	.....	25.95	[a] 26.47	4
35587	.....	Vein bypass graft	17.07	.....	.....	[a] 17.55	4
35656	.....	Artery bypass graft	17.84	.....	17.84	[a] 18.42	4
35666	.....	Artery bypass graft	15.97	.....	.....	[a] 17.60	4
35671	.....	Artery bypass graft	12.18	.....	.....	[a] 13.39	4
35681	.....	Artery bypass graft	3.93	8.05	.....	[a] 8.05	2
35875	.....	Removal of clot in graft	8.19	9.07	.....	[a] 9.07	2
37201	.....	Transcatheter therapy infuse	5.00	7.25	7.25	5.00	1
46900	.....	Destruction, anal lesion(s)	1.81	.....	.....	[a] 1.81	5
50590	.....	Fragmenting of kidney stone	7.13	9.62	9.62	8.79	2
54100	.....	Biopsy of penis	1.90	.....	.....	1.90[a]	5
56312	.....	Laparoscopic lymphadenectomy	12.06	12.10	.....	12.06	3
56805	.....	Repair clitoris	15.49	.....	18.00	[a] 18.00	4
57265	.....	Extensive repair of vagina	7.36	10.66	.....	10.66	4
57335	.....	Repair vagina	9.11	.....	18.00	[a] 18.00	4
58200	.....	Extensive hysterectomy	20.34	22.37	.....	20.34	3
59400	.....	Obstetrical care	20.99	Increase	.....	23.06	6
59409	.....	Obstetrical care	13.28	Increase	.....	13.50	6
59410	.....	Obstetrical care	14.44	Increase	.....	14.78	6
59425	.....	Antepartum care only	4.04	Increase	.....	4.81	6
59426	.....	Antepartum care only	6.91	Increase	.....	8.28	6
59430	.....	Care after delivery	2.01	.....	.....	2.13	6
59510	.....	Cesarean delivery	23.67	Increase	.....	26.22	6
59514	.....	Cesarean delivery only	15.39	Increase	.....	15.97	6
59515	.....	Cesarean delivery	16.55	Increase	.....	17.37	6
59525	.....	Remove uterus after cesarean	8.54	.....	.....	8.54	6
59610	.....	Vbac delivery	22.55	.....	.....	24.62	6
59612	.....	Vbac delivery only	14.84	.....	.....	15.06	6
59614	.....	Vbac care after delivery	15.96	.....	.....	16.34	6
59618	.....	Attempted vbac delivery	25.23	.....	.....	27.78	6
59620	.....	Attempted vbac delivery only	16.95	.....	.....	17.53	6
59622	.....	Attempted vbac after care	18.11	.....	.....	18.93	6
63030	.....	Low back disk surgery	11.10	12.11	.....	11.10	3
63042	.....	Low back disk surgery	16.56	17.27	.....	16.56	3
67210	.....	Treatment of retinal lesion	9.48	.....	.....	[a] 9.48	5
68820	.....	Explore tear duct system	1.47	1.27	.....	.....	7

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[a] RVUs to remain interim in 1997

[b] CPT codes not used for 1997 Medicare payment, refer to sections II.D.2.b and IV.A.14 for explanation

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE—Continued

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
68825	.....	Explore tear duct system	1.53	2.25	.....	.....	7
68830	.....	Reopen tear duct channel	2.12	3.00	.....	.....	7
77420	.....	Weekly radiation therapy	1.61	1.61	.....	[a] 1.61	3,5
77425	.....	Weekly radiation therapy	2.44	2.44	.....	[a] 2.44	3,5
77430	.....	Weekly radiation therapy	3.60	3.60	.....	[a] 3.60	3,5
78806	26	Abscess imaging, whole body	0.73	0.86	0.86	0.86	3
85390	26	Fibrinolysins screen	0.37	0.75	0.75	0.37	1
86327	26	Immunoelectrophoresis assay	0.37	0.45	0.45	0.42	2
88173	26	Interpretation of smear	1.08	1.59	.....	1.39	2
90801	.....	Psychiatric interview	2.21	2.80	2.80	2.80	[b] 3
90820	.....	Diagnostic interview	2.27	3.01	3.01	3.01	[b] 3
90842	.....	Psychotherapy, 75-80 min	2.76	2.76	2.76	3.13	[b] 4
90843	.....	Psychotherapy, 20-30 min	1.11	1.47	1.47	1.47	[b] 3
90844	.....	Psychotherapy, 45-50 min	1.73	2.00	2.00	2.00	[b] 3
90853	.....	Special group therapy	0.43	0.59	0.59	0.59	[b] 3
90855	.....	Individual psychotherapy	1.82	2.15	2.15	2.15	[b] 3
90857	.....	Special group therapy	0.43	.....	.....	0.63	[b] 4
90911	.....	Anorectal biofeedback	0.89	2.15	.....	0.89	3
92002	.....	Eye exam, new patient	0.88	1.34	.....	0.88	3
92004	.....	Eye exam, new patient	1.34	1.67	1.67	1.67	3
92225	.....	Special eye exam, initial	0.58	0.58	.....	0.38	2
92226	.....	Special eye exam, subsequent	0.50	0.50	.....	0.33	2
92260	.....	Ophthalmoscopy/dynamometry ...	0.50	0.50	.....	0.20	2
93307	.....	Echo exam of heart	0.78	1.06	1.06	0.92	2
93312	.....	Echo transesophageal	1.90	2.39	2.39	2.20	2
93314	.....	Echo transesophageal	0.95	.....	.....	1.25	4
93503	.....	Insert/place heart catheter	2.43	3.02	2.43	2.91	2
93621	26	Electrophysiology evaluation	12.66	.....	.....	[a] 12.66	5
94150	.....	Vital capacity test	0.11	0.11	0.07	0.07	3
99211	.....	Office/outpatient visit, est	0.17	Increase	.....	0.17	3
99241	.....	Office consultation	0.64	Inc pre-post	.....	0.64	3
99242	.....	Office consultation	1.28	Inc pre-post	.....	1.29	3
99243	.....	Office consultation	1.71	Inc pre-post	.....	1.72	3
99244	.....	Office consultation	2.56	Inc pre-post	.....	2.58	3
99245	.....	Office consultation	3.41	Inc pre-post	.....	3.43	3
99281	.....	Emergency dept visit	0.33	0.33	0.45	0.33	3
99282	.....	Emergency dept visit	0.55	0.55	0.88	0.55	3
99283	.....	Emergency dept visit	1.24	1.24	1.34	1.24	3
99284	.....	Emergency dept visit	1.95	1.95	2.00	1.95	3
99285	.....	Emergency dept visit	3.06	3.06	2.90	3.06	3
99321	.....	Rest home visit, new patient	0.89	1.12	.....	0.71	3
99322	.....	Rest home visit, new patient	1.34	1.76	.....	1.01	3
99323	.....	Rest home visit, new patient	1.78	2.40	.....	1.28	3
99331	.....	Rest home visit, estab pat	0.45	1.05	.....	0.60	3
99332	.....	Rest home visit, estab pat	0.73	1.65	.....	0.80	3
99333	.....	Rest home visit, estab pat	1.18	2.25	.....	1.00	3
99341	.....	Home visit, new patient	1.34	1.12	1.12	1.12	3
99342	.....	Home visit, new patient	2.00	1.76	1.76	1.58	3
99343	.....	Home visit, new patient	2.67	2.40	2.4	2.09	3
99351	.....	Home visit, estab patient	0.67	1.05	1.05	0.83	3
99352	.....	Home visit, estab patient	1.10	1.65	1.65	1.12	3
99353	.....	Home visit, estab patient	1.77	2.25	2.25	1.48	3
A2000	.....	Chiropractor manip of spine	0.45	.....	.....	n/a	7
M0101	.....	Cutting or removal of corns	0.37	0.45	0.45	0.43	2

IV. Discussion of Comments and Decisions

A. Discussion of Comments by Clinical Area

In this section, we discuss the comments we received on the approximately 133 codes of the more than 1,000 codes for which we sought public comment. For the 800 or more codes for which we did not receive any comments, our proposed RVUs are being made final. We have sorted the comments into the same clinical areas we used in the May 3, 1996 notice. Within each clinical area, we discuss the comments we received in CPT code order.

1. Integumentary System

CPT 10040 (Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)).

Comment: One commenter questioned the validity of the survey used to determine the work RVUs for CPT code 10040 (Acne surgery). The commenter stated that this survey was invalid due to insufficient volume (less than the requisite 30 respondents), the failure to take into account the more intensive work associated with the treatment of the typical patient, the absence of review of the Harvard data, and the fact that the data were seriously flawed. Data flaws resulted from discrepancies between the number of preservice and postservice visits and the time spent with the patient. Thus, the commenter believed that the work RVUs do not accurately reflect the true physician work involved in the treatment. The commenter included survey data to support the commenter's recommendation that the work RVUs for CPT code 10040 not be reduced to the proposed 0.80 work RVUs, but, rather, be reduced to 1.15 work RVUs from the current 1.34 work RVUs.

Response: Our proposed RVUs for CPT code 10040 were based on the results of the earlier survey data and the recommendations of the RUC to decrease the work RVUs from 1.34 to 0.80. After review of the survey data submitted by this commenter, we reevaluated the original data. We agree with the commenter's observations as to the quality and validity of these data. On further examination of the survey included with this comment, we agree with the recommendation that the work RVUs for CPT code 10040 be established at 1.15. Thus, the final work RVUs for this procedure will reflect this recommendation.

Final decision: The final work RVUs for CPT code 10040 are being established as 1.15.

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

Comment: 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.

Response: In its initial 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. 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 did not accept the RUC recommendations for two reasons. First, the RUC's understanding of the source of the work RVUs for the current codes was incorrect and, second, we believed the vignettes that were surveyed may have led to an overestimation of the work.

We were 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 would be excessive because those other services can be reported and paid separately. Therefore, we proposed to maintain the current work RVUs.

However, in light of the comments we received, we referred these codes to a refinement panel for review and discussion of the correct coding for these services.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
15570	3.75	8.39
15572	3.80	8.59
15574	3.85	8.97
15576	4.27	8.14

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

Comment: One commenter stated that this code is undervalued when compared to CPT code 15240 (Skin full graft procedure) and CPT code 15100 (Skin split graft procedure). The commenter 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 9.00 median work RVUs. 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.

Response: We did not propose a change in the work RVUs for this code because we were concerned that the 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.

We also were 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 proposed to maintain the current work RVUs.

However, in light of the comments we received, we referred this code to a refinement panel for review and discussion of the correct coding of this service.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 5.40 proposed work RVUs to 8.84 for CPT code 15580. We also will work with the CPT Advisory Committee and Editorial Panel to improve the clarity of the codes and the accompanying instructions in the CPT.

CPT code 15755 (Free flap (microvascular transfer)).

Comment: One commenter disagreed with our decision to maintain the current work RVUs of 28.33 for CPT code 15755 (Free flap (microvascular transfer)), instead of the requested change of 41.68 work RVUs. The commenter contended that the work RVUs are too low because of the amount of time and skill required for two surgeons to perform this highly complex procedure.

The commenter also stated that this surgical procedure requires two surgeons, with two separate teams working simultaneously for a period of several hours. According to the commenter, one surgeon and team prepare the recipient site, while the second surgeon and team is harvesting the free flap. This reduces the amount of time the patient is under anesthesia. Also, the surgeons have had additional training in performing microvascular procedures. Accordingly, the commenter believed that this procedure should reflect higher work RVUs for the

extra training and the amount of time spent performing the surgery.

Response: This code was referred by the RUC to the CPT Editorial Panel because the code lacked sufficient specificity for the RUC to establish appropriate work RVUs. The CPT Editorial Panel deleted this code and replaced it with three new CPT codes that were subsequently reviewed by the RUC. The RUC recommendations for the three new codes follow: for CPT code 15756, 33.23 work RVUs; for CPT code 15757, 33.23 work RVUs; and for CPT code 15758, 33.23 work RVUs. We reviewed and accepted these three recommendations. (See Table 3). We believe the new work RVUs are consistent with the commenter's concern that the work RVUs for the now deleted CPT code 15755 were too low.

Final decision: CPT code 15755 was deleted. We have reviewed and accepted the RUC recommendations of 33.23 work RVUs for CPT codes 15756, 15757, and 15758, respectively.

CPT codes 17000, 17001, 17002 (Destruction of benign facial and premalignant lesions) and CPT codes 17100, 17101, and 17102 (Destruction of benign non-facial lesions).

Comment: Several commenters objected to our proposed reductions to the work RVUs for this family of codes.

Response: The following is a summary of the background of our proposed reductions. In response to our original request for comments in 1995, 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 were 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 this 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 proposed 0.36 work RVUs. This downward revaluation of CPT code 17000 was 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 set-up time, procedure time, risk, and aftercare.

We also believed 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) were overvalued. We proposed 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 believed the current relative relationship of work RVUs for CPT code 17000 (Destruction of benign facial or premalignant lesions) to the work RVUs for the CPT code 17100 (Destruction of benign lesions in areas other than the face) is correct but the work RVUs are too high.

In order to properly evaluate not only the individual codes but also the relationship between the facial codes and codes for other body regions, we requested the refinement panel to consider CPT codes 17000, 17001, 17002, 17100, 17101, and 17102.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
17000	0.36	0.56
17001	0.14	0.19
17002	0.14	0.19
17100	0.53	0.53
17101	0.11	0.11
17102	0.11	0.11

These values will serve as the basis of the RVUs we propose for three temporary codes, HCPCS codes G0051, G0052, and G0053, that will be used for Medicare purposes to report the destruction of benign or premalignant lesions in any location. For a discussion of these codes, see section II.D.2.b. of this final rule.

2. Orthopedic Surgery

CPT code 29848 (Arthroscopy, wrist, surgical; with release of transverse carpal ligament).

Comment: A commenter objected to the 4.04 proposed work RVUs and requested an increase to 5.70. A comparison was made to CPT code 64761, the code used to report open carpal tunnel surgery. The work RVUs for CPT code 64721 are 3.99, whereas the work RVUs for CPT code 29848 are 4.04. The commenter argued that this differential does not sufficiently recognize the greater physician time and intensity required by CPT code 29848.

Response: Our 4.04 proposed work RVUs were based on a recommendation from the RUC that we accepted. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we will increase the work RVUs from the 4.04 proposed work RVUs to 5.14 for CPT code 29848.

3. Otolaryngology and Maxillofacial Surgery

CPT code 21025 (Excision of bone (e.g., for osteomyelitis or bone abscess); mandible).

Comment: A commenter recommended an increase from 5.03 to 8.98 work RVUs based on a comparison to CPT code 24134 (Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus). The RUC noted that a rank order 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.

Response: We did not accept the RUC recommendation because we did not believe that the surveyed vignette represented the typical patient; further, it included services for which other codes can be reported. The vignette described 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 believed this vignette described a patient with much more extensive infection than the typical patient. It was also our view that CPT code 21030, with 7.05 work RVUs, is more difficult than this procedure. Therefore, we proposed to retain the current 5.03 work RVUs for CPT code 21025. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 5.03 proposed work RVUs to 8.98 for CPT code 21025.

CPT code 21125 (Augmentation, mandibular body or angle; prosthetic material) and CPT code 21270 (Malar augmentation, prosthetic material).

Comment: We received one comment regarding CPT codes 21125 and 21270. The commenter disagreed with the proposed work RVUs assigned to these procedures, 6.22 and 12.10, respectively. The commenter submitted survey data supporting the commenter's contention that the rank order between these services is out of alignment. That is, procedures represented by CPT codes 21270 and 21125 are similar in preoperative and postoperative time and degree of difficulty to CPT code 21208 (Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)), with 9.56 work RVUs, and CPT code 21210 (Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)), with 9.56 work RVUs.

CPT code 21125, according to this commenter, although similar to CPT code 21270, is more difficult in work, stress, and effort, and, also, requires longer intraservice time due to the location of the incision and augmentation. Therefore, the commenter recommended reducing the work RVUs of CPT code 21270 to 9.56 and increasing the work RVUs of CPT code 21125 to 10.00.

Response: Based on our evaluation of the survey data submitted by the commenter, we concur with the recommendation. Although the sample size was relatively small for both CPT procedure codes, it did serve to document the rank order position for CPT codes 21125 and 21270. We believe the data provided sufficiently support the recommendations to increase the work RVUs for CPT code 21125 and decrease the work RVUs for CPT code 21270.

Final decision: We accepted this recommendation and will increase the work RVUs of CPT code 21125 to 10.00 and decrease the work RVUs of CPT code 21270 to 9.56.

CPT codes 31531, 31536, 31541, 31561, and 31571 (Operative laryngoscopies).

Comment: Commenters stated that CPT codes 31541, 31561, and 31571 are undervalued because of increased patient complexity and greater emphasis on acceptable vocal results.

Response: When the RUC initially reviewed these codes, it did not find the 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 disagreed with the concept of increasing the work RVUs for procedures using an operating microscope and believed that the work RVUs for a procedure generally should be the same, regardless of the technique used. For example, CPT codes 17000 through 17105 (Destruction of skin lesions) are valued the same regardless of the method of destruction. Therefore, we proposed work RVUs that would be the same for both codes in a pair.

However, in light of the comments that objected to our rationale, we referred these codes to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
31531	3.39	3.59
31536	3.16	3.56
31541	4.13	4.53
31561	5.46	6.00
31571	3.87	4.27

4. Podiatry

HCPCS code M0101 (Cutting or removal of corns).

Comment: In response to our proposal to maintain the current 0.37 work RVUs, many commenters objected to our view that the vignette did not represent a typical patient and requested an increase to the RUC-recommended level of 0.45 work RVUs.

Response: In response to our original request for comments in 1995 as part of the 5-year review, 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 RUC agreed that HCPCS code M0101 involves more work than treating 2 skin lesions and trimming 10 toenails and that this service is undervalued. However, it disagreed with the request for an increase to 0.70 and recommended 0.45 work RVUs.

We disagreed 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)).''

In our May 3, 1996 proposed notice (61 FR 20022), we expressed our belief that the service most often 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.

Throughout the fee schedule, we base the work RVUs on the typical patient. The RUC survey methodology is also based on vignettes that are intended to describe the typical patient and service. To value the work of procedures based on atypical patients would skew the values assigned to those codes as well as their relationship to other codes. This is true even where, as here, current Medicare coverage is restricted to the more difficult patients with coexisting disease. In this case, we believed the vignette described an unusual or atypical patient; the RVU recommendation based on the vignette exceeds the current work RVUs. We believed that the usual service of trimming of nails is less work than the paring or curettement or other less common procedures such as benign hyperkeratotic skin lesions and, therefore, proposed to maintain the current 0.37 work RVUs.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 0.37 proposed work RVUs to 0.43 for HCPCS code M0101.

CPT code 28010 (Tenotomy, subcutaneous, toe; single).

Comment: This code, with 2.97 work RVUs, was identified by the RUC as a potentially overvalued service but it did not submit recommended RVUs in time for publication in the May 3, 1996 proposed notice. The RUC subsequently recommended that the work RVUs be reduced to 2.71 as it is similar in work to CPT code 26060 (Tenotomy, subcutaneous, single, each digit), with 2.71 work RVUs. All four components of physician work (time, mental effort and judgment, technical skill, and physical effort and stress) are the same for these soft tissue operations.

Response: We agree with this comparison and recommendation.

Final decision: The final work RVUs for CPT code 28010 are changed to 2.71.

CPT code 28114 (Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)).

Comment: Last year, the RUC submitted an interim recommendation that the current work RVUs for CPT code 28114 (Removal of metartasal heads) be maintained until the American Podiatric Medical Association presented recommendations for this code at the February 1996 RUC meeting. We agreed and published proposed RVUs of 7.16 for CPT code 28114. We subsequently received a comment from the RUC recommending that the work RVUs for CPT code 28114 be increased to 8.65. In a survey of 66 podiatrists, 10.60 median work RVUs were recommended for CPT code 28114, suggesting that the current 7.16 work RVUs for this code are too low.

The basis for the RUC's recommendation was comparison of this service to CPT code 28113 (Ostectomy, complete excision; fifth metatarsal head), with 4.09 work RVUs. The RUC believed that the intraservice work per unit of time of the two services should be equal. The RUC then used the surveyed intraservice time of CPT code 28114 to calculate the recommended 8.65 work RVUs.

Response: We agree with the RUC recommendation.

Final decision: We are assigning 8.65 work RVUs to CPT code 28114. Because the public has not had an opportunity to comment on these work RVUs, we will consider them to be interim RVUs and will accept comments on our revision.

5. Cardiology and Interventional Radiology

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

Comment: A commenter objected to our proposed reduction in work RVUs from 7.25 to 5.00, which the commenter believed was based on the use of an incorrect reference service.

Response: The RUC identified this code as a potentially overvalued service, in part, because of an increasing frequency of claims since 1992. The current work RVUs are 7.25. After reviewing the issue, 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.

We disagreed with this recommendation. 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 proposed 5.00 work RVUs for CPT code 37201.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are decreasing the work RVUs from the current 7.25 work RVUs to our proposed 5.00 work RVUs for CPT code 37201.

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

Comment: Several commenters objected to our proposal to maintain the current 0.78 work RVUs and recommended that we accept the RUC recommendation of 1.06 work RVUs. They argued 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.

Response: 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 did not agree that echocardiography is undervalued. We believed that technical innovations have made physician interpretations of echocardiograms less difficult than in the past. We also believed 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 considered the work of technicians to be a practice expense that is reflected in the practice expense RVUs, not the physician work RVUs. We also questioned whether the vignette surveyed by the specialty society, which describes an echocardiogram performed on an acutely ill patient in need of emergency echocardiography, represented 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 suggested that the typical patient is not critically ill or that there is a bimodal distribution of patients. Therefore, we did not believe that an increase in work RVUs was justified.

However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 0.78 proposed work RVUs to 0.92 for CPT code 93307.

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).

Comment: Several commenters objected to our 1.90 proposed work RVUs and recommended that we accept the RUC recommendation of 2.39. The commenters argued 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.

Response: Before submitting its original recommendation to us, 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 did not believe that transesophageal echocardiography was undervalued. A refinement panel considered this service in 1993, and, based on the ratings of the panel, we did not increase the work RVUs. We did not find the new evidence submitted by the RUC to be sufficient to warrant an increase in work RVUs.

However, in light of the comments we received, we referred this code to a refinement panel for review. As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs for CPT code 93312 from 1.90 to 2.20.

During the refinement panel discussions, the coding of other transesophageal echocardiography services was discussed. CPT includes three codes for transesophageal echocardiography. The codes are 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), CPT code 93313 (Echocardiography, real time with image documentation (2D) (with or without M-modeing recording), transesophageal; placement of transesophageal probe only), and CPT code 93314 (Echocardiography, real time with image documentation (2D) (with or without M-mode recording), transesophageal; image acquisition, interpretation and report only).

We received no comments as part of the 5-year review that the work RVUs for the code used to report only the placement of a transesophageal probe (CPT code 93313) should be revised. Therefore, we are maintaining the current 0.95 work RVUs. By subtracting these work RVUs from the new work RVUs for CPT code 93312, we can calculate new work RVUs for CPT code 93314, which is used to report image acquisition, interpretation and report only. The result is 1.25 work RVUs.

It was necessary to calculate these RVUs because the refinement panel did not specifically address CPT code 93314. However, it was clear during the discussions of the refinement panel that the service considered by the American College of Cardiology and the American Society of Echocardiography to be undervalued was the image acquisition, interpretation and report and not the probe placement.

We also revised the relationship of the three codes in this family so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314. When we first assigned work RVUs to these codes, we assigned 20 percent more work RVUs to both CPT codes 93313 and 93314 because two different physicians were often involved in the procedure and each would have a certain amount of preservice and postservice work that could not be considered duplicative.

Consequently, the sum of these two codes exceeded the work RVUs assigned to CPT code 93312. We now believe that most transesophageal echocardiographies are performed by a single physician. Therefore, we have adjusted the work RVUs so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs for CPT code 93312 from the 1.90 proposed work RVUs to 2.20. In addition, the work RVUs for CPT codes 93313 and 93314 are established as 0.95 and 1.25, respectively, based on the above decisions.

CPT code 93503 (Insertion and placement of flow directed catheter

(e.g., Swan-Ganz) for monitoring purposes).

Comment: Several commenters objected to our proposal to maintain the current 2.43 work RVUs. Our proposal was based, in part, on acceptance of a RUC recommendation to maintain current work RVUs. Several specialty societies argued that the physician work involved in a Swan-Ganz catheter was greater than the work associated with a right heart catheterization (CPT code 93501), with 3.02 work RVUs.

The commenters stated that as compared to the right heart catheter, which is usually inserted in the catheter laboratory, the Swan-Ganz catheter is usually inserted when the patient is in an unstable condition. Proper positioning of the acutely ill patient for insertion is usually more difficult. In addition, the physician usually inserts the Swan-Ganz catheter without the aid of an imaging device, in contrast to the right heart catheter, making location of the tip of the catheter significantly more challenging.

Moreover, after insertion, the physician must interpret data quickly and make immediate important judgments. Finally, the commenters argued that the risk of complications with the Swan-Ganz catheter is considerably greater than with the right heart catheter.

Response: In light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from 2.43 to 2.91 for CPT code 93503.

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

We received no comments on these codes. Therefore, we will finalize all of the proposed work RVUs for the general surgery, colon and rectal surgery, and gastroenterology codes.

7. Urology

CPT code 50590 (Lithotripsy, extracorporeal shock wave).

Comment: Several commenters objected to our proposed reduction in work RVUs from 9.62 to 7.13. They objected to our argument that the work of extracorporeal shock wave lithotripsy is more comparable to the work of evaluation and management services than surgical services.

Response: We referred this code to the RUC last year as a potentially overvalued service. The RUC reviewed it and concluded that it is similar to a surgical procedure in that anesthesia is used and a urologist is always present. Based on its analysis of survey data showing a median intraservice time of 80 minutes, the RUC concluded that the current work RVUs should not be reduced.

We disagreed with the RUC recommendation to maintain the 9.62 work RVUs. We believed 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 CPT code 49000 (Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)), with 8.99 work RVUs. We proposed 7.13 work RVUs for 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.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing our proposed work RVUs of 7.13 for CPT code 50590 to 8.79.

8. Gynecology

CPT code 56312 (Laparoscopic lymphadenectomy).

Comment: The current work RVUs assigned to this code are 12.06. It was referred to the RUC as part of the 5-year review. The RUC recommended that the 12.06 work RVUs be maintained. In our May 3, 1996 proposed notice (61 FR 20006), we agreed with this recommendation. A commenter objected to the retention of 12.06 work RVUs for this service. The commenter noted a discrepancy between the work RVUs for comparable procedures performed laparoscopically or via open laparotomy. The commenter stated that we have indicated that these procedures should be valued the same, regardless of the approach for their performance. The commenter agreed with this premise and recommended adjustment of the work RVUs for this laparoscopic procedure, which the commenter believed is undervalued when compared to its counterpart performed at laparotomy. The counterpart code, CPT code 38870, is assigned 12.10 work RVUs. Thus, the commenter recommended that the work RVUs for CPT code 56312 be increased from 12.06 to 12.10.

Response: In our May 3, 1996 proposed notice (61 FR 20046), we announced our intention to reexamine the relationship between endoscopic and comparable open procedures before the next 5-year review. This will provide the opportunity to address the discrepancy in work RVUs between CPT codes 56312 and 38870. We are retaining the existing 12.06 work RVUs for laparoscopic lymphadenectomy in spite of the slight difference in work RVUs between the two procedures.

Final decision: We are making final the proposed work RVUs for CPT code 56312.

CPT code 57265 (Combined anteroposterior colporraphy; with enterocele repair).

Comment: This code is used to report complex vaginal repairs. A commenter stated that their recommendation for this code was mistakenly not submitted to the RUC. The commenter believed that the current 7.36 work RVUs undervalue the service in comparison to CPT code 57260 (Combined anteroposterior colporraphy without enterocele repair), which is assigned 7.59 work RVUs. Since CPT code 57265 includes CPT code 57260 plus CPT code 57268 (Repair of enterocele, vaginal approach (separate procedure)), with 6.14 work RVUs, the commenter recommended 10.66 work RVUs for CPT code 57265. These work RVUs reflect the sum of the work RVUs for CPT code 57260 and, with the application of the multiple surgical rules, one-half of the work RVUs for CPT code 57268.

Response: The current work RVUs for CPT code 57265 represent an obvious rank order anomaly within this family of procedures.

Final decision: We accept the recommendation of 10.66 work RVUs for CPT code 57265.

CPT code 58200 (Total abdominal hysterectomy including partial vaginectomy with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)).

Comment: Several commenters stated that the 20.34 work RVUs currently assigned to CPT code 58200 exceed the 13.00 work RVUs currently assigned to CPT code 58150 (Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)) by approximately 56 percent, accurately reflecting the difference in physician

work. The commenters objected to our proposal to increase the work RVUs assigned to CPT code 58150 to 14.30 without also increasing the work RVUs assigned to CPT code 58200. Therefore, to maintain what they believed to be the correct relationship between these two codes, the commenters recommended that the work RVUs for CPT code 58200 be increased from 20.34 to 22.37.

Response: The RUC reviewed both CPT codes 58150 and 58200. We received and agreed with the RUC's recommendations to increase the work RVUs for CPT code 58150 and maintain the work RVUs for CPT code 58200. We did not refer the codes to the RUC with the expectation that their relative relationship would be maintained. Rather, we referred them to the RUC with the expectation that the appropriateness of the work RVUs currently assigned to each code would be evaluated. We believe the RUC appropriately evaluated both codes, and we do not believe the commenters provided sufficient rationale to increase the work RVUs for CPT code 58200.

Final decision: We are maintaining the current 20.34 work RVUs for CPT code 58200.

9. Neurosurgery

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) and CPT code 63042 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, lumbar).

Comment: The American Academy of Orthopedic Surgeons objected to our proposed reductions in the work RVUs for CPT code 63030 from 12.11 to 11.10 and for CPT code 63042 from 17.27 to 16.56. The RUC recommendations for these work RVUs, which we accepted, were based on the recommendations of the American Academy of Neurological Surgeons/Congress of Neurological Surgeons. The American Academy of Orthopedic Surgeons stated that the methodology used by the American Academy of Neurological Surgeons/ Congress of Neurological Surgeons to develop the recommended work RVUs has not been validated. The American Academy of Orthopedic Surgeons also stated these codes were not identified as overvalued procedures by the carrier medical directors, AMA trend analysis, AMA intraservice work per unit of time analysis, nor by a comparison of Harvard with the 1992 work RVUs. The American Academy of Orthopedic Surgeons noted a study done for them (''The Abt Restudy of Physician Work Values for Orthopedic Surgery'') further stated that the current relationship between CPT codes 63030 (with 12.11 work RVUs), 63042 (with 17.27 work RVUs), and 63047 (with 12.76 work RVUs) more properly represents the work differential between these codes and that the proposed work RVUs provide an incentive for upcoding.

Response: We discussed the American Academy of Neurological Surgeons/ Congress of Neurological Surgeons' recommendations in detail in our May 3, 1996 proposed notice (61 FR 20025 through 20027). The American Academy of Neurological Surgeons/ Congress of Neurological Surgeons' approach, which in general HCFA and the RUC found to be reasonable for these codes, focused on intensity and time data gathered from detailed operative logs. The American Academy of Orthopedic Surgeons stated that the approach has not been validated, but it does not provide compelling evidence why the approach is invalid for these codes and why the relationship between the current work RVUs is more accurate than the proposed work RVUs.

We also note that the Abt study done for the American Academy of Orthopedic Surgeons contains 12.34 work RVUs for CPT code 63030 and 13.20 work RVUs for CPT code 63042. These values would alter the current work relationship between CPT codes 63030, 63042, and 63047 significantly more than the RUC-recommended work RVUs. Given the differing work RVUs in the two studies, we believe the prudent action is to accept the RUC recommendations that reflect the judgment of all the major specialties of medicine.

Final decision: We are making final our proposed work RVUs of 11.10 for CPT code 63030 and 16.56 for CPT code 63042.

10. Ophthalmology

CPT Codes 68820, 68825, and 68830 (Probing of nasolacrimal duct.

Comment: These three codes have been deleted and replaced by three new codes in CPT 1997. The three new codes and the RUC recommendations for them are: CPT code 68810 (1.27 work RVUs); CPT code 68811 (2.25 work RVUs); and CPT code 68815 (3.00 work RVUs).

Response: Because the development of new codes was initiated by the 5-year refinement and because the codes describe pediatric services for which we are particularly interested in developing appropriate work RVUs, we reviewed them in the context of the 5-year review. As part of the 5-year refinement, we forwarded to the RUC comments on two codes (CPT codes 68825 and 68830) that are part of the following existing family of codes for probing of nasolacrimal ducts:

CPT Code	Descriptor
68820	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral.
68825	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring general anesthesia.
68830	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; with insertion of tube or stent.

The RUC reviewed a recommendation to increase the work RVUs for CPT code 68830 and concluded that the work RVUs should not be increased. We reviewed and accepted that recommendation.

The RUC reviewed a recommendation to increase the work RVUs for CPT code 68825 from 1.53 to 2.50 and concluded there was a problem with the current descriptor in that unilateral and bilateral procedures were valued the same. Therefore, the code was referred to the CPT Editorial Panel. In our May 3, 1996 proposed notice (61 FR 20009), we noted that the code was referred to CPT and proposed maintaining the current work RVUs.

Because the code in question was part of a family of codes, the deletion of the phrase ''unilateral or bilateral'' by the CPT Editorial Panel affected all the codes in the family. Subsequently, the revised family of codes was referred from the CPT Editorial Panel back to the RUC.

The codes for probing of a nasolacrimal duct (CPT codes 68820, 68825, and 68830) have been deleted and replaced with new codes (CPT codes 68810, 68811, and 68815) to indicate that these codes should be used to report unilateral procedures. Bilateral procedures will be reported using the code with the -50 modifier.

The RUC accepted the work RVU recommendation of 1.27 for CPT code

68810, presented by commenters practicing ophthalmology and optometry, that was based on budget neutral calculations assuming that 31 percent of procedures represented by CPT code 68810 (Probing of nasolacrimal duct, with or without irrigation) are performed bilaterally and would be subject to the multiple surgery reduction.

The RUC also accepted the American Academy of Ophthalmology's request to increase the work RVUs for CPT code 68811 (Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia) from 1.53 to 2.25. The American Academy of Ophthalmology estimated that 62 percent of these procedures are performed unilaterally. The preservice, intraservice, and postservice work of this service were considered to be comparable to CPT code 67345 (Chemodenervation of extraocular muscle), with 2.91 work RVUs.

CPT code 68815 (Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent) is performed when CPT code 68811 has failed. The RUC agreed that the work RVUs for this service should be increased from 2.12 to 3.00 to maintain relativity with CPT codes 68810 and 68811. This increase was considered to be justified by the degree of preservice, intraservice, and postservice work involved in this procedure; the complications of intranasal bleeding; the possibility of aspirating blood intraoperatively or postoperatively; and the morbidity associated with drawing metallic probes through the nasolacrimal system.

We accepted the RUC's recommendation for CPT code 68810. For CPT codes 68811 and 68815, we believed the recommended work RVUs were too high in light of the fact that most of the procedures will be performed bilaterally resulting in payment based on 150 percent of the listed work RVUs.

Because these codes were originally commented on as part of the 5-year refinement, we would like to assign final work RVUs effective January 1, 1997. Therefore, we referred these codes to a refinement panel for a full discussion of the issues.

The following tables identify the codes and work RVUs for 1996 and 1997:

1996 CPT CODES AND WORK RVUS

CPT code	Descriptor	1996 work RVUs	Recommended work RVUs
68820	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral.	1.47	Not applicable; code deleted.
68825	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring general anesthesia.	1.53	Not applicable; code deleted.
68830	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; with insertion of tube or stent.	2.12	Not applicable; code deleted.

1997 CPT CODES AND WORK RVUS

CPT code	Descriptor	1996 work RVUs	Recommended work RVUs
68810	Probing of nasolacrimal duct, with or without irrigation	1.27	Not applicable; new code.
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia.	2.25	Not applicable; new code.
68815	Probing of nasolacrimal duct, with or without irrigation,; with insertion of tube or stent.	3.00	Not applicable; new code.

Final decision: We have reviewed and accepted the RUC recommendation to decrease the RVUs for deleted CPT code 68820, which will now be reported with new CPT code 68810, from 1.47 to 1.27 work RVUs. As a result of our analysis of the refinement panel ratings, we increase the work RVUs for deleted CPT code 68825, which will now be reported with new CPT code 68811, from 1.53 to 2.25 work RVUs. For deleted CPT code 68830, which will now be reported with new CPT code 68815, we increase the work RVUs from 2.12 to 3.00 work RVUs.

CPT code 92002 (Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient).

Comment: Two commenters objected to linking the intermediate new patient eye examination, CPT code 92002, with the a level-two new patient office visit (CPT code 99202) and recommended linking CPT code 92002 with a level-three new patient office visit (CPT code 99203). This would result in an increase from our proposed 0.88 work RVUs to 1.34 work RVUs. The commenters stated that a level-two service is the lowest level evaluation and management service requiring a physician's presence and that our proposal would force providers to bill at level-two for all less than comprehensive eye examinations. They pointed to the times reported in the RUC surveys as support for a linkage to a level-three evaluation and management service; the RUC surveys reported intraservice times of 24 minutes for CPT code 99203 and 20 minutes for CPT code 92002.

Response: The current work RVUs for CPT code 92002 are 1.01. We referred this code to the RUC last year because we believed it was overvalued compared to the evaluation and management services for new patient office visits. The RUC agreed with us and recommended that we assign the same work RVUS to the intermediate new patient eye examination (CPT code 92002) as we would assign to a level-two new patient office visit (CPT code 99202).

We disagree with the arguments that a level-two service is the lowest level evaluation and management service requiring a physician's presence and

that our proposal would force providers to bill at level-two for all less than comprehensive eye examinations. First, every level of new patient office visits requires a physician's presence. Second, there are only two levels of eye examinations: intermediate and comprehensive. Thus, by definition, every eye examination that is less than comprehensive must be billed as an intermediate eye examination.

We reviewed the survey data and have concluded that the data support our proposal. The median intraservice time for CPT code 92002 was 20 minutes. This is the typical time of a level-two new patient office visit. The work RVUs we have assigned to a level-two new patient visit are based on 20 minutes of intraservice time, not the RUC survey time. The typical time of a level-three new patient office visit is 30 minutes which is 50 percent greater than the time of a level-two visit and 50 percent greater than the surveyed time of CPT code 92002. We believe that acceptance of the comment would result in work RVUs that are inconsistent with all other evaluation and management services. To increase the work RVUs above the current 1.01 work RVUs by more than 30 percent is clearly inconsistent with our conclusion, as well as that of the RUC, that the current work RVUs are too high.

Final decision: We make final our proposed 0.88 work RVUs for CPT code 92002.

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

Comment: Two commenters noted that the 1.34 work RVUs for CPT code 92004 were incorrectly calculated.

Response: The work RVUs published in the May 3, 1996 proposed notice (61 FR 20039) were a technical error. We agree with the commenter that the correct work RVUs are 1.67, as recommended by the RUC.

Final decision: We correct the work RVUs to 1.67.

CPT codes 92225 and 92226 (Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial and subsequent).

Comment: Several commenters objected to our proposal to reduce the work RVUs for these codes to 0.38 and 0.33, respectively. They recommended that the current work RVUs of 0.58 and 0.50 be maintained and indicated that they would be willing to work with us to develop more detailed medical necessity review criteria for these procedures.

Response: Carrier medical directors identified these two codes as potentially overvalued, and we referred the codes to the RUC. The current work RVUs are 0.58 and 0.50, respectively. The carrier medical directors recommended 0.38 and 0.33 and offered the following justification: ''The records that we have reviewed on this have shown no more diligence or attentiveness to the drawing than what any physician draws when describing a physical finding.''

The RUC reviewed the comment and intended to refer the code to the CPT Editorial Panel for further clarification. In our May 3, 1996 proposed notice (61 FR 20038 through 20039), we erroneously noted that the codes were referred to CPT and proposed maintaining the current work RVUs. However, the codes were never referred to CPT.

At a subsequent meeting of the RUC, the American Academy of Ophthalmology recommended that, when properly performed, these procedures are appropriately valued. It attempted to develop a coding change proposal to address the possible abuse scenarios cited by the commenter. The American Academy of Ophthalmology has now concluded that coding changes would not be sufficient to solve this problem.

While we appreciate the willingness of both specialty societies to work with us to develop more detailed medical necessity review criteria for these procedures, we do not believe that the carrier medical directors' recommendations for reduced work RVUs have been fully addressed.

Since the codes will not be referred to the CPT and since they were originally commented on as part of the 5-year refinement, we referred the codes to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are decreasing the work RVUs for CPT codes 92225 and 92226 from their current 0.58 and 0.50 work RVUs to 0.38 and 0.33 work RVUs, respectively. These represent the work RVUs for appropriately performed retinal drawings. We plan to work with the specialty societies to develop more detailed medical necessity review criteria for these procedures.

CPT code 92260 *(Ophthalmodynamometry).*

Comment: Several commenters recommended that the current 0.50 work RVUs be maintained.

Response: Carrier medical directors originally identified this code as potentially overvalued, and we referred the code to the RUC. The current work RVUs are 0.50. The carrier medical directors recommended 0.20 work RVUs and offered the following justification:

''Ophthalmodynamometry gives an approximate measurement of the relative pressures in the central retinal arteries and is an indirect means of assessing carotid artery flow on either side. The test consists of exerting pressure on the sclera with a spring plunger while observing with an ophthalmoscope the vessels emerging from the optic disks. This is included in 93875 which has an RVU of 0.16.''

The RUC reviewed the comment and referred the code to the CPT Editorial Panel with a recommendation that consideration be given to deleting the code. The RUC stated that this service is rarely performed and may be an obsolete procedure. In our May 3, 1996 proposed notice (61 FR 20038 through 20039), we noted that the code was referred to CPT and proposed maintaining the current work RVUs. However, the code was never referred to CPT.

The American Academy of Ophthalmology's CPT committee decided against recommending deletion of this code because it is still being used frequently by some groups of ophthalmologists. (In 1995, we received over 8,000 claims.) The American Academy of Ophthalmology stated that this code is more like CPT code 76519 (Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation), with 0.54 work RVUs, than the newer Doppler-type technology that has replaced it. For example, the service is performed entirely by a physician face-to-face with the patient, unlike Doppler, which involves more technician time. The RUC and the American Academy of Ophthalmology recommended, therefore, that the current 0.50 work RVUs be retained.

We do not believe that the carrier medical directors' recommendations for reduced work RVUs have been fully addressed. Since the code will not be referred to the CPT and since the code was originally commented on as part of the 5-year refinement, we referred the code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings,

we are decreasing the work RVUs for CPT code 92260 from 0.50 to 0.20.

11. Imaging

CPT code 78806 (Radiopharmaceutical localization of abscess; whole body).

Comment: A commenter indicated that we made an apparent technical error by assigning the same work RVUs to CPT codes 78805 and 78806. The correct work RVUs for CPT codes 78805 and 78806 should be 0.73 and 0.86, respectively.

Response: We agree that a technical error was made.

Final decision: CPT code 78806 is corrected to 0.86 work RVUs.

12. Cardiothoracic and Vascular Surgery

CPT code 35700 (Reoperation for vascular infrainguinal bypass grafts) and CPT codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, and 35671 (Vascular infrainguinal bypass grafts).

Comment: As part of the 5-year refinement, the RUC examined several of the codes for infrainguinal bypass procedures. In addition, we received a request from the Society for Vascular Surgery/International Society for Cardiovascular Surgery to reexamine the work RVUs that were assigned to the nine CPT codes that can be reported with the reoperation CPT code 35700.

The descriptor for CPT code 35700 reads: ''Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation.'' This code is to be listed separately in addition to any one of the nine CPT codes for the primary procedure (CPT codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, or 35671). The reoperation code was new in 1994. At that time, we estimated that approximately 22 percent of the primary procedures represent reoperations for which the new add-on code would be used in the future. To maintain the same number of work RVUs in 1994, we reduced the work RVUs of the primary procedures by approximately 3.5 percent.

The Society for Vascular Surgery/International Society for Cardiovascular Surgery believed that an analysis of current data would prove that our estimates on the probable number of reoperations were too high. They requested that we make appropriate adjustments to the work RVUs based on actual utilization of the code.

Response: Our analysis of the data revealed the following:

In 1994, CPT code 35700 was billed in conjunction with the primary procedure codes listed above 3.47 percent of the time. There were 67,482 primary services performed in 1994 and 2,343 reoperations (CPT code 35700).

In the first three quarters of 1995, CPT code 35700 was billed in conjunction with the above listed primary procedure codes 4.12 percent of the time. There was a total of 44,684 primary services performed while 1,839 reoperations (CPT code 35700) were billed. These data confirm that our original estimates regarding the utilization of the reoperation CPT code 35700 were too high.

Final decision: The following table identifies the nine codes, lists the 1996 work RVUs and lists the corrected work RVUs based on the actual utilization of the reoperation code. The differences in work RVUs between 1996 and the corrected work RVUs are also shown. Some of these codes were reviewed as part of the 5-year refinement, and we accepted the RUC recommendations for them. To determine the final work RVUs, we added the differences in work RVUs between 1996 and the rescaled work RVUs to either the RUC-recommended work RVUs or the current work RVUs for codes that were not part of the 5-year review.

CPT code	1996 work RVUs	Corrected work RVUs	Difference	5-year RUC recommendations	Final work RVUs
35556	15.47	15.94	0.47	19.37	19.84
35566	20.21	20.76	0.55	24.45	25.00
35571	16.66	17.14	0.48	None	17.14
35583	15.97	16.44	0.47	20.03	20.50
35585	19.05	19.60	0.55	25.95	26.47
35587	17.07	17.55	0.48	None	17.55
35656	13.86	14.44	0.58	17.84	18.42
35666	15.97	17.60	1.63	None	17.60
35671	12.18	13.39	1.21	None	13.39

CPT code 35681 (Bypass graft, composite).

Comment: We received comments from the Society for Vascular Surgery/International Society for Cardiovascular Surgery and the American College of Surgeons that provided the following explanation for the RUC's recommendations, which the commenters believed was an error. The American College of Surgeons identified CPT code 35681 as an overvalued service based on an Abt survey of surgical procedures. In its 5-year review letter dated February 3, 1995, the American College of Surgeons recommended a decrease in work RVUs from 8.00 to 3.93. A RUC work group endorsed this decrease with virtually no discussion, and the full RUC accepted it by consent decree.

We accepted the recommended decrease in work RVUs in the May 3, 1996 proposed notice (61 FR 20028). The Society for Vascular Surgery/International Society for Cardiovascular Surgery believed that the American College of Surgeons' data identifying CPT code 35681 as overvalued were faulty because the American College of Surgeons used an inappropriate clinical vignette in the Abt survey.

The American College of Surgeons' vignette described the splicing of a 6 cm segment of synthetic conduit into what is primarily a bypass graft constructed

with autogenous vein. The Society for Vascular Surgery/International Society for Cardiovascular Surgery stated that the use of synthetic conduits in this situation is not standard surgical practice. Instead, most surgeons performing this operation would harvest a separate segment of vein to use as the additional segment of conduit since the long term graft patency of the all-vein combination is far superior. Harvesting additional vein requires a separate skin incision, identification of another segment of acceptable vein, harvest of that vein with ligation of branches, and skin closure of the additional site. This is obviously far more work than opening a box of synthetic conduits to obtain the additional required conduit, yet the only code available for either procedure is CPT code 35681.

In order to determine exactly how this code is used clinically, the Society for Vascular Surgery/International Society for Cardiovascular Surgery reviewed operative records from 16 practices across the country and found that the American College of Surgeons' vignette represents only 3 percent of the actual use of this code, and in 97 percent of cases the work involved is actually far greater than that described in the American College of Surgeons' vignette.

Response: In light of the comments we received, we referred this code to a refinement panel for review of the coding issues and ratings of physician work.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs assigned to CPT code 35681 from the proposed 3.93 work RVUs to 8.05, the current work RVUs for the code. In addition, we are referring CPT code 35681 to CPT for division into two codes, one to represent addition of a segment of synthetic conduit to a primary bypass constructed of vein, and another to represent harvest and addition of a segment of vein conduit to a primary bypass constructed of vein or synthetic conduit. Once the codes have been accurately defined, they will be referred to the RUC for work evaluation. The work RVUs for CPT code 35681 are interim values until we receive the final RUC recommendations.

CPT code 35875 (Thrombectomy of arterial or venous graft).

Comment: The American College of Surgeons submitted CPT code 35875 for review in its letter to us, dated February 3, 1995. Its identification of this code as being overvalued was based on a survey of the work involved in a vignette that described a thrombectomy of a clotted hemodialysis shunt. The American College of Surgeons recommended a decrease in work RVUs for CPT code 35875 from 9.07 to 8.19. A RUC work group adopted the decrease without discussion, and the full RUC accepted it by consent decree. We subsequently accepted the decrease in our May 3, 1996 proposed notice (61 FR 20002).

In a comment, the Society for Vascular Surgery/International Society for Cardiovascular Surgery provided the following explanation of the proper use of the codes. Thrombectomy and revision of a dialysis graft as described in the American College of Surgeons' vignette is actually CPT code 36832 (Revision of an arteriovenous fistula, with or without thrombectomy, autogenous or nonautogenous graft (separate procedure)), not CPT code 35875. CPT code 36832 falls within the family of hemodialysis graft codes in CPT and exactly fits the American College of Surgeons' vignette. It has only 5.84 work RVUs. The commenter believed that this error had caused the RUC to recommend a value that was too low.

In contrast, the commenter explained, CPT code 35875 is defined as thrombectomy of arterial or venous graft, and it lies numerically within the CPT family of codes that describes bypass grafts performed for arterial insufficiency. CPT code 35875 requires significantly more work than CPT code 36832, and it has 9.07 work RVUs. It was, therefore, no surprise to the commenter that the surgeons participating in the American College of Surgeons' study considered that 9.07 work RVUs were too high when asked to evaluate the work involved in thrombectomy of a dialysis graft since they were actually being asked to rate a service that has only 5.84 work RVUs.

In order to identify exactly how CPT code 35875 is used by practicing surgeons, the Society for Vascular Surgery/International Society for Cardiovascular Surgery reviewed charts of patients receiving this service over a period of 1 year at 16 surgical practices from across the country. The study identified 209 consecutive cases. CPT code 35875 was used for thrombectomy of arterial bypass grafts in patients with peripheral vascular disease in 60 percent of the cases, and, somewhat to their surprise, in 40 percent of cases, CPT code 35875 was claimed when thrombectomy of a dialysis graft was performed in renal failure patients. The review indicated that some carrier medical directors also are confused regarding appropriate use of this code.

Response: In light of the comments we received, we referred this code to a refinement panel for review of the coding issues and ratings of physician work.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs assigned to CPT code 35875 from the proposed 8.19 work RVUs to 9.07, which are the current work RVUs for the code. In addition, we will refer CPT code 35875 to CPT for redefinition by adding the term ''not for hemodialysis graft.'' We are also referring CPT code 36832 to CPT to be split into three separate codes, one specifically for thrombectomy of hemodialysis grafts, one for revision of hemodialysis grafts without thrombectomy, and one for thrombectomy and revision of hemodialysis grafts.

Once the codes have been accurately defined, they will be referred to the RUC for work evaluation. We are keeping the work RVUs for CPT code 35875 interim until we receive the final RUC recommendations.

13. Pathology and Laboratory Procedures

CPT code 85390–26 (Fibrinolysins or coagulopathy screen, interpretation and report).

Comment: We received several comments objecting to our proposal to maintain the current 0.37 work RVUs rather than to accept the RUC recommendation of 0.75 work RVUs.

Response: In its original recommendation to us, the RUC noted that this procedure had 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, as requested by a specialty society. Instead, the RUC believed that the service is comparable in physician work to the key reference service CPT code 88305 (Tissue exam by pathologist), with 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 were not persuaded that the work has changed over time. The vignette used to survey this code appeared to represent services 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 proposed to retain the current 0.37 work RVUs for CPT code 85390–26. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we maintain our current 0.37 work RVUs for CPT code 85390–26.

CPT code 86327–26 (Immunoelectrophoresis; crossed (2-dimensional assay)).

Comment: We received several comments objecting to our proposal to maintain the current 0.37 work RVUs rather than to accept the RUC recommendation of 0.45 work RVUs.

Response: In its original recommendation to us, the RUC noted that this procedure had 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 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 were not persuaded that the work has changed over time. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from 0.37 to 0.42 for CPT code 86327–26.

CPT code 88173–26 (Evaluation of fine needle aspirate with or without preparation of smears; interpretation and report).

Comment: We received several comments objecting to our proposal to maintain the current 1.08 work RVUs. Our proposal was based, in part, on acceptance of a RUC recommendation to maintain the current work RVUs. A specialty society argued that the physician work involved in the interpretation of a fine needle aspiration has increased because of a change in the way the service is used in the continuum of diagnosis and treatment.

When the service was first studied by the Harvard study team, fine needle aspiration was relatively new, performed primarily on advanced tumors and used as a screening service to be followed by confirmatory biopsy. Now, the fine needle aspiration specimen received for interpretation is from an earlier stage in the disease process, often from lesions that are borderline in their presentation. In addition, the procedure is now used as a definitive diagnostic procedure from which treatment decisions are made. These two changes lead to increased work for the pathologist.

Response: In light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of the our analysis of the refinement panel ratings, we are increasing the work RVUs from 1.08 to 1.39 for CPT code 88173–26.

14. Psychiatry

Comment: In our May 3, 1996 proposed notice (61 FR 20029 through 20030), we described the RUC's review of the comments submitted by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry as part of the 5-year refinement. 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 non-physician mental health providers, which has translated into psychiatrists treating only severely ill patients.
- Decreasing inpatient hospital admissions 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 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 points cited above provided a compelling argument for increasing the work RVUs from their current levels.

In our response to the RUC recommendations for the 18 codes, we agreed with the RUC that the current work RVUs for 13 of the psychiatric services should be maintained. However, we did not agree that there was compelling evidence to increase the work RVUs for the following five psychiatric services: Psychiatric interview (CPT code 90801), Psychotherapy, 20–30 minutes (CPT code 90843), Psychotherapy 45–50

minutes (CPT code 90844), Special group therapy (CPT code 90853), and Individual psychotherapy (CPT code 90855). Therefore, we did not accept the RUC-recommended increases for these five psychiatry codes.

Commenters expressed concern that we provided no rationale for our disagreement and argued that the RUC and the American Psychiatric Association had provided compelling evidence for the recommended increases.

The RUC and the American Psychiatric Association reaffirmed their previous recommendations for these services and provided the following arguments for increasing the codes in question:

- The shifts from inpatient to outpatient care in psychiatry have shifted a major burden of work to the codes proposed for increase.
- Selectivity and complexity factors clearly apply to this family of codes.
- Many of the work changes that we accepted for increasing the evaluation and management services apply to these codes as well.

Response: We agree that we did not provide a thorough rationale for rejecting the RUC recommendations. At the time we were preparing the May 3, 1996 proposed notice, we had initiated informal discussions with the American Psychiatric Association about the need to revise the existing psychotherapy codes to reflect the variation in work associated with the type of psychotherapy and the setting in which it is furnished. In anticipation of new and revised codes, we did not review the RUC recommendations at that time as thoroughly as we now have. We now accept the arguments of the RUC and the American Psychiatric Association that the work of the five codes has increased over time and that the work RVUs should be adjusted accordingly. In the next two sections, we discuss the coding of psychiatric services and the assignment of work RVUs to the psychotherapy codes.

Coding of Psychiatric Services

It now appears that the American Psychiatric Association has decided against pursuing a change in the CPT codes for psychiatric services at this time. However, we believe that a change in the code descriptors is essential as part of the 5-year refinement of the work RVUs in order for us to properly recognize the variations in work associated with the different types of psychotherapy as well as the settings in which the different types of psychotherapy are furnished. Also, the problems with the coding of psychiatric services have been known for several years. The following is a summary of the most important problems that have been identified with the current codes:

- The current psychotherapy codes do not distinguish the settings in which psychotherapy is furnished because the same codes are used to report office and inpatient psychotherapy. In 1990, the American Psychiatric Association submitted a request to CPT to create new codes for psychiatric care in a facility. Those codes would have recognized the difference in work associated with psychotherapy furnished to inpatients. However, the codes were not approved.
- In 1990, the American Psychiatric Association noted the need to refine the CPT codes in its comments on the Medicare model fee schedule that was published in our September 4, 1990 notice with comment period (55 FR 36178). The American Psychiatric Association expressed the need for codes to report inpatient psychiatric services and objected to the use of the existing psychotherapy codes by non-physician providers (psychologists and clinical social workers). The American Psychiatric Association cited the following terminology in the codes to support their argument: ''Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated.'' The American Psychiatric Association argued that while non-physician providers do provide psychotherapy services, those services cannot be interpreted as ''medical psychotherapy.'' For Medicare purposes, the existing psychotherapy codes are used by psychologists and clinical social workers even though the code descriptors attempt to limit their use to physicians. We believe that services that can be furnished by both physicians and non-physician providers should be described by codes with descriptors that do not limit their use to physicians.
- In January 1991, the Harvard study team published a final report entitled ''Refinement of the Development of a Resource Based Relative Value Scale for Psychiatric Services.'' In the Executive Summary, it states: ''The data from the national survey of psychiatry tend to suggest the need for further examination of coding of services for psychiatry. First, the findings are especially strong for the need to distinguish between services provided in the hospital and those provided in the office. Second, the findings indicate that, controlling for subspecialty of the provider, services delivered to young children differ in the amount of work required, suggesting the possible need for new or modified service codes for child psychiatry.'' The first finding has not been resolved. The second has been partially resolved by the addition of a new code in CPT 1992 for reporting ''interactive psychotherapy.'' However, there are two major problems with this new code. First, it is not clearly defined, and the lack of clear definition has led to the submission of approximately 500,000 claims for interactive therapy. We believe that most of those claims were improperly coded since the typical interactive psychotherapy session is furnished to children. Second, the code does not distinguish the time of the session as do the other psychotherapy codes. Because we have assigned work RVUs to this code that are higher than those for CPT code 90844 (Psychotherapy, 45–50 minutes), a claim for psychotherapy of 20–30 minutes, that is improperly reported as interactive psychotherapy, will be significantly overpaid. Consequently, we view our inability to properly assign work RVUs, based on the length of the sessions, to be a significant problem that must be corrected as soon as possible.
- We do not permit the reporting of an evaluation and management service on the same day of service that psychotherapy is furnished. We announced this policy in our November 25, 1991 final rule (56 FR 59502) for the 1992 physician fee schedule. The policy was based in part on our need to standardize payment policies because there was considerable variation across carriers in their policies regarding payment for hospital care and psychiatric care on the same day of service. In addition, we were concerned that there was considerable overlap in the preservice and postservice work of psychotherapy and evaluation and management services that could lead to two payments for the same service. Therefore, we increased the work RVUs assigned to the psychotherapy codes but precluded the reporting of an evaluation and management service on the same day as psychotherapy. We acknowledged in the final rule that our policy is not consistent with the introductory notes to the psychiatric section of CPT. However, we also stated

that, if the CPT codes were revised, we would consider revising the work RVUs to be consistent with the new or revised codes.

To address these problems, we have developed new alpha-numeric codes to report psychotherapy services. These codes will go into effect on January 1, 1997. For Medicare purposes, they will replace CPT codes 90842 (Psychotherapy, 75–80 minutes), 90843 (Psychotherapy, 20–30 minutes), 90844 (Psychotherapy, 45–50 minutes), and 90855 (Interactive individual medical psychotherapy). We will no longer recognize these CPT codes for Medicare payment purposes. The objectives of our new codes and the introductory paragraphs that precede them are the following:

- Distinguish psychotherapy furnished in an office from psychotherapy furnished in an inpatient or other facility by creating two families of codes.
- Distinguish interactive psychotherapy services based on the duration of the face-to-face time with the patient by creating three time-based codes that would parallel the three time-based codes for the other psychotherapy services, that is, 20–30 minutes, 45–50 minutes, and 75–80 minutes.
- Distinguish between interactive psychotherapy and other forms of psychotherapy by providing clearer definitions.
- Unbundle the existing psychotherapy codes to allow the reporting of psychotherapy that is furnished without medical evaluation and management services from psychotherapy that is furnished with medical evaluation and management services.
- Eliminate the word ''medical'' from ''medical psychotherapy'' and eliminate the phrase ''by a physician'' to make it clear that the use of the codes to report psychotherapy without medical evaluation and management services is not restricted to physicians. The use of these codes will be open to physicians, psychologists, and clinical social workers.
- Serve as a basis for assigning appropriate work RVUs to psychotherapy services as part of the 5-year refinement of work RVUs.

In the following section, we provide a listing of the new codes including the complete descriptors and several introductory paragraphs. Our new coding structure establishes 12 codes for office and other outpatient services and 12 codes for inpatient hospital, partial hospital, or residential care facilities. We have included partial hospital services with inpatient hospital services because we believe the work of a physician in a partial hospital setting is more comparable to the work in an inpatient setting than it is to the work in an office setting. In particular, in both the inpatient and partial hospital setting, physicians are responsible for admitting patients, developing and revising treatment plans, supervising multi-disciplinary treatment and planning for discharge.

Within each setting there are six codes for insight oriented, behavior modifying, and/or supportive psychotherapy and six codes for interactive psychotherapy. Each family of six codes is further divided based on the face-to-face time spent with the patient and whether evaluation and management services are furnished in addition to the psychotherapy. We plan to submit these codes to the CPT Editorial Panel as part of a comprehensive revision of the psychiatry section of CPT. For a discussion of the work RVUs that we have assigned to the new codes, see the section below entitled, ''Assignment of Work RVUs to the Psychiatric Codes.''

Psychiatric Therapeutic Procedures

Psychotherapy is the treatment for mental illness and behavioral disturbances in which the therapist establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The codes for reporting psychotherapy are divided into two broad categories: Interactive Psychotherapy; and Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy.

Interactive psychotherapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the physician and a patient who has lost, or has not yet developed, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician if he/she were to use ordinary adult language for communication.

Insight oriented, behavior modifying and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change.

Some patients receive psychotherapy only and others receive psychotherapy and medical evaluation and management services. These evaluation and management services involve a variety of responsibilities unique to the medical management of psychiatric patients, such as medical diagnostic evaluation, drug management when indicated, physician orders, interpretation of laboratory or other medical diagnostic studies and observations, review of activity therapy reports, the supervision of nursing and ancillary personnel, the programming of all hospital resources for diagnosis and treatment, and activity in leadership or direction of a treatment team as related to that patient.

In reporting psychotherapy, the appropriate code is chosen on the basis of the type of psychotherapy (interactive using non-verbal techniques versus insight oriented, behavior modifying and/or supportive using verbal techniques), the place of service (office versus inpatient), the face-to-face time spent with the patient during psychotherapy, and whether evaluation and management services are furnished on the same date of service as psychotherapy.

To report medical evaluation and management services furnished on a day when psychotherapy is not provided, providers select the appropriate code from the ''Evaluation and Management (E/M) Services Guidelines'' section of CPT.

Office or Other Outpatient Psychotherapy

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy

G0071—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient

G0072—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0073—Individual psychotherapy, insight oriented, behavior

modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient

G0074—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0075—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

G0076—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Interactive Psychotherapy

G0077—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient

G0078—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0079—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient

G0080—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0081—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

G0082—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Inpatient Hospital, Partial Hospital or Residential Care Facility

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy

G0083—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient

G0084—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0085—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient

G0086—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0087—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient

G0088—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Interactive Psychotherapy

G0089—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient

G0090—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0091—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient

G0092—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0093—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient

G0094—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Assignment of Work RVUs to the Psychiatric Codes

The RUC, American Psychiatric Association, and other commenters recommended an increase from 2.18 to 2.80 in the work RVUs assigned to CPT code 90801 (Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies)). We accepted this recommendation.

We also received a final work RVU recommendation for CPT code 90820 (Interactive medical psychiatric diagnostic interview examination). In September, the RUC recommended that the current 2.27 work RVUs be maintained until the American Academy of Child and Adolescent Psychiatry had an opportunity to conduct a survey. A survey of nearly 40 child psychiatrists resulted in a median of 3.25 work RVUs. CPT code 90820 requires more work than CPT code 90801 (Psychiatric interview), for which the 5-year review RUC recommendation was 2.80 work RVUs. The survey indicated 170 minutes of total time for this service, compared to 135 minutes for CPT code 90801. The preservice time is greater for CPT code 90820 because the psychiatrist must contact not only the child's pediatrician, but also the child's school and, in some instances, a

non-custodial parent. The intraservice time is longer and the service requires more work to develop a relationship with the child using non-verbal techniques and to collect and interpret data. Drawing inferences from the data requires the child psychiatrist to generate and test a series of developmental and dynamic hypotheses. There is also increased technical skill required to use the play equipment during this interactive interview. The postservice time is greater than that for CPT code 90801 because the psychiatrist must again contact the school and, perhaps, the non-custodial parent.

The RUC agreed that CPT code 90820 requires more work than CPT code 90801 (Psychiatric interview), with 2.80 work RVUs, and recommended 3.01 work RVUs to maintain a consistent relationship between the RUC recommendations for CPT code 90855 (Interactive individual medical psychotherapy), with 2.15 work RVUs, and CPT code 90844 (Psychotherapy, 45–50 minutes), with 2.00 work RVUs. We agree with this recommendation and have assigned 3.01 work RVUs to CPT code 90820 (Interactive medical psychiatric diagnostic interview examination).

The RUC, American Psychiatric Association, and other commenters recommended increases in the work RVUs assigned to CPT code 90843 (Psychotherapy, 20–30 minutes) and CPT code 90844 (Psychotherapy, 45–50 minutes) from 1.10 and 1.72 to 1.47 and 2.00, respectively. We accepted these recommendations and have assigned them to new HCPCS codes G0072 and G0074 that are the codes for reporting psychotherapy with medical evaluation and management services of 20–30 and 45–50 minutes, respectively, in an office or outpatient facility. We believe these two codes correspond most closely to the vignettes for CPT codes 90843 and 90844 that were surveyed as part of the RUC process. The vignettes were for office psychotherapy and included medical evaluation and management services.

For the codes used to report psychotherapy without medical evaluation and management services of 20–30 minutes and 45–50 minutes duration (HCPCS codes G0071 and G0073), we have assigned 1.11 and 1.73 work RVUs. These are the work RVUs currently assigned to CPT codes 90843 and 90844. We considered lowering the work RVUs for HCPCS codes G0071 and G0073 since the codes describe services (psychotherapy alone) that require less work than the existing CPT codes 90843 and 90844 (psychotherapy with continuing medical diagnostic evaluation and drug management when indicated). However, we decided to maintain the current work RVUs out of recognition that the work of psychotherapy alone also may have increased over time.

The RUC has recommended that the work RVUs for CPT code 90842 (Psychotherapy, 75–80 minutes) be maintained at their current level of 2.76. In our May 3, 1996 proposed notice (61 FR 20014), we accepted that recommendation. We now believe these are the appropriate work RVUs for psychotherapy without medical evaluation and management services and have assigned 2.76 work RVUs to HCPCS code G0075. For HCPCS code G0076, which is the code for reporting psychotherapy of 75–80 minutes with medical evaluation and management services, we have assigned 3.15 work RVUs. These work RVUs are 14 percent higher than those for HCPCS code G0075 and correspond to the increases we established for the other psychotherapy codes with medical evaluation and management services relative to the codes for psychotherapy alone.

For the interactive psychotherapy codes in an office or outpatient facility (HCPCS codes G0077 through G0082), we looked to the relationship established by the RUC for interactive psychiatric services relative to other psychiatric services. CPT code 90820 (Interactive medical psychiatric diagnostic interview examination) was valued by the RUC 7.5 percent higher than CPT code 90801 (Psychiatric interview); and CPT code 90855 (Interactive individual medical psychotherapy) was valued 7.5 percent higher than CPT code 90844 (Psychotherapy, 45–50 minutes duration). Therefore, we have assigned work RVUs to HCPCS codes G0077 through G0082 that are 7.5 percent higher than those for the corresponding psychotherapy codes.

Our new coding structure establishes 12 codes for office and other outpatient services and 12 codes for inpatient hospital, partial hospital, or residential care facilities. Within each setting there are six codes for psychotherapy and six codes for interactive psychotherapy. There were no inpatient vignettes surveyed as part of the 5-year refinement. Therefore, we looked to the Harvard study of psychiatric services as a basis for assigning work RVUs to the 12 inpatient codes. Based on our analysis of the findings of that study, we have concluded that inpatient psychiatric services require approximately 12 percent more work than office based services. Therefore, we have assigned work RVUs to the new inpatient codes that are 12 percent higher than those for the corresponding office codes.

Finally, we have examined further our decisions regarding the group psychotherapy codes. For CPT code 90853 (Group psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated), we initially rejected the RUC recommendation to increase the work RVUs from 0.43 to 0.59. Based on the comments we received, we now accept that recommendation. For CPT code 90857 (Interactive group medical psychotherapy), we initially accepted the RUC recommendation for no increase above the current 0.43 work RVUs. We now believe these work RVUs should be increased to be 7.5 percent more than the work RVUs for CPT code 90853 (Group psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated) so that the relationship of interactive psychiatric services to other psychiatric services will be maintained. Therefore, we have assigned 0.63 work RVUs to CPT code 90857.

Final decision: We have accepted or increased the RUC-recommended RVUs for psychiatry services. The RUC-recommended RVUs are the basis of the RVUs we have assigned to temporary HCPCS codes G0071 through G0094. We have issued temporary codes so that we may properly recognize the variations in work associated with the different types of psychotherapy as well as the settings in which the different types of psychotherapy are furnished.

The codes and assigned RVUs are considered interim, and we will accept comments on them. We plan to submit the codes to the CPT Editorial Panel as part of a comprehensive review of the psychiatry section, and we will share any comments we receive on the temporary HCPCS ''G'' codes with the Editorial Panel.

We will no longer recognize CPT codes 90842 (Psychotherapy, 75–80

minutes), 90843 (Psychotherapy, 20–30 minutes), 90844 (Psychotherapy, 45–50 minutes), and 90855 (Interactive individual medical psychotherapy). An abbreviated descriptor for the new codes and the values are shown below.

HCPCS code	Descriptor	Work RVUs
G0071	Individual psychotherapy (e.g., insight oriented), office or outpatient, 20–30 minutes	1.11
G0072	Individual psychotherapy (e.g., insight oriented), office or outpatient, 20–30 minutes, with medical evaluation and management.	1.47
G0073	Individual psychotherapy (e.g., insight oriented), office or outpatient, 45–50 minutes	1.73
G0074	Individual psychotherapy (e.g., insight oriented), office or outpatient, 45–50 minutes, with medical evaluation and management.	2.00
G0075	Individual psychotherapy (e.g., insight oriented), office or outpatient, 75–80 minutes	2.76
G0076	Individual psychotherapy (e.g., insight oriented), office or outpatient, 75–80 minutes, with medical evaluation and management.	3.15
G0077	Individual psychotherapy, interactive (non-verbal), office or outpatient, 20–30 minutes	1.19
G0078	Individual psychotherapy, interactive (non-verbal), office or outpatient, 20–30 minutes, with medical evaluation and management.	1.58
G0079	Individual psychotherapy, interactive (non-verbal), office or outpatient, 45–50 minutes	1.86
G0080	Individual psychotherapy, interactive (non-verbal), office or outpatient, 45–50 minutes, with medical evaluation and management.	2.15
G0081	Individual psychotherapy, interactive (non-verbal), office or outpatient, 75–80 minutes	2.97
G0082	Individual psychotherapy, interactive (non-verbal), office or outpatient, 75–80 minutes, with medical evaluation and management.	3.39
G0083	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 20–30 minutes	1.24
G0084	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 20–30 minutes, with medical evaluation and management.	1.65
G0085	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 45–50 minutes	1.94
G0086	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 45–50 minutes, with medical evaluation and management.	2.24
G0087	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 75–80 minutes	3.09
G0088	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 75–80 minutes, with medical evaluation and management.	3.53
G0089	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 20–30 minutes	1.33
G0090	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 20–30 minutes, with medical evaluation and management.	1.77
G0091	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 45–50 minutes	2.08
G0092	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 45–50 minutes, with medical evaluation and management.	2.41
G0093	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 75–80 minutes	3.32
G0094	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 75–80 minutes, with medical evaluation and management.	3.80

15. Other Medical and Therapeutic Services

CPT code 90911 (Anorectal biofeedback).

Comment: A commenter objected to our proposed reduction of the work RVUs from 2.15 to 0.89. We rejected the RUC recommendation to retain the current 2.15 work RVUs because this procedure involves little physician work. We believe the physician work involved in CPT code 90911 to be similar to that in all the other biofeedback codes, which all have 0.89 work RVUs. The commenter pointed out that the typical patient treatment time for this procedure is 1 hour. The commenter stated that during this time, detailed office notes, patient progress and goals, analysis of the electromyogram data printouts, and patient billing information must be completed by the highly trained nurses that deliver the treatment under physician supervision. The commenter stated that the reduction in physician work RVUs would result in an overall payment for this procedure that would be insufficient to cover the overhead associated with this procedure.

Response: We agree that the actual biofeedback therapy is delivered by a nurse or other auxiliary medical personnel under the general supervision of a physician. As such, the physician work involved is minimal as we stated in our proposal in our May 3, 1996 proposed notice (61 FR 20030 through 20031) to reduce the physician work RVUs. The nurse's efforts in delivering the treatment and the other overhead associated with this procedure are included in the practice expense RVUs, not the work RVUs, and are thus not within the scope of the 5-year work RVU refinement as we stated in our May 3, 1996 proposed notice (61 FR 19994).

Final decision: We make final our 0.89 proposed work RVUs for CPT code 90911.

CPT code 94150 (Vital capacity, total (separate procedure)).

Comment: Several commenters expressed support for our proposal to retain the current 0.11 work RVUs for CPT code 94150.

Response: We believe the commenters may have misunderstood the work RVUs we proposed in July 1996. When the RUC reviewed this code, it identified a CPT coding issue and referred it to the CPT Editorial Panel for review. In July, at the time of publication of our proposal, we had not received the RUC's recommendations following the CPT Editorial Panel's revision so we listed the current RVUs of 0.11 as proposed work RVUs. During the comment period of our May 3, 1996 proposed notice, we received the RUC's recommendation to decrease the work RVUs from 0.11 to 0.07.

Final decision: We reviewed and agreed with the RUC recommendation and are decreasing the work RVUs to 0.07 for CPT code 94150.

In addition, in our July 2, 1996 proposed rule (61 FR 34626), we proposed to remove from Medicare coverage, the services represented by CPT code 94150. Our final decision, after review of the comments received, is to make CPT code 94150 a bundled service rather than a non-covered service. See section II.E.1. of this final rule for a more complete discussion of this code.

16. Speech/Language/Hearing

We received no comments on the speech, language, and hearing codes and have accepted all of the RUC recommendations as final.

B. Other Comments

1. Evaluation and Management Services

In our May 3, 1996 proposed notice (61 FR 20031 through 20039), we reevaluated the work RVUs for all 98 of the evaluation and management services that have RVUs. We only accepted two of the RUC's 39 recommendations for evaluation and management services. However, we agreed with many of the RUC's arguments for increasing the work RVUs for evaluation and management services and used those arguments as the basis for our proposed changes.

Comment: We received voluminous identical comments from family practitioners stating that we ''dismissed the RUC recommendations'' and used an arbitrary method for revising the work RVUs.

Response: We provided a lengthy rationale in our May 3, 1996 proposed notice (61 FR 200310 through 20039) for why we rejected the RUC-recommended work RVUs and how we arrived at our proposed work RVUs. We did not ''dismiss'' the RUC recommendations. In its comments, the RUC expressed its pleasure at our acceptance of its arguments about why evaluation and management services were undervalued. In fact, the RUC stated, ''. . . we believe that the overall results for evaluation and management services are consistent with the RUC recommendations and supporting rationale.'' Most primary care specialties, while preferring the RUC-recommended RVUs, supported our decision to increase the work RVUs for evaluation and management services. With a few exceptions, noted below, we are making the proposed work RVUs for evaluation and management services final.

Comment: One commenter stated that we did not specify in what ways we thought the RUC data were ''flawed.''

Response: In our May 3, 1996 proposed notice (61 FR 20032), we identified several flaws, including overstated postservice times.

Comment: One commenter stated that we were inconsistent in our characterization of preservice and postservice work. In one place, we stated that preservice and postservice work intensity is a fixed percentage of intraservice work intensity while elsewhere we stated that preservice work and postservice work is a fixed percentage of intraservice work.

Response: The commenter has identified a proofreading error on our part. Our assumption is that preservice work and postservice work is a fixed percentage of intraservice work. This assumption was articulated in the November 25, 1992 final notice for the 1993 physician fee schedule (57 FR 55949 through 55951) and was based largely on the Harvard resource-based relative value scale study and comments from primary care groups.

Comment: Several primary care groups requested that we recognize that the data on evaluation and management services the RUC presented are sufficient evidence for us to remain open to receiving further information that shows the relationships between some families of these services have changed.

Response: As we explained in our May 3, 1996 proposed notice (61 FR 20032), we do not believe that the data the RUC presented as part of the 5-year review were sufficient for us to change the existing relationships among the evaluation and management service families. However, we will remain open to data regarding evaluation and management services. If, in the future, the data convince us that the relationships have changed, we will go through the public notice and comment procedures to make the necessary changes to the work RVUs for evaluation and management services.

CPT codes 99201 through 99215 (Office visits).

Comment: Some commenters requested that we apply the same increases to CPT code 99211 that we applied to the other office visit codes.

Response: Because CPT code 99211 does not require the presence of a physician, we had considered making it a code with zero work. Instead, we are maintaining the current work RVUs for CPT code 99211 and will reevaluate this as we develop our proposals for resource-based practice expense. We recognize that we have deviated from our approach to the rest of the evaluation and management services. While we have raised the RVUs for other evaluation and management services, we are not raising the RVUs for CPT code 99211 because the use of this code has changed since it was first introduced with all other evaluation and management changes in January 1992. Over time, the code has been used increasingly to report services furnished by physicians' office staff rather than by physicians themselves. Given this change, we do not believe that an increase in the physician work RVUs is warranted.

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

Comment: Several commenters objected to our assumption that the preservice and postservice work associated with outpatient consultations was less than that of office visits. Specific specialties provided examples illustrating that the preservice and postservice work of an outpatient consultation is more like a visit, and as such, should have been given the same percentage increase in preservice and postservice work as the office visits. The RUC incorrectly stated that we based our proposed RVUs on the assumption that preservice and postservice work for outpatient consultations had not increased at all. Several other commenters strongly approved of the approach we took when valuing outpatient consultations.

Response: Our proposed work RVUs for outpatient consultations included a recognition that the preservice and postservice work had increased. We increased the preservice and postservice work (expressed as a percentage of intraservice work) by 10 percent rather than the 25 percent increase we included for the office visits. Our assumption was, and still is, that the preservice and postservice work associated with the typical patient is less for an outpatient consultation than for an office visit for the reasons outlined in the May 3, 1996 proposed notice (61 FR 20037). However, based on the comments provided to us, we acknowledge that for some specific specialties the preservice and postservice work associated with the consultations is greater. Because the physician fee schedule has no specialty differential, we cannot assign different

work RVUs for the same service for different specialties. Therefore, we are increasing the percentage of intraservice work slightly more than we did with our proposed work RVUs.

The final work RVUs for CPT codes 99241 through 99245 will include a 12.5 percent increase in the percentage of intraservice work to reflect the added preservice and postservice work rather than the 10 percent increase we proposed. This change reflects that the increase in preservice and postservice work over the past 5 years for outpatient consultations is half of that for office visits. If we had increased the preservice and postservice work percentage further, the current relationship between outpatient consultations and inpatient consultations would be lost since outpatient consultations would be valued higher than the inpatient consultations. As stated in previous regulations, we believe that the work of inpatient consultations is slightly higher than the work of outpatient consultations at the highest levels of service.

CPT codes 99281 through 99285 (Emergency department services).

Comment: We received a comment from the American College of Emergency Physicians expressing support for our proposed changes. However, the RUC, in its comments, made new recommendations for the emergency department services. In its recommendations, the RUC equated CPT codes 99281 through 99283 with CPT codes 99201 through 99203, and assigned 2.00 work RVUs for CPT code 99284 and 2.90 work RVUs for CPT code 99285. These work RVUs, with the exception of the work RVUs for CPT code 99285, are higher than the proposed work RVUs.

Response: We believe our proposed work RVUs maintain the proper relationship with other evaluation and management services. These values are also supported by the American College of Emergency Physicians. Therefore, we are making the proposed work RVUs final.

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

Comment: One commenter suggested that domiciliary visits should have the same value as the home visit codes because there is very little difference between these two families of services. The commenter held the view that our assumption that domiciliary visits require less work than home visits because of the availability of personal assistant services is incorrect. The staff, the commenter maintained, is essentially unskilled and too busy to assist the physician.

Response: We are unclear as to why there are separate families of codes if home visits and domiciliary visits require similar work. In our May 3, 1996 proposed notice (61 FR 20038), we maintained the current relationship between domiciliary visits and home visits. Until the comment period for our May 3, 1996 proposed notice, we had not received any comments suggesting that the existing relationship was incorrect. Because we are waiting until the CPT Editorial Panel reworks the home visit codes before revaluing the services, we will also wait until the Panel reworks the domiciliary visit codes before revaluing them. Therefore, we will maintain the 1996 work RVUs for CPT codes 99321 through 99333 until after the CPT Editorial Panel reviews these codes.

CPT codes 99341 through 99353 (Home services).

Comment: Commenters challenged the assumptions that we used in reevaluating all the evaluation and management codes with respect to home visits. They stated that equating home visits with office visits of greater length is not appropriate since home visits were not part of the early stages of the Harvard study. Also, in developing the May 3, 1996 proposed notice, we did not review the RUC recommendations and survey data that were made available in April. The commenters suggested that the difference between new and established patient home visits is less than that seen in other families of evaluation and management services and that the preservice and postservice work is proportionally higher for home visits than for other evaluation and management services. In particular, commenters opposed our proposed reductions in the work RVUs for CPT codes 99351 and 99352.

In its comments, the RUC made its final recommendations for the home visit codes. Whereas the RUC had previously recommended no change in the work RVUs for these services, the new recommendations were for substantial increases. The RUC's comments indicated that the current CPT descriptors do not accurately describe the home visits, and the RUC has referred these codes back to CPT. With its recommendations, the RUC noted ''* * * that there are significant differences between the home visits and other visits, including the severe and multiple disabilities of the patients, the need to assess patients' functional and mental status, to train both patients and untrained caregivers, and the need to manage problems related to patient dementia, other psychiatric problems and the care giver pathologies.'' Other arguments used in the development of the RUC's recommended work RVUs are that because the physician is in the home, he or she must evaluate the environment and its effect on the illness and care plan; ancillary services such as laboratory, EKG, and oximetry that are normally done by a technician in the office must be performed by the physician; the physician has no on-site staff to reduce the time for such functions as dressing and undressing the patient, counseling patients, family members, and caregivers, and taking vital signs; and patients and families have higher intensity needs when a home visit is furnished.

Response: The work RVUs we proposed were created in an effort to maintain the current relationship between home visits and office visits. We had not reviewed the most recent RUC recommendations because they had not been submitted to us as part of the RUC's 5-year review recommendations received in late 1995. Our proposed work RVUs were also based on the current CPT code descriptors. We recognized that there was something intangible about the work of home visits that was not captured in the descriptors but was captured, we had thought, in the current relationship of work RVUs between home and office visits. For the family of home visit services, it appears from the comments that the CPT descriptors do not accurately describe the nature of the services furnished in the typical case. Therefore, because the CPT Editorial Panel is going to reexamine these codes, we are not adjusting the 1996 work RVUs for CPT codes 99341 through 99353, and the work RVUs for CPT codes 99351 and 99352 are not being decreased as proposed. We will revalue these services once the code descriptors are changed. We anticipate that the new descriptors and new work RVUs will become effective in 1998. Simultaneously, the adoption of a practice expense RVU schedule in 1998 will allow us to address the increased physician work and decreased use of clinical staff for these codes in a uniform manner. Only when we have a more accurate description of the service

can we fairly assign work RVUs to the home visits.

Comment: A commenter requested that we allow physician assistants and nurse practitioners to furnish home visits ''incident to'' a physician's practice. The physician would have to be available immediately by telephone.

Response: This issue was not subject to comment. Our current policy stands. A home visit cannot be billed by a physician unless the physician was actually present in the beneficiary's home.

Final decision: With the exception of CPT codes 99241 through 99245 (Office or other outpatient consultations) and 99321 through 99353 (Domiciliary and home care), we finalize the work RVUs we proposed for the evaluation and management services. We are slightly increasing the work RVUs for CPT codes 99241 through 99245, and we will maintain the 1996 work RVUs for 99321 through 99353. The final work RVUs follow:

CPT code	Proposed work RVUs	Final work RVUs
99201	0.45	0.45
99202	0.88	0.88
99203	1.34	1.34
99204	2.00	2.00
99205	2.67	2.67
99211	0.17	0.17
99212	0.45	0.45
99213	0.67	0.67
99214	1.10	1.10
99215	1.77	1.77
99217	1.28	1.28
99218	1.28	1.28
99219	2.14	2.14
99220	2.99	2.99
99221	1.28	1.28
99222	2.14	2.14
99223	2.99	2.99
99231	0.64	0.64
99232	1.06	1.06
99233	1.51	1.51
99238	1.28	1.28
99239	1.75	1.75
99241	0.64	0.64
99242	1.28	1.29
99243	1.71	1.72
99244	2.56	2.58
99245	3.41	3.43
99251	0.66	0.66
99252	1.32	1.32
99253	1.82	1.82
99254	2.64	2.64
99255	3.65	3.65
99261	0.42	0.42
99262	0.85	0.85
99263	1.27	1.27
99271	0.45	0.45
99272	0.84	0.84
99273	1.19	1.19
99274	1.73	1.73
99275	2.31	2.31
99281	0.33	0.33
99282	0.55	0.55
99283	1.24	1.24
99284	1.95	1.95
99285	3.06	3.06
99291	4.00	4.00
99292	2.00	2.00
99295	16.00	16.00
99296	8.00	8.00
99297	4.00	4.00
99301	1.28	1.28
99302	1.71	1.71
99303	2.14	2.14
99311	0.64	0.64
99312	1.06	1.06
99313	1.51	1.51
99321	0.89	0.71
99322	1.34	1.01
99323	1.78	1.28
99331	0.45	0.60
99332	0.73	0.80
99333	1.18	1.00
99341	1.34	1.12
99342	2.00	1.58
99343	2.67	2.09
99351	0.67	0.83
99352	1.10	1.12
99353	1.77	1.48
99354	1.77	1.77
99355	1.77	1.77
99356	1.71	1.71
99357	1.71	1.71
99375	1.73	1.73
99381	1.19	1.19
99382	1.36	1.36
99383	1.36	1.36
99384	1.53	1.53
99385	1.53	1.53
99386	1.88	1.88
99387	2.06	2.06
99391	1.02	1.02
99392	1.19	1.19
99393	1.19	1.19
99394	1.36	1.36
99395	1.36	1.36
99396	1.53	1.53
99397	1.71	1.71
99401	0.48	0.48
99402	0.98	0.98
99403	1.46	1.46
99404	1.95	1.95
99411	0.15	0.15
99412	0.25	0.25
99431	1.17	1.17
99432	1.26	1.26
99433	0.62	0.62
99435	1.50	1.50
99440	2.93	2.93

Although the work RVUs for CPT code 99375 (Care plan oversight) have not changed, we are replacing this code with three HCPCS codes, in an effort to eliminate confusion about proper reporting of this service. Our 1995 and 1996 data reveal inappropriate use of CPT code 99375. Physicians billed it for services furnished to beneficiaries who were not receiving Medicare-covered home health or hospice benefits. The new codes are much more specific than CPT code 99375. They will have the same final work RVUs assigned to them as CPT code 99375. Existing CPT code 99375 will no longer be recognized for Medicare reporting services. We plan to forward the temporary codes to the CPT Editorial Panel for consideration of their inclusion in the CPT. The new codes, effective January 1, 1997, follow:

HCPCS code	Descriptor
G0064	Physician supervision of a patient under care of home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.
G0065	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

HCPCS code	Descriptor
G0066	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

The codes for home health and hospice patients, HCPCS codes G0064 and G0065, will be active codes on our fee schedule with 1.73 work RVUs each. The third code, HCPCS code G0066, will be considered a bundled service because we do not recognize separate payment for care plan oversight services furnished to beneficiaries in nursing facilities. This policy is explained in the December 8, 1994 physician fee schedule final rule (59 FR 63418 through 63423). Therefore, there is no separate payment for HCPCS code G0066. Only one of these codes may be billed per month per Medicare beneficiary. All of the policies regarding CPT code 99375 apply to HCPCS codes G0064 and G0065.

2. Pediatrics

Comment: We received a comment from the RUC on the importance of properly valuing pediatric services. The RUC first expressed concern about the need for the Medicare relative value scale to be complete and accurate for pediatric services in 1993. Since then, the RUC has developed work RVU recommendations for several hundred pediatric and pediatric subspecialty services that were previously listed with 0.00 work RVUs. Consistent with our proposal to refine the relative value scale on a periodic basis as necessary rather than waiting until the 10-year review to make additional needed corrections, the RUC urged us to continue to accept coding changes and work RVU recommendations for the pediatric services over the coming year as the American Academy of Pediatrics, the CPT Editorial Panel, and the RUC complete remaining work on these issues.

Response: In our May 3, 1996 proposed notice (61 FR 20039), we restated our belief that the work RVUs for the full range of pediatric services are essentially complete. However, we also indicated our intention to review RUC recommendations for any new or revised CPT codes for pediatric services in future annual physician fee schedule updates. We remain committed to that position.

CPT codes 56805 (Clitoroplasty for intersex state) and 57335 (Vaginoplasty for intersex state).

Comment: The RUC recommended an increase in CPT code 56805 (Clitoroplasty for intersex state), with 15.49 work RVUs in 1996, and CPT code 57335 (Vaginoplasty for intersex state), with 9.11 work RVUs in 1996, to 18.00 to correct a current rank order anomaly and to appropriately value these services that are performed on children less than 1 year of age.

CPT code 56805 is similar in time and intensity to CPT code 54336 (One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap), with 18.95 work RVUs, and is more work than CPT code 54125 (Amputation of penis; complete), with 12.80 work RVUs, a destructive procedure to treat carcinoma of the penis.

CPT code 57335 has a substantially longer intraservice time and is more intense than CPT code 57292 (Construction of artificial vagina; with graft), with 12.34 work RVUs, and is more work than CPT code 45123 (Proctectomy, partial, without anastomosis, perineal approach), with 13.27 work RVUs, which describes a destructive procedure. CPT code 57335 also includes the endocrine management of the adenogenital syndrome.

Response: We have reviewed the RUC recommendations, and we agree with them.

Final decision: We are assigning 18.00 work RVUs to CPT codes 56805 and 57335. Because the public has not had an opportunity to comment on these work RVUs, we consider them to be interim work RVUs and will accept comments on these codes.

3. Anesthesia

Comment: In response to our request for public comments at the beginning of the 5-year review process in December 1994, the American Society of Anesthesiologists furnished comments based on a study by Abt Associates. The Abt study advocated that the anesthesia work under the physician fee schedule be increased by an average of 34.8 percent. We referred that proposal and the Abt study to the RUC for its recommendation. On February 10, 1996, the RUC unanimously recommended that anesthesia work RVUs be increased by 22.8 percent or about two-thirds of the size of the increase recommended by the Abt study.

We did not include the RUC recommendation for increased work RVUs for anesthesia services in the May 3, 1996 proposed notice because it was not included in the RUC's initial recommendation for codes under the 5-year review. The anesthesia recommendation was one of several recommendations that the RUC made to us on June 27, 1996, which we received as a comment in response to the May 3, 1996 proposed notice.

The Abt study evaluated anesthesia work in relation to other services by partitioning an anesthesia service uniformly into five distinct components, assigning intensity values to these components based on the intensity values of benchmark procedures, and multiplying anesthesia time per component by its corresponding intensity. The five components are preanesthesia, induction, procedure, emergence, and postanesthesia.

There was considerable discussion by the RUC about the intensity values for anesthesia services. The RUC accepted the intensity values for the preanesthesia, postanesthesia, emergence, and induction intervals. However, the RUC did not accept the minimum intensity value (that is, 0.25) proposed in the final Abt study for most of the procedure interval. Instead, the RUC assigned an intensity value of 0.017.

For half of the 15 procedures reviewed by the Abt multidisciplinary panel, the procedure interval was consistently valued at one intensity value, namely the minimum intensity value. However, for some anesthesia services, the intensity values for the procedure interval represented a weighted average because the intensity value fluctuated as a result of the underlying complexity of the activities performed in this period.

Since the procedure interval represents the largest portion of the anesthesia service, the relative value for an anesthesia service is most sensitive to the minimum intensity value assigned to the procedure interval. The use of the intensity value of 0.017 means that the intensity of the procedure interval is kept at its current value (that is, pre- 5-year review level) although the increased intensity values of other portions of the anesthesia service are recognized.

The American Society of Anesthesiologists commented that they continue to believe that the minimum procedure intensity benchmark should be 0.025 but recommended that, at the very least, this benchmark should be 0.021. If this latter approach were accepted, application of the Abt methodology would result in increasing the anesthesia work by 29 percent.

Response: While the RUC eventually accepted the Abt methodology and the intensity values, we are somewhat concerned with an approach in which physicians estimate intensity values for an entire service or a component of a service. Research by Harvard that led to the original physician fee schedule values illustrated that work can be overvalued when physician estimates of intensity are matched with service time.

However, in light of the fact that the RUC conducted a thorough and detailed review of this issue, having looked at this issue on three separate occasions, and relied heavily on the expertise of its research committee, we have accepted the RUC recommendation. We agree that the minimum intensity of the procedure interval should be 0.017 because the intensity of this interval is less than the intensity of evaluation and management services.

Because anesthesia services have base and time units, and, thus, are not on the same system as are all other physicians' services, the adjustment is more complicated. This adjustment must be made, in the aggregate, on the anesthesia CF since there is no defined work RVU per code for anesthesia services. In addition, the budget neutrality adjuster will be applied to the anesthesia CF.

Final decision: We have reviewed and accepted the RUC recommendation and are increasing the work for anesthesia services by 22.76 percent. Since the adjustment was not proposed in the May 3, 1996 proposed notice, we will accept comments as we do for interim work RVUs.

4. Codes Without Work Relative Value Units

Comment: The Joint Council for Allergy, Asthma and Immunology commented that work RVUs should be reflected in CPT codes 95004 and 95024 (allergy skin tests) and CPT codes 95115 and 95117 (allergy shots). Currently those codes have zero work RVUs. In our May 3, 1996 proposed notice (61 FR 19994), we advised that codes with zero work RVUs were not subject to review as part of the 5-year review. The Joint Council for Allergy, Asthma and Immunology disagreed with that position. It stated that there is no statutory authority for us to limit the scope of the 5-year review in that manner and that we have not provided an alternative process for the review of codes with zero work RVUs.

Response: We believe that we have the authority to establish reasonable limits on the scope of services reviewed within the 5-year review. As we explained in our May 3, 1996 proposed notice (61 FR 20041), the work RVUs represent primarily the work of physicians. We believe that codes that do not include the work of physicians are more appropriately included as part of the process of developing resource-based practice expense RVUs, Therefore, we plan to invite comments on codes with zero work RVUs during that process. We will also invite comments on codes for which commenters might believe that work now reflected in practice expenses, such as the work of a nurse or technician, is, instead, work that physicians are and should be doing.

5. Potentially Overvalued Services

Comment: The RUC submitted recommendations for several potentially overvalued codes that had not been reviewed in time for consideration before publication of the May 3, 1996 proposed notice. The RUC's recommendations for these codes follow:

CPT code 33970 (Insertion of intra-aortic balloon assist device through the femoral artery, open approach) and CPT code 33971 (Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft).

Comment: The RUC identified CPT code 33970 (Insertion of intra-aortic balloon assist device through femoral artery, open approach) with 8.05 work RVUs, as a potentially overvalued service. The RUC determined that there are rank order anomalies in the intra-aortic balloon insertion and removal codes. The relationship between CPT codes 33970 and 33971 should be similar to CPT code 33973 (Insertion of intra-aortic balloon assist device through the ascending aorta), with 9.76 work RVUs, and CPT code 33974 (Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft), with 12.69 work RVUs.

To correct this rank order problem, the RUC recommended a decrease to 6.75 work RVUs for CPT code 33970. In addition, the RUC compared CPT code 33971 (Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft), with 4.04 work RVUs, to the family of codes and determined that it is currently undervalued and should be increased to 8.40 work RVUs since it is more work than CPT codes 33970 and 35226 (Repair blood vessel, direct; lower extremity), with 8.17 work RVUs.

Response: We have reviewed the RUC recommendations, and we agree with them.

Final decision: We are assigning 6.75 work RVUs to CPT code 33970 and 8.40 work RVUs to CPT code 33971. Because the public has not had an opportunity to comment on these work RVUs, we will consider them to be interim work RVUs and will accept comments on our proposal.

CPT code 67210 (Treatment of retinal lesion).

Comment: In September 1995, the RUC recommended that the current work RVUs for this code be maintained and the issue be referred to CPT. The intraservice work per unit of time analysis and the original work RVUs failed to take into account that the code includes multiple treatments that are bundled into the 90-day global period and cannot be billed separately. There is a bimodal distribution of patients treated within this code. The code includes treatment of acute macular degeneration and diabetic retinopathy. The RUC referred the issue to CPT to consider addition of a code for the treatment of the less complex retinal lesions. The American Academy of Ophthalmology is proceeding with development of two replacement codes for this procedure.

Response: We agree that this code should be reviewed by the CPT Editorial Panel.

Final decision: We are maintaining the current work RVUs of 9.48 for CPT code 67210 as interim until they have

been reviewed by CPT and the RUC. We anticipate assigning final work RVUs that would go into effect on January 1, 1998.

CPT codes 77420, 77425, and 77430 (Weekly radiation therapy management).

Comment: The RUC recommended that the current work RVUs for these codes be maintained on an interim basis until the radiation oncology codes are reviewed by the CPT Editorial Panel. The assignment of complexity levels of weekly radiation treatment currently requires the consideration of equipment that is used for treatment setup (for example, beam arrangement, number of ports, use of blocks, wedges, and other beam attenuation devices). The descriptors should be revised to adequately reflect different levels of complexity in managing the treatment of these patients. The current global period of XXX should also be considered because weekly treatment management includes evaluation and management services during treatment and 90 days posttreatment, the interpretation of port-films, and continuous supervision and management of physics and technical factors.

Another commenter indicated a concern that the section in our May 3, 1996 proposed notice entitled ''Future Review'' (61 FR 20046) had included radiation oncology. The commenter stated the following:

- The three levels of radiation therapy treatment management were included in the 5-year review; further reconsideration would be a violation of the established process for review of work RVUs.
- The identification of the treatment management codes as potentially overvalued was based on faulty data, and no justification was given for further review.
- A significant portion of radiation oncology codes (the technical components and technical only codes) are being addressed under the practice expense study.
- We had accepted the relative value of these procedures without modification when the American College of Radiology and HCFA were jointly developing the Medicare radiologist fee schedule.

Response: We agree with the RUC's recommendation and will leave the current work RVUs for radiation therapy treatment management in place as interim work RVUs with the understanding that the codes will be referred by the RUC to CPT and that the RUC and HCFA may want to revisit the whole area of work RVUs for radiation oncology services at a later date. There continues to be some disagreement or misunderstanding about which services are payable through the weekly treatment management codes and which are separately billable. In fact, the American College of Radiology's examples of treatment management activities that were presented to the RUC included services we thought were paid through the professional component of the treatment devices and physics codes. We continue to believe that there is a reasonable basis to more closely define the work of the exact services payable through the weekly management codes and to consider the bundling of codes when appropriate.

Final decision: We are maintaining the work RVUs of the weekly radiation therapy management codes (CPT codes 77420, 77425, and 77430) as interim pending review of the codes by the CPT Editorial Panel.

C. Other Issues

1. Budget Neutrality

In past years, we have made budget neutrality adjustments across the entire physician fee schedule: to all RVUs (initially) and, beginning in 1996, to the CFs. We generally prefer to make adjustments across the entire fee schedule.

In the May 3, 1996 proposed notice (61 FR 20044 through 20045), we reiterated the policy of making budget neutrality adjustments required by changes in payment policy through adjustments to the CFs. However, since this 5-year review covered work RVUs, we proposed making the required budget neutrality adjustment from the 5-year review only on the work RVUs. We indicated that we proposed simply to rescale the work RVUs. We noted, however, that this rescaling could cause administrative problems for other payers using the RVUs and stated that we would consider developing a new budget neutrality adjuster that would be applied only to the work RVUs.

Comment: No comments questioned our making budget neutrality adjustments required by changes in payment policy through adjustments to the CFs. Regarding the budget neutrality adjustment required for RVU changes resulting from the 5-year refinement, the bulk of the comments focused on making the adjustment to work RVUs (that is, rescaling work RVUs). Most commenters favored achieving budget neutrality through a special separate budget neutrality adjuster for work RVUs. Many commenters, including two payers, indicated that rescaling RVUs would cause administrative difficulties in other programs using the RVUs. One payer stated that lowering RVUs to achieve budget neutrality might cause payers to develop their own RVUs. The other payer emphasized the need for continuity and clear relativity in the relative value scale.

Response: We will continue our policy of making adjustments to the CF for budget neutrality adjustments required by changes in payment policy. However, instead of the policy of rescaling the work RVUs for the 5-year refinement that we proposed in the May 3, 1996 proposed notice, we will use a separate work budget neutrality adjuster in 1997. We emphasize that this is a 1-year policy. We plan to eliminate the separate adjuster in 1998 simultaneously with the implementation of resource-based practice expense payments. We agree with commenters that it will reduce confusion among other payers and enable easier tracking and analysis of work RVUs over time if we can minimize the rescaling of RVUs. While making a separate adjustment to the work RVUs for 1997 introduces an additional term in the payment formula, the term is temporary. In years subsequent to 1998, we plan to make the budget neutrality adjustments to the CFs.

The payment formula for 1997 will be [(work RVU) (work adjuster) (work geographic practice cost expense)] + [(practice expense RVU) (practice expense geographic practice cost expense)] + [(malpractice RVU) (malpractice geographic practice expense)] × conversion factor.

Comment: Several commenters stated that the purpose of the 5-year review is to ensure that the RVUs are correct and reflect the relative difference in work among procedures. They stated that rescaling RVUs would distort the integrity of the RVUs and undermine the relationships among procedures.

Response: We disagree that rescaling work RVUs would distort the integrity of the work RVUs and undermine the relationships among procedures. Because such an adjustment uniformly changes the work RVUs, it does not alter the relationship between them.

Comment: About a quarter of the commenters suggested achieving budget neutrality by adjusting the CFs as an alternative to rescaling RVUs. A few of

the commenters stated that the simplicity of this approach was appealing. A few others observed that we have used different methods to achieve budget neutrality and urged adjusting the CFs to be consistent with the method we used for 1996. One commenter proposed a single budget neutrality adjuster that would, in effect, be applied to the CFs. A few commenters recommended that we make the budget neutrality adjustment without rescaling RVUs but did not recommend a specific method.

Response: We agree that it would be preferable to make adjustments at the CF level as we did in 1996 (and in a similar overall way in prior years, but by adjusting all RVUs). However, achieving budget neutrality by adjusting the CFs would have the effect of reducing payment for all services on the fee schedule. This would include a number of services that have no physician work and are, therefore, outside the scope of the 5-year review. Examples of these services include radiology and other diagnostic tests where the technical component may be reported separately; certain diagnostic tests, such as audiologic function tests; and certain therapeutic services, such as chemotherapy administration. Our goal is to make overall adjustments in the future.

Comment: Several commenters recommended that we maintain the integrity of the three pools of RVUs; some thought this was especially important when we adopt resource-based practice expense RVUs. However, one commenter disagreed, maintaining that the three pools of RVUs are not coherent and independent and noting that gap-filling techniques have relied on a dependable relationship among the three pools.

Response: The Physician Payment Review Commission recommended applying the budget neutrality adjustment from the 5-year review only to work RVUs to preserve the integrity of the three pools of RVUs. (As discussed above, applying the adjustment to the CFs would, in effect, spread the adjustment across all RVUs.) The separate work adjuster will enable us to do that for 1997, prior to the implementation of resource-based practice expense RVUs in 1998, after which time it would be preferable to make budget neutrality adjustments on the CFs as discussed above.

The existing practice expense RVUs were based on historical charges and the historical practice expense shares for the specialities performing the service. (The same is true of malpractice expense RVUs, but the size of that pool is very small.) The commenter is correct that there are some relationships between the work and practice expense RVUs, although we would characterize them as fairly tenuous.

Comment: One commenter observed that the separate budget neutrality adjuster is only for the Medicare program and requested that it not be displayed in tables of RVUs that are published for general information.

Response: Because the adjuster is a constant to be applied to all work RVUs, we will not display it in tables of RVUs. We will provide the value of the adjuster in the text describing the tables of RVUs, just as we provide the values of the CFs.

Comment: Two commenters requested that we restore previous budget neutrality adjustments to the work RVUs and incorporate them into the new budget neutrality adjuster.

Response: We intend to use the new adjuster only for 1 year and only for the budget neutrality adjustment required by changes due to the 5-year review of work RVUs. The previous budget neutrality adjustments generally have been related to changes in payment policy and not specifically to changes in work RVUs.

Comment: One commenter suggested that we perform analyses comparing the impact of the two options for achieving budget neutrality (that is, applying the adjustment to the work RVUs or to the CFs) and invite public comment on those analyses.

Response: The statute requires that we implement the results of the 5-year review in 1997. Time does not permit preparation of impact analyses of the types described, opportunity for public comment, and analysis of those comments prior to January 1, 1997. In our May 3, 1996 proposed notice (61 FR 20045), we indicated that a 7.63 percent decrease in RVUs would be required (based on proposed work RVUs) if the adjustment were applied only to work. We also indicated that the services with no work or with a practice expense percentage of total RVUs greater than average for the fee schedule would be adversely affected by applying the adjustment to the CFs.

Final decision: A separate budget neutrality adjuster is being applied to the work RVUs for 1 year, after which time we plan to eliminate it simultaneously with the implementation of the new practice expense RVUs in 1998. In years subsequent to 1998, we plan to make the budget neutrality adjustments to the CFs.

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

We proposed not to make a change to the values of global surgical packages in connection with the increase in RVUs for evaluation and management services. In the May 3, 1996 proposed notice (61 FR 20045 through 20046), we articulated several arguments for why global surgical packages should be valued solely on their own merit.

Comment: Several commenters supported our proposal to maintain current work RVUs for global surgical services. These groups agreed with the underlying rationale that although increases to the work RVUs for evaluation and management services were warranted, corresponding across-the-board increases in the work RVUs for all global surgical packages would be inappropriate. Other commenters expressed the following opposing comments: the decision not to raise the work RVUs for global surgical services unfairly penalizes physicians whose clinical activities focus primarily on the performance of surgical procedures; evaluation and management services related to a procedure have been subjected to the same increasing complexity as non-procedural evaluation and management services due to such factors as reduced inpatient lengths of stay, same day admissions for major surgery, and increased utilization of home health care programs requiring far more involved and extensive postservice planning and management; and the amount of preoperative and postoperative work required in the provision of these services is the same whether it is performed separately or as part of the global surgical package. However, another group of commenters encouraged further study of this issue. They recommended including an examination of the work involved in furnishing specific global services, changes in practice patterns that may have shifted some of the postoperative care from the surgeon who performed the procedure to other physicians (for example, primary care or medical subspecialists) who are participating in the medical management of the patient during the postoperative period, external data such as changes in length

of stay and an increase in the number of laparoscopic procedures, the number of preoperative and postoperative visits that are assumed to be included in the global surgical period, and the complexity associated with the history, physical examination, and medical decision-making involved in the evaluation and management services of a surgeon during a global period.

Response: The widely divergent comments indicate the need for a more thorough review before we make adjustments to the global surgical services.

Comment: The RUC recommended that we include the relationship between evaluation and management services and global surgical services in a future review of work RVUs so that this aspect of the Medicare physician fee schedule can be updated in 1998. We plan to revisit this issue next year.

Response: We look forward to a RUC recommendation on this issue. We hope to receive the recommendation next year to assist us as we further examine whether a change in the work RVUs for global surgical services is warranted because of the increases in the RVUs for evaluation and management services.

Comment: A commenter stated that if we choose not to revalue global surgical services on the basis of changes in the work RVUs for evaluation and management services, we should, alternatively, discontinue the use of a surgical bundle and return to the practice of separate billing of the component services.

Response: Section 1848(c)(1)(A)(ii) of the Act requires that we use a global definition of surgical services.

Comment: Several commenters requested that we make interim across-the-board adjustments to the values for global surgical services until the RUC presents its recommendations on the issue. This interim adjustment should be utilized until further study results in a precise methodology. One possible approach would be to begin with our existing methodology for identifying the relative value share believed to be attributable to postoperative office visits. A percentage adjustment equivalent to the increase being proposed for physician office visits, perhaps CPT code 99213, a mid-level visit, could be applied. For global services typically furnished on an in-patient basis, available length-of-stay data could be used assuming that at least one inpatient hospital visit occurred on each day of the patient's inpatient stay. The length-of-stay could then be multiplied by the planned increase in RVUs for subsequent hospital care.

Response: Although we believe there may be some merit to the approach recommended by the commenter, we do not believe that an interim adjustment should be made while we are studying the issue more completely during 1997.

Comment: One commenter recommended increasing the RVUs assigned to CPT codes 59400, 59409, 59410, 59510, 59514, 59515, 59425, and 59426 (maternity care and delivery services). The commenter stated that when we valued these services, we explicitly added work RVUs based on specific evaluation and management services as articulated in the December 2, 1993 final rule.

Response: The commenter has correctly identified an area where we should make adjustments to the RVUs assigned to these global services. Therefore, we are accepting this comment and modifying the work RVUs for maternity services. The new work RVUs maintain the relationships that we published in the December 1993 final rule. The commenter did not request that we modify the work RVUs for CPT code 59430 (postpartum care only), but we have adjusted them to be consistent within the family. The following table shows the adjustments that we have made.

CPT code	1996 work RVUs	Adjustment for evaluation and management increase	1997 work RVUs
59400	20.99	2.07	23.06
59409	13.28	0.22	13.50
59410	14.44	0.34	14.78
59425	4.04	0.77	4.81
59426	6.91	1.37	8.28
59430	2.01	0.12	2.13
59510	23.67	2.55	26.22
59514	15.39	0.58	15.97
59515	16.55	0.82	17.37

The percent increase varies across the services because the number and type of evaluation and management services included in each CPT code are different. Therefore, an across-the-board adjustment would have been inappropriate.

Because we have made these adjustments to the delivery codes, we also need to adjust the work RVUs for the vaginal birth after cesarean services in order to maintain the existing relationship. As explained in the December 8, 1995 final rule (60 FR 63165 through 61366), we added 1.56 work RVUs to the delivery codes to establish the values for the corresponding vaginal birth after cesarean services. Therefore, we will add 1.56 work RVUs to the new values for the delivery services to reassign RVUs to the vaginal birth after cesarean codes.

CPT code for vaginal birth after cesarean service	Corresponding delivery code	New work RVUs for delivery code	New work RVUs for vaginal birth after cesarean code
59610	59400	23.06	24.62
59612	59409	13.50	15.06
59614	59410	14.78	16.34
59618	59510	26.22	27.78
59620	59514	15.97	17.53
59622	59515	17.37	18.93

The aforementioned adjustments correct the services with an MMM global period (maternity) to reflect the increases in the work RVUs for the evaluation and management services. We did not modify the work RVUs for CPT code 59525 (removal of uterus after cesarean) because this service is billed in conjunction with either CPT code 59510 or 59515, both of which have had their work RVUs adjusted. We will consider all of these changes to be final.

Final Decision: With the exception of the services described above that have an MMM global period, at present we are making no adjustments to the work RVUs assigned to global surgical services as a result of the increases in the RVUs of evaluation and management services. However, we will reevaluate this policy next year. The extra year will allow time for us to closely examine our data and for the RUC to present us with additional data and a recommendation on this issue. Any further changes that we may make will be effective in 1998.

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

Comment: We received a comment from the RUC indicating that the RUC has referred to the CPT Editorial Panel the following issues:

- *CPT code 11971 (Removal of tissue expander(s) without insertion of prosthesis).*
- *CPT codes 13300 (Repair of wound or lesion) and 14300 (Skin tissue rearrangement).*

- *CPT codes 15000, 15101, 15121, 15201, 15221, 15241, and 15261 (Skin graft procedures).*
- *CPT code 31090 (Sinusotomy combined, three or more sinuses).*
- *CPT code 46900 (Destruction, anal lesion(s)).*
- *CPT code 54100 (Biopsy of penis).*
- *CPT code 93621 (Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with left atrial recordings from coronary sinus or left atrium, with or without pacing).*

For these issues, the RUC believes the codes should be reviewed by the CPT Editorial Panel and the definitions and/or instructions for use be clarified.

Response: We agree that these codes should be reviewed by the CPT Editorial Panel.

Final decision: We are maintaining the work RVUs for these codes as interim during 1997 because we consider them to be 5-year review issues that have not yet been finalized. If the CPT adds, deletes, or revises any of the codes in response to the RUC's referral, then the RUC will have the opportunity to submit work RVU recommendations to us on those new or revised codes. In the event that no action is taken by the CPT Editorial Panel on any of the issues, we anticipate assigning final work RVUs that would go into effect on January 1, 1998.

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 this final rule, we have completed the first 5-year review. We believe that through these extensive efforts the work RVUs are now largely correct, and a significant case would need to be made to convince us 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 that 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.

We described these tentative plans in our May 3, 1996 proposed notice (61 FR 20046), and several specialty societies submitted comments on codes that they believe fit into one of the above categories. Most of the codes for which they submitted comments were not subject to comment. Although we typically do not respond to comments on codes that are not subject to comment, we believe that some general responses would be appropriate to provide the public with some insights as to the direction future reviews might take.

Comment: The rapid development of endoscopy and minimally invasive approaches to surgery has led to widespread adoption of these alternative approaches. As these new procedures have become recognized and have been designated by unique procedure codes, we have often but not always adopted work RVUs that were equal to the traditional open approach for the same procedure. Several commenters identified codes that describe procedures performed using a traditional approach whose RVUs are higher than similar procedures that can be performed with endoscopes or minimally invasive techniques. The commenters argued that we should increase the work RVUs of the endoscopic or minimally invasive procedure codes to equal the work RVUs assigned to procedures that accomplish the same result by incision (open procedures). The commenters requested that we make these changes now, as part of the 5-year review process, so that the increased work RVUs would be effective January 1, 1997.

Response: While we agreed with this approach in the past, we now believe it is appropriate to examine the actual work relationship between open and closed procedures. The intent of the relative value scale is to value each procedure based on the work involved, not based on the clinical result. It is not clear that the work involved is in fact the same. We believe that there may be significant differences in the postoperative care between open and minimally invasive procedures. One of the claimed advantages of closed procedures is the rapid patient recovery, which may also represent a decrease in physician postoperative work. The actual work involved in the procedure itself, however, may be greater, resulting in no net difference in total work. Some closed procedures may have greater total work than the analogous open procedure and some may be less. Finally, it is not clear what impact the selection of patients for one approach over another has on the total physician work involved.

The continued clinical use of two different techniques may in part be due to the selection of procedures based on patient risk factors, severity of disease, and the presence or absence of comorbidities. These selection criteria may account for differences in the work when comparing open and closed procedures. For these reasons, we believe it is time to reexamine the assumption that open and closed procedures should be valued equally. With the assistance and advice of the RUC, we plan to revisit this issue before the next 5-year review. In the interim, we will retain the existing work RVUs for codes in these categories unless we have specifically dealt with them in the 5-year review.

Comment: We received some comments supporting our proposed increases for individual codes and advocating increases within the entire family of codes to maintain existing relationships even when the other codes in the family had not been identified as undervalued when the 5-year review began.

Response: In our May 3, 1996 proposed notice, we invited comments on rank order anomalies created as a result of the 5-year review. We expressed our intention to consider correcting anomalies before the next 5-year review. We do not believe that the revaluation of a single code necessarily requires all other codes in a family to be revalued as this comment implies. We believe that the original comments were submitted to identify codes that were under or overvalued. In some cases, commenters requesting 5-year refinement identified groups of related codes. The 5-year review considered groups of codes when groups of codes were thus identified. Alternatively, when a single code was identified, we believe it was appropriate to view that code as a single misvalued code, and we considered the evidence presented. When rank order anomalies have appeared, we have sought to correct them. An example of a rank order problem that we corrected (CPT codes 57260 and 57265) can be found in section IV.A.8. of this final rule.

When recommendations to increase a code resulted in a change in the relationship between that code and other codes, we presume that the new

work RVUs represent a refined relationship. One purpose of the 5-year refinement is to improve the accuracy of relationships by revaluing codes that are under or overvalued. We do not believe it is reasonable to make recommended changes intended to refine existing relationships and then to change all other codes to maintain existing relationships. The following comments illustrate recommendations for revised work RVUs that we do not believe should be accepted without survey or other data that would support the requested change. This will be appropriate for the next 5-year review.

Comment: We received comments related to CPT code 57410 (Pelvic examination under anesthesia). The current work RVUs assigned to this code are 0.59. It was referred to the RUC as part of the 5-year review. The RUC recommended that the work RVUs be increased to 1.75. In our May 3, 1996 proposed notice (61 FR 20006), we agreed with this recommendation. Commenters expressed support for the increase in work RVUs for this service. However, the commenters stated that all gynecological surgical procedures include an examination under anesthesia as part of the procedure. Therefore, they believed that all gynecological procedures should have their work RVUs adjusted to account for the increased work attributable to the examination under anesthesia.

Response: Although a pelvic examination under anesthesia is a common element of many pelvic surgical procedures, it is not clear how this compares to the work assigned to CPT code 57410 (Pelvic examination under anesthesia). The examination performed at the time of other surgery is often such an inherent part of the procedure that we believe it has been properly considered as part of the total work of the surgical procedure.

It could be argued that during the course of a surgical procedure by a vaginal approach, a pelvic examination is performed many times—before, during, and at the end of the procedure. Adding the work RVUs of three CPT 57410 codes to this procedure is clearly not reasonable. The revaluation of CPT code 57410 was based on the evidence presented regarding the performance of a pelvic examination alone, as described by the CPT code. We believe the other procedures to which the commenter alluded should be revalued based on independent evidence of total work, not based on the assumption that if one code is revalued all similar codes should be revalued. We see no evidence that the change in CPT code 57410 creates significant rank order anomalies. If other more complex codes involving examination at the time of surgery are undervalued in their own right, they can be corrected at the next opportunity for refinement.

Comment: We received similar comments stating that the proposed increase in work RVUs from 2.45 to 2.91 for CPT code 58120 (Dilation and curettage (D&C), diagnostic and/or therapeutic (nonobstetrical)) should result in corresponding increases in work RVUs for a code that was not identified as undervalued during the 5-year review: CPT code 56351 (Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C) since a D&C is included in CPT code 56351.

Response: We believe the requested increase in work RVUs for this code is not warranted. First, the CPT definition is clear that not all hysteroscopies involve a dilation and curettage. Second, we are not convinced that the work involved in performing a dilation and curettage as an independent procedure can be equated to the curettage of the uterus following direct visualization of the endometrial cavity. The work involved may be considerably different. The commenter presented no compelling evidence to support the equality of work. The existing work RVUs for CPT code 56531 (2.85) now will be slightly less than the new RVUs for CPT code 58120 (2.91). This reverses the prior relationship. Finally, since we have announced in this rule our intention to examine the proper relationship of open and closed procedures, we believe that it is appropriate to evaluate the relationship between these codes as part of that process rather than change the work RVUs for CPT code 56531 at this time.

V. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on Interim Relative Value Units for 1996

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

Section V.B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1997.

B. Process for Establishing Work Relative Value Units for the 1997 Fee Schedule

Our December 8, 1995 final rule on the 1996 physician fee schedule (60 FR 63124) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule apply to physician services furnished beginning January 1, 1996. We announced that we would accept comments on interim RVUs for these codes. We announced that we considered the RVUs for the remaining codes to be subject to public comment under the 5-year refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the December 1995 final rule and our establishment of the work RVUs for new and revised codes for the 1997 fee schedule.

1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units

a. Methodology (Includes Table 2—Work Relative Value Unit Refinements of 1996 Interim and Related Relative Value Units).

Although the RVUs in the December 1995 final rule were used to calculate 1996 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments from approximately 10 specialty societies on approximately 50 CPT codes with interim RVUs.

Only comments received on codes listed in Addendum C of the December 1995 final rule were considered this year. (We also considered comments we received on other codes under the 5-year refinement process.) We convened multispecialty panels of physicians to assist us in the review of comments. The comments that we did not submit to panel review are discussed at the end of this section. The panels were moderated by our medical staff and consisted of the following groups:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist on the panel was nominated by the specialty society that submitted the

comments. This same clinician also provided ratings for the other procedures being considered. Thus, depending on the codes in question, this clinician was in one of two groups: ''specialist'' or ''other specialist.''

- Primary care clinicians nominated by the American Academy of Family Physicians, the American Society of Internal Medicine, the American College of Physicians, the American Academy of Pediatrics, the American Osteopathic Association, and the American College of Obstetricians and Gynecologists.
- Carrier medical directors.

After eliminating the codes with final RVUs and certain codes that are discussed at the end of this section, we submitted comments on 40 codes for evaluation by the panels. The panels discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the panel members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the set, we attempted to include: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set listed approximately 300 services. Panelists were encouraged to make comparisons to reference services.

The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential, and there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the interim RVUs were correct. To overcome this presumption, the inaccuracy of the interim RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups of the panel and whether the agreed-upon RVUs were significantly different from the interim RVUs published in Addendum C of the December 1995 final rule. We did not modify the RVUs unless there was clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the three remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final notice (57 FR 55938).

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 40 codes reviewed by our multispecialty panel, all but two of the requests were for increased values.

We also received comments on RVUs that were interim for 1996 but which we did not submit to the panel for review for a variety of reasons. These comments and our decisions on those comments are discussed in further detail in section V.B.1.b. of this final rule. Of the 59 interim work RVUs that were reviewed, approximately 27 percent were increased, and approximately 42 percent were not changed.

Table 2—Work Relative Value Unit Refinements of 1996 Interim and Related Relative Value Units

Table 2 lists the interim and related codes reviewed during the 1996 refinement process described in this section. All of these codes are discussed in code order following Table 2, in section V.B.1.b. of this final rule. This table includes the following information:

- *CPT Code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1996 Work RVU.* The work RVUs that appeared in the December 1995 rule are shown for each reviewed code.
- *Requested Work RVU.* 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. The table lists the highest requested RVUs. For some codes, we received recommendations for an increase but no specific RVU recommendations.
- *1997 Work RVU.* This column contains the final RVUs for physician work.
- *Basis for Decision.* This column indicates whether—

—The recommendations of the refinement panel were the basis upon which we determined that the interim work RVUs published in the December 1995 final rule should be retained (indicator 1);

—A new value emerged from our analysis of the refinement panel ratings (indicator 2); or

—A new or retained value emerged from some other source (indicator 3).

TABLE 2.—WORK RVU REFINEMENTS OF 1996 INTERIM AND RELATED RVUS

CPT *code	Description	1996 work RVU	Requested work RVU	1997 work RVU	Basis for decision
20930	Spinal bone allograft	0.00	Increase	0.00	3
20931	Spinal bone allograft	1.81	Increase	1.81	3
20936	Spinal bone allograft	0.00	Increase	0.00	3
20937	Spinal bone allograft	2.79	Increase	2.79	3
20938	Spinal bone allograft	3.02	Increase	3.02	3
22554	Neck spine fusion	17.24	Increase	17.24	3
22556	Thorax spine fusion	22.27	Increase	22.27	3
22558	Lumbar spine fusion	21.22	Increase	21.22	3
22600	Neck spine fusion	14.74	Increase	14.74	3

TABLE 2.—WORK RVU REFINEMENTS OF 1996 INTERIM AND RELATED RVUS—Continued

CPT *code	Description	1996 work RVU	Requested work RVU	1997 work RVU	Basis for decision
22610	Thorax spine fusion	14.62	Increase	14.62	3
22612	Lumbar spine fusion	20.19	Increase	20.19	3
22840	Insert spine fixation device	6.27	12.54	12.54	3
22842	Insert spine fixation device	7.19	12.58	12.58	3
22843	Insert spine fixation device	8.97	13.46	13.46	3
22844	Insert spine fixation device	10.96	16.44	16.44	3
22845	Insert spine fixation device	5.98	11.96	11.96	3
22846	Insert spine fixation device	8.28	12.42	12.42	3
22847	Insert spine fixation device	9.20	13.80	13.80	3
22851	Apply spine prosth device	6.71	Increase	6.71	3
55859	Percut/needle insert, pros	8.29	14.00	12.00	2
56343	Laproscopic salpingostomy	6.96	13.34	13.34	3
56344	Laproscopic fimbrioplasty	7.16	12.50	12.50	3
92525	Oral function evaluation	1.13	1.61	1.50	2
92526	Oral function therapy	0.52	0.64	0.55	2
92597	Oral speech device eval	1.11	1.50	1.35	2
92598	Modify oral speech device	0.73	0.99	0.99	2
97010	Hot or cold packs therapy	0.11	0.11	0.06	2
97012	Mechanical traction therapy	0.25	0.25	0.25	1
97014	Electric stimulation therapy	0.18	0.18	0.18	1
97016	Vasopneumatic device therapy	0.18	0.18	0.18	1
97018	Paraffin bath therapy	0.11	0.11	0.06	2
97020	Microwave therapy	0.11	0.11	0.06	2
97022	Whirlpool therapy	0.25	0.25	0.17	2
97024	Diathermy treatment	0.11	0.11	0.06	2
97026	Infrared therapy	0.11	0.11	0.06	2
97028	Ultraviolet therapy	0.20	0.20	0.08	2
97032	Electrical stimulation	0.25	0.25	0.25	1
97033	Electric current therapy	0.26	0.26	0.26	1
97034	Contrast bath therapy	0.21	0.21	0.21	1
97035	Ultrasound therapy	0.21	0.21	0.21	1
97036	Hydrotherapy	0.38	0.28	0.28	2
97039	Physical therapy treatment	0.29	0.20	0.20	2
97110	Therapeutic exercises	0.45	0.45	0.45	1
97112	Neuromuscular reeducation	0.45	0.45	0.45	1
97113	Aquatic therapy/exercises	0.44	0.44	0.44	1
97116	Gait training therapy	0.40	0.40	0.40	1
97122	Manual traction therapy	0.45	0.45	0.42	2
97124	Massage therapy	0.35	0.35	0.35	1
97139	Physical medicine procedure	0.21	0.35	0.21	1
97150	Group therapeutic procedures	0.27	0.27	0.27	1
97250	Myofascial release	0.45	0.45	0.45	1
97265	Joint mobilization	0.45	0.45	0.45	1
97530	Therapeutic activities	0.44	0.44	0.44	1
97535	Self care management training	0.33	0.45	0.45	2
97537	Community/work reintegration	0.33	0.45	0.45	2
97542	Wheelchair management training	0.25	0.45	0.25	1
97703	Prosthetic checkout	0.25	0.45	0.25	1
97750	Physical performance test	0.45	0.45	0.45	1
97770	Cognitive skills development	0.44	0.44	0.44	1

*All CPT codes and descriptors copyright 1996 American Medical Association.

b. Interim 1996 Codes.

CPT codes 22840, 22842, 22843, 22844, 22845, 22846, and 22847 (Insert spine fixation device).

Comment: Effective 1996, substantial changes were made in the CPT codes for spine surgery. The RUC recommended work RVUs for these new and revised codes, and we accepted those recommendations as interim work RVUs, which were subject to comment. (When appropriate, malpractice and practice expense RVUs for these new and revised codes were calculated using the weighted average data from predecessor codes or by imputing the RVUs based on the experience of the dominant specialty, in this case, orthopedic surgery.)

We received comments on the interim work RVUs for the spinal instrumentation codes. All commenters indicated that the RUC recommendations for the instrumentation codes, which we had accepted, were based on erroneous assumptions. Those assumptions had, according to the commenters, resulted in the RUC recommending work RVUs

that were, for some codes, half of what they should have been. Specifically, two commenters recommended the following:

- The work RVUs for CPT code 22840 should be increased by 100 percent.
- The work RVUs for CPT code 22842 should be increased by 75 percent.
- The work RVUs for CPT code 22843 should be increased by 50 percent.
- The work RVUs for CPT code 22844 should be increased by 50 percent.
- The work RVUs for CPT code 22845 should be increased by 100 percent.
- The work RVUs for CPT code 22846 should be increased by 50 percent.
- The work RVUs for CPT code 22847 should be increased by 50 percent.

Other commenters recommended that we consider appropriate work RVUs for these codes. The commenters suggested that we ask the RUC or another physician panel to review the matter. Also, one commenter suggested that any increases in the work RVUs be retroactive to January 1, 1996.

Response: We convened a panel that included our medical staff and carrier medical directors to consider the issue of the appropriateness of the instrumentation work RVUs. Members of that panel reviewed the comments and agreed with the commenters who requested 50 percent increases in work RVUs for CPT codes 22843, 22844, 22846, and 22847, a 75 percent increase in work RVUs for CPT code 22842, and 100 percent increases in work RVUs for CPT codes 22840 and 22845. The panel members believed that the resulting work RVUs are an accurate reflection of the relative resource intensity of the work involved in the codes.

In accepting this recommendation for change, the panel members noted that the posterior and anterior segmental codes were in two groups. One group is the posterior segmental, comprised of CPT codes 22842, 22843, and 22844, with CPT code 22842 being the lowest number of segments and CPT code 22844, the highest. Similarly, for the anterior codes, CPT code 22845 is the lowest number of segments, CPT code 22846, the next highest number of segments, and CPT code 22847, the highest number of segments. The panel members concluded that the highest codes in the posterior instrumentation group should be valued, for work, at approximately 25 percent more than the lowest code in the series. They believed that to be the appropriate work differential between the highest and the lowest code. For the anterior group, they concluded that the work for the code representing the highest number of segments should be valued at approximately 15 percent more than the code representing the lowest number of segments. Thus, we accepted the recommendations of the commenters based, in part, on the opinions of the panel members.

However, there is nothing in the law that would permit fee schedule determinations to be made retroactive. Indeed, the entire thrust of section 1848 of the Act is prospective: in accordance with the law, the codes, RVUs, updates, CFs, and volume performance standards are announced in advance of a fee schedule year, and adjustments are prospective only. In our view, the Congress did not intend that there be retroactive ''correction'' of any elements of the fee schedule. Thus, as in the past, we are not retroactively adjusting claims for instrumentation services furnished in 1996.

CPT code 22851 (Application of prosthetic device (eg, metal cages, methylmethacrylate) to vertebral defect or interspace).

Comment: One commenter stated that the proposed work RVUs for this code are too low. The interim work RVUs for 1996 are 6.71.

Response: The interim work RVUs were based, in part, on the RUC recommendation that we accepted. The commenter presented no compelling arguments that would support increasing the work RVUs, which we believe are appropriate for CPT code 22851.

Comment: One commenter objected to our use of a formula that imputes malpractice and practice expense RVUs for new and substantially revised codes. That formula relies on the malpractice and practice expense experience of the specialty or specialties that perform the service. In this case, we relied upon the overall practice experience of orthopedic surgeons. The commenter stated that for spine codes this resulted in inappropriate reductions in practice expense and malpractice expense RVUs.

Response: We believe that the continued use of charge-based practice expense and malpractice expense RVUs is generally inappropriate when codes have substantially changed. The use of the formula that relies on the overall practice expense experience of the specialty performing the service is, in our judgment, the most reasonable approach to pricing until we develop resource-based practice expense RVUs.

CPT codes 20930 through 20938 (Bone grafts).

Comment: One commenter objected to the CPT instruction for reporting spine surgery bone graft codes, beginning with CPT code 20930, that only one bone graft code should be reported per operative session.

Response: The RUC was aware of this coding rule. The recommended work RVUs took into account that only one bone graft code can be reported per operative session. The commenter would have to submit any proposed changes to this coding rule to the CPT Editorial Panel.

CPT codes 22554, 22556, and 22558 (Anterior arthrodesis procedures).

Comment: A commenter expressed concern about the reduction in the work RVUs for CPT codes 22554, 22556, and 22558. The commenter stated that we made this reduction in work RVUs because we assumed that the coding change would result in providers' billing additionally for bone grafts that were not previously billed separately. According to the commenter, bone grafts were billed separately before and will be billed separately now. Therefore, we should not have made the adjustment in work RVUs based on a billing change.

Response: Through the RUC, the specialty societies recommended a reduction in work RVUs because of the expectation that the new bone graft codes would be billed in half of the anterior arthrodesis cases, when in fact there had not been separate bone graft billing before.

Final decision: The following table lists the final work RVUs only for those codes whose work RVUs will be changed in response to our consideration of the public comments:

CPT code	Current/ 1996 interim work RVUs	Recommended percentage increase	Final/ 1997 work RVUs
22840	6.27	100	12.54
22842	7.19	75	12.58
22843	8.97	50	13.46
22844	10.96	50	16.44
22845	5.98	100	11.96
22846	8.28	50	12.42
22847	9.20	50	13.80

CPT codes 22600, 22610, and 22612 (Posterior arthrodesis procedures).

Comment: One commenter expressed concern that the reductions in the work RVUs for CPT codes 22600, 22610, and 22612 are inappropriate because no other codes may be billed in addition.

Response: In making its recommendations regarding these codes,

which we accepted, the RUC pointed out that the reporting of bone grafts and use of spinal instrumentation with some of these services will be appropriate.

CPT code 55859 (Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy).

Comment: Several commenters expressed concern about our rejection of the RUC recommendation of 14.00 work RVUs and our proposed 8.29 work RVUs.

Response: The RUC's initial recommendation of 14.00 work RVUs was based upon the use of CPT code 61770 (Stereotactic localization, any method, including burr hole(s) with insertion of catheter(s) for brachytherapy) as a reference procedure. We believed that 14.00 work RVUs were too high and disagreed with the RUC's use of CPT code 61770 as a reference procedure; we viewed that procedure as requiring greater technical skill, mental effort, and judgment. The recommended 14.00 work RVUs are higher than the work RVUs assigned to CPT code 55860 (Exposure of prostate, any approach, for insertion of radioactive substance), with 13.33 work RVUs. This is an open surgical procedure with significantly more postservice work than CPT code 55859, which can be performed on an outpatient basis.

The placement of needles or catheters into the prostate is performed under ultrasonic guidance, and the guidance is separately reported by new CPT code 76965 for which we accepted the RUC recommendation of 1.34 work RVUs. In addition, CPT also directs separate reporting of the interstitial radioelement application (CPT codes 77776 through 77778). CPT code 77778 (Interstitial radioelement application, complex) is the code most likely to be reported. We assigned 10.46 work RVUs to this code. Thus, we believed a physician performing all aspects of this procedure would report all three codes with 25.80 total work RVUs if we accepted the RUC recommendation of 14.00 work RVUs for CPT code 55859.

We believed it was possible that urologists responding to the surveyed vignette may have misunderstood that this code is used to report only the placement of the needles or catheters into the prostate and that they inadvertently included in their estimates of work the separately reported work of ultrasonic guidance and application of the radioelements.

We believed that a more appropriate reference procedure than a neurosurgical procedure would be another prostate procedure that can be performed on an outpatient basis. We selected CPT code 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach), with 1.57 work RVUs. Because of the increased intraoperative time and complexity as well as the increased surgical risk associated with CPT code 55859, we increased the work RVUs four-fold to 6.28 work RVUs. In addition, we added 2.01 work RVUs, the work RVUs assigned to CPT code 52000, to reflect the added work of the cystoscopy. This addition resulted in the proposed 8.29 work RVUs for CPT code 55859.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: During the panel discussion and before the service was rated, the panel members agreed that the physician inserting needles or catheters into a prostate for interstitial radioelement application could not also report an interstitial brachytherapy code, for example, CPT code 77778, because a radiation oncologist must perform that service.

As a result of our analysis of the refinement panel ratings, we are increasing the interim work RVUs from 8.29 RVUs to 12.00 for CPT code 55859.

CPT code 56343 (Laparoscopy, surgical; with salpingostomy) and CPT code 56344 (Laparoscopy, surgical; with fimbrioplasty).

Comment: We received a recommendation to increase the work RVUs assigned to these two codes from 6.96 and 7.16 to 13.34 and 12.50, respectively, based on a comparison to the work RVUs that were proposed as part of the 5-year review for the corresponding open procedures, CPT code 58760 (Fimbrioplasty), with 12.50 work RVUs, and CPT code 58770 (Salpingostomy (salpingoneostomy)), with 13.34 work RVUs.

Response: CPT 1996 added new CPT codes 56343 and 56344 to allow the reporting of these procedures when they are performed laparoscopically. We reviewed and accepted the RUC recommendation to assign the same work RVUs to the two new codes that were then assigned to the corresponding open procedures, CPT code 58760, with 7.16 work RVUs, and CPT code 58770, with 6.96 work RVUs.

CPT codes 58760 and 58770 were then being evaluated as part of the 5-year review and, based on the RUC's recommendation, these codes were increased in value from 7.16 to 12.50 work RVUs for CPT code 58760 and 6.96 to 13.34 work RVUs for CPT code 58770. We believe that the RUC adequately considered the work relationships between these open and closed procedures and, in spite of our intention to reexamine the general relationships of open versus closed procedures, as described in section IV.C.4. of this final rule, ''Future Review,'' we accept the recommendation to assign the same work RVUs to CPT codes 56343 and 56344 as we have assigned to CPT codes 58770 and 58760.

Final decision: We are assigning 13.34 work RVUs to CPT code 56343 and 12.50 work RVUs to CPT code 56344.

CPT codes 59610, 59612, 59614, 59618, 59620, and 59622 (Vaginal birth after cesarean).

Comment: We received a comment recommending that we assign work RVUs to these codes by increasing the work RVUs for each of the existing delivery codes by 8.5 percent rather than by adding the fixed amount of 1.56 work RVUs to each of the codes as we proposed.

Response: The CPT added a new section to the 1996 edition for ''Delivery After Previous Cesarean Delivery.'' Included in this section are six new codes that are used to report the services furnished to patients who have had a previous cesarean delivery and who present with the expectation of a vaginal delivery. If the patient has a successful vaginal delivery after a previous cesarean delivery, either CPT code 59610, 59612, or 59614 is reported. If the attempt is unsuccessful and another cesarean delivery is carried out, either CPT code 59618, 59620, or 59622 is reported. The RUC recommended work RVUs for all six codes that added varying increments of work to the work RVUs of the six existing codes that are used to report routine vaginal and cesarean deliveries.

While we accepted the RUC conclusion that a vaginal delivery after a previous cesarean delivery entails more physician work and that the existing delivery codes are appropriate reference points, we disagreed with the variable and small differences in work from one code to the next. We believed the increased stress, mental effort, and judgment associated with a vaginal delivery after a previous cesarean delivery is the same regardless of the particular delivery service furnished. Therefore, we added 1.56 work RVUs

(the median work RVUs of the above differences) to each of the existing delivery codes.

We continue to believe that our approach is correct since the increased stress, mental effort, and judgment associated with a vaginal delivery after a previous cesarean delivery is the same regardless of the particular delivery service furnished. Adding a fixed percentage of 8.5 percent to each of the codes would result in additional work RVUs for each of the codes for a vaginal delivery after a previous cesarean delivery that would range from 1.13 work RVUs to 2.01 work RVUs. We do not believe these differences are warranted. We also note that this request would result in lower work RVUs than we proposed for four of the six codes.

Final decision: We are not revising our proposed work RVUs based on our consideration of this comment. However, as part of the 5-year review and the changes we are making in the work RVUs for evaluation and management services, we are increasing the work RVUs for all delivery codes including a vaginal delivery after a previous cesarean delivery. See section IV.C.2. of this final rule for a discussion of these changes and Table 1 for a listing of the new work RVUs.

CPT code 92525 (Evaluation of swallowing and oral function for feeding).

Comment: Commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation.

Response: The RUC recommended 1.61 work RVUs based on a clinical vignette of an inpatient whose evaluation included a barium swallow. The RUC lowered the specialty's recommendation to better account for the times when barium swallow might not be done. We believed that the work RVUs recommended, which were between the work RVUs of a level-three inpatient consultation (CPT code 99253), with 1.56 work RVUs, and a level-four inpatient consultation (CPT code 99254), with 2.27 work RVUs, were too high. While we believed that the intraservice work determined by the survey for the vignette may have been reasonable, we did not agree that the surveyed vignette represents a typical patient.

Our data suggest that this procedure, which was formerly reported by CPT code 92506, is performed primarily in the physician's office. We took into consideration that the procedure is currently reported using CPT code 92506, which is assigned 0.86 work RVUs. We then took into account that the barium swallow is probably included in at least 50 percent of the cases and that the evaluation of the barium swallow is an integral part of the procedure. Therefore, we added half the value of CPT code 74230 (Swallowing function, pharynx and/or esophagus, with cineradiography and/or video), with 0.54 work RVUs, to the 0.86 work RVUs for CPT code 92506, resulting in an assignment of 1.13 work RVUs for CPT code 92525. These proposed work RVUs are slightly higher than the work RVUs of CPT code 99242, which is the code for a level-two office consultation, the components of which include an expanded problem-focused history, an expanded problem-focused examination, and straightforward medical decision making.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 1.50 for CPT code 92525.

CPT code 92526 (Treatment of swallowing dysfunction and/or oral function for feeding).

Comment: Several commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation. Commenters stated that the vignette describes a typical patient and that it is not proper to equate speech-language pathology treatment (CPT code 92507) with the treatment of swallowing disorders.

Response: The RUC recommended 0.64 work RVUs based on a clinical vignette of an inpatient similar to the patient described in the vignette used for CPT code 92525 described above. Our data suggest that this procedure, which is currently reported using CPT code 92507, also is performed primarily in physicians' offices. Because we believed the surveyed vignette did not describe a typical patient, we reduced the RUC recommendation for CPT code 92526 to 0.52 work RVUs, which are the same work RVUs as those for CPT code 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual). These work RVUs are slightly less than the work RVUs assigned to a mid-level office visit (CPT code 99213), with 0.55 work RVUs, which typically requires 15 minutes of face-to-face time with a physician.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 0.55 for CPT code 92526.

CPT code 92597 (Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech).

Comment: Several commenters objected to our comparison of this service to a level-three new patient office visit. The commenters provided an extensive description of the elements included in the vignette.

Response: The RUC originally recommended 1.50 work RVUs. We believed the recommended work RVUs were too high because they are comparable to the highest level established patient office visit, CPT code 99215, the components of which include a comprehensive history, a comprehensive examination, and medical decision making of high complexity. We did not believe the work of these two services is comparable. Rather, we believed the work associated with CPT code 92597 is slightly less than the work associated with a level-three new patient office visit (CPT code 99203), with 1.14 work RVUs, and a level-two inpatient consultation (CPT code 99252), with 1.13 work RVUs. Therefore, we proposed 1.11 work RVUs for CPT code 92597.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 1.35 for CPT code 92597.

CPT code 92598 (Modification of voice prosthetic or augmentative/ alternative communication device to supplement oral speech).

Comment: Several commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation.

Response: The RUC recommended 0.99 work RVUs, which are higher than the work RVUs assigned to a level-four established patient office visit (CPT code 99214), with 0.94 work RVUs. We believed that the recommendation is too high. However, we believed that the relative relationship between this service and CPT code 92597, as

established by the RUC, should be maintained. Thus, we calculated the interim work RVUs by multiplying the recommended 0.99 work RVUs by 74 percent (0.99×1.11/1.5) representing the percentage of the RUC-recommended work RVUs, which we accepted for the preceding code. This calculation resulted in 0.73 interim work RVUs for CPT code 92598.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 0.99 for CPT code 92598.

CPT codes 97010 through 97770 (Physical medicine and rehabilitation codes).

Background

The following is a brief summary of the complex history associated with the assignment of work RVUs to all the physical medicine and rehabilitation services reported with CPT codes in the range 97010 through 97770 since the beginning of the physician fee schedule on January 1, 1992. By statute, physicians' services, outpatient physical therapy services, and outpatient occupational therapy services are paid under the physician fee schedule. The work RVUs for physical medicine services that were included in the physician fee schedule for 1992, 1993, and 1994 were based on historic charges rather than the work in furnishing the service.

The CPT codes for physical medicine services were substantially revised for 1995 and the codes were organized into a number of categories: supervised modalities, constant attendance modalities, therapeutic procedures, and other procedures. These revised codes were forwarded to the RUC's Health Care Professionals Advisory Committee (HCPAC) for evaluation of the work in the services represented by the new codes. The HCPAC is a multi-disciplinary committee of nonphysician and limited license practitioners, which includes, but is not limited to, representatives of the American Physical Therapy Association and the American Occupational Therapy Association, both of which had recommended work RVUs for these new and revised codes. The HCPAC reviewed the work in these services in the context of the work in other services on the physician fee schedule and provided us with recommended work RVUs for them.

We base the work RVUs for these services on the expectation that the definition of the codes represents how the services will be furnished when billed to Medicare. For example, we expect that when 15 minutes of a service in the constant attendance category is billed, we may be confident that the provider furnished the 15 minutes of constant one-on-one attendance that is included in the definition of the code. If the provider did not furnish 15 minutes of one-on-one constant attendance, as the code is defined, he or she may not bill a code for 15 minutes of constant attendance. If the provider is overseeing the therapy of more than one patient during a period of time, he or she must bill the code for group therapy (CPT code 97150), since he or she is not furnishing constant attendance to a single patient.

The HCPAC provided recommended work RVUs for 26 of the 28 new or revised codes. Of the 26 codes for which the HCPAC provided recommended work RVUs, we agreed with or increased the work RVUs for 20 codes, mostly therapeutic or other procedures. We decreased the work RVUs for six codes, all of which were modalities that do not require the constant attendance of a professional. The HCPAC provided recommended work RVUs for work hardening/conditioning (CPT codes 97545 and 97546), which we set as carrier-priced.

Thus, the interim work RVUs established for these codes for 1995 represented the first time that the work RVUs for these codes had been based on the work associated with furnishing the service. We accepted the HCPAC's recommendations of 0.45 work RVUs for most therapeutic procedures.

Later in 1995, the HCPAC recommended 0.45 work RVUs for the following four services: CPT code 97535 (Self care management training); CPT code 97537 (Community/work reintegration); CPT code 97542 (Wheelchair management training); and CPT code 97703 (Prosthetic checkout). These recommendations were made on the basis of their comparability to other physical medicine codes, for example, CPT code 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility).

For CPT codes 97535 and 97537, we believed the recommended 0.45 work RVUs were too high. Before 1996, they were reported using CPT code 97540 (Training for daily living), with 0.44 work RVUs. We divided the work RVUs for CPT code 97540 by 2 to arrive at work RVUs for 15 minutes and added 50 percent to account for the preservice and postservice work inherent in the service. This resulted in 0.33 work RVUs for CPT codes 97535 and 97537.

For new CPT codes 97542 and 97703, we also believed the recommended 0.45 work RVUs were too high. We believed these services were comparable to attended modality services such as CPT code 97032 (Application of a modality to one or more areas; with electrical stimulation (manual), each 15 minutes), with 0.25 work RVUs. Therefore, we assigned 0.25 work RVUs to both CPT codes 97542 and 97703.

While we agreed that these new services appropriately were compared to other therapeutic procedures, our review of the new services caused us to believe that the interim work RVUs we previously had assigned to the therapeutic procedures may have been too high relative to other services on the fee schedule, for example, osteopathic manipulative treatments and evaluation and management services. In other words, our review of these four new codes caused us to reexamine our previous decision to accept the HCPAC's earlier recommendations for the other physical medicine services.

Therefore, we decided to maintain the work RVUs for the physical medicine and rehabilitation codes (CPT codes 97010 through 97770) as interim work RVUs on the 1996 fee schedule so that we would have additional time to reevaluate them. While we acknowledged in our December 8, 1995 final rule (60 FR 63167) that we had accepted the previous year's recommendations of the HCPAC, we decided to refer these codes back to the RUC HCPAC Review Board for its reconsideration and to notify the RUC of our concerns. The RUC HCPAC Review Board is composed of all members of the HCPAC and three physician representatives of the RUC. It is chaired by a physician member of the RUC and provides recommendations for services performed primarily by non-physician practitioners. In addition, we sought public comments on this issue.

Comment: In response to our concern that the interim work RVUs we previously had assigned to the therapeutic procedures may have been too high relative to other services on the physician fee schedule, the RUC HCPAC Review Board formed a workgroup to assist in developing a response by the American Physical Therapy Association

and the American Occupational Therapy Association. The workgroup was chaired by an AMA representative on the RUC and included members of the RUC HCPAC Review Board and members of the RUC representing orthopedic surgery, psychiatry, and osteopathic medicine.

The workgroup's report was approved by the full RUC HCPAC Review Board and submitted as a comment on our proposal. The report provided rationale for maintaining the current work RVUs for most services or increasing the work RVUs for those services that we had reduced below the HCPAC's initially recommended work RVUs. The recommended work RVUs that were included in the workgroup's report are listed in Table 2.

We also received recommendations from the HCPAC for three codes that will be new in 1997: CPT code 97504 (Orthotics training); CPT code 97520 (Prosthetic training); and CPT code 90901 (Biofeedback training). They recommended 0.45 work RVUs for all three codes.

Response: In light of the comments we received and the report of the workgroup, we referred all of the physical medicine and rehabilitation codes to a refinement panel for review. To expedite the assignment of final work RVUs effective January 1, 1997 for all physical medicine services, we also had the refinement panel review the recommendations from the HCPAC for the three codes that will be new in 1997: CPT code 97504 (Orthotics training); CPT code 97520 (Prosthetic training); and CPT code 90901 (Biofeedback training).

Final decision: The results of the refinement panel ratings for existing CPT codes are listed in Table 2 and for new or revised CPT codes in Table 3. The two most important results are that the ratings for the majority of the therapeutic procedures will be at the level recommended by the HCPAC, and the work RVUs for five of the modality codes that are used to report the application of heat have been reduced from 0.11 to 0.06 work RVUs.

For CPT code 97010, application of hot or cold packs, we have bundled the RVUs across other services, and separate payment will no longer be made effective January 1, 1997. For a discussion of this bundling service, see section II.D.1. of this final rule.

2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1997

a. Methodology (Includes Table 3—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1997 CPT Codes).

One aspect of establishing work RVUs for 1997 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B. of this final rule, we established a process, based on recommendations received from the AMA's RUC, for establishing interim RVUs for new and revised codes.

We received work RVU recommendations for approximately 90 new and revised codes from the RUC. Physician panels consisting of carrier medical directors and our staff reviewed the RUC recommendations by comparing them to our reference set or to other comparable services on the fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received the RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC in order to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 87 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 13 percent, work RVUs were decreased.

We received 11 recommendations from the HCPAC for new or revised codes for which the RUC did not provide a recommendation. For 8 of the HCPAC recommendations, the proposed work RVUs were accepted. A discussion of the interim RVUs for chiropractic manipulative treatment is discussed in section V.B.2.b. below. For 3 of the recommendations, the proposed work RVUs were decreased.

Table 3 is a listing of those codes that will be new or revised in 1997 for which we received recommended work RVUs. This table includes the following information:

- A ''#'' identifies a new code for 1997.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC-recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agreed''); we established work RVUs that are higher than the RUC recommendation (''increased''); or we established work RVUs that were less than the RUC recommendation (''decreased''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 3 in section V.B.2.c. below. An ''(a)'' in this column indicates that work RVUs were taken from the 5-year refinement of work RVUs and not from the RUC. A ''(b)'' indicates that no RUC recommendation was provided. A discussion follows the table in section V.B.2.c.
- *1997 work RVUs.* This column contains the 1997 RVUs for physician work. The 1997 work RVUs shown have not been adjusted for budget neutrality.

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

TABLE 3.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1997 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendations	HCFA decision	1997 work RVU
11010#		Debride skin, fx	4.15		Agreed	4.15
11011#		Debride skin/muscle, fx	4.95		Agreed	4.95
11012#		Debride skin/muscle/bone, fx	6.88		Agreed	6.88
11720#		Debride nail, 1–5		0.45	Decreased	0.32
11721#		Debride nail, 6 or more		0.60	Decreased	0.54
15756#		Free muscle flap, microvasc	33.23		Agreed	33.23
15757#		Free skin flap, microvasc	33.23		Agreed	33.23
15758#		Free facial flap, microvasc	33.23		Agreed	33.23
20150#		Excise epiphyseal bar	13.00		Agreed	13.00
20956#		Iliac bone graft, microvasc	37.00		Agreed	37.00
20957#		Mt bone graft, microvasc	38.33		Agreed	38.33
20962		Other bone graft, microvasc	Carrier		([b])	37.00
20969		Bone/skin graft, microvasc	42.08		Agreed	42.08
20970		Bone/skin graft, iliac crest	41.22		Agreed	41.22
24149#		Radical resection of elbow	13.25		Agreed	13.25
24341#		Repair tendon/muscle arm	7.33		Agreed	7.33
24342		Repair of ruptured tendon	10.13		Agreed	10.13
25332		Revise wrist joint	10.83		Agreed	10.83
26040		Release palm contracture	3.09		Agreed	3.09
26060		Incision of finger tendon	2.71		Agreed	2.71
26070		Explore/treat hand joint	3.34		Agreed	3.34
26121		Release palm contracture	7.34		Agreed	7.34
26123		Release palm contracture	8.64		Agreed	8.64
26125		Release palm contracture	4.61		Agreed	4.61
26185#		Remove finger bone	5.00		Agreed	5.00
26540		Repair hand joint	6.03		Agreed	6.03
26541		Repair hand joint with graft	8.20		Agreed	8.20
26546#		Repair non-union hand	8.50		Agreed	8.50
26551#		Great toe-hand transfer	44.31		Agreed	44.31
26553#		Single toe-hand transfer	44.00		Agreed	44.00
26554#		Double toe-hand transfer	52.50		Agreed	52.50
26556#		Toe joint transfer	44.75		Agreed	44.75
27036#		Excision of hip joint/muscle	12.00		Agreed	12.00
32491#		Lung volume reduction	21.25		Agreed	21.25
33234		Removal of pacemaker system	5.72		Increased	7.50
33235		Removal pacemaker electrode	6.96		Increased	8.74
37250#		Intravascular us	2.10		Decreased	1.51
37251#		Intravascular us	1.60		Decreased	1.15
43496#		Free jejunum flap, microvasc	Carrier		Agreed	Carrier
49020		Drain abdominal abscess	14.25		Agreed	14.25
49021#		Drain abdominal abscess			([a])	9.06
49906#		Free omental flap, microvasc	Carrier		Agreed	Carrier
52300		Cystoscopy and treatment	5.31		Agreed	5.31
52301#		Cystoscopy and treatment	5.51		Agreed	5.51
52340		Cystoscopy and treatment	9.00		Agreed	9.00
56300		Pelvic laparoscopy, dx	5.00		Decreased	3.65
56305		Pelvic laparoscopy, biopsy	5.30		Decreased	3.97
56362		Laparoscopy w/cholangio	4.89		Agreed	4.89
56363		Laparoscopy w/biopsy	5.18		Agreed	5.18
56399		Laparoscopy procedure	Carrier		Agreed	Carrier
57160		Insertion of pessary/device	0.89		Agreed	0.89
59525		Remove uterus after cesarean	8.54		Agreed	8.54
59866#		Abortion	4.00		Agreed	4.00
61586#		Resect nasopharynx, skull	23.60		Agreed	23.60
61793		Focus radiation beam	16.70		Agreed	16.70
68801#		Dilate tear duct opening	0.89		Agreed	0.89
68810#		Probe nasolacrimal duct	1.27		Agreed	1.27
68811#		Probe nasolacrimal duct	2.25		Agreed	2.25
68815#		Probe nasolacrimal duct	3.00		Agreed	3.00
69801		Incise inner ear	8.19		Agreed	8.19
75554	26	Cardiac mri/function	1.83		Agreed	1.83
75555	26	Cardiac mri/limited study	1.74		Agreed	1.74
75945#	26	Intravascular us	0.40		Decreased	0.29
75946#	26	Intravascular us	0.40		Decreased	0.29
78445	26	Vascular flow imaging	0.49		Agreed	0.49
78460	26	Heart muscle blood single	0.86		Agreed	0.86

[a] No RUC recommendation provided.
[b] RUC retained as carrier priced but HCFA assigned a value. #New Codes
* All numeric HCPCS CPT Copyright 1996 American Medical Association.

TABLE 3.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1997 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendations	HCFA decision	1997 work RVU
78461	26	Heart muscle blood multiple	1.23		Agreed	1.23
78464	26	Heart image (3d) single	1.09		Agreed	1.09
78465	26	Heart image (3d) multiple	1.46		Agreed	1.46
78469	26	Heart infarct image (3d)	0.92		Agreed	0.92
78481	26	Heart first pass single	0.98		Agreed	0.98
78483	26	Heart first pass multiple	1.47		Agreed	1.47
90875#		Psychophysiological therapy		1.11	Agreed	1.11
90876#		Psychophysiological therapy		1.73	Agreed	1.73
90901#		Biofeedback training, any method		0.45	Decreased	0.41
92240#	26	Icg angiography	1.10		Agreed	1.10
92548#	26	Posturography	0.50		Agreed	0.50
92978#	26	Intravascular us, heart	2.50		Decreased	1.80
92979#	26	Intravascular us, heart	2.00		Decreased	1.44
92995		Coronary atherectomy	12.09		Agreed	12.09
93303#	26	Echo transthoracic			([a])	1.30
93304#	26	Echo transthoracic			([a])	0.75
93315#	26	Echo transesophageal			([a])	2.78
93316#		Echo transesophageal			([a])	0.95
93317#	26	Echo transesophageal			([a])	1.83
93619	26	Electrophysiology evaluation	7.32		Agreed	7.32
93620	26	Electrophysiology evaluation	11.59		Agreed	11.59
93975	26	Vascular study	1.80		Agreed	1.80
93976	26	Vascular study	1.21		Agreed	1.21
95921#	26	Autonomic nervous function test	0.90		Decreased	0.45
95922#	26	Autonomic nervous function test	0.96		Decreased	0.48
95923#	26	Autonomic nervous function test	0.90		Decreased	0.45
95950	26	Ambulatory eeg monitoring	1.51		Agreed	1.51
97504#		Orthotic training		0.45	Agreed	0.45
97520		Prosthetic training		0.45	Agreed	0.45
98940#		Chiropractic manipulation		0.45	Agreed	0.45
98941#		Chiropractic manipulation		0.65	Agreed	0.65
98942#		Chiropractic manipulation		0.87	Agreed	0.87
98943#		Chiropractic manipulation		0.40	Agreed	0.40

b. Discussion of Interim Relative Value Units for Chiropractic Manipulative Treatment.

Comment: We received a comment from the RUC HCPAC Review Board recommending RVUs for chiropractic manipulative treatment. Medicare coverage of chiropractic services is limited to manual manipulation for treatment of subluxation of the spine. HCPCS Level II code, A2000 (Manipulation of spine by chiropractor) has been used to report this service. With the introduction of new CPT procedure codes for chiropractic manipulative treatment, a chiropractic professional organization submitted a comment during the 5-year review that the physician work in the chiropractic manipulative treatment is equivalent to the existing osteopathic manipulative treatment codes.

The RUC HCPAC Review Board reviewed data based on survey responses of 106 chiropractors and a previous study performed by Lewin-VHI. The Review Board agreed that the work RVUs for the chiropractic manipulative treatment should be equivalent to the established RVUs for osteopathic manipulative treatment codes as follows:

New chiropractic manipulative treatment CPT code	Existing osteopathic manipulative treatment CPT code	Work RVUs
98940 (Chiropractic manipulative treatment; spinal, 1 to 2 regions).	98925 (Osteopathic manipulative treatment; 1 to 2 body regions).	0.45
98941 (Chiropractic manipulative treatment; spinal, 3 to 4 regions).	98926 (Osteopathic manipulative treatment; 3 to 4 body regions).	0.65
98942 (Chiropractic manipulative treatment; spinal, 5 regions)	98927 (Osteopathic manipulative treatment; 5 to 6 regions)	0.87

The RUC HCPAC Review Board also recommended 0.40 work RVUs for CPT code 98943 (Chiropractic manipulative treatment, extraspinal, one or more regions).

The chiropractic manipulative treatment codes include a premanipulation patient assessment, as do the osteopathic manipulative treatment codes. Additional evaluation and management must be reported separately using the modifier −25, only if the patient's condition requires a significant separately identifiable evaluation and management service.

Response: We agree with the recommendation of the RUC HCPAC Review Board that the chiropractic manipulative treatment codes represent services and physician work that

essentially parallel that of the osteopathic manipulation codes. The work RVUs based on the survey results appear to be identical to osteopathic manipulation treatment, and both the osteopathic manipulation treatment work RVUs and the chiropractic manipulation treatment work RVUs contain a manipulation component as well as an evaluation and management component.

We note that, for purposes of Medicare coverage and payment, the five regions referred to by the CPT codes 98940, 98941, and 98942 are the cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. These are the only codes that the Medicare program will recognize for chiropractic treatment by manual manipulation for subluxation of the spine. CPT code 98943 (Chiropractic manipulation treatment, extraspinal) is not covered by Medicare. HCPCS code A2000 will no longer be recognized by Medicare.

In conclusion, we agree with the RUC that the work assigned to the chiropractic manipulation treatment codes is sufficiently comparable to that assigned to the osteopathic manipulation treatment codes. Therefore, we are assigning work RVUs to CPT codes 98940, 98941, and 98942 according to the RUC recommendation as follows:

CPT code	Descriptor	Work RVUs
98940	Chiropractic manipulative treatment; spinal, 1 to 2 regions.	0.45
98941	Chiropractic manipulative treatment; spinal, 3 to 4 regions.	0.65
98942	Chiropractic manipulative treatment; spinal, 5 regions.	0.87

For CPT code 98943, extraspinal chiropractic manipulative treatment, we agree with the RUC recommendation of 0.40 work RVUs. However, this service is not covered by Medicare. These RVUs are considered interim for 1997. We welcome comments on the interim RVUs.

c. Discussion of Codes for Which the RUC Recommendations Were Not Accepted.

The following is a summary of our rationale for not accepting particular recommendations. It is arranged by type of service in CPT code order. This summary refers only to work RVUs.

CPT code 11720 (Debridement of nail(s) by any method(s); one to five) and CPT code 11721 (Debridement of nail(s) by any method(s); six or more).

The RUC recommended 0.32 work RVUs for CPT code 11720 and 0.45 for CPT code 11721. These codes encompass services that were previously reported using CPT codes 11700, 11701, 11710, and 11711. The following table identifies the codes and the final work RVUs we assigned to them for the 1997 physician fee schedule:

CPT code	Description	Work RVUs
11700	Debridement of nails, manual; five or less.	0.32
11701	Debridement of nails, manual: each additional, five or less.	0.23
11710	Debridement of nails, electric grinder; five or less.	0.32
11711	Debridement of nails, electric grinder; each additional, five or less.	0.20

There are two sets of codes: one set for manual debridement and one set for electric grinder debridement. These codes were initially referred to the RUC in 1995 because we received conflicting comments on the work RVU assignments for the second code in each set. The American Podiatric Medical Association recommended that the correct work RVUs for CPT code 11711 should be 0.23 and not 0.20 based on the analogy that if CPT code 11700 (Debridement of nails, manual; five or less) and CPT code 11710 (Debridement of nails, electric grinder; five or less) have the same work RVUs (0.32), then CPT code 11711 should have the same work RVUs as CPT code 11701. Based on the same analogy, another commenter recommended that the work RVUs for CPT code 11701 be reduced to 0.20.

This issue was referred by the RUC to CPT where the codes were collapsed so that the same codes would be used to report debridement regardless of the method of debridement (manual or electric grinder). In addition, the codes were revised so that only one code would be used to report the debridement of six or more nails. The two new codes then went back to the RUC for the development of recommended work RVUs. For the debridement of one to five nails, the RUC recommended 0.45 RVUs, which represents a 41 percent increase over the work RVUs assigned to the current codes used to report the debridement of one to five nails. For the debridement of six or more nails, the RUC recommended 0.60 work RVUs. Depending on which pair of current codes is used to report the debridement of six or more nails (CPT codes 11700 plus 11701 or 11710 plus 11711), this represents an increase of 9 or 20 percent, respectively, in work RVUs. We believe these increases are unjustified especially since the codes were not identified as undervalued at the beginning of the 5-year review.

When valuing new and revised codes that replace deleted codes, we typically have used Medicare frequency data and used the work RVUs of the deleted codes to arrive at weighted average values for the new codes in a budget-neutral fashion. We have used this method to arrive at the work RVUs for new CPT codes 11720 and 11721. The work RVUs for CPT code 11720 are being established as 0.32, which are the same work RVUs assigned to both of the predecessor codes. The work RVUs for CPT code 11721 are being established as 0.54, which is a weighted average of the sum of the work RVUs of the codes used to report the debridement of six or more nails in the past.

CPT code 20962 (Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal).

This code was revised slightly for CPT 1997. It is currently carrier-priced, and the RUC recommended that it remain carrier-priced. This is a very low-volume service in a family of low-volume services. For two other codes in the family, CPT codes 20956 and 20957, we received RUC recommendations of 37.00 and 38.33 work RVUs, respectively. We believe the work of CPT code 20962 is comparable to these other codes, and we are assigning 37.00 interim work RVUs.

CPT code 33234 (Removal of transvenous pacemaker electrode(s), single lead system, atrial or ventricular) and CPT code 33235 (Removal of transvenous pacemaker electrode(s), dual lead system).

In CPT 1996, the pacemaker removal codes are structured so that the removal of a pulse generator is reported with a single code (CPT code 33233), and the removal of a pulse generator and a lead system is reported with a single code (CPT code 33234 or 33235). There is not a separate code for the removal of a lead system only. For 1997, the CPT Editorial Panel revised the pacemaker section to

allow physicians to report the removal of a pacemaker lead system only. The removal of a pulse generator and a lead system will now be reported with two codes (CPT codes 33233 and 33234 or CPT codes 33233 and 33235).

The RUC recommendations for CPT code 33234 (Removal of transvenous pacemaker electrodes; single lead system, atrial or ventricular) and CPT code 33235 (Dual lead system) were calculated by subtracting 2.97 work RVUs from the work RVUs currently assigned to these two codes. The subtraction of 2.97 work RVUs was necessary because those are the work RVUs assigned to CPT code 33233, which now will be used to report separately the removal of a permanent pacemaker pulse generator. Thus, the RUC revised the work RVUs for CPT codes 33234 and 33235 downward so that the coding change would not result in a net increase in the total work RVUs associated with the removal of a pulse generator and a lead system at the same time.

We agree that the work RVUs should be decreased but we believe the RUC's recommendations were too low because they failed to take into account the fact that the pacemaker removal codes are subject to our multiple surgical reduction policy. If a physician performs the removal of a pulse generator and a lead system at the same time, the lower valued service (in this case, the removal of the pulse generator) will be paid at 50 percent of the current value. Thus, the sum of the recommended work RVUs that would be recognized (as a result of the multiple surgery reduction), if both procedures were performed, would be less than the work RVUs that were in place before the coding change. We do not believe this effect is consistent with the RUC's intent.

To overcome this problem, we made the following adjustments. First, we estimate that 80 percent of the time a lead system is removed, the pulse generator will be removed. We then used the following mathematical formula to calculate RVUs: $0.8(\times + \frac{1}{2} * 2.97 \text{ RVUs}) + 0.2\times = y$ where $\times$ equals the new value for CPT code 33234 or CPT code 33235 and y equals the current value of CPT code 33234 or CPT code 33235. As a result of these calculations, we are increasing the RVUs above the RUC's recommendation for CPT code 33234 from 5.72 to 7.50 work RVUs and the recommendation for CPT code 33235 from 6.96 to 8.74 work RVUs.

CPT codes 37250, 37251, 75945, 75946, 92978, and 92979 (Intravascular ultrasound).

CPT 1997 will include two new codes for intravascular ultrasound of non-coronary vessels during therapeutic interventions (CPT codes 37250 and 37251) and two new codes for intravascular ultrasound of coronary vessels during therapeutic interventions (CPT codes 92978 and 92979). In addition, two new codes for the reporting of radiological supervision and interpretation were created (CPT codes 75945 and 75946). They will be reported only with the codes for intravascular ultrasound of non-coronary vessels.

The RUC based its recommendation for intravascular ultrasound on the ultrasound portion of CPT code 43259 (Upper gastrointestinal endoscopy with endoscopic ultrasound examination), with 4.89 work RVUs. If the work RVUs for CPT code 43235 (Upper gastrointestinal endoscopy without ultrasound), with 2.39 work RVUs, are subtracted from the work RVUs assigned to CPT code 43259, the result is 2.50. The RUC suggested that the value of coronary intravascular ultrasound (CPT code 92978) be set equal to this calculated value for the ultrasound portion of CPT code 43259. For non-coronary intravascular ultrasound, the RUC recommended 2.10 work RVUs for CPT code 37250 and 0.40 work RVUs for CPT code 75946 (for radiologic supervision and interpretation). The sum of these recommendations equals the 2.50 work RVUs recommended for CPT code 92978. The RUC intended the work RVUs of CPT code 92978 to be equal to the sum of the work RVUs of CPT codes 37250 and 75946 because the work of CPT code 92978 includes radiologic supervision and interpretation. Thus, for coronary ultrasound, only one code is reported while two codes are reported for non-coronary ultrasound.

We do not agree with the reference procedure used by the RUC because we do not view the work associated with intravascular ultrasound to be as great as it is for endoscopic ultrasound. First, the number of anatomic structures to be studied and the diagnostic possibilities are fewer for intravascular ultrasound. Second, physician work is reduced since access to the vessels has been established and angiographic studies have often been performed.

We believe more appropriate reference procedures would be CPT code 78465 (Myocardial perfusion imaging (SPECT), multiple studies at rest and/or stress), with 1.46 work RVUs, and CPT code 70541 (Magnetic resonance angiography, head and/or neck, with or without contrast material), with 1.81 work RVUs. Therefore, for CPT code 92978, we are assigning 1.80 work RVUs. This value is 72 percent of the RUC-recommended 2.50 work RVUs.

Although we disagree with the recommended work RVUs, we do agree with the relative relationship established by the RUC for the codes in this family, and we have reduced the remaining codes by 28 percent, consistent with the RUC recommendations. Therefore, the interim work RVUs for the six intravascular ultrasound codes are as shown in Table 3.

CPT code 49021 (Drainage of peritoneal abscess, percutaneous).

We received no recommendation from the RUC on this code. The procedure currently is being reported with CPT code 49020 (Drainage of peritoneal abscess, transabdominal), with 9.06 work RVUs. We decided to value CPT code 49021 at 9.06 work RVUs and keep these as interim work RVUs until we receive a recommendation from the RUC.

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

CPT 1996 includes separate codes for reporting diagnostic laparoscopic procedures and separate codes for reporting diagnostic peritoneoscopic procedures. The peritoneoscopy codes were deleted from CPT 1997 because they describe the same services as the corresponding laparoscopic procedures. The RUC recommended 5.00 work RVUs for CPT code 56300 and 5.30 work RVUs for CPT code 56305 (Laparoscopy with or without biopsy, respectively). We disagree with these recommendations for two reasons. First, we view the CPT change as editorial. Second, the RUC recommendations would put the work RVUs for CPT codes 56300 and 56305 higher than the work RVUs for CPT codes 56362 and 56363 (Laparoscopy with guided transhepatic cholangiography without or with biopsy, respectively). We believe this would significantly distort the relative relationships within the laparoscopy family since CPT codes 56362 and

56363 are higher-level, more work-intensive procedures.

We believe that the work RVUs should be based on an average of the work RVUs assigned to the laparoscopic and peritoneoscopic codes weighted by the frequency with which they are performed. By calculating a weighted average, we can assure that the coding changes will be work-neutral within the family of codes. These calculations result in 3.65 work RVUs for CPT code 56300 and 3.97 work RVUs for CPT code 56305. In addition, we have reduced the global period for CPT codes 56300 and 56305 from 10 days to 0 days to correspond to the 0 day global period assigned to the peritoneoscopy codes.

CPT codes 93303 through 93317 (Pediatric echocardiography).

We did not receive RUC recommendations for CPT code 93303 (Transthoracic echocardiography for congenital cardiac anomalies; complete) or CPT code 93304 (Transthoracic echocardiography for congenital cardiac anomalies; follow up or limited study). The RUC tabled the issue of pediatric echocardiography at the request of the American Academy of Pediatrics and the American College of Cardiology pending review of the nomenclature of these codes by the CPT Editorial Panel. The societies view modifications made by the CPT Editorial Panel to the nomenclature of the proposed pediatric echocardiography codes as greatly altering the original intent and proposed application of the codes. Until the coding issue is resolved and a survey conducted, the RUC will not submit recommended work RVUs for these services.

Regardless of the outcome of the nomenclature debate, we believe it is essential that the new CPT codes have work RVUs assigned to them at this time because they are the only codes available to report these services. To assign work RVUs to these codes, we looked to a paper entitled ''Resource Based Relative Value Scale for Children—Comparison of Pediatric and Adult Cardiology Work Values'' published by Garson et al. in *Cardiology in the Young* in 1995 (Vol. 5:210–216). Work RVUs for cardiology were found to be different between adults and children in 75 percent of the 20 CPT codes (echocardiography, cardiac catheterization, etc.) that were assessed. For echocardiography, the pediatric median work RVUs were an average of 90 percent higher than the adult work RVUs for CPT code 93307, the CPT code used to report echocardiography. In rating the work of pediatric echocardiography, the codes for cross-sectional echocardiography (CPT code 93307), Doppler echocardiography (CPT code 93320), and Doppler color flow velocity mapping (CPT code 93325) were combined into a single procedure, and panelists provided a single rating for a complex pediatric echocardiogram.

To arrive at work RVUs for the new pediatric echocardiography codes, we looked first to the new work RVUs for echocardiography (CPT code 93307) that emerged from the 5-year refinement. Based on the individual ratings of the members of a refinement panel that reviewed echocardiography services, the new work RVUs for CPT code 93307 will be 0.92. We first increased this value by 90 percent based on the study results described above to arrive at 1.75 work RVUs. We next subtracted the work RVUs for Doppler echocardiography (CPT code 93320) and Doppler color flow velocity mapping (CPT code 93325), which are 0.38 and 0.07, respectively. These work RVUs need to be subtracted because, under the new codes, they will be separately reported in addition to the pediatric echocardiography. Thus, our proposed interim work RVUs for CPT code 93303 (Transthoracic echocardiography for congenital cardiac anomalies; complete) are established as 1.30.

For CPT code 93304 (Transthoracic echocardiography for congenital cardiac anomalies; follow up or limited study), we looked to the relationship of the work RVUs for CPT code 93307 (Complete adult echocardiography) to the work RVUs for CPT code 93308 (Follow up or limited adult echocardiography code). The current work RVUs for CPT code 93308 are 0.53. This code was not identified as undervalued as part of the 5-year review. The 0.53 work RVUs for CPT code 93308 are 58 percent of the new work RVUs for CPT code 93307, which are established as 0.92. To maintain this relationship in the pediatric codes, we calculated 0.75 interim work RVUs for CPT code 93304 by multiplying the proposed work RVUs for CPT code 93303 (1.30) by 58 percent.

CPT 1997 will also include three new codes for transesophageal echocardiography. The codes are CPT code 93315 (Transesophageal echocardiography for congenital cardiac anomalies including probe placement, image acquisition, interpretation and report); CPT code 93316 (Transesophageal echocardiography for congenital cardiac anomalies, placement of transesophageal probe only); and CPT code 93317 (Transesophageal echocardiography for congenital cardiac anomalies, image acquisition, interpretation and report only).

In order to understand how we arrived at the work RVUs for the three new pediatric transesophageal echocardiography codes, it is first necessary to explain the assignment of work RVUs to the three existing codes for adult transesophageal echocardiography that emerged from the 5-year refinement. Based on the individual ratings of the members of a refinement panel that reviewed adult echocardiography services, the new work RVUs for CPT code 93312 (Transesophageal echocardiography, including probe placement, image acquisition, interpretation and report) are established as 2.20. This was the only adult transesophageal echocardiography reviewed by the panel.

We received no comments as part of the 5-year review that the work RVUs for the code used to report only the placement of a transesophageal probe (CPT code 93313) should be revised. Therefore, we have maintained the current 0.95 work RVUs. By subtracting these work RVUs from the new work RVUs for CPT code 93312, we can calculate new work RVUs for CPT code 93314, which is used to report image acquisition, interpretation and report only. The result is 1.25 work RVUs.

It was necessary to calculate these work RVUs because the refinement panel did not specifically address CPT code 93314. However, it was clear during the discussions of the refinement panel that the service considered by the American College of Cardiology and the American Society of Echocardiography to be undervalued was the image acquisition, interpretation and report and not the probe placement.

We also revised the relationship of the three codes in this family so that the work RVUs for CPT code 93312 will equal the sum of the work RVUs for CPT codes 93313 and 93314. When we first assigned work RVUs to these codes, we assigned 20 percent more work RVUs to both CPT codes 93313 and 93314 because two different physicians were often involved in the procedure and each would have a certain amount of preservice and postservice work that could not be considered duplicative. Consequently, the sum of these two codes exceeded the work RVUs assigned to CPT code 93312. We now believe that

most transesophageal echocardiographies are done by a single physician. Therefore, we have adjusted the work RVUs so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314. To summarize, the 1997 work RVUs for the adult echocardiography CPT codes 93312, 93313, and 93314 are 2.20, 0.95, and 1.25, respectively. These work RVUs are the basis for the work RVUs we propose for the three pediatric transesophageal echocardiography codes (CPT codes 93315, 93316, and 93317).

The paper by Garson et al. in *Cardiology in the Young* did not address the issue of transesophageal echocardiography. To establish interim work RVUs for image acquisition, interpretation and report only (CPT code 93317), we looked to a ''Survey of Physician Work in Pediatric Cardiology'' prepared for the American Academy of Pediatrics and the American College of Cardiology by Lewin-VHI in 1993. That survey found that the work of pediatric transesophageal echocardiography was 46 percent more than the work of adult transesophageal echocardiography. To arrive at work RVUs for the new pediatric transesophageal echocardiography CPT code 93317, we increased the work RVUs we assigned to the adult code (CPT code 93314), with 1.25 work RVUs, by 46 percent. This results in 1.83 interim work RVUs for CPT code 93317.

For CPT code 93316, which is the pediatric code used to report only the placement of the transesophageal probe, we looked to CPT code 93313, which is the code used to report the same service in an adult. The 1997 work RVUs for CPT code 93313 are established as 0.95. We have assigned these same work RVUs to CPT code 93316 because the work of placement of a transesophageal probe in a child was not included in the surveys described above.

For CPT code 93315, which is the pediatric code used to report the complete procedure, we calculated interim proposed work RVUs by adding the work RVUs for CPT codes 93316 and 93317. This results in 2.78 work RVUs.

We look forward to receiving recommendations from the RUC for these services once the coding issues are settled and survey data has been considered.

CPT codes 95921 through 95923 (Testing of autonomic nervous system function).

CPT 1997 will include three new codes to report the testing of autonomic nervous system function. The RUC recommendations for these codes were as follows: CPT code 95921, 0.90 work RVUs; CPT code 95922, 0.96 work RVUs; and CPT code 95923, 0.90 work RVUs.

We believe that the RUC recommendations are too high compared to other services on the fee schedule. The RUC compared the service to needle electromyography (CPT code 95860), with 0.96 work RVUs. We disagree with that comparison because we do not believe the autonomic testing codes involve the extensive physician involvement required during electromyography. We believe more appropriate reference codes would be nerve conduction testing (CPT code 95900), with 0.42 work RVUs; visual field examination (CPT code 92083), with 0.50 work RVUs; and a 24 hour EKG monitor (CPT code 93224), with 0.52 work RVUs. In addition, we believe the vignettes used in the survey may have led to overestimating the amount of work because they describe evaluation and management services that can be separately reported. The autonomic testing codes have a global status of XXX, which means the evaluation and management services can be separately reported since codes with XXX status are not subject to our global surgery policies.

Although we disagree with the recommended work RVUs, we agree with the relative relationship established by the RUC for the three codes in this family. We are reducing the RUC recommendations for the codes by 50 percent so that the work RVUs will be valued appropriately relative to the referenced procedures identified above. Therefore, the interim work RVUs are established as follows: CPT code 95921, 0.45 work RVUs; CPT code 95922, 0.48 work RVUs; and CPT code 95923, 0.45 work RVUs.

d. New HCFA Common Procedure Coding System Codes.

In this final rule, we have created new HCPCS codes that are to be used in lieu of existing CPT codes for four categories of services furnished on or after January 1, 1997. Three of the categories are discussed elsewhere in this rule. The three categories of services and the sections of this rule where they are discussed are: destruction of benign and premalignant skin lesions (section II.D.2.b.); psychotherapy (section IV.A.14.); and care plan oversight (section IV.B.1.). The fourth category, bone mineral density studies, is discussed below.

For the 1997 physician fee schedule, we are establishing several new alpha-numeric HCPCS codes and related work RVUs for the reporting of peripheral and central skeletal bone mineral density services that are not clearly described by existing CPT codes. We view these codes as temporary since we will be referring them to the CPT Editorial Panel for possible inclusion in future editions of the CPT. The related interim RVUs will, like other interim values, be subject to comment during the 60-day public comment period following publication of this rule; however, like other interim values, they will be used for payment purposes for procedures furnished after December 31, 1996. We will address the public comments on these interim codes in the final rule for the 1998 physician fee schedule.

Currently, there is only one CPT code 76070 for computerized tomography bone mineral density studies, only one CPT code 76075 for dual energy x-ray absorptiometry bone mineral density studies, and only one CPT code 78350 for single photon absorptiometry bone mineral density studies. While computerized tomography, dual energy x-ray absorptiometry, and single photon absorptiometry studies may be performed on the peripheral skeleton, new less expensive devices are now being marketed (for example, p-Dexa) that perform studies of peripheral (forearm, wrist, or heel) skeletal bones only. The RVUs assigned to the existing CPT codes that could be used to report these services are excessive when compared to the resources associated with their use.

Recently, a manufacturer, representatives of a specialty society, and our Technical Advisory Committee have recommended that we establish separate bone mineral density codes to distinguish peripheral scans from general pelvic scans because of the belief that Medicare payment for CPT codes 76070, 76075, and 78350 is too high when only a peripheral scan is done to determine bone density. We agree with the recommendation and, thus, are issuing new HCPCS codes for both peripheral and general bone mineral density studies as well as assigning the appropriate RVUs as outlined below.

With the issuance of the interim peripheral and central skeletal bone mineral density codes and the related work RVUs beginning January 1, 1997,

physicians and providers must report all peripheral or skeletal bone mineral density studies under the interim codes for those services. To eliminate the possibility of confusion regarding whether to use the existing CPT codes for these procedures, we will no longer recognize the existing codes (CPT codes 76070, 76075, and 78350) for Medicare reporting purposes.

HCPCS code	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total RVUs
G0062–Peripheral Skeletal Bone Mineral Density Study (e.g. radius, wrist, heel)	0.22	0.82	0.07	1.11
G0062–26	0.22	0.10	0.02	0.34
G0062–TC	0.00	0.72	0.05	0.77
G0063—Central Skeletal Bone Mineral Density Study (e.g. spine, pelvis)	0.30	3.07	0.21	3.58
G0063–26	0.30	0.12	0.02	0.44
G0063–TC	0.00	2.95	0.19	3.14

We have assigned 0.22 work RVUs to HCPCS code G0062, based on the work RVUs assigned to CPT code 78350, which was used to report a single photon absorptiometry bone mineral density study. We have assigned 0.82 practice expense RVUs to HCPCS code G0062, based on the practice expense RVUs assigned to CPT code 78350, single photon absorptiometry bone mineral density study. HCPCS code G0062 is the only code to be used for reporting peripheral bone mineral density studies.

We have assigned 0.30 work RVUs to HCPCS code G0063, based on the work RVUs assigned to CPT code 76075, which is used to report dual energy x-ray absorptiometry studies. We have assigned 3.07 practice expense RVUs to HCPCS code G0063, based on the practice expense RVUs assigned to CPT code 76075, dual energy x-ray absorptiometry studies.

We would like to emphasize that this is a change in coding policy rather than a change in coverage policy. The coverage policy on bone density studies in section 50–44 of the Medicare Coverage Issues Manual (HCFA–Pub. 6) remains in effect. Under that policy:

- Single photon absorptiometry (CPT code 78350) is covered when used in assessing changes in bone density of patients with osteodystrophy or osteoporosis when performed on the same individual at intervals of 6 to 12 months. Under this coding change, HCPCS code G0062 would be used to report a single photo absorptiometry on the peripheral skeleton, and HCPCS code G0063 would be used to report the procedure when performed on the central skeleton.
- Bone biopsy, a physiologic test that is a surgical, invasive procedure, is covered when used for the qualitative evaluation of bone. Billing for this procedure is unaffected by this change.
- Photodensitometry, a noninvasive radiological procedure that attempts to assess bone mass by measuring the optical density of extremity radiographs with a photodensitometer, would be reported by HCPCS code G0062 under this change.
- Dual photon absorptiometry (CPT code 78351) remains a 1 noncovered service under Medicare and may not be reported under HCPCS code G0062 or HCPCS code G0063. Dual photon absorptiometry should be reported with CPT code 78351.
- The coverage of computerized tomography bone mineral density studies (CPT code 76070) and dual energy x-ray absorptiometry bone mineral density studies (CPT code 76075) is a matter of individual carrier discretion. If covered, HCPCS code G0062 would be used to report a peripheral skeleton study by either method, and HCPCS code G0063 would be used to report either procedure when performed on the central skeleton.

We recognize that the use of these temporary codes for destruction of benign and premalignant skin lesions, psychotherapy, care plan oversight and bone mineral density studies will place an administrative burden on both physicians and payers. However, we do not believe the burden will be significant. Also, we believe that our responsibility to publish a relative value scale for physician work and to use codes with a minimal potential for misuse outweighs our concerns regarding the potential administrative burden associated with temporary codes.

We view these codes as temporary, and we plan to forward them to the CPT Editorial Panel as soon as possible. Our statutory responsibility to publish the physician fee schedule each year with an effective date of January 1 occasionally conflicts with the annual CPT publication cycle that precludes consideration of new and revised CPT codes later than February before publication of the next year's book. Thus, for these four categories of temporary codes, we were unable to submit requested new and revised codes to CPT in time for the 1998 book.

VI. Provisions of the Final Rule

The provisions of this final rule, for the most part, restate the provisions of the July 1996 proposed rule with the exception of changes to the regulations text in § 410.32 (''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions''). We are also making final the provisions of the May 3, 1996 proposed notice with the exception of those issues identified elsewhere in the preamble of this final rule.

VII. Collection of Information Requirements

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

VIII. Response to Comments

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

IX. Regulatory Impact Analysis

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 will 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.

This final rule will have an economic impact on a substantial number of small entities. A substantial number of physicians will experience some change in Medicare revenue as a result of one or more provisions of this final rule, however, for most physicians the change will not be significant. Under the Regulatory Flexibility Act, we consider a change to be significant if it results in a difference in Medicare payments to a substantial number of entities that equals or exceeds from 3 to 5 percent of each of the entities' total revenue. Where such effect occurs, we must explain the alternatives considered to demonstrate that we considered minimizing adverse effects. However, adverse payment effects result from the application of the budget neutrality requirements (as described below in section IX.B. of this final rule).

The provisions of this rule are expected to have varying effects on Medicare physician payments across specialties and across geographic areas. We anticipate that virtually all of the approximately 500,000 physicians who furnish covered services to Medicare beneficiaries will be affected by one or more provisions of this rule. As illustrated in accompanying charts, some specialties experience greater change in income from Medicare than others. While we present our estimate of the effect of the changes made by this rule on each specialty taken as a whole, practicing members of that specialty may experience quite different effects, depending on the extent to which their billing patterns coincide with changes to codes encompassed by the specialty as a whole, and the Medicare percentage of their practice. (This is further explained in section L.3. of this impact statement.) In addition, physicians who are paid by private insurers for non-Medicare services will be affected to the extent that they are paid by private insurers that choose to use the RVUs.

With few exceptions, we expect that an impact on an individual medical practitioner of more than 5 percent of practice income will be limited. In instances where there is a likelihood of some practitioners' practice income being affected, such as in some localities being realigned, we discuss in detail elsewhere in this preamble alternate considerations and our conclusions for the policies adopted.

B. Budget Neutrality

Section 1848(c)(2)(B) of the Act requires that adjustments in a year may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make adjustments to preserve this budget neutrality.

This year budget neutrality adjustments are required by changes in fees resulting from the 5-year refinement and revisions in payment policies, including the establishment of interim and final RVUs for CPT coding changes.

In past years, we have made budget neutrality adjustments across the entire physician fee schedule: to all relative values (initially) and, beginning in 1996, to the CFs. As is discussed in section IV.C.1. of this final rule, we are making the budget neutrality adjustment required for changes in fees resulting from the 5-year review through a temporary separate adjuster to the work RVUs in 1997. We plan on eliminating this adjuster in 1998 when we implement the resource-based practice expense RVUs. The budget neutrality adjustment required for all other changes will be applied to the CF, as in prior years.

The components of the budget neutrality adjustment to the CFs required by payment policy changes are discussed in sections IX.C. through IX.J. below. The impact of the changes resulting from the 5-year refinement is discussed in section IX.K. below.

C. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes

As mentioned earlier, our policy change will reduce existing urban/rural payment differences. Overall, urban areas will experience an average decrease in payments of –0.14 percent, while rural areas will experience an increase in payments of 1 percent. We analyzed the effects of these changes on physicians by specialty. The changes are quite small and follow the expected pattern. We estimate that overall, physicians in family practice and general practice will experience modest increases of about 0.3 percent in payments, while most medical and surgical specialties will experience negligible decreases of about –0.1 to –0.2 percent. This pattern results from the tendency of specialists to be disproportionately concentrated in urban areas, which are estimated to experience a slight decrease in payments under our policy change.

The impact on beneficiaries is likewise minor. We examined the impact by beneficiary age, gender, race, and income level. Roughly 20 percent of beneficiaries reside in areas in which payments decrease by less than 5 percent, roughly 50 percent live in areas that experience no change in payments, roughly 25 percent live in areas where payments will increase by less than 5 percent, and about 2 percent live in areas where payments will rise by 5 to 10 percent.

The distribution of beneficiaries by age and gender and of Caucasian beneficiaries are nearly identical to this overall distribution. Minority beneficiaries are more heavily concentrated in areas that experience no change in payments; a lower proportion of minority beneficiaries live both in areas experiencing a loss and areas experiencing a gain than do Caucasian beneficiaries. For example, 14.4 percent of minority beneficiaries live in an area experiencing a loss compared to 21 percent of all beneficiaries who live in these areas. Beneficiaries living below the poverty level are less likely than all beneficiaries to be living in an area experiencing a payment decrease under our policy change, 16 percent compared to 21 percent. It does not appear that vulnerable Medicare groups—minorities, the very old, or the poor—will suffer decreases in access resulting from our policy change.

D. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures

One policy change will require that, to be covered under Medicare, diagnostic tests, including diagnostic radiologic procedures, must be ordered by the physician who treats a beneficiary or furnishes a consultation to the physician who treats the beneficiary. Under § 410.22(b)(2) (''Limitations on services of a chiropractor''), no payment can be made to a chiropractor who orders diagnostic tests. However, we are allowing an exception for x-rays that demonstrate subluxation of the spine that are ordered for a chiropractor. We are allowing

payment for these x-rays when ordered by a physician who will not be treating the patient for subluxation of the spine. Nonphysician practitioners functioning within the scope of their State licensure and Medicare benefit will be considered a physician treating the beneficiary for the purpose of the regulation. The regulation (§ 410.31 ''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions'') codifies our current manual instruction. Implementing this policy by regulation may result in some program savings due to the denial of payment for tests that may not be medically necessary because they were ordered by a physician who was not treating the beneficiary. However, we do not have sufficient data to furnish any reliable estimates of savings.

E. Transportation in Connection With Furnishing Diagnostic Tests

We are eliminating separate payment for the transportation of EKG equipment (HCPCS code R0076) by all suppliers. In 1995, we allowed 236,051 services and paid $10,700,974. Therefore, were it not for our budget-neutrality adjustment, we estimate that this policy change would result in approximately a $9.2 million reduction in Medicare payments.

F. Bundled Services

1. Hot or Cold Packs

We are changing the status indicator for CPT code 97010 (Application of a modality to one or more areas; hot or cold packs) to ''B'' to indicate that the service is covered under Medicare but payment for it is bundled into payment for other services. Separate payment for CPT code 97010 will not be permitted under this policy change. The annual expenditures for CPT code 97010 under our current policy are approximately $41.2 million. Because the RVUs for this procedure will be redistributed across all physician fee schedule services in a budget neutral manner, there will be no measurable impact from this proposal.

2. Dermatology Procedures

a. Bundling of Repair Codes Into Excision Codes

As a result of our review of the comments related to our proposal to bundle the dermatology repair codes into the excision codes, we have decided not to implement this proposal. We have clarified the definitions of simple and intermediate skin repair codes to reflect the differences in physician work for these procedures. These clarifications will reduce the potential for misuse of the intermediate repair codes but will have no significant impact on Medicare expenditures.

b. Skin Lesion Destruction Codes

We are changing the way Medicare pays for the destruction of benign or premalignant skin lesions. Currently there are several CPT codes that describe a variety of ways of reporting the destruction of skin lesions. We are assigning a ''G'' status code to CPT codes 17000 through 17105 and create three HCPCS codes to report the destruction of skin lesions. Because we will use a weighted average of the final RVUs that emerged from the 5-year review process that are assigned to the CPT codes for the destruction of benign or premalignant skin lesions in valuing the three new codes, this policy change will have no significant impact on Medicare expenditures.

G. Change of Coverage Status for Screening and Obsolete Procedures

1. Vital Capacity Testing

We are changing the status for vital capacity tests (CPT code 94150) from ''active'' to ''bundled.'' To the extent that these tests are still being performed in medical practice today, we understand that they are often performed as a part of a comprehensive evaluation. Therefore, we are bundling Medicare payment for these tests into Medicare payment for evaluation and management services. We do not believe that the change in status will have a significant impact on Medicare expenditures.

2. Certain Cardiovascular Procedures

We are discontinuing coverage for certain cardiovascular procedures (CPT codes 93201, 93202, 93204, 93205, 93208, 93209, 93210, 93220, 93221, and 93222). These codes have been deleted from the CPT because they are considered to be obsolete. Because there has been a decline in the billing of these services in recent years and in 1994, we only allowed a total of 17,925 services with $690,326 in allowed charges for all 10 diagnostic tests. We do not believe that the change in coverage status will have a significant impact on Medicare expenditures.

H. Payments for Supervising Physicians in Teaching Settings

This final rule is making a technical change to § 415.152 (''Definitions'') to make the definition of an approved graduate medical education program consistent with the definition in § 413.86(b) (''Direct graduate medical education payments''). Because this is only a technical change to standardize almost identical definitions, it will have no budgetary impact on Medicare expenditures.

We are making a technical change to remove the word ''gender'' from § 415.174(a)(4)(iii) (''Exception: Evaluation and management services furnished in certain centers''). We did not include the reference to gender with the intention of excluding obstetric and gynecological or other women's care residency programs solely because of patient gender. This technical change will make clear that the exception criteria will not be applied in such a manner. There will be no budgetary effect.

I. Change in Global Period for Four Percutaneous Biliary Procedures

We are maintaining the current global period of 90 days and the current RVUs for these four percutaneous biliary procedures. There will be no budgetary effect.

J. Impact of Payment Policy Changes, Including Establishment of Interim and Final RVUs for CPT Coding Changes

We have estimated the net increase in program costs in CY 1997 resulting from all payment policy changes, prior to application of an adjustment factor in order to comply with the budget neutrality requirement, to be approximately $250 million. This is a net figure in that savings from the reductions for some changes partially offset the costs associated with others. This figure requires a reduction of 0.6 percent in the CFs for all services to comply with the statutory limitation on increases in expenditures. Although a $20 million tolerance is permitted under the law, this 0.6 percent reduction to all CFs is designed to approximate budget neutrality as closely as possible, without creating any increase or decrease in expenditures as a result of the changes.

K. Effect of Changes Resulting From the Five-Year Review of Work Relative Value Units

Because the new work RVUs resulting from the 5-year review of work relative values 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 is discussed in section

IV.C.1. of this final rule, we are making a budget neutrality adjustment for changes in fees resulting from the 5-year review through a separate adjuster to the work RVUs. We plan on eliminating this adjuster in 1998 when we implement the resource-based practice expense RVUs.

The separate budget neutrality work adjuster required by changes in fees resulting from the 5-year refinement is 8.3 percent. The impact of this adjustment on the fees for any individual service will vary depending on what percentage the work RVUs represent of the total RVUs for the service. The smaller the percentage represented by work, the smaller the fee impact. As an extreme example, the payment for CPT code 96408 (Chemotherapy administration, intravenous; push technique) will be unaffected by this adjuster because the service has no work RVUs, only practice and malpractice expense RVUs. At the other extreme, the average payment for CPT 36500 (Venous catheterization for selective organ blood sampling) will decrease by 8.1 percent since the work RVUs currently represent almost 98 percent of the total RVUs. On average, the fee schedule work RVUs represent approximately 55 percent of the total RVUs. A service with work RVUs representing 55 percent of its total RVUs will see a 4.6 percent decrease in fees because of the separate 8.3 percent budget neutrality adjustment on work.

We anticipate that the reduction of net Medicare revenues for some physician practices due to the changes contained in this regulation will result in a volume and intensity response that will cause overall physician expenditures to increase by 0.9 percent, requiring an offsetting 0.9 percent reduction in the CFs to maintain budget neutrality. Although we always take into account anticipated volume and intensity responses in our impact analyses, in some prior years the magnitude of the CF updates has been sufficient to offset any loss in Medicare revenues resulting from fee schedule changes.

As in previous years, we increased the Medicare Volume Performance Standard (MVPS) targets for physician spending by the anticipated 0.9 volume and intensity response. Because we increased the targets, if the anticipated volume and intensity response does not occur, the MVPS system will return the 0.9 percent reduction to the CFs in the form of higher future updates.

L. Net Impact of Changes on Medicare Specialties

1. Impact Estimation Methodology

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

2. Overall Fee Schedule Impact

As described above, we are making the budget neutrality adjustment required for changes in fees resulting from the 5-year review through a separate adjuster to the work RVUs. The budget neutrality adjustment for all other changes is being applied to the CFs. In the discussion below of differential impacts by specialty, we have incorporated the separate 8.3 percent downward adjustment on the work RVUs and the 1.5 percent downward adjustment on the CFs.

3. Specialty Level Effect (Includes Table 4—Five-Year Review Impact on Medicare Payments by Specialty)

Table 4, ''Five-Year Review Impact on Medicare Payments by Specialty,'' shows the estimated percentage change in Medicare physician fees from the current RVUs and policies to the new RVUs and policies by specialty. The specialties are ranked according to the impact of the changes to Medicare fees. The impact of the changes contained in this regulation on the total revenue (Medicare and non-Medicare) for a given specialty is less than impact displayed in Table 4 since physicians provide services to Medicare and non-Medicare patients.

The magnitude of the Medicare impact depends on the mix of services the specialty provides. In general, because of the 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 fees for services with work RVUs that 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 work RVUs for the majority of procedures performed by radiologists remained unchanged (with the exception of the increase in work RVUs for mammography), fees for services provided by radiologists will, on average, experience a 4.4 percent decrease due to the budget neutrality adjustments.

TABLE 4.—IMPACT ON MEDICARE PAYMENTS BY SPECIALTY

Specialty	Impact of changes (percent)
Chiropractor	15.5
Anesthesiology	5.2
Psychiatry	3.6
Family Practice	2.5
Internal Medicine	2.1
Hematology Oncology	1.9
Emergency Medicine	1.7
Pulmonary	1.6
General Practice	1.4
Rheumatology	1.2
All Other Physician	0.8
Neurology	0.6
Obstetrics/Gynecology	0.3
Clinics	−0.1
Cardiology	−0.5
Otolaryngology	−0.8
Nonphysician Practitioner	−0.9
Vascular Surgery	−1.0
Gastroenterology	−1.6
Neurosurgery	−1.7
General Surgery	−2.5
Oral Surgery	−3.0
Suppliers	−3.1
Plastic Surgery	−3.2
Urology	−3.2
Orthopedic Surgery	−3.4
Nephrology	−3.4
Thoracic Surgery	−3.5
Cardiac Surgery	−4.0
Podiatry	−4.3
Dermatology	−4.3
Radiology	−4.4
Radiation Oncology	−4.8
Optometrist	−5.1
Ophthalmology	−5.5
Pathology	−5.7
Total	−0.9

M. Rural Hospital Impact Statement

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

This final rule will have little direct effect on payments to rural hospitals since this rule will change only

payments made to physicians and certain other practitioners under Part B of the Medicare program and will make no change in payments to hospitals under Part A. We do not believe the changes will have a major, indirect effect on rural hospitals.

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

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

List of Subjects

42 CFR Part 410

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

42 CFR Part 415

Health facilities, Health professions, Medicare, and Reporting and recordkeeping requirements.

42 CFR chapter IV is amended as set forth below:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

A. Part 410 is amended as set forth below:

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

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

2. In § 410.32 paragraphs (a) and (b) are redesignated as paragraphs (d) and (e), respectively, and new paragraphs (a), (b), and (c) are added to read as follows:

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

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who treats the beneficiary, that is, the physician who is actively furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem.

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

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

* * * * *

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

B. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:

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

2. In § 415.152 the introductory text is republished, and the definition of ''approved graduate medical education (GME) program'' is revised to read as follows:

§ 415.152 Definitions.

As used in this subpart—

Approved graduate medical education (GME) program means one of the following:

(1) A residency program approved by the Accreditation Council for Graduate Medical Education of the American Medical Association, by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association, by the Council on Dental Education of the American Dental Association, or by the Council on Podiatric Medicine Education of the American Podiatric Medical Association.

(2) A program otherwise recognized as an ''approved medical residency program'' under § 413.86(b) of this chapter.

* * * * *

§ 415.174 [Amended]

3. In § 415.174, in paragraph (a)(4)(iii), the phrase ''system, diagnosis, or gender'' is removed, and the phrase ''system or diagnosis'' is added in its place.

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

Dated: November 7, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 12, 1996.

Donna E. Shalala,

Secretary.

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

Addendum A—Explanation and Use of Addenda B Through E

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physician services furnished in 1997. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services included in the physician fee schedule. Addendum C provides interim RVUs and related information for codes that are subject to comment. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs for 1997 listed in Addendum D of this final rule. In applying the formula, use the appropriate CF: For services designated as surgical, use a CF of $40.9603. For primary care services, use a CF of $35.7671. For other nonsurgical services, use a CF of $33.8454. The work adjuster for 1997 is 0.917.

Addendum B—1997 Relative Value Units and Related Information Used in Determining Medicare Payments for 1997

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 1997. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1997.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1997.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1997.

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

MMM=The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1997 Physicians' Current Procedural Terminology for specific definitions.

XXX=The global concept does not apply.

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

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

10. *Update indicator.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the CPT/HCPCS code in column 1. A ''0'' appears in this field for codes that are deleted in 1997 or are not paid under the physician fee schedule. A ''P'' in this column indicates that the update and CF for primary care services applies to this code. An ''N'' in this column indicates that the update and CF for other nonsurgical services applies to this code. An ''S'' in this column indicates that the separate update and CF for surgical procedures applies.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
10040		A	Acne surgery of skin abscess	1.15	0.32	0.03	1.50	010	S
10060		A	Drainage of skin abscess	1.12	0.44	0.04	1.60	010	S
10061		A	Drainage of skin abscess	2.24	0.64	0.06	2.94	010	S
10080		A	Drainage of pilonidal cyst	1.12	0.50	0.05	1.67	010	N
10081		A	Drainage of pilonidal cyst	2.40	1.11	0.16	3.67	010	S
10120		A	Remove foreign body	1.19	0.46	0.05	1.70	010	S
10121		A	Remove foreign body	2.64	1.00	0.12	3.76	010	S
10140		A	Drainage of hematoma/fluid	1.48	0.48	0.05	2.01	010	S
10160		A	Puncture drainage of lesion	1.15	0.38	0.05	1.58	010	S
10180		A	Complex drainage, wound	2.20	1.05	0.18	3.43	010	S
11000		A	Debride infected skin	0.60	0.40	0.04	1.04	000	S
11001		A	Debride infect skin add	0.30	0.26	0.02	0.58	ZZZ	S
11010		A	Debride skin, fx	4.15	3.96	0.65	8.76	010	S
11011		A	Debride skin/muscle, fx	4.95	4.72	0.77	10.44	000	S
11012		A	Debride skin/muscle/bone, fx	6.88	6.56	1.07	14.51	000	S
11040		A	Debride skin partial	0.50	0.40	0.04	0.94	000	S
11041		A	Debride skin full	0.82	0.56	0.06	1.44	000	S
11042		A	Debride skin/tissue	1.12	0.65	0.08	1.85	000	S
11043		A	Debride tissue/muscle	1.83	1.81	0.34	3.98	010	S
11044		A	Debride tissue/muscle/bone	2.28	2.82	0.49	5.59	010	S
11050		A	Trim skin lesion	0.43	0.37	0.03	0.83	000	S
11051		A	Trim 2 to 4 skin lesions	0.66	0.50	0.05	1.21	000	S
11052		A	Trim over 4 skin lesions	0.86	0.41	0.04	1.31	000	S
11100		A	Biopsy of skin lesion	0.81	0.51	0.04	1.36	000	S
11101		A	Biopsy, each added lesion	0.41	0.29	0.02	0.72	ZZZ	S
11200		A	Removal of skin tags	0.69	0.43	0.04	1.16	010	S
11201		A	Removal of added skin tags	0.26	0.17	0.02	0.45	ZZZ	S
11300		A	Shave skin lesion	0.51	0.53	0.05	1.09	000	S
11301		A	Shave skin lesion	0.85	0.67	0.06	1.58	000	S
11302		A	Shave skin lesion	1.05	0.89	0.09	2.03	000	S
11303		A	Shave skin lesion	1.24	1.36	0.17	2.77	000	S
11305		A	Shave skin lesion	0.67	0.52	0.05	1.24	000	S
11306		A	Shave skin lesion	0.99	0.71	0.07	1.77	000	S
11307		A	Shave skin lesion	1.14	0.94	0.10	2.18	000	S
11308		A	Shave skin lesion	1.41	1.40	0.17	2.98	000	S
11310		A	Shave skin lesion	0.73	0.69	0.06	1.48	000	S
11311		A	Shave skin lesion	1.05	0.85	0.08	1.98	000	S
11312		A	Shave skin lesion	1.20	1.12	0.11	2.43	000	S
11313		A	Shave skin lesion	1.62	1.49	0.15	3.26	000	S
11400		A	Removal of skin lesion	0.86	0.53	0.05	1.44	010	S
11401		A	Removal of skin lesion	1.27	0.67	0.06	2.00	010	S
11402		A	Removal of skin lesion	1.56	0.89	0.09	2.54	010	S
11403		A	Removal of skin lesion	1.87	1.17	0.13	3.17	010	S
11404		A	Removal of skin lesion	2.15	1.38	0.17	3.70	010	S
11406		A	Removal of skin lesion	2.71	1.88	0.33	4.92	010	S
11420		A	Removal of skin lesion	1.01	0.52	0.05	1.58	010	S
11421		A	Removal of skin lesion	1.48	0.71	0.07	2.26	010	S
11422		A	Removal of skin lesion	1.71	0.94	0.10	2.75	010	S
11423		A	Removal of skin lesion	2.12	1.31	0.15	3.58	010	S
11424		A	Removal of skin lesion	2.57	1.39	0.16	4.12	010	S
11426		A	Removal of skin lesion	3.73	1.83	0.29	5.85	010	S
11440		A	Removal of skin lesion	1.10	0.69	0.06	1.85	010	S
11441		A	Removal of skin lesion	1.56	0.85	0.08	2.49	010	S
11442		A	Removal of skin lesion	1.82	1.12	0.11	3.05	010	S
11443		A	Removal of skin lesion	2.44	1.45	0.15	4.04	010	S
11444		A	Removal of skin lesion	3.37	1.47	0.14	4.98	010	S
11446		A	Removal of skin lesion	4.44	1.78	0.18	6.40	010	S
11450		A	Removal, sweat gland lesion	2.58	2.68	0.44	5.70	090	S
11451		A	Removal, sweat gland lesion	3.80	2.90	0.46	7.16	090	S
11462		A	Removal, sweat gland lesion	2.36	2.41	0.36	5.13	090	S
11463		A	Removal, sweat gland lesion	3.80	2.00	0.34	6.14	090	S
11470		A	Removal, sweat gland lesion	3.10	2.78	0.45	6.33	090	S
11471		A	Removal, sweat gland lesion	4.26	2.46	0.48	7.20	090	S
11600		A	Removal of skin lesion	1.36	1.13	0.10	2.59	010	S
11601		A	Removal of skin lesion	1.88	1.39	0.12	3.39	010	S
11602		A	Removal of skin lesion	2.04	1.82	0.16	4.02	010	S
11603		A	Removal of skin lesion	2.30	2.25	0.21	4.76	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
11604		A	Removal of skin lesion	2.53	2.59	0.26	5.38	010	S
11606		A	Removal of skin lesion	3.38	3.11	0.49	6.98	010	S
11620		A	Removal of skin lesion	1.29	1.34	0.12	2.75	010	S
11621		A	Removal of skin lesion	1.92	1.75	0.16	3.83	010	S
11622		A	Removal of skin lesion	2.29	2.20	0.19	4.68	010	S
11623		A	Removal of skin lesion	2.88	2.58	0.25	5.71	010	S
11624		A	Removal of skin lesion	3.38	3.21	0.32	6.91	010	S
11626		A	Removal of skin lesion	4.20	3.41	0.51	8.12	010	S
11640		A	Removal of skin lesion	1.48	1.65	0.15	3.28	010	S
11641		A	Removal of skin lesion	2.39	2.09	0.18	4.66	010	S
11642		A	Removal of skin lesion	2.88	2.57	0.23	5.68	010	S
11643		A	Removal of skin lesion	3.45	3.01	0.28	6.74	010	S
11644		A	Removal of skin lesion	4.50	3.51	0.33	8.34	010	S
11646		A	Removal of skin lesion	5.85	4.32	0.60	10.77	010	S
11700		D	Scraping of 1–5 nails	0.00	0.00	0.00	0.00	000	S
11701		D	Scraping of additional nails	0.00	0.00	0.00	0.00	ZZZ	S
11710		D	Scraping of 1–5 nails	0.00	0.00	0.00	0.00	000	S
11711		D	Scraping of additional nails	0.00	0.00	0.00	0.00	ZZZ	S
11720		A	Debride nail, 1–5	0.32	0.32	0.03	0.67	000	S
11721		A	Debride nail, 6 or more	0.54	0.54	0.05	1.13	000	S
11730		A	Removal of nail plate	1.13	0.45	0.04	1.62	000	S
11731		A	Removal of second nail plate	0.57	0.51	0.05	1.13	ZZZ	S
11732		A	Remove additional nail plate	0.57	0.25	0.02	0.84	ZZZ	S
11740		A	Drain blood from under nail	0.37	0.39	0.04	0.80	000	S
11750		A	Removal of nail bed	1.66	2.10	0.19	3.95	010	S
11752		A	Remove nail bed/finger tip	2.37	2.82	0.36	5.55	010	S
11755		A	Biopsy, nail unit	1.31	0.99	0.12	2.42	000	S
11760		A	Reconstruction of nail bed	1.53	0.93	0.09	2.55	010	S
11762		A	Reconstruction of nail bed	2.84	2.57	0.24	5.65	010	S
11765		A	Excision of nail fold, toe	0.64	0.51	0.05	1.20	010	S
11770		A	Removal of pilonidal lesion	2.56	2.67	0.44	5.67	010	S
11771		A	Removal of pilonidal lesion	5.15	4.52	0.92	10.59	090	S
11772		A	Removal of pilonidal lesion	6.36	4.82	1.01	12.19	090	S
11900		A	Injection into skin lesions	0.52	0.25	0.02	0.79	000	S
11901		A	Added skin lesions injection	0.80	0.41	0.03	1.24	000	S
11920		R	Correct skin color defects	1.61	1.18	0.23	3.02	000	S
11921		R	Correct skin color defects	1.93	1.40	0.28	3.61	000	S
11922		R	Correct skin color defects	0.49	0.36	0.07	0.92	ZZZ	S
11950		R	Therapy for contour defects	0.84	1.19	0.11	2.14	000	S
11951		R	Therapy for contour defects	1.19	1.19	0.11	2.49	000	S
11952		R	Therapy for contour defects	1.69	1.19	0.11	2.99	000	S
11954		R	Therapy for contour defects	1.85	1.19	0.11	3.15	000	S
11960		A	Insert tissue expander(s)	8.00	7.73	1.48	17.21	090	S
11970		A	Replace tissue expander	6.65	8.51	1.61	16.77	090	S
11971		A	Remove tissue expander(s)	1.51	2.30	0.82	4.63	090	S
11975		N	Insert contraceptive cap	+1.48	1.06	0.25	2.79	XXX	0
11976		R	Removal of contraceptive cap	1.78	1.28	0.30	3.36	XXX	N
11977		N	Removal/reinsert contra cap	+3.30	2.36	0.55	6.21	XXX	0
12001		A	Repair superficial wound(s)	1.65	0.57	0.05	2.27	010	N
12002		A	Repair superficial wound(s)	1.81	0.79	0.07	2.67	010	N
12004		A	Repair superficial wound(s)	2.19	1.14	0.10	3.43	010	N
12005		A	Repair superficial wound(s)	2.81	1.47	0.14	4.42	010	N
12006		A	Repair superficial wound(s)	3.62	1.78	0.19	5.59	010	N
12007		A	Repair superficial wound(s)	4.07	1.80	0.19	6.06	010	S
12011		A	Repair superficial wound(s)	1.71	0.74	0.06	2.51	010	N
12013		A	Repair superficial wound(s)	1.94	1.03	0.08	3.05	010	N
12014		A	Repair superficial wound(s)	2.41	1.19	0.10	3.70	010	N
12015		A	Repair superficial wound(s)	3.14	1.62	0.14	4.90	010	N
12016		A	Repair superficial wound(s)	3.88	2.26	0.19	6.33	010	N
12017		A	Repair superficial wound(s)	4.66	3.36	0.31	8.33	010	N
12018		A	Repair superficial wound(s)	5.48	5.15	0.48	11.11	010	S
12020		A	Closure of split wound	2.57	1.19	0.18	3.94	010	S
12021		A	Closure of split wound	1.79	0.62	0.11	2.52	010	S
12031		A	Layer closure of wound(s)	2.10	0.72	0.07	2.89	010	S
12032		A	Layer closure of wound(s)	2.42	1.05	0.10	3.57	010	S
12034		A	Layer closure of wound(s)	2.87	1.47	0.15	4.49	010	S
12035		A	Layer closure of wound(s)	3.38	1.92	0.23	5.53	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
12036		A	Layer closure of wound(s)	4.00	2.32	0.37	6.69	010	S
12037		A	Layer closure of wound(s)	4.62	3.09	0.48	8.19	010	S
12041		A	Layer closure of wound(s)	2.32	0.84	0.08	3.24	010	N
12042		A	Layer closure of wound(s)	2.69	1.17	0.12	3.98	010	N
12044		A	Layer closure of wound(s)	3.09	1.62	0.17	4.88	010	N
12045		A	Layer closure of wound(s)	3.59	2.13	0.23	5.95	010	N
12046		A	Layer closure of wound(s)	4.20	2.82	0.37	7.39	010	S
12047		A	Layer closure of wound(s)	4.60	4.02	0.56	9.18	010	N
12051		A	Layer closure of wound(s)	2.42	1.01	0.10	3.53	010	S
12052		A	Layer closure of wound(s)	2.72	1.47	0.14	4.33	010	S
12053		A	Layer closure of wound(s)	3.07	1.76	0.17	5.00	010	S
12054		A	Layer closure of wound(s)	3.41	2.60	0.25	6.26	010	S
12055		A	Layer closure of wound(s)	4.38	3.24	0.37	7.99	010	S
12056		A	Layer closure of wound(s)	5.19	4.74	0.52	10.45	010	S
12057		A	Layer closure of wound(s)	5.91	5.57	0.48	11.96	010	S
13100		A	Repair of wound or lesion	3.07	1.14	0.13	4.34	010	S
13101		A	Repair of wound or lesion	3.87	2.08	0.21	6.16	010	S
13120		A	Repair of wound or lesion	3.25	1.35	0.17	4.77	010	S
13121		A	Repair of wound or lesion	4.28	2.65	0.33	7.26	010	S
13131		A	Repair of wound or lesion	3.74	1.98	0.23	5.95	010	S
13132		A	Repair of wound or lesion	5.75	4.57	0.44	10.76	010	S
13150		A	Repair of wound or lesion	3.76	1.76	0.23	5.75	010	S
13151		A	Repair of wound or lesion	4.40	2.45	0.35	7.20	010	S
13152		A	Repair of wound or lesion	6.28	5.13	0.68	12.09	010	S
13160		A	Late closure of wound	9.53	3.33	0.58	13.44	090	S
13300		A	Repair of wound or lesion	5.11	5.71	0.86	11.68	010	S
14000		A	Skin tissue rearrangement	5.43	3.41	0.38	9.22	090	S
14001		A	Skin tissue rearrangement	7.78	4.75	0.76	13.29	090	S
14020		A	Skin tissue rearrangement	6.08	4.90	0.49	11.47	090	S
14021		A	Skin tissue rearrangement	9.37	6.21	0.94	16.52	090	S
14040		A	Skin tissue rearrangement	7.18	6.77	0.65	14.60	090	S
14041		A	Skin tissue rearrangement	10.74	7.88	1.02	19.64	090	S
14060		A	Skin tissue rearrangement	8.05	7.75	1.04	16.84	090	S
14061		A	Skin tissue rearrangement	11.42	10.49	1.27	23.18	090	S
14300		A	Skin tissue rearrangement	10.76	11.31	1.84	23.91	090	S
14350		A	Skin tissue rearrangement	9.05	6.07	1.05	16.17	090	S
15000		A	Skin graft procedure	1.95	2.49	0.53	4.97	ZZZ	S
15050		A	Skin pinch graft procedure	3.90	1.79	0.30	5.99	090	S
15100		A	Skin split graft procedure	8.05	4.54	0.89	13.48	090	S
15101		A	Skin split graft procedure	1.72	1.59	0.33	3.64	ZZZ	S
15120		A	Skin split graft procedure	9.14	6.05	0.94	16.13	090	S
15121		A	Skin split graft procedure	2.67	2.91	0.53	6.11	ZZZ	S
15200		A	Skin full graft procedure	7.46	4.13	0.69	12.28	090	S
15201		A	Skin full graft procedure	1.32	1.68	0.50	3.50	ZZZ	S
15220		A	Skin full graft procedure	7.42	4.84	0.85	13.11	090	S
15221		A	Skin full graft procedure	1.19	1.59	0.50	3.28	ZZZ	S
15240		A	Skin full graft procedure	8.30	6.10	1.03	15.43	090	S
15241		A	Skin full graft procedure	1.86	2.38	0.58	4.82	ZZZ	S
15260		A	Skin full graft procedure	9.56	7.46	0.99	18.01	090	S
15261		A	Skin full graft procedure	2.23	2.85	0.60	5.68	ZZZ	S
15350		A	Skin homograft procedure	3.89	2.15	0.42	6.46	090	S
15400		A	Skin heterograft procedure	4.91	1.06	0.17	6.14	090	S
15570		A	Form skin pedicle flap	8.39	5.50	2.08	15.97	090	S
15572		A	Form skin pedicle flap	8.59	5.38	1.86	15.83	090	S
15574		A	Form skin pedicle flap	8.97	5.40	1.66	16.03	090	S
15576		A	Form skin pedicle flap	8.14	3.12	0.60	11.86	090	S
15580		A	Attach skin pedicle graft	8.84	4.31	1.30	14.45	090	S
15600		A	Skin graft procedure	1.70	2.51	0.88	5.09	090	S
15610		A	Skin graft procedure	2.21	2.82	0.80	5.83	090	S
15620		A	Skin graft procedure	2.69	3.44	0.86	6.99	090	S
15625		A	Skin graft procedure	1.81	2.41	0.78	5.00	090	S
15630		A	Skin graft procedure	3.02	3.86	0.90	7.78	090	S
15650		A	Transfer skin pedicle flap	3.61	4.62	0.93	9.16	090	S
15732		A	Muscle-skin graft, head/neck	16.52	15.48	3.46	35.46	090	S
15734		A	Muscle-skin graft, trunk	16.52	19.01	3.24	38.77	090	S
15736		A	Muscle-skin graft, arm	15.26	16.21	3.02	34.49	090	S
15738		A	Muscle-skin graft, leg	16.52	12.89	3.29	32.70	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
15740		A	Island pedicle flap graft	9.45	10.39	1.62	21.46	090	S
15750		A	Neurovascular pedicle graft	10.61	11.96	2.03	24.60	090	S
15755		D	Microvascular flap graft	0.00	0.00	0.00	0.00	090	S
15756		A	Free muscle flap, microvasc	33.23	30.09	5.33	68.65	090	S
15757		A	Free skin flap, microvasc	33.23	30.09	5.33	68.65	090	S
15758		A	Free fascial flap, microvasc	33.23	30.09	5.33	68.65	090	S
15760		A	Composite skin graft	8.28	7.29	1.11	16.68	090	S
15770		A	Derma-fat-fascia graft	6.85	7.46	0.95	15.26	090	S
15775		R	Hair transplant punch grafts	3.96	2.88	0.56	7.40	000	S
15776		R	Hair transplant punch grafts	5.54	4.03	0.79	10.36	000	S
15780		A	Abrasion treatment of skin	6.73	1.53	0.13	8.39	090	S
15781		A	Abrasion treatment of skin	4.67	3.77	0.39	8.83	090	S
15782		A	Abrasion treatment of skin	4.19	1.19	0.13	5.51	090	S
15783		A	Abrasion treatment of skin	4.16	1.85	0.19	6.20	090	S
15786		A	Abrasion treatment of lesion	1.98	0.62	0.06	2.66	010	S
15787		A	Abrasion, added skin lesions	0.33	0.23	0.03	0.59	ZZZ	S
15788		R	Chemical peel, face, epiderm	1.96	1.48	0.12	3.56	090	S
15789		R	Chemical peel, face, dermal	4.69	1.48	0.12	6.29	090	S
15792		R	Chemical peel, nonfacial	1.73	0.50	0.05	2.28	090	S
15793		A	Chemical peel, nonfacial	3.51	0.50	0.05	4.06	090	S
15810		A	Salabrasion	4.49	3.80	0.29	8.58	090	S
15811		A	Salabrasion	5.14	3.74	0.73	9.61	090	S
15819		A	Plastic surgery, neck	8.87	8.01	0.87	17.75	090	S
15820		A	Revision of lower eyelid	4.80	6.14	0.64	11.58	090	S
15821		A	Revision of lower eyelid	5.37	6.87	0.68	12.92	090	S
15822		A	Revision of upper eyelid	4.27	5.47	0.56	10.30	090	S
15823		A	Revision of upper eyelid	6.65	7.71	0.61	14.97	090	S
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	XXX	S
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	XXX	S
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	XXX	S
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	XXX	S
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	XXX	S
15831		A	Excise excessive skin tissue	11.66	9.84	2.01	23.51	090	S
15832		A	Excise excessive skin tissue	10.97	8.29	1.33	20.59	090	S
15833		A	Excise excessive skin tissue	10.02	6.22	1.12	17.36	090	S
15834		A	Excise excessive skin tissue	10.16	7.18	1.22	18.56	090	S
15835		A	Excise excessive skin tissue	10.98	7.00	1.22	19.20	090	S
15836		A	Excise excessive skin tissue	8.83	5.80	1.10	15.73	090	S
15837		A	Excise excessive skin tissue	8.08	5.97	0.85	14.90	090	S
15838		A	Excise excessive skin tissue	6.78	5.88	0.73	13.39	090	S
15839		A	Excise excessive skin tissue	8.92	2.44	0.46	11.82	090	S
15840		A	Graft for face nerve palsy	12.26	15.54	2.28	30.08	090	S
15841		A	Graft for face nerve palsy	21.53	16.87	2.76	41.16	090	S
15842		A	Graft for face nerve palsy	35.98	29.00	2.68	67.66	090	S
15845		A	Skin and muscle repair, face	11.80	15.10	2.54	29.44	090	S
15850		B	Removal of sutures	+0.78	0.36	0.04	1.18	XXX	0
15851		A	Removal of sutures	0.86	0.30	0.03	1.19	000	N
15852		A	Dressing change, not for burn	0.86	0.44	0.07	1.37	000	N
15860		A	Test for blood flow in graft	1.95	1.35	0.25	3.55	000	S
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15920		A	Removal of tail bone ulcer	7.37	2.95	0.63	10.95	090	S
15922		A	Removal of tail bone ulcer	9.17	5.98	1.19	16.34	090	S
15931		A	Remove sacrum pressure sore	8.13	2.93	0.55	11.61	090	S
15933		A	Remove sacrum pressure sore	9.64	6.92	1.43	17.99	090	S
15934		A	Remove sacrum pressure sore	11.40	7.46	1.50	20.36	090	S
15935		A	Remove sacrum pressure sore	13.05	11.24	2.27	26.56	090	S
15936		A	Remove sacrum pressure sore	11.31	10.27	2.05	23.63	090	S
15937		A	Remove sacrum pressure sore	12.98	13.47	2.67	29.12	090	S
15940		A	Removal of pressure sore	8.19	3.55	0.73	12.47	090	S
15941		A	Removal of pressure sore	10.15	7.05	1.39	18.59	090	S
15944		A	Removal of pressure sore	10.18	9.26	1.82	21.26	090	S
15945		A	Removal of pressure sore	11.32	11.14	2.09	24.55	090	S
15946		A	Removal of pressure sore	19.81	16.61	3.24	39.66	090	S
15950		A	Remove thigh pressure sore	6.79	3.01	0.58	10.38	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
15951		A	Remove thigh pressure sore	9.57	7.65	1.58	18.80	090	S
15952		A	Remove thigh pressure sore	10.18	7.13	1.37	18.68	090	S
15953		A	Remove thigh pressure sore	11.39	9.08	1.87	22.34	090	S
15956		A	Remove thigh pressure sore	13.93	17.17	3.39	34.49	090	S
15958		A	Remove thigh pressure sore	13.89	17.77	3.76	35.42	090	S
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY	S
16000		A	Initial treatment of burn(s)	0.89	0.35	0.03	1.27	000	N
16010		A	Treatment of burn(s)	0.87	0.32	0.03	1.22	000	N
16015		A	Treatment of burn(s)	2.35	2.04	0.38	4.77	000	S
16020		A	Treatment of burn(s)	0.80	0.34	0.03	1.17	000	N
16025		A	Treatment of burn(s)	1.85	0.45	0.05	2.35	000	S
16030		A	Treatment of burn(s)	2.08	0.52	0.08	2.68	000	S
16035		A	Incision of burn scab	4.53	1.88	0.34	6.75	090	S
16040		A	Burn wound excision	1.02	1.56	0.53	3.11	000	S
16041		A	Burn wound excision	2.70	3.16	0.53	6.39	000	S
16042		A	Burn wound excision	2.35	3.02	0.53	5.90	000	S
17000		G	Destroy benign/premal lesion	+0.56	0.42	0.03	1.01	010	S
17001		G	Destruction of add'l lesions	+0.19	0.19	0.02	0.40	ZZZ	S
17002		G	Destruction of add'l lesions	+0.19	0.10	0.01	0.30	ZZZ	S
17010		G	Destruction skin lesion(s)	+1.01	0.48	0.04	1.53	010	S
17100		G	Destruction of skin lesion	+0.53	0.37	0.03	0.93	010	S
17101		G	Destruction of 2nd lesion	+0.11	0.18	0.02	0.31	ZZZ	S
17102		G	Destruction of add'l lesions	+0.11	0.08	0.01	0.20	ZZZ	S
17104		G	Destruction of skin lesions	+2.01	0.07	0.01	2.09	010	S
17105		G	Destruction of skin lesions	+0.76	0.31	0.03	1.10	010	S
17106		A	Destruction of skin lesions	4.54	1.93	0.18	6.65	090	S
17107		A	Destruction of skin lesions	9.06	3.70	0.39	13.15	090	S
17108		A	Destruction of skin lesions	13.10	9.32	0.69	23.11	090	S
17110		A	Destruction of skin lesions	0.55	0.40	0.03	0.98	010	S
17200		A	Electrocautery of skin tags	0.59	0.41	0.04	1.04	010	S
17201		A	Electrocautery added lesions	0.38	0.15	0.01	0.54	ZZZ	S
17250		A	Chemical cautery, tissue	0.50	0.34	0.04	0.88	000	S
17260		A	Destruction of skin lesions	0.86	1.13	0.10	2.09	010	S
17261		A	Destruction of skin lesions	1.12	1.39	0.12	2.63	010	S
17262		A	Destruction of skin lesions	1.53	1.82	0.16	3.51	010	S
17263		A	Destruction of skin lesions	1.74	2.25	0.21	4.20	010	S
17264		A	Destruction of skin lesions	1.89	2.59	0.26	4.74	010	S
17266		A	Destruction of skin lesions	2.29	3.11	0.49	5.89	010	S
17270		A	Destruction of skin lesions	1.27	1.34	0.12	2.73	010	S
17271		A	Destruction of skin lesions	1.44	1.75	0.16	3.35	010	S
17272		A	Destruction of skin lesions	1.72	2.20	0.19	4.11	010	S
17273		A	Destruction of skin lesions	2.00	2.58	0.25	4.83	010	S
17274		A	Destruction of skin lesions	2.54	3.21	0.32	6.07	010	S
17276		A	Destruction of skin lesions	3.15	3.41	0.51	7.07	010	S
17280		A	Destruction of skin lesions	1.12	1.65	0.15	2.92	010	S
17281		A	Destruction of skin lesions	1.67	2.09	0.18	3.94	010	S
17282		A	Destruction of skin lesions	1.99	2.57	0.23	4.79	010	S
17283		A	Destruction of skin lesions	2.59	3.01	0.28	5.88	010	S
17284		A	Destruction of skin lesions	3.16	3.51	0.33	7.00	010	S
17286		A	Destruction of skin lesions	4.39	4.32	0.60	9.31	010	S
17304		A	Chemosurgery of skin lesion	7.60	4.02	0.31	11.93	000	S
17305		A	2nd stage chemosurgery	2.85	2.26	0.17	5.28	000	S
17306		A	3rd stage chemosurgery	2.85	1.40	0.11	4.36	000	S
17307		A	Followup skin lesion therapy	2.85	1.47	0.12	4.44	000	S
17310		A	Extensive skin chemosurgery	0.95	0.13	0.01	1.09	000	S
17340		A	Cryotherapy of skin	0.73	0.28	0.02	1.03	010	S
17360		A	Skin peel therapy	1.40	0.27	0.02	1.69	010	S
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	XXX	S
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY	S
19000		A	Drainage of breast lesion	0.84	0.38	0.07	1.29	000	S
19001		A	Drain added breast lesion	0.42	0.24	0.05	0.71	ZZZ	S
19020		A	Incision of breast lesion	3.37	1.40	0.28	5.05	090	S
19030		A	Injection for breast x-ray	1.53	0.49	0.04	2.06	000	N
19100		A	Biopsy of breast	1.27	0.64	0.13	2.04	000	S
19101		A	Biopsy of breast	3.13	2.34	0.45	5.92	010	S
19110		A	Nipple exploration	4.15	2.46	0.51	7.12	090	S
19112		A	Excise breast duct fistula	3.52	2.34	0.35	6.21	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
19120		A	Removal of breast lesion	5.35	2.90	0.60	8.85	090	S
19125		A	Excision, breast lesion	5.85	2.90	0.60	9.35	090	S
19126		A	Excision, add'l breast lesion	2.93	1.45	0.31	4.69	ZZZ	S
19140		A	Removal of breast tissue	4.85	4.29	0.91	10.05	090	S
19160		A	Removal of breast tissue	5.75	4.13	0.88	10.76	090	S
19162		A	Remove breast tissue, nodes	12.81	9.38	1.96	24.15	090	S
19180		A	Removal of breast	8.09	5.61	1.17	14.87	090	S
19182		A	Removal of breast	7.28	6.07	1.27	14.62	090	S
19200		A	Removal of breast	14.23	10.22	2.15	26.60	090	S
19220		A	Removal of breast	14.23	10.73	2.38	27.34	090	S
19240		A	Removal of breast	14.71	9.44	1.99	26.14	090	S
19260		A	Removal of chest wall lesion	13.91	5.05	1.04	20.00	090	S
19271		A	Revision of chest wall	17.07	13.95	2.77	33.79	090	S
19272		A	Extensive chest wall surgery	19.47	12.60	2.56	34.63	090	S
19290		A	Place needle wire, breast	1.27	0.44	0.07	1.78	000	S
19291		A	Place needle wire, breast	0.63	0.25	0.04	0.92	ZZZ	S
19316		A	Suspension of breast	10.07	12.84	2.43	25.34	090	S
19318		A	Reduction of large breast	15.00	14.18	3.23	32.41	090	S
19324		A	Enlarge breast	5.55	3.29	0.67	9.51	090	S
19325		A	Enlarge breast with implant	8.05	5.87	1.13	15.05	090	S
19328		A	Removal of breast implant	5.32	3.76	0.73	9.81	090	S
19330		A	Removal of implant material	7.18	3.88	0.75	11.81	090	S
19340		A	Immediate breast prosthesis	6.33	8.10	2.06	16.49	ZZZ	S
19342		A	Delayed breast prosthesis	10.64	10.81	2.03	23.48	090	S
19350		A	Breast reconstruction	8.52	7.08	1.38	16.98	090	S
19355		A	Correct inverted nipple(s)	7.27	4.93	1.00	13.20	090	S
19357		A	Breast reconstruction	16.72	12.15	2.37	31.24	090	S
19361		A	Breast reconstruction	17.82	20.13	3.88	41.83	090	S
19364		A	Breast reconstruction	27.60	16.68	3.58	47.86	090	S
19366		A	Breast reconstruction	19.84	16.40	3.18	39.42	090	S
19367		A	Breast reconstruction	24.73	20.13	3.88	48.74	090	S
19368		A	Breast reconstruction	31.15	20.13	3.88	55.16	090	S
19369		A	Breast reconstruction	28.68	20.13	3.88	52.69	090	S
19370		A	Surgery of breast capsule	7.59	6.17	1.19	14.95	090	S
19371		A	Removal of breast capsule	8.84	7.91	1.54	18.29	090	S
19380		A	Revise breast reconstruction	8.63	8.11	1.57	18.31	090	S
19396		A	Design custom breast implant	2.17	1.57	0.31	4.05	000	S
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY	S
20000		A	Incision of abscess	1.85	0.85	0.08	2.78	010	S
20005		A	Incision of deep abscess	3.02	1.83	0.28	5.13	010	S
20100		A	Explore wound, neck	9.50	4.97	1.16	15.63	010	S
20101		A	Explore wound, chest	3.00	1.57	0.37	4.94	010	S
20102		A	Explore wound, abdomen	3.68	1.92	0.45	6.05	010	S
20103		A	Explore wound, extremity	4.95	2.59	0.60	8.14	010	S
20150		A	Excise epiphyseal bar	13.00	12.40	2.03	27.43	090	S
20200		A	Muscle biopsy	1.46	1.12	0.18	2.76	000	S
20205		A	Deep muscle biopsy	2.35	1.88	0.33	4.56	000	S
20206		A	Needle biopsy, muscle	0.99	0.96	0.14	2.09	000	S
20220		A	Bone biopsy, trocar/needle	1.27	1.31	0.09	2.67	000	N
20225		A	Bone biopsy, trocar/needle	1.87	2.39	0.28	4.54	000	N
20240		A	Bone biopsy, excisional	3.07	1.88	0.18	5.13	010	S
20245		A	Bone biopsy, excisional	3.68	3.58	0.44	7.70	010	S
20250		A	Open bone biopsy	4.63	5.07	0.76	10.46	010	S
20251		A	Open bone biopsy	5.16	5.84	0.92	11.92	010	S
20500		A	Injection of sinus tract	1.18	0.36	0.04	1.58	010	N
20501		A	Inject sinus tract for x-ray	0.76	0.30	0.02	1.08	000	N
20520		A	Removal of foreign body	1.80	0.71	0.08	2.59	010	S
20525		A	Removal of foreign body	3.23	2.23	0.33	5.79	010	S
20550		A	Inj tendon/ligament/cyst	0.86	0.38	0.04	1.28	000	N
20600		A	Drain/inject joint/bursa	0.66	0.47	0.05	1.18	000	S
20605		A	Drain/inject joint/bursa	0.68	0.45	0.05	1.18	000	S
20610		A	Drain/inject joint/bursa	0.79	0.45	0.05	1.29	000	N
20615		A	Treatment of bone cyst	2.23	0.49	0.06	2.78	010	N
20650		A	Insert and remove bone pin	2.07	1.08	0.14	3.29	010	S
20660		A	Apply,remove fixation device	2.51	1.56	0.21	4.28	000	S
20661		A	Application of head brace	4.27	3.82	0.65	8.74	090	S
20662		A	Application of pelvis brace	5.52	6.54	1.03	13.09	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
20663		A	Application of thigh brace	4.88	4.64	0.76	10.28	090	S
20665		A	Removal of fixation device	1.26	0.50	0.07	1.83	010	S
20670		A	Removal of support implant	1.69	0.74	0.11	2.54	010	S
20680		A	Removal of support implant	3.25	3.33	0.51	7.09	090	S
20690		A	Apply bone fixation device	3.52	3.66	0.58	7.76	ZZZ	S
20692		A	Apply bone fixation device	6.41	5.51	0.89	12.81	ZZZ	S
20693		A	Adjust bone fixation device	5.42	2.49	0.42	8.33	090	S
20694		A	Remove bone fixation device	3.81	2.60	0.41	6.82	090	S
20802		A	Replantation, arm, complete	39.56	37.72	6.17	83.45	090	S
20805		A	Replant forearm, complete	48.41	46.17	7.56	102.14	090	S
20808		A	Replantation, hand, complete	60.19	57.40	9.40	126.99	090	S
20816		A	Replantation digit, complete	29.67	28.30	4.63	62.60	090	S
20822		A	Replantation digit, complete	24.53	23.39	3.83	51.75	090	S
20824		A	Replantation thumb, complete	29.67	28.30	4.63	62.60	090	S
20827		A	Replantation thumb, complete	25.22	24.05	3.94	53.21	090	S
20838		A	Replantation, foot, complete	39.56	37.72	6.17	83.45	090	S
20900		A	Removal of bone for graft	5.03	2.80	0.45	8.28	090	S
20902		A	Removal of bone for graft	6.74	4.95	0.80	12.49	090	S
20910		A	Remove cartilage for graft	5.03	0.79	0.09	5.91	090	S
20912		A	Remove cartilage for graft	6.04	4.62	0.64	11.30	090	S
20920		A	Removal of fascia for graft	4.87	3.93	0.50	9.30	090	S
20922		A	Removal of fascia for graft	6.04	4.39	0.71	11.14	090	S
20924		A	Removal of tendon for graft	6.04	5.45	0.85	12.34	090	S
20926		A	Removal of tissue for graft	5.03	2.59	0.39	8.01	090	S
20930		B	Spinal bone allograft	0.00	0.00	0.00	0.00	XXX	0
20931		A	Spinal bone allograft	1.81	1.73	0.28	3.82	ZZZ	S
20936		B	Spinal bone autograft	0.00	0.00	0.00	0.00	XXX	0
20937		A	Spinal bone autograft	2.79	2.66	0.44	5.89	ZZZ	S
20938		A	Spinal bone autograft	3.02	2.88	0.47	6.37	ZZZ	S
20950		A	Record fluid pressure,muscle	1.26	1.09	0.17	2.52	000	S
20955		A	Fibula bone graft, microvasc	37.58	35.84	5.87	79.29	090	S
20956		A	Iliac bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20957		A	Mt bone graft, microvasc	38.33	27.87	5.45	71.65	090	S
20960		D	Microvascular rib graft	0.00	0.00	0.00	0.00	090	S
20962		A	Other bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20969		A	Bone/skin graft, microvasc	42.08	40.13	6.57	88.78	090	S
20970		A	Bone/skin graft, iliac crest	41.22	39.31	6.44	86.97	090	S
20971		D	Bone-skin graft, rib	0.00	0.00	0.00	0.00	090	S
20972		A	Bone-skin graft, metatarsal	41.54	39.61	6.49	87.64	090	S
20973		A	Bone-skin graft, great toe	44.31	42.25	6.91	93.47	090	S
20974		A	Electrical bone stimulation	0.62	3.42	0.53	4.57	ZZZ	S
20975		A	Electrical bone stimulation	2.60	3.33	0.56	6.49	ZZZ	S
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY	S
21010		A	Incision of jaw joint	9.06	10.24	0.93	20.23	090	S
21015		A	Resection of facial tumor	4.94	6.32	1.13	12.39	090	S
21025		A	Excision of bone, lower jaw	8.98	4.14	0.38	13.50	090	S
21026		A	Excision of facial bone(s)	4.53	3.14	0.28	7.95	090	S
21029		A	Contour of face bone lesion	7.21	9.23	0.78	17.22	090	S
21030		A	Removal of face bone lesion	6.04	3.35	0.29	9.68	090	S
21031		A	Remove exostosis, mandible	3.14	3.68	0.32	7.14	090	S
21032		A	Remove exostosis, maxilla	3.14	3.88	0.35	7.37	090	S
21034		A	Removal of face bone lesion	15.11	6.98	0.89	22.98	090	S
21040		A	Removal of jaw bone lesion	2.01	2.76	0.24	5.01	090	S
21041		A	Removal of jaw bone lesion	6.04	5.76	0.50	12.30	090	S
21044		A	Removal of jaw bone lesion	11.08	9.55	1.11	21.74	090	S
21045		A	Extensive jaw surgery	15.11	13.83	1.58	30.52	090	S
21050		A	Removal of jaw joint	10.07	12.33	1.08	23.48	090	S
21060		A	Remove jaw joint cartilage	9.56	11.59	1.04	22.19	090	S
21070		A	Remove coronoid process	7.66	6.81	0.82	15.29	090	S
21076		A	Prepare face/oral prosthesis	12.54	16.77	1.35	30.66	010	S
21077		A	Prepare face/oral prosthesis	31.54	42.18	3.39	77.11	090	S
21079		A	Prepare face/oral prosthesis	20.88	27.93	2.25	51.06	090	S
21080		A	Prepare face/oral prosthesis	23.46	31.38	2.52	57.36	090	S
21081		A	Prepare face/oral prosthesis	21.38	28.59	2.30	52.27	090	S
21082		A	Prepare face/oral prosthesis	19.50	26.08	2.10	47.68	090	S
21083		A	Prepare face/oral prosthesis	18.04	24.13	1.94	44.11	090	S
21084		A	Prepare face/oral prosthesis	21.04	28.14	2.28	51.46	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21085		A	Prepare face/oral prosthesis	8.41	11.25	0.90	20.56	010	S
21086		A	Prepare face/oral prosthesis	23.29	31.15	2.51	56.95	090	S
21087		A	Prepare face/oral prosthesis	23.29	31.15	2.51	56.95	090	S
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21100		A	Maxillofacial fixation	4.04	1.06	0.11	5.21	090	S
21110		A	Interdental fixation	5.03	5.53	0.46	11.02	090	S
21116		A	Injection, jaw joint x-ray	0.81	0.73	0.06	1.60	000	S
21120		A	Reconstruction of chin	4.75	3.59	0.42	8.76	090	S
21121		A	Reconstruction of chin	7.46	5.65	0.66	13.77	090	S
21122		A	Reconstruction of chin	8.21	6.23	0.73	15.17	090	S
21123		A	Reconstruction of chin	10.74	8.14	0.95	19.83	090	S
21125		A	Augmentation lower jaw bone	10.00	4.72	0.54	15.26	090	S
21127		A	Augmentation lower jaw bone	10.43	7.91	0.92	19.26	090	S
21137		A	Reduction of forehead	9.40	7.11	0.83	17.34	090	S
21138		A	Reduction of forehead	11.72	8.86	1.04	21.62	090	S
21139		A	Reduction of forehead	14.06	10.64	1.25	25.95	090	S
21141		A	Reconstruct midface, lefort	16.92	14.34	1.68	32.94	090	S
21142		A	Reconstruct midface, lefort	17.58	14.84	1.74	34.16	090	S
21143		A	Reconstruct midface, lefort	18.30	15.40	1.81	35.51	090	S
21145		A	Reconstruct midface, lefort	18.92	14.34	1.68	34.94	090	S
21146		A	Reconstruct midface, lefort	19.58	14.84	1.74	36.16	090	S
21147		A	Reconstruct midface, lefort	20.30	15.40	1.81	37.51	090	S
21150		A	Reconstruct midface, lefort	24.41	18.46	2.17	45.04	090	S
21151		A	Reconstruct midface, lefort	27.34	20.68	2.42	50.44	090	S
21154		A	Reconstruct midface, lefort	29.28	22.15	2.59	54.02	090	S
21155		A	Reconstruct midface, lefort	33.19	25.11	2.94	61.24	090	S
21159		A	Reconstruct midface, lefort	40.99	31.02	3.63	75.64	090	S
21160		A	Reconstruct midface, lefort	44.90	33.96	3.98	82.84	090	S
21172		A	Reconstruct orbit/forehead	26.84	20.30	2.37	49.51	090	S
21175		A	Reconstruct orbit/forehead	32.21	24.37	2.85	59.43	090	S
21179		A	Reconstruct entire forehead	21.47	16.24	1.90	39.61	090	S
21180		A	Reconstruct entire forehead	24.41	18.46	2.17	45.04	090	S
21181		A	Contour cranial bone lesion	9.40	7.11	0.83	17.34	090	S
21182		A	Reconstruct cranial bone	31.23	23.63	2.77	57.63	090	S
21183		A	Reconstruct cranial bone	34.17	25.85	3.03	63.05	090	S
21184		A	Reconstruct cranial bone	37.10	28.06	3.28	68.44	090	S
21188		A	Reconstruction of midface	21.47	16.24	1.90	39.61	090	S
21193		A	Reconstruct lower jaw bone	16.23	12.31	1.44	29.98	090	S
21194		A	Reconstruct lower jaw bone	18.81	14.26	1.67	34.74	090	S
21195		A	Reconstruct lower jaw bone	16.27	12.34	1.44	30.05	090	S
21196		A	Reconstruct lower jaw bone	17.94	13.61	1.58	33.13	090	S
21198		A	Reconstruct lower jaw bone	13.36	14.82	1.74	29.92	090	S
21206		A	Reconstruct upper jaw bone	13.36	10.14	1.19	24.69	090	S
21208		A	Augmentation of facial bones	9.56	11.26	1.07	21.89	090	S
21209		A	Reduction of facial bones	6.28	4.59	0.76	11.63	090	S
21210		A	Face bone graft	9.56	12.24	1.29	23.09	090	S
21215		A	Lower jaw bone graft	10.07	12.89	1.42	24.38	090	S
21230		A	Rib cartilage graft	10.07	10.37	1.69	22.13	090	S
21235		A	Ear cartilage graft	6.28	8.04	1.09	15.41	090	S
21240		A	Reconstruction of jaw joint	13.10	16.77	2.09	31.96	090	S
21242		A	Reconstruction of jaw joint	12.10	15.55	2.25	29.90	090	S
21243		A	Reconstruction of jaw joint	18.98	14.40	1.68	35.06	090	S
21244		A	Reconstruction of lower jaw	11.08	14.18	1.93	27.19	090	S
21245		A	Reconstruction of jaw	11.08	11.47	1.31	23.86	090	S
21246		A	Reconstruction of jaw	11.65	8.83	1.04	21.52	090	S
21247		A	Reconstruct lower jaw bone	21.15	27.08	2.27	50.50	090	S
21248		A	Reconstruction of jaw	11.08	14.18	1.75	27.01	090	S
21249		A	Reconstruction of jaw	17.12	23.10	3.29	43.51	090	S
21255		A	Reconstruct lower jaw bone	15.63	20.00	1.68	37.31	090	S
21256		A	Reconstruction of orbit	15.13	19.36	1.63	36.12	090	S
21260		A	Revise eye sockets	15.44	19.76	1.66	36.86	090	S
21261		A	Revise eye sockets	29.43	17.78	1.65	48.86	090	S
21263		A	Revise eye sockets	26.56	34.00	2.86	63.42	090	S
21267		A	Revise eye sockets	17.66	14.61	2.13	34.40	090	S
21268		A	Revise eye sockets	22.88	15.35	3.13	41.36	090	S
21270		A	Augmentation cheek bone	9.56	9.60	1.41	20.57	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21275		A	Revision orbitofacial bones	10.50	8.95	1.26	20.71	090	S
21280		A	Revision of eyelid	5.64	7.19	0.61	13.44	090	S
21282		A	Revision of eyelid	3.26	4.52	0.79	8.57	090	S
21295		A	Revision of jaw muscle/bone	1.43	0.96	0.13	2.52	090	S
21296		A	Revision of jaw muscle/bone	3.97	3.62	0.22	7.81	090	S
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY	S
21300		A	Treatment of skull fracture	0.72	0.92	0.11	1.75	000	S
21310		A	Treatment of nose fracture	0.58	0.75	0.09	1.42	000	N
21315		A	Treatment of nose fracture	1.41	1.81	0.21	3.43	010	S
21320		A	Treatment of nose fracture	1.82	2.33	0.34	4.49	010	S
21325		A	Repair of nose fracture	3.52	4.09	0.52	8.13	090	S
21330		A	Repair of nose fracture	5.03	6.45	0.86	12.34	090	S
21335		A	Repair of nose fracture	8.05	10.31	1.56	19.92	090	S
21336		A	Repair nasal septal fracture	5.35	4.09	0.52	9.96	090	S
21337		A	Repair nasal septal fracture	2.52	2.82	0.38	5.72	090	S
21338		A	Repair nasoethmoid fracture	6.04	5.01	0.66	11.71	090	S
21339		A	Repair nasoethmoid fracture	7.56	7.09	0.70	15.35	090	S
21340		A	Repair of nose fracture	10.07	8.91	1.04	20.02	090	S
21343		A	Repair of sinus fracture	12.10	9.17	1.08	22.35	090	S
21344		A	Repair of sinus fracture	18.43	9.17	1.08	28.68	090	S
21345		A	Repair of nose/jaw fracture	7.63	7.90	0.81	16.34	090	S
21346		A	Repair of nose/jaw fracture	9.92	9.40	1.04	20.36	090	S
21347		A	Repair of nose/jaw fracture	11.86	10.36	1.36	23.58	090	S
21348		A	Repair of nose/jaw fracture	15.60	11.34	2.22	29.16	090	S
21355		A	Repair cheek bone fracture	3.52	1.56	0.17	5.25	010	S
21356		A	Repair cheek bone fracture	3.88	4.96	0.89	9.73	010	S
21360		A	Repair cheek bone fracture	6.04	7.28	0.89	14.21	090	S
21365		A	Repair cheek bone fracture	13.97	12.35	1.63	27.95	090	S
21366		A	Repair cheek bone fracture	16.61	12.08	2.36	31.05	090	S
21385		A	Repair eye socket fracture	8.56	9.59	1.13	19.28	090	S
21386		A	Repair eye socket fracture	8.56	9.07	1.25	18.88	090	S
21387		A	Repair eye socket fracture	9.07	7.45	0.96	17.48	090	S
21390		A	Repair eye socket fracture	9.47	11.89	1.37	22.73	090	S
21395		A	Repair eye socket fracture	11.85	9.63	1.37	22.85	090	S
21400		A	Treat eye socket fracture	1.31	1.67	0.17	3.15	090	N
21401		A	Repair eye socket fracture	3.05	2.58	0.32	5.95	090	S
21406		A	Repair eye socket fracture	6.55	5.21	0.74	12.50	090	S
21407		A	Repair eye socket fracture	8.05	7.09	0.78	15.92	090	S
21408		A	Repair eye socket fracture	11.57	8.49	0.99	21.05	090	S
21421		A	Treat mouth roof fracture	4.80	6.14	0.62	11.56	090	S
21422		A	Repair mouth roof fracture	7.78	9.80	1.19	18.77	090	S
21423		A	Repair mouth roof fracture	9.72	9.80	1.19	20.71	090	S
21431		A	Treat craniofacial fracture	6.59	6.02	0.71	13.32	090	S
21432		A	Repair craniofacial fracture	8.05	6.76	0.84	15.65	090	S
21433		A	Repair craniofacial fracture	23.69	17.96	2.10	43.75	090	S
21435		A	Repair craniofacial fracture	16.12	13.25	1.88	31.25	090	S
21436		A	Repair craniofacial fracture	26.21	14.65	2.08	42.94	090	S
21440		A	Repair dental ridge fracture	2.52	3.07	0.28	5.87	090	S
21445		A	Repair dental ridge fracture	5.03	6.11	0.56	11.70	090	S
21450		A	Treat lower jaw fracture	2.78	2.84	0.26	5.88	090	S
21451		A	Treat lower jaw fracture	4.55	5.83	0.74	11.12	090	S
21452		A	Treat lower jaw fracture	1.85	1.39	0.17	3.41	090	S
21453		A	Treat lower jaw fracture	5.18	6.64	0.55	12.37	090	S
21454		A	Treat lower jaw fracture	6.04	8.19	1.42	15.65	090	S
21461		A	Repair lower jaw fracture	7.56	9.67	1.30	18.53	090	S
21462		A	Repair lower jaw fracture	9.15	11.71	1.34	22.20	090	S
21465		A	Repair lower jaw fracture	11.13	8.44	0.99	20.56	090	S
21470		A	Repair lower jaw fracture	14.19	17.13	1.74	33.06	090	S
21480		A	Reset dislocated jaw	0.61	0.78	0.09	1.48	000	S
21485		A	Reset dislocated jaw	3.73	2.19	0.20	6.12	090	S
21490		A	Repair dislocated jaw	11.08	6.31	0.52	17.91	090	S
21493		A	Treat hyoid bone fracture	1.19	1.52	0.13	2.84	090	S
21494		A	Repair hyoid bone fracture	5.87	7.52	0.63	14.02	090	S
21495		A	Repair hyoid bone fracture	5.32	4.82	0.51	10.65	090	S
21497		A	Interdental wiring	3.61	3.97	0.38	7.96	090	S
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21501		A	Drain neck/chest lesion	3.52	1.82	0.26	5.60	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21502		A	Drain chest lesion	6.44	4.22	0.75	11.41	090	S
21510		A	Drainage of bone lesion	5.03	3.82	0.50	9.35	090	S
21550		A	Biopsy of neck/chest	2.01	0.85	0.12	2.98	010	S
21555		A	Remove lesion neck/chest	4.09	1.60	0.25	5.94	090	S
21556		A	Remove lesion neck/chest	5.28	3.80	0.64	9.72	090	S
21557		A	Remove tumor, neck or chest	8.56	8.50	1.41	18.47	090	S
21600		A	Partial removal of rib	6.27	4.50	0.88	11.65	090	S
21610		A	Partial removal of rib	13.66	5.17	0.76	19.59	090	S
21615		A	Removal of rib	9.03	10.13	1.96	21.12	090	S
21616		A	Removal of rib and nerves	11.11	7.26	1.50	19.87	090	S
21620		A	Partial removal of sternum	6.04	6.85	1.23	14.12	090	S
21627		A	Sternal debridement	6.06	5.03	0.90	11.99	090	S
21630		A	Extensive sternum surgery	15.77	12.89	2.40	31.06	090	S
21632		A	Extensive sternum surgery	16.62	11.54	2.22	30.38	090	S
21700		A	Revision of neck muscle	5.84	4.16	0.50	10.50	090	S
21705		A	Revision of neck muscle/rib	9.03	4.85	0.96	14.84	090	S
21720		A	Revision of neck muscle	5.44	3.84	0.52	9.80	090	S
21725		A	Revision of neck muscle	6.55	4.84	0.74	12.13	090	S
21740		A	Reconstruction of sternum	15.42	8.99	1.64	26.05	090	S
21750		A	Repair of sternum separation	10.07	7.33	1.43	18.83	090	S
21800		A	Treatment of rib fracture	0.91	0.77	0.07	1.75	090	N
21805		A	Treatment of rib fracture	2.62	1.35	0.17	4.14	090	S
21810		A	Treatment of rib fracture(s)	6.68	7.33	0.61	14.62	090	N
21820		A	Treat sternum fracture	1.20	1.36	0.17	2.73	090	S
21825		A	Repair sternum fracture	6.82	6.90	1.12	14.84	090	S
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21920		A	Biopsy soft tissue of back	2.01	0.79	0.11	2.91	010	S
21925		A	Biopsy soft tissue of back	4.23	1.95	0.32	6.50	090	S
21930		A	Remove lesion, back or flank	4.82	2.72	0.49	8.03	090	S
21935		A	Remove tumor of back	17.12	6.59	1.30	25.01	090	S
22100		A	Remove part of neck vertebra	9.05	7.64	1.09	17.78	090	S
22101		A	Remove part, thorax vertebra	9.00	8.01	1.38	18.39	090	S
22102		A	Remove part, lumbar vertebra	9.00	4.50	0.67	14.17	090	S
22103		A	Remove extra spine segment	2.34	2.23	0.37	4.94	ZZZ	S
22110		A	Remove part of neck vertebra	11.59	9.72	1.64	22.95	090	S
22112		A	Remove part, thorax vertebra	11.59	9.90	1.63	23.12	090	S
22114		A	Remove part, lumbar vertebra	11.59	7.25	1.17	20.01	090	S
22116		A	Remove extra spine segment	2.32	2.21	0.36	4.89	ZZZ	S
22210		A	Revision of neck spine	22.51	13.83	2.43	38.77	090	S
22212		A	Revision of thorax spine	18.14	17.29	2.83	38.26	090	S
22214		A	Revision of lumbar spine	18.14	15.11	2.68	35.93	090	S
22216		A	Revise, extra spine segment	6.04	5.07	0.89	12.00	ZZZ	S
22220		A	Revision of neck spine	20.15	16.64	2.63	39.42	090	S
22222		A	Revision of thorax spine	20.15	13.61	1.58	35.34	090	S
22224		A	Revision of lumbar spine	20.15	14.68	2.66	37.49	090	S
22226		A	Revise, extra spine segment	6.04	5.07	0.89	12.00	ZZZ	S
22305		A	Treat spine process fracture	1.86	2.38	0.37	4.61	090	S
22310		A	Treat spine fracture	1.86	2.52	0.69	5.07	090	S
22315		A	Treat spine fracture	8.36	5.51	0.86	14.73	090	S
22325		A	Repair of spine fracture	17.19	8.32	1.34	26.85	090	S
22326		A	Repair neck spine fracture	18.43	15.93	2.74	37.10	090	S
22327		A	Repair thorax spine fracture	17.56	15.95	2.35	35.86	090	S
22328		A	Repair each add spine fx	4.61	4.40	0.72	9.73	ZZZ	S
22505		A	Manipulation of spine	1.77	1.31	0.17	3.25	010	N
22548		A	Neck spine fusion	24.08	22.74	3.82	50.64	090	S
22554		A	Neck spine fusion	17.24	19.81	3.52	40.57	090	S
22556		A	Thorax spine fusion	22.27	21.68	3.58	47.53	090	S
22558		A	Lumbar spine fusion	21.22	20.17	3.38	44.77	090	S
22585		A	Additional spinal fusion	5.53	5.40	0.93	11.86	ZZZ	S
22590		A	Spine & skull spinal fusion	19.50	21.57	3.44	44.51	090	S
22595		A	Neck spinal fusion	18.19	22.46	3.87	44.52	090	S
22600		A	Neck spine fusion	14.74	19.36	3.32	37.42	090	S
22610		A	Thorax spine fusion	14.62	17.87	2.75	35.24	090	S
22612		A	Lumbar spine fusion	20.19	20.60	3.33	44.12	090	S
22614		A	Spine fusion, extra segment	6.44	5.65	0.92	13.01	ZZZ	S
22630		A	Lumbar spine fusion	20.03	18.44	3.15	41.62	090	S
22632		A	Spine fusion, extra segment	5.23	4.99	0.82	11.04	ZZZ	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
22800		A	Fusion of spine	16.92	21.66	3.58	42.16	090	S
22802		A	Fusion of spine	29.74	28.32	4.61	62.67	090	S
22804		A	Fusion of spine	35.00	28.32	4.61	67.93	090	S
22808		A	Fusion of spine	25.00	18.41	3.15	46.56	090	S
22810		A	Fusion of spine	29.00	18.41	3.15	50.56	090	S
22812		A	Fusion of spine	31.00	25.93	4.24	61.17	090	S
22830		A	Exploration of spinal fusion	10.22	13.07	2.18	25.47	090	S
22840		A	Insert spine fixation device	12.54	5.98	0.98	19.50	ZZZ	S
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	XXX	0
22842		A	Insert spine fixation device	12.58	6.86	1.12	20.56	ZZZ	S
22843		A	Insert spine fixation device	13.46	8.55	1.40	23.41	ZZZ	S
22844		A	Insert spine fixation device	16.44	10.45	1.71	28.60	ZZZ	S
22845		A	Insert spine fixation device	11.96	5.70	0.93	18.59	ZZZ	S
22846		A	Insert spine fixation device	12.42	7.90	1.29	21.61	ZZZ	S
22847		A	Insert spine fixation device	13.80	8.77	1.44	24.01	ZZZ	S
22848		A	Insert pelvic fixationdevice	6.00	5.72	0.94	12.66	ZZZ	S
22849		A	Reinsert spinal fixation	17.55	11.76	1.97	31.28	090	S
22850		A	Remove spine fixation device	8.98	9.17	1.50	19.65	090	S
22851		A	Apply spine prosth device	6.71	6.40	1.05	14.16	ZZZ	S
22852		A	Remove spine fixation device	8.40	9.80	1.57	19.77	090	S
22855		A	Remove spine fixation device	14.11	7.46	1.25	22.82	090	S
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
22900		A	Remove abdominal wall lesion	5.13	3.03	0.60	8.76	090	S
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23000		A	Removal of calcium deposits	4.12	3.24	0.47	7.83	090	S
23020		A	Release shoulder joint	8.25	7.27	1.09	16.61	090	S
23030		A	Drain shoulder lesion	3.16	2.16	0.35	5.67	010	S
23031		A	Drain shoulder bursa	2.69	0.50	0.05	3.24	010	S
23035		A	Drain shoulder bone lesion	7.80	6.22	1.04	15.06	090	S
23040		A	Exploratory shoulder surgery	8.39	9.27	1.47	19.13	090	S
23044		A	Exploratory shoulder surgery	6.40	6.91	1.18	14.49	090	S
23065		A	Biopsy shoulder tissues	2.24	0.66	0.09	2.99	010	S
23066		A	Biopsy shoulder tissues	4.01	1.18	0.10	5.29	090	S
23075		A	Removal of shoulder lesion	2.34	1.68	0.29	4.31	010	S
23076		A	Removal of shoulder lesion	7.12	3.54	0.65	11.31	090	S
23077		A	Remove tumor of shoulder	14.65	7.38	1.38	23.41	090	S
23100		A	Biopsy of shoulder joint	5.63	7.20	1.24	14.07	090	S
23101		A	Shoulder joint surgery	5.21	6.68	1.21	13.10	090	S
23105		A	Remove shoulder joint lining	7.74	9.91	1.73	19.38	090	S
23106		A	Incision of collarbone joint	5.56	4.75	0.80	11.11	090	S
23107		A	Explore,treat shoulder joint	8.13	9.59	1.60	19.32	090	S
23120		A	Partial removal, collar bone	6.65	4.61	0.74	12.00	090	S
23125		A	Removal of collarbone	8.90	8.49	1.27	18.66	090	S
23130		A	Partial removal, shoulderbone	7.10	7.05	1.14	15.29	090	S
23140		A	Removal of bone lesion	6.43	4.16	0.73	11.32	090	S
23145		A	Removal of bone lesion	8.54	8.13	1.33	18.00	090	S
23146		A	Removal of bone lesion	7.34	5.23	1.01	13.58	090	S
23150		A	Removal of humerus lesion	7.80	6.64	1.01	15.45	090	S
23155		A	Removal of humerus lesion	9.58	8.80	1.37	19.75	090	S
23156		A	Removal of humerus lesion	8.00	7.64	1.25	16.89	090	S
23170		A	Remove collarbone lesion	6.27	4.81	0.78	11.86	090	S
23172		A	Remove shoulder blade lesion	6.24	5.16	0.73	12.13	090	S
23174		A	Remove humerus lesion	8.71	8.55	1.21	18.47	090	S
23180		A	Remove collar bone lesion	7.82	4.30	0.67	12.79	090	S
23182		A	Remove shoulder blade lesion	7.44	6.57	1.13	15.14	090	S
23184		A	Remove humerus lesion	8.61	8.83	1.48	18.92	090	S
23190		A	Partial removal of scapula	6.78	6.07	0.98	13.83	090	S
23195		A	Removal of head of humerus	9.00	8.91	1.45	19.36	090	S
23200		A	Removal of collar bone	11.05	9.17	1.26	21.48	090	S
23210		A	Removal of shoulderblade	11.39	9.01	1.41	21.81	090	S
23220		A	Partial removal of humerus	13.31	12.05	2.03	27.39	090	S
23221		A	Partial removal of humerus	16.62	18.13	1.19	35.94	090	S
23222		A	Partial removal of humerus	22.78	15.02	2.30	40.10	090	S
23330		A	Remove shoulder foreign body	1.80	0.55	0.07	2.42	010	S
23331		A	Remove shoulder foreign body	6.89	2.26	0.38	9.53	090	S
23332		A	Remove shoulder foreign body	10.59	9.72	1.57	21.88	090	S
23350		A	Injection for shoulder x-ray	1.00	0.52	0.05	1.57	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
23395		A	Muscle transfer, shoulder/arm	16.00	11.13	1.84	28.97	090	S
23397		A	Muscle transfers	15.23	13.97	2.34	31.54	090	S
23400		A	Fixation of shoulder blade	12.96	9.84	1.68	24.48	090	S
23405		A	Incision of tendon & muscle	7.97	7.49	0.99	16.45	090	S
23406		A	Incise tendon(s) & muscle(s)	10.33	9.41	1.58	21.32	090	S
23410		A	Repair of tendon(s)	11.90	10.94	1.75	24.59	090	S
23412		A	Repair of tendon(s)	12.69	13.37	2.16	28.22	090	S
23415		A	Release of shoulder ligament	9.51	5.18	0.83	15.52	090	S
23420		A	Repair of shoulder	12.60	14.68	2.34	29.62	090	S
23430		A	Repair biceps tendon	9.56	7.34	1.19	18.09	090	S
23440		A	Removal/transplant tendon	10.08	7.17	1.17	18.42	090	S
23450		A	Repair shoulder capsule	12.85	12.75	2.04	27.64	090	S
23455		A	Repair shoulder capsule	13.82	15.56	2.50	31.88	090	S
23460		A	Repair shoulder capsule	14.66	14.07	2.24	30.97	090	S
23462		A	Repair shoulder capsule	14.62	15.13	2.48	32.23	090	S
23465		A	Repair shoulder capsule	15.14	14.15	2.27	31.56	090	S
23466		A	Repair shoulder capsule	13.65	16.53	2.67	32.85	090	S
23470		A	Reconstruct shoulder joint	16.12	16.76	2.65	35.53	090	S
23472		A	Reconstruct shoulder joint	16.09	20.60	4.89	41.58	090	S
23480		A	Revision of collarbone	10.56	6.59	1.02	18.17	090	S
23485		A	Revision of collar bone	12.68	11.35	1.87	25.90	090	S
23490		A	Reinforce clavicle	11.31	9.98	0.80	22.09	090	S
23491		A	Reinforce shoulder bones	13.63	12.70	2.11	28.44	090	S
23500		A	Treat clavicle fracture	1.95	1.65	0.21	3.81	090	S
23505		A	Treat clavicle fracture	3.54	2.57	0.38	6.49	090	S
23515		A	Repair clavicle fracture	7.01	6.93	1.12	15.06	090	S
23520		A	Treat clavicle dislocation	2.03	1.38	0.19	3.60	090	S
23525		A	Treat clavicle dislocation	3.40	1.98	0.27	5.65	090	S
23530		A	Repair clavicle dislocation	7.02	6.58	0.91	14.51	090	S
23532		A	Repair clavicle dislocation	7.59	7.23	1.19	16.01	090	S
23540		A	Treat clavicle dislocation	2.10	1.55	0.19	3.84	090	S
23545		A	Treat clavicle dislocation	3.07	1.98	0.29	5.34	090	S
23550		A	Repair clavicle dislocation	6.65	8.51	1.46	16.62	090	S
23552		A	Repair clavicle dislocation	7.83	7.29	1.17	16.29	090	S
23570		A	Treat shoulderblade fracture	2.10	1.70	0.25	4.05	090	S
23575		A	Treat shoulderblade fracture	3.88	2.75	0.43	7.06	090	S
23585		A	Repair scapula fracture	8.41	7.70	1.29	17.40	090	S
23600		A	Treat humerus fracture	2.75	2.90	0.43	6.08	090	S
23605		A	Treat humerus fracture	4.56	4.76	0.76	10.08	090	S
23615		A	Repair humerus fracture	8.38	10.72	1.78	20.88	090	S
23616		A	Repair humerus fracture	19.88	22.32	3.54	45.74	090	S
23620		A	Treat humerus fracture	2.25	2.88	0.46	5.59	090	S
23625		A	Treat humerus fracture	3.64	3.82	0.60	8.06	090	S
23630		A	Repair humerus fracture	6.89	8.82	1.40	17.11	090	S
23650		A	Treat shoulder dislocation	3.24	2.10	0.24	5.58	090	S
23655		A	Treat shoulder dislocation	4.26	2.93	0.44	7.63	090	S
23660		A	Repair shoulder dislocation	7.09	9.07	1.40	17.56	090	S
23665		A	Treat dislocation/fracture	4.16	3.35	0.51	8.02	090	S
23670		A	Repair dislocation/fracture	7.44	9.52	1.85	18.81	090	S
23675		A	Treat dislocation/fracture	5.60	3.93	0.61	10.14	090	S
23680		A	Repair dislocation/fracture	9.44	12.09	2.13	23.66	090	S
23700		A	Fixation of shoulder	2.47	2.09	0.34	4.90	010	S
23800		A	Fusion of shoulder joint	13.32	16.35	2.63	32.30	090	S
23802		A	Fusion of shoulder joint	15.62	14.07	2.24	31.93	090	S
23900		A	Amputation of arm & girdle	18.40	12.57	2.40	33.37	090	S
23920		A	Amputation at shoulder joint	13.60	13.85	2.54	29.99	090	S
23921		A	Amputation follow-up surgery	5.03	4.27	0.74	10.04	090	S
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23930		A	Drainage of arm lesion	2.78	1.61	0.24	4.63	010	S
23931		A	Drainage of arm bursa	1.63	0.75	0.11	2.49	010	S
23935		A	Drain arm/elbow bone lesion	5.56	4.69	0.78	11.03	090	S
24000		A	Exploratory elbow surgery	5.32	6.81	1.44	13.57	090	S
24006		A	Release elbow joint	8.70	7.14	1.17	17.01	090	S
24065		A	Biopsy arm/elbow soft tissue	2.03	0.79	0.10	2.92	010	S
24066		A	Biopsy arm/elbow soft tissue	4.95	2.71	0.41	8.07	090	S
24075		A	Remove arm/elbow lesion	3.79	1.98	0.35	6.12	090	S
24076		A	Remove arm/elbow lesion	6.01	3.68	0.67	10.36	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
24077		A	Remove tumor of arm/elbow	11.18	9.79	1.87	22.84	090	S
24100		A	Biopsy elbow joint lining	4.67	4.23	0.69	9.59	090	S
24101		A	Explore/treat elbow joint	5.84	7.47	1.41	14.72	090	S
24102		A	Remove elbow joint lining	7.57	9.68	1.81	19.06	090	S
24105		A	Removal of elbow bursa	3.43	3.77	0.63	7.83	090	S
24110		A	Remove humerus lesion	7.08	7.69	1.22	15.99	090	S
24115		A	Remove/graft bone lesion	8.88	7.68	1.33	17.89	090	S
24116		A	Remove/graft bone lesion	11.13	9.72	1.47	22.32	090	S
24120		A	Remove elbow lesion	6.36	6.02	0.98	13.36	090	S
24125		A	Remove/graft bone lesion	7.40	5.79	0.61	13.80	090	S
24126		A	Remove/graft bone lesion	7.76	7.40	1.21	16.37	090	S
24130		A	Removal of head of radius	5.96	6.72	1.08	13.76	090	S
24134		A	Removal of arm bone lesion	8.98	8.69	1.24	18.91	090	S
24136		A	Remove radius bone lesion	7.33	8.78	0.92	17.03	090	S
24138		A	Remove elbow bone lesion	7.36	6.39	1.06	14.81	090	S
24140		A	Partial removal of arm bone	8.56	8.77	1.45	18.78	090	S
24145		A	Partial removal of radius	7.12	6.38	1.03	14.53	090	S
24147		A	Partial removal of elbow	7.00	6.61	1.08	14.69	090	S
24149		A	Radical resection of elbow	13.25	12.64	2.07	27.96	090	S
24150		A	Extensive humerus surgery	12.43	14.08	2.24	28.75	090	S
24151		A	Extensive humerus surgery	14.65	13.83	2.11	30.59	090	S
24152		A	Extensive radius surgery	9.51	6.80	1.16	17.47	090	S
24153		A	Extensive radius surgery	10.96	10.44	1.71	23.11	090	S
24155		A	Removal of elbow joint	11.11	10.75	1.72	23.58	090	S
24160		A	Remove elbow joint implant	7.43	4.84	0.80	13.07	090	S
24164		A	Remove radius head implant	5.79	5.53	0.90	12.22	090	S
24200		A	Removal of arm foreign body	1.71	0.56	0.06	2.33	010	N
24201		A	Removal of arm foreign body	4.30	3.06	0.49	7.85	090	S
24220		A	Injection for elbow x-ray	1.31	0.51	0.05	1.87	000	N
24301		A	Muscle/tendon transfer	9.78	7.90	1.23	18.91	090	S
24305		A	Arm tendon lengthening	7.16	3.08	0.29	10.53	090	S
24310		A	Revision of arm tendon	5.72	2.95	0.48	9.15	090	S
24320		A	Repair of arm tendon	10.01	9.20	1.29	20.50	090	S
24330		A	Revision of arm muscles	9.18	8.74	1.43	19.35	090	S
24331		A	Revision of arm muscles	10.10	9.62	1.57	21.29	090	S
24340		A	Repair of biceps tendon	7.58	7.00	1.13	15.71	090	S
24341		A	Repair tendon/muscle arm	7.33	6.99	1.14	15.46	090	S
24342		A	Repair of ruptured tendon	10.13	10.38	1.76	22.27	090	S
24350		A	Repair of tennis elbow	5.05	4.23	0.69	9.97	090	S
24351		A	Repair of tennis elbow	5.73	4.57	0.73	11.03	090	S
24352		A	Repair of tennis elbow	6.14	5.69	0.93	12.76	090	S
24354		A	Repair of tennis elbow	6.19	5.61	0.94	12.74	090	S
24356		A	Revision of tennis elbow	6.39	7.28	1.18	14.85	090	S
24360		A	Reconstruct elbow joint	11.76	15.05	2.47	29.28	090	S
24361		A	Reconstruct elbow joint	13.50	13.13	2.00	28.63	090	S
24362		A	Reconstruct elbow joint	14.41	13.14	0.80	28.35	090	S
24363		A	Replace elbow joint	17.66	22.61	4.13	44.40	090	S
24365		A	Reconstruct head of radius	7.93	7.52	1.19	16.64	090	S
24366		A	Reconstruct head of radius	8.67	11.05	1.80	21.52	090	S
24400		A	Revision of humerus	10.55	8.43	1.37	20.35	090	S
24410		A	Revision of humerus	14.28	14.04	2.06	30.38	090	S
24420		A	Revision of humerus	12.90	12.30	2.01	27.21	090	S
24430		A	Repair of humerus	12.26	14.66	2.34	29.26	090	S
24435		A	Repair humerus with graft	12.19	15.61	2.84	30.64	090	S
24470		A	Revision of elbow joint	8.32	7.92	1.30	17.54	090	S
24495		A	Decompression of forearm	7.59	5.75	1.10	14.44	090	S
24498		A	Reinforce humerus	11.30	10.37	1.62	23.29	090	S
24500		A	Treat humerus fracture	3.01	2.54	0.36	5.91	090	S
24505		A	Treat humerus fracture	4.83	4.50	0.71	10.04	090	S
24515		A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24516		A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24530		A	Treat humerus fracture	3.30	2.73	0.42	6.45	090	S
24535		A	Treat humerus fracture	6.51	4.85	0.78	12.14	090	S
24538		A	Treat humerus fracture	8.85	7.98	1.26	18.09	090	S
24545		A	Repair humerus fracture	9.65	9.97	1.59	21.21	090	S
24546		A	Repair humerus fracture	14.66	9.97	1.59	26.22	090	S
24560		A	Treat humerus fracture	2.62	2.16	0.30	5.08	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
24565		A	Treat humerus fracture	5.22	3.45	0.54	9.21	090	S
24566		A	Treat humerus fracture	7.17	6.06	0.96	14.19	090	S
24575		A	Repair humerus fracture	9.91	7.79	1.24	18.94	090	S
24576		A	Treat humerus fracture	2.66	2.16	0.33	5.15	090	S
24577		A	Treat humerus fracture	5.45	4.00	0.61	10.06	090	S
24579		A	Repair humerus fracture	10.85	8.37	1.35	20.57	090	S
24582		A	Treat humerus fracture	7.83	6.62	1.06	15.51	090	S
24586		A	Repair elbow fracture	14.37	14.72	2.36	31.45	090	S
24587		A	Repair elbow fracture	14.26	13.72	2.17	30.15	090	S
24600		A	Treat elbow dislocation	4.08	1.95	0.26	6.29	090	S
24605		A	Treat elbow dislocation	5.08	2.29	0.37	7.74	090	S
24615		A	Repair elbow dislocation	8.76	9.29	1.48	19.53	090	S
24620		A	Treat elbow fracture	6.62	3.78	0.57	10.97	090	S
24635		A	Repair elbow fracture	12.42	11.06	1.78	25.26	090	S
24640		A	Treat elbow dislocation	1.15	1.01	0.08	2.24	010	N
24650		A	Treat radius fracture	2.01	2.25	0.33	4.59	090	S
24655		A	Treat radius fracture	4.17	3.01	0.45	7.63	090	S
24665		A	Repair radius fracture	7.69	7.13	1.14	15.96	090	S
24666		A	Repair radius fracture	8.87	10.27	1.60	20.74	090	S
24670		A	Treatment of ulna fracture	2.39	1.95	0.27	4.61	090	S
24675		A	Treatment of ulna fracture	4.52	3.51	0.54	8.57	090	S
24685		A	Repair ulna fracture	8.34	8.40	1.34	18.08	090	S
24800		A	Fusion of elbow joint	10.75	10.59	1.55	22.89	090	S
24802		A	Fusion/graft of elbow joint	12.79	12.18	1.99	26.96	090	S
24900		A	Amputation of upper arm	8.76	7.68	1.39	17.83	090	S
24920		A	Amputation of upper arm	8.69	6.78	1.19	16.66	090	S
24925		A	Amputation follow-up surgery	6.61	6.27	0.75	13.63	090	S
24930		A	Amputation follow-up surgery	9.40	8.16	1.17	18.73	090	S
24931		A	Amputate upper arm & implant	11.71	11.17	1.84	24.72	090	S
24935		A	Revision of amputation	14.37	13.70	2.24	30.31	090	S
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	090	S
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY	S
25000		A	Incision of tendon sheath	3.20	3.94	0.62	7.76	090	S
25020		A	Decompression of forearm	5.55	4.35	0.77	10.67	090	S
25023		A	Decompression of forearm	11.80	5.44	0.94	18.18	090	S
25028		A	Drainage of forearm lesion	4.88	2.06	0.36	7.30	090	S
25031		A	Drainage of forearm bursa	3.90	0.66	0.09	4.65	090	S
25035		A	Treat forearm bone lesion	6.83	6.30	1.01	14.14	090	S
25040		A	Explore/treat wrist joint	6.61	5.69	0.90	13.20	090	S
25065		A	Biopsy forearm soft tissues	1.94	0.75	0.09	2.78	010	S
25066		A	Biopsy forearm soft tissues	3.87	1.54	0.22	5.63	090	S
25075		A	Removal of forearm lesion	3.61	2.19	0.37	6.17	090	S
25076		A	Removal of forearm lesion	4.77	3.77	0.67	9.21	090	S
25077		A	Remove tumor, forearm/wrist	9.25	8.48	1.67	19.40	090	S
25085		A	Incision of wrist capsule	5.13	4.62	0.71	10.46	090	S
25100		A	Biopsy of wrist joint	3.66	4.69	0.79	9.14	090	S
25101		A	Explore/treat wrist joint	4.43	5.61	0.98	11.02	090	S
25105		A	Remove wrist joint lining	5.56	7.11	1.19	13.86	090	S
25107		A	Remove wrist joint cartilage	5.89	5.28	0.89	12.06	090	S
25110		A	Remove wrist tendon lesion	3.79	2.80	0.46	7.05	090	S
25111		A	Remove wrist tendon lesion	3.24	3.22	0.55	7.01	090	S
25112		A	Reremove wrist tendon lesion	4.38	3.72	0.66	8.76	090	S
25115		A	Remove wrist/forearm lesion	8.00	7.14	1.23	16.37	090	S
25116		A	Remove wrist/forearm lesion	6.44	8.17	1.38	15.99	090	S
25118		A	Excise wrist tendon sheath	4.11	5.26	1.02	10.39	090	S
25119		A	Partial removal of ulna	5.64	7.22	1.32	14.18	090	S
25120		A	Removal of forearm lesion	5.70	6.53	1.14	13.37	090	S
25125		A	Remove/graft forearm lesion	7.06	6.84	1.04	14.94	090	S
25126		A	Remove/graft forearm lesion	7.13	6.80	1.12	15.05	090	S
25130		A	Removal of wrist lesion	5.08	4.21	0.67	9.96	090	S
25135		A	Remove & graft wrist lesion	6.58	5.46	0.97	13.01	090	S
25136		A	Remove & graft wrist lesion	5.68	4.74	0.85	11.27	090	S
25145		A	Remove forearm bone lesion	5.97	5.95	0.75	12.67	090	S
25150		A	Partial removal of ulna	6.56	6.67	1.12	14.35	090	S
25151		A	Partial removal of radius	6.86	5.75	1.02	13.63	090	S
25170		A	Extensive forearm surgery	10.45	9.79	1.51	21.75	090	S
25210		A	Removal of wrist bone	5.55	4.88	0.80	11.23	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
25215	.....	A	Removal of wrist bones	7.40	8.68	1.42	17.50	090	S
25230	.....	A	Partial removal of radius	4.86	5.57	0.85	11.28	090	S
25240	.....	A	Partial removal of ulna	4.91	5.30	0.86	11.07	090	S
25246	.....	A	Injection for wrist x-ray	1.45	0.50	0.05	2.00	000	N
25248	.....	A	Remove forearm foreign body	4.96	2.18	0.37	7.51	090	S
25250	.....	A	Removal of wrist prosthesis	6.31	5.63	0.91	12.85	090	S
25251	.....	A	Removal of wrist prosthesis	9.08	8.25	1.39	18.72	090	S
25260	.....	A	Repair forearm tendon/muscle	7.33	4.61	0.78	12.72	090	S
25263	.....	A	Repair forearm tendon/muscle	7.37	5.77	1.03	14.17	090	S
25265	.....	A	Repair forearm tendon/muscle	9.54	7.93	1.41	18.88	090	S
25270	.....	A	Repair forearm tendon/muscle	5.71	3.36	0.55	9.62	090	S
25272	.....	A	Repair forearm tendon/muscle	6.75	3.44	0.54	10.73	090	S
25274	.....	A	Repair forearm tendon/muscle	8.44	6.62	1.13	16.19	090	S
25280	.....	A	Revise wrist/forearm tendon	6.82	4.22	0.69	11.73	090	S
25290	.....	A	Incise wrist/forearm tendon	5.03	2.47	0.41	7.91	090	S
25295	.....	A	Release wrist/forearm tendon	6.26	3.05	0.52	9.83	090	S
25300	.....	A	Fusion of tendons at wrist	8.46	7.36	1.19	17.01	090	S
25301	.....	A	Fusion of tendons at wrist	8.09	6.77	1.18	16.04	090	S
25310	.....	A	Transplant forearm tendon	7.68	7.14	1.17	15.99	090	S
25312	.....	A	Transplant forearm tendon	9.08	7.63	1.31	18.02	090	S
25315	.....	A	Revise palsy hand tendon(s)	9.45	8.06	1.34	18.85	090	S
25316	.....	A	Revise palsy hand tendon(s)	11.49	10.58	1.78	23.85	090	S
25320	.....	A	Repair/revise wrist joint	9.89	8.60	1.45	19.94	090	S
25330	.....	D	Revise wrist joint	0.00	0.00	0.00	0.00	090	S
25331	.....	D	Revise wrist joint	0.00	0.00	0.00	0.00	090	S
25332	.....	A	Revise wrist joint	10.83	9.98	1.61	22.42	090	S
25335	.....	A	Realignment of hand	12.11	11.41	1.56	25.08	090	S
25337	.....	A	Reconstruct ulna/radioulnar	9.50	8.60	1.45	19.55	090	S
25350	.....	A	Revision of radius	8.23	7.61	1.26	17.10	090	S
25355	.....	A	Revision of radius	9.55	9.12	1.49	20.16	090	S
25360	.....	A	Revision of ulna	7.88	6.41	0.99	15.28	090	S
25365	.....	A	Revise radius & ulna	11.63	10.31	1.57	23.51	090	S
25370	.....	A	Revise radius or ulna	12.34	11.76	1.92	26.02	090	S
25375	.....	A	Revise radius & ulna	12.27	13.38	0.87	26.52	090	S
25390	.....	A	Shorten radius/ulna	9.85	8.82	1.50	20.17	090	S
25391	.....	A	Lengthen radius/ulna	12.75	11.25	1.93	25.93	090	S
25392	.....	A	Shorten radius & ulna	13.05	12.44	2.04	27.53	090	S
25393	.....	A	Lengthen radius & ulna	14.90	14.21	2.32	31.43	090	S
25400	.....	A	Repair radius or ulna	10.30	10.78	1.75	22.83	090	S
25405	.....	A	Repair/graft radius or ulna	13.48	12.42	2.02	27.92	090	S
25415	.....	A	Repair radius & ulna	12.64	11.42	1.92	25.98	090	S
25420	.....	A	Repair/graft radius & ulna	15.34	14.70	2.28	32.32	090	S
25425	.....	A	Repair/graft radius or ulna	12.44	12.02	1.87	26.33	090	S
25426	.....	A	Repair/graft radius & ulna	14.92	11.72	2.13	28.77	090	S
25440	.....	A	Repair/graft wrist bone	9.95	9.05	1.50	20.50	090	S
25441	.....	A	Reconstruct wrist joint	12.26	11.36	1.89	25.51	090	S
25442	.....	A	Reconstruct wrist joint	10.34	7.06	1.22	18.62	090	S
25443	.....	A	Reconstruct wrist joint	9.88	9.38	1.52	20.78	090	S
25444	.....	A	Reconstruct wrist joint	10.64	10.14	1.66	22.44	090	S
25445	.....	A	Reconstruct wrist joint	9.27	10.36	1.72	21.35	090	S
25446	.....	A	Wrist replacement	15.52	19.86	3.49	38.87	090	S
25447	.....	A	Repair wrist joint(s)	9.86	9.65	1.56	21.07	090	S
25449	.....	A	Remove wrist joint implant	13.78	7.84	1.16	22.78	090	S
25450	.....	A	Revision of wrist joint	7.67	7.31	1.19	16.17	090	S
25455	.....	A	Revision of wrist joint	9.15	8.71	1.42	19.28	090	S
25490	.....	A	Reinforce radius	9.12	8.69	1.42	19.23	090	S
25491	.....	A	Reinforce ulna	9.54	9.10	1.49	20.13	090	S
25492	.....	A	Reinforce radius and ulna	11.75	11.20	1.84	24.79	090	S
25500	.....	A	Treat fracture of radius	2.30	2.33	0.29	4.92	090	S
25505	.....	A	Treat fracture of radius	4.96	3.57	0.51	9.04	090	S
25515	.....	A	Repair fracture of radius	8.63	7.63	1.22	17.48	090	S
25520	.....	A	Repair fracture of radius	6.01	5.74	0.94	12.69	090	S
25525	.....	A	Repair fracture of radius	11.69	11.15	1.83	24.67	090	S
25526	.....	A	Repair fracture of radius	12.43	11.85	1.94	26.22	090	S
25530	.....	A	Treat fracture of ulna	1.94	2.44	0.35	4.73	090	S
25535	.....	A	Treat fracture of ulna	4.91	3.57	0.54	9.02	090	S
25545	.....	A	Repair fracture of ulna	8.35	7.58	1.20	17.13	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
25560		A	Treat fracture radius & ulna	2.29	2.27	0.27	4.83	090	S
25565		A	Treat fracture radius & ulna	5.29	4.66	0.70	10.65	090	S
25574		A	Treat fracture radius & ulna	6.03	7.72	1.73	15.48	090	S
25575		A	Repair fracture radius/ulna	9.47	10.70	1.73	21.90	090	S
25600		A	Treat fracture radius/ulna	2.48	2.84	0.42	5.74	090	S
25605		A	Treat fracture radius/ulna	5.36	3.95	0.61	9.92	090	S
25611		A	Repair fracture radius/ulna	7.11	6.01	0.97	14.09	090	S
25620		A	Repair fracture radius/ulna	8.15	7.13	1.14	16.42	090	S
25622		A	Treat wrist bone fracture	2.43	2.28	0.33	5.04	090	S
25624		A	Treat wrist bone fracture	4.28	3.67	0.57	8.52	090	S
25628		A	Repair wrist bone fracture	7.81	7.13	1.16	16.10	090	S
25630		A	Treat wrist bone fracture	2.73	2.19	0.30	5.22	090	S
25635		A	Treat wrist bone fracture	4.16	3.36	0.50	8.02	090	S
25645		A	Repair wrist bone fracture	6.85	6.68	0.95	14.48	090	S
25650		A	Repair wrist bone fracture	2.87	2.66	0.36	5.89	090	S
25660		A	Treat wrist dislocation	4.53	1.82	0.26	6.61	090	S
25670		A	Repair wrist dislocation	7.52	7.08	1.12	15.72	090	S
25675		A	Treat wrist dislocation	4.44	2.28	0.34	7.06	090	S
25676		A	Repair wrist dislocation	7.55	7.32	1.11	15.98	090	S
25680		A	Treat wrist fracture	5.63	2.44	0.36	8.43	090	S
25685		A	Repair wrist fracture	9.23	8.79	1.44	19.46	090	S
25690		A	Treat wrist dislocation	5.16	4.89	0.73	10.78	090	S
25695		A	Repair wrist dislocation	7.94	7.04	1.17	16.15	090	S
25800		A	Fusion of wrist joint	9.21	10.94	1.80	21.95	090	S
25805		A	Fusion/graft of wrist joint	10.57	12.85	2.09	25.51	090	S
25810		A	Fusion/graft of wrist joint	9.79	12.53	2.06	24.38	090	S
25820		A	Fusion of hand bones	7.14	8.91	1.48	17.53	090	S
25825		A	Fusion hand bones with graft	8.60	11.02	1.99	21.61	090	S
25830		A	Fusion radioulnar jnt/ulna	9.50	8.60	1.45	19.55	090	S
25900		A	Amputation of forearm	8.15	7.08	1.31	16.54	090	S
25905		A	Amputation of forearm	8.40	7.11	1.15	16.66	090	S
25907		A	Amputation follow-up surgery	7.27	5.74	1.00	14.01	090	S
25909		A	Amputation follow-up surgery	8.37	5.55	1.06	14.98	090	S
25915		A	Amputation of forearm	16.61	15.83	2.59	35.03	090	S
25920		A	Amputate hand at wrist	8.09	7.00	1.20	16.29	090	S
25922		A	Amputate hand at wrist	6.96	5.55	1.02	13.53	090	S
25924		A	Amputation follow-up surgery	7.87	7.50	1.22	16.59	090	S
25927		A	Amputation of hand	8.27	6.29	1.22	15.78	090	S
25929		A	Amputation follow-up surgery	7.13	4.74	0.96	12.83	090	S
25931		A	Amputation follow-up surgery	7.35	4.54	0.90	12.79	090	S
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY	S
26010		A	Drainage of finger abscess	1.49	0.48	0.05	2.02	010	N
26011		A	Drainage of finger abscess	2.14	1.54	0.24	3.92	010	S
26020		A	Drain hand tendon sheath	4.01	3.72	0.63	8.36	090	S
26025		A	Drainage of palm bursa	4.32	4.51	0.76	9.59	090	S
26030		A	Drainage of palm bursa(s)	5.36	5.73	0.98	12.07	090	S
26034		A	Treat hand bone lesion	5.59	4.23	0.71	10.53	090	S
26035		A	Decompress fingers/hand	8.38	5.17	0.86	14.41	090	S
26037		A	Decompress fingers/hand	6.68	6.37	1.05	14.10	090	S
26040		A	Release palm contracture	3.09	2.86	0.49	6.44	090	S
26045		A	Release palm contracture	5.27	4.83	0.81	10.91	090	S
26055		A	Incise finger tendon sheath	2.56	3.28	0.56	6.40	090	S
26060		A	Incision of finger tendon	2.71	1.13	0.17	4.01	090	S
26070		A	Explore/treat hand joint	3.34	2.76	0.42	6.52	090	S
26075		A	Explore/treat finger joint	3.44	3.78	0.62	7.84	090	S
26080		A	Explore/treat finger joint	3.78	3.14	0.51	7.43	090	S
26100		A	Biopsy hand joint lining	3.54	2.99	0.45	6.98	090	S
26105		A	Biopsy finger joint lining	3.58	4.17	0.67	8.42	090	S
26110		A	Biopsy finger joint lining	3.40	2.93	0.50	6.83	090	S
26115		A	Removal of hand lesion	3.68	2.01	0.34	6.03	090	S
26116		A	Removal of hand lesion	5.19	3.71	0.62	9.52	090	S
26117		A	Remove tumor, hand/finger	8.24	5.07	0.91	14.22	090	S
26121		A	Release palm contracture	7.34	9.40	1.61	18.35	090	S
26123		A	Release palm contracture	8.64	9.10	1.53	19.27	090	S
26125		A	Release palm contracture	4.61	2.62	0.45	7.68	ZZZ	S
26130		A	Remove wrist joint lining	5.13	5.01	0.86	11.00	090	S
26135		A	Revise finger joint, each	6.67	4.86	0.82	12.35	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26140		A	Revise finger joint, each	5.88	4.40	0.75	11.03	090	S
26145		A	Tendon excision, palm/finger	6.03	4.71	0.80	11.54	090	S
26160		A	Remove tendon sheath lesion	3.00	2.32	0.40	5.72	090	S
26170		A	Removal of palm tendon, each	4.62	2.83	0.45	7.90	090	S
26180		A	Removal of finger tendon	5.00	4.01	0.71	9.72	090	S
26185		A	Remove finger bone	5.00	4.24	0.41	9.65	090	S
26200		A	Remove hand bone lesion	5.25	4.48	0.72	10.45	090	S
26205		A	Remove/graft bone lesion	7.24	6.40	1.03	14.67	090	S
26210		A	Removal of finger lesion	4.97	3.90	0.64	9.51	090	S
26215		A	Remove/graft finger lesion	6.81	5.55	0.94	13.30	090	S
26230		A	Partial removal of hand bone	5.96	4.26	0.69	10.91	090	S
26235		A	Partial removal, finger bone	5.82	4.17	0.71	10.70	090	S
26236		A	Partial removal, finger bone	4.95	3.86	0.66	9.47	090	S
26250		A	Extensive hand surgery	7.26	6.00	1.07	14.33	090	S
26255		A	Extensive hand surgery	11.66	8.94	1.54	22.14	090	S
26260		A	Extensive finger surgery	6.74	5.73	0.97	13.44	090	S
26261		A	Extensive finger surgery	8.54	7.70	1.31	17.55	090	S
26262		A	Partial removal of finger	5.41	4.75	0.76	10.92	090	S
26320		A	Removal of implant from hand	3.74	3.54	0.57	7.85	090	S
26350		A	Repair finger/hand tendon	5.76	5.74	0.99	12.49	090	S
26352		A	Repair/graft hand tendon	7.26	6.60	1.10	14.96	090	S
26356		A	Repair finger/hand tendon	7.05	7.21	1.24	15.50	090	S
26357		A	Repair finger/hand tendon	8.16	6.58	1.19	15.93	090	S
26358		A	Repair/graft hand tendon	8.69	7.40	1.27	17.36	090	S
26370		A	Repair finger/hand tendon	6.71	6.71	1.13	14.55	090	S
26372		A	Repair/graft hand tendon	8.27	6.39	1.15	15.81	090	S
26373		A	Repair finger/hand tendon	7.67	6.85	1.11	15.63	090	S
26390		A	Revise hand/finger tendon	8.73	7.95	1.23	17.91	090	S
26392		A	Repair/graft hand tendon	9.77	8.61	1.26	19.64	090	S
26410		A	Repair hand tendon	4.37	3.29	0.51	8.17	090	S
26412		A	Repair/graft hand tendon	5.91	6.01	0.97	12.89	090	S
26415		A	Excision, hand/finger tendon	8.05	6.75	0.90	15.70	090	S
26416		A	Graft hand or finger tendon	9.06	8.64	1.41	19.11	090	S
26418		A	Repair finger tendon	4.02	3.58	0.59	8.19	090	S
26420		A	Repair/graft finger tendon	6.37	5.68	0.96	13.01	090	S
26426		A	Repair finger/hand tendon	5.86	6.31	1.07	13.24	090	S
26428		A	Repair/graft finger tendon	6.90	5.50	1.00	13.40	090	S
26432		A	Repair finger tendon	3.87	3.15	0.51	7.53	090	S
26433		A	Repair finger tendon	4.41	3.94	0.66	9.01	090	S
26434		A	Repair/graft finger tendon	5.80	4.95	0.84	11.59	090	S
26437		A	Realignment of tendons	5.53	4.05	0.68	10.26	090	S
26440		A	Release palm/finger tendon	4.76	3.57	0.59	8.92	090	S
26442		A	Release palm & finger tendon	7.45	3.37	0.59	11.41	090	S
26445		A	Release hand/finger tendon	4.16	3.25	0.54	7.95	090	S
26449		A	Release forearm/hand tendon	6.39	5.57	0.96	12.92	090	S
26450		A	Incision of palm tendon	3.54	2.28	0.36	6.18	090	S
26455		A	Incision of finger tendon	3.51	1.89	0.33	5.73	090	S
26460		A	Incise hand/finger tendon	3.33	1.72	0.30	5.35	090	S
26471		A	Fusion of finger tendons	5.55	4.15	0.67	10.37	090	S
26474		A	Fusion of finger tendons	5.14	4.61	0.75	10.50	090	S
26476		A	Tendon lengthening	5.00	2.89	0.27	8.16	090	S
26477		A	Tendon shortening	4.97	3.99	0.73	9.69	090	S
26478		A	Lengthening of hand tendon	5.62	4.30	0.72	10.64	090	S
26479		A	Shortening of hand tendon	5.56	5.29	0.86	11.71	090	S
26480		A	Transplant hand tendon	6.49	6.53	1.11	14.13	090	S
26483		A	Transplant/graft hand tendon	7.87	8.50	1.40	17.77	090	S
26485		A	Transplant palm tendon	7.28	6.50	1.08	14.86	090	S
26489		A	Transplant/graft palm tendon	9.00	3.40	0.51	12.91	090	S
26490		A	Revise thumb tendon	7.99	7.80	1.28	17.07	090	S
26492		A	Tendon transfer with graft	9.17	8.75	1.21	19.13	090	S
26494		A	Hand tendon/muscle transfer	8.05	7.28	1.23	16.56	090	S
26496		A	Revise thumb tendon	9.17	8.73	1.53	19.43	090	S
26497		A	Finger tendon transfer	9.15	8.02	1.38	18.55	090	S
26498		A	Finger tendon transfer	13.55	11.78	2.04	27.37	090	S
26499		A	Revision of finger	8.56	7.75	1.25	17.56	090	S
26500		A	Hand tendon reconstruction	5.67	3.49	0.60	9.76	090	S
26502		A	Hand tendon reconstruction	6.74	5.27	0.95	12.96	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26504		A	Hand tendon reconstruction	7.05	6.72	1.11	14.88	090	S
26508		A	Release thumb contracture	5.61	4.15	0.72	10.48	090	S
26510		A	Thumb tendon transfer	5.03	4.15	0.68	9.86	090	S
26516		A	Fusion of knuckle joint	6.75	4.16	0.67	11.58	090	S
26517		A	Fusion of knuckle joints	8.34	7.07	1.23	16.64	090	S
26518		A	Fusion of knuckle joints	8.53	6.51	1.22	16.26	090	S
26520		A	Release knuckle contracture	5.01	4.48	0.71	10.20	090	S
26525		A	Release finger contracture	5.04	3.64	0.62	9.30	090	S
26530		A	Revise knuckle joint	6.38	5.16	0.85	12.39	090	S
26531		A	Revise knuckle with implant	7.57	6.65	1.11	15.33	090	S
26535		A	Revise finger joint	4.95	4.84	0.58	10.37	090	S
26536		A	Revise/implant finger joint	6.06	7.21	1.19	14.46	090	S
26540		A	Repair hand joint	6.03	6.64	1.12	13.79	090	S
26541		A	Repair hand joint with graft	8.20	8.94	1.47	18.61	090	S
26542		A	Repair hand joint with graft	6.38	5.67	0.97	13.02	090	S
26545		A	Reconstruct finger joint	6.50	5.27	0.94	12.71	090	S
26546		A	Repair non-union hand	8.50	8.11	1.33	17.94	090	S
26548		A	Reconstruct finger joint	7.61	5.79	1.00	14.40	090	S
26550		A	Construct thumb replacement	20.77	19.81	3.24	43.82	090	S
26551		A	Great toe-hand transfer	44.31	42.25	6.92	93.48	090	S
26552		D	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26553		A	Single toe-hand transfer	44.00	41.96	6.87	92.83	090	S
26554		A	Double toe-hand transfer	52.50	50.06	8.20	110.76	090	S
26555		A	Positional change of finger	16.16	15.41	2.52	34.09	090	S
26556		A	Toe joint transfer	44.75	42.67	6.99	94.41	090	S
26557		D	Construct finger replacement	0.00	0.00	0.00	0.00	090	S
26558		D	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26559		D	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26560		A	Repair of web finger	5.23	4.65	0.66	10.54	090	S
26561		A	Repair of web finger	10.50	8.89	1.56	20.95	090	S
26562		A	Repair of web finger	9.23	10.97	0.82	21.02	090	S
26565		A	Correct metacarpal flaw	6.45	5.82	0.85	13.12	090	S
26567		A	Correct finger deformity	6.53	4.28	0.67	11.48	090	S
26568		A	Lengthen metacarpal/finger	8.66	8.45	1.06	18.17	090	S
26580		A	Repair hand deformity	17.71	16.89	2.76	37.36	090	S
26585		A	Repair finger deformity	13.58	12.95	2.12	28.65	090	S
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	090	S
26590		A	Repair finger deformity	17.44	16.63	2.72	36.79	090	S
26591		A	Repair muscles of hand	2.90	2.29	0.39	5.58	090	S
26593		A	Release muscles of hand	4.89	4.12	0.70	9.71	090	S
26596		A	Excision constricting tissue	8.64	8.24	1.35	18.23	090	S
26597		A	Release of scar contracture	9.37	8.02	1.37	18.76	090	S
26600		A	Treat metacarpal fracture	1.81	1.54	0.22	3.57	090	S
26605		A	Treat metacarpal fracture	2.67	2.29	0.36	5.32	090	S
26607		A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26608		A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26615		A	Repair metacarpal fracture	5.18	4.87	0.80	10.85	090	S
26641		A	Treat thumb dislocation	3.74	1.11	0.14	4.99	090	S
26645		A	Treat thumb fracture	4.23	2.20	0.33	6.76	090	S
26650		A	Repair thumb fracture	5.49	4.01	0.64	10.14	090	S
26665		A	Repair thumb fracture	7.14	6.39	1.09	14.62	090	S
26670		A	Treat hand dislocation	3.54	0.96	0.10	4.60	090	S
26675		A	Treat hand dislocation	4.44	4.34	0.60	9.38	090	S
26676		A	Pin hand dislocation	5.29	4.86	0.67	10.82	090	S
26685		A	Repair hand dislocation	6.54	5.76	0.91	13.21	090	S
26686		A	Repair hand dislocation	7.48	6.31	1.04	14.83	090	S
26700		A	Treat knuckle dislocation	3.54	0.88	0.10	4.52	090	S
26705		A	Treat knuckle dislocation	3.99	1.78	0.27	6.04	090	S
26706		A	Pin knuckle dislocation	4.92	4.68	0.75	10.35	090	S
26715		A	Repair knuckle dislocation	5.48	4.13	0.66	10.27	090	S
26720		A	Treat finger fracture, each	1.56	1.10	0.15	2.81	090	S
26725		A	Treat finger fracture, each	3.18	1.54	0.23	4.95	090	S
26727		A	Treat finger fracture, each	4.92	2.45	0.38	7.75	090	S
26735		A	Repair finger fracture, each	5.72	3.73	0.61	10.06	090	S
26740		A	Treat finger fracture, each	1.81	1.16	0.16	3.13	090	S
26742		A	Treat finger fracture, each	3.70	1.98	0.32	6.00	090	S
26746		A	Repair finger fracture, each	5.55	4.75	0.80	11.10	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26750		A	Treat finger fracture, each	1.60	0.83	0.10	2.53	090	S
26755		A	Treat finger fracture, each	2.97	1.08	0.15	4.20	090	S
26756		A	Pin finger fracture, each	4.19	1.90	0.33	6.42	090	S
26765		A	Repair finger fracture, each	4.04	2.66	0.45	7.15	090	S
26770		A	Treat finger dislocation	2.89	0.76	0.08	3.73	090	S
26775		A	Treat finger dislocation	3.51	1.13	0.17	4.81	090	S
26776		A	Pin finger dislocation	4.60	2.08	0.35	7.03	090	S
26785		A	Repair finger dislocation	4.08	2.97	0.48	7.53	090	S
26820		A	Thumb fusion with graft	7.84	6.65	1.05	15.54	090	S
26841		A	Fusion of thumb	6.79	6.17	1.00	13.96	090	S
26842		A	Thumb fusion with graft	7.75	8.58	1.37	17.70	090	S
26843		A	Fusion of hand joint	7.21	6.37	1.10	14.68	090	S
26844		A	Fusion/graft of hand joint	8.24	7.35	1.19	16.78	090	S
26850		A	Fusion of knuckle	6.57	4.63	0.76	11.96	090	S
26852		A	Fusion of knuckle with graft	7.97	5.72	1.00	14.69	090	S
26860		A	Fusion of finger joint	4.49	4.30	0.68	9.47	090	S
26861		A	Fusion of finger joint, added	1.74	2.23	0.43	4.40	ZZZ	S
26862		A	Fusion/graft of finger joint	7.06	5.16	0.85	13.07	090	S
26863		A	Fuse/graft added joint	3.90	3.37	0.57	7.84	ZZZ	S
26910		A	Amputate metacarpal bone	7.18	5.16	0.93	13.27	090	S
26951		A	Amputation of finger/thumb	4.41	2.87	0.49	7.77	090	S
26952		A	Amputation of finger/thumb	6.02	4.00	0.69	10.71	090	S
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY	S
26990		A	Drainage of pelvis lesion	6.76	3.10	0.51	10.37	090	S
26991		A	Drainage of pelvis bursa	6.05	1.81	0.29	8.15	090	S
26992		A	Drainage of bone lesion	12.30	6.38	1.05	19.73	090	S
27000		A	Incision of hip tendon	5.27	1.85	0.24	7.36	090	S
27001		A	Incision of hip tendon	6.50	2.34	0.38	9.22	090	S
27003		A	Incision of hip tendon	6.62	6.77	1.08	14.47	090	S
27005		A	Incision of hip tendon	9.00	3.37	0.54	12.91	090	S
27006		A	Incision of hip tendons	9.00	4.64	0.77	14.41	090	S
27025		A	Incision of hip/thigh fascia	10.16	6.12	1.02	17.30	090	S
27030		A	Drainage of hip joint	12.09	11.42	1.86	25.37	090	S
27033		A	Exploration of hip joint	12.38	11.52	1.85	25.75	090	S
27035		A	Denervation of hip joint	15.72	11.86	2.21	29.79	090	S
27036		A	Excision of hip joint/muscle	12.00	11.44	1.87	25.31	090	S
27040		A	Biopsy of soft tissues	2.71	0.72	0.11	3.54	010	N
27041		A	Biopsy of soft tissues	9.36	2.67	0.44	12.47	090	S
27047		A	Remove hip/pelvis lesion	7.16	1.89	0.32	9.37	090	S
27048		A	Remove hip/pelvis lesion	5.70	4.33	0.82	10.85	090	S
27049		A	Remove tumor, hip/pelvis	12.52	10.14	1.87	24.53	090	S
27050		A	Biopsy of sacroiliac joint	3.73	4.78	0.90	9.41	090	S
27052		A	Biopsy of hip joint	5.45	6.97	1.59	14.01	090	S
27054		A	Removal of hip joint lining	7.60	9.72	2.26	19.58	090	S
27060		A	Removal of ischial bursa	4.73	3.93	0.68	9.34	090	S
27062		A	Remove femur lesion/bursa	4.74	4.23	0.70	9.67	090	S
27065		A	Removal of hip bone lesion	4.98	5.59	0.90	11.47	090	S
27066		A	Removal of hip bone lesion	9.17	7.90	1.30	18.37	090	S
27067		A	Remove/graft hip bone lesion	12.64	11.63	1.93	26.20	090	S
27070		A	Partial removal of hip bone	9.58	7.41	1.21	18.20	090	S
27071		A	Partial removal of hip bone	10.23	8.50	1.45	20.18	090	S
27075		A	Extensive hip surgery	15.85	13.54	2.32	31.71	090	S
27076		A	Extensive hip surgery	20.23	16.37	2.61	39.21	090	S
27077		A	Extensive hip surgery	21.29	18.98	3.24	43.51	090	S
27078		A	Extensive hip surgery	11.86	9.20	1.67	22.73	090	S
27079		A	Extensive hip surgery	12.11	8.64	1.66	22.41	090	S
27080		A	Removal of tail bone	5.63	4.78	0.87	11.28	090	S
27086		A	Remove hip foreign body	1.82	0.58	0.07	2.47	010	S
27087		A	Remove hip foreign body	8.01	3.62	0.60	12.23	090	S
27090		A	Removal of hip prosthesis	10.34	9.09	1.46	20.89	090	S
27091		A	Removal of hip prosthesis	20.48	19.81	3.16	43.45	090	S
27093		A	Injection for hip x-ray	1.30	0.82	0.11	2.23	000	S
27095		A	Injection for hip x-ray	1.50	0.93	0.13	2.56	000	N
27097		A	Revision of hip tendon	8.08	7.71	1.26	17.05	090	S
27098		A	Transfer tendon to pelvis	8.08	7.71	1.26	17.05	090	S
27100		A	Transfer of abdominal muscle	10.57	7.68	1.42	19.67	090	S
27105		A	Transfer of spinal muscle	11.26	5.89	1.36	18.51	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27110		A	Transfer of iliopsoas muscle	12.49	10.61	1.86	24.96	090	S
27111		A	Transfer of iliopsoas muscle	11.44	11.63	1.65	24.72	090	S
27120		A	Reconstruction of hip socket	16.43	18.10	2.95	37.48	090	S
27122		A	Reconstruction of hip socket	13.56	17.36	2.94	33.86	090	S
27125		A	Partial hip replacement	13.21	16.91	3.01	33.13	090	S
27130		A	Total hip replacement	18.68	23.91	4.58	47.17	090	S
27132		A	Total hip replacement	21.44	27.44	5.09	53.97	090	S
27134		A	Revise hip joint replacement	27.00	31.41	5.96	64.37	090	S
27137		A	Revise hip joint replacement	20.00	23.90	4.82	48.72	090	S
27138		A	Revise hip joint replacement	21.00	24.23	4.58	49.81	090	S
27140		A	Transplant of femur ridge	11.43	11.05	1.71	24.19	090	S
27146		A	Incision of hip bone	16.55	10.88	1.35	28.78	090	S
27147		A	Revision of hip bone	19.70	16.97	2.76	39.43	090	S
27151		A	Incision of hip bones	21.50	17.71	2.90	42.11	090	S
27156		A	Revision of hip bones	23.62	18.32	3.08	45.02	090	S
27158		A	Revision of pelvis	18.10	14.42	2.64	35.16	090	S
27161		A	Incision of neck of femur	15.20	14.31	2.31	31.82	090	S
27165		A	Incision/fixation of femur	16.20	16.76	2.63	35.59	090	S
27170		A	Repair/graft femur head/neck	14.90	16.41	2.65	33.96	090	S
27175		A	Treat slipped epiphysis	7.24	1.18	0.18	8.60	090	S
27176		A	Treat slipped epiphysis	10.89	10.39	1.70	22.98	090	S
27177		A	Repair slipped epiphysis	13.76	12.39	2.05	28.20	090	S
27178		A	Repair slipped epiphysis	10.76	10.46	1.55	22.77	090	S
27179		A	Revise head/neck of femur	11.69	11.15	1.83	24.67	090	S
27181		A	Repair slipped epiphysis	13.80	13.14	2.16	29.10	090	S
27185		A	Revision of femur epiphysis	8.30	2.77	0.87	11.94	090	S
27187		A	Reinforce hip bones	12.57	16.09	2.76	31.42	090	S
27193		A	Treat pelvic ring fracture	4.64	2.41	0.39	7.44	090	S
27194		A	Treat pelvic ring fracture	8.73	3.90	0.50	13.13	090	S
27200		A	Treat tail bone fracture	1.76	1.49	0.17	3.42	090	S
27202		A	Repair tail bone fracture	6.52	6.15	0.89	13.56	090	S
27215		A	Pelvic fracture(s) treatment	9.39	12.02	2.33	23.74	090	S
27216		A	Treat pelvic ring fracture	14.20	4.30	0.66	19.16	090	S
27217		A	Treat pelvic ring fracture	13.19	14.55	2.33	30.07	090	S
27218		A	Treat pelvic ring fracture	18.83	14.55	2.33	35.71	090	S
27220		A	Treat hip socket fracture	5.26	4.26	0.64	10.16	090	S
27222		A	Treat hip socket fracture	10.95	6.37	1.03	18.35	090	S
27226		A	Treat hip wall fracture	13.93	15.78	2.52	32.23	090	S
27227		A	Treat hip fracture(s)	22.00	19.70	3.20	44.90	090	S
27228		A	Treat hip fracture(s)	25.59	19.95	3.20	48.74	090	S
27230		A	Treat fracture of thigh	4.95	3.30	0.41	8.66	090	S
27232		A	Treat fracture of thigh	9.32	8.98	1.46	19.76	090	S
27235		A	Repair of thigh fracture	11.02	14.10	2.60	27.72	090	S
27236		A	Repair of thigh fracture	14.14	16.91	2.71	33.76	090	S
27238		A	Treatment of thigh fracture	5.06	4.91	0.71	10.68	090	S
27240		A	Treatment of thigh fracture	10.86	9.70	1.53	22.09	090	S
27244		A	Repair of thigh fracture	14.35	16.30	2.62	33.27	090	S
27245		A	Repair of thigh fracture	18.72	16.30	2.62	37.64	090	S
27246		A	Treatment of thigh fracture	4.36	3.87	0.60	8.83	090	S
27248		A	Repair of thigh fracture	9.73	12.46	2.11	24.30	090	S
27250		A	Treat hip dislocation	6.31	3.19	0.45	9.95	090	S
27252		A	Treat hip dislocation	9.47	4.34	0.68	14.49	090	S
27253		A	Repair of hip dislocation	11.98	13.14	2.11	27.23	090	S
27254		A	Repair of hip dislocation	17.29	13.47	2.27	33.03	090	S
27256		A	Treatment of hip dislocation	3.72	1.88	0.31	5.91	010	S
27257		A	Treatment of hip dislocation	4.82	4.62	0.73	10.17	010	S
27258		A	Repair of hip dislocation	14.40	13.73	2.25	30.38	090	S
27259		A	Repair of hip dislocation	20.50	17.20	2.82	40.52	090	S
27265		A	Treatment of hip dislocation	4.74	3.46	0.54	8.74	090	S
27266		A	Treatment of hip dislocation	6.96	4.45	0.71	12.12	090	S
27275		A	Manipulation of hip joint	2.00	1.88	0.30	4.18	010	S
27280		A	Fusion of sacroiliac joint	11.81	10.06	1.77	23.64	090	S
27282		A	Fusion of pubic bones	10.57	9.01	1.69	21.27	090	S
27284		A	Fusion of hip joint	15.62	14.50	2.40	32.52	090	S
27286		A	Fusion of hip joint	15.65	15.20	2.26	33.11	090	S
27290		A	Amputation of leg at hip	21.68	25.40	4.70	51.78	090	S
27295		A	Amputation of leg at hip	17.32	16.54	2.95	36.81	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY	S
27301	.....	A	Drain thigh/knee lesion	5.96	2.46	0.40	8.82	090	S
27303	.....	A	Drainage of bone lesion	7.69	5.86	0.96	14.51	090	S
27305	.....	A	Incise thigh tendon & fascia	5.42	3.80	0.68	9.90	090	S
27306	.....	A	Incision of thigh tendon	4.27	1.99	0.32	6.58	090	S
27307	.....	A	Incision of thigh tendons	5.30	3.01	0.48	8.79	090	S
27310	.....	A	Exploration of knee joint	8.26	9.60	1.51	19.37	090	S
27315	.....	A	Partial removal, thigh nerve	6.51	5.38	0.96	12.85	090	S
27320	.....	A	Partial removal, thigh nerve	5.90	5.18	0.73	11.81	090	S
27323	.....	A	Biopsy thigh soft tissues	2.23	0.91	0.13	3.27	010	S
27324	.....	A	Biopsy thigh soft tissues	4.53	2.63	0.45	7.61	090	S
27327	.....	A	Removal of thigh lesion	4.32	2.29	0.40	7.01	090	S
27328	.....	A	Removal of thigh lesion	5.31	4.07	0.73	10.11	090	S
27329	.....	A	Remove tumor, thigh/knee	13.00	11.69	2.14	26.83	090	S
27330	.....	A	Biopsy knee joint lining	4.71	6.02	1.19	11.92	090	S
27331	.....	A	Explore/treat knee joint	5.51	7.05	1.49	14.05	090	S
27332	.....	A	Removal of knee cartilage	7.85	10.05	1.73	19.63	090	S
27333	.....	A	Removal of knee cartilage	6.81	9.01	2.52	18.34	090	S
27334	.....	A	Remove knee joint lining	7.95	10.18	1.77	19.90	090	S
27335	.....	A	Remove knee joint lining	9.19	11.76	2.05	23.00	090	S
27340	.....	A	Removal of kneecap bursa	3.92	3.85	0.62	8.39	090	S
27345	.....	A	Removal of knee cyst	5.63	5.63	0.95	12.21	090	S
27350	.....	A	Removal of kneecap	7.42	9.49	1.54	18.45	090	S
27355	.....	A	Remove femur lesion	7.06	7.58	1.23	15.87	090	S
27356	.....	A	Remove femur lesion/graft	8.60	8.20	1.34	18.14	090	S
27357	.....	A	Remove femur lesion/graft	9.63	8.80	1.43	19.86	090	S
27358	.....	A	Remove femur lesion/fixation	4.74	4.55	0.72	10.01	ZZZ	S
27360	.....	A	Partial removal leg bone(s)	9.23	8.56	1.40	19.19	090	S
27365	.....	A	Extensive leg surgery	15.00	13.94	2.43	31.37	090	S
27370	.....	A	Injection for knee x-ray	0.96	0.60	0.05	1.61	000	N
27372	.....	A	Removal of foreign body	4.81	3.42	0.54	8.77	090	S
27380	.....	A	Repair of kneecap tendon	6.63	7.94	1.29	15.86	090	S
27381	.....	A	Repair/graft kneecap tendon	9.66	11.27	1.82	22.75	090	S
27385	.....	A	Repair of thigh muscle	7.17	8.84	1.42	17.43	090	S
27386	.....	A	Repair/graft of thigh muscle	9.72	12.44	2.02	24.18	090	S
27390	.....	A	Incision of thigh tendon	4.89	4.36	0.71	9.96	090	S
27391	.....	A	Incision of thigh tendons	6.67	5.42	0.90	12.99	090	S
27392	.....	A	Incision of thigh tendons	8.52	7.67	1.28	17.47	090	S
27393	.....	A	Lengthening of thigh tendon	5.95	5.67	0.93	12.55	090	S
27394	.....	A	Lengthening of thigh tendons	7.97	5.73	0.94	14.64	090	S
27395	.....	A	Lengthening of thigh tendons	10.96	10.48	1.65	23.09	090	S
27396	.....	A	Transplant of thigh tendon	7.33	7.06	1.11	15.50	090	S
27397	.....	A	Transplants of thigh tendons	10.53	8.88	1.45	20.86	090	S
27400	.....	A	Revise thigh muscles/tendons	8.47	7.89	1.24	17.60	090	S
27403	.....	A	Repair of knee cartilage	7.80	8.79	1.44	18.03	090	S
27405	.....	A	Repair of knee ligament	7.97	10.17	1.67	19.81	090	S
27407	.....	A	Repair of knee ligament	9.44	8.87	1.42	19.73	090	S
27409	.....	A	Repair of knee ligaments	11.80	15.10	2.48	29.38	090	S
27418	.....	A	Repair degenerated kneecap	9.82	12.23	1.85	23.90	090	S
27420	.....	A	Revision of unstable kneecap	9.15	10.99	1.74	21.88	090	S
27422	.....	A	Revision of unstable kneecap	9.10	11.45	1.83	22.38	090	S
27424	.....	A	Revision/removal of kneecap	9.13	11.68	1.89	22.70	090	S
27425	.....	A	Lateral retinacular release	5.04	6.46	1.08	12.58	090	S
27427	.....	A	Reconstruction, knee	8.68	11.12	2.25	22.05	090	S
27428	.....	A	Reconstruction, knee	13.28	13.67	2.71	29.66	090	S
27429	.....	A	Reconstruction, knee	14.67	11.27	1.83	27.77	090	S
27430	.....	A	Revision of thigh muscles	8.92	9.36	1.50	19.78	090	S
27435	.....	A	Incision of knee joint	8.74	7.03	1.13	16.90	090	S
27437	.....	A	Revise kneecap	7.74	9.91	1.55	19.20	090	S
27438	.....	A	Revise kneecap with implant	10.29	13.13	2.14	25.56	090	S
27440	.....	A	Revision of knee joint	9.49	11.83	2.10	23.42	090	S
27441	.....	A	Revision of knee joint	9.81	9.14	1.51	20.46	090	S
27442	.....	A	Revision of knee joint	11.14	14.25	3.05	28.44	090	S
27443	.....	A	Revision of knee joint	10.18	13.03	3.34	26.55	090	S
27445	.....	A	Revision of knee joint	16.39	20.98	4.21	41.58	090	S
27446	.....	A	Revision of knee joint	15.03	19.25	3.87	38.15	090	S
27447	.....	A	Total knee replacement	19.69	25.20	4.95	49.84	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27448		A	Incision of thigh	10.25	12.87	2.09	25.21	090	S
27450		A	Incision of thigh	13.08	14.84	2.36	30.28	090	S
27454		A	Realignment of thigh bone	16.55	15.70	2.82	35.07	090	S
27455		A	Realignment of knee	12.01	12.01	1.95	25.97	090	S
27457		A	Realignment of knee	12.60	13.30	2.14	28.04	090	S
27465		A	Shortening of thigh bone	12.84	12.24	2.00	27.08	090	S
27466		A	Lengthening of thigh bone	15.08	13.43	2.27	30.78	090	S
27468		A	Shorten/lengthen thighs	17.65	16.84	2.75	37.24	090	S
27470		A	Repair of thigh	14.82	16.67	2.60	34.09	090	S
27472		A	Repair/graft of thigh	16.40	19.87	3.16	39.43	090	S
27475		A	Surgery to stop leg growth	8.11	7.74	1.27	17.12	090	S
27477		A	Surgery to stop leg growth	9.32	11.93	2.57	23.82	090	S
27479		A	Surgery to stop leg growth	12.18	11.63	1.89	25.70	090	S
27485		A	Surgery to stop leg growth	8.31	7.91	1.30	17.52	090	S
27486		A	Revise knee joint replace	18.00	21.28	4.26	43.54	090	S
27487		A	Revise knee joint replace	24.00	27.76	5.97	57.73	090	S
27488		A	Removal of knee prosthesis	14.48	16.16	2.58	33.22	090	S
27495		A	Reinforce thigh	14.26	17.63	2.82	34.71	090	S
27496		A	Decompression of thigh/knee	4.75	4.53	0.74	10.02	090	S
27497		A	Decompression of thigh/knee	5.81	5.55	0.91	12.27	090	S
27498		A	Decompression of thigh/knee	6.63	6.32	1.04	13.99	090	S
27499		A	Decompression of thigh/knee	7.64	7.28	1.19	16.11	090	S
27500		A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27501		A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27502		A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27503		A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27506		A	Repair of thigh fracture	15.93	16.02	2.56	34.51	090	S
27507		A	Treatment of thigh fracture	12.85	16.02	2.56	31.43	090	S
27508		A	Treatment of thigh fracture	5.21	4.22	0.65	10.08	090	S
27509		A	Treatment of thigh fracture	6.77	4.22	0.65	11.64	090	S
27510		A	Treatment of thigh fracture	8.19	6.82	1.09	16.10	090	S
27511		A	Treatment of thigh fracture	12.50	16.00	2.56	31.06	090	S
27513		A	Treatment of thigh fracture	16.78	16.02	2.56	35.36	090	S
27514		A	Repair of thigh fracture	15.98	15.76	2.53	34.27	090	S
27516		A	Repair of thigh growth plate	4.92	4.82	0.71	10.45	090	S
27517		A	Repair of thigh growth plate	8.20	7.82	1.28	17.30	090	S
27519		A	Repair of thigh growth plate	13.82	12.68	2.05	28.55	090	S
27520		A	Treat kneecap fracture	2.68	3.04	0.45	6.17	090	S
27524		A	Repair of kneecap fracture	9.38	10.34	1.65	21.37	090	S
27530		A	Treatment of knee fracture	3.23	3.40	0.51	7.14	090	S
27532		A	Treatment of knee fracture	6.81	5.68	0.91	13.40	090	S
27535		A	Treatment of knee fracture	10.36	11.69	1.88	23.93	090	S
27536		A	Repair of knee fracture	14.51	11.69	1.88	28.08	090	S
27538		A	Treat knee fracture(s)	4.64	3.37	0.51	8.52	090	S
27540		A	Repair of knee fracture	12.38	10.95	1.74	25.07	090	S
27550		A	Treat knee dislocation	5.53	2.57	0.36	8.46	090	S
27552		A	Treat knee dislocation	7.39	3.43	0.53	11.35	090	S
27556		A	Repair of knee dislocation	13.47	12.48	1.95	27.90	090	S
27557		A	Repair of knee dislocation	15.80	14.60	2.43	32.83	090	S
27558		A	Repair of knee dislocation	16.75	14.60	2.43	33.78	090	S
27560		A	Treat kneecap dislocation	3.64	1.43	0.16	5.23	090	S
27562		A	Treat kneecap dislocation	5.48	5.18	0.76	11.42	090	S
27566		A	Repair kneecap dislocation	11.48	10.58	1.67	23.73	090	S
27570		A	Fixation of knee joint	1.69	1.72	0.28	3.69	010	S
27580		A	Fusion of knee	18.20	15.70	2.56	36.46	090	S
27590		A	Amputate leg at thigh	10.24	9.11	1.80	21.15	090	S
27591		A	Amputate leg at thigh	11.09	11.77	2.11	24.97	090	S
27592		A	Amputate leg at thigh	8.75	8.11	1.61	18.47	090	S
27594		A	Amputation follow-up surgery	6.30	3.65	0.68	10.63	090	S
27596		A	Amputation follow-up surgery	9.63	7.37	1.42	18.42	090	S
27598		A	Amputate lower leg at knee	9.56	10.04	1.78	21.38	090	S
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY	S
27600		A	Decompression of lower leg	5.02	3.39	0.64	9.05	090	S
27601		A	Decompression of lower leg	4.98	3.38	0.67	9.03	090	S
27602		A	Decompression of lower leg	6.63	4.05	0.77	11.45	090	S
27603		A	Drain lower leg lesion	4.41	2.38	0.41	7.20	090	S
27604		A	Drain lower leg bursa	4.23	1.02	0.14	5.39	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27605		A	Incision of achilles tendon	2.82	1.18	0.14	4.14	010	S
27606		A	Incision of achilles tendon	3.87	2.12	0.35	6.34	010	S
27607		A	Treat lower leg bone lesion	7.05	6.01	0.98	14.04	090	S
27610		A	Explore/treat ankle joint	7.27	7.43	1.13	15.83	090	S
27612		A	Exploration of ankle joint	6.23	7.97	1.30	15.50	090	S
27613		A	Biopsy lower leg soft tissue	2.12	0.67	0.10	2.89	010	S
27614		A	Biopsy lower leg soft tissue	5.29	2.26	0.38	7.93	090	S
27615		A	Remove tumor, lower leg	11.79	8.23	1.42	21.44	090	S
27618		A	Remove lower leg lesion	4.94	2.10	0.32	7.36	090	S
27619		A	Remove lower leg lesion	7.98	4.13	0.67	12.78	090	S
27620		A	Explore, treat ankle joint	5.69	6.03	0.96	12.68	090	S
27625		A	Remove ankle joint lining	7.88	8.71	1.27	17.86	090	S
27626		A	Remove ankle joint lining	8.49	10.86	1.25	20.60	090	S
27630		A	Removal of tendon lesion	4.65	3.10	0.46	8.21	090	S
27635		A	Remove lower leg bone lesion	7.29	8.04	1.27	16.60	090	S
27637		A	Remove/graft leg bone lesion	9.14	8.47	1.40	19.01	090	S
27638		A	Remove/graft leg bone lesion	9.89	9.15	1.52	20.56	090	S
27640		A	Partial removal of tibia	10.21	9.81	1.57	21.59	090	S
27641		A	Partial removal of fibula	8.36	7.13	1.18	16.67	090	S
27645		A	Extensive lower leg surgery	13.14	11.64	1.98	26.76	090	S
27646		A	Extensive lower leg surgery	11.69	10.75	1.71	24.15	090	S
27647		A	Extensive ankle/heel surgery	11.21	9.95	1.35	22.51	090	S
27648		A	Injection for ankle x-ray	0.96	0.52	0.05	1.53	000	N
27650		A	Repair achilles tendon	9.07	8.98	1.41	19.46	090	S
27652		A	Repair/graft achilles tendon	9.62	10.41	1.56	21.59	090	S
27654		A	Repair of achilles tendon	9.34	10.93	1.65	21.92	090	S
27656		A	Repair leg fascia defect	4.31	3.18	0.54	8.03	090	S
27658		A	Repair of leg tendon, each	4.61	4.02	0.60	9.23	090	S
27659		A	Repair of leg tendon, each	6.28	5.87	0.86	13.01	090	S
27664		A	Repair of leg tendon, each	4.33	3.41	0.52	8.26	090	S
27665		A	Repair of leg tendon, each	5.11	4.95	0.76	10.82	090	S
27675		A	Repair lower leg tendons	6.78	6.40	0.94	14.12	090	S
27676		A	Repair lower leg tendons	7.87	7.56	1.14	16.57	090	S
27680		A	Release of lower leg tendon	5.37	4.12	0.61	10.10	090	S
27681		A	Release of lower leg tendons	6.36	5.97	0.86	13.19	090	S
27685		A	Revision of lower leg tendon	6.08	3.83	0.41	10.32	090	S
27686		A	Revise lower leg tendons	6.93	6.56	0.90	14.39	090	S
27687		A	Revision of calf tendon	5.84	5.45	0.76	12.05	090	S
27690		A	Revise lower leg tendon	8.09	6.74	0.88	15.71	090	S
27691		A	Revise lower leg tendon	9.25	7.89	1.23	18.37	090	S
27692		A	Revise additional leg tendon	1.87	2.03	0.29	4.19	ZZZ	S
27695		A	Repair of ankle ligament	6.09	7.79	1.32	15.20	090	S
27696		A	Repair of ankle ligaments	7.72	7.06	1.16	15.94	090	S
27698		A	Repair of ankle ligament	8.87	11.35	1.86	22.08	090	S
27700		A	Revision of ankle joint	8.67	11.11	1.51	21.29	090	S
27702		A	Reconstruct ankle joint	12.64	16.18	3.99	32.81	090	S
27703		A	Reconstruction, ankle joint	14.49	13.82	2.25	30.56	090	S
27704		A	Removal of ankle implant	7.20	5.84	0.98	14.02	090	S
27705		A	Incision of tibia	9.63	10.74	1.76	22.13	090	S
27707		A	Incision of fibula	3.71	4.75	0.79	9.25	090	S
27709		A	Incision of tibia & fibula	9.14	11.70	2.14	22.98	090	S
27712		A	Realignment of lower leg	13.20	10.99	1.63	25.82	090	S
27715		A	Revision of lower leg	12.97	12.61	1.88	27.46	090	S
27720		A	Repair of tibia	10.95	13.97	2.25	27.17	090	S
27722		A	Repair/graft of tibia	10.92	10.50	1.64	23.06	090	S
27724		A	Repair/graft of tibia	13.88	15.50	2.87	32.25	090	S
27725		A	Repair of lower leg	14.50	10.43	1.53	26.46	090	S
27727		A	Repair of lower leg	12.89	9.38	1.84	24.11	090	S
27730		A	Repair of tibia epiphysis	6.88	3.59	0.84	11.31	090	S
27732		A	Repair of fibula epiphysis	5.06	4.84	0.79	10.69	090	S
27734		A	Repair lower leg epiphyses	7.89	7.54	1.23	16.66	090	S
27740		A	Repair of leg epiphyses	8.75	8.36	1.36	18.47	090	S
27742		A	Repair of leg epiphyses	9.72	9.29	1.52	20.53	090	S
27745		A	Reinforce tibia	9.39	8.97	1.39	19.75	090	S
27750		A	Treatment of tibia fracture	2.90	3.45	0.50	6.85	090	S
27752		A	Treatment of tibia fracture	5.16	5.09	0.81	11.06	090	S
27756		A	Repair of tibia fracture	5.84	7.48	1.70	15.02	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27758	.....	A	Repair of tibia fracture	10.51	13.46	2.22	26.19	090	S
27759	.....	A	Repair of tibia fracture	12.60	13.74	2.22	28.56	090	S
27760	.....	A	Treatment of ankle fracture	2.81	2.58	0.37	5.76	090	S
27762	.....	A	Treatment of ankle fracture	4.80	3.36	0.50	8.66	090	S
27766	.....	A	Repair of ankle fracture	7.61	7.87	1.26	16.74	090	S
27780	.....	A	Treatment of fibula fracture	2.47	1.97	0.26	4.70	090	S
27781	.....	A	Treatment of fibula fracture	4.20	3.29	0.49	7.98	090	S
27784	.....	A	Repair of fibula fracture	6.45	5.59	0.87	12.91	090	S
27786	.....	A	Treatment of ankle fracture	2.66	2.52	0.38	5.56	090	S
27788	.....	A	Treatment of ankle fracture	4.25	3.27	0.50	8.02	090	S
27792	.....	A	Repair of ankle fracture	7.04	7.38	1.17	15.59	090	S
27808	.....	A	Treatment of ankle fracture	2.63	2.79	0.39	5.81	090	S
27810	.....	A	Treatment of ankle fracture	4.82	5.05	0.80	10.67	090	S
27814	.....	A	Repair of ankle fracture	9.87	10.00	1.60	21.47	090	S
27816	.....	A	Treatment of ankle fracture	2.71	3.47	0.55	6.73	090	S
27818	.....	A	Treatment of ankle fracture	5.08	6.51	1.06	12.65	090	S
27822	.....	A	Repair of ankle fracture	8.39	10.73	1.88	21.00	090	S
27823	.....	A	Repair of ankle fracture	10.90	12.79	2.05	25.74	090	S
27824	.....	A	Treat lower leg fracture	2.71	3.47	0.55	6.73	090	S
27825	.....	A	Treat lower leg fracture	5.08	6.51	1.06	12.65	090	S
27826	.....	A	Treat lower leg fracture	7.43	9.50	1.88	18.81	090	S
27827	.....	A	Treat lower leg fracture	12.95	11.71	1.88	26.54	090	S
27828	.....	A	Treat lower leg fracture	15.12	12.79	2.05	29.96	090	S
27829	.....	A	Treat lower leg joint	4.87	6.23	1.37	12.47	090	S
27830	.....	A	Treat lower leg dislocation	3.50	3.25	0.46	7.21	090	S
27831	.....	A	Treat lower leg dislocation	4.27	3.98	0.59	8.84	090	S
27832	.....	A	Repair lower leg dislocation	5.96	5.70	0.89	12.55	090	S
27840	.....	A	Treat ankle dislocation	4.27	1.87	0.21	6.35	090	S
27842	.....	A	Treat ankle dislocation	5.72	2.22	0.34	8.28	090	S
27846	.....	A	Repair ankle dislocation	9.04	8.59	1.37	19.00	090	S
27848	.....	A	Repair ankle dislocation	10.45	8.36	1.32	20.13	090	S
27860	.....	A	Fixation of ankle joint	2.29	1.39	0.23	3.91	010	S
27870	.....	A	Fusion of ankle joint	13.00	13.34	2.22	28.56	090	S
27871	.....	A	Fusion of tibiofibular joint	8.55	7.79	1.21	17.55	090	S
27880	.....	A	Amputation of lower leg	10.69	8.36	1.60	20.65	090	S
27881	.....	A	Amputation of lower leg	10.89	10.82	1.87	23.58	090	S
27882	.....	A	Amputation of lower leg	7.80	7.36	1.42	16.58	090	S
27884	.....	A	Amputation follow-up surgery	7.40	3.37	0.61	11.38	090	S
27886	.....	A	Amputation follow-up surgery	8.35	7.17	1.34	16.86	090	S
27888	.....	A	Amputation of foot at ankle	8.70	9.49	1.65	19.84	090	S
27889	.....	A	Amputation of foot at ankle	8.82	8.43	1.55	18.80	090	S
27892	.....	A	Decompression of leg	6.03	3.39	0.64	10.06	090	S
27893	.....	A	Decompression of leg	5.99	3.38	0.67	10.04	090	S
27894	.....	A	Decompression of leg	9.13	4.05	0.77	13.95	090	S
27899	.....	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
28001	.....	A	Drainage of bursa of foot	2.68	0.52	0.05	3.25	010	S
28002	.....	A	Treatment of foot infection	3.76	2.25	0.33	6.34	010	S
28003	.....	A	Treatment of foot infection	7.49	3.50	0.59	11.58	090	S
28005	.....	A	Treat foot bone lesion	7.65	4.08	0.61	12.34	090	S
28008	.....	A	Incision of foot fascia	4.19	2.68	0.29	7.16	090	S
28010	.....	A	Incision of toe tendon	2.71	3.62	0.33	6.66	090	S
28011	.....	A	Incision of toe tendons	3.99	1.77	0.19	5.95	090	S
28020	.....	A	Exploration of a foot joint	4.75	4.40	0.56	9.71	090	S
28022	.....	A	Exploration of a foot joint	4.41	2.74	0.31	7.46	090	S
28024	.....	A	Exploration of a toe joint	4.12	2.39	0.24	6.75	090	S
28030	.....	A	Removal of foot nerve	5.78	3.93	0.42	10.13	090	S
28035	.....	A	Decompression of tibia nerve	4.83	6.18	0.90	11.91	090	S
28043	.....	A	Excision of foot lesion	3.41	1.73	0.20	5.34	090	S
28045	.....	A	Excision of foot lesion	4.46	3.99	0.46	8.91	090	S
28046	.....	A	Resection of tumor, foot	9.41	5.35	0.79	15.55	090	S
28050	.....	A	Biopsy of foot joint lining	3.99	3.84	0.53	8.36	090	S
28052	.....	A	Biopsy of foot joint lining	3.70	3.82	0.43	7.95	090	S
28054	.....	A	Biopsy of toe joint lining	3.21	2.24	0.28	5.73	090	S
28060	.....	A	Partial removal foot fascia	5.05	4.22	0.53	9.80	090	S
28062	.....	A	Removal of foot fascia	6.23	7.06	0.86	14.15	090	S
28070	.....	A	Removal of foot joint lining	4.73	4.48	0.48	9.69	090	S
28072	.....	A	Removal of foot joint lining	4.32	3.21	0.42	7.95	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28080		A	Removal of foot lesion	3.18	4.07	0.45	7.70	090	S
28086		A	Excise foot tendon sheath	4.52	3.12	0.46	8.10	090	S
28088		A	Excise foot tendon sheath	3.62	3.62	0.40	7.64	090	S
28090		A	Removal of foot lesion	4.26	3.02	0.29	7.57	090	S
28092		A	Removal of toe lesions	3.49	2.03	0.25	5.77	090	S
28100		A	Removal of ankle/heel lesion	5.37	4.58	0.56	10.51	090	S
28102		A	Remove/graft foot lesion	7.31	6.84	0.85	15.00	090	S
28103		A	Remove/graft foot lesion	6.10	5.61	0.69	12.40	090	S
28104		A	Removal of foot lesion	4.86	4.33	0.49	9.68	090	S
28106		A	Remove/graft foot lesion	6.74	6.42	0.79	13.95	090	S
28107		A	Remove/graft foot lesion	5.16	4.86	0.48	10.50	090	S
28108		A	Removal of toe lesions	4.01	4.20	0.38	8.59	090	S
28110		A	Part removal of metatarsal	3.82	3.48	0.39	7.69	090	S
28111		A	Part removal of metatarsal	4.64	5.04	0.65	10.33	090	S
28112		A	Part removal of metatarsal	4.23	3.96	0.45	8.64	090	S
28113		A	Part removal of metatarsal	4.23	4.44	0.48	9.15	090	S
28114		A	Removal of metatarsal heads	8.65	9.17	1.42	19.24	090	S
28116		A	Revision of foot	7.00	5.48	0.57	13.05	090	S
28118		A	Removal of heel bone	5.56	5.71	0.66	11.93	090	S
28119		A	Removal of heel spur	5.10	5.44	0.57	11.11	090	S
28120		A	Part removal of ankle/heel	4.81	5.04	0.67	10.52	090	S
28122		A	Partial removal of foot bone	6.62	4.48	0.54	11.64	090	S
28124		A	Partial removal of toe	4.39	4.11	0.37	8.87	090	S
28126		A	Partial removal of toe	3.39	3.98	0.36	7.73	090	S
28130		A	Removal of ankle bone	7.33	7.03	0.88	15.24	090	S
28140		A	Removal of metatarsal	6.45	4.93	0.62	12.00	090	S
28150		A	Removal of toe	3.83	3.29	0.38	7.50	090	S
28153		A	Partial removal of toe	3.40	3.99	0.36	7.75	090	S
28160		A	Partial removal of toe	3.59	4.12	0.38	8.09	090	S
28171		A	Extensive foot surgery	8.98	7.99	0.88	17.85	090	S
28173		A	Extensive foot surgery	8.18	5.74	0.74	14.66	090	S
28175		A	Extensive foot surgery	5.59	5.38	0.58	11.55	090	S
28190		A	Removal of foot foreign body	1.91	0.52	0.05	2.48	010	S
28192		A	Removal of foot foreign body	4.49	1.95	0.24	6.68	090	S
28193		A	Removal of foot foreign body	5.44	2.38	0.30	8.12	090	S
28200		A	Repair of foot tendon	4.45	5.06	0.50	10.01	090	S
28202		A	Repair/graft of foot tendon	6.38	5.82	0.77	12.97	090	S
28208		A	Repair of foot tendon	4.11	2.81	0.28	7.20	090	S
28210		A	Repair/graft of foot tendon	5.95	5.60	0.60	12.15	090	S
28220		A	Release of foot tendon	4.27	3.87	0.43	8.57	090	S
28222		A	Release of foot tendons	5.36	6.40	0.63	12.39	090	S
28225		A	Release of foot tendon	3.42	2.37	0.25	6.04	090	S
28226		A	Release of foot tendons	4.27	3.38	0.40	8.05	090	S
28230		A	Incision of foot tendon(s)	4.00	2.43	0.22	6.65	090	S
28232		A	Incision of toe tendon	3.26	1.60	0.15	5.01	090	S
28234		A	Incision of foot tendon	3.19	1.53	0.14	4.86	090	S
28238		A	Revision of foot tendon	7.27	7.23	0.85	15.35	090	S
28240		A	Release of big toe	4.12	2.13	0.23	6.48	090	S
28250		A	Revision of foot fascia	5.66	4.46	0.50	10.62	090	S
28260		A	Release of midfoot joint	7.50	4.43	0.48	12.41	090	S
28261		A	Revision of foot tendon	10.95	5.91	0.58	17.44	090	S
28262		A	Revision of foot and ankle	15.00	11.91	1.44	28.35	090	S
28264		A	Release of midfoot joint	9.80	9.56	1.17	20.53	090	S
28270		A	Release of foot contracture	4.58	2.63	0.23	7.44	090	S
28272		A	Release of toe joint, each	3.67	2.04	0.18	5.89	090	S
28280		A	Fusion of toes	4.93	2.22	0.30	7.45	090	S
28285		A	Repair of hammertoe	4.41	4.37	0.39	9.17	090	S
28286		A	Repair of hammertoe	4.41	3.58	0.38	8.37	090	S
28288		A	Partial removal of foot bone	4.23	3.75	0.43	8.41	090	S
28290		A	Correction of bunion	5.37	5.36	0.63	11.36	090	S
28292		A	Correction of bunion	6.24	7.05	0.74	14.03	090	S
28293		A	Correction of bunion	8.25	9.55	0.98	18.78	090	S
28294		A	Correction of bunion	8.14	9.16	0.86	18.16	090	S
28296		A	Correction of bunion	8.69	8.81	0.98	18.48	090	S
28297		A	Correction of bunion	8.69	9.02	1.05	18.76	090	S
28298		A	Correction of bunion	7.52	8.89	0.79	17.20	090	S
28299		A	Correction of bunion	8.46	10.14	1.08	19.68	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28300	.....	A	Incision of heel bone	9.12	6.52	0.79	16.43	090	S
28302	.....	A	Incision of ankle bone	9.13	8.89	1.12	19.14	090	S
28304	.....	A	Incision of midfoot bones	8.67	6.44	0.70	15.81	090	S
28305	.....	A	Incise/graft midfoot bones	9.99	9.85	1.03	20.87	090	S
28306	.....	A	Incision of metatarsal	5.71	4.57	0.47	10.75	090	S
28307	.....	A	Incision of metatarsal	6.04	5.87	0.76	12.67	090	S
28308	.....	A	Incision of metatarsal	5.09	5.71	0.50	11.30	090	S
28309	.....	A	Incision of metatarsals	12.00	6.87	1.00	19.87	090	S
28310	.....	A	Revision of big toe	5.06	4.17	0.42	9.65	090	S
28312	.....	A	Revision of toe	4.29	4.56	0.45	9.30	090	S
28313	.....	A	Repair deformity of toe	4.75	2.57	0.31	7.63	090	S
28315	.....	A	Removal of sesamoid bone	4.60	4.24	0.41	9.25	090	S
28320	.....	A	Repair of foot bones	8.76	8.69	1.03	18.48	090	S
28322	.....	A	Repair of metatarsals	8.03	4.67	0.52	13.22	090	S
28340	.....	A	Resect enlarged toe tissue	6.58	6.34	0.91	13.83	090	S
28341	.....	A	Resect enlarged toe	7.86	7.66	0.96	16.48	090	S
28344	.....	A	Repair extra toe(s)	3.89	3.70	0.60	8.19	090	S
28345	.....	A	Repair webbed toe(s)	5.52	5.34	0.73	11.59	090	S
28360	.....	A	Reconstruct cleft foot	12.49	11.91	1.95	26.35	090	S
28400	.....	A	Treatment of heel fracture	2.01	2.57	0.40	4.98	090	S
28405	.....	A	Treatment of heel fracture	4.28	3.90	0.58	8.76	090	S
28406	.....	A	Treatment of heel fracture	5.82	6.09	0.93	12.84	090	S
28415	.....	A	Repair of heel fracture	15.00	9.02	1.39	25.41	090	S
28420	.....	A	Repair/graft heel fracture	15.80	10.89	1.63	28.32	090	S
28430	.....	A	Treatment of ankle fracture	1.96	2.45	0.35	4.76	090	S
28435	.....	A	Treatment of ankle fracture	3.25	3.36	0.50	7.11	090	S
28436	.....	A	Treatment of ankle fracture	4.40	4.19	0.68	9.27	090	S
28445	.....	A	Repair of ankle fracture	8.78	8.80	1.40	18.98	090	S
28450	.....	A	Treat midfoot fracture, each	1.77	1.87	0.25	3.89	090	S
28455	.....	A	Treat midfoot fracture, each	2.94	2.54	0.34	5.82	090	S
28456	.....	A	Repair midfoot fracture	2.39	2.27	0.38	5.04	090	S
28465	.....	A	Repair midfoot fracture, each	6.55	5.54	0.81	12.90	090	S
28470	.....	A	Treat metatarsal fracture	1.76	1.80	0.23	3.79	090	S
28475	.....	A	Treat metatarsal fracture	2.74	2.34	0.30	5.38	090	S
28476	.....	A	Repair metatarsal fracture	3.15	3.37	0.45	6.97	090	S
28485	.....	A	Repair metatarsal fracture	5.31	4.68	0.60	10.59	090	S
28490	.....	A	Treat big toe fracture	1.01	0.90	0.10	2.01	090	S
28495	.....	A	Treat big toe fracture	1.48	1.12	0.13	2.73	090	S
28496	.....	A	Repair big toe fracture	2.18	2.07	0.31	4.56	090	S
28505	.....	A	Repair big toe fracture	3.55	2.99	0.43	6.97	090	S
28510	.....	A	Treatment of toe fracture	1.01	0.89	0.09	1.99	090	S
28515	.....	A	Treatment of toe fracture	1.36	1.12	0.11	2.59	090	S
28525	.....	A	Repair of toe fracture	3.08	2.06	0.29	5.43	090	S
28530	.....	A	Treat sesamoid bone fracture	1.01	1.00	0.10	2.11	090	S
28531	.....	A	Treat sesamoid bone fracture	2.01	1.91	0.32	4.24	090	S
28540	.....	A	Treat foot dislocation	1.89	0.60	0.06	2.55	090	S
28545	.....	A	Treat foot dislocation	2.19	1.31	0.14	3.64	090	S
28546	.....	A	Treat foot dislocation	2.89	2.74	0.45	6.08	090	S
28555	.....	A	Repair foot dislocation	5.84	5.58	0.73	12.15	090	S
28570	.....	A	Treat foot dislocation	1.56	1.59	0.17	3.32	090	S
28575	.....	A	Treat foot dislocation	2.91	2.77	0.42	6.10	090	S
28576	.....	A	Treat foot dislocation	3.75	2.77	0.42	6.94	090	S
28585	.....	A	Repair foot dislocation	7.46	4.96	0.55	12.97	090	S
28600	.....	A	Treat foot dislocation	1.76	0.68	0.08	2.52	090	S
28605	.....	A	Treat foot dislocation	2.42	2.26	0.34	5.02	090	S
28606	.....	A	Treat foot dislocation	4.48	3.49	0.55	8.52	090	S
28615	.....	A	Repair foot dislocation	6.99	4.96	0.78	12.73	090	S
28630	.....	A	Treat toe dislocation	1.65	1.03	0.11	2.79	010	S
28635	.....	A	Treat toe dislocation	1.86	1.45	0.18	3.49	010	S
28636	.....	A	Treat toe dislocation	2.67	2.56	0.42	5.65	010	S
28645	.....	A	Repair toe dislocation	3.96	3.24	0.38	7.58	090	S
28660	.....	A	Treat toe dislocation	1.18	0.63	0.06	1.87	010	S
28665	.....	A	Treat toe dislocation	1.87	0.98	0.11	2.96	010	S
28666	.....	A	Treat toe dislocation	2.56	2.44	0.40	5.40	010	S
28675	.....	A	Repair of toe dislocation	2.68	3.00	0.41	6.09	090	S
28705	.....	A	Fusion of foot bones	14.23	15.11	2.35	31.69	090	S
28715	.....	A	Fusion of foot bones	12.18	12.33	1.89	26.40	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28725		A	Fusion of foot bones	10.86	9.44	1.44	21.74	090	S
28730		A	Fusion of foot bones	9.91	9.00	1.33	20.24	090	S
28735		A	Fusion of foot bones	10.07	9.76	1.37	21.20	090	S
28737		A	Revision of foot bones	8.89	8.87	1.13	18.89	090	S
28740		A	Fusion of foot bones	7.40	5.14	0.72	13.26	090	S
28750		A	Fusion of big toe joint	6.90	5.32	0.82	13.04	090	S
28755		A	Fusion of big toe joint	4.48	3.69	0.45	8.62	090	S
28760		A	Fusion of big toe joint	7.00	5.40	0.65	13.05	090	S
28800		A	Amputation of midfoot	7.37	6.65	1.19	15.21	090	S
28805		A	Amputation thru metatarsal	7.55	6.32	1.21	15.08	090	S
28810		A	Amputation toe & metatarsal	5.53	3.91	0.75	10.19	090	S
28820		A	Amputation of toe	3.56	2.58	0.46	6.60	090	S
28825		A	Partial amputation of toe	3.13	2.40	0.41	5.94	090	S
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY	S
29000		A	Application of body cast	2.25	1.85	0.21	4.31	000	S
29010		A	Application of body cast	2.06	2.33	0.34	4.73	000	S
29015		A	Application of body cast	2.41	2.33	0.33	5.07	000	S
29020		A	Application of body cast	2.11	1.82	0.23	4.16	000	S
29025		A	Application of body cast	2.40	0.75	0.14	3.29	000	S
29035		A	Application of body cast	1.77	1.95	0.32	4.04	000	S
29040		A	Application of body cast	2.22	2.02	0.30	4.54	000	S
29044		A	Application of body cast	2.12	2.09	0.34	4.55	000	S
29046		A	Application of body cast	2.41	2.23	0.36	5.00	000	S
29049		A	Application of figure eight	0.89	0.42	0.06	1.37	000	S
29055		A	Application of shoulder cast	1.78	1.20	0.17	3.15	000	S
29058		A	Application of shoulder cast	1.31	0.65	0.09	2.05	000	S
29065		A	Application of long arm cast	0.87	0.80	0.13	1.80	000	S
29075		A	Application of forearm cast	0.77	0.61	0.10	1.48	000	S
29085		A	Apply hand/wrist cast	0.87	0.50	0.08	1.45	000	S
29105		A	Apply long arm splint	0.87	0.50	0.08	1.45	000	S
29125		A	Apply forearm splint	0.59	0.37	0.05	1.01	000	S
29126		A	Apply forearm splint	0.77	0.40	0.06	1.23	000	S
29130		A	Application of finger splint	0.50	0.17	0.02	0.69	000	S
29131		A	Application of finger splint	0.55	0.39	0.06	1.00	000	S
29200		A	Strapping of chest	0.65	0.27	0.03	0.95	000	N
29220		A	Strapping of low back	0.64	0.38	0.05	1.07	000	S
29240		A	Strapping of shoulder	0.71	0.27	0.03	1.01	000	S
29260		A	Strapping of elbow or wrist	0.55	0.23	0.03	0.81	000	S
29280		A	Strapping of hand or finger	0.51	0.21	0.02	0.74	000	S
29305		A	Application of hip cast	2.03	1.88	0.31	4.22	000	S
29325		A	Application of hip casts	2.32	1.94	0.28	4.54	000	S
29345		A	Application of long leg cast	1.40	1.02	0.16	2.58	000	S
29355		A	Application of long leg cast	1.53	1.10	0.17	2.80	000	S
29358		A	Apply long leg cast brace	1.43	1.84	0.33	3.60	000	S
29365		A	Application of long leg cast	1.18	0.86	0.14	2.18	000	S
29405		A	Apply short leg cast	0.86	0.79	0.12	1.77	000	S
29425		A	Apply short leg cast	1.01	0.97	0.14	2.12	000	S
29435		A	Apply short leg cast	1.18	1.18	0.18	2.54	000	S
29440		A	Addition of walker to cast	0.57	0.23	0.03	0.83	000	S
29445		A	Apply rigid leg cast	1.78	1.70	0.28	3.76	000	S
29450		A	Application of leg cast	1.02	0.39	0.04	1.45	000	S
29505		A	Application long leg splint	0.69	0.57	0.07	1.33	000	S
29515		A	Application lower leg splint	0.73	0.47	0.06	1.26	000	S
29520		A	Strapping of hip	0.54	0.36	0.03	0.93	000	S
29530		A	Strapping of knee	0.57	0.35	0.05	0.97	000	S
29540		A	Strapping of ankle	0.51	0.30	0.03	0.84	000	S
29550		A	Strapping of toes	0.47	0.28	0.03	0.78	000	S
29580		A	Application of paste boot	0.57	0.79	0.04	1.40	000	S
29590		A	Application of foot splint	0.76	0.28	0.03	1.07	000	S
29700		A	Removal/revision of cast	0.57	0.32	0.05	0.94	000	S
29705		A	Removal/revision of cast	0.76	0.35	0.05	1.16	000	S
29710		A	Removal/revision of cast	1.34	0.45	0.07	1.86	000	S
29715		A	Removal/revision of cast	0.94	0.86	0.12	1.92	000	S
29720		A	Repair of body cast	0.68	0.23	0.04	0.95	000	S
29730		A	Windowing of cast	0.75	0.26	0.04	1.05	000	S
29740		A	Wedging of cast	1.12	0.38	0.06	1.56	000	S
29750		A	Wedging of clubfoot cast	1.26	0.50	0.07	1.83	000	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY	S
29800		A	Jaw arthroscopy/surgery	5.28	4.01	0.46	9.75	090	S
29804		A	Jaw arthroscopy/surgery	7.99	10.23	1.46	19.68	090	S
29815		A	Shoulder arthroscopy	5.74	4.84	0.76	11.34	090	S
29819		A	Shoulder arthroscopy/surgery	7.33	9.38	1.73	18.44	090	S
29820		A	Shoulder arthroscopy/surgery	6.81	8.72	1.73	17.26	090	S
29821		A	Shoulder arthroscopy/surgery	7.43	9.50	2.13	19.06	090	S
29822		A	Shoulder arthroscopy/surgery	7.14	9.14	1.74	18.02	090	S
29823		A	Shoulder arthroscopy/surgery	7.86	10.07	2.32	20.25	090	S
29825		A	Shoulder arthroscopy/surgery	7.33	9.38	2.05	18.76	090	S
29826		A	Shoulder arthroscopy/surgery	8.70	11.14	2.31	22.15	090	S
29830		A	Elbow arthroscopy	5.63	5.32	0.83	11.78	090	S
29834		A	Elbow arthroscopy/surgery	6.13	5.84	0.96	12.93	090	S
29835		A	Elbow arthroscopy/surgery	6.33	6.03	0.99	13.35	090	S
29836		A	Elbow arthroscopy/surgery	7.37	7.03	1.15	15.55	090	S
29837		A	Elbow arthroscopy/surgery	6.72	6.40	1.06	14.18	090	S
29838		A	Elbow arthroscopy/surgery	7.42	7.05	1.14	15.61	090	S
29840		A	Wrist arthroscopy	5.39	3.29	0.54	9.22	090	S
29843		A	Wrist arthroscopy/surgery	5.86	5.60	0.91	12.37	090	S
29844		A	Wrist arthroscopy/surgery	6.22	5.59	0.95	12.76	090	S
29845		A	Wrist arthroscopy/surgery	7.34	7.00	1.15	15.49	090	S
29846		A	Wrist arthroscopy/surgery	6.60	8.45	2.20	17.25	090	S
29847		A	Wrist arthroscopy/surgery	6.93	6.78	0.97	14.68	090	S
29848		A	Wrist arthroscopy/surgery	5.14	3.85	0.62	9.61	090	S
29850		A	Knee arthroscopy/surgery	7.96	10.19	1.74	19.89	090	S
29851		A	Knee arthroscopy/surgery	12.38	10.95	1.74	25.07	090	S
29855		A	Tibial arthroscopy/surgery	9.48	11.69	1.88	23.05	090	S
29856		A	Tibial arthroscopy/surgery	13.28	11.69	1.88	26.85	090	S
29870		A	Knee arthroscopy, diagnostic	4.94	4.02	0.64	9.60	090	S
29871		A	Knee arthroscopy/drainage	6.29	6.77	0.96	14.02	090	S
29874		A	Knee arthroscopy/surgery	6.79	8.69	1.52	17.00	090	S
29875		A	Knee arthroscopy/surgery	6.16	7.88	1.61	15.65	090	S
29876		A	Knee arthroscopy/surgery	7.51	9.61	1.95	19.07	090	S
29877		A	Knee arthroscopy/surgery	7.05	9.03	1.81	17.89	090	S
29879		A	Knee arthroscopy/surgery	7.63	9.76	2.19	19.58	090	S
29880		A	Knee arthroscopy/surgery	8.09	10.35	2.22	20.66	090	S
29881		A	Knee arthroscopy/surgery	7.46	9.54	1.82	18.82	090	S
29882		A	Knee arthroscopy/surgery	8.24	10.54	1.90	20.68	090	S
29883		A	Knee arthroscopy/surgery	9.00	11.52	2.80	23.32	090	S
29884		A	Knee arthroscopy/surgery	6.92	8.86	1.56	17.34	090	S
29885		A	Knee arthroscopy/surgery	8.63	8.23	1.35	18.21	090	S
29886		A	Knee arthroscopy/surgery	7.13	6.80	1.12	15.05	090	S
29887		A	Knee arthroscopy/surgery	8.58	10.52	1.71	20.81	090	S
29888		A	Knee arthroscopy/surgery	13.28	17.00	3.18	33.46	090	S
29889		A	Knee arthroscopy/surgery	14.41	10.26	1.68	26.35	090	S
29894		A	Ankle arthroscopy/surgery	6.95	8.90	1.47	17.32	090	S
29895		A	Ankle arthroscopy/surgery	6.73	8.60	1.51	16.84	090	S
29897		A	Ankle arthroscopy/surgery	6.92	8.86	1.77	17.55	090	S
29898		A	Ankle arthroscopy/surgery	8.03	10.28	1.91	20.22	090	S
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY	S
30000		A	Drainage of nose lesion	1.38	0.58	0.05	2.01	010	S
30020		A	Drainage of nose lesion	1.38	0.60	0.06	2.04	010	S
30100		A	Intranasal biopsy	0.94	0.69	0.08	1.71	000	S
30110		A	Removal of nose polyp(s)	1.58	1.29	0.14	3.01	010	S
30115		A	Removal of nose polyp(s)	4.25	2.81	0.30	7.36	090	S
30117		A	Removal of intranasal lesion	3.06	2.84	0.31	6.21	090	S
30118		A	Removal of intranasal lesion	9.23	8.01	0.92	18.16	090	S
30120		A	Revision of nose	5.14	6.59	1.00	12.73	090	S
30124		A	Removal of nose lesion	3.00	1.34	0.16	4.50	090	S
30125		A	Removal of nose lesion	6.79	5.55	0.73	13.07	090	S
30130		A	Removal of turbinate bones	3.17	1.67	0.17	5.01	090	S
30140		A	Removal of turbinate bones	3.28	3.04	0.34	6.66	090	S
30150		A	Partial removal of nose	8.48	7.92	1.07	17.47	090	S
30160		A	Removal of nose	8.92	11.42	1.73	22.07	090	S
30200		A	Injection treatment of nose	0.78	0.37	0.04	1.19	000	S
30210		A	Nasal sinus therapy	1.03	0.26	0.03	1.32	010	S
30220		A	Insert nasal septal button	1.49	1.51	0.16	3.16	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
30300		A	Remove nasal foreign body	0.99	0.46	0.05	1.50	010	S
30310		A	Remove nasal foreign body	1.91	1.62	0.18	3.71	010	S
30320		A	Remove nasal foreign body	4.39	4.29	0.43	9.11	090	S
30400		R	Reconstruction of nose	9.24	9.97	1.36	20.57	090	S
30410		R	Reconstruction of nose	12.39	14.54	2.01	28.94	090	S
30420		R	Reconstruction of nose	15.40	17.78	2.22	35.40	090	S
30430		R	Revision of nose	6.73	6.09	0.66	13.48	090	S
30435		R	Revision of nose	11.23	10.17	1.10	22.50	090	S
30450		R	Revision of nose	18.06	11.24	0.91	30.21	090	S
30460		A	Revision of nose	9.48	8.58	0.93	18.99	090	S
30462		A	Revision of nose	18.98	17.16	1.87	38.01	090	S
30520		A	Repair of nasal septum	5.55	7.10	0.96	13.61	090	S
30540		A	Repair nasal defect	7.46	6.63	0.70	14.79	090	S
30545		A	Repair nasal defect	10.89	10.83	0.93	22.65	090	S
30560		A	Release of nasal adhesions	1.21	0.55	0.06	1.82	010	S
30580		A	Repair upper jaw fistula	6.49	6.24	0.57	13.30	090	S
30600		A	Repair mouth/nose fistula	5.87	3.77	0.36	10.00	090	S
30620		A	Intranasal reconstruction	5.55	7.10	1.10	13.75	090	S
30630		A	Repair nasal septum defect	6.83	6.24	0.71	13.78	090	S
30801		A	Cauterization inner nose	1.02	0.47	0.05	1.54	010	S
30802		A	Cauterization inner nose	1.98	0.94	0.11	3.03	010	S
30901		A	Control of nosebleed	1.21	0.56	0.06	1.83	000	S
30903		A	Control of nosebleed	1.54	0.85	0.08	2.47	000	S
30905		A	Control of nosebleed	1.97	1.79	0.17	3.93	000	S
30906		A	Repeat control of nosebleed	2.45	1.08	0.11	3.64	000	S
30915		A	Ligation nasal sinus artery	6.72	4.95	0.52	12.19	090	S
30920		A	Ligation upper jaw artery	8.79	9.54	1.32	19.65	090	S
30930		A	Therapy fracture of nose	1.21	0.71	0.08	2.00	010	S
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY	N
31000		A	Irrigation maxillary sinus	1.10	0.43	0.05	1.58	010	S
31002		A	Irrigation sphenoid sinus	1.86	0.46	0.05	2.37	010	S
31020		A	Exploration maxillary sinus	2.81	2.66	0.29	5.76	090	S
31030		A	Exploration maxillary sinus	5.60	7.16	0.86	13.62	090	S
31032		A	Explore sinus, remove polyps	6.22	7.96	0.99	15.17	090	S
31040		A	Exploration behind upper jaw	8.83	7.98	0.86	17.67	090	S
31050		A	Exploration sphenoid sinus	5.07	5.96	0.64	11.67	090	S
31051		A	Sphenoid sinus surgery	6.85	8.12	0.85	15.82	090	S
31070		A	Exploration of frontal sinus	4.04	4.69	0.50	9.23	090	S
31075		A	Exploration of frontal sinus	8.57	10.51	1.10	20.18	090	S
31080		A	Removal of frontal sinus	10.73	9.21	1.12	21.06	090	S
31081		A	Removal of frontal sinus	11.93	10.32	1.30	23.55	090	S
31084		A	Removal of frontal sinus	12.69	14.79	1.62	29.10	090	S
31085		A	Removal of frontal sinus	13.38	15.65	1.76	30.79	090	S
31086		A	Removal of frontal sinus	11.98	10.87	1.15	24.00	090	S
31087		A	Removal of frontal sinus	12.14	10.39	1.33	23.86	090	S
31090		A	Exploration of sinuses	8.65	11.32	2.12	22.09	090	S
31200		A	Removal of ethmoid sinus	4.68	4.62	0.48	9.78	090	S
31201		A	Removal of ethmoid sinus	7.91	7.01	0.75	15.67	090	S
31205		A	Removal of ethmoid sinus	9.65	8.03	0.81	18.49	090	S
31225		A	Removal of upper jaw	17.50	19.44	2.37	39.31	090	S
31230		A	Removal of upper jaw	20.00	21.74	2.48	44.22	090	S
31231		A	Nasal endoscopy, dx	1.10	1.37	0.15	2.62	000	S
31233		A	Nasal/sinus endoscopy, dx	2.18	2.79	0.31	5.28	000	S
31235		A	Nasal/sinus endoscopy, dx	2.64	2.39	0.26	5.29	000	S
31237		A	Nasal/sinus endoscopy, surg	2.98	3.37	0.37	6.72	000	S
31238		A	Nasal/sinus endoscopy, surg	3.26	4.17	0.45	7.88	000	S
31239		A	Nasal/sinus endoscopy, surg	8.50	10.88	1.18	20.56	010	S
31240		A	Nasal/sinus endoscopy, surg	2.61	3.34	0.37	6.32	000	S
31254		A	Revision of ethmoid sinus	4.65	5.95	0.69	11.29	000	S
31255		A	Removal of ethmoid sinus	6.96	8.91	1.14	17.01	000	S
31256		A	Exploration maxillary sinus	3.29	3.77	0.41	7.47	000	S
31267		A	Endoscopy, maxillary sinus	5.46	5.23	0.81	11.50	000	S
31276		A	Sinus surgical endoscopy	8.85	6.72	0.73	16.30	000	S
31287		A	Nasal/sinus endoscopy, surg	3.92	5.01	0.65	9.58	000	S
31288		A	Nasal/sinus endoscopy, surg	4.58	5.86	0.78	11.22	000	S
31290		A	Nasal/sinus endoscopy, surg	16.05	16.47	1.80	34.32	010	S
31291		A	Nasal/sinus endoscopy, surg	17.00	17.31	1.88	36.19	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
31292		A	Nasal/sinus endoscopy, surg	13.83	13.38	1.45	28.66	010	S
31293		A	Nasal/sinus endoscopy, surg	15.15	14.64	1.59	31.38	010	S
31294		A	Nasal/sinus endoscopy, surg	18.00	16.72	1.83	36.55	010	S
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31300		A	Removal of larynx lesion	13.28	11.58	1.28	26.14	090	S
31320		A	Diagnostic incision larynx	4.54	3.87	0.48	8.89	090	S
31360		A	Removal of larynx	15.19	19.36	2.19	36.74	090	S
31365		A	Removal of larynx	21.83	27.14	3.10	52.07	090	S
31367		A	Partial removal of larynx	18.98	17.22	1.88	38.08	090	S
31368		A	Partial removal of larynx	23.72	26.76	3.06	53.54	090	S
31370		A	Partial removal of larynx	18.50	17.18	1.88	37.56	090	S
31375		A	Partial removal of larynx	18.50	14.84	1.56	34.90	090	S
31380		A	Partial removal of larynx	18.50	17.27	1.88	37.65	090	S
31382		A	Partial removal of larynx	18.50	16.06	1.78	36.34	090	S
31390		A	Removal of larynx & pharynx	25.00	27.08	4.05	56.13	090	S
31395		A	Reconstruct larynx & pharynx	28.00	33.52	4.42	65.94	090	S
31400		A	Revision of larynx	9.06	7.81	0.91	17.78	090	S
31420		A	Removal of epiglottis	9.06	8.08	0.84	17.98	090	S
31500		A	Insert emergency airway	2.33	1.14	0.14	3.61	000	N
31502		A	Change of windpipe airway	0.65	0.58	0.07	1.30	000	S
31505		A	Diagnostic laryngoscopy	0.61	0.43	0.05	1.09	000	S
31510		A	Laryngoscopy with biopsy	1.92	0.55	0.07	2.54	000	S
31511		A	Remove foreign body, larynx	2.16	0.96	0.10	3.22	000	S
31512		A	Removal of larynx lesion	2.07	1.79	0.20	4.06	000	S
31513		A	Injection into vocal cord	2.10	2.68	0.38	5.16	000	S
31515		A	Laryngoscopy for aspiration	1.80	1.13	0.14	3.07	000	S
31520		A	Diagnostic laryngoscopy	2.56	1.64	0.18	4.38	000	S
31525		A	Diagnostic laryngoscopy	2.63	2.20	0.23	5.06	000	S
31526		A	Diagnostic laryngoscopy	2.57	3.29	0.38	6.24	000	S
31527		A	Laryngoscopy for treatment	3.27	2.99	0.30	6.56	000	S
31528		A	Laryngoscopy and dilatation	2.37	2.66	0.30	5.33	000	S
31529		A	Laryngoscopy and dilatation	2.68	2.46	0.25	5.39	000	S
31530		A	Operative laryngoscopy	3.39	3.63	0.39	7.41	000	S
31531		A	Operative laryngoscopy	3.59	4.78	0.60	8.97	000	S
31535		A	Operative laryngoscopy	3.16	4.01	0.45	7.62	000	S
31536		A	Operative laryngoscopy	3.56	4.06	0.59	8.21	000	S
31540		A	Operative laryngoscopy	4.13	5.29	0.61	10.03	000	S
31541		A	Operative laryngoscopy	4.53	4.56	0.75	9.84	000	S
31560		A	Operative laryngoscopy	5.46	4.99	0.51	10.96	000	S
31561		A	Operative laryngoscopy	6.00	6.27	1.08	13.35	000	S
31570		A	Laryngoscopy with injection	3.87	4.95	0.60	9.42	000	S
31571		A	Laryngoscopy with injection	4.27	4.51	0.69	9.47	000	S
31575		A	Diagnostic laryngoscopy	1.10	1.56	0.17	2.83	000	S
31576		A	Laryngoscopy with biopsy	1.97	2.52	0.33	4.82	000	S
31577		A	Remove foreign body, larynx	2.47	3.16	0.37	6.00	000	S
31578		A	Removal of larynx lesion	2.84	3.63	0.48	6.95	000	S
31579		A	Diagnostic laryngoscopy	2.26	2.33	0.26	4.85	000	S
31580		A	Revision of larynx	11.01	14.09	1.63	26.73	090	S
31582		A	Revision of larynx	19.73	17.87	1.94	39.54	090	S
31584		A	Repair of larynx fracture	18.50	12.72	1.34	32.56	090	S
31585		A	Repair of larynx fracture	4.40	3.77	0.40	8.57	090	S
31586		A	Repair of larynx fracture	7.24	6.55	0.71	14.50	090	S
31587		A	Revision of larynx	10.00	7.21	0.79	18.00	090	S
31588		A	Revision of larynx	11.82	10.70	1.16	23.68	090	S
31590		A	Reinnervate larynx	6.36	5.76	0.62	12.74	090	S
31595		A	Larynx nerve surgery	7.58	6.84	0.74	15.16	090	S
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31600		A	Incision of windpipe	3.62	4.04	0.65	8.31	000	S
31601		A	Incision of windpipe	4.45	5.03	0.66	10.14	000	S
31603		A	Incision of windpipe	4.15	4.23	0.66	9.04	000	S
31605		A	Incision of windpipe	3.58	4.19	0.50	8.27	000	S
31610		A	Incision of windpipe	7.87	6.67	0.92	15.46	090	S
31611		A	Surgery/speech prosthesis	5.03	6.45	1.04	12.52	090	S
31612		A	Puncture/clear windpipe	0.91	1.17	0.12	2.20	000	S
31613		A	Repair windpipe opening	4.24	2.21	0.28	6.73	090	S
31614		A	Repair windpipe opening	6.11	6.74	0.73	13.58	090	S
31615		A	Visualization of windpipe	2.09	1.95	0.22	4.26	000	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
31622		A	Diagnostic bronchoscopy	2.80	3.57	0.34	6.71	000	N
31625		A	Bronchoscopy with biopsy	3.37	3.83	0.35	7.55	000	N
31628		A	Bronchoscopy with biopsy	3.81	4.88	0.38	9.07	000	N
31629		A	Bronchoscopy with biopsy	3.37	4.31	0.34	8.02	000	N
31630		A	Bronchoscopy with repair	3.82	3.72	0.50	8.04	000	S
31631		A	Bronchoscopy with dilation	4.37	3.94	0.48	8.79	000	N
31635		A	Remove foreign body, airway	3.68	4.53	0.53	8.74	000	S
31640		A	Bronchoscopy & remove lesion	4.94	5.02	0.67	10.63	000	S
31641		A	Bronchoscopy, treat blockage	5.03	6.45	0.85	12.33	000	N
31645		A	Bronchoscopy, clear airways	3.16	3.62	0.30	7.08	000	N
31646		A	Bronchoscopy, reclear airways	2.72	3.06	0.27	6.05	000	N
31656		A	Bronchoscopy, inject for xray	2.17	2.77	0.31	5.25	000	N
31700		A	Insertion of airway catheter	1.34	1.38	0.17	2.89	000	N
31708		A	Instill airway contrast dye	1.41	0.77	0.09	2.27	000	N
31710		A	Insertion of airway catheter	1.30	0.90	0.12	2.32	000	N
31715		A	Injection for bronchus x-ray	1.11	0.48	0.04	1.63	000	N
31717		A	Bronchial brush biopsy	2.12	0.73	0.06	2.91	000	N
31720		A	Clearance of airways	1.06	0.74	0.09	1.89	000	N
31725		A	Clearance of airways	1.96	1.41	0.15	3.52	000	N
31730		A	Intro windpipe wire/tube	2.85	2.47	0.23	5.55	000	N
31750		A	Repair of windpipe	11.73	8.88	1.09	21.70	090	S
31755		A	Repair of windpipe	14.69	13.30	1.44	29.43	090	S
31760		A	Repair of windpipe	20.89	10.92	2.55	34.36	090	S
31766		A	Reconstruction of windpipe	28.82	18.40	1.12	48.34	090	S
31770		A	Repair/graft of bronchus	21.15	15.07	2.08	38.30	090	S
31775		A	Reconstruct bronchus	22.15	16.37	1.92	40.44	090	S
31780		A	Reconstruct windpipe	16.14	17.33	2.08	35.55	090	S
31781		A	Reconstruct windpipe	22.22	16.86	1.96	41.04	090	S
31785		A	Remove windpipe lesion	16.14	8.92	1.17	26.23	090	S
31786		A	Remove windpipe lesion	22.54	13.30	2.24	38.08	090	S
31800		A	Repair of windpipe injury	6.77	4.90	0.76	12.43	090	S
31805		A	Repair of windpipe injury	12.59	9.82	1.41	23.82	090	S
31820		A	Closure of windpipe lesion	4.10	3.58	0.46	8.14	090	S
31825		A	Repair of windpipe defect	6.31	5.00	0.58	11.89	090	S
31830		A	Revise windpipe scar	4.26	3.66	0.42	8.34	090	S
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY	S
32000		A	Drainage of chest	1.54	0.90	0.08	2.52	000	N
32002		A	Treatment of collapsed lung	2.19	1.34	0.22	3.75	000	N
32005		A	Treat lung lining chemically	2.19	1.09	0.15	3.43	000	S
32020		A	Insertion of chest tube	3.98	2.63	0.43	7.04	000	S
32035		A	Exploration of chest	6.55	6.76	1.25	14.56	090	S
32036		A	Exploration of chest	7.56	7.13	1.32	16.01	090	S
32095		A	Biopsy through chest wall	7.13	8.25	1.45	16.83	090	S
32100		A	Exploration/biopsy of chest	10.07	11.24	2.10	23.41	090	S
32110		A	Explore/repair chest	11.76	11.51	2.01	25.28	090	S
32120		A	Re-exploration of chest	9.62	9.45	1.72	20.79	090	S
32124		A	Explore chest, free adhesions	10.93	10.94	2.21	24.08	090	S
32140		A	Removal of lung lesion(s)	12.14	12.37	2.42	26.93	090	S
32141		A	Remove/treat lung lesions	12.14	13.42	2.53	28.09	090	S
32150		A	Removal of lung lesion(s)	12.42	10.34	2.01	24.77	090	S
32151		A	Remove lung foreign body	12.42	9.15	1.37	22.94	090	S
32160		A	Open chest heart massage	7.13	9.13	1.52	17.78	090	S
32200		A	Drainage of lung lesion	13.10	6.89	0.93	20.92	090	S
32215		A	Treat chest lining	10.07	7.62	1.28	18.97	090	S
32220		A	Release of lung	17.62	15.81	3.01	36.44	090	S
32225		A	Partial release of lung	12.10	11.84	2.28	26.22	090	S
32310		A	Removal of chest lining	12.05	11.64	2.10	25.79	090	S
32320		A	Free/remove chest lining	19.15	18.10	3.40	40.65	090	S
32400		A	Needle biopsy chest lining	1.76	1.48	0.12	3.36	000	N
32402		A	Open biopsy chest lining	6.55	7.58	1.34	15.47	090	S
32405		A	Biopsy, lung or mediastinum	1.93	2.12	0.18	4.23	000	N
32420		A	Puncture/clear lung	2.18	1.50	0.13	3.81	000	N
32440		A	Removal of lung	19.15	8.56	3.55	41.26	090	S
32442		A	Sleeve pneumonectomy	24.68	17.94	3.50	46.12	090	S
32445		A	Removal of lung	23.37	20.46	3.88	47.71	090	S
32480		A	Partial removal of lung	16.84	17.15	3.23	37.22	090	S
32482		A	Bilobectomy	18.54	17.15	3.23	38.92	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
32484		A	Segmentectomy	19.52	17.15	3.23	39.90	090	S
32486		A	Sleeve lobectomy	22.75	16.54	3.23	42.52	090	S
32488		A	Completion pneumonectomy	24.41	17.74	3.46	45.61	090	S
32491		N	Lung volume reduction	+21.25	15.45	3.02	39.72	XXX	0
32500		A	Partial removal of lung	13.10	13.47	2.56	29.13	090	S
32501		A	Repair bronchus (add-on)	4.69	4.31	0.70	9.70	ZZZ	S
32520		A	Remove lung & revise chest	19.42	20.67	3.93	44.02	090	S
32522		A	Remove lung & revise chest	21.94	21.90	4.19	48.03	090	S
32525		A	Remove lung & revise chest	24.33	23.50	4.61	52.44	090	S
32540		A	Removal of lung lesion	13.31	11.67	2.05	27.03	090	S
32601		A	Thoracoscopy, diagnostic	5.46	3.47	0.57	9.50	000	S
32602		A	Thoracoscopy, diagnostic	5.96	3.87	0.64	10.47	000	S
32603		A	Thoracoscopy, diagnostic	7.81	3.47	0.57	11.85	000	S
32604		A	Thoracoscopy, diagnostic	8.78	3.87	0.64	13.29	000	S
32605		A	Thoracoscopy, diagnostic	6.93	3.47	0.57	10.97	000	S
32606		A	Thoracoscopy, diagnostic	8.40	3.87	0.64	12.91	000	S
32650		A	Thoracoscopy, surgical	10.07	7.62	1.28	18.97	090	S
32651		A	Thoracoscopy, surgical	12.10	11.84	2.28	26.22	090	S
32652		A	Thoracoscopy, surgical	17.62	15.81	3.01	36.44	090	S
32653		A	Thoracoscopy, surgical	12.42	10.34	2.01	24.77	090	S
32654		A	Thoracoscopy, surgical	11.76	11.51	2.01	25.28	090	S
32655		A	Thoracoscopy, surgical	12.42	13.42	2.53	28.37	090	S
32656		A	Thoracoscopy, surgical	12.10	13.36	2.36	27.82	090	S
32657		A	Thoracoscopy, surgical	13.10	13.47	2.56	29.13	090	S
32658		A	Thoracoscopy, surgical	11.08	13.26	2.52	26.86	090	S
32659		A	Thoracoscopy, surgical	10.91	13.96	2.61	27.48	090	S
32660		A	Thoracoscopy, surgical	16.62	19.93	3.56	40.11	090	S
32661		A	Thoracoscopy, surgical	12.70	9.25	1.47	23.42	090	S
32662		A	Thoracoscopy, surgical	15.76	14.55	2.74	33.05	090	S
32663		A	Thoracoscopy, surgical	17.43	17.15	3.23	37.81	090	S
32664		A	Thoracoscopy, surgical	13.65	10.55	2.04	26.24	090	S
32665		A	Thoracoscopy, surgical	14.73	14.33	2.64	31.70	090	S
32800		A	Repair lung hernia	12.10	8.28	1.58	21.96	090	S
32810		A	Close chest after drainage	11.59	6.50	1.19	19.28	090	S
32815		A	Close bronchial fistula	21.36	15.22	2.62	39.20	090	S
32820		A	Reconstruct injured chest	19.78	19.01	3.24	42.03	090	S
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851		A	Lung transplant, single	35.14	25.55	4.99	65.68	090	S
32852		A	Lung transplant w/bypass	38.11	27.71	5.41	71.23	090	S
32853		A	Lung transplant, double	43.93	31.94	6.24	82.11	090	S
32854		A	Lung transplant w/bypass	46.90	34.10	6.67	87.67	090	S
32900		A	Removal of rib(s)	18.14	8.47	1.63	28.24	090	S
32905		A	Revise & repair chest wall	19.15	12.74	2.60	34.49	090	S
32906		A	Revise & repair chest wall	25.17	15.42	2.92	43.51	090	S
32940		A	Revision of lung	18.14	11.37	1.75	31.26	090	S
32960		A	Therapeutic pneumothorax	1.84	0.93	0.13	2.90	000	N
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
33010		A	Drainage of heart sac	2.24	1.54	0.14	3.92	000	N
33011		A	Repeat drainage of heart sac	2.24	1.11	0.12	3.47	000	N
33015		A	Incision of heart sac	5.64	4.26	0.62	10.52	090	S
33020		A	Incision of heart sac	11.08	13.26	2.52	26.86	090	S
33025		A	Incision of heart sac	10.91	13.96	2.61	27.48	090	S
33030		A	Partial removal of heart sac	16.62	21.02	3.92	41.56	090	S
33031		A	Partial removal of heart sac	19.64	13.25	2.50	35.39	090	S
33050		A	Removal of heart sac lesion	12.70	9.25	1.47	23.42	090	S
33120		A	Removal of heart lesion	22.57	28.89	5.17	56.63	090	S
33130		A	Removal of heart lesion	19.53	13.50	2.22	35.25	090	S
33200		A	Insertion of heart pacemaker	11.08	12.27	1.90	25.25	090	S
33201		A	Insertion of heart pacemaker	8.93	11.19	1.67	21.79	090	S
33206		A	Insertion of heart pacemaker	6.04	7.73	1.34	15.11	090	S
33207		A	Insertion of heart pacemaker	7.28	9.01	1.33	17.62	090	S
33208		A	Insertion of heart pacemaker	7.28	9.50	1.54	18.32	090	N
33210		A	Insertion of heart electrode	3.30	3.30	0.27	6.87	000	N
33211		A	Insertion of heart electrode	3.40	3.30	0.27	6.97	000	N
33212		A	Insertion of pulse generator	5.21	5.38	0.88	11.47	090	S
33213		A	Insertion of pulse generator	6.15	5.38	0.88	12.41	090	N
33214		A	Upgrade of pacemaker system	7.43	5.40	1.06	13.89	090	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33216		A	Revision implanted electrode	5.07	5.02	0.55	10.64	090	N
33217		A	Insert/revise electrode	5.43	5.02	0.55	11.00	090	N
33218		A	Repair pacemaker electrodes	5.02	4.59	0.62	10.23	090	S
33220		A	Repair pacemaker electrode	5.10	4.59	0.62	10.31	090	N
33222		A	Pacemaker aicd pocket	4.59	5.70	1.01	11.30	090	S
33223		A	Pacemaker aicd pocket	6.14	5.70	1.01	12.85	090	S
33233		A	Removal of pacemaker system	2.97	2.64	0.05	5.66	090	N
33234		A	Removal of pacemaker system	7.50	2.84	0.23	10.57	090	S
33235		A	Removal of pacemaker electrode	8.74	3.14	0.33	12.21	090	N
33236		A	Remove electrode/thoracotomy	11.71	3.98	0.62	16.31	090	S
33237		A	Remove electrode/thoracotomy	12.69	9.60	1.13	23.42	090	S
33238		A	Remove electrode/thoracotomy	14.15	10.29	2.01	26.45	090	S
33240		A	Insert/replace pulse generator	7.20	5.38	0.88	13.46	090	S
33241		A	Remove pulse generator only	2.97	2.16	0.43	5.56	090	S
33242		A	Repair pulse generator/leads	5.85	7.50	1.54	14.89	090	S
33243		A	Remove generator/thoracotomy	21.47	9.02	1.54	32.03	090	S
33244		A	Remove generator	8.34	9.02	1.54	18.90	090	S
33245		A	Implant heart defibrillator	12.57	16.09	2.36	31.02	090	S
33246		A	Implant heart defibrillator	19.28	20.79	3.19	43.26	090	S
33247		A	Insert/replace leads	9.76	12.49	2.36	24.61	090	N
33249		A	Insert/replace leads/gener	12.83	16.42	3.19	32.44	090	S
33250		A	Ablate heart dysrhythm focus	19.54	11.56	0.86	31.96	090	S
33251		A	Ablate heart dysrhythm focus	22.57	16.41	3.21	42.19	090	S
33253		A	Reconstruct atria	30.00	21.81	4.26	56.07	090	S
33261		A	Ablate heart dysrhythm focus	22.57	13.96	2.73	39.26	090	S
33300		A	Repair of heart wound	16.19	14.36	2.60	33.15	090	S
33305		A	Repair of heart wound	19.22	17.40	3.07	39.69	090	S
33310		A	Exploratory heart surgery	17.12	11.28	1.93	30.33	090	S
33315		A	Exploratory heart surgery	20.15	14.48	2.57	37.20	090	S
33320		A	Repair major blood vessel(s)	15.39	14.14	2.51	32.04	090	S
33321		A	Repair major vessel	18.74	21.75	3.61	44.10	090	S
33322		A	Repair major blood vessel(s)	18.40	21.75	3.61	43.76	090	S
33330		A	Insert major vessel graft	19.15	12.67	1.93	33.75	090	S
33332		A	Insert major vessel graft	22.50	15.07	2.39	39.96	090	S
33335		A	Insert major vessel graft	27.66	15.07	2.39	45.12	090	S
33400		A	Repair of aortic valve	23.16	26.21	2.83	52.20	090	S
33401		A	Valvuloplasty, open	22.45	26.21	2.83	51.49	090	S
33403		A	Valvuloplasty, w/cp bypass	23.43	26.21	2.83	52.47	090	S
33404		A	Prepare heart-aorta conduit	26.62	31.25	5.59	63.46	090	S
33405		A	Replacement of aortic valve	28.47	30.48	5.33	64.28	090	S
33406		A	Replacement, aortic valve	31.23	38.65	7.45	77.33	090	S
33411		A	Replacement of aortic valve	30.37	38.65	7.45	76.47	090	S
33412		A	Replacement of aortic valve	32.26	38.65	7.45	78.36	090	S
33413		A	Replacement, aortic valve	34.17	41.09	7.23	82.49	090	S
33414		A	Repair, aortic valve	29.28	38.65	7.45	75.38	090	S
33415		A	Revision, subvalvular tissue	25.02	30.48	5.33	60.83	090	S
33416		A	Revise ventricle muscle	28.20	28.14	4.99	61.33	090	S
33417		A	Repair of aortic valve	27.34	34.71	6.18	68.23	090	S
33420		A	Revision of mitral valve	20.69	19.82	2.45	42.96	090	S
33422		A	Revision of mitral valve	23.72	30.35	6.45	60.52	090	S
33425		A	Repair of mitral valve	25.57	31.27	5.42	62.26	090	S
33426		A	Repair of mitral valve	29.42	31.96	5.80	67.18	090	S
33427		A	Repair of mitral valve	32.07	34.71	6.30	73.08	090	S
33430		A	Replacement of mitral valve	29.42	34.85	6.11	70.38	090	S
33460		A	Revision of tricuspid valve	21.60	26.07	4.73	52.40	090	S
33463		A	Valvuloplasty, tricuspid	24.16	32.67	5.95	62.78	090	S
33464		A	Valvuloplasty, tricuspid	25.87	32.67	5.95	64.49	090	S
33465		A	Replace tricuspid valve	26.57	32.67	5.95	65.19	090	S
33468		A	Revision of tricuspid valve	28.20	34.71	6.30	69.21	090	S
33470		A	Revision of pulmonary valve	19.52	19.82	2.45	41.79	090	S
33471		A	Valvotomy, pulmonary valve	21.13	26.21	2.83	50.17	090	S
33472		A	Revision of pulmonary valve	20.91	28.70	2.83	52.44	090	S
33474		A	Revision of pulmonary valve	20.91	28.70	2.83	52.44	090	S
33475		A	Replacement, pulmonary valve	27.34	34.85	6.11	68.30	090	S
33476		A	Revision of heart chamber	24.41	28.14	4.99	57.54	090	S
33478		A	Revision of heart chamber	25.38	31.27	5.42	62.07	090	S
33500		A	Repair heart vessel fistula	23.91	29.55	5.20	58.66	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33501		A	Repair heart vessel fistula	16.14	14.14	2.51	32.79	090	S
33502		A	Coronary artery correction	19.80	14.14	2.51	36.45	090	S
33503		A	Coronary artery graft	20.15	29.55	5.20	54.90	090	S
33504		A	Coronary artery graft	23.16	29.55	5.20	57.91	090	S
33505		A	Repair artery w/tunnel	25.38	34.24	6.03	65.65	090	S
33506		A	Repair artery, translocation	25.38	34.24	6.03	65.65	090	S
33510		A	CABG, vein, single	23.29	29.55	5.20	58.04	090	S
33511		A	CABG, vein, two	25.57	32.44	5.71	63.72	090	S
33512		A	CABG, vein, three	27.84	35.33	6.22	69.39	090	S
33513		A	CABG, vein, four	30.12	38.21	6.73	75.06	090	S
33514		A	CABG, vein, five	32.39	41.09	7.23	80.71	090	S
33516		A	CABG, vein, six+	34.66	43.97	7.74	86.37	090	S
33517		A	CABG, artery-vein, single	2.27	2.89	0.50	5.66	090	S
33518		A	CABG, artery-vein, two	4.55	5.77	1.02	11.34	090	S
33519		A	CABG, artery-vein, three	6.82	8.65	1.52	16.99	090	S
33521		A	CABG, artery-vein, four	9.10	11.54	2.03	22.67	090	S
33522		A	CABG, artery-vein, five	11.37	14.43	2.54	28.34	090	S
33523		A	CABG, artery-vein, six+	13.65	17.32	3.05	34.02	090	S
33530		A	Coronary artery, bypass/reop	5.86	7.51	2.18	15.55	ZZZ	S
33533		A	CABG, arterial, single	24.00	30.45	5.36	59.81	090	S
33534		A	CABG, arterial, two	26.99	34.24	6.03	67.26	090	S
33535		A	CABG, arterial, three	29.98	38.03	6.70	74.71	090	S
33536		A	CABG, arterial, four+	32.96	41.82	7.37	82.15	090	S
33542		A	Removal of heart lesion	26.57	30.73	5.53	62.83	090	S
33545		A	Repair of heart damage	33.96	34.92	6.28	75.16	090	S
33572		A	Open coronary endarterectomy	4.45	3.23	0.63	8.31	ZZZ	S
33600		A	Closure of valve	28.31	34.85	6.11	69.27	090	S
33602		A	Closure of valve	27.34	30.48	5.33	63.15	090	S
33606		A	Anastomosis/artery-aorta	29.28	38.65	7.45	75.38	090	S
33608		A	Repair anomaly w/conduit	30.02	38.65	7.45	76.12	090	S
33610		A	Repair by enlargement	29.28	38.65	7.45	75.38	090	S
33611		A	Repair double ventricle	31.23	38.65	7.45	77.33	090	S
33612		A	Repair double ventricle	32.06	38.65	7.45	78.16	090	S
33615		A	Repair (simple fontan)	30.50	38.65	7.45	76.60	090	S
33617		A	Repair by modified fontan	32.21	38.65	7.45	78.31	090	S
33619		A	Repair single ventricle	35.39	44.30	8.04	87.73	090	S
33641		A	Repair heart septum defect	19.93	25.51	4.87	50.31	090	S
33645		A	Revision of heart veins	22.78	27.61	4.87	55.26	090	S
33647		A	Repair heart septum defects	27.44	34.92	6.28	68.64	090	S
33660		A	Repair of heart defects	24.41	31.27	5.42	61.10	090	S
33665		A	Repair of heart defects	27.34	31.27	5.42	64.03	090	S
33670		A	Repair of heart chambers	31.23	38.65	7.45	77.33	090	S
33681		A	Repair heart septum defect	26.36	34.92	6.28	67.56	090	S
33684		A	Repair heart septum defect	28.31	34.92	6.28	69.51	090	S
33688		A	Repair heart septum defect	29.28	34.92	6.28	70.48	090	S
33690		A	Reinforce pulmonary artery	18.31	22.10	4.29	44.70	090	S
33692		A	Repair of heart defects	29.28	38.65	7.45	75.38	090	S
33694		A	Repair of heart defects	30.26	38.65	7.45	76.36	090	S
33697		A	Repair of heart defects	32.21	38.65	7.45	78.31	090	S
33702		A	Repair of heart defects	25.38	30.48	5.33	61.19	090	S
33710		A	Repair of heart defects	28.35	34.92	6.28	69.55	090	S
33720		A	Repair of heart defect	25.38	30.48	5.33	61.19	090	S
33722		A	Repair of heart defect	27.34	30.48	5.33	63.15	090	S
33730		A	Repair heart-vein defect(s)	29.89	38.65	7.45	75.99	090	S
33732		A	Repair heart-vein defect	27.09	31.27	5.42	63.78	090	S
33735		A	Revision of heart chamber	19.97	25.69	4.87	50.53	090	S
33736		A	Revision of heart chamber	22.45	25.69	4.87	53.01	090	S
33737		A	Revision of heart chamber	20.50	25.69	4.87	51.06	090	S
33750		A	Major vessel shunt	20.15	22.10	4.29	46.54	090	S
33755		A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33762		A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33764		A	Major vessel shunt & graft	20.50	22.10	4.29	46.89	090	S
33766		A	Major vessel shunt	21.47	22.10	4.29	47.86	090	S
33767		A	Atrial septectomy/septostomy	23.43	25.69	4.87	53.99	090	S
33770		A	Repair great vessels defect	31.96	38.65	7.45	78.06	090	S
33771		A	Repair great vessels defect	33.19	38.65	7.45	79.29	090	S
33774		A	Repair great vessels defect	29.28	31.27	5.42	65.97	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33775		A	Repair great vessels defect	30.50	31.27	5.42	67.19	090	S
33776		A	Repair great vessels defect	32.21	34.92	6.28	73.41	090	S
33777		A	Repair great vessels defect	31.73	31.27	5.42	68.42	090	S
33778		A	Repair great vessels defect	34.17	41.82	7.37	83.36	090	S
33779		A	Repair great vessels defect	34.41	41.82	7.37	83.60	090	S
33780		A	Repair great vessels defect	35.14	41.82	7.37	84.33	090	S
33781		A	Repair great vessels defect	34.65	41.82	7.37	83.84	090	S
33786		A	Repair arterial trunk	33.19	38.65	7.45	79.29	090	S
33788		A	Revision of pulmonary artery	25.38	29.55	5.20	60.13	090	S
33800		A	Aortic suspension	15.18	14.14	2.51	31.83	090	S
33802		A	Repair vessel defect	16.60	22.10	4.29	42.99	090	S
33803		A	Repair vessel defect	18.54	22.10	4.29	44.93	090	S
33813		A	Repair septal defect	19.52	22.10	4.29	45.91	090	S
33814		A	Repair septal defect	24.41	30.48	5.33	60.22	090	S
33820		A	Revise major vessel	15.62	22.10	4.29	42.01	090	S
33822		A	Revise major vessel	16.60	22.10	4.29	42.99	090	S
33824		A	Revise major vessel	18.54	22.10	4.29	44.93	090	S
33840		A	Remove aorta constriction	19.52	31.25	5.59	56.36	090	S
33845		A	Remove aorta constriction	20.99	31.25	5.59	57.83	090	S
33851		A	Remove aorta constriction	20.01	31.25	5.59	56.85	090	S
33852		A	Repair septal defect	22.45	31.25	5.59	59.29	090	S
33853		A	Repair septal defect	30.26	38.65	7.45	76.36	090	S
33860		A	Ascending aorta graft	31.23	34.71	6.18	72.12	090	S
33861		A	Ascending aorta graft	33.19	34.71	6.18	74.08	090	S
33863		A	Ascending aorta graft	35.14	34.71	6.18	76.03	090	S
33870		A	Transverse aortic arch graft	37.74	44.30	8.04	90.08	090	S
33875		A	Thoracic aorta graft	31.23	31.25	5.59	68.07	090	S
33877		A	Thoracoabdominal graft	40.29	44.11	8.38	92.78	090	S
33910		A	Remove lung artery emboli	21.86	14.65	2.77	39.28	090	S
33915		A	Remove lung artery emboli	18.84	12.02	2.22	33.08	090	S
33916		A	Surgery of great vessel	24.17	17.57	3.43	45.17	090	S
33917		A	Repair pulmonary artery	23.43	34.71	6.30	64.44	090	S
33918		A	Repair pulmonary atresia	25.38	29.55	5.20	60.13	090	S
33919		A	Repair pulmonary atresia	31.11	38.65	7.45	77.21	090	S
33920		A	Repair pulmonary atresia	30.75	38.65	7.45	76.85	090	S
33922		A	Transect pulmonary artery	22.45	26.21	2.83	51.49	090	S
33924		A	Remove pulmonary shunt	5.50	4.00	0.78	10.28	ZZZ	S
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX	0
33935		R	Transplantation, heart/lung	56.87	77.57	13.54	147.98	090	S
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX	0
33945		R	Transplantation of heart	39.56	64.80	11.05	115.41	090	S
33960		A	External circulation assist	19.36	7.01	0.94	27.31	XXX	S
33961		A	External circulation assist	10.93	7.01	0.94	18.88	XXX	S
33970		A	Aortic circulation assist	6.75	7.54	1.00	15.29	000	S
33971		A	Aortic circulation assist	8.40	5.16	0.91	14.47	090	S
33973		A	Insert balloon device	9.76	7.54	1.00	18.30	000	S
33974		A	Remove intra-aortic balloon	12.69	5.56	0.91	19.16	090	S
33975		A	Implant ventricular device	19.52	14.19	2.77	36.48	090	S
33976		A	Implant ventricular device	26.60	19.33	3.78	49.71	090	S
33977		A	Remove ventricular device	17.08	12.41	2.43	31.92	090	S
33978		A	Remove ventricular device	19.52	14.19	2.77	36.48	090	S
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY	S
34001		A	Removal of artery clot	11.69	9.58	1.87	23.14	090	S
34051		A	Removal of artery clot	13.62	8.81	1.59	24.02	090	S
34101		A	Removal of artery clot	8.73	8.34	1.71	18.78	090	S
34111		A	Removal of arm artery clot	7.18	7.59	1.59	16.36	090	S
34151		A	Removal of artery clot	15.23	11.96	2.39	29.58	090	S
34201		A	Removal of artery clot	8.04	8.90	1.78	18.72	090	S
34203		A	Removal of leg artery clot	11.06	8.63	1.72	21.41	090	S
34401		A	Removal of vein clot	11.64	8.07	1.39	21.10	090	S
34421		A	Removal of vein clot	8.89	7.45	1.51	17.85	090	S
34451		A	Removal of vein clot	13.13	10.69	2.14	25.96	090	S
34471		A	Removal of vein clot	9.12	3.51	0.55	13.18	090	S
34490		A	Removal of vein clot	6.51	7.27	1.54	15.32	090	S
34501		A	Repair valve, femoral vein	9.71	7.35	0.86	17.92	090	S
34502		A	Reconstruct, vena cava	25.65	18.65	3.64	47.94	090	S
34510		A	Transposition of vein valve	11.75	8.89	1.04	21.68	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
34520	.....	A	Cross-over vein graft	12.33	9.33	1.09	22.75	090	S
34530	.....	A	Leg vein fusion	16.33	12.35	1.44	30.12	090	S
35001	.....	A	Repair defect of artery	18.14	15.90	3.18	37.22	090	S
35002	.....	A	Repair artery rupture, neck	19.43	12.64	2.41	34.48	090	S
35005	.....	A	Repair defect of artery	16.62	10.28	2.19	29.09	090	S
35011	.....	A	Repair defect of artery	10.43	13.35	2.76	26.54	090	S
35013	.....	A	Repair artery rupture, arm	15.96	14.70	3.03	33.69	090	S
35021	.....	A	Repair defect of artery	17.62	18.13	3.06	38.81	090	S
35022	.....	A	Repair artery rupture, chest	21.15	14.78	2.80	38.73	090	S
35045	.....	A	Repair defect of arm artery	9.98	12.35	2.50	24.83	090	S
35081	.....	A	Repair defect of artery	26.23	21.45	4.18	51.86	090	S
35082	.....	A	Repair artery rupture, aorta	34.20	22.91	4.59	61.70	090	S
35091	.....	A	Repair defect of artery	33.16	22.67	4.25	60.08	090	S
35092	.....	A	Repair artery rupture, aorta	36.06	26.27	5.21	67.54	090	S
35102	.....	A	Repair defect of artery	28.80	22.15	4.32	55.27	090	S
35103	.....	A	Repair artery rupture, groin	31.31	26.16	5.21	62.68	090	S
35111	.....	A	Repair defect of artery	15.12	17.60	3.70	36.42	090	S
35112	.....	A	Repair artery rupture, spleen	17.38	10.45	2.22	30.05	090	S
35121	.....	A	Repair defect of artery	24.68	19.12	3.66	47.46	090	S
35122	.....	A	Repair artery rupture, belly	32.08	17.92	3.96	53.96	090	S
35131	.....	A	Repair defect of artery	17.00	15.88	3.15	36.03	090	S
35132	.....	A	Repair artery rupture, groin	20.40	18.68	3.58	42.66	090	S
35141	.....	A	Repair defect of artery	13.28	14.70	2.88	30.86	090	S
35142	.....	A	Repair artery rupture, thigh	14.62	16.10	3.24	33.96	090	S
35151	.....	A	Repair defect of artery	15.76	15.36	2.94	34.06	090	S
35152	.....	A	Repair artery rupture, knee	15.46	9.27	1.95	26.68	090	S
35161	.....	A	Repair defect of artery	17.45	15.88	3.15	36.48	090	S
35162	.....	A	Repair artery rupture	18.45	18.68	3.58	40.71	090	S
35180	.....	A	Repair blood vessel lesion	12.16	7.37	1.48	21.01	090	S
35182	.....	A	Repair blood vessel lesion	16.12	10.65	1.61	28.38	090	S
35184	.....	A	Repair blood vessel lesion	10.79	9.73	1.96	22.48	090	S
35188	.....	A	Repair blood vessel lesion	13.10	8.11	1.59	22.80	090	S
35189	.....	A	Repair blood vessel lesion	17.12	11.33	2.21	30.66	090	S
35190	.....	A	Repair blood vessel lesion	11.79	10.34	2.14	24.27	090	S
35201	.....	A	Repair blood vessel lesion	8.90	10.07	1.94	20.91	090	S
35206	.....	A	Repair blood vessel lesion	8.49	10.15	2.03	20.67	090	S
35207	.....	A	Repair blood vessel lesion	9.06	10.80	1.93	21.79	090	S
35211	.....	A	Repair blood vessel lesion	20.15	13.38	2.59	36.12	090	S
35216	.....	A	Repair blood vessel lesion	17.12	10.68	2.08	29.88	090	S
35221	.....	A	Repair blood vessel lesion	15.11	11.09	2.20	28.40	090	S
35226	.....	A	Repair blood vessel lesion	8.17	10.28	1.95	20.40	090	S
35231	.....	A	Repair blood vessel lesion	10.76	13.78	2.91	27.45	090	S
35236	.....	A	Repair blood vessel lesion	9.39	12.02	2.56	23.97	090	S
35241	.....	A	Repair blood vessel lesion	21.15	13.49	2.60	37.24	090	S
35246	.....	A	Repair blood vessel lesion	18.14	16.95	2.15	37.24	090	S
35251	.....	A	Repair blood vessel lesion	16.12	9.59	1.88	27.59	090	S
35256	.....	A	Repair blood vessel lesion	10.14	12.40	2.39	24.93	090	S
35261	.....	A	Repair blood vessel lesion	10.39	13.16	2.66	26.21	090	S
35266	.....	A	Repair blood vessel lesion	9.06	11.59	2.41	23.06	090	S
35271	.....	A	Repair blood vessel lesion	20.15	12.53	2.56	35.24	090	S
35276	.....	A	Repair blood vessel lesion	17.12	10.85	2.26	30.23	090	S
35281	.....	A	Repair blood vessel lesion	15.11	17.28	3.37	35.76	090	S
35286	.....	A	Repair blood vessel lesion	10.78	11.71	2.33	24.82	090	S
35301	.....	A	Rechanneling of artery	17.79	14.46	2.81	35.06	090	S
35311	.....	A	Rechanneling of artery	22.61	22.06	4.61	49.28	090	S
35321	.....	A	Rechanneling of artery	11.08	12.96	2.69	26.73	090	S
35331	.....	A	Rechanneling of artery	22.15	13.34	2.66	38.15	090	S
35341	.....	A	Rechanneling of artery	23.67	17.37	3.53	44.57	090	S
35351	.....	A	Rechanneling of artery	19.15	14.95	2.97	37.07	090	S
35355	.....	A	Rechanneling of artery	15.11	15.42	2.99	33.52	090	S
35361	.....	A	Rechanneling of artery	22.15	19.37	3.88	45.40	090	S
35363	.....	A	Rechanneling of artery	23.16	22.77	4.40	50.33	090	S
35371	.....	A	Rechanneling of artery	10.49	12.51	2.50	25.50	090	S
35372	.....	A	Rechanneling of artery	12.28	11.20	2.28	25.76	090	S
35381	.....	A	Rechanneling of artery	14.50	13.67	2.71	30.88	090	S
35390	.....	A	Reoperation, carotid	3.19	1.67	0.39	5.25	ZZZ	S
35450	.....	A	Repair arterial blockage	10.07	12.89	1.38	24.34	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
35452		A	Repair arterial blockage	6.91	4.35	0.61	11.87	000	S
35454		A	Repair arterial blockage	6.04	7.73	1.53	15.30	000	S
35456		A	Repair arterial blockage	7.35	9.41	1.69	18.45	000	S
35458		A	Repair arterial blockage	9.49	10.13	1.83	21.45	000	S
35459		A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	S
35460		A	Repair venous blockage	6.04	3.16	0.74	9.94	000	S
35470		A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	N
35471		A	Repair arterial blockage	10.07	12.89	1.38	24.34	000	N
35472		A	Repair arterial blockage	6.91	3.61	0.85	11.37	000	N
35473		A	Repair arterial blockage	6.04	7.73	1.53	15.30	000	N
35474		A	Repair arterial blockage	7.36	9.42	1.69	18.47	000	N
35475		R	Repair arterial blockage	9.49	10.13	1.83	21.45	000	N
35476		A	Repair venous blockage	6.04	3.16	0.74	9.94	000	N
35480		A	Atherectomy, open	11.08	13.43	1.38	25.89	000	S
35481		A	Atherectomy, open	7.61	4.35	0.61	12.57	000	S
35482		A	Atherectomy, open	6.65	8.51	1.53	16.69	000	S
35483		A	Atherectomy, open	8.10	10.36	1.69	20.15	000	S
35484		A	Atherectomy, open	10.44	10.13	1.83	22.40	000	S
35485		A	Atherectomy, open	9.49	4.52	1.06	15.07	000	S
35490		A	Atherectomy, percutaneous	11.08	13.43	1.38	25.89	000	N
35491		A	Atherectomy, percutaneous	7.61	4.35	0.61	12.57	000	N
35492		A	Atherectomy, percutaneous	6.65	8.51	1.53	16.69	000	N
35493		A	Atherectomy, percutaneous	8.10	10.36	1.69	20.15	000	N
35494		A	Atherectomy, percutaneous	10.44	10.13	1.83	22.40	000	N
35495		A	Atherectomy, percutaneous	9.49	4.52	1.06	15.07	000	N
35501		A	Artery bypass graft	18.23	19.35	3.49	41.07	090	S
35506		A	Artery bypass graft	18.23	19.17	3.64	41.04	090	S
35507		A	Artery bypass graft	18.23	17.92	3.61	39.76	090	S
35508		A	Artery bypass graft	17.21	18.11	3.43	38.75	090	S
35509		A	Artery bypass graft	16.70	18.90	3.92	39.52	090	S
35511		A	Artery bypass graft	15.39	10.40	1.92	27.71	090	S
35515		A	Artery bypass graft	17.21	11.25	2.01	30.47	090	S
35516		A	Artery bypass graft	14.88	17.37	3.54	35.79	090	S
35518		A	Artery bypass graft	14.05	17.47	3.38	34.90	090	S
35521		A	Artery bypass graft	14.80	17.53	3.34	35.67	090	S
35526		A	Artery bypass graft	18.63	12.95	2.44	34.02	090	S
35531		A	Artery bypass graft	24.17	20.25	3.90	48.32	090	S
35533		A	Artery bypass graft	19.15	21.04	4.43	44.62	090	S
35536		A	Artery bypass graft	21.65	21.37	4.17	47.19	090	S
35541		A	Artery bypass graft	24.17	19.55	3.65	47.37	090	S
35546		A	Artery bypass graft	24.17	21.39	4.26	49.82	090	S
35548		A	Artery bypass graft	20.13	19.55	3.65	43.33	090	S
35549		A	Artery bypass graft	21.91	21.39	4.26	47.56	090	S
35551		A	Artery bypass graft	25.17	19.25	3.87	48.29	090	S
35556		A	Artery bypass graft	19.84	18.71	3.71	42.26	090	S
35558		A	Artery bypass graft	12.82	16.41	3.23	32.46	090	S
35560		A	Artery bypass graft	22.12	20.22	3.93	46.27	090	S
35563		A	Artery bypass graft	13.83	8.32	1.70	23.85	090	S
35565		A	Artery bypass graft	13.83	17.69	3.51	35.03	090	S
35566		A	Artery bypass graft	25.00	20.62	4.08	49.70	090	S
35571		A	Artery bypass graft	17.14	19.36	3.87	40.37	090	S
35582		A	Vein bypass graft	25.69	23.74	4.89	54.32	090	S
35583		A	Vein bypass graft	20.50	20.44	4.13	45.07	090	S
35585		A	Vein bypass graft	26.47	22.95	4.63	54.05	090	S
35587		A	Vein bypass graft	17.55	21.51	4.13	43.19	090	S
35601		A	Artery bypass graft	16.19	18.83	3.33	38.35	090	S
35606		A	Artery bypass graft	17.40	17.55	3.51	38.46	090	S
35612		A	Artery bypass graft	14.39	16.75	3.30	34.44	090	S
35616		A	Artery bypass graft	14.39	16.79	3.42	34.60	090	S
35621		A	Artery bypass graft	13.23	16.94	3.80	33.97	090	S
35623		A	Bypass graft, not vein	15.42	8.06	1.88	25.36	090	S
35626		A	Artery bypass graft	22.26	20.51	4.08	46.85	090	S
35631		A	Artery bypass graft	23.16	17.87	3.57	44.60	090	S
35636		A	Artery bypass graft	21.15	13.50	2.45	37.10	090	S
35641		A	Artery bypass graft	22.67	20.56	4.08	47.31	090	S
35642		A	Artery bypass graft	16.70	10.33	2.20	29.23	090	S
35645		A	Artery bypass graft	16.19	11.15	2.05	29.39	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
35646		A	Artery bypass graft	24.00	23.78	4.73	52.51	090	S
35650		A	Artery bypass graft	13.05	16.71	3.56	33.32	090	S
35651		A	Artery bypass graft	23.67	24.09	4.69	52.45	090	S
35654		A	Artery bypass graft	17.62	22.10	4.42	44.14	090	S
35656		A	Artery bypass graft	18.42	17.73	3.60	39.75	090	S
35661		A	Artery bypass graft	11.81	15.11	3.30	30.22	090	S
35663		A	Artery bypass graft	12.82	16.41	3.80	33.03	090	S
35665		A	Artery bypass graft	14.05	17.79	3.57	35.41	090	S
35666		A	Artery bypass graft	17.60	20.06	4.00	41.66	090	S
35671		A	Artery bypass graft	13.39	15.60	4.08	33.07	090	S
35681		A	Artery bypass graft	8.05	10.42	3.52	21.99	ZZZ	S
35691		A	Arterial transposition	16.70	19.62	3.81	40.13	090	S
35693		A	Arterial transposition	14.01	9.40	1.91	25.32	090	S
35694		A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35695		A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35700		A	Reoperation, bypass graft	3.08	1.61	0.38	5.07	ZZZ	S
35701		A	Exploration, carotid artery	4.54	5.82	1.25	11.61	090	S
35721		A	Exploration, femoral artery	4.54	5.56	1.11	11.21	090	S
35741		A	Exploration popliteal artery	4.54	5.73	1.15	11.42	090	S
35761		A	Exploration of artery/vein	4.54	5.81	1.14	11.49	090	S
35800		A	Explore neck vessels	6.04	5.28	0.97	12.29	090	S
35820		A	Explore chest vessels	11.64	7.92	1.43	20.99	090	S
35840		A	Explore abdominal vessels	8.63	7.23	1.44	17.30	090	S
35860		A	Explore limb vessels	4.54	5.81	1.15	11.50	090	S
35870		A	Repair vessel graft defect	20.35	10.64	2.47	33.46	090	S
35875		A	Removal of clot in graft	9.07	8.21	1.65	18.93	090	S
35876		A	Removal of clot in graft	12.91	8.21	1.65	22.77	090	S
35901		A	Excision, graft, neck	7.25	7.18	1.46	15.89	090	S
35903		A	Excision, graft, extremity	8.63	7.18	1.46	17.27	090	S
35905		A	Excision, graft, thorax	16.89	7.18	1.46	25.53	090	S
35907		A	Excision, graft, abdomen	17.68	7.18	1.46	26.32	090	S
36000		A	Place needle in vein	0.18	0.24	0.04	0.46	XXX	N
36005		A	Injection, venography	0.95	0.47	0.04	1.46	000	N
36010		A	Place catheter in vein	2.43	2.11	0.31	4.85	XXX	N
36011		A	Place catheter in vein	3.14	1.90	0.22	5.26	XXX	N
36012		A	Place catheter in vein	3.52	2.67	0.32	6.51	XXX	N
36013		A	Place catheter in artery	2.52	2.11	0.31	4.94	XXX	N
36014		A	Place catheter in artery	3.02	2.28	0.27	5.57	XXX	N
36015		A	Place catheter in artery	3.52	2.67	0.32	6.51	XXX	N
36100		A	Establish access to artery	3.02	2.59	0.32	5.93	XXX	N
36120		A	Establish access to artery	2.01	2.32	0.30	4.63	XXX	N
36140		A	Establish access to artery	2.01	1.41	0.24	3.66	XXX	N
36145		A	Artery to vein shunt	2.01	2.57	0.49	5.07	XXX	N
36160		A	Establish access to aorta	2.52	2.32	0.35	5.19	XXX	S
36200		A	Place catheter in aorta	3.02	2.73	0.28	6.03	XXX	N
36215		A	Place catheter in artery	4.68	2.78	0.23	7.69	XXX	N
36216		A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36217		A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36218		A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36245		A	Place catheter in artery	4.68	3.15	0.26	8.09	XXX	N
36246		A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36247		A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36248		A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36260		A	Insertion of infusion pump	9.27	6.74	1.41	17.42	090	S
36261		A	Revision of infusion pump	5.04	2.23	0.42	7.69	090	S
36262		A	Removal of infusion pump	3.70	1.93	0.40	6.03	090	S
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY	N
36400		A	Drawing blood	0.18	0.09	0.01	0.28	XXX	N
36405		A	Drawing blood	0.18	0.45	0.03	0.66	XXX	N
36406		A	Drawing blood	0.18	0.16	0.01	0.35	XXX	S
36410		A	Drawing blood	0.18	0.22	0.02	0.42	XXX	N
36415		G	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
36420		A	Establish access to vein	1.01	0.51	0.05	1.57	XXX	N
36425		A	Establish access to vein	0.76	0.08	0.01	0.85	XXX	N
36430		A	Blood transfusion service	0.00	0.96	0.07	1.03	XXX	N
36440		A	Blood transfusion service	1.03	0.94	0.07	2.04	XXX	S
36450		A	Exchange transfusion service	2.23	1.88	0.18	4.29	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
36455		A	Exchange transfusion service	2.43	2.27	0.22	4.92	XXX	N
36460		A	Transfusion service, fetal	6.59	4.71	1.09	12.39	XXX	N
36468		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36469		R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36470		A	Injection therapy of vein	1.02	0.27	0.04	1.33	010	S
36471		A	Injection therapy of veins	1.49	0.39	0.05	1.93	010	S
36481		A	Insertion of catheter, vein	6.99	5.30	0.61	12.90	000	S
36488		A	Insertion of catheter, vein	1.35	0.97	0.14	2.46	000	N
36489		A	Insertion of catheter, vein	1.22	1.12	0.17	2.51	000	N
36490		A	Insertion of catheter, vein	1.67	1.38	0.20	3.25	000	N
36491		A	Insertion of catheter, vein	1.43	1.71	0.32	3.46	000	N
36493		A	Repositioning of cvc	1.21	0.63	0.16	2.00	000	N
36500		A	Insertion of catheter, vein	3.52	0.08	0.01	3.61	000	N
36510		A	Insertion of catheter, vein	1.09	0.34	0.02	1.45	000	N
36520		A	Plasma and/or cell exchange	1.74	1.92	0.12	3.78	000	N
36522		A	Photopheresis	1.67	2.48	0.37	4.52	000	S
36530		R	Insertion of infusion pump	4.83	4.82	1.02	10.67	010	S
36531		R	Revision of infusion pump	4.80	4.37	0.27	9.44	010	S
36532		R	Removal of infusion pump	3.23	1.77	0.37	5.37	010	S
36533		A	Insertion of access port	5.00	4.29	0.85	10.14	010	S
36534		A	Revision of access port	2.73	3.46	0.21	6.40	010	S
36535		A	Removal of access port	2.22	1.81	0.38	4.41	010	S
36600		A	Withdrawal of arterial blood	0.32	0.28	0.02	0.62	XXX	N
36620		A	Insertion catheter, artery	1.15	0.66	0.14	1.95	000	N
36625		A	Insertion catheter, artery	2.11	0.86	0.18	3.15	000	N
36640		A	Insertion catheter, artery	2.10	2.32	0.40	4.82	000	N
36660		A	Insertion catheter, artery	1.40	0.49	0.04	1.93	000	N
36680		A	Insert needle, bone cavity	1.20	1.24	0.10	2.54	000	N
36800		A	Insertion of cannula	2.43	2.22	0.28	4.93	000	N
36810		A	Insertion of cannula	3.97	4.85	0.74	9.56	000	S
36815		A	Insertion of cannula	2.62	3.35	0.70	6.67	000	S
36821		A	Artery-vein fusion	8.39	7.24	1.46	17.09	090	S
36822		A	Insertion of cannula(s)	5.03	5.60	0.77	11.40	090	S
36825		A	Artery-vein graft	9.36	11.20	2.21	22.77	090	S
36830		A	Artery-vein graft	11.25	9.96	2.36	23.57	090	S
36832		A	Revise artery-vein fistula	5.84	7.48	2.38	15.70	090	S
36834		A	Repair A-V aneurysm	9.32	7.80	1.66	18.78	090	S
36835		A	Artery to vein shunt	6.54	3.42	0.79	10.75	090	S
36860		A	Cannula declotting	2.01	2.57	0.43	5.01	000	N
36861		A	Cannula declotting	2.52	3.22	1.01	6.75	000	S
37140		A	Revision of circulation	22.15	16.29	3.34	41.78	090	S
37145		A	Revision of circulation	23.16	17.13	1.72	42.01	090	S
37160		A	Revision of circulation	20.15	17.74	3.79	41.68	090	S
37180		A	Revision of circulation	23.16	14.19	2.76	40.11	090	S
37181		A	Splice spleen/kidney veins	25.17	16.41	3.52	45.10	090	S
37200		A	Transcatheter biopsy	4.56	1.59	0.13	6.28	000	N
37201		A	Transcatheter therapy infuse	5.00	5.50	0.64	11.14	000	N
37202		A	Transcatheter therapy infuse	5.68	4.30	0.50	10.48	000	N
37203		A	Transcatheter retrieval	5.03	3.82	0.45	9.30	000	N
37204		A	Transcatheter occlusion	18.14	13.76	1.60	33.50	000	N
37205		A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37206		A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37207		A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37208		A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37209		A	Exchange arterial catheter	2.27	1.41	0.11	3.79	000	N
37250		A	Intravascular us	1.51	1.14	0.13	2.78	ZZZ	N
37251		A	Intravascular us	1.15	0.87	0.10	2.12	ZZZ	N
37565		A	Ligation of neck vein	3.90	3.79	0.74	8.43	090	S
37600		A	Ligation of neck artery	3.90	4.98	0.80	9.68	090	S
37605		A	Ligation of neck artery	4.63	5.56	1.04	11.23	090	S
37606		A	Ligation of neck artery	4.63	5.92	0.72	11.27	090	S
37607		A	Ligation of fistula	5.84	3.06	0.71	9.61	090	S
37609		A	Temporal artery procedure	2.27	2.22	0.38	4.87	010	S
37615		A	Ligation of neck artery	4.39	5.62	1.11	11.12	090	S
37616		A	Ligation of chest artery	14.69	4.21	0.83	19.73	090	S
37617		A	Ligation of abdomen artery	14.19	8.00	1.54	23.73	090	S
37618		A	Ligation of extremity artery	3.90	4.98	1.06	9.94	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
37620		A	Revision of major vein	9.24	8.81	1.48	19.53	090	S
37650		A	Revision of major vein	4.39	4.02	0.52	8.93	090	S
37660		A	Revision of major vein	9.65	5.75	1.07	16.47	090	S
37700		A	Revise leg vein	3.52	3.64	0.73	7.89	090	S
37720		A	Removal of leg vein	5.22	5.11	1.04	11.37	090	S
37730		A	Removal of leg veins	6.63	6.95	1.40	14.98	090	S
37735		A	Removal of leg veins/lesion	9.90	8.34	1.68	19.92	090	S
37760		A	Revision of leg veins	9.90	7.48	1.52	18.90	090	S
37780		A	Revision of leg vein	3.52	1.89	0.35	5.76	090	S
37785		A	Revise secondary varicosity	3.56	0.98	0.18	4.72	090	S
37788		A	Revascularization, penis	21.33	15.14	1.48	37.95	090	S
37790		A	Penile venous occlusion	8.02	5.70	0.55	14.27	090	S
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY	S
38100		A	Removal of spleen, total	11.99	8.55	1.81	22.35	090	S
38101		A	Removal of spleen, partial	12.59	6.99	1.51	21.09	090	S
38102		A	Removal of spleen, total	4.80	2.51	0.58	7.89	ZZZ	S
38115		A	Repair of ruptured spleen	12.59	7.64	1.49	21.72	090	S
38200		A	Injection for spleen x-ray	2.64	1.71	0.15	4.50	000	S
38230		A	Bone marrow collection	4.22	2.78	0.21	7.21	010	N
38231		A	Stem cell collection	1.50	1.37	0.08	2.95	000	N
38240		A	Bone marrow/stem transplant	2.24	2.08	0.14	4.46	XXX	N
38241		A	Bone marrow/stem transplant	2.24	2.04	0.13	4.41	XXX	N
38300		A	Drainage lymph node lesion	1.48	0.58	0.10	2.16	010	S
38305		A	Drainage lymph node lesion	4.24	1.96	0.36	6.56	090	S
38308		A	Incision of lymph channels	4.55	3.37	0.45	8.37	090	S
38380		A	Thoracic duct procedure	6.53	4.44	0.76	11.73	090	S
38381		A	Thoracic duct procedure	12.10	7.56	1.50	21.16	090	S
38382		A	Thoracic duct procedure	9.24	4.84	1.13	15.21	090	S
38500		A	Biopsy/removal,lymph node(s)	2.83	1.59	0.31	4.73	010	S
38505		A	Needle biopsy, lymph node(s)	1.14	1.12	0.17	2.43	000	S
38510		A	Biopsy/removal,lymph node(s)	3.90	2.54	0.45	6.89	090	S
38520		A	Biopsy/removal,lymph node(s)	4.86	2.99	0.56	8.41	090	S
38525		A	Biopsy/removal,lymph node(s)	4.37	2.59	0.53	7.49	090	S
38530		A	Biopsy/removal,lymph node(s)	5.82	3.17	0.65	9.64	090	S
38542		A	Explore deep node(s), neck	5.41	4.26	0.59	10.26	090	S
38550		A	Removal neck/armpit lesion	6.42	3.23	0.63	10.28	090	S
38555		A	Removal neck/armpit lesion	13.05	7.27	1.38	21.70	090	S
38562		A	Removal, pelvic lymph nodes	9.65	6.88	1.20	17.73	090	S
38564		A	Removal, abdomen lymph nodes	10.00	7.39	1.51	18.90	090	S
38700		A	Removal of lymph nodes, neck	7.56	9.64	1.31	18.51	090	S
38720		A	Removal of lymph nodes, neck	12.29	15.73	2.04	30.06	090	S
38724		A	Removal of lymph nodes, neck	13.22	14.36	2.00	29.58	090	S
38740		A	Remove armpit lymph nodes	6.28	4.72	1.00	12.00	090	S
38745		A	Remove armpits lymph nodes	8.08	8.28	1.76	18.12	090	S
38746		A	Remove thoracic lymph nodes	4.39	2.29	0.53	7.21	ZZZ	S
38747		A	Remove abdominal lymph nodes	4.89	2.56	0.59	8.04	ZZZ	S
38760		A	Remove groin lymph nodes	8.19	6.63	1.35	16.17	090	S
38765		A	Remove groin lymph nodes	14.98	12.67	2.42	30.07	090	S
38770		A	Remove pelvis lymph nodes	12.10	15.40	1.73	29.23	090	S
38780		A	Remove abdomen lymph nodes	15.17	16.06	3.13	34.36	090	S
38790		A	Injection for lymphatic xray	1.29	1.64	0.19	3.12	000	N
38794		A	Access thoracic lymph duct	4.05	2.84	0.38	7.27	090	S
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY	S
39000		A	Exploration of chest	5.03	6.05	1.08	12.16	090	S
39010		A	Exploration of chest	10.78	11.46	2.08	24.32	090	S
39200		A	Removal chest lesion	12.40	11.58	2.14	26.12	090	S
39220		A	Removal chest lesion	16.16	14.94	2.83	33.93	090	S
39400		A	Visualization of chest	5.11	5.12	0.95	11.18	010	S
39499		C	Chest procedure	0.00	0.00	0.00	0.00	YYY	S
39501		A	Repair diaphragm laceration	12.10	10.66	2.10	24.86	090	S
39502		A	Repair paraesophageal hernia	15.18	11.93	2.45	29.56	090	S
39503		A	Repair of diaphragm hernia	33.22	25.18	2.94	61.34	090	S
39520		A	Repair of diaphragm hernia	15.18	12.53	2.46	30.17	090	S
39530		A	Repair of diaphragm hernia	14.22	14.06	2.71	30.99	090	S
39531		A	Repair of diaphragm hernia	15.23	10.00	1.80	27.03	090	S
39540		A	Repair of diaphragm hernia	12.10	11.98	2.51	26.59	090	S
39541		A	Repair of diaphragm hernia	13.10	12.16	2.37	27.63	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
39545		A	Revision of diaphragm	12.10	7.90	1.31	21.31	090	S
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40490		A	Biopsy of lip	1.22	0.74	0.07	2.03	000	S
40500		A	Partial excision of lip	4.08	5.23	0.94	10.25	090	S
40510		A	Partial excision of lip	4.57	5.84	0.83	11.24	090	S
40520		A	Partial excision of lip	4.54	4.50	0.68	9.72	090	S
40525		A	Reconstruct lip with flap	7.26	9.30	1.43	17.99	090	S
40527		A	Reconstruct lip with flap	8.71	11.16	1.65	21.52	090	S
40530		A	Partial removal of lip	5.14	5.10	0.74	10.98	090	S
40650		A	Repair lip	3.49	4.47	0.65	8.61	090	S
40652		A	Repair lip	4.08	5.23	0.79	10.10	090	S
40654		A	Repair lip	5.13	6.57	1.00	12.70	090	S
40700		A	Repair cleft lip/nasal	12.04	8.46	1.28	21.78	090	S
40701		A	Repair cleft lip/nasal	15.10	19.33	1.62	36.05	090	S
40702		A	Repair cleft lip/nasal	12.34	9.37	1.10	22.81	090	S
40720		A	Repair cleft lip/nasal	12.91	9.59	1.79	24.29	090	S
40761		A	Repair cleft lip/nasal	14.00	10.84	1.74	26.58	090	S
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40800		A	Drainage of mouth lesion	1.12	0.74	0.07	1.93	010	S
40801		A	Drainage of mouth lesion	2.48	1.70	0.16	4.34	010	S
40804		A	Removal foreign body, mouth	1.19	0.58	0.06	1.83	010	S
40805		A	Removal foreign body, mouth	2.64	2.50	0.30	5.44	010	S
40806		A	Incision of lip fold	0.31	0.36	0.03	0.70	000	S
40808		A	Biopsy of mouth lesion	0.91	0.76	0.08	1.75	010	S
40810		A	Excision of mouth lesion	1.26	1.18	0.11	2.55	010	S
40812		A	Excise/repair mouth lesion	2.26	1.50	0.14	3.90	010	S
40814		A	Excise/repair mouth lesion	3.27	3.23	0.32	6.82	090	S
40816		A	Excision of mouth lesion	3.52	3.22	0.33	7.07	090	S
40818		A	Excise oral mucosa for graft	2.26	2.25	0.20	4.71	090	S
40819		A	Excise lip or cheek fold	2.26	1.23	0.14	3.63	090	S
40820		A	Treatment of mouth lesion	1.23	0.53	0.06	1.82	010	S
40830		A	Repair mouth laceration	1.71	0.67	0.07	2.45	010	S
40831		A	Repair mouth laceration	2.41	1.94	0.21	4.56	010	S
40840		R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40842		R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40843		R	Reconstruction of mouth	11.63	8.80	1.03	21.46	090	S
40844		R	Reconstruction of mouth	15.37	11.63	1.36	28.36	090	S
40845		R	Reconstruction of mouth	17.94	23.99	1.93	43.86	090	S
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY	S
41000		A	Drainage of mouth lesion	1.25	0.76	0.08	2.09	010	S
41005		A	Drainage of mouth lesion	1.21	0.62	0.07	1.90	010	S
41006		A	Drainage of mouth lesion	3.03	1.01	0.11	4.15	090	S
41007		A	Drainage of mouth lesion	2.89	2.90	0.30	6.09	090	S
41008		A	Drainage of mouth lesion	3.16	1.06	0.11	4.33	090	S
41009		A	Drainage of mouth lesion	3.35	3.31	0.34	7.00	090	S
41010		A	Incision of tongue fold	1.01	0.37	0.04	1.42	010	S
41015		A	Drainage of mouth lesion	3.72	0.87	0.10	4.69	090	S
41016		A	Drainage of mouth lesion	3.72	3.69	0.38	7.79	090	S
41017		A	Drainage of mouth lesion	3.72	1.40	0.14	5.26	090	S
41018		A	Drainage of mouth lesion	4.75	3.93	0.38	9.06	090	S
41100		A	Biopsy of tongue	1.58	0.80	0.08	2.46	010	S
41105		A	Biopsy of tongue	1.37	1.03	0.12	2.52	010	S
41108		A	Biopsy of floor of mouth	1.00	0.85	0.09	1.94	010	S
41110		A	Excision of tongue lesion	1.46	1.30	0.15	2.91	010	S
41112		A	Excision of tongue lesion	2.63	2.39	0.23	5.25	090	S
41113		A	Excision of tongue lesion	3.09	3.41	0.37	6.87	090	S
41114		A	Excision of tongue lesion	7.88	6.39	0.73	15.00	090	S
41115		A	Excision of tongue fold	1.69	1.78	0.17	3.64	010	S
41116		A	Excision of mouth lesion	2.36	2.49	0.27	5.12	090	S
41120		A	Partial removal of tongue	8.83	7.28	0.88	16.99	090	S
41130		A	Partial removal of tongue	10.27	9.06	1.14	20.47	090	S
41135		A	Tongue and neck surgery	21.15	18.30	2.64	42.09	090	S
41140		A	Removal of tongue	23.46	18.89	2.45	44.80	090	S
41145		A	Tongue removal; neck surgery	27.58	22.79	2.95	53.32	090	S
41150		A	Tongue, mouth, jaw surgery	21.00	18.96	2.46	42.42	090	S
41153		A	Tongue, mouth, neck surgery	21.18	25.00	3.03	49.21	090	S
41155		A	Tongue, jaw, & neck surgery	25.60	29.95	3.75	59.30	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
41250		A	Repair tongue laceration	1.86	1.07	0.11	3.04	010	S
41251		A	Repair tongue laceration	2.22	2.07	0.21	4.50	010	S
41252		A	Repair tongue laceration	2.92	2.35	0.26	5.53	010	S
41500		A	Fixation of tongue	3.50	3.29	0.26	7.05	090	S
41510		A	Tongue to lip surgery	3.32	2.53	0.45	6.30	090	S
41520		A	Reconstruction, tongue fold	2.63	2.88	0.28	5.79	090	S
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY	S
41800		A	Drainage of gum lesion	1.12	0.69	0.07	1.88	010	S
41805		A	Removal foreign body, gum	1.19	0.84	0.08	2.11	010	S
41806		A	Removal foreign body, jawbone	2.64	1.64	0.15	4.43	010	S
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	XXX	S
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	XXX	S
41822		R	Excision of gum lesion	2.26	3.03	0.25	5.54	010	S
41823		R	Excision of gum lesion	3.15	4.20	0.34	7.69	090	S
41825		A	Excision of gum lesion	1.26	1.49	0.14	2.89	010	S
41826		A	Excision of gum lesion	2.26	2.07	0.18	4.51	010	S
41827		A	Excision of gum lesion	3.27	3.78	0.38	7.43	090	S
41828		R	Excision of gum lesion	3.04	4.07	0.33	7.44	010	S
41830		R	Removal of gum tissue	3.30	4.41	0.36	8.07	010	S
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41870		R	Gum graft	0.00	0.00	0.00	0.00	XXX	S
41872		R	Repair gum	2.44	3.26	0.27	5.97	090	S
41874		R	Repair tooth socket	2.94	3.93	0.32	7.19	090	S
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42000		A	Drainage mouth roof lesion	1.18	0.62	0.06	1.86	010	S
42100		A	Biopsy roof of mouth	1.26	0.79	0.08	2.13	010	S
42104		A	Excision lesion, mouth roof	1.59	1.62	0.17	3.38	010	S
42106		A	Excision lesion, mouth roof	2.05	2.22	0.21	4.48	010	S
42107		A	Excision lesion, mouth roof	4.20	4.91	0.50	9.61	090	S
42120		A	Remove palate/lesion	5.39	6.90	1.01	13.30	090	S
42140		A	Excision of uvula	1.54	1.35	0.15	3.04	090	S
42145		A	Repair, palate, pharynx/uvula	7.04	9.01	1.45	17.50	090	S
42160		A	Treatment mouth roof lesion	1.75	1.53	0.16	3.44	010	S
42180		A	Repair palate	2.45	2.24	0.26	4.95	010	S
42182		A	Repair palate	3.78	3.47	0.38	7.63	010	S
42200		A	Reconstruct cleft palate	11.25	7.19	0.85	19.29	090	S
42205		A	Reconstruct cleft palate	8.96	10.82	0.79	20.57	090	S
42210		A	Reconstruct cleft palate	13.75	12.51	0.95	27.21	090	S
42215		A	Reconstruct cleft palate	8.42	7.68	0.86	16.96	090	S
42220		A	Reconstruct cleft palate	6.65	5.40	0.81	12.86	090	S
42225		A	Reconstruct cleft palate	9.08	6.90	1.08	17.06	090	S
42226		A	Lengthening of palate	9.42	7.89	0.86	18.17	090	S
42227		A	Lengthening of palate	8.89	7.41	0.38	16.68	090	S
42235		A	Repair palate	7.50	5.55	0.49	13.54	090	S
42260		A	Repair nose to lip fistula	9.18	3.98	0.44	13.60	090	S
42280		A	Preparation, palate mold	1.49	1.99	0.17	3.65	010	S
42281		A	Insertion, palate prosthesis	1.77	1.47	0.15	3.39	010	S
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY	S
42300		A	Drainage of salivary gland	1.88	0.96	0.12	2.96	010	S
42305		A	Drainage of salivary gland	5.59	2.18	0.27	8.04	090	S
42310		A	Drainage of salivary gland	1.51	1.03	0.12	2.66	010	S
42320		A	Drainage of salivary gland	2.30	1.83	0.22	4.35	010	S
42325		A	Create salivary cyst drain	2.65	2.12	0.20	4.97	090	S
42326		A	Create salivary cyst drain	3.65	4.34	0.33	8.32	090	S
42330		A	Removal of salivary stone	2.16	1.10	0.12	3.38	010	S
42335		A	Removal of salivary stone	3.21	2.47	0.27	5.95	090	S
42340		A	Removal of salivary stone	4.47	4.25	0.45	9.17	090	S
42400		A	Biopsy of salivary gland	0.78	0.79	0.10	1.67	000	S
42405		A	Biopsy of salivary gland	3.24	1.54	0.19	4.97	010	S
42408		A	Excision of salivary cyst	4.41	3.24	0.38	8.03	090	S
42409		A	Drainage of salivary cyst	2.71	2.81	0.30	5.82	090	S
42410		A	Excise parotid gland/lesion	8.88	5.94	0.92	15.74	090	S
42415		A	Excise parotid gland/lesion	16.12	12.68	1.68	30.48	090	S
42420		A	Excise parotid gland/lesion	18.63	14.82	1.87	35.32	090	S
42425		A	Excise parotid gland/lesion	12.36	11.10	1.43	24.89	090	S
42426		A	Excise parotid gland/lesion	19.88	24.12	3.21	47.21	090	S
42440		A	Excision submaxillary gland	6.61	7.98	0.99	15.58	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
42450		A	Excision sublingual gland	4.38	3.42	0.35	8.15	090	S
42500		A	Repair salivary duct	4.06	4.61	0.50	9.17	090	S
42505		A	Repair salivary duct	5.92	7.34	0.86	14.12	090	S
42507		A	Parotid duct diversion	5.96	4.65	0.67	11.28	090	S
42508		A	Parotid duct diversion	8.64	7.61	0.94	17.19	090	S
42509		A	Parotid duct diversion	11.08	7.31	1.23	19.62	090	S
42510		A	Parotid duct diversion	7.71	7.65	0.84	16.20	090	S
42550		A	Injection for salivary x-ray	1.25	0.44	0.04	1.73	000	N
42600		A	Closure of salivary fistula	4.58	3.89	0.46	8.93	090	S
42650		A	Dilation of salivary duct	0.77	0.39	0.04	1.20	000	S
42660		A	Dilation of salivary duct	1.13	0.50	0.06	1.69	000	S
42665		A	Ligation of salivary duct	2.43	2.04	0.25	4.72	090	S
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42700		A	Drainage of tonsil abscess	1.57	0.85	0.10	2.52	010	S
42720		A	Drainage of throat abscess	4.53	1.89	0.22	6.64	010	S
42725		A	Drainage of throat abscess	9.50	4.45	0.53	14.48	090	S
42800		A	Biopsy of throat	1.34	0.74	0.08	2.16	010	S
42802		A	Biopsy of throat	1.49	1.02	0.12	2.63	010	S
42804		A	Biopsy of upper nose/throat	1.19	1.09	0.13	2.41	010	S
42806		A	Biopsy of upper nose/throat	1.53	1.40	0.16	3.09	010	S
42808		A	Excise pharynx lesion	2.25	2.52	0.29	5.06	010	S
42809		A	Remove pharynx foreign body	1.76	0.82	0.08	2.66	010	S
42810		A	Excision of neck cyst	3.20	3.14	0.47	6.81	090	S
42815		A	Excision of neck cyst	6.75	8.47	1.12	16.34	090	S
42820		A	Remove tonsils and adenoids	3.59	3.15	0.32	7.06	090	S
42821		A	Remove tonsils and adenoids	4.10	3.93	0.46	8.49	090	S
42825		A	Removal of tonsils	3.21	2.64	0.33	6.18	090	S
42826		A	Removal of tonsils	3.19	3.86	0.43	7.48	090	S
42830		A	Removal of adenoids	2.49	1.86	0.27	4.62	090	S
42831		A	Removal of adenoids	2.61	2.36	0.25	5.22	090	S
42835		A	Removal of adenoids	2.22	1.86	0.10	4.18	090	S
42836		A	Removal of adenoids	3.10	2.79	0.31	6.20	090	S
42842		A	Extensive surgery of throat	8.13	6.69	0.73	15.55	090	S
42844		A	Extensive surgery of throat	12.73	10.85	1.27	24.85	090	S
42845		A	Extensive surgery of throat	21.88	18.62	2.22	42.72	090	S
42860		A	Excision of tonsil tags	2.14	1.89	0.21	4.24	090	S
42870		A	Excision of lingual tonsil	5.16	2.32	0.26	7.74	090	S
42880		D	Excise nose/throat lesion	0.00	0.00	0.00	0.00	090	S
42890		A	Partial removal of pharynx	11.67	8.99	1.03	21.69	090	S
42892		A	Revision of pharyngeal walls	13.94	10.92	1.27	26.13	090	S
42894		A	Revision of pharyngeal walls	20.68	16.06	1.83	38.57	090	S
42900		A	Repair throat wound	4.98	4.26	0.48	9.72	010	S
42950		A	Reconstruction of throat	7.70	9.86	1.10	18.66	090	S
42953		A	Repair throat, esophagus	8.21	6.34	0.93	15.48	090	S
42955		A	Surgical opening of throat	6.50	3.32	0.43	10.25	090	S
42960		A	Control throat bleeding	2.28	1.08	0.12	3.48	010	S
42961		A	Control throat bleeding	5.18	1.75	0.19	7.12	090	S
42962		A	Control throat bleeding	6.64	5.98	0.68	13.30	090	S
42970		A	Control nose/throat bleeding	4.78	1.03	0.10	5.91	090	N
42971		A	Control nose/throat bleeding	5.56	2.90	0.34	8.80	090	S
42972		A	Control nose/throat bleeding	6.55	4.55	0.73	11.83	090	S
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY	S
43020		A	Incision of esophagus	7.72	6.58	0.71	15.01	090	S
43030		A	Throat muscle surgery	7.15	9.15	1.21	17.51	090	S
43045		A	Incision of esophagus	18.83	12.45	2.36	33.64	090	S
43100		A	Excision of esophagus lesion	8.47	6.19	0.95	15.61	090	S
43101		A	Excision of esophagus lesion	15.11	9.48	1.88	26.47	090	S
43107		A	Removal of esophagus	27.20	22.50	4.42	54.12	090	S
43108		A	Removal of esophagus	32.64	25.27	4.77	62.68	090	S
43112		A	Removal of esophagus	29.67	21.65	4.22	55.54	090	S
43113		A	Removal of esophagus	33.63	25.27	4.77	63.67	090	S
43116		A	Partial removal of esophagus	29.67	25.27	4.77	59.71	090	S
43117		A	Partial removal of esophagus	28.47	25.27	4.77	58.51	090	S
43118		A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43121		A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43122		A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43123		A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
43124		A	Removal of esophagus	24.73	22.50	4.42	51.65	090	S
43130		A	Removal of esophagus pouch	10.68	10.51	1.60	22.79	090	S
43135		A	Removal of esophagus pouch	15.11	11.72	2.17	29.00	090	S
43200		A	Esophagus endoscopy	1.59	2.04	0.26	3.89	000	S
43202		A	Esophagus endoscopy, biopsy	1.89	2.41	0.31	4.61	000	N
43204		A	Esophagus endoscopy & inject	3.77	4.83	0.36	8.96	000	N
43205		A	Esophagus endoscopy/ligation	3.79	2.70	0.18	6.67	000	N
43215		A	Esophagus endoscopy	2.60	3.33	0.46	6.39	000	N
43216		A	Esophagus endoscopy/lesion	2.40	3.58	0.37	6.35	000	N
43217		A	Esophagus endoscopy	2.90	3.58	0.37	6.85	000	N
43219		A	Esophagus endoscopy	2.80	3.58	0.34	6.72	000	N
43220		A	Esophagus endoscopy, dilation	2.10	2.68	0.27	5.05	000	N
43226		A	Esophagus endoscopy, dilation	2.34	3.00	0.26	5.60	000	N
43227		A	Esophagus endoscopy, repair	3.60	4.61	0.34	8.55	000	N
43228		A	Esophagus endoscopy, ablation	3.77	4.79	0.38	8.94	000	N
43234		A	Upper GI endoscopy, exam	2.01	2.57	0.30	4.88	000	N
43235		A	Upper GI endoscopy, diagnosis	2.39	3.07	0.29	5.75	000	N
43239		A	Upper GI endoscopy, biopsy	2.69	3.44	0.33	6.46	000	N
43241		A	Upper GI endoscopy with tube	2.59	3.31	0.38	6.28	000	N
43243		A	Upper GI endoscopy & inject.	4.57	5.63	0.39	10.59	000	N
43244		A	Upper GI endoscopy/ligation	4.59	3.47	0.41	8.47	000	N
43245		A	Operative upper GI endoscopy	3.39	4.34	0.40	8.13	000	N
43246		A	Place gastrostomy tube	4.33	5.55	0.51	10.39	000	N
43247		A	Operative upper GI endoscopy	3.39	4.34	0.38	8.11	000	N
43248		A	Upper GI endoscopy/guidewire	3.15	4.03	0.35	7.53	000	N
43249		A	Esophagus endoscopy, dilation	2.90	3.73	0.30	6.93	000	N
43250		A	Upper GI endoscopy/tumor	3.20	4.60	0.43	8.23	000	N
43251		A	Operative upper GI endoscopy	3.70	4.60	0.43	8.73	000	N
43255		A	Operative upper GI endoscopy	4.40	5.63	0.38	10.41	000	N
43258		A	Operative upper GI endoscopy	4.55	5.41	0.38	10.34	000	N
43259		A	Endoscopic ultrasound exam	4.89	4.02	0.35	9.26	000	N
43260		A	Endoscopy, bile duct/pancreas	5.96	5.98	0.39	12.33	000	N
43261		A	Endoscopy, bile duct/pancreas	6.27	5.98	0.39	12.64	000	N
43262		A	Endoscopy, bile duct/pancreas	7.39	9.00	0.58	16.97	000	N
43263		A	Endoscopy, bile duct/pancreas	6.19	5.83	0.38	12.40	000	N
43264		A	Endoscopy, bile duct/pancreas	8.90	8.92	0.61	18.43	000	N
43265		A	Endoscopy, bile duct/pancreas	8.90	6.82	0.49	16.21	000	N
43267		A	Endoscopy, bile duct/pancreas	7.39	7.41	0.48	15.28	000	N
43268		A	Endoscopy, bile duct/pancreas	7.39	8.72	0.56	16.67	000	N
43269		A	Endoscopy, bile duct/pancreas	6.04	7.35	0.51	13.90	000	N
43271		A	Endoscopy, bile duct/pancreas	7.39	7.63	0.50	15.52	000	N
43272		A	Endoscopy, bile duct/pancreas	7.39	5.60	0.42	13.41	000	N
43300		A	Repair of esophagus	8.72	11.17	1.70	21.59	090	S
43305		A	Repair esophagus and fistula	16.14	13.71	1.78	31.63	090	S
43310		A	Repair of esophagus	24.20	16.99	3.23	44.42	090	S
43312		A	Repair esophagus and fistula	27.26	13.72	2.30	43.28	090	S
43320		A	Fuse esophagus & stomach	14.49	11.68	2.05	28.22	090	S
43324		A	Revise esophagus & stomach	15.18	11.88	2.53	29.59	090	S
43325		A	Revise esophagus & stomach	14.63	11.61	2.29	28.53	090	S
43326		A	Revise esophagus & stomach	14.37	7.52	1.75	23.64	090	S
43330		A	Repair of esophagus	14.27	11.36	2.39	28.02	090	S
43331		A	Repair of esophagus	14.73	14.33	2.64	31.70	090	S
43340		A	Fuse esophagus & intestine	14.16	12.44	2.52	29.12	090	S
43341		A	Fuse esophagus & intestine	15.26	9.90	1.56	26.72	090	S
43350		A	Surgical opening, esophagus	11.25	7.88	1.15	20.28	090	S
43351		A	Surgical opening, esophagus	13.42	8.77	1.53	23.72	090	S
43352		A	Surgical opening, esophagus	10.92	8.86	1.47	21.25	090	S
43360		A	Gastrointestinal repair	26.06	21.36	4.19	51.61	090	S
43361		A	Gastrointestinal repair	29.67	25.27	4.77	59.71	090	S
43400		A	Ligate esophagus veins	15.55	10.82	1.63	28.00	090	S
43401		A	Esophagus surgery for veins	16.26	9.59	1.93	27.78	090	S
43405		A	Ligate/staple esophagus	14.84	14.33	2.64	31.81	090	S
43410		A	Repair esophagus wound	9.61	8.90	1.54	20.05	090	S
43415		A	Repair esophagus wound	15.86	12.74	2.52	31.12	090	S
43420		A	Repair esophagus opening	10.19	5.88	0.78	16.85	090	S
43425		A	Repair esophagus opening	15.58	9.94	1.71	27.23	090	S
43450		A	Dilate esophagus	1.38	0.68	0.05	2.11	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
43453	.....	A	Dilate esophagus	1.51	1.51	0.11	3.13	000	N
43456	.....	A	Dilate esophagus	2.57	2.47	0.24	5.28	000	N
43458	.....	A	Dilation of esophagus	3.06	1.52	0.27	4.85	000	N
43460	.....	A	Pressure treatment esophagus	3.80	1.67	0.15	5.62	000	N
43496	.....	C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	090	S
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY	N
43500	.....	A	Surgical opening of stomach	7.60	6.13	1.20	14.93	090	S
43501	.....	A	Surgical repair of stomach	13.85	8.58	1.83	24.26	090	S
43502	.....	A	Surgical repair of stomach	15.82	8.58	1.83	26.23	090	S
43510	.....	A	Surgical opening of stomach	9.27	8.29	0.94	18.50	090	N
43520	.....	A	Incision of pyloric muscle	7.00	4.48	0.87	12.35	090	S
43600	.....	A	Biopsy of stomach	1.91	0.50	0.05	2.46	000	N
43605	.....	A	Biopsy of stomach	8.23	5.91	1.29	15.43	090	S
43610	.....	A	Excision of stomach lesion	10.11	8.17	1.71	19.99	090	S
43611	.....	A	Excision of stomach lesion	12.43	8.17	1.71	22.31	090	S
43620	.....	A	Removal of stomach	21.03	15.38	3.19	39.60	090	S
43621	.....	A	Removal of stomach	21.47	15.38	3.19	40.04	090	S
43622	.....	A	Removal of stomach	22.82	15.38	3.19	41.39	090	S
43631	.....	A	Removal of stomach, partial	18.10	12.42	2.66	33.18	090	S
43632	.....	A	Removal stomach, partial	18.10	12.42	2.66	33.18	090	S
43633	.....	A	Removal stomach, partial	18.54	12.42	2.66	33.62	090	S
43634	.....	A	Removal stomach, partial	19.89	20.83	4.57	45.29	090	S
43635	.....	A	Partial removal of stomach	2.06	1.08	0.26	3.40	ZZZ	S
43638	.....	A	Partial removal of stomach	20.15	12.75	2.73	35.63	090	S
43639	.....	A	Removal stomach, partial	20.64	12.75	2.73	36.12	090	S
43640	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.19	25.81	090	S
43641	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.18	25.80	090	S
43750	.....	A	Place gastrostomy tube	4.27	4.35	0.56	9.18	010	N
43760	.....	A	Change gastrostomy tube	1.10	0.69	0.09	1.88	000	N
43761	.....	A	Reposition gastrostomy tube	2.01	1.06	0.25	3.32	000	N
43800	.....	A	Reconstruction of pylorus	9.41	6.85	1.47	17.73	090	S
43810	.....	A	Fusion of stomach and bowel	10.08	7.64	1.53	19.25	090	S
43820	.....	A	Fusion of stomach and bowel	10.43	8.29	1.75	20.47	090	S
43825	.....	A	Fusion of stomach and bowel	13.28	11.08	2.30	26.66	090	S
43830	.....	A	Place gastrostomy tube	6.52	6.19	1.19	13.90	090	S
43831	.....	A	Place gastrostomy tube	6.41	5.20	0.93	12.54	090	S
43832	.....	A	Place gastrostomy tube	10.68	7.95	1.36	19.99	090	S
43840	.....	A	Repair of stomach lesion	10.45	7.84	1.66	19.95	090	S
43842	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43843	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43846	.....	A	Gastric bypass for obesity	17.84	14.80	3.30	35.94	090	S
43847	.....	A	Gastric bypass for obesity	19.87	14.80	3.30	37.97	090	S
43848	.....	A	Revision gastroplasty	22.10	14.80	3.30	40.20	090	S
43850	.....	A	Revise stomach-bowel fusion	18.14	11.64	2.25	32.03	090	S
43855	.....	A	Revise stomach-bowel fusion	19.15	10.44	2.28	31.87	090	S
43860	.....	A	Revise stomach-bowel fusion	18.14	11.46	2.51	32.11	090	S
43865	.....	A	Revise stomach-bowel fusion	19.15	13.39	2.98	35.52	090	S
43870	.....	A	Repair stomach opening	6.56	5.77	1.14	13.47	090	S
43880	.....	A	Repair stomach-bowel fistula	18.14	8.25	1.76	28.15	090	S
43999	.....	C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY	N
44005	.....	A	Freeing of bowel adhesion	12.52	8.28	1.75	22.55	090	S
44010	.....	A	Incision of small bowel	9.24	6.91	1.42	17.57	090	S
44015	.....	A	Insert needle catheter, bowel	2.62	3.22	0.45	6.29	ZZZ	S
44020	.....	A	Exploration of small bowel	10.69	7.81	1.65	20.15	090	S
44021	.....	A	Decompress small bowel	10.83	7.00	1.48	19.31	090	S
44025	.....	A	Incision of large bowel	11.07	7.74	1.61	20.42	090	S
44050	.....	A	Reduce bowel obstruction	10.05	7.77	1.64	19.46	090	S
44055	.....	A	Correct malrotation of bowel	11.92	7.66	1.60	21.18	090	S
44100	.....	A	Biopsy of bowel	2.01	1.38	0.13	3.52	000	N
44110	.....	A	Excision of bowel lesion(s)	9.01	7.67	1.58	18.26	090	S
44111	.....	A	Excision of bowel lesion(s)	11.05	9.67	2.14	22.86	090	S
44120	.....	A	Removal of small intestine	13.15	9.46	2.02	24.63	090	S
44121	.....	A	Removal of small intestine	4.45	2.32	0.54	7.31	ZZZ	S
44125	.....	A	Removal of small intestine	13.15	10.75	2.28	26.18	090	S
44130	.....	A	Bowel to bowel fusion	11.09	8.67	1.86	21.62	090	S
44139	.....	A	Mobilization of colon	2.23	1.17	0.27	3.67	ZZZ	S
44140	.....	A	Partial removal of colon	16.97	11.37	2.40	30.74	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
44141		A	Partial removal of colon	17.36	11.86	2.55	31.77	090	S
44143		A	Partial removal of colon	17.36	12.26	2.62	32.24	090	S
44144		A	Partial removal of colon	16.97	12.06	2.53	31.56	090	S
44145		A	Partial removal of colon	21.29	13.25	2.78	37.32	090	S
44146		A	Partial removal of colon	22.22	14.98	3.14	40.34	090	S
44147		A	Partial removal of colon	16.23	15.34	3.30	34.87	090	S
44150		A	Removal of colon	19.04	14.84	3.17	37.05	090	S
44151		A	Removal of colon/ileostomy	17.95	10.21	2.22	30.38	090	S
44152		A	Removal of colon/ileostomy	22.98	15.44	3.36	41.78	090	S
44153		A	Removal of colon/ileostomy	24.69	19.35	3.63	47.67	090	S
44155		A	Removal of colon	22.09	16.65	3.50	42.24	090	S
44156		A	Removal of colon/ileostomy	20.48	11.40	2.52	34.40	090	S
44160		A	Removal of colon	14.09	12.44	2.68	29.21	090	S
44300		A	Open bowel to skin	7.77	6.03	1.29	15.09	090	S
44310		A	Ileostomy/jejunostomy	10.07	7.88	1.66	19.61	090	S
44312		A	Revision of ileostomy	5.34	3.08	0.45	8.87	090	S
44314		A	Revision of ileostomy	9.77	6.68	1.21	17.66	090	S
44316		A	Devise bowel pouch	13.59	9.64	1.43	24.66	090	S
44320		A	Colostomy	11.39	7.46	1.57	20.42	090	S
44322		A	Colostomy with biopsies	10.31	9.07	1.88	21.26	090	S
44340		A	Revision of colostomy	4.92	1.68	0.35	6.95	090	S
44345		A	Revision of colostomy	10.05	4.84	1.03	15.92	090	S
44346		A	Revision of colostomy	11.13	6.65	1.38	19.16	090	S
44360		A	Small bowel endoscopy	2.92	3.74	0.32	6.98	000	N
44361		A	Small bowel endoscopy, biopsy	3.23	4.14	0.34	7.71	000	N
44363		A	Small bowel endoscopy	3.94	2.99	0.36	7.29	000	N
44364		A	Small bowel endoscopy	4.22	4.73	0.72	9.67	000	N
44365		A	Small bowel endoscopy	3.73	4.73	0.72	9.18	000	N
44366		A	Small bowel endoscopy	4.97	5.86	0.45	11.28	000	N
44369		A	Small bowel endoscopy	5.09	6.52	0.50	12.11	000	N
44372		A	Small bowel endoscopy	4.97	5.83	0.67	11.47	000	N
44373		A	Small bowel endoscopy	3.94	5.03	0.50	9.47	000	N
44376		A	Small bowel endoscopy	5.69	4.05	0.26	10.00	000	N
44377		A	Small bowel endoscopy	5.98	4.26	0.28	10.52	000	N
44378		A	Small bowel endoscopy	7.71	5.27	0.35	13.33	000	N
44380		A	Small bowel endoscopy	1.51	1.94	0.22	3.67	000	N
44382		A	Small bowel endoscopy	1.82	2.33	0.29	4.44	000	N
44385		A	Endoscopy of bowel pouch	1.82	2.33	0.34	4.49	000	S
44386		A	Endoscopy, bowel pouch, biopsy	2.12	1.54	0.15	3.81	000	N
44388		A	Colon endoscopy	2.82	3.61	0.50	6.93	000	S
44389		A	Colonoscopy with biopsy	3.13	4.00	0.45	7.58	000	N
44390		A	Colonoscopy for foreign body	3.83	2.63	0.28	6.74	000	N
44391		A	Colonoscopy for bleeding	4.32	5.26	0.53	10.11	000	N
44392		A	Colonoscopy & polypectomy	3.82	5.16	0.70	9.68	000	N
44393		A	Colonoscopy, lesion removal	4.84	5.41	0.70	10.95	000	N
44394		A	Colonoscopy w/snare	4.43	5.16	0.70	10.29	000	N
44500		A	Intro, gastrointestinal tube	0.49	0.36	0.02	0.87	000	N
44602		A	Suture, small intestine	9.72	7.65	1.62	18.99	090	S
44603		A	Suture, small intestine	12.94	9.09	1.96	23.99	090	S
44604		A	Suture, large intestine	12.94	7.87	1.67	22.48	090	S
44605		A	Repair of bowel lesion	13.91	9.37	2.02	25.30	090	S
44615		A	Intestinal stricturoplasty	12.89	6.74	1.57	21.20	090	S
44620		A	Repair bowel opening	9.65	5.97	1.26	16.88	090	S
44625		A	Repair bowel opening	12.10	9.58	2.03	23.71	090	S
44640		A	Repair bowel-skin fistula	13.34	6.54	1.35	21.23	090	S
44650		A	Repair bowel fistula	13.76	7.33	1.46	22.55	090	S
44660		A	Repair bowel-bladder fistula	13.14	8.34	1.21	22.69	090	S
44661		A	Repair bowel-bladder fistula	15.44	13.94	2.52	31.90	090	S
44680		A	Surgical revision, intestine	12.41	9.71	2.14	24.26	090	S
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44800		A	Excision of bowel pouch	10.12	5.24	1.08	16.44	090	S
44820		A	Excision of mesentery lesion	9.31	5.80	1.21	16.32	090	S
44850		A	Repair of mesentery	8.64	5.60	1.18	15.42	090	S
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44900		A	Drainage of appendix abscess	7.86	4.28	0.88	13.02	090	S
44950		A	Appendectomy	8.25	4.89	1.01	14.15	090	S
44955		A	Appendectomy	1.53	1.96	0.60	4.09	ZZZ	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
44960		A	Appendectomy	9.78	5.89	1.24	16.91	090	S
45000		A	Drainage of pelvic abscess	4.28	1.59	0.24	6.11	090	S
45005		A	Drainage of rectal abscess	1.96	1.29	0.21	3.46	010	S
45020		A	Drainage of rectal abscess	4.40	2.61	0.51	7.52	090	S
45100		A	Biopsy of rectum	3.38	1.88	0.35	5.61	090	S
45108		A	Removal of anorectal lesion	4.28	2.66	0.53	7.47	090	S
45110		A	Removal of rectum	21.68	16.32	3.43	41.43	090	S
45111		A	Partial removal of rectum	14.97	11.77	2.49	29.23	090	S
45112		A	Removal of rectum	24.02	16.06	3.36	43.44	090	S
45113		A	Partial proctectomy	24.69	16.06	3.36	44.11	090	S
45114		A	Partial removal of rectum	21.20	15.39	3.24	39.83	090	S
45116		A	Partial removal of rectum	19.09	10.77	2.34	32.20	090	S
45120		A	Removal of rectum	22.78	16.39	3.54	42.71	090	S
45121		A	Removal of rectum and colon	24.96	10.79	2.01	37.76	090	S
45123		A	Partial proctectomy	13.27	11.77	2.49	27.53	090	S
45130		A	Excision of rectal prolapse	13.03	8.92	1.79	23.74	090	S
45135		A	Excision of rectal prolapse	15.36	15.95	3.50	34.81	090	S
45150		A	Excision of rectal stricture	5.26	3.38	0.63	9.27	090	S
45160		A	Excision of rectal lesion	12.34	7.46	1.56	21.36	090	S
45170		A	Excision of rectal lesion	9.40	4.62	0.96	14.98	090	S
45190		A	Destruction, rectal tumor	7.91	5.09	1.06	14.06	090	S
45300		A	Proctosigmoidoscopy	0.70	0.55	0.07	1.32	000	S
45303		A	Proctosigmoidoscopy	0.80	0.64	0.12	1.56	000	S
45305		A	Proctosigmoidoscopy; biopsy	1.01	0.84	0.14	1.99	000	S
45307		A	Proctosigmoidoscopy	1.71	1.27	0.18	3.16	000	S
45308		A	Proctosigmoidoscopy	1.51	1.13	0.20	2.84	000	S
45309		A	Proctosigmoidoscopy	2.01	1.13	0.20	3.34	000	S
45315		A	Proctosigmoidoscopy	2.54	1.19	0.18	3.91	000	S
45317		A	Proctosigmoidoscopy	2.73	1.26	0.19	4.18	000	S
45320		A	Proctosigmoidoscopy	2.88	1.87	0.34	5.09	000	S
45321		A	Proctosigmoidoscopy	2.12	1.47	0.27	3.86	000	S
45330		A	Sigmoidoscopy, diagnostic	0.96	1.23	0.12	2.31	000	N
45331		A	Sigmoidoscopy and biopsy	1.26	1.61	0.15	3.02	000	N
45332		A	Sigmoidoscopy	1.96	1.76	0.16	3.88	000	N
45333		A	Sigmoidoscopy & polypectomy	1.96	2.24	0.26	4.46	000	N
45334		A	Sigmoidoscopy for bleeding	2.99	2.71	0.23	5.93	000	N
45337		A	Sigmoidoscopy, decompression	2.36	3.03	0.38	5.77	000	N
45338		A	Sigmoidoscopy	2.57	2.24	0.26	5.07	000	N
45339		A	Sigmoidoscopy	3.14	3.24	0.31	6.69	000	N
45355		A	Surgical colonoscopy	3.52	1.17	0.10	4.79	000	N
45378		A	Diagnostic colonoscopy	3.70	4.13	0.39	8.22	000	N
45378	53	A	Diagnostic colonoscopy	0.96	1.23	0.12	2.31	000	N
45379		A	Colonoscopy	4.72	5.33	0.45	10.50	000	N
45380		A	Colonoscopy and biopsy	4.01	4.79	0.40	9.20	000	N
45382		A	Colonoscopy, control bleeding	5.73	5.87	0.41	12.01	000	N
45383		A	Colonoscopy, lesion removal	5.87	5.92	0.50	12.29	000	N
45384		A	Colonoscopy	4.70	6.65	0.58	11.93	000	N
45385		A	Colonoscopy, lesion removal	5.31	6.65	0.58	12.54	000	N
45500		A	Repair of rectum	6.59	5.95	1.21	13.75	090	S
45505		A	Repair of rectum	5.54	6.29	1.23	13.06	090	S
45520		A	Treatment of rectal prolapse	0.55	0.61	0.10	1.26	000	N
45540		A	Correct rectal prolapse	11.98	9.89	2.10	23.97	090	S
45541		A	Correct rectal prolapse	9.79	10.17	2.04	22.00	090	S
45550		A	Repair rectum; remove sigmoid	16.97	11.49	2.38	30.84	090	S
45560		A	Repair of rectocele	7.48	4.79	0.98	13.25	090	S
45562		A	Exploration/repair of rectum	11.13	8.09	1.58	20.80	090	S
45563		A	Exploration/repair of rectum	17.55	12.77	2.49	32.81	090	S
45800		A	Repair rectumbladder fistula	12.75	9.82	1.45	24.02	090	S
45805		A	Repair fistula; colostomy	15.08	12.32	2.39	29.79	090	S
45820		A	Repair rectourethral fistula	13.31	8.98	1.23	23.52	090	S
45825		A	Repair fistula; colostomy	15.45	9.87	1.66	26.98	090	S
45900		A	Reduction of rectal prolapse	1.68	0.58	0.11	2.37	010	S
45905		A	Dilation of anal sphincter	1.51	0.71	0.12	2.34	010	S
45910		A	Dilation of rectal narrowing	1.86	0.87	0.13	2.86	010	S
45915		A	Remove rectal obstruction	2.09	0.78	0.09	2.96	010	N
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY	N
46030		A	Removal of rectal marker	1.20	0.40	0.07	1.67	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
46040		A	Incision of rectal abscess	4.41	1.69	0.34	6.44	090	S
46045		A	Incision of rectal abscess	3.91	1.85	0.38	6.14	090	S
46050		A	Incision of anal abscess	1.14	0.60	0.11	1.85	010	S
46060		A	Incision of rectal abscess	5.03	5.35	1.12	11.50	090	S
46070		A	Incision of anal septum	2.63	1.37	0.33	4.33	090	S
46080		A	Incision of anal sphincter	2.35	2.13	0.43	4.91	010	S
46083		A	Incise external hemorrhoid	1.35	0.63	0.08	2.06	010	N
46200		A	Removal of anal fissure	3.02	3.29	0.66	6.97	090	S
46210		A	Removal of anal crypt	2.52	0.77	0.14	3.43	090	S
46211		A	Removal of anal crypts	4.07	1.90	0.38	6.35	090	S
46220		A	Removal of anal tab	1.51	0.63	0.12	2.26	010	S
46221		A	Ligation of hemorrhoid(s)	1.38	0.66	0.14	2.18	010	S
46230		A	Removal of anal tabs	2.52	0.83	0.12	3.47	010	S
46250		A	Hemorrhoidectomy	4.29	2.84	0.52	7.65	090	S
46255		A	Hemorrhoidectomy	4.95	4.72	0.85	10.52	090	S
46257		A	Remove hemorrhoids & fissure	5.87	5.23	1.08	12.18	090	S
46258		A	Remove hemorrhoids & fistula	6.26	5.87	1.22	13.35	090	S
46260		A	Hemorrhoidectomy	6.70	6.07	1.25	14.02	090	S
46261		A	Remove hemorrhoids & fissure	7.62	6.62	1.34	15.58	090	S
46262		A	Remove hemorrhoids & fistula	8.01	6.72	1.39	16.12	090	S
46270		A	Removal of anal fistula	3.51	1.87	0.37	5.75	090	S
46275		A	Removal of anal fistula	4.35	5.50	1.13	10.98	090	S
46280		A	Removal of anal fistula	5.63	6.08	1.24	12.95	090	S
46285		A	Removal of anal fistula	3.88	2.28	0.43	6.59	090	S
46288		A	Repair anal fistula	6.83	3.57	0.83	11.23	090	S
46320		A	Removal of hemorrhoid clot	1.58	0.70	0.11	2.39	010	S
46500		A	Injection into hemorrhoids	1.53	0.32	0.06	1.91	010	S
46600		A	Diagnostic anoscopy	0.50	0.28	0.03	0.81	000	N
46604		A	Anoscopy and dilation	1.31	0.38	0.06	1.75	000	S
46606		A	Anoscopy and biopsy	0.81	0.36	0.06	1.23	000	S
46608		A	Anoscopy; remove foreign body	1.51	1.07	0.12	2.70	000	N
46610		A	Anoscopy; remove lesion	1.32	0.85	0.15	2.32	000	S
46611		A	Anoscopy	1.81	0.85	0.15	2.81	000	S
46612		A	Anoscopy; remove lesions	2.34	1.39	0.20	3.93	000	S
46614		A	Anoscopy; control bleeding	2.01	1.55	0.25	3.81	000	S
46615		A	Anoscopy	2.68	1.55	0.25	4.48	000	S
46700		A	Repair of anal stricture	6.40	6.14	1.24	13.78	090	S
46705		A	Repair of anal stricture	6.38	3.60	0.77	10.75	090	S
46715		A	Repair of anovaginal fistula	6.73	3.51	0.82	11.06	090	S
46716		A	Repair of anovaginal fistula	11.58	6.05	1.40	19.03	090	S
46730		A	Construction of absent anus	20.54	10.74	2.50	33.78	090	S
46735		A	Construction of absent anus	24.91	13.04	3.04	40.99	090	S
46740		A	Construction of absent anus	22.08	11.55	2.68	36.31	090	S
46742		A	Repair, imperforated anus	27.82	19.75	1.93	49.50	090	S
46744		A	Repair, cloacal anomaly	31.23	22.17	2.17	55.57	090	S
46746		A	Repair, cloacal anomaly	34.17	24.26	2.37	60.80	090	S
46748		A	Repair, cloacal anomaly	38.07	27.03	2.64	67.74	090	S
46750		A	Repair of anal sphincter	7.35	6.00	1.22	14.57	090	S
46751		A	Repair of anal sphincter	7.78	4.07	0.95	12.80	090	S
46753		A	Reconstruction of anus	6.04	4.89	1.02	11.95	090	S
46754		A	Removal of suture from anus	1.51	1.48	0.30	3.29	010	S
46760		A	Repair of anal sphincter	10.61	6.80	1.41	18.82	090	S
46761		A	Repair of anal sphincter	10.16	6.83	1.35	18.34	090	S
46762		A	Implant artificial sphincter	9.26	5.72	1.21	16.19	090	S
46900		A	Destruction, anal lesion(s)	1.81	0.39	0.06	2.26	010	S
46910		A	Destruction, anal lesion(s)	1.81	0.64	0.08	2.53	010	S
46916		A	Cryosurgery, anal lesion(s)	1.81	0.67	0.06	2.54	010	S
46917		A	Laser surgery, anal lesion(s)	1.81	1.94	0.31	4.06	010	S
46922		A	Excision of anal lesion(s)	1.81	1.28	0.23	3.32	010	S
46924		A	Destruction, anal lesion(s)	2.71	2.56	0.46	5.73	010	S
46934		A	Destruction of hemorrhoids	3.84	1.19	0.17	5.20	090	N
46935		A	Destruction of hemorrhoids	2.40	1.62	0.22	4.24	010	N
46936		A	Destruction of hemorrhoids	4.17	2.29	0.24	6.70	090	N
46937		A	Cryotherapy of rectal lesion	2.66	2.35	0.45	5.46	010	S
46938		A	Cryotherapy of rectal lesion	4.42	2.50	0.52	7.44	090	S
46940		A	Treatment of anal fissure	2.29	0.51	0.09	2.89	010	S
46942		A	Treatment of anal fissure	2.01	0.46	0.08	2.55	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
46945		A	Ligation of hemorrhoids	1.90	0.63	0.12	2.65	090	S
46946		A	Ligation of hemorrhoids	2.76	0.94	0.17	3.87	090	S
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47000		A	Needle biopsy of liver	1.90	1.40	0.13	3.43	000	N
47001		A	Needle biopsy, liver	1.90	1.40	0.13	3.43	ZZZ	S
47010		A	Drainage of liver lesion	8.75	6.75	1.13	16.63	090	S
47015		A	Inject/aspirate liver cyst	8.78	6.75	1.13	16.66	090	S
47100		A	Wedge biopsy of liver	6.75	3.29	0.67	10.71	090	S
47120		A	Partial removal of liver	19.99	12.00	2.48	34.47	090	S
47122		A	Extensive removal of liver	32.54	17.58	3.59	53.71	090	S
47125		A	Partial removal of liver	28.68	17.43	3.61	49.72	090	S
47130		A	Partial removal of liver	31.56	19.19	3.89	54.64	090	S
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX	0
47134		R	Partial removal, donor liver	39.15	20.48	4.77	64.40	XXX	S
47135		R	Transplantation of liver	77.61	54.48	8.49	140.58	090	S
47136		R	Transplantation of liver	64.04	33.50	7.79	105.33	090	S
47300		A	Surgery for liver lesion	8.75	7.67	1.59	18.01	090	S
47350		A	Repair liver wound	11.29	7.46	1.49	20.24	090	S
47360		A	Repair liver wound	15.34	10.93	2.18	28.45	090	S
47361		A	Repair liver wound	28.00	14.64	3.41	46.05	090	S
47362		A	Repair liver wound	10.00	5.23	1.22	16.45	090	S
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47400		A	Incision of liver duct	18.90	8.53	1.36	28.79	090	S
47420		A	Incision of bile duct	15.31	9.48	1.99	26.78	090	S
47425		A	Incision of bile duct	14.79	11.71	2.45	28.95	090	S
47460		A	Incise bile duct sphincter	14.41	15.54	1.82	31.77	090	N
47480		A	Incision of gallbladder	8.05	7.60	1.59	17.24	090	S
47490		A	Incision of gallbladder	6.04	3.57	0.38	9.99	090	N
47500		A	Injection for liver x-rays	1.96	1.51	0.14	3.61	000	N
47505		A	Injection for liver x-rays	0.76	0.98	0.14	1.88	000	N
47510		A	Insert catheter, bile duct	7.39	2.87	0.25	10.51	090	N
47511		A	Insert bile duct drain	9.91	2.87	0.25	13.03	090	N
47525		A	Change bile duct catheter	5.41	1.59	0.16	7.16	010	N
47530		A	Revise, reinsert bile tube	5.41	1.51	0.19	7.11	090	N
47550		A	Bile duct endoscopy	3.02	1.56	0.35	4.93	000	S
47552		A	Biliary endoscopy, thru skin	6.04	1.36	0.21	7.61	000	S
47553		A	Biliary endoscopy, thru skin	6.35	3.80	0.62	10.77	000	N
47554		A	Biliary endoscopy, thru skin	9.06	3.93	0.67	13.66	000	S
47555		A	Biliary endoscopy, thru skin	7.56	2.63	0.30	10.49	000	N
47556		A	Biliary endoscopy, thru skin	8.56	2.63	0.30	11.49	000	N
47600		A	Removal of gallbladder	10.68	7.53	1.58	19.79	090	S
47605		A	Removal of gallbladder	11.53	8.14	1.75	21.42	090	S
47610		A	Removal of gallbladder	15.00	9.37	2.00	26.37	090	S
47612		A	Removal of gallbladder	14.75	14.23	3.05	32.03	090	S
47620		A	Removal of gallbladder	15.79	11.23	2.36	29.38	090	S
47630		A	Remove bile duct stone	8.31	3.75	0.40	12.46	090	N
47700		A	Exploration of bile ducts	13.75	7.63	1.58	22.96	090	S
47701		A	Bile duct revision	26.57	8.21	1.90	36.68	090	S
47711		A	Excision of bile duct tumor	18.16	12.06	2.46	32.68	090	S
47712		A	Excision of bile duct tumor	23.74	12.06	2.46	38.26	090	S
47715		A	Excision of bile duct cyst	14.50	8.22	1.71	24.43	090	S
47716		A	Fusion of bile duct cyst	12.53	6.56	1.53	20.62	090	S
47720		A	Fuse gallbladder & bowel	11.90	9.16	1.93	22.99	090	S
47721		A	Fuse upper gi structures	14.41	11.42	2.47	28.30	090	S
47740		A	Fuse gallbladder & bowel	13.93	10.21	2.14	26.28	090	S
47741		A	Fuse gallbladder & bowel	16.23	14.35	3.02	33.60	090	S
47760		A	Fuse bile ducts and bowel	19.93	11.61	2.53	34.07	090	S
47765		A	Fuse liver ducts & bowel	19.04	14.61	2.97	36.62	090	S
47780		A	Fuse bile ducts and bowel	20.40	13.07	2.73	36.20	090	S
47785		A	Fuse bile ducts and bowel	24.41	13.07	2.73	40.21	090	S
47800		A	Reconstruction of bile ducts	17.71	13.22	2.43	33.36	090	S
47801		A	Placement, bile duct support	11.28	5.48	0.81	17.57	090	S
47802		A	Fuse liver duct & intestine	16.01	10.27	1.75	28.03	090	S
47900		A	Suture bile duct injury	15.63	13.22	2.43	31.28	090	S
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY	S
48000		A	Drainage of abdomen	13.10	7.05	1.40	21.55	090	S
48001		A	Placement of drain, pancreas	15.54	8.13	1.89	25.56	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
48005		A	Resect/debride pancreas	17.57	9.19	2.14	28.90	090	S
48020		A	Removal of pancreatic stone	12.98	6.78	1.57	21.33	090	S
48100		A	Biopsy of pancreas	10.19	4.21	0.79	15.19	090	S
48102		A	Needle biopsy, pancreas	4.43	2.41	0.25	7.09	010	N
48120		A	Removal of pancreas lesion	12.79	9.72	2.07	24.58	090	S
48140		A	Partial removal of pancreas	18.27	13.29	2.83	34.39	090	S
48145		A	Partial removal of pancreas	19.09	15.71	3.16	37.96	090	S
48146		A	Pancreatectomy	21.73	16.49	1.92	40.14	090	S
48148		A	Removal of pancreatic duct	14.41	8.23	1.68	24.32	090	S
48150		A	Partial removal of pancreas	40.25	22.54	4.75	67.54	090	S
48152		A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48153		A	Pancreatectomy	40.25	22.54	4.75	67.54	090	S
48154		A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48155		A	Removal of pancreas	19.43	20.40	4.26	44.09	090	S
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	XXX	0
48180		A	Fuse pancreas and bowel	20.88	12.60	2.63	36.11	090	S
48400		A	Injection, intraoperative	1.95	1.03	0.24	3.22	ZZZ	N
48500		A	Surgery of pancreas cyst	12.04	8.53	1.66	22.23	090	S
48510		A	Drain pancreatic pseudocyst	11.22	7.54	1.44	20.20	090	S
48520		A	Fuse pancreas cyst and bowel	12.97	11.30	2.43	26.70	090	S
48540		A	Fuse pancreas cyst and bowel	15.77	12.66	2.65	31.08	090	S
48545		A	Pancreatorrhaphy	14.65	7.66	1.79	24.10	090	S
48547		A	Duodenal exclusion	21.18	11.08	2.58	34.84	090	S
48550		N	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX	0
48554		N	Transplantallograft pancreas	+34.17	17.87	4.16	56.20	XXX	0
48556		A	Removal, allograft pancreas	13.89	7.26	1.69	22.84	090	S
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY	S
49000		A	Exploration of abdomen	11.00	6.79	1.40	19.19	090	S
49002		A	Reopening of abdomen	9.40	6.05	1.21	16.66	090	S
49010		A	Exploration behind abdomen	11.19	6.95	1.31	19.45	090	S
49020		A	Drain abdominal abscess	14.25	4.82	0.91	19.98	090	S
49021		A	Drain abdominal abscess	9.06	4.82	0.91	14.79	090	N
49040		A	Drain abdominal abscess	8.74	6.54	1.27	16.55	090	S
49060		A	Drain abdominal abscess	10.55	5.54	1.01	17.10	090	S
49080		A	Puncture, peritoneal cavity	1.35	0.87	0.08	2.30	000	N
49081		A	Removal of abdominal fluid	1.26	0.75	0.07	2.08	000	N
49085		A	Remove abdomen foreign body	7.91	3.46	0.67	12.04	090	S
49180		A	Biopsy, abdominal mass	1.73	1.82	0.20	3.75	000	N
49200		A	Removal of abdominal lesion	9.19	8.38	1.70	19.27	090	S
49201		A	Removal of abdominal lesion	13.60	12.10	2.50	28.20	090	S
49215		A	Excise sacral spine tumor	21.05	8.50	1.59	31.14	090	S
49220		A	Multiple surgery, abdomen	13.66	12.30	2.53	28.49	090	S
49250		A	Excision of umbilicus	7.42	4.52	0.96	12.90	090	S
49255		A	Removal of omentum	10.25	5.16	1.15	16.56	090	S
49400		A	Air injection into abdomen	1.88	1.12	0.17	3.17	000	S
49420		A	Insert abdominal drain	2.22	1.58	0.20	4.00	000	S
49421		A	Insert abdominal drain	4.89	4.14	0.81	9.84	090	S
49422		A	Remove perm cannula/catheter	5.85	4.14	0.81	10.80	010	S
49425		A	Insert abdomen-venous drain	10.22	8.48	1.78	20.48	090	S
49426		A	Revise abdomen-venous shunt	8.57	5.39	1.07	15.03	090	S
49427		A	Injection, abdominal shunt	0.89	0.49	0.03	1.41	000	N
49428		A	Ligation of shunt	1.98	1.04	0.24	3.26	010	S
49429		A	Removal of shunt	6.35	3.32	0.77	10.44	010	S
49495		A	Repair inguinal hernia, init	5.79	4.98	0.95	11.72	090	S
49496		A	Repair inguinal hernia, init	8.37	5.04	1.08	14.49	090	S
49500		A	Repair inguinal hernia	4.41	4.98	0.95	10.34	090	S
49501		A	Repair inguinal hernia, init	7.26	5.04	1.08	13.38	090	S
49505		A	Repair inguinal hernia	6.17	4.51	0.94	11.62	090	S
49507		A	Repair, inguinal hernia	7.40	5.04	1.08	13.52	090	S
49520		A	Rerepair inguinal hernia	7.87	5.22	1.11	14.20	090	S
49521		A	Repair inguinal hernia, rec	9.43	5.04	1.08	15.55	090	S
49525		A	Repair inguinal hernia	6.97	5.55	1.16	13.68	090	S
49540		A	Repair lumbar hernia	7.91	5.20	1.12	14.23	090	S
49550		A	Repair femoral hernia	6.97	4.61	0.97	12.55	090	S
49553		A	Repair femoral hernia, init	7.40	4.61	0.97	12.98	090	S
49555		A	Repair femoral hernia	7.29	6.07	1.26	14.62	090	S
49557		A	Repair femoral hernia, recur	8.73	6.07	1.26	16.06	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
49560		A	Repair abdominal hernia	9.48	5.65	1.19	16.32	090	S
49561		A	Repair incisional hernia	11.38	5.65	1.19	18.22	090	S
49565		A	Rerepair abdominal hernia	9.48	6.41	1.35	17.24	090	S
49566		A	Repair incisional hernia	11.38	6.41	1.35	19.14	090	S
49568		A	Hernia repair w/mesh	4.89	2.56	0.59	8.04	ZZZ	S
49570		A	Repair epigastric hernia	4.46	4.38	0.91	9.75	090	S
49572		A	Repair, epigastric hernia	5.35	5.60	1.18	12.13	090	S
49580		A	Repair umbilical hernia	3.24	4.15	0.94	8.33	090	S
49582		A	Repair umbilical hernia	5.13	4.61	0.94	10.68	090	S
49585		A	Repair umbilical hernia	4.95	4.41	0.91	10.27	090	S
49587		A	Repair umbilical hernia	5.93	4.41	0.91	11.25	090	S
49590		A	Repair abdominal hernia	6.55	5.63	1.22	13.40	090	S
49600		A	Repair umbilical lesion	9.48	5.26	0.77	15.51	090	S
49605		A	Repair umbilical lesion	21.92	8.57	1.77	32.26	090	S
49606		A	Repair umbilical lesion	17.93	8.31	0.96	27.20	090	S
49610		A	Repair umbilical lesion	9.83	5.48	1.27	16.58	090	S
49611		A	Repair umbilical lesion	8.25	9.00	0.58	17.83	090	S
49900		A	Repair of abdominal wall	9.40	3.66	0.75	13.81	090	S
49905		A	Omental flap	6.55	3.42	0.80	10.77	ZZZ	S
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	090	S
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
50010		A	Exploration of kidney	10.07	9.55	1.13	20.75	090	S
50020		A	Drainage of kidney abscess	12.41	6.80	0.85	20.06	090	S
50040		A	Drainage of kidney	13.80	7.18	0.62	21.60	090	N
50045		A	Exploration of kidney	14.48	9.81	0.89	25.18	090	S
50060		A	Removal of kidney stone	18.00	12.25	1.21	31.46	090	S
50065		A	Incision of kidney	19.62	13.93	1.35	34.90	090	S
50070		A	Incision of kidney	19.15	12.87	1.35	33.37	090	S
50075		A	Removal of kidney stone	24.05	16.87	1.62	42.54	090	S
50080		A	Removal of kidney stone	13.98	12.20	1.15	27.33	090	S
50081		A	Removal of kidney stone	20.58	14.96	1.44	36.98	090	S
50100		A	Revise kidney blood vessels	15.11	10.34	1.35	26.80	090	S
50120		A	Exploration of kidney	15.00	10.91	1.24	27.15	090	S
50125		A	Explore and drain kidney	15.61	10.95	1.06	27.62	090	S
50130		A	Removal of kidney stone	16.12	12.80	1.26	30.18	090	S
50135		A	Exploration of kidney	18.14	17.05	1.63	36.82	090	S
50200		A	Biopsy of kidney	2.63	2.61	0.22	5.46	000	N
50205		A	Biopsy of kidney	10.50	5.64	0.69	16.83	090	S
50220		A	Removal of kidney	15.98	13.31	1.43	30.72	090	S
50225		A	Removal of kidney	18.93	16.52	1.70	37.15	090	S
50230		A	Removal of kidney	20.56	18.40	1.84	40.80	090	S
50234		A	Removal of kidney & ureter	21.11	16.65	1.65	39.41	090	S
50236		A	Removal of kidney & ureter	23.33	17.74	1.74	42.81	090	S
50240		A	Partial removal of kidney	20.24	16.00	1.70	37.94	090	S
50280		A	Removal of kidney lesion	14.63	10.86	1.16	26.65	090	S
50290		A	Removal of kidney lesion	13.69	8.87	1.19	23.75	090	S
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50320		A	Removal of donor kidney	21.22	16.49	2.40	40.11	090	S
50340		A	Removal of kidney	10.73	12.49	2.24	25.46	090	S
50360		A	Transplantation of kidney	27.05	24.45	4.24	55.74	090	S
50365		A	Transplantation of kidney	32.54	30.71	3.89	67.14	090	S
50370		A	Remove transplanted kidney	11.11	11.08	1.92	24.11	090	S
50380		A	Reimplantation of kidney	16.49	10.12	1.71	28.32	090	S
50390		A	Drainage of kidney lesion	1.96	1.69	0.15	3.80	000	N
50392		A	Insert kidney drain	3.38	2.36	0.20	5.94	000	N
50393		A	Insert ureteral tube	4.16	3.01	0.26	7.43	000	N
50394		A	Injection for kidney x-ray	0.76	0.55	0.05	1.36	000	N
50395		A	Create passage to kidney	3.38	3.33	0.29	7.00	000	N
50396		A	Measure kidney pressure	2.09	0.50	0.05	2.64	000	N
50398		A	Change kidney tube	1.46	0.53	0.05	2.04	000	S
50400		A	Revision of kidney/ureter	18.07	13.66	1.36	33.09	090	S
50405		A	Revision of kidney/ureter	22.45	17.29	1.74	41.48	090	S
50500		A	Repair of kidney wound	18.27	12.46	1.64	32.37	090	S
50520		A	Close kidney-skin fistula	15.93	10.34	1.50	27.77	090	S
50525		A	Repair renal-abdomen fistula	20.59	12.61	1.99	35.19	090	S
50526		A	Repair renal-abdomen fistula	22.15	7.39	2.32	31.86	090	S
50540		A	Revision of horseshoe kidney	19.15	13.41	1.54	34.10	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
50551		A	Kidney endoscopy	5.60	2.19	0.21	8.00	000	S
50553		A	Kidney endoscopy	5.99	1.66	0.17	7.82	000	S
50555		A	Kidney endoscopy & biopsy	6.53	4.70	0.45	11.68	000	S
50557		A	Kidney endoscopy & treatment	6.62	4.71	0.49	11.82	000	S
50559		A	Renal endoscopy; radiotracer	6.78	1.34	0.14	8.26	000	S
50561		A	Kidney endoscopy & treatment	7.59	5.12	0.49	13.20	000	S
50570		A	Kidney endoscopy	9.54	1.45	0.14	11.13	000	S
50572		A	Kidney endoscopy	10.35	7.25	0.75	18.35	000	S
50574		A	Kidney endoscopy & biopsy	11.02	7.08	0.64	18.74	000	S
50575		A	Kidney endoscopy	13.98	9.93	0.97	24.88	000	S
50576		A	Kidney endoscopy & treatment	10.99	8.69	0.77	20.45	000	S
50578		A	Renal endoscopy; radiotracer	11.35	3.79	1.19	16.33	000	S
50580		A	Kidney endoscopy & treatment	11.86	3.58	0.35	15.79	000	S
50590		A	Fragmenting of kidney stone	8.79	10.11	0.97	19.87	090	S
50600		A	Exploration of ureter	14.78	9.69	1.01	25.48	090	S
50605		A	Insert ureteral support	14.40	6.11	0.60	21.11	090	S
50610		A	Removal of ureter stone	14.86	11.77	1.17	27.80	090	S
50620		A	Removal of ureter stone	14.17	11.49	1.16	26.82	090	S
50630		A	Removal of ureter stone	13.95	12.71	1.25	27.91	090	S
50650		A	Removal of ureter	16.37	12.07	1.21	29.65	090	S
50660		A	Removal of ureter	18.44	12.49	1.53	32.46	090	S
50684		A	Injection for ureter x-ray	0.76	0.49	0.05	1.30	000	S
50686		A	Measure ureter pressure	1.51	0.37	0.04	1.92	000	S
50688		A	Change of ureter tube	1.14	0.39	0.04	1.57	010	S
50690		A	Injection for ureter x-ray	1.16	0.32	0.03	1.51	000	S
50700		A	Revision of ureter	14.10	12.57	1.29	27.96	090	S
50715		A	Release of ureter	17.60	11.24	1.49	30.33	090	S
50722		A	Release of ureter	15.11	10.32	1.97	27.40	090	S
50725		A	Release/revise ureter	17.12	12.05	1.75	30.92	090	S
50727		A	Revise ureter	7.57	5.37	0.51	13.45	090	S
50728		A	Revise ureter	11.13	7.90	0.77	19.80	090	S
50740		A	Fusion of ureter & kidney	17.12	13.03	1.88	32.03	090	S
50750		A	Fusion of ureter & kidney	18.14	14.04	1.26	33.44	090	S
50760		A	Fusion of ureters	17.12	13.47	1.48	32.07	090	S
50770		A	Splicing of ureters	18.14	15.23	1.53	34.90	090	S
50780		A	Reimplant ureter in bladder	17.12	13.78	1.46	32.36	090	S
50782		A	Reimplant ureter in bladder	18.23	13.78	1.46	33.47	090	S
50783		A	Reimplant ureter in bladder	19.17	13.78	1.46	34.41	090	S
50785		A	Reimplant ureter in bladder	19.15	15.42	1.80	36.37	090	S
50800		A	Implant ureter in bowel	13.10	14.67	1.51	29.28	090	S
50810		A	Fusion of ureter & bowel	18.14	12.57	1.75	32.46	090	S
50815		A	Urine shunt to bowel	18.14	19.76	2.75	40.65	090	S
50820		A	Construct bowel bladder	20.15	18.97	2.50	41.62	090	S
50825		A	Construct bowel bladder	26.19	30.54	3.33	60.06	090	S
50830		A	Revise urine flow	29.29	20.93	2.27	52.49	090	S
50840		A	Replace ureter by bowel	18.14	13.32	1.35	32.81	090	S
50845		A	Appendico-vesicostomy	19.52	13.87	1.35	34.74	090	S
50860		A	Transplant ureter to skin	13.99	10.92	1.16	26.07	090	S
50900		A	Repair of ureter	12.58	9.98	1.15	23.71	090	S
50920		A	Closure ureter/skin fistula	13.22	9.52	0.99	23.73	090	S
50930		A	Closure ureter/bowel fistula	17.61	12.50	1.22	31.33	090	S
50940		A	Release of ureter	13.47	9.90	0.95	24.32	090	S
50951		A	Endoscopy of ureter	5.84	1.67	0.17	7.68	000	S
50953		A	Endoscopy of ureter	6.24	1.66	0.16	8.06	000	S
50955		A	Ureter endoscopy & biopsy	6.75	2.55	0.25	9.55	000	S
50957		A	Ureter endoscopy & treatment	6.79	2.50	0.25	9.54	000	S
50959		A	Ureter endoscopy & tracer	4.40	3.38	0.29	8.07	000	S
50961		A	Ureter endoscopy & treatment	6.05	2.62	0.26	8.93	000	S
50970		A	Ureter endoscopy	7.14	5.17	0.52	12.83	000	S
50972		A	Ureter endoscopy & catheter	6.89	1.54	0.16	8.59	000	S
50974		A	Ureter endoscopy & biopsy	9.17	7.01	0.65	16.83	000	S
50976		A	Ureter endoscopy & treatment	9.04	6.41	0.62	16.07	000	S
50978		A	Ureter endoscopy & tracer	5.10	4.05	0.48	9.63	000	S
50980		A	Ureter endoscopy & treatment	6.85	3.13	0.30	10.28	000	S
51000		A	Drainage of bladder	0.78	0.48	0.05	1.31	000	S
51005		A	Drainage of bladder	1.02	0.46	0.04	1.52	000	S
51010		A	Drainage of bladder	2.54	0.97	0.11	3.62	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
51020	.....	A	Incise & treat bladder	6.04	6.85	0.71	13.60	090	S
51030	.....	A	Incise & treat bladder	6.04	4.53	0.43	11.00	090	S
51040	.....	A	Incise & drain bladder	4.08	5.23	0.75	10.06	090	S
51045	.....	A	Incise bladder, drain ureter	6.04	4.96	0.50	11.50	090	S
51050	.....	A	Removal of bladder stone	6.04	7.12	0.70	13.86	090	S
51060	.....	A	Removal of ureter stone	8.05	10.31	1.19	19.55	090	S
51065	.....	A	Removal of ureter stone	8.05	7.08	0.71	15.84	090	S
51080	.....	A	Drainage of bladder abscess	5.41	5.18	0.57	11.16	090	S
51500	.....	A	Removal of bladder cyst	9.54	6.86	1.21	17.61	090	S
51520	.....	A	Removal of bladder lesion	8.69	8.53	0.87	18.09	090	S
51525	.....	A	Removal of bladder lesion	12.78	10.67	1.06	24.51	090	S
51530	.....	A	Removal of bladder lesion	11.32	9.25	1.02	21.59	090	S
51535	.....	A	Repair of ureter lesion	11.51	7.68	1.14	20.33	090	S
51550	.....	A	Partial removal of bladder	14.34	10.71	1.17	26.22	090	S
51555	.....	A	Partial removal of bladder	19.60	12.26	1.31	33.17	090	S
51565	.....	A	Revise bladder & ureter(s)	20.01	15.84	1.67	37.52	090	S
51570	.....	A	Removal of bladder	22.16	15.66	1.62	39.44	090	S
51575	.....	A	Removal of bladder & nodes	27.93	22.87	2.25	53.05	090	S
51580	.....	A	Remove bladder; revise tract	28.20	19.95	2.04	50.19	090	S
51585	.....	A	Removal of bladder & nodes	32.22	25.12	2.42	59.76	090	S
51590	.....	A	Remove bladder; revise tract	30.21	24.52	2.56	57.29	090	S
51595	.....	A	Remove bladder; revise tract	34.25	33.80	3.34	71.39	090	S
51596	.....	A	Remove bladder, create pouch	36.27	34.89	3.45	74.61	090	S
51597	.....	A	Removal of pelvic structures	35.27	30.63	4.31	70.21	090	S
51600	.....	A	Injection for bladder x-ray	0.88	0.28	0.03	1.19	000	S
51605	.....	A	Preparation for bladder x-ray	0.64	0.30	0.03	0.97	000	S
51610	.....	A	Injection for bladder x-ray	1.05	0.27	0.02	1.34	000	S
51700	.....	A	Irrigation of bladder	0.88	0.22	0.02	1.12	000	S
51705	.....	A	Change of bladder tube	0.99	0.38	0.04	1.41	010	S
51710	.....	A	Change of bladder tube	1.46	0.57	0.06	2.09	010	S
51715	.....	A	Endoscopic injection/implant	3.74	2.65	0.27	6.66	000	S
51720	.....	A	Treatment of bladder lesion	1.96	0.45	0.05	2.46	000	S
51725	.....	A	Simple cystometrogram	1.51	1.01	0.11	2.63	000	S
51725	26	A	Simple cystometrogram	1.51	0.63	0.07	2.21	000	S
51725	TC	A	Simple cystometrogram	0.00	0.38	0.04	0.42	000	S
51726	.....	A	Complex cystometrogram	1.71	1.29	0.13	3.13	000	S
51726	26	A	Complex cystometrogram	1.71	0.81	0.08	2.60	000	S
51726	TC	A	Complex cystometrogram	0.00	0.48	0.05	0.53	000	S
51736	.....	A	Urine flow measurement	0.61	0.41	0.04	1.06	000	S
51736	26	A	Urine flow measurement	0.61	0.26	0.03	0.90	000	S
51736	TC	A	Urine flow measurement	0.00	0.15	0.01	0.16	000	S
51741	.....	A	Electro-uroflowmetry, first	1.14	0.56	0.06	1.76	000	S
51741	26	A	Electro-uroflowmetry, first	1.14	0.35	0.04	1.53	000	S
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.02	0.23	000	S
51772	.....	A	Urethra pressure profile	1.61	0.94	0.11	2.66	000	S
51772	26	A	Urethra pressure profile	1.61	0.52	0.06	2.19	000	S
51772	TC	A	Urethra pressure profile	0.00	0.42	0.05	0.47	000	S
51784	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
51784	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51784	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51785	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51792	.....	A	Urinary reflex study	1.10	1.93	0.20	3.23	000	S
51792	26	A	Urinary reflex study	1.10	0.59	0.06	1.75	000	S
51792	TC	A	Urinary reflex study	0.00	1.34	0.14	1.48	000	S
51795	.....	A	Urine voiding pressure study	1.53	1.44	0.16	3.13	000	S
51795	26	A	Urine voiding pressure study	1.53	0.57	0.06	2.16	000	S
51795	TC	A	Urine voiding pressure study	0.00	0.87	0.10	0.97	000	S
51797	.....	A	Intraabdominal pressure test	1.60	0.96	0.10	2.66	000	S
51797	26	A	Intraabdominal pressure test	1.60	0.51	0.05	2.16	000	S
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.05	0.50	000	S
51800	.....	A	Revision of bladder/urethra	16.31	12.02	1.47	29.80	090	S
51820	.....	A	Revision of urinary tract	16.67	7.39	1.32	25.38	090	S
51840	.....	A	Attach bladder/urethra	9.78	9.22	1.26	20.26	090	S
51841	.....	A	Attach bladder/urethra	12.10	11.01	1.48	24.59	090	S
51845	.....	A	Repair bladder neck	9.06	10.71	1.09	20.86	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
51860		A	Repair of bladder wound	11.17	7.62	0.91	19.70	090	S
51865		A	Repair of bladder wound	13.99	10.96	1.27	26.22	090	S
51880		A	Repair of bladder opening	7.21	4.96	0.52	12.69	090	S
51900		A	Repair bladder/vagina lesion	11.67	11.65	1.41	24.73	090	S
51920		A	Close bladder-uterus fistula	10.57	7.51	0.73	18.81	090	S
51925		A	Hysterectomy/bladder repair	14.10	10.07	2.33	26.50	090	S
51940		A	Correction of bladder defect	25.00	18.95	2.22	46.17	090	S
51960		A	Revision of bladder & bowel	21.15	21.40	2.27	44.82	090	S
51980		A	Construct bladder opening	10.43	7.46	0.75	18.64	090	S
52000		A	Cystoscopy	2.01	1.33	0.14	3.48	000	S
52005		A	Cystoscopy & ureter catheter	2.37	2.20	0.22	4.79	000	S
52007		A	Cystoscopy and biopsy	3.02	2.82	0.28	6.12	000	S
52010		A	Cystoscopy & duct catheter	3.02	1.90	0.20	5.12	000	S
52204		A	Cystoscopy	2.37	2.38	0.24	4.99	000	S
52214		A	Cystoscopy and treatment	3.71	2.80	0.28	6.79	000	S
52224		A	Cystoscopy and treatment	3.14	2.90	0.29	6.33	000	S
52234		A	Cystoscopy and treatment	4.63	4.71	0.45	9.79	000	S
52235		A	Cystoscopy and treatment	5.45	6.97	0.81	13.23	000	S
52240		A	Cystoscopy and treatment	9.72	10.65	1.04	21.41	000	S
52250		A	Cystoscopy & radiotracer	4.50	2.86	0.29	7.65	000	S
52260		A	Cystoscopy & treatment	3.92	2.11	0.22	6.25	000	S
52265		A	Cystoscopy & treatment	2.94	1.35	0.14	4.43	000	S
52270		A	Cystoscopy & revise urethra	3.37	3.47	0.35	7.19	000	S
52275		A	Cystoscopy & revise urethra	4.70	3.42	0.34	8.46	000	S
52276		A	Cystoscopy and treatment	5.00	4.58	0.45	10.03	000	S
52277		A	Cystoscopy and treatment	6.17	4.82	0.47	11.46	000	S
52281		A	Cystoscopy and treatment	2.80	2.31	0.23	5.34	000	S
52283		A	Cystoscopy and treatment	3.74	1.51	0.15	5.40	000	S
52285		A	Cystoscopy and treatment	3.61	2.94	0.30	6.85	000	S
52290		A	Cystoscopy and treatment	4.59	2.34	0.24	7.17	000	S
52300		A	Cystoscopy and treatment	5.31	3.47	0.36	9.14	000	S
52301		A	Cystoscopy and treatment	5.51	3.47	0.36	9.34	000	S
52305		A	Cystoscopy and treatment	5.31	3.50	0.35	9.16	000	S
52310		A	Cystoscopy and treatment	2.81	2.99	0.30	6.10	000	S
52315		A	Cystoscopy and treatment	5.21	4.07	0.40	9.68	000	S
52317		A	Remove bladder stone	6.72	6.19	0.59	13.50	000	S
52318		A	Remove bladder stone	9.19	7.88	0.77	17.84	000	S
52320		A	Cystoscopy and treatment	4.70	4.86	0.47	10.03	000	S
52325		A	Cystoscopy, stone removal	6.16	7.01	0.68	13.85	000	S
52327		A	Cystoscopy, inject material	5.19	3.69	0.36	9.24	000	S
52330		A	Cystoscopy and treatment	5.04	3.47	0.35	8.86	000	S
52332		A	Cystoscopy and treatment	2.83	3.21	0.32	6.36	000	S
52334		A	Create passage to kidney	4.83	3.33	0.34	8.50	000	S
52335		A	Endoscopy of urinary tract	5.86	4.69	0.45	11.00	000	S
52336		A	Cystoscopy, stone removal	6.88	8.81	0.99	16.68	000	S
52337		A	Cystoscopy, stone removal	7.97	10.21	1.08	19.26	000	S
52338		A	Cystoscopy and treatment	7.34	5.92	0.57	13.83	000	S
52339		A	Cystoscopy and treatment	8.82	5.92	0.57	15.31	000	S
52340		A	Cystoscopy and treatment	9.00	5.15	0.50	14.65	090	S
52450		A	Incision of prostate	7.05	4.99	0.49	12.53	090	S
52500		A	Revision of bladder neck	7.82	7.44	0.72	15.98	090	S
52510		A	Dilation prostatic urethra	6.04	7.64	0.74	14.42	090	S
52601		A	Prostatectomy (TURP)	11.51	11.87	1.16	24.54	090	S
52606		A	Control postop bleeding	7.51	3.32	0.33	11.16	090	S
52612		A	Prostatectomy, first stage	7.05	9.03	0.99	17.07	090	S
52614		A	Prostatectomy, second stage	6.04	7.09	0.68	13.81	090	S
52620		A	Remove residual prostate	6.04	5.33	0.51	11.88	090	S
52630		A	Remove prostate regrowth	6.55	8.38	1.13	16.06	090	S
52640		A	Relieve bladder contracture	6.04	6.43	0.62	13.09	090	S
52647		A	Laser surgery of prostate	9.84	11.87	1.16	22.87	090	S
52648		A	Laser surgery of prostate	10.69	11.87	1.16	23.72	090	S
52700		A	Drainage of prostate abscess	6.31	3.30	0.34	9.95	090	S
53000		A	Incision of urethra	2.01	1.76	0.17	3.94	010	S
53010		A	Incision of urethra	3.02	3.52	0.37	6.91	090	S
53020		A	Incision of urethra	1.77	0.82	0.09	2.68	000	S
53025		A	Incision of urethra	1.13	0.80	0.08	2.01	000	S
53040		A	Drainage of urethra abscess	6.01	1.85	0.19	8.05	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
53060		A	Drainage of urethra abscess	2.58	0.51	0.07	3.16	010	S
53080		A	Drainage of urinary leakage	5.87	3.98	0.45	10.30	090	S
53085		A	Drainage of urinary leakage	9.67	6.75	0.70	17.12	090	S
53200		A	Biopsy of urethra	2.59	1.10	0.12	3.81	000	S
53210		A	Removal of urethra	11.71	6.64	0.67	19.02	090	S
53215		A	Removal of urethra	14.59	10.00	0.96	25.55	090	S
53220		A	Treatment of urethra lesion	6.58	4.77	0.49	11.84	090	S
53230		A	Removal of urethra lesion	9.04	7.93	0.79	17.76	090	S
53235		A	Removal of urethra lesion	9.60	5.02	0.49	15.11	090	N
53240		A	Surgery for urethra pouch	6.03	4.33	0.45	10.81	090	S
53250		A	Removal of urethra gland	5.69	4.05	0.40	10.14	090	S
53260		A	Treatment of urethra lesion	2.93	1.12	0.16	4.21	010	S
53265		A	Treatment of urethra lesion	3.07	1.88	0.22	5.17	010	S
53270		A	Removal of urethra gland	2.93	0.84	0.18	3.95	010	S
53275		A	Repair of urethra defect	4.37	2.37	0.25	6.99	010	S
53400		A	Revise urethra, 1st stage	11.79	7.47	0.76	20.02	090	S
53405		A	Revise urethra, 2nd stage	13.70	10.38	1.21	25.29	090	S
53410		A	Reconstruction of urethra	15.59	8.56	0.84	24.99	090	S
53415		A	Reconstruction of urethra	18.50	11.87	1.15	31.52	090	S
53420		A	Reconstruct urethra, stage 1	13.28	10.88	1.05	25.21	090	S
53425		A	Reconstruct urethra, stage 2	15.18	9.25	0.88	25.31	090	S
53430		A	Reconstruction of urethra	15.54	7.16	0.76	23.46	090	S
53440		A	Correct bladder function	11.49	13.14	1.39	26.02	090	S
53442		A	Remove perineal prosthesis	7.67	5.84	0.67	14.18	090	S
53443		A	Reconstruction of urethra	18.98	10.03	1.07	30.08	090	S
53445		A	Correct urine flow control	13.15	16.83	2.03	32.01	090	S
53447		A	Remove artificial sphincter	12.37	9.16	0.89	22.42	090	S
53449		A	Correct artificial sphincter	9.16	8.41	0.82	18.39	090	S
53450		A	Revision of urethra	5.72	2.74	0.27	8.73	090	S
53460		A	Revision of urethra	6.70	2.44	0.25	9.39	090	S
53502		A	Repair of urethra injury	7.21	4.97	0.56	12.74	090	S
53505		A	Repair of urethra injury	7.21	5.18	0.51	12.90	090	S
53510		A	Repair of urethra injury	9.57	6.98	0.66	17.21	090	S
53515		A	Repair of urethra injury	12.71	9.03	0.88	22.62	090	S
53520		A	Repair of urethra defect	8.21	5.89	0.56	14.66	090	S
53600		A	Dilate urethra stricture	1.21	0.33	0.03	1.57	000	S
53601		A	Dilate urethra stricture	0.98	0.29	0.03	1.30	000	S
53605		A	Dilate urethra stricture	1.28	0.46	0.05	1.79	000	S
53620		A	Dilate urethra stricture	1.62	0.47	0.05	2.14	000	S
53621		A	Dilate urethra stricture	1.35	0.38	0.04	1.77	000	S
53640		D	Relieve bladder retention	0.00	0.00	0.00	0.00	000	S
53660		A	Dilation of urethra	0.71	0.28	0.03	1.02	000	S
53661		A	Dilation of urethra	0.72	0.25	0.03	1.00	000	S
53665		A	Dilation of urethra	0.76	0.36	0.04	1.16	000	S
53670		A	Insert urinary catheter	0.50	0.22	0.02	0.74	000	S
53675		A	Insert urinary catheter	1.47	0.47	0.05	1.99	000	S
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY	S
54000		A	Slitting of prepuce	1.49	0.63	0.07	2.19	010	S
54001		A	Slitting of prepuce	2.14	0.84	0.09	3.07	010	S
54015		A	Drain penis lesion	5.16	0.83	0.09	6.08	010	S
54050		A	Destruction, penis lesion(s)	1.19	0.38	0.03	1.60	010	S
54055		A	Destruction, penis lesion(s)	1.19	0.61	0.06	1.86	010	S
54056		A	Cryosurgery, penis lesion(s)	1.19	0.53	0.04	1.76	010	S
54057		A	Laser surg, penis lesion(s)	1.19	1.52	0.21	2.92	010	S
54060		A	Excision of penis lesion(s)	1.88	1.17	0.12	3.17	010	S
54065		A	Destruction, penis lesion(s)	2.37	2.47	0.25	5.09	010	S
54100		A	Biopsy of penis	1.90	0.65	0.07	2.62	000	S
54105		A	Biopsy of penis	3.45	1.01	0.11	4.57	010	S
54110		A	Treatment of penis lesion	9.66	6.03	0.61	16.30	090	S
54111		A	Treat penis lesion, graft	13.03	9.18	0.97	23.18	090	S
54112		A	Treat penis lesion, graft	15.14	10.84	1.14	27.12	090	S
54115		A	Treatment of penis lesion	5.68	4.18	0.44	10.30	090	S
54120		A	Partial removal of penis	9.24	6.47	0.62	16.33	090	S
54125		A	Removal of penis	12.80	11.56	1.17	25.53	090	S
54130		A	Remove penis & nodes	18.92	14.66	1.32	34.90	090	S
54135		A	Remove penis & nodes	25.01	17.75	1.74	44.50	090	S
54150		A	Circumcision	1.78	0.54	0.05	2.37	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
54152		A	Circumcision	2.26	1.82	0.20	4.28	010	S
54160		A	Circumcision	2.43	1.66	0.21	4.30	010	S
54161		A	Circumcision	3.22	2.17	0.23	5.62	010	S
54200		A	Treatment of penis lesion	1.01	0.32	0.03	1.36	010	S
54205		A	Treatment of penis lesion	7.20	5.11	0.50	12.81	090	S
54220		A	Treatment of penis lesion	2.42	1.58	0.17	4.17	000	S
54230		A	Prepare penis study	1.34	1.34	0.13	2.81	000	S
54231		A	Dynamic cavernosometry	2.04	1.44	0.14	3.62	000	S
54235		A	Penile injection	1.19	0.43	0.04	1.66	000	S
54240		A	Penis study	1.31	0.99	0.12	2.42	000	S
54240	26	A	Penis study	1.31	0.51	0.06	1.88	000	S
54240	TC	A	Penis study	0.00	0.48	0.06	0.54	000	S
54250		A	Penis study	2.22	0.80	0.08	3.10	000	S
54250	26	A	Penis study	2.22	0.50	0.05	2.77	000	S
54250	TC	A	Penis study	0.00	0.30	0.03	0.33	000	S
54300		A	Revision of penis	10.05	6.88	0.87	17.80	090	S
54304		A	Revision of penis	12.13	8.66	0.90	21.69	090	S
54308		A	Reconstruction of urethra	11.58	5.84	0.74	18.16	090	S
54312		A	Reconstruction of urethra	13.16	9.37	0.91	23.44	090	S
54316		A	Reconstruction of urethra	15.97	11.34	1.12	28.43	090	S
54318		A	Reconstruction of urethra	10.47	7.53	1.11	19.11	090	S
54322		A	Reconstruction of urethra	12.34	7.61	0.74	20.69	090	S
54324		A	Reconstruction of urethra	15.46	10.98	1.08	27.52	090	S
54326		A	Reconstruction of urethra	14.81	10.51	1.03	26.35	090	S
54328		A	Revise penis, urethra	14.80	10.72	1.24	26.76	090	S
54332		A	Revise penis, urethra	16.17	12.52	1.13	29.82	090	S
54336		A	Revise penis, urethra	18.95	18.79	1.40	39.14	090	S
54340		A	Secondary urethral surgery	8.55	6.07	0.59	15.21	090	S
54344		A	Secondary urethral surgery	15.22	16.61	1.10	32.93	090	S
54348		A	Secondary urethral surgery	16.37	11.62	1.14	29.13	090	S
54352		A	Reconstruct urethra, penis	23.84	16.18	1.49	41.51	090	S
54360		A	Penis plastic surgery	11.39	7.02	0.73	19.14	090	S
54380		A	Repair penis	12.59	9.42	0.75	22.76	090	S
54385		A	Repair penis	14.75	10.46	0.89	26.10	090	S
54390		A	Repair penis and bladder	20.97	13.57	1.58	36.12	090	S
54400		A	Insert semi-rigid prosthesis	8.58	10.99	1.27	20.84	090	S
54401		A	Insert self-contd prosthesis	9.67	12.38	1.73	23.78	090	S
54402		A	Remove penis prosthesis	8.67	6.00	0.58	15.25	090	S
54405		A	Insert multi-comp prosthesis	12.63	16.17	2.10	30.90	090	S
54407		A	Remove multi-comp prosthesis	12.61	11.22	1.10	24.93	090	S
54409		A	Revise penis prosthesis	11.53	8.97	0.87	21.37	090	S
54420		A	Revision of penis	10.75	7.74	0.87	19.36	090	S
54430		A	Revision of penis	9.55	6.99	0.69	17.23	090	S
54435		A	Revision of penis	5.63	4.15	0.39	10.17	090	S
54440		C	Repair of penis	0.00	0.00	0.00	0.00	090	S
54450		A	Preputial stretching	1.12	0.68	0.07	1.87	000	S
54500		A	Biopsy of testis	1.31	0.44	0.05	1.80	000	S
54505		A	Biopsy of testis	3.41	1.86	0.22	5.49	010	S
54510		A	Removal of testis lesion	5.24	3.03	0.38	8.65	090	S
54520		A	Removal of testis	4.93	5.31	0.52	10.76	090	S
54530		A	Removal of testis	8.04	7.32	0.77	16.13	090	S
54535		A	Extensive testis surgery	11.43	8.54	1.02	20.99	090	S
54550		A	Exploration for testis	7.36	5.25	0.61	13.22	090	S
54560		A	Exploration for testis	10.46	7.23	0.81	18.50	090	S
54600		A	Reduce testis torsion	6.59	4.62	0.48	11.69	090	S
54620		A	Suspension of testis	4.69	3.32	0.33	8.34	010	S
54640		A	Suspension of testis	6.55	7.82	0.91	15.28	090	S
54650		A	Orchiopexy (Fowler-Stephens)	10.93	7.82	0.91	19.66	090	S
54660		A	Revision of testis	4.80	3.40	0.34	8.54	090	S
54670		A	Repair testis injury	6.06	4.30	0.43	10.79	090	S
54680		A	Relocation of testis(es)	11.53	8.19	0.80	20.52	090	S
54700		A	Drainage of scrotum	3.38	0.90	0.11	4.39	010	S
54800		A	Biopsy of epididymis	2.33	1.97	0.19	4.49	000	S
54820		A	Exploration of epididymis	4.72	2.62	0.29	7.63	090	S
54830		A	Remove epididymis lesion	5.07	3.51	0.39	8.97	090	S
54840		A	Remove epididymis lesion	5.01	4.84	0.48	10.33	090	S
54860		A	Removal of epididymis	6.01	5.17	0.50	11.68	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
54861		A	Removal of epididymis	8.54	7.30	0.72	16.56	090	S
54900		A	Fusion of spermatic ducts	12.61	8.95	0.87	22.43	090	S
54901		A	Fusion of spermatic ducts	17.30	12.29	1.20	30.79	090	S
55000		A	Drainage of hydrocele	1.43	0.40	0.04	1.87	000	S
55040		A	Removal of hydrocele	5.15	4.88	0.55	10.58	090	S
55041		A	Removal of hydroceles	7.38	7.47	0.81	15.66	090	S
55060		A	Repair of hydrocele	5.21	4.13	0.50	9.84	090	S
55100		A	Drainage of scrotum abscess	2.03	0.63	0.07	2.73	010	S
55110		A	Explore scrotum	5.28	3.48	0.37	9.13	090	S
55120		A	Removal of scrotum lesion	4.78	1.79	0.21	6.78	090	S
55150		A	Removal of scrotum	6.62	5.45	0.57	12.64	090	S
55175		A	Revision of scrotum	4.93	4.49	0.48	9.90	090	S
55180		A	Revision of scrotum	10.07	6.83	0.82	17.72	090	S
55200		A	Incision of sperm duct	4.14	1.97	0.20	6.31	090	S
55250		A	Removal of sperm duct(s)	3.21	2.63	0.28	6.12	090	S
55300		A	Preparation, sperm duct x-ray	3.51	2.71	0.27	6.49	000	S
55400		A	Repair of sperm duct	8.25	6.56	0.62	15.43	090	S
55450		A	Ligation of sperm duct	3.91	2.61	0.32	6.84	010	S
55500		A	Removal of hydrocele	5.28	4.32	0.50	10.10	090	S
55520		A	Removal of sperm cord lesion	5.72	3.12	0.51	9.35	090	S
55530		A	Revise spermatic cord veins	5.45	5.20	0.60	11.25	090	S
55535		A	Revise spermatic cord veins	6.25	4.40	0.45	11.10	090	S
55540		A	Revise hernia & sperm veins	7.25	4.54	0.91	12.70	090	S
55600		A	Incise sperm duct pouch	6.07	4.31	0.55	10.93	090	S
55605		A	Incise sperm duct pouch	7.60	5.60	0.59	13.79	090	S
55650		A	Remove sperm duct pouch	11.26	7.22	0.76	19.24	090	S
55680		A	Remove sperm pouch lesion	4.82	4.43	0.38	9.63	090	S
55700		A	Biopsy of prostate	1.57	1.50	0.15	3.22	000	S
55705		A	Biopsy of prostate	4.41	3.37	0.34	8.12	010	S
55720		A	Drainage of prostate abscess	7.54	3.51	0.37	11.42	090	S
55725		A	Drainage of prostate abscess	7.70	5.62	0.54	13.86	090	S
55801		A	Removal of prostate	16.25	12.76	1.44	30.45	090	S
55810		A	Extensive prostate surgery	21.21	17.88	1.77	40.86	090	S
55812		A	Extensive prostate surgery	25.65	17.68	1.94	45.27	090	S
55815		A	Extensive prostate surgery	28.47	25.20	2.42	56.09	090	S
55821		A	Removal of prostate	13.00	13.59	1.35	27.94	090	S
55831		A	Removal of prostate	14.30	14.56	1.44	30.30	090	S
55840		A	Extensive prostate surgery	21.21	16.60	1.61	39.42	090	S
55842		A	Extensive prostate surgery	22.70	19.16	1.88	43.74	090	S
55845		A	Extensive prostate surgery	26.73	25.10	2.44	54.27	090	S
55859		A	Percut/needle insert, pros	12.00	5.89	0.58	18.47	090	S
55860		A	Surgical exposure, prostate	13.33	7.13	0.70	21.16	090	S
55862		A	Extensive prostate surgery	17.09	11.69	1.20	29.98	090	S
55865		A	Extensive prostate surgery	21.65	24.52	2.39	48.56	090	S
55870		A	Electroejaculation	2.58	1.83	0.18	4.59	000	N
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	XXX	0
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	XXX	0
56300		A	Pelvis laparoscopy, dx	3.65	4.45	0.93	9.03	000	S
56301		A	Laparoscopy; tubal cautery	3.68	4.71	1.28	9.67	010	S
56302		A	Laparoscopy; tubal block	4.11	5.26	1.32	10.69	010	S
56303		A	Laparoscopy; excise lesions	5.69	5.53	1.16	12.38	010	S
56304		A	Laparoscopy; lysis	4.37	5.60	1.20	11.17	010	S
56305		A	Pelvic laparoscopy; biopsy	3.97	4.90	0.79	9.66	000	S
56306		A	Laparoscopy; aspiration	3.80	4.87	1.18	9.85	010	S
56307		A	Laparoscopy; remove adnexa	10.68	7.16	1.60	19.44	010	S
56308		A	Laparoscopy; hysterectomy	13.87	9.39	2.07	25.33	010	S
56309		A	Laparoscopy; remove myoma	13.79	4.76	1.03	19.58	010	S
56311		A	Laparoscopic lymph node biop	8.93	6.38	1.47	16.78	010	S
56312		A	Laparoscopic lymphadenectomy	12.06	8.56	0.84	21.46	010	S
56313		A	Laparoscopic lymphadenectomy	14.00	10.01	2.31	26.32	010	S
56315		A	Laparoscopic appendectomy	8.25	4.89	1.01	14.15	090	S
56316		A	Laparoscopic hernia repair	6.17	4.51	0.94	11.62	090	S
56317		A	Laparoscopic hernia repair	7.87	5.22	1.11	14.20	090	S
56320		A	Laparoscopy, spermatic veins	6.25	4.40	0.45	11.10	090	S
56322		A	Laparoscopy, vagus nerves	9.70	5.07	1.18	15.95	090	S
56323		A	Laparoscopy, vagus nerves	11.65	6.09	1.41	19.15	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
56324		A	Laparoscopy, cholecystoenter	11.90	9.16	1.93	22.99	090	S
56340		A	Laparoscopic cholecystectomy	10.68	7.99	1.74	20.41	090	S
56341		A	Laparoscopic cholecystectomy	11.53	8.43	1.84	21.80	090	S
56342		A	Laparoscopic cholecystectomy	13.86	9.37	2.00	25.23	090	S
56343		A	Laparoscopic salpingostomy	13.34	5.28	1.11	19.73	090	S
56344		A	Laparoscopic fimbrioplasty	12.50	5.11	1.19	18.80	090	S
56350		A	Hysteroscopy; diagnostic	2.39	1.99	0.44	4.82	000	S
56351		A	Hysteroscopy; biopsy	2.85	1.99	0.44	5.28	000	S
56352		A	Hysteroscopy; lysis	3.14	3.77	0.85	7.76	000	S
56353		A	Hysteroscopy; resect septum	3.51	3.77	0.85	8.13	000	S
56354		A	Hysteroscopy; remove myoma	3.85	4.93	1.30	10.08	000	S
56355		A	Hysteroscopy; remove impact	3.09	1.99	0.44	5.52	000	S
56356		A	Hysteroscopy; ablation	3.43	4.39	1.49	9.31	000	S
56360		D	Peritoneoscopy	0.00	0.00	0.00	0.00	000	S
56361		D	Peritoneoscopy w/biopsy	0.00	0.00	0.00	0.00	000	S
56362		A	Laparoscopy w/cholangio	4.89	2.77	0.19	7.85	000	S
56363		A	Laparoscopy w/biopsy	5.18	3.93	0.45	9.56	000	S
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56405		A	I & D of vulva/perineum	1.39	0.76	0.15	2.30	010	S
56420		A	Drainage of gland abscess	1.34	0.80	0.13	2.27	010	S
56440		A	Surgery for vulva lesion	2.79	2.63	0.52	5.94	010	S
56441		A	Lysis of labial lesion(s)	1.92	1.65	0.30	3.87	010	S
56501		A	Destruction, vulva lesion(s)	1.48	0.54	0.11	2.13	010	S
56515		A	Destruction, vulva lesion(s)	1.85	2.36	0.66	4.87	010	S
56605		A	Biopsy of vulva/perineum	1.10	0.68	0.15	1.93	000	S
56606		A	Biopsy of vulva/perineum	0.55	0.35	0.08	0.98	000	S
56620		A	Partial removal of vulva	6.67	6.47	1.40	14.54	090	S
56625		A	Complete removal of vulva	7.41	9.52	2.13	19.06	090	S
56630		A	Extensive vulva surgery	10.47	13.46	3.28	27.21	090	S
56631		A	Extensive vulva surgery	14.57	18.70	4.51	37.78	090	S
56632		A	Extensive vulva surgery	18.66	21.32	4.51	44.49	090	S
56633		A	Extensive vulva surgery	15.00	15.97	3.28	34.25	090	S
56634		A	Extensive vulva surgery	16.25	21.21	4.51	41.97	090	S
56637		A	Extensive vulva surgery	20.34	21.42	4.51	46.27	090	S
56640		A	Extensive vulva surgery	20.09	19.95	4.36	44.40	090	S
56700		A	Partial removal of hymen	2.42	1.82	0.35	4.59	010	S
56720		A	Incision of hymen	0.68	0.48	0.11	1.27	000	S
56740		A	Remove vagina gland lesion	3.60	2.87	0.55	7.02	010	S
56800		A	Repair of vagina	3.73	2.92	0.57	7.22	010	S
56805		A	Repair clitoris	18.00	11.75	1.37	31.12	090	S
56810		A	Repair of perineum	3.97	2.62	0.51	7.10	010	S
57000		A	Exploration of vagina	2.92	2.03	0.35	5.30	010	S
57010		A	Drainage of pelvic abscess	5.41	2.65	0.51	8.57	090	S
57020		A	Drainage of pelvic fluid	1.50	0.65	0.14	2.29	000	S
57061		A	Destruction vagina lesion(s)	1.20	0.82	0.17	2.19	010	S
57065		A	Destruction vagina lesion(s)	2.56	3.28	0.74	6.58	010	S
57100		A	Biopsy of vagina	0.97	0.62	0.13	1.72	000	S
57105		A	Biopsy of vagina	1.64	1.57	0.33	3.54	010	S
57108		A	Partial removal of vagina	5.69	5.28	1.10	12.07	090	S
57110		A	Removal of vagina	13.48	7.88	1.76	23.12	090	S
57120		A	Closure of vagina	6.73	6.99	1.51	15.23	090	S
57130		A	Remove vagina lesion	2.40	2.62	0.55	5.57	010	S
57135		A	Remove vagina lesion	2.64	1.93	0.38	4.95	010	S
57150		A	Treat vagina infection	0.55	0.19	0.04	0.78	000	S
57160		A	Insertion of pessary/device	0.89	0.25	0.05	1.19	000	S
57170		A	Fitting of diaphragm/cap	0.91	0.32	0.06	1.29	000	S
57180		A	Treat vaginal bleeding	1.53	0.55	0.11	2.19	010	S
57200		A	Repair of vagina	3.68	2.71	0.60	6.99	090	S
57210		A	Repair vagina/perineum	4.73	3.27	0.65	8.65	090	S
57220		A	Revision of urethra	3.87	4.44	0.80	9.11	090	S
57230		A	Repair of urethral lesion	5.07	3.84	0.64	9.55	090	S
57240		A	Repair bladder & vagina	5.39	6.90	1.60	13.89	090	S
57250		A	Repair rectum & vagina	4.96	6.36	1.69	13.01	090	S
57260		A	Repair of vagina	7.59	8.65	1.88	18.12	090	S
57265		A	Extensive repair of vagina	10.66	9.42	2.11	22.19	090	S
57268		A	Repair of bowel bulge	6.14	7.02	1.50	14.66	090	S
57270		A	Repair of bowel pouch	11.30	6.83	1.44	19.57	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
57280		A	Suspension of vagina	14.10	8.53	1.85	24.48	090	S
57282		A	Repair of vaginal prolapse	8.06	8.72	1.89	18.67	090	S
57284		A	Repair paravaginal defect	12.10	8.59	0.84	21.53	090	S
57288		A	Repair bladder defect	12.34	10.72	1.36	24.42	090	S
57289		A	Repair bladder & vagina	10.80	8.19	1.13	20.12	090	S
57291		A	Construction of vagina	7.46	5.35	1.19	14.00	090	S
57292		A	Construct vagina with graft	12.34	6.55	1.38	20.27	090	S
57300		A	Repair rectum-vagina fistula	6.81	7.91	1.66	16.38	090	S
57305		A	Repair rectum-vagina fistula	12.75	7.55	1.56	21.86	090	S
57307		A	Fistula repair & colostomy	15.08	6.11	1.28	22.47	090	S
57310		A	Repair urethrovaginal lesion	6.10	4.32	0.48	10.90	090	S
57311		A	Repair urethrovaginal lesion	7.23	5.58	0.41	13.22	090	S
57320		A	Repair bladder-vagina lesion	7.33	9.38	1.35	18.06	090	S
57330		A	Repair bladder-vagina lesion	11.67	8.29	0.81	20.77	090	S
57335		A	Repair vagina	18.00	6.91	0.81	25.72	090	S
57400		A	Dilation of vagina	2.27	0.33	0.06	2.66	000	S
57410		A	Pelvic examination	1.75	0.36	0.05	2.16	000	S
57415		A	Removal vaginal foreign body	2.12	0.36	0.05	2.53	010	S
57452		A	Examination of vagina	0.99	0.65	0.14	1.78	000	S
57454		A	Vagina examination & biopsy	1.27	1.21	0.26	2.74	000	S
57460		A	Cervix excision	2.83	2.02	0.46	5.31	000	S
57500		A	Biopsy of cervix	0.97	0.57	0.12	1.66	000	S
57505		A	Endocervical curettage	1.09	0.63	0.13	1.85	010	S
57510		A	Cauterization of cervix	1.85	0.52	0.09	2.46	010	S
57511		A	Cryocautery of cervix	1.85	0.85	0.17	2.87	010	S
57513		A	Laser surgery of cervix	1.85	2.36	0.67	4.88	010	S
57520		A	Conization of cervix	3.96	3.45	0.73	8.14	090	S
57522		A	Conization of cervix	3.26	3.45	0.73	7.44	090	S
57530		A	Removal of cervix	4.42	3.61	0.78	8.81	090	S
57540		A	Removal of residual cervix	11.54	6.74	1.51	19.79	090	S
57545		A	Remove cervix, repair pelvis	12.30	4.58	1.03	17.91	090	S
57550		A	Removal of residual cervix	4.91	6.28	1.54	12.73	090	S
57555		A	Remove cervix, repair vagina	8.14	10.10	2.17	20.41	090	S
57556		A	Remove cervix, repair bowel	7.56	9.44	1.92	18.92	090	S
57700		A	Revision of cervix	3.30	2.39	0.34	6.03	090	S
57720		A	Revision of cervix	3.87	2.76	0.50	7.13	090	S
57800		A	Dilation of cervical canal	0.77	0.48	0.10	1.35	000	S
57820		A	D&C of residual cervix	1.62	2.08	0.46	4.16	010	S
58100		A	Biopsy of uterus lining	0.71	0.66	0.14	1.51	000	S
58120		A	Dilation and curettage (D&C)	2.91	2.70	0.56	6.17	010	S
58140		A	Removal of uterus lesion	13.79	8.33	1.71	23.83	090	S
58145		A	Removal of uterus lesion	7.36	8.24	1.54	17.14	090	S
58150		A	Total hysterectomy	14.30	9.57	2.08	25.95	090	S
58152		A	Total hysterectomy	14.10	11.99	2.59	28.68	090	S
58180		A	Partial hysterectomy	14.30	9.76	2.11	26.17	090	S
58200		A	Extensive hysterectomy	20.34	12.98	2.80	36.12	090	S
58210		A	Extensive hysterectomy	27.50	17.77	3.87	49.14	090	S
58240		A	Removal of pelvis contents	35.27	28.73	6.15	70.15	090	S
58260		A	Vaginal hysterectomy	11.39	9.39	2.07	22.85	090	S
58262		A	Vaginal hysterectomy	13.06	9.39	2.07	24.52	090	S
58263		A	Vaginal hysterectomy	14.27	10.32	2.22	26.81	090	S
58267		A	Hysterectomy & vagina repair	13.94	11.53	2.46	27.93	090	S
58270		A	Hysterectomy & vagina repair	12.60	10.32	2.22	25.14	090	S
58275		A	Hysterectomy, revise vagina	13.99	11.02	2.32	27.33	090	S
58280		A	Hysterectomy, revise vagina	14.35	10.50	2.30	27.15	090	S
58285		A	Extensive hysterectomy	17.45	11.60	2.70	31.75	090	S
58300		N	Insert intrauterine device	+1.01	0.77	0.13	1.91	XXX	0
58301		A	Remove intrauterine device	1.27	0.45	0.08	1.80	000	S
58321		A	Artificial insemination	0.92	0.71	0.15	1.78	000	S
58322		A	Artificial insemination	1.10	0.71	0.15	1.96	000	S
58323		A	Sperm washing	0.23	0.16	0.04	0.43	000	S
58340		A	Inject for uterus/tube x-ray	0.88	0.57	0.08	1.53	000	S
58345		A	Reopen fallopian tube	4.61	3.49	0.41	8.51	010	S
58350		A	Reopen fallopian tube	0.96	0.69	0.16	1.81	010	S
58400		A	Suspension of uterus	5.66	5.64	1.16	12.46	090	S
58410		A	Suspension of uterus	12.00	5.53	0.84	18.37	090	S
58520		A	Repair of ruptured uterus	11.11	4.24	0.99	16.34	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
58540		A	Revision of uterus	13.96	6.13	1.42	21.51	090	S
58600		A	Division of fallopian tube	3.74	4.79	1.38	9.91	090	S
58605		A	Division of fallopian tube	3.29	4.21	1.01	8.51	090	S
58611		A	Ligate oviduct(s)	0.63	0.47	0.10	1.20	ZZZ	S
58615		A	Occlude fallopian tube(s)	3.85	2.91	0.35	7.11	010	S
58700		A	Removal of fallopian tube	5.92	6.33	1.31	13.56	090	S
58720		A	Removal of ovary/tube(s)	10.68	7.50	1.63	19.81	090	S
58740		A	Revise fallopian tube(s)	5.28	6.76	1.88	13.92	090	S
58750		A	Repair oviduct	14.26	6.31	1.46	22.03	090	S
58752		A	Revise ovarian tube(s)	14.26	6.74	0.93	21.93	090	S
58760		A	Remove tubal obstruction	12.50	5.11	1.19	18.80	090	S
58770		A	Create new tubal opening	13.34	5.28	1.11	19.73	090	S
58800		A	Drainage of ovarian cyst(s)	3.77	2.68	0.53	6.98	090	S
58805		A	Drainage of ovarian cyst(s)	5.44	6.38	1.36	13.18	090	S
58820		A	Drainage of ovarian abscess	3.96	2.76	0.49	7.21	090	S
58822		A	Drainage of ovarian abscess	9.06	3.55	0.81	13.42	090	S
58825		A	Transposition, ovary(s)	5.63	4.03	0.93	10.59	090	S
58900		A	Biopsy of ovary(s)	5.49	5.19	1.07	11.75	090	S
58920		A	Partial removal of ovary(s)	6.28	6.78	1.41	14.47	090	S
58925		A	Removal of ovarian cyst(s)	10.68	6.56	1.38	18.62	090	S
58940		A	Removal of ovary(s)	6.54	6.49	1.33	14.36	090	S
58943		A	Removal of ovary(s)	17.49	12.11	2.63	32.23	090	S
58950		A	Resect ovarian malignancy	14.10	11.24	2.38	27.72	090	S
58951		A	Resect ovarian malignancy	20.34	18.34	3.93	42.61	090	S
58952		A	Resect ovarian malignancy	23.35	18.11	3.92	45.38	090	S
58960		A	Exploration of abdomen	13.66	12.98	2.95	29.59	090	S
58970		A	Retrieval of oocyte	3.53	2.52	0.58	6.63	000	N
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58976		A	Transfer of embryo	3.83	2.73	0.63	7.19	000	N
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
59000		A	Amniocentesis	1.30	0.97	0.18	2.45	000	S
59012		A	Fetal cord puncture,prenatal	3.45	2.62	0.31	6.38	000	S
59015		A	Chorion biopsy	2.20	1.20	0.10	3.50	000	S
59020		A	Fetal contract stress test	0.66	1.35	0.29	2.30	000	S
59020	26	A	Fetal contract stress test	0.66	0.85	0.19	1.70	000	S
59020	TC	A	Fetal contract stress test	0.00	0.50	0.10	0.60	000	S
59025		A	Fetal non-stress test	0.53	0.61	0.12	1.26	000	S
59025	26	A	Fetal non-stress test	0.53	0.39	0.08	1.00	000	S
59025	TC	A	Fetal non-stress test	0.00	0.22	0.04	0.26	000	S
59030		A	Fetal scalp blood sample	1.99	1.58	0.21	3.78	000	S
59050		A	Fetal monitor w/report	0.89	0.81	0.15	1.85	XXX	S
59051		A	Fetal monitor/interpret only	0.74	0.81	0.15	1.70	XXX	N
59100		A	Remove uterus lesion	11.54	4.14	0.96	16.64	090	S
59120		A	Treat ectopic pregnancy	10.68	7.86	1.50	20.04	090	S
59121		A	Treat ectopic pregnancy	10.99	5.38	1.07	17.44	090	S
59130		A	Treat ectopic pregnancy	13.49	5.96	0.70	20.15	090	S
59135		A	Treat ectopic pregnancy	13.00	9.85	1.15	24.00	090	S
59136		A	Treat ectopic pregnancy	12.50	6.22	1.44	20.16	090	S
59140		A	Treat ectopic pregnancy	5.09	4.66	0.29	10.04	090	S
59150		A	Treat ectopic pregnancy	6.34	4.53	1.05	11.92	090	S
59151		A	Treat ectopic pregnancy	7.24	8.61	0.64	16.49	090	S
59160		A	D&C after delivery	2.66	2.93	0.52	6.11	010	S
59200		A	Insert cervical dilator	0.79	0.54	0.11	1.44	000	S
59300		A	Episiotomy or vaginal repair	2.41	0.99	0.10	3.50	000	S
59320		A	Revision of cervix	2.48	1.78	0.41	4.67	000	S
59325		A	Revision of cervix	4.07	2.89	0.29	7.25	000	S
59350		A	Repair of uterus	4.95	3.54	0.82	9.31	000	S
59400		A	Obstetrical care	23.06	14.99	3.47	41.52	MMM	S
59409		A	Obstetrical care	13.50	9.48	2.20	25.18	MMM	S
59410		A	Obstetrical care	14.78	10.31	2.39	27.48	MMM	S
59412		A	Antepartum manipulation	1.71	1.22	0.29	3.22	MMM	S
59414		A	Deliver placenta	1.61	1.15	0.27	3.03	MMM	S
59425		A	Antepartum care only	4.81	2.88	0.66	8.35	MMM	S
59426		A	Antepartum care only	8.28	4.94	1.14	14.36	MMM	S
59430		A	Care after delivery	2.13	0.38	0.07	2.58	MMM	S
59510		A	Cesarean delivery	26.22	16.90	3.92	47.04	MMM	S
59514		A	Cesarean delivery only	15.97	10.99	2.55	29.51	MMM	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
59515		A	Cesarean delivery	17.37	11.82	2.73	31.92	MMM	S
59525		A	Remove uterus after cesarean	8.54	3.81	0.88	13.23	MMM	S
59610		A	Vbac delivery	24.62	14.99	3.47	43.08	MMM	S
59612		A	Vbac delivery only	15.06	9.48	2.20	26.74	MMM	S
59614		A	Vbac care after delivery	16.34	10.31	2.39	29.04	MMM	S
59618		A	Attempted vbac delivery	27.78	16.90	3.92	48.60	MMM	S
59620		A	Attempted vbac delivery only	17.53	10.99	2.55	31.07	MMM	S
59622		A	Attempted vbac after care	18.93	11.82	2.73	33.48	MMM	S
59812		A	Treatment of miscarriage	3.10	3.61	0.77	7.48	090	S
59820		A	Care of miscarriage	3.73	3.75	0.77	8.25	090	S
59821		A	Treatment of miscarriage	4.26	2.72	0.62	7.60	090	S
59830		A	Treat uterus infection	5.96	4.53	0.52	11.01	090	S
59840		A	Abortion	2.91	3.22	0.69	6.82	010	S
59841		A	Abortion	4.80	3.75	0.76	9.31	010	S
59850		A	Abortion	5.46	4.00	0.85	10.31	090	S
59851		A	Abortion	5.62	4.28	0.88	10.78	090	S
59852		A	Abortion	7.70	5.51	1.27	14.48	090	S
59855		A	Abortion	5.80	4.14	0.96	10.90	090	S
59856		A	Abortion	7.16	5.11	1.19	13.46	090	S
59857		A	Abortion	8.71	6.22	1.44	16.37	090	S
59866		A	Abortion	4.00	2.86	0.66	7.52	000	S
59870		A	Evacuate mole of uterus	4.08	2.91	0.67	7.66	090	S
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY	S
60000		A	Drain thyroid/tongue cyst	1.71	0.60	0.09	2.40	010	N
60001		A	Aspirate/inject thyriod cyst	0.97	1.05	0.12	2.14	000	N
60100		A	Biopsy of thyroid	0.97	1.05	0.12	2.14	000	N
60200		A	Remove thyroid lesion	8.83	6.02	1.04	15.89	090	S
60210		A	Partial excision thyroid	10.51	8.68	1.65	20.84	090	S
60212		A	Parital thyroid excision	15.48	9.04	1.74	26.26	090	S
60220		A	Partial removal of thyroid	9.86	8.54	1.61	20.01	090	S
60225		A	Partial removal of thyroid	13.31	10.49	1.92	25.72	090	S
60240		A	Removal of thyroid	15.66	10.58	1.96	28.20	090	S
60252		A	Removal of thyroid	17.23	13.65	2.55	33.43	090	S
60254		A	Extensive thyroid surgery	22.50	19.21	3.08	44.79	090	S
60260		A	Repeat thyroid surgery	14.49	3.14	0.34	17.97	090	S
60270		A	Removal of thyroid	16.44	13.97	2.54	32.95	090	S
60271		A	Removal of thyroid	14.16	12.14	2.25	28.55	090	S
60280		A	Remove thyroid duct lesion	5.55	7.10	1.11	13.76	090	S
60281		A	Remove thyroid duct lesion	8.00	5.04	0.95	13.99	090	S
60500		A	Explore parathyroid glands	15.40	11.36	2.31	29.07	090	S
60502		A	Re-explore parathyroids	19.25	11.39	2.33	32.97	090	S
60505		A	Explore parathyroid glands	19.93	13.14	2.56	35.63	090	S
60512		A	Autotransplant, parathyroid	4.45	2.32	0.54	7.31	ZZZ	S
60520		A	Removal of thymus gland	15.82	13.54	2.46	31.82	090	S
60521		A	Removal thymus gland	17.80	13.54	2.46	33.80	090	S
60522		A	Removal of thymus gland	21.76	13.54	2.46	37.76	090	S
60540		A	Explore adrenal gland	15.72	12.05	2.08	29.85	090	S
60545		A	Explore adrenal gland	18.51	14.27	2.34	35.12	090	S
60600		A	Remove carotid body lesion	16.13	11.46	1.88	29.47	090	S
60605		A	Remove carotid body lesion	18.20	10.71	2.21	31.12	090	S
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
61000		A	Remove cranial cavity fluid	1.58	1.07	0.17	2.82	000	S
61001		A	Remove cranial cavity fluid	1.49	0.88	0.17	2.54	000	S
61020		A	Remove brain cavity fluid	1.51	1.26	0.20	2.97	000	S
61026		A	Injection into brain canal	1.69	2.03	0.22	3.94	000	N
61050		A	Remove brain canal fluid	1.51	1.23	0.15	2.89	000	N
61055		A	Injection into brain canal	2.10	1.88	0.19	4.17	000	N
61070		A	Brain canal shunt procedure	0.89	0.49	0.03	1.41	000	N
61105		A	Drill skull for examination	4.82	6.89	1.24	12.95	090	S
61106		A	Drill skull for exam/surgery	4.62	6.15	1.15	11.92	ZZZ	S
61107		A	Drill skull for implantation	5.00	5.57	1.26	11.83	000	S
61108		A	Drill skull for drainage	9.00	12.05	2.22	23.27	090	S
61120		A	Pierce skull for examination	8.00	5.95	1.08	15.03	090	S
61130		A	Pierce skull, exam/surgery	6.37	4.95	0.96	12.28	ZZZ	S
61140		A	Pierce skull for biopsy	14.84	14.13	2.56	31.53	090	S
61150		A	Pierce skull for drainage	16.37	14.65	2.63	33.65	090	S
61151		A	Pierce skull for drainage	11.40	2.13	0.37	13.90	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
61154		A	Pierce skull, remove clot	13.67	17.50	3.27	34.44	090	S
61156		A	Pierce skull for drainage	15.23	16.19	3.05	34.47	090	S
61210		A	Pierce skull; implant device	5.84	6.04	1.53	13.41	000	S
61215		A	Insert brain-fluid device	4.00	9.00	1.63	14.63	090	S
61250		A	Pierce skull & explore	9.40	8.03	1.44	18.87	090	S
61253		A	Pierce skull & explore	11.27	9.62	1.69	22.58	090	S
61304		A	Open skull for exploration	20.63	26.03	4.78	51.44	090	S
61305		A	Open skull for exploration	24.77	29.11	5.05	58.93	090	S
61312		A	Open skull for drainage	21.83	24.13	4.46	50.42	090	S
61313		A	Open skull for drainage	22.50	24.04	4.38	50.92	090	S
61314		A	Open skull for drainage	22.78	25.62	4.68	53.08	090	S
61315		A	Open skull for drainage	25.91	24.41	4.47	54.79	090	S
61320		A	Open skull for drainage	23.90	18.70	3.41	46.01	090	S
61321		A	Open skull for drainage	26.66	19.83	3.54	50.03	090	S
61330		A	Decompress eye socket	21.55	12.97	1.22	35.74	090	S
61332		A	Explore/biopsy eye socket	26.08	20.72	2.76	49.56	090	S
61333		A	Explore orbit; remove lesion	26.75	20.46	3.26	50.47	090	S
61334		A	Explore orbit; remove object	17.07	14.65	1.82	33.54	090	S
61340		A	Relieve cranial pressure	17.33	14.80	2.54	34.67	090	S
61343		A	Incise skull, pressure relief	27.87	30.05	5.28	63.20	090	S
61345		A	Relieve cranial pressure	25.36	19.18	3.45	47.99	090	S
61440		A	Incise skull for surgery	24.79	20.75	3.00	48.54	090	S
61450		A	Incise skull for surgery	24.29	20.43	3.43	48.15	090	S
61458		A	Incise skull for brain wound	25.97	27.28	4.87	58.12	090	S
61460		A	Incise skull for surgery	26.75	25.05	3.98	55.78	090	S
61470		A	Incise skull for surgery	24.60	13.86	2.53	40.99	090	S
61480		A	Incise skull for surgery	25.03	15.07	1.78	41.88	090	S
61490		A	Incise skull for surgery	24.20	11.72	2.16	38.08	090	S
61500		A	Removal of skull lesion	16.93	20.07	3.58	40.58	090	S
61501		A	Remove infected skull bone	13.59	17.40	3.33	34.32	090	S
61510		A	Removal of brain lesion	26.77	27.04	4.90	58.71	090	S
61512		A	Remove brain lining lesion	33.51	29.02	5.28	67.81	090	S
61514		A	Removal of brain abscess	23.49	25.52	4.74	53.75	090	S
61516		A	Removal of brain lesion	22.84	26.48	4.57	53.89	090	S
61518		A	Removal of brain lesion	35.59	30.02	5.46	71.07	090	S
61519		A	Remove brain lining lesion	39.58	31.22	5.77	76.57	090	S
61520		A	Removal of brain lesion	52.98	33.85	5.89	92.72	090	S
61521		A	Removal of brain lesion	42.20	32.97	5.85	81.02	090	S
61522		A	Removal of brain abscess	27.55	19.96	3.79	51.30	090	S
61524		A	Removal of brain lesion	26.02	27.45	5.15	58.62	090	S
61526		A	Removal of brain lesion	50.59	34.01	4.79	89.39	090	S
61530		A	Removal of brain lesion	42.35	34.01	4.79	81.15	090	S
61531		A	Implant brain electrodes	12.95	14.98	1.75	29.68	090	S
61533		A	Implant brain electrodes	18.05	17.02	3.33	38.40	090	S
61534		A	Removal of brain lesion	19.13	6.38	2.01	27.52	090	S
61535		A	Remove brain electrodes	10.23	7.66	1.25	19.14	090	S
61536		A	Removal of brain lesion	33.49	21.96	3.99	59.44	090	S
61538		A	Removal of brain tissue	25.09	29.08	4.97	59.14	090	S
61539		A	Removal of brain tissue	30.05	22.96	4.07	57.08	090	S
61541		A	Incision of brain tissue	26.95	19.80	3.78	50.53	090	S
61542		A	Removal of brain tissue	29.05	19.91	3.90	52.86	090	S
61543		A	Removal of brain tissue	27.32	17.24	2.49	47.05	090	S
61544		A	Remove & treat brain lesion	23.71	28.19	2.11	54.01	090	S
61545		A	Excision of brain tumor	41.76	25.66	4.80	72.22	090	S
61546		A	Removal of pituitary gland	29.33	27.01	4.78	61.12	090	S
61548		A	Removal of pituitary gland	20.15	24.78	4.03	48.96	090	S
61550		A	Release of skull seams	14.24	11.81	1.11	27.16	090	S
61552		A	Release of skull seams	19.02	13.83	2.70	35.55	090	S
61556		A	Incise skull/sutures	21.35	15.53	3.04	39.92	090	S
61557		A	Incise skull/sutures	21.47	15.62	3.05	40.14	090	S
61558		A	Excision of skull/sutures	24.41	17.74	3.47	45.62	090	S
61559		A	Excision of skull/sutures	31.65	23.01	4.50	59.16	090	S
61563		A	Excision of skull tumor	25.87	18.81	3.68	48.36	090	S
61564		A	Excision of skull tumor	32.64	23.73	4.64	61.01	090	S
61570		A	Remove brain foreign body	22.89	16.49	3.06	42.44	090	S
61571		A	Incise skull for brain wound	24.55	18.32	3.21	46.08	090	S
61575		A	Skull base/brainstem surgery	32.33	32.99	5.05	70.37	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
61576		A	Skull base/brainstem surgery	50.08	28.23	3.91	82.22	090	S
61580		A	Craniofacial approach, skull	28.90	21.01	4.10	54.01	090	S
61581		A	Craniofacial approach, skull	32.80	23.84	4.66	61.30	090	S
61582		A	Craniofacial approach, skull	29.77	21.65	4.22	55.64	090	S
61583		A	Craniofacial approach, skull	33.97	24.70	4.83	63.50	090	S
61584		A	Orbitocranial approach/skull	32.89	23.91	4.68	61.48	090	S
61585		A	Orbitocranial approach/skull	36.80	26.75	5.23	68.78	090	S
61586		A	Resect nasopharynx, skull	23.60	21.38	2.32	47.30	090	S
61590		A	Infratemporal approach/skull	40.02	29.10	5.68	74.80	090	S
61591		A	Infratemporal approach/skull	41.97	30.52	5.96	78.45	090	S
61592		A	Orbitocranial approach/skull	38.07	27.68	5.41	71.16	090	S
61595		A	Transtemporal approach/skull	28.12	20.44	4.00	52.56	090	S
61596		A	Transcochlear approach/skull	34.17	24.84	4.86	63.87	090	S
61597		A	Transcondylar approach/skull	36.12	26.26	5.13	67.51	090	S
61598		A	Transpetrosal approach/skull	31.83	23.13	4.52	59.48	090	S
61600		A	Resect/excise cranial lesion	24.41	17.74	3.46	45.61	090	S
61601		A	Resect/excise cranial lesion	26.16	19.03	3.72	48.91	090	S
61605		A	Resect/excise cranial lesion	27.62	20.09	3.93	51.64	090	S
61606		A	Resect/excise cranial lesion	37.00	26.90	5.25	69.15	090	S
61607		A	Resect/excise cranial lesion	34.56	25.13	4.91	64.60	090	S
61608		A	Resect/excise cranial lesion	40.21	29.24	5.71	75.16	090	S
61609		A	Transect, artery, sinus	9.89	7.19	1.40	18.48	ZZZ	S
61610		A	Transect, artery, sinus	29.67	21.57	4.21	55.45	ZZZ	S
61611		A	Transect, artery, sinus	7.42	5.39	1.06	13.87	ZZZ	S
61612		A	Transect, artery, sinus	27.88	20.27	3.96	52.11	ZZZ	S
61613		A	Remove aneurysm, sinus	39.43	28.67	5.61	73.71	090	S
61615		A	Resect/excise lesion, skull	30.36	22.07	4.31	56.74	090	S
61616		A	Resect/excise lesion, skull	41.29	30.03	5.86	77.18	090	S
61618		A	Repair dura	15.62	11.35	2.22	29.19	090	S
61619		A	Repair dura	19.52	14.19	2.77	36.48	090	S
61624		A	Occlusion/embolization cath	20.15	15.28	1.79	37.22	000	N
61626		A	Occlusion/embolization cath	16.62	12.60	1.47	30.69	000	N
61680		A	Intracranial vessel surgery	29.13	31.06	5.79	65.98	090	S
61682		A	Intracranial vessel surgery	59.47	35.31	6.36	101.14	090	S
61684		A	Intracranial vessel surgery	38.23	29.76	3.47	71.46	090	S
61686		A	Intracranial vessel surgery	62.08	35.98	4.20	102.26	090	S
61690		A	Intracranial vessel surgery	27.80	27.46	4.09	59.35	090	S
61692		A	Intracranial vessel surgery	49.74	28.79	3.36	81.89	090	S
61700		A	Inner skull vessel surgery	48.30	31.69	5.67	85.66	090	S
61702		A	Inner skull vessel surgery	46.31	36.31	6.61	89.23	090	S
61703		A	Clamp neck artery	16.27	12.21	2.24	30.72	090	S
61705		A	Revise circulation to head	34.49	30.41	5.25	70.15	090	S
61708		A	Revise circulation to head	33.59	25.20	2.32	61.11	090	S
61710		A	Revise circulation to head	28.14	16.63	1.75	46.52	090	S
61711		A	Fusion of skull arteries	34.62	33.04	6.20	73.86	090	S
61712		A	Skull or spine microsurgery	3.49	4.47	0.93	8.89	ZZZ	S
61720		A	Incise skull/brain surgery	15.92	20.29	4.05	40.26	090	S
61735		A	Incise skull/brain surgery	18.72	12.96	1.51	33.19	090	S
61750		A	Incise skull; brain biopsy	16.67	13.54	4.31	34.52	090	S
61751		A	Brain biopsy with cat scan	16.66	19.43	4.44	40.53	090	S
61760		A	Implant brain electrodes	21.00	14.98	1.75	37.73	090	S
61770		A	Incise skull for treatment	19.78	19.38	3.43	42.59	090	S
61790		A	Treat trigeminal nerve	10.31	13.19	3.03	26.53	090	S
61791		A	Treat trigeminal tract	13.99	9.77	3.16	26.92	090	S
61793		A	Focus radiation beam	16.70	21.35	1.96	40.01	090	S
61795		A	Brain surgery using computer	4.04	5.24	1.55	10.83	000	S
61850		A	Implant neuroelectrodes	11.50	11.63	2.26	25.39	090	S
61855		A	Implant neuroelectrodes	12.50	10.39	1.47	24.36	090	S
61860		A	Implant neuroelectrodes	19.60	8.14	1.59	29.33	090	S
61865		A	Implant neuroelectrodes	21.70	15.78	3.09	40.57	090	S
61870		A	Implant neuroelectrodes	13.67	4.19	0.82	18.68	090	S
61875		A	Implant neuroelectrodes	13.79	6.69	1.31	21.79	090	S
61880		A	Revise/remove neuroelectrode	5.72	4.79	0.66	11.17	090	S
61885		A	Implant neuroreceiver	5.28	1.96	0.29	7.53	090	S
61888		A	Revise/remove neuroreceiver	4.67	2.25	0.44	7.36	010	S
62000		A	Repair of skull fracture	11.26	5.73	0.95	17.94	090	S
62005		A	Repair of skull fracture	14.84	11.08	1.97	27.89	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
62010		A	Treatment of head injury	18.43	19.20	3.39	41.02	090	S
62100		A	Repair brain fluid leakage	20.78	21.62	3.72	46.12	090	S
62115		A	Reduction of skull defect	20.50	15.51	1.82	37.83	090	S
62116		A	Reduction of skull defect	22.45	16.98	1.99	41.42	090	S
62117		A	Reduction of skull defect	25.38	19.20	2.25	46.83	090	S
62120		A	Repair skull cavity lesion	22.34	16.90	1.98	41.22	090	S
62121		A	Incise skull repair	20.25	17.51	3.41	41.17	090	S
62140		A	Repair of skull defect	12.63	13.43	2.39	28.45	090	S
62141		A	Repair of skull defect	13.90	17.73	3.28	34.91	090	S
62142		A	Remove skull plate/flap	9.91	12.69	2.64	25.24	090	S
62143		A	Replace skull plate/flap	12.11	9.17	1.65	22.93	090	S
62145		A	Repair of skull & brain	17.68	13.16	2.29	33.13	090	S
62146		A	Repair of skull with graft	15.11	10.99	2.15	28.25	090	S
62147		A	Repair of skull with graft	18.14	13.17	2.57	33.88	090	S
62180		A	Establish brain cavity shunt	19.71	14.21	2.70	36.62	090	S
62190		A	Establish brain cavity shunt	10.13	12.97	3.21	26.31	090	S
62192		A	Establish brain cavity shunt	11.31	14.48	2.74	28.53	090	S
62194		A	Replace/irrigate catheter	4.50	1.88	0.29	6.67	010	N
62200		A	Establish brain cavity shunt	17.33	16.95	3.09	37.37	090	S
62201		A	Establish brain cavity shunt	13.54	8.78	1.72	24.04	090	S
62220		A	Establish brain cavity shunt	12.06	15.43	3.12	30.61	090	S
62223		A	Establish brain cavity shunt	11.96	16.40	3.02	31.38	090	S
62225		A	Replace/irrigate catheter	4.71	4.80	0.58	10.09	090	S
62230		A	Replace/revise brain shunt	9.71	9.83	1.82	21.36	090	S
62256		A	Remove brain cavity shunt	5.90	6.38	1.17	13.45	090	S
62258		A	Replace brain cavity shunt	13.60	14.78	2.55	30.93	090	S
62268		A	Drain spinal cord cyst	4.74	2.98	0.36	8.08	000	N
62269		A	Needle biopsy spinal cord	5.02	1.75	0.28	7.05	000	N
62270		A	Spinal fluid tap, diagnostic	1.13	0.71	0.06	1.90	000	N
62272		A	Drain spinal fluid	1.35	1.01	0.12	2.48	000	N
62273		A	Treat lumbar spine lesion	2.15	1.12	0.26	3.53	000	N
62274		A	Inject spinal anesthetic	1.78	0.74	0.17	2.69	000	N
62275		A	Inject spinal anesthetic	1.79	0.59	0.19	2.57	000	N
62276		A	Inject spinal anesthetic	2.04	1.23	0.23	3.50	000	N
62277		A	Inject spinal anesthetic	2.15	0.84	0.23	3.22	000	N
62278		A	Inject spinal anesthetic	1.51	0.98	0.26	2.75	000	N
62279		A	Inject spinal anesthetic	1.58	0.82	0.24	2.64	000	N
62280		A	Treat spinal cord lesion	2.58	0.71	0.14	3.43	010	N
62281		A	Treat spinal cord lesion	2.61	0.87	0.28	3.76	010	N
62282		A	Treat spinal canal lesion	2.28	1.70	0.40	4.38	010	N
62284		A	Injection for myelogram	1.54	1.98	0.34	3.86	000	S
62287		A	Percutaneous diskectomy	7.43	6.96	2.65	17.04	090	S
62288		A	Injection into spinal canal	1.74	1.12	0.24	3.10	000	N
62289		A	Injection into spinal canal	1.64	1.07	0.29	3.00	000	N
62290		A	Inject for spine disk x-ray	3.00	1.86	0.24	5.10	000	N
62291		A	Inject for spine disk x-ray	2.91	1.78	0.39	5.08	000	N
62292		A	Injection into disk lesion	7.00	8.96	2.13	18.09	090	S
62294		A	Injection into spinal artery	10.95	5.84	0.68	17.47	090	S
62298		A	Injection into spinal canal	2.20	1.04	0.13	3.37	000	N
62350		A	Implant spinal catheter	6.25	3.49	1.02	10.76	090	S
62351		A	Implant spinal catheter	9.25	5.16	1.50	15.91	090	S
62355		A	Remove spinal canal catheter	4.80	3.49	0.68	8.97	090	S
62360		A	Insert spine infusion device	2.00	1.12	0.33	3.45	090	S
62361		A	Implant spine infusion pump	4.80	2.68	0.78	8.26	090	S
62362		A	Implant spine infusion pump	6.29	3.51	1.02	10.82	090	S
62365		A	Remove spine infusion device	4.77	3.47	0.68	8.92	090	S
62367		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62367	26	A	Analyze spine infusion pump	0.48	0.35	0.07	0.90	XXX	N
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62368		C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62368	26	A	Analyze spine infusion pump	0.75	0.55	0.11	1.41	XXX	N
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
63001		A	Removal of spinal lamina	14.50	18.55	3.42	36.47	090	S
63003		A	Removal of spinal lamina	14.63	17.93	3.23	35.79	090	S
63005		A	Removal of spinal lamina	13.88	17.32	3.10	34.30	090	S
63011		A	Removal of spinal lamina	13.40	9.99	1.87	25.26	090	S
63012		A	Removal of spinal lamina	14.21	18.07	3.15	35.43	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
63015		A	Removal of spinal lamina	17.77	21.23	4.18	43.18	090	S
63016		A	Removal of spinal lamina	17.43	22.30	4.11	43.84	090	S
63017		A	Removal of spinal lamina	14.90	20.29	4.00	39.19	090	S
63020		A	Neck spine disk surgery	13.77	16.04	3.38	33.19	090	S
63030		A	Low back disk surgery	11.10	15.50	2.81	29.41	090	S
63035		A	Added spinal disk surgery	3.15	4.04	0.76	7.95	ZZZ	S
63040		A	Neck spine disk surgery	17.56	22.48	4.30	44.34	090	S
63042		A	Low back disk surgery	16.56	22.10	4.38	43.04	090	S
63045		A	Removal of spinal lamina	15.31	19.59	4.38	39.28	090	S
63046		A	Removal of spinal lamina	14.61	18.70	4.58	37.89	090	S
63047		A	Removal of spinal lamina	13.57	16.33	4.48	34.38	090	S
63048		A	Removal of spinal lamina	3.26	4.17	1.03	8.46	ZZZ	S
63055		A	Decompress spinal cord	20.67	23.73	4.18	48.58	090	S
63056		A	Decompress spinal cord	19.11	21.84	3.76	44.71	090	S
63057		A	Decompress spinal cord	5.26	3.84	0.85	9.95	ZZZ	S
63064		A	Decompress spinal cord	23.23	23.83	4.09	51.15	090	S
63066		A	Decompress spinal cord	3.26	2.48	0.45	6.19	ZZZ	S
63075		A	Neck spine disk surgery	18.50	17.57	3.21	39.28	090	S
63076		A	Neck spine disk surgery	4.05	5.19	0.97	10.21	ZZZ	S
63077		A	Spine disk surgery, thorax	20.25	18.42	3.17	41.84	090	S
63078		A	Spine disk surgery, thorax	3.28	2.61	0.45	6.34	ZZZ	S
63081		A	Removal of vertebral body	22.08	26.26	4.50	52.84	090	S
63082		A	Removal of vertebral body	4.37	5.60	1.22	11.19	ZZZ	S
63085		A	Removal of vertebral body	25.07	27.39	4.69	57.15	090	S
63086		A	Removal of vertebral body	3.19	4.08	1.07	8.34	ZZZ	S
63087		A	Removal of vertebral body	33.91	28.25	4.85	67.01	090	S
63088		A	Removal of vertebral body	4.33	5.55	1.18	11.06	ZZZ	S
63090		A	Removal of vertebral body	26.20	29.22	4.92	60.34	090	S
63091		A	Removal of vertebral body	3.03	2.73	0.46	6.22	ZZZ	S
63170		A	Incise spinal cord tract(s)	18.18	18.88	3.28	40.34	090	S
63172		A	Drainage of spinal cyst	16.19	20.72	4.26	41.17	090	S
63173		A	Drainage of spinal cyst	20.40	15.47	1.81	37.68	090	S
63180		A	Revise spinal cord ligaments	16.75	11.61	2.05	30.41	090	S
63182		A	Revise spinal cord ligaments	18.91	16.44	2.21	37.56	090	S
63185		A	Incise spinal column/nerves	13.85	15.55	2.93	32.33	090	S
63190		A	Incise spinal column/nerves	16.26	20.81	3.91	40.98	090	S
63191		A	Incise spinal column/nerves	16.42	13.04	2.21	31.67	090	S
63194		A	Incise spinal column & cord	17.53	13.02	2.33	32.88	090	S
63195		A	Incise spinal column & cord	17.16	13.86	2.11	33.13	090	S
63196		A	Incise spinal column & cord	20.57	15.59	1.83	37.99	090	S
63197		A	Incise spinal column & cord	19.38	14.36	2.62	36.36	090	S
63198		A	Incise spinal column & cord	22.45	16.32	3.19	41.96	090	S
63199		A	Incise spinal column & cord	23.89	21.40	2.61	47.90	090	S
63200		A	Release of spinal cord	17.66	12.49	1.83	31.98	090	S
63250		A	Revise spinal cord vessels	38.67	27.99	5.22	71.88	090	S
63251		A	Revise spinal cord vessels	38.86	22.74	4.32	65.92	090	S
63252		A	Revise spinal cord vessels	38.85	28.25	5.52	72.62	090	S
63265		A	Excise intraspinal lesion	20.04	22.01	3.90	45.95	090	S
63266		A	Excise intraspinal lesion	20.65	24.76	4.43	49.84	090	S
63267		A	Excise intraspinal lesion	16.70	21.38	4.20	42.28	090	S
63268		A	Excise intraspinal lesion	17.27	12.56	2.46	32.29	090	S
63270		A	Excise intraspinal lesion	24.84	18.14	3.42	46.40	090	S
63271		A	Excise intraspinal lesion	24.96	26.60	4.79	56.35	090	S
63272		A	Excise intraspinal lesion	23.69	23.15	4.26	51.10	090	S
63273		A	Excise intraspinal lesion	22.66	17.56	3.12	43.34	090	S
63275		A	Biopsy/excise spinal tumor	22.05	27.82	5.09	54.96	090	S
63276		A	Biopsy/excise spinal tumor	21.76	25.31	4.62	51.69	090	S
63277		A	Biopsy/excise spinal tumor	19.51	23.75	4.25	47.51	090	S
63278		A	Biopsy/excise spinal tumor	19.24	23.34	4.32	46.90	090	S
63280		A	Biopsy/excise spinal tumor	26.72	28.08	4.99	59.79	090	S
63281		A	Biopsy/excise spinal tumor	26.42	27.67	4.96	59.05	090	S
63282		A	Biopsy/excise spinal tumor	24.96	24.11	4.44	53.51	090	S
63283		A	Biopsy/excise spinal tumor	23.57	18.77	3.44	45.78	090	S
63285		A	Biopsy/excise spinal tumor	34.24	24.49	4.49	63.22	090	S
63286		A	Biopsy/excise spinal tumor	33.94	28.76	4.92	67.62	090	S
63287		A	Biopsy/excise spinal tumor	34.43	25.72	4.53	64.68	090	S
63290		A	Biopsy/excise spinal tumor	35.04	27.16	4.65	66.85	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
63300		A	Removal of vertebral body	22.78	17.27	2.02	42.07	090	S
63301		A	Removal of vertebral body	25.08	18.45	3.58	47.11	090	S
63302		A	Removal of vertebral body	25.60	21.36	3.02	49.98	090	S
63303		A	Removal of vertebral body	28.47	18.50	3.39	50.36	090	S
63304		A	Removal of vertebral body	28.10	21.31	2.49	51.90	090	S
63305		A	Removal of vertebral body	29.42	22.49	3.75	55.66	090	S
63306		A	Removal of vertebral body	30.01	22.76	2.65	55.42	090	S
63307		A	Removal of vertebral body	29.42	24.42	2.98	56.82	090	S
63308		A	Removal of vertebral body	5.25	4.05	0.73	10.03	ZZZ	S
63600		A	Remove spinal cord lesion	13.08	10.70	2.63	26.41	090	N
63610		A	Stimulation of spinal cord	8.73	6.73	2.06	17.52	000	N
63615		A	Remove lesion of spinal cord	15.40	11.55	2.03	28.98	090	S
63650		A	Implant neuroelectrodes	5.99	7.67	2.13	15.79	090	S
63655		A	Implant neuroelectrodes	9.30	11.93	3.64	24.87	090	S
63660		A	Revise/remove neuroelectrode	5.54	7.09	1.56	14.19	090	S
63685		A	Implant neuroreceiver	6.29	7.40	1.46	15.15	090	S
63688		A	Revise/remove neuroreceiver	4.77	6.10	1.26	12.13	090	S
63690		A	Analysis of neuroreceiver	0.45	0.58	0.12	1.15	XXX	N
63691		A	Analysis of neuroreceiver	0.65	0.41	0.11	1.17	XXX	N
63700		A	Repair of spinal herniation	15.62	11.35	2.22	29.19	090	S
63702		A	Repair of spinal herniation	17.57	12.78	2.49	32.84	090	S
63704		A	Repair of spinal herniation	19.52	14.19	2.77	36.48	090	S
63706		A	Repair of spinal herniation	22.45	16.33	3.18	41.96	090	S
63707		A	Repair spinal fluid leakage	10.14	12.98	2.56	25.68	090	S
63709		A	Repair spinal fluid leakage	13.26	16.97	3.30	33.53	090	S
63710		A	Graft repair of spine defect	13.01	9.75	1.58	24.34	090	S
63740		A	Install spinal shunt	10.37	13.35	2.99	26.71	090	S
63741		A	Install spinal shunt	7.57	9.13	2.39	19.09	090	S
63744		A	Revision of spinal shunt	7.34	8.15	1.68	17.17	090	S
63746		A	Removal of spinal shunt	5.60	5.52	1.08	12.20	090	S
64400		A	Injection for nerve block	1.11	0.48	0.05	1.64	000	N
64402		A	Injection for nerve block	1.25	0.62	0.09	1.96	000	S
64405		A	Injection for nerve block	1.32	0.64	0.07	2.03	000	N
64408		A	Injection for nerve block	1.41	1.04	0.11	2.56	000	N
64410		A	Injection for nerve block	1.43	0.71	0.15	2.29	000	N
64412		A	Injection for nerve block	1.18	0.62	0.08	1.88	000	N
64413		A	Injection for nerve block	1.40	0.74	0.08	2.22	000	N
64415		A	Injection for nerve block	1.48	0.26	0.07	1.81	000	N
64417		A	Injection for nerve block	1.44	0.63	0.15	2.22	000	N
64418		A	Injection for nerve block	1.32	0.85	0.10	2.27	000	N
64420		A	Injection for nerve block	1.18	0.64	0.07	1.89	000	N
64421		A	Injection for nerve block	1.68	0.83	0.17	2.68	000	N
64425		A	Injection for nerve block	1.75	0.57	0.10	2.42	000	N
64430		A	Injection for nerve block	1.46	0.70	0.12	2.28	000	S
64435		A	Injection for nerve block	1.45	0.47	0.09	2.01	000	S
64440		A	Injection for nerve block	1.34	0.79	0.09	2.22	000	N
64441		A	Injection for nerve block	1.79	1.01	0.12	2.92	000	N
64442		A	Injection for nerve block	1.41	1.19	0.16	2.76	000	N
64443		A	Injection for nerve block	0.98	0.63	0.12	1.73	ZZZ	N
64445		A	Injection for nerve block	1.48	0.49	0.06	2.03	000	N
64450		A	Injection for nerve block	1.27	0.53	0.05	1.85	000	S
64505		A	Injection for nerve block	1.36	0.62	0.06	2.04	000	N
64508		A	Injection for nerve block	1.12	1.04	0.08	2.24	000	N
64510		A	Injection for nerve block	1.22	0.71	0.18	2.11	000	N
64520		A	Injection for nerve block	1.35	0.72	0.17	2.24	000	N
64530		A	Injection for nerve block	1.58	1.17	0.28	3.03	000	N
64550		A	Apply neurostimulator	0.18	0.44	0.04	0.66	000	N
64553		A	Implant neuroelectrodes	2.26	1.02	0.10	3.38	010	N
64555		A	Implant neuroelectrodes	2.22	0.42	0.10	2.74	010	N
64560		A	Implant neuroelectrodes	2.31	1.45	0.24	4.00	010	S
64565		A	Implant neuroelectrodes	1.71	0.76	0.08	2.55	010	N
64573		A	Implant neuroelectrodes	4.35	3.16	0.61	8.12	090	S
64575		A	Implant neuroelectrodes	4.27	3.07	0.40	7.74	090	S
64577		A	Implant neuroelectrodes	4.54	2.76	0.45	7.75	090	S
64580		A	Implant neuroelectrodes	4.04	2.91	0.20	7.15	090	S
64585		A	Revise/remove neuroelectrode	2.01	0.97	0.09	3.07	010	S
64590		A	Implant neuroreceiver	2.35	1.84	0.35	4.54	010	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
64595		A	Revise/remove neuroreceiver	1.68	1.12	0.21	3.01	010	S
64600		A	Injection treatment of nerve	3.40	1.69	0.17	5.26	010	N
64605		A	Injection treatment of nerve	5.56	1.56	0.33	7.45	010	N
64610		A	Injection treatment of nerve	7.11	7.26	1.35	15.72	010	N
64612		A	Destroy nerve, face muscle	1.91	1.45	0.17	3.53	010	S
64613		A	Destroy nerve, spine muscle	1.91	1.45	0.17	3.53	010	S
64620		A	Injection treatment of nerve	2.79	1.00	0.19	3.98	010	N
64622		A	Injection treatment of nerve	2.95	1.82	0.35	5.12	010	N
64623		A	Injection treatment of nerve	0.99	0.85	0.17	2.01	ZZZ	N
64630		A	Injection treatment of nerve	2.95	1.74	0.38	5.07	010	N
64640		A	Injection treatment of nerve	2.49	0.92	0.09	3.50	010	N
64680		A	Injection treatment of nerve	2.57	1.55	0.41	4.53	010	N
64702		A	Revise finger/toe nerve	4.02	4.22	0.70	8.94	090	S
64704		A	Revise hand/foot nerve	4.44	5.38	0.74	10.56	090	S
64708		A	Revise arm/leg nerve	5.71	7.31	1.26	14.28	090	S
64712		A	Revision of sciatic nerve	7.18	9.19	1.68	18.05	090	S
64713		A	Revision of arm nerve(s)	10.34	9.40	1.72	21.46	090	S
64714		A	Revise low back nerve(s)	9.87	6.13	1.41	17.41	090	S
64716		A	Revision of cranial nerve	5.80	4.83	0.67	11.30	090	S
64718		A	Revise ulnar nerve at elbow	5.48	6.72	1.13	13.33	090	S
64719		A	Revise ulnar nerve at wrist	4.72	4.95	0.85	10.52	090	S
64721		A	Carpal tunnel surgery	3.99	4.90	0.83	9.72	090	S
64722		A	Relieve pressure on nerve(s)	4.46	5.71	1.11	11.28	090	S
64726		A	Release foot/toe nerve	3.97	0.72	0.07	4.76	090	S
64727		A	Internal nerve revision	3.10	3.24	0.55	6.89	ZZZ	S
64732		A	Incision of brow nerve	4.15	4.31	0.72	9.18	090	S
64734		A	Incision of cheek nerve	4.50	4.61	0.67	9.78	090	S
64736		A	Incision of chin nerve	4.40	4.46	0.42	9.28	090	S
64738		A	Incision of jaw nerve	5.42	5.07	0.61	11.10	090	S
64740		A	Incision of tongue nerve	5.28	5.18	0.62	11.08	090	S
64742		A	Incision of facial nerve	5.91	5.00	0.44	11.35	090	S
64744		A	Incise nerve, back of head	4.87	6.10	1.10	12.07	090	S
64746		A	Incise diaphragm nerve	5.62	3.77	0.77	10.16	090	S
64752		A	Incision of vagus nerve	6.64	3.93	0.85	11.42	090	S
64755		A	Incision of stomach nerves	13.10	10.47	2.27	25.84	090	S
64760		A	Incision of vagus nerve	6.54	6.65	1.50	14.69	090	S
64761		A	Incision of pelvis nerve	6.10	4.66	0.50	11.26	090	S
64763		A	Incise hip/thigh nerve	6.62	4.80	0.92	12.34	090	S
64766		A	Incise hip/thigh nerve	8.31	6.67	1.20	16.18	090	S
64771		A	Sever cranial nerve	6.99	6.42	0.73	14.14	090	S
64772		A	Incision of spinal nerve	6.79	6.77	1.30	14.86	090	S
64774		A	Remove skin nerve lesion	4.86	2.74	0.45	8.05	090	S
64776		A	Remove digit nerve lesion	4.86	2.78	0.41	8.05	090	S
64778		A	Added digit nerve surgery	3.11	2.73	0.43	6.27	ZZZ	S
64782		A	Remove limb nerve lesion	5.81	4.70	0.46	10.97	090	S
64783		A	Added limb nerve surgery	3.72	3.26	0.47	7.45	ZZZ	S
64784		A	Remove nerve lesion	9.46	5.64	0.96	16.06	090	S
64786		A	Remove sciatic nerve lesion	15.10	12.66	2.14	29.90	090	S
64787		A	Implant nerve end	4.30	3.47	0.60	8.37	ZZZ	S
64788		A	Remove skin nerve lesion	4.30	3.63	0.50	8.43	090	S
64790		A	Removal of nerve lesion	10.95	7.11	1.22	19.28	090	S
64792		A	Removal of nerve lesion	14.40	8.99	1.66	25.05	090	S
64795		A	Biopsy of nerve	3.01	2.38	0.39	5.78	000	S
64802		A	Remove sympathetic nerves	8.22	5.40	1.10	14.72	090	S
64804		A	Remove sympathetic nerves	13.65	12.77	2.44	28.86	090	S
64809		A	Remove sympathetic nerves	12.79	10.55	2.04	25.38	090	S
64818		A	Remove sympathetic nerves	9.42	8.57	1.72	19.71	090	S
64820		A	Remove sympathetic nerves	10.00	7.27	1.42	18.69	090	S
64830		A	Microrepair of nerve	3.10	2.01	0.38	5.49	ZZZ	S
64831		A	Repair of digit nerve	8.84	3.38	0.56	12.78	090	S
64832		A	Repair additional nerve	5.66	1.40	0.24	7.30	ZZZ	S
64834		A	Repair of hand or foot nerve	9.77	3.50	0.56	13.83	090	S
64835		A	Repair of hand or foot nerve	10.47	5.96	1.03	17.46	090	S
64836		A	Repair of hand or foot nerve	10.47	6.70	1.22	18.39	090	S
64837		A	Repair additional nerve	6.26	4.45	0.85	11.56	ZZZ	S
64840		A	Repair of leg nerve	12.43	10.35	0.53	23.31	090	S
64856		A	Repair/transpose nerve	12.81	8.21	1.46	22.48	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
64857		A	Repair arm/leg nerve	13.43	9.53	1.54	24.50	090	S
64858		A	Repair sciatic nerve	15.43	10.98	2.11	28.52	090	S
64859		A	Additional nerve surgery	4.26	3.50	0.58	8.34	ZZZ	S
64861		A	Repair of arm nerves	17.94	13.42	1.38	32.74	090	S
64862		A	Repair of low back nerves	18.14	21.56	1.61	41.31	090	S
64864		A	Repair of facial nerve	11.87	7.86	1.16	20.89	090	S
64865		A	Repair of facial nerve	14.70	12.34	1.50	28.54	090	S
64866		A	Fusion of facial/other nerve	14.94	11.19	1.84	27.97	090	S
64868		A	Fusion of facial/other nerve	13.36	11.19	1.47	26.02	090	S
64870		A	Fusion of facial/other nerve	15.19	13.91	1.70	30.80	090	S
64872		A	Subsequent repair of nerve	1.99	1.44	0.29	3.72	ZZZ	S
64874		A	Repair & revise nerve	2.98	2.17	0.43	5.58	ZZZ	S
64876		A	Repair nerve; shorten bone	3.38	2.46	0.48	6.32	ZZZ	N
64885		A	Nerve graft, head or neck	16.73	12.69	1.48	30.90	090	S
64886		A	Nerve graft, head or neck	19.95	15.13	1.77	36.85	090	S
64890		A	Nerve graft, hand or foot	14.35	12.26	2.12	28.73	090	S
64891		A	Nerve graft, hand or foot	15.21	10.42	1.73	27.36	090	S
64892		A	Nerve graft, arm or leg	13.85	11.04	1.69	26.58	090	S
64893		A	Nerve graft, arm or leg	14.61	13.93	2.27	30.81	090	S
64895		A	Nerve graft, hand or foot	18.39	13.16	2.55	34.10	090	S
64896		A	Nerve graft, hand or foot	19.38	17.53	1.90	38.81	090	S
64897		A	Nerve graft, arm or leg	17.38	12.63	2.47	32.48	090	S
64898		A	Nerve graft, arm or leg	18.39	14.40	2.35	35.14	090	S
64901		A	Additional nerve graft	10.22	10.16	0.87	21.25	ZZZ	S
64902		A	Additional nerve graft	11.83	11.92	0.99	24.74	ZZZ	S
64905		A	Nerve pedicle transfer	13.22	9.40	0.70	23.32	090	S
64907		A	Nerve pedicle transfer	17.90	13.02	2.55	33.47	090	S
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY	N
65091		A	Revise eye	6.10	7.81	0.45	14.36	090	S
65093		A	Revise eye with implant	6.47	8.28	0.52	15.27	090	S
65101		A	Removal of eye	6.52	8.35	0.47	15.34	090	S
65103		A	Remove eye/insert implant	7.06	9.04	0.50	16.60	090	S
65105		A	Remove eye/attach implant	7.82	10.01	0.55	18.38	090	S
65110		A	Removal of eye	13.18	15.99	1.14	30.31	090	S
65112		A	Remove eye, revise socket	15.44	12.16	1.09	28.69	090	S
65114		A	Remove eye, revise socket	16.59	13.07	1.65	31.31	090	S
65125		A	Revise ocular implant	2.97	2.47	0.13	5.57	090	S
65130		A	Insert ocular implant	6.75	8.64	0.50	15.89	090	S
65135		A	Insert ocular implant	6.93	5.42	0.35	12.70	090	S
65140		A	Attach ocular implant	7.46	6.22	0.33	14.01	090	S
65150		A	Revise ocular implant	5.97	7.64	0.56	14.17	090	S
65155		A	Reinsert ocular implant	8.21	10.50	0.90	19.61	090	S
65175		A	Removal of ocular implant	5.93	7.49	0.40	13.82	090	S
65205		A	Remove foreign body from eye	0.71	0.37	0.02	1.10	000	S
65210		A	Remove foreign body from eye	0.84	0.46	0.03	1.33	000	S
65220		A	Remove foreign body from eye	0.71	0.52	0.04	1.27	000	N
65222		A	Remove foreign body from eye	0.93	0.57	0.03	1.53	000	S
65235		A	Remove foreign body from eye	7.12	5.61	0.30	13.03	090	S
65260		A	Remove foreign body from eye	10.35	8.63	0.45	19.43	090	S
65265		A	Remove foreign body from eye	12.04	10.04	0.51	22.59	090	S
65270		A	Repair of eye wound	1.85	1.17	0.07	3.09	010	S
65272		A	Repair of eye wound	3.57	1.64	0.10	5.31	090	S
65273		A	Repair of eye wound	3.89	3.22	0.21	7.32	090	S
65275		A	Repair of eye wound	5.04	0.66	0.04	5.74	090	S
65280		A	Repair of eye wound	7.10	9.09	0.49	16.68	090	S
65285		A	Repair of eye wound	12.06	12.26	0.64	24.96	090	S
65286		A	Repair of eye wound	5.16	4.79	0.25	10.20	090	S
65290		A	Repair of eye socket wound	5.06	6.20	0.37	11.63	090	S
65400		A	Removal of eye lesion	5.61	6.46	0.35	12.42	090	S
65410		A	Biopsy of cornea	1.47	1.59	0.11	3.17	000	S
65420		A	Removal of eye lesion	3.97	4.28	0.23	8.48	090	S
65426		A	Removal of eye lesion	5.05	6.47	0.38	11.90	090	S
65430		A	Corneal smear	1.47	0.54	0.03	2.04	000	S
65435		A	Curette/treat cornea	0.92	0.77	0.04	1.73	000	S
65436		A	Curette/treat cornea	3.99	1.53	0.08	5.60	090	S
65450		A	Treatment of corneal lesion	3.07	3.28	0.17	6.52	090	S
65600		A	Revision of cornea	3.15	2.62	0.14	5.91	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
65710		A	Corneal transplant	11.75	12.44	1.13	25.32	090	S
65730		A	Corneal transplant	13.50	15.14	1.29	29.93	090	S
65750		A	Corneal transplant	14.25	16.10	1.33	31.68	090	S
65755		A	Corneal transplant	14.25	16.10	1.39	31.74	090	S
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX	0
65770		A	Revise cornea with implant	16.56	13.81	0.71	31.08	090	S
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX	0
65772		A	Correction of astigmatism	4.04	5.16	0.31	9.51	090	S
65775		A	Correction of astigmatism	5.44	6.96	0.50	12.90	090	S
65800		A	Drainage of eye	1.91	1.72	0.10	3.73	000	S
65805		A	Drainage of eye	1.91	1.81	0.10	3.82	000	S
65810		A	Drainage of eye	4.57	5.45	0.30	10.32	090	S
65815		A	Drainage of eye	4.75	4.49	0.24	9.48	090	S
65820		A	Relieve inner eye pressure	7.60	9.54	0.51	17.65	090	S
65850		A	Incision of eye	10.18	13.03	0.69	23.90	090	S
65855		A	Laser surgery of eye	4.15	6.01	0.52	10.68	090	S
65860		A	Incise inner eye adhesions	3.37	4.31	0.37	8.05	090	S
65865		A	Incise inner eye adhesions	5.42	6.93	0.41	12.76	090	S
65870		A	Incise inner eye adhesions	5.92	5.86	0.31	12.09	090	S
65875		A	Incise inner eye adhesions	6.14	6.28	0.34	12.76	090	S
65880		A	Incise inner eye adhesions	6.69	6.85	0.37	13.91	090	S
65900		A	Remove eye lesion	10.43	7.91	0.92	19.26	090	S
65920		A	Remove implant from eye	7.90	8.36	0.44	16.70	090	S
65930		A	Remove blood clot from eye	7.03	7.68	0.41	15.12	090	S
66020		A	Injection treatment of eye	1.54	1.98	0.14	3.66	010	S
66030		A	Injection treatment of eye	1.20	0.54	0.03	1.77	010	S
66130		A	Remove eye lesion	7.54	5.28	0.28	13.10	090	S
66150		A	Glaucoma surgery	7.60	9.72	0.59	17.91	090	S
66155		A	Glaucoma surgery	7.48	9.57	0.50	17.55	090	S
66160		A	Glaucoma surgery	9.47	10.77	0.55	20.79	090	S
66165		A	Glaucoma surgery	7.31	9.36	0.57	17.24	090	S
66170		A	Glaucoma surgery	11.26	12.15	0.63	24.04	090	S
66172		A	Incision of eye	13.62	12.15	0.63	26.40	090	S
66180		A	Implant eye shunt	14.00	16.17	1.03	31.20	090	S
66185		A	Revise eye shunt	7.69	9.85	0.58	18.12	090	S
66220		A	Repair eye lesion	7.32	5.95	0.34	13.61	090	S
66225		A	Repair/graft eye lesion	10.55	13.51	0.86	24.92	090	S
66250		A	Follow-up surgery of eye	5.63	7.20	0.38	13.21	090	S
66500		A	Incision of iris	3.58	4.58	0.27	8.43	090	S
66505		A	Incision of iris	3.93	3.27	0.17	7.37	090	S
66600		A	Remove iris and lesion	8.23	9.36	0.51	18.10	090	S
66605		A	Removal of iris	12.34	11.87	0.67	24.88	090	S
66625		A	Removal of iris	4.95	6.33	0.48	11.76	090	S
66630		A	Removal of iris	5.81	7.43	0.45	13.69	090	S
66635		A	Removal of iris	5.90	7.56	0.49	13.95	090	S
66680		A	Repair iris & ciliary body	5.14	6.42	0.35	11.91	090	S
66682		A	Repair iris and ciliary body	5.86	7.33	0.38	13.57	090	S
66700		A	Destruction, ciliary body	4.55	5.83	0.35	10.73	090	S
66710		A	Destruction, ciliary body	4.55	5.83	0.41	10.79	090	S
66720		A	Destruction, ciliary body	4.55	5.83	0.38	10.76	090	S
66740		A	Destruction, ciliary body	4.55	5.83	0.39	10.77	090	S
66761		A	Revision of iris	3.77	5.10	0.47	9.34	090	S
66762		A	Revision of iris	4.33	5.92	0.55	10.80	090	S
66770		A	Removal of inner eye lesion	4.88	6.24	0.45	11.57	090	S
66820		A	Incision, secondary cataract	3.76	4.81	0.29	8.86	090	S
66821		A	After cataract laser surgery	2.15	3.81	0.37	6.33	090	S
66825		A	Reposition intraocular lens	7.73	7.33	0.38	15.44	090	S
66830		A	Removal of lens lesion	7.80	7.67	0.40	15.87	090	S
66840		A	Removal of lens material	7.51	9.61	0.54	17.66	090	S
66850		A	Removal of lens material	8.66	11.09	0.70	20.45	090	S
66852		A	Removal of lens material	9.52	12.19	0.90	22.61	090	S
66920		A	Extraction of lens	8.46	10.82	0.60	19.88	090	S
66930		A	Extraction of lens	9.73	10.49	0.57	20.79	090	S
66940		A	Extraction of lens	8.48	10.85	0.62	19.95	090	S
66983		A	Remove cataract, insert lens	8.54	10.94	0.95	20.43	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
66984		A	Remove cataract, insert lens	9.89	12.66	0.94	23.49	090	S
66985		A	Insert lens prosthesis	7.89	10.10	0.63	18.62	090	S
66986		A	Exchange lens prosthesis	11.78	12.20	0.63	24.61	090	S
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67005		A	Partial removal of eye fluid	5.50	10.28	1.13	16.91	090	S
67010		A	Partial removal of eye fluid	6.67	9.98	1.04	17.69	090	S
67015		A	Release of eye fluid	6.69	6.45	0.35	13.49	090	S
67025		A	Replace eye fluid	6.44	6.75	0.36	13.55	090	S
67028		A	Injection eye drug	2.52	3.22	0.18	5.92	000	S
67030		A	Incise inner eye strands	4.44	5.75	0.50	10.69	090	S
67031		A	Laser surgery, eye strands	3.42	6.15	0.75	10.32	090	S
67036		A	Removal of inner eye fluid	11.33	15.67	1.49	28.49	090	S
67038		A	Strip retinal membrane	20.20	25.85	1.80	47.85	090	S
67039		A	Laser treatment of retina	13.60	18.22	1.68	33.50	090	S
67040		A	Laser treatment of retina	16.26	20.81	1.75	38.82	090	S
67101		A	Repair, detached retina	7.02	8.99	0.66	16.67	090	S
67105		A	Repair, detached retina	7.06	9.14	0.80	17.00	090	S
67107		A	Repair detached retina	13.99	17.91	1.10	33.00	090	S
67108		A	Repair detached retina	19.90	25.47	1.76	47.13	090	S
67110		A	Repair detached retina	8.14	10.60	0.97	19.71	090	S
67112		A	Re-repair detached retina	16.15	16.51	0.86	33.52	090	S
67115		A	Release, encircling material	4.64	5.93	0.44	11.01	090	S
67120		A	Remove eye implant material	5.63	7.15	0.38	13.16	090	S
67121		A	Remove eye implant material	10.17	9.42	0.49	20.08	090	S
67141		A	Treatment of retina	4.90	6.27	0.48	11.65	090	S
67145		A	Treatment of retina	5.07	6.50	0.49	12.06	090	S
67208		A	Treatment of retinal lesion	6.40	8.19	0.52	15.11	090	S
67210		A	Treatment of retinal lesion	9.48	9.02	0.47	18.97	090	S
67218		A	Treatment of retinal lesion	12.73	13.31	0.70	26.74	090	S
67227		A	Treatment of retinal lesion	6.28	8.04	0.51	14.83	090	S
67228		A	Treatment of retinal lesion	12.39	9.39	0.48	22.26	090	S
67250		A	Reinforce eye wall	8.36	6.99	0.40	15.75	090	S
67255		A	Reinforce/graft eye wall	8.39	10.73	0.87	19.99	090	S
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67311		A	Revise eye muscle	6.30	8.06	0.47	14.83	090	S
67312		A	Revise two eye muscles	8.19	9.66	0.53	18.38	090	S
67314		A	Revise eye muscle	7.12	9.12	0.58	16.82	090	S
67316		A	Revise two eye muscles	9.26	10.27	0.67	20.20	090	S
67318		A	Revise eye muscle(s)	7.45	6.21	0.33	13.99	090	S
67320		A	Revise eye muscle(s)	8.26	10.57	0.69	19.52	090	S
67331		A	Eye surgery follow-up	7.72	9.89	0.54	18.15	090	S
67332		A	Rerevise eye muscles	8.59	11.00	0.58	20.17	090	S
67334		A	Revise eye muscle w/suture	7.56	6.30	0.33	14.19	090	S
67335		A	Eye suture during surgery	2.49	3.89	0.43	6.81	ZZZ	S
67340		A	Revise eye muscle	9.45	7.88	0.41	17.74	090	S
67343		A	Release eye tissue	7.00	5.83	0.31	13.14	090	S
67345		A	Destroy nerve of eye muscle	2.91	2.22	0.26	5.39	010	S
67350		A	Biopsy eye muscle	2.87	2.39	0.13	5.39	000	S
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67400		A	Explore/biopsy eye socket	9.20	10.91	0.62	20.73	090	S
67405		A	Explore/drain eye socket	7.42	9.49	0.67	17.58	090	S
67412		A	Explore/treat eye socket	9.14	11.70	0.67	21.51	090	S
67413		A	Explore/treat eye socket	9.75	8.09	0.57	18.41	090	S
67414		A	Explore/decompress eye socke	10.07	8.39	0.44	18.90	090	S
67415		A	Aspiration orbital contents	1.76	2.02	0.12	3.90	000	S
67420		A	Explore/treat eye socket	19.00	16.78	1.11	36.89	090	S
67430		A	Explore/treat eye socket	12.79	10.65	0.54	23.98	090	S
67440		A	Explore/drain eye socket	12.43	15.91	0.97	29.31	090	S
67445		A	Explore/decompress eye socket	13.36	11.13	0.57	25.06	090	S
67450		A	Explore/biopsy eye socket	12.80	15.29	0.87	28.96	090	S
67500		A	Inject/treat eye socket	0.79	0.73	0.06	1.58	000	S
67505		A	Inject/treat eye socket	0.82	1.04	0.06	1.92	000	S
67515		A	Inject/treat eye socket	0.61	0.56	0.03	1.20	000	S
67550		A	Insert eye socket implant	9.69	9.62	0.70	20.01	090	S
67560		A	Revise eye socket implant	10.10	8.30	0.48	18.88	090	S
67570		A	Decompress optic nerve	12.52	7.56	0.39	20.47	090	S
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
67700		A	Drainage of eyelid abscess	1.30	0.49	0.03	1.82	010	S
67710		A	Incision of eyelid	0.97	1.01	0.06	2.04	010	S
67715		A	Incision of eyelid fold	1.17	1.49	0.09	2.75	010	S
67800		A	Remove eyelid lesion	1.35	0.94	0.05	2.34	010	S
67801		A	Remove eyelid lesions	1.85	1.39	0.08	3.32	010	S
67805		A	Remove eyelid lesions	2.17	1.38	0.08	3.63	010	S
67808		A	Remove eyelid lesion(s)	3.55	2.13	0.13	5.81	090	S
67810		A	Biopsy of eyelid	1.48	0.81	0.05	2.34	000	S
67820		A	Revise eyelashes	0.89	0.38	0.02	1.29	000	S
67825		A	Revise eyelashes	1.33	0.90	0.05	2.28	010	S
67830		A	Revise eyelashes	1.65	2.12	0.17	3.94	010	S
67835		A	Revise eyelashes	5.41	6.92	0.45	12.78	090	S
67840		A	Remove eyelid lesion	1.99	1.22	0.07	3.28	010	S
67850		A	Treat eyelid lesion	1.64	0.82	0.05	2.51	010	S
67875		A	Closure of eyelid by suture	1.35	1.72	0.13	3.20	000	S
67880		A	Revision of eyelid	3.55	3.94	0.23	7.72	090	S
67882		A	Revision of eyelid	4.77	6.10	0.37	11.24	090	S
67900		A	Repair brow defect	5.84	3.78	0.20	9.82	090	S
67901		A	Repair eyelid defect	6.82	8.73	0.64	16.19	090	S
67902		A	Repair eyelid defect	6.88	8.81	0.72	16.41	090	S
67903		A	Repair eyelid defect	6.22	7.96	0.73	14.91	090	S
67904		A	Repair eyelid defect	5.96	7.64	0.71	14.31	090	S
67906		A	Repair eyelid defect	6.64	5.46	0.36	12.46	090	S
67908		A	Repair eyelid defect	4.95	6.34	0.54	11.83	090	S
67909		A	Revise eyelid defect	5.22	6.69	0.48	12.39	090	S
67911		A	Revise eyelid defect	5.09	6.58	0.79	12.46	090	S
67914		A	Repair eyelid defect	3.60	4.61	0.39	8.60	090	S
67915		A	Repair eyelid defect	3.10	1.25	0.07	4.42	090	S
67916		A	Repair eyelid defect	5.13	6.50	0.38	12.01	090	S
67917		A	Repair eyelid defect	5.84	7.48	0.47	13.79	090	S
67921		A	Repair eyelid defect	3.32	3.82	0.20	7.34	090	S
67922		A	Repair eyelid defect	2.98	1.19	0.07	4.24	090	S
67923		A	Repair eyelid defect	5.70	6.88	0.38	12.96	090	S
67924		A	Repair eyelid defect	5.64	7.22	0.43	13.29	090	S
67930		A	Repair eyelid wound	3.56	1.27	0.08	4.91	010	S
67935		A	Repair eyelid wound	6.07	3.79	0.24	10.10	090	S
67938		A	Remove eyelid foreign body	1.28	0.52	0.03	1.83	010	S
67950		A	Revision of eyelid	5.64	7.22	0.45	13.31	090	S
67961		A	Revision of eyelid	5.51	7.05	0.50	13.06	090	S
67966		A	Revision of eyelid	6.39	8.18	0.66	15.23	090	S
67971		A	Reconstruction of eyelid	9.56	10.68	0.64	20.88	090	S
67973		A	Reconstruction of eyelid	12.59	13.54	0.91	27.04	090	S
67974		A	Reconstruction of eyelid	12.56	14.07	0.87	27.50	090	S
67975		A	Reconstruction of eyelid	8.90	4.15	0.24	13.29	090	S
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	YYY	S
68020		A	Incise/drain eyelid lining	1.32	0.51	0.03	1.86	010	S
68040		A	Treatment of eyelid lesions	0.85	0.45	0.02	1.32	000	S
68100		A	Biopsy of eyelid lining	1.35	0.99	0.06	2.40	000	S
68110		A	Remove eyelid lining lesion	1.72	1.24	0.07	3.03	010	S
68115		A	Remove eyelid lining lesion	2.31	1.93	0.11	4.35	010	S
68130		A	Remove eyelid lining lesion	4.75	4.09	0.22	9.06	090	S
68135		A	Remove eyelid lining lesion	1.79	0.74	0.04	2.57	010	S
68200		A	Treat eyelid by injection	0.49	0.52	0.03	1.04	000	S
68320		A	Revise/graft eyelid lining	4.97	6.37	0.42	11.76	090	S
68325		A	Revise/graft eyelid lining	6.96	8.91	0.62	16.49	090	S
68326		A	Revise/graft eyelid lining	6.75	8.62	0.49	15.86	090	S
68328		A	Revise/graft eyelid lining	7.78	9.96	0.82	18.56	090	S
68330		A	Revise eyelid lining	4.53	5.80	0.35	10.68	090	S
68335		A	Revise/graft eyelid lining	6.79	8.69	0.68	16.16	090	S
68340		A	Separate eyelid adhesions	3.92	3.14	0.17	7.23	090	S
68360		A	Revise eyelid lining	4.12	5.28	0.33	9.73	090	S
68362		A	Revise eyelid lining	6.94	8.01	0.42	15.37	090	S
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY	S
68400		A	Incise/drain tear gland	1.64	1.00	0.06	2.70	010	S
68420		A	Incise/drain tear sac	2.25	1.02	0.06	3.33	010	S
68440		A	Incise tear duct opening	0.89	0.76	0.04	1.69	010	S
68500		A	Removal of tear gland	10.47	7.61	0.75	18.83	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
68505		A	Partial removal tear gland	10.39	8.69	0.49	19.57	090	S
68510		A	Biopsy of tear gland	4.61	3.69	0.28	8.58	000	S
68520		A	Removal of tear sac	7.11	9.10	0.51	16.72	090	S
68525		A	Biopsy of tear sac	4.43	3.68	0.23	8.34	000	S
68530		A	Clearance of tear duct	3.61	2.85	0.17	6.63	010	S
68540		A	Remove tear gland lesion	10.10	8.31	0.50	18.91	090	S
68550		A	Remove tear gland lesion	12.66	11.34	0.74	24.74	090	S
68700		A	Repair tear ducts	6.20	2.69	0.15	9.04	090	S
68705		A	Revise tear duct opening	2.01	1.02	0.05	3.08	010	S
68720		A	Create tear sac drain	8.56	9.84	0.74	19.14	090	S
68745		A	Create tear duct drain	8.23	6.56	0.45	15.24	090	S
68750		A	Create tear duct drain	8.21	10.50	0.83	19.54	090	S
68760		A	Close tear duct opening	1.68	0.92	0.04	2.64	010	S
68761		A	Close tear duct opening	1.31	0.92	0.04	2.27	010	S
68770		A	Close tear system fistula	6.62	4.24	0.23	11.09	090	S
68800		D	Dilate tear duct opening(s)	0.00	0.00	0.00	0.00	010	S
68801		A	Dilate tear duct opening	0.89	0.42	0.02	1.33	010	S
68810		A	Probe nasolacrimal duct	1.27	0.55	0.03	1.85	010	S
68811		A	Probe nasolacrimal duct	2.25	1.49	0.09	3.83	010	S
68815		A	Probe nasolacrimal duct	3.00	1.93	0.10	5.03	010	S
68820		D	Explore tear duct system	0.00	0.00	0.00	0.00	010	S
68825		D	Explore tear duct system	0.00	0.00	0.00	0.00	010	S
68830		D	Reopen tear duct channel	0.00	0.00	0.00	0.00	010	S
68840		A	Explore/irrigate tear ducts	1.22	0.49	0.03	1.74	010	S
68850		A	Injection for tear sac x-ray	0.80	0.51	0.04	1.35	000	S
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY	S
69000		A	Drain external ear lesion	1.40	0.35	0.03	1.78	010	S
69005		A	Drain external ear lesion	2.06	1.16	0.13	3.35	010	S
69020		A	Drain outer ear canal lesion	1.43	0.45	0.04	1.92	010	S
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX	0
69100		A	Biopsy of external ear	0.81	0.66	0.07	1.54	000	S
69105		A	Biopsy of external ear canal	0.85	0.80	0.09	1.74	000	S
69110		A	Partial removal external ear	3.34	2.63	0.37	6.34	090	S
69120		A	Removal of external ear	3.95	0.78	0.07	4.80	090	S
69140		A	Remove ear canal lesion(s)	7.68	8.00	0.88	16.56	090	S
69145		A	Remove ear canal lesion(s)	2.54	2.51	0.28	5.33	090	S
69150		A	Extensive ear canal surgery	13.01	10.46	1.25	24.72	090	S
69155		A	Extensive ear/neck surgery	19.09	15.92	1.61	36.62	090	S
69200		A	Clear outer ear canal	0.77	0.42	0.04	1.23	000	N
69205		A	Clear outer ear canal	1.15	1.07	0.11	2.33	010	S
69210		A	Remove impacted ear wax	0.61	0.23	0.02	0.86	000	N
69220		A	Clean out mastoid cavity	0.83	0.50	0.05	1.38	000	S
69222		A	Clean out mastoid cavity	1.35	0.74	0.08	2.17	010	S
69300		R	Revise external ear	6.36	5.30	0.28	11.94	YYY	S
69310		A	Rebuild outer ear canal	10.59	9.84	1.08	21.51	090	S
69320		A	Rebuild outer ear canal	16.60	14.65	1.66	32.91	090	S
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69400		A	Inflate middle ear canal	0.83	0.45	0.05	1.33	000	S
69401		A	Inflate middle ear canal	0.63	0.25	0.03	0.91	000	S
69405		A	Catheterize middle ear canal	2.58	0.48	0.04	3.10	010	S
69410		A	Inset middle ear baffle	0.33	0.60	0.07	1.00	000	S
69420		A	Incision of eardrum	1.28	0.69	0.08	2.05	010	S
69421		A	Incision of eardrum	1.68	1.14	0.13	2.95	010	S
69424		A	Remove ventilating tube	0.85	0.60	0.06	1.51	000	S
69433		A	Create eardrum opening	1.47	1.33	0.15	2.95	010	S
69436		A	Create eardrum opening	1.91	2.13	0.23	4.27	010	S
69440		A	Exploration of middle ear	7.31	8.69	0.93	16.93	090	S
69450		A	Eardrum revision	5.44	6.96	1.15	13.55	090	S
69501		A	Mastoidectomy	8.81	10.90	1.17	20.88	090	S
69502		A	Mastoidectomy	11.96	13.36	1.45	26.77	090	S
69505		A	Remove mastoid structures	12.57	16.09	1.79	30.45	090	S
69511		A	Extensive mastoid surgery	13.10	16.77	1.84	31.71	090	S
69530		A	Extensive mastoid surgery	18.04	16.71	1.72	36.47	090	S
69535		A	Remove part of temporal bone	34.50	25.27	2.85	62.62	090	S
69540		A	Remove ear lesion	1.15	1.27	0.14	2.56	010	S
69550		A	Remove ear lesion	10.70	13.70	2.00	26.40	090	S
69552		A	Remove ear lesion	18.84	16.73	1.86	37.43	090	S

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
69554		A	Remove ear lesion	31.27	22.87	2.63	56.77	090	S
69601		A	Mastoid surgery revision	12.79	14.02	1.55	28.36	090	S
69602		A	Mastoid surgery revision	13.16	16.27	1.75	31.18	090	S
69603		A	Mastoid surgery revision	13.60	17.34	1.88	32.82	090	S
69604		A	Mastoid surgery revision	13.60	17.41	2.70	33.71	090	S
69605		A	Mastoid surgery revision	18.04	14.95	1.86	34.85	090	S
69610		A	Repair of eardrum	4.38	0.93	0.10	5.41	010	S
69620		A	Repair of eardrum	5.74	7.34	1.16	14.24	090	S
69631		A	Repair eardrum structures	9.55	12.22	1.61	23.38	090	S
69632		A	Rebuild eardrum structures	12.41	15.88	1.73	30.02	090	S
69633		A	Rebuild eardrum structures	11.76	15.05	1.78	28.59	090	S
69635		A	Repair eardrum structures	13.02	16.65	1.91	31.58	090	S
69636		A	Rebuild eardrum structures	14.88	19.05	2.11	36.04	090	S
69637		A	Rebuild eardrum structures	14.77	18.90	2.22	35.89	090	S
69641		A	Revise middle ear & mastoid	12.29	15.73	1.87	29.89	090	S
69642		A	Revise middle ear & mastoid	16.37	20.62	2.21	39.20	090	S
69643		A	Revise middle ear & mastoid	14.81	18.95	2.51	36.27	090	S
69644		A	Revise middle ear & mastoid	16.46	21.07	2.70	40.23	090	S
69645		A	Revise middle ear & mastoid	15.80	20.23	2.51	38.54	090	S
69646		A	Revise middle ear & mastoid	17.35	21.97	2.40	41.72	090	S
69650		A	Release middle ear bone	9.40	12.03	1.33	22.76	090	S
69660		A	Revise middle ear bone	11.64	14.90	1.82	28.36	090	S
69661		A	Revise middle ear bone	15.32	18.44	1.93	35.69	090	S
69662		A	Revise middle ear bone	15.04	18.02	1.94	35.00	090	S
69666		A	Repair middle ear structures	9.38	12.00	1.77	23.15	090	S
69667		A	Repair middle ear structures	9.39	12.02	1.66	23.07	090	S
69670		A	Remove mastoid air cells	11.05	10.18	1.08	22.31	090	S
69676		A	Remove middle ear nerve	9.23	8.53	0.86	18.62	090	S
69700		A	Close mastoid fistula	7.97	7.86	0.84	16.67	090	S
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX	0
69711		A	Remove/repair hearing aid	10.13	8.44	0.44	19.01	090	S
69720		A	Release facial nerve	13.80	17.66	2.27	33.73	090	S
69725		A	Release facial nerve	24.01	14.65	1.51	40.17	090	S
69740		A	Repair facial nerve	15.39	11.83	1.69	28.91	090	S
69745		A	Repair facial nerve	16.10	15.95	1.53	33.58	090	S
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69801		A	Incise inner ear	8.19	10.48	1.84	20.51	090	S
69802		A	Incise inner ear	12.44	11.24	1.22	24.90	090	S
69805		A	Explore inner ear	13.18	13.14	2.00	28.32	090	S
69806		A	Explore inner ear	11.82	15.13	2.54	29.49	090	S
69820		A	Establish inner ear window	10.14	8.85	1.00	19.99	090	S
69840		A	Revise inner ear window	10.06	8.49	0.51	19.06	090	S
69905		A	Remove inner ear	10.70	13.70	2.07	26.47	090	S
69910		A	Remove inner ear & mastoid	13.10	16.77	2.34	32.21	090	S
69915		A	Incise inner ear nerve	19.89	17.71	2.02	39.62	090	S
69930		A	Implant cochlear device	16.13	18.56	3.34	38.03	090	S
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69950		A	Incise inner ear nerve	24.21	17.99	2.31	44.51	090	S
69955		A	Release facial nerve	25.54	20.28	2.25	48.07	090	S
69960		A	Release inner ear canal	25.54	17.85	1.93	45.32	090	S
69970		A	Remove inner ear lesion	28.54	19.69	2.26	50.49	090	S
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY	S
70010		A	Contrast x-ray of brain	1.19	4.65	0.34	6.18	XXX	N
70010	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70010	TC	A	Contrast x-ray of brain	0.00	4.13	0.26	4.39	XXX	N
70015		A	Contrast x-ray of brain	1.19	1.81	0.17	3.17	XXX	N
70015	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70015	TC	A	Contrast x-ray of brain	0.00	1.29	0.09	1.38	XXX	N
70030		A	X-ray eye for foreign body	0.17	0.48	0.04	0.69	XXX	N
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.01	0.26	XXX	N
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.03	0.43	XXX	N
70100		A	X-ray exam of jaw	0.18	0.59	0.04	0.81	XXX	N
70100	26	A	X-ray exam of jaw	0.18	0.09	0.01	0.28	XXX	N
70100	TC	A	X-ray exam of jaw	0.00	0.50	0.03	0.53	XXX	N
70110		A	X-ray exam of jaw	0.25	0.71	0.06	1.02	XXX	N
70110	26	A	X-ray exam of jaw	0.25	0.12	0.02	0.39	XXX	N
70110	TC	A	X-ray exam of jaw	0.00	0.59	0.04	0.63	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70120	.....	A	X-ray exam of mastoids	0.18	0.68	0.05	0.91	XXX	N
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.01	0.28	XXX	N
70120	TC	A	X-ray exam of mastoids	0.00	0.59	0.04	0.63	XXX	N
70130	.....	A	X-ray exam of mastoids	0.34	0.91	0.07	1.32	XXX	N
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.02	0.52	XXX	N
70130	TC	A	X-ray exam of mastoids	0.00	0.75	0.05	0.80	XXX	N
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.07	1.27	XXX	N
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.02	0.52	XXX	N
70134	TC	A	X-ray exam of middle ear	0.00	0.70	0.05	0.75	XXX	N
70140	.....	A	X-ray exam of facial bones	0.19	0.68	0.05	0.92	XXX	N
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.01	0.29	XXX	N
70140	TC	A	X-ray exam of facial bones	0.00	0.59	0.04	0.63	XXX	N
70150	.....	A	X-ray exam of facial bones	0.26	0.87	0.07	1.20	XXX	N
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.02	0.40	XXX	N
70150	TC	A	X-ray exam of facial bones	0.00	0.75	0.05	0.80	XXX	N
70160	.....	A	X-ray exam of nasal bones	0.17	0.58	0.04	0.79	XXX	N
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.01	0.26	XXX	N
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	0.03	0.53	XXX	N
70170	.....	A	X-ray exam of tear duct	0.30	1.04	0.08	1.42	XXX	N
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.02	0.46	XXX	N
70170	TC	A	X-ray exam of tear duct	0.00	0.90	0.06	0.96	XXX	N
70190	.....	A	X-ray exam of eye sockets	0.21	0.69	0.05	0.95	XXX	N
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.01	0.32	XXX	N
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.04	0.63	XXX	N
70200	.....	A	X-ray exam of eye sockets	0.28	0.88	0.07	1.23	XXX	N
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.02	0.43	XXX	N
70200	TC	A	X-ray exam of eye sockets	0.00	0.75	0.05	0.80	XXX	N
70210	.....	A	X-ray exam of sinuses	0.17	0.67	0.05	0.89	XXX	N
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.01	0.26	XXX	N
70210	TC	A	X-ray exam of sinuses	0.00	0.59	0.04	0.63	XXX	N
70220	.....	A	X-ray exam of sinuses	0.25	0.87	0.07	1.19	XXX	N
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.02	0.39	XXX	N
70220	TC	A	X-ray exam of sinuses	0.00	0.75	0.05	0.80	XXX	N
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.04	0.72	XXX	N
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.01	0.29	XXX	N
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.03	0.43	XXX	N
70250	.....	A	X-ray exam of skull	0.24	0.70	0.06	1.00	XXX	N
70250	26	A	X-ray exam of skull	0.24	0.11	0.02	0.37	XXX	N
70250	TC	A	X-ray exam of skull	0.00	0.59	0.04	0.63	XXX	N
70260	.....	A	X-ray exam of skull	0.34	1.01	0.08	1.43	XXX	N
70260	26	A	X-ray exam of skull	0.34	0.16	0.02	0.52	XXX	N
70260	TC	A	X-ray exam of skull	0.00	0.85	0.06	0.91	XXX	N
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.03	0.43	XXX	N
70300	26	A	X-ray exam of teeth	0.10	0.05	0.01	0.16	XXX	N
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.02	0.27	XXX	N
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.04	0.67	XXX	N
70310	26	A	X-ray exam of teeth	0.16	0.07	0.01	0.24	XXX	N
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.03	0.43	XXX	N
70320	.....	A	Full mouth x-ray of teeth	0.22	0.85	0.07	1.14	XXX	N
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.02	0.34	XXX	N
70320	TC	A	Full mouth x-ray of teeth	0.00	0.75	0.05	0.80	XXX	N
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.04	0.78	XXX	N
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.01	0.28	XXX	N
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	0.03	0.50	XXX	N
70330	.....	A	X-ray exam of jaw joints	0.24	0.91	0.07	1.22	XXX	N
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.02	0.37	XXX	N
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	0.05	0.85	XXX	N
70332	.....	A	X-ray exam of jaw joint	0.54	2.25	0.17	2.96	XXX	N
70332	26	A	X-ray exam of jaw joint	0.54	0.25	0.04	0.83	XXX	N
70332	TC	A	X-ray exam of jaw joint	0.00	2.00	0.13	2.13	XXX	N
70336	.....	A	Magnetic image jaw joint	1.48	11.11	0.73	13.32	XXX	N
70336	26	A	Magnetic image jaw joint	1.48	0.43	0.06	1.97	XXX	N
70336	TC	A	Magnetic image jaw joint	0.00	10.68	0.67	11.35	XXX	N
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.03	0.64	XXX	N
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.01	0.26	XXX	N
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.02	0.38	XXX	N
70355	.....	A	Panoramic x-ray of jaws	0.20	0.63	0.05	0.88	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.01	0.30	XXX	N
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	0.04	0.58	XXX	N
70360		A	X-ray exam of neck	0.17	0.48	0.04	0.69	XXX	N
70360	26	A	X-ray exam of neck	0.17	0.08	0.01	0.26	XXX	N
70360	TC	A	X-ray exam of neck	0.00	0.40	0.03	0.43	XXX	N
70370		A	Throat x-ray & fluoroscopy	0.32	1.39	0.10	1.81	XXX	N
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.02	0.49	XXX	N
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	0.08	1.32	XXX	N
70371		A	Speech evaluation, complex	0.84	2.38	0.19	3.41	XXX	N
70371	26	A	Speech evaluation, complex	0.84	0.38	0.06	1.28	XXX	N
70371	TC	A	Speech evaluation, complex	0.00	2.00	0.13	2.13	XXX	N
70373		A	Contrast x-ray of larynx	0.44	1.90	0.14	2.48	XXX	N
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.03	0.67	XXX	N
70373	TC	A	Contrast x-ray of larynx	0.00	1.70	0.11	1.81	XXX	N
70380		A	X-ray exam of salivary gland	0.17	0.72	0.05	0.94	XXX	N
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.01	0.26	XXX	N
70380	TC	A	X-ray exam of salivary gland	0.00	0.64	0.04	0.68	XXX	N
70390		A	X-ray exam of salivary duct	0.38	1.87	0.14	2.39	XXX	N
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.03	0.58	XXX	N
70390	TC	A	X-ray exam of salivary duct	0.00	1.70	0.11	1.81	XXX	N
70450		A	CAT scan of head or brain	0.85	4.88	0.35	6.08	XXX	N
70450	26	A	CAT scan of head or brain	0.85	0.38	0.06	1.29	XXX	N
70450	TC	A	CAT scan of head or brain	0.00	4.50	0.29	4.79	XXX	N
70460		A	Contrast CAT scan of head	1.13	5.89	0.43	7.45	XXX	N
70460	26	A	Contrast CAT scan of head	1.13	0.50	0.08	1.71	XXX	N
70460	TC	A	Contrast CAT scan of head	0.00	5.39	0.35	5.74	XXX	N
70470		A	Contrast CAT scans of head	1.27	7.30	0.52	9.09	XXX	N
70470	26	A	Contrast CAT scans of head	1.27	0.56	0.09	1.92	XXX	N
70470	TC	A	Contrast CAT scans of head	0.00	6.74	0.43	7.17	XXX	N
70480		A	CAT scan of skull	1.28	5.07	0.38	6.73	XXX	N
70480	26	A	CAT scan of skull	1.28	0.57	0.09	1.94	XXX	N
70480	TC	A	CAT scan of skull	0.00	4.50	0.29	4.79	XXX	N
70481		A	Contrast CAT scan of skull	1.38	6.00	0.44	7.82	XXX	N
70481	26	A	Contrast CAT scan of skull	1.38	0.61	0.09	2.08	XXX	N
70481	TC	A	Contrast CAT scan of skull	0.00	5.39	0.35	5.74	XXX	N
70482		A	Contrast CAT scans of skull	1.45	7.38	0.53	9.36	XXX	N
70482	26	A	Contrast CAT scans of skull	1.45	0.64	0.10	2.19	XXX	N
70482	TC	A	Contrast CAT scans of skull	0.00	6.74	0.43	7.17	XXX	N
70486		A	CAT scan of face, jaw	1.14	5.00	0.37	6.51	XXX	N
70486	26	A	CAT scan of face, jaw	1.14	0.50	0.08	1.72	XXX	N
70486	TC	A	CAT scan of face, jaw	0.00	4.50	0.29	4.79	XXX	N
70487		A	Contrast CAT scan, face/jaw	1.30	5.96	0.44	7.70	XXX	N
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.57	0.09	1.96	XXX	N
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.39	0.35	5.74	XXX	N
70488		A	Contrast CAT scans face/jaw	1.42	7.37	0.53	9.32	XXX	N
70488	26	A	Contrast CAT scans face/jaw	1.42	0.63	0.10	2.15	XXX	N
70488	TC	A	Contrast CAT scans face/jaw	0.00	6.74	0.43	7.17	XXX	N
70490		A	CAT scan of neck tissue	1.28	5.07	0.38	6.73	XXX	N
70490	26	A	CAT scan of neck tissue	1.28	0.57	0.09	1.94	XXX	N
70490	TC	A	CAT scan of neck tissue	0.00	4.50	0.29	4.79	XXX	N
70491		A	Contrast CAT of neck tissue	1.38	6.00	0.44	7.82	XXX	N
70491	26	A	Contrast CAT of neck tissue	1.38	0.61	0.09	2.08	XXX	N
70491	TC	A	Contrast CAT of neck tissue	0.00	5.39	0.35	5.74	XXX	N
70492		A	Contrast CAT of neck tissue	1.45	7.38	0.53	9.36	XXX	N
70492	26	A	Contrast CAT of neck tissue	1.45	0.64	0.10	2.19	XXX	N
70492	TC	A	Contrast CAT of neck tissue	0.00	6.74	0.43	7.17	XXX	N
70540		A	Magnetic image, face, neck	1.48	11.34	0.77	13.59	XXX	N
70540	26	A	Magnetic image, face, neck	1.48	0.66	0.10	2.24	XXX	N
70540	TC	A	Magnetic image, face, neck	0.00	10.68	0.67	11.35	XXX	N
70541		R	Magnetic image, head (MRA)	1.81	11.34	0.77	13.92	XXX	N
70541	26	R	Magnetic image, head (MRA)	1.81	0.66	0.10	2.57	XXX	N
70541	TC	R	Magnetic image, head (MRA)	0.00	10.68	0.67	11.35	XXX	N
70551		A	Magnetic image, brain (MRI)	1.48	11.34	0.77	13.59	XXX	N
70551	26	A	Magnetic image, brain (MRI)	1.48	0.66	0.10	2.24	XXX	N
70551	TC	A	Magnetic image, brain (MRI)	0.00	10.68	0.67	11.35	XXX	N
70552		A	Magnetic image, brain (MRI)	1.78	13.61	0.93	16.32	XXX	N
70552	26	A	Magnetic image, brain (MRI)	1.78	0.80	0.12	2.70	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70552	TC	A	Magnetic image, brain (MRI)	0.00	12.81	0.81	13.62	XXX	N
70553		A	Magnetic image, brain	2.36	24.79	1.65	28.80	XXX	N
70553	26	A	Magnetic image, brain	2.36	1.07	0.16	3.59	XXX	N
70553	TC	A	Magnetic image, brain	0.00	23.72	1.49	25.21	XXX	N
71010		A	Chest x-ray	0.18	0.53	0.04	0.75	XXX	N
71010	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71010	TC	A	Chest x-ray	0.00	0.45	0.03	0.48	XXX	N
71015		A	X-ray exam of chest	0.21	0.60	0.04	0.85	XXX	N
71015	26	A	X-ray exam of chest	0.21	0.10	0.01	0.32	XXX	N
71015	TC	A	X-ray exam of chest	0.00	0.50	0.03	0.53	XXX	N
71020		A	Chest x-ray	0.22	0.69	0.05	0.96	XXX	N
71020	26	A	Chest x-ray	0.22	0.10	0.01	0.33	XXX	N
71020	TC	A	Chest x-ray	0.00	0.59	0.04	0.63	XXX	N
71021		A	Chest x-ray	0.27	0.82	0.07	1.16	XXX	N
71021	26	A	Chest x-ray	0.27	0.12	0.02	0.41	XXX	N
71021	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71022		A	Chest x-ray	0.31	0.84	0.07	1.22	XXX	N
71022	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71022	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71023		A	Chest x-ray and fluoroscopy	0.38	0.92	0.08	1.38	XXX	N
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.03	0.58	XXX	N
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.75	0.05	0.80	XXX	N
71030		A	Chest x-ray	0.31	0.89	0.07	1.27	XXX	N
71030	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71030	TC	A	Chest x-ray	0.00	0.75	0.05	0.80	XXX	N
71034		A	Chest x-ray & fluoroscopy	0.46	1.58	0.12	2.16	XXX	N
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.21	0.03	0.70	XXX	N
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.37	0.09	1.46	XXX	N
71035		A	Chest x-ray	0.18	0.58	0.04	0.80	XXX	N
71035	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71035	TC	A	Chest x-ray	0.00	0.50	0.03	0.53	XXX	N
71036		A	X-ray guidance for biopsy	0.54	1.75	0.14	2.43	XXX	N
71036	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71036	TC	A	X-ray guidance for biopsy	0.00	1.50	0.10	1.60	XXX	N
71038		A	X-ray guidance for biopsy	0.54	1.85	0.15	2.54	XXX	N
71038	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71038	TC	A	X-ray guidance for biopsy	0.00	1.60	0.11	1.71	XXX	N
71040		A	Contrast x-ray of bronchi	0.58	1.66	0.13	2.37	XXX	N
71040	26	A	Contrast x-ray of bronchi	0.58	0.27	0.04	0.89	XXX	N
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	0.09	1.48	XXX	N
71060		A	Contrast x-ray of bronchi	0.74	2.44	0.19	3.37	XXX	N
71060	26	A	Contrast x-ray of bronchi	0.74	0.34	0.05	1.13	XXX	N
71060	TC	A	Contrast x-ray of bronchi	0.00	2.10	0.14	2.24	XXX	N
71090		A	X-ray & pacemaker insertion	0.54	1.85	0.15	2.54	XXX	N
71090	26	A	X-ray & pacemaker insertion	0.54	0.25	0.04	0.83	XXX	N
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	0.11	1.71	XXX	N
71100		A	X-ray exam of ribs	0.22	0.64	0.06	0.92	XXX	N
71100	26	A	X-ray exam of ribs	0.22	0.10	0.02	0.34	XXX	N
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.04	0.58	XXX	N
71101		A	X-ray exam of ribs, chest	0.27	0.77	0.06	1.10	XXX	N
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.02	0.42	XXX	N
71101	TC	A	X-ray exam of ribs, chest	0.00	0.64	0.04	0.68	XXX	N
71110		A	X-ray exam of ribs	0.27	0.88	0.07	1.22	XXX	N
71110	26	A	X-ray exam of ribs	0.27	0.13	0.02	0.42	XXX	N
71110	TC	A	X-ray exam of ribs	0.00	0.75	0.05	0.80	XXX	N
71111		A	X-ray exam of ribs, chest	0.32	1.00	0.08	1.40	XXX	N
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.02	0.49	XXX	N
71111	TC	A	X-ray exam of ribs, chest	0.00	0.85	0.06	0.91	XXX	N
71120		A	X-ray exam of breastbone	0.20	0.71	0.05	0.96	XXX	N
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.01	0.30	XXX	N
71120	TC	A	X-ray exam of breastbone	0.00	0.62	0.04	0.66	XXX	N
71130		A	X-ray exam of breastbone	0.22	0.77	0.05	1.04	XXX	N
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.01	0.33	XXX	N
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.04	0.71	XXX	N
71250		A	Cat scan of chest	1.16	6.14	0.44	7.74	XXX	N
71250	26	A	Cat scan of chest	1.16	0.51	0.08	1.75	XXX	N
71250	TC	A	Cat scan of chest	0.00	5.63	0.36	5.99	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
71260	.....	A	Contrast CAT scan of chest	1.24	7.29	0.51	9.04	XXX	N
71260	26	A	Contrast CAT scan of chest	1.24	0.55	0.08	1.87	XXX	N
71260	TC	A	Contrast CAT scan of chest	0.00	6.74	0.43	7.17	XXX	N
71270	.....	A	Contrast CAT scans of chest	1.38	9.04	0.61	11.03	XXX	N
71270	26	A	Contrast CAT scans of chest	1.38	0.61	0.09	2.08	XXX	N
71270	TC	A	Contrast CAT scans of chest	0.00	8.43	0.52	8.95	XXX	N
71550	.....	A	Magnetic image, chest	1.60	11.40	0.78	13.78	XXX	N
71550	26	A	Magnetic image, chest	1.60	0.72	0.11	2.43	XXX	N
71550	TC	A	Magnetic image, chest	0.00	10.68	0.67	11.35	XXX	N
71555	.....	N	Magnetic imaging/chest (MRA)	+1.81	11.40	0.78	13.99	XXX	0
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.72	0.11	2.64	XXX	0
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	10.68	0.67	11.35	XXX	0
72010	.....	A	X-ray exam of spine	0.45	1.18	0.09	1.72	XXX	N
72010	26	A	X-ray exam of spine	0.45	0.20	0.03	0.68	XXX	N
72010	TC	A	X-ray exam of spine	0.00	0.98	0.06	1.04	XXX	N
72020	.....	A	X-ray exam of spine	0.15	0.47	0.04	0.66	XXX	N
72020	26	A	X-ray exam of spine	0.15	0.07	0.01	0.23	XXX	N
72020	TC	A	X-ray exam of spine	0.00	0.40	0.03	0.43	XXX	N
72040	.....	A	X-ray exam of neck spine	0.22	0.67	0.05	0.94	XXX	N
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.01	0.33	XXX	N
72040	TC	A	X-ray exam of neck spine	0.00	0.57	0.04	0.61	XXX	N
72050	.....	A	X-ray exam of neck spine	0.31	0.99	0.08	1.38	XXX	N
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.02	0.47	XXX	N
72050	TC	A	X-ray exam of neck spine	0.00	0.85	0.06	0.91	XXX	N
72052	.....	A	X-ray exam of neck spine	0.36	1.25	0.09	1.70	XXX	N
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.02	0.55	XXX	N
72052	TC	A	X-ray exam of neck spine	0.00	1.08	0.07	1.15	XXX	N
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.04	0.83	XXX	N
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	0.03	0.50	XXX	N
72070	.....	A	X-ray exam of thorax spine	0.22	0.72	0.05	0.99	XXX	N
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.01	0.33	XXX	N
72070	TC	A	X-ray exam of thorax spine	0.00	0.62	0.04	0.66	XXX	N
72072	.....	A	X-ray exam of thoracic spine	0.22	0.80	0.06	1.08	XXX	N
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	0.05	0.75	XXX	N
72074	.....	A	X-ray exam of thoracic spine	0.22	0.97	0.07	1.26	XXX	N
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.06	0.93	XXX	N
72080	.....	A	X-ray exam of trunk spine	0.22	0.74	0.05	1.01	XXX	N
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72080	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.06	1.11	XXX	N
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.02	0.43	XXX	N
72090	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72100	.....	A	X-ray exam of lower spine	0.22	0.74	0.05	1.01	XXX	N
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72100	TC	A	X-ray exam of lower spine	0.00	0.64	0.04	0.68	XXX	N
72110	.....	A	X-ray exam of lower spine	0.31	1.01	0.08	1.40	XXX	N
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.02	0.47	XXX	N
72110	TC	A	X-ray exam of lower spine	0.00	0.87	0.06	0.93	XXX	N
72114	.....	A	X-ray exam of lower spine	0.36	1.30	0.09	1.75	XXX	N
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.02	0.55	XXX	N
72114	TC	A	X-ray exam of lower spine	0.00	1.13	0.07	1.20	XXX	N
72120	.....	A	X-ray exam of lower spine	0.22	0.95	0.07	1.24	XXX	N
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72120	TC	A	X-ray exam of lower spine	0.00	0.85	0.06	0.91	XXX	N
72125	.....	A	CAT scan of neck spine	1.16	6.14	0.44	7.74	XXX	N
72125	26	A	CAT scan of neck spine	1.16	0.51	0.08	1.75	XXX	N
72125	TC	A	CAT scan of neck spine	0.00	5.63	0.36	5.99	XXX	N
72126	.....	A	Contrast CAT scan of neck	1.22	7.27	0.51	9.00	XXX	N
72126	26	A	Contrast CAT scan of neck	1.22	0.53	0.08	1.83	XXX	N
72126	TC	A	Contrast CAT scan of neck	0.00	6.74	0.43	7.17	XXX	N
72127	.....	A	Contrast CAT scans of neck	1.27	8.99	0.61	10.87	XXX	N
72127	26	A	Contrast CAT scans of neck	1.27	0.56	0.09	1.92	XXX	N
72127	TC	A	Contrast CAT scans of neck	0.00	8.43	0.52	8.95	XXX	N
72128	.....	A	CAT scan of thorax spine	1.16	6.14	0.44	7.74	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
72128	26	A	CAT scan of thorax spine	1.16	0.51	0.08	1.75	XXX	N
72128	TC	A	CAT scan of thorax spine	0.00	5.63	0.36	5.99	XXX	N
72129		A	Contrast CAT scan of thorax	1.22	7.27	0.51	9.00	XXX	N
72129	26	A	Contrast CAT scan of thorax	1.22	0.53	0.08	1.83	XXX	N
72129	TC	A	Contrast CAT scan of thorax	0.00	6.74	0.43	7.17	XXX	N
72130		A	Contrast CAT scans of thorax	1.27	8.99	0.61	10.87	XXX	N
72130	26	A	Contrast CAT scans of thorax	1.27	0.56	0.09	1.92	XXX	N
72130	TC	A	Contrast CAT scans of thorax	0.00	8.43	0.52	8.95	XXX	N
72131		A	CAT scan of lower spine	1.16	6.14	0.44	7.74	XXX	N
72131	26	A	CAT scan of lower spine	1.16	0.51	0.08	1.75	XXX	N
72131	TC	A	CAT scan of lower spine	0.00	5.63	0.36	5.99	XXX	N
72132		A	Contrast CAT of lower spine	1.22	7.27	0.51	9.00	XXX	N
72132	26	A	Contrast CAT of lower spine	1.22	0.53	0.08	1.83	XXX	N
72132	TC	A	Contrast CAT of lower spine	0.00	6.74	0.43	7.17	XXX	N
72133		A	Contrast CAT scans, low spine	1.27	8.99	0.61	10.87	XXX	N
72133	26	A	Contrast CAT scans, low spine	1.27	0.56	0.09	1.92	XXX	N
72133	TC	A	Contrast CAT scans, low spine	0.00	8.43	0.52	8.95	XXX	N
72141		A	Magnetic image, neck spine	1.60	11.40	0.78	13.78	XXX	N
72141	26	A	Magnetic image, neck spine	1.60	0.72	0.11	2.43	XXX	N
72141	TC	A	Magnetic image, neck spine	0.00	10.68	0.67	11.35	XXX	N
72142		A	Magnetic image, neck spine	1.92	13.67	0.94	16.53	XXX	N
72142	26	A	Magnetic image, neck spine	1.92	0.86	0.13	2.91	XXX	N
72142	TC	A	Magnetic image, neck spine	0.00	12.81	0.81	13.62	XXX	N
72146		A	Magnetic image, chest spine	1.60	12.58	0.85	15.03	XXX	N
72146	26	A	Magnetic image, chest spine	1.60	0.72	0.11	2.43	XXX	N
72146	TC	A	Magnetic image, chest spine	0.00	11.86	0.74	12.60	XXX	N
72147		A	Magnetic image, chest spine	1.92	13.67	0.94	16.53	XXX	N
72147	26	A	Magnetic image, chest spine	1.92	0.86	0.13	2.91	XXX	N
72147	TC	A	Magnetic image, chest spine	0.00	12.81	0.81	13.62	XXX	N
72148		A	Magnetic image, lumbar spine	1.48	12.52	0.84	14.84	XXX	N
72148	26	A	Magnetic image, lumbar spine	1.48	0.66	0.10	2.24	XXX	N
72148	TC	A	Magnetic image, lumbar spine	0.00	11.86	0.74	12.60	XXX	N
72149		A	Magnetic image, lumbar spine	1.78	13.61	0.93	16.32	XXX	N
72149	26	A	Magnetic image, lumbar spine	1.78	0.80	0.12	2.70	XXX	N
72149	TC	A	Magnetic image, lumbar spine	0.00	12.81	0.81	13.62	XXX	N
72156		A	Magnetic image, neck spine	2.57	24.87	1.66	29.10	XXX	N
72156	26	A	Magnetic image, neck spine	2.57	1.15	0.17	3.89	XXX	N
72156	TC	A	Magnetic image, neck spine	0.00	23.72	1.49	25.21	XXX	N
72157		A	Magnetic image, chest spine	2.57	24.87	1.66	29.10	XXX	N
72157	26	A	Magnetic image, chest spine	2.57	1.15	0.17	3.89	XXX	N
72157	TC	A	Magnetic image, chest spine	0.00	23.72	1.49	25.21	XXX	N
72158		A	Magnetic image, lumbar spine	2.36	24.79	1.65	28.80	XXX	N
72158	26	A	Magnetic image, lumbar spine	2.36	1.07	0.16	3.59	XXX	N
72158	TC	A	Magnetic image, lumbar spine	0.00	23.72	1.49	25.21	XXX	N
72159		N	Magnetic imaging/spine (MRA)	+1.80	12.52	0.84	15.16	XXX	0
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.66	0.10	2.56	XXX	0
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	11.86	0.74	12.60	XXX	0
72170		A	X-ray exam of pelvis	0.17	0.57	0.04	0.78	XXX	N
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.01	0.25	XXX	N
72170	TC	A	X-ray exam of pelvis	0.00	0.50	0.03	0.53	XXX	N
72190		A	X-ray exam of pelvis	0.21	0.74	0.05	1.00	XXX	N
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.01	0.32	XXX	N
72190	TC	A	X-ray exam of pelvis	0.00	0.64	0.04	0.68	XXX	N
72192		A	CAT scan of pelvis	1.09	6.11	0.43	7.63	XXX	N
72192	26	A	CAT scan of pelvis	1.09	0.48	0.07	1.64	XXX	N
72192	TC	A	CAT scan of pelvis	0.00	5.63	0.36	5.99	XXX	N
72193		A	Contrast CAT scan of pelvis	1.16	7.03	0.49	8.68	XXX	N
72193	26	A	Contrast CAT scan of pelvis	1.16	0.51	0.08	1.75	XXX	N
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.52	0.41	6.93	XXX	N
72194		A	Contrast CAT scans of pelvis	1.22	8.62	0.58	10.42	XXX	N
72194	26	A	Contrast CAT scans of pelvis	1.22	0.53	0.08	1.83	XXX	N
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.09	0.50	8.59	XXX	N
72196		A	Magnetic image, pelvis	1.60	11.40	0.78	13.78	XXX	N
72196	26	A	Magnetic image, pelvis	1.60	0.72	0.11	2.43	XXX	N
72196	TC	A	Magnetic image, pelvis	0.00	10.68	0.67	11.35	XXX	N
72198		N	Magnetic imaging/pelvis (MRA)	+1.80	11.40	0.78	13.98	XXX	0
72198	26	N	Magnetic imaging/pelvis (MRA)	+1.80	0.72	0.11	2.63	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
72198	TC	N	Magnetic imaging/pelvis (MRA)	+0.00	10.68	0.67	11.35	XXX	0
72200		A	X-ray exam sacroiliac joints	0.17	0.58	0.04	0.79	XXX	N
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.01	0.26	XXX	N
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	0.03	0.53	XXX	N
72202		A	X-ray exam sacroiliac joints	0.19	0.68	0.05	0.92	XXX	N
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.01	0.29	XXX	N
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	0.04	0.63	XXX	N
72220		A	X-ray exam of tailbone	0.17	0.62	0.05	0.84	XXX	N
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.01	0.26	XXX	N
72220	TC	A	X-ray exam of tailbone	0.00	0.54	0.04	0.58	XXX	N
72240		A	Contrast x-ray of neck spine	0.91	4.93	0.35	6.19	XXX	N
72240	26	A	Contrast x-ray of neck spine	0.91	0.41	0.06	1.38	XXX	N
72240	TC	A	Contrast x-ray of neck spine	0.00	4.52	0.29	4.81	XXX	N
72255		A	Contrast x-ray thorax spine	0.91	4.54	0.32	5.77	XXX	N
72255	26	A	Contrast x-ray thorax spine	0.91	0.41	0.06	1.38	XXX	N
72255	TC	A	Contrast x-ray thorax spine	0.00	4.13	0.26	4.39	XXX	N
72265		A	Contrast x-ray lower spine	0.83	4.26	0.31	5.40	XXX	N
72265	26	A	Contrast x-ray lower spine	0.83	0.38	0.06	1.27	XXX	N
72265	TC	A	Contrast x-ray lower spine	0.00	3.88	0.25	4.13	XXX	N
72270		A	Contrast x-ray of spine	1.33	6.40	0.46	8.19	XXX	N
72270	26	A	Contrast x-ray of spine	1.33	0.59	0.09	2.01	XXX	N
72270	TC	A	Contrast x-ray of spine	0.00	5.81	0.37	6.18	XXX	N
72285		A	X-ray of neck spine disk	0.83	8.37	0.56	9.76	XXX	N
72285	26	A	X-ray of neck spine disk	0.83	0.38	0.06	1.27	XXX	N
72285	TC	A	X-ray of neck spine disk	0.00	7.99	0.50	8.49	XXX	N
72295		A	X-ray of lower spine disk	0.83	7.87	0.52	9.22	XXX	N
72295	26	A	X-ray of lower spine disk	0.83	0.38	0.06	1.27	XXX	N
72295	TC	A	X-ray of lower spine disk	0.00	7.49	0.46	7.95	XXX	N
73000		A	X-ray exam of collarbone	0.16	0.57	0.04	0.77	XXX	N
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.01	0.24	XXX	N
73000	TC	A	X-ray exam of collarbone	0.00	0.50	0.03	0.53	XXX	N
73010		A	X-ray exam of shoulder blade	0.17	0.58	0.04	0.79	XXX	N
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.01	0.26	XXX	N
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	0.03	0.53	XXX	N
73020		A	X-ray exam of shoulder	0.15	0.52	0.04	0.71	XXX	N
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.01	0.23	XXX	N
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.03	0.48	XXX	N
73030		A	X-ray exam of shoulder	0.18	0.62	0.05	0.85	XXX	N
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.01	0.27	XXX	N
73030	TC	A	X-ray exam of shoulder	0.00	0.54	0.04	0.58	XXX	N
73040		A	Contrast x-ray of shoulder	0.54	2.25	0.17	2.96	XXX	N
73040	26	A	Contrast x-ray of shoulder	0.54	0.25	0.04	0.83	XXX	N
73040	TC	A	Contrast x-ray of shoulder	0.00	2.00	0.13	2.13	XXX	N
73050		A	X-ray exam of shoulders	0.20	0.73	0.05	0.98	XXX	N
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.01	0.30	XXX	N
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.04	0.68	XXX	N
73060		A	X-ray exam of humerus	0.17	0.62	0.05	0.84	XXX	N
73060	26	A	X-ray exam of humerus	0.17	0.08	0.01	0.26	XXX	N
73060	TC	A	X-ray exam of humerus	0.00	0.54	0.04	0.58	XXX	N
73070		A	X-ray exam of elbow	0.15	0.57	0.04	0.76	XXX	N
73070	26	A	X-ray exam of elbow	0.15	0.07	0.01	0.23	XXX	N
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.03	0.53	XXX	N
73080		A	X-ray exam of elbow	0.17	0.62	0.05	0.84	XXX	N
73080	26	A	X-ray exam of elbow	0.17	0.08	0.01	0.26	XXX	N
73080	TC	A	X-ray exam of elbow	0.00	0.54	0.04	0.58	XXX	N
73085		A	Contrast x-ray of elbow	0.54	2.25	0.17	2.96	XXX	N
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.04	0.83	XXX	N
73085	TC	A	Contrast x-ray of elbow	0.00	2.00	0.13	2.13	XXX	N
73090		A	X-ray exam of forearm	0.16	0.57	0.04	0.77	XXX	N
73090	26	A	X-ray exam of forearm	0.16	0.07	0.01	0.24	XXX	N
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.03	0.53	XXX	N
73092		A	X-ray exam of arm, infant	0.16	0.54	0.04	0.74	XXX	N
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.01	0.24	XXX	N
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	0.03	0.50	XXX	N
73100		A	X-ray exam of wrist	0.16	0.54	0.04	0.74	XXX	N
73100	26	A	X-ray exam of wrist	0.16	0.07	0.01	0.24	XXX	N
73100	TC	A	X-ray exam of wrist	0.00	0.47	0.03	0.50	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
73110		A	X-ray exam of wrist	0.17	0.59	0.04	0.80	XXX	N
73110	26	A	X-ray exam of wrist	0.17	0.08	0.01	0.26	XXX	N
73110	TC	A	X-ray exam of wrist	0.00	0.51	0.03	0.54	XXX	N
73115		A	Contrast x-ray of wrist	0.54	1.75	0.14	2.43	XXX	N
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.04	0.83	XXX	N
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	0.10	1.60	XXX	N
73120		A	X-ray exam of hand	0.16	0.54	0.04	0.74	XXX	N
73120	26	A	X-ray exam of hand	0.16	0.07	0.01	0.24	XXX	N
73120	TC	A	X-ray exam of hand	0.00	0.47	0.03	0.50	XXX	N
73130		A	X-ray exam of hand	0.17	0.59	0.04	0.80	XXX	N
73130	26	A	X-ray exam of hand	0.17	0.08	0.01	0.26	XXX	N
73130	TC	A	X-ray exam of hand	0.00	0.51	0.03	0.54	XXX	N
73140		A	X-ray exam of finger(s)	0.13	0.46	0.04	0.63	XXX	N
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.01	0.20	XXX	N
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.03	0.43	XXX	N
73200		A	CAT scan of arm	1.09	5.21	0.37	6.67	XXX	N
73200	26	A	CAT scan of arm	1.09	0.48	0.07	1.64	XXX	N
73200	TC	A	CAT scan of arm	0.00	4.73	0.30	5.03	XXX	N
73201		A	Contrast CAT scan of arm	1.16	6.14	0.44	7.74	XXX	N
73201	26	A	Contrast CAT scan of arm	1.16	0.51	0.08	1.75	XXX	N
73201	TC	A	Contrast CAT scan of arm	0.00	5.63	0.36	5.99	XXX	N
73202		A	Contrast CAT scans of arm	1.22	7.61	0.53	9.36	XXX	N
73202	26	A	Contrast CAT scans of arm	1.22	0.53	0.08	1.83	XXX	N
73202	TC	A	Contrast CAT scans of arm	0.00	7.08	0.45	7.53	XXX	N
73220		A	Magnetic image, arm, hand	1.48	11.34	0.77	13.59	XXX	N
73220	26	A	Magnetic image, arm, hand	1.48	0.66	0.10	2.24	XXX	N
73220	TC	A	Magnetic image, arm, hand	0.00	10.68	0.67	11.35	XXX	N
73221		A	Magnetic image, joint of arm	1.48	11.11	0.73	13.32	XXX	N
73221	26	A	Magnetic image, joint of arm	1.48	0.43	0.06	1.97	XXX	N
73221	TC	A	Magnetic image, joint of arm	0.00	10.68	0.67	11.35	XXX	N
73225		N	Magnetic imaging/upper (MRA)	+1.73	11.34	0.77	13.84	XXX	0
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.66	0.10	2.49	XXX	0
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	10.68	0.67	11.35	XXX	0
73500		A	X-ray exam of hip	0.17	0.53	0.04	0.74	XXX	N
73500	26	A	X-ray exam of hip	0.17	0.08	0.01	0.26	XXX	N
73500	TC	A	X-ray exam of hip	0.00	0.45	0.03	0.48	XXX	N
73510		A	X-ray exam of hip	0.21	0.64	0.05	0.90	XXX	N
73510	26	A	X-ray exam of hip	0.21	0.10	0.01	0.32	XXX	N
73510	TC	A	X-ray exam of hip	0.00	0.54	0.04	0.58	XXX	N
73520		A	X-ray exam of hips	0.26	0.76	0.06	1.08	XXX	N
73520	26	A	X-ray exam of hips	0.26	0.12	0.02	0.40	XXX	N
73520	TC	A	X-ray exam of hips	0.00	0.64	0.04	0.68	XXX	N
73525		A	Contrast x-ray of hip	0.54	2.25	0.17	2.96	XXX	N
73525	26	A	Contrast x-ray of hip	0.54	0.25	0.04	0.83	XXX	N
73525	TC	A	Contrast x-ray of hip	0.00	2.00	0.13	2.13	XXX	N
73530		A	X-ray exam of hip	0.29	0.63	0.05	0.97	XXX	N
73530	26	A	X-ray exam of hip	0.29	0.13	0.02	0.44	XXX	N
73530	TC	A	X-ray exam of hip	0.00	0.50	0.03	0.53	XXX	N
73540		A	X-ray exam of pelvis & hips	0.20	0.64	0.05	0.89	XXX	N
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.01	0.31	XXX	N
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	0.04	0.58	XXX	N
73550		A	X-ray exam of thigh	0.17	0.62	0.05	0.84	XXX	N
73550	26	A	X-ray exam of thigh	0.17	0.08	0.01	0.26	XXX	N
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.04	0.58	XXX	N
73560		A	X-ray exam of knee	0.17	0.57	0.04	0.78	XXX	N
73560	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73560	TC	A	X-ray exam of knee	0.00	0.50	0.03	0.53	XXX	N
73562		A	X-ray exam of knee	0.18	0.63	0.05	0.86	XXX	N
73562	26	A	X-ray exam of knee	0.18	0.09	0.01	0.28	XXX	N
73562	TC	A	X-ray exam of knee	0.00	0.54	0.04	0.58	XXX	N
73564		A	X-ray exam of knee	0.22	0.69	0.06	0.97	XXX	N
73564	26	A	X-ray exam of knee	0.22	0.10	0.02	0.34	XXX	N
73564	TC	A	X-ray exam of knee	0.00	0.59	0.04	0.63	XXX	N
73565		A	X-ray exam of knee	0.17	0.54	0.04	0.75	XXX	N
73565	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73565	TC	A	X-ray exam of knee	0.00	0.47	0.03	0.50	XXX	N
73580		A	Contrast x-ray of knee joint	0.54	2.75	0.21	3.50	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.04	0.83	XXX	N
73580	TC	A	Contrast x-ray of knee joint	0.00	2.50	0.17	2.67	XXX	N
73590		A	X-ray exam of lower leg	0.17	0.57	0.04	0.78	XXX	N
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.01	0.25	XXX	N
73590	TC	A	X-ray exam of lower leg	0.00	0.50	0.03	0.53	XXX	N
73592		A	X-ray exam of leg, infant	0.16	0.54	0.04	0.74	XXX	N
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.01	0.24	XXX	N
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	0.03	0.50	XXX	N
73600		A	X-ray exam of ankle	0.16	0.54	0.04	0.74	XXX	N
73600	26	A	X-ray exam of ankle	0.16	0.07	0.01	0.24	XXX	N
73600	TC	A	X-ray exam of ankle	0.00	0.47	0.03	0.50	XXX	N
73610		A	X-ray exam of ankle	0.17	0.59	0.04	0.80	XXX	N
73610	26	A	X-ray exam of ankle	0.17	0.08	0.01	0.26	XXX	N
73610	TC	A	X-ray exam of ankle	0.00	0.51	0.03	0.54	XXX	N
73615		A	Contrast x-ray of ankle	0.54	2.25	0.17	2.96	XXX	N
73615	26	A	Contrast x-ray of ankle	0.54	0.25	0.04	0.83	XXX	N
73615	TC	A	Contrast x-ray of ankle	0.00	2.00	0.13	2.13	XXX	N
73620		A	X-ray exam of foot	0.16	0.54	0.04	0.74	XXX	N
73620	26	A	X-ray exam of foot	0.16	0.07	0.01	0.24	XXX	N
73620	TC	A	X-ray exam of foot	0.00	0.47	0.03	0.50	XXX	N
73630		A	X-ray exam of foot	0.17	0.59	0.04	0.80	XXX	N
73630	26	A	X-ray exam of foot	0.17	0.08	0.01	0.26	XXX	N
73630	TC	A	X-ray exam of foot	0.00	0.51	0.03	0.54	XXX	N
73650		A	X-ray exam of heel	0.16	0.52	0.04	0.72	XXX	N
73650	26	A	X-ray exam of heel	0.16	0.07	0.01	0.24	XXX	N
73650	TC	A	X-ray exam of heel	0.00	0.45	0.03	0.48	XXX	N
73660		A	X-ray exam of toe(s)	0.13	0.46	0.04	0.63	XXX	N
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.01	0.20	XXX	N
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.03	0.43	XXX	N
73700		A	CAT scan of leg	1.09	5.21	0.37	6.67	XXX	N
73700	26	A	CAT scan of leg	1.09	0.48	0.07	1.64	XXX	N
73700	TC	A	CAT scan of leg	0.00	4.73	0.30	5.03	XXX	N
73701		A	Contrast CAT scan of leg	1.16	6.14	0.44	7.74	XXX	N
73701	26	A	Contrast CAT scan of leg	1.16	0.51	0.08	1.75	XXX	N
73701	TC	A	Contrast CAT scan of leg	0.00	5.63	0.36	5.99	XXX	N
73702		A	Contrast CAT scans of leg	1.22	7.61	0.53	9.36	XXX	N
73702	26	A	Contrast CAT scans of leg	1.22	0.53	0.08	1.83	XXX	N
73702	TC	A	Contrast CAT scans of leg	0.00	7.08	0.45	7.53	XXX	N
73720		A	Magnetic image, leg, foot	1.48	11.34	0.77	13.59	XXX	N
73720	26	A	Magnetic image, leg, foot	1.48	0.66	0.10	2.24	XXX	N
73720	TC	A	Magnetic image, leg, foot	0.00	10.68	0.67	11.35	XXX	N
73721		A	Magnetic image, joint of leg	1.48	11.11	0.73	13.32	XXX	N
73721	26	A	Magnetic image, joint of leg	1.48	0.43	0.06	1.97	XXX	N
73721	TC	A	Magnetic image, joint of leg	0.00	10.68	0.67	11.35	XXX	N
73725		N	Magnetic imaging/lower (MRA)	+1.82	11.34	0.77	13.93	XXX	0
73725	26	N	Magnetic imaging/lower (MRA)	+1.82	0.66	0.10	2.58	XXX	0
73725	TC	N	Magnetic imaging/lower (MRA)	+0.00	10.68	0.67	11.35	XXX	0
74000		A	X-ray exam of abdomen	0.18	0.58	0.04	0.80	XXX	N
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.01	0.27	XXX	N
74000	TC	A	X-ray exam of abdomen	0.00	0.50	0.03	0.53	XXX	N
74010		A	X-ray exam of abdomen	0.23	0.65	0.06	0.94	XXX	N
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.02	0.36	XXX	N
74010	TC	A	X-ray exam of abdomen	0.00	0.54	0.04	0.58	XXX	N
74020		A	X-ray exam of abdomen	0.27	0.72	0.06	1.05	XXX	N
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.02	0.42	XXX	N
74020	TC	A	X-ray exam of abdomen	0.00	0.59	0.04	0.63	XXX	N
74022		A	X-ray exam series, abdomen	0.32	0.85	0.07	1.24	XXX	N
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.02	0.49	XXX	N
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	0.05	0.75	XXX	N
74150		A	CAT scan of abdomen	1.19	5.91	0.43	7.53	XXX	N
74150	26	A	CAT scan of abdomen	1.19	0.52	0.08	1.79	XXX	N
74150	TC	A	CAT scan of abdomen	0.00	5.39	0.35	5.74	XXX	N
74160		A	Contrast CAT scan of abdomen	1.27	7.08	0.50	8.85	XXX	N
74160	26	A	Contrast CAT scan of abdomen	1.27	0.56	0.09	1.92	XXX	N
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.52	0.41	6.93	XXX	N
74170		A	Contrast CAT scans, abdomen	1.40	8.71	0.60	10.71	XXX	N
74170	26	A	Contrast CAT scans, abdomen	1.40	0.62	0.10	2.12	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.09	0.50	8.59	XXX	N
74181		A	Magnetic image, abdomen (MRI)	1.60	11.40	0.78	13.78	XXX	N
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.72	0.11	2.43	XXX	N
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	10.68	0.67	11.35	XXX	N
74185		N	Magnetic image/abdomen (MRA)	+1.80	11.40	0.78	13.98	XXX	0
74185	26	N	Magnetic image/abdomen (MRA)	+1.80	0.72	0.11	2.63	XXX	0
74185	TC	N	Magnetic image/abdomen (MRA)	+0.00	10.68	0.67	11.35	XXX	0
74190		A	X-ray exam of peritoneum	0.48	1.37	0.10	1.95	XXX	N
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.02	0.63	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	0.08	1.32	XXX	N
74210		A	Contrast x-ray exam of throat	0.36	1.29	0.09	1.74	XXX	N
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.02	0.54	XXX	N
74210	TC	A	Contrast x-ray exam of throat	0.00	1.13	0.07	1.20	XXX	N
74220		A	Contrast x-ray exam, esophagus	0.46	1.34	0.10	1.90	XXX	N
74220	26	A	Contrast x-ray exam, esophagus	0.46	0.21	0.03	0.70	XXX	N
74220	TC	A	Contrast x-ray exam, esophagus	0.00	1.13	0.07	1.20	XXX	N
74230		A	Cinema x-ray throat/esophagus	0.53	1.49	0.12	2.14	XXX	N
74230	26	A	Cinema x-ray throat/esophagus	0.53	0.25	0.04	0.82	XXX	N
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.24	0.08	1.32	XXX	N
74235		A	Remove esophagus obstruction	1.19	3.02	0.25	4.46	XXX	N
74235	26	A	Remove esophagus obstruction	1.19	0.52	0.08	1.79	XXX	N
74235	TC	A	Remove esophagus obstruction	0.00	2.50	0.17	2.67	XXX	N
74240		A	X-ray exam upper GI tract	0.69	1.71	0.14	2.54	XXX	N
74240	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74240	TC	A	X-ray exam upper GI tract	0.00	1.39	0.09	1.48	XXX	N
74241		A	X-ray exam upper GI tract	0.69	1.74	0.14	2.57	XXX	N
74241	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74241	TC	A	X-ray exam upper GI tract	0.00	1.42	0.09	1.51	XXX	N
74245		A	X-ray exam upper GI tract	0.91	2.68	0.21	3.80	XXX	N
74245	26	A	X-ray exam upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74245	TC	A	X-ray exam upper GI tract	0.00	2.27	0.15	2.42	XXX	N
74246		A	Contrast x-ray upper GI tract	0.69	1.89	0.15	2.73	XXX	N
74246	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74246	TC	A	Contrast x-ray upper GI tract	0.00	1.57	0.10	1.67	XXX	N
74247		A	Contrast x-ray upper GI tract	0.69	1.92	0.16	2.77	XXX	N
74247	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74247	TC	A	Contrast x-ray upper GI tract	0.00	1.60	0.11	1.71	XXX	N
74249		A	Contrast x-ray upper GI tract	0.91	2.86	0.22	3.99	XXX	N
74249	26	A	Contrast x-ray upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74249	TC	A	Contrast x-ray upper GI tract	0.00	2.45	0.16	2.61	XXX	N
74250		A	X-ray exam of small bowel	0.47	1.45	0.11	2.03	XXX	N
74250	26	A	X-ray exam of small bowel	0.47	0.21	0.03	0.71	XXX	N
74250	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74251		A	X-ray exam of small bowel	0.69	1.45	0.11	2.25	XXX	N
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.03	0.93	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74260		A	X-ray exam of small bowel	0.50	1.65	0.12	2.27	XXX	N
74260	26	A	X-ray exam of small bowel	0.50	0.23	0.03	0.76	XXX	N
74260	TC	A	X-ray exam of small bowel	0.00	1.42	0.09	1.51	XXX	N
74270		A	Contrast x-ray exam of colon	0.69	1.94	0.16	2.79	XXX	N
74270	26	A	Contrast x-ray exam of colon	0.69	0.32	0.05	1.06	XXX	N
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	0.11	1.73	XXX	N
74280		A	Contrast x-ray exam of colon	0.99	2.58	0.21	3.78	XXX	N
74280	26	A	Contrast x-ray exam of colon	0.99	0.45	0.07	1.51	XXX	N
74280	TC	A	Contrast x-ray exam of colon	0.00	2.13	0.14	2.27	XXX	N
74283		A	Contrast x-ray exam of colon	2.02	3.34	0.30	5.66	XXX	N
74283	26	A	Contrast x-ray exam of colon	2.02	0.90	0.14	3.06	XXX	N
74283	TC	A	Contrast x-ray exam of colon	0.00	2.44	0.16	2.60	XXX	N
74290		A	Contrast x-ray, gallbladder	0.32	0.85	0.07	1.24	XXX	N
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.02	0.49	XXX	N
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	0.05	0.75	XXX	N
74291		A	Contrast x-rays, gallbladder	0.20	0.49	0.04	0.73	XXX	N
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.01	0.30	XXX	N
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.03	0.43	XXX	N
74300		C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.02	0.55	XXX	N
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.01	0.32	XXX	N
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.94	0.08	1.44	XXX	N
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.03	0.64	XXX	N
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.75	0.05	0.80	XXX	N
74320	.....	A	Contrast x-ray of bile ducts	0.54	3.25	0.23	4.02	XXX	N
74320	26	A	Contrast x-ray of bile ducts	0.54	0.25	0.04	0.83	XXX	N
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.00	0.19	3.19	XXX	N
74327	.....	A	X-ray for bile stone removal	0.70	2.00	0.16	2.86	XXX	N
74327	26	A	X-ray for bile stone removal	0.70	0.32	0.05	1.07	XXX	N
74327	TC	A	X-ray for bile stone removal	0.00	1.68	0.11	1.79	XXX	N
74328	.....	A	X-ray for bile duct endoscopy	0.70	3.32	0.24	4.26	XXX	N
74328	26	A	X-ray for bile duct endoscopy	0.70	0.32	0.05	1.07	XXX	N
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.00	0.19	3.19	XXX	N
74329	.....	A	X-ray for pancreas endoscopy	0.70	3.32	0.24	4.26	XXX	N
74329	26	A	X-ray for pancreas endoscopy	0.70	0.32	0.05	1.07	XXX	N
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74330	.....	A	X-ray, bile/pancreas endoscopy	0.90	3.32	0.24	4.46	XXX	N
74330	26	A	X-ray, bile/pancreas endoscopy	0.90	0.32	0.05	1.27	XXX	N
74330	TC	A	X-ray, bile/pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74340	.....	A	X-ray guide for GI tube	0.54	2.75	0.21	3.50	XXX	N
74340	26	A	X-ray guide for GI tube	0.54	0.25	0.04	0.83	XXX	N
74340	TC	A	X-ray guide for GI tube	0.00	2.50	0.17	2.67	XXX	N
74350	.....	A	X-ray guide, stomach tube	0.76	3.35	0.24	4.35	XXX	N
74350	26	A	X-ray guide, stomach tube	0.76	0.35	0.05	1.16	XXX	N
74350	TC	A	X-ray guide, stomach tube	0.00	3.00	0.19	3.19	XXX	N
74355	.....	A	X-ray guide, intestinal tube	0.76	2.85	0.22	3.83	XXX	N
74355	26	A	X-ray guide, intestinal tube	0.76	0.35	0.05	1.16	XXX	N
74355	TC	A	X-ray guide, intestinal tube	0.00	2.50	0.17	2.67	XXX	N
74360	.....	A	X-ray guide, GI dilation	0.54	3.25	0.23	4.02	XXX	N
74360	26	A	X-ray guide, GI dilation	0.54	0.25	0.04	0.83	XXX	N
74360	TC	A	X-ray guide, GI dilation	0.00	3.00	0.19	3.19	XXX	N
74363	.....	A	X-ray, bile duct dilation	0.88	6.21	0.43	7.52	XXX	N
74363	26	A	X-ray, bile duct dilation	0.88	0.40	0.06	1.34	XXX	N
74363	TC	A	X-ray, bile duct dilation	0.00	5.81	0.37	6.18	XXX	N
74400	.....	A	Contrast x-ray urinary tract	0.49	1.82	0.14	2.45	XXX	N
74400	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74400	TC	A	Contrast x-ray urinary tract	0.00	1.60	0.11	1.71	XXX	N
74405	.....	A	Contrast x-ray urinary tract	0.49	2.11	0.16	2.76	XXX	N
74405	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74405	TC	A	Contrast x-ray urinary tract	0.00	1.89	0.13	2.02	XXX	N
74410	.....	A	Contrast x-ray urinary tract	0.49	2.08	0.15	2.72	XXX	N
74410	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74410	TC	A	Contrast x-ray urinary tract	0.00	1.86	0.12	1.98	XXX	N
74415	.....	A	Contrast x-ray urinary tract	0.49	2.24	0.16	2.89	XXX	N
74415	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74415	TC	A	Contrast x-ray urinary tract	0.00	2.02	0.13	2.15	XXX	N
74420	.....	A	Contrast x-ray urinary tract	0.36	2.66	0.19	3.21	XXX	N
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74420	TC	A	Contrast x-ray urinary tract	0.00	2.50	0.17	2.67	XXX	N
74425	.....	A	Contrast x-ray urinary tract	0.36	1.40	0.10	1.86	XXX	N
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74425	TC	A	Contrast x-ray urinary tract	0.00	1.24	0.08	1.32	XXX	N
74430	.....	A	Contrast x-ray of bladder	0.32	1.15	0.09	1.56	XXX	N
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.02	0.49	XXX	N
74430	TC	A	Contrast x-ray of bladder	0.00	1.00	0.07	1.07	XXX	N
74440	.....	A	X-ray exam male genital tract	0.38	1.25	0.10	1.73	XXX	N
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.03	0.58	XXX	N
74440	TC	A	X-ray exam male genital tract	0.00	1.08	0.07	1.15	XXX	N
74445	.....	A	X-ray exam of penis	1.14	1.58	0.15	2.87	XXX	N
74445	26	A	X-ray exam of penis	1.14	0.50	0.08	1.72	XXX	N
74445	TC	A	X-ray exam of penis	0.00	1.08	0.07	1.15	XXX	N
74450	.....	A	X-ray exam urethra/bladder	0.33	1.54	0.11	1.98	XXX	N
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74450	TC	A	X-ray exam urethra/bladder	0.00	1.39	0.09	1.48	XXX	N
74455	.....	A	X-ray exam urethra/bladder	0.33	1.65	0.12	2.10	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74455	TC	A	X-ray exam urethra/bladder	0.00	1.50	0.10	1.60	XXX	N
74470		A	X-ray exam of kidney lesion	0.54	1.44	0.12	2.10	XXX	N
74470	26	A	X-ray exam of kidney lesion	0.54	0.25	0.04	0.83	XXX	N
74470	TC	A	X-ray exam of kidney lesion	0.00	1.19	0.08	1.27	XXX	N
74475		A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74475	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74475	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74480		A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74480	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74480	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74485		A	X-ray guide, GU dilation	0.54	3.25	0.23	4.02	XXX	N
74485	26	A	X-ray guide, GU dilation	0.54	0.25	0.04	0.83	XXX	N
74485	TC	A	X-ray guide, GU dilation	0.00	3.00	0.19	3.19	XXX	N
74710		A	X-ray measurement of pelvis	0.34	1.16	0.09	1.59	XXX	N
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.02	0.52	XXX	N
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	0.07	1.07	XXX	N
74740		A	X-ray female genital tract	0.38	1.41	0.11	1.90	XXX	N
74740	26	A	X-ray female genital tract	0.38	0.17	0.03	0.58	XXX	N
74740	TC	A	X-ray female genital tract	0.00	1.24	0.08	1.32	XXX	N
74742		A	X-ray fallopian tube	0.61	3.25	0.23	4.09	XXX	N
74742	26	A	X-ray fallopian tube	0.61	0.25	0.04	0.90	XXX	N
74742	TC	A	X-ray fallopian tube	0.00	3.00	0.19	3.19	XXX	N
74775		A	X-ray exam of perineum	0.62	1.68	0.13	2.43	XXX	N
74775	26	A	X-ray exam of perineum	0.62	0.29	0.04	0.95	XXX	N
74775	TC	A	X-ray exam of perineum	0.00	1.39	0.09	1.48	XXX	N
75552		A	Magnetic image, myocardium	1.60	11.40	0.78	13.78	XXX	N
75552	26	A	Magnetic image, myocardium	1.60	0.72	0.11	2.43	XXX	N
75552	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75553		A	Magnetic image, myocardium	2.00	11.40	0.78	14.18	XXX	N
75553	26	A	Magnetic image, myocardium	2.00	0.72	0.11	2.83	XXX	N
75553	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75554		A	Cardiac MRI/function	1.83	11.40	0.78	14.01	XXX	N
75554	26	A	Cardiac MRI/function	1.83	0.72	0.11	2.66	XXX	N
75554	TC	A	Cardiac MRI/function	0.00	10.68	0.67	11.35	XXX	N
75555		A	Cardiac MRI/limited study	1.74	11.40	0.78	13.92	XXX	N
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.11	2.57	XXX	N
75555	TC	A	Cardiac MRI/limited study	0.00	10.68	0.67	11.35	XXX	N
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	XXX	0
75600		A	Contrast x-ray exam of aorta	0.49	12.23	0.78	13.50	XXX	N
75600	26	A	Contrast x-ray exam of aorta	0.49	0.22	0.03	0.74	XXX	N
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75605		A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75605	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75625		A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75625	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75630		A	X-ray aorta, leg arteries	1.79	13.09	0.88	15.76	XXX	N
75630	26	A	X-ray aorta, leg arteries	1.79	0.58	0.09	2.46	XXX	N
75630	TC	A	X-ray aorta, leg arteries	0.00	12.51	0.79	13.30	XXX	N
75650		A	Artery x-rays, head & neck	1.49	12.67	0.85	15.01	XXX	N
75650	26	A	Artery x-rays, head & neck	1.49	0.66	0.10	2.25	XXX	N
75650	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75658		A	X-ray exam of arm arteries	1.31	12.59	0.84	14.74	XXX	N
75658	26	A	X-ray exam of arm arteries	1.31	0.58	0.09	1.98	XXX	N
75658	TC	A	X-ray exam of arm arteries	0.00	12.01	0.75	12.76	XXX	N
75660		A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75660	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75660	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75662		A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N
75662	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75662	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75665		A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75665	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75665	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75671		A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75671	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75671	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75676		A	Artery x-rays, neck	1.31	12.59	0.84	14.74	XXX	N
75676	26	A	Artery x-rays, neck	1.31	0.58	0.09	1.98	XXX	N
75676	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75680		A	Artery x-rays, neck	1.66	12.75	0.86	15.27	XXX	N
75680	26	A	Artery x-rays, neck	1.66	0.74	0.11	2.51	XXX	N
75680	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75685		A	Artery x-rays, spine	1.31	12.59	0.84	14.74	XXX	N
75685	26	A	Artery x-rays, spine	1.31	0.58	0.09	1.98	XXX	N
75685	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75705		A	Artery x-rays, spine	2.18	12.99	0.90	16.07	XXX	N
75705	26	A	Artery x-rays, spine	2.18	0.98	0.15	3.31	XXX	N
75705	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75710		A	Artery x-rays, arm/leg	1.14	12.51	0.83	14.48	XXX	N
75710	26	A	Artery x-rays, arm/leg	1.14	0.50	0.08	1.72	XXX	N
75710	TC	A	Artery x-rays, arm/leg	0.00	12.01	0.75	12.76	XXX	N
75716		A	Artery x-rays, arms/legs	1.31	12.59	0.84	14.74	XXX	N
75716	26	A	Artery x-rays, arms/legs	1.31	0.58	0.09	1.98	XXX	N
75716	TC	A	Artery x-rays, arms/legs	0.00	12.01	0.75	12.76	XXX	N
75722		A	Artery x-rays, kidney	1.14	12.51	0.83	14.48	XXX	N
75722	26	A	Artery x-rays, kidney	1.14	0.50	0.08	1.72	XXX	N
75722	TC	A	Artery x-rays, kidney	0.00	12.01	0.75	12.76	XXX	N
75724		A	Artery x-rays, kidneys	1.49	12.67	0.85	15.01	XXX	N
75724	26	A	Artery x-rays, kidneys	1.49	0.66	0.10	2.25	XXX	N
75724	TC	A	Artery x-rays, kidneys	0.00	12.01	0.75	12.76	XXX	N
75726		A	Artery x-rays, abdomen	1.14	12.51	0.83	14.48	XXX	N
75726	26	A	Artery x-rays, abdomen	1.14	0.50	0.08	1.72	XXX	N
75726	TC	A	Artery x-rays, abdomen	0.00	12.01	0.75	12.76	XXX	N
75731		A	Artery x-rays, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75733		A	Artery x-rays, adrenal glands	1.31	12.59	0.84	14.74	XXX	N
75733	26	A	Artery x-rays, adrenal glands	1.31	0.58	0.09	1.98	XXX	N
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75736		A	Artery x-rays, pelvis	1.14	12.51	0.83	14.48	XXX	N
75736	26	A	Artery x-rays, pelvis	1.14	0.50	0.08	1.72	XXX	N
75736	TC	A	Artery x-rays, pelvis	0.00	12.01	0.75	12.76	XXX	N
75741		A	Artery x-rays, lung	1.31	12.59	0.84	14.74	XXX	N
75741	26	A	Artery x-rays, lung	1.31	0.58	0.09	1.98	XXX	N
75741	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75743		A	Artery x-rays, lungs	1.66	12.75	0.86	15.27	XXX	N
75743	26	A	Artery x-rays, lungs	1.66	0.74	0.11	2.51	XXX	N
75743	TC	A	Artery x-rays, lungs	0.00	12.01	0.75	12.76	XXX	N
75746		A	Artery x-rays, lung	1.14	12.51	0.83	14.48	XXX	N
75746	26	A	Artery x-rays, lung	1.14	0.50	0.08	1.72	XXX	N
75746	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75756		A	Artery x-rays, chest	1.14	12.51	0.83	14.48	XXX	N
75756	26	A	Artery x-rays, chest	1.14	0.50	0.08	1.72	XXX	N
75756	TC	A	Artery x-rays, chest	0.00	12.01	0.75	12.76	XXX	N
75774		A	Artery x-ray, each vessel	0.36	12.17	0.77	13.30	XXX	N
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.02	0.54	XXX	N
75774	TC	A	Artery x-ray, each vessel	0.00	12.01	0.75	12.76	XXX	N
75790		A	Visualize A-V shunt	1.84	2.12	0.21	4.17	XXX	N
75790	26	A	Visualize A-V shunt	1.84	0.83	0.12	2.79	XXX	N
75790	TC	A	Visualize A-V shunt	0.00	1.29	0.09	1.38	XXX	N
75801		A	Lymph vessel x-ray, arm/leg	0.81	5.53	0.38	6.72	XXX	N
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.37	0.05	1.23	XXX	N
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.16	0.33	5.49	XXX	N
75803		A	Lymph vessel x-ray, arms/legs	1.17	5.67	0.41	7.25	XXX	N
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.51	0.08	1.76	XXX	N
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	5.16	0.33	5.49	XXX	N
75805		A	Lymph vessel x-ray, trunk	0.81	6.18	0.42	7.41	XXX	N
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.37	0.05	1.23	XXX	N
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75807		A	Lymph vessel x-ray, trunk	1.17	6.32	0.45	7.94	XXX	N
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.51	0.08	1.76	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75809		A	Nonvascular shunt, x-ray	0.47	0.94	0.08	1.49	XXX	N
75809	26	A	Nonvascular shunt, x-ray	0.47	0.19	0.03	0.69	XXX	N
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.75	0.05	0.80	XXX	N
75810		A	Vein x-ray, spleen/liver	1.14	12.51	0.83	14.48	XXX	N
75810	26	A	Vein x-ray, spleen/liver	1.14	0.50	0.08	1.72	XXX	N
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.01	0.75	12.76	XXX	N
75820		A	Vein x-ray, arm/leg	0.70	1.22	0.11	2.03	XXX	N
75820	26	A	Vein x-ray, arm/leg	0.70	0.32	0.05	1.07	XXX	N
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	0.06	0.96	XXX	N
75822		A	Vein x-ray, arms/legs	1.06	1.88	0.16	3.10	XXX	N
75822	26	A	Vein x-ray, arms/legs	1.06	0.47	0.07	1.60	XXX	N
75822	TC	A	Vein x-ray, arms/legs	0.00	1.41	0.09	1.50	XXX	N
75825		A	Vein x-ray, trunk	1.14	12.51	0.83	14.48	XXX	N
75825	26	A	Vein x-ray, trunk	1.14	0.50	0.08	1.72	XXX	N
75825	TC	A	Vein x-ray, trunk	0.00	12.01	0.75	12.76	XXX	N
75827		A	Vein x-ray, chest	1.14	12.51	0.83	14.48	XXX	N
75827	26	A	Vein x-ray, chest	1.14	0.50	0.08	1.72	XXX	N
75827	TC	A	Vein x-ray, chest	0.00	12.01	0.75	12.76	XXX	N
75831		A	Vein x-ray, kidney	1.14	12.51	0.83	14.48	XXX	N
75831	26	A	Vein x-ray, kidney	1.14	0.50	0.08	1.72	XXX	N
75831	TC	A	Vein x-ray, kidney	0.00	12.01	0.75	12.76	XXX	N
75833		A	Vein x-ray, kidneys	1.49	12.67	0.85	15.01	XXX	N
75833	26	A	Vein x-ray, kidneys	1.49	0.66	0.10	2.25	XXX	N
75833	TC	A	Vein x-ray, kidneys	0.00	12.01	0.75	12.76	XXX	N
75840		A	Vein x-ray, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75840	26	A	Vein x-ray, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75842		A	Vein x-ray, adrenal glands	1.49	12.67	0.85	15.01	XXX	N
75842	26	A	Vein x-ray, adrenal glands	1.49	0.66	0.10	2.25	XXX	N
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75860		A	Vein x-ray, neck	1.14	12.51	0.83	14.48	XXX	N
75860	26	A	Vein x-ray, neck	1.14	0.50	0.08	1.72	XXX	N
75860	TC	A	Vein x-ray, neck	0.00	12.01	0.75	12.76	XXX	N
75870		A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75870	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75870	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75872		A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75872	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75872	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75880		A	Vein x-ray, eye socket	0.70	1.22	0.11	2.03	XXX	N
75880	26	A	Vein x-ray, eye socket	0.70	0.32	0.05	1.07	XXX	N
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	0.06	0.96	XXX	N
75885		A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75885	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75885	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75887		A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75887	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75887	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75889		A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75889	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75889	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75891		A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75891	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75891	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75893		A	Venous sampling by catheter	0.54	12.26	0.79	13.59	XXX	N
75893	26	A	Venous sampling by catheter	0.54	0.25	0.04	0.83	XXX	N
75893	TC	A	Venous sampling by catheter	0.00	12.01	0.75	12.76	XXX	N
75894		A	X-rays, transcatheter therapy	1.31	23.58	1.53	26.42	XXX	N
75894	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75894	TC	A	X-rays, transcatheter therapy	0.00	23.00	1.44	24.44	XXX	N
75896		A	X-rays, transcatheter therapy	1.31	20.58	1.34	23.23	XXX	N
75896	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75896	TC	A	X-rays, transcatheter therapy	0.00	20.00	1.25	21.25	XXX	N
75898		A	Follow-up angiogram	1.65	1.74	0.18	3.57	XXX	N
75898	26	A	Follow-up angiogram	1.65	0.74	0.11	2.50	XXX	N
75898	TC	A	Follow-up angiogram	0.00	1.00	0.07	1.07	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75900	.....	A	Arterial catheter exchange	0.49	20.22	1.29	22.00	XXX	N
75900	26	A	Arterial catheter exchange	0.49	0.23	0.03	0.75	XXX	N
75900	TC	A	Arterial catheter exchange	0.00	19.99	1.26	21.25	XXX	N
75940	.....	A	X-ray placement, vein filter	0.54	12.26	0.79	13.59	XXX	N
75940	26	A	X-ray placement, vein filter	0.54	0.25	0.04	0.83	XXX	N
75940	TC	A	X-ray placement, vein filter	0.00	12.01	0.75	12.76	XXX	N
75945	.....	A	Intravascular us	0.29	4.57	0.31	5.17	XXX	N
75945	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75945	TC	A	Intravascular us	0.00	4.35	0.28	4.63	XXX	N
75946	.....	A	Intravascular us	0.29	2.40	0.17	2.86	XXX	N
75946	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75946	TC	A	Intravascular us	0.00	2.18	0.14	2.32	XXX	N
75960	.....	A	Transcatheter intro, stent	0.82	14.57	0.94	16.33	XXX	N
75960	26	A	Transcatheter intro, stent	0.82	0.37	0.06	1.25	XXX	N
75960	TC	A	Transcatheter intro, stent	0.00	14.20	0.88	15.08	XXX	N
75961	.....	A	Retrieval, broken catheter	4.25	11.91	0.90	17.06	XXX	N
75961	26	A	Retrieval, broken catheter	4.25	1.90	0.28	6.43	XXX	N
75961	TC	A	Retrieval, broken catheter	0.00	10.01	0.62	10.63	XXX	N
75962	.....	A	Repair arterial blockage	0.54	15.25	0.98	16.77	XXX	N
75962	26	A	Repair arterial blockage	0.54	0.25	0.04	0.83	XXX	N
75962	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75964	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75964	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75964	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75966	.....	A	Repair arterial blockage	1.31	15.58	1.03	17.92	XXX	N
75966	26	A	Repair arterial blockage	1.31	0.58	0.09	1.98	XXX	N
75966	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75968	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75968	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75968	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75970	.....	A	Vascular biopsy	0.83	11.38	0.75	12.96	XXX	N
75970	26	A	Vascular biopsy	0.83	0.38	0.06	1.27	XXX	N
75970	TC	A	Vascular biopsy	0.00	11.00	0.69	11.69	XXX	N
75978	.....	A	Repair venous blockage	0.54	15.48	0.98	17.00	XXX	N
75978	26	A	Repair venous blockage	0.54	0.48	0.04	1.06	XXX	N
75978	TC	A	Repair venous blockage	0.00	15.00	0.94	15.94	XXX	N
75980	.....	A	Contrast xray exam bile duct	1.44	5.80	0.43	7.67	XXX	N
75980	26	A	Contrast xray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75980	TC	A	Contrast xray exam bile duct	0.00	5.16	0.33	5.49	XXX	N
75982	.....	A	Contrast xray exam bile duct	1.44	6.45	0.47	8.36	XXX	N
75982	26	A	Contrast xray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75982	TC	A	Contrast xray exam bile duct	0.00	5.81	0.37	6.18	XXX	N
75984	.....	A	Xray control catheter change	0.72	2.19	0.17	3.08	XXX	N
75984	26	A	Xray control catheter change	0.72	0.33	0.05	1.10	XXX	N
75984	TC	A	Xray control catheter change	0.00	1.86	0.12	1.98	XXX	N
75989	.....	A	Abscess drainage under x-ray	1.19	3.52	0.27	4.98	XXX	N
75989	26	A	Abscess drainage under x-ray	1.19	0.52	0.08	1.79	XXX	N
75989	TC	A	Abscess drainage under x-ray	0.00	3.00	0.19	3.19	XXX	N
75992	.....	A	Atherectomy, x-ray exam	0.54	15.25	0.98	16.77	XXX	N
75992	26	A	Atherectomy, x-ray exam	0.54	0.25	0.04	0.83	XXX	N
75992	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75993	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75993	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
75994	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75994	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75994	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75995	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75995	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75995	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75996	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75996	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
76000	.....	A	Fluoroscope examination	0.17	1.31	0.09	1.57	XXX	N
76000	26	A	Fluoroscope examination	0.17	0.07	0.01	0.25	XXX	N
76000	TC	A	Fluoroscope examination	0.00	1.24	0.08	1.32	XXX	N
76001	.....	A	Fluoroscope exam, extensive	0.67	2.81	0.22	3.70	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76001	26	A	Fluoroscope exam, extensive	0.67	0.31	0.05	1.03	XXX	N
76001	TC	A	Fluoroscope exam, extensive	0.00	2.50	0.17	2.67	XXX	N
76003		A	Needle localization by x-ray	0.54	1.49	0.12	2.15	XXX	N
76003	26	A	Needle localization by x-ray	0.54	0.25	0.04	0.83	XXX	N
76003	TC	A	Needle localization by x-ray	0.00	1.24	0.08	1.32	XXX	N
76010		A	X-ray, nose to rectum	0.18	0.58	0.04	0.80	XXX	N
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.01	0.27	XXX	N
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.03	0.53	XXX	N
76020		A	X-rays for bone age	0.19	0.59	0.04	0.82	XXX	N
76020	26	A	X-rays for bone age	0.19	0.09	0.01	0.29	XXX	N
76020	TC	A	X-rays for bone age	0.00	0.50	0.03	0.53	XXX	N
76040		A	X-rays, bone evaluation	0.27	0.88	0.07	1.22	XXX	N
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.02	0.42	XXX	N
76040	TC	A	X-rays, bone evaluation	0.00	0.75	0.05	0.80	XXX	N
76061		A	X-rays, bone survey	0.45	1.15	0.09	1.69	XXX	N
76061	26	A	X-rays, bone survey	0.45	0.20	0.03	0.68	XXX	N
76061	TC	A	X-rays, bone survey	0.00	0.95	0.06	1.01	XXX	N
76062		A	X-rays, bone survey	0.54	1.62	0.13	2.29	XXX	N
76062	26	A	X-rays, bone survey	0.54	0.25	0.04	0.83	XXX	N
76062	TC	A	X-rays, bone survey	0.00	1.37	0.09	1.46	XXX	N
76065		A	X-rays, bone evaluation	0.28	0.83	0.07	1.18	XXX	N
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.02	0.43	XXX	N
76065	TC	A	X-rays, bone evaluation	0.00	0.70	0.05	0.75	XXX	N
76066		A	Joint(s) survey, single film	0.31	1.20	0.09	1.60	XXX	N
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.02	0.47	XXX	N
76066	TC	A	Joint(s) survey, single film	0.00	1.06	0.07	1.13	XXX	N
76070		G	CT scan, bone density study	+0.25	2.93	0.20	3.38	XXX	N
76070	26	G	CT scan, bone density study	+0.25	0.12	0.02	0.39	XXX	N
76070	TC	G	CT scan, bone density study	+0.00	2.81	0.18	2.99	XXX	N
76075		G	Dual energy x-ray study	+0.30	3.07	0.21	3.58	XXX	N
76075	26	G	Dual energy x-ray study	+0.30	0.12	0.02	0.44	XXX	N
76075	TC	G	Dual energy x-ray study	+0.00	2.95	0.19	3.14	XXX	N
76080		A	X-ray exam of fistula	0.54	1.25	0.11	1.90	XXX	N
76080	26	A	X-ray exam of fistula	0.54	0.25	0.04	0.83	XXX	N
76080	TC	A	X-ray exam of fistula	0.00	1.00	0.07	1.07	XXX	N
76086		A	X-ray of mammary duct	0.36	2.67	0.19	3.22	XXX	N
76086	26	A	X-ray of mammary duct	0.36	0.17	0.02	0.55	XXX	N
76086	TC	A	X-ray of mammary duct	0.00	2.50	0.17	2.67	XXX	N
76088		A	X-ray of mammary ducts	0.45	3.69	0.25	4.39	XXX	N
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.03	0.68	XXX	N
76088	TC	A	X-ray of mammary ducts	0.00	3.49	0.22	3.71	XXX	N
76090		A	Mammogram, one breast	0.58	1.12	0.09	1.79	XXX	N
76090	26	A	Mammogram, one breast	0.58	0.12	0.02	0.72	XXX	N
76090	TC	A	Mammogram, one breast	0.00	1.00	0.07	1.07	XXX	N
76091		A	Mammogram, both breasts	0.69	1.42	0.11	2.22	XXX	N
76091	26	A	Mammogram, both breasts	0.69	0.18	0.03	0.90	XXX	N
76091	TC	A	Mammogram, both breasts	0.00	1.24	0.08	1.32	XXX	N
76092		X	Mammogram, screening	0.00	0.00	0.00	0.00	XXX	0
76093		A	Magnetic image, breast	1.63	17.52	1.16	20.31	XXX	N
76093	26	A	Magnetic image, breast	1.63	0.72	0.11	2.46	XXX	N
76093	TC	A	Magnetic image, breast	0.00	16.80	1.05	17.85	XXX	N
76094		A	Magnetic image, both breasts	1.63	23.51	1.53	26.67	XXX	N
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.11	2.46	XXX	N
76094	TC	A	Magnetic image, both breasts	0.00	22.79	1.42	24.21	XXX	N
76095		A	Stereotactic breast biopsy	1.59	7.54	0.54	9.67	XXX	N
76095	26	A	Stereotactic breast biopsy	1.59	0.71	0.11	2.41	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.83	0.43	7.26	XXX	N
76096		A	X-ray of needle wire, breast	0.56	1.50	0.12	2.18	XXX	N
76096	26	A	X-ray of needle wire, breast	0.56	0.26	0.04	0.86	XXX	N
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	0.08	1.32	XXX	N
76098		A	X-ray exam, breast specimen	0.16	0.47	0.04	0.67	XXX	N
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.01	0.24	XXX	N
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.03	0.43	XXX	N
76100		A	X-ray exam of body section	0.58	1.46	0.12	2.16	XXX	N
76100	26	A	X-ray exam of body section	0.58	0.27	0.04	0.89	XXX	N
76100	TC	A	X-ray exam of body section	0.00	1.19	0.08	1.27	XXX	N
76101		A	Complex body section x-ray	0.58	1.62	0.13	2.33	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76101	26	A	Complex body section x-ray	0.58	0.27	0.04	0.89	XXX	N
76101	TC	A	Complex body section x-ray	0.00	1.35	0.09	1.44	XXX	N
76102		A	Complex body section x-rays	0.58	1.92	0.15	2.65	XXX	N
76102	26	A	Complex body section x-rays	0.58	0.27	0.04	0.89	XXX	N
76102	TC	A	Complex body section x-rays	0.00	1.65	0.11	1.76	XXX	N
76120		A	Cinematic x-rays	0.38	1.17	0.10	1.65	XXX	N
76120	26	A	Cinematic x-rays	0.38	0.17	0.03	0.58	XXX	N
76120	TC	A	Cinematic x-rays	0.00	1.00	0.07	1.07	XXX	N
76125		A	Cinematic x-rays	0.27	0.87	0.07	1.21	XXX	N
76125	26	A	Cinematic x-rays	0.27	0.12	0.02	0.41	XXX	N
76125	TC	A	Cinematic x-rays	0.00	0.75	0.05	0.80	XXX	N
76140		G	X-ray consultation	0.00	0.00	0.00	0.00	XXX	0
76150		A	X-ray exam, dry process	0.00	0.40	0.03	0.43	XXX	N
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76355		A	CAT scan for localization	1.21	8.40	0.57	10.18	XXX	N
76355	26	A	CAT scan for localization	1.21	0.53	0.08	1.82	XXX	N
76355	TC	A	CAT scan for localization	0.00	7.87	0.49	8.36	XXX	N
76360		A	CAT scan for needle biopsy	1.16	8.37	0.57	10.10	XXX	N
76360	26	A	CAT scan for needle biopsy	1.16	0.50	0.08	1.74	XXX	N
76360	TC	A	CAT scan for needle biopsy	0.00	7.87	0.49	8.36	XXX	N
76365		A	CAT scan for cyst aspiration	1.16	8.37	0.57	10.10	XXX	N
76365	26	A	CAT scan for cyst aspiration	1.16	0.50	0.08	1.74	XXX	N
76365	TC	A	CAT scan for cyst aspiration	0.00	7.87	0.49	8.36	XXX	N
76370		A	CAT scan for therapy guide	0.85	3.19	0.24	4.28	XXX	N
76370	26	A	CAT scan for therapy guide	0.85	0.38	0.06	1.29	XXX	N
76370	TC	A	CAT scan for therapy guide	0.00	2.81	0.18	2.99	XXX	N
76375		A	CAT scans, other planes	0.16	3.44	0.22	3.82	XXX	N
76375	26	A	CAT scans, other planes	0.16	0.07	0.01	0.24	XXX	N
76375	TC	A	CAT scans, other planes	0.00	3.37	0.21	3.58	XXX	N
76380		A	CAT scan follow-up study	0.98	3.78	0.28	5.04	XXX	N
76380	26	A	CAT scan follow-up study	0.98	0.44	0.07	1.49	XXX	N
76380	TC	A	CAT scan follow-up study	0.00	3.34	0.21	3.55	XXX	N
76400		A	Magnetic image, bone marrow	1.60	11.40	0.78	13.78	XXX	N
76400	26	A	Magnetic image, bone marrow	1.60	0.72	0.11	2.43	XXX	N
76400	TC	A	Magnetic image, bone marrow	0.00	10.68	0.67	11.35	XXX	N
76499		C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76506		A	Echo exam of head	0.63	1.64	0.13	2.40	XXX	N
76506	26	A	Echo exam of head	0.63	0.29	0.04	0.96	XXX	N
76506	TC	A	Echo exam of head	0.00	1.35	0.09	1.44	XXX	N
76511		A	Echo exam of eye	0.94	1.44	0.12	2.50	XXX	N
76511	26	A	Echo exam of eye	0.94	0.25	0.04	1.23	XXX	N
76511	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76512		A	Echo exam of eye	0.66	1.75	0.15	2.56	XXX	N
76512	26	A	Echo exam of eye	0.66	0.30	0.05	1.01	XXX	N
76512	TC	A	Echo exam of eye	0.00	1.45	0.10	1.55	XXX	N
76513		A	Echo exam of eye, water bath	0.66	1.75	0.15	2.56	XXX	N
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.05	1.01	XXX	N
76513	TC	A	Echo exam of eye, water bath	0.00	1.45	0.10	1.55	XXX	N
76516		A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76516	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76516	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76519		A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76519	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76519	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76529		A	Echo exam of eye	0.57	1.56	0.13	2.26	XXX	N
76529	26	A	Echo exam of eye	0.57	0.26	0.04	0.87	XXX	N
76529	TC	A	Echo exam of eye	0.00	1.30	0.09	1.39	XXX	N
76536		A	Echo exam of head and neck	0.56	1.61	0.13	2.30	XXX	N
76536	26	A	Echo exam of head and neck	0.56	0.26	0.04	0.86	XXX	N
76536	TC	A	Echo exam of head and neck	0.00	1.35	0.09	1.44	XXX	N
76604		A	Echo exam of chest	0.55	1.50	0.12	2.17	XXX	N
76604	26	A	Echo exam of chest	0.55	0.26	0.04	0.85	XXX	N
76604	TC	A	Echo exam of chest	0.00	1.24	0.08	1.32	XXX	N
76645		A	Echo exam of breast	0.54	1.25	0.11	1.90	XXX	N
76645	26	A	Echo exam of breast	0.54	0.25	0.04	0.83	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76645	TC	A	Echo exam of breast	0.00	1.00	0.07	1.07	XXX	N
76700		A	Echo exam of abdomen	0.81	2.25	0.17	3.23	XXX	N
76700	26	A	Echo exam of abdomen	0.81	0.37	0.05	1.23	XXX	N
76700	TC	A	Echo exam of abdomen	0.00	1.88	0.12	2.00	XXX	N
76705		A	Echo exam of abdomen	0.59	1.62	0.13	2.34	XXX	N
76705	26	A	Echo exam of abdomen	0.59	0.27	0.04	0.90	XXX	N
76705	TC	A	Echo exam of abdomen	0.00	1.35	0.09	1.44	XXX	N
76770		A	Echo exam abdomen back wall	0.74	2.22	0.17	3.13	XXX	N
76770	26	A	Echo exam abdomen back wall	0.74	0.34	0.05	1.13	XXX	N
76770	TC	A	Echo exam abdomen back wall	0.00	1.88	0.12	2.00	XXX	N
76775		A	Echo exam abdomen back wall	0.58	1.62	0.13	2.33	XXX	N
76775	26	A	Echo exam abdomen back wall	0.58	0.27	0.04	0.89	XXX	N
76775	TC	A	Echo exam abdomen back wall	0.00	1.35	0.09	1.44	XXX	N
76778		A	Echo exam kidney transplant	0.74	2.22	0.17	3.13	XXX	N
76778	26	A	Echo exam kidney transplant	0.74	0.34	0.05	1.13	XXX	N
76778	TC	A	Echo exam kidney transplant	0.00	1.88	0.12	2.00	XXX	N
76800		A	Echo exam spinal canal	1.13	1.85	0.17	3.15	XXX	N
76800	26	A	Echo exam spinal canal	1.13	0.50	0.08	1.71	XXX	N
76800	TC	A	Echo exam spinal canal	0.00	1.35	0.09	1.44	XXX	N
76805		A	Echo exam of pregnant uterus	0.99	2.45	0.20	3.64	XXX	N
76805	26	A	Echo exam of pregnant uterus	0.99	0.45	0.07	1.51	XXX	N
76805	TC	A	Echo exam of pregnant uterus	0.00	2.00	0.13	2.13	XXX	N
76810		A	Echo exam of pregnant uterus	1.97	4.88	0.38	7.23	XXX	N
76810	26	A	Echo exam of pregnant uterus	1.97	0.88	0.13	2.98	XXX	N
76810	TC	A	Echo exam of pregnant uterus	0.00	4.00	0.25	4.25	XXX	N
76815		A	Echo exam of pregnant uterus	0.65	1.65	0.13	2.43	XXX	N
76815	26	A	Echo exam of pregnant uterus	0.65	0.30	0.04	0.99	XXX	N
76815	TC	A	Echo exam of pregnant uterus	0.00	1.35	0.09	1.44	XXX	N
76816		A	Echo exam followup or repeat	0.57	1.32	0.11	2.00	XXX	N
76816	26	A	Echo exam followup or repeat	0.57	0.26	0.04	0.87	XXX	N
76816	TC	A	Echo exam followup or repeat	0.00	1.06	0.07	1.13	XXX	N
76818		A	Fetal biophysical profile	0.77	1.89	0.15	2.81	XXX	N
76818	26	A	Fetal biophysical profile	0.77	0.35	0.05	1.17	XXX	N
76818	TC	A	Fetal biophysical profile	0.00	1.54	0.10	1.64	XXX	N
76825		A	Echo exam of fetal heart	1.67	2.23	0.17	4.07	XXX	N
76825	26	A	Echo exam of fetal heart	1.67	0.35	0.05	2.07	XXX	N
76825	TC	A	Echo exam of fetal heart	0.00	1.88	0.12	2.00	XXX	N
76826		A	Echo exam of fetal heart	0.83	1.35	0.10	2.28	XXX	N
76826	26	A	Echo exam of fetal heart	0.83	0.68	0.05	1.56	XXX	N
76826	TC	A	Echo exam of fetal heart	0.00	0.67	0.05	0.72	XXX	N
76827		A	Echo exam of fetal heart	0.58	2.33	0.18	3.09	XXX	N
76827	26	A	Echo exam of fetal heart	0.58	0.69	0.05	1.32	XXX	N
76827	TC	A	Echo exam of fetal heart	0.00	1.64	0.13	1.77	XXX	N
76828		A	Echo exam of fetal heart	0.56	1.34	0.11	2.01	XXX	N
76828	26	A	Echo exam of fetal heart	0.56	0.28	0.02	0.86	XXX	N
76828	TC	A	Echo exam of fetal heart	0.00	1.06	0.09	1.15	XXX	N
76830		A	Echo exam, transvaginal	0.69	1.77	0.15	2.61	XXX	N
76830	26	A	Echo exam, transvaginal	0.69	0.32	0.05	1.06	XXX	N
76830	TC	A	Echo exam, transvaginal	0.00	1.45	0.10	1.55	XXX	N
76856		A	Echo exam of pelvis	0.69	1.77	0.15	2.61	XXX	N
76856	26	A	Echo exam of pelvis	0.69	0.32	0.05	1.06	XXX	N
76856	TC	A	Echo exam of pelvis	0.00	1.45	0.10	1.55	XXX	N
76857		A	Echo exam of pelvis	0.38	1.17	0.10	1.65	XXX	N
76857	26	A	Echo exam of pelvis	0.38	0.17	0.03	0.58	XXX	N
76857	TC	A	Echo exam of pelvis	0.00	1.00	0.07	1.07	XXX	N
76870		A	Echo exam of scrotum	0.64	1.74	0.14	2.52	XXX	N
76870	26	A	Echo exam of scrotum	0.64	0.29	0.04	0.97	XXX	N
76870	TC	A	Echo exam of scrotum	0.00	1.45	0.10	1.55	XXX	N
76872		A	Echo exam, transrectal	0.69	1.77	0.15	2.61	XXX	N
76872	26	A	Echo exam, transrectal	0.69	0.32	0.05	1.06	XXX	N
76872	TC	A	Echo exam, transrectal	0.00	1.45	0.10	1.55	XXX	N
76880		A	Echo exam of extremity	0.59	1.62	0.13	2.34	XXX	N
76880	26	A	Echo exam of extremity	0.59	0.27	0.04	0.90	XXX	N
76880	TC	A	Echo exam of extremity	0.00	1.35	0.09	1.44	XXX	N
76930		A	Echo guide for heart sac tap	0.67	1.76	0.15	2.58	XXX	N
76930	26	A	Echo guide for heart sac tap	0.67	0.31	0.05	1.03	XXX	N
76930	TC	A	Echo guide for heart sac tap	0.00	1.45	0.10	1.55	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76932		A	Echo guide for heart biopsy	0.67	1.76	0.15	2.58	XXX	N
76932	26	A	Echo guide for heart biopsy	0.67	0.31	0.05	1.03	XXX	N
76932	TC	A	Echo guide for heart biopsy	0.00	1.45	0.10	1.55	XXX	N
76934		A	Echo guide for chest tap	0.67	1.76	0.15	2.58	XXX	N
76934	26	A	Echo guide for chest tap	0.67	0.31	0.05	1.03	XXX	N
76934	TC	A	Echo guide for chest tap	0.00	1.45	0.10	1.55	XXX	N
76936		A	Echo guide for artery repair	1.99	7.24	0.48	9.71	XXX	N
76936	26	A	Echo guide for artery repair	1.99	1.24	0.10	3.33	XXX	N
76936	TC	A	Echo guide for artery repair	0.00	6.00	0.38	6.38	XXX	N
76938		A	Echo exam for drainage	0.67	1.76	0.15	2.58	XXX	N
76938	26	A	Echo exam for drainage	0.67	0.31	0.05	1.03	XXX	N
76938	TC	A	Echo exam for drainage	0.00	1.45	0.10	1.55	XXX	N
76941		A	Echo guide for transfusion	1.34	2.07	0.19	3.60	XXX	N
76941	26	A	Echo guide for transfusion	1.34	0.61	0.10	2.05	XXX	N
76941	TC	A	Echo guide for transfusion	0.00	1.46	0.09	1.55	XXX	N
76942		A	Echo guide for biopsy	0.67	1.76	0.15	2.58	XXX	N
76942	26	A	Echo guide for biopsy	0.67	0.31	0.05	1.03	XXX	N
76942	TC	A	Echo guide for biopsy	0.00	1.45	0.10	1.55	XXX	N
76945		A	Echo guide, villus sampling	0.67	2.07	0.19	2.93	XXX	N
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.10	1.38	XXX	N
76945	TC	A	Echo guide, villus sampling	0.00	1.46	0.09	1.55	XXX	N
76946		A	Echo guide for amniocentesis	0.38	1.62	0.13	2.13	XXX	N
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.03	0.58	XXX	N
76946	TC	A	Echo guide for amniocentesis	0.00	1.45	0.10	1.55	XXX	N
76948		A	Echo guide, ova aspiration	0.38	1.62	0.13	2.13	XXX	N
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.03	0.58	XXX	N
76948	TC	A	Echo guide, ova aspiration	0.00	1.45	0.10	1.55	XXX	N
76950		A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76950	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76960		A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76960	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76960	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76965		A	Echo guidance radiotherapy	1.34	7.38	0.52	9.24	XXX	N
76965	26	A	Echo guidance radiotherapy	1.34	2.07	0.19	3.60	XXX	N
76965	TC	A	Echo guidance radiotherapy	0.00	5.31	0.33	5.64	XXX	N
76970		A	Ultrasound exam follow-up	0.40	1.18	0.10	1.68	XXX	N
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.03	0.61	XXX	N
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	0.07	1.07	XXX	N
76975		A	GI endoscopic ultrasound	0.81	1.79	0.15	2.75	XXX	N
76975	26	A	GI endoscopic ultrasound	0.81	0.34	0.05	1.20	XXX	N
76975	TC	A	GI endoscopic ultrasound	0.00	1.45	0.10	1.55	XXX	N
76986		A	Echo exam at surgery	1.20	3.03	0.25	4.48	XXX	N
76986	26	A	Echo exam at surgery	1.20	0.53	0.08	1.81	XXX	N
76986	TC	A	Echo exam at surgery	0.00	2.50	0.17	2.67	XXX	N
76999		C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
77261		A	Radiation therapy planning	1.39	0.62	0.09	2.10	XXX	N
77262		A	Radiation therapy planning	2.11	0.94	0.14	3.19	XXX	N
77263		A	Radiation therapy planning	3.14	1.40	0.20	4.74	XXX	N
77280		A	Set radiation therapy field	0.70	3.63	0.26	4.59	XXX	N
77280	26	A	Set radiation therapy field	0.70	0.32	0.05	1.07	XXX	N
77280	TC	A	Set radiation therapy field	0.00	3.31	0.21	3.52	XXX	N
77285		A	Set radiation therapy field	1.05	5.77	0.41	7.23	XXX	N
77285	26	A	Set radiation therapy field	1.05	0.46	0.07	1.58	XXX	N
77285	TC	A	Set radiation therapy field	0.00	5.31	0.34	5.65	XXX	N
77290		A	Set radiation therapy field	1.56	6.90	0.50	8.96	XXX	N
77290	26	A	Set radiation therapy field	1.56	0.70	0.11	2.37	XXX	N
77290	TC	A	Set radiation therapy field	0.00	6.20	0.39	6.59	XXX	N
77295		A	Set radiation therapy field	4.57	28.68	1.93	35.18	XXX	N
77295	26	A	Set radiation therapy field	4.57	2.06	0.23	6.86	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.62	1.70	28.32	XXX	N
77299		C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77300		A	Radiation therapy dose plan	0.62	1.56	0.12	2.30	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
77300	26	A	Radiation therapy dose plan	0.62	0.28	0.04	0.94	XXX	N
77300	TC	A	Radiation therapy dose plan	0.00	1.28	0.08	1.36	XXX	N
77305		A	Radiation therapy dose plan	0.70	2.09	0.17	2.96	XXX	N
77305	26	A	Radiation therapy dose plan	0.70	0.32	0.05	1.07	XXX	N
77305	TC	A	Radiation therapy dose plan	0.00	1.77	0.12	1.89	XXX	N
77310		A	Radiation therapy dose plan	1.05	2.68	0.22	3.95	XXX	N
77310	26	A	Radiation therapy dose plan	1.05	0.46	0.07	1.58	XXX	N
77310	TC	A	Radiation therapy dose plan	0.00	2.22	0.15	2.37	XXX	N
77315		A	Radiation therapy dose plan	1.56	3.23	0.28	5.07	XXX	N
77315	26	A	Radiation therapy dose plan	1.56	0.70	0.11	2.37	XXX	N
77315	TC	A	Radiation therapy dose plan	0.00	2.53	0.17	2.70	XXX	N
77321		A	Radiation therapy port plan	0.95	4.28	0.30	5.53	XXX	N
77321	26	A	Radiation therapy port plan	0.95	0.43	0.06	1.44	XXX	N
77321	TC	A	Radiation therapy port plan	0.00	3.85	0.24	4.09	XXX	N
77326		A	Radiation therapy dose plan	0.93	2.67	0.21	3.81	XXX	N
77326	26	A	Radiation therapy dose plan	0.93	0.42	0.06	1.41	XXX	N
77326	TC	A	Radiation therapy dose plan	0.00	2.25	0.15	2.40	XXX	N
77327		A	Radiation therapy dose plan	1.39	3.93	0.30	5.62	XXX	N
77327	26	A	Radiation therapy dose plan	1.39	0.62	0.09	2.10	XXX	N
77327	TC	A	Radiation therapy dose plan	0.00	3.31	0.21	3.52	XXX	N
77328		A	Radiation therapy dose plan	2.09	5.66	0.44	8.19	XXX	N
77328	26	A	Radiation therapy dose plan	2.09	0.93	0.14	3.16	XXX	N
77328	TC	A	Radiation therapy dose plan	0.00	4.73	0.30	5.03	XXX	N
77331		A	Special radiation dosimetry	0.87	0.87	0.09	1.83	XXX	N
77331	26	A	Special radiation dosimetry	0.87	0.39	0.06	1.32	XXX	N
77331	TC	A	Special radiation dosimetry	0.00	0.48	0.03	0.51	XXX	N
77332		A	Radiation treatment aid(s)	0.54	1.53	0.12	2.19	XXX	N
77332	26	A	Radiation treatment aid(s)	0.54	0.25	0.04	0.83	XXX	N
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	0.08	1.36	XXX	N
77333		A	Radiation treatment aid(s)	0.84	2.19	0.18	3.21	XXX	N
77333	26	A	Radiation treatment aid(s)	0.84	0.38	0.06	1.28	XXX	N
77333	TC	A	Radiation treatment aid(s)	0.00	1.81	0.12	1.93	XXX	N
77334		A	Radiation treatment aid(s)	1.24	3.64	0.27	5.15	XXX	N
77334	26	A	Radiation treatment aid(s)	1.24	0.54	0.08	1.86	XXX	N
77334	TC	A	Radiation treatment aid(s)	0.00	3.10	0.19	3.29	XXX	N
77336		A	Radiation physics consult	0.00	2.84	0.18	3.02	XXX	N
77370		A	Radiation physics consult	0.00	3.33	0.21	3.54	XXX	N
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77401		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77402		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77403		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77404		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77406		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77407		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77408		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77409		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77411		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77412		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77413		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77414		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77416		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77417		A	Radiology port film(s)	0.00	0.56	0.04	0.60	XXX	N
77419		A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77420		A	Weekly radiation therapy	1.61	0.72	0.11	2.44	XXX	N
77425		A	Weekly radiation therapy	2.44	1.10	0.17	3.71	XXX	N
77430		A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77431		A	Radiation therapy management	1.81	0.81	0.12	2.74	XXX	N
77432		A	Stereotactic radiation trmt	7.93	4.94	0.40	13.27	XXX	N
77470		A	Special radiation treatment	2.09	11.55	0.80	14.44	XXX	N
77470	26	A	Special radiation treatment	2.09	0.93	0.14	3.16	XXX	N
77470	TC	A	Special radiation treatment	0.00	10.62	0.66	11.28	XXX	N
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77600		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
77600	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77600	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77605		A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77605	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77605	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77610		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77610	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77610	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77615		A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77615	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77615	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77620		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77620	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77620	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77750		A	Infuse radioactive materials	4.59	3.32	0.38	8.29	090	N
77750	26	A	Infuse radioactive materials	4.59	2.05	0.30	6.94	090	N
77750	TC	A	Infuse radioactive materials	0.00	1.27	0.08	1.35	090	N
77761		A	Radioelement application	3.56	3.98	0.39	7.93	090	N
77761	26	A	Radioelement application	3.56	1.59	0.23	5.38	090	N
77761	TC	A	Radioelement application	0.00	2.39	0.16	2.55	090	N
77762		A	Radioelement application	5.35	5.83	0.57	11.75	090	N
77762	26	A	Radioelement application	5.35	2.39	0.35	8.09	090	N
77762	TC	A	Radioelement application	0.00	3.44	0.22	3.66	090	N
77763		A	Radioelement application	8.01	7.86	0.77	16.64	090	N
77763	26	A	Radioelement application	8.01	3.58	0.50	12.09	090	N
77763	TC	A	Radioelement application	0.00	4.28	0.27	4.55	090	N
77776		A	Radioelement application	4.66	4.16	0.45	9.27	XXX	N
77776	26	A	Radioelement application	4.66	2.09	0.31	7.06	XXX	N
77776	TC	A	Radioelement application	0.00	2.07	0.14	2.21	XXX	N
77777		A	Radioelement application	6.99	7.17	0.71	14.87	090	N
77777	26	A	Radioelement application	6.99	3.13	0.45	10.57	090	N
77777	TC	A	Radioelement application	0.00	4.04	0.26	4.30	090	N
77778		A	Radioelement application	10.46	9.58	0.98	21.02	090	N
77778	26	A	Radioelement application	10.46	4.69	0.67	15.82	090	N
77778	TC	A	Radioelement application	0.00	4.89	0.31	5.20	090	N
77781		A	High intensity brachytherapy	1.55	20.04	1.32	22.91	090	N
77781	26	A	High intensity brachytherapy	1.55	0.69	0.11	2.35	090	N
77781	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77782		A	High intensity brachytherapy	2.33	20.40	1.37	24.10	090	N
77782	26	A	High intensity brachytherapy	2.33	1.05	0.16	3.54	090	N
77782	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77783		A	High intensity brachytherapy	3.49	20.90	1.44	25.83	090	N
77783	26	A	High intensity brachytherapy	3.49	1.55	0.23	5.27	090	N
77783	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77784		A	High intensity brachytherapy	5.24	21.69	1.56	28.49	090	N
77784	26	A	High intensity brachytherapy	5.24	2.34	0.35	7.93	090	N
77784	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77789		A	Radioelement application	1.05	0.89	0.10	2.04	090	N
77789	26	A	Radioelement application	1.05	0.46	0.07	1.58	090	N
77789	TC	A	Radioelement application	0.00	0.43	0.03	0.46	090	N
77790		A	Radioelement handling	1.05	0.94	0.10	2.09	XXX	N
77790	26	A	Radioelement handling	1.05	0.46	0.07	1.58	XXX	N
77790	TC	A	Radioelement handling	0.00	0.48	0.03	0.51	XXX	N
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
78000		A	Thyroid, single uptake	0.19	1.01	0.07	1.27	XXX	N
78000	26	A	Thyroid, single uptake	0.19	0.09	0.01	0.29	XXX	N
78000	TC	A	Thyroid, single uptake	0.00	0.92	0.06	0.98	XXX	N
78001		A	Thyroid, multiple uptakes	0.26	1.36	0.10	1.72	XXX	N
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.02	0.40	XXX	N
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	0.08	1.32	XXX	N
78003		A	Thyroid suppress/stimul	0.33	1.07	0.08	1.48	XXX	N
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.02	0.50	XXX	N
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	0.06	0.98	XXX	N
78006		A	Thyroid, imaging with uptake	0.49	2.49	0.18	3.16	XXX	N
78006	26	A	Thyroid, imaging with uptake	0.49	0.22	0.03	0.74	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78006	TC	A	Thyroid, imaging with uptake	0.00	2.27	0.15	2.42	XXX	N
78007		A	Thyroid, image, mult uptakes	0.50	2.68	0.19	3.37	XXX	N
78007	26	A	Thyroid, image, mult uptakes	0.50	0.23	0.03	0.76	XXX	N
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.45	0.16	2.61	XXX	N
78010		A	Thyroid imaging	0.39	1.90	0.14	2.43	XXX	N
78010	26	A	Thyroid imaging	0.39	0.17	0.03	0.59	XXX	N
78010	TC	A	Thyroid imaging	0.00	1.73	0.11	1.84	XXX	N
78011		A	Thyroid imaging with flow	0.45	2.50	0.18	3.13	XXX	N
78011	26	A	Thyroid imaging with flow	0.45	0.21	0.03	0.69	XXX	N
78011	TC	A	Thyroid imaging with flow	0.00	2.29	0.15	2.44	XXX	N
78015		A	Thyroid met imaging	0.67	2.76	0.21	3.64	XXX	N
78015	26	A	Thyroid met imaging	0.67	0.31	0.05	1.03	XXX	N
78015	TC	A	Thyroid met imaging	0.00	2.45	0.16	2.61	XXX	N
78016		A	Thyroid met imaging/studies	0.82	3.70	0.27	4.79	XXX	N
78016	26	A	Thyroid met imaging/studies	0.82	0.38	0.06	1.26	XXX	N
78016	TC	A	Thyroid met imaging/studies	0.00	3.32	0.21	3.53	XXX	N
78017		A	Thyroid met imaging, mult	0.87	3.94	0.28	5.09	XXX	N
78017	26	A	Thyroid met imaging, mult	0.87	0.39	0.06	1.32	XXX	N
78017	TC	A	Thyroid met imaging, mult	0.00	3.55	0.22	3.77	XXX	N
78018		A	Thyroid, met imaging, body	0.95	5.60	0.39	6.94	XXX	N
78018	26	A	Thyroid, met imaging, body	0.95	0.43	0.06	1.44	XXX	N
78018	TC	A	Thyroid, met imaging, body	0.00	5.17	0.33	5.50	XXX	N
78070		A	Parathyroid nuclear imaging	0.82	1.96	0.15	2.93	XXX	N
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.04	1.09	XXX	N
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	0.11	1.84	XXX	N
78075		A	Adrenal nuclear imaging	0.74	5.51	0.38	6.63	XXX	N
78075	26	A	Adrenal nuclear imaging	0.74	0.34	0.05	1.13	XXX	N
78075	TC	A	Adrenal nuclear imaging	0.00	5.17	0.33	5.50	XXX	N
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78102		A	Bone marrow imaging, ltd	0.55	2.19	0.17	2.91	XXX	N
78102	26	A	Bone marrow imaging, ltd	0.55	0.25	0.04	0.84	XXX	N
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	0.13	2.07	XXX	N
78103		A	Bone marrow imaging, mult	0.75	3.36	0.24	4.35	XXX	N
78103	26	A	Bone marrow imaging, mult	0.75	0.34	0.05	1.14	XXX	N
78103	TC	A	Bone marrow imaging, mult	0.00	3.02	0.19	3.21	XXX	N
78104		A	Bone marrow imaging, body	0.80	4.25	0.30	5.35	XXX	N
78104	26	A	Bone marrow imaging, body	0.80	0.37	0.05	1.22	XXX	N
78104	TC	A	Bone marrow imaging, body	0.00	3.88	0.25	4.13	XXX	N
78110		A	Plasma volume, single	0.19	0.99	0.07	1.25	XXX	N
78110	26	A	Plasma volume, single	0.19	0.09	0.01	0.29	XXX	N
78110	TC	A	Plasma volume, single	0.00	0.90	0.06	0.96	XXX	N
78111		A	Plasma volume, multiple	0.22	2.55	0.18	2.95	XXX	N
78111	26	A	Plasma volume, multiple	0.22	0.10	0.02	0.34	XXX	N
78111	TC	A	Plasma volume, multiple	0.00	2.45	0.16	2.61	XXX	N
78120		A	Red cell mass, single	0.23	1.76	0.13	2.12	XXX	N
78120	26	A	Red cell mass, single	0.23	0.11	0.02	0.36	XXX	N
78120	TC	A	Red cell mass, single	0.00	1.65	0.11	1.76	XXX	N
78121		A	Red cell mass, multiple	0.32	2.92	0.19	3.43	XXX	N
78121	26	A	Red cell mass, multiple	0.32	0.15	0.02	0.49	XXX	N
78121	TC	A	Red cell mass, multiple	0.00	2.77	0.17	2.94	XXX	N
78122		A	Blood volume	0.45	4.59	0.31	5.35	XXX	N
78122	26	A	Blood volume	0.45	0.20	0.03	0.68	XXX	N
78122	TC	A	Blood volume	0.00	4.39	0.28	4.67	XXX	N
78130		A	Red cell survival study	0.61	3.00	0.21	3.82	XXX	N
78130	26	A	Red cell survival study	0.61	0.28	0.04	0.93	XXX	N
78130	TC	A	Red cell survival study	0.00	2.72	0.17	2.89	XXX	N
78135		A	Red cell survival kinetics	0.64	4.93	0.34	5.91	XXX	N
78135	26	A	Red cell survival kinetics	0.64	0.29	0.04	0.97	XXX	N
78135	TC	A	Red cell survival kinetics	0.00	4.64	0.30	4.94	XXX	N
78140		A	Red cell sequestration	0.61	4.03	0.28	4.92	XXX	N
78140	26	A	Red cell sequestration	0.61	0.28	0.04	0.93	XXX	N
78140	TC	A	Red cell sequestration	0.00	3.75	0.24	3.99	XXX	N
78160		A	Plasma iron turnover	0.33	3.64	0.24	4.21	XXX	N
78160	26	A	Plasma iron turnover	0.33	0.15	0.02	0.50	XXX	N
78160	TC	A	Plasma iron turnover	0.00	3.49	0.22	3.71	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78162	.....	A	Iron absorption exam	0.45	3.25	0.22	3.92	XXX	N
78162	26	A	Iron absorption exam	0.45	0.20	0.03	0.68	XXX	N
78162	TC	A	Iron absorption exam	0.00	3.05	0.19	3.24	XXX	N
78170	.....	A	Red cell iron utilization	0.41	5.24	0.35	6.00	XXX	N
78170	26	A	Red cell iron utilization	0.41	0.18	0.03	0.62	XXX	N
78170	TC	A	Red cell iron utilization	0.00	5.06	0.32	5.38	XXX	N
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	26	A	Total body iron estimation	0.53	0.25	0.04	0.82	XXX	N
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78185	.....	A	Spleen imaging	0.40	2.43	0.18	3.01	XXX	N
78185	26	A	Spleen imaging	0.40	0.18	0.03	0.61	XXX	N
78185	TC	A	Spleen imaging	0.00	2.25	0.15	2.40	XXX	N
78190	.....	A	Platelet survival, kinetics	1.09	5.93	0.42	7.44	XXX	N
78190	26	A	Platelet survival, kinetics	1.09	0.48	0.07	1.64	XXX	N
78190	TC	A	Platelet survival, kinetics	0.00	5.45	0.35	5.80	XXX	N
78191	.....	A	Platelet survival	0.61	7.27	0.48	8.36	XXX	N
78191	26	A	Platelet survival	0.61	0.28	0.04	0.93	XXX	N
78191	TC	A	Platelet survival	0.00	6.99	0.44	7.43	XXX	N
78195	.....	A	Lymph system imaging	1.20	4.20	0.30	5.70	XXX	N
78195	26	A	Lymph system imaging	1.20	0.32	0.05	1.57	XXX	N
78195	TC	A	Lymph system imaging	0.00	3.88	0.25	4.13	XXX	N
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78201	.....	A	Liver imaging	0.44	2.44	0.18	3.06	XXX	N
78201	26	A	Liver imaging	0.44	0.19	0.03	0.66	XXX	N
78201	TC	A	Liver imaging	0.00	2.25	0.15	2.40	XXX	N
78202	.....	A	Liver imaging with flow	0.51	2.98	0.21	3.70	XXX	N
78202	26	A	Liver imaging with flow	0.51	0.23	0.04	0.78	XXX	N
78202	TC	A	Liver imaging with flow	0.00	2.75	0.17	2.92	XXX	N
78205	.....	A	Liver imaging (3D)	0.71	5.96	0.41	7.08	XXX	N
78205	26	A	Liver imaging (3D)	0.71	0.33	0.05	1.09	XXX	N
78205	TC	A	Liver imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78215	.....	A	Liver and spleen imaging	0.49	3.02	0.20	3.71	XXX	N
78215	26	A	Liver and spleen imaging	0.49	0.22	0.03	0.74	XXX	N
78215	TC	A	Liver and spleen imaging	0.00	2.80	0.17	2.97	XXX	N
78216	.....	A	Liver & spleen image, flow	0.57	3.58	0.25	4.40	XXX	N
78216	26	A	Liver & spleen image, flow	0.57	0.26	0.04	0.87	XXX	N
78216	TC	A	Liver & spleen image, flow	0.00	3.32	0.21	3.53	XXX	N
78220	.....	A	Liver function study	0.49	3.77	0.25	4.51	XXX	N
78220	26	A	Liver function study	0.49	0.22	0.03	0.74	XXX	N
78220	TC	A	Liver function study	0.00	3.55	0.22	3.77	XXX	N
78223	.....	A	Hepatobiliary imaging	0.84	3.87	0.28	4.99	XXX	N
78223	26	A	Hepatobiliary imaging	0.84	0.38	0.06	1.28	XXX	N
78223	TC	A	Hepatobiliary imaging	0.00	3.49	0.22	3.71	XXX	N
78230	.....	A	Salivary gland imaging	0.45	2.28	0.17	2.90	XXX	N
78230	26	A	Salivary gland imaging	0.45	0.21	0.03	0.69	XXX	N
78230	TC	A	Salivary gland imaging	0.00	2.07	0.14	2.21	XXX	N
78231	.....	A	Serial salivary imaging	0.52	3.26	0.23	4.01	XXX	N
78231	26	A	Serial salivary imaging	0.52	0.24	0.04	0.80	XXX	N
78231	TC	A	Serial salivary imaging	0.00	3.02	0.19	3.21	XXX	N
78232	.....	A	Salivary gland function exam	0.47	3.59	0.24	4.30	XXX	N
78232	26	A	Salivary gland function exam	0.47	0.22	0.03	0.72	XXX	N
78232	TC	A	Salivary gland function exam	0.00	3.37	0.21	3.58	XXX	N
78258	.....	A	Esophageal motility study	0.74	3.09	0.22	4.05	XXX	N
78258	26	A	Esophageal motility study	0.74	0.34	0.05	1.13	XXX	N
78258	TC	A	Esophageal motility study	0.00	2.75	0.17	2.92	XXX	N
78261	.....	A	Gastric mucosa imaging	0.69	4.23	0.30	5.22	XXX	N
78261	26	A	Gastric mucosa imaging	0.69	0.32	0.05	1.06	XXX	N
78261	TC	A	Gastric mucosa imaging	0.00	3.91	0.25	4.16	XXX	N
78262	.....	A	Gastroesophageal reflux exam	0.68	4.36	0.31	5.35	XXX	N
78262	26	A	Gastroesophageal reflux exam	0.68	0.31	0.05	1.04	XXX	N
78262	TC	A	Gastroesophageal reflux exam	0.00	4.05	0.26	4.31	XXX	N
78264	.....	A	Gastric emptying study	0.78	4.29	0.30	5.37	XXX	N
78264	26	A	Gastric emptying study	0.78	0.36	0.05	1.19	XXX	N
78264	TC	A	Gastric emptying study	0.00	3.93	0.25	4.18	XXX	N
78270	.....	A	Vit B-12 absorption exam	0.20	1.57	0.11	1.88	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78270	26	A	Vit B-12 absorption exam	0.20	0.10	0.01	0.31	XXX	N
78270	TC	A	Vit B-12 absorption exam	0.00	1.47	0.10	1.57	XXX	N
78271		A	Vit B-12 absorp exam, IF	0.20	1.67	0.11	1.98	XXX	N
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.10	0.01	0.31	XXX	N
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.57	0.10	1.67	XXX	N
78272		A	Vit B-12 absorp, combined	0.27	2.34	0.17	2.78	XXX	N
78272	26	A	Vit B-12 absorp, combined	0.27	0.13	0.02	0.42	XXX	N
78272	TC	A	Vit B-12 absorp, combined	0.00	2.21	0.15	2.36	XXX	N
78278		A	Acute GI blood loss imaging	0.99	5.09	0.37	6.45	XXX	N
78278	26	A	Acute GI blood loss imaging	0.99	0.45	0.07	1.51	XXX	N
78278	TC	A	Acute GI blood loss imaging	0.00	4.64	0.30	4.94	XXX	N
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	26	A	GI protein loss exam	0.38	0.17	0.03	0.58	XXX	N
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78290		A	Meckel's divert exam	0.68	3.21	0.23	4.12	XXX	N
78290	26	A	Meckel's divert exam	0.68	0.31	0.05	1.04	XXX	N
78290	TC	A	Meckel's divert exam	0.00	2.90	0.18	3.08	XXX	N
78291		A	Leveen/shunt patency exam	0.88	3.31	0.24	4.43	XXX	N
78291	26	A	Leveen/shunt patency exam	0.88	0.39	0.06	1.33	XXX	N
78291	TC	A	Leveen/shunt patency exam	0.00	2.92	0.18	3.10	XXX	N
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78300		A	Bone imaging, limited area	0.62	2.66	0.20	3.48	XXX	N
78300	26	A	Bone imaging, limited area	0.62	0.29	0.04	0.95	XXX	N
78300	TC	A	Bone imaging, limited area	0.00	2.37	0.16	2.53	XXX	N
78305		A	Bone imaging, multiple areas	0.83	3.87	0.28	4.98	XXX	N
78305	26	A	Bone imaging, multiple areas	0.83	0.38	0.06	1.27	XXX	N
78305	TC	A	Bone imaging, multiple areas	0.00	3.49	0.22	3.71	XXX	N
78306		A	Bone imaging, whole body	0.86	4.46	0.32	5.64	XXX	N
78306	26	A	Bone imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78306	TC	A	Bone imaging, whole body	0.00	4.07	0.26	4.33	XXX	N
78315		A	Bone imaging, 3 phase	1.02	5.00	0.36	6.38	XXX	N
78315	26	A	Bone imaging, 3 phase	1.02	0.45	0.07	1.54	XXX	N
78315	TC	A	Bone imaging, 3 phase	0.00	4.55	0.29	4.84	XXX	N
78320		A	Bone imaging (3D)	1.04	6.09	0.43	7.56	XXX	N
78320	26	A	Bone imaging (3D)	1.04	0.46	0.07	1.57	XXX	N
78320	TC	A	Bone imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78350		G	Bone mineral, single photon	+0.22	0.82	0.07	1.11	XXX	N
78350	26	G	Bone mineral, single photon	+0.22	0.10	0.02	0.34	XXX	N
78350	TC	G	Bone mineral, single photon	+0.00	0.72	0.05	0.77	XXX	N
78351		N	Bone mineral, dual photon	+0.30	0.19	0.02	0.51	XXX	0
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	26	A	Non-imaging heart function	0.45	0.20	0.03	0.68	XXX	N
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78428		A	Cardiac shunt imaging	0.78	2.51	0.19	3.48	XXX	N
78428	26	A	Cardiac shunt imaging	0.78	0.36	0.05	1.19	XXX	N
78428	TC	A	Cardiac shunt imaging	0.00	2.15	0.14	2.29	XXX	N
78445		A	Vascular flow imaging	0.49	2.01	0.15	2.65	XXX	N
78445	26	A	Vascular flow imaging	0.49	0.24	0.04	0.77	XXX	N
78445	TC	A	Vascular flow imaging	0.00	1.77	0.11	1.88	XXX	N
78455		A	Venous thrombosis study	0.73	4.13	0.29	5.15	XXX	N
78455	26	A	Venous thrombosis study	0.73	0.33	0.05	1.11	XXX	N
78455	TC	A	Venous thrombosis study	0.00	3.80	0.24	4.04	XXX	N
78457		A	Venous thrombosis imaging	0.77	2.88	0.22	3.87	XXX	N
78457	26	A	Venous thrombosis imaging	0.77	0.35	0.05	1.17	XXX	N
78457	TC	A	Venous thrombosis imaging	0.00	2.53	0.17	2.70	XXX	N
78458		A	Ven thrombosis images, bilat	0.90	4.23	0.30	5.43	XXX	N
78458	26	A	Ven thrombosis images, bilat	0.90	0.40	0.06	1.36	XXX	N
78458	TC	A	Ven thrombosis images, bilat	0.00	3.83	0.24	4.07	XXX	N
78459		G	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78459	26	G	Heart muscle imaging (PET)	+1.88	1.34	0.10	3.32	XXX	0
78459	TC	G	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78460		A	Heart muscle blood single	0.86	2.64	0.21	3.71	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78460	26	A	Heart muscle blood single	0.86	0.39	0.06	1.31	XXX	N
78460	TC	A	Heart muscle blood single	0.00	2.25	0.15	2.40	XXX	N
78461		A	Heart muscle blood multiple	1.23	5.04	0.37	6.64	XXX	N
78461	26	A	Heart muscle blood multiple	1.23	0.54	0.08	1.85	XXX	N
78461	TC	A	Heart muscle blood multiple	0.00	4.50	0.29	4.79	XXX	N
78464		A	Heart image (3D) single	1.09	7.22	0.50	8.81	XXX	N
78464	26	A	Heart image (3D) single	1.09	0.48	0.07	1.64	XXX	N
78464	TC	A	Heart image (3D) single	0.00	6.74	0.43	7.17	XXX	N
78465		A	Heart image (3D) multiple	1.46	11.89	0.80	14.15	XXX	N
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.10	2.21	XXX	N
78465	TC	A	Heart image (3D) multiple	0.00	11.24	0.70	11.94	XXX	N
78466		A	Heart infarct image	0.69	2.82	0.22	3.73	XXX	N
78466	26	A	Heart infarct image	0.69	0.32	0.05	1.06	XXX	N
78466	TC	A	Heart infarct image	0.00	2.50	0.17	2.67	XXX	N
78468		A	Heart infarct image, EF	0.80	3.85	0.27	4.92	XXX	N
78468	26	A	Heart infarct image, EF	0.80	0.36	0.05	1.21	XXX	N
78468	TC	A	Heart infarct image, EF	0.00	3.49	0.22	3.71	XXX	N
78469		A	Heart infarct image (3D)	0.92	5.39	0.38	6.69	XXX	N
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.06	1.39	XXX	N
78469	TC	A	Heart infarct image (3D)	0.00	4.98	0.32	5.30	XXX	N
78472		A	Gated heart, resting	0.98	5.69	0.41	7.08	XXX	N
78472	26	A	Gated heart, resting	0.98	0.44	0.07	1.49	XXX	N
78472	TC	A	Gated heart, resting	0.00	5.25	0.34	5.59	XXX	N
78473		A	Gated heart, multiple	1.47	8.52	0.59	10.58	XXX	N
78473	26	A	Gated heart, multiple	1.47	0.65	0.10	2.22	XXX	N
78473	TC	A	Gated heart, multiple	0.00	7.87	0.49	8.36	XXX	N
78478		A	Heart wall motion (add-on)	0.62	1.76	0.14	2.52	XXX	N
78478	26	A	Heart wall motion (add-on)	0.62	0.28	0.04	0.94	XXX	N
78478	TC	A	Heart wall motion (add-on)	0.00	1.48	0.10	1.58	XXX	N
78480		A	Heart function, (add-on)	0.62	1.76	0.14	2.52	XXX	N
78480	26	A	Heart function, (add-on)	0.62	0.28	0.04	0.94	XXX	N
78480	TC	A	Heart function, (add-on)	0.00	1.48	0.10	1.58	XXX	N
78481		A	Heart first pass single	0.98	5.42	0.39	6.79	XXX	N
78481	26	A	Heart first pass single	0.98	0.44	0.07	1.49	XXX	N
78481	TC	A	Heart first pass single	0.00	4.98	0.32	5.30	XXX	N
78483		A	Heart first pass multiple	1.47	8.15	0.57	10.19	XXX	N
78483	26	A	Heart first pass multiple	1.47	0.65	0.10	2.22	XXX	N
78483	TC	A	Heart first pass multiple	0.00	7.50	0.47	7.97	XXX	N
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78580		A	Lung perfusion imaging	0.74	3.61	0.26	4.61	XXX	N
78580	26	A	Lung perfusion imaging	0.74	0.34	0.05	1.13	XXX	N
78580	TC	A	Lung perfusion imaging	0.00	3.27	0.21	3.48	XXX	N
78584		A	Lung V/Q image single breath	0.99	3.50	0.26	4.75	XXX	N
78584	26	A	Lung V/Q image single breath	0.99	0.45	0.07	1.51	XXX	N
78584	TC	A	Lung V/Q image single breath	0.00	3.05	0.19	3.24	XXX	N
78585		A	Lung V/Q imaging	1.09	5.85	0.41	7.35	XXX	N
78585	26	A	Lung V/Q imaging	1.09	0.48	0.07	1.64	XXX	N
78585	TC	A	Lung V/Q imaging	0.00	5.37	0.34	5.71	XXX	N
78586		A	Aerosol lung image, single	0.40	2.65	0.19	3.24	XXX	N
78586	26	A	Aerosol lung image, single	0.40	0.18	0.03	0.61	XXX	N
78586	TC	A	Aerosol lung image, single	0.00	2.47	0.16	2.63	XXX	N
78587		A	Aerosol lung image, multiple	0.49	2.89	0.20	3.58	XXX	N
78587	26	A	Aerosol lung image, multiple	0.49	0.22	0.03	0.74	XXX	N
78587	TC	A	Aerosol lung image, multiple	0.00	2.67	0.17	2.84	XXX	N
78591		A	Vent image, 1 breath, 1 proj	0.40	2.90	0.20	3.50	XXX	N
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.03	0.61	XXX	N
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.72	0.17	2.89	XXX	N
78593		A	Vent image, 1 proj, gas	0.49	3.51	0.24	4.24	XXX	N
78593	26	A	Vent image, 1 proj, gas	0.49	0.22	0.03	0.74	XXX	N
78593	TC	A	Vent image, 1 proj, gas	0.00	3.29	0.21	3.50	XXX	N
78594		A	Vent image, mult proj, gas	0.53	5.00	0.34	5.87	XXX	N
78594	26	A	Vent image, mult proj, gas	0.53	0.25	0.04	0.82	XXX	N
78594	TC	A	Vent image, mult proj, gas	0.00	4.75	0.30	5.05	XXX	N
78596		A	Lung differential function	1.27	7.30	0.52	9.09	XXX	N
78596	26	A	Lung differential function	1.27	0.56	0.09	1.92	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78596	TC	A	Lung differential function	0.00	6.74	0.43	7.17	XXX	N
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78600		A	Brain imaging, ltd static	0.44	2.95	0.20	3.59	XXX	N
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.03	0.67	XXX	N
78600	TC	A	Brain imaging, ltd static	0.00	2.75	0.17	2.92	XXX	N
78601		A	Brain ltd imaging & flow	0.51	3.48	0.24	4.23	XXX	N
78601	26	A	Brain ltd imaging & flow	0.51	0.24	0.04	0.79	XXX	N
78601	TC	A	Brain ltd imaging & flow	0.00	3.24	0.20	3.44	XXX	N
78605		A	Brain imaging, complete	0.53	3.49	0.24	4.26	XXX	N
78605	26	A	Brain imaging, complete	0.53	0.25	0.04	0.82	XXX	N
78605	TC	A	Brain imaging, complete	0.00	3.24	0.20	3.44	XXX	N
78606		A	Brain imaging comp & flow	0.64	3.98	0.27	4.89	XXX	N
78606	26	A	Brain imaging comp & flow	0.64	0.29	0.04	0.97	XXX	N
78606	TC	A	Brain imaging comp & flow	0.00	3.69	0.23	3.92	XXX	N
78607		A	Brain imaging (3D)	1.23	6.79	0.47	8.49	XXX	N
78607	26	A	Brain imaging (3D)	1.23	0.54	0.08	1.85	XXX	N
78607	TC	A	Brain imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78608		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78609		N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78610		A	Brain flow imaging only	0.30	1.64	0.12	2.06	XXX	N
78610	26	A	Brain flow imaging only	0.30	0.14	0.02	0.46	XXX	N
78610	TC	A	Brain flow imaging only	0.00	1.50	0.10	1.60	XXX	N
78615		A	Cerebral blood flow imaging	0.42	3.86	0.26	4.54	XXX	N
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.03	0.64	XXX	N
78615	TC	A	Cerebral blood flow imaging	0.00	3.67	0.23	3.90	XXX	N
78630		A	Cerebrospinal fluid scan	0.68	5.11	0.36	6.15	XXX	N
78630	26	A	Cerebrospinal fluid scan	0.68	0.31	0.05	1.04	XXX	N
78630	TC	A	Cerebrospinal fluid scan	0.00	4.80	0.31	5.11	XXX	N
78635		A	CSF ventriculography	0.61	2.70	0.20	3.51	XXX	N
78635	26	A	CSF ventriculography	0.61	0.28	0.04	0.93	XXX	N
78635	TC	A	CSF ventriculography	0.00	2.42	0.16	2.58	XXX	N
78645		A	CSF shunt evaluation	0.57	3.53	0.25	4.35	XXX	N
78645	26	A	CSF shunt evaluation	0.57	0.26	0.04	0.87	XXX	N
78645	TC	A	CSF shunt evaluation	0.00	3.27	0.21	3.48	XXX	N
78647		A	Cerebrospinal fluid scan	0.90	6.04	0.42	7.36	XXX	N
78647	26	A	Cerebrospinal fluid scan	0.90	0.41	0.06	1.37	XXX	N
78647	TC	A	Cerebrospinal fluid scan	0.00	5.63	0.36	5.99	XXX	N
78650		A	CSF leakage imaging	0.61	4.70	0.32	5.63	XXX	N
78650	26	A	CSF leakage imaging	0.61	0.28	0.04	0.93	XXX	N
78650	TC	A	CSF leakage imaging	0.00	4.42	0.28	4.70	XXX	N
78660		A	Nuclear exam of tear flow	0.53	2.27	0.17	2.97	XXX	N
78660	26	A	Nuclear exam of tear flow	0.53	0.25	0.04	0.82	XXX	N
78660	TC	A	Nuclear exam of tear flow	0.00	2.02	0.13	2.15	XXX	N
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78700		A	Kidney imaging, static	0.45	3.10	0.21	3.76	XXX	N
78700	26	A	Kidney imaging, static	0.45	0.20	0.03	0.68	XXX	N
78700	TC	A	Kidney imaging, static	0.00	2.90	0.18	3.08	XXX	N
78701		A	Kidney imaging with flow	0.49	3.61	0.24	4.34	XXX	N
78701	26	A	Kidney imaging with flow	0.49	0.22	0.03	0.74	XXX	N
78701	TC	A	Kidney imaging with flow	0.00	3.39	0.21	3.60	XXX	N
78704		A	Imaging renogram	0.74	4.11	0.29	5.14	XXX	N
78704	26	A	Imaging renogram	0.74	0.34	0.05	1.13	XXX	N
78704	TC	A	Imaging renogram	0.00	3.77	0.24	4.01	XXX	N
78707		A	Kidney flow & function image	0.94	4.68	0.33	5.95	XXX	N
78707	26	A	Kidney flow & function image	0.94	0.42	0.06	1.42	XXX	N
78707	TC	A	Kidney flow & function image	0.00	4.26	0.27	4.53	XXX	N
78710		A	Kidney imaging (3D)	0.66	5.93	0.41	7.00	XXX	N
78710	26	A	Kidney imaging (3D)	0.66	0.30	0.05	1.01	XXX	N
78710	TC	A	Kidney imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78715		A	Renal vascular flow exam	0.30	1.64	0.12	2.06	XXX	N
78715	26	A	Renal vascular flow exam	0.30	0.14	0.02	0.46	XXX	N
78715	TC	A	Renal vascular flow exam	0.00	1.50	0.10	1.60	XXX	N
78725		A	Kidney function study	0.38	1.87	0.14	2.39	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78725	26	A	Kidney function study	0.38	0.17	0.03	0.58	XXX	N
78725	TC	A	Kidney function study	0.00	1.70	0.11	1.81	XXX	N
78726		A	Kidney function w/intervent	0.87	3.21	0.24	4.32	XXX	N
78726	26	A	Kidney function w/intervent	0.87	0.39	0.06	1.32	XXX	N
78726	TC	A	Kidney function w/intervent	0.00	2.82	0.18	3.00	XXX	N
78727		A	Kidney transplant evaluation	0.99	4.25	0.31	5.55	XXX	N
78727	26	A	Kidney transplant evaluation	0.99	0.45	0.07	1.51	XXX	N
78727	TC	A	Kidney transplant evaluation	0.00	3.80	0.24	4.04	XXX	N
78730		A	Urinary bladder retention	0.36	1.55	0.11	2.02	XXX	N
78730	26	A	Urinary bladder retention	0.36	0.16	0.02	0.54	XXX	N
78730	TC	A	Urinary bladder retention	0.00	1.39	0.09	1.48	XXX	N
78740		A	Ureteral reflux study	0.57	2.28	0.17	3.02	XXX	N
78740	26	A	Ureteral reflux study	0.57	0.26	0.04	0.87	XXX	N
78740	TC	A	Ureteral reflux study	0.00	2.02	0.13	2.15	XXX	N
78760		A	Testicular imaging	0.66	2.85	0.21	3.72	XXX	N
78760	26	A	Testicular imaging	0.66	0.30	0.04	1.00	XXX	N
78760	TC	A	Testicular imaging	0.00	2.55	0.17	2.72	XXX	N
78761		A	Testicular imaging & flow	0.71	3.38	0.24	4.33	XXX	N
78761	26	A	Testicular imaging & flow	0.71	0.33	0.05	1.09	XXX	N
78761	TC	A	Testicular imaging & flow	0.00	3.05	0.19	3.24	XXX	N
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78800		A	Tumor imaging, limited area	0.66	3.54	0.24	4.44	XXX	N
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.04	1.00	XXX	N
78800	TC	A	Tumor imaging, limited area	0.00	3.24	0.20	3.44	XXX	N
78801		A	Tumor imaging, mult areas	0.79	4.39	0.31	5.49	XXX	N
78801	26	A	Tumor imaging, mult areas	0.79	0.36	0.05	1.20	XXX	N
78801	TC	A	Tumor imaging, mult areas	0.00	4.03	0.26	4.29	XXX	N
78802		A	Tumor imaging, whole body	0.86	5.66	0.40	6.92	XXX	N
78802	26	A	Tumor imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78802	TC	A	Tumor imaging, whole body	0.00	5.27	0.34	5.61	XXX	N
78803		A	Tumor imaging (3D)	1.09	6.73	0.46	8.28	XXX	N
78803	26	A	Tumor imaging (3D)	1.09	0.48	0.07	1.64	XXX	N
78803	TC	A	Tumor imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78805		A	Abscess imaging, ltd area	0.73	3.57	0.25	4.55	XXX	N
78805	26	A	Abscess imaging, ltd area	0.73	0.33	0.05	1.11	XXX	N
78805	TC	A	Abscess imaging, ltd area	0.00	3.24	0.20	3.44	XXX	N
78806		A	Abscess imaging, whole body	0.86	6.51	0.45	7.82	XXX	N
78806	26	A	Abscess imaging, whole body	0.86	0.38	0.06	1.30	XXX	N
78806	TC	A	Abscess imaging, whole body	0.00	6.13	0.39	6.52	XXX	N
78807		A	Nuclear localization/abscess	1.09	6.73	0.46	8.28	XXX	N
78807	26	A	Nuclear localization/abscess	1.09	0.48	0.07	1.64	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.25	0.39	6.64	XXX	N
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78810	26	N	Tumor imaging (PET)	+1.93	1.37	0.10	3.40	XXX	0
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78890		B	Nuclear medicine data proc	+0.05	1.26	0.08	1.39	XXX	0
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.00	0.07	XXX	0
78890	TC	B	Nuclear medicine data proc	+0.00	1.24	0.08	1.32	XXX	0
78891		B	Nuclear med data proc	+0.10	2.55	0.18	2.83	XXX	0
78891	26	B	Nuclear med data proc	+0.10	0.05	0.01	0.16	XXX	0
78891	TC	B	Nuclear med data proc	+0.00	2.50	0.17	2.67	XXX	0
78990		G	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX	0
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
79000		A	Intial hyperthyroid therapy	1.80	3.31	0.29	5.40	XXX	N
79000	26	A	Intial hyperthyroid therapy	1.80	0.81	0.12	2.73	XXX	N
79000	TC	A	Intial hyperthyroid therapy	0.00	2.50	0.17	2.67	XXX	N
79001		A	Repeat hyperthyroid therapy	1.05	1.70	0.15	2.90	XXX	N
79001	26	A	Repeat hyperthyroid therapy	1.05	0.46	0.07	1.58	XXX	N
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	0.08	1.32	XXX	N
79020		A	Thyroid ablation	1.81	3.31	0.29	5.41	XXX	N
79020	26	A	Thyroid ablation	1.81	0.81	0.12	2.74	XXX	N
79020	TC	A	Thyroid ablation	0.00	2.50	0.17	2.67	XXX	N
79030		A	Thyroid ablation, carcinoma	2.10	3.44	0.31	5.85	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
79030	26	A	Thyroid ablation, carcinoma	2.10	0.94	0.14	3.18	XXX	N
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.50	0.17	2.67	XXX	N
79035		A	Thyroid metastatic therapy	2.52	3.63	0.34	6.49	XXX	N
79035	26	A	Thyroid metastatic therapy	2.52	1.13	0.17	3.82	XXX	N
79035	TC	A	Thyroid metastatic therapy	0.00	2.50	0.17	2.67	XXX	N
79100		A	Hematopoetic nuclear therapy	1.32	3.08	0.26	4.66	XXX	N
79100	26	A	Hematopoetic nuclear therapy	1.32	0.58	0.09	1.99	XXX	N
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79200		A	Intracavitary nuc treatment	1.99	3.39	0.31	5.69	XXX	N
79200	26	A	Intracavitary nuc treatment	1.99	0.89	0.14	3.02	XXX	N
79200	TC	A	Intracavitary nuc treatment	0.00	2.50	0.17	2.67	XXX	N
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	26	A	Interstitial nuclear therapy	1.60	0.71	0.11	2.42	XXX	N
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79400		A	Nonhemato nuclear therapy	1.96	3.37	0.30	5.63	XXX	N
79400	26	A	Nonhemato nuclear therapy	1.96	0.87	0.13	2.96	XXX	N
79400	TC	A	Nonhemato nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79420		C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	26	A	Intravascular nuc therapy	1.51	0.67	0.10	2.28	XXX	N
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79440		A	Nuclear joint therapy	1.99	3.39	0.31	5.69	XXX	N
79440	26	A	Nuclear joint therapy	1.99	0.89	0.14	3.02	XXX	N
79440	TC	A	Nuclear joint therapy	0.00	2.50	0.17	2.67	XXX	N
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	XXX	N
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
80002		X	1–2 clinical chem tests	0.00	0.00	0.00	0.00	XXX	0
80003		X	3 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80004		X	4 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80005		X	5 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80006		X	6 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80007		X	7 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80008		X	8 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80009		X	9 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80010		X	10 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80011		X	11 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80012		X	12 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80016		X	13–16 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80018		X	17–18 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80019		X	19 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80050		X	General health panel	0.00	0.00	0.00	0.00	XXX	0
80055		G	Obstetric panel	0.00	0.00	0.00	0.00	XXX	0
80058		X	Hepatic function panel	0.00	0.00	0.00	0.00	XXX	0
80059		X	Hepatitis panel	0.00	0.00	0.00	0.00	XXX	0
80061		X	Lipid panel	0.00	0.00	0.00	0.00	XXX	0
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	XXX	0
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	XXX	0
80091		X	Thyroid panel	0.00	0.00	0.00	0.00	XXX	0
80092		X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	XXX	0
80100		X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80101		X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	XXX	0
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	XXX	0
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	XXX	0
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	XXX	0
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	XXX	0
80156		X	Assay carbamazepine	0.00	0.00	0.00	0.00	XXX	0
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	XXX	0
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	XXX	0
80162		X	Assay for digoxin	0.00	0.00	0.00	0.00	XXX	0
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	XXX	0
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	XXX	0
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	XXX	0
80170		X	Gentamicin	0.00	0.00	0.00	0.00	XXX	0
80172		X	Assay for gold	0.00	0.00	0.00	0.00	XXX	0
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
80176		X	Assay for lidocaine	0.00	0.00	0.00	0.00	XXX	0
80178		X	Assay for lithium	0.00	0.00	0.00	0.00	XXX	0
80182		X	Assay for nortriptyline	0.00	0.00	0.00	0.00	XXX	0
80184		X	Assay for phenobarbital	0.00	0.00	0.00	0.00	XXX	0
80185		X	Assay for phenytoin	0.00	0.00	0.00	0.00	XXX	0
80186		X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	XXX	0
80188		X	Assay for primidone	0.00	0.00	0.00	0.00	XXX	0
80190		X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80192		X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80194		X	Assay for quinidine	0.00	0.00	0.00	0.00	XXX	0
80196		X	Assay for salicylate	0.00	0.00	0.00	0.00	XXX	0
80197		X	Assay for tacrolimus	0.00	0.00	0.00	0.00	XXX	0
80198		X	Assay for theophylline	0.00	0.00	0.00	0.00	XXX	0
80200		X	Assay for tobramycin	0.00	0.00	0.00	0.00	XXX	0
80202		X	Assay for vancomycin	0.00	0.00	0.00	0.00	XXX	0
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	XXX	0
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	XXX	0
80410		X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	XXX	0
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80414		X	Testosterone response	0.00	0.00	0.00	0.00	XXX	0
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	XXX	0
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	XXX	0
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	XXX	0
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	XXX	0
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	XXX	0
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80436		X	Metyrapone panel	0.00	0.00	0.00	0.00	XXX	0
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80500		A	Lab pathology consultation	0.37	0.20	0.01	0.58	XXX	N
80502		A	Lab pathology consultation	1.33	0.33	0.02	1.68	XXX	N
81000		X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	XXX	0
81001		X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	XXX	0
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	XXX	0
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	XXX	0
81005		X	Urinalysis	0.00	0.00	0.00	0.00	XXX	0
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	XXX	0
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	XXX	0
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	0
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	XXX	0
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	XXX	0
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	XXX	0
82000		X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	XXX	0
82003		X	Assay acetaminophen	0.00	0.00	0.00	0.00	XXX	0
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	XXX	0
82010		X	Acetone assay	0.00	0.00	0.00	0.00	XXX	0
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	XXX	0
82024		X	ACTH	0.00	0.00	0.00	0.00	XXX	0
82030		X	ADP & AMP	0.00	0.00	0.00	0.00	XXX	0
82040		X	Assay serum albumin	0.00	0.00	0.00	0.00	XXX	0
82042		X	Assay urine albumin	0.00	0.00	0.00	0.00	XXX	0
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	XXX	0
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	XXX	0
82055		X	Assay ethanol	0.00	0.00	0.00	0.00	XXX	0
82075		X	Assay breath ethanol	0.00	0.00	0.00	0.00	XXX	0
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82088		X	Aldosterone	0.00	0.00	0.00	0.00	XXX	0
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	XXX	0
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	XXX	0
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	XXX	0
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	XXX	0
82106		X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	XXX	0
82108		X	Assay, aluminum	0.00	0.00	0.00	0.00	XXX	0
82128		X	Test for amino acids	0.00	0.00	0.00	0.00	XXX	0
82130		X	Amino acids analysis	0.00	0.00	0.00	0.00	XXX	0
82131		X	Amino acids	0.00	0.00	0.00	0.00	XXX	0
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	XXX	0
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	XXX	0
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	XXX	0
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	XXX	0
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	XXX	0
82154		X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	XXX	0
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	XXX	0
82160		X	Androsterone assay	0.00	0.00	0.00	0.00	XXX	0
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	XXX	0
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	XXX	0
82172		X	Apolipoprotein	0.00	0.00	0.00	0.00	XXX	0
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	XXX	0
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	XXX	0
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	XXX	0
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	XXX	0
82232		X	Beta-2 protein	0.00	0.00	0.00	0.00	XXX	0
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	XXX	0
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	XXX	0
82250		X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82251		X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	XXX	0
82270		X	Test feces for blood	0.00	0.00	0.00	0.00	XXX	0
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	XXX	0
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	XXX	0
82300		X	Assay cadmium	0.00	0.00	0.00	0.00	XXX	0
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	0
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	0
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	XXX	0
82310		X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82330		X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	XXX	0
82340		X	Assay calcium in urine	0.00	0.00	0.00	0.00	XXX	0
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	XXX	0
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82370		X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	XXX	0
82374		X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	XXX	0
82375		X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	XXX	0
82380		X	Assay carotene	0.00	0.00	0.00	0.00	XXX	0
82382		X	Assay urine catecholamines	0.00	0.00	0.00	0.00	XXX	0
82383		X	Assay blood catecholamines	0.00	0.00	0.00	0.00	XXX	0
82384		X	Assay three catecholamines	0.00	0.00	0.00	0.00	XXX	0
82387		X	Cathepsin-D	0.00	0.00	0.00	0.00	XXX	0
82390		X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	XXX	0
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	XXX	0
82415		X	Assay chloramphenicol	0.00	0.00	0.00	0.00	XXX	0
82435		X	Assay blood chloride	0.00	0.00	0.00	0.00	XXX	0
82436		X	Assay urine chloride	0.00	0.00	0.00	0.00	XXX	0
82438		X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	XXX	0
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	XXX	0
82465		X	Assay serum cholesterol	0.00	0.00	0.00	0.00	XXX	0
82480		X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82482		X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82485		X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	XXX	0
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	XXX	0
82491		X	Chromotography, quantitative	0.00	0.00	0.00	0.00	XXX	0
82495		X	Assay chromium	0.00	0.00	0.00	0.00	XXX	0
82507		X	Assay citrate	0.00	0.00	0.00	0.00	XXX	0
82520		X	Assay for cocaine	0.00	0.00	0.00	0.00	XXX	0
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	XXX	0
82525		X	Assay copper	0.00	0.00	0.00	0.00	XXX	0
82528		X	Assay corticosterone	0.00	0.00	0.00	0.00	XXX	0
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	XXX	0
82533		X	Total cortisol	0.00	0.00	0.00	0.00	XXX	0
82540		X	Assay creatine	0.00	0.00	0.00	0.00	XXX	0
82550		X	Assay CK (CPK)	0.00	0.00	0.00	0.00	XXX	0
82552		X	Assay CPK in blood	0.00	0.00	0.00	0.00	XXX	0
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	XXX	0
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	XXX	0
82565		X	Assay creatinine	0.00	0.00	0.00	0.00	XXX	0
82570		X	Assay urine creatinine	0.00	0.00	0.00	0.00	XXX	0
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	XXX	0
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	XXX	0
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	XXX	0
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	XXX	0
82607		X	Vitamin B–12	0.00	0.00	0.00	0.00	XXX	0
82608		X	B–12 binding capacity	0.00	0.00	0.00	0.00	XXX	0
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	XXX	0
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	XXX	0
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	XXX	0
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	XXX	0
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	XXX	0
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	XXX	0
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	XXX	0
82652		X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	XXX	0
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	XXX	0
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	XXX	0
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	XXX	0
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	XXX	0
82670		X	Estradiol	0.00	0.00	0.00	0.00	XXX	0
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	XXX	0
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	XXX	0
82677		X	Estriol	0.00	0.00	0.00	0.00	XXX	0
82679		X	Estrone	0.00	0.00	0.00	0.00	XXX	0
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	XXX	0
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	XXX	0
82696		X	Etiocholanolone	0.00	0.00	0.00	0.00	XXX	0
82705		X	Fats/lipids, feces, qualitative	0.00	0.00	0.00	0.00	XXX	0
82710		X	Fats/lipids, feces, quantitative	0.00	0.00	0.00	0.00	XXX	0
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	XXX	0
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	XXX	0
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	XXX	0
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	XXX	0
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	XXX	0
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	XXX	0
82747		X	Folic acid, RBC	0.00	0.00	0.00	0.00	XXX	0
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	XXX	0
82759		X	RBC galactokinase assay	0.00	0.00	0.00	0.00	XXX	0
82760		X	Assay galactose	0.00	0.00	0.00	0.00	XXX	0
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	XXX	0
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	XXX	0
82784		X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	XXX	0
82785		X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	XXX	0
82787		X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	XXX	0
82800		X	Blood pH	0.00	0.00	0.00	0.00	XXX	0
82803		X	Blood gases: pH, pO_2 & pCO_2	0.00	0.00	0.00	0.00	XXX	0
82805		X	Blood gases WO_2 saturation	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82810	.....	X	Blood gases, O_2 sat only	0.00	0.00	0.00	0.00	XXX	0
82820	.....	X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	XXX	0
82926	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82928	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82938	.....	X	Gastrin test	0.00	0.00	0.00	0.00	XXX	0
82941	.....	X	Assay of gastrin	0.00	0.00	0.00	0.00	XXX	0
82943	.....	X	Assay of glucagon	0.00	0.00	0.00	0.00	XXX	0
82946	.....	X	Glucagon tolerance test	0.00	0.00	0.00	0.00	XXX	0
82947	.....	X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	XXX	0
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	XXX	0
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	XXX	0
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	XXX	0
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	XXX	0
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	XXX	0
82955	.....	X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	XXX	0
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	XXX	0
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	XXX	0
82963	.....	X	Glucosidase assay	0.00	0.00	0.00	0.00	XXX	0
82965	.....	X	Assay GDH enzyme	0.00	0.00	0.00	0.00	XXX	0
82975	.....	X	Assay glutamine	0.00	0.00	0.00	0.00	XXX	0
82977	.....	X	Assay of GGT	0.00	0.00	0.00	0.00	XXX	0
82978	.....	X	Glutathione assay	0.00	0.00	0.00	0.00	XXX	0
82979	.....	X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	XXX	0
82980	.....	X	Assay of glutethimide	0.00	0.00	0.00	0.00	XXX	0
82985	.....	X	Glycated protein	0.00	0.00	0.00	0.00	XXX	0
83001	.....	X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	XXX	0
83002	.....	X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	XXX	0
83003	.....	X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	XXX	0
83008	.....	X	Assay guanosine	0.00	0.00	0.00	0.00	XXX	0
83010	.....	X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	XXX	0
83012	.....	X	Assay haptoglobins	0.00	0.00	0.00	0.00	XXX	0
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	XXX	0
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	XXX	0
83020	.....	X	Assay hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83020	26	A	Assay hemoglobin	0.37	0.20	0.01	0.58	XXX	N
83026	.....	X	Hemoglobin, copper sulfate	O.00	0.00	0.00	0.00	XXX	0
83030	.....	X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83033	.....	X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83051	.....	X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83065	.....	X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	XXX	0
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	XXX	0
83069	.....	X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83070	.....	X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83071	.....	X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83088	.....	X	Assay histamine	0.00	0.00	0.00	0.00	XXX	0
83150	.....	X	Assay for HVA	0.00	0.00	0.00	0.00	XXX	0
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	XXX	0
83497	.....	X	Assay 5–HIAA	0.00	0.00	0.00	0.00	XXX	0
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83500	.....	X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83505	.....	X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83516	.....	X	Immunoassay, non antibody	0.00	0.00	0.00	0.00	XXX	0
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	XXX	0
83519	.....	X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	XXX	0
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	XXX	0
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83528	.....	X	Assay intrinsic factor	0.00	0.00	0.00	0.00	XXX	0
83540	.....	X	Assay iron	0.00	0.00	0.00	0.00	XXX	0
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	XXX	0
83570	.....	X	Assay IDH enzyme	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
83582		X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	XXX	0
83586		X	Assay 17-(17-KS) ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83593		X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83605		X	Lactic acid assay	0.00	0.00	0.00	0.00	XXX	0
83615		X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	XXX	0
83625		X	Assay LDH enzymes	0.00	0.00	0.00	0.00	XXX	0
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	XXX	0
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83634		X	Assay urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83655		X	Assay for lead	0.00	0.00	0.00	0.00	XXX	0
83661		X	Assay L/S ratio	0.00	0.00	0.00	0.00	XXX	0
83662		X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	XXX	0
83670		X	Assay LAP enzyme	0.00	0.00	0.00	0.00	XXX	0
83690		X	Assay lipase	0.00	0.00	0.00	0.00	XXX	0
83715		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83717		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83718		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83719		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83721		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83727		X	LRH hormone assay	0.00	0.00	0.00	0.00	XXX	0
83735		X	Assay magnesium	0.00	0.00	0.00	0.00	XXX	0
83775		X	Assay of md enzyme	0.00	0.00	0.00	0.00	XXX	0
83785		X	Assay of manganese	0.00	0.00	0.00	0.00	XXX	0
83805		X	Assay of meprobamate	0.00	0.00	0.00	0.00	XXX	0
83825		X	Assay mercury	0.00	0.00	0.00	0.00	XXX	0
83835		X	Assay metanephrines	0.00	0.00	0.00	0.00	XXX	0
83840		X	Assay methadone	0.00	0.00	0.00	0.00	XXX	0
83857		X	Assay methemalbumin	0.00	0.00	0.00	0.00	XXX	0
83858		X	Assay methsuximide	0.00	0.00	0.00	0.00	XXX	0
83864		X	Mucopolysaccharides	0.00	0.00	0.00	0.00	XXX	0
83866		X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	XXX	0
83872		X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	XXX	0
83873		X	Assay, CSF protein	0.00	0.00	0.00	0.00	XXX	0
83874		X	Myoglobin	0.00	0.00	0.00	0.00	XXX	0
83883		X	Nephelometry, not specified	0.00	0.00	0.00	0.00	XXX	0
83885		X	Assay for nickel	0.00	0.00	0.00	0.00	XXX	0
83887		X	Assay nicotine	0.00	0.00	0.00	0.00	XXX	0
83890		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83894		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83898		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83902		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83912		X	Genetic examination	0.00	0.00	0.00	0.00	XXX	0
83912	26	A	Genetic examination	0.37	0.20	0.01	0.58	XXX	N
83915		X	Assay nucleotidase	0.00	0.00	0.00	0.00	XXX	0
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	XXX	0
83918		X	Assay organic acids	0.00	0.00	0.00	0.00	XXX	0
83925		X	Opiates	0.00	0.00	0.00	0.00	XXX	0
83930		X	Assay blood osmolality	0.00	0.00	0.00	0.00	XXX	0
83935		X	Assay urine osmolality	0.00	0.00	0.00	0.00	XXX	0
83937		X	Assay for osteocalcin	0.00	0.00	0.00	0.00	XXX	0
83945		X	Assay oxalate	0.00	0.00	0.00	0.00	XXX	0
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	XXX	0
83986		X	Assay body fluid acidity	0.00	0.00	0.00	0.00	XXX	0
83992		X	Assay for phencyclidine	0.00	0.00	0.00	0.00	XXX	0
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	XXX	0
84030		X	Assay blood PKU	0.00	0.00	0.00	0.00	XXX	0
84035		X	Assay phenylketones	0.00	0.00	0.00	0.00	XXX	0
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	XXX	0
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	XXX	0
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	XXX	0
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	XXX	0
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	XXX	0
84085		X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	XXX	0
84100		X	Assay phosphorus	0.00	0.00	0.00	0.00	XXX	0
84105		X	Assay urine phosphorus	0.00	0.00	0.00	0.00	XXX	0
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84110		X	Assay porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	XXX	0
84120		X	Assay urine porphyrins	0.00	0.00	0.00	0.00	XXX	0
84126		X	Assay feces porphyrins	0.00	0.00	0.00	0.00	XXX	0
84127		X	Porphyrins, feces	0.00	0.00	0.00	0.00	XXX	0
84132		X	Assay serum potassium	0.00	0.00	0.00	0.00	XXX	0
84133		X	Assay urine potassium	0.00	0.00	0.00	0.00	XXX	0
84134		X	Prealbumin	0.00	0.00	0.00	0.00	XXX	0
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	XXX	0
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	XXX	0
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	XXX	0
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	XXX	0
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	XXX	0
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	XXX	0
84153		X	Prostate specific antigen	0.00	0.00	0.00	0.00	XXX	0
84155		X	Assay protein	0.00	0.00	0.00	0.00	XXX	0
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	XXX	0
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	XXX	0
84165	26	A	Assay serum proteins	0.37	0.20	0.01	0.58	XXX	N
84181		X	Western blot test	0.00	0.00	0.00	0.00	XXX	0
84181	26	A	Western blot test	0.37	0.20	0.01	0.58	XXX	N
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	XXX	0
84182	26	A	Protein, western blot test	0.37	0.20	0.01	0.58	XXX	N
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	XXX	0
84207		X	Assay vitamin B–6	0.00	0.00	0.00	0.00	XXX	0
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	XXX	0
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	XXX	0
84228		X	Assay quinine	0.00	0.00	0.00	0.00	XXX	0
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	XXX	0
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	XXX	0
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	XXX	0
84244		X	Assay of renin	0.00	0.00	0.00	0.00	XXX	0
84252		X	Assay vitamin B–2	0.00	0.00	0.00	0.00	XXX	0
84255		X	Assay selenium	0.00	0.00	0.00	0.00	XXX	0
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	XXX	0
84270		X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	XXX	0
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	XXX	0
84285		X	Assay silica	0.00	0.00	0.00	0.00	XXX	0
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	XXX	0
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	XXX	0
84305		X	Somatomedin	0.00	0.00	0.00	0.00	XXX	0
84307		X	Somatostatin	0.00	0.00	0.00	0.00	XXX	0
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	XXX	0
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	XXX	0
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	XXX	0
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	XXX	0
84402		X	Testosterone	0.00	0.00	0.00	0.00	XXX	0
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	XXX	0
84425		X	Assay vitamin B–1	0.00	0.00	0.00	0.00	XXX	0
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	XXX	0
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	XXX	0
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	XXX	0
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	XXX	0
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	XXX	0
84442		X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	XXX	0
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	XXX	0
84445		X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	XXX	0
84446		X	Assay vitamin E	0.00	0.00	0.00	0.00	XXX	0
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	XXX	0
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	XXX	0
84466		X	Transferrin	0.00	0.00	0.00	0.00	XXX	0
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	XXX	0
84479		X	Assay thyroid (t-3 or t-4)	0.00	0.00	0.00	0.00	XXX	0
84480		X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	XXX	0
84481		X	Free assay (FT–3)	0.00	0.00	0.00	0.00	XXX	0
84482		X	T3 reverse	0.00	0.00	0.00	0.00	XXX	0
84484		X	Troponin	0.00	0.00	0.00	0.00	XXX	0
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	XXX	0
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84490		X	Assay feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84510		X	Assay tyrosine	0.00	0.00	0.00	0.00	XXX	0
84520		X	Assay urea nitrogen	0.00	0.00	0.00	0.00	XXX	0
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	XXX	0
84540		X	Assay urine urea-N	0.00	0.00	0.00	0.00	XXX	0
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	XXX	0
84550		X	Assay blood uric acid	0.00	0.00	0.00	0.00	XXX	0
84560		X	Assay urine uric acid	0.00	0.00	0.00	0.00	XXX	0
84577		X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84580		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84583		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84585		X	Assay urine VMA	0.00	0.00	0.00	0.00	XXX	0
84586		X	VIP assay	0.00	0.00	0.00	0.00	XXX	0
84588		X	Assay vasopressin	0.00	0.00	0.00	0.00	XXX	0
84590		X	Assay vitamin-A	0.00	0.00	0.00	0.00	XXX	0
84597		X	Assay vitamin-K	0.00	0.00	0.00	0.00	XXX	0
84600		X	Assay for volatiles	0.00	0.00	0.00	0.00	XXX	0
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	XXX	0
84630		X	Assay zinc	0.00	0.00	0.00	0.00	XXX	0
84681		X	Assay C-peptide	0.00	0.00	0.00	0.00	XXX	0
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	XXX	0
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	XXX	0
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	XXX	0
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	XXX	0
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	XXX	0
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	0
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	XXX	0
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	0
85013		X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85014		X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	XXX	0
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85029		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85030		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85031		X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	XXX	0
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	XXX	0
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	XXX	0
85060		A	Blood smear interpretation	0.45	0.22	0.02	0.69	XXX	N
85095		A	Bone marrow aspiration	1.08	0.67	0.05	1.80	XXX	N
85097		A	Bone marrow interpretation	0.94	0.48	0.04	1.46	XXX	N
85102		A	Bone marrow biopsy	1.37	0.80	0.05	2.22	XXX	N
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	XXX	0
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	XXX	0
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	XXX	0
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	XXX	0
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	XXX	0
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	XXX	0
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	XXX	0
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	XXX	0
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	XXX	0
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	XXX	0
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	0
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	0
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	0
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	0
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	XXX	0
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	XXX	0
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	XXX	0
85345		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85347		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85348		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	XXX	0
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	XXX	0
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85390		X	Fibrinolysins screen	0.00	0.00	0.00	0.00	XXX	0
85390	26	A	Fibrinolysins screen	0.37	0.20	0.01	0.58	XXX	N
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	XXX	0
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	XXX	0
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85441		X	Heinz bodies; direct	0.00	0.00	0.00	0.00	XXX	0
85445		X	Heinz bodies; induced	0.00	0.00	0.00	0.00	XXX	0
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85475		X	Hemolysin	0.00	0.00	0.00	0.00	XXX	0
85520		X	Heparin assay	0.00	0.00	0.00	0.00	XXX	0
85525		X	Heparin	0.00	0.00	0.00	0.00	XXX	0
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	XXX	0
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	XXX	0
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	XXX	0
85549		X	Muramidase	0.00	0.00	0.00	0.00	XXX	0
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	XXX	0
85576	26	A	Blood platelet aggregation	0.37	0.20	0.01	0.58	XXX	N
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	XXX	0
85590		X	Platelet manual count	0.00	0.00	0.00	0.00	XXX	0
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	XXX	0
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	XXX	0
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	XXX	0
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	XXX	0
85635		X	Reptilase test	0.00	0.00	0.00	0.00	XXX	0
85651		X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	XXX	0
85652		X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	XXX	0
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	XXX	0
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	XXX	0
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	XXX	0
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	XXX	0
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	XXX	0
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	0
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	0
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	XXX	0
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	XXX	0
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	XXX	0
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	XXX	0
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	XXX	0
86060		X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	XXX	0
86063		X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	XXX	0
86077		A	Physician blood bank service	0.94	0.30	0.02	1.26	XXX	N
86078		A	Physician blood bank service	0.94	0.34	0.02	1.30	XXX	N
86079		A	Physician blood bank service	0.94	0.33	0.02	1.29	XXX	N
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	XXX	0
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	XXX	0
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	XXX	0
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	XXX	0
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	XXX	0
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	XXX	0
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	XXX	0
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	XXX	0
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	XXX	0
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	XXX	0
86225		X	DNA antibody	0.00	0.00	0.00	0.00	XXX	0
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	XXX	0
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	XXX	0
86243		X	Fc receptor	0.00	0.00	0.00	0.00	XXX	0
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	XXX	0
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.01	0.58	XXX	N
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	XXX	0
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.01	0.58	XXX	N
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	XXX	0
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	XXX	0
86287		X	Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	XXX	0
86289		X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	0
86290		X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	0
86291		X	Hepatitis BS antibody test	0.00	0.00	0.00	0.00	XXX	0
86293		X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	0
86295		X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	0
86296		X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	0
86299		X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	0
86302		X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	0
86303		X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	0
86306		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86311		X	HIV antigen test	0.00	0.00	0.00	0.00	XXX	0
86313		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86315		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	XXX	0
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	XXX	0
86327	26	A	Immunoelectrophoresis assay	0.42	0.20	0.01	0.63	XXX	N
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	XXX	0
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	XXX	0
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	XXX	0
86334	26	A	Immunofixation procedure	0.37	0.20	0.01	0.58	XXX	N
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	XXX	0
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	XXX	0
86341		X	Islet cell antibody	0.00	0.00	0.00	0.00	XXX	0
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	XXX	0
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	XXX	0
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	XXX	0
86359		X	T cells, total count	0.00	0.00	0.00	0.00	XXX	0
86360		X	T cell ratio	0.00	0.00	0.00	0.00	XXX	0
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	XXX	0
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	XXX	0
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	XXX	0
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	XXX	0
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	XXX	0
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	XXX	0
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	XXX	N
86490		A	Coccidioidomycosis skin test	0.00	0.28	0.02	0.30	XXX	N
86510		A	Histoplasmosis skin test	0.00	0.30	0.02	0.32	XXX	N
86580		A	TB intradermal test	0.00	0.24	0.02	0.26	XXX	N
86585		A	TB tine test	0.00	0.19	0.01	0.20	XXX	N
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	XXX	N
86588		X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	XXX	0
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	XXX	0
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	XXX	0
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	XXX	0
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	XXX	0
86603		X	Adenovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	XXX	0
86609		X	Bacterium, antibody	0.00	0.00	0.00	0.00	XXX	0
86612		X	Blastomyces, antibody	0.00	0.00	0.00	0.00	XXX	0
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	XXX	0
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	XXX	0
86622		X	Brucella, antibody	0.00	0.00	0.00	0.00	XXX	0
86625		X	Campylobacter, antibody	0.00	0.00	0.00	0.00	XXX	0
86628		X	Candida, antibody	0.00	0.00	0.00	0.00	XXX	0
86631		X	Chlamydia, antibody	0.00	0.00	0.00	0.00	XXX	0
86632		X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	XXX	0
86635		X	Coccidioides, antibody	0.00	0.00	0.00	0.00	XXX	0
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	XXX	0
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	XXX	0
86644		X	CMV antibody	0.00	0.00	0.00	0.00	XXX	0
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	XXX	0
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	XXX	0
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86653		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86654		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86658		X	Enterovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86665		X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	XXX	0
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	XXX	0
86671		X	Fungus, antibody	0.00	0.00	0.00	0.00	XXX	0
86674		X	Giardia lamblia	0.00	0.00	0.00	0.00	XXX	0
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	XXX	0
86682		X	Helminth, antibody	0.00	0.00	0.00	0.00	XXX	0
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	XXX	0
86687		X	HTLV I	0.00	0.00	0.00	0.00	XXX	0
86688		X	HTLV–II	0.00	0.00	0.00	0.00	XXX	0
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86698		X	Histoplasma	0.00	0.00	0.00	0.00	XXX	0
86701		X	HIV–1	0.00	0.00	0.00	0.00	XXX	0
86702		X	HIV–2	0.00	0.00	0.00	0.00	XXX	0
86703		X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	XXX	0
86710		X	Influenza virus	0.00	0.00	0.00	0.00	XXX	0
86713		X	Legionella	0.00	0.00	0.00	0.00	XXX	0
86717		X	Leishmania	0.00	0.00	0.00	0.00	XXX	0
86720		X	Leptospira	0.00	0.00	0.00	0.00	XXX	0
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	XXX	0
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	XXX	0
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	XXX	0
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	XXX	0
86735		X	Mumps	0.00	0.00	0.00	0.00	XXX	0
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	XXX	0
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	XXX	0
86744		X	Nocardia	0.00	0.00	0.00	0.00	XXX	0
86747		X	Parvovirus	0.00	0.00	0.00	0.00	XXX	0
86750		X	Malaria	0.00	0.00	0.00	0.00	XXX	0
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	XXX	0
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	XXX	0
86759		X	Rotavirus	0.00	0.00	0.00	0.00	XXX	0
86762		X	Rubella	0.00	0.00	0.00	0.00	XXX	0
86765		X	Rubeola	0.00	0.00	0.00	0.00	XXX	0
86768		X	Salmonella	0.00	0.00	0.00	0.00	XXX	0
86771		X	Shigella	0.00	0.00	0.00	0.00	XXX	0
86774		X	Tetanus	0.00	0.00	0.00	0.00	XXX	0
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	XXX	0
86778		X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	XXX	0
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	XXX	0
86784		X	Trichinella	0.00	0.00	0.00	0.00	XXX	0
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	XXX	0
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	XXX	0
86793		X	Yersinia	0.00	0.00	0.00	0.00	XXX	0
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	XXX	0
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	0
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	0
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	0
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	0
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	XXX	0
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	XXX	0
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	XXX	0
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	XXX	0
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	XXX	0
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	XXX	0
86880		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86885		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86886		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	XXX	0
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	XXX	0
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	XXX	0
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	XXX	0
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	XXX	0
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	XXX	0
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	XXX	0
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	XXX	0
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	XXX	0
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	XXX	0
86915		X	Bone marrow	0.00	0.00	0.00	0.00	XXX	0
86920		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86921		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86922		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	XXX	0
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	XXX	0
86932		X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	XXX	0
86940		X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	XXX	0
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	XXX	0
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	XXX	0
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	XXX	0
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	XXX	0
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86985		X	Split blood or products	0.00	0.00	0.00	0.00	XXX	0
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	XXX	0
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	XXX	0
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87060		X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	XXX	0
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	XXX	0
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	XXX	0
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	XXX	0
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	XXX	0
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	XXX	0
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	XXX	0
87106		X	Fungus identification	0.00	0.00	0.00	0.00	XXX	0
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	XXX	0
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	XXX	0
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	XXX	0
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	XXX	0
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	XXX	0
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	XXX	0
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	XXX	0
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	XXX	0
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	XXX	0
87164		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87164	26	A	Dark field examination	0.37	0.20	0.01	0.58	XXX	N
87166		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	XXX	0
87178		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87179		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	XXX	0
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
87188	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87190	.....	X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	XXX	0
87192	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	XXX	0
87205	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87206	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87207	26	A	Smear, stain & interpret	0.37	0.20	0.01	0.58	XXX	N
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	XXX	0
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	XXX	0
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	XXX	0
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	XXX	0
88104	.....	A	Microscopic exam of cells	0.56	0.44	0.04	1.04	XXX	N
88104	26	A	Microscopic exam of cells	0.56	0.23	0.02	0.81	XXX	N
88104	TC	A	Microscopic exam of cells	0.00	0.21	0.02	0.23	XXX	N
88106	.....	A	Microscopic exam of cells	0.56	0.37	0.03	0.96	XXX	N
88106	26	A	Microscopic exam of cells	0.56	0.20	0.01	0.77	XXX	N
88106	TC	A	Microscopic exam of cells	0.00	0.17	0.02	0.19	XXX	N
88107	.....	A	Microscopic exam of cells	0.76	0.47	0.04	1.27	XXX	N
88107	26	A	Microscopic exam of cells	0.76	0.24	0.02	1.02	XXX	N
88107	TC	A	Microscopic exam of cells	0.00	0.23	0.02	0.25	XXX	N
88108	.....	A	Cytopathology	0.56	0.47	0.04	1.07	XXX	N
88108	26	A	Cytopathology	0.56	0.24	0.02	0.82	XXX	N
88108	TC	A	Cytopathology	0.00	0.23	0.02	0.25	XXX	N
88125	.....	A	Forensic cytopathology	0.26	0.11	0.00	0.37	XXX	N
88125	26	A	Forensic cytopathology	0.26	0.07	0.00	0.33	XXX	N
88125	TC	A	Forensic cytopathology	0.00	0.04	0.00	0.04	XXX	N
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88150	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88151	.....	X	Cytopathology interpretation	0.00	0.00	0.00	0.00	XXX	0
88151	26	A	Cytopathology interpretation	0.42	0.32	0.04	0.78	XXX	N
88155	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88156	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	26	A	TBS smear (bethesda system)	0.42	0.32	0.04	0.78	XXX	N
88160	.....	A	Cytopathology	0.50	0.33	0.03	0.86	XXX	N
88160	26	A	Cytopathology	0.50	0.17	0.01	0.68	XXX	N
88160	TC	A	Cytopathology	0.00	0.16	0.02	0.18	XXX	N
88161	.....	A	Cytopathology	0.50	0.39	0.03	0.92	XXX	N
88161	26	A	Cytopathology	0.50	0.20	0.01	0.71	XXX	N
88161	TC	A	Cytopathology	0.00	0.19	0.02	0.21	XXX	N
88162	.....	A	Cytopathology, extensive	0.76	0.79	0.05	1.60	XXX	N
88162	26	A	Cytopathology, extensive	0.76	0.41	0.03	1.20	XXX	N
88162	TC	A	Cytopathology, extensive	0.00	0.38	0.02	0.40	XXX	N
88170	.....	A	Fine needle aspiration	1.27	0.99	0.09	2.35	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
88170	26	A	Fine needle aspiration	1.27	0.52	0.05	1.84	XXX	N
88170	TC	A	Fine needle aspiration	0.00	0.47	0.04	0.51	XXX	N
88171		A	Fine needle aspiration	1.27	1.35	0.09	2.71	XXX	N
88171	26	A	Fine needle aspiration	1.27	0.71	0.05	2.03	XXX	N
88171	TC	A	Fine needle aspiration	0.00	0.64	0.04	0.68	XXX	N
88172		A	Evaluation of smear	0.60	0.71	0.05	1.36	XXX	N
88172	26	A	Evaluation of smear	0.60	0.36	0.03	0.99	XXX	N
88172	TC	A	Evaluation of smear	0.00	0.35	0.02	0.37	XXX	N
88173		A	Interpretation of smear	1.39	0.87	0.05	2.31	XXX	N
88173	26	A	Interpretation of smear	1.39	0.45	0.03	1.87	XXX	N
88173	TC	A	Interpretation of smear	0.00	0.42	0.02	0.44	XXX	N
88180		A	Cell marker study	0.36	0.33	0.03	0.72	XXX	N
88180	26	A	Cell marker study	0.36	0.17	0.01	0.54	XXX	N
88180	TC	A	Cell marker study	0.00	0.16	0.02	0.18	XXX	N
88182		A	Cell marker study	0.77	0.89	0.07	1.73	XXX	N
88182	26	A	Cell marker study	0.77	0.45	0.03	1.25	XXX	N
88182	TC	A	Cell marker study	0.00	0.44	0.04	0.48	XXX	N
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	XXX	0
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	XXX	0
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	XXX	0
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	XXX	0
88239		X	Tissue culture, other	0.00	0.00	0.00	0.00	XXX	0
88245		X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88248		X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88250		X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88260		X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88261		X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88262		X	Chromosome count: 15-20 cells	0.00	0.00	0.00	0.00	XXX	0
88263		X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	XXX	0
88267		X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	XXX	0
88269		X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	XXX	0
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	XXX	0
88283		X	Chromosome banding study	0.00	0.00	0.00	0.00	XXX	0
88285		X	Chromosome count: additional	0.00	0.00	0.00	0.00	XXX	0
88289		X	Chromosome study: additional	0.00	0.00	0.00	0.00	XXX	0
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX	N
88300		A	Surg path, gross	0.08	0.20	0.01	0.29	XXX	N
88300	26	A	Surg path, gross	0.08	0.10	0.01	0.19	XXX	N
88300	TC	A	Surg path, gross	0.00	0.10	0.00	0.10	XXX	N
88302		A	Tissue exam by pathologist	0.13	0.40	0.04	0.57	XXX	N
88302	26	A	Tissue exam by pathologist	0.13	0.17	0.02	0.32	XXX	N
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.02	0.25	XXX	N
88304		A	Tissue exam by pathologist	0.22	0.61	0.04	0.87	XXX	N
88304	26	A	Tissue exam by pathologist	0.22	0.28	0.02	0.52	XXX	N
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.02	0.35	XXX	N
88305		A	Tissue exam by pathologist	0.75	1.03	0.08	1.86	XXX	N
88305	26	A	Tissue exam by pathologist	0.75	0.53	0.04	1.32	XXX	N
88305	TC	A	Tissue exam by pathologist	0.00	0.50	0.04	0.54	XXX	N
88307		A	Tissue exam by pathologist	1.59	1.52	0.12	3.23	XXX	N
88307	26	A	Tissue exam by pathologist	1.59	0.78	0.06	2.43	XXX	N
88307	TC	A	Tissue exam by pathologist	0.00	0.74	0.06	0.80	XXX	N
88309		A	Tissue exam by pathologist	2.28	1.92	0.13	4.33	XXX	N
88309	26	A	Tissue exam by pathologist	2.28	0.99	0.07	3.34	XXX	N
88309	TC	A	Tissue exam by pathologist	0.00	0.93	0.06	0.99	XXX	N
88311		A	Decalcify tissue	0.24	0.21	0.01	0.46	XXX	N
88311	26	A	Decalcify tissue	0.24	0.11	0.01	0.36	XXX	N
88311	TC	A	Decalcify tissue	0.00	0.10	0.00	0.10	XXX	N
88312		A	Special stains	0.54	0.26	0.01	0.81	XXX	N
88312	26	A	Special stains	0.54	0.14	0.01	0.69	XXX	N
88312	TC	A	Special stains	0.00	0.12	0.00	0.12	XXX	N
88313		A	Special stains	0.24	0.21	0.01	0.46	XXX	N
88313	26	A	Special stains	0.24	0.11	0.01	0.36	XXX	N
88313	TC	A	Special stains	0.00	0.10	0.00	0.10	XXX	N
88314		A	Histochemical stain	0.45	0.62	0.04	1.11	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
88314	26	A	Histochemical stain	0.45	0.35	0.02	0.82	XXX	N
88314	TC	A	Histochemical stain	0.00	0.27	0.02	0.29	XXX	N
88318		A	Chemical histochemistry	0.42	0.24	0.01	0.67	XXX	N
88318	26	A	Chemical histochemistry	0.42	0.12	0.01	0.55	XXX	N
88318	TC	A	Chemical histochemistry	0.00	0.12	0.00	0.12	XXX	N
88319		A	Enzyme histochemistry	0.53	0.49	0.04	1.06	XXX	N
88319	26	A	Enzyme histochemistry	0.53	0.26	0.02	0.81	XXX	N
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.02	0.25	XXX	N
88321		A	Microslide consultation	1.30	0.41	0.03	1.74	XXX	N
88323		A	Microslide consultation	1.35	0.72	0.05	2.12	XXX	N
88323	26	A	Microslide consultation	1.35	0.39	0.03	1.77	XXX	N
88323	TC	A	Microslide consultation	0.00	0.33	0.02	0.35	XXX	N
88325		A	Comprehensive review of data	2.22	0.47	0.04	2.73	XXX	N
88329		A	Pathology consult in surgery	0.67	0.37	0.03	1.07	XXX	N
88331		A	Pathology consult in surgery	1.19	1.10	0.08	2.37	XXX	N
88331	26	A	Pathology consult in surgery	1.19	0.56	0.04	1.79	XXX	N
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.04	0.58	XXX	N
88332		A	Pathology consult in surgery	0.59	0.56	0.04	1.19	XXX	N
88332	26	A	Pathology consult in surgery	0.59	0.29	0.02	0.90	XXX	N
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.02	0.29	XXX	N
88342		A	Immunocytochemistry	0.85	0.64	0.04	1.53	XXX	N
88342	26	A	Immunocytochemistry	0.85	0.33	0.02	1.20	XXX	N
88342	TC	A	Immunocytochemistry	0.00	0.31	0.02	0.33	XXX	N
88346		A	Immunofluorescent study	0.86	0.58	0.04	1.48	XXX	N
88346	26	A	Immunofluorescent study	0.86	0.31	0.02	1.19	XXX	N
88346	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88347		A	Immunofluorescent study	0.86	0.42	0.04	1.32	XXX	N
88347	26	A	Immunofluorescent study	0.86	0.15	0.02	1.03	XXX	N
88347	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88348		A	Electron microscopy	1.51	2.28	0.16	3.95	XXX	N
88348	26	A	Electron microscopy	1.51	1.19	0.08	2.78	XXX	N
88348	TC	A	Electron microscopy	0.00	1.09	0.08	1.17	XXX	N
88349		A	Scanning electron microscopy	0.76	1.55	0.12	2.43	XXX	N
88349	26	A	Scanning electron microscopy	0.76	0.79	0.06	1.61	XXX	N
88349	TC	A	Scanning electron microscopy	0.00	0.76	0.06	0.82	XXX	N
88355		A	Analysis, skeletal muscle	1.85	1.74	0.13	3.72	XXX	N
88355	26	A	Analysis, skeletal muscle	1.85	0.92	0.07	2.84	XXX	N
88355	TC	A	Analysis, skeletal muscle	0.00	0.82	0.06	0.88	XXX	N
88356		A	Analysis, nerve	3.02	2.66	0.18	5.86	XXX	N
88356	26	A	Analysis, nerve	3.02	1.39	0.10	4.51	XXX	N
88356	TC	A	Analysis, nerve	0.00	1.27	0.08	1.35	XXX	N
88358		A	Analysis, tumor	2.82	2.32	0.16	5.30	XXX	N
88358	26	A	Analysis, tumor	2.82	1.16	0.08	4.06	XXX	N
88358	TC	A	Analysis, tumor	0.00	1.16	0.08	1.24	XXX	N
88362		A	Nerve teasing preparations	2.17	1.97	0.13	4.27	XXX	N
88362	26	A	Nerve teasing preparations	2.17	1.00	0.07	3.24	XXX	N
88362	TC	A	Nerve teasing preparations	0.00	0.97	0.06	1.03	XXX	N
88365		A	Tissue hybridization	0.93	0.75	0.05	1.73	XXX	N
88365	26	A	Tissue hybridization	0.93	0.38	0.03	1.34	XXX	N
88365	TC	A	Tissue hybridization	0.00	0.37	0.02	0.39	XXX	N
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	XXX	0
88371	26	A	Protein, western blot tissue	0.37	0.20	0.01	0.58	XXX	N
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	XXX	0
88372	26	A	Protein analysis w/probe	0.37	0.20	0.01	0.58	XXX	N
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89060		X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	XXX	0
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.01	0.58	XXX	N
89100		A	Sample intestinal contents	0.60	0.42	0.03	1.05	XXX	N
89105		A	Sample intestinal contents	0.50	0.39	0.03	0.92	XXX	N
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	XXX	0
89130		A	Sample stomach contents	0.45	0.41	0.03	0.89	XXX	N
89132		A	Sample stomach contents	0.19	0.19	0.02	0.40	XXX	N
89135		A	Sample stomach contents	0.79	0.58	0.04	1.41	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
89136		A	Sample stomach contents	0.21	0.22	0.02	0.45	XXX	N
89140		A	Sample stomach contents	0.94	0.81	0.07	1.82	XXX	N
89141		A	Sample stomach contents	0.85	0.73	0.06	1.64	XXX	N
89160		X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	XXX	0
89190		X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	XXX	0
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	XXX	0
89300		X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89310		X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89320		X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	XXX	0
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	XXX	0
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	XXX	0
89350		A	Sputum specimen collection	0.00	0.39	0.03	0.42	XXX	N
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	XXX	0
89360		A	Collect sweat for test	0.00	0.43	0.03	0.46	XXX	N
89365		X	Water load test	0.00	0.00	0.00	0.00	XXX	0
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
90700		E	DTaP immunization	0.00	0.00	0.00	0.00	XXX	0
90701		E	DTP immunization	0.00	0.00	0.00	0.00	XXX	0
90702		E	DT immunization	0.00	0.00	0.00	0.00	XXX	0
90703		E	Tetanus immunization	0.00	0.00	0.00	0.00	XXX	0
90704		E	Mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90705		E	Measles immunization	0.00	0.00	0.00	0.00	XXX	0
90706		E	Rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90707		E	MMR virus immunization	0.00	0.00	0.00	0.00	XXX	0
90708		E	Measles-rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90709		E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90710		E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90711		E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90712		E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	XXX	0
90713		E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	XXX	0
90714		E	Typhoid immunization	0.00	0.00	0.00	0.00	XXX	0
90716		E	Chicken pox vaccine	0.00	0.00	0.00	0.00	XXX	0
90717		E	Yellow fever immunization	0.00	0.00	0.00	0.00	XXX	0
90718		E	Td immunization	0.00	0.00	0.00	0.00	XXX	0
90719		E	Diphtheria immunization	0.00	0.00	0.00	0.00	XXX	0
90720		E	DTP/HIB vaccine	0.00	0.00	0.00	0.00	XXX	0
90721		E	Dtap/hib vaccine	0.00	0.00	0.00	0.00	XXX	0
90724		X	Influenza immunization	0.00	0.00	0.00	0.00	XXX	0
90725		E	Cholera immunization	0.00	0.00	0.00	0.00	XXX	0
90726		E	Rabies immunization	0.00	0.00	0.00	0.00	XXX	0
90727		E	Plague immunization	0.00	0.00	0.00	0.00	XXX	0
90728		E	BCG immunization	0.00	0.00	0.00	0.00	XXX	0
90730		E	Hepatitis A vaccine	0.00	0.00	0.00	0.00	XXX	0
90732		X	Pneumococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90733		E	Meningococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90735		E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	XXX	0
90737		E	Influenza B immunization	0.00	0.00	0.00	0.00	XXX	0
90741		E	Passive immunization, ISG	0.00	0.00	0.00	0.00	XXX	0
90742		E	Special passive immunization	0.00	0.00	0.00	0.00	XXX	0
90744		X	Hepatitis B vaccine, under 11	0.00	0.00	0.00	0.00	XXX	0
90745		X	Hepatitis B vaccine, 11–19	0.00	0.00	0.00	0.00	XXX	0
90746		X	Hepatitis B vaccine, over 20	0.00	0.00	0.00	0.00	XXX	0
90747		X	Hepatitis B vaccine, ill pat	0.00	0.00	0.00	0.00	XXX	0
90749		C	Immunization procedure	0.00	0.00	0.00	0.00	XXX	N
90780		A	IV infusion therapy, 1 hour	0.00	1.06	0.08	1.14	XXX	N
90781		A	IV infusion, additional hour	0.00	0.53	0.04	0.57	XXX	N
90782		T	Injection (SC)/(IM)	0.00	0.10	0.01	0.11	XXX	N
90783		T	Injection (IA)	0.00	0.39	0.03	0.42	XXX	N
90784		T	Injection (IV)	0.00	0.45	0.04	0.49	XXX	N
90788		T	Injection of antibiotic	0.00	0.11	0.01	0.12	XXX	N
90799		C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	XXX	N
90801		A	Psychiatric interview	2.80	0.67	0.09	3.56	XXX	N
90820		A	Diagnostic interview	3.01	0.38	0.05	3.44	XXX	N
90825		B	Evaluation of tests/records	+0.97	0.31	0.04	1.32	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
90835		A	Special interview	2.84	0.50	0.07	3.41	XXX	N
90841		G	Psychotherapy	0.00	0.00	0.00	0.00	XXX	0
90842		G	Psychotherapy, 75–80 min.	+3.13	1.05	0.15	4.33	XXX	N
90843		G	Psychotherapy, 20–30 min.	+1.47	0.35	0.05	1.87	XXX	N
90844		G	Psychotherapy, 45–50 min.	+2.00	0.54	0.08	2.62	XXX	N
90845		A	Medical psychoanalysis	1.79	0.41	0.05	2.25	XXX	N
90846		R	Special family therapy	1.83	0.62	0.08	2.53	XXX	N
90847		R	Special family therapy	2.21	0.58	0.08	2.87	XXX	N
90849		R	Special family therapy	0.59	0.26	0.03	0.88	XXX	N
90853		A	Special group therapy	0.59	0.26	0.03	0.88	XXX	N
90855		G	Individual psychotherapy	+2.15	0.59	0.09	2.83	XXX	N
90857		A	Special group therapy	0.63	0.15	0.02	0.80	XXX	N
90862		A	Medication management	0.95	0.37	0.05	1.37	XXX	N
90870		A	Electroconvulsive therapy	1.88	0.55	0.08	2.51	000	N
90871		A	Electroconvulsive therapy	2.72	0.83	0.13	3.68	000	N
90875		A	Psychophysiological therapy	1.11	0.35	0.05	1.51	XXX	N
90876		A	Psychophysiological therapy	1.73	0.54	0.08	2.35	XXX	N
90880		A	Medical hypnotherapy	2.19	0.64	0.07	2.90	XXX	N
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX	0
90887		B	Consultation with family	+1.48	0.33	0.04	1.85	XXX	0
90889		B	Preparation of report	0.00	0.00	0.00	0.00	XXX	0
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX	N
90900		D	Biofeedback, electromyogram	0.00	0.00	0.00	0.00	000	N
90901		A	Biofeedback, any method	0.41	0.29	0.02	0.72	000	N
90902		D	Biofeedback, nerve impulse	0.00	0.00	0.00	0.00	000	N
90904		D	Biofeedback, blood pressure	0.00	0.00	0.00	0.00	000	N
90906		D	Biofeedback, blood flow	0.00	0.00	0.00	0.00	000	N
90908		D	Biofeedback, brain waves	0.00	0.00	0.00	0.00	000	N
90910		D	Biofeedback, oculogram	0.00	0.00	0.00	0.00	000	N
90911		A	Anorectal biofeedback	0.89	1.13	0.27	2.29	000	N
90915		D	Biofeedback, unspecified	0.00	0.00	0.00	0.00	000	N
90918		A	ESRD related services, month	11.18	2.19	0.14	13.51	XXX	P
90919		A	ESRD related services, month	8.54	2.19	0.14	10.87	XXX	P
90920		A	ESRD related services, month	7.27	2.19	0.14	9.60	XXX	P
90921		A	ESRD related services, month	4.47	2.19	0.14	6.80	XXX	P
90922		A	ESRD related services, day	0.37	0.07	0.01	0.45	XXX	P
90923		A	Esrd related services, day	0.28	0.07	0.01	0.36	XXX	P
90924		A	Esrd related services, day	0.24	0.07	0.01	0.32	XXX	P
90925		A	Esrd related services, day	0.15	0.07	0.01	0.23	XXX	P
90935		A	Hemodialysis, one evaluation	1.22	1.49	0.10	2.81	000	N
90937		A	Hemodialysis, repeated eval.	2.11	2.65	0.18	4.94	000	N
90945		A	Dialysis, one evaluation	1.28	1.27	0.08	2.63	000	N
90947		A	Dialysis, repeated eval.	2.16	2.09	0.14	4.39	000	N
90989		X	Dialysis training/complete	0.00	0.00	0.00	0.00	XXX	0
90993		X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	XXX	0
90997		A	Hemoperfusion	1.84	2.35	0.16	4.35	000	N
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX	N
91000		A	Esophageal intubation	0.73	0.66	0.06	1.45	000	N
91000	26	A	Esophageal intubation	0.73	0.59	0.05	1.37	000	N
91000	TC	A	Esophageal intubation	0.00	0.07	0.01	0.08	000	N
91010		A	Esophagus motility study	1.25	2.28	0.17	3.70	000	N
91010	26	A	Esophagus motility study	1.25	1.50	0.11	2.86	000	N
91010	TC	A	Esophagus motility study	0.00	0.78	0.06	0.84	000	N
91011		A	Esophagus motility study	1.50	2.66	0.18	4.34	000	N
91011	26	A	Esophagus motility study	1.50	1.68	0.11	3.29	000	N
91011	TC	A	Esophagus motility study	0.00	0.98	0.07	1.05	000	N
91012		A	Esophagus motility study	1.46	3.12	0.23	4.81	000	N
91012	26	A	Esophagus motility study	1.46	2.02	0.15	3.63	000	N
91012	TC	A	Esophagus motility study	0.00	1.10	0.08	1.18	000	N
91020		A	Esophagogastric study	1.44	2.50	0.18	4.12	000	N
91020	26	A	Esophagogastric study	1.44	1.77	0.12	3.33	000	N
91020	TC	A	Esophagogastric study	0.00	0.73	0.06	0.79	000	N
91030		A	Acid perfusion of esophagus	0.91	0.56	0.05	1.52	000	N
91030	26	A	Acid perfusion of esophagus	0.91	0.35	0.03	1.29	000	N
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.02	0.23	000	N
91032		A	Esophagus, acid reflux test	1.21	1.96	0.16	3.33	000	N
91032	26	A	Esophagus, acid reflux test	1.21	1.25	0.10	2.56	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
91032	TC	A	Esophagus, acid reflux test	0.00	0.71	0.06	0.77	000	N
91033		A	Prolonged acid reflux test	1.30	2.97	0.25	4.52	000	N
91033	26	A	Prolonged acid reflux test	1.30	1.69	0.14	3.13	000	N
91033	TC	A	Prolonged acid reflux test	0.00	1.28	0.11	1.39	000	N
91052		A	Gastric analysis test	0.79	0.82	0.07	1.68	000	N
91052	26	A	Gastric analysis test	0.79	0.50	0.04	1.33	000	N
91052	TC	A	Gastric analysis test	0.00	0.32	0.03	0.35	000	N
91055		A	Gastric intubation for smear	0.94	0.80	0.06	1.80	000	N
91055	26	A	Gastric intubation for smear	0.94	0.51	0.04	1.49	000	N
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.02	0.31	000	N
91060		A	Gastric saline load test	0.45	0.71	0.06	1.22	000	N
91060	26	A	Gastric saline load test	0.45	0.50	0.04	0.99	000	N
91060	TC	A	Gastric saline load test	0.00	0.21	0.02	0.23	000	N
91065		A	Breath hydrogen test	0.20	0.83	0.05	1.08	000	N
91065	26	A	Breath hydrogen test	0.20	0.49	0.03	0.72	000	N
91065	TC	A	Breath hydrogen test	0.00	0.34	0.02	0.36	000	N
91100		A	Pass intestine bleeding tube	1.08	0.56	0.05	1.69	000	N
91105		A	Gastric intubation treatment	0.37	0.46	0.04	0.87	000	N
91122		A	Anal pressure record	1.77	1.73	0.22	3.72	000	S
91122	26	A	Anal pressure record	1.77	1.06	0.13	2.96	000	S
91122	TC	A	Anal pressure record	0.00	0.67	0.09	0.76	000	S
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
92002		A	Eye exam, new patient	0.88	0.49	0.02	1.39	XXX	P
92004		A	Eye exam, new patient	1.67	0.57	0.02	2.26	XXX	P
92012		A	Eye exam established pt	0.67	0.44	0.02	1.13	XXX	N
92014		A	Eye exam & treatment	1.10	0.54	0.02	1.66	XXX	N
92015		N	Refraction	+0.38	0.32	0.02	0.72	XXX	0
92018		A	New eye exam & treatment	1.51	0.47	0.03	2.01	XXX	N
92019		A	Eye exam & treatment	1.31	0.47	0.03	1.81	XXX	N
92020		A	Special eye evaluation	0.37	0.29	0.01	0.67	XXX	N
92060		A	Special eye evaluation	0.69	0.39	0.02	1.10	XXX	N
92060	26	A	Special eye evaluation	0.69	0.21	0.01	0.91	XXX	N
92060	TC	A	Special eye evaluation	0.00	0.18	0.01	0.19	XXX	N
92065		A	Orthoptic/pleoptic training	0.37	0.36	0.01	0.74	XXX	N
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.01	0.58	XXX	N
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.00	0.16	XXX	N
92070		A	Fitting of contact lens	0.70	1.20	0.06	1.96	XXX	N
92081		A	Visual field examination(s)	0.36	0.32	0.01	0.69	XXX	N
92081	26	A	Visual field examination(s)	0.36	0.17	0.01	0.54	XXX	N
92081	TC	A	Visual field examination(s)	0.00	0.15	0.00	0.15	XXX	N
92082		A	Visual field examination(s)	0.44	0.49	0.02	0.95	XXX	N
92082	26	A	Visual field examination(s)	0.44	0.30	0.01	0.75	XXX	N
92082	TC	A	Visual field examination(s)	0.00	0.19	0.01	0.20	XXX	N
92083		A	Visual field examination(s)	0.50	0.83	0.04	1.37	XXX	N
92083	26	A	Visual field examination(s)	0.50	0.55	0.03	1.08	XXX	N
92083	TC	A	Visual field examination(s)	0.00	0.28	0.01	0.29	XXX	N
92100		A	Serial tonometry exam(s)	0.92	0.25	0.01	1.18	XXX	N
92120		A	Tonography & eye evaluation	0.81	0.31	0.02	1.14	XXX	N
92130		A	Water provocation tonography	0.81	0.49	0.02	1.32	XXX	N
92140		A	Glaucoma provocative tests	0.50	0.30	0.01	0.81	XXX	N
92225		A	Special eye exam, initial	0.38	0.45	0.02	0.85	XXX	N
92226		A	Special eye exam, subsequent	0.33	0.40	0.02	0.75	XXX	N
92230		A	Eye exam with photos	0.60	0.69	0.04	1.33	XXX	N
92235		A	Eye exam with photos	0.81	1.58	0.09	2.48	XXX	N
92235	26	A	Eye exam with photos	0.81	0.59	0.03	1.43	XXX	N
92235	TC	A	Eye exam with photos	0.00	0.99	0.06	1.05	XXX	N
92240		A	Icg angiography	1.10	1.58	0.09	2.77	XXX	N
92240	26	A	Icg angiography	1.10	0.59	0.03	1.72	XXX	N
92240	TC	A	Icg angiography	0.00	0.99	0.06	1.05	XXX	N
92250		A	Eye exam with photos	0.44	0.42	0.02	0.88	XXX	N
92250	26	A	Eye exam with photos	0.44	0.25	0.01	0.70	XXX	N
92250	TC	A	Eye exam with photos	0.00	0.17	0.01	0.18	XXX	N
92260		A	Ophthalmoscopy/dynamometry	0.20	0.54	0.03	0.77	XXX	N
92265		A	Eye muscle evaluation	0.81	0.29	0.02	1.12	XXX	N
92265	26	A	Eye muscle evaluation	0.81	0.07	0.00	0.88	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.02	0.24	XXX	N
92270		A	Electro-oculography	0.81	0.67	0.05	1.53	XXX	N
92270	26	A	Electro-oculography	0.81	0.37	0.03	1.21	XXX	N
92270	TC	A	Electro-oculography	0.00	0.30	0.02	0.32	XXX	N
92275		A	Electroretinography	1.01	0.90	0.05	1.96	XXX	N
92275	26	A	Electroretinography	1.01	0.51	0.03	1.55	XXX	N
92275	TC	A	Electroretinography	0.00	0.39	0.02	0.41	XXX	N
92283		A	Color vision examination	0.17	0.29	0.01	0.47	XXX	N
92283	26	A	Color vision examination	0.17	0.17	0.01	0.35	XXX	N
92283	TC	A	Color vision examination	0.00	0.12	0.00	0.12	XXX	N
92284		A	Dark adaptation eye exam	0.24	0.45	0.02	0.71	XXX	N
92284	26	A	Dark adaptation eye exam	0.24	0.28	0.01	0.53	XXX	N
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.01	0.18	XXX	N
92285		A	Eye photography	0.20	0.29	0.01	0.50	XXX	N
92285	26	A	Eye photography	0.20	0.18	0.01	0.39	XXX	N
92285	TC	A	Eye photography	0.00	0.11	0.00	0.11	XXX	N
92286		A	Internal eye photography	0.66	1.22	0.07	1.95	XXX	N
92286	26	A	Internal eye photography	0.66	0.83	0.05	1.54	XXX	N
92286	TC	A	Internal eye photography	0.00	0.39	0.02	0.41	XXX	N
92287		A	Internal eye photography	0.81	1.52	0.08	2.41	XXX	N
92310		N	Contact lens fitting	+1.17	1.32	0.00	2.49	XXX	0
92311		A	Contact lens fitting	1.08	0.90	0.03	2.01	XXX	N
92312		A	Contact lens fitting	1.26	1.16	0.03	2.45	XXX	N
92313		A	Contact lens fitting	0.92	0.88	0.03	1.83	XXX	N
92314		N	Prescription of contact lens	+0.69	0.78	0.00	1.47	XXX	0
92315		A	Prescription of contact lens	0.45	0.66	0.03	1.14	XXX	N
92316		A	Prescription of contact lens	0.68	0.95	0.04	1.67	XXX	N
92317		A	Prescription of contact lens	0.45	0.39	0.02	0.86	XXX	N
92325		A	Modification of contact lens	0.00	0.38	0.01	0.39	XXX	N
92326		A	Replacement of contact lens	0.00	1.56	0.06	1.62	XXX	N
92330		A	Fitting of artificial eye	1.08	1.13	0.09	2.30	XXX	N
92335		A	Fitting of artificial eye	0.45	1.97	0.11	2.53	XXX	N
92340		N	Fitting of spectacles	+0.37	0.42	0.00	0.79	XXX	0
92341		N	Fitting of spectacles	+0.47	0.53	0.00	1.00	XXX	0
92342		N	Fitting of spectacles	+0.53	0.60	0.00	1.13	XXX	0
92352		B	Special spectacles fitting	+0.37	0.30	0.01	0.68	XXX	0
92353		B	Special spectacles fitting	+0.50	0.40	0.01	0.91	XXX	0
92354		B	Special spectacles fitting	+0.00	8.44	0.10	8.54	XXX	0
92355		B	Special spectacles fitting	+0.00	4.13	0.01	4.14	XXX	0
92358		B	Eye prosthesis service	+0.00	0.92	0.05	0.97	XXX	0
92370		N	Repair & adjust spectacles	+0.32	0.36	0.00	0.68	XXX	0
92371		B	Repair & adjust spectacles	+0.00	0.59	0.02	0.61	XXX	0
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92392		G	Supply of low vision aids	+0.00	3.85	0.02	3.87	XXX	0
92393		G	Supply of artificial eye	+0.00	11.96	0.67	12.63	XXX	0
92395		G	Supply of spectacles	+0.00	1.31	0.10	1.41	XXX	0
92396		G	Supply of contact lenses	+0.00	2.19	0.08	2.27	XXX	0
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92502		A	Ear and throat examination	1.51	1.12	0.12	2.75	000	N
92504		A	Ear microscopy examination	0.18	0.26	0.02	0.46	XXX	N
92506		A	Speech & hearing evaluation	0.86	0.52	0.05	1.43	XXX	N
92507		A	Speech/hearing therapy	0.52	0.33	0.03	0.88	XXX	N
92508		A	Speech/hearing therapy	0.26	0.18	0.02	0.46	XXX	N
92510		A	Rehab for ear implant	1.50	1.36	0.15	3.01	XXX	N
92511		A	Nasopharyngoscopy	0.84	0.85	0.09	1.78	000	S
92512		A	Nasal function studies	0.55	0.47	0.05	1.07	XXX	N
92516		A	Facial nerve function test	0.43	0.39	0.04	0.86	XXX	N
92520		A	Laryngeal function studies	0.76	0.53	0.05	1.34	XXX	N
92525		A	Oral function evaluation	1.50	1.02	0.11	2.63	XXX	N
92526		A	Oral function therapy	0.55	0.47	0.05	1.07	XXX	N
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92532		B	Positional nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX	0
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92541		A	Spontaneous nystagmus test	0.40	0.67	0.07	1.14	XXX	N
92541	26	A	Spontaneous nystagmus test	0.40	0.45	0.05	0.90	XXX	N
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.02	0.24	XXX	N
92542		A	Positional nystagmus test	0.33	0.61	0.07	1.01	XXX	N
92542	26	A	Positional nystagmus test	0.33	0.36	0.04	0.73	XXX	N
92542	TC	A	Positional nystagmus test	0.00	0.25	0.03	0.28	XXX	N
92543		A	Caloric vestibular test	0.38	0.82	0.09	1.29	XXX	N
92543	26	A	Caloric vestibular test	0.38	0.42	0.05	0.85	XXX	N
92543	TC	A	Caloric vestibular test	0.00	0.40	0.04	0.44	XXX	N
92544		A	Optokinetic nystagmus test	0.26	0.47	0.05	0.78	XXX	N
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.03	0.56	XXX	N
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.02	0.22	XXX	N
92545		A	Oscillating tracking test	0.23	0.40	0.04	0.67	XXX	N
92545	26	A	Oscillating tracking test	0.23	0.20	0.02	0.45	XXX	N
92545	TC	A	Oscillating tracking test	0.00	0.20	0.02	0.22	XXX	N
92546		A	Sinusoidal rotational test	0.29	0.53	0.05	0.87	XXX	N
92546	26	A	Sinusoidal rotational test	0.29	0.30	0.03	0.62	XXX	N
92546	TC	A	Sinusoidal rotational test	0.00	0.23	0.02	0.25	XXX	N
92547		A	Supplemental electrical test	0.00	0.53	0.06	0.59	XXX	N
92548		A	Posturography	0.50	1.85	0.19	2.54	XXX	N
92548	26	A	Posturography	0.50	0.45	0.05	1.00	XXX	N
92548	TC	A	Posturography	0.00	1.40	0.14	1.54	XXX	N
92551		N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX	0
92552		A	Pure tone audiometry, air	0.00	0.42	0.04	0.46	XXX	N
92553		A	Audiometry, air & bone	0.00	0.63	0.07	0.70	XXX	N
92555		A	Speech threshold audiometry	0.00	0.36	0.04	0.40	XXX	N
92556		A	Speech audiometry, complete	0.00	0.54	0.06	0.60	XXX	N
92557		A	Comprehensive hearing test	0.00	1.13	0.13	1.26	XXX	N
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX	0
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX	0
92561		A	Bekesy audiometry, diagnosis	0.00	0.68	0.07	0.75	XXX	N
92562		A	Loudness balance test	0.00	0.39	0.04	0.43	XXX	N
92563		A	Tone decay hearing test	0.00	0.36	0.04	0.40	XXX	N
92564		A	Sisi hearing test	0.00	0.45	0.05	0.50	XXX	N
92565		A	Stenger test, pure tone	0.00	0.38	0.04	0.42	XXX	N
92567		A	Tympanometry	0.00	0.50	0.06	0.56	XXX	N
92568		A	Acoustic reflex testing	0.00	0.36	0.04	0.40	XXX	N
92569		A	Acoustic reflex decay test	0.00	0.39	0.04	0.43	XXX	N
92571		A	Filtered speech hearing test	0.00	0.37	0.04	0.41	XXX	N
92572		A	Staggered spondaic word test	0.00	0.08	0.01	0.09	XXX	N
92573		A	Lombard test	0.00	0.33	0.04	0.37	XXX	N
92575		A	Sensorineural acuity test	0.00	0.29	0.03	0.32	XXX	N
92576		A	Synthetic sentence test	0.00	0.42	0.05	0.47	XXX	N
92577		A	Stenger test, speech	0.00	0.68	0.08	0.76	XXX	N
92579		A	Visual audiometry (vra)	0.00	0.69	0.07	0.76	XXX	N
92582		A	Conditioning play audiometry	0.00	0.69	0.07	0.76	XXX	N
92583		A	Select picture audiometry	0.00	0.85	0.09	0.94	XXX	N
92584		A	Electrocochleography	0.00	2.36	0.25	2.61	XXX	N
92585		A	Auditory evoked potential	0.50	3.25	0.31	4.06	XXX	N
92585	26	A	Auditory evoked potential	0.50	1.49	0.14	2.13	XXX	N
92585	TC	A	Auditory evoked potential	0.00	1.76	0.17	1.93	XXX	N
92587		A	Evoked auditory test	0.13	1.35	0.13	1.61	XXX	N
92587	26	A	Evoked auditory test	0.13	0.11	0.01	0.25	XXX	N
92587	TC	A	Evoked auditory test	0.00	1.24	0.12	1.36	XXX	N
92588		A	Evoked auditory test	0.36	1.70	0.16	2.22	XXX	N
92588	26	A	Evoked auditory test	0.36	0.30	0.02	0.68	XXX	N
92588	TC	A	Evoked auditory test	0.00	1.40	0.14	1.54	XXX	N
92589		A	Auditory function test(s)	0.00	0.51	0.06	0.57	XXX	N
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX	0
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX	0
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX	0
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX	0
92594		N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	XXX	0
92595		N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	XXX	0
92596		A	Ear protector evaluation	0.00	0.56	0.06	0.62	XXX	N
92597		A	Oral speech device eval	1.35	1.01	0.11	2.47	XXX	N
92598		A	Modify oral speech device	0.99	0.66	0.07	1.72	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92599		C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92950		A	Heart/lung resuscitation (CPR)	3.80	2.27	0.17	6.24	000	N
92953		A	Temporary external pacing	0.23	0.66	0.15	1.04	000	N
92960		A	Heart electroconversion	2.25	1.88	0.16	4.29	000	N
92970		A	Cardioassist, internal	3.52	3.47	0.41	7.40	000	N
92971		A	Cardioassist, external	1.77	1.11	0.08	2.96	000	N
92975		A	Dissolve clot, heart vessel	7.25	5.71	0.42	13.38	000	N
92977		A	Dissolve clot, heart vessel	0.00	7.68	0.54	8.22	XXX	N
92978		A	Intravascular us, heart	1.80	5.41	0.36	7.57	ZZZ	N
92978	26	A	Intravascular us, heart	1.80	1.06	0.08	2.94	ZZZ	N
92978	TC	A	Intravascular us, heart	0.00	4.35	0.28	4.63	ZZZ	N
92979		A	Intravascular us, heart	1.44	3.03	0.20	4.67	ZZZ	N
92979	26	A	Intravascular us, heart	1.44	0.85	0.06	2.35	ZZZ	N
92979	TC	A	Intravascular us, heart	0.00	2.18	0.14	2.32	ZZZ	N
92980		A	Insert intracoronary stent	14.84	16.41	1.22	32.47	000	N
92981		A	Insert intracoronary stent	4.17	5.42	0.44	10.03	ZZZ	N
92982		A	Coronary artery dilation	10.98	14.05	1.22	26.25	000	N
92984		A	Coronary artery dilation	2.97	3.80	0.44	7.21	ZZZ	N
92986		A	Revision of aortic valve	20.34	12.04	0.90	33.28	090	N
92987		A	Revision of mitral valve	20.69	12.20	0.91	33.80	090	N
92990		A	Revision of pulmonary valve	16.22	9.59	0.71	26.52	090	N
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92995		A	Coronary atherectomy	12.09	15.47	1.22	28.78	000	N
92996		A	Coronary atherectomy	3.26	4.17	0.44	7.87	ZZZ	N
93000		A	Electrocardiogram, complete	0.17	0.59	0.04	0.80	XXX	N
93005		A	Electrocardiogram, tracing	0.00	0.43	0.03	0.46	XXX	N
93010		A	Electrocardiogram report	0.17	0.16	0.01	0.34	XXX	N
93012		A	Transmission of ECG	0.00	2.25	0.22	2.47	XXX	N
93014		A	Report on transmitted ECG	0.52	0.40	0.05	0.97	XXX	N
93015		A	Cardiovascular stress test	0.75	2.37	0.18	3.30	XXX	N
93016		A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N
93017		A	Cardiovascular stress test	0.00	1.60	0.12	1.72	XXX	N
93018		A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93024		A	Cardiac drug stress test	1.17	2.56	0.23	3.96	XXX	N
93024	26	A	Cardiac drug stress test	1.17	1.49	0.14	2.80	XXX	N
93024	TC	A	Cardiac drug stress test	0.00	1.07	0.09	1.16	XXX	N
93040		A	Rhythm ECG with report	0.16	0.26	0.02	0.44	XXX	N
93041		A	Rhythm ECG, tracing	0.00	0.14	0.01	0.15	XXX	N
93042		A	Rhythm ECG, report	0.16	0.12	0.01	0.29	XXX	N
93201		D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93202		D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93204		D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93205		D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93208		D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93209		D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210		D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210	26	D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210	TC	D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93220		D	Vectorcardiogram	0.00	0.00	0.00	0.00	XXX	N
93221		D	Vectorcardiogram tracing	0.00	0.00	0.00	0.00	XXX	N
93222		D	Vectorcardiogram report	0.00	0.00	0.00	0.00	XXX	N
93224		A	ECG monitor/report, 24 hrs	0.52	3.93	0.31	4.76	XXX	N
93225		A	ECG monitor/record, 24 hrs	0.00	1.18	0.09	1.27	XXX	N
93226		A	ECG monitor/report, 24 hrs	0.00	2.08	0.16	2.24	XXX	N
93227		A	ECG monitor/review, 24 hrs	0.52	0.67	0.06	1.25	XXX	N
93230		A	ECG monitor/report, 24 hrs	0.52	4.19	0.34	5.05	XXX	N
93231		A	ECG monitor/record, 24 hrs	0.00	1.45	0.11	1.56	XXX	N
93232		A	ECG monitor/report, 24 hrs	0.00	2.07	0.15	2.22	XXX	N
93233		A	ECG monitor/review, 24 hrs	0.52	0.67	0.08	1.27	XXX	N
93235		A	ECG monitor/report, 24 hrs	0.45	3.07	0.23	3.75	XXX	N
93236		A	ECG monitor/report, 24 hrs	0.00	2.50	0.17	2.67	XXX	N
93237		A	ECG monitor/review, 24 hrs	0.45	0.57	0.06	1.08	XXX	N
93268		A	ECG record/review	0.52	3.83	0.36	4.71	XXX	N
93270		A	ECG recording	0.00	1.18	0.09	1.27	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93271	.....	A	ECG/monitoring and anaylysis	0.00	2.25	0.22	2.47	XXX	N
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.05	0.97	XXX	N
93278	.....	A	ECG/signal-averaged	0.25	1.55	0.18	1.98	XXX	N
93278	26	A	ECG/signal-averaged	0.25	0.45	0.06	0.76	XXX	N
93278	TC	A	ECG/signal-averaged	0.00	1.10	0.12	1.22	XXX	N
93303	.....	A	Echo transthoracic	1.30	4.68	0.36	6.34	XXX	N
93303	26	A	Echo transthoracic	1.30	1.00	0.09	2.39	XXX	N
93303	TC	A	Echo transthoracic	0.00	3.68	0.27	3.95	XXX	N
93304	.....	A	Echo transthoracic	0.75	2.53	0.19	3.47	XXX	N
93304	26	A	Echo transthoracic	0.75	0.68	0.05	1.48	XXX	N
93304	TC	A	Echo transthoracic	0.00	1.85	0.14	1.99	XXX	N
93307	.....	A	Echo exam of heart	0.92	4.68	0.36	5.96	XXX	N
93307	26	A	Echo exam of heart	0.92	1.00	0.09	2.01	XXX	N
93307	TC	A	Echo exam of heart	0.00	3.68	0.27	3.95	XXX	N
93308	.....	A	Echo exam of heart	0.53	2.53	0.19	3.25	XXX	N
93308	26	A	Echo exam of heart	0.53	0.68	0.05	1.26	XXX	N
93308	TC	A	Echo exam of heart	0.00	1.85	0.14	1.99	XXX	N
93312	.....	A	Echo transesophageal	2.20	4.95	0.45	7.60	XXX	N
93312	26	A	Echo transesophageal	2.20	1.35	0.12	3.67	XXX	N
93312	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93313	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93314	.....	A	Echo transesophageal	1.25	4.27	0.39	5.91	XXX	N
93314	26	A	Echo transesophageal	1.25	0.67	0.06	1.98	XXX	N
93314	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93315	.....	A	Echo transesophageal	2.78	4.95	0.45	8.18	XXX	N
93315	26	A	Echo transesophageal	2.78	1.35	0.12	4.25	XXX	N
93315	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93316	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93317	.....	A	Echo transesophageal	1.83	4.27	0.39	6.49	XXX	N
93317	26	A	Echo transesophageal	1.83	0.67	0.06	2.56	XXX	N
93317	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93320	.....	A	Doppler echo exam, heart	0.38	2.11	0.18	2.67	ZZZ	N
93320	26	A	Doppler echo exam, heart	0.38	0.48	0.05	0.91	ZZZ	N
93320	TC	A	Doppler echo exam, heart	0.00	1.63	0.13	1.76	ZZZ	N
93321	.....	A	Doppler echo exam, heart	0.15	1.25	0.11	1.51	ZZZ	N
93321	26	A	Doppler echo exam, heart	0.15	0.19	0.02	0.36	ZZZ	N
93321	TC	A	Doppler echo exam, heart	0.00	1.06	0.09	1.15	ZZZ	N
93325	.....	A	Doppler color flow	0.07	2.80	0.25	3.12	ZZZ	N
93325	26	A	Doppler color flow	0.07	0.04	0.01	0.12	ZZZ	N
93325	TC	A	Doppler color flow	0.00	2.76	0.24	3.00	ZZZ	N
93350	.....	A	Echo transthoracic	0.78	3.63	0.24	4.65	XXX	N
93350	26	A	Echo transthoracic	0.78	1.95	0.10	2.83	XXX	N
93350	TC	A	Echo transthoracic	0.00	1.68	0.14	1.82	XXX	N
93501	.....	A	Right heart catheterization	3.02	19.72	1.54	24.28	000	N
93501	26	A	Right heart catheterization	3.02	3.61	0.34	6.97	000	N
93501	TC	A	Right heart catheterization	0.00	16.11	1.20	17.31	000	N
93503	.....	A	Insert/place heart catheter	2.91	2.37	0.36	5.64	000	N
93505	.....	A	Biopsy of heart lining	4.38	4.92	0.46	9.76	000	N
93505	26	A	Biopsy of heart lining	4.38	3.03	0.28	7.69	000	N
93505	TC	A	Biopsy of heart lining	0.00	1.89	0.18	2.07	000	N
93510	.....	A	Left heart catheterization	4.33	38.28	2.86	45.47	000	N
93510	26	A	Left heart catheterization	4.33	3.06	0.23	7.62	000	N
93510	TC	A	Left heart catheterization	0.00	35.22	2.63	37.85	000	N
93511	.....	A	Left heart catheterization	5.03	36.91	2.76	44.70	000	N
93511	26	A	Left heart catheterization	5.03	2.62	0.20	7.85	000	N
93511	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	N
93514	.....	A	Left heart catheterization	7.05	38.84	2.94	48.83	000	S
93514	26	A	Left heart catheterization	7.05	4.55	0.38	11.98	000	S
93514	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	S
93524	.....	A	Left heart catheterization	6.95	49.45	3.69	60.09	000	N
93524	26	A	Left heart catheterization	6.95	4.65	0.34	11.94	000	N
93524	TC	A	Left heart catheterization	0.00	44.80	3.35	48.15	000	N
93526	.....	A	Rt & Lt heart catheters	5.99	51.48	3.83	61.30	000	N
93526	26	A	Rt & Lt heart catheters	5.99	5.45	0.39	11.83	000	N
93526	TC	A	Rt & Lt heart catheters	0.00	46.03	3.44	49.47	000	N
93527	.....	A	Rt & Lt heart catheters	7.28	51.94	3.85	63.07	000	N
93527	26	A	Rt & Lt heart catheters	7.28	7.14	0.50	14.92	000	N

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[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93527	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93528		A	Rt & Lt heart catheters	9.00	49.23	3.68	61.91	000	N
93528	26	A	Rt & Lt heart catheters	9.00	4.43	0.33	13.76	000	N
93528	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93529		A	Rt, Lt heart catheterization	4.80	47.73	3.57	56.10	000	N
93529	26	A	Rt, Lt heart catheterization	4.80	2.93	0.22	7.95	000	N
93529	TC	A	Rt, Lt heart catheterization	0.00	44.80	3.35	48.15	000	N
93536		A	Insert circulation assi	4.85	6.20	0.71	11.76	000	N
93539		A	Injection, cardiac cath	0.40	0.88	0.20	1.48	000	N
93540		A	Injection, cardiac cath	0.43	0.88	0.20	1.51	000	N
93541		A	Injection for lung angiogram	0.29	0.73	0.16	1.18	000	N
93542		A	Injection for heart x-rays	0.29	0.72	0.16	1.17	000	N
93543		A	Injection for heart x-rays	0.29	0.57	0.11	0.97	000	N
93544		A	Injection for aortography	0.25	0.57	0.11	0.93	000	N
93545		A	Injection for coronary xrays	0.40	1.03	0.24	1.67	000	N
93555		A	Imaging, cardiac cath	0.81	6.25	0.42	7.48	XXX	N
93555	26	A	Imaging, cardiac cath	0.81	0.27	0.04	1.12	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	5.98	0.38	6.36	XXX	N
93556		A	Imaging, cardiac cath	0.83	9.88	0.65	11.36	XXX	N
93556	26	A	Imaging, cardiac cath	0.83	0.45	0.07	1.35	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.43	0.58	10.01	XXX	N
93561		A	Cardiac output measurement	0.50	1.25	0.16	1.91	000	N
93561	26	A	Cardiac output measurement	0.50	0.75	0.09	1.34	000	N
93561	TC	A	Cardiac output measurement	0.00	0.50	0.07	0.57	000	N
93562		A	Cardiac output measurement	0.16	0.76	0.10	1.02	000	N
93562	26	A	Cardiac output measurement	0.16	0.46	0.06	0.68	000	N
93562	TC	A	Cardiac output measurement	0.00	0.30	0.04	0.34	000	N
93600		A	Bundle of His recording	2.12	4.57	0.38	7.07	000	N
93600	26	A	Bundle of His recording	2.12	2.71	0.24	5.07	000	N
93600	TC	A	Bundle of His recording	0.00	1.86	0.14	2.00	000	N
93602		A	Intra-atrial recording	2.12	2.83	0.22	5.17	000	N
93602	26	A	Intra-atrial recording	2.12	1.77	0.14	4.03	000	N
93602	TC	A	Intra-atrial recording	0.00	1.06	0.08	1.14	000	N
93603		A	Right ventricular recording	2.12	3.79	0.28	6.19	000	N
93603	26	A	Right ventricular recording	2.12	2.19	0.16	4.47	000	N
93603	TC	A	Right ventricular recording	0.00	1.60	0.12	1.72	000	N
93607		A	Right ventricular recording	3.26	3.63	0.28	7.17	000	N
93607	26	A	Right ventricular recording	3.26	2.21	0.17	5.64	000	N
93607	TC	A	Right ventricular recording	0.00	1.42	0.11	1.53	000	N
93609		A	Mapping of tachycardia	10.07	6.43	0.47	16.97	000	N
93609	26	A	Mapping of tachycardia	10.07	3.84	0.28	14.19	000	N
93609	TC	A	Mapping of tachycardia	0.00	2.59	0.19	2.78	000	N
93610		A	Intra-atrial pacing	3.02	3.60	0.27	6.89	000	N
93610	26	A	Intra-atrial pacing	3.02	2.31	0.17	5.50	000	N
93610	TC	A	Intra-atrial pacing	0.00	1.29	0.10	1.39	000	N
93612		A	Intraventricular pacing	3.02	3.88	0.29	7.19	000	N
93612	26	A	Intraventricular pacing	3.02	2.34	0.17	5.53	000	N
93612	TC	A	Intraventricular pacing	0.00	1.54	0.12	1.66	000	N
93615		A	Esophageal recording	0.99	0.65	0.04	1.68	000	N
93615	26	A	Esophageal recording	0.99	0.35	0.02	1.36	000	N
93615	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93616		A	Esophageal recording	1.49	1.66	0.10	3.25	000	N
93616	26	A	Esophageal recording	1.49	1.36	0.08	2.93	000	N
93616	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93618		A	Heart rhythm pacing	4.26	9.24	0.72	14.22	000	N
93618	26	A	Heart rhythm pacing	4.26	5.46	0.44	10.16	000	N
93618	TC	A	Heart rhythm pacing	0.00	3.78	0.28	4.06	000	N
93619		A	Electrophysiology evaluation	7.32	16.71	1.40	25.43	000	N
93619	26	A	Electrophysiology evaluation	7.32	9.37	0.86	17.55	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.34	0.54	7.88	000	N
93620		A	Electrophysiology evaluation	11.59	22.07	1.55	35.21	000	N
93620	26	A	Electrophysiology evaluation	11.59	13.53	0.95	26.07	000	N
93620	TC	A	Electrophysiology evaluation	0.00	8.54	0.60	9.14	000	N
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	26	A	Electrophysiology evaluation	12.66	14.94	1.11	28.71	000	N
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93622	26	A	Electrophysiology evaluation	12.74	14.74	1.07	28.55	000	N
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	26	A	Stimulation, pacing heart	2.85	2.78	0.20	5.83	000	N
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93624		A	Electrophysiologic study	4.81	4.88	0.35	10.04	000	N
93624	26	A	Electrophysiologic study	4.81	2.99	0.21	8.01	000	N
93624	TC	A	Electrophysiologic study	0.00	1.89	0.14	2.03	000	N
93631		A	Heart pacing, mapping	7.60	11.62	1.37	20.59	000	N
93631	26	A	Heart pacing, mapping	7.60	5.76	0.67	14.03	000	N
93631	TC	A	Heart pacing, mapping	0.00	5.86	0.70	6.56	000	N
93640		A	Evaluation heart device	3.52	11.51	1.09	16.12	000	N
93640	26	A	Evaluation heart device	3.52	4.67	0.61	8.80	000	N
93640	TC	A	Evaluation heart device	0.00	6.84	0.48	7.32	000	N
93641		A	Electrophysiology evaluation	5.93	13.85	1.09	20.87	000	N
93641	26	A	Electrophysiology evaluation	5.93	7.01	0.61	13.55	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93642		A	Electrophysiology evaluation	4.89	13.09	1.09	19.07	000	N
93642	26	A	Electrophysiology evaluation	4.89	6.25	0.61	11.75	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93650		A	Ablate heart dysrhythm focus	10.51	13.46	1.34	25.31	000	N
93651		A	Ablate heart dysrhythm focus	16.25	17.83	1.34	35.42	000	N
93652		A	Ablate heart dysrhythm focus	17.68	17.83	1.34	36.85	000	N
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93660	26	A	Tilt table evaluation	1.89	1.44	0.17	3.50	000	N
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93720		A	Total body plethysmography	0.17	0.89	0.10	1.16	XXX	N
93721		A	Plethysmography tracing	0.00	0.67	0.07	0.74	XXX	N
93722		A	Plethysmography report	0.17	0.22	0.03	0.42	XXX	N
93724		A	Analyze pacemaker system	4.89	6.66	0.50	12.05	000	N
93724	26	A	Analyze pacemaker system	4.89	2.88	0.22	7.99	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.78	0.28	4.06	000	N
93731		A	Analyze pacemaker system	0.45	0.79	0.07	1.31	XXX	N
93731	26	A	Analyze pacemaker system	0.45	0.32	0.03	0.80	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.47	0.04	0.51	XXX	N
93732		A	Analyze pacemaker system	0.92	0.91	0.08	1.91	XXX	N
93732	26	A	Analyze pacemaker system	0.92	0.42	0.04	1.38	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.49	0.04	0.53	XXX	N
93733		A	Telephone analysis, pacemaker	0.17	0.91	0.08	1.16	XXX	N
93733	26	A	Telephone analysis, pacemaker	0.17	0.22	0.02	0.41	XXX	N
93733	TC	A	Telephone analysis, pacemaker	0.00	0.69	0.06	0.75	XXX	N
93734		A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N
93735		A	Analyze pacemaker system	0.74	0.85	0.08	1.67	XXX	N
93735	26	A	Analyze pacemaker system	0.74	0.43	0.04	1.21	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93736		A	Telephone analysis, pacemaker	0.15	0.79	0.09	1.03	XXX	N
93736	26	A	Telephone analysis, pacemaker	0.15	0.19	0.03	0.37	XXX	N
93736	TC	A	Telephone analysis, pacemaker	0.00	0.60	0.06	0.66	XXX	N
93737		A	Analyze cardio/defibrillator	0.45	0.74	0.06	1.25	XXX	N
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.02	0.74	XXX	N
93737	TC	A	Analyze cardio/defibrillator	0.00	0.47	0.04	0.51	XXX	N
93738		A	Analyze cardio/defibrillator	0.92	0.88	0.07	1.87	XXX	N
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.03	1.34	XXX	N
93738	TC	A	Analyze cardio/defibrillator	0.00	0.49	0.04	0.53	XXX	N
93740		A	Temperature gradient studies	0.16	0.45	0.04	0.65	XXX	N
93740	26	A	Temperature gradient studies	0.16	0.30	0.03	0.49	XXX	N
93740	TC	A	Temperature gradient studies	0.00	0.15	0.01	0.16	XXX	N
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX	0
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX	0
93770		A	Measure venous pressure	0.16	0.20	0.02	0.38	XXX	N
93770	26	A	Measure venous pressure	0.16	0.17	0.02	0.35	XXX	N
93770	TC	A	Measure venous pressure	0.00	0.03	0.00	0.03	XXX	N
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	XXX	0
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	XXX	0
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	XXX	0
93797	.....	A	Cardiac rehab	0.18	0.30	0.02	0.50	000	N
93798	.....	A	Cardiac rehab/monitor	0.28	0.47	0.04	0.79	000	N
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93875	.....	A	Extracranial study	0.22	1.36	0.18	1.76	XXX	N
93875	26	A	Extracranial study	0.22	0.31	0.06	0.59	XXX	N
93875	TC	A	Extracranial study	0.00	1.05	0.12	1.17	XXX	N
93880	.....	A	Extracranial study	0.60	3.94	0.44	4.98	XXX	N
93880	26	A	Extracranial study	0.60	0.39	0.04	1.03	XXX	N
93880	TC	A	Extracranial study	0.00	3.55	0.40	3.95	XXX	N
93882	.....	A	Extracranial study	0.40	2.62	0.29	3.31	XXX	N
93882	26	A	Extracranial study	0.40	0.26	0.03	0.69	XXX	N
93882	TC	A	Extracranial study	0.00	2.36	0.26	2.62	XXX	N
93886	.....	A	Intracranial study	0.94	4.44	0.50	5.88	XXX	N
93886	26	A	Intracranial study	0.94	0.42	0.05	1.41	XXX	N
93886	TC	A	Intracranial study	0.00	4.02	0.45	4.47	XXX	N
93888	.....	A	Intracranial study	0.62	2.96	0.34	3.92	XXX	N
93888	26	A	Intracranial study	0.62	0.28	0.03	0.93	XXX	N
93888	TC	A	Intracranial study	0.00	2.68	0.31	2.99	XXX	N
93922	.....	A	Extremity study	0.25	1.38	0.19	1.82	XXX	N
93922	26	A	Extremity study	0.25	0.28	0.05	0.58	XXX	N
93922	TC	A	Extremity study	0.00	1.10	0.14	1.24	XXX	N
93923	.....	A	Extremity study	0.45	2.59	0.35	3.39	XXX	N
93923	26	A	Extremity study	0.45	0.51	0.09	1.05	XXX	N
93923	TC	A	Extremity study	0.00	2.08	0.26	2.34	XXX	N
93924	.....	A	Extremity study	0.50	2.83	0.39	3.72	XXX	N
93924	26	A	Extremity study	0.50	0.57	0.10	1.17	XXX	N
93924	TC	A	Extremity study	0.00	2.26	0.29	2.55	XXX	N
93925	.....	A	Lower extremity study	0.58	3.96	0.44	4.98	XXX	N
93925	26	A	Lower extremity study	0.58	0.39	0.04	1.01	XXX	N
93925	TC	A	Lower extremity study	0.00	3.57	0.40	3.97	XXX	N
93926	.....	A	Lower extremity study	0.39	2.64	0.30	3.33	XXX	N
93926	26	A	Lower extremity study	0.39	0.26	0.03	0.68	XXX	N
93926	TC	A	Lower extremity study	0.00	2.38	0.27	2.65	XXX	N
93930	.....	A	Upper extremity study	0.46	4.18	0.47	5.11	XXX	N
93930	26	A	Upper extremity study	0.46	0.39	0.05	0.90	XXX	N
93930	TC	A	Upper extremity study	0.00	3.79	0.42	4.21	XXX	N
93931	.....	A	Upper extremity study	0.31	2.78	0.31	3.40	XXX	N
93931	26	A	Upper extremity study	0.31	0.26	0.03	0.60	XXX	N
93931	TC	A	Upper extremity study	0.00	2.52	0.28	2.80	XXX	N
93965	.....	A	Extremity study	0.35	1.49	0.19	2.03	XXX	N
93965	26	A	Extremity study	0.35	0.45	0.06	0.86	XXX	N
93965	TC	A	Extremity study	0.00	1.04	0.13	1.17	XXX	N
93970	.....	A	Extremity study	0.68	4.33	0.51	5.52	XXX	N
93970	26	A	Extremity study	0.68	0.40	0.05	1.13	XXX	N
93970	TC	A	Extremity study	0.00	3.93	0.46	4.39	XXX	N
93971	.....	A	Extremity study	0.45	2.89	0.34	3.68	XXX	N
93971	26	A	Extremity study	0.45	0.27	0.03	0.75	XXX	N
93971	TC	A	Extremity study	0.00	2.62	0.31	2.93	XXX	N
93975	.....	A	Vascular study	1.80	4.90	0.55	7.25	XXX	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93975	TC	A	Vascular study	0.00	4.48	0.50	4.98	XXX	N
93976	.....	A	Vascular study	1.21	3.27	0.37	4.85	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
93976	TC	A	Vascular study	0.00	2.99	0.34	3.33	XXX	N
93978	.....	A	Vascular study	0.65	4.06	0.47	5.18	XXX	N
93978	26	A	Vascular study	0.65	0.39	0.05	1.09	XXX	N
93978	TC	A	Vascular study	0.00	3.67	0.42	4.09	XXX	N
93979	.....	A	Vascular study	0.44	2.70	0.31	3.45	XXX	N
93979	26	A	Vascular study	0.44	0.26	0.03	0.73	XXX	N
93979	TC	A	Vascular study	0.00	2.44	0.28	2.72	XXX	N
93980	.....	A	Penile vascular study	1.25	4.15	0.45	5.85	XXX	N
93980	26	A	Penile vascular study	1.25	0.82	0.07	2.14	XXX	N
93980	TC	A	Penile vascular study	0.00	3.33	0.38	3.71	XXX	N
93981	.....	A	Penile vascular study	0.44	3.47	0.39	4.30	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93981	26	A	Penile vascular study	0.44	0.40	0.03	0.87	XXX	N
93981	TC	A	Penile vascular study	0.00	3.07	0.36	3.43	XXX	N
93990		A	Doppler flow testing	0.25	2.57	0.29	3.11	XXX	N
93990	26	A	Doppler flow testing	0.25	0.19	0.02	0.46	XXX	N
93990	TC	A	Doppler flow testing	0.00	2.38	0.27	2.65	XXX	N
94010		A	Breathing capacity test	0.17	0.68	0.05	0.90	XXX	N
94010	26	A	Breathing capacity test	0.17	0.28	0.02	0.47	XXX	N
94010	TC	A	Breathing capacity test	0.00	0.40	0.03	0.43	XXX	N
94060		A	Evaluation of wheezing	0.31	1.27	0.09	1.67	XXX	N
94060	26	A	Evaluation of wheezing	0.31	0.38	0.03	0.72	XXX	N
94060	TC	A	Evaluation of wheezing	0.00	0.89	0.06	0.95	XXX	N
94070		A	Evaluation of wheezing	0.60	1.77	0.13	2.50	XXX	N
94070	26	A	Evaluation of wheezing	0.60	0.38	0.03	1.01	XXX	N
94070	TC	A	Evaluation of wheezing	0.00	1.39	0.10	1.49	XXX	N
94150		B	Vital capacity test	+0.07	0.20	0.02	0.29	XXX	0
94150	26	B	Vital capacity test	+0.07	0.12	0.01	0.20	XXX	0
94150	TC	B	Vital capacity test	+0.00	0.08	0.01	0.09	XXX	0
94160		D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94160	26	D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94160	TC	D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94200		A	Lung function test (MBC/MVV)	0.11	0.38	0.03	0.52	XXX	N
94200	26	A	Lung function test (MBC/MVV)	0.11	0.14	0.01	0.26	XXX	N
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.24	0.02	0.26	XXX	N
94240		A	Residual lung capacity	0.26	0.88	0.07	1.21	XXX	N
94240	26	A	Residual lung capacity	0.26	0.23	0.02	0.51	XXX	N
94240	TC	A	Residual lung capacity	0.00	0.65	0.05	0.70	XXX	N
94250		A	Expired gas collection	0.11	0.27	0.02	0.40	XXX	N
94250	26	A	Expired gas collection	0.11	0.14	0.01	0.26	XXX	N
94250	TC	A	Expired gas collection	0.00	0.13	0.01	0.14	XXX	N
94260		A	Thoracic gas volume	0.13	0.69	0.06	0.88	XXX	N
94260	26	A	Thoracic gas volume	0.13	0.17	0.02	0.32	XXX	N
94260	TC	A	Thoracic gas volume	0.00	0.52	0.04	0.56	XXX	N
94350		A	Lung nitrogen washout curve	0.26	0.73	0.05	1.04	XXX	N
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.01	0.48	XXX	N
94350	TC	A	Lung nitrogen washout curve	0.00	0.52	0.04	0.56	XXX	N
94360		A	Measure airflow resistance	0.26	1.11	0.07	1.44	XXX	N
94360	26	A	Measure airflow resistance	0.26	0.19	0.01	0.46	XXX	N
94360	TC	A	Measure airflow resistance	0.00	0.92	0.06	0.98	XXX	N
94370		A	Breath airway closing volume	0.26	0.40	0.03	0.69	XXX	N
94370	26	A	Breath airway closing volume	0.26	0.14	0.01	0.41	XXX	N
94370	TC	A	Breath airway closing volume	0.00	0.26	0.02	0.28	XXX	N
94375		A	Respiratory flow volume loop	0.31	0.67	0.04	1.02	XXX	N
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.01	0.53	XXX	N
94375	TC	A	Respiratory flow volume loop	0.00	0.46	0.03	0.49	XXX	N
94400		A	CO_2 breathing response curve	0.40	0.77	0.19	1.36	XXX	N
94400	26	A	CO_2 breathing response curve	0.40	0.47	0.13	1.00	XXX	N
94400	TC	A	CO_2 breathing response curve	0.00	0.30	0.06	0.36	XXX	N
94450		A	Hypoxia response curve	0.40	0.61	0.05	1.06	XXX	N
94450	26	A	Hypoxia response curve	0.40	0.24	0.02	0.66	XXX	N
94450	TC	A	Hypoxia response curve	0.00	0.37	0.03	0.40	XXX	N
94620		A	Pulmonary stress testing	0.88	2.05	0.15	3.08	XXX	N
94620	26	A	Pulmonary stress testing	0.88	0.70	0.05	1.63	XXX	N
94620	TC	A	Pulmonary stress testing	0.00	1.35	0.10	1.45	XXX	N
94640		A	Airway inhalation treatment	0.00	0.39	0.03	0.42	XXX	N
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX	N
94650		A	Pressure breathing (IPPB)	0.00	0.37	0.03	0.40	XXX	N
94651		A	Pressure breathing (IPPB)	0.00	0.36	0.03	0.39	XXX	N
94652		A	Pressure breathing (IPPB)	0.00	0.41	0.08	0.49	XXX	N
94656		A	Initial ventilator mgmt	1.22	1.13	0.12	2.47	XXX	N
94657		A	Cont. ventilator	0.83	0.62	0.05	1.50	XXX	N
94660		A	Pos airway pressure, CPAP	0.76	0.71	0.06	1.53	XXX	N
94662		A	Neg pressure ventilation,cnp	0.76	0.30	0.02	1.08	XXX	N
94664		A	Aerosol or vapor inhalations	0.00	0.50	0.04	0.54	XXX	N
94665		A	Aerosol or vapor inhalations	0.00	0.46	0.05	0.51	XXX	N
94667		A	Chest wall manipulation	0.00	0.55	0.05	0.60	XXX	N
94668		A	Chest wall manipulation	0.00	0.34	0.03	0.37	XXX	N
94680		A	Exhaled air analysis: O_2	0.26	0.82	0.10	1.18	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
94680	26	A	Exhaled air analysis: O_2	0.26	0.33	0.03	0.62	XXX	N
94680	TC	A	Exhaled air analysis: O_2	0.00	0.49	0.07	0.56	XXX	N
94681		A	Exhaled air analysis: O_2, CO_2	0.20	1.58	0.17	1.95	XXX	N
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	0.26	0.04	0.50	XXX	N
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.32	0.13	1.45	XXX	N
94690		A	Exhaled air analysis	0.07	0.56	0.04	0.67	XXX	N
94690	26	A	Exhaled air analysis	0.07	0.05	0.00	0.12	XXX	N
94690	TC	A	Exhaled air analysis	0.00	0.51	0.04	0.55	XXX	N
94720		A	Monoxide diffusing capacity	0.26	1.03	0.08	1.37	XXX	N
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.02	0.51	XXX	N
94720	TC	A	Monoxide diffusing capacity	0.00	0.80	0.06	0.86	XXX	N
94725		A	Membrane diffusion capacity	0.26	1.84	0.14	2.24	XXX	N
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.01	0.45	XXX	N
94725	TC	A	Membrane diffusion capacity	0.00	1.66	0.13	1.79	XXX	N
94750		A	Pulmonary compliance study	0.23	0.83	0.06	1.12	XXX	N
94750	26	A	Pulmonary compliance study	0.23	0.28	0.02	0.53	XXX	N
94750	TC	A	Pulmonary compliance study	0.00	0.55	0.04	0.59	XXX	N
94760		A	Measure blood oxygen level	0.00	0.25	0.02	0.27	XXX	N
94761		A	Measure blood oxygen level	0.00	0.64	0.06	0.70	XXX	N
94762		A	Measure blood oxygen level	0.00	1.08	0.10	1.18	XXX	N
94770		A	Exhaled carbon dioxide test	0.15	0.40	0.11	0.66	XXX	N
94770	26	A	Exhaled carbon dioxide test	0.15	0.11	0.03	0.29	XXX	N
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.08	0.37	XXX	N
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
95004		A	Allergy skin tests	0.00	0.09	0.01	0.10	XXX	N
95010		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95015		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95024		A	Allergy skin tests	0.00	0.14	0.01	0.15	XXX	N
95027		A	Skin end point titration	0.00	0.14	0.01	0.15	XXX	N
95028		A	Allergy skin tests	0.00	0.22	0.01	0.23	XXX	N
95044		A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95052		A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95056		A	Photosensitivity tests	0.00	0.17	0.01	0.18	XXX	N
95060		A	Eye allergy tests	0.00	0.33	0.02	0.35	XXX	N
95065		A	Nose allergy test	0.00	0.19	0.01	0.20	XXX	N
95070		A	Bronchial allergy tests	0.00	2.17	0.02	2.19	XXX	N
95071		A	Bronchial allergy tests	0.00	2.78	0.02	2.80	XXX	N
95075		A	Ingestion challenge test	0.95	1.97	0.02	2.94	XXX	N
95078		A	Provocative testing	0.00	0.24	0.02	0.26	XXX	N
95115		A	Immunotherapy, one injection	0.00	0.37	0.02	0.39	000	N
95117		A	Immunotherapy injections	0.00	0.48	0.02	0.50	000	N
95120		G	Immunotherapy, one injection	0.00	0.00	0.00	0.00	XXX	0
95125		G	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95130		G	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX	0
95131		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95132		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95133		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95134		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95144		A	Antigen therapy services	0.06	0.13	0.01	0.20	000	N
95145		A	Antigen therapy services	0.06	0.34	0.03	0.43	000	N
95146		A	Antigen therapy services	0.06	0.61	0.03	0.70	000	N
95147		A	Antigen therapy services	0.06	0.91	0.03	1.00	000	N
95148		A	Antigen therapy services	0.06	0.91	0.03	1.00	000	N
95149		A	Antigen therapy services	0.06	1.14	0.03	1.23	000	N
95165		A	Antigen therapy services	0.06	0.10	0.01	0.17	000	N
95170		A	Antigen therapy services	0.06	0.35	0.03	0.44	000	N
95180		A	Rapid desensitization	2.01	0.14	0.01	2.16	000	N
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	000	N
95805		A	Multiple sleep latency test	1.88	5.51	0.45	7.84	XXX	N
95805	26	A	Multiple sleep latency test	1.88	0.56	0.07	2.51	XXX	N
95805	TC	A	Multiple sleep latency test	0.00	4.95	0.38	5.33	XXX	N
95807		A	Sleep study	1.66	8.75	0.67	11.08	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95807	26	A	Sleep study	1.66	2.45	0.19	4.30	XXX	N
95807	TC	A	Sleep study	0.00	6.30	0.48	6.78	XXX	N
95808		A	Polysomnography, 1–3	2.65	8.75	0.67	12.07	XXX	N
95808	26	A	Polysomnography, 1–3	2.65	2.45	0.19	5.29	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	6.30	0.48	6.78	XXX	N
95810		A	Polysomnography, 4 or more	3.53	8.75	0.67	12.95	XXX	N
95810	26	A	Polysomnography, 4 or more	3.53	2.45	0.19	6.17	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	6.30	0.48	6.78	XXX	N
95812		A	Electroencephalogram (EEG)	1.08	1.85	0.15	3.08	XXX	N
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95813		A	Electroencephalogram (EEG)	1.73	1.85	0.15	3.73	XXX	N
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.04	2.27	XXX	N
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95816		A	Electroencephalogram (EEG)	1.08	1.54	0.13	2.75	XXX	N
95816	26	A	Electroencephalogram (EEG)	1.08	0.28	0.03	1.39	XXX	N
95816	TC	A	Electroencephalogram (EEG)	0.00	1.26	0.10	1.36	XXX	N
95819		A	Electroencephalogram (EEG)	1.08	1.80	0.14	3.02	XXX	N
95819	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95819	TC	A	Electroencephalogram (EEG)	0.00	1.30	0.10	1.40	XXX	N
95822		A	Sleep electroencephalogram	1.08	2.28	0.18	3.54	XXX	N
95822	26	A	Sleep electroencephalogram	1.08	0.56	0.04	1.68	XXX	N
95822	TC	A	Sleep electroencephalogram	0.00	1.72	0.14	1.86	XXX	N
95824		A	Electroencephalography	0.74	0.98	0.07	1.79	XXX	N
95824	26	A	Electroencephalography	0.74	0.58	0.04	1.36	XXX	N
95824	TC	A	Electroencephalography	0.00	0.40	0.03	0.43	XXX	N
95827		A	Night electroencephalogram	1.08	3.06	0.24	4.38	XXX	N
95827	26	A	Night electroencephalogram	1.08	0.88	0.07	2.03	XXX	N
95827	TC	A	Night electroencephalogram	0.00	2.18	0.17	2.35	XXX	N
95829		A	Surgery electrocorticogram	6.21	0.59	0.05	6.85	XXX	N
95829	26	A	Surgery electrocorticogram	6.21	0.45	0.03	6.69	XXX	N
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.02	0.16	XXX	N
95830		A	Insert electrodes for EEG	1.70	0.78	0.07	2.55	XXX	N
95831		A	Limb muscle testing, manual	0.28	0.29	0.03	0.60	XXX	N
95832		A	Hand muscle testing, manual	0.29	0.25	0.02	0.56	XXX	N
95833		A	Body muscle testing, manual	0.47	0.38	0.05	0.90	XXX	N
95834		A	Body muscle testing, manual	0.60	0.61	0.06	1.27	XXX	N
95851		A	Range of motion measurements	0.16	0.24	0.02	0.42	XXX	N
95852		A	Range of motion measurements	0.11	0.15	0.02	0.28	XXX	N
95857		A	Tensilon test	0.53	0.50	0.04	1.07	XXX	N
95858		A	Tensilon test & myogram	1.56	1.02	0.09	2.67	XXX	N
95858	26	A	Tensilon test & myogram	1.56	0.64	0.05	2.25	XXX	N
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.04	0.42	XXX	N
95860		A	Muscle test, one limb	0.96	1.09	0.09	2.14	XXX	N
95860	26	A	Muscle test, one limb	0.96	0.73	0.06	1.75	XXX	N
95860	TC	A	Muscle test, one limb	0.00	0.36	0.03	0.39	XXX	N
95861		A	Muscle test, two limbs	1.54	1.97	0.16	3.67	XXX	N
95861	26	A	Muscle test, two limbs	1.54	1.27	0.10	2.91	XXX	N
95861	TC	A	Muscle test, two limbs	0.00	0.70	0.06	0.76	XXX	N
95863		A	Muscle test, 3 limbs	1.87	2.30	0.18	4.35	XXX	N
95863	26	A	Muscle test, 3 limbs	1.87	1.41	0.11	3.39	XXX	N
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	0.07	0.96	XXX	N
95864		A	Muscle test, 4 limbs	1.99	3.45	0.27	5.71	XXX	N
95864	26	A	Muscle test, 4 limbs	1.99	1.75	0.14	3.88	XXX	N
95864	TC	A	Muscle test, 4 limbs	0.00	1.70	0.13	1.83	XXX	N
95867		A	Muscle test, head or neck	0.79	1.13	0.09	2.01	XXX	N
95867	26	A	Muscle test, head or neck	0.79	0.58	0.05	1.42	XXX	N
95867	TC	A	Muscle test, head or neck	0.00	0.55	0.04	0.59	XXX	N
95868		A	Muscle test, head or neck	1.18	1.92	0.15	3.25	XXX	N
95868	26	A	Muscle test, head or neck	1.18	1.26	0.10	2.54	XXX	N
95868	TC	A	Muscle test, head or neck	0.00	0.66	0.05	0.71	XXX	N
95869		A	Muscle test, limited	0.37	0.53	0.05	0.95	XXX	N
95869	26	A	Muscle test, limited	0.37	0.33	0.03	0.73	XXX	N
95869	TC	A	Muscle test, limited	0.00	0.20	0.02	0.22	XXX	N
95872		A	Muscle test, one fiber	1.50	1.25	0.11	2.86	XXX	N
95872	26	A	Muscle test, one fiber	1.50	0.68	0.06	2.24	XXX	N
95872	TC	A	Muscle test, one fiber	0.00	0.57	0.05	0.62	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95875	.....	A	Limb exercise test	1.34	0.60	0.10	2.04	XXX	N
95875	26	A	Limb exercise test	1.34	0.22	0.04	1.60	XXX	N
95875	TC	A	Limb exercise test	0.00	0.38	0.06	0.44	XXX	N
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.05	1.09	XXX	N
95900	26	A	Motor nerve conduction test	0.42	0.35	0.03	0.80	XXX	N
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.02	0.29	XXX	N
95903	.....	A	Motor nerve conduction test	0.60	0.59	0.05	1.24	XXX	N
95903	26	A	Motor nerve conduction test	0.60	0.35	0.03	0.98	XXX	N
95903	TC	A	Motor nerve conduction test	0.00	0.24	0.02	0.26	XXX	N
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.05	0.94	XXX	N
95904	26	A	Sense nerve conduction test	0.34	0.34	0.03	0.71	XXX	N
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.02	0.23	XXX	N
95920	.....	A	Intraoperative nerve testing	2.11	2.67	0.20	4.98	XXX	N
95920	26	A	Intraoperative nerve testing	2.11	1.43	0.12	3.66	XXX	N
95920	TC	A	Intraoperative nerve testing	0.00	1.24	0.08	1.32	XXX	N
95921	.....	A	Autonomic nerve func test	0.45	0.68	0.05	1.18	XXX	N
95921	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95921	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95922	.....	A	Autonomic nerve func test	0.48	0.70	0.06	1.24	XXX	N
95922	26	A	Autonomic nerve func test	0.48	0.34	0.03	0.85	XXX	N
95922	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95923	.....	A	Autonomic nerve func test	0.45	0.68	0.05	1.18	XXX	N
95923	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95923	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95925	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95925	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95925	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95926	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95926	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95926	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95927	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95927	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95927	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95930	.....	A	Visual evoked potential test	0.35	0.83	0.05	1.23	XXX	N
95930	26	A	Visual evoked potential test	0.35	0.58	0.04	0.97	XXX	N
95930	TC	A	Visual evoked potential test	0.00	0.25	0.01	0.26	XXX	N
95933	.....	A	Blink reflex test	0.59	1.25	0.10	1.94	XXX	N
95933	26	A	Blink reflex test	0.59	0.50	0.04	1.13	XXX	N
95933	TC	A	Blink reflex test	0.00	0.75	0.06	0.81	XXX	N
95934	.....	A	'H' reflex test	0.51	0.54	0.05	1.10	XXX	N
95934	26	A	'H' reflex test	0.51	0.34	0.03	0.88	XXX	N
95934	TC	A	'H' reflex test	0.00	0.20	0.02	0.22	XXX	N
95936	.....	A	'H' reflex test	0.55	0.54	0.05	1.14	XXX	N
95936	26	A	'H' reflex test	0.55	0.34	0.03	0.92	XXX	N
95936	TC	A	'H' reflex test	0.00	0.20	0.02	0.22	XXX	N
95937	.....	A	Neuromuscular junction test	0.65	0.77	0.07	1.49	XXX	N
95937	26	A	Neuromuscular junction test	0.65	0.45	0.04	1.14	XXX	N
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.03	0.35	XXX	N
95950	.....	A	Ambulatory EEG monitoring	1.51	7.25	0.60	9.36	XXX	N
95950	26	A	Ambulatory EEG monitoring	1.51	1.21	0.10	2.82	XXX	N
95950	TC	A	Ambulatory EEG monitoring	0.00	6.04	0.50	6.54	XXX	N
95951	.....	A	EEG monitoring/videorecord	6.00	8.83	0.64	15.47	XXX	N
95951	26	A	EEG monitoring/videorecord	6.00	1.50	0.11	7.61	XXX	N
95951	TC	A	EEG monitoring/videorecord	0.00	7.33	0.53	7.86	XXX	N
95953	.....	A	EEG monitoring/computer	3.08	7.25	0.60	10.93	XXX	N
95953	26	A	EEG monitoring/computer	3.08	1.21	0.10	4.39	XXX	N
95953	TC	A	EEG monitoring/computer	0.00	6.04	0.50	6.54	XXX	N
95954	.....	A	EEG monitoring/giving drugs	2.45	2.32	0.28	5.05	XXX	N
95954	26	A	EEG monitoring/giving drugs	2.45	1.87	0.22	4.54	XXX	N
95954	TC	A	EEG monitoring/giving drugs	0.00	0.45	0.06	0.51	XXX	N
95955	.....	A	EEG during surgery	1.01	2.90	0.30	4.21	XXX	N
95955	26	A	EEG during surgery	1.01	1.03	0.11	2.15	XXX	N
95955	TC	A	EEG during surgery	0.00	1.87	0.19	2.06	XXX	N
95956	.....	A	EEG monitoring/cable/radio	3.08	7.54	0.61	11.23	XXX	N
95956	26	A	EEG monitoring/cable/radio	3.08	1.50	0.11	4.69	XXX	N
95956	TC	A	EEG monitoring/cable/radio	0.00	6.04	0.50	6.54	XXX	N
95957	.....	A	EEG digital analysis	1.98	2.25	0.18	4.41	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95957	26	A	EEG digital analysis	1.98	0.63	0.05	2.66	XXX	N
95957	TC	A	EEG digital analysis	0.00	1.62	0.13	1.75	XXX	N
95958		A	EEG monitoring/function test	4.25	4.89	0.52	9.66	XXX	N
95958	26	A	EEG monitoring/function test	4.25	3.23	0.38	7.86	XXX	N
95958	TC	A	EEG monitoring/function test	0.00	1.66	0.14	1.80	XXX	N
95961		A	Electrode stimulation, brain	2.97	2.67	0.20	5.84	XXX	N
95961	26	A	Electrode stimulation, brain	2.97	1.43	0.12	4.52	XXX	N
95961	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95962		A	Electrode stimulation, brain	3.21	2.67	0.20	6.08	XXX	N
95962	26	A	Electrode stimulation, brain	3.21	1.43	0.12	4.76	XXX	N
95962	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	XXX	N
96100		A	Psychological testing	0.00	1.68	0.20	1.88	XXX	N
96105		A	Assessment of aphasia	0.00	1.68	0.20	1.88	XXX	N
96110		C	Developmental test, lim	0.00	0.00	0.00	0.00	XXX	N
96111		A	Developmental test, extend	0.00	1.68	0.20	1.88	XXX	N
96115		A	Neurobehavior status exam	0.00	1.68	0.20	1.88	XXX	N
96117		A	Neuropsych test battery	0.00	1.68	0.20	1.88	XXX	N
96400		A	Chemotherapy, (SC)/(IM)	0.00	0.13	0.01	0.14	XXX	N
96405		A	Intralesional chemo admin	0.52	0.38	0.03	0.93	000	S
96406		A	Intralesional chemo admin	0.80	0.56	0.04	1.40	000	S
96408		A	Chemotherapy, push technique	0.00	0.92	0.06	0.98	XXX	N
96410		A	Chemotherapy, infusion method	0.00	1.47	0.09	1.56	XXX	N
96412		A	Chemotherapy, infusion method	0.00	1.10	0.08	1.18	XXX	N
96414		A	Chemotherapy, infusion method	0.00	1.27	0.09	1.36	XXX	N
96420		A	Chemotherapy, push technique	0.00	1.19	0.09	1.28	XXX	N
96422		A	Chemotherapy, infusion method	0.00	1.17	0.09	1.26	XXX	N
96423		A	Chemotherapy, infusion method	0.00	0.46	0.03	0.49	XXX	N
96425		A	Chemotherapy, infusion method	0.00	1.36	0.09	1.45	XXX	N
96440		A	Chemotherapy, intracavitary	2.37	0.81	0.06	3.24	000	N
96445		A	Chemotherapy, intracavitary	2.20	0.98	0.09	3.27	000	N
96450		A	Chemotherapy, into CNS	1.89	0.87	0.06	2.82	000	N
96520		A	Pump refilling, maintenance	0.00	0.85	0.06	0.91	XXX	N
96530		A	Pump refilling, maintenance	0.00	1.01	0.07	1.08	XXX	N
96542		A	Chemotherapy injection	1.42	1.09	0.13	2.64	XXX	N
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX	0
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX	N
96900		A	Ultraviolet light therapy	0.00	0.38	0.03	0.41	XXX	N
96910		A	Photochemotherapy with UV-B	0.00	0.55	0.04	0.59	XXX	N
96912		A	Photochemotherapy with UV-A	0.00	0.63	0.05	0.68	XXX	N
96913		A	Photochemotherapy, UV-A or B	0.00	1.29	0.10	1.39	XXX	N
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX	N
97010		B	Hot or cold packs therapy	+0.06	0.21	0.02	0.29	XXX	0
97012		A	Mechanical traction therapy	0.25	0.19	0.02	0.46	XXX	N
97014		A	Electric stimulation therapy	0.18	0.20	0.02	0.40	XXX	N
97016		A	Vasopneumatic device therapy	0.18	0.25	0.02	0.45	XXX	N
97018		A	Paraffin bath therapy	0.06	0.24	0.03	0.33	XXX	N
97020		A	Microwave therapy	0.06	0.20	0.02	0.28	XXX	N
97022		A	Whirlpool therapy	0.17	0.19	0.02	0.38	XXX	N
97024		A	Diathermy treatment	0.06	0.21	0.02	0.29	XXX	N
97026		A	Infrared therapy	0.06	0.19	0.02	0.27	XXX	N
97028		A	Ultraviolet therapy	0.08	0.19	0.01	0.28	XXX	N
97032		A	Electrical stimulation	0.25	0.14	0.01	0.40	XXX	N
97033		A	Electric current therapy	0.26	0.14	0.02	0.42	XXX	N
97034		A	Contrast bath therapy	0.21	0.10	0.01	0.32	XXX	N
97035		A	Ultrasound therapy	0.21	0.11	0.01	0.33	XXX	N
97036		A	Hydrotherapy	0.28	0.21	0.02	0.51	XXX	N
97039		A	Physical therapy treatment	0.20	0.24	0.03	0.47	XXX	N
97110		A	Therapeutic exercises	0.45	0.13	0.02	0.60	XXX	N
97112		A	Neuromuscular reeducation	0.45	0.13	0.01	0.59	XXX	N
97113		A	Aquatic therapy/exercises	0.44	0.20	0.02	0.66	XXX	N
97116		A	Gait training therapy	0.40	0.11	0.01	0.52	XXX	N
97122		A	Manual traction therapy	0.42	0.11	0.01	0.54	XXX	N
97124		A	Massage therapy	0.35	0.11	0.01	0.47	XXX	N
97139		A	Physical medicine procedure	0.21	0.16	0.02	0.39	XXX	N
97150		A	Group therapeutic procedures	0.27	0.20	0.02	0.49	XXX	N
97250		A	Myofascial release	0.45	0.35	0.04	0.84	000	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
97260		A	Regional manipulation	0.19	0.20	0.02	0.41	000	N
97261		A	Supplemental manipulations	0.12	0.11	0.01	0.24	000	N
97265		A	Joint mobilization	0.45	0.35	0.04	0.84	XXX	N
97500		D	Orthotics training	0.00	0.00	0.00	0.00	XXX	N
97501		D	Supplemental training	0.00	0.00	0.00	0.00	XXX	N
97504		A	Orthotic training	0.45	0.14	0.02	0.61	XXX	N
97520		A	Prosthetic training	0.45	0.15	0.02	0.62	XXX	N
97521		D	Supplemental training	0.00	0.00	0.00	0.00	XXX	N
97530		A	Therapeutic activities	0.44	0.17	0.02	0.63	XXX	N
97535		A	Self care mngment training	0.45	0.17	0.02	0.64	XXX	N
97537		A	Community/work reintegration	0.45	0.17	0.02	0.64	XXX	N
97542		A	Wheelchair mngement training	0.25	0.17	0.02	0.44	XXX	N
97545		R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546		R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97703		A	Prosthetic checkout	0.25	0.18	0.03	0.46	XXX	N
97750		A	Physical performance test	0.45	0.24	0.03	0.72	XXX	N
97770		A	Cognitive skills development	0.44	0.28	0.03	0.75	XXX	N
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX	N
98925		A	Osteopathic manipulation	0.45	0.25	0.02	0.72	000	N
98926		A	Osteopathic manipulation	0.65	0.40	0.03	1.08	000	N
98927		A	Osteopathic manipulation	0.87	0.38	0.03	1.28	000	N
98928		A	Osteopathic manipulation	1.03	0.42	0.04	1.49	000	N
98929		A	Osteopathic manipulation	1.19	0.39	0.03	1.61	000	N
98940		A	Chiropractic manipulation	0.45	0.29	0.01	0.75	000	N
98941		A	Chiropractic manipulation	0.65	0.29	0.01	0.95	000	N
98942		A	Chiropractic manipulation	0.87	0.29	0.01	1.17	000	N
98943		N	Chiropractic manipulation	+0.40	0.29	0.01	0.70	XXX	0
99000		B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99001		B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99002		B	Device handling	0.00	0.00	0.00	0.00	XXX	0
99024		B	Post-op follow-up visit	0.00	0.00	0.00	0.00	XXX	0
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX	0
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX	0
99052		B	Medical services at night	0.00	0.00	0.00	0.00	XXX	0
99054		B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	XXX	0
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	XXX	0
99058		B	Office emergency care	0.00	0.00	0.00	0.00	XXX	0
99070		B	Special supplies	0.00	0.00	0.00	0.00	XXX	0
99071		B	Patient education materials	0.00	0.00	0.00	0.00	XXX	0
99075		N	Medical testimony	0.00	0.00	0.00	0.00	XXX	0
99078		B	Group health education	0.00	0.00	0.00	0.00	XXX	0
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	XXX	0
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	XXX	N
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	XXX	0
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	XXX	0
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	XXX	0
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	XXX	0
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	XXX	0
99175		A	Induction of vomiting	0.00	1.33	0.10	1.43	XXX	N
99183		A	Hyperbaric oxygen therapy	2.34	1.67	0.11	4.12	XXX	N
99185		A	Regional hypothermia	0.00	0.61	0.04	0.65	XXX	N
99186		A	Total body hypothermia	0.00	1.70	0.52	2.22	XXX	N
99190		X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99191		X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99192		X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99195		A	Phlebotomy	0.00	0.42	0.03	0.45	XXX	N
99199		C	Special service or report	0.00	0.00	0.00	0.00	XXX	N
99201		A	Office/outpatient visit, new	0.45	0.37	0.04	0.86	XXX	P
99202		A	Office/outpatient visit, new	0.88	0.45	0.05	1.38	XXX	P
99203		A	Office/outpatient visit, new	1.34	0.52	0.06	1.92	XXX	P
99204		A	Office/outpatient visit, new	2.00	0.78	0.08	2.86	XXX	P
99205		A	Office/outpatient visit, new	2.67	0.85	0.09	3.61	XXX	P
99211		A	Office/outpatient visit, est	0.17	0.19	0.02	0.38	XXX	P
99212		A	Office/outpatient visit, est	0.45	0.28	0.02	0.75	XXX	P
99213		A	Office/outpatient visit, est	0.67	0.38	0.03	1.08	XXX	P
99214		A	Office/outpatient visit, est	1.10	0.50	0.04	1.64	XXX	P
99215		A	Office/outpatient visit, est	1.77	0.76	0.07	2.60	XXX	P

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
99217		A	Observation care discharge	1.28	0.52	0.04	1.84	XXX	N
99218		A	Observation care	1.28	0.68	0.06	2.02	XXX	N
99219		A	Observation care	2.14	1.05	0.09	3.28	XXX	N
99220		A	Observation care	2.99	1.14	0.09	4.22	XXX	N
99221		A	Initial hospital care	1.28	0.67	0.06	2.01	XXX	N
99222		A	Initial hospital care	2.14	1.04	0.09	3.27	XXX	N
99223		A	Initial hospital care	2.99	1.13	0.08	4.20	XXX	N
99231		A	Subsequent hospital care	0.64	0.38	0.03	1.05	XXX	N
99232		A	Subsequent hospital care	1.06	0.45	0.04	1.55	XXX	N
99233		A	Subsequent hospital care	1.51	0.60	0.05	2.16	XXX	N
99238		A	Hospital discharge day	1.28	0.51	0.04	1.83	XXX	N
99239		A	Hospital discharge day	1.75	0.51	0.04	2.30	XXX	N
99241		A	Office consultation	0.64	0.64	0.08	1.36	XXX	N
99242		A	Office consultation	1.29	0.77	0.09	2.15	XXX	N
99243		A	Office consultation	1.72	0.97	0.10	2.79	XXX	N
99244		A	Office consultation	2.58	1.23	0.11	3.92	XXX	N
99245		A	Office consultation	3.43	1.69	0.16	5.28	XXX	N
99251		A	Initial inpatient consult	0.66	0.67	0.08	1.41	XXX	N
99252		A	Initial inpatient consult	1.32	0.76	0.09	2.17	XXX	N
99253		A	Initial inpatient consult	1.82	0.95	0.10	2.87	XXX	N
99254		A	Initial inpatient consult	2.64	1.20	0.11	3.95	XXX	N
99255		A	Initial inpatient consult	3.65	1.57	0.14	5.36	XXX	N
99261		A	Follow-up inpatient consult	0.42	0.33	0.03	0.78	XXX	N
99262		A	Follow-up inpatient consult	0.85	0.46	0.04	1.35	XXX	N
99263		A	Follow-up inpatient consult	1.27	0.67	0.04	1.98	XXX	N
99271		A	Confirmatory consultation	0.45	0.58	0.07	1.10	XXX	N
99272		A	Confirmatory consultation	0.84	0.71	0.09	1.64	XXX	N
99273		A	Confirmatory consultation	1.19	1.02	0.11	2.32	XXX	N
99274		A	Confirmatory consultation	1.73	1.22	0.11	3.06	XXX	N
99275		A	Confirmatory consultation	2.31	1.74	0.17	4.22	XXX	N
99281		A	Emergency dept visit	0.33	0.28	0.01	0.62	XXX	P
99282		A	Emergency dept visit	0.55	0.38	0.03	0.96	XXX	P
99283		A	Emergency dept visit	1.24	0.49	0.04	1.77	XXX	P
99284		A	Emergency dept visit	1.95	0.70	0.06	2.71	XXX	P
99285		A	Emergency dept visit	3.06	1.13	0.08	4.27	XXX	P
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX	0
99291		A	Critical care, first hour	4.00	1.43	0.11	5.54	XXX	N
99292		A	Critical care, addl 30 min	2.00	0.63	0.04	2.67	XXX	N
99295		A	Neonatal critical care	16.00	5.08	1.55	22.63	XXX	N
99296		A	Neonatal critical care	8.00	2.46	0.77	11.23	XXX	N
99297		A	Neonatal critical care	4.00	1.23	0.38	5.61	XXX	N
99301		A	Nursing facility care	1.28	0.45	0.03	1.76	XXX	P
99302		A	Nursing facility care	1.71	0.50	0.04	2.25	XXX	P
99303		A	Nursing facility care	2.14	0.95	0.07	3.16	XXX	P
99311		A	Nursing facility care, subseq	0.64	0.34	0.03	1.01	XXX	P
99312		A	Nursing facility care, subseq	1.06	0.41	0.03	1.50	XXX	P
99313		A	Nursing facility care, subseq	1.51	0.46	0.04	2.01	XXX	P
99321		A	Rest home visit, new patient	0.71	0.37	0.03	1.11	XXX	P
99322		A	Rest home visit, new patient	1.01	0.51	0.05	1.57	XXX	P
99323		A	Rest home visit, new patient	1.28	0.73	0.06	2.07	XXX	P
99331		A	Rest home visit, estab pat	0.60	0.28	0.02	0.90	XXX	P
99332		A	Rest home visit, estab pat	0.80	0.36	0.03	1.19	XXX	P
99333		A	Rest home visit, estab pat	1.00	0.44	0.02	1.46	XXX	P
99341		A	Home visit, new patient	1.12	0.53	0.05	1.70	XXX	P
99342		A	Home visit, new patient	1.58	0.60	0.05	2.23	XXX	P
99343		A	Home visit, new patient	2.09	0.77	0.06	2.92	XXX	P
99351		A	Home visit, estab patient	0.83	0.45	0.04	1.32	XXX	P
99352		A	Home visit, estab patient	1.12	0.53	0.04	1.69	XXX	P
99353		A	Home visit, estab patient	1.48	0.61	0.05	2.14	XXX	P
99354		A	Prolonged service, office	1.77	0.76	0.07	2.60	XXX	P
99355		A	Prolonged service, office	1.77	0.76	0.07	2.60	XXX	P
99356		A	Prolonged service, inpatient	1.71	0.85	0.08	2.64	XXX	N
99357		A	Prolonged service, inpatient	1.71	0.85	0.08	2.64	XXX	N
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99360		X	Physician standby services	0.00	0.00	0.00	0.00	XXX	0
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99375		G	Care plan oversight/30-60	+1.73	0.51	0.04	2.28	XXX	P
99376		G	Care plan oversight/over 60	0.00	0.00	0.00	0.00	XXX	0
99381		N	Preventive visit, new, infant	+1.19	1.23	0.08	2.50	XXX	0
99382		N	Preventive visit, new, age 1–4	+1.36	1.41	0.09	2.86	XXX	0
99383		N	Preventive visit, new, age 5–11	+1.36	1.41	0.09	2.86	XXX	0
99384		N	Preventive visit, new, 12–17	+1.53	1.59	0.10	3.22	XXX	0
99385		N	Preventive visit, new, 18–39	+1.53	1.40	0.09	3.02	XXX	0
99386		N	Preventive visit, new, 40–64	+1.88	1.72	0.10	3.70	XXX	0
99387		N	Preventive visit, new, 65 & over	+2.06	1.88	0.11	4.05	XXX	0
99391		N	Preventive visit, est, infant	+1.02	1.06	0.07	2.15	XXX	0
99392		N	Preventive visit, est, age 1–4	+1.19	1.23	0.08	2.50	XXX	0
99393		N	Preventive visit, est, age 5–11	+1.19	1.23	0.08	2.50	XXX	0
99394		N	Preventive visit, est, 12–17	+1.36	1.41	0.09	2.86	XXX	0
99395		N	Preventive visit, est, 18–39	+1.36	1.25	0.08	2.69	XXX	0
99396		N	Preventive visit, est, 40–64	+1.53	1.40	0.09	3.02	XXX	0
99397		N	Preventive visit, est, 65 & over	+1.71	1.56	0.10	3.37	XXX	0
99401		N	Preventive counseling, indiv	+0.48	0.45	0.03	0.96	XXX	0
99402		N	Preventive counseling, indiv	+0.98	0.89	0.05	1.92	XXX	0
99403		N	Preventive counseling, indiv	+1.46	1.34	0.08	2.88	XXX	0
99404		N	Preventive counseling, indiv	+1.95	1.78	0.11	3.84	XXX	0
99411		N	Preventive counseling, group	+0.15	0.14	0.01	0.30	XXX	0
99412		N	Preventive counseling, group	+0.25	0.23	0.01	0.49	XXX	0
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX	0
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX	0
99431		A	Initial care, normal newborn	1.17	1.21	0.08	2.46	XXX	N
99432		A	Newborn care not in hospital	1.26	1.31	0.08	2.65	XXX	N
99433		A	Normal newborn care, hospital	0.62	0.64	0.04	1.30	XXX	N
99435		A	Hospital NB discharge day	1.50	1.55	0.10	3.15	XXX	P
99440		A	Newborn resuscitation	2.93	3.04	0.19	6.16	XXX	N
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	XXX	0
99455		R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99456		R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99499		C	Unlisted E/M service	0.00	0.00	0.00	0.00	XXX	N
A0021		G	Outside state ambulance serv	0.00	0.00	0.00	0.00	XXX	0
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	XXX	0
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	XXX	0
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	XXX	0
A0080		G	Noninterest escort in non er	0.00	0.00	0.00	0.00	XXX	0
A0090		G	Interest escort in non er	0.00	0.00	0.00	0.00	XXX	0
A0100		G	Nonemergency transport taxi	0.00	0.00	0.00	0.00	XXX	0
A0110		G	Nonemergency transport bus	0.00	0.00	0.00	0.00	XXX	0
A0120		G	Noner transport mini-bus	0.00	0.00	0.00	0.00	XXX	0
A0130		G	Noner transport wheelch van	0.00	0.00	0.00	0.00	XXX	0
A0140		G	Nonemergency transport air	0.00	0.00	0.00	0.00	XXX	0
A0160		G	Noner transport case worker	0.00	0.00	0.00	0.00	XXX	0
A0170		G	Noner transport parking fees	0.00	0.00	0.00	0.00	XXX	0
A0180		G	Noner transport lodgng recip	0.00	0.00	0.00	0.00	XXX	0
A0190		G	Noner transport meals recip	0.00	0.00	0.00	0.00	XXX	0
A0200		G	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	XXX	0
A0210		G	Noner transport meals escort	0.00	0.00	0.00	0.00	XXX	0
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	XXX	0
A0300		X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	XXX	0
A0302		X	Ambulance basic emergency all	0.00	0.00	0.00	0.00	XXX	0
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	XXX	0
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	XXX	0
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	XXX	0
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	XXX	0
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	XXX	0
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	XXX	0
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	XXX	0
A0342		X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	XXX	0
A0344		X	Amb adv non-er no serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	XXX	0
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	XXX	0
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	XXX	0
A0364		X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	XXX	0
A0366		X	Adv non-er serv sep mil&supp	0.00	0.00	0.00	0.00	XXX	0
A0368		X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	XXX	0
A0370		X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	XXX	0
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	XXX	0
A0382		X	Basic support routine suppls	0.00	0.00	0.00	0.00	XXX	0
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	XXX	0
A0390		X	Advanced life support mileage	0.00	0.00	0.00	0.00	XXX	0
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	XXX	0
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	XXX	0
A0396		X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	XXX	0
A0398		X	Als routine disposable suppls	0.00	0.00	0.00	0.00	XXX	0
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	XXX	0
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	XXX	0
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	XXX	0
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	XXX	0
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	XXX	0
A2000		G	Chiropractor manip of spine	+0.45	0.29	0.01	0.75	XXX	N
A4190		D	Transparent film each	0.00	0.00	0.00	0.00	XXX	0
A4200		D	Gauze pad medicated/non-med	0.00	0.00	0.00	0.00	XXX	0
A4202		D	Elastic gauze roll	0.00	0.00	0.00	0.00	XXX	0
A4203		D	Non-elastic gauze roll	0.00	0.00	0.00	0.00	XXX	0
A4204		D	Absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4205		D	Nonabsorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4206		P	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4207		P	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4208		P	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4209		P	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	XXX	0
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	XXX	0
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	XXX	0
A4213		P	20+ CC syringe only	0.00	0.00	0.00	0.00	XXX	0
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	XXX	0
A4215		P	Sterile needle	0.00	0.00	0.00	0.00	XXX	0
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	XXX	0
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	XXX	0
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	XXX	0
A4230		N	Infus insulin pump non needle	0.00	0.00	0.00	0.00	XXX	0
A4231		N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	XXX	0
A4232		N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	XXX	0
A4244		P	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	XXX	0
A4245		P	Alcohol wipes per box	0.00	0.00	0.00	0.00	XXX	0
A4246		P	Betadine/phisohex solution	0.00	0.00	0.00	0.00	XXX	0
A4247		P	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	XXX	0
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	XXX	0
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	XXX	0
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	XXX	0
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	XXX	0
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	XXX	0
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	XXX	0
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	XXX	0
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	XXX	0
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	XXX	0
A4263		A	Permanent tear duct plug	0.00	0.95	0.00	0.95	XXX	N
A4265		P	Paraffin	0.00	0.00	0.00	0.00	XXX	0
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	XXX	0
A4300		A	Cath impl vasc access portal	0.00	0.95	0.00	0.95	XXX	N
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	XXX	0
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	XXX	0
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	XXX	0
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	XXX	0
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	XXX	0
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	XXX	0
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	XXX	0
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	XXX	0
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	XXX	0
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	XXX	0
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	XXX	0
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	XXX	0
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	XXX	0
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	XXX	0
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	XXX	0
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	XXX	0
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	XXX	0
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	XXX	0
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	XXX	0
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	XXX	0
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	XXX	0
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	XXX	0
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	XXX	0
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	XXX	0
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	XXX	0
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	XXX	0
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	XXX	0
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	0
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	XXX	0
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	XXX	0
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	XXX	0
A4363		P	Liquid skin barrier	0.00	0.00	0.00	0.00	XXX	0
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	XXX	0
A4365		X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	XXX	0
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	XXX	0
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	XXX	0
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	XXX	0
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	XXX	0
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	XXX	0
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX	0
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	XXX	0
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	XXX	0
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	XXX	0
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	XXX	0
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	XXX	0
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	XXX	0
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	XXX	0
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX	0
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX	0
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	XXX	0
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	XXX	0
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	XXX	0
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	XXX	0
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	XXX	0
A4550		A	Surgical trays	0.00	0.95	0.00	0.95	XXX	N
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	XXX	0
A4556		P	Electrodes	0.00	0.00	0.00	0.00	XXX	0
A4557		P	Lead wires	0.00	0.00	0.00	0.00	XXX	0
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX	0
A4560		X	Pessary	0.00	0.00	0.00	0.00	XXX	0
A4565		X	Slings	0.00	0.00	0.00	0.00	XXX	0
A4570		X	Splint	0.00	0.00	0.00	0.00	XXX	0
A4572		X	Rib belt	0.00	0.00	0.00	0.00	XXX	0
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	XXX	0
A4581		D	Risser jacket supplies	0.00	0.00	0.00	0.00	XXX	0
A4590		X	Special casting material	0.00	0.00	0.00	0.00	XXX	0
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	XXX	0
A4610		D	Med supplies for use in DME	0.00	0.00	0.00	0.00	XXX	0
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	XXX	0
A4612		X	Battery cables	0.00	0.00	0.00	0.00	XXX	0
A4613		X	Battery charger	0.00	0.00	0.00	0.00	XXX	0
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	XXX	0
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	XXX	0
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	XXX	0
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	XXX	0
A4619		X	Face tent	0.00	0.00	0.00	0.00	XXX	0
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	XXX	0
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	XXX	0
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	XXX	0
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	XXX	0
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	XXX	0
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	XXX	0
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	XXX	0
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	XXX	0
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	XXX	0
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	XXX	0
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	XXX	0
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	XXX	0
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	XXX	0
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	XXX	0
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	XXX	0
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	XXX	0
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	XXX	0
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	XXX	0
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	XXX	0
A4644		E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4645		E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4646		E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	XXX	0
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	XXX	0
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	XXX	0
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	XXX	0
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	XXX	0
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	XXX	0
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	XXX	0
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	XXX	0
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	XXX	0
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4712		X	Sterile water	0.00	0.00	0.00	0.00	XXX	0
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	XXX	0
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	XXX	0
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	XXX	0
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	XXX	0
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	XXX	0
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	XXX	0
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	XXX	0
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	XXX	0
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	XXX	0
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	XXX	0
A4773		X	Hemostix	0.00	0.00	0.00	0.00	XXX	0
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	XXX	0
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	XXX	0
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	XXX	0
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	XXX	0
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	XXX	0
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	XXX	0
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	XXX	0
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	XXX	0
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	XXX	N
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	XXX	0
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	XXX	0
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	XXX	0
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	XXX	0
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	XXX	0
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	XXX	0
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	XXX	0
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	XXX	0
A4927		X	Gloves	0.00	0.00	0.00	0.00	XXX	0
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	XXX	0
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	0
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	XXX	0
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	0
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	XXX	0
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	XXX	0
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	0
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	0
A5064		G	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	XXX	0
A5065		G	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	XXX	0
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	XXX	0
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	XXX	0
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	XXX	0
A5074		G	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	XXX	0
A5075		G	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	XXX	0
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	XXX	0
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	XXX	0
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	XXX	0
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	XXX	0
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	0
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	XXX	0
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	XXX	0
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	XXX	0
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	XXX	0
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	XXX	0
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	XXX	0
A5126		P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	XXX	0
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX	0
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	XXX	0
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	XXX	0
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	XXX	0
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	XXX	0
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	XXX	0
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	XXX	0
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	XXX	0
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	XXX	0
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	XXX	0
A6020		P	Collagen dressing cover ea	0.00	0.00	0.00	0.00	XXX	0
A6025		G	Silicone gel sheet, each	0.00	0.00	0.00	0.00	XXX	0
A6154		X	Wound pouch each	0.00	0.00	0.00	0.00	XXX	0
A6196		X	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6197		X	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6198		X	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6199		X	Alginate drsg wound filler	0.00	0.00	0.00	0.00	XXX	0
A6203		X	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6204		X	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6205		X	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6206		X	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6207		X	Contact layer >16<= 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6208		X	Contact layer > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6209		X	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6210		X	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A6211		X	Foam drg > 48 sq in w/o brdr	0.00	0.00	0.00	0.00	XXX	0
A6212		X	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6213		X	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6214		X	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6215		X	Foam dressing wound filler	0.00	0.00	0.00	0.00	XXX	0
A6216		X	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6217		X	Non-sterile gauze>16<=48 sq	0.00	0.00	0.00	0.00	XXX	0
A6218		X	Non-sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6219		X	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6220		X	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	XXX	0
A6221		X	Gauze > 48 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6222		X	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6223		X	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6224		X	Gauze > 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6228		X	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	XXX	0
A6229		X	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	XXX	0
A6230		X	Gauze > 48 sq in water/salne	0.00	0.00	0.00	0.00	XXX	0
A6234		X	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6235		X	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	XXX	0
A6236		X	Hydrocolld drg > 48 in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6237		X	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6238		X	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6239		X	Hydrocolld drg > 48 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6240		X	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	XXX	0
A6241		X	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	XXX	0
A6242		X	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6243		X	Hydrogel drg ≤16<=48 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6244		X	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6245		X	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6246		X	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	XXX	0
A6247		X	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	XXX	0
A6248		X	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	XXX	0
A6250		X	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	XXX	0
A6251		X	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6252		X	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6253		X	Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6254		X	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6255		X	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6256		X	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6257		X	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6258		X	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	XXX	0
A6259		X	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6260		X	Wound cleanser any type/size	0.00	0.00	0.00	0.00	XXX	0
A6261		X	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	XXX	0
A6262		X	Wound filler dry form / gram	0.00	0.00	0.00	0.00	XXX	0
A6263		X	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	XXX	0
A6264		X	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	XXX	0
A6265		X	Tape per 18 sq inches	0.00	0.00	0.00	0.00	XXX	0
A6266		X	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	XXX	0
A6402		X	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6403		X	Sterile gauze>16 <= 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6404		X	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6405		X	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	XXX	0
A6406		X	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	XXX	0
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	XXX	0
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	XXX	0
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	XXX	0
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	XXX	0
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	XXX	0
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	XXX	0
A9500		E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	XXX	0
A9503		X	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	XXX	0
A9505		E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	XXX	0
D0120		N	Periodic oral evaluation	0.00	0.00	0.00	0.00	XXX	0
D0140		N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	XXX	0
D0150		R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	YYY	N
D0160		N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D0210	.....	G	Intraor complete film series	0.00	0.00	0.00	0.00	XXX	0
D0220	.....	G	Intraoral periapical first f	0.00	0.00	0.00	0.00	XXX	0
D0230	.....	G	Intraoral periapical ea add	0.00	0.00	0.00	0.00	XXX	0
D0240	.....	R	Intraoral occlusal film	0.00	0.00	0.00	0.00	YYY	N
D0250	.....	R	Extraoral first film	0.00	0.00	0.00	0.00	YYY	N
D0260	.....	R	Extraoral ea additional film	0.00	0.00	0.00	0.00	YYY	N
D0270	.....	R	Dental bitewing single film	0.00	0.00	0.00	0.00	YYY	N
D0272	.....	R	Dental bitewings two films	0.00	0.00	0.00	0.00	YYY	N
D0274	.....	R	Dental bitewings four films	0.00	0.00	0.00	0.00	YYY	N
D0290	.....	G	Dental film skull/facial bon	0.00	0.00	0.00	0.00	XXX	0
D0310	.....	G	Dental saliography	0.00	0.00	0.00	0.00	XXX	0
D0320	.....	G	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	XXX	0
D0321	.....	G	Dental other tmj films	0.00	0.00	0.00	0.00	XXX	0
D0322	.....	G	Dental tomographic survey	0.00	0.00	0.00	0.00	XXX	0
D0330	.....	G	Dental panoramic film	0.00	0.00	0.00	0.00	XXX	0
D0340	.....	G	Dental cephalometric film	0.00	0.00	0.00	0.00	XXX	0
D0415	.....	N	Bacteriologic study	0.00	0.00	0.00	0.00	XXX	0
D0425	.....	N	Caries susceptibility test	0.00	0.00	0.00	0.00	XXX	0
D0460	.....	R	Pulp vitality test	0.00	0.00	0.00	0.00	YYY	N
D0470	.....	N	Diagnostic casts	0.00	0.00	0.00	0.00	XXX	0
D0471	.....	R	Diagnostic photographs	0.00	0.00	0.00	0.00	YYY	N
D0501	.....	R	Histopathologic examinations	0.00	0.00	0.00	0.00	YYY	N
D0502	.....	R	Other oral pathology procedu	0.00	0.00	0.00	0.00	YYY	N
D0999	.....	R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	YYY	N
D1110	.....	N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	XXX	0
D1120	.....	N	Dental prophylaxis child	0.00	0.00	0.00	0.00	XXX	0
D1201	.....	N	Topical fluor w/ prophy child	0.00	0.00	0.00	0.00	XXX	0
D1203	.....	N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	XXX	0
D1204	.....	N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	XXX	0
D1205	.....	N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	XXX	0
D1310	.....	N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	XXX	0
D1320	.....	N	Tobacco counseling	0.00	0.00	0.00	0.00	XXX	0
D1330	.....	N	Oral hygiene instruction	0.00	0.00	0.00	0.00	XXX	0
D1351	.....	N	Dental sealant per tooth	0.00	0.00	0.00	0.00	XXX	0
D1510	.....	R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	YYY	N
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	YYY	N
D1520	.....	R	Remove unilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1525	.....	R	Remove bilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1550	.....	R	Recement space maintainer	0.00	0.00	0.00	0.00	YYY	N
D2110	.....	N	Amalgam one surface primary	0.00	0.00	0.00	0.00	XXX	0
D2120	.....	N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	XXX	0
D2130	.....	N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	XXX	0
D2131	.....	N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	XXX	0
D2140	.....	N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	XXX	0
D2150	.....	N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	XXX	0
D2160	.....	N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	XXX	0
D2161	.....	N	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	XXX	0
D2210	.....	N	Silcate cement per restorat	0.00	0.00	0.00	0.00	XXX	0
D2330	.....	N	Resin one surface-anterior	0.00	0.00	0.00	0.00	XXX	0
D2331	.....	N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	XXX	0
D2332	.....	N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	XXX	0
D2335	.....	N	Resin 4/> surf or w/ incis an	0.00	0.00	0.00	0.00	XXX	0
D2336	.....	N	Composite resin crown	0.00	0.00	0.00	0.00	XXX	0
D2380	.....	N	Resin one surf poster primar	0.00	0.00	0.00	0.00	XXX	0
D2381	.....	N	Resin two surf poster primar	0.00	0.00	0.00	0.00	XXX	0
D2382	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	XXX	0
D2385	.....	N	Resin one surf poster perman	0.00	0.00	0.00	0.00	XXX	0
D2386	.....	N	Resin two surf poster perman	0.00	0.00	0.00	0.00	XXX	0
D2387	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	XXX	0
D2410	.....	N	Dental gold foil one surface	0.00	0.00	0.00	0.00	XXX	0
D2420	.....	N	Dental gold foil two surface	0.00	0.00	0.00	0.00	XXX	0
D2430	.....	N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	XXX	0
D2510	.....	N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	XXX	0
D2520	.....	N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	XXX	0
D2530	.....	N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	XXX	0
D2543	.....	N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	XXX	0
D2544	.....	N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	XXX	0
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	XXX	0
D2630		N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	XXX	0
D2642		N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	XXX	0
D2643		N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	XXX	0
D2644		N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	XXX	0
D2650		N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	XXX	0
D2651		N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	XXX	0
D2652		N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	XXX	0
D2662		N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	XXX	0
D2663		N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	XXX	0
D2664		N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	XXX	0
D2710		N	Crown resin laboratory	0.00	0.00	0.00	0.00	XXX	0
D2720		N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	XXX	0
D2721		N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	XXX	0
D2722		N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	XXX	0
D2740		N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	XXX	0
D2750		N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	XXX	0
D2751		N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	XXX	0
D2752		N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	XXX	0
D2790		N	Crown full cast high noble m	0.00	0.00	0.00	0.00	XXX	0
D2791		N	Crown full cast base metal	0.00	0.00	0.00	0.00	XXX	0
D2792		N	Crown full cast noble metal	0.00	0.00	0.00	0.00	XXX	0
D2810		N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	XXX	0
D2910		N	Dental recement inlay	0.00	0.00	0.00	0.00	XXX	0
D2920		N	Dental recement crown	0.00	0.00	0.00	0.00	XXX	0
D2930		N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	XXX	0
D2931		N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	XXX	0
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	XXX	0
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	XXX	0
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	XXX	0
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	XXX	0
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	XXX	0
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	XXX	0
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	XXX	0
D2955		N	Post removal	0.00	0.00	0.00	0.00	XXX	0
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	XXX	0
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	XXX	0
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	XXX	0
D2970		R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	YYY	N
D2980		N	Crown repair	0.00	0.00	0.00	0.00	XXX	0
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	YYY	N
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	XXX	0
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	XXX	0
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	XXX	0
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	XXX	0
D3240		N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	XXX	0
D3310		N	Anterior	0.00	0.00	0.00	0.00	XXX	0
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	XXX	0
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	XXX	0
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	XXX	0
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	XXX	0
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	XXX	0
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	XXX	0
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	XXX	0
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	XXX	0
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	XXX	0
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	XXX	0
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	XXX	0
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	XXX	0
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	XXX	0
D3450		N	Root amputation	0.00	0.00	0.00	0.00	XXX	0
D3460		R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	YYY	N
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	XXX	0
D3910		N	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	XXX	0
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	XXX	0
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D3960		N	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	XXX	0
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D4210		G	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	XXX	0
D4211		G	Gingivectomy/plasty per tooth	0.00	0.00	0.00	0.00	XXX	0
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	XXX	0
D4240		N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	XXX	0
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	XXX	0
D4250		R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	YYY	N
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	YYY	S
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	YYY	N
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	YYY	N
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	XXX	0
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	XXX	0
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	YYY	S
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	YYY	S
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	YYY	N
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	XXX	0
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	XXX	0
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	XXX	0
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	XXX	0
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	YYY	N
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	YYY	N
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	XXX	0
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	XXX	0
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	XXX	0
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	XXX	0
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	XXX	0
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	XXX	0
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	XXX	0
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	XXX	0
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	XXX	0
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	XXX	0
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	XXX	0
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	XXX	0
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	XXX	0
D5411		N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	XXX	0
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	XXX	0
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	XXX	0
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	XXX	0
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	XXX	0
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	XXX	0
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	XXX	0
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	XXX	0
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	XXX	0
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	XXX	0
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	XXX	0
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	XXX	0
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	XXX	0
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	XXX	0
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	XXX	0
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	XXX	0
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	XXX	0
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	XXX	0
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	XXX	0
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	XXX	0
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	XXX	0
D5810		N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	XXX	0
D5811		N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	XXX	0
D5820		N	Denture interm part maxill	0.00	0.00	0.00	0.00	XXX	0
D5821		N	Denture interm part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	XXX	0
D5851		N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	XXX	0
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	XXX	0
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	XXX	0
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	XXX	0
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	YYY	N
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	YYY	N
D5913		G	Nasal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5914		G	Auricular prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5915		G	Orbital prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5916		G	Ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5919		G	Facial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5922		G	Nasal septal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5923		G	Ocular prosthesis interim	0.00	0.00	0.00	0.00	XXX	0
D5924		G	Cranial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5925		G	Facial augmentation implant	0.00	0.00	0.00	0.00	XXX	0
D5926		G	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5927		G	Auricular replacement	0.00	0.00	0.00	0.00	XXX	0
D5928		G	Orbital replacement	0.00	0.00	0.00	0.00	XXX	0
D5929		G	Facial replacement	0.00	0.00	0.00	0.00	XXX	0
D5931		G	Surgical obturator	0.00	0.00	0.00	0.00	XXX	0
D5932		G	Postsurgical obturator	0.00	0.00	0.00	0.00	XXX	0
D5933		G	Refitting of obturator	0.00	0.00	0.00	0.00	XXX	0
D5934		G	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5935		G	Mandibular denture prosth	0.00	0.00	0.00	0.00	XXX	0
D5936		G	Temp obturator prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5937		G	Trismus appliance	0.00	0.00	0.00	0.00	XXX	0
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	YYY	N
D5952		G	Pediatric speech aid	0.00	0.00	0.00	0.00	XXX	0
D5953		G	Adult speech aid	0.00	0.00	0.00	0.00	XXX	0
D5954		G	Superimposed prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5955		G	Palatal lift prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5958		G	Intraoral con def inter plt	0.00	0.00	0.00	0.00	XXX	0
D5959		G	Intraoral con def mod palat	0.00	0.00	0.00	0.00	XXX	0
D5960		G	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5982		G	Surgical stent	0.00	0.00	0.00	0.00	XXX	0
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	YYY	N
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	YYY	N
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	YYY	N
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	XXX	0
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	YYY	N
D5988		G	Surgical splint	0.00	0.00	0.00	0.00	YYY	N
D5999		G	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D6010		G	Odontics endosteal implant	0.00	0.00	0.00	0.00	XXX	0
D6020		G	Odontics abutment placement	0.00	0.00	0.00	0.00	XXX	0
D6040		G	Odontics eposteal implant	0.00	0.00	0.00	0.00	XXX	0
D6050		G	Odontics transosteal implnt	0.00	0.00	0.00	0.00	XXX	0
D6055		G	Implant connecting bar	0.00	0.00	0.00	0.00	XXX	0
D6080		G	Implant maintenance	0.00	0.00	0.00	0.00	XXX	0
D6090		G	Repair implant	0.00	0.00	0.00	0.00	XXX	0
D6095		G	Odontics repr abutment	0.00	0.00	0.00	0.00	XXX	0
D6100		G	Removal of implant	0.00	0.00	0.00	0.00	XXX	0
D6199		G	Implant procedure	0.00	0.00	0.00	0.00	XXX	0
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	XXX	0
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	XXX	0
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	XXX	0
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	XXX	0
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	XXX	0
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	XXX	0
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	XXX	0
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	XXX	0
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	XXX	0
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	XXX	0
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	XXX	0
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	XXX	0
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	XXX	0
D6720		N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	XXX	0
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	XXX	0
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	XXX	0
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	XXX	0
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	XXX	0
D6780		N	Crown ¾ high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	XXX	0
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	XXX	0
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	YYY	N
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	XXX	0
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	XXX	0
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	XXX	0
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	XXX	0
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	XXX	0
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	XXX	0
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	XXX	0
D6975		N	Coping metal	0.00	0.00	0.00	0.00	XXX	0
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	XXX	0
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	XXX	0
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	YYY	S
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	YYY	S
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7210		R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	YYY	S
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	YYY	S
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	YYY	S
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	YYY	S
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	YYY	S
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	YYY	S
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	XXX	0
D7272		N	Tooth transplantation	0.00	0.00	0.00	0.00	XXX	0
D7280		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	XXX	0
D7281		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	XXX	0
D7285		G	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	XXX	0
D7286		G	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	XXX	0
D7290		N	Repositioning of teeth	0.00	0.00	0.00	0.00	XXX	0
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	YYY	N
D7310		G	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	XXX	0
D7320		G	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	XXX	0
D7340		G	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	XXX	0
D7350		G	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	XXX	0
D7410		G	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7420		G	Lesion > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7430		G	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7431		G	Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7440		G	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7441		G	Malig tumor > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7450		G	Rem odontogen cyst to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7451		G	Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7460		G	Rem nonodonto cyst to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7461		G	Rem nonodonto cyst > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7465		G	Lesion destruction	0.00	0.00	0.00	0.00	XXX	0
D7470		G	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	XXX	0
D7480		G	Partial ostectomy	0.00	0.00	0.00	0.00	XXX	0
D7490		G	Mandible resection	0.00	0.00	0.00	0.00	XXX	0
D7510		G	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	XXX	0
D7520		G	I&d abscess extraoral	0.00	0.00	0.00	0.00	XXX	0
D7530		G	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	XXX	0
D7540		G	Removal of fb reaction	0.00	0.00	0.00	0.00	XXX	0
D7550		G	Removal of sloughed off bone	0.00	0.00	0.00	0.00	XXX	0
D7560		G	Maxillary sinusotomy	0.00	0.00	0.00	0.00	XXX	0
D7610		G	Maxilla open reduct simple	0.00	0.00	0.00	0.00	XXX	0
D7620		G	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	XXX	0
D7630		G	Open red simpl mandible fx	0.00	0.00	0.00	0.00	XXX	0
D7640		G	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	XXX	0
D7650		G	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	XXX	0
D7660		G	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	XXX	0
D7670		G	Open red simple alveolus fx	0.00	0.00	0.00	0.00	XXX	0
D7680		G	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D7710		G	Maxilla open reduct compound	0.00	0.00	0.00	0.00	XXX	0
D7720		G	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	XXX	0
D7730		G	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	XXX	0
D7740		G	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	XXX	0
D7750		G	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	XXX	0
D7760		G	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	XXX	0
D7770		G	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	XXX	0
D7780		G	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	XXX	0
D7810		G	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	XXX	0
D7820		G	Closed tmp manipulation	0.00	0.00	0.00	0.00	XXX	0
D7830		G	Tmj manipulation under anest	0.00	0.00	0.00	0.00	XXX	0
D7840		G	Removal of tmj condyle	0.00	0.00	0.00	0.00	XXX	0
D7850		G	Tmj meniscectomy	0.00	0.00	0.00	0.00	XXX	0
D7852		G	Tmj repair of joint disc	0.00	0.00	0.00	0.00	XXX	0
D7854		G	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	XXX	0
D7856		G	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	XXX	0
D7858		G	Tmj reconstruction	0.00	0.00	0.00	0.00	XXX	0
D7860		G	Tmj cutting into joint	0.00	0.00	0.00	0.00	XXX	0
D7865		G	Tmj reshaping components	0.00	0.00	0.00	0.00	XXX	0
D7870		G	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	XXX	0
D7872		G	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	XXX	0
D7873		G	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	XXX	0
D7874		G	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	XXX	0
D7875		G	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	XXX	0
D7876		G	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	XXX	0
D7877		G	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	XXX	0
D7880		G	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	XXX	0
D7899		G	Tmj unspecified therapy	0.00	0.00	0.00	0.00	XXX	0
D7910		G	Dent sutur recent wnd to 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7911		G	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7912		G	Suture complicate wnd > 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7920		G	Dental skin graft	0.00	0.00	0.00	0.00	XXX	0
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	YYY	S
D7941		G	Bone cutting ramus closed	0.00	0.00	0.00	0.00	XXX	0
D7942		G	Bone cutting ramus open	0.00	0.00	0.00	0.00	XXX	0
D7943		G	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	XXX	0
D7944		G	Bone cutting segmented	0.00	0.00	0.00	0.00	XXX	0
D7945		G	Bone cutting body mandible	0.00	0.00	0.00	0.00	XXX	0
D7946		G	Reconstruction maxilla total	0.00	0.00	0.00	0.00	XXX	0
D7947		G	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	XXX	0
D7948		G	Reconstruct midface no graft	0.00	0.00	0.00	0.00	XXX	0
D7949		G	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	XXX	0
D7950		G	Mandible graft	0.00	0.00	0.00	0.00	XXX	0
D7955		G	Repair maxillofacial defects	0.00	0.00	0.00	0.00	XXX	0
D7960		G	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	XXX	0
D7970		G	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	XXX	0
D7971		G	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	XXX	0
D7980		G	Sialolithotomy	0.00	0.00	0.00	0.00	XXX	0
D7981		G	Excision of salivary gland	0.00	0.00	0.00	0.00	XXX	0
D7982		G	Sialodochoplasty	0.00	0.00	0.00	0.00	XXX	0
D7983		G	Closure of salivary fistula	0.00	0.00	0.00	0.00	XXX	0
D7990		G	Emergency tracheotomy	0.00	0.00	0.00	0.00	XXX	0
D7991		G	Dental coronoidectomy	0.00	0.00	0.00	0.00	XXX	0
D7995		G	Synthetic graft facial bones	0.00	0.00	0.00	0.00	XXX	0
D7996		G	Implant mandible for augment	0.00	0.00	0.00	0.00	XXX	0
D7999		G	Oral surgery procedure	0.00	0.00	0.00	0.00	XXX	0
D8010		N	Limited dental tx primary	0.00	0.00	0.00	0.00	XXX	0
D8020		N	Limited dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8030		N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	XXX	0
D8040		N	Limited dental tx adult	0.00	0.00	0.00	0.00	XXX	0
D8050		N	Intercep dental tx primary	0.00	0.00	0.00	0.00	XXX	0
D8060		N	Intercep dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8070		N	Compre dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8080		N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	XXX	0
D8090		N	Compre dental tx adult	0.00	0.00	0.00	0.00	XXX	0
D8210		N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	XXX	0
D8220		N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D8660		N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	XXX	0
D8670		N	Periodic orthodontic tx visit	0.00	0.00	0.00	0.00	XXX	0
D8680		N	Orthodontic retention	0.00	0.00	0.00	0.00	XXX	0
D8690		N	Orthodontic treatment	0.00	0.00	0.00	0.00	XXX	0
D8999		N	Orthodontic procedure	0.00	0.00	0.00	0.00	XXX	0
D9110		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	YYY	N
D9210		G	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	XXX	0
D9211		G	Regional block anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9212		G	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9215		G	Local anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9220		G	General anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9221		G	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	XXX	0
D9230		R	Analgesia	0.00	0.00	0.00	0.00	YYY	N
D9240		G	Intravenous sedation	0.00	0.00	0.00	0.00	XXX	0
D9310		G	Dental consultation	0.00	0.00	0.00	0.00	XXX	0
D9410		G	Dental house call	0.00	0.00	0.00	0.00	XXX	0
D9420		G	Hospital call	0.00	0.00	0.00	0.00	XXX	0
D9430		G	Office visit during hours	0.00	0.00	0.00	0.00	XXX	0
D9440		G	Office visit after hours	0.00	0.00	0.00	0.00	XXX	0
D9610		G	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	XXX	0
D9630		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	YYY	N
D9910		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	XXX	0
D9920		N	Behavior management	0.00	0.00	0.00	0.00	XXX	0
D9930		R	Treatment of complications	0.00	0.00	0.00	0.00	YYY	N
D9940		R	Dental occlusal guard	0.00	0.00	0.00	0.00	YYY	N
D9941		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	XXX	0
D9950		R	Occlusion analysis	0.00	0.00	0.00	0.00	YYY	N
D9951		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9952		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9970		N	Enamel microabrasion	0.00	0.00	0.00	0.00	XXX	0
D9999		G	Adjunctive procedure	0.00	0.00	0.00	0.00	XXX	0
G0001		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	XXX	0
G0002		A	Temporary urinary catheter	0.50	0.70	0.02	1.22	000	S
G0004		A	ECG transm phys review & int	0.52	7.31	0.65	8.48	XXX	N
G0005		A	ECG 24-hour recording	0.00	1.18	0.09	1.27	XXX	N
G0006		A	ECG transmission & analysis	0.00	5.73	0.51	6.24	XXX	N
G0007		A	ECG phy review & interpret	0.52	0.40	0.05	0.97	XXX	N
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	XXX	0
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	XXX	0
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	XXX	0
G0015		A	Post symptom ECG tracing	0.00	5.73	0.51	6.24	XXX	N
G0016		A	Post symptom ECG md review	0.52	0.40	0.05	0.97	XXX	N
G0025		A	Collagen skin test kit	0.00	0.95	0.00	0.95	XXX	N
G0026		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	XXX	0
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
G0030		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX	N
G0030	26	A	PET imaging prev PET single	1.09	0.48	0.07	1.64	XXX	N
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX	N
G0031		C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX	N
G0031	26	A	PET imaging prev PET multple	1.46	0.65	0.10	2.21	XXX	N
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX	N
G0032		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX	N
G0032	26	A	PET follow SPECT 78464 singl	1.09	0.48	0.07	1.64	XXX	N
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX	N
G0033		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX	N
G0033	26	A	PET follow SPECT 78464 mult	1.46	0.65	0.10	2.21	XXX	N
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX	N
G0034		C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX	N
G0034	26	A	PET follow SPECT 76865 singl	1.09	0.48	0.07	1.64	XXX	N
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX	N
G0035		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX	N
G0035	26	A	PET follow SPECT 78465 mult	1.46	0.65	0.10	2.21	XXX	N
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX	N
G0036		C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX	N
G0036	26	A	PET follow cornry angio sing	1.09	0.48	0.07	1.64	XXX	N
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX	N
G0037		C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
G0037	26	A	PET follow cornry angio mult	1.46	0.65	0.10	2.21	XXX	N
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX	N
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX	N
G0038	26	A	PET follow myocard perf sing	1.09	0.48	0.07	1.64	XXX	N
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX	N
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX	N
G0039	26	A	PET follow myocard perf mult	1.46	0.65	0.10	2.21	XXX	N
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX	N
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX	N
G0040	26	A	PET follow stress echo singl	1.09	0.48	0.07	1.64	XXX	N
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX	N
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX	N
G0041	26	A	PET follow stress echo mult	1.46	0.65	0.10	2.21	XXX	N
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX	N
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX	N
G0042	26	A	PET follow ventriculogm sing	1.09	0.48	0.07	1.64	XXX	N
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX	N
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX	N
G0043	26	A	PET follow ventriculogm mult	1.46	0.65	0.10	2.21	XXX	N
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX	N
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0044	26	A	PET following rest ECG singl	1.09	0.48	0.07	1.64	XXX	N
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0045	26	A	PET following rest ECG mult	1.46	0.65	0.10	2.21	XXX	N
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0046	26	A	PET follow stress ECG singl	1.09	0.48	0.07	1.64	XXX	N
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0047	26	A	PET follow stress ECG mult	1.46	0.65	0.10	2.21	XXX	N
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0050		A	Residual urine by ultrasound	0.00	0.81	0.05	0.86	XXX	N
G0051		A	Destroy benign/premal lesion	0.55	0.41	0.04	1.00	010	S
G0052		A	Destruction of add'l lesions	0.18	0.13	0.01	0.32	ZZZ	S
G0053		A	Destruction of add'l lesions	3.05	2.25	0.20	5.50	ZZZ	S
G0054		D	Blood cholesterol test	0.00	0.00	0.00	0.00	XXX	0
G0055		D	Glucose post dose measure	0.00	0.00	0.00	0.00	XXX	0
G0056		D	Glucose tolerance 3 specimen	0.00	0.00	0.00	0.00	XXX	0
G0057		D	Glucose tolerance > 3 specimen	0.00	0.00	0.00	0.00	XXX	0
G0058		X	Auto multichannel 20 tests	0.00	0.00	0.00	0.00	XXX	0
G0059		X	Auto multichannel 21 tests	0.00	0.00	0.00	0.00	XXX	0
G0060		X	Auto multichannel 22 tests	0.00	0.00	0.00	0.00	XXX	0
G0061		D	Lung volume reduction surg	0.00	0.00	0.00	0.00	XXX	0
G0062		A	Peripheral bone densitometry	0.22	0.82	0.07	1.11	XXX	N
G0062	26	A	Peripheral bone densitometry	0.22	0.10	0.02	0.34	XXX	N
G0062	TC	A	Peripheral bone densitometry	0.00	0.72	0.05	0.77	XXX	N
G0063		A	Central bone densitometry	0.30	3.07	0.21	3.58	XXX	N
G0063	26	A	Central bone densitometry	0.30	0.12	0.02	0.44	XXX	N
G0063	TC	A	Central bone densitometry	0.00	2.95	0.19	3.14	XXX	N
G0064		A	Care plan oversight, hme hlth	1.73	0.51	0.04	2.28	XXX	P
G0065		A	Care plan oversight, hospice	1.73	0.51	0.04	2.28	XXX	P
G0066		B	Care plan oversight nurs fac	0.00	0.00	0.00	0.00	XXX	0
G0071		A	Psychotherapy, office,no E/M	1.11	0.35	0.05	1.51	XXX	N
G0072		A	Psychotherapy, office,wth E/M	1.47	0.35	0.05	1.87	XXX	N
G0073		A	Psychotherapy, office,no E/M	1.73	0.54	0.08	2.35	XXX	N
G0074		A	Psychotherapy, office,wth E/M	2.00	0.54	0.08	2.62	XXX	N
G0075		A	Psychotherapy, office,no E/M	2.76	1.05	0.15	3.96	XXX	N
G0076		A	Psychotherapy, office,wth E/M	3.15	1.05	0.15	4.35	XXX	N
G0077		A	Psychotherapy, office, no E/M	1.19	0.59	0.09	1.87	XXX	N
G0078		A	Psychotherapy, office,wth E/M	1.58	0.59	0.09	2.26	XXX	N
G0079		A	Psychotherapy, office, no E/M	1.86	0.59	0.09	2.54	XXX	N
G0080		A	Psychotherapy, office,wth E/M	2.15	0.59	0.09	2.83	XXX	N
G0081		A	Psychotherapy, office, no E/M	2.97	0.59	0.09	3.65	XXX	N
G0082		A	Psychotherapy, office,wth E/M	3.39	0.59	0.09	4.07	XXX	N
G0083		A	Psychotherapy, inpt, no E/M	1.24	0.35	0.05	1.64	XXX	N
G0084		A	Psychotherapy, inpt, with E/M	1.65	1.05	0.15	2.85	XXX	N

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
G0085		A	Psychotherapy, inpt, no E/M	1.94	0.54	0.08	2.56	XXX	N
G0086		A	Psychotherapy, inpt, with E/M	2.24	0.54	0.08	2.86	XXX	N
G0087		A	Psychotherapy, inpt, no E/M	3.09	1.05	0.15	4.29	XXX	N
G0088		A	Psychotherapy, inpt, with E/M	3.53	1.05	0.15	4.73	XXX	N
G0089		A	Psychotherapy, inpt, no E/M	1.33	0.35	0.05	1.73	XXX	N
G0090		A	Psychotherapy, inpt,with E/M	1.77	0.35	0.05	2.17	XXX	N
G0091		A	Psychotherapy, inpt, no E/M	2.08	0.54	0.08	2.70	XXX	N
G0092		A	Psychotherapy, inpt,with E/M	2.41	0.54	0.08	3.03	XXX	N
G0093		A	Psychotherapy, inpt, no E/M	3.32	1.05	0.15	4.52	XXX	N
G0094		A	Psychotherapy, inpt, with E/M	3.80	1.05	0.15	5.00	XXX	N
H5300		G	Occupational therapy	+0.32	0.24	0.03	0.59	XXX	0
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	XXX	0
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	XXX	0
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	XXX	0
J0190		E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	XXX	0
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	XXX	0
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	XXX	0
J0256		E	Alpha 1-proteinase 500 MG	0.00	0.00	0.00	0.00	XXX	0
J0270		N	Alprostadil for injection	0.00	0.00	0.00	0.00	XXX	0
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	XXX	0
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0330		E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	XXX	0
J0340		E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	XXX	0
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	XXX	0
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	XXX	0
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	XXX	0
J0400		E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	XXX	0
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	XXX	0
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	XXX	0
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	XXX	0
J0510		E	Benzquinamide injection	0.00	0.00	0.00	0.00	XXX	0
J0515		E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	XXX	0
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	XXX	0
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	XXX	0
J0590		E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	XXX	0
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	XXX	0
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	XXX	0
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	XXX	0
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	XXX	0
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	XXX	0
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	XXX	0
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	XXX	0
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	XXX	0
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	XXX	0
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	XXX	0
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	XXX	0
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	XXX	0
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	XXX	0
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	XXX	0
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	XXX	0
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	XXX	0
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	XXX	0
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	XXX	0
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	XXX	0
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	XXX	0
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	XXX	0
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	XXX	0
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	XXX	0
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	XXX	0
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	XXX	0
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	XXX	0
J1055		N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	XXX	0
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	XXX	0
J1070		E	Testosterone cypionate 100 MG	0.00	0.00	0.00	0.00	XXX	0
J1080		E	Testosterone cypionate 200 MG	0.00	0.00	0.00	0.00	XXX	0
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	XXX	0
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	XXX	0
J1100		E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	XXX	0
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	XXX	0
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	XXX	0
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	XXX	0
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	XXX	0
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	XXX	0
J1190		E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	XXX	0
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	XXX	0
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	XXX	0
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	XXX	0
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	XXX	0
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	XXX	0
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	XXX	0
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	XXX	0
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	XXX	0
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	XXX	0
J1362		E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	XXX	0
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	XXX	0
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	XXX	0
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	XXX	0
J1440		E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	XXX	0
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	XXX	0
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1560		E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1561		E	Immune globulin injection	0.00	0.00	0.00	0.00	XXX	0
J1562		E	Immune globulin 10% /5 grams	0.00	0.00	0.00	0.00	XXX	0
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	XXX	0
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	XXX	0
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	XXX	0
J1625		E	Granisetron hydrochlor/1 MG	0.00	0.00	0.00	0.00	XXX	0
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	XXX	0
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	XXX	0
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	XXX	0
J1644		E	Inj heparin sodium per 1000 u	0.00	0.00	0.00	0.00	XXX	0
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	XXX	0
J1650		E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	XXX	0
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	XXX	0
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	XXX	0
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	XXX	0
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	XXX	0
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	XXX	0
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	XXX	0
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	XXX	0
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	XXX	0
J1760		E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1770		E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1780		E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	XXX	0
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	XXX	0
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	XXX	0
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	XXX	0
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	XXX	0
J1830		E	Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	XXX	0
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	XXX	0
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	XXX	0
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	XXX	0
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	XXX	0
J1950		E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	XXX	0
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	XXX	0
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	XXX	0
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	XXX	0
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	XXX	0
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	XXX	0
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	XXX	0
J2050		D	Liver injection	0.00	0.00	0.00	0.00	XXX	0
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	XXX	0
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	XXX	0
J2175		E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	XXX	0
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	XXX	0
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	XXX	0
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	XXX	0
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2260		E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	XXX	0
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	XXX	0
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	XXX	0
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	XXX	0
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	XXX	0
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	XXX	0
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	XXX	0
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2430		E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	XXX	0
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	XXX	0
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	XXX	0
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	XXX	0
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	XXX	0
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	XXX	0
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	XXX	0
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	XXX	0
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	XXX	0
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	XXX	0
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	XXX	0
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	XXX	0
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2700		E	Oxacillin sodium injeciton	0.00	0.00	0.00	0.00	XXX	0
J2710		E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	XXX	0
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	XXX	0
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	XXX	0
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	XXX	0
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	XXX	0
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	XXX	0
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	XXX	0
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	XXX	0
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	XXX	0
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2910		E	Aurothioglucose injeciton	0.00	0.00	0.00	0.00	XXX	0
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	XXX	0
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	0
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	0
J2950		E	Promazine hcl injeciton	0.00	0.00	0.00	0.00	XXX	0
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J2995		E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	XXX	0
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	XXX	0
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	XXX	0
J3005		E	Strontium-89 chloride /10 ML	0.00	0.00	0.00	0.00	XXX	0
J3010		E	Fentanyl citrate injeciton	0.00	0.00	0.00	0.00	XXX	0
J3030		E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	XXX	0
J3070		E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	XXX	0
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	XXX	0
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	XXX	0
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	XXX	0
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	XXX	0
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	XXX	0
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	XXX	0
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	XXX	0
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	XXX	0
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	XXX	0
J3305		E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	XXX	0
J3310		E	Perphenazine injeciton	0.00	0.00	0.00	0.00	XXX	0
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3350		E	Urea injection	0.00	0.00	0.00	0.00	XXX	0
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	XXX	0
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	XXX	0
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	XXX	0
J3370		R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	XXX	0
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	XXX	0
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	XXX	0
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	XXX	0
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	XXX	0
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	XXX	0
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	XXX	0
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	XXX	0
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	XXX	0
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	XXX	0
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	XXX	0
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	XXX	0
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	XXX	0
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	XXX	0
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	XXX	0
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	XXX	0
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	XXX	0
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	XXX	0
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	XXX	0
J7140		D	Prescription oral drug	0.00	0.00	0.00	0.00	XXX	0
J7150		D	Prescription oral chemo drug	0.00	0.00	0.00	0.00	XXX	0
J7190		X	Factor viii	0.00	0.00	0.00	0.00	XXX	0
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	XXX	0
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	XXX	0
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	XXX	0
J7196		X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	XXX	0
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	XXX	0
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	XXX	0
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	XXX	0
J7500		X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	XXX	0
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	XXX	0
J7502		D	Cyclosporine oral solution	0.00	0.00	0.00	0.00	XXX	0
J7503		X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	XXX	0
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	XXX	0
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	XXX	0
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	XXX	0
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	XXX	0
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	XXX	0
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	XXX	0
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	XXX	0
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	XXX	0
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	XXX	0
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	XXX	0
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	XXX	0
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	XXX	0
J7630		E	Cromolyn sodium injection	0.00	0.00	0.00	0.00	XXX	0
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	XXX	0
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	XXX	0
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	XXX	0
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	XXX	0
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	XXX	0
J7653		E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	XXX	0
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	XXX	0
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	XXX	0
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	XXX	0
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	XXX	0
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	XXX	0
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	XXX	0
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	XXX	0
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	XXX	0
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	XXX	0
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	XXX	0
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	XXX	0
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	XXX	0
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	XXX	0
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	XXX	0
J9000		E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	XXX	0
J9010		D	Doxorubicin hcl 50 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9015		E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	XXX	0
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	XXX	0
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	XXX	0
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	XXX	0
J9050		E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	XXX	0
J9060		E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	XXX	0
J9062		E	Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	XXX	0
J9065		E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J9070		E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9080		E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9090		E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9091		E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	XXX	0
J9092		E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	XXX	0
J9093		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9094		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9095		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9096		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9097		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9100		E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9110		E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9120		E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	XXX	0
J9130		E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9140		E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9150		E	Daunorubicin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J9165		E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	XXX	0
J9181		E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9182		E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9185		E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	XXX	0
J9190		E	Fluorouracil injection	0.00	0.00	0.00	0.00	XXX	0
J9200		E	Floxuridine injection	0.00	0.00	0.00	0.00	XXX	0
J9202		E	Goserelin acetate implant	0.00	0.00	0.00	0.00	XXX	0
J9208		E	Ifosfomide injection	0.00	0.00	0.00	0.00	XXX	0
J9209		E	Mesna injection	0.00	0.00	0.00	0.00	XXX	0
J9211		E	Idarubicin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J9213		E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	XXX	0
J9214		E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	XXX	0
J9215		E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	XXX	0
J9216		E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	XXX	0
J9217		E	Leuprolide acetate suspension	0.00	0.00	0.00	0.00	XXX	0
J9218		E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	XXX	0
J9230		E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J9245		E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	XXX	0
J9250		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J9260		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J9265		E	Paclitaxel injection	0.00	0.00	0.00	0.00	XXX	0
J9266		E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	XXX	0
J9268		E	Pentostatin injection	0.00	0.00	0.00	0.00	XXX	0
J9270		E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	XXX	0
J9280		E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9290		E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9291		E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9293		E	Mitoxantrone hydrochl/5 MG	0.00	0.00	0.00	0.00	XXX	0
J9320		E	Streptozocin injection	0.00	0.00	0.00	0.00	XXX	0
J9340		E	Thiotepa injection	0.00	0.00	0.00	0.00	XXX	0
J9360		E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J9370		E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9375		E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9380		E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9390		E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	XXX	0
J9999		E	Chemotherapy drug	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
M0005		G	Off visit 2/more modalities	+0.76	0.31	0.03	1.10	XXX	0
M0006		G	One phys therapy modality	+0.50	0.15	0.02	0.67	XXX	0
M0007		G	Combined phys ther mod & tx	+1.01	0.35	0.04	1.40	XXX	0
M0008		G	Combined phys ther mod & tx	+0.50	0.11	0.01	0.62	XXX	0
M0064		A	Visit for drug monitoring	0.37	0.19	0.03	0.59	XXX	N
M0075		N	Cellular therapy	0.00	0.00	0.00	0.00	XXX	0
M0076		N	Prolotherapy	0.00	0.00	0.00	0.00	XXX	0
M0100		N	Intragastric hypothermia	0.00	0.00	0.00	0.00	XXX	0
M0101		A	Foot care hygienic/pm	0.43	0.35	0.03	0.81	XXX	S
M0300		N	IV chelationtherapy	0.00	0.00	0.00	0.00	XXX	0
M0301		N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	XXX	0
M0302		N	Assessment of cardiac output	0.00	0.00	0.00	0.00	XXX	0
P2028		X	Cephalin floculation test	0.00	0.00	0.00	0.00	XXX	0
P2029		X	Congo red blood test	0.00	0.00	0.00	0.00	XXX	0
P2031		N	Hair analysis	0.00	0.00	0.00	0.00	XXX	0
P2033		X	Blood thymol turbidity	0.00	0.00	0.00	0.00	XXX	0
P2038		X	Blood mucoprotein	0.00	0.00	0.00	0.00	XXX	0
P3000		X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	XXX	0
P3001		X	Screening pap smear by phys	0.00	0.00	0.00	0.00	XXX	0
P3001	26	A	Screening pap smear by phys	0.42	0.32	0.04	0.78	XXX	N
P7001		G	Culture bacterial urine	0.00	0.00	0.00	0.00	XXX	0
P9010		E	Whole blood for transfusion	0.00	0.00	0.00	0.00	XXX	0
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	XXX	0
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	XXX	0
P9013		E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	XXX	0
P9014		E	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	XXX	0
P9015		E	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	XXX	0
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	XXX	0
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	XXX	0
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	XXX	0
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	XXX	0
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	XXX	0
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	XXX	0
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	XXX	0
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	XXX	0
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	XXX	0
P9610		X	Urine specimen collect singl	0.00	0.00	0.00	0.00	XXX	0
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	XXX	0
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0035		A	Cardiokymography	0.17	0.49	0.04	0.70	XXX	N
Q0035	26	A	Cardiokymography	0.17	0.12	0.01	0.30	XXX	N
Q0035	TC	A	Cardiokymography	0.00	0.37	0.03	0.40	XXX	N
Q0068		A	Extracorpeal plasmapheresis	1.67	1.27	0.16	3.10	O00	N
Q0091		A	Obtaining screen pap smear	0.37	0.28	0.03	0.68	XXX	N
Q0092		A	Set up port x-ray equipment	0.00	0.30	0.01	0.31	XXX	N
Q0103		A	Physical therapy evaluation	1.01	0.35	0.11	1.47	XXX	N
Q0104		A	Phys therapy re-evaluation	0.50	0.04	0.01	0.55	XXX	N
Q0109		A	Occupational therapy eval	1.01	0.35	0.11	1.47	XXX	N
Q0110		A	Occupational therap re-eval	0.50	0.04	0.01	0.55	XXX	N
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	XXX	0
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	XXX	0
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	XXX	0
Q0114		X	Fern test	0.00	0.00	0.00	0.00	XXX	0
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	XXX	0
Q0116		D	Hemoglbn sngle analyte exam	0.00	0.00	0.00	0.00	XXX	0
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	XXX	0
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	XXX	0
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	XXX	0
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	XXX	0
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	XXX	0
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	XXX	0
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	XXX	0
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	XXX	0
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	XXX	0
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	XXX	0
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	XXX	0
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	XXX	0
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	XXX	0
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	XXX	0
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	XXX	0
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	XXX	0
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	XXX	0
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	XXX	0
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	XXX	0
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	XXX	0
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	XXX	0
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	XXX	0
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	XXX	0
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	XXX	0
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	XXX	0
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	XXX	N
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	XXX	0
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	XXX	0
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	XXX	0
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	XXX	0
V2101		X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	XXX	0
V2102		X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	XXX	0
V2103		X	Spherocylindr 4.00d/12–2.00d	0.00	0.00	0.00	0.00	XXX	0
V2104		X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	XXX	0
V2105		X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2106		X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	XXX	0
V2107		X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	XXX	0
V2108		X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	XXX	0
V2109		X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2110		X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	XXX	0
V2111		X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	XXX	0
V2112		X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	XXX	0
V2113		X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2114		X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	XXX	0
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	0
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	0
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	0
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	XXX	0
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	XXX	0
V2200		X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	XXX	0
V2201		X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	XXX	0
V2202		X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	XXX	0
V2203		X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	XXX	0
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	XXX	0
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	XXX	0
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	XXX	0
V2207		X	Lens sphcy bifocal 4.25–7d/.	0.00	0.00	0.00	0.00	XXX	0
V2208		X	Lens sphcy bifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	0
V2209		X	Lens sphcy bifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	0
V2210		X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	XXX	0
V2211		X	Lens sphcy bifo 7.25–12/.25–	0.00	0.00	0.00	0.00	XXX	0
V2212		X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	XXX	0
V2213		X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	XXX	0
V2214		X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	XXX	0
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	0
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	XXX	0
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	XXX	0
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	XXX	0
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	XXX	0
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	XXX	0
V2301		X	Lens sphere trifocal 4.12–7.	0.00	0.00	0.00	0.00	XXX	0
V2302		X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	XXX	0
V2303		X	Lens sphcy trifocal 4.0/.12–	0.00	0.00	0.00	0.00	XXX	0
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	XXX	0
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	XXX	0

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	XXX	0
V2307		X	Lens sphcy trifocal 4.25–7/.	0.00	0.00	0.00	0.00	XXX	0
V2308		X	Lens sphc trifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	0
V2309		X	Lens sphc trifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	0
V2310		X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	XXX	0
V2311		X	Lens sphc trifo 7.25–12/.25–	0.00	0.00	0.00	0.00	XXX	0
V2312		X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	XXX	0
V2313		X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	XXX	0
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	XXX	0
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	XXX	0
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	XXX	0
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	XXX	0
V2319		X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	XXX	0
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	XXX	0
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	XXX	0
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	XXX	0
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	XXX	0
V2501		X	Cntct lens pmma–toric/prism	0.00	0.00	0.00	0.00	XXX	0
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	XXX	0
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	XXX	0
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	XXX	0
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	XXX	0
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	XXX	0
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	XXX	0
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX	0
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	XXX	0
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	XXX	0
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	XXX	0
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	XXX	0
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	XXX	0
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	XXX	0
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	XXX	0
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	XXX	0
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	XXX	0
V2624		X	Polishing artificial eye	0.00	0.00	0.00	0.00	XXX	0
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	XXX	0
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	XXX	0
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	XXX	0
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	XXX	0
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	XXX	0
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2700		X	Balance lens	0.00	0.00	0.00	0.00	XXX	0
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	XXX	0
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	XXX	0
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	XXX	0
V2730		X	Special base curve	0.00	0.00	0.00	0.00	XXX	0
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	XXX	0
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	XXX	0
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	XXX	0
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	XXX	0
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	XXX	0
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	XXX	0
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	XXX	0
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	XXX	0
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	XXX	0
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	XXX	0
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	XXX	0
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	XXX	0
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	XXX	0
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	XXX	0
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	XXX	0

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
V5011	.....	N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	XXX	0
V5014	.....	N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	XXX	0
V5020	.....	N	Conformity evaluation	0.00	0.00	0.00	0.00	XXX	0
V5030	.....	N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	XXX	0
V5040	.....	N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	XXX	0
V5050	.....	N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	XXX	0
V5060	.....	N	Behind ear hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5070	.....	N	Glasses air conduction	0.00	0.00	0.00	0.00	XXX	0
V5080	.....	N	Glasses bone conduction	0.00	0.00	0.00	0.00	XXX	0
V5090	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	0
V5100	.....	N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5110	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	0
V5120	.....	N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5130	.....	N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5140	.....	N	Behind ear binaur hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5150	.....	N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5160	.....	N	Dispensing fee binaural	0.00	0.00	0.00	0.00	XXX	0
V5170	.....	N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5180	.....	N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5190	.....	N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5200	.....	N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	XXX	0
V5210	.....	N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5220	.....	N	Behind ear bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5230	.....	N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5240	.....	N	Dispensing fee bicros	0.00	0.00	0.00	0.00	XXX	0
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	XXX	N
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	XXX	0
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	XXX	N
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	XXX	N
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX	N

Addendum C—Codes With Interim Relative Value Units

Addendum C lists the codes for which interim RVUs have been established. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m., January 21, 1997. Any revisions to the interim RVUs will be announced in a document to be published in 1997 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1998.

Addendum C contains the following information:

1. *CPT/HCPCS code.* This is either a CPT or alphanumeric HCPCS code for the service in question. CPT codes are listed first, followed by alphanumeric HCPCS codes.

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

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the fee schedule and whether it is separately payable if the service is covered. See Addendum B for a description of the status indicators.

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

5. *Physician work RVUs.* These are the interim RVUs for the physician work for this service.

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

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

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

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). See Addendum B for explanations of the alpha codes.

10. *Update.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the CPT/HCPCS code in column 1. A ''0'' appears in this field for codes that are deleted in 1997 or are not paid under the physician fee schedule. A ''P'' in this column indicates that the update and CF for primary care services applies to this code. An ''N'' in this column indicates that the update and CF for other nonsurgical services applies to this code. An ''S'' in this column indicates that the separate update and CF for surgical procedures applies.

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
11010	.....	A	Debride skin, fx	4.15	3.96	0.65	8.76	010	S
11011	.....	A	Debride skin/muscle, fx	4.95	4.72	0.77	10.44	000	S
11012	.....	A	Debride skin/muscle/bone, fx.	6.88	6.56	1.07	14.51	000	S
11720	.....	A	Debride nail, 1–5	0.32	0.32	0.03	0.67	000	S
11721	.....	A	Debride nail, 6 or more	0.54	0.54	0.05	1.13	000	S
11971	.....	A	Remove tissue expander(s)	1.51	2.30	0.82	4.63	090	S
13300	.....	A	Repair of wound or lesion	5.11	5.71	0.86	11.68	010	S
14300	.....	A	Skin tissue rearrangement	10.76	11.31	1.84	23.91	090	S
15000	.....	A	Skin graft procedure	1.95	2.49	0.53	4.97	ZZZ	S
15101	.....	A	Skin split graft procedure	1.72	1.59	0.33	3.64	ZZZ	S
15121	.....	A	Skin split graft procedure	2.67	2.91	0.53	6.11	ZZZ	S
15201	.....	A	Skin full graft procedure	1.32	1.68	0.50	3.50	ZZZ	S
15221	.....	A	Skin full graft procedure	1.19	1.59	0.50	3.28	ZZZ	S
15241	.....	A	Skin full graft procedure	1.86	2.38	0.58	4.82	ZZZ	S
15261	.....	A	Skin full graft procedure	2.23	2.85	0.60	5.68	ZZZ	S
15756	.....	A	Free muscle flap, microvasc.	33.23	30.09	5.33	68.65	090	S
15757	.....	A	Free skin flap, microvasc	33.23	30.09	5.33	68.65	090	S
15758	.....	A	Free fascial flap, microvasc	33.23	30.09	5.33	68.65	090	S
20150	.....	A	Excise epiphyseal bar	13.00	12.40	2.03	27.43	090	S
20956	.....	A	Iliac bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20957	.....	A	Mt bone graft, microvasc ...	38.33	27.87	5.45	71.65	090	S
20962	.....	A	Other bone graft, microvasc.	37.00	26.90	5.26	69.16	090	S
20969	.....	A	Bone/skin graft, microvasc	42.08	40.13	6.57	88.78	090	S
20970	.....	A	Bone/skin graft, iliac crest	41.22	39.31	6.44	86.97	090	S
24149	.....	A	Radical resection of elbow	13.25	12.64	2.07	27.96	090	S
24341	.....	A	Repair tendon/muscle arm	7.33	6.99	1.14	15.46	090	S
24342	.....	A	Repair of ruptured tendon	10.13	10.38	1.76	22.27	090	S
25332	.....	A	Revise wrist joint	10.83	9.98	1.61	22.42	090	S
26040	.....	A	Release palm contracture	3.09	2.86	0.49	6.44	090	S
26060	.....	A	Incision of finger tendon	2.71	1.13	0.17	4.01	090	S
26070	.....	A	Explore/treat hand joint	3.34	2.76	0.42	6.52	090	S
26121	.....	A	Release palm contracture	7.34	9.40	1.61	18.35	090	S
26123	.....	A	Release palm contracture	8.64	9.10	1.53	19.27	090	S
26125	.....	A	Release palm contracture	4.61	2.62	0.45	7.68	ZZZ	S
26185	.....	A	Remove finger bone	5.00	4.24	0.41	9.65	090	S
26540	.....	A	Repair hand joint	6.03	6.64	1.12	13.79	090	S
26541	.....	A	Repair hand joint with graft	8.20	8.94	1.47	18.61	090	S
26546	.....	A	Repair non-union hand	8.50	8.11	1.33	17.94	090	S
26551	.....	A	Great toe-hand transfer	44.31	42.25	6.92	93.48	090	S
26553	.....	A	Single toe-hand transfer	44.00	41.96	6.87	92.83	090	S
26554	.....	A	Double toe-hand transfer ...	52.50	50.06	8.20	110.76	090	S
26556	.....	A	Toe joint transfer	44.75	42.67	6.99	94.41	090	S
27036	.....	A	Excision of hip joint/muscle	12.00	11.44	1.87	25.31	090	S
28114	.....	A	Removal of metatarsal heads.	8.65	9.17	1.42	19.24	090	S
31090	.....	A	Exploration of sinuses	8.65	11.32	2.12	22.09	090	S
32491	.....	N	Lung volume reduction	+21.25	15.45	3.02	39.72	XXX	O
33234	.....	A	Removal of pacemaker system.	7.50	2.84	0.23	10.57	090	S
33235	.....	A	Removal pacemaker electrode.	8.74	3.14	0.33	12.21	090	N
33970	.....	A	Aortic circulation assist	6.75	7.54	1.00	15.29	000	S
33971	.....	A	Aortic circulation assist	8.40	5.16	0.91	14.47	090	S
35556	.....	A	Artery bypass graft	19.84	18.71	3.71	42.26	090	S
35566	.....	A	Artery bypass graft	25.00	20.62	4.08	49.70	090	S
35571	.....	A	Artery bypass graft	17.14	19.36	3.87	40.37	090	S
35583	.....	A	Vein bypass graft	20.50	20.44	4.13	45.07	090	S
35585	.....	A	Vein bypass graft	26.47	22.95	4.63	54.05	090	S
35587	.....	A	Vein bypass graft	17.55	21.51	4.13	43.19	090	S
35656	.....	A	Artery bypass graft	18.42	17.73	3.60	39.75	090	S
35666	.....	A	Artery bypass graft	17.60	20.06	4.00	41.66	090	S
35671	.....	A	Artery bypass graft	13.39	15.60	4.08	33.07	090	S
35681	.....	A	Artery bypass graft	8.05	10.42	3.52	21.99	ZZZ	S
35875	.....	A	Removal of clot in graft	9.07	8.21	1.65	18.93	090	S

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+ Indicates RVUs are not used for Medicare payment.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
37250	.....	A	Intravascular us	1.51	1.14	0.13	2.78	ZZZ	N
37251	.....	A	Intravascular us	1.15	0.87	0.10	2.12	ZZZ	N
43496	.....	C	Free jejunum flap, microvasc.	0.00	0.00	0.00	0.00	090	S
46900	.....	A	Destruction, anal lesion(s)	1.81	0.39	0.06	2.26	010	S
49020	.....	A	Drain abdominal abscess	14.25	4.82	0.91	19.98	090	S
49021	.....	A	Drain abdominal abscess	9.06	4.82	0.91	14.79	090	N
49906	.....	C	Free omental flap, microvasc.	0.00	0.00	0.00	0.00	090	S
52300	.....	A	Cystoscopy and treatment	5.31	3.47	0.36	9.14	000	S
52301	.....	A	Cystoscopy and treatment	5.51	3.47	0.36	9.34	000	S
52340	.....	A	Cystoscopy and treatment	9.00	5.15	0.50	14.65	090	S
54100	.....	A	Biopsy of penis	1.90	0.65	0.07	2.62	000	S
56300	.....	A	Pelvis laparoscopy, dx	3.65	4.45	0.93	9.03	000	S
56305	.....	A	Pelvic laparoscopy; biopsy	3.97	4.90	0.79	9.66	000	S
56362	.....	A	Laparoscopy w/cholangio	4.89	2.77	0.19	7.85	000	S
56363	.....	A	Laparoscopy w/biopsy	5.18	3.93	0.45	9.56	000	S
56399	.....	C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56805	.....	A	Repair clitoris	18.00	11.75	1.37	31.12	090	S
57160	.....	A	Insertion of pessary/device	0.89	0.25	0.05	1.19	000	S
57335	.....	A	Repair vagina	18.00	6.91	0.81	25.72	090	S
59525	.....	A	Remove uterus after cesarean.	8.54	3.81	0.88	13.23	MMM	S
59866	.....	A	Abortion	4.00	2.86	0.66	7.52	000	S
61586	.....	A	Resect nasopharynx, skull	23.60	21.38	2.32	47.30	090	S
61793	.....	A	Focus radiation beam	16.70	21.35	1.96	40.01	090	S
67210	.....	A	Treatment of retinal lesion	9.48	9.02	0.47	18.97	090	S
68801	.....	A	Dilate tear duct opening	0.89	0.42	0.02	1.33	010	S
68810	.....	A	Probe nasolacrimal duct	1.27	0.55	0.03	1.85	010	S
68811	.....	A	Probe nasolacrimal duct	2.25	1.49	0.09	3.83	010	S
68815	.....	A	Probe nasolacrimal duct	3.00	1.93	0.10	5.03	010	S
69801	.....	A	Incise inner ear	8.19	10.48	1.84	20.51	090	S
75554	26	A	Cardiac MRI/function	1.83	0.72	0.11	2.66	XXX	N
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.11	2.57	XXX	N
75945	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75946	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
77420	.....	A	Weekly radiation therapy ...	1.61	0.72	0.11	2.44	XXX	N
77425	.....	A	Weekly radiation therapy ...	2.44	1.10	0.17	3.71	XXX	N
77430	.....	A	Weekly radiation therapy ...	3.60	1.61	0.23	5.44	XXX	N
78445	26	A	Vascular flow imaging	0.49	0.24	0.04	0.77	XXX	N
78460	26	A	Heart muscle blood single	0.86	0.39	0.06	1.31	XXX	N
78461	26	A	Heart muscle blood multiple.	1.23	0.54	0.08	1.85	XXX	N
78464	26	A	Heart image (3D) single	1.09	0.48	0.07	1.64	XXX	N
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.10	2.21	XXX	N
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.06	1.39	XXX	N
78481	26	A	Heart first pass single	0.98	0.44	0.07	1.49	XXX	N
78483	26	A	Heart first pass multiple	1.47	0.65	0.10	2.22	XXX	N
90875	.....	A	Psychophysiological therapy.	1.11	0.35	0.05	1.51	XXX	N
90876	.....	A	Psychophysiological therapy.	1.73	0.54	0.08	2.35	XXX	N
90901	.....	A	Biofeedback, any method	0.41	0.29	0.02	0.72	000	N
92240	26	A	Icg angiography	1.10	0.59	0.03	1.72	XXX	N
92548	26	A	Posturography	0.50	0.45	0.05	1.00	XXX	N
92978	26	A	Intravascular us, heart	1.80	1.06	0.08	2.94	ZZZ	N
92979	26	A	Intravascular us, heart	1.44	0.85	0.06	2.35	ZZZ	N
92995	.....	A	Coronary atherectomy	12.09	15.47	1.22	28.78	000	N
93303	26	A	Echo transthoracic	1.30	1.00	0.09	2.39	XXX	N
93304	26	A	Echo transthoracic	0.75	0.68	0.05	1.48	XXX	N
93315	26	A	Echo transesophageal	2.78	1.35	0.12	4.25	XXX	N
93316	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93317	26	A	Echo transesophageal	1.83	0.67	0.06	2.56	XXX	N
93619	26	A	Electrophysiology evaluation.	7.32	9.37	0.86	17.55	000	N
93620	26	A	Electrophysiology evaluation.	11.59	13.53	0.95	26.07	000	N

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
93621	26	A	Electrophysiology evaluation.	12.66	14.94	1.11	28.71	000	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
95921	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95922	26	A	Autonomic nerve func test	0.48	0.34	0.03	0.85	XXX	N
95923	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95950	26	A	Ambulatory eeg monitoring	1.51	1.21	0.10	2.82	XXX	N
95951	26	A	EEG monitoring/ videorecord.	6.00	1.50	0.11	7.61	XXX	N
97504	.....	A	Orthotic training	0.45	0.14	0.02	0.61	XXX	N
97520	.....	A	Prosthetic training	0.45	0.15	0.02	0.62	XXX	N
98940	.....	A	Chiropractic manipulation	0.45	0.29	0.01	0.75	000	N
98941	.....	A	Chiropractic manipulation	0.65	0.29	0.01	0.95	000	N
98942	.....	A	Chiropractic manipulation	0.87	0.29	0.01	1.17	000	N
98943	.....	N	Chiropractic manipulation	+0.40	0.29	0.01	0.70	XXX	0
G0051	.....	A	Destroy benign/premal lesion.	0.55	0.41	0.04	1.00	010	S
G0052	.....	A	Destruction of add'l lesions	0.18	0.13	0.01	0.32	ZZZ	S
G0053	.....	A	Destruction of add'l lesions	3.05	2.25	0.20	5.50	ZZZ	S
G0062	26	A	Peripheral bone densitometry.	0.22	0.10	0.02	0.34	XXX	N
G0063	26	A	Central bone densitometry	0.30	0.12	0.02	0.44	XXX	N
G0071	.....	A	Psychotherapy, office, no E/M.	1.11	0.35	0.05	1.51	XXX	N
G0072	.....	A	Psychotherapy, office, wth	1.47	0.35	0.05	1.87	XXX	N
G0073	.....	A	Psychotherapy, office, no E/M.	1.73	0.54	0.08	2.35	XXX	N
G0074	.....	A	Psychotherapy, office, wth E/M.	2.00	0.54	0.08	2.62	XXX	N
G0075	.....	A	Psychotherapy, office, no E/M.	2.76	1.05	0.15	3.96	XXX	N
G0076	.....	A	Psychotherapy, office, wth E/M.	3.15	1.05	0.15	4.35	XXX	N
G0077	.....	A	Psychotherapy, office, no E/M.	1.19	0.59	0.09	1.87	XXX	N
G0078	.....	A	Psychotherapy, office, wth E/M.	1.58	0.59	0.09	2.26	XXX	N
G0079	.....	A	Psychotherapy, office, no E/M.	1.86	0.59	0.09	2.54	XXX	N
G0080	.....	A	Psychotherapy, office, wth E/M.	2.15	0.59	0.09	2.83	XXX	N
G0081	.....	A	Psychotherapy, office, no E/M.	2.97	0.59	0.09	3.65	XXX	N
G0082	.....	A	Psychotherapy, office, wth E/M.	3.39	0.59	0.09	4.07	XXX	N
G0083	.....	A	Psychotherapy, inpt, no E/M.	1.24	0.35	0.05	1.64	XXX	N
G0084	.....	A	Psychotherapy, inpt, with E/M.	1.65	1.05	0.15	2.85	XXX	N
G0085	.....	A	Psychotherapy, inpt, no E/M.	1.94	0.54	0.08	2.56	XXX	N
G0086	.....	A	Psychotherapy, inpt, with E/M.	2.24	0.54	0.08	2.86	XXX	N
G0087	.....	A	Psychotherapy, inpt, no E/M.	3.09	1.05	0.15	4.29	XXX	N
G0088	.....	A	Psychotherapy, inpt, with E/M.	3.53	1.05	0.15	4.73	XXX	N
G0089	.....	A	Psychotherapy, inpt, no E/M.	1.33	0.35	0.05	1.73	XXX	N
G0090	.....	A	Psychotherapy, inpt, with E/M.	1.77	0.35	0.05	2.17	XXX	N
G0091	.....	A	Psychotherapy, inpt, no E/M.	2.08	0.54	0.08	2.70	XXX	N
G0092	.....	A	Psychotherapy, inpt,with E/M.	2.41	0.54	0.08	3.03	XXX	N

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
G0093	.....	A	Psychotherapy, inpt, no E/M.	3.32	1.05	0.15	4.52	XXX	N
G0094	.....	A	Psychotherapy, inpt, with E/M.	3.80	1.05	0.15	5.00	XXX	N

ADDENDUM D.—1997 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00510	00	Alabama	0.980	0.871	0.927
01020	01	Alaska	1.064	1.155	1.617
01030	00	Arizona	0.996	0.955	1.321
00520	13	Arkansas	0.954	0.853	0.427
00542	03	Marin/Napa/Solano, CA	1.015	1.180	0.596
00542	05	San Francisco, CA	1.068	1.330	0.596
00542	06	San Mateo, CA	1.049	1.300	0.596
00542	07	Oakland/Berkeley, CA	1.042	1.215	0.596
00542	09	Santa Clara, CA	1.064	1.289	0.596
02050	17	Ventura, CA	1.028	1.192	0.686
02050	18	Los Angeles, CA	1.056	1.207	0.752
02050	26	Anaheim/Santa Ana, CA	1.037	1.205	0.752
02050	99	Rest of California	1.009	1.048	0.627
00542	99	Rest of California	1.009	1.048	0.627
00824	01	Colorado	0.989	0.951	0.827
10230	00	Connecticut	1.050	1.194	1.001
00570	01	Delaware	1.021	1.032	0.792
00580	01	DC & MD/VA Suburbs	1.051	1.192	0.980
00590	04	Miami, FL	1.016	1.087	2.456
00590	03	Ft Lauderdale, FL	0.998	1.036	1.867
00590	99	Rest of Florida	0.977	0.944	1.417
01040	01	Atlanta, GA	1.007	1.030	0.902
01040	99	Rest of Georgia	0.971	0.891	0.902
01120	01	Hawaii	0.999	1.220	0.921
05130	00	Idaho	0.962	0.882	0.588
00621	16	Chicago, IL	1.028	1.080	1.382
00621	15	Suburban Chicago, IL	1.007	1.093	1.159
00621	12	East St Louis, IL	0.988	0.929	1.202
00621	99	Rest of Illinois	0.965	0.884	0.824
00630	00	Indiana	0.982	0.917	0.356
00640	00	Iowa	0.960	0.877	0.679
00650	00	Kansas	0.964	0.891	1.191
00660	00	Kentucky	0.971	0.869	0.819
00528	01	New Orleans, LA	0.999	0.946	0.997
00528	99	Rest of Louisiana	0.969	0.870	0.912
21200	03	Southern Maine	0.980	1.034	0.759
21200	99	Rest of Maine	0.962	0.925	0.759
00901	01	Balto/Surr Ctys, MD	1.021	1.036	1.115
00901	99	Rest of Maryland	0.984	0.953	0.862
00700	01	Boston, MA	1.040	1.213	0.978
00700	99	Rest of Massachusetts	1.012	1.086	0.978
00623	01	Detroit, MI	1.043	1.038	3.051
00623	99	Rest of Michigan	0.998	0.935	1.844
10240	00	Minnesota	0.990	0.965	0.594
10250	00	Mississippi	0.958	0.845	0.726
11260	01	St Louis, MO	0.994	0.944	1.207
00740	02	Metro Kansas City, MO	0.989	0.949	1.207
00740	99	Rest of Missouri	0.947	0.835	1.159
11260	99	Rest of Missouri	0.947	0.835	1.159
00751	01	Montana	0.952	0.864	0.756
00655	00	Nebraska	0.951	0.872	0.444
01290	00	Nevada	1.007	1.029	0.887
00780	40	New Hampshire	0.988	1.034	0.916
00860	01	Northern New Jersey	1.059	1.215	0.762
00860	99	Rest of New Jersey	1.029	1.115	0.762
01360	05	New Mexico	0.975	0.903	0.792

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ADDENDUM D.—1997 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00803	01	Manhattan, NY	1.095	1.359	1.546
00803	02	NYC Suburbs/LI, NY	1.068	1.235	1.759
00803	03	Poughkeepsie/N NYC, NY	1.011	1.081	1.218
14330	04	Queens, NY	1.058	1.240	1.686
00801	99	Rest of New York	1.002	0.955	0.821
05535	00	North Carolina	0.971	0.918	0.435
00820	01	North Dakota	0.951	0.860	0.617
16360	00	Ohio	0.991	0.940	1.049
01370	00	Oklahoma	0.970	0.882	0.481
01380	01	Portland, OR	0.996	0.998	0.637
01380	99	Rest of Oregon	0.963	0.930	0.637
00865	01	Philadelphia, PA	1.025	1.091	1.314
00865	99	Rest of Pennsylvania	0.990	0.924	0.735
00973	20	Puerto Rico	0.883	0.739	0.268
00870	01	Rhode Island	1.019	1.074	1.569
00880	01	South Carolina	0.976	0.899	0.361
00820	02	South Dakota	0.936	0.856	0.443
05440	35	Tennessee	0.976	0.899	0.524
00900	09	Brazoria, TX	0.993	0.966	1.428
00900	11	Dallas, TX	1.012	1.012	0.893
00900	15	Galveston, TX	0.989	0.966	1.428
00900	18	Houston, TX	1.021	1.005	1.428
00900	20	Beaumont, TX	0.993	0.893	1.428
00900	28	Fort Worth, TX	0.989	0.972	0.893
00900	31	Austin, TX	0.987	0.986	0.827
00900	99	Rest of Texas	0.967	0.879	0.839
00910	09	Utah	0.978	0.891	0.644
00780	50	Vermont	0.974	0.988	0.452
10490	00	Virginia	0.987	0.941	0.518
00973	50	Virgin Islands	0.966	0.978	1.023
01390	02	Seattle (King Co), WA	1.006	1.077	0.748
01390	99	Rest of Washington	0.983	0.961	0.748
16510	00	West Virginia	0.964	0.850	1.004
00951	00	Wisconsin	0.982	0.926	1.160
00825	21	Wyoming	0.968	0.881	0.811

Note: Work GPCI is the ¼ work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

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