AUTHENTICATED
U.S. GOVERNMENT
INFORMATION
GPO

Federal Register

Tuesday,
May 11, 2010

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, 414 et al.

Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Corrections; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 410, 411, 414, 415, 485, and 498

[CMS–1413–CN4]

RIN 0938–AP40

Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Corrections

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule; corrections.

SUMMARY: This document corrects several technical and typographical errors in the final rule with comment period that appeared in the November 25, 2009 **Federal Register** entitled "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Final Rule" (74 FR 61738), as well as errors in the December 10, 2009 correction notice to the "Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010; Corrections" (74 FR 65449).

DATES: *Effective Date:* This correction notice is effective January 1, 2010.

FOR FURTHER INFORMATION CONTACT: Rebecca Cole, (410) 786–4497.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. E9–26502 of November 25, 2009 (74 FR 61738) (hereinafter referred to as the CY 2010 PFS final rule with comment period), there were a number of technical and typographical errors. Some of these errors were corrected in FR Doc. E9–29256 of December 10, 2009 (74 FR 65449) (hereinafter referred to as the December 10, 2009 correction notice).

We note that on December 19, 2009, the Department of Defense Appropriations Act, 2010 (Pub. L. 111–118) was signed into law. Section 1011 of Pub. L. 111–118 provided a 2-month zero percent update to the CY 2010 Medicare physician fee schedule (PFS) effective only for dates of service from January 1, 2010 through February 28, 2010. Further, on March 2, 2010, the Temporary Extension Act of 2010 (Pub. L. 111–144) was signed into law. Section 2 of Pub. L. 111–144 extended through March 31, 2010 the zero percent update to the PFS that was in effect for claims with dates of service from January 1, 2010 through February 28, 2010. In addition, on April 15, 2010, the Continuing Extension Act of 2010 (Pub. L. 111–157) was signed into law. Section 4 of Pub. L. 111–157 extended through May 31, 2010 the zero percent update to the PFS that was in effect for claims with dates of services from January 1, 2010 through March 31, 2010.

The provisions of this notice are effective as if they had been included in the CY 2010 PFS final rule with comment period. Accordingly, the corrections are effective January 1, 2010.

II. The December 10, 2009 Correction Notice

A. Summary of Errors in the December 10, 2009 Correction Notice

On page 65450, we are correcting the figure for the CY 2010 CF by substituting the CF that should have been included in the CY 2010 PFS final rule with comment period. Under the current statute, this CF is effective for services furnished from June 1, 2010 through December 31, 2010. This correction to the CF results from corrections to the practice expense (PE) and malpractice (MP) relative value units (RVUs) to align their values with the final CY 2010 PFS policies for PE and MP RVUs, taking into consideration comments from the public and our further review following display of the final rule with comment period. We are also correcting the note referencing the CF used in Table 1: Calculation of PE RVUs under Methodology for Selected Codes.

On pages 65451 and 65452, we are replacing Table 1: Calculation of PE RVUs under Methodology for Selected Codes.

On page 65453, we are correcting the figures for the CY 2010 PFS CF and national anesthesia CF for the reasons indicated above. We are also correcting the discussion concerning the CY 2010 CF for the reasons indicated above. We are also correcting Table 44 concerning the CY 2010 CF budget neutrality adjustment and CY 2010 CF to reflect the net impact of the RVU changes discussed in this correction notice on the CF. In Table 45, we are correcting the lines concerning the CY 2010 anesthesia adjustment and the CY 2010 anesthesia CF contained in the table for the reasons indicated above. We are replacing Table 50 entitled "Impact of the Final Rule with Comment Period and Estimated Physician Update on 2010 Payment for Selected Procedures" in its entirety to correct the payment amounts for CY 2010. The corrections to Table 50 also reflect the removal of CPT code 78465–26, *Heart image (3d), multiple,* which was inadvertently included. This is not a procedure commonly furnished by a broad spectrum of physician specialties, the criterion for inclusion in Table 50.

On page 65455, we are correcting the CY 2010 payment amounts associated with CPT code 99203 for the reasons indicated above.

B. Correction of Errors in the December 10, 2009 Correction Notice

In FR Doc. E9–29256 of December 10, 2009 (74 FR 65449), make the following corrections:

1. On page 65450, in the 3rd column,

a. In the 3rd full paragraph, line 5, the figure "$28.3895" is corrected to read "$28.3868."

b. In the 4th full paragraph, line 4, the figure "$36.0666" is corrected to read "$36.0791."

2. On pages 65451 and 65452, Table 1 is corrected to read as follows:

BILLING CODE 4120–01–P

TABLE 1: Calculation of PE RVUs under Methodology for Selected Codes

		Step	Source	Formula	99213 Office visit, est Nonfacility	33533 CABG, arterial, single Facility	71020 Chest x-ray Nonfacility	71020TC Chest x-ray Nonfacility	7102026 Chest x-ray Nonfacility	93000 ECG, complete Nonfacility	93005 ECG, tracing Nonfacility	93010 ECG, report Nonfacility
1	Labor cost (Lab)	Step 1	AMA		13.32	77.52	5.74	5.74	0.00	6.12	6.12	0.00
2	Suppy cost (Sup)	Step 1	AMA		2.98	7.34	3.39	3.39	0.00	1.19	1.19	0.00
3	Equipment cost (Eqp)	Step 1	AMA		0.19	0.65	8.17	8.17	0.00	0.12	0.12	0.00
4	Direct cost (Dir)	Step 1		=(1)+(2)+(3)	16.50	85.51	17.31	17.31	0.00	7.43	7.43	0.00
5	Direct adjustment (Dir Adj)	Steps 2-4	See footnote*		0.495	0.495	0.495	0.495	0.495	0.495	0.495	0.495
6	Adjusted labor	Steps 2-4	=Lab*Dir Adj	=(1)*(5)	6.59	38.37	2.84	2.84	0.00	3.03	3.03	0.00
7	Adjusted supplies	Steps 2-4	=Sup*Dir Adj	=(2)*(5)	1.48	3.63	1.68	1.68	0.00	0.59	0.59	0.00
8	Adjusted equipment	Steps 2-4	=Eqp*Dir Adj	=(3)*(5)	0.10	0.32	4.04	4.04	0.00	0.06	0.06	0.00
9	Adjusted direct	Steps 2-4		=(6)+(7)+(8)	8.16	42.32	8.56	8.56	0.00	3.68	3.68	0.00
10	Conversion Factor (CF)	Step 5	MFS		36.0666	36.0666	36.0666	36.0666	36.0666	36.0666	36.0666	36.0666
11	Adj. labor cost converted	Step 5	=(Lab*Dir Adj)/CF	=(6)/(10)	0.18	1.06	0.08	0.08	0.00	0.08	0.08	0.00
12	Adj. supply cost converted	Step 5	=(Sup*Dir Adj)/CF	=(7)/(10)	0.04	0.10	0.05	0.05	0.00	0.02	0.02	0.00
13	Adj. equip cost converted	Step 5	=(Eqp*Dir Adj)/CF	=(8)/(10)	0.00	0.01	0.11	0.11	0.00	0.00	0.00	0.00
14	Adj. direct cost converted	Step 5		=(11)+(12)+(13)	0.23	1.17	0.24	0.24	0.00	0.10	0.10	0.00
15	Wrk RVU	Setup File	MFS		0.97	33.75	0.22	0.00	0.22	0.17	0.00	0.17
16	Dir_pct	Steps 6, 7	Surveys		25.6%	18.0%	28.8%	28.8%	28.8%	28.9%	28.9%	28.9%
17	Ind_pct	Steps 6, 7	Surveys		74.4%	82.0%	71.2%	71.2%	71.2%	71.1%	71.1%	71.1%
18	Ind. Alloc. formula (1st part)	Step 8	See Step 8		((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)	((14)/(16))*(17)
19	Ind. Alloc. (1st part)	Step 8		See (18)	0.66	5.32	0.59	0.59	0.00	0.25	0.25	0.00
20	Ind. Alloc. formulas (2nd part)	Step 8	See Step 8		(15)	(15)	(15)+(11)	(11)	(15)	(15)+(11)	(11)	(15)

		Step	Source	Formula	99213 Office visit, est Nonfacility	33533 CABG, arterial, single Facility	71020 Chest x-ray Nonfacility	71020TC Chest x-ray Nonfacility	7102026 Chest x-ray Nonfacility	93000 ECG, complete Nonfacility	93005 ECG, tracing Nonfacility	93010 ECG, report Nonfacility
21	Ind. Alloc. (2nd part)	Step 8		See (20)	0.97	33.75	0.30	0.08	0.22	0.25	0.08	0.17
22	Indirect Allocator (1st+2nd)	Step 8		=(19)+(21)	1.63	39.07	0.89	0.67	0.22	0.50	0.33	0.17
23	Indirect Adjustment (Ind Adj)	Steps 9-11	See footnote**		0.367	0.367	0.367	0.367	0.367	0.367	0.367	0.367
24	Adjusted Indirect Allocator	Steps 9-11	=Ind Alloc * Ind Adj		0.60	14.34	0.33	0.24	0.08	0.19	0.12	0.06
25	Ind.Practice Cost Index (PCI)	Steps 12-16	See Steps 12-16		1.092	0.892	0.861	0.861	0.861	0.917	0.917	0.917
26	Adjusted Indirect	Step 17	= Adj. Ind Alloc*PCI	=(24)*(25)	0.65	12.77	0.28	0.21	0.07	0.17	0.11	0.06
25	PE RVU	Steps 18-19	=(Adj Dir+Adj Ind) *budn	=((14)+(26)) *budn	0.88	13.94	0.52	0.45	0.07	0.27	0.21	0.06

Note: PE RVU in Table 1, row 27, may not match Addendum B due to rounding.

* The direct adj = [current pe rvus * CF * avg dir pct] / [sum direct inputs] = [Step 2] / [Step 3]

** The indirect adj = [current pe rvus * avg ind pct] / [sum of ind allocators] = [Step 9] / [Step 10]

3. On page 65453,

a. Middle of the page,

(1) In the 2nd column, 2nd full paragraph, line 2, the figure "$28.3895" is corrected to read "$28.3868".

(2) In the 3rd column,

(a) Second paragraph, line 2, the figure $16.6108" is corrected to read "$16.6058".

(b) Fourth paragraph, line 3, the figure "1.000445" is corrected to read "1.000347".

b. Bottom 3rd of the page,

(1) In Table 44: Calculation of the CY 2010 PFS CF the last two lines are corrected to read as follows:

TABLE 44—CALCULATION OF THE CY 2010 PFS CF

CY 2010 CF Budget Neutrality Adjustment	0.0347 percent (1.000347).	
CY 2010 Conversion Factor		$28.3868

(2) In Table 45: Calculation of the CY 2010 Anesthesia Conversion Factor, the last two lines are corrected to read as follows:

TABLE 45—CALCULATION OF THE CY 2010 ANESTHESIA CONVERSION FACTOR

CY 2010 Anesthesia Adjustment	0.91 percent (1.0091).	
CY 2010 Anesthesia Conversion Factor		$16.6058

4. On pages 65453 through 65455, in Table 50: Impact of the Final Rule with Comment Period and Physician Update on 2010 Payment for Selected Procedures, table is corrected to read as follows:

TABLE 50: Impact of the Final Rule with Comment Period and Estimated Physician Update on 2010 Payment for Selected Procedures

CPT[1]/ HCPCS	MOD	Description	Facility			Non-facility		
			2009 ($)	2010[2] ($)	Percent Change	2009 ($)	2010[2] ($)	Percent Change
11721		Debride nail, 6 or more	27.77	20.72	-25%	40.39	31.23	-23%
17000		Destruct premalg lesion	48.69	40.88	-16%	69.97	57.91	-17%
27130		Total hip arthroplasty	1,359.71	1,084.09	-20%	NA	NA	NA
27244		Treat thigh fracture	1,144.39	918.31	-20%	NA	NA	NA
27447		Total knee arthroplasty	1,456.37	1,159.32	-20%	NA	NA	NA
33533		CABG, arterial, single	1,892.05	1,536.01	-19%	NA	NA	NA
35301		Rechanneling of artery	1,067.93	869.49	-19%	NA	NA	NA
43239		Upper GI endoscopy, biopsy	165.55	133.42	-19%	323.16	256.05	-21%
66821		After cataract laser surgery	251.38	216.59	-14%	266.53	228.80	-14%
66984		Cataract surg w/iol, 1 stage	638.74	549.57	-14%	NA	NA	NA
67210		Treatment of retinal lesion	561.56	479.17	-15%	580.67	494.21	-15%
71010		Chest x-ray	NA	NA	NA	24.16	18.17	-25%
71010	26	Chest x-ray	9.02	7.10	-21%	9.02	7.10	-21%
77056		Mammogram, both breasts	NA	NA	NA	107.48	82.61	-23%
77056	26	Mammogram, both breasts	44.36	34.63	-22%	44.36	34.63	-22%
77057		Mammogram, screening	NA	NA	NA	81.15	61.60	-24%
77057	26	Mammogram, screening	35.71	27.82	-22%	35.71	27.82	-22%
77427		Radiation tx management, x5	188.27	153.00	-19%	188.27	153.00	-19%
88305	26	Tissue exam by pathologist	37.15	28.67	-23%	37.15	28.67	-23%
90801		Psy dx interview	128.04	100.21	-22%	152.92	120.93	-21%
90862		Medication management	45.08	35.77	-21%	55.18	44.28	-20%
90935		Hemodialysis, one evaluation	66.36	53.08	-20%	NA	NA	NA
92012		Eye exam established pat	45.80	38.32	-16%	70.69	58.48	-17%
92014		Eye exam & treatment	70.33	58.48	-17%	103.15	85.44	-17%
92980		Insert intracoronary stent	847.93	689.80	-19%	NA	NA	NA
93000		Electrocardiogram, complete	20.92	NA	NA	20.92	15.61	-25%
93010		Electrocardiogram report	9.02	7.10	-21%	9.02	7.10	-21%
93015		Cardiovascular stress test	100.27	NA	NA	100.27	72.67	-28%
93307	26	Echo exam of heart	49.77	38.32	-23%	49.77	38.32	-23%
93510	26	Left heart catheterization	248.86	198.71	-20%	248.86	198.71	-20%

CPT[1]/ HCPCS	MOD	Description	Facility			Non-facility		
			2009 ($)	2010 [2] ($)	Percent Change	2009 ($)	2010 [2] ($)	Percent Change
98941		Chiropractic manipulation	30.30	24.13	-20%	33.90	27.25	-20%
99203		Office/outpatient visit, new	68.17	57.34	-16%	91.97	76.93	-16%
99213		Office/outpatient visit, est	44.72	38.04	-15%	61.31	51.38	-16%
99214		Office/outpatient visit, est	69.25	58.48	-16%	92.33	76.93	-17%
99222		Initial hospital care	122.63	101.62	-17%	NA	NA	NA
99223		Initial hospital care	180.33	149.60	-17%	NA	NA	NA
99231		Subsequent hospital care	37.15	29.81	-20%	NA	NA	NA
99232		Subsequent hospital care	66.72	53.93	-19%	NA	NA	NA
99233		Subsequent hospital care	95.58	77.50	-19%	NA	NA	NA
99236		Observ/hosp same date	207.38	166.06	-20%	NA	NA	NA
99239		Hospital discharge day	96.30	77.78	-19%	NA	NA	NA
99243		Office consultation	97.38	Discontinued	Discontinued	124.79	Discontinued	Discontinued
99244		Office consultation	154.00	Discontinued	Discontinued	184.30	Discontinued	Discontinued
99253		Inpatient consultation	114.69	Discontinued	Discontinued	NA	Discontinued	Discontinued
99254		Inpatient consultation	165.55	Discontinued	Discontinued	NA	Discontinued	Discontinued
99283		Emergency dept visit	61.31	48.26	-21%	NA	NA	NA
99284		Emergency dept visit	114.33	91.41	-20%	NA	NA	NA
99291		Critical care, first hour	212.07	170.04	-20%	253.91	203.25	-20%
99292		Critical care, addÏl 30 min	106.04	85.16	-20%	114.69	91.97	-20%
99348		Home visit, est patient	NA	NA	NA	79.35	63.59	-20%
99350		Home visit, est patient	NA	NA	NA	160.86	130.58	-19%
G0008		Admin influenza virus vac	NA	NA	NA	20.92	16.75	-20%

[1] CPT codes and descriptions are copyright 2010 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] Payments based upon corrected CY 2010 Conversion Factor of $28.3868.

BILLING CODE 4120–01–C

5. On page 65455, in the bottom 3rd of the page, in the 2nd column, the partial paragraph,

a. Line 7, the figure "$76.94" is corrected to read "$76.93"

b. Line 9, the figure "$15.38" is corrected to read "$15.39"

III. The CY 2010 PFS Final Rule With Comment Period

A. Summary of Errors in the CY 2010 PFS Final Rule With Comment Period

On page 61760, we are correcting typographical errors in the list of codes that have the surgical risk factor assigned for CY 2010.

On page 61808, we are removing reference to Medicare Part A.

On pages 61822 through 61826, we are correcting typographical errors in the titles of six Physician Quality Reporting Initiative (PQRI) measures listed in Table 11: 2010 Measures Selected from the 2009 PQRI Quality Measure Set Available for Either Claims-based Reporting or Registry-based Reporting.

On page 61827, we are correcting a typographical error in the title of one PQRI measure listed in Table 12: 2010 Measures Selected from the 2009 PQRI Quality Measure Set Available for Registry-based Reporting Only.

On page 61842, we are correcting a typographical error in the title of one PQRI measure and the Measure Developer for two PQRI measures listed in Table 28: Measures for Physician Groups Participating in the 2010 PQRI Group Practice Reporting Option.

On page 61883, in the first column in the second paragraph, we are correcting a typographical error in the third response.

On page 61956, we are adding a discussion of CPT code 92520, *Laryngeal function studies,* that was inadvertently omitted.

On page 61957, we are correcting Table 31: Additions to the Physician Self-Referral List of CPT[1]/HCPCS Codes to include CPT code 92520, *Laryngeal function studies.*

On pages 61983 and 61984, we are replacing Table 49: CY 2010 Total Allowed Charge Impact for Work, Practice Expense, and Malpractice Changes in its entirety to correct the impacts for CY 2010.

On pages 62017 through 62146, technical errors result in corrections to the work and/or PE and/or MP RVUs for certain existing and new and revised CY 2010 CPT codes in both Addendum B: Relative Value Units and Related Information Used in Determining Medicare Payments for 2010 and Addendum C: Codes With Interim RVUs. The PE corrections are made to ensure that the values are consistent with our interim acceptance of the American Medical Association (AMA) Relative (Value) Update Committee (RUC) recommendations for these codes as stated in the CY 2010 PFS final rule with comment period (74 FR 61955). We are also correcting the budget neutrality factor associated with the elimination of the use of the facility consultation codes to reflect the final rule policy. These include the following:

• *CY 2010 New and Revised Codes: PE Corrections*—The PE RVUs for 27 CPT codes are corrected due to technical errors. In the CY 2010 final rule with comment period, we provided interim acceptance of the RUC PE recommendations for the following CPT codes: 14301, 51728, 51728–TC, 51729, 51729–TC, 64490, 64491, 64492, 64493, 64494, 64495, 75571, 75571–TC, 75572, 75572–TC, 75573, 75573–TC, 75574, 75574–TC, 78451, 78451–TC, 78452, 78452–TC, 78453, 78453–TC, 78454, and 78454–TC. However, due to technical errors, we did not apply the correct PE values to these codes in Addendum B. The PE RVUs in Addendum B reflect these corrections.

• *Malpractice Corrections*—There were technical errors in the MP RVUs for certain codes, primarily due to the assignment of risk factors associated with technical component (TC) services and the assignment of risk factors to selected codes that were inconsistent with the policies described in the CY 2010 PFS final rule with comment period or the prior policies left unchanged by the final rule. The MP RVUs in Addendum B reflect these corrections.

• *Other Corrections*—

++ On pages 62017 through 62143 we are correcting a typographical error in the title of the last column in Addendum B.

++ On pages 62017 through 62143 we are correcting typographical errors in the global period information for CPT[1]/HCPCS codes 0016T through 23472.

++ On page 62023, the work RVUs for CPT code 19340 are corrected due to a technical error.

++ On page 62059, the work RVUs for CPT code 42145 are corrected due to a technical error.

On pages 62150, 62151, 62153, 62156, 62159, 62161, and 62170 of Addendum G: CY 2010 ESRD Wage Index for Urban Areas Based on CBSA Labor Market Areas, the wage index values for eight CBSAs are corrected. In order to be consistent with the accurate CY 2010 wage index values provided in the ESRD PRICER, we have corrected the CY 2010 wage index table values in this correction notice.

On page 62178 of Addendum I: List of CPT[1]/HCPCS used to Define Certain Designated Health Categories[2] under Section 1877 of the Social Security Act, we are adding CPT 92520, *Laryngeal function studies.*

B. Correction of Errors in the CY 2010 PFS Final Rule With Comment Period

In FR Doc. E9–26502 of November 25, 2009 (74 FR 61738), make the following corrections:

1. On page 61746, in the 3rd column, the last paragraph, line 4, the date "January 1, 2010" is corrected to read "January 1, 2009."

2. On page 61760, in the 3rd column, the 1st full paragraph, lines 5 through 12, the phrase beginning "ranges: Surgery" and ending "(all other CPT codes)" is corrected to read "ranges: Surgery (CPT code range 10000 through 69999; 92973 through 92975; 92980 through 92998; 93501 through 93533; 93580 through 93581; 93600 through 93613; 93618 through 93641; 93650 through 93652); and nonsurgery (all other CPT codes)."

3. On page 61808, in the 3rd column, in the 2nd paragraph, in the 3rd bullet, lines 1 and 2, the phrase "Medicare Part A and Part B" is corrected to read "Medicare Part B."

4. On pages 61822 through 61826, in Table 11: 2010 Measures Selected From the 2009 PQRI Quality Measure Set Available for Either Claims-based Reporting or Registry-based Reporting, the measure title for the listed entries are corrected to read as follows:

Measure No.	Measure title	Measure developer
91	Acute Otitis Externa (AOE): Topical Therapy	AMA–PCPI
92	Acute Otitis Externa (AOE): Pain Assessment	AMA–PCPI
93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy—Avoidance of Inappropriate Use	AMA–PCPI
100	Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade.	AMA–PCPI/CAP

Measure No.	Measure title	Measure developer
109	Osteoarthritis (OA): Function and Pain Assessment	AMA–PCPI
141	Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care.	AMA–PCPI/NCQA

5. On page 61827, Table 12: 2010 Measures Selected From the 2009 PQRI Quality Measure Set Available for Registry-based Reporting Only, the measure title for the listed entry (measure number 118) is corrected to read as follows:

Measure No.	Measure title	Measure developer
118	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD).	AMA–PCPI

6. On page 61842, Table 28: Measures for Physician Groups Participating in the 2010 PQRI Group Practice Reporting Option, the listed entries are corrected to read as follows:

Measure No.	Measure title	Measure developer
2	Diabetes Mellitus: Low Density Lipoprotein (LDL–C) Control in Diabetes Mellitus	NCQA
113	Preventive Care and Screening: Colorectal Cancer Screening	NCQA
TBD	Hypertension (HTN): Blood Pressure Control	NCQA

7. On page 61883, in the 1st column, in the 7th paragraph, lines 1 through 7, the sentence that begins with the phrase "'(B) provides at least the following" and ends "(Emphasis Added)" is corrected to read " "(B) provides at least the following comprehensive outpatient rehabilitative (i) physicians' services (rendered by physicians, as defined in section 1861 (r)(1) of the Act who are available at the facility on a full or *part-time* basis;" (Emphasis added)."

8. On page 61956:

a. In the 2nd column, last partial paragraph, line 5, that begins with the phrase "We are also adding" is corrected to read "We also are adding HCPCS codes G0416 through G0419 and CPT code 92520. HCPCS codes G0416 through G0419 represent pathology codes for prostate needle saturation biopsy sampling that we are adding to the "Clinical Laboratory Services" category of the Code List."

b. In the 3rd column, the 1st partial paragraph, at the end of the last sentence, the paragraph is corrected by adding the following sentences: "Additionally, we are adding CPT code 92520 that represents laryngeal function studies to the "Physical Therapy, Occupational Therapy and Outpatient Speech-Language Pathology" category of the Code List. The addition of this code reflects Medicare's recognition of this service on the Therapy List issued for 2010 (see CMS Internet-Only Manual, Pub 100–04, Chapter 5, section 20 or *http://www.cms.hhs.gov/TherapyServices/05_Annual_Therapy_Update.asp)*."

9. On page 61957, Table 31: Additions to the Physician Self-Referral List of CPT[1]/HCPCS Codes, under the heading of "Physical Therapy, Occupational Therapy, and Outpatient Speech-Language Pathology Services", the entry "[no additions]" is corrected to read "92520 Laryngeal function studies."

10. On pages 61983 through 61984, in Table 49: CY 2010 Total Allowed Charge Impact for Work, Practice Expense, and Malpractice Changes, the table is corrected to read as follows:

BILLING CODE 4120–01–P

TABLE 49: CY 2010 Total Allowed Charge Impact for Work, Practice Expense, and Malpractice Changes*

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Specialty	Allowed Charges (mil$)	Impact of Work RVU Changes	Impact of PE RVU Changes**		Impact of MP RVU Changes	Combined Impact	
				Full	Tran		Full	Tran
1	TOTAL	77,762	0%	1%	0%	0%	1%	0%
2	ALLERGY/IMMUNOLOGY	173	0%	-1%	0%	0%	-2%	-1%
3	ANESTHESIOLOGY	1,744	0%	4%	1%	0%	3%	0%
4	CARDIAC SURGERY	373	-1%	0%	0%	3%	2%	2%
5	CARDIOLOGY	7,154	-1%	-9%	-4%	-1%	-10%	-5%
6	COLON AND RECTAL SURGERY	130	-1%	4%	1%	1%	4%	1%
7	CRITICAL CARE	223	0%	3%	1%	1%	3%	1%
8	DERMATOLOGY	2,520	1%	1%	1%	1%	3%	3%
9	EMERGENCY MEDICINE	2,416	0%	2%	1%	0%	3%	1%
10	ENDOCRINOLOGY	374	-1%	3%	0%	0%	2%	-1%
11	FAMILY PRACTICE	5,093	2%	5%	2%	1%	7%	4%
12	GASTROENTEROLOGY	1,792	-1%	1%	-1%	1%	0%	-1%
13	GENERAL PRACTICE	727	1%	4%	2%	0%	6%	3%
14	GENERAL SURGERY	2,226	-1%	4%	1%	1%	4%	1%
15	GERIATRICS	170	1%	6%	2%	1%	8%	3%
16	HAND SURGERY	89	-1%	4%	1%	-1%	3%	0%
17	HEMATOLOGY/ONCOLOGY	1,896	0%	-5%	-1%	0%	-6%	-2%
18	INFECTIOUS DISEASE	554	-1%	3%	0%	1%	3%	0%
19	INTERNAL MEDICINE	10,131	1%	4%	1%	1%	5%	3%
20	INTERVENTIONAL PAIN MANAGE.	356	-2%	3%	-1%	0%	1%	-3%
21	INTERVENTIONAL RADIOLOGY	225	-1%	-8%	-1%	0%	-9%	-2%
22	NEPHROLOGY	1,803	0%	2%	0%	1%	2%	1%
23	NEUROLOGY	1,413	-3%	5%	1%	0%	2%	-2%
24	NEUROSURGERY	591	-1%	3%	0%	0%	2%	-1%
25	NUCLEAR MEDICINE	74	-5%	-12%	-7%	-2%	-20%	-15%
26	OBSTETRICS/GYNECOLOGY	624	0%	0%	-1%	0%	0%	-1%
27	OPHTHALMOLOGY	4,758	0%	11%	3%	2%	13%	5%
28	ORTHOPEDIC SURGERY	3,260	0%	4%	1%	-1%	3%	1%
29	OTOLARNGOLOGY	933	-1%	1%	-1%	0%	0%	-2%
30	PATHOLOGY	994	0%	-1%	0%	-1%	-3%	-1%
31	PEDIATRICS	65	1%	3%	1%	0%	4%	2%
32	PHYSICAL MEDICINE	823	-1%	6%	2%	0%	5%	1%
33	PLASTIC SURGERY	284	0%	5%	1%	1%	5%	2%
34	PSYCHIATRY	1,095	0%	2%	1%	1%	3%	1%
35	PULMONARY DISEASE	1,765	-1%	3%	0%	0%	2%	0%
36	RADIATION ONCOLOGY	1,809	0%	-3%	0%	-2%	-5%	-1%
37	RADIOLOGY	5,043	0%	-10%	0%	-1%	-12%	-2%
38	RHEUMATOLOGY	493	0%	-1%	0%	0%	-1%	-1%
39	THORACIC SURGERY	389	-1%	0%	0%	2%	2%	2%
40	UROLOGY	1,993	-1%	-8%	-3%	0%	-9%	-4%
41	VASCULAR SURGERY	654	-1%	0%	0%	0%	0%	0%
42	AUDIOLOGIST	36	-1%	-16%	-9%	-7%	-23%	-17%
43	CHIROPRACTOR	713	0%	4%	1%	1%	5%	2%
44	CLINICAL PSYCHOLOGIST	544	0%	-8%	-2%	0%	-8%	-2%
45	CLINICAL SOCIAL WORKER	362	0%	-7%	-1%	0%	-7%	-1%
46	NURSE ANESTHETIST	681	0%	4%	1%	0%	4%	1%
47	NURSE PRACTITIONER	1,018	1%	5%	1%	0%	6%	2%
48	OPTOMETRY	848	1%	10%	3%	1%	12%	5%

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Specialty	Allowed Charges (mil$)	Impact of Work RVU Changes	Impact of PE RVU Changes**		Impact of MP RVU Changes	Combined Impact	
				Full	Tran		Full	Tran
49	ORAL/MAXILLOFACIAL SURGERY	36	-1%	5%	1%	0%	4%	0%
50	PHYSICAL/OCCUPATIONAL THERAPY	1,883	0%	9%	3%	-1%	8%	2%
51	PHYSICIAN ASSISTANT	757	0%	4%	1%	0%	5%	2%
52	PODIATRY	1,682	1%	6%	2%	-1%	6%	2%
53	DIAGNOSTIC TESTING FACILITY	916	-1%	-21%	0%	-3%	-25%	-4%
54	INDEPENDENT LABORATORY	970	0%	-6%	0%	-1%	-7%	-2%
55	PORTABLE X-RAY SUPPLIER	87	0%	8%	3%	-1%	7%	2%

* Does not include the impact of the current statute CY 2010 negative update except as applied in the OPPS imaging cap comparison (see next footnote). Rows may not sum to total due to rounding.

** Note: The statute caps the PFS imaging payment amount at the comparable payment amount in the hospital outpatient prospective payment system (OPPS) cap. In the absence of the negative update under current statute for CY 2010 PFS, the proposed fully implemented PE change to the equipment utilization rate for expensive diagnostic equipment from 50 percent to 90 percent would increase expenditures by less than 1 percent due to a loss of savings from the OPPS cap.

11. On pages 62017 through 62143 and as corrected in the December 10, 2009 correction notice (74 FR 65455 through 65457), in Addendum B: Relative Value Units and Related Information Used in Determining Medicare Payments for 2010, the addendum is corrected to read as follows:

ADDENDUM B: Relative Value Units and Related Information Used in Determining Medicare Payments for CY 2010

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
0016T		C	Thermotx choroid vasc lesion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0017T		C	Photocoagulat macular drusen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0019T		C	Extracorp shock wv tx,ms nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0030T		C	Antiprothrombin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0042T		C	Ct perfusion w/contrast, cbf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0048T		C	Implant ventricular device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0050T		C	Removal circulation assist	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0051T		C	Implant total heart system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0052T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0053T		C	Replace component heart syst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0054T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0055T		C	Bone surgery using computer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0071T		C	U/s leiomyomata ablate <200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0072T		C	U/s leiomyomata ablate >200	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0073T		A	Delivery, comp imrt	0.00	11.93	13.84	NA	NA	0.01	XXX
0075T		C	Perq stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0075T	TC	C	Perq stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0075T	26	C	Perq stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0076T		C	S&i stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0076T	TC	C	S&i stent/chest vert art	0.00	0.00	0.00	NA	NA	0.00	XXX
0076T	26	C	S&i stent/chest vert art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0078T		C	Endovasc aort repr w/device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0079T		C	Endovasc visc extnsn repr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0080T		C	Endovasc aort repr rad s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0081T		C	Endovasc visc extnsn s&i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0085T		N	Breath test heart reject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0092T		C	Artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0095T		C	Artific diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0098T		C	Rev artific disc addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0099T		C	Implant corneal ring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0100T		C	Prosth retina receive&gen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0101T		C	Extracorp shockwv tx,hi enrg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0102T		C	Extracorp shockwv tx,anesth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0103T		C	Holotranscobalamin	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
0104T		C	At rest cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0105T		C	Exerc cardio gas rebreathe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0106T		C	Touch quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0107T		C	Vibrate quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0108T		C	Cool quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0109T		C	Heat quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0110T		C	Nos quant sensory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0111T		C	Rbc membranes fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0123T		C	Scleral fistulization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0124T		C	Conjunctival drug placement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0126T		C	Chd risk imt study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0130T		C	Chron care drug investigatn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0140T		C	Exhaled breath condensate ph	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0141T		I	Perq islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0142T		I	Open islet transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0143T		I	Laparoscopic islet transplnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0155T		C	Lap impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0156T		C	Lap remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0157T		C	Open impl gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0158T		C	Open remv gast curve electrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0159T		C	Cad breast mri	0.00	0.00	0.00	NA	NA	0.00	ZZZ
0159T	TC	C	Cad breast mri	0.00	0.00	0.00	NA	NA	0.00	ZZZ
0159T	26	C	Cad breast mri	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0160T		C	Tcranial magn stim tx plan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0161T		C	Tcranial magn stim tx deliv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0163T		C	Lumb artif diskectomy addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0164T		C	Remove lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0165T		C	Revise lumb artif disc addl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
0166T		C	Tcath vsd close w/o bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0167T		C	Tcath vsd close w bypass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0168T		C	Rhinophototx light app bilat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0169T		C	Place stereo cath brain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0171T		C	Lumbar spine proces distract	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0172T		C	Lumbar spine process addl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0173T		C	Iop monit io pressure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0174T		C	Cad cxr with interp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
0175T		C	Cad cxr remote	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0176T		C	Aqu canal dilat w/o retent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0177T		C	Aqu canal dilat w retent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0178T		C	64 lead ecg w i&r	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0179T		C	64 lead ecg w tracing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0180T		C	64 lead ecg w i&r only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0181T		C	Corneal hysteresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0182T		C	Hdr elect brachytherapy	0.00	0.00	0.00	NA	NA	0.00	XXX
0182T	TC	C	Hdr elect brachytherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0182T	26	C	Hdr elect brachytherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0183T		C	Wound ultrasound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0184T		C	Exc rectal tumor endoscopic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0185T		C	Comptr probability analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0186T		C	Suprachoroidal drug delivery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0187T		C	Ophthalmic dx image anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0188T		N	Videoconf crit care 74 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0189T		N	Videoconf crit care addl 30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0190T		C	Place intraoc radiation src	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0191T		C	Insert ant segment drain int	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0192T		C	Insert ant segment drain ext	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0193T		C	Rf bladder neck microremodel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0195T		C	Arthrod presac interbody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0196T		C	Arthrod presac interbody eac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0197T		C	Intrafraction track motion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0198T		C	Ocular blood flow measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0199T		C	Physiologic tremor record	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0200T		C	Perq sacral augmt unilat inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0201T		C	Perq sacral augmt bilat inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0202T		C	Post vert arthrplst 1 lumbar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0203T		C	Unattend sleep study w/time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0203T	TC	C	Unattend sleep study w/time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0203T	26	C	Unattend sleep study w/time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0204T		C	Unattended sleep study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0204T	TC	C	Unattended sleep study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0204T	26	C	Unattended sleep study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0205T		C	Inirs each vessel add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
0206T		C	Remote algorithm analys ecg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0207T		C	Clear eyelid gland w/heat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0208T		C	Automated audiometry air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0209T		C	Auto audiometry air/bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0210T		C	Auto audiometry sp thresh	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0211T		C	Auto audiometry sp thresh	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0212T		C	Comprehen auto audiometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0213T		C	Us facet jt inj cerv/t 1 lev	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0214T		C	Us facet jt inj cerv/t 2 lev	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0215T		C	Us facet jt inj cerv/t 3 lev	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0216T		C	Us facet jt inj ls 1 level	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0217T		C	Us facet jt inj ls 2 level	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0218T		C	Us facet jt inj ls 3 level	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0219T		C	Fuse spine facet jt cerv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0220T		C	Fuse spine facet jt thor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0221T		C	Fuse spine facet jt lumbar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0222T		C	Fuse spine facet jt add seg	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
0528F		I	Rcmnd flw-up 10 yrs docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0535F		I	Dyspnea mngmnt plan docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0545F		I	Follow up care plan mdd docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
0575F		M	HIV rna plan care docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
10021		A	Fna w/o image	1.27	2.30	2.22	0.52	0.46	0.16	XXX
10022		A	Fna w/image	1.27	2.04	2.24	0.42	0.43	0.10	XXX
10040		A	Acne surgery	1.21	1.36	1.30	1.06	0.99	0.13	010
10060		A	Drainage of skin abscess	1.22	1.67	1.50	1.21	1.10	0.09	010
10061		A	Drainage of skin abscess	2.45	2.30	2.10	1.69	1.57	0.22	010
10080		A	Drainage of pilonidal cyst	1.22	3.02	2.85	1.32	1.17	0.15	010
10081		A	Drainage of pilonidal cyst	2.50	4.11	3.81	1.83	1.59	0.33	010
10120		A	Remove foreign body	1.25	2.24	2.08	1.12	1.01	0.12	010
10121		A	Remove foreign body	2.74	3.97	3.64	1.93	1.77	0.30	010
10140		A	Drainage of hematoma/fluid	1.58	2.45	2.22	1.41	1.33	0.15	010
10160		A	Puncture drainage of lesion	1.25	2.00	1.85	1.18	1.11	0.12	010
10180		A	Complex drainage, wound	2.30	3.67	3.35	2.10	1.95	0.35	010
11000		A	Debride infected skin	0.60	0.77	0.71	0.17	0.18	0.04	000
11001		A	Debride infected skin add-on	0.30	0.25	0.24	0.09	0.09	0.02	ZZZ
11004		A	Debride genitalia & perineum	10.80	NA	NA	3.91	3.70	1.39	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
11005		A	Debride abdom wall	14.24	NA	NA	5.34	4.73	2.18	000
11006		A	Debride genit/per/abdom wall	13.10	NA	NA	4.82	4.53	1.72	000
11008		A	Remove mesh from abd wall	5.00	NA	NA	1.88	1.66	0.77	ZZZ
11010		A	Debride skin, fx	4.19	7.86	7.21	2.89	2.63	0.56	010
11011		A	Debride skin/muscle, fx	4.94	8.06	7.64	2.61	2.34	0.72	000
11012		A	Debride skin/muscle/bone, fx	6.87	10.46	10.12	3.88	3.60	0.96	000
11040		A	Debride skin, partial	0.50	0.71	0.65	0.16	0.17	0.03	000
11041		A	Debride skin, full	0.60	0.77	0.72	0.20	0.22	0.04	000
11042		A	Debride skin/tissue	0.80	1.07	0.99	0.29	0.30	0.07	000
11043		A	Debride tissue/muscle	3.14	4.05	3.65	3.06	2.75	0.37	010
11044		A	Debride tissue/muscle/bone	4.26	5.66	5.05	4.26	3.86	0.54	010
11055		R	Trim skin lesion	0.43	0.84	0.77	0.11	0.13	0.02	000
11056		R	Trim skin lesions, 2 to 4	0.61	0.91	0.84	0.15	0.17	0.03	000
11057		R	Trim skin lesions, over 4	0.79	1.02	0.94	0.19	0.22	0.04	000
11100		A	Biopsy, skin lesion	0.81	1.74	1.74	0.48	0.43	0.08	000
11101		A	Biopsy, skin add-on	0.41	0.42	0.41	0.24	0.22	0.04	ZZZ
11200		A	Removal of skin tags	0.82	1.34	1.24	1.01	0.92	0.08	010
11201		A	Remove skin tags add-on	0.29	0.20	0.17	0.15	0.13	0.03	ZZZ
11300		A	Shave skin lesion	0.51	1.20	1.17	0.27	0.24	0.05	000
11301		A	Shave skin lesion	0.85	1.47	1.44	0.48	0.43	0.08	000
11302		A	Shave skin lesion	1.05	1.71	1.68	0.60	0.53	0.10	000
11303		A	Shave skin lesion	1.24	2.01	1.96	0.70	0.61	0.13	000
11305		A	Shave skin lesion	0.67	1.11	1.04	0.22	0.23	0.04	000
11306		A	Shave skin lesion	0.99	1.43	1.37	0.43	0.41	0.08	000
11307		A	Shave skin lesion	1.14	1.70	1.65	0.57	0.53	0.10	000
11308		A	Shave skin lesion	1.41	1.76	1.69	0.56	0.55	0.10	000
11310		A	Shave skin lesion	0.73	1.38	1.35	0.40	0.35	0.07	000
11311		A	Shave skin lesion	1.05	1.61	1.58	0.60	0.54	0.10	000
11312		A	Shave skin lesion	1.20	1.87	1.84	0.70	0.63	0.13	000
11313		A	Shave skin lesion	1.62	2.20	2.16	0.92	0.81	0.18	000
11400		A	Exc tr-ext b9+marg 0.5 < cm	0.90	2.08	1.98	1.09	0.99	0.09	010
11401		A	Exc tr-ext b9+marg 0.6-1 cm	1.28	2.35	2.23	1.32	1.20	0.15	010
11402		A	Exc tr-ext b9+marg 1.1-2 cm	1.45	2.58	2.45	1.40	1.27	0.18	010
11403		A	Exc tr-ext b9+marg 2.1-3 cm	1.84	2.83	2.64	1.82	1.62	0.23	010
11404		A	Exc tr-ext b9+marg 3.1-4 cm	2.11	3.20	2.97	1.94	1.72	0.27	010
11406		A	Exc tr-ext b9+marg > 4.0 cm	3.52	4.11	3.66	2.59	2.20	0.49	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
11420		A	Exc h-f-nk-sp b9+marg 0.5 <	1.03	1.99	1.87	1.05	0.97	0.09	010
11421		A	Exc h-f-nk-sp b9+marg 0.6-1	1.47	2.39	2.26	1.32	1.22	0.16	010
11422		A	Exc h-f-nk-sp b9+marg 1.1-2	1.68	2.62	2.47	1.72	1.57	0.19	010
11423		A	Exc h-f-nk-sp b9+marg 2.1-3	2.06	2.92	2.75	1.90	1.72	0.24	010
11424		A	Exc h-f-nk-sp b9+marg 3.1-4	2.48	3.27	3.05	2.05	1.85	0.30	010
11426		A	Exc h-f-nk-sp b9+marg > 4 cm	4.09	4.12	3.78	2.79	2.47	0.52	010
11440		A	Exc face-mm b9+marg 0.5 < cm	1.05	2.22	2.12	1.51	1.39	0.12	010
11441		A	Exc face-mm b9+marg 0.6-1 cm	1.53	2.59	2.46	1.77	1.63	0.18	010
11442		A	Exc face-mm b9+marg 1.1-2 cm	1.77	2.85	2.71	1.89	1.73	0.21	010
11443		A	Exc face-mm b9+marg 2.1-3 cm	2.34	3.19	3.01	2.15	1.96	0.28	010
11444		A	Exc face-mm b9+marg 3.1-4 cm	3.19	3.81	3.54	2.59	2.31	0.38	010
11446		A	Exc face-mm b9+marg > 4 cm	4.80	4.89	4.38	3.43	2.99	0.59	010
11450		A	Removal, sweat gland lesion	3.22	5.94	5.38	2.97	2.54	0.48	090
11451		A	Removal, sweat gland lesion	4.43	7.20	6.66	3.53	3.05	0.66	090
11462		A	Removal, sweat gland lesion	3.00	6.06	5.51	2.99	2.56	0.44	090
11463		A	Removal, sweat gland lesion	4.43	7.45	6.96	3.63	3.19	0.65	090
11470		A	Removal, sweat gland lesion	3.74	6.30	5.67	3.25	2.78	0.52	090
11471		A	Removal, sweat gland lesion	4.89	7.47	6.81	3.78	3.22	0.67	090
1150F		I	Doc pt rsk death w/in 1yr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1151F		I	Doc no pt rsk death w/in 1yr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1152F		I	Doc advncd dis comfort 1st	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1153F		I	Doc advncd dis cmfrt not 1st	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1157F		I	Advnc care plan in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1158F		I	Advnc care plan tlk docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
1159F		I	Med list docd in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11600		A	Exc tr-ext mlg+marg 0.5 < cm	1.63	3.04	2.82	1.39	1.20	0.19	010
11601		A	Exc tr-ext mlg+marg 0.6-1 cm	2.07	3.55	3.38	1.74	1.56	0.23	010
11602		A	Exc tr-ext mlg+marg 1.1-2 cm	2.27	3.84	3.71	1.92	1.73	0.25	010
11603		A	Exc tr-ext mlg+marg 2.1-3 cm	2.82	4.17	3.96	2.18	1.92	0.31	010
11604		A	Exc tr-ext mlg+marg 3.1-4 cm	3.17	4.57	4.30	2.30	2.01	0.38	010
11606		A	Exc tr-ext mlg+marg > 4 cm	5.02	6.08	5.48	3.10	2.59	0.65	010
1160F		I	Rvw meds by rx/dr in rcrd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11620		A	Exc h-f-nk-sp mlg+marg 0.5 <	1.64	3.10	2.90	1.43	1.24	0.19	010
11621		A	Exc h-f-nk-sp mlg+marg 0.6-1	2.08	3.58	3.42	1.76	1.59	0.23	010
11622		A	Exc h-f-nk-sp mlg+marg 1.1-2	2.41	3.92	3.79	1.99	1.81	0.27	010
11623		A	Exc h-f-nk-sp mlg+marg 2.1-3	3.11	4.34	4.11	2.33	2.06	0.36	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
11624		A	Exc h-f-nk-sp mlg+marg 3.1-4	3.62	4.78	4.47	2.53	2.22	0.44	010
11626		A	Exc h-f-nk-sp mlg+mar > 4 cm	4.61	5.53	5.14	2.92	2.58	0.59	010
11640		A	Exc face-mm malig+marg 0.5 <	1.67	3.22	3.06	1.51	1.34	0.19	010
11641		A	Exc face-mm malig+marg 0.6-1	2.17	3.70	3.58	1.84	1.71	0.24	010
11642		A	Exc face-mm malig+marg 1.1-2	2.62	4.11	3.99	2.12	1.95	0.29	010
11643		A	Exc face-mm malig+marg 2.1-3	3.42	4.55	4.33	2.52	2.26	0.40	010
11644		A	Exc face-mm malig+marg 3.1-4	4.34	5.49	5.18	3.00	2.69	0.52	010
11646		A	Exc face-mm mlg+marg > 4 cm	6.26	6.66	6.19	3.96	3.53	0.77	010
11719		R	Trim nail(s)	0.17	0.39	0.36	0.04	0.05	0.01	000
11720		A	Debride nail, 1-5	0.32	0.48	0.44	0.08	0.09	0.02	000
11721		A	Debride nail, 6 or more	0.54	0.56	0.53	0.13	0.16	0.03	000
11730		A	Removal of nail plate	1.10	1.39	1.29	0.27	0.31	0.06	000
11732		A	Remove nail plate, add-on	0.57	0.56	0.53	0.14	0.17	0.03	ZZZ
11740		A	Drain blood from under nail	0.37	0.84	0.75	0.45	0.42	0.02	000
11750		A	Removal of nail bed	2.50	3.13	2.85	1.98	1.89	0.16	010
11752		A	Remove nail bed/finger tip	3.63	4.44	3.98	3.05	2.92	0.29	010
11755		A	Biopsy, nail unit	1.31	2.10	1.96	0.79	0.78	0.08	000
11760		A	Repair of nail bed	1.63	3.98	3.43	1.71	1.59	0.19	010
11762		A	Reconstruction of nail bed	2.94	4.13	3.67	1.88	1.89	0.23	010
11765		A	Excision of nail fold, toe	0.74	2.83	2.53	1.06	0.97	0.04	010
11770		A	Removal of pilonidal lesion	2.66	4.03	3.65	1.90	1.65	0.38	010
11771		A	Removal of pilonidal lesion	6.09	7.91	6.91	4.66	3.98	0.91	090
11772		A	Removal of pilonidal lesion	7.35	9.49	8.38	6.79	5.87	1.08	090
1180F		I	Thromboemb risk assessed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
11900		A	Injection into skin lesions	0.52	0.87	0.87	0.31	0.27	0.05	000
11901		A	Added skin lesions injection	0.80	0.99	0.96	0.48	0.43	0.08	000
11920		R	Correct skin color defects	1.61	2.62	2.71	1.32	1.19	0.23	000
11921		R	Correct skin color defects	1.93	2.99	3.01	1.52	1.36	0.27	000
11922		R	Correct skin color defects	0.49	1.02	0.99	0.28	0.25	0.06	ZZZ
11950		R	Therapy for contour defects	0.84	1.05	1.01	0.55	0.44	0.07	000
11951		R	Therapy for contour defects	1.19	1.45	1.30	0.74	0.58	0.18	000
11952		R	Therapy for contour defects	1.69	1.43	1.66	0.67	0.76	0.18	000
11954		R	Therapy for contour defects	1.85	2.18	2.06	1.13	0.96	0.26	000
11960		A	Insert tissue expander(s)	11.49	NA	NA	11.65	11.07	1.35	090
11970		A	Replace tissue expander	8.01	NA	NA	7.42	6.62	1.15	090
11971		A	Remove tissue expander(s)	3.41	8.13	7.92	4.63	4.16	0.47	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
11975		N	Insert contraceptive cap	1.48	1.80	1.76	0.54	0.53	0.07	XXX
11976		R	Removal of contraceptive cap	1.78	1.80	1.82	0.69	0.59	0.22	000
11977		N	Removal/reinsert contra cap	3.30	2.49	2.47	1.21	1.18	0.18	XXX
11980		A	Implant hormone pellet(s)	1.48	1.16	1.10	0.62	0.54	0.17	000
11981		A	Insert drug implant device	1.48	1.78	1.86	0.58	0.63	0.18	XXX
11982		A	Remove drug implant device	1.78	1.80	2.00	0.68	0.77	0.18	XXX
11983		A	Remove/insert drug implant	3.30	2.13	2.53	1.13	1.38	0.26	XXX
12001		A	Repair superficial wound(s)	1.75	2.15	1.89	0.96	0.81	0.21	010
12002		A	Repair superficial wound(s)	1.91	2.21	1.95	1.08	0.92	0.23	010
12004		A	Repair superficial wound(s)	2.29	2.53	2.25	1.19	1.02	0.28	010
12005		A	Repair superficial wound(s)	2.91	3.06	2.72	1.36	1.18	0.36	010
12006		A	Repair superficial wound(s)	3.71	3.65	3.25	1.65	1.44	0.47	010
12007		A	Repair superficial wound(s)	4.16	3.98	3.65	1.84	1.67	0.53	010
1200F		I	Seizure type(s)+ frq docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
12011		A	Repair superficial wound(s)	1.81	2.30	2.05	0.96	0.82	0.23	010
12013		A	Repair superficial wound(s)	2.04	2.48	2.21	1.11	0.96	0.25	010
12014		A	Repair superficial wound(s)	2.51	2.76	2.47	1.22	1.07	0.31	010
12015		A	Repair superficial wound(s)	3.24	3.32	3.00	1.40	1.23	0.40	010
12016		A	Repair superficial wound(s)	3.97	3.82	3.45	1.61	1.45	0.50	010
12017		A	Repair superficial wound(s)	4.75	NA	NA	1.50	1.58	0.61	010
12018		A	Repair superficial wound(s)	5.57	NA	NA	1.64	2.11	0.73	010
12020		A	Closure of split wound	2.67	4.13	3.85	2.06	1.89	0.31	010
12021		A	Closure of split wound	1.89	2.11	1.94	1.55	1.42	0.23	010
12031		A	Intmd wnd repair s/tr/ext	2.20	3.96	3.66	1.99	1.73	0.26	010
12032		A	Intmd wnd repair s/tr/ext	2.52	5.02	4.97	2.44	2.29	0.28	010
12034		A	Intmd wnd repair s/tr/ext	2.97	4.72	4.41	2.25	2.01	0.37	010
12035		A	Intmd wnd repair s/tr/ext	3.47	5.82	5.46	2.50	2.28	0.47	010
12036		A	Intmd wnd repair s/tr/ext	4.09	6.07	5.63	2.70	2.46	0.57	010
12037		A	Intmd wnd repair s/tr/ext	4.71	6.63	6.20	3.14	2.89	0.66	010
12041		A	Intmd wnd repair n-hf/genit	2.42	4.03	3.71	2.03	1.77	0.27	010
12042		A	Intmd wnd repair n-hg/genit	2.79	4.44	4.31	2.34	2.12	0.30	010
12044		A	Intmd wnd repair n-hg/genit	3.19	5.63	5.08	2.24	2.01	0.38	010
12045		A	Intmd wnd repair n-hg/genit	3.68	5.64	5.30	2.50	2.28	0.46	010
12046		A	Intmd wnd repair n-hg/genit	4.29	8.01	6.64	3.51	2.83	0.62	010
12047		A	Intmd wnd repair n-hg/genit	4.69	8.22	6.96	3.99	3.14	0.67	010
12051		A	Intmd wnd repair face/mm	2.52	4.17	4.01	2.15	1.95	0.29	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
12052		A	Intmd wnd repair face/mm	2.87	4.78	4.60	2.75	2.46	0.31	010
12053		A	Intmd wnd repair face/mm	3.17	5.37	5.02	2.37	2.14	0.37	010
12054		A	Intmd wnd repair, face/mm	3.50	5.61	5.15	2.32	2.09	0.43	010
12055		A	Intmd wnd repair face/mm	4.47	6.45	5.88	2.58	2.28	0.54	010
12056		A	Intmd wnd repair face/mm	5.28	7.76	6.95	2.04	2.61	0.49	010
12057		A	Intmd wnd repair face/mm	6.00	7.91	7.54	3.41	3.35	0.56	010
1205F		I	EPI etiol synd rvwd and docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
13100		A	Repair of wound or lesion	3.17	4.56	4.51	2.77	2.62	0.37	010
13101		A	Repair of wound or lesion	3.96	5.87	5.78	3.30	3.10	0.45	010
13102		A	Repair wound/lesion add-on	1.24	1.45	1.37	0.68	0.60	0.17	ZZZ
13120		A	Repair of wound or lesion	3.35	4.68	4.63	2.88	2.71	0.38	010
13121		A	Repair of wound or lesion	4.42	6.58	6.44	3.94	3.67	0.49	010
13122		A	Repair wound/lesion add-on	1.44	1.51	1.46	0.76	0.66	0.19	ZZZ
13131		A	Repair of wound or lesion	3.83	5.07	4.99	3.19	3.02	0.43	010
13132		A	Repair of wound or lesion	6.58	7.95	7.69	5.46	5.11	0.72	010
13133		A	Repair wound/lesion add-on	2.19	2.04	1.93	1.24	1.11	0.25	ZZZ
13150		A	Repair of wound or lesion	3.85	5.03	4.90	3.16	2.92	0.45	010
13151		A	Repair of wound or lesion	4.49	5.62	5.51	3.62	3.42	0.49	010
13152		A	Repair of wound or lesion	6.37	7.66	7.44	4.53	4.26	0.70	010
13153		A	Repair wound/lesion add-on	2.38	2.28	2.13	1.32	1.17	0.28	ZZZ
13160		A	Late closure of wound	12.04	NA	NA	8.31	7.58	1.64	090
14000		A	Skin tissue rearrangement	6.37	9.11	8.73	6.40	5.99	0.83	090
14001		A	Skin tissue rearrangement	8.78	11.19	10.74	7.93	7.51	1.13	090
14020		A	Skin tissue rearrangement	7.22	10.17	9.78	7.28	6.92	0.89	090
14021		A	Skin tissue rearrangement	9.72	12.15	11.72	8.76	8.43	1.14	090
14040		A	Skin tissue rearrangement	8.60	10.67	10.26	7.78	7.44	0.97	090
14041		A	Skin tissue rearrangement	10.83	13.01	12.62	9.33	8.97	1.19	090
14060		A	Skin tissue rearrangement	9.23	10.42	9.92	8.15	7.70	1.04	090
14061		A	Skin tissue rearrangement	11.48	14.10	13.68	10.05	9.67	1.26	090
14301		A	Skin tissue rearrangement	12.65	14.34	14.34	9.98	9.98	1.57	090
14302		A	Skin tissue rearrange add-on	3.73	2.09	2.09	2.09	2.09	0.46	ZZZ
14350		A	Skin tissue rearrangement	11.05	NA	NA	7.73	7.24	1.14	090
15002		A	Wound prep, trk/arm/leg	3.65	4.87	4.42	2.14	1.86	0.48	000
15003		A	Wound prep, addl 100 cm	0.80	1.05	0.95	0.36	0.31	0.12	ZZZ
15004		A	Wound prep, f/n/hf/g	4.58	5.45	5.11	2.49	2.26	0.49	000
15005		A	Wnd prep, f/n/hf/g, addl cm	1.60	1.49	1.31	0.73	0.60	0.23	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
15040		A	Harvest cultured skin graft	2.00	4.33	4.18	1.30	1.13	0.27	000
15050		A	Skin pinch graft	5.57	8.59	7.81	5.81	5.32	0.66	090
15100		A	Skin splt grft, trnk/arm/leg	9.90	11.38	10.89	8.14	7.45	1.43	090
15101		A	Skin splt grft t/a/l, add-on	1.72	2.80	2.82	1.07	0.99	0.25	ZZZ
15110		A	Epidrm autogrft trnk/arm/leg	10.97	10.31	9.51	7.76	6.85	1.58	090
15111		A	Epidrm autogrft t/a/l add-on	1.85	1.05	1.04	0.78	0.73	0.28	ZZZ
15115		A	Epidrm a-grft face/nck/hf/g	11.28	10.46	9.59	7.97	7.24	1.36	090
15116		A	Epidrm a-grft f/n/hf/g addl	2.50	1.82	1.53	1.46	1.16	0.36	ZZZ
15120		A	Skn splt a-grft fac/nck/hf/g	11.16	12.93	11.80	9.01	8.09	1.42	090
15121		A	Skn splt a-grft f/n/hf/g add	2.67	3.90	3.77	1.66	1.50	0.37	ZZZ
15130		A	Derm autograft, trnk/arm/leg	7.53	9.08	8.67	6.57	6.05	1.09	090
15131		A	Derm autograft t/a/l add-on	1.50	0.75	0.82	0.56	0.59	0.23	ZZZ
15135		A	Derm autograft face/nck/hf/g	11.03	10.92	9.93	8.45	7.65	1.38	090
15136		A	Derm autograft, f/n/hf/g add	1.50	0.72	0.67	0.59	0.52	0.07	ZZZ
15150		A	Cult epiderm grft t/arm/leg	9.39	7.65	7.34	6.24	5.93	1.46	090
15151		A	Cult epiderm grft t/a/l addl	2.00	0.96	1.01	0.74	0.77	0.31	ZZZ
15152		A	Cult epiderm graft t/a/l +%	2.50	1.16	1.38	0.93	1.11	0.36	ZZZ
15155		A	Cult epiderm graft, f/n/hf/g	10.14	5.74	7.01	4.61	5.85	0.56	090
15156		A	Cult epidrm grft f/n/hfg add	2.75	1.46	1.47	1.27	1.25	0.43	ZZZ
15157		A	Cult epiderm grft f/n/hfg +%	3.00	1.35	1.59	1.10	1.28	0.16	ZZZ
15170		A	Acell graft trunk/arms/legs	5.99	5.03	4.41	3.49	2.95	0.80	090
15171		A	Acell graft t/arm/leg add-on	1.55	0.81	0.71	0.66	0.59	0.23	ZZZ
15175		A	Acellular graft, f/n/hf/g	7.99	5.23	4.96	3.80	3.59	0.77	090
15176		A	Acell graft, f/n/hf/g add-on	2.45	1.27	1.17	1.00	0.94	0.29	ZZZ
15200		A	Skin full graft, trunk	9.15	11.49	10.51	7.88	6.99	1.21	090
15201		A	Skin full graft trunk add-on	1.32	2.30	2.24	0.64	0.60	0.19	ZZZ
15220		A	Skin full graft sclp/arm/leg	8.09	11.13	10.56	7.60	7.10	1.02	090
15221		A	Skin full graft add-on	1.19	2.18	2.14	0.67	0.59	0.17	ZZZ
15240		A	Skin full grft face/genit/hf	10.41	13.02	12.16	10.09	9.26	1.25	090
15241		A	Skin full graft add-on	1.86	2.75	2.60	1.05	0.93	0.24	ZZZ
15260		A	Skin full graft een & lips	11.64	13.81	12.97	10.53	9.79	1.30	090
15261		A	Skin full graft add-on	2.23	3.17	3.01	1.45	1.33	0.27	ZZZ
15300		A	Apply skinallogrft, t/arm/lg	4.65	4.22	3.68	2.78	2.41	0.63	090
15301		A	Apply sknallogrft t/a/l addl	1.00	0.60	0.53	0.45	0.40	0.15	ZZZ
15320		A	Apply skin allogrft f/n/hf/g	5.36	4.24	3.92	2.70	2.53	0.54	090
15321		A	Aply sknallogrft f/n/hfg add	1.50	0.86	0.77	0.67	0.60	0.22	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
15330		A	Aply acell alogrft t/arm/leg	3.99	4.18	3.69	2.72	2.40	0.56	090
15331		A	Aply acell grft t/a/l add-on	1.00	0.60	0.53	0.47	0.41	0.15	ZZZ
15335		A	Apply acell graft, f/n/hf/g	4.50	3.63	3.45	2.25	2.19	0.37	090
15336		A	Aply acell grft f/n/hf/g add	1.43	0.55	0.63	0.35	0.44	0.07	ZZZ
15340		A	Apply cult skin substitute	3.82	4.18	3.91	3.02	2.80	0.38	010
15341		A	Apply cult skin sub add-on	0.50	0.71	0.65	0.17	0.16	0.05	ZZZ
15360		A	Apply cult derm sub, t/a/l	4.02	4.98	4.77	3.66	3.47	0.44	090
15361		A	Aply cult derm sub t/a/l add	1.15	0.63	0.56	0.44	0.39	0.15	ZZZ
15365		A	Apply cult derm sub f/n/hf/g	4.30	4.41	4.28	3.23	3.12	0.30	090
15366		A	Apply cult derm f/hf/g add	1.45	0.63	0.63	0.43	0.45	0.12	ZZZ
15400		A	Apply skin xenograft, t/a/l	4.47	5.93	5.28	4.60	4.23	0.51	090
15401		A	Apply skn xenogrft t/a/l add	1.00	1.14	1.22	0.42	0.38	0.16	ZZZ
15420		A	Apply skin xgraft, f/n/hf/g	4.98	6.15	5.86	4.89	4.61	0.49	090
15421		A	Apply skn xgrft f/n/hf/g add	1.50	1.39	1.27	0.67	0.57	0.22	ZZZ
15430		A	Apply acellular xenograft	6.20	7.59	6.84	6.99	6.33	0.77	090
15431		C	Apply acellular xgraft add	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
15570		A	Form skin pedicle flap	10.21	11.97	11.14	7.98	7.17	1.52	090
15572		A	Form skin pedicle flap	10.12	11.74	10.71	8.63	7.62	1.34	090
15574		A	Form skin pedicle flap	10.70	12.30	11.29	8.96	8.04	1.34	090
15576		A	Form skin pedicle flap	9.37	11.00	10.23	7.96	7.17	1.13	090
15600		A	Skin graft	2.01	5.80	5.91	3.12	2.94	0.28	090
15610		A	Skin graft	2.52	6.11	5.59	3.51	3.29	0.33	090
15620		A	Skin graft	3.75	7.06	6.93	4.48	4.10	0.45	090
15630		A	Skin graft	4.08	7.34	7.21	4.75	4.48	0.48	090
15650		A	Transfer skin pedicle flap	4.77	7.71	7.72	4.93	4.78	0.57	090
15731		A	Forehead flap w/vasc pedicle	14.38	14.53	13.42	11.87	10.75	1.77	090
15732		A	Muscle-skin graft, head/neck	19.90	18.24	16.58	14.58	12.57	2.60	090
15734		A	Muscle-skin graft, trunk	19.86	18.32	17.12	14.26	12.88	2.93	090
15736		A	Muscle-skin graft, arm	17.04	16.17	15.44	12.18	11.01	2.47	090
15738		A	Muscle-skin graft, leg	19.04	16.35	15.56	12.60	11.45	2.80	090
15740		A	Island pedicle flap graft	11.80	14.00	13.34	10.42	9.77	1.30	090
15750		A	Neurovascular pedicle graft	12.96	NA	NA	10.47	9.45	1.68	090
15756		A	Free myo/skin flap microvasc	36.94	NA	NA	23.87	21.03	4.67	090
15757		A	Free skin flap, microvasc	37.15	NA	NA	23.37	20.65	4.35	090
15758		A	Free fascial flap, microvasc	36.90	NA	NA	23.07	20.63	4.35	090
15760		A	Composite skin graft	9.86	11.72	10.87	8.44	7.65	1.16	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
15770		A	Derma-fat-fascia graft	8.96	NA	NA	8.12	7.21	1.20	090
15775		R	Hair transplant punch grafts	3.95	3.52	3.69	1.78	1.66	0.21	000
15776		R	Hair transplant punch grafts	5.53	4.82	5.06	2.36	2.43	0.28	000
15780		A	Abrasion treatment of skin	8.73	11.74	11.64	7.10	7.17	0.88	090
15781		A	Abrasion treatment of skin	5.02	8.52	8.18	5.83	5.60	0.56	090
15782		A	Abrasion treatment of skin	4.44	10.39	9.66	6.46	5.86	0.46	090
15783		A	Abrasion treatment of skin	4.41	7.65	7.54	5.15	4.82	0.46	090
15786		A	Abrasion, lesion, single	2.08	4.11	3.86	1.52	1.38	0.24	010
15787		A	Abrasion, lesions, add-on	0.33	0.92	0.87	0.16	0.13	0.03	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	9.21	8.59	4.17	3.84	0.26	090
15789		R	Chemical peel, face, dermal	4.91	8.60	8.89	5.62	5.59	0.50	090
15792		R	Chemical peel, nonfacial	1.86	8.78	8.52	4.64	4.57	0.22	090
15793		A	Chemical peel, nonfacial	3.96	8.09	7.82	5.22	4.96	0.41	090
15819		A	Plastic surgery, neck	10.65	NA	NA	8.12	7.47	1.54	090
15820		A	Revision of lower eyelid	6.27	8.02	7.11	6.77	5.85	0.91	090
15821		A	Revision of lower eyelid	6.84	8.52	7.41	7.12	6.02	0.98	090
15822		A	Revision of upper eyelid	4.62	6.53	5.81	5.31	4.60	0.60	090
15823		A	Revision of upper eyelid	8.32	9.68	8.29	8.31	6.96	1.14	090
15824		R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15825		R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15826		R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15828		R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15829		R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	000
15830		R	Exc skin abd	17.11	NA	NA	12.52	10.89	2.49	090
15832		A	Excise excessive skin tissue	12.85	NA	NA	9.86	8.80	1.89	090
15833		A	Excise excessive skin tissue	11.90	NA	NA	10.36	8.78	1.71	090
15834		A	Excise excessive skin tissue	12.17	NA	NA	10.51	8.48	1.76	090
15835		A	Excise excessive skin tissue	12.99	NA	NA	10.98	8.88	1.88	090
15836		A	Excise excessive skin tissue	10.61	NA	NA	7.27	7.12	1.53	090
15837		A	Excise excessive skin tissue	9.55	10.17	9.23	6.80	6.56	1.48	090
15838		A	Excise excessive skin tissue	8.25	NA	NA	6.80	6.12	0.78	090
15839		A	Excise excessive skin tissue	10.50	11.45	10.34	8.10	7.18	1.42	090
15840		A	Graft for face nerve palsy	14.99	NA	NA	11.56	10.11	1.76	090
15841		A	Graft for face nerve palsy	25.99	NA	NA	16.66	15.29	2.47	090
15842		A	Flap for face nerve palsy	41.01	NA	NA	20.15	22.03	3.88	090
15845		A	Skin and muscle repair, face	14.32	NA	NA	11.96	9.83	1.35	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
15847		C	Exc skin abd add-on	0.00	0.00	0.00	0.00	0.00	0.00	YYY
15850		B	Removal of sutures	0.78	1.36	1.43	0.29	0.28	0.04	XXX
15851		A	Removal of sutures	0.86	1.53	1.45	0.34	0.29	0.09	000
15852		A	Dressing change not for burn	0.86	NA	NA	0.33	0.31	0.10	000
15860		A	Test for blood flow in graft	1.95	NA	NA	1.15	0.84	0.28	000
15876		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15877		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15878		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15879		R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	000
15920		A	Removal of tail bone ulcer	8.29	NA	NA	6.79	5.99	1.26	090
15922		A	Removal of tail bone ulcer	10.38	NA	NA	7.33	7.33	1.49	090
15931		A	Remove sacrum pressure sore	10.07	NA	NA	6.88	6.05	1.52	090
15933		A	Remove sacrum pressure sore	11.77	NA	NA	9.35	8.19	1.77	090
15934		A	Remove sacrum pressure sore	13.68	NA	NA	9.62	8.41	2.04	090
15935		A	Remove sacrum pressure sore	15.78	NA	NA	12.07	10.60	2.34	090
15936		A	Remove sacrum pressure sore	13.16	NA	NA	9.24	8.18	1.96	090
15937		A	Remove sacrum pressure sore	15.14	NA	NA	10.99	9.80	2.25	090
15940		A	Remove hip pressure sore	10.20	NA	NA	7.17	6.33	1.52	090
15941		A	Remove hip pressure sore	12.41	NA	NA	10.42	9.23	1.82	090
15944		A	Remove hip pressure sore	12.44	NA	NA	9.99	8.84	1.84	090
15945		A	Remove hip pressure sore	13.75	NA	NA	11.22	9.89	2.01	090
15946		A	Remove hip pressure sore	24.12	NA	NA	17.33	15.28	3.54	090
15950		A	Remove thigh pressure sore	8.03	NA	NA	6.34	5.73	1.17	090
15951		A	Remove thigh pressure sore	11.58	NA	NA	8.35	7.89	1.67	090
15952		A	Remove thigh pressure sore	12.31	NA	NA	8.14	8.01	1.93	090
15953		A	Remove thigh pressure sore	13.57	NA	NA	11.81	9.71	1.96	090
15956		A	Remove thigh pressure sore	16.79	NA	NA	12.02	10.74	2.51	090
15958		A	Remove thigh pressure sore	16.75	NA	NA	12.71	11.37	2.49	090
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000		A	Initial treatment of burn(s)	0.89	0.89	0.80	0.33	0.27	0.09	000
16020		A	Dress/debrid p-thick burn, s	0.80	1.32	1.20	0.69	0.60	0.08	000
16025		A	Dress/debrid p-thick burn, m	1.85	1.96	1.74	1.15	0.98	0.23	000
16030		A	Dress/debrid p-thick burn, l	2.08	2.47	2.21	1.32	1.13	0.27	000
16035		A	Incision of burn scab, initi	3.74	NA	NA	1.36	1.38	0.46	000
16036		A	Escharotomy; addl incision	1.50	NA	NA	0.63	0.56	0.20	ZZZ
17000		A	Destruct premalg lesion	0.65	1.35	1.33	0.77	0.73	0.06	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
17003		A	Destruct premalg les, 2-14	0.07	0.10	0.11	0.04	0.04	0.01	ZZZ
17004		A	Destroy premlg lesions 15+	1.85	2.41	2.45	1.52	1.50	0.20	010
17106		A	Destruction of skin lesions	3.69	4.82	4.75	3.28	3.20	0.39	090
17107		A	Destruction of skin lesions	4.79	5.99	6.19	3.98	4.13	0.54	090
17108		A	Destruction of skin lesions	7.49	8.16	7.86	5.50	5.40	0.96	090
17110		A	Destruct b9 lesion, 1-14	0.70	2.00	2.01	1.06	1.01	0.06	010
17111		A	Destruct lesion, 15 or more	0.97	2.26	2.26	1.21	1.15	0.09	010
17250		A	Chemical cautery, tissue	0.50	1.42	1.33	0.43	0.39	0.05	000
17260		A	Destruction of skin lesions	0.96	1.39	1.39	0.79	0.74	0.09	010
17261		A	Destruction of skin lesions	1.22	2.31	2.30	1.13	1.07	0.13	010
17262		A	Destruction of skin lesions	1.63	2.66	2.65	1.38	1.29	0.17	010
17263		A	Destruction of skin lesions	1.84	2.90	2.88	1.50	1.39	0.19	010
17264		A	Destruction of skin lesions	1.99	3.09	3.05	1.58	1.46	0.21	010
17266		A	Destruction of skin lesions	2.39	3.40	3.34	1.79	1.63	0.25	010
17270		A	Destruction of skin lesions	1.37	2.34	2.29	1.20	1.11	0.15	010
17271		A	Destruction of skin lesions	1.54	2.51	2.49	1.32	1.24	0.17	010
17272		A	Destruction of skin lesions	1.82	2.82	2.78	1.49	1.40	0.19	010
17273		A	Destruction of skin lesions	2.10	3.07	3.03	1.65	1.53	0.22	010
17274		A	Destruction of skin lesions	2.64	3.50	3.43	1.96	1.81	0.27	010
17276		A	Destruction of skin lesions	3.25	3.90	3.76	2.29	2.07	0.35	010
17280		A	Destruction of skin lesions	1.22	2.24	2.21	1.11	1.04	0.13	010
17281		A	Destruction of skin lesions	1.77	2.62	2.59	1.46	1.36	0.19	010
17282		A	Destruction of skin lesions	2.09	3.01	2.96	1.65	1.54	0.22	010
17283		A	Destruction of skin lesions	2.69	3.48	3.40	2.00	1.84	0.28	010
17284		A	Destruction of skin lesions	3.26	3.94	3.82	2.32	2.13	0.33	010
17286		A	Destruction of skin lesions	4.48	4.68	4.44	2.97	2.72	0.49	010
17311		A	Mohs, 1 stage, h/n/hf/g	6.20	9.99	10.64	3.75	3.43	0.64	000
17312		A	Mohs addl stage	3.30	6.29	6.78	1.99	1.82	0.33	ZZZ
17313		A	Mohs, 1 stage, t/a/l	5.56	9.19	9.81	3.36	3.08	0.57	000
17314		A	Mohs, addl stage, t/a/l	3.06	5.83	6.28	1.85	1.69	0.31	ZZZ
17315		A	Mohs surg, addl block	0.87	1.11	1.15	0.53	0.48	0.08	ZZZ
17340		A	Cryotherapy of skin	0.77	0.54	0.45	0.48	0.40	0.07	010
17360		A	Skin peel therapy	1.46	1.81	1.80	1.12	1.05	0.16	010
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	000
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000		A	Drainage of breast lesion	0.84	1.81	1.93	0.28	0.30	0.08	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
19001		A	Drain breast lesion add-on	0.42	0.25	0.26	0.14	0.15	0.04	ZZZ
19020		A	Incision of breast lesion	3.83	7.51	6.86	3.65	3.18	0.57	090
19030		A	Injection for breast x-ray	1.53	2.35	2.68	0.46	0.55	0.10	000
19100		A	Bx breast percut w/o image	1.27	2.35	2.17	0.47	0.40	0.19	000
19101		A	Biopsy of breast, open	3.23	5.02	4.61	2.22	1.96	0.49	010
19102		A	Bx breast percut w/image	2.00	3.12	3.52	0.62	0.71	0.16	000
19103		A	Bx breast percut w/device	3.69	9.38	10.31	1.18	1.28	0.35	000
19105		A	Cryosurg ablate fa, each	3.69	43.12	49.93	1.30	1.32	0.29	000
19110		A	Nipple exploration	4.44	7.44	6.61	3.99	3.43	0.68	090
19112		A	Excise breast duct fistula	3.81	7.38	6.58	3.86	3.31	0.59	090
19120		A	Removal of breast lesion	5.92	6.11	5.33	4.24	3.62	0.92	090
19125		A	Excision, breast lesion	6.69	6.69	5.79	4.61	3.92	1.04	090
19126		A	Excision, addl breast lesion	2.93	NA	NA	1.08	0.92	0.46	ZZZ
19260		A	Removal of chest wall lesion	17.78	NA	NA	12.07	11.11	2.91	090
19271		A	Revision of chest wall	22.19	NA	NA	18.27	17.30	3.71	090
19272		A	Extensive chest wall surgery	25.17	NA	NA	19.06	18.36	4.38	090
19290		A	Place needle wire, breast	1.27	2.56	2.85	0.39	0.46	0.09	000
19291		A	Place needle wire, breast	0.63	1.01	1.14	0.19	0.22	0.04	ZZZ
19295		A	Place breast clip, percut	0.00	2.06	2.31	NA	NA	0.01	ZZZ
19296		A	Place po breast cath for rad	3.63	92.58	95.41	1.62	1.42	0.54	000
19297		A	Place breast cath for rad	1.72	NA	NA	0.64	0.55	0.26	ZZZ
19298		A	Place breast rad tube/caths	6.00	22.26	26.28	2.61	2.39	0.56	000
19300		A	Removal of breast tissue	5.31	7.32	6.74	4.74	4.06	0.83	090
19301		A	Partical mastectomy	10.13	NA	NA	6.00	4.89	1.58	090
19302		A	P-mastectomy w/ln removal	13.99	NA	NA	8.05	6.88	2.19	090
19303		A	Mast, simple, complete	15.85	NA	NA	9.15	7.40	2.48	090
19304		A	Mast, subq	7.95	NA	NA	6.13	5.31	1.23	090
19305		A	Mast, radical	17.46	NA	NA	10.50	8.91	2.74	090
19306		A	Mast, rad, urban type	18.13	NA	NA	11.47	9.59	2.84	090
19307		A	Mast, mod rad	18.23	NA	NA	11.34	9.58	2.84	090
19316		A	Suspension of breast	11.09	NA	NA	8.41	7.56	1.61	090
19318		A	Reduction of large breast	16.03	NA	NA	12.21	11.03	2.32	090
19324		A	Enlarge breast	6.80	NA	NA	5.25	4.77	1.07	090
19325		A	Enlarge breast with implant	8.64	NA	NA	7.74	6.93	1.24	090
19328		A	Removal of breast implant	6.48	NA	NA	6.04	5.38	0.94	090
19330		A	Removal of implant material	8.54	NA	NA	7.47	6.63	1.22	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
19340		A	Immediate breast prosthesis	13.99	NA	NA	11.59	5.21	2.02	090
19342		A	Delayed breast prosthesis	12.63	NA	NA	10.92	9.69	1.79	090
19350		A	Breast reconstruction	9.11	11.43	11.17	7.97	7.21	1.31	090
19355		A	Correct inverted nipple(s)	8.52	8.64	8.48	5.55	5.09	1.34	090
19357		A	Breast reconstruction	21.07	NA	NA	18.77	16.67	3.03	090
19361		A	Breast reconstr w/lat flap	23.36	NA	NA	20.27	17.21	3.38	090
19364		A	Breast reconstruction	42.58	NA	NA	28.26	24.95	6.06	090
19366		A	Breast reconstruction	21.84	NA	NA	13.01	11.38	3.28	090
19367		A	Breast reconstruction	26.80	NA	NA	18.98	16.96	3.87	090
19368		A	Breast reconstruction	33.90	NA	NA	23.03	20.12	4.90	090
19369		A	Breast reconstruction	31.31	NA	NA	21.50	18.45	4.52	090
19370		A	Surgery of breast capsule	9.17	NA	NA	8.25	7.35	1.32	090
19371		A	Removal of breast capsule	10.62	NA	NA	9.33	8.32	1.52	090
19380		A	Revise breast reconstruction	10.41	NA	NA	9.21	8.22	1.49	090
19396		A	Design custom breast implant	2.17	4.61	3.47	1.12	1.03	0.33	000
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000		A	Incision of abscess	2.17	2.99	2.84	1.68	1.63	0.20	010
20005		A	Incision of deep abscess	3.58	4.15	3.81	2.36	2.20	0.43	010
20100		A	Explore wound, neck	10.38	NA	NA	4.86	4.03	1.44	010
20101		A	Explore wound, chest	3.23	6.42	6.31	1.69	1.62	0.51	010
20102		A	Explore wound, abdomen	3.98	7.88	7.35	2.37	2.06	0.59	010
20103		A	Explore wound, extremity	5.34	8.98	8.34	3.47	3.17	0.73	010
20150		A	Excise epiphyseal bar	14.75	NA	NA	8.29	8.28	2.15	090
20200		A	Muscle biopsy	1.46	3.41	3.21	0.85	0.77	0.24	000
20205		A	Deep muscle biopsy	2.35	4.46	4.05	1.41	1.24	0.41	000
20206		A	Needle biopsy, muscle	0.99	4.76	5.41	0.52	0.60	0.07	000
20220		A	Bone biopsy, trocar/needle	1.27	2.46	3.05	0.62	0.71	0.08	000
20225		A	Bone biopsy, trocar/needle	1.87	11.24	14.33	0.95	1.08	0.17	000
20240		A	Bone biopsy, excisional	3.28	NA	NA	2.40	2.28	0.38	010
20245		A	Bone biopsy, excisional	8.95	NA	NA	6.86	6.32	1.21	010
20250		A	Open bone biopsy	5.19	NA	NA	4.10	3.77	0.90	010
20251		A	Open bone biopsy	5.72	NA	NA	4.44	4.16	0.97	010
20500		A	Injection of sinus tract	1.28	1.35	1.54	0.89	1.03	0.09	010
20501		A	Inject sinus tract for x-ray	0.76	2.10	2.44	0.23	0.28	0.05	000
2050F		I	Wound char size etc docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20520		A	Removal of foreign body	1.90	3.06	2.80	1.76	1.61	0.22	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
20525		A	Removal of foreign body	3.54	8.13	7.83	2.70	2.47	0.47	010
20526		A	Ther injection, carp tunnel	0.94	0.94	0.89	0.51	0.47	0.10	000
20550		A	Inj tendon sheath/ligament	0.75	0.70	0.67	0.33	0.29	0.06	000
20551		A	Inj tendon origin/insertion	0.75	0.78	0.68	0.38	0.32	0.06	000
20552		A	Inj trigger point, 1/2 muscl	0.66	0.71	0.65	0.33	0.27	0.05	000
20553		A	Inject trigger points, =/> 3	0.75	0.83	0.74	0.37	0.29	0.05	000
20555		A	Place ndl musc/tis for rt	6.00	NA	NA	2.61	2.43	0.63	000
20600		A	Drain/inject, joint/bursa	0.66	0.72	0.68	0.35	0.33	0.05	000
20605		A	Drain/inject, joint/bursa	0.68	0.81	0.77	0.38	0.35	0.06	000
2060F		I	Pt talk eval hlthwkr re mdd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20610		A	Drain/inject, joint/bursa	0.79	1.20	1.10	0.49	0.44	0.09	000
20612		A	Aspirate/inj ganglion cyst	0.70	0.81	0.74	0.38	0.36	0.06	000
20615		A	Treatment of bone cyst	2.33	3.03	3.00	1.66	1.61	0.21	010
20650		A	Insert and remove bone pin	2.28	2.72	2.53	1.60	1.53	0.21	010
20660		A	Apply, rem fixation device	4.00	NA	NA	1.85	1.69	0.81	000
20661		A	Application of head brace	5.26	NA	NA	6.56	5.96	1.21	090
20662		A	Application of pelvis brace	6.38	NA	NA	4.00	5.06	0.45	090
20663		A	Application of thigh brace	5.74	NA	NA	5.81	5.13	0.84	090
20664		A	Halo brace application	10.06	NA	NA	10.05	8.54	2.65	090
20665		A	Removal of fixation device	1.36	1.42	1.56	1.07	1.09	0.08	010
20670		A	Removal of support implant	1.79	7.44	7.78	1.93	1.84	0.22	010
20680		A	Removal of support implant	5.96	9.35	8.67	4.79	4.29	0.78	090
20690		A	Apply bone fixation device	8.78	NA	NA	6.02	4.95	1.19	090
20692		A	Apply bone fixation device	16.27	NA	NA	11.95	9.61	2.06	090
20693		A	Adjust bone fixation device	6.06	NA	NA	5.35	5.03	0.79	090
20694		A	Remove bone fixation device	4.28	6.20	5.97	4.18	3.88	0.56	090
20696		A	Comp multiplane ext fixation	17.56	NA	NA	9.96	8.58	0.92	090
20697		A	Comp ext fixate strut change	0.00	38.47	34.94	NA	NA	0.01	000
20802		A	Replantation, arm, complete	42.62	NA	NA	19.27	17.97	2.24	090
20805		A	Replant forearm, complete	51.46	NA	NA	30.98	24.34	7.45	090
20808		A	Replantation hand, complete	63.09	NA	NA	42.15	37.96	9.13	090
20816		A	Replantation digit, complete	31.95	NA	NA	19.87	22.08	2.93	090
20822		A	Replantation digit, complete	26.66	NA	NA	17.74	19.17	3.87	090
20824		A	Replantation thumb, complete	31.95	NA	NA	19.95	21.89	4.62	090
20827		A	Replantation thumb, complete	27.48	NA	NA	18.15	20.38	3.98	090
20838		A	Replantation foot, complete	42.88	NA	NA	21.19	20.13	2.25	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
20900		A	Removal of bone for graft	3.00	7.21	7.01	2.49	2.95	0.41	000
20902		A	Removal of bone for graft	4.58	NA	NA	3.14	3.65	0.64	000
20910		A	Remove cartilage for graft	5.53	NA	NA	5.24	5.05	0.52	090
20912		A	Remove cartilage for graft	6.54	NA	NA	5.96	5.47	0.73	090
20920		A	Removal of fascia for graft	5.51	NA	NA	4.89	4.53	0.51	090
20922		A	Removal of fascia for graft	6.93	7.89	7.92	5.44	5.31	0.94	090
20924		A	Removal of tendon for graft	6.68	NA	NA	5.96	5.56	0.88	090
20926		A	Removal of tissue for graft	5.79	NA	NA	5.19	4.82	0.86	090
20930		B	Sp bone algrft morsel add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931		A	Sp bone algrft struct add-on	1.81	NA	NA	0.85	0.81	0.41	ZZZ
20936		B	Sp bone agrft local add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937		A	Sp bone agrft morsel add-on	2.79	NA	NA	1.36	1.28	0.50	ZZZ
20938		A	Sp bone agrft struct add-on	3.02	NA	NA	1.45	1.36	0.61	ZZZ
20950		A	Fluid pressure, muscle	1.26	4.62	4.73	1.01	0.94	0.17	000
20955		A	Fibula bone graft, microvasc	40.26	NA	NA	24.96	22.51	4.90	090
20956		A	Iliac bone graft, microvasc	41.18	NA	NA	25.33	22.99	5.97	090
20957		A	Mt bone graft, microvasc	42.61	NA	NA	26.53	19.80	6.18	090
20962		A	Other bone graft, microvasc	39.21	NA	NA	27.48	24.06	5.68	090
20969		A	Bone/skin graft, microvasc	45.43	NA	NA	27.68	24.64	4.90	090
20970		A	Bone/skin graft, iliac crest	44.58	NA	NA	27.38	24.58	6.47	090
20972		A	Bone/skin graft, metatarsal	44.51	NA	NA	14.61	17.20	2.52	090
20973		A	Bone/skin graft, great toe	47.27	NA	NA	20.83	19.01	2.48	090
20974		A	Electrical bone stimulation	0.62	1.19	1.01	0.60	0.54	0.09	000
20975		A	Electrical bone stimulation	2.60	NA	NA	1.75	1.64	0.43	000
20979		A	Us bone stimulation	0.62	0.70	0.67	0.23	0.24	0.06	000
20982		A	Ablate, bone tumor(s) perq	7.27	75.19	84.95	2.49	2.85	0.59	000
20985		A	Cptr-asst dir ms px	2.50	NA	NA	1.23	1.12	0.36	ZZZ
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010		A	Incision of jaw joint	11.04	NA	NA	9.01	7.26	1.04	090
21011		A	Exc face les sc < 2 cm	2.99	5.16	5.16	3.33	3.33	0.33	090
21012		A	Exc face les sc = 2 cm	4.45	NA	NA	4.13	4.13	0.53	090
21013		A	Exc face tum deep < 2 cm	5.42	7.17	7.17	4.69	4.69	0.60	090
21014		A	Exc face tum deep = 2 cm	7.13	NA	NA	6.10	6.10	0.85	090
21015		A	Resect face tum < 2 cm	9.89	NA	NA	7.95	5.49	1.37	090
21016		A	Resect face tum = 2 cm	15.26	NA	NA	10.91	10.91	2.14	090
21025		A	Excision of bone, lower jaw	10.03	12.65	11.67	9.38	8.38	1.06	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21026		A	Excision of facial bone(s)	5.70	9.85	9.00	7.02	6.39	0.61	090
21029		A	Contour of face bone lesion	8.39	11.02	10.06	7.96	7.13	1.21	090
21030		A	Excise max/zygoma b9 tumor	4.91	8.06	7.33	5.69	5.10	0.56	090
21031		A	Remove exostosis, mandible	3.30	6.53	6.03	4.21	3.78	0.30	090
21032		A	Remove exostosis, maxilla	3.34	6.64	6.14	4.12	3.66	0.31	090
21034		A	Excise max/zygoma mlg tumor	17.38	16.80	15.38	13.02	11.68	1.79	090
21040		A	Excise mandible lesion	4.91	8.19	7.45	5.77	5.07	0.55	090
21044		A	Removal of jaw bone lesion	12.80	NA	NA	10.27	9.14	1.31	090
21045		A	Extensive jaw surgery	18.37	NA	NA	13.83	12.21	1.85	090
21046		A	Remove mandible cyst complex	14.21	NA	NA	14.52	12.73	1.34	090
21047		A	Excise lwr jaw cyst w/repair	20.07	NA	NA	14.20	12.29	1.90	090
21048		A	Remove maxilla cyst complex	14.71	NA	NA	14.78	12.72	1.39	090
21049		A	Excis uppr jaw cyst w/repair	19.32	NA	NA	13.09	12.04	1.81	090
21050		A	Removal of jaw joint	11.76	NA	NA	10.34	9.51	1.69	090
21060		A	Remove jaw joint cartilage	11.07	NA	NA	10.06	8.53	1.72	090
21070		A	Remove coronoid process	8.62	NA	NA	8.10	7.12	0.81	090
21073		A	Mnpj of tmj w/anesth	3.45	5.99	5.63	3.17	2.58	0.50	090
21076		A	Prepare face/oral prosthesis	13.40	11.69	10.10	8.61	6.99	1.25	010
21077		A	Prepare face/oral prosthesis	33.70	27.84	24.30	21.77	18.07	3.18	090
21079		A	Prepare face/oral prosthesis	22.31	20.01	17.42	14.57	11.93	2.11	090
21080		A	Prepare face/oral prosthesis	25.06	22.70	19.92	16.08	13.27	2.37	090
21081		A	Prepare face/oral prosthesis	22.85	20.93	18.36	14.79	12.20	2.17	090
21082		A	Prepare face/oral prosthesis	20.84	20.48	17.61	14.44	11.68	1.96	090
21083		A	Prepare face/oral prosthesis	19.27	19.96	17.29	13.48	10.86	1.01	090
21084		A	Prepare face/oral prosthesis	22.48	22.55	19.79	15.45	12.69	2.13	090
21085		A	Prepare face/oral prosthesis	8.99	9.15	7.91	5.96	4.92	2.46	010
21086		A	Prepare face/oral prosthesis	24.88	20.04	17.25	15.94	12.90	2.35	090
21087		A	Prepare face/oral prosthesis	24.88	19.84	17.21	15.70	12.87	2.35	090
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21100		A	Maxillofacial fixation	4.73	12.93	12.92	5.01	5.14	0.47	090
21110		A	Interdental fixation	5.99	14.00	12.74	10.93	9.88	0.56	090
21116		A	Injection, jaw joint x-ray	0.81	3.14	2.97	0.39	0.30	0.04	000
21120		A	Reconstruction of chin	5.10	11.19	10.34	8.01	7.25	0.74	090
21121		A	Reconstruction of chin	7.81	11.75	11.11	8.71	8.23	0.40	090
21122		A	Reconstruction of chin	8.71	NA	NA	7.87	8.51	0.45	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21123		A	Reconstruction of chin	11.34	NA	NA	11.87	10.01	0.59	090
21125		A	Augmentation, lower jaw bone	10.80	75.63	67.63	9.95	8.18	1.57	090
21127		A	Augmentation, lower jaw bone	12.44	83.76	78.99	9.09	8.80	1.17	090
21137		A	Reduction of forehead	10.24	NA	NA	9.02	7.58	1.47	090
21138		A	Reduction of forehead	12.87	NA	NA	10.42	9.14	1.34	090
21139		A	Reduction of forehead	15.02	NA	NA	9.24	9.55	0.78	090
21141		A	Reconstruct midface, lefort	19.57	NA	NA	15.17	13.67	2.83	090
21142		A	Reconstruct midface, lefort	20.28	NA	NA	16.42	13.10	2.94	090
21143		A	Reconstruct midface, lefort	21.05	NA	NA	13.56	13.12	3.30	090
21145		A	Reconstruct midface, lefort	23.94	NA	NA	18.31	14.68	1.24	090
21146		A	Reconstruct midface, lefort	24.87	NA	NA	19.56	16.20	3.60	090
21147		A	Reconstruct midface, lefort	26.47	NA	NA	18.68	16.30	1.38	090
21150		A	Reconstruct midface, lefort	25.96	NA	NA	14.74	14.98	1.35	090
21151		A	Reconstruct midface, lefort	29.02	NA	NA	20.32	21.02	2.75	090
21154		A	Reconstruct midface, lefort	31.29	NA	NA	21.78	19.93	2.95	090
21155		A	Reconstruct midface, lefort	35.22	NA	NA	25.46	21.02	1.84	090
21159		A	Reconstruct midface, lefort	43.14	NA	NA	27.52	24.05	4.06	090
21160		A	Reconstruct midface, lefort	47.19	NA	NA	22.80	23.32	2.47	090
21172		A	Reconstruct orbit/forehead	28.20	NA	NA	20.19	16.02	2.66	090
21175		A	Reconstruct orbit/forehead	33.56	NA	NA	21.69	18.76	8.84	090
21179		A	Reconstruct entire forehead	22.65	NA	NA	13.87	13.16	3.28	090
21180		A	Reconstruct entire forehead	25.58	NA	NA	15.37	14.93	2.42	090
21181		A	Contour cranial bone lesion	10.28	NA	NA	7.38	6.92	0.96	090
21182		A	Reconstruct cranial bone	32.58	NA	NA	18.73	17.72	3.07	090
21183		A	Reconstruct cranial bone	35.70	NA	NA	24.04	20.50	5.16	090
21184		A	Reconstruct cranial bone	38.62	NA	NA	23.13	20.42	5.60	090
21188		A	Reconstruction of midface	23.15	NA	NA	21.59	18.22	2.19	090
21193		A	Reconst lwr jaw w/o graft	18.90	NA	NA	10.16	10.94	2.97	090
21194		A	Reconst lwr jaw w/graft	21.82	NA	NA	14.54	13.32	2.06	090
21195		A	Reconst lwr jaw w/o fixation	19.16	NA	NA	16.11	14.36	1.80	090
21196		A	Reconst lwr jaw w/fixation	20.83	NA	NA	17.70	15.55	1.96	090
21198		A	Reconstr lwr jaw segment	15.71	NA	NA	14.22	12.95	1.60	090
21199		A	Reconstr lwr jaw w/advance	16.73	NA	NA	10.18	8.92	1.58	090
21206		A	Reconstruct upper jaw bone	15.59	NA	NA	16.09	13.24	2.27	090
21208		A	Augmentation of facial bones	11.42	36.35	32.46	10.20	9.21	1.65	090
21209		A	Reduction of facial bones	7.82	14.96	12.84	9.70	8.30	1.13	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21210		A	Face bone graft	11.69	44.24	40.55	10.65	9.00	1.11	090
21215		A	Lower jaw bone graft	12.23	85.52	77.78	11.03	9.24	1.76	090
21230		A	Rib cartilage graft	11.17	NA	NA	9.17	7.83	1.61	090
21235		A	Ear cartilage graft	7.50	11.01	10.47	7.23	6.66	0.81	090
21240		A	Reconstruction of jaw joint	16.07	NA	NA	12.86	11.20	1.50	090
21242		A	Reconstruction of jaw joint	14.59	NA	NA	11.86	10.52	1.38	090
21243		A	Reconstruction of jaw joint	24.53	NA	NA	20.42	16.94	2.32	090
21244		A	Reconstruction of lower jaw	13.62	NA	NA	13.97	12.54	1.42	090
21245		A	Reconstruction of jaw	13.12	15.80	14.98	10.33	9.62	1.23	090
21246		A	Reconstruction of jaw	12.92	NA	NA	8.93	8.09	1.21	090
21247		A	Reconstruct lower jaw bone	24.37	NA	NA	16.35	15.22	3.54	090
21248		A	Reconstruction of jaw	12.74	15.57	13.72	10.76	9.08	1.20	090
21249		A	Reconstruction of jaw	18.77	20.21	17.59	14.76	12.01	1.76	090
21255		A	Reconstruct lower jaw bone	18.46	NA	NA	16.44	16.53	1.73	090
21256		A	Reconstruction of orbit	17.66	NA	NA	13.97	11.79	1.66	090
21260		A	Revise eye sockets	17.90	NA	NA	12.18	14.26	0.93	090
21261		A	Revise eye sockets	34.07	NA	NA	23.50	21.43	4.94	090
21263		A	Revise eye sockets	31.01	NA	NA	18.68	18.64	1.62	090
21267		A	Revise eye sockets	20.69	NA	NA	20.38	18.11	3.00	090
21268		A	Revise eye sockets	27.07	NA	NA	27.90	21.27	3.92	090
21270		A	Augmentation, cheek bone	10.63	14.19	12.30	8.67	7.11	1.11	090
21275		A	Revision, orbitofacial bones	11.76	NA	NA	9.73	8.27	1.69	090
21280		A	Revision of eyelid	7.13	NA	NA	7.47	6.32	1.03	090
21282		A	Revision of eyelid	4.27	NA	NA	5.36	4.66	0.57	090
21295		A	Revision of jaw muscle/bone	1.90	NA	NA	2.59	2.48	0.27	090
21296		A	Revision of jaw muscle/bone	4.78	NA	NA	6.57	5.92	0.45	090
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21310		A	Treatment of nose fracture	0.58	2.34	2.11	0.14	0.13	0.07	000
21315		A	Treatment of nose fracture	1.83	5.01	4.70	1.99	1.87	0.21	010
21320		A	Treatment of nose fracture	1.88	4.59	4.33	1.65	1.51	0.20	010
21325		A	Treatment of nose fracture	4.18	NA	NA	7.67	7.50	0.49	090
21330		A	Treatment of nose fracture	5.79	NA	NA	8.64	8.37	0.54	090
21335		A	Treatment of nose fracture	9.02	NA	NA	9.91	9.27	0.90	090
21336		A	Treat nasal septal fracture	6.77	NA	NA	9.78	9.25	0.67	090
21337		A	Treat nasal septal fracture	3.39	6.76	6.36	4.15	3.78	0.38	090
21338		A	Treat nasoethmoid fracture	6.87	NA	NA	11.83	11.24	1.00	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21339		A	Treat nasoethmoid fracture	8.50	NA	NA	12.79	11.74	1.22	090
21340		A	Treatment of nose fracture	11.49	NA	NA	8.41	8.20	1.09	090
21343		A	Treatment of sinus fracture	14.32	NA	NA	16.48	14.42	2.08	090
21344		A	Treatment of sinus fracture	21.57	NA	NA	18.16	15.61	5.69	090
21345		A	Treat nose/jaw fracture	9.06	11.34	10.69	7.57	7.10	0.86	090
21346		A	Treat nose/jaw fracture	11.45	NA	NA	12.33	11.93	1.09	090
21347		A	Treat nose/jaw fracture	13.53	NA	NA	13.15	13.29	1.26	090
21348		A	Treat nose/jaw fracture	17.52	NA	NA	11.46	10.50	1.65	090
21355		A	Treat cheek bone fracture	4.45	6.69	6.39	4.03	3.68	0.41	010
21356		A	Treat cheek bone fracture	4.83	7.70	7.28	4.83	4.45	0.52	010
21360		A	Treat cheek bone fracture	7.19	NA	NA	6.66	5.96	0.67	090
21365		A	Treat cheek bone fracture	16.77	NA	NA	12.09	10.55	2.06	090
21366		A	Treat cheek bone fracture	18.60	NA	NA	14.24	11.55	2.70	090
21385		A	Treat eye socket fracture	9.57	NA	NA	8.46	7.95	0.90	090
21386		A	Treat eye socket fracture	9.57	NA	NA	7.03	6.67	1.38	090
21387		A	Treat eye socket fracture	10.11	NA	NA	8.71	8.12	1.45	090
21390		A	Treat eye socket fracture	11.23	NA	NA	9.31	8.03	1.39	090
21395		A	Treat eye socket fracture	14.70	NA	NA	9.49	8.89	1.38	090
21400		A	Treat eye socket fracture	1.50	3.14	2.91	2.31	2.12	0.20	090
21401		A	Treat eye socket fracture	3.68	8.00	7.89	3.84	3.60	0.53	090
21406		A	Treat eye socket fracture	7.42	NA	NA	6.15	5.82	0.70	090
21407		A	Treat eye socket fracture	9.02	NA	NA	7.68	6.76	1.17	090
21408		A	Treat eye socket fracture	12.78	NA	NA	10.35	8.84	1.85	090
21421		A	Treat mouth roof fracture	6.02	13.93	12.29	10.64	9.49	0.87	090
21422		A	Treat mouth roof fracture	8.73	NA	NA	8.56	7.76	0.83	090
21423		A	Treat mouth roof fracture	10.85	NA	NA	9.41	8.61	1.57	090
21431		A	Treat craniofacial fracture	7.90	NA	NA	11.94	10.63	1.14	090
21432		A	Treat craniofacial fracture	8.82	NA	NA	8.04	7.57	1.26	090
21433		A	Treat craniofacial fracture	26.29	NA	NA	15.65	15.00	3.81	090
21435		A	Treat craniofacial fracture	20.26	NA	NA	13.41	12.67	1.91	090
21436		A	Treat craniofacial fracture	30.30	NA	NA	22.44	18.81	4.39	090
21440		A	Treat dental ridge fracture	3.44	10.66	9.88	8.13	7.57	0.49	090
21445		A	Treat dental ridge fracture	6.26	12.98	12.28	9.59	8.99	0.59	090
21450		A	Treat lower jaw fracture	3.71	11.05	10.20	8.27	7.82	0.48	090
21451		A	Treat lower jaw fracture	5.65	13.33	12.45	10.43	9.71	0.53	090
21452		A	Treat lower jaw fracture	2.40	11.19	12.12	6.00	5.85	0.35	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21453		A	Treat lower jaw fracture	6.64	15.86	14.46	12.82	11.93	0.77	090
21454		A	Treat lower jaw fracture	7.36	NA	NA	7.39	6.42	0.68	090
21461		A	Treat lower jaw fracture	9.31	43.03	39.11	14.54	13.48	1.03	090
21462		A	Treat lower jaw fracture	11.01	44.56	40.92	15.52	14.13	1.04	090
21465		A	Treat lower jaw fracture	13.12	NA	NA	10.87	9.45	1.90	090
21470		A	Treat lower jaw fracture	17.54	NA	NA	13.72	11.87	2.13	090
21480		A	Reset dislocated jaw	0.61	1.66	1.62	0.23	0.19	0.07	000
21485		A	Reset dislocated jaw	4.77	12.69	11.59	9.94	9.13	0.45	090
21490		A	Repair dislocated jaw	12.95	NA	NA	10.73	9.54	1.88	090
21495		A	Treat hyoid bone fracture	6.79	NA	NA	11.55	10.49	0.63	090
21497		A	Interdental wiring	4.64	12.29	11.72	9.76	9.30	0.66	090
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501		A	Drain neck/chest lesion	3.98	7.30	6.80	4.11	3.80	0.55	090
21502		A	Drain chest lesion	7.55	NA	NA	5.67	5.17	1.18	090
21510		A	Drainage of bone lesion	6.20	NA	NA	4.73	4.92	1.07	090
21550		A	Biopsy of neck/chest	2.11	4.29	4.19	1.88	1.82	0.22	010
21552		A	Exc neck les sc = 3 cm	6.49	NA	NA	4.74	4.74	0.94	090
21554		A	Exc neck tum deep = 5 cm	11.13	NA	NA	7.32	7.32	1.53	090
21555		A	Exc neck les sc < 3 cm	3.96	6.28	5.96	3.76	3.56	0.57	090
21556		A	Exc neck tum deep < 5 cm	7.66	NA	NA	5.78	4.65	1.06	090
21557		A	Resect neck tum < 5 cm	14.75	NA	NA	9.68	6.15	2.05	090
21558		A	Resect neck tum = 5 cm	21.58	NA	NA	12.94	12.94	3.00	090
21600		A	Partial removal of rib	7.26	NA	NA	6.86	6.25	1.15	090
21610		A	Partial removal of rib	15.91	NA	NA	11.81	9.72	4.20	090
21615		A	Removal of rib	10.45	NA	NA	5.97	5.74	1.81	090
21616		A	Removal of rib and nerves	12.69	NA	NA	6.21	7.45	2.23	090
21620		A	Partial removal of sternum	7.28	NA	NA	5.57	5.39	1.19	090
21627		A	Sternal debridement	7.30	NA	NA	6.34	6.05	1.21	090
21630		A	Extensive sternum surgery	19.18	NA	NA	12.24	11.56	2.97	090
21632		A	Extensive sternum surgery	19.68	NA	NA	11.03	10.56	3.63	090
21685		A	Hyoid myotomy & suspension	15.26	NA	NA	11.07	9.86	1.44	090
21700		A	Revision of neck muscle	6.31	NA	NA	3.18	3.94	1.10	090
21705		A	Revision of neck muscle/rib	9.92	NA	NA	4.24	5.22	1.72	090
21720		A	Revision of neck muscle	5.80	NA	NA	4.87	4.18	1.52	090
21725		A	Revision of neck muscle	7.19	NA	NA	6.19	5.63	1.04	090
21740		A	Reconstruction of sternum	17.57	NA	NA	8.11	8.41	2.55	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
21742		C	Repair stern/nuss w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21743		C	Repair sternum/nuss w/scope	0.00	0.00	0.00	0.00	0.00	0.00	090
21750		A	Repair of sternum separation	11.40	NA	NA	5.84	5.85	1.99	090
21800		A	Treatment of rib fracture	1.01	1.63	1.43	1.70	1.48	0.13	090
21805		A	Treatment of rib fracture	2.88	NA	NA	3.63	3.45	0.49	090
21810		A	Treatment of rib fracture(s)	7.03	NA	NA	5.41	5.10	1.20	090
21820		A	Treat sternum fracture	1.36	2.08	1.87	2.16	1.92	0.19	090
21825		A	Treat sternum fracture	7.76	NA	NA	6.30	5.98	1.34	090
21899		C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920		A	Biopsy soft tissue of back	2.11	4.30	4.20	2.01	1.86	0.25	010
21925		A	Biopsy soft tissue of back	4.63	6.12	5.61	4.02	3.59	0.68	090
21930		A	Exc back les sc < 3 cm	4.94	6.59	6.21	4.12	3.88	0.75	090
21931		A	Exc back les sc = 3 cm	6.88	NA	NA	4.82	4.82	1.04	090
21932		A	Exc back tum deep < 5 cm	9.82	NA	NA	6.94	6.94	1.53	090
21933		A	Exc back tum deep = 5 cm	11.13	NA	NA	7.31	7.31	1.73	090
21935		A	Resect back tum < 5 cm	15.72	NA	NA	9.96	9.39	2.36	090
21936		A	Resect back tum = 5 cm	22.55	NA	NA	13.16	13.16	3.38	090
22010		A	I&d, p-spine, c/t/cerv-thor	12.75	NA	NA	9.98	9.15	2.42	090
22015		A	I&d, p-spine, l/s/ls	12.64	NA	NA	10.02	9.16	2.26	090
22100		A	Remove part of neck vertebra	11.00	NA	NA	9.56	8.54	2.91	090
22101		A	Remove part, thorax vertebra	11.08	NA	NA	10.41	8.77	2.92	090
22102		A	Remove part, lumbar vertebra	11.08	NA	NA	8.98	8.36	1.96	090
22103		A	Remove extra spine segment	2.34	NA	NA	1.14	1.07	0.47	ZZZ
22110		A	Remove part of neck vertebra	14.00	NA	NA	10.80	9.98	3.70	090
22112		A	Remove part, thorax vertebra	14.07	NA	NA	11.81	9.69	3.71	090
22114		A	Remove part, lumbar vertebra	14.07	NA	NA	10.89	9.89	2.04	090
22116		A	Remove extra spine segment	2.32	NA	NA	1.11	1.04	0.44	ZZZ
22206		A	Cut spine 3 col, thor	37.18	NA	NA	21.98	19.76	5.38	090
22207		A	Cut spine 3 col, lumb	36.68	NA	NA	21.92	19.62	6.76	090
22208		A	Cut spine 3 col, addl seg	9.66	NA	NA	4.72	4.23	1.90	ZZZ
22210		A	Revision of neck spine	25.38	NA	NA	17.31	15.96	4.96	090
22212		A	Revision of thorax spine	20.99	NA	NA	15.16	13.76	3.65	090
22214		A	Revision of lumbar spine	21.02	NA	NA	15.23	13.93	3.76	090
22216		A	Revise, extra spine segment	6.03	NA	NA	2.94	2.77	1.11	ZZZ
22220		A	Revision of neck spine	22.94	NA	NA	16.10	14.37	4.72	090
22222		A	Revision of thorax spine	23.09	NA	NA	16.01	12.03	3.34	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
22224		A	Revision of lumbar spine	23.09	NA	NA	15.68	14.29	3.95	090
22226		A	Revise, extra spine segment	6.03	NA	NA	2.88	2.73	1.16	ZZZ
22305		A	Treat spine process fracture	2.13	2.58	2.33	2.18	1.96	0.30	090
22310		A	Treat spine fracture	3.89	3.66	3.20	3.11	2.71	0.57	090
22315		A	Treat spine fracture	10.11	11.36	10.33	8.74	7.90	1.87	090
22318		A	Treat odontoid fx w/o graft	22.72	NA	NA	15.42	14.16	5.64	090
22319		A	Treat odontoid fx w/graft	25.33	NA	NA	16.86	15.13	6.69	090
22325		A	Treat spine fracture	19.87	NA	NA	14.57	13.17	4.18	090
22326		A	Treat neck spine fracture	20.84	NA	NA	14.45	13.19	4.63	090
22327		A	Treat thorax spine fracture	20.77	NA	NA	14.94	13.42	4.13	090
22328		A	Treat each add spine fx	4.60	NA	NA	2.22	2.06	1.00	ZZZ
22505		A	Manipulation of spine	1.87	NA	NA	1.15	1.02	0.21	010
22520		A	Percut vertebroplasty thor	9.22	43.94	47.01	3.89	4.40	0.78	010
22521		A	Percut vertebroplasty lumb	8.65	43.86	46.35	3.73	4.21	0.74	010
22522		A	Percut vertebroplasty addl	4.30	NA	NA	1.53	1.66	0.40	ZZZ
22523		A	Percut kyphoplasty, thor	9.26	NA	NA	5.10	5.21	1.34	010
22524		A	Percut kyphoplasty, lumbar	8.86	NA	NA	4.95	5.04	1.28	010
22525		A	Percut kyphoplasty, add-on	4.47	NA	NA	1.94	1.95	0.70	ZZZ
22526		N	Idet, single level	6.10	49.87	44.29	2.91	2.19	0.40	010
22527		N	Idet, 1 or more levels	3.03	42.83	36.88	1.11	0.71	0.18	ZZZ
22532		A	Lat thorax spine fusion	25.99	NA	NA	16.85	15.24	5.56	090
22533		A	Lat lumbar spine fusion	24.79	NA	NA	16.41	14.76	4.69	090
22534		A	Lat thor/lumb, addl seg	5.99	NA	NA	2.88	2.71	1.17	ZZZ
22548		A	Neck spine fusion	27.06	NA	NA	17.89	16.19	7.14	090
22554		A	Neck spine fusion	17.69	NA	NA	12.56	11.76	4.02	090
22556		A	Thorax spine fusion	24.70	NA	NA	15.59	14.41	4.87	090
22558		A	Lumbar spine fusion	23.53	NA	NA	14.37	13.05	4.16	090
22585		A	Additional spinal fusion	5.52	NA	NA	2.61	2.45	1.17	ZZZ
22590		A	Spine & skull spinal fusion	21.76	NA	NA	15.39	14.10	5.18	090
22595		A	Neck spinal fusion	20.64	NA	NA	14.82	13.54	4.83	090
22600		A	Neck spine fusion	17.40	NA	NA	13.15	12.00	3.91	090
22610		A	Thorax spine fusion	17.28	NA	NA	12.93	11.83	3.57	090
22612		A	Lumbar spine fusion	23.53	NA	NA	15.22	14.00	4.58	090
22614		A	Spine fusion, extra segment	6.43	NA	NA	3.10	2.92	1.30	ZZZ
22630		A	Lumbar spine fusion	22.09	NA	NA	15.07	13.81	4.61	090
22632		A	Spine fusion, extra segment	5.22	NA	NA	2.51	2.36	1.10	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
22800		A	Fusion of spine	19.50	NA	NA	13.63	12.53	3.60	090
22802		A	Fusion of spine	32.11	NA	NA	19.72	18.38	5.52	090
22804		A	Fusion of spine	37.50	NA	NA	22.27	20.84	6.27	090
22808		A	Fusion of spine	27.51	NA	NA	16.82	15.69	5.34	090
22810		A	Fusion of spine	31.50	NA	NA	18.43	16.95	5.83	090
22812		A	Fusion of spine	34.25	NA	NA	21.36	19.22	4.96	090
22818		A	Kyphectomy, 1-2 segments	34.33	NA	NA	20.37	18.56	4.97	090
22819		A	Kyphectomy, 3 or more	39.38	NA	NA	24.03	21.57	10.40	090
22830		A	Exploration of spinal fusion	11.22	NA	NA	8.48	7.82	2.13	090
22840		A	Insert spine fixation device	12.52	NA	NA	6.04	5.68	2.56	ZZZ
22841		B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842		A	Insert spine fixation device	12.56	NA	NA	6.06	5.71	2.53	ZZZ
22843		A	Insert spine fixation device	13.44	NA	NA	6.49	6.07	2.57	ZZZ
22844		A	Insert spine fixation device	16.42	NA	NA	8.05	7.66	2.71	ZZZ
22845		A	Insert spine fixation device	11.94	NA	NA	5.69	5.34	2.69	ZZZ
22846		A	Insert spine fixation device	12.40	NA	NA	5.91	5.55	2.77	ZZZ
22847		A	Insert spine fixation device	13.78	NA	NA	6.43	6.16	3.64	ZZZ
22848		A	Insert pelv fixation device	5.99	NA	NA	2.94	2.79	1.02	ZZZ
22849		A	Reinsert spinal fixation	19.17	NA	NA	12.42	11.46	3.78	090
22850		A	Remove spine fixation device	9.82	NA	NA	7.64	7.03	1.92	090
22851		A	Apply spine prosth device	6.70	NA	NA	3.22	3.01	1.39	ZZZ
22852		A	Remove spine fixation device	9.37	NA	NA	7.39	6.79	1.77	090
22855		A	Remove spine fixation device	15.86	NA	NA	10.89	9.99	3.49	090
22856		A	Cerv artific diskectomy	24.05	NA	NA	15.35	14.27	5.35	090
22857		R	Lumbar artif diskectomy	27.13	NA	NA	13.76	13.96	4.25	090
22861		A	Revise cerv artific disc	33.36	NA	NA	14.53	13.99	1.73	090
22862		R	Revise lumbar artif disc	32.63	NA	NA	15.79	14.45	4.72	090
22864		A	Remove cerv artif disc	29.40	NA	NA	13.08	12.62	1.53	090
22865		R	Remove lumb artif disc	31.75	NA	NA	19.77	18.89	4.59	090
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900		A	Exc back tum deep < 5 cm	8.32	NA	NA	5.68	4.12	1.26	090
22901		A	Exc back tum deep = 5 cm	10.11	NA	NA	6.36	6.36	1.54	090
22902		A	Exc abd les sc < 3 cm	4.42	6.40	6.40	4.14	4.14	0.52	090
22903		A	Exc abd les sc > 3 cm	6.39	NA	NA	4.63	4.63	0.89	090
22904		A	Resect abd tum < 5 cm	16.69	NA	NA	8.92	8.92	2.61	090
22905		A	Resect abd tum > 5 cm	21.58	NA	NA	11.63	11.63	3.38	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000		A	Removal of calcium deposits	4.48	9.44	8.55	4.61	4.21	0.63	090
23020		A	Release shoulder joint	9.36	NA	NA	7.86	7.24	1.32	090
23030		A	Drain shoulder lesion	3.47	7.10	6.76	2.84	2.67	0.50	010
23031		A	Drain shoulder bursa	2.79	6.92	6.60	2.49	2.32	0.39	010
23035		A	Drain shoulder bone lesion	9.16	NA	NA	7.74	7.30	1.32	090
23040		A	Exploratory shoulder surgery	9.75	NA	NA	8.14	7.53	1.40	090
23044		A	Exploratory shoulder surgery	7.59	NA	NA	6.69	6.17	1.10	090
23065		A	Biopsy shoulder tissues	2.30	3.10	2.93	1.95	1.80	0.28	010
23066		A	Biopsy shoulder tissues	4.30	8.90	8.10	4.35	3.94	0.62	090
23071		A	Exc shoulder les sc > 3 cm	5.91	NA	NA	4.52	4.52	0.89	090
23073		A	Exc shoulder tum deep > 5 cm	10.13	NA	NA	7.11	7.11	1.50	090
23075		A	Exc shoulder les sc < 3 cm	4.21	7.04	4.58	3.91	2.33	0.63	090
23076		A	Exc shoulder tum deep < 5 cm	7.41	NA	NA	5.88	5.62	1.11	090
23077		A	Resect shoulder tum < 5 cm	17.66	NA	NA	11.19	10.43	2.64	090
23078		A	Resect shoulder tum > 5 cm	22.55	NA	NA	11.99	11.99	3.54	090
23100		A	Biopsy of shoulder joint	6.20	NA	NA	6.13	5.57	0.90	090
23101		A	Shoulder joint surgery	5.72	NA	NA	5.36	5.03	0.83	090
23105		A	Remove shoulder joint lining	8.48	NA	NA	7.31	6.80	1.22	090
23106		A	Incision of collarbone joint	6.13	NA	NA	6.09	5.42	0.89	090
23107		A	Explore treat shoulder joint	8.87	NA	NA	7.54	7.00	1.26	090
23120		A	Partial removal, collar bone	7.39	NA	NA	7.12	6.49	1.07	090
23125		A	Removal of collar bone	9.64	NA	NA	7.94	7.24	1.39	090
23130		A	Remove shoulder bone, part	7.77	NA	NA	7.27	6.75	1.12	090
23140		A	Removal of bone lesion	7.12	NA	NA	5.81	5.27	1.04	090
23145		A	Removal of bone lesion	9.40	NA	NA	7.82	7.22	1.36	090
23146		A	Removal of bone lesion	8.08	NA	NA	7.27	6.44	1.17	090
23150		A	Removal of humerus lesion	8.91	NA	NA	7.52	6.90	1.26	090
23155		A	Removal of humerus lesion	10.86	NA	NA	8.82	8.13	1.57	090
23156		A	Removal of humerus lesion	9.11	NA	NA	7.68	7.06	1.32	090
23170		A	Remove collar bone lesion	7.21	NA	NA	6.62	5.70	1.04	090
23172		A	Remove shoulder blade lesion	7.31	NA	NA	6.67	5.95	1.07	090
23174		A	Remove humerus lesion	10.05	NA	NA	8.73	8.07	1.45	090
23180		A	Remove collar bone lesion	8.99	NA	NA	7.57	7.39	1.33	090
23182		A	Remove shoulder blade lesion	8.61	NA	NA	7.80	7.33	1.24	090
23184		A	Remove humerus lesion	9.90	NA	NA	8.38	7.97	1.40	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
23190		A	Partial removal of scapula	7.47	NA	NA	6.66	5.99	1.09	090
23195		A	Removal of head of humerus	10.36	NA	NA	8.39	7.71	1.49	090
23200		A	Resect clavicle tumor	22.71	NA	NA	15.24	10.02	3.29	090
23210		A	Resect scapula tumor	27.21	NA	NA	17.46	10.96	3.94	090
23220		A	Resect prox humerus tumor	30.21	NA	NA	18.69	12.15	4.38	090
23330		A	Remove shoulder foreign body	1.90	3.99	3.61	1.91	1.73	0.26	010
23331		A	Remove shoulder foreign body	7.63	NA	NA	7.01	6.50	1.10	090
23332		A	Remove shoulder foreign body	12.37	NA	NA	9.65	8.93	1.76	090
23350		A	Injection for shoulder x-ray	1.00	2.49	2.85	0.33	0.36	0.07	000
23395		A	Muscle transfer,shoulder/arm	18.54	NA	NA	13.67	12.56	2.64	090
23397		A	Muscle transfers	16.76	NA	NA	11.71	10.88	2.43	090
23400		A	Fixation of shoulder blade	13.87	NA	NA	10.30	9.60	2.01	090
23405		A	Incision of tendon & muscle	8.54	NA	NA	7.15	6.62	1.22	090
23406		A	Incise tendon(s) & muscle(s)	11.01	NA	NA	8.37	7.83	1.59	090
23410		A	Repair rotator cuff, acute	11.39	NA	NA	9.10	8.53	1.63	090
23412		A	Repair rotator cuff, chronic	11.93	NA	NA	9.38	8.83	1.70	090
23415		A	Release of shoulder ligament	9.23	NA	NA	7.99	7.45	1.33	090
23420		A	Repair of shoulder	13.54	NA	NA	10.65	9.95	1.95	090
23430		A	Repair biceps tendon	10.17	NA	NA	8.20	7.62	1.45	090
23440		A	Remove/transplant tendon	10.64	NA	NA	8.24	7.66	1.52	090
23450		A	Repair shoulder capsule	13.70	NA	NA	9.95	9.21	1.99	090
23455		A	Repair shoulder capsule	14.67	NA	NA	10.42	9.72	2.10	090
23460		A	Repair shoulder capsule	15.82	NA	NA	11.36	10.61	2.30	090
23462		A	Repair shoulder capsule	15.72	NA	NA	11.03	10.22	2.29	090
23465		A	Repair shoulder capsule	16.30	NA	NA	11.53	10.73	2.36	090
23466		A	Repair shoulder capsule	15.80	NA	NA	12.28	11.23	2.29	090
23470		A	Reconstruct shoulder joint	17.89	NA	NA	12.40	11.52	2.58	090
23472		A	Reconstruct shoulder joint	22.65	NA	NA	14.93	13.80	3.25	090
23480		A	Revision of collar bone	11.54	NA	NA	8.88	8.21	1.66	090
23485		A	Revision of collar bone	13.91	NA	NA	10.05	9.35	2.00	090
23490		A	Reinforce clavicle	12.16	NA	NA	9.29	8.41	1.76	090
23491		A	Reinforce shoulder bones	14.54	NA	NA	10.76	9.98	2.11	090
23500		A	Treat clavicle fracture	2.21	3.11	2.84	3.19	2.83	0.30	090
23505		A	Treat clavicle fracture	3.83	4.77	4.35	4.32	3.91	0.53	090
23515		A	Treat clavicle fracture	9.69	NA	NA	8.45	7.52	1.39	090
23520		A	Treat clavicle dislocation	2.29	3.32	2.95	3.40	2.99	0.32	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
23525		A	Treat clavicle dislocation	3.79	5.55	4.54	4.88	3.98	0.54	090
23530		A	Treat clavicle dislocation	7.48	NA	NA	6.66	5.64	1.09	090
23532		A	Treat clavicle dislocation	8.20	NA	NA	7.23	6.69	1.18	090
23540		A	Treat clavicle dislocation	2.36	3.08	2.81	3.16	2.78	0.31	090
23545		A	Treat clavicle dislocation	3.43	4.49	4.09	3.81	3.48	0.44	090
23550		A	Treat clavicle dislocation	7.59	NA	NA	6.59	6.14	1.08	090
23552		A	Treat clavicle dislocation	8.82	NA	NA	7.56	6.99	1.25	090
23570		A	Treat shoulder blade fx	2.36	3.29	3.00	3.45	3.10	0.32	090
23575		A	Treat shoulder blade fx	4.23	5.54	4.95	4.95	4.41	0.61	090
23585		A	Treat scapula fracture	14.23	NA	NA	10.42	9.16	2.03	090
23600		A	Treat humerus fracture	3.11	4.78	4.40	4.31	3.86	0.44	090
23605		A	Treat humerus fracture	5.06	6.32	5.87	5.43	5.00	0.72	090
23615		A	Treat humerus fracture	12.30	NA	NA	9.80	8.93	1.76	090
23616		A	Treat humerus fracture	18.37	NA	NA	12.82	12.17	2.63	090
23620		A	Treat humerus fracture	2.55	4.01	3.65	3.71	3.31	0.36	090
23625		A	Treat humerus fracture	4.10	5.22	4.80	4.63	4.24	0.57	090
23630		A	Treat humerus fracture	10.57	NA	NA	8.93	7.87	1.52	090
23650		A	Treat shoulder dislocation	3.53	3.86	3.53	3.32	2.94	0.45	090
23655		A	Treat shoulder dislocation	4.76	NA	NA	4.97	4.46	0.65	090
23660		A	Treat shoulder dislocation	7.66	NA	NA	6.85	6.28	1.10	090
23665		A	Treat dislocation/fracture	4.66	5.76	5.27	5.10	4.66	0.65	090
23670		A	Treat dislocation/fracture	12.28	NA	NA	9.65	8.44	1.76	090
23675		A	Treat dislocation/fracture	6.27	7.12	6.59	5.99	5.57	0.88	090
23680		A	Treat dislocation/fracture	13.15	NA	NA	10.05	9.00	1.89	090
23700		A	Fixation of shoulder	2.57	NA	NA	2.27	2.10	0.36	010
23800		A	Fusion of shoulder joint	14.73	NA	NA	10.82	10.02	2.15	090
23802		A	Fusion of shoulder joint	18.42	NA	NA	13.59	12.02	2.66	090
23900		A	Amputation of arm & girdle	20.72	NA	NA	13.98	11.65	3.01	090
23920		A	Amputation at shoulder joint	16.23	NA	NA	11.87	10.11	2.35	090
23921		A	Amputation follow-up surgery	5.72	NA	NA	4.80	3.99	1.00	090
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930		A	Drainage of arm lesion	2.99	5.68	5.50	2.39	2.21	0.45	010
23931		A	Drainage of arm bursa	1.84	4.98	4.84	2.08	1.95	0.25	010
23935		A	Drain arm/elbow bone lesion	6.38	NA	NA	5.98	5.54	0.91	090
24000		A	Exploratory elbow surgery	6.08	NA	NA	5.73	5.27	0.86	090
24006		A	Release elbow joint	9.74	NA	NA	7.99	7.38	1.34	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
24065		A	Biopsy arm/elbow soft tissue	2.13	4.18	4.04	2.10	1.98	0.25	010
24066		A	Biopsy arm/elbow soft tissue	5.35	9.59	8.84	4.79	4.28	0.79	090
24071		A	Exc arm/elbow les sc = 3 cm	5.70	NA	NA	4.44	4.44	0.85	090
24073		A	Ex arm/elbow tum deep > 5 cm	10.13	NA	NA	7.23	7.23	1.48	090
24075		A	Exc arm/elbow les sc < 3 cm	4.24	7.53	7.38	3.99	3.55	0.62	090
24076		A	Ex arm/elbow tum deep < 5 cm	7.41	NA	NA	6.03	5.12	1.09	090
24077		A	Resect arm/elbow tum < 5 cm	15.72	NA	NA	10.29	8.07	2.34	090
24079		A	Resect arm/elbow tum > 5 cm	20.61	NA	NA	11.27	11.27	3.22	090
24100		A	Biopsy elbow joint lining	5.07	NA	NA	5.20	4.67	0.74	090
24101		A	Explore/treat elbow joint	6.30	NA	NA	6.04	5.63	0.89	090
24102		A	Remove elbow joint lining	8.26	NA	NA	7.06	6.50	1.14	090
24105		A	Removal of elbow bursa	3.78	NA	NA	4.79	4.37	0.53	090
24110		A	Remove humerus lesion	7.58	NA	NA	6.93	6.39	1.10	090
24115		A	Remove/graft bone lesion	10.12	NA	NA	6.91	7.13	1.46	090
24116		A	Remove/graft bone lesion	12.23	NA	NA	9.22	8.51	1.77	090
24120		A	Remove elbow lesion	6.82	NA	NA	6.23	5.72	0.95	090
24125		A	Remove/graft bone lesion	8.14	NA	NA	7.20	6.52	1.17	090
24126		A	Remove/graft bone lesion	8.62	NA	NA	7.44	6.86	1.24	090
24130		A	Removal of head of radius	6.42	NA	NA	6.18	5.71	0.88	090
24134		A	Removal of arm bone lesion	10.22	NA	NA	8.32	7.83	1.47	090
24136		A	Remove radius bone lesion	8.40	NA	NA	7.21	6.08	1.21	090
24138		A	Remove elbow bone lesion	8.50	NA	NA	8.15	7.49	1.22	090
24140		A	Partial removal of arm bone	9.55	NA	NA	8.00	7.65	1.31	090
24145		A	Partial removal of radius	7.81	NA	NA	6.83	6.61	1.13	090
24147		A	Partial removal of elbow	7.84	NA	NA	7.52	7.21	1.11	090
24149		A	Radical resection of elbow	16.22	NA	NA	13.17	11.90	2.19	090
24150		A	Resect distal humerus tumor	23.46	NA	NA	15.52	10.86	3.40	090
24152		A	Resect radius tumor	19.99	NA	NA	13.81	8.89	2.89	090
24155		A	Removal of elbow joint	12.09	NA	NA	9.14	8.36	1.75	090
24160		A	Remove elbow joint implant	8.00	NA	NA	7.06	6.52	1.10	090
24164		A	Remove radius head implant	6.43	NA	NA	5.86	5.45	0.93	090
24200		A	Removal of arm foreign body	1.81	3.20	2.99	1.67	1.51	0.23	010
24201		A	Removal of arm foreign body	4.70	8.88	8.53	4.37	4.05	0.68	090
24220		A	Injection for elbow x-ray	1.31	2.59	2.92	0.46	0.50	0.09	000
24300		A	Manipulate elbow w/anesth	4.04	NA	NA	5.95	5.53	0.53	090
24301		A	Muscle/tendon transfer	10.38	NA	NA	8.28	7.72	1.49	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
24305		A	Arm tendon lengthening	7.62	NA	NA	6.83	6.32	1.00	090
24310		A	Revision of arm tendon	6.12	NA	NA	5.74	5.29	0.87	090
24320		A	Repair of arm tendon	10.86	NA	NA	8.54	7.81	1.57	090
24330		A	Revision of arm muscles	9.79	NA	NA	8.01	7.42	1.41	090
24331		A	Revision of arm muscles	10.95	NA	NA	8.58	8.03	1.59	090
24332		A	Tenolysis, triceps	7.91	NA	NA	7.22	6.66	1.14	090
24340		A	Repair of biceps tendon	8.08	NA	NA	7.13	6.62	1.16	090
24341		A	Repair arm tendon/muscle	9.49	NA	NA	9.06	8.18	1.36	090
24342		A	Repair of ruptured tendon	10.86	NA	NA	8.58	7.97	1.52	090
24343		A	Repr elbow lat ligmnt w/tiss	9.16	NA	NA	8.51	7.81	1.23	090
24344		A	Reconstruct elbow lat ligmnt	15.21	NA	NA	12.08	11.10	2.21	090
24345		A	Repr elbw med ligmnt w/tissu	9.16	NA	NA	8.38	7.69	1.23	090
24346		A	Reconstruct elbow med ligmnt	15.21	NA	NA	12.08	11.16	2.21	090
24357		A	Repair elbow, perc	5.44	NA	NA	5.62	5.22	0.76	090
24358		A	Repair elbow w/deb, open	6.66	NA	NA	6.34	5.86	0.92	090
24359		A	Repair elbow deb/attch open	8.98	NA	NA	7.49	6.75	1.23	090
24360		A	Reconstruct elbow joint	12.67	NA	NA	9.69	9.02	1.82	090
24361		A	Reconstruct elbow joint	14.41	NA	NA	10.64	9.95	2.09	090
24362		A	Reconstruct elbow joint	15.32	NA	NA	11.09	10.27	2.23	090
24363		A	Replace elbow joint	22.65	NA	NA	15.12	13.72	3.09	090
24365		A	Reconstruct head of radius	8.62	NA	NA	7.21	6.73	1.24	090
24366		A	Reconstruct head of radius	9.36	NA	NA	7.63	7.08	1.30	090
24400		A	Revision of humerus	11.33	NA	NA	9.12	8.46	1.61	090
24410		A	Revision of humerus	15.11	NA	NA	11.21	10.14	2.20	090
24420		A	Revision of humerus	13.73	NA	NA	10.89	10.10	1.99	090
24430		A	Repair of humerus	15.25	NA	NA	11.28	10.21	2.17	090
24435		A	Repair humerus with graft	14.99	NA	NA	11.95	10.89	2.15	090
24470		A	Revision of elbow joint	8.93	NA	NA	7.68	6.41	1.30	090
24495		A	Decompression of forearm	8.41	NA	NA	7.47	7.39	1.32	090
24498		A	Reinforce humerus	12.28	NA	NA	9.30	8.68	1.77	090
24500		A	Treat humerus fracture	3.41	5.25	4.80	4.52	4.03	0.47	090
24505		A	Treat humerus fracture	5.39	6.84	6.33	5.76	5.30	0.77	090
24515		A	Treat humerus fracture	12.12	NA	NA	9.73	8.99	1.72	090
24516		A	Treat humerus fracture	12.19	NA	NA	9.29	8.62	1.75	090
24530		A	Treat humerus fracture	3.69	5.57	5.10	4.74	4.27	0.51	090
24535		A	Treat humerus fracture	7.11	8.07	7.47	6.98	6.43	1.01	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
24538		A	Treat humerus fracture	9.77	NA	NA	8.58	8.07	1.41	090
24545		A	Treat humerus fracture	13.15	NA	NA	10.07	9.07	1.88	090
24546		A	Treat humerus fracture	14.91	NA	NA	11.09	10.36	2.13	090
24560		A	Treat humerus fracture	2.98	4.82	4.40	4.05	3.58	0.41	090
24565		A	Treat humerus fracture	5.78	7.23	6.38	6.21	5.44	0.84	090
24566		A	Treat humerus fracture	9.06	NA	NA	8.63	7.94	1.32	090
24575		A	Treat humerus fracture	9.71	NA	NA	8.50	7.90	1.38	090
24576		A	Treat humerus fracture	3.06	5.20	4.73	4.41	3.93	0.43	090
24577		A	Treat humerus fracture	6.01	7.40	6.61	6.33	5.60	0.87	090
24579		A	Treat humerus fracture	11.44	NA	NA	9.39	8.63	1.62	090
24582		A	Treat humerus fracture	10.14	NA	NA	9.80	8.89	1.46	090
24586		A	Treat elbow fracture	15.78	NA	NA	11.36	10.59	2.24	090
24587		A	Treat elbow fracture	15.79	NA	NA	11.54	10.59	2.15	090
24600		A	Treat elbow dislocation	4.37	4.47	4.19	3.80	3.44	0.56	090
24605		A	Treat elbow dislocation	5.64	NA	NA	5.87	5.36	0.80	090
24615		A	Treat elbow dislocation	9.83	NA	NA	7.94	7.37	1.35	090
24620		A	Treat elbow fracture	7.22	NA	NA	6.35	5.97	1.00	090
24635		A	Treat elbow fracture	8.80	NA	NA	7.94	8.54	1.23	090
24640		A	Treat elbow dislocation	1.25	1.96	1.68	0.98	0.85	0.17	010
24650		A	Treat radius fracture	2.31	4.03	3.69	3.54	3.14	0.31	090
24655		A	Treat radius fracture	4.62	6.09	5.62	5.20	4.75	0.63	090
24665		A	Treat radius fracture	8.36	NA	NA	7.82	7.22	1.17	090
24666		A	Treat radius fracture	9.86	NA	NA	8.42	7.77	1.37	090
24670		A	Treat ulnar fracture	2.69	4.35	4.02	3.71	3.34	0.37	090
24675		A	Treat ulnar fracture	4.91	6.22	5.81	5.31	4.93	0.68	090
24685		A	Treat ulnar fracture	8.37	NA	NA	7.85	7.23	1.19	090
24800		A	Fusion of elbow joint	11.41	NA	NA	9.18	7.98	1.65	090
24802		A	Fusion/graft of elbow joint	14.32	NA	NA	10.61	9.77	2.08	090
24900		A	Amputation of upper arm	10.18	NA	NA	7.96	7.20	1.48	090
24920		A	Amputation of upper arm	10.13	NA	NA	8.06	7.11	1.46	090
24925		A	Amputation follow-up surgery	7.30	NA	NA	6.66	6.13	1.06	090
24930		A	Amputation follow-up surgery	10.83	NA	NA	8.40	7.45	1.57	090
24931		A	Amputate upper arm & implant	13.44	NA	NA	7.04	6.69	0.70	090
24935		A	Revision of amputation	16.45	NA	NA	12.23	9.04	2.38	090
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	090
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
25000		A	Incision of tendon sheath	3.55	NA	NA	4.72	4.80	0.47	090
25001		A	Incise flexor carpi radialis	3.79	NA	NA	4.67	4.26	0.49	090
25020		A	Decompress forearm 1 space	6.06	NA	NA	8.13	7.82	0.78	090
25023		A	Decompress forearm 1 space	13.83	NA	NA	14.01	12.83	2.01	090
25024		A	Decompress forearm 2 spaces	10.79	NA	NA	8.47	7.86	1.56	090
25025		A	Decompress forearm 2 spaces	17.94	NA	NA	12.65	11.10	2.60	090
25028		A	Drainage of forearm lesion	5.39	NA	NA	7.37	7.02	0.76	090
25031		A	Drainage of forearm bursa	4.26	NA	NA	4.68	4.74	0.61	090
25035		A	Treat forearm bone lesion	7.65	NA	NA	6.52	7.49	1.09	090
25040		A	Explore/treat wrist joint	7.50	NA	NA	6.51	6.22	1.00	090
25065		A	Biopsy forearm soft tissues	2.04	4.25	4.10	2.12	2.02	0.24	010
25066		A	Biopsy forearm soft tissues	4.27	NA	NA	4.51	4.71	0.59	090
25071		A	Exc forearm les sc > 3 cm	5.91	NA	NA	4.74	4.74	0.86	090
25073		A	Exc forearm tum deep = 3 cm	7.13	NA	NA	6.20	6.20	1.00	090
25075		A	Exc forearm les sc < 3 cm	3.96	7.53	4.94	3.96	4.03	0.56	090
25076		A	Exc forearm tum deep < 3 cm	6.74	NA	NA	6.02	5.73	0.94	090
25077		A	Resect forearm/wrist tum<3cm	12.93	NA	NA	9.12	8.22	1.92	090
25078		A	Resect forearm/wrist tum=3cm	17.69	NA	NA	10.19	10.19	2.78	090
25085		A	Incision of wrist capsule	5.64	NA	NA	5.47	5.43	0.81	090
25100		A	Biopsy of wrist joint	4.02	NA	NA	4.46	4.29	0.57	090
25101		A	Explore/treat wrist joint	4.83	NA	NA	5.16	4.93	0.66	090
25105		A	Remove wrist joint lining	6.02	NA	NA	6.00	5.81	0.81	090
25107		A	Remove wrist joint cartilage	7.70	NA	NA	7.66	7.23	1.00	090
25109		A	Excise tendon forearm/wrist	6.94	NA	NA	6.47	5.79	0.91	090
25110		A	Remove wrist tendon lesion	4.04	NA	NA	4.35	4.54	0.55	090
25111		A	Remove wrist tendon lesion	3.53	NA	NA	4.31	4.08	0.49	090
25112		A	Reremove wrist tendon lesion	4.67	NA	NA	4.83	4.56	0.64	090
25115		A	Remove wrist/forearm lesion	10.09	NA	NA	8.92	9.23	1.32	090
25116		A	Remove wrist/forearm lesion	7.56	NA	NA	7.41	7.97	0.98	090
25118		A	Excise wrist tendon sheath	4.51	NA	NA	4.93	4.74	0.59	090
25119		A	Partial removal of ulna	6.21	NA	NA	6.04	5.93	0.90	090
25120		A	Removal of forearm lesion	6.27	NA	NA	6.06	6.81	0.86	090
25125		A	Remove/graft forearm lesion	7.67	NA	NA	6.97	7.67	1.11	090
25126		A	Remove/graft forearm lesion	7.74	NA	NA	7.00	7.64	1.12	090
25130		A	Removal of wrist lesion	5.43	NA	NA	5.69	5.43	0.73	090
25135		A	Remove & graft wrist lesion	7.08	NA	NA	7.05	6.52	1.02	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
25136		A	Remove & graft wrist lesion	6.14	NA	NA	6.00	5.73	0.89	090
25145		A	Remove forearm bone lesion	6.54	NA	NA	6.20	6.92	0.94	090
25150		A	Partial removal of ulna	7.38	NA	NA	6.64	6.50	1.00	090
25151		A	Partial removal of radius	7.68	NA	NA	6.91	7.49	1.11	090
25170		A	Resect radius/ulnar tumor	22.21	NA	NA	14.81	11.05	3.21	090
25210		A	Removal of wrist bone	6.12	NA	NA	6.06	5.77	0.79	090
25215		A	Removal of wrist bones	8.14	NA	NA	7.31	7.07	1.03	090
25230		A	Partial removal of radius	5.37	NA	NA	5.39	5.14	0.66	090
25240		A	Partial removal of ulna	5.31	NA	NA	5.37	5.29	0.67	090
25246		A	Injection for wrist x-ray	1.45	2.50	2.84	0.49	0.54	0.10	000
25248		A	Remove forearm foreign body	5.31	NA	NA	4.90	5.19	0.77	090
25250		A	Removal of wrist prosthesis	6.77	NA	NA	6.30	5.85	0.97	090
25251		A	Removal of wrist prosthesis	9.82	NA	NA	8.01	7.45	1.42	090
25259		A	Manipulate wrist w/anesthes	4.04	NA	NA	6.00	5.58	0.53	090
25260		A	Repair forearm tendon/muscle	8.04	NA	NA	7.64	8.16	1.09	090
25263		A	Repair forearm tendon/muscle	8.04	NA	NA	7.43	8.09	1.16	090
25265		A	Repair forearm tendon/muscle	10.10	NA	NA	8.44	9.02	1.45	090
25270		A	Repair forearm tendon/muscle	6.17	NA	NA	6.06	6.75	0.85	090
25272		A	Repair forearm tendon/muscle	7.21	NA	NA	6.56	7.30	0.97	090
25274		A	Repair forearm tendon/muscle	8.94	NA	NA	7.60	8.27	1.30	090
25275		A	Repair forearm tendon sheath	8.96	NA	NA	7.74	7.24	1.30	090
25280		A	Revise wrist/forearm tendon	7.39	NA	NA	6.75	7.38	0.94	090
25290		A	Incise wrist/forearm tendon	5.43	NA	NA	5.39	6.86	0.72	090
25295		A	Release wrist/forearm tendon	6.72	NA	NA	6.32	7.01	0.87	090
25300		A	Fusion of tendons at wrist	9.02	NA	NA	7.91	7.50	1.31	090
25301		A	Fusion of tendons at wrist	8.59	NA	NA	7.52	7.08	1.15	090
25310		A	Transplant forearm tendon	8.08	NA	NA	7.44	7.95	1.02	090
25312		A	Transplant forearm tendon	9.82	NA	NA	8.20	8.71	1.31	090
25315		A	Revise palsy hand tendon(s)	10.68	NA	NA	8.45	9.09	1.54	090
25316		A	Revise palsy hand tendon(s)	12.90	NA	NA	10.62	10.35	1.18	090
25320		A	Repair/revise wrist joint	12.75	NA	NA	11.99	10.96	1.66	090
25332		A	Revise wrist joint	11.74	NA	NA	9.27	8.62	1.60	090
25335		A	Realignment of hand	13.39	NA	NA	7.20	8.96	0.70	090
25337		A	Reconstruct ulna/radioulnar	11.73	NA	NA	10.56	9.86	1.48	090
25350		A	Revision of radius	9.09	NA	NA	7.76	8.41	1.18	090
25355		A	Revision of radius	10.53	NA	NA	8.47	9.09	1.52	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
25360		A	Revision of ulna	8.74	NA	NA	7.53	8.23	1.21	090
25365		A	Revise radius & ulna	12.91	NA	NA	9.83	10.17	1.87	090
25370		A	Revise radius or ulna	14.10	NA	NA	10.91	11.16	2.04	090
25375		A	Revise radius & ulna	13.55	NA	NA	7.26	9.94	0.70	090
25390		A	Shorten radius or ulna	10.70	NA	NA	8.65	9.14	1.38	090
25391		A	Lengthen radius or ulna	14.28	NA	NA	10.50	10.90	2.08	090
25392		A	Shorten radius & ulna	14.58	NA	NA	10.65	11.07	2.13	090
25393		A	Lengthen radius & ulna	16.56	NA	NA	11.63	12.00	2.41	090
25394		A	Repair carpal bone, shorten	10.85	NA	NA	8.60	7.94	1.57	090
25400		A	Repair radius or ulna	11.28	NA	NA	8.89	9.45	1.52	090
25405		A	Repair/graft radius or ulna	15.01	NA	NA	11.04	11.42	2.01	090
25415		A	Repair radius & ulna	13.80	NA	NA	10.69	11.06	2.00	090
25420		A	Repair/graft radius & ulna	17.04	NA	NA	12.08	12.50	2.48	090
25425		A	Repair/graft radius or ulna	13.72	NA	NA	10.23	11.63	1.99	090
25426		A	Repair/graft radius & ulna	16.45	NA	NA	11.57	10.59	2.38	090
25430		A	Vasc graft into carpal bone	9.71	NA	NA	8.94	7.76	0.89	090
25431		A	Repair nonunion carpal bone	10.89	NA	NA	8.69	7.92	1.58	090
25440		A	Repair/graft wrist bone	10.68	NA	NA	8.45	8.06	1.39	090
25441		A	Reconstruct wrist joint	13.29	NA	NA	10.83	9.59	1.21	090
25442		A	Reconstruct wrist joint	11.12	NA	NA	9.23	8.47	1.02	090
25443		A	Reconstruct wrist joint	10.66	NA	NA	8.70	8.15	1.54	090
25444		A	Reconstruct wrist joint	11.42	NA	NA	6.47	7.80	0.59	090
25445		A	Reconstruct wrist joint	9.88	NA	NA	8.13	7.52	1.32	090
25446		A	Wrist replacement	17.30	NA	NA	12.32	11.31	2.17	090
25447		A	Repair wrist joint(s)	11.14	NA	NA	9.61	8.72	1.44	090
25449		A	Remove wrist joint implant	14.94	NA	NA	10.81	10.07	2.17	090
25450		A	Revision of wrist joint	8.06	NA	NA	6.44	6.36	1.16	090
25455		A	Revision of wrist joint	9.71	NA	NA	5.86	6.77	0.50	090
25490		A	Reinforce radius	9.73	NA	NA	7.33	8.23	0.92	090
25491		A	Reinforce ulna	10.15	NA	NA	8.19	8.85	1.46	090
25492		A	Reinforce radius and ulna	12.66	NA	NA	9.80	10.20	1.82	090
25500		A	Treat fracture of radius	2.60	3.97	3.57	3.47	3.03	0.33	090
25505		A	Treat fracture of radius	5.45	6.91	6.35	5.95	5.42	0.76	090
25515		A	Treat fracture of radius	8.80	NA	NA	7.83	7.22	1.23	090
25520		A	Treat fracture of radius	6.50	7.39	6.52	6.72	5.88	0.94	090
25525		A	Treat fracture of radius	10.55	NA	NA	8.89	8.53	1.48	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
25526		A	Treat fracture of radius	13.15	NA	NA	10.43	10.38	1.91	090
25530		A	Treat fracture of ulna	2.24	4.09	3.74	3.51	3.14	0.30	090
25535		A	Treat fracture of ulna	5.36	6.66	6.07	5.83	5.32	0.75	090
25545		A	Treat fracture of ulna	7.94	NA	NA	7.52	7.01	1.11	090
25560		A	Treat fracture radius & ulna	2.59	4.08	3.67	3.48	3.02	0.35	090
25565		A	Treat fracture radius & ulna	5.85	6.95	6.46	5.85	5.39	0.81	090
25574		A	Treat fracture radius & ulna	8.80	NA	NA	7.94	7.23	1.25	090
25575		A	Treat fracture radius/ulna	12.29	NA	NA	10.12	9.31	1.72	090
25600		A	Treat fracture radius/ulna	2.78	4.34	3.98	3.76	3.34	0.38	090
25605		A	Treat fracture radius/ulna	7.25	8.13	7.39	7.30	6.59	1.02	090
25606		A	Treat fx distal radial	8.31	NA	NA	8.05	7.66	1.18	090
25607		A	Treat fx rad extra-articul	9.56	NA	NA	8.71	7.82	1.34	090
25608		A	Treat fx rad intra-articul	11.07	NA	NA	9.50	8.51	1.52	090
25609		A	Treat fx radial 3+ frag	14.38	NA	NA	11.80	10.57	1.98	090
25622		A	Treat wrist bone fracture	2.79	4.62	4.19	3.99	3.51	0.38	090
25624		A	Treat wrist bone fracture	4.77	6.59	6.11	5.63	5.15	0.65	090
25628		A	Treat wrist bone fracture	9.67	NA	NA	8.32	7.65	1.28	090
25630		A	Treat wrist bone fracture	3.03	4.46	4.06	3.88	3.40	0.41	090
25635		A	Treat wrist bone fracture	4.61	6.46	5.75	5.54	4.68	0.66	090
25645		A	Treat wrist bone fracture	7.42	NA	NA	6.63	6.14	1.08	090
25650		A	Treat wrist bone fracture	3.23	4.56	4.18	4.11	3.62	0.44	090
25651		A	Pin ulnar styloid fracture	5.82	NA	NA	6.18	5.61	0.81	090
25652		A	Treat fracture ulnar styloid	8.06	NA	NA	7.44	6.84	1.08	090
25660		A	Treat wrist dislocation	4.98	NA	NA	5.18	4.69	0.66	090
25670		A	Treat wrist dislocation	8.09	NA	NA	7.02	6.53	1.10	090
25671		A	Pin radioulnar dislocation	6.46	NA	NA	6.60	6.04	0.93	090
25675		A	Treat wrist dislocation	4.89	5.74	5.29	4.90	4.48	0.64	090
25676		A	Treat wrist dislocation	8.29	NA	NA	7.33	6.84	1.13	090
25680		A	Treat wrist fracture	6.23	NA	NA	5.45	4.85	0.79	090
25685		A	Treat wrist fracture	10.09	NA	NA	8.16	7.49	1.45	090
25690		A	Treat wrist dislocation	5.72	NA	NA	6.08	5.43	0.84	090
25695		A	Treat wrist dislocation	8.51	NA	NA	7.17	6.67	1.22	090
25800		A	Fusion of wrist joint	10.07	NA	NA	8.32	7.84	1.33	090
25805		A	Fusion/graft of wrist joint	11.73	NA	NA	9.24	8.86	1.69	090
25810		A	Fusion/graft of wrist joint	11.95	NA	NA	9.81	9.10	1.56	090
25820		A	Fusion of hand bones	7.64	NA	NA	7.69	7.14	1.01	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
25825		A	Fuse hand bones with graft	9.69	NA	NA	9.22	8.57	1.24	090
25830		A	Fusion, radioulnar jnt/ulna	10.88	NA	NA	12.59	12.05	1.58	090
25900		A	Amputation of forearm	9.61	NA	NA	8.02	8.34	1.34	090
25905		A	Amputation of forearm	9.59	NA	NA	7.80	8.05	1.39	090
25907		A	Amputation follow-up surgery	8.09	NA	NA	7.06	7.39	1.17	090
25909		A	Amputation follow-up surgery	9.31	NA	NA	7.66	7.98	1.35	090
25915		A	Amputation of forearm	17.52	NA	NA	6.50	11.01	2.28	090
25920		A	Amputate hand at wrist	9.03	NA	NA	8.18	7.54	1.31	090
25922		A	Amputate hand at wrist	7.65	NA	NA	5.22	5.95	0.39	090
25924		A	Amputation follow-up surgery	8.81	NA	NA	7.97	7.37	1.26	090
25927		A	Amputation of hand	9.09	NA	NA	10.75	9.95	1.32	090
25929		A	Amputation follow-up surgery	7.82	NA	NA	6.92	5.88	1.13	090
25931		A	Amputation follow-up surgery	8.04	NA	NA	8.53	8.95	1.25	090
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010		A	Drainage of finger abscess	1.59	4.68	4.54	1.83	1.64	0.20	010
26011		A	Drainage of finger abscess	2.24	7.10	7.02	2.37	2.18	0.29	010
26020		A	Drain hand tendon sheath	5.08	NA	NA	5.67	5.21	0.68	090
26025		A	Drainage of palm bursa	5.08	NA	NA	5.44	4.93	0.67	090
26030		A	Drainage of palm bursa(s)	6.25	NA	NA	6.02	5.52	0.85	090
26034		A	Treat hand bone lesion	6.63	NA	NA	6.70	6.16	0.90	090
26035		A	Decompress fingers/hand	11.37	NA	NA	9.86	8.71	1.64	090
26037		A	Decompress fingers/hand	7.57	NA	NA	6.66	6.10	1.06	090
26040		A	Release palm contracture	3.46	NA	NA	4.28	3.92	0.41	090
26045		A	Release palm contracture	5.73	NA	NA	5.83	5.39	0.80	090
26055		A	Incise finger tendon sheath	3.11	10.28	10.43	4.50	4.09	0.41	090
26060		A	Incision of finger tendon	2.91	NA	NA	3.66	3.39	0.40	090
26070		A	Explore/treat hand joint	3.81	NA	NA	3.82	3.42	0.48	090
26075		A	Explore/treat finger joint	3.91	NA	NA	4.14	3.73	0.49	090
26080		A	Explore/treat finger joint	4.47	NA	NA	5.14	4.73	0.57	090
26100		A	Biopsy hand joint lining	3.79	NA	NA	4.40	3.96	0.54	090
26105		A	Biopsy finger joint lining	3.83	NA	NA	4.42	4.05	0.55	090
26110		A	Biopsy finger joint lining	3.65	NA	NA	4.31	3.95	0.47	090
26111		A	Exc hand les sc > 1.5 cm	5.42	NA	NA	5.01	5.01	0.73	090
26113		A	Exc hand tum deep > 1.5 cm	7.13	NA	NA	6.61	6.61	0.92	090
26115		A	Exc hand les sc < 1.5 cm	3.96	8.04	10.09	4.36	4.45	0.52	090
26116		A	Exc hand tum deep < 1.5 cm	6.74	NA	NA	6.41	5.84	0.88	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
26117		A	Exc hand tum ra < 3 cm	10.13	NA	NA	8.60	7.15	1.36	090
26118		A	Exc hand tum ra > 3 cm	14.81	NA	NA	11.84	11.84	2.16	090
26121		A	Release palm contracture	7.73	NA	NA	7.17	6.61	1.03	090
26123		A	Release palm contracture	10.88	NA	NA	9.97	9.02	1.41	090
26125		A	Release palm contracture	4.60	NA	NA	2.42	2.23	0.60	ZZZ
26130		A	Remove wrist joint lining	5.59	NA	NA	5.80	5.29	0.78	090
26135		A	Revise finger joint, each	7.13	NA	NA	6.57	6.09	0.93	090
26140		A	Revise finger joint, each	6.34	NA	NA	6.20	5.74	0.84	090
26145		A	Tendon excision, palm/finger	6.49	NA	NA	6.25	5.76	0.87	090
26160		A	Remove tendon sheath lesion	3.57	10.23	10.05	4.65	4.23	0.48	090
26170		A	Removal of palm tendon, each	4.91	NA	NA	5.21	4.79	0.63	090
26180		A	Removal of finger tendon	5.35	NA	NA	5.72	5.26	0.66	090
26185		A	Remove finger bone	6.52	NA	NA	7.00	6.34	0.94	090
26200		A	Remove hand bone lesion	5.65	NA	NA	5.52	5.13	0.76	090
26205		A	Remove/graft bone lesion	7.93	NA	NA	6.94	6.50	1.15	090
26210		A	Removal of finger lesion	5.32	NA	NA	5.64	5.21	0.70	090
26215		A	Remove/graft finger lesion	7.27	NA	NA	6.62	6.09	1.06	090
26230		A	Partial removal of hand bone	6.47	NA	NA	5.96	5.55	0.83	090
26235		A	Partial removal, finger bone	6.33	NA	NA	6.01	5.54	0.81	090
26236		A	Partial removal, finger bone	5.46	NA	NA	5.53	5.09	0.72	090
26250		A	Extensive hand surgery	15.21	NA	NA	11.45	7.49	2.21	090
26260		A	Resect prox finger tumor	11.16	NA	NA	8.81	6.55	1.61	090
26262		A	Resect distal finger tumor	8.29	NA	NA	7.39	5.61	1.19	090
26320		A	Removal of implant from hand	4.10	NA	NA	4.50	4.16	0.52	090
26340		A	Manipulate finger w/anesth	2.80	NA	NA	5.34	4.90	0.38	090
26350		A	Repair finger/hand tendon	6.21	NA	NA	10.91	10.96	0.83	090
26352		A	Repair/graft hand tendon	7.87	NA	NA	11.74	11.60	1.14	090
26356		A	Repair finger/hand tendon	10.62	NA	NA	15.96	15.38	1.41	090
26357		A	Repair finger/hand tendon	8.77	NA	NA	12.18	12.04	1.26	090
26358		A	Repair/graft hand tendon	9.36	NA	NA	12.75	12.66	1.36	090
26370		A	Repair finger/hand tendon	7.28	NA	NA	11.10	11.17	1.00	090
26372		A	Repair/graft hand tendon	9.01	NA	NA	12.30	12.31	1.31	090
26373		A	Repair finger/hand tendon	8.41	NA	NA	12.01	11.95	1.21	090
26390		A	Revise hand/finger tendon	9.43	NA	NA	10.83	10.49	1.37	090
26392		A	Repair/graft hand tendon	10.50	NA	NA	13.04	12.78	1.52	090
26410		A	Repair hand tendon	4.77	NA	NA	8.79	8.86	0.64	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
26412		A	Repair/graft hand tendon	6.48	NA	NA	10.02	10.03	0.85	090
26415		A	Excision, hand/finger tendon	8.51	NA	NA	8.85	8.83	0.86	090
26416		A	Graft hand or finger tendon	9.56	NA	NA	11.84	9.85	1.38	090
26418		A	Repair finger tendon	4.47	NA	NA	9.34	9.34	0.60	090
26420		A	Repair/graft finger tendon	6.94	NA	NA	10.34	10.20	1.01	090
26426		A	Repair finger/hand tendon	6.32	NA	NA	6.16	7.08	0.84	090
26428		A	Repair/graft finger tendon	7.40	NA	NA	10.78	10.64	1.08	090
26432		A	Repair finger tendon	4.16	NA	NA	7.84	7.81	0.54	090
26433		A	Repair finger tendon	4.70	NA	NA	8.06	8.08	0.63	090
26434		A	Repair/graft finger tendon	6.26	NA	NA	9.27	9.09	0.91	090
26437		A	Realignment of tendons	5.99	NA	NA	9.07	8.96	0.76	090
26440		A	Release palm/finger tendon	5.16	NA	NA	9.75	9.88	0.66	090
26442		A	Release palm & finger tendon	9.75	NA	NA	13.77	13.28	1.28	090
26445		A	Release hand/finger tendon	4.45	NA	NA	9.40	9.55	0.57	090
26449		A	Release forearm/hand tendon	8.59	NA	NA	8.79	9.49	1.11	090
26450		A	Incision of palm tendon	3.79	NA	NA	6.06	5.89	0.50	090
26455		A	Incision of finger tendon	3.76	NA	NA	5.99	5.85	0.51	090
26460		A	Incise hand/finger tendon	3.58	NA	NA	5.91	5.78	0.46	090
26471		A	Fusion of finger tendons	5.90	NA	NA	9.02	8.85	0.76	090
26474		A	Fusion of finger tendons	5.49	NA	NA	8.89	8.72	0.79	090
26476		A	Tendon lengthening	5.35	NA	NA	8.82	8.51	0.78	090
26477		A	Tendon shortening	5.32	NA	NA	8.73	8.59	0.75	090
26478		A	Lengthening of hand tendon	5.97	NA	NA	9.08	9.06	0.80	090
26479		A	Shortening of hand tendon	5.91	NA	NA	9.09	8.98	0.86	090
26480		A	Transplant hand tendon	6.90	NA	NA	11.32	11.26	0.89	090
26483		A	Transplant/graft hand tendon	8.48	NA	NA	11.81	11.86	1.15	090
26485		A	Transplant palm tendon	7.89	NA	NA	11.65	11.66	1.03	090
26489		A	Transplant/graft palm tendon	9.86	NA	NA	12.72	11.60	1.42	090
26490		A	Revise thumb tendon	8.60	NA	NA	10.38	10.25	1.24	090
26492		A	Tendon transfer with graft	9.84	NA	NA	11.52	11.19	1.42	090
26494		A	Hand tendon/muscle transfer	8.66	NA	NA	10.66	10.42	1.24	090
26496		A	Revise thumb tendon	9.78	NA	NA	11.34	10.91	1.21	090
26497		A	Finger tendon transfer	9.76	NA	NA	11.20	10.92	1.41	090
26498		A	Finger tendon transfer	14.21	NA	NA	13.67	13.24	2.06	090
26499		A	Revision of finger	9.17	NA	NA	10.91	10.61	1.33	090
26500		A	Hand tendon reconstruction	6.13	NA	NA	9.02	8.90	0.84	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
26502		A	Hand tendon reconstruction	7.31	NA	NA	9.78	9.58	1.07	090
26508		A	Release thumb contracture	6.18	NA	NA	8.92	8.86	0.81	090
26510		A	Thumb tendon transfer	5.60	NA	NA	8.85	8.78	0.72	090
26516		A	Fusion of knuckle joint	7.32	NA	NA	9.75	9.54	0.95	090
26517		A	Fusion of knuckle joints	9.08	NA	NA	10.87	10.67	1.32	090
26518		A	Fusion of knuckle joints	9.27	NA	NA	10.96	10.72	1.34	090
26520		A	Release knuckle contracture	5.47	NA	NA	10.19	10.27	0.73	090
26525		A	Release finger contracture	5.50	NA	NA	10.20	10.30	0.70	090
26530		A	Revise knuckle joint	6.88	NA	NA	6.50	5.97	0.90	090
26531		A	Revise knuckle with implant	8.13	NA	NA	7.49	6.86	1.02	090
26535		A	Revise finger joint	5.41	NA	NA	5.03	4.38	0.61	090
26536		A	Revise/implant finger joint	6.56	NA	NA	10.73	9.84	0.83	090
26540		A	Repair hand joint	6.60	NA	NA	9.36	9.25	0.87	090
26541		A	Repair hand joint with graft	8.81	NA	NA	10.82	10.53	1.12	090
26542		A	Repair hand joint with graft	6.95	NA	NA	9.34	9.38	0.92	090
26545		A	Reconstruct finger joint	7.11	NA	NA	9.83	9.60	0.93	090
26546		A	Repair nonunion hand	10.83	NA	NA	13.22	12.81	1.36	090
26548		A	Reconstruct finger joint	8.22	NA	NA	10.28	10.11	1.10	090
26550		A	Construct thumb replacement	21.68	NA	NA	18.69	15.18	3.13	090
26551		A	Great toe-hand transfer	48.48	NA	NA	33.49	28.90	7.02	090
26553		A	Single transfer, toe-hand	48.17	NA	NA	23.95	21.83	2.52	090
26554		A	Double transfer, toe-hand	57.01	NA	NA	27.51	28.98	2.98	090
26555		A	Positional change of finger	17.08	NA	NA	17.33	16.06	2.48	090
26556		A	Toe joint transfer	49.75	NA	NA	13.64	19.76	2.91	090
26560		A	Repair of web finger	5.52	NA	NA	8.42	8.18	0.80	090
26561		A	Repair of web finger	11.10	NA	NA	9.86	10.41	1.73	090
26562		A	Repair of web finger	16.68	NA	NA	11.36	14.01	0.87	090
26565		A	Correct metacarpal flaw	6.91	NA	NA	9.54	9.36	1.00	090
26567		A	Correct finger deformity	6.99	NA	NA	9.59	9.41	0.91	090
26568		A	Lengthen metacarpal/finger	9.27	NA	NA	12.43	12.21	1.34	090
26580		A	Repair hand deformity	19.75	NA	NA	17.35	14.68	2.86	090
26587		A	Reconstruct extra finger	14.50	NA	NA	9.10	8.59	2.28	090
26590		A	Repair finger deformity	18.67	NA	NA	15.89	12.45	2.72	090
26591		A	Repair muscles of hand	3.38	NA	NA	6.93	7.12	0.45	090
26593		A	Release muscles of hand	5.50	NA	NA	9.07	8.89	0.68	090
26596		A	Excision constricting tissue	9.14	NA	NA	9.43	8.54	1.33	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
26600		A	Treat metacarpal fracture	2.60	4.54	4.02	4.14	3.55	0.35	090
26605		A	Treat metacarpal fracture	3.03	4.81	4.42	4.15	3.76	0.41	090
26607		A	Treat metacarpal fracture	5.48	NA	NA	5.72	5.03	0.78	090
26608		A	Treat metacarpal fracture	5.55	NA	NA	6.23	5.80	0.76	090
26615		A	Treat metacarpal fracture	7.07	NA	NA	7.21	6.34	0.95	090
26641		A	Treat thumb dislocation	4.13	4.88	4.50	4.16	3.76	0.53	090
26645		A	Treat thumb fracture	4.58	5.84	5.17	5.03	4.40	0.65	090
26650		A	Treat thumb fracture	5.35	NA	NA	6.44	6.02	0.75	090
26665		A	Treat thumb fracture	7.94	NA	NA	7.68	6.90	1.08	090
26670		A	Treat hand dislocation	3.83	4.34	3.93	3.64	3.18	0.49	090
26675		A	Treat hand dislocation	4.83	6.24	5.54	5.40	4.73	0.70	090
26676		A	Pin hand dislocation	5.74	NA	NA	6.62	6.18	0.78	090
26685		A	Treat hand dislocation	7.07	NA	NA	7.20	6.49	1.02	090
26686		A	Treat hand dislocation	8.17	NA	NA	7.23	6.68	1.18	090
26700		A	Treat knuckle dislocation	3.83	3.99	3.59	3.56	3.10	0.48	090
26705		A	Treat knuckle dislocation	4.38	5.77	5.16	4.95	4.37	0.60	090
26706		A	Pin knuckle dislocation	5.31	NA	NA	5.61	5.06	0.70	090
26715		A	Treat knuckle dislocation	7.03	NA	NA	7.11	6.34	0.96	090
26720		A	Treat finger fracture, each	1.76	3.04	2.76	2.73	2.39	0.24	090
26725		A	Treat finger fracture, each	3.48	4.81	4.45	4.05	3.65	0.47	090
26727		A	Treat finger fracture, each	5.42	NA	NA	6.17	5.76	0.73	090
26735		A	Treat finger fracture, each	7.42	NA	NA	7.40	6.52	1.01	090
26740		A	Treat finger fracture, each	2.07	3.51	3.18	3.19	2.86	0.26	090
26742		A	Treat finger fracture, each	3.99	5.04	4.68	4.26	3.88	0.53	090
26746		A	Treat finger fracture, each	9.80	NA	NA	8.74	7.49	1.31	090
26750		A	Treat finger fracture, each	1.80	2.68	2.42	2.69	2.34	0.24	090
26755		A	Treat finger fracture, each	3.23	4.42	4.10	3.51	3.15	0.43	090
26756		A	Pin finger fracture, each	4.58	NA	NA	5.72	5.33	0.61	090
26765		A	Treat finger fracture, each	5.86	NA	NA	6.54	5.65	0.80	090
26770		A	Treat finger dislocation	3.15	3.53	3.18	3.09	2.66	0.40	090
26775		A	Treat finger dislocation	3.90	5.47	5.03	4.63	4.13	0.51	090
26776		A	Pin finger dislocation	4.99	NA	NA	5.89	5.51	0.67	090
26785		A	Treat finger dislocation	6.60	NA	NA	6.94	5.96	0.89	090
26820		A	Thumb fusion with graft	8.45	NA	NA	10.56	10.39	1.22	090
26841		A	Fusion of thumb	7.35	NA	NA	10.29	10.15	1.02	090
26842		A	Thumb fusion with graft	8.49	NA	NA	10.58	10.44	1.22	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
26843		A	Fusion of hand joint	7.78	NA	NA	10.02	9.82	1.13	090
26844		A	Fusion/graft of hand joint	8.98	NA	NA	10.82	10.61	1.31	090
26850		A	Fusion of knuckle	7.14	NA	NA	9.71	9.56	0.91	090
26852		A	Fusion of knuckle with graft	8.71	NA	NA	10.74	10.45	1.08	090
26860		A	Fusion of finger joint	4.88	NA	NA	8.70	8.63	0.62	090
26861		A	Fusion of finger jnt, add-on	1.74	NA	NA	0.91	0.83	0.23	ZZZ
26862		A	Fusion/graft of finger joint	7.56	NA	NA	10.16	9.89	0.96	090
26863		A	Fuse/graft added joint	3.89	NA	NA	1.92	1.84	0.55	ZZZ
26910		A	Amputate metacarpal bone	7.79	NA	NA	9.63	9.34	1.10	090
26951		A	Amputation of finger/thumb	6.04	NA	NA	9.73	9.17	0.84	090
26952		A	Amputation of finger/thumb	6.48	NA	NA	9.14	9.06	0.89	090
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990		A	Drainage of pelvis lesion	7.95	NA	NA	7.43	6.89	1.16	090
26991		A	Drainage of pelvis bursa	7.06	10.18	9.68	5.96	5.43	1.02	090
26992		A	Drainage of bone lesion	13.48	NA	NA	10.42	9.64	1.96	090
27000		A	Incision of hip tendon	5.74	NA	NA	5.04	4.90	0.79	090
27001		A	Incision of hip tendon	7.14	NA	NA	6.29	5.81	1.03	090
27003		A	Incision of hip tendon	7.81	NA	NA	6.92	6.29	1.13	090
27005		A	Incision of hip tendon	10.07	NA	NA	8.03	7.43	1.45	090
27006		A	Incision of hip tendons	10.11	NA	NA	8.20	7.61	1.44	090
27025		A	Incision of hip/thigh fascia	12.89	NA	NA	9.85	8.87	1.89	090
27027		A	Buttock fasciotomy	13.04	NA	NA	9.10	8.07	0.67	090
27030		A	Drainage of hip joint	13.65	NA	NA	9.80	9.11	1.96	090
27033		A	Exploration of hip joint	14.11	NA	NA	10.19	9.47	2.04	090
27035		A	Denervation of hip joint	17.37	NA	NA	12.03	9.78	2.52	090
27036		A	Excision of hip joint/muscle	14.38	NA	NA	10.73	9.91	2.05	090
27040		A	Biopsy of soft tissues	2.92	5.42	5.37	2.08	2.03	0.35	010
27041		A	Biopsy of soft tissues	10.18	NA	NA	6.61	6.40	1.33	090
27043		A	Exc hip pelvis les sc > 3 cm	6.88	NA	NA	4.80	4.80	1.04	090
27045		A	Exc hip/pelv tum deep > 5 cm	11.13	NA	NA	7.43	7.43	1.66	090
27047		A	Exc hip/pelvis les sc < 3 cm	4.94	6.55	7.03	4.12	4.56	0.75	090
27048		A	Exc hip/pelv tum deep < 5 cm	8.85	NA	NA	6.34	5.21	1.33	090
27049		A	Resect hip/pelv tum < 5 cm	21.55	NA	NA	12.42	9.54	3.18	090
27050		A	Biopsy of sacroiliac joint	4.74	NA	NA	5.13	4.02	0.68	090
27052		A	Biopsy of hip joint	7.42	NA	NA	6.85	6.13	1.08	090
27054		A	Removal of hip joint lining	9.21	NA	NA	7.83	7.18	1.33	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27057		A	Buttock fasciotomy w/dbrdmt	14.91	NA	NA	10.41	8.97	0.78	090
27059		A	Resect hip/pelv tum > 5 cm	29.35	NA	NA	15.99	15.99	4.25	090
27060		A	Removal of ischial bursa	5.87	NA	NA	4.60	4.46	0.86	090
27062		A	Remove femur lesion/bursa	5.75	NA	NA	5.51	5.07	0.83	090
27065		A	Removal of hip bone lesion	6.55	NA	NA	6.03	5.55	0.94	090
27066		A	Removal of hip bone lesion	11.20	NA	NA	9.01	8.29	1.62	090
27067		A	Remove/graft hip bone lesion	14.72	NA	NA	11.03	10.23	2.14	090
27070		A	Partial removal of hip bone	11.56	NA	NA	9.70	8.93	1.67	090
27071		A	Partial removal of hip bone	12.39	NA	NA	10.25	9.54	1.79	090
27075		A	Resect hip tumor	32.71	NA	NA	19.21	18.43	4.73	090
27076		A	Resect hip tum incl acetabul	40.21	NA	NA	22.93	16.12	5.83	090
27077		A	Resect hip tum w/innom bone	45.21	NA	NA	26.23	22.49	6.55	090
27078		A	Rsect hip tum incl femur	32.21	NA	NA	19.83	12.20	4.66	090
27080		A	Removal of tail bone	6.89	NA	NA	5.76	5.12	1.04	090
27086		A	Remove hip foreign body	1.92	4.06	4.01	1.75	1.67	0.23	010
27087		A	Remove hip foreign body	8.83	NA	NA	6.96	6.42	1.25	090
27090		A	Removal of hip prosthesis	11.69	NA	NA	9.00	8.34	1.68	090
27091		A	Removal of hip prosthesis	24.35	NA	NA	15.89	14.41	3.53	090
27093		A	Injection for hip x-ray	1.30	3.38	3.50	0.54	0.52	0.10	000
27095		A	Injection for hip x-ray	1.50	4.22	4.32	0.64	0.59	0.13	000
27096		A	Inject sacroiliac joint	1.40	3.41	3.15	0.55	0.41	0.09	000
27097		A	Revision of hip tendon	9.27	NA	NA	7.63	6.81	1.34	090
27098		A	Transfer tendon to pelvis	9.32	NA	NA	5.87	5.80	1.35	090
27100		A	Transfer of abdominal muscle	11.35	NA	NA	9.15	8.43	1.64	090
27105		A	Transfer of spinal muscle	12.04	NA	NA	9.49	8.79	1.73	090
27110		A	Transfer of iliopsoas muscle	13.77	NA	NA	10.34	9.37	2.00	090
27111		A	Transfer of iliopsoas muscle	12.60	NA	NA	9.76	8.26	1.81	090
27120		A	Reconstruction of hip socket	19.25	NA	NA	13.24	11.98	2.79	090
27122		A	Reconstruction of hip socket	16.09	NA	NA	11.46	10.61	2.32	090
27125		A	Partial hip replacement	16.64	NA	NA	11.74	10.71	2.41	090
27130		A	Total hip arthroplasty	21.79	NA	NA	14.48	13.25	3.15	090
27132		A	Total hip arthroplasty	25.69	NA	NA	16.55	15.24	3.72	090
27134		A	Revise hip joint replacement	30.28	NA	NA	18.18	16.87	4.38	090
27137		A	Revise hip joint replacement	22.70	NA	NA	14.46	13.36	3.28	090
27138		A	Revise hip joint replacement	23.70	NA	NA	14.94	13.82	3.43	090
27140		A	Transplant femur ridge	12.78	NA	NA	9.58	8.90	1.85	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27146		A	Incision of hip bone	18.92	NA	NA	13.19	11.83	2.75	090
27147		A	Revision of hip bone	22.07	NA	NA	14.74	13.52	3.19	090
27151		A	Incision of hip bones	24.12	NA	NA	15.75	13.22	3.50	090
27156		A	Revision of hip bones	26.23	NA	NA	16.79	15.26	3.79	090
27158		A	Revision of pelvis	21.04	NA	NA	14.04	12.54	3.05	090
27161		A	Incision of neck of femur	17.89	NA	NA	12.50	11.61	2.58	090
27165		A	Incision/fixation of femur	20.29	NA	NA	14.17	12.93	2.93	090
27170		A	Repair/graft femur head/neck	17.61	NA	NA	11.95	10.99	2.55	090
27175		A	Treat slipped epiphysis	9.38	NA	NA	7.20	6.62	1.36	090
27176		A	Treat slipped epiphysis	12.92	NA	NA	9.92	9.09	1.88	090
27177		A	Treat slipped epiphysis	16.09	NA	NA	11.70	10.77	2.33	090
27178		A	Treat slipped epiphysis	12.92	NA	NA	9.92	8.97	1.88	090
27179		A	Revise head/neck of femur	13.97	NA	NA	10.35	9.53	2.02	090
27181		A	Treat slipped epiphysis	16.18	NA	NA	11.84	10.73	2.35	090
27185		A	Revision of femur epiphysis	9.79	NA	NA	5.70	6.00	0.51	090
27187		A	Reinforce hip bones	14.23	NA	NA	10.54	9.79	2.06	090
27193		A	Treat pelvic ring fracture	6.09	5.57	5.09	5.72	5.20	0.88	090
27194		A	Treat pelvic ring fracture	10.20	NA	NA	7.13	6.89	1.22	090
27200		A	Treat tail bone fracture	1.92	2.50	2.23	2.67	2.34	0.26	090
27202		A	Treat tail bone fracture	7.31	NA	NA	5.91	7.54	1.07	090
27215		I	Treat pelvic fracture(s)	10.45	NA	NA	5.50	6.50	0.54	090
27216		I	Treat pelvic ring fracture	15.73	NA	NA	7.96	9.27	0.83	090
27217		I	Treat pelvic ring fracture	14.65	NA	NA	7.56	9.01	0.77	090
27218		I	Treat pelvic ring fracture	20.93	NA	NA	9.86	11.39	1.10	090
27220		A	Treat hip socket fracture	6.83	6.32	5.77	6.21	5.67	0.98	090
27222		A	Treat hip socket fracture	14.11	NA	NA	10.22	9.51	2.03	090
27226		A	Treat hip wall fracture	15.57	NA	NA	10.94	9.62	2.26	090
27227		A	Treat hip fracture(s)	25.41	NA	NA	16.36	15.09	3.68	090
27228		A	Treat hip fracture(s)	29.33	NA	NA	18.30	16.97	4.25	090
27230		A	Treat thigh fracture	5.81	5.94	5.44	5.87	5.30	0.84	090
27232		A	Treat thigh fracture	11.72	NA	NA	7.36	6.88	1.65	090
27235		A	Treat thigh fracture	13.00	NA	NA	9.67	8.99	1.88	090
27236		A	Treat thigh fracture	17.61	NA	NA	12.39	11.29	2.55	090
27238		A	Treat thigh fracture	5.75	NA	NA	5.63	5.13	0.83	090
27240		A	Treat thigh fracture	13.81	NA	NA	10.12	9.29	1.98	090
27244		A	Treat thigh fracture	18.18	NA	NA	12.67	11.55	2.62	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27245		A	Treat thigh fracture	18.18	NA	NA	12.69	12.03	2.62	090
27246		A	Treat thigh fracture	4.83	4.68	4.32	4.72	4.34	0.68	090
27248		A	Treat thigh fracture	10.78	NA	NA	7.82	7.35	1.56	090
27250		A	Treat hip dislocation	3.82	NA	NA	0.81	1.52	0.49	000
27252		A	Treat hip dislocation	11.03	NA	NA	7.90	7.24	1.57	090
27253		A	Treat hip dislocation	13.58	NA	NA	9.94	9.24	1.96	090
27254		A	Treat hip dislocation	18.94	NA	NA	12.74	11.78	2.74	090
27256		A	Treat hip dislocation	4.28	2.92	2.80	1.74	1.64	0.55	010
27257		A	Treat hip dislocation	5.38	NA	NA	2.94	2.74	0.72	010
27258		A	Treat hip dislocation	16.18	NA	NA	11.53	10.60	2.35	090
27259		A	Treat hip dislocation	23.26	NA	NA	15.61	14.30	3.36	090
27265		A	Treat hip dislocation	5.24	NA	NA	4.50	4.25	0.68	090
27266		A	Treat hip dislocation	7.78	NA	NA	6.62	6.12	1.12	090
27267		A	Cltx thigh fx	5.50	NA	NA	5.40	4.63	0.80	090
27268		A	Cltx thigh fx w/mnpj	7.12	NA	NA	6.20	5.33	1.03	090
27269		A	Optx thigh fx	18.89	NA	NA	12.32	10.65	2.72	090
27275		A	Manipulation of hip joint	2.32	NA	NA	2.06	1.98	0.29	010
27280		A	Fusion of sacroiliac joint	14.64	NA	NA	11.02	10.12	2.23	090
27282		A	Fusion of pubic bones	11.85	NA	NA	9.39	7.91	1.70	090
27284		A	Fusion of hip joint	25.06	NA	NA	15.58	12.88	3.64	090
27286		A	Fusion of hip joint	25.17	NA	NA	16.27	15.11	3.65	090
27290		A	Amputation of leg at hip	24.55	NA	NA	16.14	13.94	3.56	090
27295		A	Amputation of leg at hip	19.66	NA	NA	11.88	10.99	2.95	090
27299		C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301		A	Drain thigh/knee lesion	6.78	9.59	9.07	5.63	5.14	1.01	090
27303		A	Drainage of bone lesion	8.63	NA	NA	7.27	6.71	1.24	090
27305		A	Incise thigh tendon & fascia	6.18	NA	NA	5.65	5.09	0.90	090
27306		A	Incision of thigh tendon	4.74	NA	NA	4.91	4.39	0.68	090
27307		A	Incision of thigh tendons	6.06	NA	NA	5.77	5.16	0.88	090
27310		A	Exploration of knee joint	10.00	NA	NA	8.20	7.51	1.44	090
27323		A	Biopsy, thigh soft tissues	2.33	4.37	4.16	2.15	2.03	0.30	010
27324		A	Biopsy, thigh soft tissues	5.04	NA	NA	4.57	4.18	0.77	090
27325		A	Neurectomy, hamstring	7.20	NA	NA	6.56	5.65	1.04	090
27326		A	Neurectomy, popliteal	6.47	NA	NA	6.20	5.36	0.93	090
27327		A	Exc thigh/knee les sc < 3 cm	3.96	7.16	6.40	3.83	3.76	0.59	090
27328		A	Exc thigh/knee tum deep <5cm	8.85	NA	NA	6.52	4.86	1.33	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27329		A	Resect thigh/knee tum < 5 cm	15.72	NA	NA	10.38	9.36	2.34	090
27330		A	Biopsy, knee joint lining	5.11	NA	NA	4.79	4.47	0.70	090
27331		A	Explore/treat knee joint	6.02	NA	NA	5.74	5.31	0.87	090
27332		A	Removal of knee cartilage	8.46	NA	NA	7.44	6.87	1.21	090
27333		A	Removal of knee cartilage	7.55	NA	NA	6.91	6.38	1.10	090
27334		A	Remove knee joint lining	9.19	NA	NA	7.79	7.15	1.33	090
27335		A	Remove knee joint lining	10.55	NA	NA	8.50	7.86	1.52	090
27337		A	Exc thigh/knee les sc > 3 cm	5.91	NA	NA	4.55	4.55	0.89	090
27339		A	Exc thigh/knee tum deep >5cm	11.13	NA	NA	7.64	7.64	1.66	090
27340		A	Removal of kneecap bursa	4.32	NA	NA	4.80	4.43	0.62	090
27345		A	Removal of knee cyst	6.09	NA	NA	5.88	5.43	0.88	090
27347		A	Remove knee cyst	6.73	NA	NA	6.32	5.75	0.97	090
27350		A	Removal of kneecap	8.66	NA	NA	7.55	6.97	1.24	090
27355		A	Remove femur lesion	8.00	NA	NA	6.96	6.46	1.16	090
27356		A	Remove femur lesion/graft	10.09	NA	NA	8.26	7.62	1.45	090
27357		A	Remove femur lesion/graft	11.16	NA	NA	9.04	8.38	1.62	090
27358		A	Remove femur lesion/fixation	4.73	NA	NA	2.33	2.22	0.67	ZZZ
27360		A	Partial removal, leg bone(s)	11.46	NA	NA	9.68	9.00	1.66	090
27364		A	Resect thigh/knee tum >5 cm	24.49	NA	NA	14.57	14.57	3.65	090
27365		A	Resect femur/knee tumor	32.21	NA	NA	19.84	13.44	4.67	090
27370		A	Injection for knee x-ray	0.96	3.24	3.21	0.43	0.38	0.09	000
27372		A	Removal of foreign body	5.21	9.60	9.11	4.85	4.49	0.76	090
27380		A	Repair of kneecap tendon	7.45	NA	NA	7.24	6.75	1.08	090
27381		A	Repair/graft kneecap tendon	10.76	NA	NA	9.12	8.49	1.56	090
27385		A	Repair of thigh muscle	8.11	NA	NA	7.57	7.07	1.17	090
27386		A	Repair/graft of thigh muscle	11.13	NA	NA	9.54	8.87	1.61	090
27390		A	Incision of thigh tendon	5.53	NA	NA	5.51	5.04	0.80	090
27391		A	Incision of thigh tendons	7.49	NA	NA	6.76	6.24	1.09	090
27392		A	Incision of thigh tendons	9.63	NA	NA	8.02	7.27	1.39	090
27393		A	Lengthening of thigh tendon	6.59	NA	NA	6.01	5.56	0.95	090
27394		A	Lengthening of thigh tendons	8.79	NA	NA	7.45	6.88	1.25	090
27395		A	Lengthening of thigh tendons	12.24	NA	NA	9.59	8.90	1.77	090
27396		A	Transplant of thigh tendon	8.15	NA	NA	7.08	6.59	1.18	090
27397		A	Transplants of thigh tendons	12.66	NA	NA	10.11	9.24	1.82	090
27400		A	Revise thigh muscles/tendons	9.33	NA	NA	7.88	7.24	1.35	090
27403		A	Repair of knee cartilage	8.62	NA	NA	7.32	6.79	1.23	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27405		A	Repair of knee ligament	9.08	NA	NA	7.73	7.17	1.32	090
27407		A	Repair of knee ligament	10.85	NA	NA	8.81	7.79	1.57	090
27409		A	Repair of knee ligaments	13.71	NA	NA	10.31	9.53	1.99	090
27412		A	Autochondrocyte implant knee	24.74	NA	NA	16.69	15.22	3.59	090
27415		A	Osteochondral knee allograft	20.00	NA	NA	14.32	13.03	2.89	090
27416		A	Osteochondral knee autograft	14.16	NA	NA	10.29	9.21	2.05	090
27418		A	Repair degenerated kneecap	11.60	NA	NA	9.11	8.49	1.66	090
27420		A	Revision of unstable kneecap	10.26	NA	NA	8.31	7.72	1.47	090
27422		A	Revision of unstable kneecap	10.21	NA	NA	8.33	7.71	1.46	090
27424		A	Revision/removal of kneecap	10.24	NA	NA	8.32	7.72	1.47	090
27425		A	Lat retinacular release open	5.39	NA	NA	5.61	5.21	0.78	090
27427		A	Reconstruction, knee	9.79	NA	NA	8.12	7.49	1.41	090
27428		A	Reconstruction, knee	15.58	NA	NA	12.16	11.16	2.27	090
27429		A	Reconstruction, knee	17.54	NA	NA	13.72	12.48	2.55	090
27430		A	Revision of thigh muscles	10.16	NA	NA	8.29	7.65	1.46	090
27435		A	Incision of knee joint	10.88	NA	NA	9.27	8.43	1.58	090
27437		A	Revise kneecap	8.93	NA	NA	7.45	6.91	1.30	090
27438		A	Revise kneecap with implant	11.89	NA	NA	9.13	8.38	1.71	090
27440		A	Revision of knee joint	11.09	NA	NA	8.73	7.57	1.60	090
27441		A	Revision of knee joint	11.54	NA	NA	8.96	7.73	1.66	090
27442		A	Revision of knee joint	12.37	NA	NA	9.40	8.59	1.78	090
27443		A	Revision of knee joint	11.41	NA	NA	8.89	8.23	1.65	090
27445		A	Revision of knee joint	18.66	NA	NA	12.81	11.81	2.72	090
27446		A	Revision of knee joint	16.38	NA	NA	11.37	10.56	2.37	090
27447		A	Total knee arthroplasty	23.25	NA	NA	15.48	14.23	3.36	090
27448		A	Incision of thigh	11.60	NA	NA	8.77	8.15	1.68	090
27450		A	Incision of thigh	14.61	NA	NA	10.80	10.00	2.13	090
27454		A	Realignment of thigh bone	19.17	NA	NA	13.31	11.97	2.78	090
27455		A	Realignment of knee	13.36	NA	NA	10.09	9.37	1.93	090
27457		A	Realignment of knee	14.03	NA	NA	9.99	9.32	2.03	090
27465		A	Shortening of thigh bone	18.60	NA	NA	12.74	11.33	2.71	090
27466		A	Lengthening of thigh bone	17.28	NA	NA	12.41	11.39	2.51	090
27468		A	Shorten/lengthen thighs	19.97	NA	NA	13.61	12.40	2.89	090
27470		A	Repair of thigh	17.14	NA	NA	12.38	11.43	2.49	090
27472		A	Repair/graft of thigh	18.72	NA	NA	13.00	12.07	2.72	090
27475		A	Surgery to stop leg growth	8.93	NA	NA	7.47	6.92	1.30	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27477		A	Surgery to stop leg growth	10.14	NA	NA	8.06	7.46	1.46	090
27479		A	Surgery to stop leg growth	13.16	NA	NA	6.99	8.39	0.68	090
27485		A	Surgery to stop leg growth	9.13	NA	NA	7.50	6.98	1.33	090
27486		A	Revise/replace knee joint	21.12	NA	NA	14.29	13.15	3.05	090
27487		A	Revise/replace knee joint	27.11	NA	NA	17.27	15.94	3.92	090
27488		A	Removal of knee prosthesis	17.60	NA	NA	12.54	11.51	2.55	090
27495		A	Reinforce thigh	16.54	NA	NA	11.72	10.87	2.39	090
27496		A	Decompression of thigh/knee	6.78	NA	NA	6.62	5.58	0.98	090
27497		A	Decompression of thigh/knee	7.79	NA	NA	6.63	5.53	1.13	090
27498		A	Decompression of thigh/knee	8.66	NA	NA	7.54	6.01	1.24	090
27499		A	Decompression of thigh/knee	9.43	NA	NA	7.92	6.63	1.37	090
27500		A	Treatment of thigh fracture	6.30	6.50	5.95	5.61	5.07	0.90	090
27501		A	Treatment of thigh fracture	6.45	6.01	5.56	5.91	5.40	0.93	090
27502		A	Treatment of thigh fracture	11.36	NA	NA	8.20	7.61	1.61	090
27503		A	Treatment of thigh fracture	11.27	NA	NA	8.73	8.06	1.62	090
27506		A	Treatment of thigh fracture	19.65	NA	NA	13.89	12.73	2.84	090
27507		A	Treatment of thigh fracture	14.48	NA	NA	9.94	9.25	2.10	090
27508		A	Treatment of thigh fracture	6.20	6.77	6.22	6.05	5.51	0.88	090
27509		A	Treatment of thigh fracture	8.14	NA	NA	7.83	7.33	1.17	090
27510		A	Treatment of thigh fracture	9.80	NA	NA	7.50	7.00	1.38	090
27511		A	Treatment of thigh fracture	15.11	NA	NA	9.94	9.51	2.19	090
27513		A	Treatment of thigh fracture	19.25	NA	NA	11.99	11.55	2.79	090
27514		A	Treatment of thigh fracture	14.60	NA	NA	9.68	9.73	2.11	090
27516		A	Treat thigh fx growth plate	5.59	6.84	6.18	6.12	5.50	0.81	090
27517		A	Treat thigh fx growth plate	9.12	NA	NA	7.86	7.25	1.32	090
27519		A	Treat thigh fx growth plate	13.25	NA	NA	9.03	8.92	1.92	090
27520		A	Treat kneecap fracture	3.04	4.83	4.43	4.18	3.73	0.43	090
27524		A	Treat kneecap fracture	10.37	NA	NA	8.39	7.78	1.49	090
27530		A	Treat knee fracture	4.09	5.68	5.22	5.05	4.57	0.57	090
27532		A	Treat knee fracture	7.55	7.65	7.06	6.77	6.24	1.09	090
27535		A	Treat knee fracture	13.41	NA	NA	9.11	8.67	1.93	090
27536		A	Treat knee fracture	17.39	NA	NA	12.45	11.43	2.52	090
27538		A	Treat knee fracture(s)	5.09	6.46	5.98	5.77	5.28	0.73	090
27540		A	Treat knee fracture	11.30	NA	NA	8.97	8.49	1.63	090
27550		A	Treat knee dislocation	5.98	6.21	5.77	5.38	4.95	0.81	090
27552		A	Treat knee dislocation	8.18	NA	NA	7.33	6.75	1.18	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27556		A	Treat knee dislocation	13.00	NA	NA	8.91	8.81	1.89	090
27557		A	Treat knee dislocation	15.90	NA	NA	10.34	10.19	2.31	090
27558		A	Treat knee dislocation	18.39	NA	NA	11.57	11.12	2.66	090
27560		A	Treat kneecap dislocation	3.99	5.30	4.79	4.69	4.03	0.56	090
27562		A	Treat kneecap dislocation	5.98	NA	NA	5.93	5.20	0.87	090
27566		A	Treat kneecap dislocation	12.71	NA	NA	9.55	8.85	1.84	090
27570		A	Fixation of knee joint	1.79	NA	NA	1.92	1.77	0.25	010
27580		A	Fusion of knee	21.10	NA	NA	15.00	13.89	3.05	090
27590		A	Amputate leg at thigh	13.47	NA	NA	7.34	6.67	2.17	090
27591		A	Amputate leg at thigh	13.94	NA	NA	8.74	8.24	2.14	090
27592		A	Amputate leg at thigh	10.98	NA	NA	6.56	6.12	1.72	090
27594		A	Amputation follow-up surgery	7.29	NA	NA	5.64	5.18	1.14	090
27596		A	Amputation follow-up surgery	11.29	NA	NA	7.20	6.64	1.76	090
27598		A	Amputate lower leg at knee	11.22	NA	NA	7.61	6.98	1.71	090
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600		A	Decompression of lower leg	6.03	NA	NA	4.44	4.25	0.93	090
27601		A	Decompression of lower leg	6.05	NA	NA	5.05	4.73	0.93	090
27602		A	Decompression of lower leg	7.82	NA	NA	4.99	4.75	1.28	090
27603		A	Drain lower leg lesion	5.23	8.11	7.48	4.64	4.22	0.74	090
27604		A	Drain lower leg bursa	4.59	7.29	6.58	3.95	3.67	0.57	090
27605		A	Incision of achilles tendon	2.92	5.68	5.82	1.91	1.94	0.25	010
27606		A	Incision of achilles tendon	4.18	NA	NA	3.08	2.95	0.53	010
27607		A	Treat lower leg bone lesion	8.62	NA	NA	6.80	6.28	1.16	090
27610		A	Explore/treat ankle joint	9.13	NA	NA	7.28	6.76	1.20	090
27612		A	Exploration of ankle joint	8.15	NA	NA	6.04	5.76	0.85	090
27613		A	Biopsy lower leg soft tissue	2.22	4.07	3.89	1.95	1.88	0.23	010
27614		A	Biopsy lower leg soft tissue	5.80	8.65	7.87	4.52	4.22	0.76	090
27615		A	Resect leg/ankle tum < 5 cm	15.72	NA	NA	10.33	8.66	2.31	090
27616		A	Resect leg/ankle tum > 5 cm	19.63	NA	NA	12.34	12.34	2.87	090
27618		A	Exc leg/ankle tum < 3 cm	3.96	7.02	6.60	3.75	3.92	0.54	090
27619		A	Exc leg/ankle tum deep <5 cm	6.91	NA	NA	5.29	5.50	0.90	090
27620		A	Explore/treat ankle joint	6.15	NA	NA	5.42	5.07	0.77	090
27625		A	Remove ankle joint lining	8.49	NA	NA	6.13	5.90	0.93	090
27626		A	Remove ankle joint lining	9.10	NA	NA	6.88	6.43	1.12	090
27630		A	Removal of tendon lesion	4.94	8.89	8.15	4.30	4.09	0.57	090
27632		A	Exc leg/ankle les sc > 3 cm	5.91	NA	NA	4.47	4.47	0.83	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27634		A	Exc leg/ankle tum deep >5 cm	10.13	NA	NA	6.81	6.81	1.32	090
27635		A	Remove lower leg bone lesion	8.03	NA	NA	6.76	6.33	1.10	090
27637		A	Remove/graft leg bone lesion	10.31	NA	NA	8.64	7.94	1.48	090
27638		A	Remove/graft leg bone lesion	10.99	NA	NA	8.46	7.87	1.59	090
27640		A	Partial removal of tibia	12.24	NA	NA	8.87	8.63	1.62	090
27641		A	Partial removal of fibula	9.84	NA	NA	7.18	6.94	1.23	090
27645		A	Resect tibia tumor	27.21	NA	NA	17.46	12.02	3.94	090
27646		A	Resect fibula tumor	23.21	NA	NA	15.49	10.58	3.36	090
27647		A	Resect talus/calcaneus tum	20.26	NA	NA	8.43	7.17	1.49	090
27648		A	Injection for ankle x-ray	0.96	3.13	3.07	0.41	0.37	0.09	000
27650		A	Repair achilles tendon	9.21	NA	NA	7.70	7.20	1.11	090
27652		A	Repair/graft achilles tendon	10.78	NA	NA	7.00	7.02	1.11	090
27654		A	Repair of achilles tendon	10.53	NA	NA	7.54	7.13	1.11	090
27656		A	Repair leg fascia defect	4.71	10.59	8.84	5.04	4.09	0.67	090
27658		A	Repair of leg tendon, each	5.12	NA	NA	4.50	4.23	0.57	090
27659		A	Repair of leg tendon, each	7.10	NA	NA	5.14	5.05	0.73	090
27664		A	Repair of leg tendon, each	4.73	NA	NA	4.41	4.18	0.55	090
27665		A	Repair of leg tendon, each	5.57	NA	NA	4.99	4.65	0.65	090
27675		A	Repair lower leg tendons	7.35	NA	NA	5.20	5.05	0.75	090
27676		A	Repair lower leg tendons	8.73	NA	NA	6.65	6.34	1.25	090
27680		A	Release of lower leg tendon	5.88	NA	NA	4.92	4.67	0.72	090
27681		A	Release of lower leg tendons	7.05	NA	NA	6.45	5.66	1.02	090
27685		A	Revision of lower leg tendon	6.69	9.89	8.83	5.18	4.98	0.67	090
27686		A	Revise lower leg tendons	7.75	NA	NA	6.12	5.90	0.95	090
27687		A	Revision of calf tendon	6.41	NA	NA	5.21	4.90	0.73	090
27690		A	Revise lower leg tendon	9.17	NA	NA	7.07	6.53	0.97	090
27691		A	Revise lower leg tendon	10.49	NA	NA	8.59	7.87	1.34	090
27692		A	Revise additional leg tendon	1.87	NA	NA	0.86	0.82	0.25	ZZZ
27695		A	Repair of ankle ligament	6.70	NA	NA	5.61	5.34	0.79	090
27696		A	Repair of ankle ligaments	8.58	NA	NA	5.65	5.63	0.85	090
27698		A	Repair of ankle ligament	9.61	NA	NA	6.77	6.43	1.11	090
27700		A	Revision of ankle joint	9.66	NA	NA	5.87	5.56	0.88	090
27702		A	Reconstruct ankle joint	14.42	NA	NA	10.20	9.67	1.95	090
27703		A	Reconstruction, ankle joint	16.94	NA	NA	11.77	10.98	2.34	090
27704		A	Removal of ankle implant	7.81	NA	NA	6.60	6.03	1.04	090
27705		A	Incision of tibia	10.86	NA	NA	8.31	7.72	1.48	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27707		A	Incision of fibula	4.78	NA	NA	5.26	4.86	0.66	090
27709		A	Incision of tibia & fibula	17.48	NA	NA	11.94	10.43	2.48	090
27712		A	Realignment of lower leg	15.87	NA	NA	11.69	10.75	2.31	090
27715		A	Revision of lower leg	15.50	NA	NA	11.20	10.35	2.26	090
27720		A	Repair of tibia	12.36	NA	NA	9.59	8.92	1.76	090
27722		A	Repair/graft of tibia	12.45	NA	NA	9.70	8.83	1.79	090
27724		A	Repair/graft of tibia	19.31	NA	NA	12.59	11.71	2.79	090
27725		A	Repair of lower leg	17.41	NA	NA	13.01	11.86	2.53	090
27726		A	Repair fibula nonunion	14.34	NA	NA	10.10	8.55	2.04	090
27727		A	Repair of lower leg	14.84	NA	NA	10.99	9.04	2.16	090
27730		A	Repair of tibia epiphysis	7.70	NA	NA	6.80	6.27	1.12	090
27732		A	Repair of fibula epiphysis	5.46	NA	NA	5.55	4.54	0.79	090
27734		A	Repair lower leg epiphyses	8.83	NA	NA	5.27	5.43	0.46	090
27740		A	Repair of leg epiphyses	9.61	NA	NA	7.96	6.64	1.39	090
27742		A	Repair of leg epiphyses	10.63	NA	NA	8.69	6.64	1.53	090
27745		A	Reinforce tibia	10.49	NA	NA	8.41	7.78	1.50	090
27750		A	Treatment of tibia fracture	3.37	5.09	4.66	4.43	3.99	0.47	090
27752		A	Treatment of tibia fracture	6.27	7.00	6.47	6.05	5.58	0.89	090
27756		A	Treatment of tibia fracture	7.45	NA	NA	6.84	6.30	1.07	090
27758		A	Treatment of tibia fracture	12.54	NA	NA	9.72	8.95	1.80	090
27759		A	Treatment of tibia fracture	14.45	NA	NA	10.54	9.79	2.09	090
27760		A	Cltx medial ankle fx	3.21	5.00	4.58	4.32	3.87	0.43	090
27762		A	Cltx med ankle fx w/mnpj	5.47	6.38	5.98	5.44	5.08	0.74	090
27766		A	Optx medial ankle fx	7.89	NA	NA	7.30	6.79	1.11	090
27767		A	Cltx post ankle fx	2.64	4.29	3.72	4.33	3.75	0.37	090
27768		A	Cltx post ankle fx w/mnpj	5.14	NA	NA	5.67	4.79	0.75	090
27769		A	Optx post ankle fx	10.14	NA	NA	8.17	6.90	1.46	090
27780		A	Treatment of fibula fracture	2.83	4.61	4.17	3.97	3.52	0.39	090
27781		A	Treatment of fibula fracture	4.59	5.89	5.38	5.18	4.69	0.64	090
27784		A	Treatment of fibula fracture	9.67	NA	NA	8.22	7.33	1.38	090
27786		A	Treatment of ankle fracture	3.02	4.76	4.36	4.05	3.62	0.40	090
27788		A	Treatment of ankle fracture	4.64	5.78	5.38	4.95	4.57	0.62	090
27792		A	Treatment of ankle fracture	9.71	NA	NA	8.13	7.38	1.35	090
27808		A	Treatment of ankle fracture	3.03	5.12	4.71	4.34	3.92	0.41	090
27810		A	Treatment of ankle fracture	5.32	6.29	5.88	5.32	4.96	0.74	090
27814		A	Treatment of ankle fracture	10.62	NA	NA	8.72	8.10	1.50	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
27816		A	Treatment of ankle fracture	3.07	4.72	4.27	3.96	3.53	0.40	090
27818		A	Treatment of ankle fracture	5.69	6.22	5.85	5.11	4.80	0.77	090
27822		A	Treatment of ankle fracture	11.21	NA	NA	9.84	9.33	1.59	090
27823		A	Treatment of ankle fracture	13.16	NA	NA	10.78	10.17	1.87	090
27824		A	Treat lower leg fracture	3.31	4.37	4.02	4.16	3.76	0.45	090
27825		A	Treat lower leg fracture	6.69	6.87	6.37	5.71	5.27	0.94	090
27826		A	Treat lower leg fracture	11.10	NA	NA	9.77	8.96	1.57	090
27827		A	Treat lower leg fracture	14.79	NA	NA	12.24	11.52	2.13	090
27828		A	Treat lower leg fracture	18.43	NA	NA	14.08	13.08	2.64	090
27829		A	Treat lower leg joint	8.80	NA	NA	8.34	7.47	1.24	090
27830		A	Treat lower leg dislocation	3.96	5.33	4.63	4.73	4.07	0.56	090
27831		A	Treat lower leg dislocation	4.73	NA	NA	5.10	4.48	0.67	090
27832		A	Treat lower leg dislocation	10.17	NA	NA	8.59	7.40	1.46	090
27840		A	Treat ankle dislocation	4.77	NA	NA	4.19	3.81	0.61	090
27842		A	Treat ankle dislocation	6.46	NA	NA	5.76	5.26	0.89	090
27846		A	Treat ankle dislocation	10.28	NA	NA	8.14	7.58	1.43	090
27848		A	Treat ankle dislocation	11.68	NA	NA	8.92	8.46	1.65	090
27860		A	Fixation of ankle joint	2.39	NA	NA	1.98	1.92	0.29	010
27870		A	Fusion of ankle joint, open	15.41	NA	NA	10.89	10.14	2.06	090
27871		A	Fusion of tibiofibular joint	9.54	NA	NA	7.85	7.25	1.36	090
27880		A	Amputation of lower leg	15.37	NA	NA	8.22	7.40	2.44	090
27881		A	Amputation of lower leg	13.47	NA	NA	8.85	8.27	2.06	090
27882		A	Amputation of lower leg	9.79	NA	NA	5.83	5.57	1.58	090
27884		A	Amputation follow-up surgery	8.76	NA	NA	6.01	5.58	1.37	090
27886		A	Amputation follow-up surgery	10.02	NA	NA	6.88	6.35	1.57	090
27888		A	Amputation of foot at ankle	10.37	NA	NA	7.15	6.84	1.42	090
27889		A	Amputation of foot at ankle	10.86	NA	NA	5.97	5.87	1.77	090
27892		A	Decompression of leg	7.94	NA	NA	6.00	5.43	1.20	090
27893		A	Decompression of leg	7.90	NA	NA	5.87	5.55	1.23	090
27894		A	Decompression of leg	12.67	NA	NA	8.83	8.14	1.96	090
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001		A	Drainage of bursa of foot	2.78	4.19	3.85	1.65	1.70	0.17	010
28002		A	Treatment of foot infection	5.93	7.25	6.54	3.89	3.74	0.49	010
28003		A	Treatment of foot infection	9.06	8.36	7.70	4.91	4.86	0.78	090
28005		A	Treat foot bone lesion	9.44	NA	NA	5.95	5.83	0.75	090
28008		A	Incision of foot fascia	4.59	6.38	5.87	3.05	3.05	0.30	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
28010		A	Incision of toe tendon	2.97	3.01	2.81	2.46	2.39	0.20	090
28011		A	Incision of toe tendons	4.28	4.20	3.85	3.35	3.21	0.36	090
28020		A	Exploration of foot joint	5.15	8.14	7.31	3.97	3.82	0.49	090
28022		A	Exploration of foot joint	4.81	7.33	6.69	3.49	3.49	0.36	090
28024		A	Exploration of toe joint	4.52	6.95	6.40	3.28	3.34	0.31	090
28035		A	Decompression of tibia nerve	5.23	8.12	7.31	3.98	3.84	0.48	090
28039		A	Exc foot/toe tum sc > 1.5 cm	5.42	7.01	7.01	3.38	3.38	0.40	090
28041		A	Exc foot/toe tum deep >1.5cm	7.13	NA	NA	4.43	4.43	0.54	090
28043		A	Exc foot/toe tum sc < 1.5 cm	3.96	6.31	4.99	2.95	2.89	0.29	090
28045		A	Exc foot/toe tum deep <1.5cm	5.45	7.48	6.84	3.81	3.49	0.41	090
28046		A	Resect foot/toe tumor < 3 cm	12.38	NA	NA	6.95	6.28	1.22	090
28047		A	Resect foot/toe tumor > 3 cm	17.45	NA	NA	7.07	7.07	0.98	090
28050		A	Biopsy of foot joint lining	4.39	6.82	6.52	3.17	3.35	0.29	090
28052		A	Biopsy of foot joint lining	4.06	7.31	6.27	3.35	3.12	0.36	090
28054		A	Biopsy of toe joint lining	3.57	5.96	5.87	2.59	2.84	0.20	090
28055		A	Neurectomy, foot	6.29	NA	NA	3.61	3.60	0.39	090
28060		A	Partial removal, foot fascia	5.40	7.66	6.94	3.80	3.71	0.40	090
28062		A	Removal of foot fascia	6.69	8.24	7.70	3.96	3.94	0.44	090
28070		A	Removal of foot joint lining	5.24	7.65	6.96	3.62	3.61	0.41	090
28072		A	Removal of foot joint lining	4.72	8.39	7.43	4.01	3.90	0.47	090
28080		A	Removal of foot lesion	4.86	8.30	7.33	4.53	4.19	0.35	090
28086		A	Excise foot tendon sheath	4.92	8.69	7.99	4.25	4.07	0.53	090
28088		A	Excise foot tendon sheath	3.98	7.67	7.02	3.51	3.49	0.40	090
28090		A	Removal of foot lesion	4.55	7.33	6.60	3.42	3.32	0.35	090
28092		A	Removal of toe lesions	3.78	6.99	6.33	3.22	3.15	0.29	090
28100		A	Removal of ankle/heel lesion	5.83	9.07	8.41	4.51	4.36	0.56	090
28102		A	Remove/graft foot lesion	7.92	NA	NA	4.15	5.43	0.45	090
28103		A	Remove/graft foot lesion	6.67	NA	NA	3.70	4.28	0.37	090
28104		A	Removal of foot lesion	5.26	7.73	7.01	3.68	3.63	0.40	090
28106		A	Remove/graft foot lesion	7.35	NA	NA	4.01	4.31	0.41	090
28107		A	Remove/graft foot lesion	5.73	7.51	7.62	3.47	3.85	0.31	090
28108		A	Removal of toe lesions	4.30	6.78	6.10	3.16	3.09	0.28	090
28110		A	Part removal of metatarsal	4.22	7.40	6.71	3.24	3.16	0.30	090
28111		A	Part removal of metatarsal	5.15	7.69	7.15	3.48	3.42	0.44	090
28112		A	Part removal of metatarsal	4.63	7.73	7.08	3.47	3.41	0.38	090
28113		A	Part removal of metatarsal	6.11	8.99	8.11	4.94	4.68	0.46	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
28114		A	Removal of metatarsal heads	12.00	15.33	13.65	9.59	8.77	1.21	090
28116		A	Revision of foot	9.14	10.00	9.02	5.60	5.37	0.70	090
28118		A	Removal of heel bone	6.13	8.72	7.91	4.43	4.28	0.55	090
28119		A	Removal of heel spur	5.56	7.77	7.00	3.82	3.69	0.39	090
28120		A	Part removal of ankle/heel	8.27	10.21	8.49	5.86	4.58	0.84	090
28122		A	Partial removal of foot bone	7.72	8.99	8.33	5.15	5.03	0.60	090
28124		A	Partial removal of toe	5.00	7.14	6.52	3.60	3.56	0.31	090
28126		A	Partial removal of toe	3.64	6.39	5.74	2.83	2.79	0.25	090
28130		A	Removal of ankle bone	9.50	NA	NA	6.88	6.43	1.37	090
28140		A	Removal of metatarsal	7.14	8.43	7.90	4.46	4.39	0.66	090
28150		A	Removal of toe	4.23	6.85	6.18	3.19	3.11	0.31	090
28153		A	Partial removal of toe	3.80	6.72	5.97	3.10	2.93	0.27	090
28160		A	Partial removal of toe	3.88	6.89	6.14	3.18	3.10	0.28	090
28171		A	Resect tarsal tumor	16.41	NA	NA	6.37	5.59	0.92	090
28173		A	Resect metatarsal tumor	14.16	NA	NA	6.50	5.27	1.15	090
28175		A	Resect phalanx of toe tumor	8.29	NA	NA	4.83	3.97	0.59	090
28190		A	Removal of foot foreign body	2.01	4.38	3.99	1.47	1.41	0.15	010
28192		A	Removal of foot foreign body	4.78	7.18	6.58	3.40	3.34	0.36	090
28193		A	Removal of foot foreign body	5.90	7.76	7.10	3.81	3.75	0.41	090
28200		A	Repair of foot tendon	4.74	7.24	6.62	3.35	3.35	0.33	090
28202		A	Repair/graft of foot tendon	7.07	8.22	7.81	4.11	4.14	0.47	090
28208		A	Repair of foot tendon	4.51	7.37	6.53	3.49	3.32	0.36	090
28210		A	Repair/graft of foot tendon	6.52	8.06	7.46	4.11	4.03	0.47	090
28220		A	Release of foot tendon	4.67	6.80	6.16	3.22	3.19	0.30	090
28222		A	Release of foot tendons	5.76	7.25	6.66	3.44	3.53	0.37	090
28225		A	Release of foot tendon	3.78	6.34	5.70	2.83	2.76	0.26	090
28226		A	Release of foot tendons	4.67	6.61	6.47	3.03	3.35	0.26	090
28230		A	Incision of foot tendon(s)	4.36	6.60	6.03	2.99	3.07	0.29	090
28232		A	Incision of toe tendon	3.51	6.35	5.77	2.84	2.86	0.25	090
28234		A	Incision of foot tendon	3.54	6.85	6.16	3.32	3.22	0.26	090
28238		A	Revision of foot tendon	7.96	9.27	8.43	4.81	4.65	0.63	090
28240		A	Release of big toe	4.48	6.82	6.21	3.14	3.16	0.32	090
28250		A	Revision of foot fascia	6.06	8.45	7.51	4.28	4.09	0.56	090
28260		A	Release of midfoot joint	8.19	9.60	8.33	5.25	4.89	0.76	090
28261		A	Revision of foot tendon	13.11	11.26	10.53	6.59	6.70	0.94	090
28262		A	Revision of foot and ankle	17.21	17.98	15.88	11.50	10.60	2.21	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
28264		A	Release of midfoot joint	10.65	8.79	9.80	4.84	6.23	0.60	090
28270		A	Release of foot contracture	4.93	7.51	6.70	3.71	3.61	0.37	090
28272		A	Release of toe joint, each	3.92	6.11	5.57	2.73	2.72	0.23	090
28280		A	Fusion of toes	5.33	7.87	7.27	3.79	3.83	0.44	090
28285		A	Repair of hammertoe	4.76	7.21	6.50	3.57	3.45	0.33	090
28286		A	Repair of hammertoe	4.70	6.86	6.25	3.16	3.13	0.29	090
28288		A	Partial removal of foot bone	6.02	9.40	8.28	5.13	4.86	0.49	090
28289		A	Repair hallux rigidus	8.31	10.38	9.41	5.88	5.61	0.74	090
28290		A	Correction of bunion	5.83	8.96	8.00	4.33	4.23	0.51	090
28292		A	Correction of bunion	9.05	11.18	10.04	6.62	6.22	0.64	090
28293		A	Correction of bunion	11.48	15.20	13.93	7.17	6.87	0.70	090
28294		A	Correction of bunion	8.75	10.35	9.33	5.18	4.93	0.68	090
28296		A	Correction of bunion	8.35	9.93	9.27	5.29	5.21	0.56	090
28297		A	Correction of bunion	9.43	11.53	10.49	5.87	5.73	0.87	090
28298		A	Correction of bunion	8.13	10.21	9.19	5.01	4.86	0.64	090
28299		A	Correction of bunion	11.57	11.39	10.52	6.12	6.01	0.84	090
28300		A	Incision of heel bone	9.73	NA	NA	7.03	6.64	1.18	090
28302		A	Incision of ankle bone	9.74	NA	NA	8.02	6.82	1.41	090
28304		A	Incision of midfoot bones	9.41	10.86	9.74	5.81	5.55	0.89	090
28305		A	Incise/graft midfoot bones	10.77	NA	NA	6.65	6.50	0.60	090
28306		A	Incision of metatarsal	6.00	9.63	8.53	4.49	4.20	0.61	090
28307		A	Incision of metatarsal	6.50	12.71	10.89	6.18	5.25	0.94	090
28308		A	Incision of metatarsal	5.48	8.76	7.76	4.22	3.96	0.45	090
28309		A	Incision of metatarsals	14.16	NA	NA	8.85	8.05	1.54	090
28310		A	Revision of big toe	5.57	8.08	7.35	3.62	3.53	0.40	090
28312		A	Revision of toe	4.69	8.06	7.22	3.51	3.43	0.37	090
28313		A	Repair deformity of toe	5.15	8.35	7.35	4.17	4.12	0.51	090
28315		A	Removal of sesamoid bone	5.00	7.17	6.44	3.42	3.31	0.36	090
28320		A	Repair of foot bones	9.37	NA	NA	6.43	6.11	1.02	090
28322		A	Repair of metatarsals	8.53	11.43	10.14	6.32	5.87	0.96	090
28340		A	Resect enlarged toe tissue	7.15	7.82	7.58	3.81	4.00	0.40	090
28341		A	Resect enlarged toe	8.72	8.71	8.26	4.37	4.48	0.49	090
28344		A	Repair extra toe(s)	4.40	6.52	6.85	2.96	3.40	0.25	090
28345		A	Repair webbed toe(s)	6.09	7.37	7.46	3.56	4.03	0.33	090
28360		A	Reconstruct cleft foot	14.92	NA	NA	9.74	9.00	2.34	090
28400		A	Treatment of heel fracture	2.31	3.87	3.56	3.37	3.08	0.27	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
28405		A	Treatment of heel fracture	4.74	4.90	4.61	4.07	3.96	0.48	090
28406		A	Treatment of heel fracture	6.56	NA	NA	6.45	6.15	0.86	090
28415		A	Treat heel fracture	16.19	NA	NA	12.04	11.50	2.08	090
28420		A	Treat/graft heel fracture	17.52	NA	NA	13.70	11.99	2.54	090
28430		A	Treatment of ankle fracture	2.22	3.60	3.29	2.99	2.68	0.26	090
28435		A	Treatment of ankle fracture	3.54	5.25	4.31	4.35	3.65	0.51	090
28436		A	Treatment of ankle fracture	4.90	NA	NA	6.11	5.50	0.72	090
28445		A	Treat ankle fracture	15.76	NA	NA	11.24	10.41	2.04	090
28446		A	Osteochondral talus autogrft	17.71	NA	NA	12.85	11.37	2.57	090
28450		A	Treat midfoot fracture, each	2.03	3.34	3.07	2.78	2.53	0.22	090
28455		A	Treat midfoot fracture, each	3.24	4.35	3.83	3.61	3.29	0.32	090
28456		A	Treat midfoot fracture	2.86	NA	NA	5.10	4.11	0.41	090
28465		A	Treat midfoot fracture, each	8.80	NA	NA	6.77	6.35	0.93	090
28470		A	Treat metatarsal fracture	2.03	3.23	3.00	2.73	2.50	0.24	090
28475		A	Treat metatarsal fracture	3.01	3.46	3.28	2.78	2.74	0.28	090
28476		A	Treat metatarsal fracture	3.60	NA	NA	4.88	4.69	0.39	090
28485		A	Treat metatarsal fracture	7.44	NA	NA	6.20	5.77	0.70	090
28490		A	Treat big toe fracture	1.17	2.42	2.17	1.94	1.74	0.12	090
28495		A	Treat big toe fracture	1.68	2.74	2.49	2.08	1.97	0.15	090
28496		A	Treat big toe fracture	2.48	8.12	7.66	3.30	3.10	0.26	090
28505		A	Treat big toe fracture	7.44	9.45	8.70	5.41	4.87	0.68	090
28510		A	Treatment of toe fracture	1.17	1.91	1.71	1.83	1.65	0.10	090
28515		A	Treatment of toe fracture	1.56	2.47	2.22	2.02	1.89	0.13	090
28525		A	Treat toe fracture	5.62	8.76	8.03	4.66	4.20	0.52	090
28530		A	Treat sesamoid bone fracture	1.11	1.82	1.64	1.50	1.41	0.08	090
28531		A	Treat sesamoid bone fracture	2.57	9.07	6.93	3.49	2.48	0.37	090
28540		A	Treat foot dislocation	2.19	2.92	2.69	2.44	2.33	0.16	090
28545		A	Treat foot dislocation	2.60	4.59	3.59	3.80	3.04	0.37	090
28546		A	Treat foot dislocation	3.40	10.53	8.45	4.90	4.12	0.49	090
28555		A	Repair foot dislocation	9.65	12.43	11.27	7.35	6.65	1.18	090
28570		A	Treat foot dislocation	1.76	2.39	2.37	1.83	1.92	0.09	090
28575		A	Treat foot dislocation	3.49	5.41	4.60	4.59	4.00	0.50	090
28576		A	Treat foot dislocation	4.60	NA	NA	5.13	4.23	0.66	090
28585		A	Repair foot dislocation	11.13	13.03	11.28	7.92	7.16	1.21	090
28600		A	Treat foot dislocation	2.02	3.42	3.09	2.69	2.53	0.21	090
28605		A	Treat foot dislocation	2.89	5.06	3.93	4.29	3.41	0.41	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
28606		A	Treat foot dislocation	5.09	NA	NA	4.80	4.41	0.62	090
28615		A	Repair foot dislocation	10.70	NA	NA	9.09	8.50	1.30	090
28630		A	Treat toe dislocation	1.75	2.12	1.86	1.06	0.98	0.17	010
28635		A	Treat toe dislocation	1.96	2.40	2.28	1.40	1.41	0.16	010
28636		A	Treat toe dislocation	2.77	4.83	4.29	2.26	2.18	0.29	010
28645		A	Repair toe dislocation	7.44	9.00	7.93	4.96	4.53	0.59	090
28660		A	Treat toe dislocation	1.28	1.56	1.37	0.95	0.84	0.15	010
28665		A	Treat toe dislocation	1.97	2.02	1.81	1.46	1.40	0.18	010
28666		A	Treat toe dislocation	2.66	NA	NA	2.57	2.18	0.38	010
28675		A	Repair of toe dislocation	5.62	9.21	8.40	4.99	4.49	0.55	090
28705		A	Fusion of foot bones	20.33	NA	NA	12.66	11.84	2.54	090
28715		A	Fusion of foot bones	14.60	NA	NA	10.04	9.38	1.82	090
28725		A	Fusion of foot bones	12.18	NA	NA	7.89	7.49	1.38	090
28730		A	Fusion of foot bones	12.42	NA	NA	9.01	8.39	1.41	090
28735		A	Fusion of foot bones	12.23	NA	NA	8.05	7.58	1.31	090
28737		A	Revision of foot bones	11.03	NA	NA	6.58	6.47	0.94	090
28740		A	Fusion of foot bones	9.29	12.40	11.32	6.91	6.41	1.00	090
28750		A	Fusion of big toe joint	8.57	12.32	11.48	6.81	6.39	0.96	090
28755		A	Fusion of big toe joint	4.88	7.85	7.23	3.60	3.54	0.38	090
28760		A	Fusion of big toe joint	9.14	11.09	9.95	5.93	5.61	0.77	090
28800		A	Amputation of midfoot	8.79	NA	NA	5.59	5.39	0.96	090
28805		A	Amputation thru metatarsal	12.71	NA	NA	6.67	6.20	1.57	090
28810		A	Amputation toe & metatarsal	6.64	NA	NA	4.63	4.36	0.87	090
28820		A	Amputation of toe	5.00	8.29	7.82	3.92	3.73	0.54	090
28825		A	Partial amputation of toe	6.01	8.77	8.08	4.54	4.16	0.62	090
28890		A	High energy eswt, plantar f	3.45	5.19	4.96	2.51	2.28	0.26	090
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000		A	Application of body cast	2.25	3.56	3.93	1.75	1.78	0.13	000
29010		A	Application of body cast	2.06	2.30	3.30	0.84	1.42	0.29	000
29015		A	Application of body cast	2.41	3.65	3.33	1.34	1.44	0.30	000
29020		A	Application of body cast	2.11	3.27	3.27	1.27	1.34	0.06	000
29025		A	Application of body cast	2.40	4.68	3.90	2.11	1.86	0.35	000
29035		A	Application of body cast	1.77	3.95	3.92	1.64	1.60	0.25	000
29040		A	Application of body cast	2.22	3.73	3.33	1.66	1.53	0.31	000
29044		A	Application of body cast	2.12	4.19	4.05	1.82	1.78	0.30	000
29046		A	Application of body cast	2.41	4.25	4.25	1.91	2.00	0.35	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
29049		A	Application of figure eight	0.89	1.51	1.22	0.84	0.63	0.13	000
29055		A	Application of shoulder cast	1.78	3.60	3.19	1.66	1.48	0.26	000
29058		A	Application of shoulder cast	1.31	1.47	1.33	0.69	0.68	0.17	000
29065		A	Application of long arm cast	0.87	1.48	1.36	0.84	0.76	0.12	000
29075		A	Application of forearm cast	0.77	1.43	1.31	0.79	0.71	0.10	000
29085		A	Apply hand/wrist cast	0.87	1.47	1.34	0.83	0.73	0.10	000
29086		A	Apply finger cast	0.62	1.31	1.12	0.69	0.59	0.06	000
29105		A	Apply long arm splint	0.87	1.29	1.18	0.65	0.57	0.10	000
29125		A	Apply forearm splint	0.59	1.14	1.03	0.52	0.45	0.07	000
29126		A	Apply forearm splint	0.77	1.20	1.09	0.60	0.52	0.08	000
29130		A	Application of finger splint	0.50	0.52	0.47	0.24	0.21	0.05	000
29131		A	Application of finger splint	0.55	0.73	0.67	0.31	0.27	0.06	000
29200		A	Strapping of chest	0.65	0.75	0.66	0.43	0.37	0.04	000
29240		A	Strapping of shoulder	0.71	0.74	0.72	0.44	0.40	0.04	000
29260		A	Strapping of elbow or wrist	0.55	0.75	0.70	0.43	0.38	0.04	000
29280		A	Strapping of hand or finger	0.51	0.75	0.71	0.43	0.38	0.03	000
29305		A	Application of hip cast	2.03	3.95	3.55	1.92	1.76	0.29	000
29325		A	Application of hip casts	2.32	4.31	3.88	2.12	1.95	0.33	000
29345		A	Application of long leg cast	1.40	1.94	1.78	1.13	1.04	0.20	000
29355		A	Application of long leg cast	1.53	1.93	1.75	1.14	1.06	0.21	000
29358		A	Apply long leg cast brace	1.43	2.46	2.19	1.16	1.06	0.21	000
29365		A	Application of long leg cast	1.18	1.82	1.68	1.01	0.94	0.17	000
29405		A	Apply short leg cast	0.86	1.37	1.25	0.76	0.70	0.09	000
29425		A	Apply short leg cast	1.01	1.38	1.27	0.74	0.71	0.09	000
29435		A	Apply short leg cast	1.18	1.74	1.61	0.95	0.89	0.17	000
29440		A	Addition of walker to cast	0.57	0.75	0.69	0.31	0.28	0.06	000
29445		A	Apply rigid leg cast	1.78	1.77	1.68	1.02	0.95	0.18	000
29450		A	Application of leg cast	2.08	1.65	1.57	0.91	0.94	0.16	000
29505		A	Application, long leg splint	0.69	1.28	1.15	0.56	0.48	0.08	000
29515		A	Application lower leg splint	0.73	1.11	0.98	0.55	0.49	0.07	000
29520		A	Strapping of hip	0.54	0.71	0.68	0.40	0.38	0.03	000
29530		A	Strapping of knee	0.57	0.74	0.70	0.41	0.37	0.04	000
29540		A	Strapping of ankle and/or ft	0.51	0.57	0.52	0.31	0.31	0.03	000
29550		A	Strapping of toes	0.47	0.59	0.54	0.31	0.30	0.03	000
29580		A	Application of paste boot	0.55	0.78	0.72	0.38	0.35	0.05	000
29581		A	Apply multlay comprs lwr leg	0.60	1.74	1.74	0.23	0.23	0.05	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
29590		A	Application of foot splint	0.76	0.63	0.59	0.26	0.27	0.04	000
29700		A	Removal/revision of cast	0.57	1.03	0.97	0.29	0.28	0.07	000
29705		A	Removal/revision of cast	0.76	0.91	0.83	0.45	0.40	0.09	000
29710		A	Removal/revision of cast	1.34	1.69	1.49	0.77	0.67	0.20	000
29715		A	Removal/revision of cast	0.94	1.08	1.17	0.43	0.44	0.09	000
29720		A	Repair of body cast	0.68	1.35	1.22	0.42	0.39	0.09	000
29730		A	Windowing of cast	0.75	0.88	0.80	0.42	0.37	0.08	000
29740		A	Wedging of cast	1.12	1.13	1.08	0.52	0.50	0.13	000
29750		A	Wedging of clubfoot cast	1.26	1.38	1.18	0.71	0.61	0.19	000
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800		A	Jaw arthroscopy/surgery	6.84	NA	NA	6.21	5.75	0.98	090
29804		A	Jaw arthroscopy/surgery	8.87	NA	NA	7.65	6.78	1.28	090
29805		A	Shoulder arthroscopy, dx	6.03	NA	NA	5.64	5.27	0.87	090
29806		A	Shoulder arthroscopy/surgery	15.14	NA	NA	11.37	10.56	2.19	090
29807		A	Shoulder arthroscopy/surgery	14.67	NA	NA	11.17	10.38	2.11	090
29819		A	Shoulder arthroscopy/surgery	7.79	NA	NA	6.78	6.33	1.12	090
29820		A	Shoulder arthroscopy/surgery	7.21	NA	NA	6.22	5.81	1.03	090
29821		A	Shoulder arthroscopy/surgery	7.89	NA	NA	6.83	6.35	1.14	090
29822		A	Shoulder arthroscopy/surgery	7.60	NA	NA	6.72	6.25	1.10	090
29823		A	Shoulder arthroscopy/surgery	8.36	NA	NA	7.30	6.78	1.20	090
29824		A	Shoulder arthroscopy/surgery	8.98	NA	NA	7.91	7.27	1.30	090
29825		A	Shoulder arthroscopy/surgery	7.79	NA	NA	6.80	6.32	1.12	090
29826		A	Shoulder arthroscopy/surgery	9.16	NA	NA	7.49	6.98	1.32	090
29827		A	Arthroscop rotator cuff repr	15.59	NA	NA	11.35	10.61	2.26	090
29828		A	Arthroscopy biceps tenodesis	13.16	NA	NA	9.99	8.97	1.90	090
29830		A	Elbow arthroscopy	5.88	NA	NA	5.38	5.01	0.86	090
29834		A	Elbow arthroscopy/surgery	6.42	NA	NA	5.85	5.45	0.90	090
29835		A	Elbow arthroscopy/surgery	6.62	NA	NA	5.95	5.54	0.95	090
29836		A	Elbow arthroscopy/surgery	7.72	NA	NA	6.77	6.31	1.12	090
29837		A	Elbow arthroscopy/surgery	7.01	NA	NA	6.15	5.73	1.00	090
29838		A	Elbow arthroscopy/surgery	7.88	NA	NA	6.85	6.39	1.10	090
29840		A	Wrist arthroscopy	5.68	NA	NA	5.49	5.11	0.83	090
29843		A	Wrist arthroscopy/surgery	6.15	NA	NA	5.81	5.42	0.89	090
29844		A	Wrist arthroscopy/surgery	6.51	NA	NA	5.97	5.47	0.87	090
29845		A	Wrist arthroscopy/surgery	7.69	NA	NA	6.61	6.11	1.01	090
29846		A	Wrist arthroscopy/surgery	6.89	NA	NA	6.17	5.70	0.90	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
29847		A	Wrist arthroscopy/surgery	7.22	NA	NA	6.25	5.85	1.04	090
29848		A	Wrist endoscopy/surgery	6.39	NA	NA	6.35	5.75	0.86	090
29850		A	Knee arthroscopy/surgery	8.27	NA	NA	7.20	5.82	1.19	090
29851		A	Knee arthroscopy/surgery	13.26	NA	NA	9.98	9.27	1.92	090
29855		A	Tibial arthroscopy/surgery	10.76	NA	NA	8.85	8.21	1.56	090
29856		A	Tibial arthroscopy/surgery	14.28	NA	NA	10.57	9.88	2.08	090
29860		A	Hip arthroscopy, dx	9.00	NA	NA	7.56	6.82	1.31	090
29861		A	Hip arthroscopy/surgery	10.10	NA	NA	8.10	7.35	1.45	090
29862		A	Hip arthroscopy/surgery	11.17	NA	NA	9.21	8.44	1.61	090
29863		A	Hip arthroscopy/surgery	11.17	NA	NA	9.26	8.39	1.62	090
29866		A	Autgrft implnt, knee w/scope	14.67	NA	NA	11.46	10.59	2.14	090
29867		A	Allgrft implnt, knee w/scope	18.39	NA	NA	13.53	12.33	2.66	090
29868		A	Meniscal trnspl, knee w/scpe	25.10	NA	NA	16.84	15.42	3.64	090
29870		A	Knee arthroscopy, dx	5.19	9.02	9.02	5.01	4.65	0.75	090
29871		A	Knee arthroscopy/drainage	6.69	NA	NA	6.06	5.62	0.96	090
29873		A	Knee arthroscopy/surgery	6.24	NA	NA	6.69	6.20	0.90	090
29874		A	Knee arthroscopy/surgery	7.19	NA	NA	6.17	5.75	1.03	090
29875		A	Knee arthroscopy/surgery	6.45	NA	NA	5.85	5.46	0.93	090
29876		A	Knee arthroscopy/surgery	8.87	NA	NA	7.47	6.87	1.28	090
29877		A	Knee arthroscopy/surgery	8.30	NA	NA	7.19	6.62	1.19	090
29879		A	Knee arthroscopy/surgery	8.99	NA	NA	7.52	6.94	1.30	090
29880		A	Knee arthroscopy/surgery	9.45	NA	NA	7.76	7.16	1.36	090
29881		A	Knee arthroscopy/surgery	8.71	NA	NA	7.40	6.81	1.25	090
29882		A	Knee arthroscopy/surgery	9.60	NA	NA	7.79	7.16	1.39	090
29883		A	Knee arthroscopy/surgery	11.77	NA	NA	9.19	8.56	1.69	090
29884		A	Knee arthroscopy/surgery	8.28	NA	NA	7.19	6.60	1.19	090
29885		A	Knee arthroscopy/surgery	10.21	NA	NA	8.50	7.81	1.47	090
29886		A	Knee arthroscopy/surgery	8.49	NA	NA	7.31	6.73	1.22	090
29887		A	Knee arthroscopy/surgery	10.16	NA	NA	8.44	7.76	1.46	090
29888		A	Knee arthroscopy/surgery	14.30	NA	NA	10.50	9.69	2.06	090
29889		A	Knee arthroscopy/surgery	17.41	NA	NA	13.01	12.06	2.51	090
29891		A	Ankle arthroscopy/surgery	9.67	NA	NA	7.79	7.28	1.21	090
29892		A	Ankle arthroscopy/surgery	10.27	NA	NA	8.82	7.36	1.48	090
29893		A	Scope, plantar fasciotomy	6.32	9.25	8.42	4.84	4.58	0.37	090
29894		A	Ankle arthroscopy/surgery	7.35	NA	NA	5.64	5.24	0.90	090
29895		A	Ankle arthroscopy/surgery	7.13	NA	NA	5.29	5.01	0.83	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
29897		A	Ankle arthroscopy/surgery	7.32	NA	NA	5.71	5.40	0.91	090
29898		A	Ankle arthroscopy/surgery	8.49	NA	NA	6.06	5.74	0.95	090
29899		A	Ankle arthroscopy/surgery	15.41	NA	NA	10.92	10.17	2.11	090
29900		A	Mcp joint arthroscopy, dx	5.88	NA	NA	4.42	4.91	0.30	090
29901		A	Mcp joint arthroscopy, surg	6.59	NA	NA	6.57	5.68	0.95	090
29902		A	Mcp joint arthroscopy, surg	7.16	NA	NA	7.94	6.22	1.89	090
29904		A	Subtalar arthro w/fb rmvl	8.65	NA	NA	7.20	6.45	1.24	090
29905		A	Subtalar arthro w/exc	9.18	NA	NA	7.95	7.12	1.33	090
29906		A	Subtalar arthro w/deb	9.65	NA	NA	8.39	7.52	1.39	090
29907		A	Subtalar arthro w/fusion	12.18	NA	NA	9.64	8.65	1.76	090
29999		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.48	4.36	4.18	1.59	1.45	0.16	010
30020		A	Drainage of nose lesion	1.48	4.40	4.05	1.62	1.48	0.15	010
3008F		I	Body mass index docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30100		A	Intranasal biopsy	0.94	2.65	2.50	0.85	0.81	0.08	000
30110		A	Removal of nose polyp(s)	1.68	4.17	3.88	1.72	1.58	0.17	010
30115		A	Removal of nose polyp(s)	4.44	NA	NA	6.66	6.20	0.41	090
30117		A	Removal of intranasal lesion	3.26	18.58	17.40	5.41	5.05	0.30	090
30118		A	Removal of intranasal lesion	9.92	NA	NA	9.96	9.21	0.96	090
30120		A	Revision of nose	5.39	7.70	7.34	5.78	5.63	0.62	090
30124		A	Removal of nose lesion	3.20	NA	NA	3.85	3.56	0.30	090
30125		A	Removal of nose lesion	7.30	NA	NA	8.51	7.95	0.68	090
30130		A	Excise inferior turbinate	3.47	NA	NA	6.27	5.87	0.32	090
30140		A	Resect inferior turbinate	3.57	NA	NA	7.66	7.15	0.33	090
30150		A	Partial removal of nose	9.55	NA	NA	10.34	9.86	1.04	090
3015F		I	Cerv cancer screen docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30160		A	Removal of nose	9.99	NA	NA	10.21	9.59	0.94	090
3018F		I	Pre-prxd rsk et al docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30200		A	Injection treatment of nose	0.78	2.12	1.98	0.79	0.72	0.07	000
30210		A	Nasal sinus therapy	1.13	2.69	2.51	1.45	1.35	0.10	010
30220		A	Insert nasal septal button	1.59	6.07	5.63	1.68	1.55	0.16	010
30300		A	Remove nasal foreign body	1.09	4.67	4.48	2.12	1.96	0.10	010
30310		A	Remove nasal foreign body	2.01	NA	NA	3.28	3.08	0.19	010
30320		A	Remove nasal foreign body	4.64	NA	NA	7.00	6.56	0.44	090
3038F		I	Pulm fx w/in 12 mon b/4 surg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
30400		R	Reconstruction of nose	10.86	NA	NA	15.19	14.75	1.02	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
30410		R	Reconstruction of nose	14.00	NA	NA	16.71	16.17	1.32	090
30420		R	Reconstruction of nose	16.90	NA	NA	18.53	17.26	1.76	090
30430		R	Revision of nose	8.24	NA	NA	13.92	14.12	1.19	090
30435		R	Revision of nose	12.73	NA	NA	16.10	16.48	1.20	090
30450		R	Revision of nose	19.66	NA	NA	19.46	19.05	1.85	090
30460		A	Revision of nose	10.32	NA	NA	10.30	8.75	1.48	090
30462		A	Revision of nose	20.28	NA	NA	16.54	16.67	2.94	090
30465		A	Repair nasal stenosis	12.36	NA	NA	13.05	12.00	1.28	090
30520		A	Repair of nasal septum	7.01	NA	NA	9.15	8.20	0.66	090
30540		A	Repair nasal defect	7.92	NA	NA	9.91	8.87	0.75	090
30545		A	Repair nasal defect	11.62	NA	NA	10.32	11.28	0.60	090
30560		A	Release of nasal adhesions	1.31	5.49	5.28	2.24	2.13	0.13	010
30580		A	Repair upper jaw fistula	6.88	9.55	8.62	6.26	5.47	0.64	090
30600		A	Repair mouth/nose fistula	6.16	8.63	8.07	5.13	4.73	0.57	090
30620		A	Intranasal reconstruction	6.16	NA	NA	9.72	9.13	0.65	090
30630		A	Repair nasal septum defect	7.29	NA	NA	8.83	8.20	0.73	090
30801		A	Ablate inf turbinate, superf	1.14	4.57	4.40	2.34	2.18	0.10	010
30802		A	Ablate inf turbinate submuc	2.08	5.29	5.03	2.84	2.61	0.20	010
30901		A	Control of nosebleed	1.21	1.46	1.35	0.42	0.35	0.13	000
30903		A	Control of nosebleed	1.54	3.55	3.25	0.59	0.50	0.17	000
30905		A	Control of nosebleed	1.97	4.31	3.98	0.70	0.63	0.22	000
30906		A	Repeat control of nosebleed	2.45	4.67	4.36	1.10	0.98	0.24	000
30915		A	Ligation, nasal sinus artery	7.44	NA	NA	7.66	6.94	0.73	090
30920		A	Ligation, upper jaw artery	11.14	NA	NA	10.68	9.60	1.07	090
30930		A	Ther fx, nasal inf turbinate	1.31	NA	NA	1.88	1.72	0.13	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation, maxillary sinus	1.20	3.35	3.20	1.50	1.42	0.10	010
31002		A	Irrigation, sphenoid sinus	1.96	NA	NA	3.15	3.02	0.19	010
31020		A	Exploration, maxillary sinus	3.07	8.96	8.76	5.96	5.65	0.29	090
31030		A	Exploration, maxillary sinus	6.01	11.38	11.03	7.44	6.89	0.55	090
31032		A	Explore sinus, remove polyps	6.69	NA	NA	8.10	7.47	0.64	090
31040		A	Exploration behind upper jaw	9.77	NA	NA	9.68	8.81	1.02	090
31050		A	Exploration, sphenoid sinus	5.37	NA	NA	7.34	6.85	0.50	090
31051		A	Sphenoid sinus surgery	7.25	NA	NA	9.45	8.75	0.67	090
31070		A	Exploration of frontal sinus	4.40	NA	NA	6.88	6.41	0.43	090
31075		A	Exploration of frontal sinus	9.51	NA	NA	10.80	10.00	0.90	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
31080		A	Removal of frontal sinus	12.74	NA	NA	14.07	12.51	1.20	090
31081		A	Removal of frontal sinus	14.19	NA	NA	20.38	16.62	3.74	090
31084		A	Removal of frontal sinus	14.95	NA	NA	15.14	14.33	1.41	090
31085		A	Removal of frontal sinus	15.64	NA	NA	21.06	16.32	4.13	090
31086		A	Removal of frontal sinus	14.36	NA	NA	14.85	13.57	1.36	090
31087		A	Removal of frontal sinus	14.57	NA	NA	13.71	12.73	1.37	090
31090		A	Exploration of sinuses	11.17	NA	NA	15.30	13.94	1.08	090
31200		A	Removal of ethmoid sinus	5.14	NA	NA	8.94	8.31	0.54	090
31201		A	Removal of ethmoid sinus	8.60	NA	NA	10.49	9.57	0.84	090
31205		A	Removal of ethmoid sinus	10.58	NA	NA	12.16	10.95	1.17	090
31225		A	Removal of upper jaw	26.70	NA	NA	22.25	19.55	2.61	090
31230		A	Removal of upper jaw	30.82	NA	NA	23.92	20.96	2.91	090
31231		A	Nasal endoscopy, dx	1.10	3.76	3.62	0.94	0.85	0.09	000
31233		A	Nasal/sinus endoscopy, dx	2.18	4.59	4.40	1.46	1.31	0.21	000
31235		A	Nasal/sinus endoscopy, dx	2.64	5.04	4.88	1.67	1.51	0.24	000
31237		A	Nasal/sinus endoscopy, surg	2.98	5.35	5.13	1.85	1.66	0.28	000
31238		A	Nasal/sinus endoscopy, surg	3.26	5.32	5.10	1.99	1.79	0.30	000
31239		A	Nasal/sinus endoscopy, surg	9.33	NA	NA	8.48	7.48	0.91	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	NA	1.67	1.51	0.25	000
31254		A	Revision of ethmoid sinus	4.64	NA	NA	2.66	2.39	0.44	000
31255		A	Removal of ethmoid sinus	6.95	NA	NA	3.76	3.37	0.65	000
31256		A	Exploration maxillary sinus	3.29	NA	NA	2.00	1.80	0.30	000
31267		A	Endoscopy, maxillary sinus	5.45	NA	NA	3.05	2.73	0.51	000
31276		A	Sinus endoscopy, surgical	8.84	NA	NA	4.68	4.18	0.84	000
31287		A	Nasal/sinus endoscopy, surg	3.91	NA	NA	2.30	2.07	0.37	000
31288		A	Nasal/sinus endoscopy, surg	4.57	NA	NA	2.62	2.35	0.44	000
31290		A	Nasal/sinus endoscopy, surg	18.61	NA	NA	11.96	10.74	1.94	010
31291		A	Nasal/sinus endoscopy, surg	19.56	NA	NA	12.44	11.20	2.31	010
31292		A	Nasal/sinus endoscopy, surg	15.90	NA	NA	10.64	9.53	1.50	010
31293		A	Nasal/sinus endoscopy, surg	17.47	NA	NA	11.41	10.24	1.64	010
31294		A	Nasal/sinus endoscopy, surg	20.31	NA	NA	12.78	11.44	1.92	010
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300		A	Removal of larynx lesion	15.91	NA	NA	17.25	15.71	1.49	090
31320		A	Diagnostic incision, larynx	5.73	NA	NA	11.09	10.47	0.53	090
31360		A	Removal of larynx	29.91	NA	NA	24.73	21.19	2.88	090
31365		A	Removal of larynx	38.81	NA	NA	29.08	24.81	3.73	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
31367		A	Partial removal of larynx	30.57	NA	NA	27.28	24.21	2.92	090
31368		A	Partial removal of larynx	34.19	NA	NA	30.03	26.78	3.22	090
31370		A	Partial removal of larynx	27.57	NA	NA	26.68	23.92	2.60	090
31375		A	Partial removal of larynx	26.07	NA	NA	25.41	22.71	2.47	090
31380		A	Partial removal of larynx	25.57	NA	NA	25.17	22.45	2.42	090
31382		A	Partial removal of larynx	28.57	NA	NA	27.16	24.13	2.71	090
31390		A	Removal of larynx & pharynx	42.51	NA	NA	32.03	28.06	4.29	090
31395		A	Reconstruct larynx & pharynx	43.80	NA	NA	35.43	31.06	4.14	090
31400		A	Revision of larynx	11.60	NA	NA	14.31	13.47	1.10	090
31420		A	Removal of epiglottis	11.43	NA	NA	10.49	9.55	1.08	090
31500		A	Insert emergency airway	2.33	NA	NA	0.51	0.48	0.23	000
31502		A	Change of windpipe airway	0.65	NA	NA	0.28	0.25	0.05	000
31505		A	Diagnostic laryngoscopy	0.61	1.51	1.46	0.68	0.63	0.05	000
31510		A	Laryngoscopy with biopsy	1.92	3.47	3.35	1.29	1.16	0.19	000
31511		A	Remove foreign body, larynx	2.16	3.23	3.09	1.24	1.13	0.23	000
31512		A	Removal of larynx lesion	2.07	3.30	3.14	1.41	1.26	0.20	000
31513		A	Injection into vocal cord	2.10	NA	NA	1.42	1.29	0.20	000
31515		A	Laryngoscopy for aspiration	1.80	3.50	3.41	1.11	1.01	0.18	000
31520		A	Dx laryngoscopy, newborn	2.56	NA	NA	1.65	1.41	0.24	000
31525		A	Dx laryngoscopy excl nb	2.63	3.83	3.63	1.62	1.46	0.25	000
31526		A	Dx laryngoscopy w/oper scope	2.57	NA	NA	1.64	1.49	0.24	000
31527		A	Laryngoscopy for treatment	3.27	NA	NA	1.99	1.72	0.30	000
31528		A	Laryngoscopy and dilation	2.37	NA	NA	1.50	1.34	0.23	000
31529		A	Laryngoscopy and dilation	2.68	NA	NA	1.64	1.49	0.25	000
31530		A	Laryngoscopy w/fb removal	3.38	NA	NA	1.90	1.71	0.32	000
31531		A	Laryngoscopy w/fb & op scope	3.58	NA	NA	2.13	1.92	0.33	000
31535		A	Laryngoscopy w/biopsy	3.16	NA	NA	1.93	1.73	0.30	000
31536		A	Laryngoscopy w/bx & op scope	3.55	NA	NA	2.12	1.91	0.33	000
31540		A	Laryngoscopy w/exc of tumor	4.12	NA	NA	2.39	2.15	0.39	000
31541		A	Larynscop w/tumr exc + scope	4.52	NA	NA	2.59	2.33	0.43	000
31545		A	Remove vc lesion w/scope	6.30	NA	NA	3.49	3.08	0.59	000
31546		A	Remove vc lesion scope/graft	9.73	NA	NA	5.16	4.44	0.92	000
31560		A	Laryngoscop w/arytenoidectom	5.45	NA	NA	3.01	2.67	0.51	000
31561		A	Larynscop, remve cart + scop	5.99	NA	NA	3.24	2.89	0.56	000
31570		A	Laryngoscope w/vc inj	3.86	4.81	4.76	2.21	2.01	0.39	000
31571		A	Laryngoscop w/vc inj + scope	4.26	NA	NA	2.47	2.21	0.40	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
31575		A	Diagnostic laryngoscopy	1.10	1.85	1.79	0.93	0.85	0.09	000
31576		A	Laryngoscopy with biopsy	1.97	3.77	3.67	1.32	1.20	0.18	000
31577		A	Remove foreign body, larynx	2.47	3.75	3.59	1.51	1.36	0.24	000
31578		A	Removal of larynx lesion	2.84	4.40	4.22	1.78	1.54	0.26	000
31579		A	Diagnostic laryngoscopy	2.26	3.21	3.17	1.50	1.35	0.22	000
31580		A	Revision of larynx	14.66	NA	NA	17.17	15.64	1.38	090
31582		A	Revision of larynx	23.22	NA	NA	26.19	24.60	2.20	090
31584		A	Treat larynx fracture	20.47	NA	NA	19.12	17.49	1.93	090
31587		A	Revision of larynx	15.27	NA	NA	11.27	9.80	1.43	090
31588		A	Revision of larynx	14.99	NA	NA	14.91	13.62	1.42	090
31590		A	Reinnervate larynx	7.85	NA	NA	14.98	14.40	0.75	090
31595		A	Larynx nerve surgery	8.84	NA	NA	11.01	10.34	0.84	090
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600		A	Incision of windpipe	7.17	NA	NA	3.06	2.77	0.93	000
31601		A	Incision of windpipe	4.44	NA	NA	2.52	2.25	0.41	000
31603		A	Incision of windpipe	4.14	NA	NA	1.66	1.48	0.51	000
31605		A	Incision of windpipe	3.57	NA	NA	1.09	1.01	0.46	000
31610		A	Incision of windpipe	9.38	NA	NA	9.16	8.37	0.97	090
31611		A	Surgery/speech prosthesis	6.00	NA	NA	7.99	7.42	0.56	090
31612		A	Puncture/clear windpipe	0.91	1.16	1.11	0.35	0.31	0.08	000
31613		A	Repair windpipe opening	4.71	NA	NA	6.89	6.40	0.53	090
31614		A	Repair windpipe opening	8.63	NA	NA	10.91	9.94	0.87	090
31615		A	Visualization of windpipe	2.09	2.58	2.50	1.30	1.17	0.19	000
31620		A	Endobronchial us add-on	1.40	5.18	5.72	0.40	0.41	0.09	ZZZ
31622		A	Dx bronchoscope/wash	2.78	4.86	5.23	1.04	0.99	0.25	000
31623		A	Dx bronchoscope/brush	2.88	5.23	5.87	1.02	0.97	0.19	000
31624		A	Dx bronchoscope/lavage	2.88	4.78	5.27	1.03	0.99	0.19	000
31625		A	Bronchoscopy w/biopsy(s)	3.36	4.93	5.41	1.17	1.12	0.23	000
31626		A	Bronchoscopy w/markers	4.16	7.29	7.29	1.46	1.46	0.23	000
31627		A	Navigational bronchoscopy	2.00	29.96	29.96	0.73	0.73	0.10	ZZZ
31628		A	Bronchoscopy/lung bx, each	3.80	5.65	6.63	1.27	1.21	0.22	000
31629		A	Bronchoscopy/needle bx, each	4.09	10.29	11.94	1.36	1.30	0.25	000
31630		A	Bronchoscopy dilate/fx repr	3.81	NA	NA	1.46	1.45	0.36	000
31631		A	Bronchoscopy, dilate w/stent	4.36	NA	NA	1.64	1.60	0.44	000
31632		A	Bronchoscopy/lung bx, addl	1.03	0.81	0.84	0.30	0.27	0.05	ZZZ
31633		A	Bronchoscopy/needle bx addl	1.32	0.94	0.97	0.38	0.36	0.07	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
31635		A	Bronchoscopy w/fb removal	3.67	4.82	5.30	1.30	1.27	0.29	000
31636		A	Bronchoscopy, bronch stents	4.30	NA	NA	1.50	1.51	0.41	000
31637		A	Bronchoscopy, stent add-on	1.58	NA	NA	0.42	0.46	0.08	ZZZ
31638		A	Bronchoscopy, revise stent	4.88	NA	NA	1.78	1.75	0.48	000
31640		A	Bronchoscopy w/tumor excise	4.93	NA	NA	1.80	1.77	0.47	000
31641		A	Bronchoscopy, treat blockage	5.02	NA	NA	1.78	1.69	0.43	000
31643		A	Diag bronchoscope/catheter	3.49	NA	NA	1.15	1.13	0.21	000
31645		A	Bronchoscopy, clear airways	3.16	4.31	4.70	1.12	1.06	0.21	000
31646		A	Bronchoscopy, reclear airway	2.72	4.02	4.41	0.97	0.93	0.19	000
31656		A	Bronchoscopy, inj for x-ray	2.17	5.05	5.89	0.76	0.76	0.12	000
31715		A	Injection for bronchus x-ray	1.11	NA	NA	0.30	0.33	0.06	000
31717		A	Bronchial brush biopsy	2.12	4.13	5.31	0.74	0.75	0.12	000
31720		A	Clearance of airways	1.06	NA	NA	0.31	0.30	0.06	000
31725		A	Clearance of airways	1.96	NA	NA	0.55	0.49	0.15	000
31730		A	Intro, windpipe wire/tube	2.85	25.75	21.19	1.00	0.91	0.33	000
31750		A	Repair of windpipe	15.39	NA	NA	19.65	18.35	1.67	090
31755		A	Repair of windpipe	17.54	NA	NA	27.03	25.40	1.65	090
31760		A	Repair of windpipe	23.48	NA	NA	10.62	10.88	4.03	090
31766		A	Reconstruction of windpipe	31.67	NA	NA	14.99	13.32	5.44	090
31770		A	Repair/graft of bronchus	23.54	NA	NA	9.60	9.68	4.04	090
31775		A	Reconstruct bronchus	24.59	NA	NA	10.21	9.86	4.23	090
31780		A	Reconstruct windpipe	19.84	NA	NA	11.17	10.22	2.37	090
31781		A	Reconstruct windpipe	24.85	NA	NA	14.06	11.72	4.27	090
31785		A	Remove windpipe lesion	18.35	NA	NA	10.21	9.12	1.92	090
31786		A	Remove windpipe lesion	25.42	NA	NA	10.46	11.27	4.38	090
31800		A	Repair of windpipe injury	8.18	NA	NA	10.36	9.40	0.77	090
31805		A	Repair of windpipe injury	13.42	NA	NA	7.98	7.25	2.32	090
31820		A	Closure of windpipe lesion	4.64	6.58	6.10	3.95	3.60	0.49	090
31825		A	Repair of windpipe defect	7.07	8.54	7.93	5.56	5.08	0.73	090
31830		A	Revise windpipe scar	4.62	6.57	6.16	4.18	3.88	0.52	090
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32035		A	Exploration of chest	11.29	NA	NA	6.76	6.43	1.89	090
32036		A	Exploration of chest	12.30	NA	NA	7.13	6.85	2.13	090
32095		A	Biopsy through chest wall	10.14	NA	NA	5.75	5.54	1.72	090
32100		A	Exploration/biopsy of chest	16.16	NA	NA	7.81	7.70	2.79	090
32110		A	Explore/repair chest	25.28	NA	NA	11.37	10.87	4.22	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
32120		A	Re-exploration of chest	14.39	NA	NA	7.51	7.33	2.50	090
32124		A	Explore chest free adhesions	15.45	NA	NA	7.92	7.57	2.70	090
32140		A	Removal of lung lesion(s)	16.66	NA	NA	8.42	8.01	2.86	090
32141		A	Remove/treat lung lesions	27.18	NA	NA	11.43	10.63	4.70	090
32150		A	Removal of lung lesion(s)	16.82	NA	NA	8.39	8.01	2.89	090
32151		A	Remove lung foreign body	16.94	NA	NA	8.10	8.28	2.92	090
32160		A	Open chest heart massage	13.10	NA	NA	6.58	6.15	2.20	090
32200		A	Drain, open, lung lesion	18.68	NA	NA	9.89	9.38	3.15	090
32201		A	Drain, percut, lung lesion	3.99	17.70	19.75	1.20	1.45	0.28	000
32215		A	Treat chest lining	13.05	NA	NA	7.09	6.90	2.24	090
32220		A	Release of lung	26.65	NA	NA	13.31	13.04	4.63	090
32225		A	Partial release of lung	16.75	NA	NA	8.29	8.03	2.88	090
32310		A	Removal of chest lining	15.28	NA	NA	7.83	7.55	2.66	090
32320		A	Free/remove chest lining	27.25	NA	NA	13.02	12.57	4.65	090
32400		A	Needle biopsy chest lining	1.76	1.92	2.14	0.52	0.59	0.13	000
32402		A	Open biopsy chest lining	8.97	NA	NA	5.30	5.17	1.49	090
32405		A	Biopsy, lung or mediastinum	1.93	0.58	0.71	0.58	0.70	0.13	000
32420		A	Puncture/clear lung	2.18	NA	NA	0.66	0.74	0.18	000
32421		A	Thoracentesis for aspiration	1.54	2.21	2.52	0.48	0.50	0.10	000
32422		A	Thoracentesis w/tube insert	2.19	2.64	2.94	1.00	1.08	0.16	000
32440		A	Removal of lung	27.28	NA	NA	12.21	12.17	4.67	090
32442		A	Sleeve pneumonectomy	56.47	NA	NA	17.01	18.16	3.12	090
32445		A	Removal of lung	63.84	NA	NA	24.21	22.56	10.98	090
32480		A	Partial removal of lung	25.82	NA	NA	11.51	11.42	4.45	090
32482		A	Bilobectomy	27.44	NA	NA	12.52	12.39	4.72	090
32484		A	Segmentectomy	25.38	NA	NA	10.83	10.73	4.34	090
32486		A	Sleeve lobectomy	42.88	NA	NA	16.27	15.66	7.45	090
32488		A	Completion pneumonectomy	42.99	NA	NA	17.20	16.34	7.43	090
32491		R	Lung volume reduction	25.24	NA	NA	11.53	11.95	4.32	090
32500		A	Partial removal of lung	24.64	NA	NA	11.54	11.50	4.26	090
32501		A	Repair bronchus add-on	4.68	NA	NA	1.49	1.52	0.80	ZZZ
32503		A	Resect apical lung tumor	31.74	NA	NA	13.40	13.55	5.51	090
32504		A	Resect apical lung tum/chest	36.54	NA	NA	15.06	15.37	6.26	090
32540		A	Removal of lung lesion	30.35	NA	NA	13.19	12.38	5.22	090
32550		A	Insert pleural cath	4.17	14.91	16.07	1.57	1.65	0.51	000
32551		A	Insertion of chest tube	3.29	NA	NA	1.09	1.14	0.38	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
32552		A	Remove lung catheter	2.53	2.05	2.05	1.49	1.49	0.44	010
32553		A	Ins mark thor for rt perq	3.80	11.61	11.61	1.30	1.30	0.65	000
32560		A	Treat pleurodesis w/agent	1.54	4.45	5.21	0.48	0.62	0.20	000
32561		A	Lyse chest fibrin init day	1.39	1.03	1.03	0.43	0.43	0.18	000
32562		A	Lyse chest fibrin subq day	1.24	0.92	0.92	0.39	0.39	0.17	000
32601		A	Thoracoscopy, diagnostic	5.45	NA	NA	2.28	2.29	0.93	000
32602		A	Thoracoscopy, diagnostic	5.95	NA	NA	2.45	2.45	1.00	000
32603		A	Thoracoscopy, diagnostic	7.80	NA	NA	3.00	3.05	1.43	000
32604		A	Thoracoscopy, diagnostic	8.77	NA	NA	3.24	3.40	1.50	000
32605		A	Thoracoscopy, diagnostic	6.92	NA	NA	2.68	2.71	1.19	000
32606		A	Thoracoscopy, diagnostic	8.39	NA	NA	3.25	3.27	1.42	000
32650		A	Thoracoscopy, surgical	10.83	NA	NA	5.94	5.93	1.82	090
32651		A	Thoracoscopy, surgical	18.78	NA	NA	8.77	8.22	3.17	090
32652		A	Thoracoscopy, surgical	29.13	NA	NA	12.59	11.88	4.94	090
32653		A	Thoracoscopy, surgical	18.17	NA	NA	8.34	7.91	3.03	090
32654		A	Thoracoscopy, surgical	20.52	NA	NA	9.21	8.62	3.42	090
32655		A	Thoracoscopy, surgical	16.17	NA	NA	7.93	7.54	2.77	090
32656		A	Thoracoscopy, surgical	13.26	NA	NA	6.80	6.80	2.21	090
32657		A	Thoracoscopy, surgical	12.93	NA	NA	6.78	6.77	2.23	090
32658		A	Thoracoscopy, surgical	11.71	NA	NA	6.03	6.29	2.02	090
32659		A	Thoracoscopy, surgical	11.94	NA	NA	6.34	6.48	2.06	090
32660		A	Thoracoscopy, surgical	17.77	NA	NA	8.02	8.28	3.27	090
32661		A	Thoracoscopy, surgical	13.33	NA	NA	6.52	6.75	2.30	090
32662		A	Thoracoscopy, surgical	14.99	NA	NA	7.48	7.55	2.57	090
32663		A	Thoracoscopy, surgical	24.64	NA	NA	10.45	10.44	4.22	090
32664		A	Thoracoscopy, surgical	14.28	NA	NA	6.81	6.93	2.47	090
32665		A	Thoracoscopy, surgical	21.53	NA	NA	10.85	9.45	3.38	090
32800		A	Repair lung hernia	15.71	NA	NA	6.28	7.21	2.71	090
32810		A	Close chest after drainage	14.95	NA	NA	7.46	7.52	2.58	090
32815		A	Close bronchial fistula	50.03	NA	NA	20.51	18.54	8.74	090
32820		A	Reconstruct injured chest	22.51	NA	NA	10.58	11.07	3.88	090
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851		A	Lung transplant, single	41.61	NA	NA	22.61	23.33	7.20	090
32852		A	Lung transplant with bypass	45.48	NA	NA	25.43	26.53	7.83	090
32853		A	Lung transplant, double	50.78	NA	NA	25.47	26.37	8.83	090
32854		A	Lung transplant with bypass	54.74	NA	NA	28.89	29.78	9.48	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
32855		C	Prepare donor lung, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32856		C	Prepare donor lung, double	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32900		A	Removal of rib(s)	23.81	NA	NA	10.89	10.43	4.03	090
32905		A	Revise & repair chest wall	23.29	NA	NA	9.99	10.12	4.00	090
32906		A	Revise & repair chest wall	29.30	NA	NA	11.81	12.07	5.05	090
3293F		I	Abo rh blood typing docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32940		A	Revision of lung	21.34	NA	NA	9.40	9.34	3.68	090
3294F		I	Grp b strep screening docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32960		A	Therapeutic pneumothorax	1.84	1.85	1.76	0.73	0.73	0.31	000
32997		A	Total lung lavage	7.31	NA	NA	2.11	1.95	0.67	000
32998		A	Perq rf ablate tx, pul tumor	5.68	62.39	67.75	1.82	2.25	0.44	000
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010		A	Drainage of heart sac	2.24	NA	NA	0.70	0.94	0.33	000
33011		A	Repeat drainage of heart sac	2.24	NA	NA	0.74	0.89	0.36	000
33015		A	Incision of heart sac	8.52	NA	NA	4.08	5.06	1.23	090
33020		A	Incision of heart sac	14.95	NA	NA	7.11	6.97	2.58	090
33025		A	Incision of heart sac	13.70	NA	NA	6.46	6.40	2.39	090
33030		A	Partial removal of heart sac	22.39	NA	NA	10.05	9.87	3.91	090
33031		A	Partial removal of heart sac	25.38	NA	NA	10.62	10.54	4.49	090
33050		A	Removal of heart sac lesion	16.97	NA	NA	8.23	8.05	2.92	090
33120		A	Removal of heart lesion	27.45	NA	NA	11.78	11.70	4.83	090
33130		A	Removal of heart lesion	24.17	NA	NA	17.56	12.26	4.44	090
33140		A	Heart revascularize (tmr)	28.34	NA	NA	11.21	11.41	5.20	090
33141		A	Heart tmr w/other procedure	2.54	NA	NA	0.83	0.99	0.45	ZZZ
33202		A	Insert epicard eltrd, open	13.20	NA	NA	6.16	6.37	2.32	090
33203		A	Insert epicard eltrd, endo	13.97	NA	NA	6.04	6.76	2.41	090
33206		A	Insertion of heart pacemaker	7.39	NA	NA	3.71	4.72	1.19	090
33207		A	Insertion of heart pacemaker	8.05	NA	NA	3.73	4.84	1.30	090
33208		A	Insertion of heart pacemaker	8.77	NA	NA	3.95	5.17	1.41	090
33210		A	Insertion of heart electrode	3.30	NA	NA	1.07	1.48	0.52	000
33211		A	Insertion of heart electrode	3.39	NA	NA	1.09	1.41	0.55	000
33212		A	Insertion of pulse generator	5.52	NA	NA	2.68	3.45	0.89	090
33213		A	Insertion of pulse generator	6.37	NA	NA	2.94	3.88	1.03	090
33214		A	Upgrade of pacemaker system	7.84	NA	NA	3.89	4.94	1.25	090
33215		A	Reposition pacing-defib lead	4.92	NA	NA	2.44	3.21	0.79	090
33216		A	Insert 1 electrode pm-defib	5.87	NA	NA	3.18	4.21	0.94	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33217		A	Insert 2 electrode pm-defib	5.84	NA	NA	3.18	4.15	0.94	090
33218		A	Repair lead pace-defib, one	6.07	NA	NA	3.38	4.40	0.97	090
3321F		I	AJCC cncr 0/IA melan docd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33220		A	Repair lead pace-defib, dual	6.15	NA	NA	3.43	4.43	0.98	090
33222		A	Revise pocket, pacemaker	5.10	NA	NA	3.28	4.10	0.84	090
33223		A	Revise pocket for defib	6.55	NA	NA	3.41	4.52	1.07	090
33224		A	Insert pacing lead & connect	9.04	NA	NA	3.26	4.43	1.46	000
33225		A	L ventric pacing lead add-on	8.33	NA	NA	2.73	3.82	1.34	ZZZ
33226		A	Reposition l ventric lead	8.68	NA	NA	3.15	4.29	1.40	000
3322F		I	Melan >AJCC stage 0 or IA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33233		A	Removal of pacemaker system	3.39	NA	NA	2.31	3.04	0.54	090
33234		A	Removal of pacemaker system	7.91	NA	NA	3.85	5.04	1.28	090
33235		A	Removal pacemaker electrode	10.15	NA	NA	5.21	6.74	1.65	090
33236		A	Remove electrode/thoracotomy	12.73	NA	NA	6.96	7.03	2.34	090
33237		A	Remove electrode/thoracotomy	13.84	NA	NA	6.39	7.74	2.38	090
33238		A	Remove electrode/thoracotomy	15.40	NA	NA	8.13	8.16	2.71	090
33240		A	Insert pulse generator	7.64	NA	NA	3.47	4.75	1.22	090
33241		A	Remove pulse generator	3.29	NA	NA	2.05	2.77	0.52	090
33243		A	Remove eltrd/thoracotomy	23.57	NA	NA	10.70	11.41	4.09	090
33244		A	Remove eltrd, transven	13.99	NA	NA	6.59	8.78	2.28	090
33249		A	Eltrd/insert pace-defib	15.17	NA	NA	6.67	9.06	2.44	090
3324F		I	Mri ct scan ord rvwd rqstd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33250		A	Ablate heart dysrhythm focus	25.90	NA	NA	10.98	11.07	4.75	090
33251		A	Ablate heart dysrhythm focus	28.92	NA	NA	12.70	12.20	5.15	090
33254		A	Ablate atria, lmtd	23.71	NA	NA	10.77	10.63	4.35	090
33255		A	Ablate atria w/o bypass, ext	29.04	NA	NA	12.35	12.83	5.33	090
33256		A	Ablate atria w/bypass, exten	34.90	NA	NA	14.27	14.83	6.43	090
33257		A	Ablate atria, lmtd, add-on	9.63	NA	NA	5.17	5.15	1.70	ZZZ
33258		A	Ablate atria, x10sv, add-on	11.00	NA	NA	5.65	5.63	1.93	ZZZ
33259		A	Ablate atria w/bypass add-on	14.14	NA	NA	7.32	7.32	2.52	ZZZ
33261		A	Ablate heart dysrhythm focus	28.92	NA	NA	11.91	11.90	5.31	090
33265		A	Ablate atria, lmtd, endo	23.71	NA	NA	10.64	10.54	4.15	090
33266		A	Ablate atria, x10sv, endo	33.04	NA	NA	13.62	13.69	5.86	090
33282		A	Implant pat-active ht record	4.80	NA	NA	2.90	3.90	0.77	090
33284		A	Remove pat-active ht record	3.14	NA	NA	2.37	3.16	0.50	090
3328F		I	Prfrmnc docd 2 wks b/4 surg	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33300		A	Repair of heart wound	44.97	NA	NA	16.82	15.37	7.89	090
33305		A	Repair of heart wound	76.93	NA	NA	26.81	24.50	13.54	090
33310		A	Exploratory heart surgery	20.34	NA	NA	9.32	9.22	3.30	090
33315		A	Exploratory heart surgery	26.17	NA	NA	11.26	11.31	4.62	090
33320		A	Repair major blood vessel(s)	18.54	NA	NA	8.17	8.32	3.16	090
33321		A	Repair major vessel	20.81	NA	NA	9.09	9.15	3.58	090
33322		A	Repair major blood vessel(s)	24.42	NA	NA	10.87	10.77	4.31	090
33330		A	Insert major vessel graft	25.29	NA	NA	12.56	10.81	4.65	090
33332		A	Insert major vessel graft	24.56	NA	NA	10.42	10.68	4.50	090
33335		A	Insert major vessel graft	33.91	NA	NA	14.10	13.75	6.01	090
33400		A	Repair of aortic valve	41.50	NA	NA	16.27	16.41	7.27	090
33401		A	Valvuloplasty, open	24.63	NA	NA	10.39	12.59	3.95	090
33403		A	Valvuloplasty, w/cp bypass	25.61	NA	NA	11.73	12.34	4.70	090
33404		A	Prepare heart-aorta conduit	31.37	NA	NA	13.11	13.46	5.39	090
33405		A	Replacement of aortic valve	41.32	NA	NA	16.75	17.00	7.29	090
33406		A	Replacement of aortic valve	52.68	NA	NA	20.33	20.14	9.38	090
33410		A	Replacement of aortic valve	46.41	NA	NA	18.40	18.02	8.19	090
33411		A	Replacement of aortic valve	62.07	NA	NA	23.44	22.55	10.97	090
33412		A	Replacement of aortic valve	43.94	NA	NA	17.85	18.50	8.08	090
33413		A	Replacement of aortic valve	59.87	NA	NA	21.51	22.26	10.30	090
33414		A	Repair of aortic valve	39.37	NA	NA	14.98	15.42	7.23	090
33415		A	Revision, subvalvular tissue	37.27	NA	NA	14.62	13.93	6.26	090
33416		A	Revise ventricle muscle	36.56	NA	NA	15.23	14.64	6.47	090
33417		A	Repair of aortic valve	29.33	NA	NA	12.97	13.06	5.17	090
33420		A	Revision of mitral valve	25.79	NA	NA	11.88	10.17	2.60	090
33422		A	Revision of mitral valve	29.73	NA	NA	12.44	12.81	5.45	090
33425		A	Repair of mitral valve	49.96	NA	NA	19.27	18.15	8.81	090
33426		A	Repair of mitral valve	43.28	NA	NA	17.45	17.38	7.65	090
33427		A	Repair of mitral valve	44.83	NA	NA	17.34	17.73	7.92	090
33430		A	Replacement of mitral valve	50.93	NA	NA	20.50	19.90	9.01	090
33460		A	Revision of tricuspid valve	44.70	NA	NA	29.09	19.05	8.21	090
33463		A	Valvuloplasty, tricuspid	57.08	NA	NA	21.49	20.01	10.13	090
33464		A	Valvuloplasty, tricuspid	44.62	NA	NA	17.93	16.82	7.89	090
33465		A	Replace tricuspid valve	50.72	NA	NA	19.41	18.18	9.03	090
33468		A	Revision of tricuspid valve	32.94	NA	NA	13.19	14.40	6.06	090
33470		A	Revision of pulmonary valve	21.54	NA	NA	9.35	9.68	3.71	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33471		A	Valvotomy, pulmonary valve	22.96	NA	NA	10.93	10.51	1.19	090
33472		A	Revision of pulmonary valve	23.06	NA	NA	10.48	10.53	1.20	090
33474		A	Revision of pulmonary valve	39.40	NA	NA	15.02	13.84	6.78	090
33475		A	Replacement, pulmonary valve	42.40	NA	NA	16.52	16.34	7.79	090
33476		A	Revision of heart chamber	26.57	NA	NA	11.64	11.27	4.88	090
33478		A	Revision of heart chamber	27.54	NA	NA	11.94	12.10	5.06	090
33496		A	Repair, prosth valve clot	29.84	NA	NA	12.74	12.62	5.13	090
33500		A	Repair heart vessel fistula	27.94	NA	NA	11.60	11.80	5.13	090
33501		A	Repair heart vessel fistula	19.51	NA	NA	8.75	8.67	3.59	090
33502		A	Coronary artery correction	21.85	NA	NA	10.18	10.22	4.01	090
33503		A	Coronary artery graft	22.51	NA	NA	9.71	12.12	3.62	090
33504		A	Coronary artery graft	25.46	NA	NA	11.34	11.21	4.67	090
33505		A	Repair artery w/tunnel	38.40	NA	NA	13.19	13.29	7.05	090
33506		A	Repair artery, translocation	37.85	NA	NA	13.51	14.04	6.52	090
33507		A	Repair art, intramural	31.40	NA	NA	11.69	12.37	5.40	090
33508		A	Endoscopic vein harvest	0.31	NA	NA	0.10	0.10	0.05	ZZZ
33510		A	CABG, vein, single	34.98	NA	NA	14.52	14.71	6.18	090
33511		A	CABG, vein, two	38.45	NA	NA	15.80	15.96	6.80	090
33512		A	CABG, vein, three	43.98	NA	NA	17.49	17.60	7.79	090
33513		A	CABG, vein, four	45.37	NA	NA	17.88	17.57	8.06	090
33514		A	CABG, vein, five	48.08	NA	NA	18.80	18.79	8.48	090
33516		A	Cabg, vein, six or more	49.76	NA	NA	18.84	19.45	9.13	090
33517		A	CABG, artery-vein, single	3.61	NA	NA	1.17	1.13	0.63	ZZZ
33518		A	CABG, artery-vein, two	7.93	NA	NA	2.58	2.44	1.40	ZZZ
33519		A	CABG, artery-vein, three	10.49	NA	NA	3.42	3.28	1.85	ZZZ
3351F		I	Neg scrn dep symp by deptool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33521		A	CABG, artery-vein, four	12.59	NA	NA	4.11	3.99	2.24	ZZZ
33522		A	CABG, artery-vein, five	14.14	NA	NA	4.63	4.55	2.52	ZZZ
33523		A	Cabg, art-vein, six or more	16.08	NA	NA	5.20	5.17	2.84	ZZZ
3352F		I	No sig dep symp by dep tool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33530		A	Coronary artery, bypass/reop	10.13	NA	NA	3.27	3.08	1.78	ZZZ
33533		A	CABG, arterial, single	33.75	NA	NA	13.92	14.39	5.97	090
33534		A	CABG, arterial, two	39.88	NA	NA	16.23	16.53	7.04	090
33535		A	CABG, arterial, three	44.75	NA	NA	17.82	18.02	7.90	090
33536		A	Cabg, arterial, four or more	48.43	NA	NA	19.20	18.93	8.60	090
3353F		I	Mild-mod dep symp by deptool	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33542		A	Removal of heart lesion	48.21	NA	NA	18.63	17.53	8.55	090
33545		A	Repair of heart damage	57.06	NA	NA	21.09	20.28	10.05	090
33548		A	Restore/remodel, ventricle	54.14	NA	NA	21.33	21.33	9.63	090
3354F		I	Clin sig dep sym by dep tool	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33572		A	Open coronary endarterectomy	4.44	NA	NA	1.43	1.46	0.79	ZZZ
33600		A	Closure of valve	30.31	NA	NA	12.61	12.71	5.20	090
33602		A	Closure of valve	29.34	NA	NA	14.60	12.61	4.59	090
33606		A	Anastomosis/artery-aorta	31.53	NA	NA	15.30	13.78	4.94	090
33608		A	Repair anomaly w/conduit	31.88	NA	NA	13.08	13.76	5.48	090
33610		A	Repair by enlargement	31.40	NA	NA	12.94	13.28	5.40	090
33611		A	Repair double ventricle	35.57	NA	NA	13.48	13.83	6.54	090
33612		A	Repair double ventricle	36.57	NA	NA	13.43	13.88	5.86	090
33615		A	Repair, modified fontan	35.89	NA	NA	14.00	14.96	6.18	090
33617		A	Repair single ventricle	39.09	NA	NA	14.97	15.05	6.73	090
33619		A	Repair single ventricle	48.76	NA	NA	19.35	18.26	8.39	090
33641		A	Repair heart septum defect	29.58	NA	NA	12.28	11.60	5.23	090
33645		A	Revision of heart veins	28.10	NA	NA	11.48	11.80	5.16	090
33647		A	Repair heart septum defects	29.53	NA	NA	21.28	15.53	5.42	090
33660		A	Repair of heart defects	31.83	NA	NA	12.32	12.45	5.85	090
33665		A	Repair of heart defects	34.85	NA	NA	23.32	16.12	6.42	090
33670		A	Repair of heart chambers	36.63	NA	NA	12.98	13.32	6.74	090
33675		A	Close mult vsd	35.95	NA	NA	13.38	13.75	6.60	090
33676		A	Close mult vsd w/resection	36.95	NA	NA	15.53	14.93	1.93	090
33677		A	Cl mult vsd w/rem pul band	38.45	NA	NA	16.08	15.45	2.01	090
33681		A	Repair heart septum defect	32.34	NA	NA	14.36	14.08	5.73	090
33684		A	Repair heart septum defect	34.37	NA	NA	22.69	15.85	6.32	090
33688		A	Repair heart septum defect	34.75	NA	NA	12.62	12.47	6.39	090
33690		A	Reinforce pulmonary artery	20.36	NA	NA	9.59	9.48	3.50	090
33692		A	Repair of heart defects	31.54	NA	NA	13.61	13.11	1.64	090
33694		A	Repair of heart defects	35.57	NA	NA	13.23	14.05	6.54	090
33697		A	Repair of heart defects	37.57	NA	NA	13.76	16.41	6.02	090
33702		A	Repair of heart defects	27.24	NA	NA	11.59	11.55	5.00	090
33710		A	Repair of heart defects	30.41	NA	NA	12.34	15.56	5.23	090
33720		A	Repair of heart defect	27.26	NA	NA	11.38	11.82	4.69	090
33722		A	Repair of heart defect	29.21	NA	NA	11.42	11.48	5.36	090
33724		A	Repair venous anomaly	27.63	NA	NA	10.86	11.76	4.74	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33726		A	Repair pul venous stenosis	37.12	NA	NA	13.99	14.59	6.82	090
33730		A	Repair heart-vein defect(s)	36.14	NA	NA	14.23	13.45	6.65	090
33732		A	Repair heart-vein defect	28.96	NA	NA	12.42	12.62	5.32	090
33735		A	Revision of heart chamber	22.20	NA	NA	10.15	10.16	4.09	090
33736		A	Revision of heart chamber	24.32	NA	NA	10.99	11.08	4.46	090
33737		A	Revision of heart chamber	22.47	NA	NA	9.93	10.22	3.87	090
33750		A	Major vessel shunt	22.22	NA	NA	14.69	12.91	5.86	090
33755		A	Major vessel shunt	22.60	NA	NA	9.52	9.87	3.63	090
33762		A	Major vessel shunt	22.60	NA	NA	10.34	10.10	1.18	090
33764		A	Major vessel shunt & graft	22.60	NA	NA	12.11	10.22	3.55	090
33766		A	Major vessel shunt	23.57	NA	NA	9.29	11.06	3.77	090
33767		A	Major vessel shunt	25.30	NA	NA	10.23	10.20	4.65	090
33768		A	Cavopulmonary shunting	8.00	NA	NA	2.93	2.78	0.41	ZZZ
33770		A	Repair great vessels defect	39.07	NA	NA	16.60	15.18	6.73	090
33771		A	Repair great vessels defect	40.63	NA	NA	16.12	14.97	2.13	090
33774		A	Repair great vessels defect	31.73	NA	NA	13.46	13.75	5.83	090
33775		A	Repair great vessels defect	32.99	NA	NA	14.75	14.49	1.71	090
33776		A	Repair great vessels defect	34.75	NA	NA	15.68	15.38	1.80	090
33777		A	Repair great vessels defect	34.17	NA	NA	14.72	14.54	1.78	090
33778		A	Repair great vessels defect	42.75	NA	NA	18.08	17.43	2.24	090
33779		A	Repair great vessels defect	43.23	NA	NA	17.31	16.48	2.27	090
33780		A	Repair great vessels defect	43.90	NA	NA	28.20	20.18	2.30	090
33781		A	Repair great vessels defect	43.21	NA	NA	17.06	15.89	2.27	090
33782		A	Nikaidoh proc	60.08	NA	NA	20.69	20.69	10.34	090
33783		A	Nikaidoh proc w/ostia implt	65.08	NA	NA	22.20	22.20	11.20	090
33786		A	Repair arterial trunk	41.87	NA	NA	17.22	16.37	2.19	090
33788		A	Revision of pulmonary artery	27.42	NA	NA	12.11	11.81	1.42	090
33800		A	Aortic suspension	17.28	NA	NA	7.52	7.32	3.17	090
33802		A	Repair vessel defect	18.37	NA	NA	8.69	8.45	3.38	090
33803		A	Repair vessel defect	20.31	NA	NA	8.43	8.29	3.73	090
33813		A	Repair septal defect	21.36	NA	NA	9.60	10.98	3.68	090
33814		A	Repair septal defect	26.57	NA	NA	11.68	11.85	4.88	090
33820		A	Revise major vessel	16.69	NA	NA	7.64	7.92	3.07	090
33822		A	Revise major vessel	17.71	NA	NA	8.46	8.41	0.92	090
33824		A	Revise major vessel	20.23	NA	NA	10.35	9.65	3.48	090
33840		A	Remove aorta constriction	21.34	NA	NA	8.92	9.05	3.92	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33845		A	Remove aorta constriction	22.93	NA	NA	10.56	11.49	4.21	090
33851		A	Remove aorta constriction	21.98	NA	NA	9.78	9.74	4.03	090
33852		A	Repair septal defect	24.41	NA	NA	17.92	12.67	4.48	090
33853		A	Repair septal defect	32.51	NA	NA	23.04	17.18	5.98	090
33860		A	Ascending aortic graft	59.46	NA	NA	22.09	21.24	10.47	090
33861		A	Ascending aortic graft	44.07	NA	NA	17.30	17.39	7.82	090
33863		A	Ascending aortic graft	58.79	NA	NA	21.14	21.01	10.34	090
33864		A	Ascending aortic graft	60.08	NA	NA	21.81	21.90	10.52	090
33870		A	Transverse aortic arch graft	46.06	NA	NA	17.75	18.04	8.08	090
33875		A	Thoracic aortic graft	35.78	NA	NA	13.88	14.13	6.28	090
33877		A	Thoracoabdominal graft	69.03	NA	NA	23.40	21.98	12.01	090
33880		A	Endovasc taa repr incl subcl	34.58	NA	NA	12.08	12.44	5.67	090
33881		A	Endovasc taa repr w/o subcl	29.58	NA	NA	10.49	10.82	4.85	090
33883		A	Insert endovasc prosth, taa	21.09	NA	NA	7.98	8.20	3.45	090
33884		A	Endovasc prosth, taa, add-on	8.20	NA	NA	2.42	2.42	1.35	ZZZ
33886		A	Endovasc prosth, delayed	18.09	NA	NA	6.40	6.97	3.16	090
33889		A	Artery transpose/endovas taa	15.92	NA	NA	4.31	4.53	2.78	000
33891		A	Car-car bp grft/endovas taa	20.00	NA	NA	5.41	5.60	3.49	000
33910		A	Remove lung artery emboli	29.71	NA	NA	12.57	12.47	5.45	090
33915		A	Remove lung artery emboli	24.95	NA	NA	9.50	9.69	4.00	090
33916		A	Surgery of great vessel	28.42	NA	NA	11.54	13.29	5.22	090
33917		A	Repair pulmonary artery	25.30	NA	NA	11.09	12.37	4.35	090
33920		A	Repair pulmonary atresia	32.74	NA	NA	12.49	13.01	6.01	090
33922		A	Transect pulmonary artery	24.22	NA	NA	10.65	10.69	4.45	090
33924		A	Remove pulmonary shunt	5.49	NA	NA	1.66	1.72	0.94	ZZZ
33925		A	Rpr pul art unifocal w/o cpb	31.30	NA	NA	11.66	12.72	5.38	090
33926		A	Repr pul art, unifocal w/cpb	44.73	NA	NA	18.94	15.32	8.21	090
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33933		C	Prepare donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935		R	Transplantation, heart/lung	62.01	NA	NA	24.73	25.34	11.39	090
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33944		C	Prepare donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945		R	Transplantation of heart	89.50	NA	NA	32.84	31.14	15.68	090
33960		A	External circulation assist	19.33	NA	NA	6.07	5.93	2.81	000
33961		A	External circulation assist	10.91	NA	NA	3.29	3.48	1.22	ZZZ
33967		A	Insert ia percut device	4.84	NA	NA	1.58	2.16	0.79	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
33968		A	Remove aortic assist device	0.64	NA	NA	0.22	0.25	0.10	000
33970		A	Aortic circulation assist	6.74	NA	NA	2.17	2.55	1.15	000
33971		A	Aortic circulation assist	11.99	NA	NA	5.87	6.29	2.06	090
33973		A	Insert balloon device	9.75	NA	NA	3.11	3.72	1.66	000
33974		A	Remove intra-aortic balloon	15.03	NA	NA	7.34	8.10	2.77	090
33975		A	Implant ventricular device	20.97	NA	NA	6.72	6.91	3.67	XXX
33976		A	Implant ventricular device	22.97	NA	NA	7.10	7.92	4.22	XXX
33977		A	Remove ventricular device	20.28	NA	NA	10.29	10.38	3.54	090
33978		A	Remove ventricular device	22.72	NA	NA	11.02	10.92	4.18	090
33979		A	Insert intracorporeal device	45.93	NA	NA	14.35	14.98	8.08	XXX
33980		A	Remove intracorporeal device	65.20	NA	NA	26.18	26.21	11.56	090
33981		C	Replace vad pump ext	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33982		C	Replace vad intra w/o bp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33983		C	Replace vad intra w/bp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001		A	Removal of artery clot	17.88	NA	NA	7.64	7.14	2.99	090
34051		A	Removal of artery clot	16.99	NA	NA	8.04	7.79	3.12	090
34101		A	Removal of artery clot	10.93	NA	NA	5.03	4.84	1.81	090
34111		A	Removal of arm artery clot	10.93	NA	NA	5.09	4.85	1.79	090
34151		A	Removal of artery clot	26.52	NA	NA	10.42	9.74	4.39	090
34201		A	Removal of artery clot	19.48	NA	NA	7.79	6.92	3.29	090
34203		A	Removal of leg artery clot	17.86	NA	NA	7.48	7.25	3.02	090
34401		A	Removal of vein clot	26.52	NA	NA	10.94	11.02	4.16	090
34421		A	Removal of vein clot	13.37	NA	NA	5.98	5.80	2.18	090
34451		A	Removal of vein clot	28.52	NA	NA	9.35	10.12	4.98	090
34471		A	Removal of vein clot	21.11	NA	NA	10.39	7.97	3.31	090
34490		A	Removal of vein clot	10.91	NA	NA	5.18	4.96	1.78	090
34501		A	Repair valve, femoral vein	16.85	NA	NA	6.74	7.32	2.94	090
34502		A	Reconstruct vena cava	28.07	NA	NA	11.53	11.50	4.33	090
3450F		I	Dyspnea scrnd, no-mild dysp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
34510		A	Transposition of vein valve	19.91	NA	NA	9.97	8.46	3.11	090
3451F		I	Dyspnea scrnd mod-high dysp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
34520		A	Cross-over vein graft	19.18	NA	NA	6.92	7.40	3.34	090
3452F		I	Dyspnea not screened	0.00	0.00	0.00	0.00	0.00	0.00	XXX
34530		A	Leg vein fusion	17.93	NA	NA	9.80	8.10	2.81	090
34800		A	Endovas aaa repr w/sm tube	21.54	NA	NA	7.98	8.27	3.36	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
34802		A	Endovas aaa repr w/2-p part	23.79	NA	NA	8.91	9.05	3.74	090
34803		A	Endovas aaa repr w/3-p part	24.82	NA	NA	9.01	9.05	3.92	090
34804		A	Endovas aaa repr w/1-p part	23.79	NA	NA	8.94	9.06	3.78	090
34805		A	Endovas aaa repr w/long tube	22.67	NA	NA	8.31	8.31	3.70	090
34806		A	Aneurysm press sensor add-on	2.06	NA	NA	0.61	0.64	0.33	ZZZ
34808		A	Endovas iliac a device addon	4.12	NA	NA	1.22	1.21	0.66	ZZZ
34812		A	Xpose for endoprosth, femorl	6.74	NA	NA	2.08	1.98	1.14	000
34813		A	Femoral endovas graft add-on	4.79	NA	NA	1.43	1.37	0.81	ZZZ
34820		A	Xpose for endoprosth, iliac	9.74	NA	NA	2.91	2.88	1.60	000
34825		A	Endovasc extend prosth, init	12.80	NA	NA	5.52	5.65	2.02	090
34826		A	Endovasc exten prosth, addl	4.12	NA	NA	1.27	1.27	0.65	ZZZ
34830		A	Open aortic tube prosth repr	35.23	NA	NA	11.25	11.89	6.14	090
34831		A	Open aortoiliac prosth repr	37.98	NA	NA	11.99	12.07	6.63	090
34832		A	Open aortofemor prosth repr	37.98	NA	NA	11.99	12.66	6.63	090
34833		A	Xpose for endoprosth, iliac	11.98	NA	NA	3.86	3.83	2.05	000
34834		A	Xpose, endoprosth, brachial	5.34	NA	NA	1.82	1.83	0.91	000
34900		A	Endovasc iliac repr w/graft	16.85	NA	NA	6.70	6.85	2.63	090
3491F		I	HIV unsure baby of HIV+moms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3497F		I	CD4+ cell percentage <15%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3498F		I	CD4+ cell percentage >=15%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35001		A	Repair defect of artery	20.81	NA	NA	8.84	8.67	3.54	090
35002		A	Repair artery rupture, neck	22.23	NA	NA	10.92	9.33	3.49	090
35005		A	Repair defect of artery	19.29	NA	NA	6.92	7.95	3.36	090
35011		A	Repair defect of artery	18.58	NA	NA	7.64	7.27	3.10	090
35013		A	Repair artery rupture, arm	23.23	NA	NA	9.42	8.93	3.88	090
35021		A	Repair defect of artery	22.17	NA	NA	9.47	9.34	3.82	090
35022		A	Repair artery rupture, chest	25.70	NA	NA	10.54	10.06	4.42	090
35045		A	Repair defect of arm artery	18.01	NA	NA	7.91	7.25	2.94	090
35081		A	Repair defect of artery	33.53	NA	NA	12.75	11.88	5.71	090
35082		A	Repair artery rupture, aorta	42.09	NA	NA	15.58	14.59	7.10	090
35091		A	Repair defect of artery	35.35	NA	NA	12.14	11.73	6.02	090
35092		A	Repair artery rupture, aorta	50.97	NA	NA	17.88	16.73	8.66	090
35102		A	Repair defect of artery	36.53	NA	NA	13.55	12.63	6.21	090
35103		A	Repair artery rupture, groin	43.62	NA	NA	15.58	14.75	7.34	090
3510F		I	Doc tb scrng-rslts interpd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35111		A	Repair defect of artery	26.28	NA	NA	12.31	10.30	4.12	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35112		A	Repair artery rupture,spleen	32.57	NA	NA	14.77	12.34	5.10	090
35121		A	Repair defect of artery	31.52	NA	NA	11.81	11.16	5.33	090
35122		A	Repair artery rupture, belly	37.89	NA	NA	16.74	14.10	5.94	090
35131		A	Repair defect of artery	26.40	NA	NA	10.37	9.91	4.48	090
35132		A	Repair artery rupture, groin	32.57	NA	NA	12.13	11.51	5.47	090
3513F		I	Hep B scrng docd as done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35141		A	Repair defect of artery	20.91	NA	NA	8.27	7.95	3.55	090
35142		A	Repair artery rupture, thigh	25.16	NA	NA	9.77	9.45	4.25	090
3514F		I	Hep C scrng docd as done	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35151		A	Repair defect of artery	23.72	NA	NA	9.22	8.86	4.02	090
35152		A	Repair artery rupture, knee	27.66	NA	NA	9.20	9.90	4.83	090
3515F		I	Pt has docd immun to hep C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35180		A	Repair blood vessel lesion	15.10	NA	NA	6.74	7.17	2.63	090
35182		A	Repair blood vessel lesion	31.71	NA	NA	15.35	13.34	4.97	090
35184		A	Repair blood vessel lesion	18.82	NA	NA	9.36	7.87	2.95	090
35188		A	Repair blood vessel lesion	15.16	NA	NA	8.30	7.20	2.38	090
35189		A	Repair blood vessel lesion	29.98	NA	NA	11.78	11.16	5.51	090
35190		A	Repair blood vessel lesion	13.42	NA	NA	6.28	5.94	2.25	090
35201		A	Repair blood vessel lesion	16.93	NA	NA	7.79	7.30	2.76	090
35206		A	Repair blood vessel lesion	13.84	NA	NA	6.39	5.99	2.25	090
35207		A	Repair blood vessel lesion	10.94	NA	NA	8.16	7.37	1.42	090
35211		A	Repair blood vessel lesion	24.58	NA	NA	10.85	10.54	4.34	090
35216		A	Repair blood vessel lesion	36.61	NA	NA	15.34	13.81	6.35	090
35221		A	Repair blood vessel lesion	26.62	NA	NA	10.69	9.68	4.28	090
35226		A	Repair blood vessel lesion	15.30	NA	NA	6.47	6.47	2.59	090
35231		A	Repair blood vessel lesion	21.16	NA	NA	10.56	9.40	3.06	090
35236		A	Repair blood vessel lesion	18.02	NA	NA	7.75	7.28	2.93	090
35241		A	Repair blood vessel lesion	25.58	NA	NA	11.17	10.94	4.63	090
35246		A	Repair blood vessel lesion	28.23	NA	NA	9.46	10.87	4.92	090
35251		A	Repair blood vessel lesion	31.91	NA	NA	12.32	11.13	5.14	090
35256		A	Repair blood vessel lesion	19.06	NA	NA	7.72	7.42	3.20	090
35261		A	Repair blood vessel lesion	18.96	NA	NA	8.52	7.94	3.41	090
35266		A	Repair blood vessel lesion	15.83	NA	NA	6.82	6.47	2.66	090
35271		A	Repair blood vessel lesion	24.58	NA	NA	10.65	10.47	4.51	090
35276		A	Repair blood vessel lesion	25.83	NA	NA	10.81	10.80	4.44	090
35281		A	Repair blood vessel lesion	30.06	NA	NA	11.72	10.99	4.99	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35286		A	Repair blood vessel lesion	17.19	NA	NA	7.45	7.20	2.91	090
35301		A	Rechanneling of artery	19.61	NA	NA	8.03	7.67	3.35	090
35302		A	Rechanneling of artery	21.35	NA	NA	8.36	7.66	3.62	090
35303		A	Rechanneling of artery	23.60	NA	NA	9.10	8.33	3.99	090
35304		A	Rechanneling of artery	24.60	NA	NA	9.36	8.58	4.15	090
35305		A	Rechanneling of artery	23.60	NA	NA	9.06	8.29	3.99	090
35306		A	Rechanneling of artery	9.25	NA	NA	2.50	2.47	1.61	ZZZ
35311		A	Rechanneling of artery	28.60	NA	NA	10.64	10.59	4.92	090
35321		A	Rechanneling of artery	16.59	NA	NA	7.06	6.67	2.77	090
35331		A	Rechanneling of artery	27.72	NA	NA	10.73	10.45	4.73	090
35341		A	Rechanneling of artery	26.21	NA	NA	9.80	9.58	4.45	090
35351		A	Rechanneling of artery	24.61	NA	NA	9.39	8.85	4.15	090
35355		A	Rechanneling of artery	19.86	NA	NA	7.74	7.35	3.35	090
35361		A	Rechanneling of artery	30.24	NA	NA	9.90	10.53	5.28	090
35363		A	Rechanneling of artery	32.35	NA	NA	12.32	12.39	5.56	090
35371		A	Rechanneling of artery	15.31	NA	NA	6.42	6.13	2.59	090
35372		A	Rechanneling of artery	18.58	NA	NA	7.41	7.09	3.13	090
35390		A	Reoperation, carotid add-on	3.19	NA	NA	0.99	0.96	0.54	ZZZ
35400		A	Angioscopy	3.00	NA	NA	0.90	0.91	0.50	ZZZ
35450		A	Repair arterial blockage	10.05	NA	NA	3.29	3.34	1.65	000
35452		A	Repair arterial blockage	6.90	NA	NA	2.43	2.38	1.16	000
35454		A	Repair arterial blockage	6.03	NA	NA	2.10	2.07	1.00	000
35456		A	Repair arterial blockage	7.34	NA	NA	2.56	2.48	1.22	000
35458		A	Repair arterial blockage	9.48	NA	NA	3.34	3.19	1.57	000
35459		A	Repair arterial blockage	8.62	NA	NA	2.97	2.95	1.43	000
35460		A	Repair venous blockage	6.03	NA	NA	2.24	2.07	0.97	000
35470		A	Repair arterial blockage	8.62	52.20	64.16	2.89	3.42	1.30	000
35471		A	Repair arterial blockage	10.05	52.01	68.76	3.39	4.35	1.46	000
35472		A	Repair arterial blockage	6.90	41.02	48.94	2.38	2.73	1.06	000
35473		A	Repair arterial blockage	6.03	39.70	47.32	2.10	2.47	0.91	000
35474		A	Repair arterial blockage	7.35	51.63	63.37	2.51	2.96	1.09	000
35475		R	Repair arterial blockage	9.48	46.52	49.64	3.21	3.56	1.12	000
35476		A	Repair venous blockage	6.03	35.93	38.63	2.12	2.34	0.61	000
35480		A	Atherectomy, open	11.06	NA	NA	3.20	3.44	1.93	000
35481		A	Atherectomy, open	7.60	NA	NA	2.71	2.76	1.31	000
35482		A	Atherectomy, open	6.64	NA	NA	2.00	2.38	1.16	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35483		A	Atherectomy, open	8.09	NA	NA	2.96	2.91	1.34	000
35484		A	Atherectomy, open	10.42	NA	NA	3.02	3.28	1.81	000
35485		A	Atherectomy, open	9.48	NA	NA	3.43	3.29	1.57	000
35490		A	Atherectomy, percutaneous	11.06	NA	NA	4.12	5.07	1.75	000
35491		A	Atherectomy, percutaneous	7.60	NA	NA	2.97	3.18	1.33	000
35492		A	Atherectomy, percutaneous	6.64	NA	NA	2.62	3.19	1.07	000
35493		A	Atherectomy, percutaneous	8.09	NA	NA	3.11	3.84	1.25	000
35494		A	Atherectomy, percutaneous	10.42	NA	NA	3.92	4.80	1.60	000
35495		A	Atherectomy, percutaneous	9.48	NA	NA	3.56	4.34	1.48	000
35500		A	Harvest vein for bypass	6.44	NA	NA	2.07	1.89	1.10	ZZZ
35501		A	Artery bypass graft	29.09	NA	NA	12.45	11.58	4.92	090
35506		A	Artery bypass graft	25.33	NA	NA	9.64	9.49	4.42	090
35508		A	Artery bypass graft	26.09	NA	NA	10.89	10.19	4.79	090
35509		A	Artery bypass graft	28.09	NA	NA	10.81	10.75	4.90	090
3550F		I	Low rsk thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35510		A	Artery bypass graft	24.39	NA	NA	8.08	8.74	4.25	090
35511		A	Artery bypass graft	22.20	NA	NA	10.37	9.03	3.88	090
35512		A	Artery bypass graft	23.89	NA	NA	7.95	8.43	4.17	090
35515		A	Artery bypass graft	26.09	NA	NA	10.69	9.14	4.55	090
35516		A	Artery bypass graft	24.21	NA	NA	8.00	7.78	4.22	090
35518		A	Artery bypass graft	22.65	NA	NA	7.50	8.33	3.95	090
3551F		I	Intrmed rsk thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35521		A	Artery bypass graft	24.13	NA	NA	8.25	8.69	4.21	090
35522		A	Artery bypass graft	23.15	NA	NA	9.17	8.71	4.03	090
35523		A	Artery bypass graft	24.13	NA	NA	9.89	9.64	4.03	090
35525		A	Artery bypass graft	21.69	NA	NA	8.61	8.14	3.55	090
35526		A	Artery bypass graft	31.55	NA	NA	12.31	11.97	5.80	090
3552F		I	Hgh risk for thromboembolism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35531		A	Artery bypass graft	39.11	NA	NA	14.35	13.57	6.55	090
35533		A	Artery bypass graft	29.92	NA	NA	13.79	11.57	5.22	090
35535		A	Artery bypass graft	38.13	NA	NA	14.34	13.98	1.99	090
35536		A	Artery bypass graft	33.73	NA	NA	10.84	11.25	5.89	090
35537		A	Artery bypass graft	41.88	NA	NA	13.12	13.81	7.30	090
35538		A	Artery bypass graft	47.03	NA	NA	14.54	15.50	8.20	090
35539		A	Artery bypass graft	44.11	NA	NA	13.72	13.95	7.70	090
35540		A	Artery bypass graft	49.33	NA	NA	17.77	16.28	8.34	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35548		A	Artery bypass graft	22.68	NA	NA	7.85	8.39	3.96	090
35549		A	Artery bypass graft	24.45	NA	NA	8.32	9.18	3.83	090
35551		A	Artery bypass graft	27.83	NA	NA	13.00	11.37	4.37	090
35556		A	Artery bypass graft	26.75	NA	NA	10.48	9.68	4.51	090
35558		A	Artery bypass graft	23.13	NA	NA	9.40	8.92	3.92	090
3555F		I	Pt inr measurement performed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35560		A	Artery bypass graft	34.03	NA	NA	12.66	12.19	5.94	090
35563		A	Artery bypass graft	26.12	NA	NA	12.38	10.07	4.55	090
35565		A	Artery bypass graft	25.13	NA	NA	9.75	9.39	4.22	090
35566		A	Artery bypass graft	32.35	NA	NA	11.98	11.20	5.51	090
35570		A	Artery bypass graft	29.15	NA	NA	11.56	11.27	1.52	090
35571		A	Artery bypass graft	25.52	NA	NA	9.73	9.42	4.33	090
35572		A	Harvest femoropopliteal vein	6.81	NA	NA	2.18	2.17	1.17	ZZZ
35583		A	Vein bypass graft	27.75	NA	NA	10.69	9.88	4.67	090
35585		A	Vein bypass graft	32.35	NA	NA	12.29	11.45	5.44	090
35587		A	Vein bypass graft	26.21	NA	NA	10.06	9.81	4.44	090
35600		A	Harvest art for cabg add-on	4.94	NA	NA	1.68	1.67	0.88	ZZZ
35601		A	Artery bypass graft	27.09	NA	NA	12.11	10.74	4.66	090
35606		A	Artery bypass graft	22.46	NA	NA	8.56	8.28	3.86	090
35612		A	Artery bypass graft	16.82	NA	NA	6.26	6.99	2.94	090
35616		A	Artery bypass graft	21.82	NA	NA	10.23	8.37	3.42	090
35621		A	Artery bypass graft	21.03	NA	NA	8.16	7.79	3.58	090
35623		A	Bypass graft, not vein	25.92	NA	NA	8.73	9.23	4.51	090
35626		A	Artery bypass graft	29.14	NA	NA	11.41	11.33	5.13	090
35631		A	Artery bypass graft	36.03	NA	NA	12.49	12.18	6.19	090
35632		A	Artery bypass graft	36.13	NA	NA	13.70	13.35	1.89	090
35633		A	Artery bypass graft	39.11	NA	NA	14.66	14.28	2.04	090
35634		A	Artery bypass graft	35.33	NA	NA	13.44	13.10	1.84	090
35636		A	Artery bypass graft	31.75	NA	NA	10.31	10.97	5.54	090
35637		A	Artery bypass graft	33.05	NA	NA	12.59	11.57	5.62	090
35638		A	Artery bypass graft	33.60	NA	NA	12.68	11.91	5.75	090
35642		A	Artery bypass graft	18.94	NA	NA	7.12	7.93	3.30	090
35645		A	Artery bypass graft	18.43	NA	NA	7.83	7.25	3.39	090
35646		A	Artery bypass graft	32.98	NA	NA	12.45	11.92	5.58	090
35647		A	Artery bypass graft	29.73	NA	NA	11.18	10.87	5.07	090
35650		A	Artery bypass graft	20.16	NA	NA	8.09	7.68	3.38	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35651		A	Artery bypass graft	26.08	NA	NA	12.35	10.53	4.10	090
35654		A	Artery bypass graft	26.28	NA	NA	10.06	9.62	4.46	090
35656		A	Artery bypass graft	20.47	NA	NA	8.22	7.82	3.46	090
35661		A	Artery bypass graft	20.35	NA	NA	8.48	8.09	3.45	090
35663		A	Artery bypass graft	23.93	NA	NA	9.32	9.00	4.02	090
35665		A	Artery bypass graft	22.35	NA	NA	8.78	8.45	3.76	090
35666		A	Artery bypass graft	23.66	NA	NA	10.03	9.63	4.00	090
35671		A	Artery bypass graft	20.77	NA	NA	8.96	8.59	3.51	090
35681		A	Composite bypass graft	1.60	NA	NA	0.50	0.48	0.27	ZZZ
35682		A	Composite bypass graft	7.19	NA	NA	2.13	2.06	1.22	ZZZ
35683		A	Composite bypass graft	8.49	NA	NA	2.30	2.38	1.47	ZZZ
35685		A	Bypass graft patency/patch	4.04	NA	NA	1.21	1.16	0.68	ZZZ
35686		A	Bypass graft/av fist patency	3.34	NA	NA	1.01	1.01	0.55	ZZZ
35691		A	Arterial transposition	18.41	NA	NA	6.53	7.05	3.21	090
35693		A	Arterial transposition	15.73	NA	NA	6.32	6.90	2.75	090
35694		A	Arterial transposition	19.28	NA	NA	6.77	7.09	3.36	090
35695		A	Arterial transposition	20.06	NA	NA	6.98	7.42	3.50	090
35697		A	Reimplant artery each	3.00	NA	NA	0.90	0.88	0.51	ZZZ
35700		A	Reoperation, bypass graft	3.08	NA	NA	0.95	0.91	0.52	ZZZ
35701		A	Exploration, carotid artery	9.19	NA	NA	5.43	4.95	1.32	090
35721		A	Exploration, femoral artery	7.72	NA	NA	4.15	4.11	1.28	090
3572F		I	Pt consid poss risk fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
3573F		I	Pt not consid poss risk fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
35741		A	Exploration popliteal artery	8.69	NA	NA	4.66	4.36	1.42	090
35761		A	Exploration of artery/vein	5.93	NA	NA	4.11	3.84	0.95	090
35800		A	Explore neck vessels	8.07	NA	NA	4.75	4.43	1.25	090
35820		A	Explore chest vessels	36.89	NA	NA	14.05	12.85	6.49	090
35840		A	Explore abdominal vessels	10.96	NA	NA	5.86	5.32	1.73	090
35860		A	Explore limb vessels	6.80	NA	NA	3.94	3.76	1.14	090
35870		A	Repair vessel graft defect	24.50	NA	NA	8.34	8.76	4.27	090
35875		A	Removal of clot in graft	10.72	NA	NA	5.00	4.79	1.79	090
35876		A	Removal of clot in graft	17.82	NA	NA	7.26	6.86	3.00	090
35879		A	Revise graft w/vein	17.41	NA	NA	7.24	6.85	2.95	090
35881		A	Revise graft w/vein	19.35	NA	NA	7.65	7.49	3.30	090
35883		A	Revise graft w/nonauto graft	23.15	NA	NA	8.79	8.08	3.92	090
35884		A	Revise graft w/vein	24.65	NA	NA	8.09	8.02	4.29	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
35901		A	Excision, graft, neck	8.38	NA	NA	4.90	4.73	1.40	090
35903		A	Excision, graft, extremity	9.53	NA	NA	5.39	5.23	1.58	090
35905		A	Excision, graft, thorax	33.52	NA	NA	10.79	11.44	5.85	090
35907		A	Excision, graft, abdomen	37.27	NA	NA	13.17	12.64	6.31	090
36000		A	Place needle in vein	0.18	0.41	0.47	0.07	0.07	0.02	XXX
36002		A	Pseudoaneurysm injection trt	1.96	2.07	2.38	0.80	0.91	0.22	000
36005		A	Injection ext venography	0.95	7.20	7.96	0.30	0.36	0.10	000
36010		A	Place catheter in vein	2.43	10.23	12.53	0.74	0.83	0.26	XXX
36011		A	Place catheter in vein	3.14	18.46	20.97	1.00	1.08	0.32	XXX
36012		A	Place catheter in vein	3.51	18.09	19.50	1.09	1.27	0.38	XXX
36013		A	Place catheter in artery	2.52	16.23	18.42	0.78	0.87	0.33	XXX
36014		A	Place catheter in artery	3.02	17.21	19.03	0.94	1.13	0.24	XXX
36015		A	Place catheter in artery	3.51	18.26	20.56	1.08	1.29	0.27	XXX
36100		A	Establish access to artery	3.02	9.01	10.70	0.96	1.14	0.49	XXX
36120		A	Establish access to artery	2.01	8.89	9.62	0.57	0.64	0.24	XXX
36140		A	Establish access to artery	2.01	9.09	10.60	0.63	0.71	0.29	XXX
36147		A	Access av dial grft for eval	3.72	17.11	17.11	1.21	1.21	0.37	XXX
36148		A	Access av dial grft for proc	1.00	5.56	5.56	0.31	0.31	0.09	ZZZ
36160		A	Establish access to aorta	2.52	9.46	11.25	0.75	0.95	0.28	XXX
36200		A	Place catheter in aorta	3.02	12.29	13.94	0.92	1.04	0.44	XXX
36215		A	Place catheter in artery	4.67	22.42	25.33	1.52	1.82	0.60	XXX
36216		A	Place catheter in artery	5.27	24.49	27.54	1.72	2.04	0.68	XXX
36217		A	Place catheter in artery	6.29	41.96	47.19	2.08	2.43	0.78	XXX
36218		A	Place catheter in artery	1.01	3.45	3.98	0.33	0.38	0.12	ZZZ
36245		A	Place catheter in artery	4.67	22.46	27.72	1.50	1.95	0.64	XXX
36246		A	Place catheter in artery	5.27	23.40	27.01	1.64	1.97	0.72	XXX
36247		A	Place catheter in artery	6.29	38.78	44.51	1.96	2.32	0.87	XXX
36248		A	Place catheter in artery	1.01	2.73	3.25	0.31	0.37	0.12	ZZZ
36260		A	Insertion of infusion pump	9.91	NA	NA	6.13	5.19	1.56	090
36261		A	Revision of infusion pump	5.63	NA	NA	3.50	3.48	0.98	090
36262		A	Removal of infusion pump	4.11	NA	NA	3.33	2.95	0.64	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Bl draw < 3 yrs fem/jugular	0.38	0.37	0.31	0.14	0.10	0.04	XXX
36405		A	Bl draw < 3 yrs scalp vein	0.31	0.37	0.31	0.11	0.10	0.04	XXX
36406		A	Bl draw < 3 yrs other vein	0.18	0.30	0.27	0.07	0.06	0.02	XXX
36410		A	Non-routine bl draw > 3 yrs	0.18	0.35	0.32	0.07	0.05	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
36415		X	Routine venipuncture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36416		B	Capillary blood draw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Vein access cutdown < 1 yr	1.01	NA	NA	0.38	0.29	0.09	XXX
36425		A	Vein access cutdown > 1 yr	0.76	NA	NA	0.28	0.25	0.08	XXX
36430		A	Blood transfusion service	0.00	0.75	0.91	NA	NA	0.01	XXX
36440		A	Bl push transfuse, 2 yr or <	1.03	NA	NA	0.39	0.31	0.18	XXX
36450		A	Bl exchange/transfuse, nb	2.23	NA	NA	0.86	0.83	0.08	XXX
36455		A	Bl exchange/transfuse non-nb	2.43	NA	NA	0.96	0.95	0.10	XXX
36460		A	Transfusion service, fetal	6.58	NA	NA	2.44	2.08	1.03	XXX
36468		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36469		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	000
36470		A	Injection therapy of vein	1.10	2.62	2.51	0.77	0.71	0.16	010
36471		A	Injection therapy of veins	1.65	2.78	2.77	0.95	0.89	0.24	010
36475		A	Endovenous rf, 1st vein	6.72	38.10	40.12	2.37	2.28	1.04	000
36476		A	Endovenous rf, vein add-on	3.38	6.55	6.66	1.07	1.02	0.53	ZZZ
36478		A	Endovenous laser, 1st vein	6.72	27.00	31.01	2.35	2.34	0.97	000
36479		A	Endovenous laser vein addon	3.38	6.59	7.07	1.10	1.05	0.48	ZZZ
36481		A	Insertion of catheter, vein	6.98	45.07	14.34	2.42	2.42	0.65	000
36500		A	Insertion of catheter, vein	3.51	NA	NA	1.13	1.29	0.39	000
3650F		I	Eeg ordered rvwd reqstd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36510		A	Insertion of catheter, vein	1.09	1.26	1.64	0.43	0.40	0.18	000
36511		A	Apheresis wbc	1.74	NA	NA	0.73	0.66	0.20	000
36512		A	Apheresis rbc	1.74	NA	NA	0.72	0.68	0.12	000
36513		A	Apheresis platelets	1.74	NA	NA	0.74	0.71	0.25	000
36514		A	Apheresis plasma	1.74	10.27	11.67	0.65	0.62	0.20	000
36515		A	Apheresis, adsorp/reinfuse	1.74	44.21	48.78	0.66	0.59	0.18	000
36516		A	Apheresis, selective	1.22	45.99	54.78	0.46	0.43	0.26	000
36522		A	Photopheresis	1.67	29.81	33.71	1.00	0.99	0.12	000
36555		A	Insert non-tunnel cv cath	2.68	3.55	4.32	0.45	0.62	0.16	000
36556		A	Insert non-tunnel cv cath	2.50	3.24	3.52	0.68	0.65	0.23	000
36557		A	Insert tunneled cv cath	5.14	19.51	17.71	3.07	2.73	0.80	010
36558		A	Insert tunneled cv cath	4.84	14.47	16.12	2.40	2.52	0.53	010
36560		A	Insert tunneled cv cath	6.29	17.73	22.72	2.64	2.86	0.43	010
36561		A	Insert tunneled cv cath	6.04	23.16	24.04	3.08	2.93	0.81	010
36563		A	Insert tunneled cv cath	6.24	25.47	24.58	3.29	2.96	0.96	010
36565		A	Insert tunneled cv cath	6.04	18.75	19.36	2.90	2.78	0.95	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
36566		A	Insert tunneled cv cath	6.54	121.63	98.34	3.21	2.96	0.93	010
36568		A	Insert picc cath	1.92	4.88	5.99	0.60	0.64	0.13	000
36569		A	Insert picc cath	1.82	4.19	5.03	0.61	0.68	0.13	000
36570		A	Insert picvad cath	5.36	20.62	24.55	2.50	2.77	0.36	010
36571		A	Insert picvad cath	5.34	26.11	26.84	2.86	2.69	0.75	010
36575		A	Repair tunneled cv cath	0.67	3.27	3.46	0.25	0.25	0.07	000
36576		A	Repair tunneled cv cath	3.24	6.22	6.26	1.78	1.73	0.41	010
36578		A	Replace tunneled cv cath	3.54	9.06	9.64	2.02	2.12	0.39	010
36580		A	Replace cvad cath	1.31	3.91	4.58	0.46	0.47	0.12	000
36581		A	Replace tunneled cv cath	3.48	14.92	16.33	1.66	1.84	0.32	010
36582		A	Replace tunneled cv cath	5.24	21.88	22.78	2.66	2.68	0.65	010
36583		A	Replace tunneled cv cath	5.29	27.62	24.21	3.12	2.77	0.84	010
36584		A	Replace picc cath	1.20	3.70	4.54	0.55	0.62	0.08	000
36585		A	Replace picvad cath	4.84	21.56	23.59	2.40	2.56	0.49	010
36589		A	Removal tunneled cv cath	2.28	1.97	2.01	1.33	1.34	0.27	010
36590		A	Removal tunneled cv cath	3.35	4.01	3.74	1.90	1.76	0.46	010
36591		T	Draw blood off venous device	0.00	0.51	0.59	NA	NA	0.01	XXX
36592		T	Collect blood from picc	0.00	0.57	0.65	NA	NA	0.01	XXX
36593		A	Declot vascular device	0.00	0.68	0.71	NA	NA	0.01	XXX
36595		A	Mech remov tunneled cv cath	3.59	9.94	12.00	1.27	1.47	0.29	000
36596		A	Mech remov tunneled cv cath	0.75	2.42	2.78	0.41	0.45	0.07	000
36597		A	Reposition venous catheter	1.21	1.85	2.11	0.40	0.47	0.08	000
36598		T	Inj w/fluor, eval cv device	0.74	1.95	2.24	0.22	0.73	0.05	000
36600		A	Withdrawal of arterial blood	0.32	0.45	0.48	0.09	0.08	0.02	XXX
36620		A	Insertion catheter, artery	1.15	NA	NA	0.21	0.18	0.07	000
36625		A	Insertion catheter, artery	2.11	NA	NA	0.61	0.58	0.31	000
36640		A	Insertion catheter, artery	2.10	NA	NA	1.02	0.99	0.31	000
36660		A	Insertion catheter, artery	1.40	NA	NA	0.22	0.29	0.25	000
36680		A	Insert needle, bone cavity	1.20	NA	NA	0.28	0.32	0.16	000
36800		A	Insertion of cannula	2.43	NA	NA	1.74	1.67	0.31	000
36810		A	Insertion of cannula	3.96	NA	NA	1.59	1.45	0.54	000
36815		A	Insertion of cannula	2.62	NA	NA	1.28	1.18	0.41	000
36818		A	Av fuse, uppr arm, cephalic	11.89	NA	NA	5.55	5.24	1.95	090
36819		A	Av fuse, uppr arm, basilic	14.47	NA	NA	6.29	5.88	2.39	090
36820		A	Av fusion/forearm vein	14.47	NA	NA	6.52	6.00	2.38	090
36821		A	Av fusion direct any site	12.11	NA	NA	5.95	5.28	1.99	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
36822		A	Insertion of cannula(s)	5.57	NA	NA	4.12	4.08	0.95	090
36823		A	Insertion of cannula(s)	22.98	NA	NA	10.97	9.87	3.68	090
36825		A	Artery-vein autograft	15.13	NA	NA	6.81	5.20	2.48	090
36830		A	Artery-vein nonautograft	12.03	NA	NA	5.10	4.77	1.99	090
36831		A	Open thrombect av fistula	8.04	NA	NA	3.90	3.63	1.32	090
36832		A	Av fistula revision, open	10.53	NA	NA	4.62	4.31	1.72	090
36833		A	Av fistula revision	11.98	NA	NA	5.12	4.76	1.98	090
36835		A	Artery to vein shunt	7.51	NA	NA	5.06	4.44	1.31	090
36838		A	Dist revas ligation, hemo	21.69	NA	NA	8.63	8.16	3.63	090
36860		A	External cannula declotting	2.01	3.24	3.08	0.81	0.72	0.19	000
36861		A	Cannula declotting	2.52	NA	NA	1.46	1.38	0.35	000
36870		A	Percut thrombect av fistula	5.20	39.26	43.16	2.63	2.90	0.50	090
37140		A	Revision of circulation	25.23	NA	NA	12.04	10.27	3.95	090
37145		A	Revision of circulation	26.24	NA	NA	12.33	11.13	4.20	090
37160		A	Revision of circulation	23.24	NA	NA	11.30	9.51	3.65	090
37180		A	Revision of circulation	26.24	NA	NA	12.41	10.33	4.12	090
37181		A	Splice spleen/kidney veins	28.37	NA	NA	13.20	11.20	4.44	090
37182		A	Insert hepatic shunt (tips)	16.97	NA	NA	5.17	6.50	1.19	000
37183		A	Remove hepatic shunt (tips)	7.99	127.19	127.19	2.46	3.15	0.54	000
37184		A	Prim art mech thrombectomy	8.66	45.94	53.82	2.98	3.40	1.11	000
37185		A	Prim art m-thrombect add-on	3.28	14.76	17.35	1.02	1.16	0.45	ZZZ
37186		A	Sec art m-thrombect add-on	4.92	29.45	36.63	1.52	1.86	0.70	ZZZ
37187		A	Venous mech thrombectomy	8.03	44.46	51.90	2.68	3.16	0.83	000
37188		A	Venous m-thrombectomy add-on	5.71	37.63	44.96	1.98	2.37	0.51	000
37195		C	Thrombolytic therapy, stroke	0.00	0.00	0.00	0.00	0.00	0.00	XXX
37200		A	Transcatheter biopsy	4.55	NA	NA	1.34	1.68	0.31	000
37201		A	Transcatheter therapy infuse	4.99	NA	NA	2.09	2.42	0.56	000
37202		A	Transcatheter therapy infuse	5.67	NA	NA	2.72	3.20	0.87	000
37203		A	Transcatheter retrieval	5.02	26.96	30.06	1.76	2.10	0.50	000
37204		A	Transcatheter occlusion	18.11	NA	NA	5.41	6.46	1.63	000
37205		A	Transcath iv stent, percut	8.27	92.02	103.39	2.59	3.29	1.15	000
37206		A	Transcath iv stent/perc addl	4.12	56.25	63.19	1.27	1.53	0.60	ZZZ
37207		A	Transcath iv stent, open	8.27	NA	NA	2.88	2.79	1.37	000
37208		A	Transcath iv stent/open addl	4.12	NA	NA	1.24	1.21	0.68	ZZZ
37209		A	Change iv cath at thromb tx	2.27	NA	NA	0.67	0.79	0.24	000
37210		A	Embolization uterine fibroid	10.60	75.17	82.28	3.17	4.13	0.75	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
37215		R	Transcath stent, cca w/eps	19.68	NA	NA	7.56	9.43	3.08	090
37216		N	Transcath stent, cca w/o eps	18.95	NA	NA	8.42	8.32	0.98	090
37250		A	Iv us first vessel add-on	2.10	NA	NA	0.65	0.76	0.33	ZZZ
37251		A	Iv us each add vessel add-on	1.60	NA	NA	0.47	0.51	0.26	ZZZ
37500		A	Endoscopy ligate perf veins	11.67	NA	NA	6.46	6.10	1.93	090
37501		C	Vascular endoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
37565		A	Ligation of neck vein	12.05	NA	NA	6.62	5.82	1.89	090
37600		A	Ligation of neck artery	12.42	NA	NA	6.28	5.73	1.87	090
37605		A	Ligation of neck artery	14.28	NA	NA	6.62	6.16	2.49	090
37606		A	Ligation of neck artery	8.81	NA	NA	5.63	4.80	1.38	090
37607		A	Ligation of a-v fistula	6.25	NA	NA	3.59	3.36	1.01	090
37609		A	Temporal artery procedure	3.05	4.81	4.47	2.28	2.02	0.47	010
37615		A	Ligation of neck artery	7.80	NA	NA	5.16	4.50	1.21	090
37616		A	Ligation of chest artery	18.97	NA	NA	9.16	8.63	2.98	090
37617		A	Ligation of abdomen artery	23.79	NA	NA	10.18	9.04	3.69	090
37618		A	Ligation of extremity artery	6.03	NA	NA	3.89	3.64	0.97	090
37620		A	Revision of major vein	11.57	NA	NA	5.06	5.68	1.25	090
37650		A	Revision of major vein	8.49	NA	NA	4.35	4.46	1.38	090
37660		A	Revision of major vein	22.28	NA	NA	10.41	8.84	3.49	090
37700		A	Revise leg vein	3.82	NA	NA	2.73	2.61	0.62	090
37718		A	Ligate/strip short leg vein	7.13	NA	NA	4.22	3.93	1.15	090
37722		A	Ligate/strip long leg vein	8.16	NA	NA	4.46	4.15	1.33	090
37735		A	Removal of leg veins/lesion	10.90	NA	NA	5.30	5.13	1.76	090
37760		A	Ligate leg veins radical	10.78	NA	NA	6.36	5.32	1.68	090
37761		A	Ligate leg veins open	9.13	NA	NA	5.37	5.37	1.44	090
37765		A	Phleb veins - extrem - to 20	7.71	NA	NA	4.10	4.03	1.15	090
37766		A	Phleb veins - extrem 20+	9.66	NA	NA	4.77	4.67	1.48	090
37780		A	Revision of leg vein	3.93	NA	NA	2.84	2.72	0.63	090
37785		A	Ligate/divide/excise vein	3.93	5.28	5.11	2.88	2.73	0.63	090
37788		A	Revascularization, penis	23.33	NA	NA	11.09	11.88	3.66	090
37790		A	Penile venous occlusion	8.43	NA	NA	4.23	4.51	0.60	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	19.55	NA	NA	9.20	7.61	3.00	090
38101		A	Removal of spleen, partial	19.55	NA	NA	9.41	7.71	3.06	090
38102		A	Removal of spleen, total	4.79	NA	NA	1.76	1.52	0.73	ZZZ
38115		A	Repair of ruptured spleen	21.88	NA	NA	10.06	8.33	3.15	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
38120		A	Laparoscopy, splenectomy	17.07	NA	NA	9.17	7.81	2.65	090
38129		C	Laparoscope proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	NA	NA	1.04	1.01	0.46	000
38204		B	Bl donor search management	2.00	NA	NA	0.73	0.70	0.10	XXX
38205		R	Harvest allogenic stem cells	1.50	NA	NA	0.66	0.62	0.06	000
38206		R	Harvest auto stem cells	1.50	NA	NA	0.65	0.62	0.08	000
38207		I	Cryopreserve stem cells	0.89	NA	NA	0.44	0.45	0.04	XXX
38208		I	Thaw preserved stem cells	0.56	NA	NA	0.28	0.28	0.03	XXX
38209		I	Wash harvest stem cells	0.24	NA	NA	0.12	0.12	0.01	XXX
38210		I	T-cell depletion of harvest	1.57	NA	NA	0.78	0.79	0.07	XXX
38211		I	Tumor cell deplete of harvst	1.42	NA	NA	0.71	0.72	0.07	XXX
38212		I	Rbc depletion of harvest	0.94	NA	NA	0.47	0.48	0.04	XXX
38213		I	Platelet deplete of harvest	0.24	NA	NA	0.12	0.12	0.01	XXX
38214		I	Volume deplete of harvest	0.81	NA	NA	0.40	0.41	0.04	XXX
38215		I	Harvest stem cell concentrte	0.94	NA	NA	0.47	0.48	0.04	XXX
38220		A	Bone marrow aspiration	1.08	2.41	2.86	0.51	0.51	0.08	XXX
38221		A	Bone marrow biopsy	1.37	2.46	2.98	0.65	0.64	0.06	XXX
38230		R	Bone marrow collection	4.85	NA	NA	3.58	3.31	0.81	010
38240		R	Bone marrow/stem transplant	2.24	NA	NA	1.07	1.04	0.12	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	NA	1.09	1.06	0.10	XXX
38242		A	Lymphocyte infuse transplant	1.71	NA	NA	0.85	0.80	0.07	000
38300		A	Drainage, lymph node lesion	2.36	4.30	4.33	2.21	2.13	0.30	010
38305		A	Drainage, lymph node lesion	6.68	NA	NA	4.90	4.50	0.98	090
38308		A	Incision of lymph channels	6.81	NA	NA	4.45	3.91	1.07	090
38380		A	Thoracic duct procedure	8.46	NA	NA	6.70	5.72	0.80	090
38381		A	Thoracic duct procedure	13.38	NA	NA	6.68	6.61	2.31	090
38382		A	Thoracic duct procedure	10.65	NA	NA	7.06	6.02	1.66	090
38500		A	Biopsy/removal, lymph nodes	3.79	4.39	3.96	2.53	2.23	0.57	010
38505		A	Needle biopsy, lymph nodes	1.14	1.97	2.10	0.71	0.77	0.09	000
38510		A	Biopsy/removal, lymph nodes	6.74	6.42	5.80	4.02	3.52	0.89	010
38520		A	Biopsy/removal, lymph nodes	7.03	NA	NA	4.65	4.17	1.04	090
38525		A	Biopsy/removal, lymph nodes	6.43	NA	NA	4.37	3.76	1.00	090
38530		A	Biopsy/removal, lymph nodes	8.34	NA	NA	5.29	4.63	1.34	090
38542		A	Explore deep node(s), neck	7.95	NA	NA	5.46	4.80	0.98	090
38550		A	Removal, neck/armpit lesion	7.11	NA	NA	5.44	4.60	1.12	090
38555		A	Removal, neck/armpit lesion	15.59	NA	NA	9.06	8.35	2.46	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
38562		A	Removal, pelvic lymph nodes	11.06	NA	NA	6.50	6.15	1.44	090
38564		A	Removal, abdomen lymph nodes	11.38	NA	NA	6.31	5.65	1.65	090
38570		A	Laparoscopy, lymph node biop	9.34	NA	NA	4.43	4.34	1.01	010
38571		A	Laparoscopy, lymphadenectomy	14.76	NA	NA	5.95	6.82	1.09	010
38572		A	Laparoscopy, lymphadenectomy	16.94	NA	NA	7.46	6.83	1.76	010
38589		C	Laparoscope proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes, neck	12.81	NA	NA	8.57	7.22	1.30	090
38720		A	Removal of lymph nodes, neck	21.95	NA	NA	13.30	11.24	2.49	090
38724		A	Removal of lymph nodes, neck	23.95	NA	NA	14.64	12.12	2.46	090
38740		A	Remove armpit lymph nodes	10.70	NA	NA	6.46	5.54	1.66	090
38745		A	Remove armpit lymph nodes	13.87	NA	NA	7.90	6.73	2.17	090
38746		A	Remove thoracic lymph nodes	4.88	NA	NA	1.57	1.59	0.84	ZZZ
38747		A	Remove abdominal lymph nodes	4.88	NA	NA	1.80	1.55	0.76	ZZZ
38760		A	Remove groin lymph nodes	13.62	NA	NA	7.40	6.57	2.05	090
38765		A	Remove groin lymph nodes	21.91	NA	NA	10.54	9.43	3.11	090
38770		A	Remove pelvis lymph nodes	14.06	NA	NA	6.65	6.85	1.30	090
38780		A	Remove abdomen lymph nodes	17.70	NA	NA	8.69	8.68	1.88	090
38790		A	Inject for lymphatic x-ray	1.29	NA	NA	0.81	0.78	0.18	000
38792		A	Identify sentinel node	0.52	NA	NA	0.50	0.49	0.06	000
38794		A	Access thoracic lymph duct	4.62	NA	NA	2.81	3.30	0.31	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	7.57	NA	NA	4.91	4.71	1.23	090
39010		A	Exploration of chest	13.19	NA	NA	6.68	6.75	2.30	090
39200		A	Removal chest lesion	15.09	NA	NA	6.99	6.94	2.60	090
39220		A	Removal chest lesion	19.55	NA	NA	9.20	8.98	3.26	090
39400		A	Visualization of chest	8.05	NA	NA	4.60	4.56	1.38	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.98	NA	NA	7.29	6.54	2.17	090
39502		A	Repair paraesophageal hernia	17.18	NA	NA	8.67	7.48	2.70	090
39503		A	Repair of diaphragm hernia	108.91	NA	NA	44.28	35.76	17.07	090
39520		A	Repair of diaphragm hernia	16.74	NA	NA	8.28	7.68	2.72	090
39530		A	Repair of diaphragm hernia	16.30	NA	NA	7.87	7.12	2.65	090
39531		A	Repair of diaphragm hernia	17.31	NA	NA	8.72	7.34	2.72	090
39540		A	Repair of diaphragm hernia	14.57	NA	NA	7.20	6.38	2.29	090
39541		A	Repair of diaphragm hernia	15.75	NA	NA	7.89	6.90	2.50	090
39545		A	Revision of diaphragm	14.67	NA	NA	7.70	7.49	2.51	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
39560		A	Resect diaphragm, simple	13.06	NA	NA	6.75	6.20	2.05	090
39561		A	Resect diaphragm, complex	19.99	NA	NA	11.47	10.22	3.22	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4004F		I	Pt tobacco use done rcvd tlk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40490		A	Biopsy of lip	1.22	1.98	2.00	0.73	0.66	0.13	000
40500		A	Partial excision of lip	4.47	8.34	7.88	4.96	4.58	0.49	090
40510		A	Partial excision of lip	4.82	7.49	7.02	4.45	4.02	0.52	090
40520		A	Partial excision of lip	4.79	7.64	7.32	4.53	4.13	0.55	090
40525		A	Reconstruct lip with flap	7.72	NA	NA	6.64	6.06	0.93	090
40527		A	Reconstruct lip with flap	9.32	NA	NA	7.18	6.84	0.88	090
40530		A	Partial removal of lip	5.54	8.29	7.86	5.04	4.59	0.63	090
4063F		I	Antidepres rxthxpy not rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
40650		A	Repair lip	3.78	6.68	6.36	3.64	3.36	0.48	090
40652		A	Repair lip	4.43	7.84	7.46	4.60	4.25	0.56	090
40654		A	Repair lip	5.48	8.82	8.49	5.42	5.04	0.68	090
40700		A	Repair cleft lip/nasal	14.17	NA	NA	10.01	9.15	1.34	090
40701		A	Repair cleft lip/nasal	17.23	NA	NA	11.49	11.13	1.62	090
40702		A	Repair cleft lip/nasal	14.27	NA	NA	7.64	7.65	0.75	090
40720		A	Repair cleft lip/nasal	14.72	NA	NA	11.86	9.87	2.14	090
40761		A	Repair cleft lip/nasal	15.84	NA	NA	12.25	10.58	2.30	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.23	4.04	3.76	2.13	1.96	0.13	010
40801		A	Drainage of mouth lesion	2.63	5.39	4.95	3.13	2.83	0.27	010
40804		A	Removal, foreign body, mouth	1.30	4.21	3.84	2.17	1.95	0.12	010
40805		A	Removal, foreign body, mouth	2.79	5.36	5.08	3.25	2.88	0.26	010
40806		A	Incision of lip fold	0.31	2.19	2.27	0.55	0.53	0.03	000
40808		A	Biopsy of mouth lesion	1.01	3.69	3.48	1.79	1.66	0.09	010
40810		A	Excision of mouth lesion	1.36	3.86	3.61	1.96	1.80	0.13	010
40812		A	Excise/repair mouth lesion	2.37	4.94	4.56	2.78	2.49	0.23	010
40814		A	Excise/repair mouth lesion	3.52	6.32	5.79	4.41	4.00	0.35	090
40816		A	Excision of mouth lesion	3.77	6.59	6.05	4.53	4.10	0.38	090
40818		A	Excise oral mucosa for graft	2.83	6.20	5.90	4.16	3.99	0.27	090
40819		A	Excise lip or cheek fold	2.51	5.35	4.93	3.61	3.29	0.24	090
40820		A	Treatment of mouth lesion	1.34	5.28	5.14	3.05	2.94	0.13	010
40830		A	Repair mouth laceration	1.82	4.61	4.18	2.35	2.13	0.23	010
40831		A	Repair mouth laceration	2.57	5.82	5.34	3.15	2.94	0.31	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
40840		R	Reconstruction of mouth	9.15	11.37	10.59	6.94	6.43	0.87	090
40842		R	Reconstruction of mouth	9.15	13.03	10.78	8.15	6.47	0.87	090
40843		R	Reconstruction of mouth	12.79	13.39	12.52	7.69	7.00	1.85	090
40844		R	Reconstruction of mouth	16.80	17.52	16.59	11.50	10.78	2.44	090
40845		R	Reconstruction of mouth	19.36	18.92	17.25	13.28	11.85	1.82	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.35	2.78	2.59	1.57	1.43	0.13	010
41005		A	Drainage of mouth lesion	1.31	4.55	4.27	2.00	1.87	0.12	010
41006		A	Drainage of mouth lesion	3.34	5.99	5.50	3.37	3.09	0.31	090
41007		A	Drainage of mouth lesion	3.20	5.96	5.64	3.30	3.05	0.30	090
41008		A	Drainage of mouth lesion	3.46	6.18	5.63	3.56	3.19	0.32	090
41009		A	Drainage of mouth lesion	3.71	6.51	5.94	3.94	3.52	0.35	090
41010		A	Incision of tongue fold	1.11	4.11	3.91	1.75	1.65	0.10	010
41015		A	Drainage of mouth lesion	4.08	6.89	6.32	4.86	4.29	0.38	090
41016		A	Drainage of mouth lesion	4.19	6.90	6.41	4.99	4.45	0.39	090
41017		A	Drainage of mouth lesion	4.19	7.15	6.53	4.99	4.48	0.39	090
41018		A	Drainage of mouth lesion	5.22	7.61	6.97	5.62	4.90	0.49	090
41019		A	Place needles h&n for rt	8.84	NA	NA	4.11	3.73	0.53	000
41100		A	Biopsy of tongue	1.42	2.89	2.72	1.42	1.31	0.15	010
41105		A	Biopsy of tongue	1.47	2.91	2.70	1.47	1.32	0.15	010
41108		A	Biopsy of floor of mouth	1.10	2.68	2.50	1.28	1.16	0.10	010
41110		A	Excision of tongue lesion	1.56	3.88	3.62	1.91	1.74	0.16	010
41112		A	Excision of tongue lesion	2.83	5.73	5.30	3.77	3.43	0.27	090
41113		A	Excision of tongue lesion	3.29	6.06	5.59	4.02	3.64	0.31	090
41114		A	Excision of tongue lesion	8.82	NA	NA	8.01	7.12	0.86	090
41115		A	Excision of tongue fold	1.79	4.41	4.19	2.16	1.93	0.17	010
41116		A	Excision of mouth lesion	2.52	5.95	5.48	3.24	2.96	0.25	090
41120		A	Partial removal of tongue	11.14	NA	NA	16.12	15.25	1.09	090
41130		A	Partial removal of tongue	15.74	NA	NA	18.39	16.89	1.53	090
41135		A	Tongue and neck surgery	30.14	NA	NA	26.69	23.94	2.97	090
41140		A	Removal of tongue	29.15	NA	NA	28.40	26.13	2.76	090
41145		A	Tongue removal, neck surgery	37.93	NA	NA	34.98	31.56	3.58	090
41150		A	Tongue, mouth, jaw surgery	29.86	NA	NA	27.88	25.21	2.91	090
41153		A	Tongue, mouth, neck surgery	33.59	NA	NA	29.34	26.18	3.24	090
41155		A	Tongue, jaw, & neck surgery	44.30	NA	NA	34.92	30.25	4.35	090
41250		A	Repair tongue laceration	1.96	4.41	3.76	1.92	1.60	0.24	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
41251		A	Repair tongue laceration	2.32	4.52	3.64	2.10	1.80	0.22	010
41252		A	Repair tongue laceration	3.02	5.08	4.56	2.55	2.26	0.35	010
41500		A	Fixation of tongue	3.80	NA	NA	8.08	7.47	0.36	090
41510		A	Tongue to lip surgery	3.51	NA	NA	7.94	7.01	0.32	090
41512		A	Tongue suspension	6.86	NA	NA	9.80	8.93	0.36	090
41520		A	Reconstruction, tongue fold	2.83	6.07	5.67	3.81	3.51	0.26	090
41530		A	Tongue base vol reduction	4.51	74.48	74.55	6.18	5.81	0.23	010
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.27	5.23	4.52	2.39	2.05	0.16	010
41805		A	Removal foreign body, gum	1.34	5.43	4.65	3.28	2.87	0.13	010
41806		A	Removal foreign body,jawbone	2.79	6.13	5.59	3.91	3.52	0.40	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	000
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	000
41822		R	Excision of gum lesion	2.41	4.94	4.60	2.39	1.98	0.23	010
41823		R	Excision of gum lesion	3.77	7.09	6.67	4.64	4.18	0.35	090
41825		A	Excision of gum lesion	1.41	3.89	3.67	1.76	1.73	0.15	010
41826		A	Excision of gum lesion	2.41	5.50	4.77	3.10	2.68	0.23	010
41827		A	Excision of gum lesion	3.83	7.41	6.75	4.26	3.76	0.36	090
41828		R	Excision of gum lesion	3.14	4.70	4.24	2.51	2.17	0.29	010
41830		R	Removal of gum tissue	3.45	6.51	5.98	3.94	3.47	0.32	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	000
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	000
41872		R	Repair gum	3.01	6.23	5.90	3.81	3.51	0.44	090
41874		R	Repair tooth socket	3.19	6.25	5.76	3.47	3.08	0.29	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.28	2.73	2.59	1.46	1.31	0.12	010
42100		A	Biopsy roof of mouth	1.36	2.50	2.32	1.52	1.37	0.13	010
42104		A	Excision lesion, mouth roof	1.69	3.83	3.48	1.97	1.76	0.17	010
42106		A	Excision lesion, mouth roof	2.15	4.78	4.36	2.51	2.30	0.21	010
42107		A	Excision lesion, mouth roof	4.56	7.33	6.72	4.59	4.09	0.43	090
42120		A	Remove palate/lesion	11.86	NA	NA	14.20	12.89	1.15	090
42140		A	Excision of uvula	1.70	4.82	4.51	2.38	2.21	0.17	090
42145		A	Repair palate, pharynx/uvula	9.78	NA	NA	8.95	8.02	0.92	090
42160		A	Treatment mouth roof lesion	1.85	4.11	4.03	2.02	1.94	0.18	010
42180		A	Repair palate	2.55	3.85	3.47	2.35	2.09	0.24	010
42182		A	Repair palate	3.87	4.59	4.22	2.99	2.76	0.36	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
42200		A	Reconstruct cleft palate	12.53	NA	NA	10.18	9.49	1.18	090
42205		A	Reconstruct cleft palate	13.66	NA	NA	10.10	9.54	1.30	090
42210		A	Reconstruct cleft palate	15.03	NA	NA	12.83	11.25	2.18	090
42215		A	Reconstruct cleft palate	8.99	NA	NA	8.17	8.07	1.31	090
42220		A	Reconstruct cleft palate	7.16	NA	NA	7.42	6.56	0.37	090
42225		A	Reconstruct cleft palate	9.77	NA	NA	13.30	13.54	0.92	090
42226		A	Lengthening of palate	10.35	NA	NA	13.16	12.85	0.97	090
42227		A	Lengthening of palate	9.90	NA	NA	12.18	12.45	0.93	090
42235		A	Repair palate	8.01	NA	NA	11.26	10.61	0.76	090
42260		A	Repair nose to lip fistula	10.22	11.23	10.29	7.46	6.68	0.96	090
42280		A	Preparation, palate mold	1.59	2.58	2.30	1.31	1.04	0.25	010
42281		A	Insertion, palate prosthesis	1.98	3.38	3.07	2.04	1.85	0.19	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.98	3.43	3.18	2.03	1.85	0.20	010
42305		A	Drainage of salivary gland	6.31	NA	NA	5.10	4.57	0.63	090
42310		A	Drainage of salivary gland	1.61	2.57	2.40	1.69	1.53	0.16	010
42320		A	Drainage of salivary gland	2.40	4.13	3.80	2.28	2.07	0.23	010
42330		A	Removal of salivary stone	2.26	3.77	3.50	2.12	1.90	0.22	010
42335		A	Removal of salivary stone	3.41	6.30	5.81	3.43	3.12	0.31	090
42340		A	Removal of salivary stone	4.72	7.44	6.83	4.24	3.84	0.45	090
42400		A	Biopsy of salivary gland	0.78	1.99	1.94	0.70	0.69	0.06	000
42405		A	Biopsy of salivary gland	3.34	4.36	4.15	2.62	2.40	0.31	010
42408		A	Excision of salivary cyst	4.66	7.19	6.61	4.05	3.62	0.44	090
42409		A	Drainage of salivary cyst	2.91	5.77	5.32	3.00	2.74	0.27	090
42410		A	Excise parotid gland/lesion	9.57	NA	NA	6.80	6.06	1.06	090
42415		A	Excise parotid gland/lesion	18.12	NA	NA	11.46	10.14	1.78	090
42420		A	Excise parotid gland/lesion	21.00	NA	NA	12.85	11.35	2.08	090
42425		A	Excise parotid gland/lesion	13.42	NA	NA	8.84	7.92	1.35	090
42426		A	Excise parotid gland/lesion	22.66	NA	NA	13.38	11.86	2.29	090
42440		A	Excise submaxillary gland	7.13	NA	NA	5.27	4.70	0.70	090
42450		A	Excise sublingual gland	4.74	7.07	6.53	4.76	4.33	0.47	090
42500		A	Repair salivary duct	4.42	6.88	6.34	4.62	4.21	0.44	090
42505		A	Repair salivary duct	6.32	8.27	7.59	5.77	5.20	0.59	090
42507		A	Parotid duct diversion	6.25	NA	NA	7.31	6.77	0.59	090
42508		A	Parotid duct diversion	9.33	NA	NA	9.57	8.90	0.88	090
42509		A	Parotid duct diversion	11.76	NA	NA	10.75	9.42	1.69	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
42510		A	Parotid duct diversion	8.35	NA	NA	8.33	7.62	0.79	090
42550		A	Injection for salivary x-ray	1.25	1.99	2.42	0.37	0.45	0.08	000
42600		A	Closure of salivary fistula	4.94	7.61	7.12	4.35	4.00	0.47	090
4260F		I	Wound srfc culturetech used	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4261F		I	Tech other than surfc cultr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42650		A	Dilation of salivary duct	0.77	1.40	1.29	0.78	0.72	0.07	000
4265F		I	Wet-dry dressings Rx-recmd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42660		A	Dilation of salivary duct	1.13	1.66	1.52	0.96	0.85	0.10	000
42665		A	Ligation of salivary duct	2.63	5.53	5.09	2.86	2.62	0.25	090
4266F		I	No wet-dry drssings Rx-recmd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4268F		I	Pt ed re comp thxpy rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4269F		I	Appropos mthd offloading Rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42700		A	Drainage of tonsil abscess	1.67	3.23	3.01	1.90	1.76	0.17	010
4270F		M	Pt rcvng anti r-viral thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42720		A	Drainage of throat abscess	6.31	5.70	5.14	4.17	3.70	0.61	010
42725		A	Drainage of throat abscess	12.41	NA	NA	9.10	8.15	1.17	090
4275F		I	Hep b vac inj admin/ rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4279F		I	PCP prophylaxis Rxd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42800		A	Biopsy of throat	1.44	2.69	2.49	1.53	1.40	0.15	010
42802		A	Biopsy of throat	1.59	4.39	4.36	1.93	1.85	0.16	010
42804		A	Biopsy of upper nose/throat	1.29	3.78	3.70	1.70	1.63	0.12	010
42806		A	Biopsy of upper nose/throat	1.63	4.08	3.98	1.87	1.77	0.16	010
42808		A	Excise pharynx lesion	2.35	3.60	3.34	1.98	1.81	0.22	010
42809		A	Remove pharynx foreign body	1.86	2.55	2.37	1.59	1.42	0.20	010
4280F		M	PCP prophylax Rxd 3mon low %	0.00	0.00	0.00	0.00	0.00	0.00	XXX
42810		A	Excision of neck cyst	3.38	6.73	6.28	4.27	3.87	0.31	090
42815		A	Excision of neck cyst	7.31	NA	NA	7.41	6.72	0.74	090
42820		A	Remove tonsils and adenoids	4.22	NA	NA	3.52	3.19	0.39	090
42821		A	Remove tonsils and adenoids	4.36	NA	NA	3.66	3.34	0.41	090
42825		A	Removal of tonsils	3.51	NA	NA	3.45	3.16	0.32	090
42826		A	Removal of tonsils	3.45	NA	NA	3.23	2.96	0.32	090
42830		A	Removal of adenoids	2.65	NA	NA	2.85	2.61	0.25	090
42831		A	Removal of adenoids	2.81	NA	NA	3.10	2.86	0.26	090
42835		A	Removal of adenoids	2.38	NA	NA	2.72	2.39	0.22	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
42836		A	Removal of adenoids	3.26	NA	NA	3.14	2.89	0.30	090
42842		A	Extensive surgery of throat	12.23	NA	NA	13.99	12.58	1.16	090
42844		A	Extensive surgery of throat	17.78	NA	NA	18.36	16.74	1.67	090
42845		A	Extensive surgery of throat	32.56	NA	NA	26.47	23.65	3.07	090
42860		A	Excision of tonsil tags	2.30	NA	NA	2.68	2.47	0.22	090
42870		A	Excision of lingual tonsil	5.52	NA	NA	9.54	9.02	0.52	090
42890		A	Partial removal of pharynx	19.13	NA	NA	18.21	16.17	1.85	090
42892		A	Revision of pharyngeal walls	26.03	NA	NA	23.47	20.42	2.51	090
42894		A	Revision of pharyngeal walls	33.92	NA	NA	28.88	25.29	3.25	090
42900		A	Repair throat wound	5.29	NA	NA	3.79	3.40	0.50	010
42950		A	Reconstruction of throat	8.27	NA	NA	12.35	11.72	0.84	090
42953		A	Repair throat, esophagus	9.45	NA	NA	15.33	15.00	0.96	090
42955		A	Surgical opening of throat	8.01	NA	NA	11.69	10.81	0.76	090
42960		A	Control throat bleeding	2.38	NA	NA	2.13	1.92	0.23	010
42961		A	Control throat bleeding	5.77	NA	NA	5.40	4.91	0.54	090
42962		A	Control throat bleeding	7.40	NA	NA	6.40	5.79	0.70	090
42970		A	Control nose/throat bleeding	5.82	NA	NA	4.52	4.06	0.62	090
42971		A	Control nose/throat bleeding	6.60	NA	NA	5.61	5.02	0.62	090
42972		A	Control nose/throat bleeding	7.59	NA	NA	6.09	5.43	0.72	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
4300F		I	Pt rcvng warf thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4301F		I	Pt not rcvng warf thxpy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43020		A	Incision of esophagus	8.23	NA	NA	6.20	5.14	0.78	090
43030		A	Throat muscle surgery	7.99	NA	NA	5.70	5.18	0.86	090
43045		A	Incision of esophagus	21.88	NA	NA	10.51	10.46	3.76	090
4305F		I	Pt ed re ft care inspct rcvd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
4306F		I	Pt tlk psych & Rx opd addic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43100		A	Excision of esophagus lesion	9.66	NA	NA	7.12	6.14	0.91	090
43101		A	Excision of esophagus lesion	17.07	NA	NA	7.98	7.93	2.94	090
43107		A	Removal of esophagus	44.18	NA	NA	19.60	18.32	7.25	090
43108		A	Removal of esophagus	82.87	NA	NA	34.25	26.92	12.98	090
43112		A	Removal of esophagus	47.48	NA	NA	19.91	19.00	7.91	090
43113		A	Removal of esophagus	80.06	NA	NA	34.38	28.89	12.55	090
43116		A	Partial removal of esophagus	92.99	NA	NA	48.24	34.67	8.77	090
43117		A	Partial removal of esophagus	43.65	NA	NA	18.21	17.22	7.25	090
43118		A	Partial removal of esophagus	67.07	NA	NA	28.40	22.75	10.51	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
43121		A	Partial removal of esophagus	51.43	NA	NA	19.89	18.53	8.84	090
43122		A	Partial removal of esophagus	44.18	NA	NA	20.02	17.77	7.08	090
43123		A	Partial removal of esophagus	83.12	NA	NA	35.52	27.45	13.01	090
43124		A	Removal of esophagus	69.09	NA	NA	25.96	23.83	11.89	090
43130		A	Removal of esophagus pouch	12.53	NA	NA	8.12	7.32	1.46	090
43135		A	Removal of esophagus pouch	26.17	NA	NA	11.27	10.37	4.39	090
43200		A	Esophagus endoscopy	1.59	3.79	3.83	1.14	1.07	0.17	000
43201		A	Esoph scope w/submucous inj	2.09	5.11	5.33	1.20	1.22	0.22	000
43202		A	Esophagus endoscopy, biopsy	1.89	5.03	5.21	1.08	1.04	0.21	000
43204		A	Esoph scope w/sclerosis inj	3.76	NA	NA	1.90	1.95	0.43	000
43205		A	Esophagus endoscopy/ligation	3.78	NA	NA	1.91	1.96	0.41	000
4320F		I	Pt talk psychsoc+rx oh dpnd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43215		A	Esophagus endoscopy	2.60	NA	NA	1.37	1.33	0.30	000
43216		A	Esophagus endoscopy/lesion	2.40	3.00	2.69	1.29	1.26	0.26	000
43217		A	Esophagus endoscopy	2.90	6.28	6.55	1.47	1.41	0.36	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.53	1.55	0.35	000
43220		A	Esoph endoscopy, dilation	2.10	NA	NA	1.18	1.14	0.23	000
43226		A	Esoph endoscopy, dilation	2.34	NA	NA	1.27	1.27	0.27	000
43227		A	Esoph endoscopy, repair	3.59	NA	NA	1.79	1.78	0.40	000
43228		A	Esoph endoscopy, ablation	3.76	NA	NA	1.89	1.93	0.43	000
43231		A	Esoph endoscopy w/us exam	3.19	NA	NA	1.64	1.69	0.35	000
43232		A	Esoph endoscopy w/us fn bx	4.47	NA	NA	2.16	2.23	0.51	000
43234		A	Upper GI endoscopy, exam	2.01	4.80	5.01	1.08	1.04	0.25	000
43235		A	Uppr gi endoscopy, diagnosis	2.39	4.70	5.12	1.30	1.32	0.27	000
43236		A	Uppr gi scope w/submuc inj	2.92	5.83	6.43	1.54	1.59	0.31	000
43237		A	Endoscopic us exam, esoph	3.98	NA	NA	1.99	2.06	0.44	000
43238		A	Uppr gi endoscopy w/us fn bx	5.02	NA	NA	2.43	2.53	0.55	000
43239		A	Upper GI endoscopy, biopsy	2.87	5.40	5.84	1.50	1.52	0.31	000
43240		A	Esoph endoscope w/drain cyst	6.85	NA	NA	3.25	3.32	0.76	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	1.38	1.39	0.29	000
43242		A	Uppr gi endoscopy w/us fn bx	7.30	NA	NA	3.46	3.58	0.79	000
43243		A	Upper gi endoscopy & inject	4.56	NA	NA	2.24	2.31	0.50	000
43244		A	Upper GI endoscopy/ligation	5.04	NA	NA	2.48	2.56	0.54	000
43245		A	Uppr gi scope dilate strictr	3.18	NA	NA	1.61	1.61	0.37	000
43246		A	Place gastrostomy tube	4.32	NA	NA	2.09	2.10	0.51	000
43247		A	Operative upper GI endoscopy	3.38	NA	NA	1.72	1.75	0.38	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
43248		A	Uppr gi endoscopy/guide wire	3.15	NA	NA	1.64	1.70	0.33	000
43249		A	Esoph endoscopy, dilation	2.90	NA	NA	1.53	1.57	0.31	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.62	1.60	0.38	000
43251		A	Operative upper GI endoscopy	3.69	NA	NA	1.86	1.89	0.41	000
43255		A	Operative upper GI endoscopy	4.81	NA	NA	2.37	2.45	0.52	000
43256		A	Uppr gi endoscopy w/stent	4.34	NA	NA	2.12	2.18	0.50	000
43257		A	Uppr gi scope w/thrml txmnt	5.50	NA	NA	2.75	2.60	0.59	000
43258		A	Operative upper GI endoscopy	4.54	NA	NA	2.24	2.30	0.50	000
43259		A	Endoscopic ultrasound exam	5.19	NA	NA	2.54	2.62	0.55	000
43260		A	Endo cholangiopancreatograph	5.95	NA	NA	2.87	2.97	0.64	000
43261		A	Endo cholangiopancreatograph	6.26	NA	NA	3.01	3.12	0.67	000
43262		A	Endo cholangiopancreatograph	7.38	NA	NA	3.50	3.63	0.80	000
43263		A	Endo cholangiopancreatograph	7.28	NA	NA	3.42	3.59	0.79	000
43264		A	Endo cholangiopancreatograph	8.89	NA	NA	4.17	4.32	0.96	000
43265		A	Endo cholangiopancreatograph	10.00	NA	NA	4.66	4.83	1.09	000
43267		A	Endo cholangiopancreatograph	7.38	NA	NA	3.49	3.59	0.80	000
43268		A	Endo cholangiopancreatograph	7.38	NA	NA	3.64	3.77	0.80	000
43269		A	Endo cholangiopancreatograph	8.20	NA	NA	3.86	4.00	0.89	000
43271		A	Endo cholangiopancreatograph	7.38	NA	NA	3.49	3.62	0.80	000
43272		A	Endo cholangiopancreatograph	7.38	NA	NA	3.51	3.61	0.80	000
43273		A	Endoscopic pancreatoscopy	2.24	NA	NA	0.98	1.07	0.24	ZZZ
43279		A	Lap myotomy, heller	22.10	NA	NA	10.41	8.78	3.46	090
43280		A	Laparoscopy, fundoplasty	18.10	NA	NA	8.90	7.62	2.83	090
43281		A	Lap paraesophag hern repair	26.60	NA	NA	12.06	12.06	4.16	090
43282		A	Lap paraesoph her rpr w/mesh	30.10	NA	NA	13.35	13.35	4.69	090
43289		C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.33	NA	NA	7.12	6.23	0.88	090
43305		A	Repair esophagus and fistula	18.10	NA	NA	11.25	9.86	1.70	090
4330F		I	Cnslng epi spec sfty issues	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43310		A	Repair of esophagus	26.26	NA	NA	11.60	11.11	4.51	090
43312		A	Repair esophagus and fistula	29.25	NA	NA	10.59	11.44	5.04	090
43313		A	Esophagoplasty congenital	48.45	NA	NA	19.69	18.10	8.34	090
43314		A	Tracheo-esophagoplasty cong	53.43	NA	NA	29.52	23.94	5.05	090
43320		A	Fuse esophagus & stomach	23.31	NA	NA	11.24	10.11	3.66	090
43324		A	Revise esophagus & stomach	22.99	NA	NA	10.91	9.45	3.67	090
43325		A	Revise esophagus & stomach	22.60	NA	NA	11.13	9.48	3.55	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
43326		A	Revise esophagus & stomach	22.28	NA	NA	10.87	10.03	3.71	090
43330		A	Repair of esophagus	22.19	NA	NA	10.63	9.17	3.51	090
43331		A	Repair of esophagus	23.06	NA	NA	10.34	10.37	3.97	090
43340		A	Fuse esophagus & intestine	22.99	NA	NA	11.28	9.76	3.60	090
43341		A	Fuse esophagus & intestine	24.23	NA	NA	12.64	11.53	4.17	090
43350		A	Surgical opening, esophagus	19.49	NA	NA	10.54	9.06	3.05	090
43351		A	Surgical opening, esophagus	22.05	NA	NA	10.72	10.44	3.79	090
43352		A	Surgical opening, esophagus	17.81	NA	NA	8.75	8.68	3.06	090
43360		A	Gastrointestinal repair	40.11	NA	NA	16.12	16.02	6.91	090
43361		A	Gastrointestinal repair	45.68	NA	NA	21.32	18.55	7.16	090
43400		A	Ligate esophagus veins	25.60	NA	NA	13.77	14.01	2.77	090
43401		A	Esophagus surgery for veins	26.49	NA	NA	12.57	10.74	4.15	090
43405		A	Ligate/staple esophagus	24.73	NA	NA	13.57	11.59	3.88	090
4340F		I	Cnslng chldbrng+ women epi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
43410		A	Repair esophagus wound	16.41	NA	NA	8.33	8.22	2.82	090
43415		A	Repair esophagus wound	28.91	NA	NA	14.13	12.91	4.85	090
43420		A	Repair esophagus opening	16.78	NA	NA	10.58	8.66	1.58	090
43425		A	Repair esophagus opening	25.04	NA	NA	12.94	11.75	3.93	090
43450		A	Dilate esophagus	1.38	2.36	2.59	0.86	0.89	0.16	000
43453		A	Dilate esophagus	1.51	5.40	6.00	0.92	0.96	0.17	000
43456		A	Dilate esophagus	2.57	11.37	12.64	1.38	1.40	0.28	000
43458		A	Dilate esophagus	3.06	6.29	6.72	1.59	1.58	0.33	000
43460		A	Pressure treatment esophagus	3.79	NA	NA	1.93	1.85	0.40	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500		A	Surgical opening of stomach	12.79	NA	NA	6.77	5.77	1.99	090
43501		A	Surgical repair of stomach	22.60	NA	NA	10.91	9.18	3.51	090
43502		A	Surgical repair of stomach	25.69	NA	NA	12.23	10.22	4.02	090
43510		A	Surgical opening of stomach	15.14	NA	NA	9.08	8.02	1.63	090
43520		A	Incision of pyloric muscle	11.29	NA	NA	5.87	5.36	1.84	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.80	0.81	0.21	000
43605		A	Biopsy of stomach	13.72	NA	NA	7.09	5.96	2.11	090
43610		A	Excision of stomach lesion	16.34	NA	NA	8.12	6.82	2.54	090
43611		A	Excision of stomach lesion	20.38	NA	NA	10.11	8.51	3.16	090
43620		A	Removal of stomach	34.04	NA	NA	15.05	12.74	5.33	090
43621		A	Removal of stomach	39.53	NA	NA	17.13	14.12	6.18	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
43622		A	Removal of stomach	40.03	NA	NA	17.35	14.28	6.28	090
43631		A	Removal of stomach, partial	24.51	NA	NA	11.67	9.84	3.82	090
43632		A	Removal of stomach, partial	35.14	NA	NA	15.59	12.47	5.45	090
43633		A	Removal of stomach, partial	33.14	NA	NA	14.79	11.99	5.14	090
43634		A	Removal of stomach, partial	36.64	NA	NA	16.29	13.21	5.74	090
43635		A	Removal of stomach, partial	2.06	NA	NA	0.76	0.64	0.31	ZZZ
43640		A	Vagotomy & pylorus repair	19.56	NA	NA	9.89	8.25	3.03	090
43641		A	Vagotomy & pylorus repair	19.81	NA	NA	10.06	8.29	3.10	090
43644		A	Lap gastric bypass/roux-en-y	29.40	NA	NA	13.90	11.74	4.57	090
43645		A	Lap gastr bypass incl smll i	31.53	NA	NA	14.78	12.39	4.95	090
43647		C	Lap impl electrode, antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43648		C	Lap revise/remv eltrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43651		A	Laparoscopy, vagus nerve	10.13	NA	NA	6.10	5.22	1.59	090
43652		A	Laparoscopy, vagus nerve	12.13	NA	NA	6.84	5.82	1.90	090
43653		A	Laparoscopy, gastrostomy	8.48	NA	NA	5.70	4.85	1.33	090
43659		C	Laparoscope proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43752		A	Nasal/orogastric w/stent	0.81	NA	NA	0.26	0.28	0.06	000
43760		A	Change gastrostomy tube	0.90	10.16	8.42	0.34	0.37	0.10	000
43761		A	Reposition gastrostomy tube	2.01	1.00	1.11	0.68	0.74	0.18	000
43770		A	Lap place gastr adj device	18.00	NA	NA	9.87	8.38	2.80	090
43771		A	Lap revise gastr adj device	20.79	NA	NA	10.95	9.23	3.26	090
43772		A	Lap rmvl gastr adj device	15.70	NA	NA	8.06	6.92	2.47	090
43773		A	Lap replace gastr adj device	20.79	NA	NA	10.95	9.25	3.26	090
43774		A	Lap rmvl gastr adj all parts	15.76	NA	NA	8.17	6.97	2.47	090
43775		A	Lap sleeve gastrectomy	21.56	NA	NA	11.01	11.01	3.38	090
43800		A	Reconstruction of pylorus	15.43	NA	NA	7.77	6.57	2.43	090
43810		A	Fusion of stomach and bowel	16.88	NA	NA	8.42	7.01	2.64	090
43820		A	Fusion of stomach and bowel	22.53	NA	NA	10.93	8.82	3.50	090
43825		A	Fusion of stomach and bowel	21.76	NA	NA	10.66	8.94	3.41	090
43830		A	Place gastrostomy tube	10.85	NA	NA	6.56	5.63	1.64	090
43831		A	Place gastrostomy tube	8.49	NA	NA	6.23	5.38	1.33	090
43832		A	Place gastrostomy tube	17.34	NA	NA	8.90	7.78	2.63	090
43840		A	Repair of stomach lesion	22.83	NA	NA	11.03	8.96	3.54	090
43842		N	V-band gastroplasty	21.03	NA	NA	9.74	9.18	1.10	090
43843		A	Gastroplasty w/o v-band	21.21	NA	NA	10.23	8.68	3.32	090
43845		A	Gastroplasty duodenal switch	33.30	NA	NA	15.80	12.93	5.19	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
43846		A	Gastric bypass for obesity	27.41	NA	NA	13.46	11.22	4.26	090
43847		A	Gastric bypass incl small i	30.28	NA	NA	14.54	11.91	4.74	090
43848		A	Revision gastroplasty	32.75	NA	NA	15.40	12.89	5.10	090
43850		A	Revise stomach-bowel fusion	27.58	NA	NA	12.93	10.66	4.32	090
43855		A	Revise stomach-bowel fusion	28.69	NA	NA	12.51	10.96	4.49	090
43860		A	Revise stomach-bowel fusion	27.89	NA	NA	13.05	10.90	4.32	090
43865		A	Revise stomach-bowel fusion	29.05	NA	NA	13.48	11.24	4.55	090
43870		A	Repair stomach opening	11.44	NA	NA	6.32	5.35	1.73	090
43880		A	Repair stomach-bowel fistula	27.18	NA	NA	12.71	10.68	4.19	090
43881		C	Impl/redo electrd, antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43882		C	Revise/remove electrd antrum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43886		A	Revise gastric port, open	4.64	NA	NA	4.31	3.68	0.73	090
43887		A	Remove gastric port, open	4.32	NA	NA	3.76	3.26	0.67	090
43888		A	Change gastric port, open	6.44	NA	NA	4.98	4.25	1.01	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	18.46	NA	NA	8.87	7.46	2.82	090
44010		A	Incision of small bowel	14.26	NA	NA	7.28	6.19	2.21	090
44015		A	Insert needle cath bowel	2.62	NA	NA	0.94	0.83	0.41	ZZZ
44020		A	Explore small intestine	16.22	NA	NA	8.00	6.74	2.50	090
44021		A	Decompress small bowel	16.31	NA	NA	8.06	6.89	2.53	090
44025		A	Incision of large bowel	16.51	NA	NA	8.19	6.87	2.52	090
44050		A	Reduce bowel obstruction	15.52	NA	NA	7.82	6.58	2.38	090
44055		A	Correct malrotation of bowel	25.63	NA	NA	11.63	9.73	3.98	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.88	0.91	0.23	000
44110		A	Excise intestine lesion(s)	14.04	NA	NA	7.22	6.07	2.13	090
44111		A	Excision of bowel lesion(s)	16.52	NA	NA	8.16	6.83	2.53	090
44120		A	Removal of small intestine	20.82	NA	NA	9.75	8.11	3.18	090
44121		A	Removal of small intestine	4.44	NA	NA	1.64	1.39	0.66	ZZZ
44125		A	Removal of small intestine	20.03	NA	NA	9.59	8.02	2.99	090
44126		A	Enterectomy w/o taper, cong	42.23	NA	NA	19.16	15.72	6.61	090
44127		A	Enterectomy w/taper, cong	49.30	NA	NA	21.69	17.86	7.72	090
44128		A	Enterectomy cong, add-on	4.44	NA	NA	1.64	1.40	0.68	ZZZ
44130		A	Bowel to bowel fusion	22.11	NA	NA	10.73	8.66	3.35	090
44132		R	Enterectomy, cadaver donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44133		R	Enterectomy, live donor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44135		R	Intestine transplnt, cadaver	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
44136		R	Intestine transplant, live	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44137		C	Remove intestinal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44139		A	Mobilization of colon	2.23	NA	NA	0.82	0.70	0.32	ZZZ
44140		A	Partial removal of colon	22.59	NA	NA	10.99	9.26	3.41	090
44141		A	Partial removal of colon	29.91	NA	NA	15.73	12.91	4.54	090
44143		A	Partial removal of colon	27.79	NA	NA	13.86	11.68	4.22	090
44144		A	Partial removal of colon	29.91	NA	NA	14.41	11.83	4.54	090
44145		A	Partial removal of colon	28.58	NA	NA	13.21	11.10	4.16	090
44146		A	Partial removal of colon	35.30	NA	NA	18.09	14.98	5.05	090
44147		A	Partial removal of colon	33.69	NA	NA	15.04	11.97	4.98	090
44150		A	Removal of colon	30.18	NA	NA	16.74	13.98	4.50	090
44151		A	Removal of colon/ileostomy	34.92	NA	NA	18.35	15.42	5.47	090
44155		A	Removal of colon/ileostomy	34.42	NA	NA	18.21	15.08	4.75	090
44156		A	Removal of colon/ileostomy	37.42	NA	NA	20.09	16.73	5.87	090
44157		A	Colectomy w/ileoanal anast	35.70	NA	NA	18.85	15.63	5.60	090
44158		A	Colectomy w/neo-rectum pouch	36.70	NA	NA	19.00	15.84	5.75	090
44160		A	Removal of colon	20.89	NA	NA	10.25	8.56	3.13	090
44180		A	Lap, enterolysis	15.27	NA	NA	7.70	6.59	2.33	090
44186		A	Lap, jejunostomy	10.38	NA	NA	5.84	5.10	1.63	090
44187		A	Lap, ileo/jejuno-stomy	17.40	NA	NA	10.54	8.93	2.43	090
44188		A	Lap, colostomy	19.35	NA	NA	11.45	9.72	2.82	090
44202		A	Lap, enterectomy	23.39	NA	NA	11.36	9.54	3.56	090
44203		A	Lap resect s/intestine, addl	4.44	NA	NA	1.64	1.38	0.68	ZZZ
44204		A	Laparo partial colectomy	26.42	NA	NA	12.41	10.37	3.84	090
44205		A	Lap colectomy part w/ileum	22.95	NA	NA	10.88	9.12	3.31	090
44206		A	Lap part colectomy w/stoma	29.79	NA	NA	14.32	12.02	4.45	090
44207		A	L colectomy/coloproctostomy	31.92	NA	NA	14.36	11.92	4.54	090
44208		A	L colectomy/coloproctostomy	33.99	NA	NA	16.59	13.82	4.70	090
44210		A	Laparo total proctocolectomy	30.09	NA	NA	15.33	12.80	4.27	090
44211		A	Lap colectomy w/proctectomy	37.08	NA	NA	19.09	15.65	5.82	090
44212		A	Laparo total proctocolectomy	34.58	NA	NA	17.84	14.90	4.68	090
44213		A	Lap, mobil splenic fl add-on	3.50	NA	NA	1.30	1.09	0.49	ZZZ
44227		A	Lap, close enterostomy	28.62	NA	NA	13.38	11.19	4.29	090
44238		C	Laparoscope proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44300		A	Open bowel to skin	13.75	NA	NA	7.26	6.18	2.14	090
44310		A	Ileostomy/jejunostomy	17.59	NA	NA	8.70	7.31	2.54	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
44312		A	Revision of ileostomy	9.43	NA	NA	5.48	4.88	1.26	090
44314		A	Revision of ileostomy	16.74	NA	NA	8.70	7.49	2.32	090
44316		A	Devise bowel pouch	23.59	NA	NA	11.57	9.61	3.70	090
44320		A	Colostomy	19.91	NA	NA	10.18	8.56	2.99	090
44322		A	Colostomy with biopsies	13.32	NA	NA	11.45	9.78	2.09	090
44340		A	Revision of colostomy	9.28	NA	NA	6.31	5.29	1.38	090
44345		A	Revision of colostomy	17.22	NA	NA	9.20	7.75	2.53	090
44346		A	Revision of colostomy	19.63	NA	NA	10.16	8.45	2.85	090
44360		A	Small bowel endoscopy	2.59	NA	NA	1.40	1.45	0.28	000
44361		A	Small bowel endoscopy/biopsy	2.87	NA	NA	1.53	1.58	0.30	000
44363		A	Small bowel endoscopy	3.49	NA	NA	1.76	1.78	0.38	000
44364		A	Small bowel endoscopy	3.73	NA	NA	1.89	1.95	0.40	000
44365		A	Small bowel endoscopy	3.31	NA	NA	1.71	1.75	0.36	000
44366		A	Small bowel endoscopy	4.40	NA	NA	2.20	2.29	0.47	000
44369		A	Small bowel endoscopy	4.51	NA	NA	2.25	2.32	0.48	000
44370		A	Small bowel endoscopy/stent	4.79	NA	NA	2.53	2.57	0.51	000
44372		A	Small bowel endoscopy	4.40	NA	NA	2.11	2.10	0.51	000
44373		A	Small bowel endoscopy	3.49	NA	NA	1.75	1.77	0.39	000
44376		A	Small bowel endoscopy	5.25	NA	NA	2.49	2.52	0.60	000
44377		A	Small bowel endoscopy/biopsy	5.52	NA	NA	2.67	2.74	0.60	000
44378		A	Small bowel endoscopy	7.12	NA	NA	3.38	3.47	0.77	000
44379		A	S bowel endoscope w/stent	7.46	NA	NA	3.71	3.74	0.80	000
44380		A	Small bowel endoscopy	1.05	NA	NA	0.69	0.72	0.10	000
44382		A	Small bowel endoscopy	1.27	NA	NA	0.81	0.84	0.15	000
44383		A	Ileoscopy w/stent	2.94	NA	NA	1.35	1.55	0.24	000
44385		A	Endoscopy of bowel pouch	1.82	4.53	4.50	0.93	0.89	0.19	000
44386		A	Endoscopy, bowel pouch/biop	2.12	6.36	6.59	1.13	1.05	0.24	000
44388		A	Colonoscopy	2.82	5.80	5.86	1.43	1.38	0.33	000
44389		A	Colonoscopy with biopsy	3.13	6.53	6.88	1.59	1.57	0.36	000
44390		A	Colonoscopy for foreign body	3.82	7.55	7.79	1.96	1.85	0.41	000
44391		A	Colonoscopy for bleeding	4.31	7.82	8.54	2.09	2.11	0.48	000
44392		A	Colonoscopy & polypectomy	3.81	7.00	7.09	1.82	1.73	0.46	000
44393		A	Colonoscopy, lesion removal	4.83	7.59	7.78	2.29	2.22	0.56	000
44394		A	Colonoscopy w/snare	4.42	7.84	8.25	2.13	2.11	0.51	000
44397		A	Colonoscopy w/stent	4.70	NA	NA	2.33	2.35	0.50	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.16	0.18	0.03	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
44602		A	Suture, small intestine	24.72	NA	NA	10.61	8.44	3.75	090
44603		A	Suture, small intestine	28.16	NA	NA	12.43	9.92	4.23	090
44604		A	Suture, large intestine	18.16	NA	NA	8.30	6.97	2.73	090
44605		A	Repair of bowel lesion	22.08	NA	NA	10.70	8.97	3.35	090
44615		A	Intestinal stricturoplasty	18.16	NA	NA	8.80	7.42	2.74	090
44620		A	Repair bowel opening	14.43	NA	NA	7.42	6.17	2.08	090
44625		A	Repair bowel opening	17.28	NA	NA	8.48	7.03	2.47	090
44626		A	Repair bowel opening	27.90	NA	NA	12.43	10.38	4.19	090
44640		A	Repair bowel-skin fistula	24.20	NA	NA	11.00	9.25	3.59	090
44650		A	Repair bowel fistula	25.12	NA	NA	11.31	9.60	3.72	090
44660		A	Repair bowel-bladder fistula	23.91	NA	NA	10.28	9.85	2.83	090
44661		A	Repair bowel-bladder fistula	27.35	NA	NA	11.98	10.51	3.75	090
44680		A	Surgical revision, intestine	17.96	NA	NA	8.85	7.37	2.82	090
44700		A	Suspend bowel w/prosthesis	17.48	NA	NA	8.49	7.10	2.23	090
44701		A	Intraop colon lavage add-on	3.10	NA	NA	1.14	0.96	0.43	ZZZ
44715		C	Prepare donor intestine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
44720		A	Prep donor intestine/venous	5.00	NA	NA	1.83	1.75	0.26	XXX
44721		A	Prep donor intestine/artery	7.00	NA	NA	2.59	2.24	1.10	XXX
44799		C	Unlisted procedure intestine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	12.05	NA	NA	7.00	6.02	1.79	090
44820		A	Excision of mesentery lesion	13.73	NA	NA	7.24	6.20	2.08	090
44850		A	Repair of mesentery	12.11	NA	NA	6.42	5.48	1.85	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	12.57	NA	NA	6.71	5.61	1.94	090
44901		A	Drain app abscess, percut	3.37	18.10	21.23	1.03	1.20	0.26	000
44950		A	Appendectomy	10.60	NA	NA	5.41	4.60	1.64	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.57	0.50	0.23	ZZZ
44960		A	Appendectomy	14.50	NA	NA	7.28	6.09	2.26	090
44970		A	Laparoscopy, appendectomy	9.45	NA	NA	5.49	4.64	1.45	090
44979		C	Laparoscope proc, app	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	6.30	NA	NA	4.34	3.77	0.80	090
45005		A	Drainage of rectal abscess	2.02	4.46	4.13	1.90	1.68	0.28	010
45020		A	Drainage of rectal abscess	8.56	NA	NA	5.63	4.72	1.19	090
45100		A	Biopsy of rectum	4.04	NA	NA	3.45	2.96	0.53	090
45108		A	Removal of anorectal lesion	5.12	NA	NA	4.01	3.35	0.80	090
45110		A	Removal of rectum	30.76	NA	NA	16.10	13.48	4.28	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
45111		A	Partial removal of rectum	18.01	NA	NA	9.41	7.91	2.61	090
45112		A	Removal of rectum	33.18	NA	NA	14.80	12.26	4.47	090
45113		A	Partial proctectomy	33.22	NA	NA	16.56	13.56	5.20	090
45114		A	Partial removal of rectum	30.79	NA	NA	14.42	11.80	4.83	090
45116		A	Partial removal of rectum	27.72	NA	NA	12.91	10.63	2.91	090
45119		A	Remove rectum w/reservoir	33.48	NA	NA	16.45	13.44	4.31	090
45120		A	Removal of rectum	26.40	NA	NA	13.15	10.95	4.14	090
45121		A	Removal of rectum and colon	29.08	NA	NA	14.14	11.72	4.55	090
45123		A	Partial proctectomy	18.86	NA	NA	9.76	7.91	2.33	090
45126		A	Pelvic exenteration	49.10	NA	NA	22.17	19.96	7.69	090
45130		A	Excision of rectal prolapse	18.50	NA	NA	9.44	7.65	2.30	090
45135		A	Excision of rectal prolapse	22.36	NA	NA	11.86	9.64	3.50	090
45136		A	Excise ileoanal reservior	30.82	NA	NA	16.15	13.53	3.24	090
45150		A	Excision of rectal stricture	5.85	NA	NA	4.18	3.72	0.61	090
45160		A	Excision of rectal lesion	16.33	NA	NA	8.90	7.45	2.56	090
45171		A	Exc rect tum transanal part	8.13	NA	NA	6.89	6.89	1.11	090
45172		A	Exc rect tum transanal full	12.13	NA	NA	8.36	8.36	1.64	090
45190		A	Destruction, rectal tumor	10.42	NA	NA	7.07	5.88	1.37	090
45300		A	Proctosigmoidoscopy dx	0.80	2.20	1.96	0.58	0.47	0.09	000
45303		A	Proctosigmoidoscopy dilate	1.50	21.02	19.96	0.84	0.66	0.19	000
45305		A	Proctosigmoidoscopy w/bx	1.25	3.45	3.17	0.75	0.64	0.17	000
45307		A	Proctosigmoidoscopy fb	1.70	3.70	3.27	0.91	0.72	0.24	000
45308		A	Proctosigmoidoscopy removal	1.40	3.73	3.21	0.81	0.66	0.19	000
45309		A	Proctosigmoidoscopy removal	1.50	3.80	3.51	0.85	0.78	0.20	000
45315		A	Proctosigmoidoscopy removal	1.80	3.86	3.62	0.96	0.86	0.24	000
45317		A	Proctosigmoidoscopy bleed	2.00	3.76	3.31	1.03	0.83	0.24	000
45320		A	Proctosigmoidoscopy ablate	1.78	3.60	3.46	0.96	0.88	0.23	000
45321		A	Proctosigmoidoscopy volvul	1.75	NA	NA	0.96	0.85	0.24	000
45327		A	Proctosigmoidoscopy w/stent	2.00	NA	NA	1.15	1.02	0.31	000
45330		A	Diagnostic sigmoidoscopy	0.96	2.43	2.47	0.65	0.62	0.10	000
45331		A	Sigmoidoscopy and biopsy	1.15	2.93	3.16	0.76	0.76	0.13	000
45332		A	Sigmoidoscopy w/fb removal	1.79	5.15	5.34	1.02	1.00	0.21	000
45333		A	Sigmoidoscopy & polypectomy	1.79	5.27	5.41	1.01	0.99	0.21	000
45334		A	Sigmoidoscopy for bleeding	2.73	NA	NA	1.45	1.48	0.29	000
45335		A	Sigmoidoscopy w/submuc inj	1.46	4.81	4.77	0.88	0.87	0.17	000
45337		A	Sigmoidoscopy & decompress	2.36	NA	NA	1.26	1.23	0.28	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
45338		A	Sigmoidoscopy w/tumr remove	2.34	5.32	5.62	1.26	1.26	0.26	000
45339		A	Sigmoidoscopy w/ablate tumr	3.14	5.14	5.16	1.61	1.62	0.35	000
45340		A	Sig w/balloon dilation	1.89	9.41	9.28	1.05	1.04	0.22	000
45341		A	Sigmoidoscopy w/ultrasound	2.60	NA	NA	1.39	1.42	0.28	000
45342		A	Sigmoidoscopy w/us guide bx	4.05	NA	NA	2.03	2.08	0.44	000
45345		A	Sigmoidoscopy w/stent	2.92	NA	NA	1.52	1.53	0.32	000
45355		A	Surgical colonoscopy	3.51	NA	NA	1.71	1.59	0.43	000
45378		A	Diagnostic colonoscopy	3.69	5.87	6.24	1.83	1.82	0.43	000
45378	53	A	Diagnostic colonoscopy	0.96	2.43	2.47	0.65	0.62	0.10	000
45379		A	Colonoscopy w/fb removal	4.68	7.58	7.95	2.25	2.21	0.53	000
45380		A	Colonoscopy and biopsy	4.43	6.96	7.47	2.18	2.20	0.49	000
45381		A	Colonoscopy, submucous inj	4.19	6.86	7.41	2.08	2.11	0.46	000
45382		A	Colonoscopy/control bleeding	5.68	9.09	9.98	2.74	2.81	0.62	000
45383		A	Lesion removal colonoscopy	5.86	8.04	8.35	2.71	2.67	0.67	000
45384		A	Lesion remove colonoscopy	4.69	6.73	7.04	2.23	2.20	0.54	000
45385		A	Lesion removal colonoscopy	5.30	7.57	8.11	2.54	2.57	0.59	000
45386		A	Colonoscopy dilate stricture	4.57	11.20	12.06	2.19	2.19	0.53	000
45387		A	Colonoscopy w/stent	5.90	NA	NA	2.92	2.92	0.65	000
45391		A	Colonoscopy w/endoscope us	5.09	NA	NA	2.46	2.51	0.54	000
45392		A	Colonoscopy w/endoscopic fnb	6.54	NA	NA	3.08	3.15	0.75	000
45395		A	Lap, removal of rectum	33.00	NA	NA	17.71	14.84	4.40	090
45397		A	Lap, remove rectum w/pouch	36.50	NA	NA	18.76	15.51	4.42	090
45400		A	Laparoscopic proc	19.44	NA	NA	9.86	8.21	2.62	090
45402		A	Lap proctopexy w/sig resect	26.51	NA	NA	12.53	10.33	3.54	090
45499		C	Laparoscope proc, rectum	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45500		A	Repair of rectum	7.73	NA	NA	5.60	4.67	0.89	090
45505		A	Repair of rectum	8.36	NA	NA	6.46	5.32	1.11	090
45520		A	Treatment of rectal prolapse	0.55	3.20	2.73	0.48	0.41	0.05	000
45540		A	Correct rectal prolapse	18.12	NA	NA	8.89	7.38	2.29	090
45541		A	Correct rectal prolapse	14.85	NA	NA	8.74	7.23	1.90	090
45550		A	Repair rectum/remove sigmoid	24.80	NA	NA	12.53	10.27	3.29	090
45560		A	Repair of rectocele	11.50	NA	NA	6.33	5.81	1.32	090
45562		A	Exploration/repair of rectum	17.98	NA	NA	10.04	8.69	2.48	090
45563		A	Exploration/repair of rectum	26.38	NA	NA	14.50	12.03	4.14	090
45800		A	Repair rect/bladder fistula	20.31	NA	NA	9.99	9.41	2.49	090
45805		A	Repair fistula w/colostomy	23.32	NA	NA	12.95	10.78	3.66	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
45820		A	Repair rectourethral fistula	20.37	NA	NA	9.07	9.11	1.44	090
45825		A	Repair fistula w/colostomy	24.17	NA	NA	13.69	11.72	2.54	090
45900		A	Reduction of rectal prolapse	2.99	NA	NA	2.08	1.77	0.41	010
45905		A	Dilation of anal sphincter	2.35	NA	NA	1.89	1.68	0.30	010
45910		A	Dilation of rectal narrowing	2.85	NA	NA	2.05	1.90	0.35	010
45915		A	Remove rectal obstruction	3.19	4.73	4.40	2.42	2.17	0.38	010
45990		A	Surg dx exam, anorectal	1.80	NA	NA	0.94	0.82	0.23	000
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46020		A	Placement of seton	3.00	3.83	3.23	2.86	2.40	0.40	010
46030		A	Removal of rectal marker	1.26	2.16	1.87	1.01	0.86	0.17	010
46040		A	Incision of rectal abscess	5.37	7.65	6.70	4.87	4.21	0.77	090
46045		A	Incision of rectal abscess	5.87	NA	NA	4.89	4.06	0.86	090
46050		A	Incision of anal abscess	1.24	3.64	3.19	1.19	1.02	0.18	010
46060		A	Incision of rectal abscess	6.37	NA	NA	5.50	4.57	0.87	090
46070		A	Incision of anal septum	2.79	NA	NA	2.83	2.67	0.15	090
46080		A	Incision of anal sphincter	2.52	3.59	3.10	1.48	1.25	0.36	010
46083		A	Incise external hemorrhoid	1.45	2.79	2.77	1.22	1.12	0.18	010
46200		A	Removal of anal fissure	3.59	7.24	6.12	4.46	3.80	0.46	090
46220		A	Excise anal ext tag/papilla	1.61	3.43	3.02	1.36	1.17	0.22	010
46221		A	Ligation of hemorrhoid(s)	2.36	4.24	3.70	2.40	2.08	0.30	010
46230		A	Removal of anal tags	2.62	4.11	3.62	1.73	1.47	0.35	010
46250		A	Remove ext hem groups = 2	4.25	6.99	6.19	3.55	3.05	0.60	090
46255		A	Remove int/ext hem 1 group	4.96	7.41	6.61	3.84	3.30	0.70	090
46257		A	Remove in/ex hem grp & fiss	5.76	NA	NA	4.81	3.97	0.79	090
46258		A	Remove in/ex hem grp w/fistu	6.41	NA	NA	5.19	4.29	1.01	090
46260		A	Remove in/ex hem groups = 2	6.73	NA	NA	5.12	4.26	0.93	090
46261		A	Remove in/ex hem grps & fiss	7.76	NA	NA	5.54	4.59	1.02	090
46262		A	Remove in/ex hem grps w/fist	7.91	NA	NA	5.97	4.97	1.06	090
46270		A	Remove anal fist subq	4.92	7.47	6.46	4.78	4.00	0.72	090
46275		A	Remove anal fist inter	5.42	7.80	6.63	4.92	4.10	0.72	090
46280		A	Remove anal fist complex	6.39	NA	NA	5.35	4.44	0.83	090
46285		A	Remove anal fist 2 stage	5.42	7.73	6.40	4.93	4.05	0.67	090
46288		A	Repair anal fistula	7.81	NA	NA	5.97	4.95	0.98	090
46320		A	Removal of hemorrhoid clot	1.64	2.85	2.50	1.15	0.97	0.22	010
46500		A	Injection into hemorrhoid(s)	1.69	4.11	3.49	1.56	1.34	0.21	010
46505		A	Chemodenervation anal musc	3.18	3.92	3.45	2.83	2.41	0.43	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
46600		A	Diagnostic anoscopy	0.55	1.57	1.47	0.48	0.40	0.06	000
46604		A	Anoscopy and dilation	1.03	13.53	12.06	0.66	0.58	0.12	000
46606		A	Anoscopy and biopsy	1.20	4.21	3.99	0.73	0.61	0.17	000
46608		A	Anoscopy, remove for body	1.30	4.31	4.03	0.70	0.63	0.18	000
46610		A	Anoscopy, remove lesion	1.28	4.19	3.98	0.77	0.66	0.18	000
46611		A	Anoscopy	1.30	2.91	2.78	0.76	0.67	0.17	000
46612		A	Anoscopy, remove lesions	1.50	4.89	4.71	0.86	0.79	0.23	000
46614		A	Anoscopy, control bleeding	1.00	2.13	2.08	0.65	0.63	0.10	000
46615		A	Anoscopy	1.50	1.99	1.96	0.84	0.79	0.21	000
46700		A	Repair of anal stricture	9.81	NA	NA	6.73	5.52	1.20	090
46705		A	Repair of anal stricture	7.43	NA	NA	5.22	4.92	0.38	090
46706		A	Repr of anal fistula w/glue	2.44	NA	NA	1.79	1.57	0.31	010
46707		A	Repair anorectal fist w/plug	6.39	NA	NA	5.26	5.26	0.66	090
46710		A	Repr per/vag pouch sngl proc	17.14	NA	NA	10.23	8.79	2.70	090
46712		A	Repr per/vag pouch dbl proc	36.45	NA	NA	17.32	15.35	1.90	090
46715		A	Rep perf anoper fistu	7.62	NA	NA	4.91	4.55	0.39	090
46716		A	Rep perf anoper/vestib fistu	17.54	NA	NA	10.70	12.15	0.91	090
46730		A	Construction of absent anus	30.65	NA	NA	24.87	17.28	1.60	090
46735		A	Construction of absent anus	36.14	NA	NA	18.10	16.91	1.89	090
46740		A	Construction of absent anus	33.90	NA	NA	19.22	15.96	5.31	090
46742		A	Repair of imperforated anus	40.14	NA	NA	21.45	18.24	6.29	090
46744		A	Repair of cloacal anomaly	58.94	NA	NA	27.69	22.89	6.19	090
46746		A	Repair of cloacal anomaly	65.44	NA	NA	28.93	27.55	3.41	090
46748		A	Repair of cloacal anomaly	71.42	NA	NA	31.12	28.96	3.73	090
46750		A	Repair of anal sphincter	12.15	NA	NA	7.29	6.23	1.45	090
46751		A	Repair of anal sphincter	9.30	NA	NA	5.72	5.70	1.15	090
46753		A	Reconstruction of anus	8.89	NA	NA	5.90	4.96	1.11	090
46754		A	Removal of suture from anus	3.01	4.31	3.90	2.80	2.34	0.31	010
46760		A	Repair of anal sphincter	17.45	NA	NA	10.65	8.73	1.82	090
46761		A	Repair of anal sphincter	15.29	NA	NA	8.64	7.16	1.78	090
46762		A	Implant artificial sphincter	14.82	NA	NA	8.90	7.46	1.56	090
46900		A	Destruction, anal lesion(s)	1.91	4.03	3.61	1.60	1.42	0.22	010
46910		A	Destruction, anal lesion(s)	1.91	4.32	3.87	1.49	1.29	0.25	010
46916		A	Cryosurgery, anal lesion(s)	1.91	3.78	3.74	1.77	1.65	0.20	010
46917		A	Laser surgery, anal lesions	1.91	9.09	9.00	1.44	1.29	0.24	010
46922		A	Excision of anal lesion(s)	1.91	4.60	4.11	1.48	1.27	0.26	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
46924		A	Destruction, anal lesion(s)	2.81	10.22	9.66	1.91	1.64	0.33	010
46930		A	Destroy internal hemorrhoids	1.61	3.28	3.53	1.99	2.10	0.19	090
46940		A	Treatment of anal fissure	2.35	3.33	2.84	1.40	1.18	0.27	010
46942		A	Treatment of anal fissure	2.07	3.30	2.78	1.30	1.08	0.24	010
46945		A	Remove by ligat int hem grp	2.21	5.24	4.63	3.34	2.99	0.28	090
46946		A	Remove by ligat int hem grps	2.63	4.91	4.56	2.91	2.70	0.32	090
46947		A	Hemorrhoidopexy by stapling	5.57	NA	NA	3.98	3.34	0.80	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	6.86	6.67	0.60	0.71	0.15	000
47001		A	Needle biopsy, liver add-on	1.90	NA	NA	0.70	0.60	0.28	ZZZ
47010		A	Open drainage, liver lesion	19.40	NA	NA	10.42	9.14	2.91	090
47011		A	Percut drain, liver lesion	3.69	NA	NA	1.11	1.36	0.26	000
47015		A	Inject/aspirate liver cyst	18.50	NA	NA	10.35	8.66	2.89	090
47100		A	Wedge biopsy of liver	12.91	NA	NA	8.08	6.91	1.98	090
47120		A	Partial removal of liver	39.01	NA	NA	18.97	16.09	6.07	090
47122		A	Extensive removal of liver	59.48	NA	NA	26.03	22.02	9.29	090
47125		A	Partial removal of liver	53.04	NA	NA	23.60	19.99	8.23	090
47130		A	Partial removal of liver	57.19	NA	NA	24.97	21.25	8.85	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47135		R	Transplantation of liver	83.64	NA	NA	38.12	32.31	13.01	090
47136		R	Transplantation of liver	70.74	NA	NA	33.58	28.35	11.09	090
47140		A	Partial removal, donor liver	59.40	NA	NA	29.28	24.56	9.31	090
47141		A	Partial removal, donor liver	71.50	NA	NA	32.10	28.41	3.73	090
47142		A	Partial removal, donor liver	79.44	NA	NA	37.44	31.50	12.44	090
47143		C	Prep donor liver, whole	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47144		C	Prep donor liver, 3-segment	0.00	0.00	0.00	0.00	0.00	0.00	090
47145		C	Prep donor liver, lobe split	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47146		A	Prep donor liver/venous	6.00	NA	NA	2.22	1.89	0.94	XXX
47147		A	Prep donor liver/arterial	7.00	NA	NA	2.59	2.20	1.09	XXX
47300		A	Surgery for liver lesion	18.14	NA	NA	10.12	8.47	2.82	090
47350		A	Repair liver wound	22.49	NA	NA	11.66	9.92	3.45	090
47360		A	Repair liver wound	31.31	NA	NA	14.87	12.74	4.90	090
47361		A	Repair liver wound	52.60	NA	NA	22.74	19.41	7.86	090
47362		A	Repair liver wound	23.54	NA	NA	12.31	10.28	3.63	090
47370		A	Laparo ablate liver tumor rf	20.80	NA	NA	10.12	8.66	3.10	090
47371		A	Laparo ablate liver cryosurg	20.80	NA	NA	10.41	9.15	3.26	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
47379		C	Laparoscope procedure, liver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47380		A	Open ablate liver tumor rf	24.56	NA	NA	11.38	9.87	3.64	090
47381		A	Open ablate liver tumor cryo	24.88	NA	NA	11.92	10.33	3.90	090
47382		A	Percut ablate liver rf	15.22	101.52	101.52	5.07	6.34	1.09	010
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	36.36	NA	NA	17.21	14.48	5.69	090
47420		A	Incision of bile duct	22.03	NA	NA	11.35	9.63	3.43	090
47425		A	Incision of bile duct	22.31	NA	NA	11.64	9.74	3.50	090
47460		A	Incise bile duct sphincter	20.52	NA	NA	11.11	9.79	3.21	090
47480		A	Incision of gallbladder	13.25	NA	NA	8.38	7.16	2.02	090
47490		A	Incision of gallbladder	8.13	NA	NA	4.58	5.42	0.56	090
47500		A	Injection for liver x-rays	1.96	NA	NA	0.58	0.72	0.15	000
47505		A	Injection for liver x-rays	0.76	NA	NA	0.23	0.28	0.05	000
47510		A	Insert catheter, bile duct	8.03	NA	NA	4.01	4.78	0.59	090
47511		A	Insert bile duct drain	10.77	NA	NA	4.24	5.19	0.75	090
47525		A	Change bile duct catheter	1.54	10.41	11.76	0.67	1.20	0.10	000
47530		A	Revise/reinsert bile tube	6.05	27.90	31.02	2.99	3.57	0.45	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	1.12	0.97	0.46	ZZZ
47552		A	Biliary endoscopy thru skin	6.03	NA	NA	2.17	2.58	0.46	000
47553		A	Biliary endoscopy thru skin	6.34	NA	NA	1.91	2.30	0.46	000
47554		A	Biliary endoscopy thru skin	9.05	NA	NA	3.41	3.50	1.11	000
47555		A	Biliary endoscopy thru skin	7.55	NA	NA	2.20	2.78	0.52	000
47556		A	Biliary endoscopy thru skin	8.55	NA	NA	2.54	3.16	0.59	000
47560		A	Laparoscopy w/cholangio	4.88	NA	NA	1.81	1.56	0.77	000
47561		A	Laparo w/cholangio/biopsy	5.17	NA	NA	2.16	1.87	0.81	000
47562		A	Laparoscopic cholecystectomy	11.76	NA	NA	6.89	5.80	1.82	090
47563		A	Laparo cholecystectomy/graph	12.11	NA	NA	6.71	5.71	1.89	090
47564		A	Laparo cholecystectomy/explr	14.24	NA	NA	7.25	6.19	2.23	090
47570		A	Laparo cholecystoenterostomy	12.56	NA	NA	6.68	5.70	1.96	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	17.48	NA	NA	9.52	7.85	2.72	090
47605		A	Removal of gallbladder	15.98	NA	NA	8.46	7.15	2.50	090
47610		A	Removal of gallbladder	20.92	NA	NA	10.34	8.70	3.27	090
47612		A	Removal of gallbladder	21.21	NA	NA	10.34	8.72	3.31	090
47620		A	Removal of gallbladder	23.07	NA	NA	11.06	9.36	3.63	090
47630		A	Remove bile duct stone	9.65	NA	NA	4.37	4.93	0.89	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
47700		A	Exploration of bile ducts	16.50	NA	NA	9.60	8.24	2.59	090
47701		A	Bile duct revision	28.73	NA	NA	14.37	13.24	4.49	090
47711		A	Excision of bile duct tumor	25.90	NA	NA	12.83	10.90	4.03	090
47712		A	Excision of bile duct tumor	33.72	NA	NA	15.99	13.37	5.29	090
47715		A	Excision of bile duct cyst	21.55	NA	NA	11.48	9.56	3.38	090
47720		A	Fuse gallbladder & bowel	18.34	NA	NA	10.30	8.60	2.85	090
47721		A	Fuse upper gi structures	21.99	NA	NA	11.65	9.71	3.45	090
47740		A	Fuse gallbladder & bowel	21.23	NA	NA	11.37	9.44	3.32	090
47741		A	Fuse gallbladder & bowel	24.21	NA	NA	12.47	10.42	3.79	090
47760		A	Fuse bile ducts and bowel	38.32	NA	NA	17.85	14.41	5.96	090
47765		A	Fuse liver ducts & bowel	52.19	NA	NA	23.44	18.32	8.18	090
47780		A	Fuse bile ducts and bowel	42.32	NA	NA	19.34	15.50	6.60	090
47785		A	Fuse bile ducts and bowel	56.19	NA	NA	24.76	19.49	8.81	090
47800		A	Reconstruction of bile ducts	26.17	NA	NA	13.09	11.02	4.11	090
47801		A	Placement, bile duct support	17.60	NA	NA	8.16	8.77	1.79	090
47802		A	Fuse liver duct & intestine	24.93	NA	NA	12.98	10.89	3.91	090
47900		A	Suture bile duct injury	22.44	NA	NA	11.66	9.80	3.47	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	31.95	NA	NA	14.29	12.52	4.54	090
48001		A	Placement of drain, pancreas	39.69	NA	NA	17.77	14.88	6.23	090
48020		A	Removal of pancreatic stone	19.09	NA	NA	10.15	8.58	3.00	090
48100		A	Biopsy of pancreas, open	14.46	NA	NA	7.60	6.49	2.20	090
48102		A	Needle biopsy, pancreas	4.70	8.51	9.22	1.61	1.98	0.32	010
48105		A	Resect/debride pancreas	49.26	NA	NA	21.92	18.23	7.57	090
48120		A	Removal of pancreas lesion	18.41	NA	NA	9.16	7.71	2.87	090
48140		A	Partial removal of pancreas	26.32	NA	NA	12.60	10.60	4.10	090
48145		A	Partial removal of pancreas	27.39	NA	NA	13.22	10.98	4.28	090
48146		A	Pancreatectomy	30.60	NA	NA	15.72	13.29	4.79	090
48148		A	Removal of pancreatic duct	20.39	NA	NA	10.63	8.84	3.19	090
48150		A	Partial removal of pancreas	52.84	NA	NA	24.50	20.72	8.25	090
48152		A	Pancreatectomy	48.65	NA	NA	23.14	19.46	7.63	090
48153		A	Pancreatectomy	52.79	NA	NA	24.42	20.64	8.24	090
48154		A	Pancreatectomy	48.88	NA	NA	23.22	19.42	7.66	090
48155		A	Removal of pancreas	29.45	NA	NA	15.58	13.22	4.61	090
48160		N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48400		A	Injection, intraop add-on	1.95	NA	NA	0.87	0.76	0.21	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
48500		A	Surgery of pancreatic cyst	18.16	NA	NA	10.40	8.70	2.84	090
48510		A	Drain pancreatic pseudocyst	17.19	NA	NA	9.80	8.34	2.64	090
48511		A	Drain pancreatic pseudocyst	3.99	18.22	20.17	1.20	1.47	0.28	000
48520		A	Fuse pancreas cyst and bowel	18.15	NA	NA	9.09	7.67	2.82	090
48540		A	Fuse pancreas cyst and bowel	21.94	NA	NA	10.65	8.84	3.43	090
48545		A	Pancreatorrhaphy	22.23	NA	NA	11.20	9.21	3.49	090
48547		A	Duodenal exclusion	30.38	NA	NA	14.22	11.75	4.75	090
48548		A	Fuse pancreas and bowel	28.09	NA	NA	13.22	11.23	4.39	090
48550		X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48551		C	Prep donor pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48552		A	Prep donor pancreas/venous	4.30	NA	NA	1.59	1.39	0.66	XXX
48554		R	Transpl allograft pancreas	37.80	NA	NA	25.73	22.05	5.80	090
48556		A	Removal, allograft pancreas	19.47	NA	NA	12.12	10.21	3.05	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	12.54	NA	NA	6.70	5.82	1.89	090
49002		A	Reopening of abdomen	17.63	NA	NA	8.51	6.92	2.69	090
49010		A	Exploration behind abdomen	16.06	NA	NA	7.49	6.76	2.35	090
49020		A	Drain abdominal abscess	26.67	NA	NA	13.07	11.15	3.98	090
49021		A	Drain abdominal abscess	3.37	17.70	19.71	1.01	1.24	0.23	000
49040		A	Drain, open, abdom abscess	16.52	NA	NA	8.48	7.24	2.49	090
49041		A	Drain, percut, abdom abscess	3.99	17.84	19.62	1.19	1.46	0.28	000
49060		A	Drain, open, retrop abscess	18.53	NA	NA	8.95	8.01	2.71	090
49061		A	Drain, percut, retroper absc	3.69	17.75	19.52	1.10	1.35	0.25	000
49062		A	Drain to peritoneal cavity	12.22	NA	NA	6.14	5.67	1.81	090
49080		A	Puncture, peritoneal cavity	1.35	2.50	2.96	0.44	0.50	0.09	000
49081		A	Removal of abdominal fluid	1.26	2.77	2.87	0.47	0.48	0.12	000
49180		A	Biopsy, abdominal mass	1.73	2.20	2.59	0.52	0.63	0.12	000
49203		A	Exc abd tum 5 cm or less	20.13	NA	NA	9.83	8.61	2.89	090
49204		A	Exc abd tum over 5 cm	26.13	NA	NA	12.05	10.49	3.73	090
49205		A	Exc abd tum over 10 cm	30.13	NA	NA	13.61	11.76	4.43	090
49215		A	Excise sacral spine tumor	37.81	NA	NA	17.04	14.65	5.54	090
49220		A	Multiple surgery, abdomen	15.79	NA	NA	8.31	7.14	2.49	090
49250		A	Excision of umbilicus	9.01	NA	NA	5.45	4.76	1.35	090
49255		A	Removal of omentum	12.56	NA	NA	7.13	6.19	1.87	090
49320		A	Diag laparo separate proc	5.14	NA	NA	3.03	2.71	0.76	010
49321		A	Laparoscopy, biopsy	5.44	NA	NA	3.21	2.82	0.83	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
49322		A	Laparoscopy, aspiration	6.01	NA	NA	3.29	2.96	0.85	010
49323		A	Laparo drain lymphocele	10.23	NA	NA	5.61	5.04	1.57	090
49324		A	Lap insertion perm ip cath	6.32	NA	NA	3.54	3.07	0.98	010
49325		A	Lap revision perm ip cath	6.82	NA	NA	3.70	3.20	1.08	010
49326		A	Lap w/omentopexy add-on	3.50	NA	NA	1.27	1.04	0.54	ZZZ
49329		C	Laparo proc, abdm/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	2.35	2.63	0.59	0.67	0.18	000
49402		A	Remove foreign body, adbomen	14.09	NA	NA	7.22	6.18	2.13	090
49411		A	Ins mark abd/pel for rt perq	3.82	9.87	9.87	1.43	1.43	0.26	000
49419		A	Insrt abdom cath for chemotx	7.08	NA	NA	4.01	3.74	0.90	090
49420		A	Insert abdom drain, temp	2.22	NA	NA	1.18	1.20	0.25	000
49421		A	Insert abdom drain, perm	5.90	NA	NA	3.66	3.37	0.86	090
49422		A	Remove perm cannula/catheter	6.29	NA	NA	3.28	2.94	0.95	010
49423		A	Exchange drainage catheter	1.46	11.90	13.18	0.46	0.57	0.09	000
49424		A	Assess cyst, contrast inject	0.76	2.80	3.18	0.25	0.31	0.05	000
49425		A	Insert abdomen-venous drain	12.22	NA	NA	6.44	5.87	1.96	090
49426		A	Revise abdomen-venous shunt	10.41	NA	NA	5.41	5.00	1.52	090
49427		A	Injection, abdominal shunt	0.89	NA	NA	0.28	0.33	0.07	000
49428		A	Ligation of shunt	6.87	NA	NA	3.85	3.57	1.08	010
49429		A	Removal of shunt	7.44	NA	NA	3.60	3.38	1.17	010
49435		A	Insert subq exten to ip cath	2.25	NA	NA	0.76	0.65	0.33	ZZZ
49436		A	Embedded ip cath exit-site	2.72	NA	NA	1.93	1.72	0.43	010
49440		A	Place gastrostomy tube perc	4.18	21.21	23.97	1.66	1.87	0.35	010
49441		A	Place duod/jej tube perc	4.77	22.79	25.91	1.84	2.08	0.40	010
49442		A	Place cecostomy tube perc	4.00	18.17	22.87	1.64	1.70	0.27	010
49446		A	Change g-tube to g-j perc	3.31	20.35	22.57	1.00	1.23	0.23	000
49450		A	Replace g/c tube perc	1.36	14.47	17.58	0.42	0.47	0.09	000
49451		A	Replace duod/jej tube perc	1.84	15.37	16.70	0.57	0.69	0.15	000
49452		A	Replace g-j tube perc	2.86	18.40	20.36	0.87	1.06	0.20	000
49460		A	Fix g/colon tube w/device	0.96	16.30	19.81	0.30	0.34	0.07	000
49465		A	Fluoro exam of g/colon tube	0.62	3.47	3.83	0.19	0.23	0.04	000
49491		A	Rpr hern preemie reduc	12.53	NA	NA	7.14	5.97	1.96	090
49492		A	Rpr ing hern premie, blocked	15.43	NA	NA	6.61	6.59	2.42	090
49495		A	Rpr ing hernia baby, reduc	6.20	NA	NA	3.95	3.23	0.97	090
49496		A	Rpr ing hernia baby, blocked	9.42	NA	NA	5.78	4.88	1.62	090
49500		A	Rpr ing hernia, init, reduce	5.84	NA	NA	4.33	3.61	0.91	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
49501		A	Rpr ing hernia, init blocked	9.36	NA	NA	5.63	4.77	1.46	090
49505		A	Prp i/hern init reduc >5 yr	7.96	NA	NA	4.97	4.25	1.22	090
49507		A	Prp i/hern init block >5 yr	10.05	NA	NA	5.79	4.94	1.56	090
49520		A	Rerepair ing hernia, reduce	9.99	NA	NA	5.70	4.87	1.54	090
49521		A	Rerepair ing hernia, blocked	12.44	NA	NA	6.58	5.62	1.92	090
49525		A	Repair ing hernia, sliding	8.93	NA	NA	5.31	4.54	1.37	090
49540		A	Repair lumbar hernia	10.74	NA	NA	6.07	5.15	1.66	090
49550		A	Rpr rem hernia, init, reduce	8.99	NA	NA	5.32	4.55	1.39	090
49553		A	Rpr fem hernia, init blocked	9.92	NA	NA	5.77	4.90	1.54	090
49555		A	Rerepair fem hernia, reduce	9.39	NA	NA	5.52	4.70	1.45	090
49557		A	Rerepair fem hernia, blocked	11.62	NA	NA	6.40	5.44	1.80	090
49560		A	Rpr ventral hern init, reduc	11.92	NA	NA	6.44	5.49	1.82	090
49561		A	Rpr ventral hern init, block	15.38	NA	NA	7.77	6.57	2.38	090
49565		A	Rerepair ventrl hern, reduce	12.37	NA	NA	6.74	5.73	1.91	090
49566		A	Rerepair ventrl hern, block	15.53	NA	NA	7.85	6.64	2.42	090
49568		A	Hernia repair w/mesh	4.88	NA	NA	1.81	1.54	0.76	ZZZ
49570		A	Rpr epigastric hern, reduce	6.05	NA	NA	4.25	3.64	0.94	090
49572		A	Rpr epigastric hern, blocked	7.87	NA	NA	4.91	4.15	1.21	090
49580		A	Rpr umbil hern, reduc < 5 yr	4.47	NA	NA	4.79	3.44	0.70	090
49582		A	Rpr umbil hern, block < 5 yr	7.13	NA	NA	4.81	4.07	1.12	090
49585		A	Rpr umbil hern, reduc > 5 yr	6.59	NA	NA	4.44	3.80	1.01	090
49587		A	Rpr umbil hern, block > 5 yr	8.04	NA	NA	4.98	4.24	1.24	090
49590		A	Repair spigelian hernia	8.90	NA	NA	5.30	4.53	1.38	090
49600		A	Repair umbilical lesion	11.55	NA	NA	6.56	5.77	1.80	090
49605		A	Repair umbilical lesion	87.09	NA	NA	35.82	31.41	13.65	090
49606		A	Repair umbilical lesion	19.00	NA	NA	9.13	7.78	2.98	090
49610		A	Repair umbilical lesion	10.91	NA	NA	6.14	5.33	1.70	090
49611		A	Repair umbilical lesion	9.34	NA	NA	5.04	5.16	0.48	090
49650		A	Lap ing hernia repair init	6.36	NA	NA	4.27	3.65	0.98	090
49651		A	Lap ing hernia repair recur	8.38	NA	NA	5.45	4.62	1.31	090
49652		A	Lap vent/abd hernia repair	12.88	NA	NA	6.96	5.90	0.66	090
49653		A	Lap vent/abd hern proc comp	16.21	NA	NA	8.63	7.30	0.85	090
49654		A	Lap inc hernia repair	15.03	NA	NA	7.76	6.55	0.78	090
49655		A	Lap inc hern repair comp	18.11	NA	NA	9.33	7.87	0.94	090
49656		A	Lap inc hernia repair recur	15.08	NA	NA	7.78	6.56	0.79	090
49657		A	Lap inc hern recur comp	22.11	NA	NA	10.81	9.07	1.15	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.41	NA	NA	7.93	6.89	1.87	090
49904		A	Omental flap, extra-abdom	22.35	NA	NA	13.50	13.22	3.49	090
49905		A	Omental flap, intra-abdom	6.54	NA	NA	2.38	2.08	0.91	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	12.28	NA	NA	6.38	6.63	1.32	090
50020		A	Renal abscess, open drain	18.08	NA	NA	8.94	8.97	1.77	090
50021		A	Renal abscess, percut drain	3.37	18.91	20.95	1.01	1.23	0.23	000
50040		A	Drainage of kidney	16.68	NA	NA	7.39	8.60	1.24	090
50045		A	Exploration of kidney	16.82	NA	NA	7.51	8.57	1.19	090
50060		A	Removal of kidney stone	20.95	NA	NA	8.88	10.33	1.48	090
50065		A	Incision of kidney	22.32	NA	NA	9.33	10.54	1.59	090
50070		A	Incision of kidney	21.85	NA	NA	9.18	10.79	1.56	090
50075		A	Removal of kidney stone	27.09	NA	NA	11.10	13.01	1.93	090
50080		A	Removal of kidney stone	15.74	NA	NA	6.97	8.15	1.14	090
50081		A	Removal of kidney stone	23.50	NA	NA	9.93	11.59	1.70	090
50100		A	Revise kidney blood vessels	17.45	NA	NA	9.31	8.24	2.74	090
50120		A	Exploration of kidney	17.21	NA	NA	7.59	8.69	1.22	090
50125		A	Explore and drain kidney	17.82	NA	NA	9.45	9.28	1.26	090
50130		A	Removal of kidney stone	18.82	NA	NA	8.17	9.53	1.34	090
50135		A	Exploration of kidney	20.59	NA	NA	8.76	10.12	1.46	090
50200		A	Renal biopsy perq	2.63	12.04	12.04	1.08	1.24	0.23	000
50205		A	Renal biopsy open	12.29	NA	NA	6.48	5.86	1.76	090
5020F		I	Txmnts 2 main Dr by 1 mon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50220		A	Remove kidney, open	18.68	NA	NA	8.34	9.26	1.65	090
50225		A	Removal kidney open, complex	21.88	NA	NA	9.38	10.49	1.75	090
50230		A	Removal kidney open, radical	23.81	NA	NA	9.71	11.20	1.80	090
50234		A	Removal of kidney & ureter	24.05	NA	NA	9.99	11.51	1.79	090
50236		A	Removal of kidney & ureter	26.94	NA	NA	11.43	13.31	1.94	090
50240		A	Partial removal of kidney	24.21	NA	NA	10.41	12.02	1.78	090
50250		A	Cryoablate renal mass open	22.22	NA	NA	9.72	11.37	1.60	090
50280		A	Removal of kidney lesion	17.09	NA	NA	7.72	8.74	1.37	090
50290		A	Removal of kidney lesion	16.15	NA	NA	7.29	7.66	1.15	090
50300		X	Remove cadaver donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Remove kidney, living donor	22.43	NA	NA	13.41	12.88	2.85	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
50323		C	Prep cadaver renal allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50325		C	Prep donor renal graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50327		A	Prep renal graft/venous	4.00	NA	NA	1.45	1.30	0.57	XXX
50328		A	Prep renal graft/arterial	3.50	NA	NA	1.26	1.15	0.49	XXX
50329		A	Prep renal graft/ureteral	3.34	NA	NA	1.15	1.21	0.35	XXX
50340		A	Removal of kidney	14.04	NA	NA	9.41	8.04	2.21	090
50360		A	Transplantation of kidney	40.90	NA	NA	23.13	19.83	6.10	090
50365		A	Transplantation of kidney	46.13	NA	NA	24.80	21.86	7.23	090
50370		A	Remove transplanted kidney	18.88	NA	NA	10.96	9.54	2.76	090
50380		A	Reimplantation of kidney	30.11	NA	NA	19.45	18.04	4.71	090
50382		A	Change ureter stent, percut	5.50	23.50	28.09	1.71	2.10	0.38	000
50384		A	Remove ureter stent, percut	5.00	18.58	23.53	1.55	1.92	0.35	000
50385		A	Change stent via transureth	4.44	23.92	28.48	1.62	2.05	0.31	000
50386		A	Remove stent via transureth	3.30	15.39	18.09	1.29	1.61	0.23	000
50387		A	Change ext/int ureter stent	2.00	11.32	13.55	0.59	0.75	0.15	000
50389		A	Remove renal tube w/fluoro	1.10	5.95	7.75	0.33	0.41	0.07	000
50390		A	Drainage of kidney lesion	1.96	NA	NA	0.58	0.72	0.13	000
50391		A	Instll rx agnt into rnal tub	1.96	1.26	1.49	0.70	0.78	0.15	000
50392		A	Insert kidney drain	3.37	NA	NA	1.27	1.56	0.23	000
50393		A	Insert ureteral tube	4.15	NA	NA	1.51	1.85	0.28	000
50394		A	Injection for kidney x-ray	0.76	1.66	2.01	0.50	0.60	0.05	000
50395		A	Create passage to kidney	3.37	NA	NA	1.31	1.59	0.24	000
50396		A	Measure kidney pressure	2.09	NA	NA	0.88	1.11	0.15	000
50398		A	Change kidney tube	1.46	10.69	12.56	0.47	0.58	0.09	000
50400		A	Revision of kidney/ureter	21.27	NA	NA	9.00	10.35	1.54	090
50405		A	Revision of kidney/ureter	25.86	NA	NA	10.69	12.39	1.84	090
50500		A	Repair of kidney wound	21.22	NA	NA	10.28	9.58	3.32	090
50520		A	Close kidney-skin fistula	18.88	NA	NA	8.19	9.34	1.35	090
50525		A	Repair renal-abdomen fistula	24.39	NA	NA	12.07	11.53	3.82	090
50526		A	Repair renal-abdomen fistula	26.31	NA	NA	11.88	11.24	1.37	090
50540		A	Revision of horseshoe kidney	21.10	NA	NA	8.93	9.95	1.49	090
50541		A	Laparo ablate renal cyst	16.86	NA	NA	7.23	8.34	1.25	090
50542		A	Laparo ablate renal mass	21.36	NA	NA	9.21	10.67	1.54	090
50543		A	Laparo partial nephrectomy	27.41	NA	NA	11.61	13.44	2.00	090
50544		A	Laparoscopy, pyeloplasty	23.37	NA	NA	9.35	10.91	1.70	090
50545		A	Laparo radical nephrectomy	25.06	NA	NA	10.12	11.76	1.87	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
50546		A	Laparoscopic nephrectomy	21.87	NA	NA	9.50	10.86	1.69	090
50547		A	Laparo removal donor kidney	26.34	NA	NA	13.94	13.07	3.55	090
50548		A	Laparo remove w/ureter	25.36	NA	NA	10.03	11.72	1.84	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.59	3.62	4.41	2.17	2.55	0.40	000
50553		A	Kidney endoscopy	5.98	3.83	4.52	2.23	2.63	0.48	000
50555		A	Kidney endoscopy & biopsy	6.52	4.03	4.88	2.47	2.89	0.46	000
50557		A	Kidney endoscopy & treatment	6.61	4.13	5.01	2.50	2.94	0.47	000
50561		A	Kidney endoscopy & treatment	7.58	4.62	5.60	2.82	3.33	0.55	000
50562		A	Renal scope w/tumor resect	10.90	NA	NA	4.36	5.19	0.78	090
50570		A	Kidney endoscopy	9.53	NA	NA	3.43	4.08	0.67	000
50572		A	Kidney endoscopy	10.33	NA	NA	3.70	4.40	0.74	000
50574		A	Kidney endoscopy & biopsy	11.00	NA	NA	3.92	4.65	0.79	000
50575		A	Kidney endoscopy	13.96	NA	NA	4.90	5.82	1.00	000
50576		A	Kidney endoscopy & treatment	10.97	NA	NA	3.91	4.65	0.78	000
50580		A	Kidney endoscopy & treatment	11.84	NA	NA	4.20	4.91	0.85	000
50590		A	Fragmenting of kidney stone	9.77	13.05	15.47	4.92	5.70	0.70	090
50592		A	Perc rf ablate renal tumor	6.80	64.32	86.22	2.59	3.12	0.47	010
50593		A	Perc cryo ablate renal tum	9.13	97.70	114.73	3.50	3.62	0.63	010
50600		A	Exploration of ureter	17.17	NA	NA	7.38	8.46	1.22	090
50605		A	Insert ureteral support	16.79	NA	NA	7.85	7.96	1.95	090
50610		A	Removal of ureter stone	17.25	NA	NA	7.47	8.68	1.22	090
50620		A	Removal of ureter stone	16.43	NA	NA	7.19	8.36	1.17	090
50630		A	Removal of ureter stone	16.21	NA	NA	7.12	8.01	1.15	090
50650		A	Removal of ureter	18.82	NA	NA	8.23	9.47	1.39	090
50660		A	Removal of ureter	21.02	NA	NA	8.90	10.24	1.49	090
50684		A	Injection for ureter x-ray	0.76	3.30	4.03	0.52	0.60	0.05	000
50686		A	Measure ureter pressure	1.51	2.28	1.32	0.88	0.97	0.16	000
50688		A	Change of ureter tube/stent	1.20	NA	NA	0.83	0.98	0.08	010
50690		A	Injection for ureter x-ray	1.16	1.24	1.52	0.63	0.75	0.07	000
50700		A	Revision of ureter	16.69	NA	NA	7.69	8.62	1.19	090
50715		A	Release of ureter	20.64	NA	NA	9.71	9.27	2.21	090
50722		A	Release of ureter	17.95	NA	NA	8.78	8.14	2.24	090
50725		A	Release/revise ureter	20.20	NA	NA	8.63	9.54	1.43	090
50727		A	Revise ureter	8.28	NA	NA	4.73	5.43	0.62	090
50728		A	Revise ureter	12.18	NA	NA	5.98	6.67	0.87	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
50740		A	Fusion of ureter & kidney	20.07	NA	NA	10.28	9.45	3.15	090
50750		A	Fusion of ureter & kidney	21.22	NA	NA	8.97	10.53	1.50	090
50760		A	Fusion of ureters	20.07	NA	NA	8.98	9.64	1.96	090
50770		A	Splicing of ureters	21.22	NA	NA	8.97	9.69	1.50	090
50780		A	Reimplant ureter in bladder	19.95	NA	NA	8.80	9.78	1.70	090
50782		A	Reimplant ureter in bladder	19.66	NA	NA	8.45	9.43	3.08	090
50783		A	Reimplant ureter in bladder	20.70	NA	NA	10.51	9.84	1.47	090
50785		A	Reimplant ureter in bladder	22.23	NA	NA	9.43	10.80	1.65	090
50800		A	Implant ureter in bowel	16.41	NA	NA	7.60	8.69	1.28	090
50810		A	Fusion of ureter & bowel	22.61	NA	NA	12.05	10.75	3.55	090
50815		A	Urine shunt to intestine	22.26	NA	NA	9.69	11.18	1.59	090
50820		A	Construct bowel bladder	24.07	NA	NA	10.32	11.46	1.95	090
50825		A	Construct bowel bladder	30.68	NA	NA	12.59	14.45	2.33	090
50830		A	Revise urine flow	33.77	NA	NA	13.49	15.21	2.42	090
50840		A	Replace ureter by bowel	22.39	NA	NA	9.73	11.29	1.60	090
50845		A	Appendico-vesicostomy	22.46	NA	NA	10.14	11.71	1.60	090
50860		A	Transplant ureter to skin	17.08	NA	NA	7.60	8.72	1.21	090
50900		A	Repair of ureter	15.04	NA	NA	7.22	7.81	1.08	090
50920		A	Closure ureter/skin fistula	15.81	NA	NA	7.18	8.31	1.13	090
50930		A	Closure ureter/bowel fistula	20.19	NA	NA	8.63	9.16	3.16	090
50940		A	Release of ureter	15.93	NA	NA	7.22	8.21	1.14	090
50945		A	Laparoscopy ureterolithotomy	17.97	NA	NA	7.51	8.73	1.28	090
50947		A	Laparo new ureter/bladder	25.78	NA	NA	10.47	11.97	1.84	090
50948		A	Laparo new ureter/bladder	23.82	NA	NA	9.61	11.32	1.69	090
50949		C	Laparoscope proc, ureter	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50951		A	Endoscopy of ureter	5.83	3.79	4.62	2.25	2.66	0.41	000
50953		A	Endoscopy of ureter	6.23	3.96	4.81	2.66	3.13	0.45	000
50955		A	Ureter endoscopy & biopsy	6.74	4.16	5.38	2.84	3.35	0.48	000
50957		A	Ureter endoscopy & treatment	6.78	4.23	5.10	2.57	3.01	0.48	000
50961		A	Ureter endoscopy & treatment	6.04	3.85	4.68	2.31	2.73	0.43	000
50970		A	Ureter endoscopy	7.13	NA	NA	2.64	3.13	0.50	000
50972		A	Ureter endoscopy & catheter	6.88	NA	NA	2.56	3.01	0.49	000
50974		A	Ureter endoscopy & biopsy	9.16	NA	NA	3.31	3.93	0.65	000
50976		A	Ureter endoscopy & treatment	9.03	NA	NA	3.27	3.85	0.64	000
50980		A	Ureter endoscopy & treatment	6.84	NA	NA	2.55	3.02	0.48	000
5100F		I	Rsk fx ref w/n 24 hrs x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
51020		A	Incise & treat bladder	7.69	NA	NA	4.42	5.10	0.57	090
51030		A	Incise & treat bladder	7.81	NA	NA	4.04	4.76	0.55	090
51040		A	Incise & drain bladder	4.49	NA	NA	2.95	3.45	0.32	090
51045		A	Incise bladder/drain ureter	7.81	NA	NA	4.66	5.00	0.78	090
51050		A	Removal of bladder stone	7.97	NA	NA	4.27	4.96	0.57	090
51060		A	Removal of ureter stone	9.95	NA	NA	5.13	5.97	0.72	090
51065		A	Remove ureter calculus	9.95	NA	NA	5.07	5.86	0.72	090
51080		A	Drainage of bladder abscess	6.71	NA	NA	3.85	4.39	0.48	090
51100		A	Drain bladder by needle	0.78	0.80	0.88	0.25	0.28	0.06	000
51101		A	Drain bladder by trocar/cath	1.02	2.10	2.37	0.37	0.38	0.09	000
51102		A	Drain bl w/cath insertion	2.70	2.97	3.59	1.10	1.33	0.21	000
51500		A	Removal of bladder cyst	11.05	NA	NA	5.49	5.87	0.79	090
51520		A	Removal of bladder lesion	10.21	NA	NA	5.21	5.84	0.73	090
51525		A	Removal of bladder lesion	15.42	NA	NA	7.01	8.08	1.15	090
51530		A	Removal of bladder lesion	13.71	NA	NA	6.59	7.24	1.21	090
51535		A	Repair of ureter lesion	13.90	NA	NA	6.42	7.22	0.98	090
51550		A	Partial removal of bladder	17.23	NA	NA	7.81	8.57	1.57	090
51555		A	Partial removal of bladder	23.18	NA	NA	9.91	11.08	1.91	090
51565		A	Revise bladder & ureter(s)	23.68	NA	NA	10.16	11.42	1.78	090
51570		A	Removal of bladder	27.46	NA	NA	11.27	12.67	2.06	090
51575		A	Removal of bladder & nodes	34.18	NA	NA	13.66	15.83	2.46	090
51580		A	Remove bladder/revise tract	35.37	NA	NA	14.32	16.75	2.53	090
51585		A	Removal of bladder & nodes	39.64	NA	NA	15.73	18.40	2.83	090
51590		A	Remove bladder/revise tract	36.33	NA	NA	14.35	16.57	2.70	090
51595		A	Remove bladder/revise tract	41.32	NA	NA	16.17	18.76	3.02	090
51596		A	Remove bladder/create pouch	44.26	NA	NA	17.50	20.36	3.19	090
51597		A	Removal of pelvic structures	42.86	NA	NA	17.22	19.52	3.33	090
51600		A	Injection for bladder x-ray	0.88	3.55	4.28	0.28	0.33	0.06	000
51605		A	Preparation for bladder xray	0.64	NA	NA	0.35	0.41	0.04	000
51610		A	Injection for bladder x-ray	1.05	1.59	1.93	0.59	0.68	0.07	000
51700		A	Irrigation of bladder	0.88	1.19	1.46	0.30	0.34	0.06	000
51701		A	Insert bladder catheter	0.50	0.85	1.11	0.22	0.24	0.04	000
51702		A	Insert temp bladder cath	0.50	1.22	1.57	0.28	0.32	0.04	000
51703		A	Insert bladder cath, complex	1.47	1.77	2.28	0.67	0.76	0.10	000
51705		A	Change of bladder tube	1.05	1.58	1.99	0.69	0.79	0.07	010
51710		A	Change of bladder tube	1.52	2.11	2.73	0.94	1.08	0.10	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
51715		A	Endoscopic injection/implant	3.73	3.53	4.19	1.50	1.69	0.29	000
51720		A	Treatment of bladder lesion	1.50	1.26	1.60	0.61	0.74	0.10	000
51725		A	Simple cystometrogram	1.51	3.33	4.31	NA	NA	0.10	000
51725	TC	A	Simple cystometrogram	0.00	2.81	3.74	NA	NA	0.01	000
51725	26	A	Simple cystometrogram	1.51	0.52	0.57	0.52	0.57	0.09	000
51726		A	Complex cystometrogram	1.71	5.53	6.83	NA	NA	0.12	000
51726	TC	A	Complex cystometrogram	0.00	4.94	6.18	NA	NA	0.02	000
51726	26	A	Complex cystometrogram	1.71	0.59	0.65	0.59	0.65	0.10	000
51727		A	Cystometrogram w/up	2.11	5.78	5.78	NA	NA	0.17	000
51727	TC	A	Cystometrogram w/up	0.00	5.03	5.03	NA	NA	0.01	000
51727	26	A	Cystometrogram w/up	2.11	0.75	0.75	0.75	0.75	0.16	000
51728		A	Cystometrogram w/vp	2.11	5.77	5.77	NA	NA	0.14	000
51728	TC	A	Cystometrogram w/vp	0.00	5.04	5.04	NA	NA	0.01	000
51728	26	A	Cystometrogram w/vp	2.11	0.73	0.73	0.73	0.73	0.13	000
51729		A	Cystometrogram w/vp&up	2.51	6.08	6.08	NA	NA	0.19	000
51729	TC	A	Cystometrogram w/vp&up	0.00	5.19	5.19	NA	NA	0.01	000
51729	26	A	Cystometrogram w/vp&up	2.51	0.89	0.89	0.89	0.89	0.18	000
51736		A	Urine flow measurement	0.61	0.73	0.84	NA	NA	0.04	000
51736	TC	A	Urine flow measurement	0.00	0.52	0.60	NA	NA	0.01	000
51736	26	A	Urine flow measurement	0.61	0.21	0.24	0.21	0.24	0.03	000
51741		A	Electro-uroflowmetry, first	1.14	0.99	1.13	NA	NA	0.06	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.61	0.69	NA	NA	0.01	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.38	0.44	0.38	0.44	0.05	000
51784		A	Anal/urinary muscle study	1.53	3.29	3.89	NA	NA	0.10	000
51784	TC	A	Anal/urinary muscle study	0.00	2.76	3.32	NA	NA	0.01	000
51784	26	A	Anal/urinary muscle study	1.53	0.53	0.57	0.53	0.57	0.09	000
51785		A	Anal/urinary muscle study	1.53	3.77	4.38	NA	NA	0.10	000
51785	TC	A	Anal/urinary muscle study	0.00	3.23	3.80	NA	NA	0.01	000
51785	26	A	Anal/urinary muscle study	1.53	0.54	0.58	0.54	0.58	0.09	000
51792		A	Urinary reflex study	1.10	4.02	4.98	NA	NA	0.08	000
51792	TC	A	Urinary reflex study	0.00	3.63	4.56	NA	NA	0.01	000
51792	26	A	Urinary reflex study	1.10	0.39	0.42	0.39	0.42	0.07	000
51797		A	Intraabdominal pressure test	0.80	1.94	2.97	NA	NA	0.05	ZZZ
51797	TC	A	Intraabdominal pressure test	0.00	1.66	2.62	NA	NA	0.01	ZZZ
51797	26	A	Intraabdominal pressure test	0.80	0.28	0.35	0.28	0.35	0.04	ZZZ
51798		A	Us urine capacity measure	0.00	0.43	0.51	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
51800		A	Revision of bladder/urethra	18.89	NA	NA	8.38	9.60	1.43	090
51820		A	Revision of urinary tract	19.59	NA	NA	8.70	9.37	1.39	090
51840		A	Attach bladder/urethra	11.36	NA	NA	5.76	5.98	1.10	090
51841		A	Attach bladder/urethra	13.68	NA	NA	6.63	6.88	1.35	090
51845		A	Repair bladder neck	10.15	NA	NA	5.11	5.67	0.88	090
51860		A	Repair of bladder wound	12.60	NA	NA	6.50	6.75	1.36	090
51865		A	Repair of bladder wound	15.80	NA	NA	7.40	8.14	1.41	090
51880		A	Repair of bladder opening	7.87	NA	NA	4.22	4.63	0.73	090
51900		A	Repair bladder/vagina lesion	14.63	NA	NA	7.12	7.63	1.04	090
51920		A	Close bladder-uterus fistula	13.41	NA	NA	6.45	7.09	0.95	090
51925		A	Hysterectomy/bladder repair	17.53	NA	NA	9.02	9.08	2.18	090
51940		A	Correction of bladder defect	30.66	NA	NA	12.37	13.32	2.19	090
51960		A	Revision of bladder & bowel	25.40	NA	NA	10.89	12.54	1.95	090
51980		A	Construct bladder opening	12.57	NA	NA	5.99	6.88	0.90	090
51990		A	Laparo urethral suspension	13.36	NA	NA	6.44	6.51	1.30	090
51992		A	Laparo sling operation	14.87	NA	NA	7.08	6.93	1.64	090
51999		C	Laparoscope proc, bla	0.00	0.00	0.00	0.00	0.00	0.00	YYY
52000		A	Cystoscopy	2.23	2.80	3.44	1.06	1.20	0.17	000
52001		A	Cystoscopy, removal of clots	5.44	3.98	4.95	2.12	2.47	0.39	000
52005		A	Cystoscopy & ureter catheter	2.37	4.34	5.42	1.10	1.28	0.18	000
52007		A	Cystoscopy and biopsy	3.02	8.12	11.29	1.31	1.54	0.22	000
5200F		I	Eval appros surg thxpy epi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
52010		A	Cystoscopy & duct catheter	3.02	6.13	7.81	1.31	1.43	0.22	000
52204		A	Cystoscopy w/biopsy(s)	2.59	6.27	9.07	1.12	1.29	0.19	000
52214		A	Cystoscopy and treatment	3.70	11.80	12.57	1.48	2.17	0.26	000
52224		A	Cystoscopy and treatment	3.14	11.21	18.24	1.30	1.52	0.23	000
52234		A	Cystoscopy and treatment	4.62	NA	NA	1.84	2.17	0.32	000
52235		A	Cystoscopy and treatment	5.44	NA	NA	2.14	2.52	0.39	000
52240		A	Cystoscopy and treatment	9.71	NA	NA	3.55	4.20	0.70	000
52250		A	Cystoscopy and radiotracer	4.49	NA	NA	1.88	2.19	0.33	000
52260		A	Cystoscopy and treatment	3.91	NA	NA	1.60	1.85	0.29	000
52265		A	Cystoscopy and treatment	2.94	5.97	8.28	1.33	1.43	0.26	000
52270		A	Cystoscopy & revise urethra	3.36	5.32	7.46	1.41	1.65	0.24	000
52275		A	Cystoscopy & revise urethra	4.69	7.06	10.08	1.85	2.17	0.33	000
52276		A	Cystoscopy and treatment	4.99	NA	NA	1.98	2.34	0.36	000
52277		A	Cystoscopy and treatment	6.16	NA	NA	2.69	2.87	0.44	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
52281		A	Cystoscopy and treatment	2.80	4.02	5.40	1.24	1.45	0.21	000
52282		A	Cystoscopy, implant stent	6.39	NA	NA	2.47	2.86	0.48	000
52283		A	Cystoscopy and treatment	3.73	3.24	3.94	1.56	1.80	0.27	000
52285		A	Cystoscopy and treatment	3.60	3.38	4.12	1.53	1.75	0.27	000
52290		A	Cystoscopy and treatment	4.58	NA	NA	1.84	2.16	0.32	000
52300		A	Cystoscopy and treatment	5.30	NA	NA	2.16	2.46	0.41	000
52301		A	Cystoscopy and treatment	5.50	NA	NA	2.19	2.59	0.39	000
52305		A	Cystoscopy and treatment	5.30	NA	NA	2.04	2.39	0.38	000
52310		A	Cystoscopy and treatment	2.81	3.08	3.99	1.16	1.36	0.21	000
52315		A	Cystoscopy and treatment	5.20	5.10	6.78	2.01	2.38	0.37	000
52317		A	Remove bladder stone	6.71	12.88	18.51	2.45	2.90	0.48	000
52318		A	Remove bladder stone	9.18	NA	NA	3.31	3.92	0.65	000
52320		A	Cystoscopy and treatment	4.69	NA	NA	1.80	2.12	0.33	000
52325		A	Cystoscopy, stone removal	6.15	NA	NA	2.29	2.70	0.44	000
52327		A	Cystoscopy, inject material	5.18	NA	NA	1.73	2.05	0.38	000
52330		A	Cystoscopy and treatment	5.03	7.10	14.55	1.91	2.25	0.36	000
52332		A	Cystoscopy and treatment	2.83	9.32	10.47	1.25	1.46	0.21	000
52334		A	Create passage to kidney	4.82	NA	NA	1.91	2.25	0.35	000
52341		A	Cysto w/ureter stricture tx	5.35	NA	NA	2.22	2.66	0.38	000
52342		A	Cysto w/up stricture tx	5.85	NA	NA	2.39	2.86	0.41	000
52343		A	Cysto w/renal stricture tx	6.55	NA	NA	2.62	3.14	0.47	000
52344		A	Cysto/uretero, stricture tx	7.05	NA	NA	2.91	3.46	0.50	000
52345		A	Cysto/uretero w/up stricture	7.55	NA	NA	3.08	3.67	0.53	000
52346		A	Cystouretero w/renal strict	8.58	NA	NA	3.42	4.08	0.61	000
52351		A	Cystouretero & or pyeloscope	5.85	NA	NA	2.39	2.81	0.41	000
52352		A	Cystouretero w/stone remove	6.87	NA	NA	2.81	3.30	0.49	000
52353		A	Cystouretero w/lithotripsy	7.96	NA	NA	3.16	3.73	0.56	000
52354		A	Cystouretero w/biopsy	7.33	NA	NA	2.96	3.48	0.52	000
52355		A	Cystouretero w/excise tumor	8.81	NA	NA	3.45	4.07	0.63	000
52400		A	Cystouretero w/congen repr	8.69	NA	NA	2.82	4.28	0.62	090
52402		A	Cystourethro cut ejacul duct	5.27	NA	NA	1.78	2.12	0.37	000
52450		A	Incision of prostate	7.78	NA	NA	4.37	5.06	0.55	090
52500		A	Revision of bladder neck	8.14	NA	NA	4.49	5.24	0.57	090
52601		A	Prostatectomy (TURP)	15.26	NA	NA	6.81	7.54	1.10	090
52630		A	Remove prostate regrowth	7.73	NA	NA	3.84	4.42	0.55	090
52640		A	Relieve bladder contracture	4.79	NA	NA	2.82	3.39	0.33	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
52647		A	Laser surgery of prostate	11.30	31.49	45.84	5.54	6.41	0.81	090
52648		A	Laser surgery of prostate	12.15	31.98	46.28	5.82	6.73	0.88	090
52649		A	Prostate laser enucleation	17.29	NA	NA	7.54	9.43	1.23	090
52700		A	Drainage of prostate abscess	7.49	NA	NA	3.94	4.43	0.53	090
53000		A	Incision of urethra	2.33	NA	NA	1.50	1.74	0.18	010
53010		A	Incision of urethra	4.45	NA	NA	3.10	3.60	0.31	090
53020		A	Incision of urethra	1.77	NA	NA	0.77	0.90	0.13	000
53025		A	Incision of urethra	1.13	NA	NA	0.70	0.67	0.05	000
53040		A	Drainage of urethra abscess	6.55	NA	NA	3.61	4.16	0.47	090
53060		A	Drainage of urethra abscess	2.68	2.01	2.06	1.59	1.52	0.32	010
53080		A	Drainage of urinary leakage	6.92	NA	NA	3.94	4.87	0.49	090
53085		A	Drainage of urinary leakage	11.18	NA	NA	5.42	5.69	1.07	090
53200		A	Biopsy of urethra	2.59	1.42	1.62	1.11	1.25	0.20	000
53210		A	Removal of urethra	13.72	NA	NA	6.44	7.37	0.97	090
53215		A	Removal of urethra	16.85	NA	NA	7.41	8.67	1.20	090
53220		A	Treatment of urethra lesion	7.63	NA	NA	4.15	4.73	0.54	090
53230		A	Removal of urethra lesion	10.44	NA	NA	5.32	6.00	0.86	090
53235		A	Removal of urethra lesion	10.99	NA	NA	5.45	6.45	0.78	090
53240		A	Surgery for urethra pouch	7.08	NA	NA	3.91	4.62	0.50	090
53250		A	Removal of urethra gland	6.52	NA	NA	3.43	4.27	1.04	090
53260		A	Treatment of urethra lesion	3.03	2.12	2.38	1.64	1.76	0.26	010
53265		A	Treatment of urethra lesion	3.17	2.37	2.82	1.66	1.86	0.25	010
53270		A	Removal of urethra gland	3.14	2.23	2.38	1.76	1.79	0.39	010
53275		A	Repair of urethra defect	4.57	NA	NA	2.25	2.66	0.33	010
53400		A	Revise urethra, stage 1	14.13	NA	NA	6.77	7.77	1.04	090
53405		A	Revise urethra, stage 2	15.66	NA	NA	7.12	8.38	1.12	090
53410		A	Reconstruction of urethra	17.68	NA	NA	7.90	9.20	1.26	090
53415		A	Reconstruction of urethra	20.70	NA	NA	8.92	10.29	1.50	090
53420		A	Reconstruct urethra, stage 1	15.17	NA	NA	6.78	7.09	1.09	090
53425		A	Reconstruct urethra, stage 2	17.07	NA	NA	7.41	8.76	1.21	090
53430		A	Reconstruction of urethra	17.43	NA	NA	7.80	8.52	1.45	090
53431		A	Reconstruct urethra/bladder	21.18	NA	NA	9.01	10.46	1.50	090
53440		A	Male sling procedure	15.54	NA	NA	7.50	8.59	1.12	090
53442		A	Remove/revise male sling	13.49	NA	NA	6.85	7.81	0.96	090
53444		A	Insert tandem cuff	14.19	NA	NA	6.53	7.62	1.01	090
53445		A	Insert uro/ves nck sphincter	15.39	NA	NA	7.45	8.75	1.11	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
53446		A	Remove uro sphincter	11.02	NA	NA	5.67	6.63	0.80	090
53447		A	Remove/replace ur sphincter	14.28	NA	NA	6.81	7.98	1.03	090
53448		A	Remov/replc ur sphinctr comp	23.44	NA	NA	10.04	11.74	1.66	090
53449		A	Repair uro sphincter	10.56	NA	NA	5.34	6.23	0.77	090
53450		A	Revision of urethra	6.77	NA	NA	3.81	4.43	0.48	090
53460		A	Revision of urethra	7.75	NA	NA	4.12	4.81	0.54	090
53500		A	Urethrlys, transvag w/ scope	13.00	NA	NA	6.45	7.19	1.10	090
53502		A	Repair of urethra injury	8.26	NA	NA	4.36	4.98	0.59	090
53505		A	Repair of urethra injury	8.26	NA	NA	4.34	5.07	0.59	090
53510		A	Repair of urethra injury	10.96	NA	NA	5.44	6.36	0.78	090
53515		A	Repair of urethra injury	14.22	NA	NA	6.52	7.54	1.01	090
53520		A	Repair of urethra defect	9.48	NA	NA	4.96	5.76	0.67	090
53600		A	Dilate urethra stricture	1.21	0.91	1.12	0.47	0.55	0.08	000
53601		A	Dilate urethra stricture	0.98	1.05	1.29	0.42	0.50	0.06	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.42	0.50	0.09	000
53620		A	Dilate urethra stricture	1.62	1.32	1.71	0.67	0.79	0.12	000
53621		A	Dilate urethra stricture	1.35	1.39	1.79	0.55	0.64	0.09	000
53660		A	Dilation of urethra	0.71	1.03	1.27	0.37	0.42	0.05	000
53661		A	Dilation of urethra	0.72	0.99	1.24	0.34	0.39	0.05	000
53665		A	Dilation of urethra	0.76	NA	NA	0.27	0.28	0.06	000
53850		A	Prostatic microwave thermotx	10.08	36.90	55.09	4.73	5.49	0.73	090
53852		A	Prostatic rf thermotx	10.83	34.79	51.98	5.35	6.18	0.78	090
53855		A	Insert prost urethral stent	1.64	16.22	16.22	0.54	0.54	0.12	000
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.59	2.08	2.64	1.17	1.35	0.10	010
54001		A	Slitting of prepuce	2.24	2.38	2.97	1.34	1.53	0.17	010
54015		A	Drain penis lesion	5.36	NA	NA	2.70	3.10	0.41	010
54050		A	Destruction, penis lesion(s)	1.29	2.00	2.04	1.39	1.36	0.12	010
54055		A	Destruction, penis lesion(s)	1.25	1.70	1.87	1.11	1.16	0.10	010
54056		A	Cryosurgery, penis lesion(s)	1.29	2.25	2.22	1.54	1.48	0.13	010
54057		A	Laser surg, penis lesion(s)	1.29	2.11	2.44	1.13	1.23	0.09	010
54060		A	Excision of penis lesion(s)	1.98	2.50	3.01	1.38	1.51	0.16	010
54065		A	Destruction, penis lesion(s)	2.47	3.05	3.15	1.98	1.90	0.23	010
54100		A	Biopsy of penis	1.90	2.99	3.21	1.37	1.31	0.18	000
54105		A	Biopsy of penis	3.54	3.13	3.93	1.98	2.33	0.26	010
54110		A	Treatment of penis lesion	10.92	NA	NA	5.32	6.17	0.78	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
54111		A	Treat penis lesion, graft	14.42	NA	NA	6.47	7.59	1.03	090
54112		A	Treat penis lesion, graft	16.98	NA	NA	7.51	8.85	1.20	090
54115		A	Treatment of penis lesion	6.95	4.62	5.42	4.01	4.62	0.49	090
54120		A	Partial removal of penis	11.01	NA	NA	5.43	6.30	0.80	090
54125		A	Removal of penis	14.56	NA	NA	6.66	7.69	1.09	090
54130		A	Remove penis & nodes	21.84	NA	NA	9.36	10.96	1.56	090
54135		A	Remove penis & nodes	28.17	NA	NA	11.45	13.45	2.01	090
54150		A	Circumcision w/regionl block	1.90	2.01	2.59	0.68	0.74	0.17	000
54160		A	Circumcision, neonate	2.53	2.95	3.75	1.22	1.43	0.18	010
54161		A	Circum 28 days or older	3.32	NA	NA	1.78	2.06	0.25	010
54162		A	Lysis penil circumic lesion	3.32	3.15	4.00	1.84	2.08	0.24	010
54163		A	Repair of circumcision	3.32	NA	NA	2.28	2.65	0.24	010
54164		A	Frenulotomy of penis	2.82	NA	NA	2.12	2.45	0.21	010
54200		A	Treatment of penis lesion	1.11	1.56	1.90	1.03	1.20	0.07	010
54205		A	Treatment of penis lesion	8.97	NA	NA	4.83	5.73	0.63	090
54220		A	Treatment of penis lesion	2.42	2.60	3.30	1.10	1.26	0.19	000
54230		A	Prepare penis study	1.34	1.11	1.32	0.73	0.85	0.09	000
54231		A	Dynamic cavernosometry	2.04	1.52	1.79	0.99	1.16	0.15	000
54235		A	Penile injection	1.19	1.10	1.28	0.72	0.82	0.08	000
54240		A	Penis study	1.31	1.21	1.42	NA	NA	0.07	000
54240	TC	A	Penis study	0.00	0.78	0.91	NA	NA	0.01	000
54240	26	A	Penis study	1.31	0.43	0.51	0.43	0.51	0.06	000
54250		A	Penis study	2.22	1.02	1.19	NA	NA	0.11	000
54250	TC	A	Penis study	0.00	0.28	0.32	NA	NA	0.01	000
54250	26	A	Penis study	2.22	0.74	0.87	0.74	0.87	0.10	000
54300		A	Revision of penis	11.20	NA	NA	5.51	6.55	0.80	090
54304		A	Revision of penis	13.28	NA	NA	6.26	7.49	0.94	090
54308		A	Reconstruction of urethra	12.62	NA	NA	6.01	7.16	0.90	090
54312		A	Reconstruction of urethra	14.51	NA	NA	6.81	8.17	1.03	090
54316		A	Reconstruction of urethra	18.05	NA	NA	8.01	9.56	1.28	090
54318		A	Reconstruction of urethra	12.43	NA	NA	6.66	7.34	0.64	090
54322		A	Reconstruction of urethra	13.98	NA	NA	6.39	7.64	1.00	090
54324		A	Reconstruction of urethra	17.55	NA	NA	7.76	9.31	1.24	090
54326		A	Reconstruction of urethra	17.02	NA	NA	7.67	8.42	1.21	090
54328		A	Revise penis/urethra	16.89	NA	NA	7.63	8.86	1.20	090
54332		A	Revise penis/urethra	18.37	NA	NA	8.12	9.63	1.31	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
54336		A	Revise penis/urethra	21.62	NA	NA	9.47	9.96	1.54	090
54340		A	Secondary urethral surgery	9.71	NA	NA	5.07	5.80	0.68	090
54344		A	Secondary urethral surgery	17.06	NA	NA	7.68	9.19	1.21	090
54348		A	Secondary urethral surgery	18.32	NA	NA	8.97	10.00	0.95	090
54352		A	Reconstruct urethra/penis	26.13	NA	NA	10.96	13.14	1.87	090
54360		A	Penis plastic surgery	12.78	NA	NA	6.01	7.17	0.91	090
54380		A	Repair penis	14.18	NA	NA	6.64	7.93	1.01	090
54385		A	Repair penis	16.56	NA	NA	10.09	10.69	1.78	090
54390		A	Repair penis and bladder	22.77	NA	NA	9.69	9.97	1.62	090
54400		A	Insert semi-rigid prosthesis	9.17	NA	NA	4.60	5.42	0.65	090
54401		A	Insert self-contd prosthesis	10.44	NA	NA	6.44	7.53	0.76	090
54405		A	Insert multi-comp penis pros	14.52	NA	NA	6.61	7.71	1.04	090
54406		A	Remove muti-comp penis pros	12.89	NA	NA	6.14	7.16	0.92	090
54408		A	Repair multi-comp penis pros	13.91	NA	NA	6.69	7.75	1.01	090
54410		A	Remove/replace penis prosth	15.18	NA	NA	7.24	8.47	1.09	090
54411		A	Remov/replc penis pros, comp	18.35	NA	NA	8.48	9.79	1.31	090
54415		A	Remove self-contd penis pros	8.88	NA	NA	4.81	5.59	0.63	090
54416		A	Remv/repl penis contain pros	12.08	NA	NA	6.35	7.36	0.87	090
54417		A	Remv/replc penis pros, compl	16.10	NA	NA	7.34	8.54	1.15	090
54420		A	Revision of penis	12.39	NA	NA	5.95	7.04	0.89	090
54430		A	Revision of penis	11.06	NA	NA	5.57	6.57	0.79	090
54435		A	Revision of penis	6.81	NA	NA	3.95	4.64	0.48	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.68	0.86	0.40	0.48	0.07	000
54500		A	Biopsy of testis	1.31	NA	NA	0.63	0.75	0.09	000
54505		A	Biopsy of testis	3.50	NA	NA	1.93	2.30	0.25	010
54512		A	Excise lesion testis	9.33	NA	NA	4.66	5.33	0.68	090
54520		A	Removal of testis	5.30	NA	NA	3.10	3.52	0.45	090
54522		A	Orchiectomy, partial	10.25	NA	NA	5.09	5.61	0.74	090
54530		A	Removal of testis	8.46	NA	NA	4.64	5.38	0.64	090
54535		A	Extensive testis surgery	13.19	NA	NA	6.20	6.95	0.94	090
54550		A	Exploration for testis	8.41	NA	NA	4.36	4.98	0.60	090
54560		A	Exploration for testis	12.10	NA	NA	5.78	6.20	0.87	090
54600		A	Reduce testis torsion	7.64	NA	NA	4.10	4.76	0.54	090
54620		A	Suspension of testis	5.21	NA	NA	2.59	3.06	0.37	010
54640		A	Suspension of testis	7.73	NA	NA	4.57	5.06	0.64	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
54650		A	Orchiopexy (Fowler-Stephens)	12.39	NA	NA	6.11	6.92	0.89	090
54660		A	Revision of testis	5.74	NA	NA	3.47	3.99	0.40	090
54670		A	Repair testis injury	6.65	NA	NA	3.82	4.41	0.47	090
54680		A	Relocation of testis(es)	14.04	NA	NA	6.48	7.32	1.00	090
54690		A	Laparoscopy, orchiectomy	11.70	NA	NA	6.62	5.93	1.82	090
54692		A	Laparoscopy, orchiopexy	13.74	NA	NA	6.09	7.16	0.97	090
54699		C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.47	NA	NA	2.05	2.29	0.29	010
54800		A	Biopsy of epididymis	2.33	NA	NA	1.67	1.39	0.24	000
54830		A	Remove epididymis lesion	6.01	NA	NA	3.63	4.12	0.46	090
54840		A	Remove epididymis lesion	5.27	NA	NA	3.03	3.55	0.38	090
54860		A	Removal of epididymis	6.95	NA	NA	3.89	4.50	0.50	090
54861		A	Removal of epididymis	9.70	NA	NA	4.99	5.77	0.68	090
54865		A	Explore epididymis	5.77	NA	NA	3.48	4.00	0.41	090
54900		A	Fusion of spermatic ducts	14.20	NA	NA	7.31	6.91	0.75	090
54901		A	Fusion of spermatic ducts	19.10	NA	NA	9.33	10.16	1.00	090
55000		A	Drainage of hydrocele	1.43	1.52	1.85	0.78	0.87	0.10	000
55040		A	Removal of hydrocele	5.45	NA	NA	3.27	3.72	0.45	090
55041		A	Removal of hydroceles	8.54	NA	NA	4.66	5.32	0.66	090
55060		A	Repair of hydrocele	6.15	NA	NA	3.67	4.16	0.49	090
55100		A	Drainage of scrotum abscess	2.45	2.91	3.43	1.80	1.97	0.22	010
55110		A	Explore scrotum	6.33	NA	NA	3.67	4.17	0.50	090
55120		A	Removal of scrotum lesion	5.72	NA	NA	3.50	3.94	0.45	090
55150		A	Removal of scrotum	8.14	NA	NA	4.55	5.17	0.63	090
55175		A	Revision of scrotum	5.87	NA	NA	3.50	4.03	0.44	090
55180		A	Revision of scrotum	11.78	NA	NA	6.08	6.91	0.95	090
55200		A	Incision of sperm duct	4.55	6.22	8.49	2.64	2.99	0.32	090
55250		A	Removal of sperm duct(s)	3.37	6.02	8.15	2.44	2.82	0.24	090
55300		A	Prepare, sperm duct x-ray	3.50	NA	NA	1.41	1.46	0.25	000
55400		A	Repair of sperm duct	8.61	NA	NA	4.34	5.13	0.61	090
55450		A	Ligation of sperm duct	4.43	4.56	5.86	2.25	2.56	0.31	010
55500		A	Removal of hydrocele	6.22	NA	NA	3.89	4.05	0.65	090
55520		A	Removal of sperm cord lesion	6.66	NA	NA	4.60	4.01	1.00	090
55530		A	Revise spermatic cord veins	5.75	NA	NA	3.35	3.86	0.46	090
55535		A	Revise spermatic cord veins	7.19	NA	NA	3.95	4.51	0.51	090
55540		A	Revise hernia & sperm veins	8.30	NA	NA	5.13	4.54	1.21	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
55550		A	Laparo ligate spermatic vein	7.20	NA	NA	3.90	4.35	0.51	090
55559		C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	7.01	NA	NA	3.90	4.54	0.50	090
55605		A	Incise sperm duct pouch	8.76	NA	NA	4.74	5.08	0.62	090
55650		A	Remove sperm duct pouch	12.65	NA	NA	6.08	6.88	0.90	090
55680		A	Remove sperm pouch lesion	5.67	NA	NA	3.28	3.60	0.40	090
55700		A	Biopsy of prostate	2.58	2.85	3.66	1.07	1.20	0.19	000
55705		A	Biopsy of prostate	4.61	NA	NA	2.31	2.74	0.33	010
55706		A	Prostate saturation sampling	6.28	NA	NA	3.43	4.21	0.32	010
55720		A	Drainage of prostate abscess	7.73	NA	NA	4.00	4.63	0.54	090
55725		A	Drainage of prostate abscess	10.05	NA	NA	5.33	6.07	0.72	090
55801		A	Removal of prostate	19.80	NA	NA	8.76	10.03	1.41	090
55810		A	Extensive prostate surgery	24.29	NA	NA	10.21	11.72	1.82	090
55812		A	Extensive prostate surgery	29.89	NA	NA	12.27	14.28	2.14	090
55815		A	Extensive prostate surgery	32.95	NA	NA	13.28	15.52	2.35	090
55821		A	Removal of prostate	15.76	NA	NA	7.08	8.23	1.14	090
55831		A	Removal of prostate	17.19	NA	NA	7.56	8.79	1.22	090
55840		A	Extensive prostate surgery	24.63	NA	NA	10.41	12.12	1.77	090
55842		A	Extensive prostate surgery	26.49	NA	NA	11.01	12.87	1.91	090
55845		A	Extensive prostate surgery	30.67	NA	NA	12.27	14.28	2.23	090
55860		A	Surgical exposure, prostate	15.84	NA	NA	6.99	8.20	1.12	090
55862		A	Extensive prostate surgery	20.04	NA	NA	8.64	10.18	1.42	090
55865		A	Extensive prostate surgery	24.57	NA	NA	10.35	12.16	1.75	090
55866		A	Laparo radical prostatectomy	32.46	NA	NA	13.23	15.35	2.34	090
55870		A	Electroejaculation	2.58	1.89	2.22	1.14	1.36	0.19	000
55873		A	Cryoablate prostate	13.60	146.25	146.25	6.32	10.13	1.00	090
55875		A	Transperi needle place, pros	13.46	NA	NA	6.47	7.47	0.95	090
55876		A	Place rt device/marker, pros	1.73	1.71	2.02	0.90	1.07	0.12	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55920		A	Place needles pelvic for rt	8.31	NA	NA	3.72	3.55	0.59	000
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56405		A	I & D of vulva/perineum	1.49	1.26	1.25	1.25	1.20	0.19	010
56420		A	Drainage of gland abscess	1.44	1.60	1.71	0.90	0.88	0.18	010
56440		A	Surgery for vulva lesion	2.89	NA	NA	1.79	1.69	0.36	010
56441		A	Lysis of labial lesion(s)	2.02	1.61	1.74	1.49	1.55	0.21	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
56442		A	Hymenotomy	0.68	NA	NA	0.53	0.54	0.08	000
56501		A	Destroy, vulva lesions, sim	1.58	1.68	1.70	1.31	1.28	0.20	010
56515		A	Destroy vulva lesion/s compl	3.08	2.56	2.52	1.99	1.88	0.37	010
56605		A	Biopsy of vulva/perineum	1.10	0.96	0.98	0.46	0.41	0.13	000
56606		A	Biopsy of vulva/perineum	0.55	0.40	0.40	0.21	0.19	0.06	ZZZ
56620		A	Partial removal of vulva	7.53	NA	NA	5.23	4.94	0.93	090
56625		A	Complete removal of vulva	9.68	NA	NA	5.73	5.28	1.19	090
56630		A	Extensive vulva surgery	14.80	NA	NA	7.85	7.05	1.88	090
56631		A	Extensive vulva surgery	18.99	NA	NA	9.86	8.79	2.36	090
56632		A	Extensive vulva surgery	21.86	NA	NA	11.71	10.32	2.72	090
56633		A	Extensive vulva surgery	19.62	NA	NA	10.00	8.86	2.44	090
56634		A	Extensive vulva surgery	20.66	NA	NA	10.60	9.40	2.57	090
56637		A	Extensive vulva surgery	24.75	NA	NA	11.92	10.64	3.07	090
56640		A	Extensive vulva surgery	24.78	NA	NA	11.86	10.35	3.07	090
56700		A	Partial removal of hymen	2.84	NA	NA	1.92	1.85	0.35	010
56740		A	Remove vagina gland lesion	4.88	NA	NA	2.74	2.54	0.61	010
56800		A	Repair of vagina	3.93	NA	NA	2.23	2.16	0.47	010
56805		A	Repair clitoris	19.88	NA	NA	9.60	8.82	2.48	090
56810		A	Repair of perineum	4.29	NA	NA	2.37	2.24	0.51	010
56820		A	Exam of vulva w/scope	1.50	1.27	1.27	0.69	0.62	0.19	000
56821		A	Exam/biopsy of vulva w/scope	2.05	1.63	1.64	0.90	0.81	0.25	000
57000		A	Exploration of vagina	3.02	NA	NA	1.81	1.77	0.37	010
57010		A	Drainage of pelvic abscess	6.84	NA	NA	4.24	4.00	0.85	090
57020		A	Drainage of pelvic fluid	1.50	0.88	0.85	0.61	0.53	0.19	000
57022		A	I & d vaginal hematoma, pp	2.73	NA	NA	1.57	1.47	0.33	010
57023		A	I & d vag hematoma, non-ob	5.18	NA	NA	2.79	2.62	0.64	010
57061		A	Destroy vag lesions, simple	1.30	1.52	1.57	1.17	1.15	0.16	010
57065		A	Destroy vag lesions, complex	2.66	2.16	2.15	1.70	1.62	0.32	010
57100		A	Biopsy of vagina	1.20	1.01	1.01	0.50	0.44	0.15	000
57105		A	Biopsy of vagina	1.74	1.62	1.67	1.40	1.40	0.21	010
57106		A	Remove vagina wall, partial	7.50	NA	NA	4.82	4.53	0.89	090
57107		A	Remove vagina tissue, part	24.56	NA	NA	11.58	10.40	3.05	090
57109		A	Vaginectomy partial w/nodes	28.40	NA	NA	13.51	11.65	3.53	090
57110		A	Remove vagina wall, complete	15.48	NA	NA	7.59	7.00	1.90	090
57111		A	Remove vagina tissue, compl	28.40	NA	NA	13.51	12.01	3.53	090
57112		A	Vaginectomy w/nodes, compl	30.52	NA	NA	14.37	12.61	1.78	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
57120		A	Closure of vagina	8.28	NA	NA	4.78	4.56	1.00	090
57130		A	Remove vagina lesion	2.46	2.01	2.05	1.60	1.56	0.30	010
57135		A	Remove vagina lesion	2.70	2.12	2.14	1.69	1.64	0.32	010
57150		A	Treat vagina infection	0.55	0.58	0.70	0.21	0.19	0.06	000
57155		A	Insert uteri tandems/ovoids	6.87	NA	NA	4.10	3.96	0.44	090
57160		A	Insert pessary/other device	0.89	1.02	1.05	0.34	0.31	0.10	000
57170		A	Fitting of diaphragm/cap	0.91	0.63	0.78	0.35	0.30	0.10	000
57180		A	Treat vaginal bleeding	1.63	1.87	1.95	1.06	1.05	0.20	010
57200		A	Repair of vagina	4.42	NA	NA	3.14	3.07	0.52	090
57210		A	Repair vagina/perineum	5.71	NA	NA	3.62	3.51	0.67	090
57220		A	Revision of urethra	4.85	NA	NA	3.29	3.20	0.59	090
57230		A	Repair of urethral lesion	6.30	NA	NA	3.79	3.78	0.78	090
57240		A	Repair bladder & vagina	11.50	NA	NA	5.79	5.46	1.20	090
57250		A	Repair rectum & vagina	11.50	NA	NA	5.91	5.19	1.37	090
57260		A	Repair of vagina	14.44	NA	NA	7.05	6.21	1.72	090
57265		A	Extensive repair of vagina	15.94	NA	NA	7.59	6.89	1.89	090
57267		A	Insert mesh/pelvic flr addon	4.88	NA	NA	1.82	1.76	0.53	ZZZ
57268		A	Repair of bowel bulge	7.57	NA	NA	4.74	4.54	0.90	090
57270		A	Repair of bowel pouch	13.67	NA	NA	6.90	6.35	1.65	090
57280		A	Suspension of vagina	16.72	NA	NA	7.89	7.53	1.91	090
57282		A	Colpopexy, extraperitoneal	7.97	NA	NA	4.87	4.75	0.91	090
57283		A	Colpopexy, intraperitoneal	11.66	NA	NA	6.07	5.70	1.41	090
57284		A	Repair paravag defect, open	14.33	NA	NA	6.74	6.64	1.59	090
57285		A	Repair paravag defect, vag	11.60	NA	NA	5.77	5.54	1.32	090
57287		A	Revise/remove sling repair	11.15	NA	NA	6.33	6.68	1.08	090
57288		A	Repair bladder defect	12.13	NA	NA	6.03	6.41	1.17	090
57289		A	Repair bladder & vagina	12.80	NA	NA	6.16	6.61	0.91	090
57291		A	Construction of vagina	8.64	NA	NA	4.92	4.92	1.08	090
57292		A	Construct vagina with graft	14.01	NA	NA	7.28	6.74	1.72	090
57295		A	Revise vag graft via vagina	7.82	NA	NA	4.46	4.47	0.88	090
57296		A	Revise vag graft, open abd	16.56	NA	NA	7.93	7.25	2.05	090
57300		A	Repair rectum-vagina fistula	8.71	NA	NA	5.50	4.83	1.12	090
57305		A	Repair rectum-vagina fistula	15.35	NA	NA	8.15	6.96	2.18	090
57307		A	Fistula repair & colostomy	17.17	NA	NA	9.39	7.84	2.70	090
57308		A	Fistula repair, transperine	10.59	NA	NA	5.80	5.33	1.32	090
57310		A	Repair urethrovaginal lesion	7.65	NA	NA	4.26	4.78	0.54	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
57311		A	Repair urethrovaginal lesion	8.91	NA	NA	4.68	5.24	0.63	090
57320		A	Repair bladder-vagina lesion	8.88	NA	NA	4.83	5.25	0.77	090
57330		A	Repair bladder-vagina lesion	13.21	NA	NA	6.06	6.71	0.94	090
57335		A	Repair vagina	20.02	NA	NA	9.75	9.23	2.49	090
57400		A	Dilation of vagina	2.27	NA	NA	1.14	1.10	0.28	000
57410		A	Pelvic examination	1.75	NA	NA	0.99	0.93	0.21	000
57415		A	Remove vaginal foreign body	2.49	NA	NA	1.59	1.56	0.27	010
57420		A	Exam of vagina w/scope	1.60	1.31	1.31	0.72	0.65	0.19	000
57421		A	Exam/biopsy of vag w/scope	2.20	1.71	1.71	0.96	0.86	0.27	000
57423		A	Repair paravag defect, lap	16.08	NA	NA	7.47	7.08	2.00	090
57425		A	Laparoscopy, surg, colpopexy	17.03	NA	NA	8.07	7.46	1.96	090
57426		A	Revise prosth vag graft lap	14.30	NA	NA	7.64	7.64	1.77	090
57452		A	Exam of cervix w/scope	1.50	1.23	1.23	0.85	0.79	0.18	000
57454		A	Bx/curett of cervix w/scope	2.33	1.56	1.52	1.17	1.08	0.28	000
57455		A	Biopsy of cervix w/scope	1.99	1.60	1.60	0.87	0.78	0.24	000
57456		A	Endocerv curettage w/scope	1.85	1.54	1.55	0.82	0.74	0.23	000
57460		A	Bx of cervix w/scope, leep	2.83	4.13	4.60	1.36	1.26	0.35	000
57461		A	Conz of cervix w/scope, leep	3.43	4.46	4.91	1.43	1.28	0.43	000
57500		A	Biopsy of cervix	1.20	1.93	2.12	0.74	0.68	0.15	000
57505		A	Endocervical curettage	1.19	1.33	1.37	1.11	1.10	0.15	010
57510		A	Cauterization of cervix	1.90	1.41	1.41	1.06	0.99	0.23	010
57511		A	Cryocautery of cervix	1.95	1.70	1.70	1.41	1.35	0.24	010
57513		A	Laser surgery of cervix	1.95	1.66	1.65	1.40	1.37	0.24	010
57520		A	Conization of cervix	4.11	3.54	3.59	2.80	2.72	0.50	090
57522		A	Conization of cervix	3.67	2.94	2.95	2.49	2.41	0.46	090
57530		A	Removal of cervix	5.27	NA	NA	3.48	3.36	0.64	090
57531		A	Removal of cervix, radical	29.95	NA	NA	14.31	12.57	3.72	090
57540		A	Removal of residual cervix	13.29	NA	NA	6.73	6.17	1.64	090
57545		A	Remove cervix/repair pelvis	14.10	NA	NA	7.04	6.45	1.73	090
57550		A	Removal of residual cervix	6.34	NA	NA	4.04	3.89	0.79	090
57555		A	Remove cervix/repair vagina	9.94	NA	NA	5.46	5.08	1.22	090
57556		A	Remove cervix, repair bowel	9.36	NA	NA	5.19	5.01	1.07	090
57558		A	D&c of cervical stump	1.72	1.42	1.43	1.17	1.13	0.21	010
57700		A	Revision of cervix	4.35	NA	NA	3.50	3.45	0.53	090
57720		A	Revision of cervix	4.61	NA	NA	3.20	3.10	0.56	090
57800		A	Dilation of cervical canal	0.77	0.74	0.74	0.47	0.45	0.09	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
58100		A	Biopsy of uterus lining	1.53	1.22	1.22	0.73	0.66	0.19	000
58110		A	Bx done w/colposcopy add-on	0.77	0.46	0.45	0.30	0.27	0.09	ZZZ
58120		A	Dilation and curettage	3.59	2.88	2.73	1.98	1.83	0.45	010
58140		A	Myomectomy abdom method	15.79	NA	NA	7.74	6.98	2.06	090
58145		A	Myomectomy vag method	8.91	NA	NA	5.00	4.68	1.10	090
58146		A	Myomectomy abdom complex	20.34	NA	NA	9.39	8.57	2.53	090
58150		A	Total hysterectomy	17.31	NA	NA	8.31	7.44	2.16	090
58152		A	Total hysterectomy	21.86	NA	NA	10.21	9.25	2.75	090
58180		A	Partial hysterectomy	16.60	NA	NA	8.01	7.25	2.06	090
58200		A	Extensive hysterectomy	23.10	NA	NA	10.73	9.53	2.86	090
58210		A	Extensive hysterectomy	30.91	NA	NA	14.32	12.62	3.87	090
58240		A	Removal of pelvis contents	49.33	NA	NA	22.40	19.85	6.12	090
58260		A	Vaginal hysterectomy	14.15	NA	NA	7.10	6.52	1.75	090
58262		A	Vag hyst including t/o	15.94	NA	NA	7.78	7.11	1.98	090
58263		A	Vag hyst w/t/o & vag repair	17.23	NA	NA	8.31	7.59	2.14	090
58267		A	Vag hyst w/urinary repair	18.36	NA	NA	8.80	8.01	2.29	090
58270		A	Vag hyst w/enterocele repair	15.30	NA	NA	7.38	6.76	1.89	090
58275		A	Hysterectomy/revise vagina	17.03	NA	NA	8.28	7.56	2.13	090
58280		A	Hysterectomy/revise vagina	18.33	NA	NA	8.82	7.98	2.26	090
58285		A	Extensive hysterectomy	23.38	NA	NA	10.45	9.43	2.89	090
58290		A	Vag hyst complex	20.27	NA	NA	9.36	8.52	2.52	090
58291		A	Vag hyst incl t/o, complex	22.06	NA	NA	10.05	9.19	2.74	090
58292		A	Vag hyst t/o & repair, compl	23.35	NA	NA	10.55	9.58	2.89	090
58293		A	Vag hyst w/uro repair, compl	24.33	NA	NA	10.93	9.87	3.02	090
58294		A	Vag hyst w/enterocele, compl	21.55	NA	NA	9.85	8.90	2.69	090
58300		N	Insert intrauterine device	1.01	0.79	0.92	0.37	0.36	0.05	XXX
58301		A	Remove intrauterine device	1.27	1.12	1.14	0.49	0.43	0.16	000
58321		A	Artificial insemination	0.92	1.05	1.07	0.34	0.32	0.04	000
58322		A	Artificial insemination	1.10	1.05	1.09	0.43	0.37	0.13	000
58323		A	Sperm washing	0.23	0.16	0.23	0.09	0.08	0.03	000
58340		A	Catheter for hysterography	0.88	1.97	2.32	0.60	0.61	0.09	000
58345		A	Reopen fallopian tube	4.70	NA	NA	2.46	2.33	0.57	010
58346		A	Insert heyman uteri capsule	7.56	NA	NA	4.51	4.10	0.46	090
58350		A	Reopen fallopian tube	1.06	1.32	1.39	0.92	0.92	0.13	010
58353		A	Endometr ablate, thermal	3.60	20.14	24.71	2.01	1.91	0.45	010
58356		A	Endometrial cryoablation	6.41	38.17	45.73	2.55	2.29	0.79	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
58400		A	Suspension of uterus	7.14	NA	NA	4.16	4.08	0.79	090
58410		A	Suspension of uterus	13.80	NA	NA	6.87	6.28	1.70	090
58520		A	Repair of ruptured uterus	13.48	NA	NA	7.38	6.27	2.13	090
58540		A	Revision of uterus	15.71	NA	NA	7.67	6.95	1.95	090
58541		A	Lsh, uterus 250 g or less	14.70	NA	NA	7.50	6.75	1.81	090
58542		A	Lsh w/t/o ut 250 g or less	16.56	NA	NA	8.23	7.37	2.06	090
58543		A	Lsh uterus above 250 g	16.87	NA	NA	8.39	7.46	2.10	090
58544		A	Lsh w/t/o uterus above 250 g	18.37	NA	NA	8.93	7.91	2.29	090
58545		A	Laparoscopic myomectomy	15.55	NA	NA	7.44	6.75	1.96	090
58546		A	Laparo-myomectomy, complex	19.94	NA	NA	9.08	8.24	2.49	090
58548		A	Lap radical hyst	31.63	NA	NA	14.86	12.68	3.91	090
58550		A	Laparo-asst vag hysterectomy	15.10	NA	NA	7.57	6.96	1.88	090
58552		A	Laparo-vag hyst incl t/o	16.91	NA	NA	8.27	7.55	2.11	090
58553		A	Laparo-vag hyst, complex	20.06	NA	NA	9.15	8.28	2.50	090
58554		A	Laparo-vag hyst w/t/o, compl	23.11	NA	NA	10.68	9.64	2.89	090
58555		A	Hysteroscopy, dx, sep proc	3.33	4.17	3.06	1.56	1.42	0.41	000
58558		A	Hysteroscopy, biopsy	4.74	5.11	3.80	2.13	1.95	0.59	000
58559		A	Hysteroscopy, lysis	6.16	NA	NA	2.68	2.44	0.77	000
58560		A	Hysteroscopy, resect septum	6.99	NA	NA	3.00	2.72	0.87	000
58561		A	Hysteroscopy, remove myoma	9.99	NA	NA	4.16	3.75	1.23	000
58562		A	Hysteroscopy, remove fb	5.20	5.05	3.77	2.28	2.09	0.64	000
58563		A	Hysteroscopy, ablation	6.16	33.12	40.03	2.67	2.44	0.77	000
58565		A	Hysteroscopy, sterilization	7.12	37.05	42.43	3.97	3.74	0.88	090
58570		A	Tlh, uterus 250 g or less	15.88	NA	NA	8.01	7.15	1.98	090
58571		A	Tlh w/t/o 250 g or less	17.69	NA	NA	8.85	7.76	2.21	090
58572		A	Tlh, uterus over 250 g	20.09	NA	NA	9.57	8.47	2.50	090
58573		A	Tlh w/t/o uterus over 250 g	23.11	NA	NA	10.97	9.50	2.86	090
58578		C	Laparo proc, uterus	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58579		C	Hysteroscope procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58600		A	Division of fallopian tube	5.91	NA	NA	3.41	3.18	0.74	090
58605		A	Division of fallopian tube	5.28	NA	NA	3.13	2.96	0.65	090
58611		A	Ligate oviduct(s) add-on	1.45	NA	NA	0.56	0.49	0.18	ZZZ
58615		A	Occlude fallopian tube(s)	3.94	NA	NA	2.29	2.26	0.49	010
58660		A	Laparoscopy, lysis	11.59	NA	NA	5.64	5.12	1.50	090
58661		A	Laparoscopy, remove adnexa	11.35	NA	NA	5.19	4.70	1.42	010
58662		A	Laparoscopy, excise lesions	12.15	NA	NA	5.94	5.44	1.52	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
58670		A	Laparoscopy, tubal cautery	5.91	NA	NA	3.44	3.23	0.74	090
58671		A	Laparoscopy, tubal block	5.91	NA	NA	3.42	3.22	0.74	090
58672		A	Laparoscopy, fimbrioplasty	12.91	NA	NA	6.03	5.50	1.60	090
58673		A	Laparoscopy, salpingostomy	14.04	NA	NA	6.56	6.01	1.73	090
58679		C	Laparo proc, oviduct-ovary	0.00	0.00	0.00	0.00	0.00	0.00	YYY
58700		A	Removal of fallopian tube	12.95	NA	NA	6.85	6.12	1.77	090
58720		A	Removal of ovary/tube(s)	12.16	NA	NA	6.30	5.72	1.58	090
58740		A	Adhesiolysis tube, ovary	14.90	NA	NA	7.52	6.88	1.94	090
58750		A	Repair oviduct	15.64	NA	NA	7.55	6.93	1.94	090
58752		A	Revise ovarian tube(s)	15.64	NA	NA	7.39	7.04	0.81	090
58760		A	Fimbrioplasty	13.93	NA	NA	6.89	6.41	1.72	090
58770		A	Create new tubal opening	14.77	NA	NA	7.16	6.27	1.82	090
58800		A	Drainage of ovarian cyst(s)	4.62	3.42	3.46	2.98	2.91	0.56	090
58805		A	Drainage of ovarian cyst(s)	6.42	NA	NA	3.90	3.73	0.80	090
58820		A	Drain ovary abscess, open	4.70	NA	NA	3.24	3.16	0.57	090
58822		A	Drain ovary abscess, percut	11.81	NA	NA	6.84	6.03	1.85	090
58823		A	Drain pelvic abscess, percut	3.37	18.29	20.05	1.05	1.22	0.28	000
58825		A	Transposition, ovary(s)	11.78	NA	NA	6.06	5.59	1.45	090
58900		A	Biopsy of ovary(s)	6.59	NA	NA	4.64	3.95	1.03	090
58920		A	Partial removal of ovary(s)	11.95	NA	NA	6.04	5.50	1.47	090
58925		A	Removal of ovarian cyst(s)	12.43	NA	NA	6.49	5.85	1.64	090
58940		A	Removal of ovary(s)	8.22	NA	NA	4.86	4.39	1.13	090
58943		A	Removal of ovary(s)	19.52	NA	NA	9.35	8.33	2.59	090
58950		A	Resect ovarian malignancy	18.37	NA	NA	9.25	8.28	2.39	090
58951		A	Resect ovarian malignancy	24.26	NA	NA	11.35	10.05	3.07	090
58952		A	Resect ovarian malignancy	27.29	NA	NA	12.91	11.40	3.48	090
58953		A	Tah, rad dissect for debulk	34.13	NA	NA	15.69	13.80	4.32	090
58954		A	Tah rad debulk/lymph remove	37.13	NA	NA	16.90	14.87	4.67	090
58956		A	Bso, omentectomy w/tah	22.80	NA	NA	11.11	9.93	2.93	090
58957		A	Resect recurrent gyn mal	26.22	NA	NA	12.54	10.81	3.53	090
58958		A	Resect recur gyn mal w/lym	29.22	NA	NA	13.81	11.90	3.63	090
58960		A	Exploration of abdomen	15.79	NA	NA	7.99	7.20	2.03	090
58970		A	Retrieval of oocyte	3.52	2.19	2.08	1.63	1.46	0.19	000
58974		C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976		A	Transfer of embryo	3.82	2.52	2.55	1.74	1.72	0.20	000
58999		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
59000		A	Amniocentesis, diagnostic	1.30	1.70	1.82	0.66	0.62	0.27	000
59001		A	Amniocentesis, therapeutic	3.00	NA	NA	1.37	1.35	0.63	000
59012		A	Fetal cord puncture,prenatal	3.44	NA	NA	1.49	1.36	0.73	000
59015		A	Chorion biopsy	2.20	1.55	1.52	1.01	0.93	0.46	000
59020		A	Fetal contract stress test	0.66	1.02	1.01	NA	NA	0.13	000
59020	TC	A	Fetal contract stress test	0.00	0.77	0.79	NA	NA	0.01	000
59020	26	A	Fetal contract stress test	0.66	0.25	0.22	0.25	0.22	0.12	000
59025		A	Fetal non-stress test	0.53	0.62	0.60	NA	NA	0.10	000
59025	TC	A	Fetal non-stress test	0.00	0.42	0.42	NA	NA	0.01	000
59025	26	A	Fetal non-stress test	0.53	0.20	0.18	0.20	0.18	0.09	000
59030		A	Fetal scalp blood sample	1.99	NA	NA	0.73	0.66	0.09	000
59050		A	Fetal monitor w/report	0.89	NA	NA	0.34	0.30	0.19	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	NA	0.29	0.25	0.16	XXX
59070		A	Transabdom amnioinfus w/us	5.24	4.63	4.83	2.30	2.19	1.11	000
59072		A	Umbilical cord occlud w/us	8.99	NA	NA	3.77	3.48	1.90	000
59074		A	Fetal fluid drainage w/us	5.24	4.86	4.48	2.45	2.17	1.11	000
59076		A	Fetal shunt placement, w/us	8.99	NA	NA	3.77	3.26	1.90	000
59100		A	Remove uterus lesion	13.37	NA	NA	6.84	6.21	2.82	090
59120		A	Treat ectopic pregnancy	12.67	NA	NA	6.57	6.07	2.69	090
59121		A	Treat ectopic pregnancy	12.74	NA	NA	6.52	6.04	2.70	090
59130		A	Treat ectopic pregnancy	15.08	NA	NA	7.34	6.73	0.79	090
59135		A	Treat ectopic pregnancy	14.92	NA	NA	7.22	7.10	0.78	090
59136		A	Treat ectopic pregnancy	14.25	NA	NA	7.05	6.45	3.01	090
59140		A	Treat ectopic pregnancy	5.94	NA	NA	3.83	3.50	0.30	090
59150		A	Treat ectopic pregnancy	12.29	NA	NA	6.35	5.84	2.60	090
59151		A	Treat ectopic pregnancy	12.11	NA	NA	6.02	5.58	2.56	090
59160		A	D & c after delivery	2.76	2.14	2.32	1.44	1.48	0.57	010
59200		A	Insert cervical dilator	0.79	0.93	1.00	0.31	0.27	0.17	000
59300		A	Episiotomy or vaginal repair	2.41	2.22	2.21	1.20	1.06	0.50	000
59320		A	Revision of cervix	2.48	NA	NA	1.22	1.14	0.51	000
59325		A	Revision of cervix	4.06	NA	NA	1.79	1.67	0.21	000
59350		A	Repair of uterus	4.94	NA	NA	1.87	1.59	1.04	000
59400		A	Obstetrical care	27.48	NA	NA	16.55	15.40	5.62	MMM
59409		A	Obstetrical care	13.48	NA	NA	5.23	4.59	2.74	MMM
59410		A	Obstetrical care	15.37	NA	NA	6.58	5.85	3.13	MMM
59412		A	Antepartum manipulation	1.71	NA	NA	0.80	0.74	0.36	MMM

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
59414		A	Deliver placenta	1.61	NA	NA	0.62	0.55	0.33	MMM
59425		A	Antepartum care only	6.50	4.77	4.48	2.50	2.02	1.32	MMM
59426		A	Antepartum care only	11.57	8.75	8.16	4.44	3.57	2.30	MMM
59430		A	Care after delivery	2.13	1.27	1.19	0.94	0.84	0.43	MMM
59510		A	Cesarean delivery	31.07	NA	NA	18.57	17.39	6.51	MMM
59514		A	Cesarean delivery only	15.95	NA	NA	6.22	5.46	3.33	MMM
59515		A	Cesarean delivery	18.39	NA	NA	8.08	7.26	3.83	MMM
59525		A	Remove uterus after cesarean	8.53	NA	NA	3.30	2.91	1.79	ZZZ
59610		A	Vbac delivery	28.86	NA	NA	17.34	16.16	6.10	MMM
59612		A	Vbac delivery only	15.04	NA	NA	5.87	5.20	3.18	MMM
59614		A	Vbac care after delivery	16.64	NA	NA	6.89	6.18	3.51	MMM
59618		A	Attempted vbac delivery	32.51	NA	NA	19.22	18.07	6.87	MMM
59620		A	Attempted vbac delivery only	17.50	NA	NA	6.82	6.00	3.70	MMM
59622		A	Attempted vbac after care	19.83	NA	NA	8.78	7.94	4.19	MMM
59812		A	Treatment of miscarriage	4.44	3.34	3.13	2.70	2.55	0.92	090
59820		A	Care of miscarriage	4.84	4.26	4.27	3.74	3.63	1.02	090
59821		A	Treatment of miscarriage	5.09	4.08	4.07	3.52	3.39	1.08	090
59830		A	Treat uterus infection	6.59	NA	NA	3.95	3.78	1.39	090
59840		R	Abortion	3.01	2.24	2.15	2.03	1.96	0.59	010
59841		R	Abortion	5.65	3.57	3.39	3.08	2.85	1.19	010
59850		R	Abortion	5.90	NA	NA	3.31	3.28	0.30	090
59851		R	Abortion	5.92	NA	NA	3.70	3.57	1.24	090
59852		R	Abortion	8.23	NA	NA	5.04	5.02	0.43	090
59855		R	Abortion	6.43	NA	NA	3.61	3.40	1.36	090
59856		R	Abortion	7.79	NA	NA	4.02	3.76	1.64	090
59857		R	Abortion	9.33	NA	NA	4.47	4.44	0.48	090
59866		R	Abortion (mpr)	3.99	NA	NA	1.80	1.69	0.21	000
59870		A	Evacuate mole of uterus	6.57	NA	NA	4.80	4.74	1.39	090
59871		A	Remove cerclage suture	2.13	NA	NA	1.12	1.05	0.45	000
59897		C	Fetal invas px w/us	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59898		C	Laparo proc, ob care/deliver	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59899		C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000		A	Drain thyroid/tongue cyst	1.81	2.36	2.22	1.95	1.85	0.18	010
60100		A	Biopsy of thyroid	1.56	1.23	1.35	0.50	0.55	0.12	000
60200		A	Remove thyroid lesion	10.02	NA	NA	6.91	6.13	1.25	090
60210		A	Partial thyroid excision	11.23	NA	NA	6.80	5.90	1.52	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
60212		A	Partial thyroid excision	16.43	NA	NA	9.35	8.04	2.25	090
60220		A	Partial removal of thyroid	12.37	NA	NA	7.45	6.44	1.58	090
60225		A	Partial removal of thyroid	14.79	NA	NA	9.01	7.80	1.94	090
60240		A	Removal of thyroid	16.22	NA	NA	8.66	7.47	2.17	090
60252		A	Removal of thyroid	22.01	NA	NA	11.93	10.23	2.85	090
60254		A	Extensive thyroid surgery	28.42	NA	NA	15.24	13.27	3.33	090
60260		A	Repeat thyroid surgery	18.26	NA	NA	10.00	8.62	2.30	090
60270		A	Removal of thyroid	23.20	NA	NA	11.91	10.62	3.22	090
60271		A	Removal of thyroid	17.62	NA	NA	9.68	8.42	2.21	090
60280		A	Remove thyroid duct lesion	6.16	NA	NA	5.47	4.88	0.62	090
60281		A	Remove thyroid duct lesion	8.82	NA	NA	6.81	5.90	0.84	090
60300		A	Aspir/inj thyroid cyst	0.97	1.80	1.83	0.31	0.33	0.08	000
60500		A	Explore parathyroid glands	16.78	NA	NA	9.16	7.82	2.38	090
60502		A	Re-explore parathyroids	21.15	NA	NA	11.33	9.72	3.05	090
60505		A	Explore parathyroid glands	23.06	NA	NA	12.55	10.90	3.18	090
60512		A	Autotransplant parathyroid	4.44	NA	NA	1.77	1.50	0.61	ZZZ
60520		A	Removal of thymus gland	17.16	NA	NA	8.85	7.94	2.55	090
60521		A	Removal of thymus gland	19.18	NA	NA	9.16	9.09	3.33	090
60522		A	Removal of thymus gland	23.48	NA	NA	10.95	10.76	4.01	090
60540		A	Explore adrenal gland	18.02	NA	NA	8.72	8.58	2.23	090
60545		A	Explore adrenal gland	20.93	NA	NA	9.91	9.37	2.71	090
60600		A	Remove carotid body lesion	25.09	NA	NA	10.87	10.22	3.90	090
60605		A	Remove carotid body lesion	31.96	NA	NA	19.15	14.04	3.02	090
60650		A	Laparoscopy adrenalectomy	20.73	NA	NA	9.50	8.80	2.75	090
60659		C	Laparo proc, endocrine	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
6070F		I	Pt asked/cnsld aed effects	0.00	0.00	0.00	0.00	0.00	0.00	XXX
61000		A	Remove cranial cavity fluid	1.58	NA	NA	1.31	1.19	0.10	000
61001		A	Remove cranial cavity fluid	1.49	NA	NA	1.98	1.37	0.39	000
61020		A	Remove brain cavity fluid	1.51	NA	NA	1.69	1.59	0.37	000
61026		A	Injection into brain canal	1.69	NA	NA	1.42	1.39	0.28	000
61050		A	Remove brain canal fluid	1.51	NA	NA	1.15	1.21	0.09	000
61055		A	Injection into brain canal	2.10	NA	NA	1.31	1.37	0.21	000
61070		A	Brain canal shunt procedure	0.89	NA	NA	1.18	1.12	0.15	000
61105		A	Twist drill hole	5.45	NA	NA	5.14	4.69	1.41	090
61107		A	Drill skull for implantation	4.99	NA	NA	2.31	2.18	1.31	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
61108		A	Drill skull for drainage	11.64	NA	NA	9.37	8.49	3.04	090
61120		A	Burr hole for puncture	9.60	NA	NA	7.73	6.94	2.54	090
61140		A	Pierce skull for biopsy	17.23	NA	NA	11.92	10.96	4.49	090
61150		A	Pierce skull for drainage	18.90	NA	NA	12.47	11.32	4.98	090
61151		A	Pierce skull for drainage	13.49	NA	NA	9.54	8.54	3.56	090
61154		A	Pierce skull & remove clot	17.07	NA	NA	12.35	11.21	4.48	090
61156		A	Pierce skull for drainage	17.45	NA	NA	11.30	10.51	4.60	090
61210		A	Pierce skull, implant device	5.83	NA	NA	2.69	2.54	1.53	000
61215		A	Insert brain-fluid device	5.85	NA	NA	5.88	5.34	1.52	090
61250		A	Pierce skull & explore	11.49	NA	NA	8.61	7.64	3.03	090
61253		A	Pierce skull & explore	13.49	NA	NA	8.40	7.71	1.26	090
61304		A	Open skull for exploration	23.41	NA	NA	14.76	13.51	5.99	090
61305		A	Open skull for exploration	28.64	NA	NA	17.87	16.36	7.55	090
61312		A	Open skull for drainage	30.17	NA	NA	18.00	16.43	7.93	090
61313		A	Open skull for drainage	28.09	NA	NA	17.85	16.30	7.37	090
61314		A	Open skull for drainage	25.90	NA	NA	16.50	14.99	6.81	090
61315		A	Open skull for drainage	29.65	NA	NA	18.25	16.78	7.83	090
61316		A	Implt cran bone flap to abdo	1.39	NA	NA	0.64	0.59	0.36	ZZZ
61320		A	Open skull for drainage	27.42	NA	NA	16.70	15.46	7.12	090
61321		A	Open skull for drainage	30.53	NA	NA	18.76	16.76	8.06	090
61322		A	Decompressive craniotomy	34.26	NA	NA	20.72	18.48	8.99	090
61323		A	Decompressive lobectomy	35.06	NA	NA	20.18	18.23	9.15	090
61330		A	Decompress eye socket	25.30	NA	NA	14.82	13.44	6.68	090
61332		A	Explore/biopsy eye socket	28.60	NA	NA	17.33	15.03	7.54	090
61333		A	Explore orbit/remove lesion	29.27	NA	NA	19.59	15.92	7.72	090
61334		A	Explore orbit/remove object	19.60	NA	NA	13.13	10.40	5.16	090
61340		A	Subtemporal decompression	20.11	NA	NA	13.37	12.05	5.31	090
61343		A	Incise skull (press relief)	31.86	NA	NA	19.10	17.52	8.34	090
61345		A	Relieve cranial pressure	29.23	NA	NA	17.98	16.51	7.71	090
61440		A	Incise skull for surgery	28.66	NA	NA	17.71	16.15	7.55	090
61450		A	Incise skull for surgery	27.69	NA	NA	16.80	15.25	7.30	090
61458		A	Incise skull for brain wound	28.84	NA	NA	17.63	16.30	7.53	090
61460		A	Incise skull for surgery	30.24	NA	NA	18.45	16.45	7.97	090
61470		A	Incise skull for surgery	27.62	NA	NA	16.77	15.35	7.28	090
61480		A	Incise skull for surgery	28.05	NA	NA	12.06	12.40	1.45	090
61490		A	Incise skull for surgery	27.22	NA	NA	16.58	15.30	7.19	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
61500		A	Removal of skull lesion	19.18	NA	NA	12.81	11.59	4.25	090
61501		A	Remove infected skull bone	16.35	NA	NA	11.51	10.31	3.43	090
61510		A	Removal of brain lesion	30.83	NA	NA	19.76	18.15	8.09	090
61512		A	Remove brain lining lesion	37.14	NA	NA	21.92	20.22	9.76	090
61514		A	Removal of brain abscess	27.23	NA	NA	16.89	15.54	7.14	090
61516		A	Removal of brain lesion	26.58	NA	NA	16.29	15.12	6.78	090
61517		A	Implt brain chemotx add-on	1.38	NA	NA	0.64	0.60	0.36	ZZZ
61518		A	Removal of brain lesion	39.89	NA	NA	24.06	22.03	10.51	090
61519		A	Remove brain lining lesion	43.43	NA	NA	24.79	22.90	11.38	090
61520		A	Removal of brain lesion	57.09	NA	NA	31.47	29.23	13.20	090
61521		A	Removal of brain lesion	46.99	NA	NA	26.65	24.37	12.39	090
61522		A	Removal of brain abscess	31.54	NA	NA	19.05	17.57	8.32	090
61524		A	Removal of brain lesion	29.89	NA	NA	18.28	16.60	7.89	090
61526		A	Removal of brain lesion	54.08	NA	NA	29.14	26.54	14.26	090
61530		A	Removal of brain lesion	45.56	NA	NA	25.60	22.96	12.03	090
61531		A	Implant brain electrodes	16.41	NA	NA	11.90	10.88	4.33	090
61533		A	Implant brain electrodes	21.46	NA	NA	13.77	12.63	5.65	090
61534		A	Removal of brain lesion	23.01	NA	NA	15.07	13.80	6.07	090
61535		A	Remove brain electrodes	13.15	NA	NA	10.02	9.13	3.47	090
61536		A	Removal of brain lesion	37.72	NA	NA	21.94	20.34	9.95	090
61537		A	Removal of brain tissue	36.45	NA	NA	20.42	18.24	9.56	090
61538		A	Removal of brain tissue	39.45	NA	NA	21.57	19.44	10.42	090
61539		A	Removal of brain tissue	34.28	NA	NA	20.33	18.45	9.04	090
61540		A	Removal of brain tissue	31.43	NA	NA	19.08	17.61	8.29	090
61541		A	Incision of brain tissue	30.94	NA	NA	18.77	17.15	8.16	090
61542		A	Removal of brain tissue	33.16	NA	NA	19.68	18.29	8.74	090
61543		A	Removal of brain tissue	31.31	NA	NA	18.95	16.95	8.25	090
61544		A	Remove & treat brain lesion	27.36	NA	NA	16.65	13.20	7.22	090
61545		A	Excision of brain tumor	46.43	NA	NA	27.24	24.83	12.24	090
61546		A	Removal of pituitary gland	33.44	NA	NA	19.94	18.21	8.81	090
61548		A	Removal of pituitary gland	23.37	NA	NA	14.13	12.90	4.90	090
61550		A	Release of skull seams	15.59	NA	NA	7.91	8.62	0.81	090
61552		A	Release of skull seams	20.40	NA	NA	9.55	11.24	1.07	090
61556		A	Incise skull/sutures	24.09	NA	NA	15.34	13.50	6.36	090
61557		A	Incise skull/sutures	23.31	NA	NA	15.60	14.52	6.15	090
61558		A	Excision of skull/sutures	26.50	NA	NA	16.96	15.61	6.99	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
61559		A	Excision of skull/sutures	34.02	NA	NA	15.06	18.29	1.77	090
61563		A	Excision of skull tumor	28.44	NA	NA	17.37	16.00	7.50	090
61564		A	Excision of skull tumor	34.74	NA	NA	20.94	19.35	9.15	090
61566		A	Removal of brain tissue	32.45	NA	NA	19.56	18.21	8.55	090
61567		A	Incision of brain tissue	37.00	NA	NA	22.30	20.83	9.77	090
61570		A	Remove foreign body, brain	26.51	NA	NA	16.71	15.02	6.99	090
61571		A	Incise skull for brain wound	28.42	NA	NA	17.60	16.25	7.49	090
61575		A	Skull base/brainstem surgery	36.56	NA	NA	21.40	18.78	9.64	090
61576		A	Skull base/brainstem surgery	55.31	NA	NA	36.12	34.44	5.22	090
61580		A	Craniofacial approach, skull	34.51	NA	NA	27.93	25.30	4.33	090
61581		A	Craniofacial approach, skull	39.13	NA	NA	31.98	28.24	3.70	090
61582		A	Craniofacial approach, skull	35.14	NA	NA	35.83	31.90	9.27	090
61583		A	Craniofacial approach, skull	38.50	NA	NA	29.10	27.10	9.51	090
61584		A	Orbitocranial approach/skull	37.70	NA	NA	28.48	26.68	9.33	090
61585		A	Orbitocranial approach/skull	42.57	NA	NA	32.57	27.72	11.23	090
61586		A	Resect nasopharynx, skull	27.48	NA	NA	29.54	24.41	7.25	090
61590		A	Infratemporal approach/skull	47.04	NA	NA	31.67	28.27	6.21	090
61591		A	Infratemporal approach/skull	47.02	NA	NA	31.50	28.47	7.05	090
61592		A	Orbitocranial approach/skull	43.08	NA	NA	30.87	28.79	10.66	090
61595		A	Transtemporal approach/skull	33.74	NA	NA	25.66	23.29	5.25	090
61596		A	Transcochlear approach/skull	39.43	NA	NA	26.11	23.73	3.72	090
61597		A	Transcondylar approach/skull	40.82	NA	NA	28.02	24.91	10.77	090
61598		A	Transpetrosal approach/skull	36.53	NA	NA	29.24	24.09	9.63	090
61600		A	Resect/excise cranial lesion	30.01	NA	NA	24.19	21.44	4.57	090
61601		A	Resect/excise cranial lesion	31.14	NA	NA	24.89	22.95	7.47	090
61605		A	Resect/excise cranial lesion	32.57	NA	NA	24.55	21.94	3.64	090
61606		A	Resect/excise cranial lesion	42.05	NA	NA	28.77	26.76	10.05	090
61607		A	Resect/excise cranial lesion	40.93	NA	NA	27.03	24.16	10.79	090
61608		A	Resect/excise cranial lesion	45.54	NA	NA	30.00	27.89	11.30	090
61609		A	Transect artery, sinus	9.88	NA	NA	4.79	4.03	2.61	ZZZ
61610		A	Transect artery, sinus	29.63	NA	NA	13.83	12.73	7.82	ZZZ
61611		A	Transect artery, sinus	7.41	NA	NA	2.71	3.09	0.38	ZZZ
61612		A	Transect artery, sinus	27.84	NA	NA	10.19	10.91	1.44	ZZZ
61613		A	Remove aneurysm, sinus	45.03	NA	NA	31.01	28.02	11.88	090
61615		A	Resect/excise lesion, skull	35.77	NA	NA	24.47	23.09	3.38	090
61616		A	Resect/excise lesion, skull	46.74	NA	NA	32.03	29.37	10.59	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
61618		A	Repair dura	18.69	NA	NA	12.31	11.15	4.23	090
61619		A	Repair dura	22.10	NA	NA	13.75	12.47	4.65	090
61623		A	Endovasc tempory vessel occl	9.95	NA	NA	3.73	3.99	1.36	000
61624		A	Transcath occlusion, cns	20.12	NA	NA	7.10	7.69	2.77	000
61626		A	Transcath occlusion, non-cns	16.60	NA	NA	5.22	6.14	1.57	000
61630		R	Intracranial angioplasty	22.07	NA	NA	9.08	9.77	3.07	XXX
61635		R	Intracran angioplsty w/stent	24.28	NA	NA	9.69	10.55	2.99	XXX
61640		N	Dilate ic vasospasm, init	12.32	NA	NA	4.51	4.29	0.64	000
61641		N	Dilate ic vasospasm add-on	4.33	NA	NA	1.58	1.51	0.23	ZZZ
61642		N	Dilate ic vasospasm add-on	8.66	NA	NA	3.17	3.01	0.45	ZZZ
61680		A	Intracranial vessel surgery	32.55	NA	NA	19.79	18.29	8.58	090
61682		A	Intracranial vessel surgery	63.41	NA	NA	33.17	30.99	16.72	090
61684		A	Intracranial vessel surgery	41.64	NA	NA	24.16	21.80	10.98	090
61686		A	Intracranial vessel surgery	67.50	NA	NA	36.59	33.97	17.81	090
61690		A	Intracranial vessel surgery	31.34	NA	NA	19.24	17.55	8.27	090
61692		A	Intracranial vessel surgery	54.59	NA	NA	30.09	27.56	14.40	090
61697		A	Brain aneurysm repr, complx	63.40	NA	NA	34.22	31.14	16.55	090
61698		A	Brain aneurysm repr, complx	69.63	NA	NA	37.59	33.28	18.36	090
61700		A	Brain aneurysm repr, simple	50.62	NA	NA	28.55	26.69	13.27	090
61702		A	Inner skull vessel surgery	60.04	NA	NA	33.11	29.57	15.83	090
61703		A	Clamp neck artery	18.80	NA	NA	12.65	11.67	4.96	090
61705		A	Revise circulation to head	38.10	NA	NA	22.12	19.66	10.05	090
61708		A	Revise circulation to head	37.20	NA	NA	17.81	16.09	2.26	090
61710		A	Revise circulation to head	31.29	NA	NA	13.50	14.74	4.79	090
61711		A	Fusion of skull arteries	38.23	NA	NA	21.69	20.08	10.08	090
61720		A	Incise skull/brain surgery	17.62	NA	NA	11.78	9.83	4.65	090
61735		A	Incise skull/brain surgery	22.35	NA	NA	14.44	11.88	5.89	090
61750		A	Incise skull/brain biopsy	19.83	NA	NA	12.70	11.69	5.19	090
61751		A	Brain biopsy w/ct/mr guide	18.79	NA	NA	13.00	12.02	4.92	090
61760		A	Implant brain electrodes	22.39	NA	NA	14.18	12.39	5.90	090
61770		A	Incise skull for treatment	23.19	NA	NA	13.88	12.25	6.02	090
61790		A	Treat trigeminal nerve	11.60	NA	NA	8.69	7.69	2.99	090
61791		A	Treat trigeminal tract	15.41	NA	NA	10.02	9.45	3.82	090
61795		A	Brain surgery using computer	4.03	NA	NA	1.90	1.74	0.78	ZZZ
61796		A	Srs, cranial lesion simple	13.93	NA	NA	8.98	7.49	3.40	090
61797		A	Srs, cran les simple, addl	3.48	NA	NA	1.55	1.41	0.85	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
61798		A	Srs, cranial lesion complex	19.85	NA	NA	11.62	8.16	4.85	090
61799		A	Srs, cran les complex, addl	4.81	NA	NA	2.14	1.95	1.17	ZZZ
61800		A	Apply srs headframe add-on	2.25	NA	NA	1.25	1.16	0.54	ZZZ
61850		A	Implant neuroelectrodes	13.34	NA	NA	9.39	8.67	3.53	090
61860		A	Implant neuroelectrodes	22.26	NA	NA	13.95	12.85	5.87	090
61863		A	Implant neuroelectrode	20.71	NA	NA	14.08	13.02	5.44	090
61864		A	Implant neuroelectrde, addl	4.49	NA	NA	2.10	1.98	1.18	ZZZ
61867		A	Implant neuroelectrode	33.03	NA	NA	19.81	18.29	8.69	090
61868		A	Implant neuroelectrde, addl	7.91	NA	NA	3.70	3.48	2.09	ZZZ
61870		A	Implant neuroelectrodes	16.34	NA	NA	11.05	10.30	4.31	090
61875		A	Implant neuroelectrodes	16.46	NA	NA	7.67	9.25	0.86	090
61880		A	Revise/remove neuroelectrode	6.95	NA	NA	6.29	5.58	1.81	090
61885		A	Insrt/redo neurostim 1 array	7.57	NA	NA	8.21	7.31	1.90	090
61886		A	Implant neurostim arrays	9.93	NA	NA	9.69	8.74	2.59	090
61888		A	Revise/remove neuroreceiver	5.23	NA	NA	3.88	3.70	1.26	010
62000		A	Treat skull fracture	13.93	NA	NA	9.93	7.66	3.68	090
62005		A	Treat skull fracture	17.63	NA	NA	11.78	10.53	4.65	090
62010		A	Treatment of head injury	21.43	NA	NA	13.63	12.55	5.65	090
62100		A	Repair brain fluid leakage	23.53	NA	NA	14.50	13.12	5.52	090
62115		A	Reduction of skull defect	22.91	NA	NA	10.84	9.07	1.19	090
62116		A	Reduction of skull defect	25.02	NA	NA	16.02	14.74	6.60	090
62117		A	Reduction of skull defect	28.35	NA	NA	15.94	15.57	2.69	090
62120		A	Repair skull cavity lesion	24.59	NA	NA	19.67	18.55	2.33	090
62121		A	Incise skull repair	23.03	NA	NA	19.55	16.09	6.08	090
62140		A	Repair of skull defect	14.55	NA	NA	9.94	9.08	3.49	090
62141		A	Repair of skull defect	16.07	NA	NA	10.81	9.90	3.90	090
62142		A	Remove skull plate/flap	11.83	NA	NA	8.88	8.11	3.00	090
62143		A	Replace skull plate/flap	14.15	NA	NA	10.00	9.08	3.68	090
62145		A	Repair of skull & brain	20.09	NA	NA	12.52	11.63	5.30	090
62146		A	Repair of skull with graft	17.28	NA	NA	11.62	10.31	4.56	090
62147		A	Repair of skull with graft	20.67	NA	NA	13.20	11.95	5.44	090
62148		A	Retr bone flap to fix skull	2.00	NA	NA	0.93	0.85	0.52	ZZZ
62160		A	Neuroendoscopy add-on	3.00	NA	NA	1.39	1.32	0.79	ZZZ
62161		A	Dissect brain w/scope	21.23	NA	NA	14.02	12.78	5.60	090
62162		A	Remove colloid cyst w/scope	26.80	NA	NA	16.94	15.72	7.06	090
62163		A	Neuroendoscopy w/fb removal	16.53	NA	NA	11.83	10.97	4.35	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
62164		A	Remove brain tumor w/scope	29.43	NA	NA	18.93	16.80	7.77	090
62165		A	Remove pituit tumor w/scope	23.23	NA	NA	14.49	13.29	4.68	090
62180		A	Establish brain cavity shunt	22.58	NA	NA	14.46	13.31	5.96	090
62190		A	Establish brain cavity shunt	12.17	NA	NA	9.24	8.39	3.21	090
62192		A	Establish brain cavity shunt	13.35	NA	NA	9.52	8.54	3.40	090
62194		A	Replace/irrigate catheter	5.78	NA	NA	5.18	3.76	0.33	010
62200		A	Establish brain cavity shunt	19.29	NA	NA	12.56	11.52	5.09	090
62201		A	Brain cavity shunt w/scope	16.04	NA	NA	11.85	10.77	4.21	090
62220		A	Establish brain cavity shunt	14.10	NA	NA	9.64	8.73	3.55	090
62223		A	Establish brain cavity shunt	14.05	NA	NA	10.60	9.66	3.56	090
62225		A	Replace/irrigate catheter	6.19	NA	NA	5.92	5.28	1.62	090
62230		A	Replace/revise brain shunt	11.43	NA	NA	8.20	7.48	2.92	090
62252		A	Csf shunt reprogram	0.74	1.77	1.70	NA	NA	0.19	XXX
62252	TC	A	Csf shunt reprogram	0.00	1.43	1.38	NA	NA	0.01	XXX
62252	26	A	Csf shunt reprogram	0.74	0.34	0.32	0.34	0.32	0.18	XXX
62256		A	Remove brain cavity shunt	7.38	NA	NA	6.49	5.92	1.93	090
62258		A	Replace brain cavity shunt	15.64	NA	NA	10.58	9.68	3.99	090
62263		A	Epidural lysis mult sessions	6.54	12.40	10.56	4.35	3.36	0.38	010
62264		A	Epidural lysis on single day	4.42	6.65	5.83	2.07	1.51	0.26	010
62267		A	Interdiscal perq aspir, dx	3.00	4.16	3.63	1.49	1.25	0.22	000
62268		A	Drain spinal cord cyst	4.73	5.65	6.69	1.89	1.96	0.33	000
62269		A	Needle biopsy, spinal cord	5.01	5.42	7.22	1.66	1.81	0.41	000
62270		A	Spinal fluid tap, diagnostic	1.37	2.40	2.54	0.59	0.60	0.17	000
62272		A	Drain cerebro spinal fluid	1.35	3.45	3.30	0.70	0.68	0.24	000
62273		A	Inject epidural patch	2.15	2.20	2.05	0.83	0.69	0.15	000
62280		A	Treat spinal cord lesion	2.63	5.22	5.08	1.44	1.20	0.37	010
62281		A	Treat spinal cord lesion	2.66	5.06	4.64	1.46	1.13	0.20	010
62282		A	Treat spinal canal lesion	2.33	4.89	5.06	1.44	1.16	0.21	010
62284		A	Injection for myelogram	1.54	3.50	3.99	0.66	0.73	0.13	000
62287		A	Percutaneous diskectomy	9.03	NA	NA	5.28	4.92	0.60	090
62290		A	Inject for spine disk x-ray	3.00	5.48	5.31	1.55	1.34	0.22	000
62291		A	Inject for spine disk x-ray	2.91	5.22	4.89	1.52	1.28	0.20	000
62292		A	Injection into disk lesion	9.24	NA	NA	4.25	3.26	0.55	090
62294		A	Injection into spinal artery	12.87	NA	NA	3.29	5.85	0.75	090
62310		A	Inject spine c/t	1.91	4.18	3.72	0.95	0.70	0.12	000
62311		A	Inject spine l/s (cd)	1.54	3.55	3.37	0.78	0.63	0.09	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
62318		A	Inject spine w/cath, c/t	2.04	3.88	3.83	0.62	0.53	0.12	000
62319		A	Inject spine w/cath l/s (cd)	1.87	3.67	3.49	0.67	0.55	0.12	000
62350		A	Implant spinal canal cath	6.05	NA	NA	4.06	3.38	0.77	010
62351		A	Implant spinal canal cath	11.66	NA	NA	9.35	8.13	2.49	090
62355		A	Remove spinal canal catheter	4.35	NA	NA	3.34	2.80	0.54	010
62360		A	Insert spine infusion device	4.33	NA	NA	3.43	2.81	0.64	010
62361		A	Implant spine infusion pump	5.65	NA	NA	4.23	3.81	0.81	010
62362		A	Implant spine infusion pump	6.10	NA	NA	4.25	3.69	0.90	010
62365		A	Remove spine infusion device	4.65	NA	NA	3.63	3.16	0.65	010
62367		A	Analyze spine infusion pump	0.48	0.61	0.52	0.19	0.14	0.04	XXX
62368		A	Analyze spine infusion pump	0.75	0.84	0.68	0.31	0.22	0.05	XXX
63001		A	Removal of spinal lamina	17.61	NA	NA	11.49	10.47	4.18	090
63003		A	Removal of spinal lamina	17.74	NA	NA	11.56	10.54	4.14	090
63005		A	Removal of spinal lamina	16.43	NA	NA	11.70	10.66	3.73	090
63011		A	Removal of spinal lamina	15.91	NA	NA	10.85	9.60	2.95	090
63012		A	Removal of spinal lamina	16.85	NA	NA	11.50	10.57	3.75	090
63015		A	Removal of spinal lamina	20.85	NA	NA	13.92	12.74	5.15	090
63016		A	Removal of spinal lamina	22.03	NA	NA	13.92	12.69	4.98	090
63017		A	Removal of spinal lamina	17.33	NA	NA	12.17	11.13	4.09	090
63020		A	Neck spine disk surgery	16.20	NA	NA	11.59	10.57	3.72	090
63030		A	Low back disk surgery	13.18	NA	NA	10.07	9.17	2.84	090
63035		A	Spinal disk surgery add-on	3.15	NA	NA	1.52	1.42	0.65	ZZZ
63040		A	Laminotomy, single cervical	20.31	NA	NA	13.16	11.99	4.61	090
63042		A	Laminotomy, single lumbar	18.76	NA	NA	12.69	11.61	3.82	090
63043		C	Laminotomy, addl cervical	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63044		C	Laminotomy, addl lumbar	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
63045		A	Removal of spinal lamina	17.95	NA	NA	12.12	11.09	4.21	090
63046		A	Removal of spinal lamina	17.25	NA	NA	11.70	10.69	3.78	090
63047		A	Removal of spinal lamina	15.37	NA	NA	11.10	10.18	3.24	090
63048		A	Remove spinal lamina add-on	3.47	NA	NA	1.67	1.54	0.74	ZZZ
63050		A	Cervical laminoplasty	22.01	NA	NA	14.04	12.90	5.81	090
63051		A	C-laminoplasty w/graft/plate	25.51	NA	NA	15.77	14.34	5.32	090
63055		A	Decompress spinal cord	23.55	NA	NA	14.78	13.61	5.63	090
63056		A	Decompress spinal cord	21.86	NA	NA	13.78	12.58	4.55	090
63057		A	Decompress spine cord add-on	5.25	NA	NA	2.52	2.34	1.11	ZZZ
63064		A	Decompress spinal cord	26.22	NA	NA	15.98	14.51	5.84	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
63066		A	Decompress spine cord add-on	3.26	NA	NA	1.52	1.45	0.86	ZZZ
63075		A	Neck spine disk surgery	19.60	NA	NA	13.03	12.07	4.49	090
63076		A	Neck spine disk surgery	4.04	NA	NA	1.92	1.81	0.92	ZZZ
63077		A	Spine disk surgery, thorax	22.88	NA	NA	13.62	12.54	4.31	090
63078		A	Spine disk surgery, thorax	3.28	NA	NA	1.57	1.45	0.55	ZZZ
63081		A	Removal of vertebral body	26.10	NA	NA	16.18	14.81	5.80	090
63082		A	Remove vertebral body add-on	4.36	NA	NA	2.08	1.96	0.96	ZZZ
63085		A	Removal of vertebral body	29.47	NA	NA	16.65	15.21	5.83	090
63086		A	Remove vertebral body add-on	3.19	NA	NA	1.48	1.39	0.64	ZZZ
63087		A	Removal of vertebral body	37.53	NA	NA	20.75	19.10	7.15	090
63088		A	Remove vertebral body add-on	4.32	NA	NA	2.06	1.94	0.78	ZZZ
63090		A	Removal of vertebral body	30.93	NA	NA	17.72	16.13	5.29	090
63091		A	Remove vertebral body add-on	3.03	NA	NA	1.43	1.33	0.50	ZZZ
63101		A	Removal of vertebral body	34.10	NA	NA	20.92	19.20	7.81	090
63102		A	Removal of vertebral body	34.10	NA	NA	20.75	18.97	6.32	090
63103		A	Remove vertebral body add-on	4.82	NA	NA	2.30	2.18	0.95	ZZZ
63170		A	Incise spinal cord tract(s)	22.21	NA	NA	14.66	12.98	5.86	090
63172		A	Drainage of spinal cyst	19.76	NA	NA	12.66	11.67	5.20	090
63173		A	Drainage of spinal cyst	24.31	NA	NA	15.64	14.35	6.43	090
63180		A	Revise spinal cord ligaments	20.53	NA	NA	10.39	10.92	5.41	090
63182		A	Revise spinal cord ligaments	22.82	NA	NA	14.94	11.45	6.02	090
63185		A	Incise spinal column/nerves	16.49	NA	NA	11.86	10.16	4.35	090
63190		A	Incise spinal column/nerves	18.89	NA	NA	12.61	11.43	3.15	090
63191		A	Incise spinal column/nerves	18.92	NA	NA	13.95	9.02	2.75	090
63194		A	Incise spinal column & cord	22.10	NA	NA	13.34	12.47	2.09	090
63195		A	Incise spinal column & cord	21.64	NA	NA	13.94	12.46	5.71	090
63196		A	Incise spinal column & cord	25.27	NA	NA	11.24	13.49	1.32	090
63197		A	Incise spinal column & cord	24.08	NA	NA	15.53	14.15	6.36	090
63198		A	Incise spinal column & cord	29.90	NA	NA	13.13	11.94	1.56	090
63199		A	Incise spinal column & cord	31.47	NA	NA	13.70	15.57	1.64	090
63200		A	Release of spinal cord	21.44	NA	NA	14.05	12.71	5.57	090
63250		A	Revise spinal cord vessels	43.86	NA	NA	24.80	22.48	11.57	090
63251		A	Revise spinal cord vessels	44.64	NA	NA	25.56	23.43	11.78	090
63252		A	Revise spinal cord vessels	44.63	NA	NA	25.55	23.37	11.78	090
63265		A	Excise intraspinal lesion	23.82	NA	NA	15.24	13.94	5.94	090
63266		A	Excise intraspinal lesion	24.68	NA	NA	15.64	14.20	6.17	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
63267		A	Excise intraspinal lesion	19.45	NA	NA	13.09	11.97	4.60	090
63268		A	Excise intraspinal lesion	20.02	NA	NA	13.68	12.12	5.28	090
63270		A	Excise intraspinal lesion	29.80	NA	NA	18.24	16.56	7.87	090
63271		A	Excise intraspinal lesion	29.92	NA	NA	18.18	16.65	7.77	090
63272		A	Excise intraspinal lesion	27.50	NA	NA	16.99	15.55	6.96	090
63273		A	Excise intraspinal lesion	26.47	NA	NA	16.69	14.51	6.98	090
63275		A	Biopsy/excise spinal tumor	25.86	NA	NA	16.17	14.72	6.48	090
63276		A	Biopsy/excise spinal tumor	25.69	NA	NA	16.03	14.68	6.40	090
63277		A	Biopsy/excise spinal tumor	22.39	NA	NA	14.42	13.16	5.14	090
63278		A	Biopsy/excise spinal tumor	22.12	NA	NA	14.66	13.06	5.84	090
63280		A	Biopsy/excise spinal tumor	30.29	NA	NA	18.75	17.32	7.96	090
63281		A	Biopsy/excise spinal tumor	29.99	NA	NA	18.50	17.09	7.84	090
63282		A	Biopsy/excise spinal tumor	28.15	NA	NA	17.69	16.32	7.31	090
63283		A	Biopsy/excise spinal tumor	26.76	NA	NA	17.21	15.59	7.05	090
63285		A	Biopsy/excise spinal tumor	38.05	NA	NA	22.40	20.27	10.04	090
63286		A	Biopsy/excise spinal tumor	37.62	NA	NA	22.17	20.36	9.70	090
63287		A	Biopsy/excise spinal tumor	40.08	NA	NA	23.43	21.35	10.58	090
63290		A	Biopsy/excise spinal tumor	40.82	NA	NA	23.77	21.66	10.77	090
63295		A	Repair of laminectomy defect	5.25	NA	NA	2.45	2.19	1.38	ZZZ
63300		A	Removal of vertebral body	26.80	NA	NA	16.42	15.01	6.38	090
63301		A	Removal of vertebral body	31.57	NA	NA	19.46	16.60	8.33	090
63302		A	Removal of vertebral body	31.15	NA	NA	19.26	16.56	8.21	090
63303		A	Removal of vertebral body	33.55	NA	NA	18.24	16.62	8.84	090
63304		A	Removal of vertebral body	33.85	NA	NA	20.52	18.57	8.92	090
63305		A	Removal of vertebral body	36.24	NA	NA	21.64	18.24	9.56	090
63306		A	Removal of vertebral body	35.55	NA	NA	21.31	19.53	9.38	090
63307		A	Removal of vertebral body	34.96	NA	NA	15.80	17.22	9.23	090
63308		A	Remove vertebral body add-on	5.24	NA	NA	2.41	2.30	1.15	ZZZ
63600		A	Remove spinal cord lesion	15.12	NA	NA	6.69	5.33	1.16	090
63610		A	Stimulation of spinal cord	8.72	13.69	22.26	1.66	1.82	0.50	000
63615		A	Remove lesion of spinal cord	17.32	NA	NA	8.51	8.94	4.56	090
63620		A	Srs, spinal lesion	15.60	NA	NA	9.73	7.68	3.81	090
63621		A	Srs, spinal lesion, addl	4.00	NA	NA	1.78	1.62	0.97	ZZZ
63650		A	Implant neuroelectrodes	7.20	NA	NA	4.27	3.24	0.47	010
63655		A	Implant neuroelectrodes	11.56	NA	NA	9.09	8.07	2.66	090
63661		A	Remove spine eltrd perq aray	5.08	9.67	9.67	3.18	3.18	0.52	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
63662		A	Remove spine eltrd plate	11.00	NA	NA	6.92	6.92	1.14	090
63663		A	Revise spine eltrd perq aray	7.75	13.34	13.34	4.26	4.26	0.80	010
63664		A	Revise spine eltrd plate	11.52	NA	NA	7.13	7.13	1.18	090
63685		A	Insrt/redo spine n generator	6.05	NA	NA	4.12	3.50	0.81	010
63688		A	Revise/remove neuroreceiver	5.30	NA	NA	3.92	3.32	0.74	010
63700		A	Repair of spinal herniation	17.47	NA	NA	12.60	11.03	4.60	090
63702		A	Repair of spinal herniation	19.41	NA	NA	13.50	12.32	5.12	090
63704		A	Repair of spinal herniation	22.43	NA	NA	15.76	13.32	5.91	090
63706		A	Repair of spinal herniation	25.35	NA	NA	17.12	15.32	6.70	090
63707		A	Repair spinal fluid leakage	12.65	NA	NA	9.32	8.41	2.57	090
63709		A	Repair spinal fluid leakage	15.65	NA	NA	10.83	9.83	3.31	090
63710		A	Graft repair of spine defect	15.40	NA	NA	10.85	9.85	3.57	090
63740		A	Install spinal shunt	12.63	NA	NA	9.51	8.77	3.13	090
63741		A	Install spinal shunt	9.12	NA	NA	5.67	5.00	1.61	090
63744		A	Revision of spinal shunt	8.94	NA	NA	6.84	5.87	2.25	090
63746		A	Removal of spinal shunt	7.33	NA	NA	6.59	5.72	1.93	090
64400		A	N block inj, trigeminal	1.11	1.81	1.63	0.65	0.51	0.13	000
64402		A	N block inj, facial	1.25	1.75	1.55	0.72	0.58	0.13	000
64405		A	N block inj, occipital	1.32	1.60	1.34	0.73	0.56	0.19	000
64408		A	N block inj, vagus	1.41	1.77	1.61	0.97	0.85	0.12	000
64410		A	N block inj, phrenic	1.43	2.36	2.13	0.65	0.56	0.24	000
64412		A	N block inj, spinal accessor	1.18	2.81	2.43	0.77	0.62	0.15	000
64413		A	N block inj, cervical plexus	1.40	1.60	1.50	0.65	0.54	0.15	000
64415		A	N block inj, brachial plexus	1.48	1.72	1.77	0.40	0.37	0.08	000
64416		A	N block cont infuse, b plex	1.81	NA	NA	0.30	0.35	0.10	000
64417		A	N block inj, axillary	1.44	1.73	1.82	0.41	0.38	0.08	000
64418		A	N block inj, suprascapular	1.32	2.23	2.10	0.68	0.55	0.09	000
64420		A	N block inj, intercost, sng	1.18	3.00	2.89	0.63	0.50	0.09	000
64421		A	N block inj, intercost, mlt	1.68	4.47	4.33	0.78	0.62	0.15	000
64425		A	N block inj, ilio-ing/hypogi	1.75	1.71	1.50	0.78	0.62	0.15	000
64430		A	N block inj, pudendal	1.46	1.92	2.34	0.66	0.73	0.10	000
64435		A	N block inj, paracervical	1.45	1.91	2.09	0.70	0.64	0.18	000
64445		A	N block inj, sciatic, sng	1.48	1.91	1.91	0.63	0.55	0.12	000
64446		A	N blk inj, sciatic, cont inf	1.81	NA	NA	0.32	0.41	0.10	000
64447		A	N block inj fem, single	1.50	NA	NA	0.25	0.25	0.08	000
64448		A	N block inj fem, cont inf	1.63	NA	NA	0.27	0.33	0.09	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
64449		A	N block inj, lumbar plexus	1.81	NA	NA	0.37	0.43	0.10	000
64450		A	N block, other peripheral	1.27	1.42	1.31	0.55	0.51	0.08	000
64455		A	N block inj, plantar digit	0.75	0.59	0.55	0.27	0.25	0.06	000
64479		A	Inj foramen epidural c/t	2.20	4.97	4.85	1.22	0.96	0.19	000
64480		A	Inj foramen epidural add-on	1.54	2.14	1.99	0.65	0.50	0.17	ZZZ
64483		A	Inj foramen epidural l/s	1.90	5.00	4.94	1.10	0.88	0.12	000
64484		A	Inj foramen epidural add-on	1.33	2.25	2.14	0.56	0.42	0.08	ZZZ
64490		A	Inj paravert f jnt c/t 1 lev	1.82	3.07	3.07	1.02	1.02	0.15	000
64491		A	Inj paravert f jnt c/t 2 lev	1.16	1.29	1.29	0.46	0.46	0.08	ZZZ
64492		A	Inj paravert f jnt c/t 3 lev	1.16	1.32	1.32	0.49	0.49	0.08	ZZZ
64493		A	Inj paravert f jnt l/s 1 lev	1.52	2.87	2.87	0.90	0.90	0.10	000
64494		A	Inj paravert f jnt l/s 2 lev	1.00	1.24	1.24	0.39	0.39	0.06	ZZZ
64495		A	Inj paravert f jnt l/s 3 lev	1.00	1.27	1.27	0.42	0.42	0.06	ZZZ
64505		A	N block, spenopalatine gangl	1.36	1.15	1.16	0.80	0.75	0.07	000
64508		A	N block, carotid sinus s/p	1.12	3.09	2.63	0.85	0.68	0.18	000
64510		A	N block, stellate ganglion	1.22	2.00	2.26	0.71	0.53	0.07	000
64517		A	N block inj, hypogas plxs	2.20	2.53	2.17	1.16	0.87	0.13	000
64520		A	N block, lumbar/thoracic	1.35	3.52	3.38	0.80	0.62	0.08	000
64530		A	N block inj, celiac pelus	1.58	3.39	3.28	0.89	0.73	0.10	000
64550		A	Apply neurostimulator	0.18	0.24	0.22	0.07	0.05	0.01	000
64553		A	Implant neuroelectrodes	2.36	3.06	2.80	1.79	1.64	0.28	010
64555		A	Implant neuroelectrodes	2.32	2.53	2.93	1.43	1.53	0.19	010
64560		A	Implant neuroelectrodes	2.41	2.60	2.83	1.50	1.55	0.12	010
64561		A	Implant neuroelectrodes	7.15	15.24	20.65	3.26	3.60	0.57	010
64565		A	Implant neuroelectrodes	1.81	2.82	2.56	1.52	1.26	0.18	010
64573		A	Implant neuroelectrodes	8.25	NA	NA	6.31	5.64	1.79	090
64575		A	Implant neuroelectrodes	4.42	NA	NA	3.19	2.62	0.32	090
64577		A	Implant neuroelectrodes	4.69	NA	NA	5.08	3.98	1.23	090
64580		A	Implant neuroelectrodes	4.19	NA	NA	3.34	3.15	0.65	090
64581		A	Implant neuroelectrodes	14.23	NA	NA	5.80	6.49	1.16	090
64585		A	Revise/remove neuroelectrode	2.11	4.01	5.81	1.58	1.83	0.20	010
64590		A	Insrt/redo pn/gastr stimul	2.45	4.01	5.16	1.65	1.96	0.21	010
64595		A	Revise/rmv pn/gastr stimul	1.78	4.20	5.92	1.44	1.69	0.16	010
64600		A	Injection treatment of nerve	3.49	6.69	6.60	2.28	1.88	0.39	010
64605		A	Injection treatment of nerve	5.65	13.46	9.58	4.06	2.89	0.32	010
64610		A	Injection treatment of nerve	7.20	10.79	9.66	4.36	4.04	1.58	010

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
64612		A	Destroy nerve, face muscle	2.01	2.11	1.93	1.83	1.50	0.48	010
64613		A	Destroy nerve, neck muscle	2.01	1.89	1.83	1.58	1.29	0.43	010
64614		A	Destroy nerve, extrem musc	2.20	2.12	2.08	1.71	1.44	0.31	010
64620		A	Injection treatment of nerve	2.89	4.65	4.09	1.77	1.38	0.21	010
64622		A	Destr paravertebrl nerve l/s	3.05	5.76	5.28	2.05	1.53	0.19	010
64623		A	Destr paravertebral n add-on	0.99	2.29	2.10	0.41	0.28	0.06	ZZZ
64626		A	Destr paravertebrl nerve c/t	3.92	6.72	5.92	2.99	2.24	0.25	010
64627		A	Destr paravertebral n add-on	1.16	3.27	3.06	0.48	0.33	0.07	ZZZ
64630		A	Injection treatment of nerve	3.05	2.53	2.72	1.72	1.76	0.25	010
64632		A	N block inj, common digit	1.23	1.08	1.00	0.71	0.66	0.07	010
64640		A	Injection treatment of nerve	2.81	2.69	2.84	1.58	1.56	0.18	010
64650		A	Chemodenerv eccrine glands	0.70	1.12	1.01	0.35	0.29	0.08	000
64653		A	Chemodenerv eccrine glands	0.88	1.29	1.11	0.39	0.35	0.18	000
64680		A	Injection treatment of nerve	2.67	5.28	5.11	1.63	1.43	0.22	010
64681		A	Injection treatment of nerve	3.78	4.82	5.79	1.18	1.46	0.22	010
64702		A	Revise finger/toe nerve	6.26	NA	NA	6.30	5.33	0.78	090
64704		A	Revise hand/foot nerve	4.69	NA	NA	3.65	3.50	0.40	090
64708		A	Revise arm/leg nerve	6.36	NA	NA	5.98	5.32	0.85	090
64712		A	Revision of sciatic nerve	8.07	NA	NA	5.76	5.27	0.98	090
64713		A	Revision of arm nerve(s)	11.40	NA	NA	7.77	6.95	1.72	090
64714		A	Revise low back nerve(s)	10.55	NA	NA	7.17	5.65	1.26	090
64716		A	Revision of cranial nerve	6.99	NA	NA	6.67	6.02	0.83	090
64718		A	Revise ulnar nerve at elbow	7.26	NA	NA	7.39	6.62	1.09	090
64719		A	Revise ulnar nerve at wrist	4.97	NA	NA	4.95	4.53	0.68	090
64721		A	Carpal tunnel surgery	4.97	5.60	5.16	5.53	5.12	0.72	090
64722		A	Relieve pressure on nerve(s)	4.82	NA	NA	3.97	3.47	0.62	090
64726		A	Release foot/toe nerve	4.27	NA	NA	2.93	2.83	0.29	090
64727		A	Internal nerve revision	3.10	NA	NA	1.54	1.41	0.44	ZZZ
64732		A	Incision of brow nerve	4.89	NA	NA	5.32	4.42	1.30	090
64734		A	Incision of cheek nerve	5.55	NA	NA	6.02	4.73	0.52	090
64736		A	Incision of chin nerve	5.23	NA	NA	5.87	4.69	1.38	090
64738		A	Incision of jaw nerve	6.36	NA	NA	6.40	5.02	1.67	090
64740		A	Incision of tongue nerve	6.22	NA	NA	5.82	5.16	0.59	090
64742		A	Incision of facial nerve	6.85	NA	NA	5.99	4.90	0.64	090
64744		A	Incise nerve, back of head	5.72	NA	NA	5.71	4.37	1.50	090
64746		A	Incise diaphragm nerve	6.56	NA	NA	5.22	4.41	1.13	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
64752		A	Incision of vagus nerve	7.69	NA	NA	4.44	4.40	1.33	090
64755		A	Incision of stomach nerves	15.05	NA	NA	7.75	6.56	2.36	090
64760		A	Incision of vagus nerve	7.59	NA	NA	5.12	4.18	1.18	090
64761		A	Incision of pelvis nerve	7.04	NA	NA	4.61	4.13	0.74	090
64763		A	Incise hip/thigh nerve	7.56	NA	NA	5.02	5.44	1.18	090
64766		A	Incise hip/thigh nerve	9.47	NA	NA	6.03	5.76	0.67	090
64771		A	Sever cranial nerve	8.15	NA	NA	6.25	6.02	0.77	090
64772		A	Incision of spinal nerve	7.84	NA	NA	6.39	5.75	1.33	090
64774		A	Remove skin nerve lesion	5.80	NA	NA	4.70	4.22	0.77	090
64776		A	Remove digit nerve lesion	5.60	NA	NA	4.38	3.96	0.62	090
64778		A	Digit nerve surgery add-on	3.11	NA	NA	1.53	1.39	0.45	ZZZ
64782		A	Remove limb nerve lesion	6.86	NA	NA	4.90	4.43	0.67	090
64783		A	Limb nerve surgery add-on	3.71	NA	NA	2.11	1.75	0.33	ZZZ
64784		A	Remove nerve lesion	10.62	NA	NA	7.87	6.95	1.47	090
64786		A	Remove sciatic nerve lesion	16.25	NA	NA	10.81	9.62	2.36	090
64787		A	Implant nerve end	4.29	NA	NA	1.95	1.87	0.50	ZZZ
64788		A	Remove skin nerve lesion	5.24	NA	NA	4.64	4.17	0.79	090
64790		A	Removal of nerve lesion	12.10	NA	NA	8.45	7.56	2.02	090
64792		A	Removal of nerve lesion	15.86	NA	NA	11.67	9.97	4.18	090
64795		A	Biopsy of nerve	3.01	NA	NA	1.79	1.60	0.60	000
64802		A	Remove sympathetic nerves	10.37	NA	NA	7.33	4.87	0.60	090
64804		A	Remove sympathetic nerves	15.91	NA	NA	4.14	5.41	0.93	090
64809		A	Remove sympathetic nerves	14.71	NA	NA	3.77	5.48	0.86	090
64818		A	Remove sympathetic nerves	11.34	NA	NA	5.44	4.88	1.52	090
64820		A	Remove sympathetic nerves	10.74	NA	NA	8.41	7.57	1.40	090
64821		A	Remove sympathetic nerves	9.33	NA	NA	7.85	7.27	1.35	090
64822		A	Remove sympathetic nerves	9.33	NA	NA	7.85	7.08	1.35	090
64823		A	Remove sympathetic nerves	10.94	NA	NA	8.64	7.64	1.58	090
64831		A	Repair of digit nerve	9.16	NA	NA	8.05	7.26	1.20	090
64832		A	Repair nerve add-on	5.65	NA	NA	3.02	2.72	0.74	ZZZ
64834		A	Repair of hand or foot nerve	10.81	NA	NA	7.98	7.22	1.36	090
64835		A	Repair of hand or foot nerve	11.73	NA	NA	8.59	7.79	1.69	090
64836		A	Repair of hand or foot nerve	11.73	NA	NA	8.59	7.81	1.69	090
64837		A	Repair nerve add-on	6.25	NA	NA	3.55	3.08	0.56	ZZZ
64840		A	Repair of leg nerve	14.02	NA	NA	5.57	7.58	0.79	090
64856		A	Repair/transpose nerve	15.07	NA	NA	10.62	9.51	2.09	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
64857		A	Repair arm/leg nerve	15.82	NA	NA	11.08	9.88	2.14	090
64858		A	Repair sciatic nerve	17.82	NA	NA	11.68	11.03	2.58	090
64859		A	Nerve surgery	4.25	NA	NA	2.09	1.99	0.61	ZZZ
64861		A	Repair of arm nerves	20.89	NA	NA	13.47	11.74	3.03	090
64862		A	Repair of low back nerves	21.09	NA	NA	14.12	11.09	5.56	090
64864		A	Repair of facial nerve	13.41	NA	NA	9.22	8.26	1.25	090
64865		A	Repair of facial nerve	16.09	NA	NA	13.37	12.59	1.50	090
64866		A	Fusion of facial/other nerve	16.83	NA	NA	13.72	12.71	1.59	090
64868		A	Fusion of facial/other nerve	14.90	NA	NA	12.09	11.17	1.40	090
64870		A	Fusion of facial/other nerve	17.08	NA	NA	10.51	8.69	2.94	090
64872		A	Subsequent repair of nerve	1.99	NA	NA	1.13	0.99	0.19	ZZZ
64874		A	Repair & revise nerve add-on	2.98	NA	NA	1.39	1.34	0.27	ZZZ
64876		A	Repair nerve/shorten bone	3.37	NA	NA	1.99	1.49	0.48	ZZZ
64885		A	Nerve graft, head or neck	17.60	NA	NA	11.49	10.50	1.65	090
64886		A	Nerve graft, head or neck	20.82	NA	NA	13.93	12.49	1.96	090
64890		A	Nerve graft, hand or foot	16.24	NA	NA	10.81	10.06	2.35	090
64891		A	Nerve graft, hand or foot	17.35	NA	NA	11.45	10.38	2.52	090
64892		A	Nerve graft, arm or leg	15.74	NA	NA	10.56	9.73	2.29	090
64893		A	Nerve graft, arm or leg	16.87	NA	NA	11.21	10.02	2.46	090
64895		A	Nerve graft, hand or foot	20.39	NA	NA	12.95	11.47	2.95	090
64896		A	Nerve graft, hand or foot	21.96	NA	NA	15.50	13.22	5.80	090
64897		A	Nerve graft, arm or leg	19.38	NA	NA	12.45	11.33	2.81	090
64898		A	Nerve graft, arm or leg	20.97	NA	NA	13.51	12.48	3.04	090
64901		A	Nerve graft add-on	10.20	NA	NA	6.02	4.88	1.47	ZZZ
64902		A	Nerve graft add-on	11.81	NA	NA	6.97	5.56	1.70	ZZZ
64905		A	Nerve pedicle transfer	15.11	NA	NA	11.37	9.76	2.19	090
64907		A	Nerve pedicle transfer	20.03	NA	NA	9.19	10.94	1.04	090
64910		A	Nerve repair w/allograft	11.39	NA	NA	9.63	8.56	1.45	090
64911		A	Neurorraphy w/vein autograft	14.39	NA	NA	11.75	9.93	2.09	090
64999		C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091		A	Revise eye	7.26	NA	NA	8.83	7.77	1.06	090
65093		A	Revise eye with implant	7.04	NA	NA	8.83	7.89	1.02	090
65101		A	Removal of eye	8.30	NA	NA	10.38	9.10	1.20	090
65103		A	Remove eye/insert implant	8.84	NA	NA	10.66	9.32	1.28	090
65105		A	Remove eye/attach implant	9.93	NA	NA	11.65	10.12	1.43	090
65110		A	Removal of eye	15.70	NA	NA	15.40	13.26	1.47	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
65112		A	Remove eye/revise socket	18.51	NA	NA	17.95	15.38	1.73	090
65114		A	Remove eye/revise socket	19.65	NA	NA	18.62	15.82	1.85	090
65125		A	Revise ocular implant	3.27	7.86	7.47	4.14	3.58	0.47	090
65130		A	Insert ocular implant	8.42	NA	NA	10.14	8.81	1.21	090
65135		A	Insert ocular implant	8.60	NA	NA	10.25	8.93	1.23	090
65140		A	Attach ocular implant	9.46	NA	NA	11.06	9.64	0.90	090
65150		A	Revise ocular implant	6.43	NA	NA	8.16	7.30	0.33	090
65155		A	Reinsert ocular implant	10.10	NA	NA	11.44	9.97	1.45	090
65175		A	Removal of ocular implant	7.40	NA	NA	9.19	8.10	0.70	090
65205		A	Remove foreign body from eye	0.71	0.71	0.63	0.44	0.35	0.07	000
65210		A	Remove foreign body from eye	0.84	0.92	0.80	0.57	0.45	0.09	000
65220		A	Remove foreign body from eye	0.71	0.75	0.65	0.39	0.32	0.08	000
65222		A	Remove foreign body from eye	0.93	1.00	0.88	0.60	0.48	0.10	000
65235		A	Remove foreign body from eye	9.01	NA	NA	9.23	7.64	0.91	090
65260		A	Remove foreign body from eye	12.54	NA	NA	12.15	10.12	0.65	090
65265		A	Remove foreign body from eye	14.34	NA	NA	13.51	11.19	2.26	090
65270		A	Repair of eye wound	1.95	4.54	4.33	1.70	1.41	0.20	010
65272		A	Repair of eye wound	4.62	7.86	7.12	4.44	3.65	0.24	090
65273		A	Repair of eye wound	5.16	NA	NA	4.71	3.88	0.27	090
65275		A	Repair of eye wound	6.29	8.31	6.99	5.69	4.52	0.63	090
65280		A	Repair of eye wound	9.10	NA	NA	8.28	6.78	1.32	090
65285		A	Repair of eye wound	14.71	NA	NA	12.20	9.92	1.91	090
65286		A	Repair of eye wound	6.63	10.89	9.95	6.19	5.07	0.66	090
65290		A	Repair of eye socket wound	6.53	NA	NA	6.15	5.11	0.94	090
65400		A	Removal of eye lesion	7.50	9.70	8.40	7.97	6.65	0.76	090
65410		A	Biopsy of cornea	1.47	2.10	1.91	1.23	1.01	0.23	000
65420		A	Removal of eye lesion	4.36	8.38	7.77	5.24	4.50	0.41	090
65426		A	Removal of eye lesion	6.05	10.15	9.26	6.23	5.23	0.61	090
65430		A	Corneal smear	1.47	1.46	1.26	1.21	1.01	0.16	000
65435		A	Curette/treat cornea	0.92	1.10	0.97	0.87	0.74	0.12	000
65436		A	Curette/treat cornea	4.82	5.10	4.30	4.74	3.94	0.62	090
65450		A	Treatment of corneal lesion	3.47	4.74	4.12	4.66	4.04	0.35	090
65600		A	Revision of cornea	4.20	5.72	5.00	4.59	3.81	0.44	090
65710		A	Corneal transplant	14.45	NA	NA	14.10	11.75	1.45	090
65730		A	Corneal transplant	16.35	NA	NA	15.39	12.74	1.64	090
65750		A	Corneal transplant	16.90	NA	NA	15.09	12.47	1.59	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
65755		A	Corneal transplant	16.79	NA	NA	15.02	12.42	1.68	090
65756		A	Corneal trnspl, endothelial	16.84	NA	NA	13.96	11.26	0.88	090
65757		C	Prep corneal endo allograft	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770		A	Revise cornea with implant	19.74	NA	NA	16.77	13.79	5.20	090
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772		A	Correction of astigmatism	5.09	6.34	5.51	5.34	4.46	0.48	090
65775		A	Correction of astigmatism	6.91	NA	NA	7.23	6.12	0.36	090
65780		A	Ocular reconst, transplant	10.73	NA	NA	11.93	10.25	1.02	090
65781		A	Ocular reconst, transplant	18.14	NA	NA	16.41	13.71	0.94	090
65782		A	Ocular reconst, transplant	15.43	NA	NA	14.33	12.02	2.25	090
65800		A	Drainage of eye	1.91	1.90	1.65	1.49	1.22	0.20	000
65805		A	Drainage of eye	1.91	2.23	1.98	1.50	1.23	0.25	000
65810		A	Drainage of eye	5.82	NA	NA	6.30	5.26	0.62	090
65815		A	Drainage of eye	6.00	9.87	9.00	6.25	5.22	0.78	090
65820		A	Relieve inner eye pressure	8.91	NA	NA	10.19	8.79	0.46	090
65850		A	Incision of eye	11.39	NA	NA	10.32	8.61	1.46	090
65855		A	Laser surgery of eye	3.99	4.63	4.05	3.70	3.10	0.46	010
65860		A	Incise inner eye adhesions	3.59	4.28	3.77	3.00	2.49	0.97	090
65865		A	Incise inner eye adhesions	5.77	NA	NA	6.32	5.45	0.29	090
65870		A	Incise inner eye adhesions	7.39	NA	NA	7.75	6.56	0.95	090
65875		A	Incise inner eye adhesions	7.81	NA	NA	8.33	7.04	0.79	090
65880		A	Incise inner eye adhesions	8.36	NA	NA	8.64	7.27	0.44	090
65900		A	Remove eye lesion	12.51	NA	NA	12.32	10.34	0.65	090
65920		A	Remove implant of eye	9.99	NA	NA	10.24	8.59	0.95	090
65930		A	Remove blood clot from eye	8.39	NA	NA	8.02	6.78	1.09	090
66020		A	Injection treatment of eye	1.64	2.97	2.75	1.73	1.47	0.08	010
66030		A	Injection treatment of eye	1.30	2.77	2.59	1.52	1.31	0.13	010
66130		A	Remove eye lesion	7.83	9.79	8.73	6.93	5.75	1.22	090
66150		A	Glaucoma surgery	10.53	NA	NA	11.86	10.00	0.54	090
66155		A	Glaucoma surgery	10.52	NA	NA	11.86	9.99	0.54	090
66160		A	Glaucoma surgery	12.39	NA	NA	12.96	10.85	0.64	090
66165		A	Glaucoma surgery	10.24	NA	NA	11.69	9.86	0.53	090
66170		A	Glaucoma surgery	15.02	NA	NA	15.77	13.17	1.41	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
66172		A	Incision of eye	18.86	NA	NA	19.97	16.64	1.77	090
66180		A	Implant eye shunt	16.30	NA	NA	13.94	11.42	1.56	090
66185		A	Revise eye shunt	9.58	NA	NA	9.69	8.05	1.23	090
66220		A	Repair eye lesion	9.21	NA	NA	9.85	8.08	0.93	090
66225		A	Repair/graft eye lesion	12.63	NA	NA	11.50	9.44	1.82	090
66250		A	Follow-up surgery of eye	7.10	11.54	10.52	7.22	5.99	1.03	090
66500		A	Incision of iris	3.83	NA	NA	5.10	4.48	0.20	090
66505		A	Incision of iris	4.22	NA	NA	5.57	4.88	0.22	090
66600		A	Remove iris and lesion	10.12	NA	NA	11.15	9.29	0.56	090
66605		A	Removal of iris	14.22	NA	NA	13.12	10.74	0.75	090
66625		A	Removal of iris	5.30	NA	NA	5.69	4.83	0.53	090
66630		A	Removal of iris	7.28	NA	NA	7.37	6.13	0.90	090
66635		A	Removal of iris	7.37	NA	NA	7.42	6.17	0.38	090
66680		A	Repair iris & ciliary body	6.39	NA	NA	6.84	5.73	1.00	090
66682		A	Repair iris & ciliary body	7.33	NA	NA	8.85	7.45	1.07	090
66700		A	Destruction, ciliary body	5.14	6.30	5.42	5.00	4.16	0.36	090
66710		A	Ciliary transsleral therapy	5.14	6.07	5.23	4.98	4.14	0.75	090
66711		A	Ciliary endoscopic ablation	7.93	NA	NA	8.55	7.13	0.41	090
66720		A	Destruction, ciliary body	5.00	6.88	5.95	5.72	4.87	0.50	090
66740		A	Destruction, ciliary body	5.14	6.00	5.16	5.00	4.18	0.26	090
66761		A	Revision of iris	5.02	6.53	5.66	5.63	4.72	0.55	090
66762		A	Revision of iris	5.38	6.69	5.77	5.57	4.64	0.50	090
66770		A	Removal of inner eye lesion	6.13	7.32	6.26	6.30	5.24	0.31	090
66820		A	Incision, secondary cataract	4.01	NA	NA	5.87	5.29	0.49	090
66821		A	After cataract laser surgery	3.42	4.89	4.25	4.44	3.82	0.39	090
66825		A	Reposition intraocular lens	9.01	NA	NA	10.33	8.93	0.86	090
66830		A	Removal of lens lesion	9.47	NA	NA	8.95	7.40	0.49	090
66840		A	Removal of lens material	9.18	NA	NA	8.79	7.25	1.33	090
66850		A	Removal of lens material	10.55	NA	NA	9.92	8.20	1.07	090
66852		A	Removal of lens material	11.41	NA	NA	10.43	8.61	1.47	090
66920		A	Extraction of lens	10.13	NA	NA	9.37	7.74	0.52	090
66930		A	Extraction of lens	11.61	NA	NA	10.55	8.70	0.60	090
66940		A	Extraction of lens	10.37	NA	NA	9.82	8.12	1.28	090
66982		A	Cataract surgery, complex	15.02	NA	NA	12.41	10.20	1.71	090
66983		A	Cataract surg w/iol, 1 stage	10.43	NA	NA	8.74	7.25	0.61	090
66984		A	Cataract surg w/iol, 1 stage	10.52	NA	NA	9.18	7.63	1.21	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
66985		A	Insert lens prosthesis	9.98	NA	NA	9.86	8.16	0.95	090
66986		A	Exchange lens prosthesis	12.26	NA	NA	11.24	9.42	1.15	090
66990		A	Ophthalmic endoscope add-on	1.51	NA	NA	0.89	0.70	0.07	ZZZ
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005		A	Partial removal of eye fluid	5.89	NA	NA	6.22	5.21	0.92	090
67010		A	Partial removal of eye fluid	7.06	NA	NA	6.90	5.75	0.72	090
67015		A	Release of eye fluid	7.14	NA	NA	7.69	6.55	0.73	090
67025		A	Replace eye fluid	8.11	10.25	8.97	8.14	6.76	1.06	090
67027		A	Implant eye drug system	11.62	NA	NA	10.43	8.58	1.49	090
67028		A	Injection eye drug	2.52	2.85	2.51	1.86	1.51	0.27	000
67030		A	Incise inner eye strands	6.11	NA	NA	7.42	6.29	0.31	090
67031		A	Laser surgery, eye strands	4.47	5.40	4.65	4.68	3.91	0.43	090
67036		A	Removal of inner eye fluid	13.32	NA	NA	11.56	9.52	1.34	090
67039		A	Laser treatment of retina	16.74	NA	NA	15.19	12.59	2.18	090
67040		A	Laser treatment of retina	19.61	NA	NA	17.18	14.18	1.98	090
67041		A	Vit for macular pucker	19.25	NA	NA	15.29	12.24	1.94	090
67042		A	Vit for macular hole	22.38	NA	NA	17.15	13.64	2.27	090
67043		A	Vit for membrane dissect	23.24	NA	NA	18.30	14.61	3.01	090
67101		A	Repair detached retina	8.80	11.08	9.53	8.57	7.09	1.14	090
67105		A	Repair detached retina	8.53	9.86	8.41	8.10	6.68	0.86	090
67107		A	Repair detached retina	16.71	NA	NA	14.79	12.12	2.17	090
67108		A	Repair detached retina	22.89	NA	NA	18.90	15.35	2.31	090
67110		A	Repair detached retina	10.25	11.86	10.22	9.74	8.03	0.96	090
67112		A	Rerepair detached retina	18.75	NA	NA	15.71	12.78	1.89	090
67113		A	Repair retinal detach, cplx	25.35	NA	NA	20.14	16.12	2.56	090
67115		A	Release encircling material	6.11	NA	NA	6.67	5.58	0.57	090
67120		A	Remove eye implant material	7.10	9.47	8.34	7.23	6.03	1.03	090
67121		A	Remove eye implant material	12.25	NA	NA	11.24	9.24	1.59	090
67141		A	Treatment of retina	6.15	7.19	6.12	6.37	5.30	0.80	090
67145		A	Treatment of retina	6.32	7.15	6.05	6.47	5.38	0.63	090
67208		A	Treatment of retinal lesion	7.65	7.75	6.49	7.27	6.00	0.39	090
67210		A	Treatment of retinal lesion	9.45	8.40	6.93	7.88	6.40	1.03	090
67218		A	Treatment of retinal lesion	20.36	NA	NA	15.78	12.77	1.07	090
67220		A	Treatment of choroid lesion	14.39	13.03	10.82	11.88	9.66	1.87	090
67221		R	Ocular photodynamic ther	3.45	3.87	3.53	2.20	1.76	0.35	000
67225		A	Eye photodynamic ther add-on	0.47	0.31	0.25	0.28	0.22	0.02	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
67227		A	Treatment of retinal lesion	7.53	8.11	6.86	7.20	5.95	0.39	090
67228		A	Treatment of retinal lesion	13.82	17.63	14.63	13.94	11.22	1.54	090
67229		A	Tr retinal les preterm inf	16.30	NA	NA	13.54	11.05	0.86	090
67250		A	Reinforce eye wall	9.61	NA	NA	10.35	8.91	1.19	090
67255		A	Reinforce/graft eye wall	10.17	NA	NA	11.29	9.73	1.46	090
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311		A	Revise eye muscle	7.77	NA	NA	7.63	6.36	0.96	090
67312		A	Revise two eye muscles	9.66	NA	NA	8.76	7.21	1.40	090
67314		A	Revise eye muscle	8.79	NA	NA	8.54	7.08	1.09	090
67316		A	Revise two eye muscles	10.93	NA	NA	9.72	8.00	1.58	090
67318		A	Revise eye muscle(s)	9.12	NA	NA	9.05	7.49	0.47	090
67320		A	Revise eye muscle(s) add-on	5.40	NA	NA	3.18	2.39	0.28	ZZZ
67331		A	Eye surgery follow-up add-on	5.13	NA	NA	3.01	2.25	0.63	ZZZ
67332		A	Rerevise eye muscles add-on	5.56	NA	NA	3.28	2.46	0.68	ZZZ
67334		A	Revise eye muscle w/suture	5.05	NA	NA	2.99	2.24	0.26	ZZZ
67335		A	Eye suture during surgery	2.49	NA	NA	1.46	1.14	0.30	ZZZ
67340		A	Revise eye muscle add-on	6.00	NA	NA	3.56	2.67	0.31	ZZZ
67343		A	Release eye tissue	8.47	NA	NA	8.30	6.93	1.22	090
67345		A	Destroy nerve of eye muscle	3.01	2.92	2.52	2.40	2.01	0.59	010
67346		A	Biopsy, eye muscle	2.87	NA	NA	2.36	1.94	0.45	000
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400		A	Explore/biopsy eye socket	11.20	NA	NA	12.52	10.87	1.52	090
67405		A	Explore/drain eye socket	9.20	NA	NA	10.92	9.60	0.87	090
67412		A	Explore/treat eye socket	10.30	NA	NA	11.38	10.02	1.37	090
67413		A	Explore/treat eye socket	10.24	NA	NA	11.56	10.13	1.47	090
67414		A	Explr/decompress eye socket	17.94	NA	NA	16.29	13.41	1.68	090
67415		A	Aspiration, orbital contents	1.76	NA	NA	1.04	0.79	0.18	000
67420		A	Explore/treat eye socket	21.87	NA	NA	19.80	16.84	3.17	090
67430		A	Explore/treat eye socket	15.29	NA	NA	16.58	14.31	0.80	090
67440		A	Explore/drain eye socket	14.84	NA	NA	15.99	13.78	1.40	090
67445		A	Explr/decompress eye socket	19.12	NA	NA	17.05	14.27	2.77	090
67450		A	Explore/biopsy eye socket	15.41	NA	NA	16.65	14.33	1.45	090
67500		A	Inject/treat eye socket	1.44	0.84	0.69	0.68	0.50	0.08	000
67505		A	Inject/treat eye socket	1.27	1.05	0.84	0.87	0.63	0.19	000
67515		A	Inject/treat eye socket	1.40	1.13	0.86	0.95	0.69	0.19	000
67550		A	Insert eye socket implant	11.77	NA	NA	12.87	11.15	1.69	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
67560		A	Revise eye socket implant	12.18	NA	NA	13.04	11.25	1.15	090
67570		A	Decompress optic nerve	14.40	NA	NA	14.76	12.94	3.79	090
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700		A	Drainage of eyelid abscess	1.40	4.96	4.87	1.55	1.32	0.17	010
67710		A	Incision of eyelid	1.07	4.23	4.21	1.39	1.21	0.16	010
67715		A	Incision of eyelid fold	1.27	4.37	4.30	1.49	1.30	0.19	010
67800		A	Remove eyelid lesion	1.41	1.80	1.58	1.27	1.06	0.18	010
67801		A	Remove eyelid lesions	1.91	2.22	1.92	1.57	1.29	0.27	010
67805		A	Remove eyelid lesions	2.27	2.84	2.49	2.01	1.67	0.32	010
67808		A	Remove eyelid lesion(s)	4.60	NA	NA	4.84	4.07	0.66	090
67810		A	Biopsy of eyelid	1.48	3.76	3.82	0.88	0.77	0.16	000
67820		A	Revise eyelashes	0.71	0.59	0.52	0.67	0.57	0.08	000
67825		A	Revise eyelashes	1.43	1.81	1.61	1.66	1.43	0.20	010
67830		A	Revise eyelashes	1.75	4.67	4.53	1.79	1.52	0.25	010
67835		A	Revise eyelashes	5.70	NA	NA	5.60	4.72	0.83	090
67840		A	Remove eyelid lesion	2.09	4.63	4.46	1.99	1.68	0.25	010
67850		A	Treat eyelid lesion	1.74	3.55	3.51	1.74	1.61	0.18	010
67875		A	Closure of eyelid by suture	1.35	2.84	2.72	1.17	0.97	0.18	000
67880		A	Revision of eyelid	4.60	6.86	6.16	4.84	4.07	0.60	090
67882		A	Revision of eyelid	6.02	8.17	7.25	6.12	5.12	0.87	090
67900		A	Repair brow defect	6.82	9.28	8.37	6.32	5.34	0.90	090
67901		A	Repair eyelid defect	7.59	11.24	9.09	7.25	6.00	1.10	090
67902		A	Repair eyelid defect	9.82	NA	NA	8.85	7.10	1.42	090
67903		A	Repair eyelid defect	6.51	8.45	7.82	5.99	5.14	0.93	090
67904		A	Repair eyelid defect	7.97	10.48	9.27	7.45	6.09	1.12	090
67906		A	Repair eyelid defect	6.93	NA	NA	6.24	5.21	0.36	090
67908		A	Repair eyelid defect	5.30	7.14	6.33	5.59	4.88	0.77	090
67909		A	Revise eyelid defect	5.57	7.86	7.13	5.68	4.86	0.81	090
67911		A	Revise eyelid defect	7.50	NA	NA	7.02	5.70	1.03	090
67912		A	Correction eyelid w/implant	6.36	15.22	14.97	6.27	5.44	0.68	090
67914		A	Repair eyelid defect	3.75	5.90	5.46	3.66	3.11	0.50	090
67915		A	Repair eyelid defect	3.26	5.31	4.99	3.25	2.80	0.33	090
67916		A	Repair eyelid defect	5.48	8.00	7.27	5.61	4.79	0.70	090
67917		A	Repair eyelid defect	6.19	8.53	7.70	6.03	5.12	0.85	090
67921		A	Repair eyelid defect	3.47	5.73	5.31	3.50	2.96	0.50	090
67922		A	Repair eyelid defect	3.14	5.16	4.85	3.14	2.70	0.31	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
67923		A	Repair eyelid defect	6.05	8.24	7.40	5.95	5.03	0.83	090
67924		A	Repair eyelid defect	5.93	8.72	7.94	5.64	4.75	0.83	090
67930		A	Repair eyelid wound	3.65	5.46	5.02	2.66	2.18	0.52	010
67935		A	Repair eyelid wound	6.36	8.56	7.73	5.14	4.30	0.92	090
67938		A	Remove eyelid foreign body	1.38	4.45	4.35	1.57	1.36	0.16	010
67950		A	Revision of eyelid	5.99	8.38	7.64	5.92	5.09	0.81	090
67961		A	Revision of eyelid	5.86	8.55	7.79	5.85	4.99	0.81	090
67966		A	Revision of eyelid	8.97	10.54	9.14	8.05	6.53	1.25	090
67971		A	Reconstruction of eyelid	10.01	NA	NA	8.75	7.31	1.44	090
67973		A	Reconstruction of eyelid	13.13	NA	NA	11.08	9.24	1.90	090
67974		A	Reconstruction of eyelid	13.10	NA	NA	11.06	9.19	1.90	090
67975		A	Reconstruction of eyelid	9.35	NA	NA	8.38	7.02	1.35	090
67999		C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020		A	Incise/drain eyelid lining	1.42	1.61	1.41	1.41	1.21	0.15	010
68040		A	Treatment of eyelid lesions	0.85	0.81	0.70	0.54	0.43	0.12	000
68100		A	Biopsy of eyelid lining	1.35	2.79	2.69	1.19	0.99	0.15	000
68110		A	Remove eyelid lining lesion	1.82	3.71	3.49	1.98	1.69	0.26	010
68115		A	Remove eyelid lining lesion	2.41	5.20	4.94	2.33	1.95	0.23	010
68130		A	Remove eyelid lining lesion	5.10	8.30	7.63	5.46	4.65	0.26	090
68135		A	Remove eyelid lining lesion	1.89	2.11	1.81	1.98	1.69	0.19	010
68200		A	Treat eyelid by injection	0.49	0.59	0.51	0.41	0.34	0.06	000
68320		A	Revise/graft eyelid lining	6.64	11.36	10.35	7.18	6.01	0.95	090
68325		A	Revise/graft eyelid lining	8.63	NA	NA	8.33	6.95	1.24	090
68326		A	Revise/graft eyelid lining	8.42	NA	NA	8.21	6.82	1.21	090
68328		A	Revise/graft eyelid lining	9.45	NA	NA	8.87	7.42	1.37	090
68330		A	Revise eyelid lining	5.78	9.29	8.45	6.06	5.07	0.84	090
68335		A	Revise/graft eyelid lining	8.46	NA	NA	8.25	6.84	1.22	090
68340		A	Separate eyelid adhesions	4.97	8.54	7.84	5.27	4.41	0.73	090
68360		A	Revise eyelid lining	5.17	8.07	7.32	5.38	4.51	0.75	090
68362		A	Revise eyelid lining	8.61	NA	NA	8.29	6.88	1.24	090
68371		A	Harvest eye tissue, alograft	5.09	NA	NA	5.50	4.70	0.26	010
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400		A	Incise/drain tear gland	1.74	5.08	4.90	1.66	1.48	0.25	010
68420		A	Incise/drain tear sac	2.35	5.45	5.20	2.02	1.77	0.22	010
68440		A	Incise tear duct opening	0.99	1.56	1.52	1.49	1.31	0.15	010
68500		A	Removal of tear gland	12.77	NA	NA	12.38	10.29	2.20	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
68505		A	Partial removal, tear gland	12.69	NA	NA	12.33	10.44	1.82	090
68510		A	Biopsy of tear gland	4.60	6.55	6.09	3.10	2.43	0.66	000
68520		A	Removal of tear sac	8.78	NA	NA	8.88	7.53	0.84	090
68525		A	Biopsy of tear sac	4.42	NA	NA	2.61	2.03	0.63	000
68530		A	Clearance of tear duct	3.70	6.82	6.52	3.00	2.52	0.53	010
68540		A	Remove tear gland lesion	12.18	NA	NA	11.78	9.84	1.15	090
68550		A	Remove tear gland lesion	15.16	NA	NA	12.71	11.42	1.42	090
68700		A	Repair tear ducts	7.87	NA	NA	7.71	6.41	1.13	090
68705		A	Revise tear duct opening	2.11	3.73	3.50	2.16	1.83	0.30	010
68720		A	Create tear sac drain	9.96	NA	NA	9.51	8.01	1.22	090
68745		A	Create tear duct drain	9.90	NA	NA	9.69	8.14	1.43	090
68750		A	Create tear duct drain	10.10	NA	NA	10.14	8.54	1.45	090
68760		A	Close tear duct opening	1.78	3.18	2.98	1.95	1.67	0.25	010
68761		A	Close tear duct opening	1.41	2.26	2.07	1.62	1.40	0.16	010
68770		A	Close tear system fistula	8.29	NA	NA	7.95	6.01	1.19	090
68801		A	Dilate tear duct opening	1.00	2.11	1.92	1.72	1.53	0.12	010
68810		A	Probe nasolacrimal duct	2.15	3.84	3.48	2.60	2.34	0.29	010
68811		A	Probe nasolacrimal duct	2.45	NA	NA	2.82	2.43	0.35	010
68815		A	Probe nasolacrimal duct	3.30	7.62	7.19	3.31	2.82	0.43	010
68816		A	Probe nl duct w/balloon	3.06	14.47	13.31	3.36	2.83	0.44	010
68840		A	Explore/irrigate tear ducts	1.30	1.91	1.66	1.65	1.38	0.18	010
68850		A	Injection for tear sac x-ray	0.80	0.76	0.79	0.64	0.65	0.05	000
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000		A	Drain external ear lesion	1.50	3.20	3.00	1.59	1.43	0.16	010
69005		A	Drain external ear lesion	2.16	3.35	3.13	1.96	1.79	0.21	010
69020		A	Drain outer ear canal lesion	1.53	4.43	4.21	2.19	2.05	0.15	010
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100		A	Biopsy of external ear	0.81	1.68	1.80	0.48	0.43	0.08	000
69105		A	Biopsy of external ear canal	0.85	2.72	2.63	0.83	0.77	0.07	000
69110		A	Remove external ear, partial	3.53	7.96	7.77	4.78	4.63	0.39	090
69120		A	Removal of external ear	4.14	NA	NA	6.25	5.84	0.44	090
69140		A	Remove ear canal lesion(s)	8.14	NA	NA	14.50	13.75	0.77	090
69145		A	Remove ear canal lesion(s)	2.70	7.43	6.95	3.80	3.52	0.26	090
69150		A	Extensive ear canal surgery	13.61	NA	NA	13.63	12.71	1.43	090
69155		A	Extensive ear/neck surgery	23.35	NA	NA	20.74	19.04	2.21	090
69200		A	Clear outer ear canal	0.77	2.35	2.26	0.74	0.64	0.07	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
69205		A	Clear outer ear canal	1.21	NA	NA	1.43	1.33	0.12	010
69210		A	Remove impacted ear wax	0.61	0.71	0.63	0.26	0.21	0.05	000
69220		A	Clean out mastoid cavity	0.83	2.69	2.58	0.81	0.74	0.07	000
69222		A	Clean out mastoid cavity	1.45	4.18	4.03	2.12	2.02	0.13	010
69300		R	Revise external ear	6.69	11.23	9.65	5.89	5.27	0.63	YYY
69310		A	Rebuild outer ear canal	10.97	NA	NA	17.10	16.26	1.06	090
69320		A	Rebuild outer ear canal	17.18	NA	NA	22.69	21.47	1.62	090
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400		A	Inflate middle ear canal	0.83	2.93	2.74	0.81	0.73	0.07	000
69401		A	Inflate middle ear canal	0.63	1.59	1.45	0.66	0.62	0.05	000
69405		A	Catheterize middle ear canal	2.68	4.11	3.80	2.41	2.20	0.25	010
69420		A	Incision of eardrum	1.38	3.53	3.37	1.78	1.65	0.13	010
69421		A	Incision of eardrum	1.78	NA	NA	2.13	2.02	0.17	010
69424		A	Remove ventilating tube	0.85	2.44	2.35	0.79	0.72	0.07	000
69433		A	Create eardrum opening	1.57	3.56	3.37	1.84	1.69	0.16	010
69436		A	Create eardrum opening	2.01	NA	NA	2.22	2.09	0.19	010
69440		A	Exploration of middle ear	7.71	NA	NA	10.30	9.49	0.73	090
69450		A	Eardrum revision	5.69	NA	NA	8.50	7.86	0.53	090
69501		A	Mastoidectomy	9.21	NA	NA	10.05	9.18	0.87	090
69502		A	Mastoidectomy	12.56	NA	NA	12.87	11.84	1.24	090
69505		A	Remove mastoid structures	13.17	NA	NA	18.15	17.08	1.25	090
69511		A	Extensive mastoid surgery	13.70	NA	NA	18.45	17.38	1.30	090
69530		A	Extensive mastoid surgery	20.38	NA	NA	22.97	21.39	1.92	090
69535		A	Remove part of temporal bone	37.42	NA	NA	32.67	30.02	3.84	090
69540		A	Remove ear lesion	1.25	4.08	3.94	2.05	1.95	0.12	010
69550		A	Remove ear lesion	11.15	NA	NA	15.95	15.02	1.06	090
69552		A	Remove ear lesion	19.81	NA	NA	21.41	19.87	1.87	090
69554		A	Remove ear lesion	35.97	NA	NA	28.44	26.49	3.39	090
69601		A	Mastoid surgery revision	13.45	NA	NA	14.13	12.91	1.26	090
69602		A	Mastoid surgery revision	13.76	NA	NA	14.90	13.64	1.30	090
69603		A	Mastoid surgery revision	14.20	NA	NA	18.69	17.71	1.34	090
69604		A	Mastoid surgery revision	14.20	NA	NA	15.11	14.00	1.34	090
69605		A	Mastoid surgery revision	18.69	NA	NA	22.15	20.71	1.76	090
69610		A	Repair of eardrum	4.47	5.59	5.30	3.28	2.99	0.43	010
69620		A	Repair of eardrum	6.03	11.80	11.30	6.76	6.27	0.56	090
69631		A	Repair eardrum structures	10.05	NA	NA	13.08	12.06	0.95	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
69632		A	Rebuild eardrum structures	12.96	NA	NA	15.31	14.12	1.22	090
69633		A	Rebuild eardrum structures	12.31	NA	NA	15.01	13.82	1.17	090
69635		A	Repair eardrum structures	13.51	NA	NA	18.12	17.13	1.28	090
69636		A	Rebuild eardrum structures	15.43	NA	NA	20.57	19.32	1.45	090
69637		A	Rebuild eardrum structures	15.32	NA	NA	20.52	19.28	1.47	090
69641		A	Revise middle ear & mastoid	12.89	NA	NA	14.45	13.30	1.23	090
69642		A	Revise middle ear & mastoid	17.06	NA	NA	18.14	16.67	1.61	090
69643		A	Revise middle ear & mastoid	15.59	NA	NA	16.57	15.22	1.47	090
69644		A	Revise middle ear & mastoid	17.23	NA	NA	21.40	20.10	1.63	090
69645		A	Revise middle ear & mastoid	16.71	NA	NA	21.14	19.87	1.60	090
69646		A	Revise middle ear & mastoid	18.37	NA	NA	21.98	20.50	1.73	090
69650		A	Release middle ear bone	9.80	NA	NA	11.32	10.22	0.92	090
69660		A	Revise middle ear bone	12.03	NA	NA	12.36	11.36	1.14	090
69661		A	Revise middle ear bone	15.92	NA	NA	15.87	14.63	1.47	090
69662		A	Revise middle ear bone	15.60	NA	NA	14.89	13.66	1.47	090
69666		A	Repair middle ear structures	9.89	NA	NA	11.30	10.36	0.94	090
69667		A	Repair middle ear structures	9.90	NA	NA	11.30	10.41	0.94	090
69670		A	Remove mastoid air cells	11.73	NA	NA	13.09	11.98	1.11	090
69676		A	Remove middle ear nerve	9.69	NA	NA	12.10	11.21	0.91	090
69700		A	Close mastoid fistula	8.37	NA	NA	9.64	9.01	0.79	090
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711		A	Remove/repair hearing aid	10.62	NA	NA	12.05	11.17	1.00	090
69714		A	Implant temple bone w/stimul	14.45	NA	NA	13.93	12.74	1.37	090
69715		A	Temple bne implnt w/stimulat	18.96	NA	NA	16.28	14.78	1.78	090
69717		A	Temple bone implant revision	15.43	NA	NA	14.44	13.41	1.45	090
69718		A	Revise temple bone implant	19.21	NA	NA	16.40	14.92	1.80	090
69720		A	Release facial nerve	14.71	NA	NA	16.18	14.86	1.39	090
69725		A	Release facial nerve	27.64	NA	NA	22.33	20.07	2.61	090
69740		A	Repair facial nerve	16.27	NA	NA	14.64	13.34	1.53	090
69745		A	Repair facial nerve	17.02	NA	NA	15.84	14.55	1.60	090
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801		A	Incise inner ear	8.70	NA	NA	10.97	10.11	0.83	090
69802		A	Incise inner ear	13.50	NA	NA	13.95	12.76	1.26	090
69805		A	Explore inner ear	14.71	NA	NA	13.22	11.93	1.39	090
69806		A	Explore inner ear	12.63	NA	NA	12.31	11.25	1.20	090
69820		A	Establish inner ear window	10.52	NA	NA	12.01	11.16	1.00	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
69840		A	Revise inner ear window	10.44	NA	NA	14.28	12.70	0.54	090
69905		A	Remove inner ear	11.26	NA	NA	12.86	11.89	1.07	090
69910		A	Remove inner ear & mastoid	13.91	NA	NA	13.09	11.92	1.32	090
69915		A	Incise inner ear nerve	22.77	NA	NA	14.27	15.26	2.18	090
69930		A	Implant cochlear device	17.73	NA	NA	14.69	13.55	1.67	090
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950		A	Incise inner ear nerve	27.63	NA	NA	19.91	18.22	2.61	090
69955		A	Release facial nerve	29.42	NA	NA	23.21	20.91	2.78	090
69960		A	Release inner ear canal	29.42	NA	NA	21.87	19.54	2.78	090
69970		A	Remove inner ear lesion	32.41	NA	NA	24.65	22.21	3.06	090
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69990		R	Microsurgery add-on	3.46	NA	NA	1.62	1.52	0.85	ZZZ
70010		A	Contrast x-ray of brain	1.19	2.42	3.11	NA	NA	0.16	XXX
70010	TC	A	Contrast x-ray of brain	0.00	2.06	2.69	NA	NA	0.01	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.36	0.42	0.36	0.42	0.15	XXX
70015		A	Contrast x-ray of brain	1.19	2.57	2.63	NA	NA	0.06	XXX
70015	TC	A	Contrast x-ray of brain	0.00	2.19	2.19	NA	NA	0.01	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.38	0.44	0.38	0.44	0.05	XXX
70030		A	X-ray eye for foreign body	0.17	0.53	0.57	NA	NA	0.02	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.48	0.51	NA	NA	0.01	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.05	0.06	0.05	0.06	0.01	XXX
70100		A	X-ray exam of jaw	0.18	0.62	0.63	NA	NA	0.02	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.55	0.57	NA	NA	0.01	XXX
70100	26	A	X-ray exam of jaw	0.18	0.07	0.06	0.07	0.06	0.01	XXX
70110		A	X-ray exam of jaw	0.25	0.71	0.78	NA	NA	0.02	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.63	0.69	NA	NA	0.01	XXX
70110	26	A	X-ray exam of jaw	0.25	0.08	0.09	0.08	0.09	0.01	XXX
70120		A	X-ray exam of mastoids	0.18	0.74	0.70	NA	NA	0.02	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.67	0.64	NA	NA	0.01	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.07	0.06	0.07	0.06	0.01	XXX
70130		A	X-ray exam of mastoids	0.34	1.06	1.10	NA	NA	0.02	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.95	0.98	NA	NA	0.01	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.11	0.12	0.11	0.12	0.01	XXX
70134		A	X-ray exam of middle ear	0.34	0.78	0.87	NA	NA	0.02	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.68	0.75	NA	NA	0.01	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.10	0.12	0.10	0.12	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
70140		A	X-ray exam of facial bones	0.19	0.54	0.57	NA	NA	0.02	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.47	0.51	NA	NA	0.01	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.07	0.06	0.07	0.06	0.01	XXX
70150		A	X-ray exam of facial bones	0.26	0.78	0.84	NA	NA	0.02	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.69	0.75	NA	NA	0.01	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.09	0.09	0.09	0.09	0.01	XXX
70160		A	X-ray exam of nasal bones	0.17	0.64	0.67	NA	NA	0.02	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.58	0.61	NA	NA	0.01	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70170		C	X-ray exam of tear duct	0.00	0.00	0.00	NA	NA	0.00	XXX
70170	TC	C	X-ray exam of tear duct	0.00	0.00	0.00	NA	NA	0.00	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.09	0.11	0.09	0.11	0.02	XXX
70190		A	X-ray exam of eye sockets	0.21	0.66	0.71	NA	NA	0.02	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.64	NA	NA	0.01	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.07	0.07	0.07	0.07	0.01	XXX
70200		A	X-ray exam of eye sockets	0.28	0.79	0.86	NA	NA	0.02	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.70	0.76	NA	NA	0.01	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.09	0.10	0.09	0.10	0.01	XXX
70210		A	X-ray exam of sinuses	0.17	0.59	0.61	NA	NA	0.02	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.53	0.55	NA	NA	0.01	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.06	0.06	0.01	XXX
70220		A	X-ray exam of sinuses	0.25	0.71	0.76	NA	NA	0.02	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.62	0.68	NA	NA	0.01	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.09	0.08	0.09	0.08	0.01	XXX
70240		A	X-ray exam, pituitary saddle	0.19	0.52	0.58	NA	NA	0.02	XXX
70240	TC	A	X-ray exam, pituitary saddle	0.00	0.46	0.51	NA	NA	0.01	XXX
70240	26	A	X-ray exam, pituitary saddle	0.19	0.06	0.07	0.06	0.07	0.01	XXX
70250		A	X-ray exam of skull	0.24	0.67	0.70	NA	NA	0.02	XXX
70250	TC	A	X-ray exam of skull	0.00	0.58	0.62	NA	NA	0.01	XXX
70250	26	A	X-ray exam of skull	0.24	0.09	0.08	0.09	0.08	0.01	XXX
70260		A	X-ray exam of skull	0.34	0.82	0.89	NA	NA	0.02	XXX
70260	TC	A	X-ray exam of skull	0.00	0.70	0.78	NA	NA	0.01	XXX
70260	26	A	X-ray exam of skull	0.34	0.12	0.11	0.12	0.11	0.01	XXX
70300		A	X-ray exam of teeth	0.10	0.25	0.26	NA	NA	0.02	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.20	0.22	NA	NA	0.01	XXX
70300	26	A	X-ray exam of teeth	0.10	0.05	0.04	0.05	0.04	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
70310		A	X-ray exam of teeth	0.16	0.82	0.77	NA	NA	0.02	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.73	0.70	NA	NA	0.01	XXX
70310	26	A	X-ray exam of teeth	0.16	0.09	0.07	0.09	0.07	0.01	XXX
70320		A	Full mouth x-ray of teeth	0.22	1.06	1.05	NA	NA	0.02	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.95	0.96	NA	NA	0.01	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.11	0.09	0.11	0.09	0.01	XXX
70328		A	X-ray exam of jaw joint	0.18	0.58	0.60	NA	NA	0.02	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.52	0.54	NA	NA	0.01	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.06	0.06	0.01	XXX
70330		A	X-ray exam of jaw joints	0.24	0.94	0.99	NA	NA	0.02	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.85	0.90	NA	NA	0.01	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.09	0.09	0.09	0.09	0.01	XXX
70332		A	X-ray exam of jaw joint	0.54	1.56	1.66	NA	NA	0.03	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.32	1.46	NA	NA	0.01	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.24	0.20	0.24	0.20	0.02	XXX
70336		A	Magnetic image, jaw joint	1.48	6.28	10.72	NA	NA	0.07	XXX
70336	TC	A	Magnetic image, jaw joint	0.00	5.83	10.20	NA	NA	0.01	XXX
70336	26	A	Magnetic image, jaw joint	1.48	0.45	0.52	0.45	0.52	0.06	XXX
70350		A	X-ray head for orthodontia	0.17	0.37	0.37	NA	NA	0.02	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.27	0.30	NA	NA	0.01	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.10	0.07	0.10	0.07	0.01	XXX
70355		A	Panoramic x-ray of jaws	0.20	0.32	0.37	NA	NA	0.02	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.22	0.29	NA	NA	0.01	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.10	0.08	0.10	0.08	0.01	XXX
70360		A	X-ray exam of neck	0.17	0.50	0.54	NA	NA	0.02	XXX
70360	TC	A	X-ray exam of neck	0.00	0.45	0.48	NA	NA	0.01	XXX
70360	26	A	X-ray exam of neck	0.17	0.05	0.06	0.05	0.06	0.01	XXX
70370		A	Throat x-ray & fluoroscopy	0.32	1.75	1.68	NA	NA	0.02	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.64	1.57	NA	NA	0.01	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.11	0.11	0.11	0.11	0.01	XXX
70371		A	Speech evaluation, complex	0.84	1.47	1.66	NA	NA	0.03	XXX
70371	TC	A	Speech evaluation, complex	0.00	1.18	1.38	NA	NA	0.01	XXX
70371	26	A	Speech evaluation, complex	0.84	0.29	0.28	0.29	0.28	0.02	XXX
70373		A	Contrast x-ray of larynx	0.44	1.64	1.66	NA	NA	0.02	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.48	1.53	NA	NA	0.01	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.16	0.13	0.16	0.13	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
70380		A	X-ray exam of salivary gland	0.17	0.82	0.81	NA	NA	0.02	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.73	0.74	NA	NA	0.01	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.09	0.07	0.09	0.07	0.01	XXX
70390		A	X-ray exam of salivary duct	0.38	2.05	2.21	NA	NA	0.03	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.93	2.07	NA	NA	0.01	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.12	0.14	0.12	0.14	0.02	XXX
70450		A	Ct head/brain w/o dye	0.85	2.73	4.44	NA	NA	0.04	XXX
70450	TC	A	Ct head/brain w/o dye	0.00	2.47	4.13	NA	NA	0.01	XXX
70450	26	A	Ct head/brain w/o dye	0.85	0.26	0.31	0.26	0.31	0.03	XXX
70460		A	Ct head/brain w/dye	1.13	3.62	5.75	NA	NA	0.05	XXX
70460	TC	A	Ct head/brain w/dye	0.00	3.27	5.34	NA	NA	0.01	XXX
70460	26	A	Ct head/brain w/dye	1.13	0.35	0.41	0.35	0.41	0.04	XXX
70470		A	Ct head/brain w/o & w/dye	1.27	4.40	7.04	NA	NA	0.06	XXX
70470	TC	A	Ct head/brain w/o & w/dye	0.00	4.01	6.58	NA	NA	0.01	XXX
70470	26	A	Ct head/brain w/o & w/dye	1.27	0.39	0.46	0.39	0.46	0.05	XXX
70480		A	Ct orbit/ear/fossa w/o dye	1.28	4.73	6.99	NA	NA	0.06	XXX
70480	TC	A	Ct orbit/ear/fossa w/o dye	0.00	4.33	6.53	NA	NA	0.01	XXX
70480	26	A	Ct orbit/ear/fossa w/o dye	1.28	0.40	0.46	0.40	0.46	0.05	XXX
70481		A	Ct orbit/ear/fossa w/dye	1.38	5.53	8.21	NA	NA	0.07	XXX
70481	TC	A	Ct orbit/ear/fossa w/dye	0.00	5.11	7.72	NA	NA	0.01	XXX
70481	26	A	Ct orbit/ear/fossa w/dye	1.38	0.42	0.49	0.42	0.49	0.06	XXX
70482		A	Ct orbit/ear/fossa w/o&w/dye	1.45	6.25	9.49	NA	NA	0.07	XXX
70482	TC	A	Ct orbit/ear/fossa w/o&w/dye	0.00	5.81	8.97	NA	NA	0.01	XXX
70482	26	A	Ct orbit/ear/fossa w/o&w/dye	1.45	0.44	0.52	0.44	0.52	0.06	XXX
70486		A	Ct maxillofacial w/o dye	1.14	3.82	5.80	NA	NA	0.05	XXX
70486	TC	A	Ct maxillofacial w/o dye	0.00	3.46	5.39	NA	NA	0.01	XXX
70486	26	A	Ct maxillofacial w/o dye	1.14	0.36	0.41	0.36	0.41	0.04	XXX
70487		A	Ct maxillofacial w/dye	1.30	4.63	7.07	NA	NA	0.06	XXX
70487	TC	A	Ct maxillofacial w/dye	0.00	4.24	6.60	NA	NA	0.01	XXX
70487	26	A	Ct maxillofacial w/dye	1.30	0.39	0.47	0.39	0.47	0.05	XXX
70488		A	Ct maxillofacial w/o & w/dye	1.42	5.70	8.76	NA	NA	0.07	XXX
70488	TC	A	Ct maxillofacial w/o & w/dye	0.00	5.26	8.25	NA	NA	0.01	XXX
70488	26	A	Ct maxillofacial w/o & w/dye	1.42	0.44	0.51	0.44	0.51	0.06	XXX
70490		A	Ct soft tissue neck w/o dye	1.28	3.61	5.58	NA	NA	0.06	XXX
70490	TC	A	Ct soft tissue neck w/o dye	0.00	3.22	5.11	NA	NA	0.01	XXX
70490	26	A	Ct soft tissue neck w/o dye	1.28	0.39	0.47	0.39	0.47	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
70491		A	Ct soft tissue neck w/dye	1.38	4.47	6.85	NA	NA	0.06	XXX
70491	TC	A	Ct soft tissue neck w/dye	0.00	4.04	6.35	NA	NA	0.01	XXX
70491	26	A	Ct soft tissue neck w/dye	1.38	0.43	0.50	0.43	0.50	0.05	XXX
70492		A	Ct sft tsue nck w/o & w/dye	1.45	5.49	8.51	NA	NA	0.07	XXX
70492	TC	A	Ct sft tsue nck w/o & w/dye	0.00	5.04	7.99	NA	NA	0.01	XXX
70492	26	A	Ct sft tsue nck w/o & w/dye	1.45	0.45	0.52	0.45	0.52	0.06	XXX
70496		A	Ct angiography, head	1.75	14.91	15.58	NA	NA	0.08	XXX
70496	TC	A	Ct angiography, head	0.00	14.38	14.94	NA	NA	0.01	XXX
70496	26	A	Ct angiography, head	1.75	0.53	0.64	0.53	0.64	0.07	XXX
70498		A	Ct angiography, neck	1.75	14.80	15.60	NA	NA	0.08	XXX
70498	TC	A	Ct angiography, neck	0.00	14.27	14.96	NA	NA	0.01	XXX
70498	26	A	Ct angiography, neck	1.75	0.53	0.64	0.53	0.64	0.07	XXX
70540		A	Mri orbit/face/neck w/o dye	1.35	7.23	12.07	NA	NA	0.07	XXX
70540	TC	A	Mri orbit/face/neck w/o dye	0.00	6.82	11.59	NA	NA	0.01	XXX
70540	26	A	Mri orbit/face/neck w/o dye	1.35	0.41	0.48	0.41	0.48	0.06	XXX
70542		A	Mri orbit/face/neck w/dye	1.62	8.04	13.29	NA	NA	0.08	XXX
70542	TC	A	Mri orbit/face/neck w/dye	0.00	7.55	12.72	NA	NA	0.01	XXX
70542	26	A	Mri orbit/face/neck w/dye	1.62	0.49	0.57	0.49	0.57	0.07	XXX
70543		A	Mri orbt/fac/nck w/o & w/dye	2.15	9.82	17.96	NA	NA	0.10	XXX
70543	TC	A	Mri orbt/fac/nck w/o & w/dye	0.00	9.17	17.20	NA	NA	0.01	XXX
70543	26	A	Mri orbt/fac/nck w/o & w/dye	2.15	0.65	0.76	0.65	0.76	0.09	XXX
70544		A	Mr angiography head w/o dye	1.20	13.90	14.68	NA	NA	0.06	XXX
70544	TC	A	Mr angiography head w/o dye	0.00	13.53	14.25	NA	NA	0.01	XXX
70544	26	A	Mr angiography head w/o dye	1.20	0.37	0.43	0.37	0.43	0.05	XXX
70545		A	Mr angiography head w/dye	1.20	13.74	14.59	NA	NA	0.06	XXX
70545	TC	A	Mr angiography head w/dye	0.00	13.38	14.16	NA	NA	0.01	XXX
70545	26	A	Mr angiography head w/dye	1.20	0.36	0.43	0.36	0.43	0.05	XXX
70546		A	Mr angiograph head w/o&w/dye	1.80	21.10	23.29	NA	NA	0.09	XXX
70546	TC	A	Mr angiograph head w/o&w/dye	0.00	20.55	22.65	NA	NA	0.01	XXX
70546	26	A	Mr angiograph head w/o&w/dye	1.80	0.55	0.64	0.55	0.64	0.08	XXX
70547		A	Mr angiography neck w/o dye	1.20	13.86	14.64	NA	NA	0.06	XXX
70547	TC	A	Mr angiography neck w/o dye	0.00	13.49	14.21	NA	NA	0.01	XXX
70547	26	A	Mr angiography neck w/o dye	1.20	0.37	0.43	0.37	0.43	0.05	XXX
70548		A	Mr angiography neck w/dye	1.20	14.72	15.34	NA	NA	0.06	XXX
70548	TC	A	Mr angiography neck w/dye	0.00	14.35	14.91	NA	NA	0.01	XXX
70548	26	A	Mr angiography neck w/dye	1.20	0.37	0.43	0.37	0.43	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
70549		A	Mr angiograph neck w/o&w/dye	1.80	21.04	23.29	NA	NA	0.08	XXX
70549	TC	A	Mr angiograph neck w/o&w/dye	0.00	20.49	22.65	NA	NA	0.01	XXX
70549	26	A	Mr angiograph neck w/o&w/dye	1.80	0.55	0.64	0.55	0.64	0.07	XXX
70551		A	Mri brain w/o dye	1.48	7.55	12.32	NA	NA	0.07	XXX
70551	TC	A	Mri brain w/o dye	0.00	7.10	11.79	NA	NA	0.01	XXX
70551	26	A	Mri brain w/o dye	1.48	0.45	0.53	0.45	0.53	0.06	XXX
70552		A	Mri brain w/dye	1.78	8.39	13.63	NA	NA	0.09	XXX
70552	TC	A	Mri brain w/dye	0.00	7.84	12.99	NA	NA	0.01	XXX
70552	26	A	Mri brain w/dye	1.78	0.55	0.64	0.55	0.64	0.08	XXX
70553		A	Mri brain w/o & w/dye	2.36	9.65	17.57	NA	NA	0.11	XXX
70553	TC	A	Mri brain w/o & w/dye	0.00	8.93	16.73	NA	NA	0.01	XXX
70553	26	A	Mri brain w/o & w/dye	2.36	0.72	0.84	0.72	0.84	0.10	XXX
70554		A	Fmri brain by tech	2.11	8.95	13.04	NA	NA	0.10	XXX
70554	TC	A	Fmri brain by tech	0.00	8.28	12.26	NA	NA	0.01	XXX
70554	26	A	Fmri brain by tech	2.11	0.67	0.78	0.67	0.78	0.09	XXX
70555		C	Fmri brain by phys/psych	0.00	0.00	0.00	NA	NA	0.00	XXX
70555	TC	C	Fmri brain by phys/psych	0.00	0.00	0.00	NA	NA	0.00	XXX
70555	26	A	Fmri brain by phys/psych	2.54	0.76	0.94	0.76	0.94	0.18	XXX
70557		C	Mri brain w/o dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70557	TC	C	Mri brain w/o dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70557	26	A	Mri brain w/o dye	2.90	1.35	1.20	1.35	1.20	0.77	XXX
70558		C	Mri brain w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70558	TC	C	Mri brain w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70558	26	A	Mri brain w/dye	3.20	0.97	1.15	0.97	1.15	0.22	XXX
70559		C	Mri brain w/o & w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70559	TC	C	Mri brain w/o & w/dye	0.00	0.00	0.00	NA	NA	0.00	XXX
70559	26	A	Mri brain w/o & w/dye	3.20	1.08	1.23	1.08	1.23	0.22	XXX
71010		A	Chest x-ray	0.18	0.39	0.44	NA	NA	0.02	XXX
71010	TC	A	Chest x-ray	0.00	0.33	0.38	NA	NA	0.01	XXX
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.06	0.06	0.01	XXX
71015		A	Chest x-ray	0.21	0.54	0.57	NA	NA	0.02	XXX
71015	TC	A	Chest x-ray	0.00	0.47	0.50	NA	NA	0.01	XXX
71015	26	A	Chest x-ray	0.21	0.07	0.07	0.07	0.07	0.01	XXX
71020		A	Chest x-ray	0.22	0.52	0.60	NA	NA	0.02	XXX
71020	TC	A	Chest x-ray	0.00	0.45	0.52	NA	NA	0.01	XXX
71020	26	A	Chest x-ray	0.22	0.07	0.08	0.07	0.08	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
71021		A	Chest x-ray	0.27	0.66	0.72	NA	NA	0.02	XXX
71021	TC	A	Chest x-ray	0.00	0.57	0.63	NA	NA	0.01	XXX
71021	26	A	Chest x-ray	0.27	0.09	0.09	0.09	0.09	0.01	XXX
71022		A	Chest x-ray	0.31	0.83	0.90	NA	NA	0.02	XXX
71022	TC	A	Chest x-ray	0.00	0.73	0.79	NA	NA	0.01	XXX
71022	26	A	Chest x-ray	0.31	0.10	0.11	0.10	0.11	0.01	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	1.36	1.40	NA	NA	0.02	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	1.23	1.25	NA	NA	0.01	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.13	0.15	0.13	0.15	0.01	XXX
71030		A	Chest x-ray	0.31	0.81	0.90	NA	NA	0.02	XXX
71030	TC	A	Chest x-ray	0.00	0.71	0.79	NA	NA	0.01	XXX
71030	26	A	Chest x-ray	0.31	0.10	0.11	0.10	0.11	0.01	XXX
71034		A	Chest x-ray and fluoroscopy	0.46	1.61	1.90	NA	NA	0.02	XXX
71034	TC	A	Chest x-ray and fluoroscopy	0.00	1.46	1.70	NA	NA	0.01	XXX
71034	26	A	Chest x-ray and fluoroscopy	0.46	0.15	0.20	0.15	0.20	0.01	XXX
71035		A	Chest x-ray	0.18	0.67	0.73	NA	NA	0.02	XXX
71035	TC	A	Chest x-ray	0.00	0.62	0.66	NA	NA	0.01	XXX
71035	26	A	Chest x-ray	0.18	0.05	0.07	0.05	0.07	0.01	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.81	1.93	NA	NA	0.02	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.63	1.73	NA	NA	0.01	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.18	0.20	0.18	0.20	0.01	XXX
71060		A	Contrast x-ray of bronchi	0.74	2.80	2.94	NA	NA	0.04	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.56	2.67	NA	NA	0.01	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.24	0.27	0.24	0.27	0.03	XXX
71090		C	X-ray & pacemaker insertion	0.00	0.00	0.00	NA	NA	0.00	XXX
71090	TC	C	X-ray & pacemaker insertion	0.00	0.00	0.00	NA	NA	0.00	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.18	0.24	0.18	0.24	0.03	XXX
71100		A	X-ray exam of ribs	0.22	0.57	0.63	NA	NA	0.02	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.50	0.55	NA	NA	0.01	XXX
71100	26	A	X-ray exam of ribs	0.22	0.07	0.08	0.07	0.08	0.01	XXX
71101		A	X-ray exam of ribs/chest	0.27	0.70	0.75	NA	NA	0.02	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.61	0.66	NA	NA	0.01	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.09	0.09	0.09	0.09	0.01	XXX
71110		A	X-ray exam of ribs	0.27	0.72	0.78	NA	NA	0.02	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.63	0.69	NA	NA	0.01	XXX
71110	26	A	X-ray exam of ribs	0.27	0.09	0.09	0.09	0.09	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
71111		A	X-ray exam of ribs/chest	0.32	0.99	1.04	NA	NA	0.02	XXX
71111	TC	A	X-ray exam of ribs/chest	0.00	0.88	0.93	NA	NA	0.01	XXX
71111	26	A	X-ray exam of ribs/chest	0.32	0.11	0.11	0.11	0.11	0.01	XXX
71120		A	X-ray exam of breastbone	0.20	0.56	0.64	NA	NA	0.02	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.50	0.57	NA	NA	0.01	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.06	0.07	0.06	0.07	0.01	XXX
71130		A	X-ray exam of breastbone	0.22	0.68	0.75	NA	NA	0.02	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.61	0.67	NA	NA	0.01	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.07	0.08	0.07	0.08	0.01	XXX
71250		A	Ct thorax w/o dye	1.16	3.57	5.77	NA	NA	0.06	XXX
71250	TC	A	Ct thorax w/o dye	0.00	3.22	5.35	NA	NA	0.01	XXX
71250	26	A	Ct thorax w/o dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
71260		A	Ct thorax w/dye	1.24	4.44	7.08	NA	NA	0.06	XXX
71260	TC	A	Ct thorax w/dye	0.00	4.06	6.63	NA	NA	0.01	XXX
71260	26	A	Ct thorax w/dye	1.24	0.38	0.45	0.38	0.45	0.05	XXX
71270		A	Ct thorax w/o & w/dye	1.38	5.50	8.87	NA	NA	0.06	XXX
71270	TC	A	Ct thorax w/o & w/dye	0.00	5.08	8.37	NA	NA	0.01	XXX
71270	26	A	Ct thorax w/o & w/dye	1.38	0.42	0.50	0.42	0.50	0.05	XXX
71275		A	Ct angiography, chest	1.92	10.20	11.71	NA	NA	0.09	XXX
71275	TC	A	Ct angiography, chest	0.00	9.62	11.02	NA	NA	0.01	XXX
71275	26	A	Ct angiography, chest	1.92	0.58	0.69	0.58	0.69	0.08	XXX
71550		A	Mri chest w/o dye	1.46	8.36	13.58	NA	NA	0.07	XXX
71550	TC	A	Mri chest w/o dye	0.00	7.92	13.06	NA	NA	0.01	XXX
71550	26	A	Mri chest w/o dye	1.46	0.44	0.52	0.44	0.52	0.06	XXX
71551		A	Mri chest w/dye	1.73	9.43	15.16	NA	NA	0.08	XXX
71551	TC	A	Mri chest w/dye	0.00	8.89	14.55	NA	NA	0.01	XXX
71551	26	A	Mri chest w/dye	1.73	0.54	0.61	0.54	0.61	0.07	XXX
71552		A	Mri chest w/o & w/dye	2.26	11.64	20.58	NA	NA	0.10	XXX
71552	TC	A	Mri chest w/o & w/dye	0.00	10.95	19.76	NA	NA	0.01	XXX
71552	26	A	Mri chest w/o & w/dye	2.26	0.69	0.82	0.69	0.82	0.09	XXX
71555		R	Mri angio chest w or w/o dye	1.81	13.03	14.20	NA	NA	0.08	XXX
71555	TC	R	Mri angio chest w or w/o dye	0.00	12.48	13.53	NA	NA	0.01	XXX
71555	26	R	Mri angio chest w or w/o dye	1.81	0.55	0.67	0.55	0.67	0.07	XXX
72010		A	X-ray exam of spine	0.45	1.47	1.41	NA	NA	0.03	XXX
72010	TC	A	X-ray exam of spine	0.00	1.30	1.26	NA	NA	0.01	XXX
72010	26	A	X-ray exam of spine	0.45	0.17	0.15	0.17	0.15	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
72020		A	X-ray exam of spine	0.15	0.42	0.47	NA	NA	0.02	XXX
72020	TC	A	X-ray exam of spine	0.00	0.37	0.41	NA	NA	0.01	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.06	0.05	0.06	0.01	XXX
72040		A	X-ray exam of neck spine	0.22	0.74	0.75	NA	NA	0.03	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.66	0.67	NA	NA	0.01	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.08	0.08	0.08	0.08	0.02	XXX
72050		A	X-ray exam of neck spine	0.31	0.97	1.05	NA	NA	0.03	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.87	0.94	NA	NA	0.01	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.10	0.11	0.10	0.11	0.02	XXX
72052		A	X-ray exam of neck spine	0.36	1.29	1.35	NA	NA	0.03	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.17	1.22	NA	NA	0.01	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.12	0.13	0.12	0.13	0.02	XXX
72069		A	X-ray exam of trunk spine	0.22	0.71	0.71	NA	NA	0.03	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.63	0.63	NA	NA	0.01	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.08	0.08	0.02	XXX
72070		A	X-ray exam of thoracic spine	0.22	0.60	0.65	NA	NA	0.02	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.52	0.57	NA	NA	0.01	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.08	0.08	0.08	0.08	0.01	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.68	0.77	NA	NA	0.02	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.61	0.69	NA	NA	0.01	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.07	0.08	0.07	0.08	0.01	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.85	0.94	NA	NA	0.02	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.78	0.86	NA	NA	0.01	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.07	0.08	0.07	0.08	0.01	XXX
72080		A	X-ray exam of trunk spine	0.22	0.67	0.70	NA	NA	0.03	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.59	0.62	NA	NA	0.01	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.08	0.08	0.08	0.08	0.02	XXX
72090		A	X-ray exam of trunk spine	0.28	0.95	0.96	NA	NA	0.04	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.85	0.85	NA	NA	0.01	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.11	0.10	0.11	0.03	XXX
72100		A	X-ray exam of lower spine	0.22	0.78	0.80	NA	NA	0.03	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.70	0.72	NA	NA	0.01	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.08	0.08	0.08	0.08	0.02	XXX
72110		A	X-ray exam of lower spine	0.31	1.04	1.10	NA	NA	0.03	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.94	0.99	NA	NA	0.01	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.10	0.11	0.10	0.11	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
72114		A	X-ray exam of lower spine	0.36	1.50	1.51	NA	NA	0.04	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.37	1.38	NA	NA	0.01	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.13	0.13	0.13	0.13	0.03	XXX
72120		A	X-ray exam of lower spine	0.22	1.08	1.06	NA	NA	0.03	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.99	0.98	NA	NA	0.01	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.09	0.08	0.09	0.08	0.02	XXX
72125		A	Ct neck spine w/o dye	1.16	3.60	5.79	NA	NA	0.06	XXX
72125	TC	A	Ct neck spine w/o dye	0.00	3.25	5.37	NA	NA	0.01	XXX
72125	26	A	Ct neck spine w/o dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
72126		A	Ct neck spine w/dye	1.22	4.45	7.09	NA	NA	0.06	XXX
72126	TC	A	Ct neck spine w/dye	0.00	4.08	6.65	NA	NA	0.01	XXX
72126	26	A	Ct neck spine w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
72127		A	Ct neck spine w/o & w/dye	1.27	5.50	8.81	NA	NA	0.06	XXX
72127	TC	A	Ct neck spine w/o & w/dye	0.00	5.11	8.36	NA	NA	0.01	XXX
72127	26	A	Ct neck spine w/o & w/dye	1.27	0.39	0.45	0.39	0.45	0.05	XXX
72128		A	Ct chest spine w/o dye	1.16	3.59	5.77	NA	NA	0.06	XXX
72128	TC	A	Ct chest spine w/o dye	0.00	3.24	5.35	NA	NA	0.01	XXX
72128	26	A	Ct chest spine w/o dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
72129		A	Ct chest spine w/dye	1.22	4.45	7.09	NA	NA	0.06	XXX
72129	TC	A	Ct chest spine w/dye	0.00	4.08	6.65	NA	NA	0.01	XXX
72129	26	A	Ct chest spine w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
72130		A	Ct chest spine w/o & w/dye	1.27	5.53	8.85	NA	NA	0.06	XXX
72130	TC	A	Ct chest spine w/o & w/dye	0.00	5.14	8.39	NA	NA	0.01	XXX
72130	26	A	Ct chest spine w/o & w/dye	1.27	0.39	0.46	0.39	0.46	0.05	XXX
72131		A	Ct lumbar spine w/o dye	1.16	3.58	5.76	NA	NA	0.06	XXX
72131	TC	A	Ct lumbar spine w/o dye	0.00	3.23	5.34	NA	NA	0.01	XXX
72131	26	A	Ct lumbar spine w/o dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
72132		A	Ct lumbar spine w/dye	1.22	4.43	7.07	NA	NA	0.06	XXX
72132	TC	A	Ct lumbar spine w/dye	0.00	4.06	6.63	NA	NA	0.01	XXX
72132	26	A	Ct lumbar spine w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
72133		A	Ct lumbar spine w/o & w/dye	1.27	5.50	8.83	NA	NA	0.06	XXX
72133	TC	A	Ct lumbar spine w/o & w/dye	0.00	5.11	8.37	NA	NA	0.01	XXX
72133	26	A	Ct lumbar spine w/o & w/dye	1.27	0.39	0.46	0.39	0.46	0.05	XXX
72141		A	Mri neck spine w/o dye	1.60	6.55	10.95	NA	NA	0.08	XXX
72141	TC	A	Mri neck spine w/o dye	0.00	6.05	10.38	NA	NA	0.01	XXX
72141	26	A	Mri neck spine w/o dye	1.60	0.50	0.57	0.50	0.57	0.07	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
72142		A	Mri neck spine w/dye	1.92	8.49	13.67	NA	NA	0.09	XXX
72142	TC	A	Mri neck spine w/dye	0.00	7.89	12.99	NA	NA	0.01	XXX
72142	26	A	Mri neck spine w/dye	1.92	0.60	0.68	0.60	0.68	0.08	XXX
72146		A	Mri chest spine w/o dye	1.60	6.57	11.20	NA	NA	0.08	XXX
72146	TC	A	Mri chest spine w/o dye	0.00	6.07	10.63	NA	NA	0.01	XXX
72146	26	A	Mri chest spine w/o dye	1.60	0.50	0.57	0.50	0.57	0.07	XXX
72147		A	Mri chest spine w/dye	1.92	7.38	12.24	NA	NA	0.09	XXX
72147	TC	A	Mri chest spine w/dye	0.00	6.79	11.55	NA	NA	0.01	XXX
72147	26	A	Mri chest spine w/dye	1.92	0.59	0.69	0.59	0.69	0.08	XXX
72148		A	Mri lumbar spine w/o dye	1.48	6.53	11.15	NA	NA	0.08	XXX
72148	TC	A	Mri lumbar spine w/o dye	0.00	6.06	10.62	NA	NA	0.01	XXX
72148	26	A	Mri lumbar spine w/o dye	1.48	0.47	0.53	0.47	0.53	0.07	XXX
72149		A	Mri lumbar spine w/dye	1.78	8.34	13.59	NA	NA	0.09	XXX
72149	TC	A	Mri lumbar spine w/dye	0.00	7.78	12.95	NA	NA	0.01	XXX
72149	26	A	Mri lumbar spine w/dye	1.78	0.56	0.64	0.56	0.64	0.08	XXX
72156		A	Mri neck spine w/o & w/dye	2.57	9.55	17.39	NA	NA	0.13	XXX
72156	TC	A	Mri neck spine w/o & w/dye	0.00	8.76	16.47	NA	NA	0.01	XXX
72156	26	A	Mri neck spine w/o & w/dye	2.57	0.79	0.92	0.79	0.92	0.12	XXX
72157		A	Mri chest spine w/o & w/dye	2.57	8.73	16.30	NA	NA	0.13	XXX
72157	TC	A	Mri chest spine w/o & w/dye	0.00	7.95	15.38	NA	NA	0.01	XXX
72157	26	A	Mri chest spine w/o & w/dye	2.57	0.78	0.92	0.78	0.92	0.12	XXX
72158		A	Mri lumbar spine w/o & w/dye	2.36	9.43	17.29	NA	NA	0.13	XXX
72158	TC	A	Mri lumbar spine w/o & w/dye	0.00	8.70	16.45	NA	NA	0.01	XXX
72158	26	A	Mri lumbar spine w/o & w/dye	2.36	0.73	0.84	0.73	0.84	0.12	XXX
72159		N	Mr angio spine w/o&w/dye	1.80	15.65	15.74	NA	NA	0.06	XXX
72159	TC	N	Mr angio spine w/o&w/dye	0.00	14.99	15.09	NA	NA	0.01	XXX
72159	26	N	Mr angio spine w/o&w/dye	1.80	0.66	0.65	0.66	0.65	0.05	XXX
72170		A	X-ray exam of pelvis	0.17	0.47	0.51	NA	NA	0.03	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.41	0.45	NA	NA	0.01	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.06	0.06	0.02	XXX
72190		A	X-ray exam of pelvis	0.21	0.81	0.83	NA	NA	0.03	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.73	0.75	NA	NA	0.01	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.08	0.08	0.08	0.08	0.02	XXX
72191		A	Ct angiograph pelv w/o&w/dye	1.81	9.82	11.32	NA	NA	0.10	XXX
72191	TC	A	Ct angiograph pelv w/o&w/dye	0.00	9.28	10.66	NA	NA	0.01	XXX
72191	26	A	Ct angiograph pelv w/o&w/dye	1.81	0.54	0.66	0.54	0.66	0.09	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
72192		A	Ct pelvis w/o dye	1.09	3.33	5.47	NA	NA	0.05	XXX
72192	TC	A	Ct pelvis w/o dye	0.00	3.00	5.07	NA	NA	0.01	XXX
72192	26	A	Ct pelvis w/o dye	1.09	0.33	0.40	0.33	0.40	0.04	XXX
72193		A	Ct pelvis w/dye	1.16	4.17	6.72	NA	NA	0.06	XXX
72193	TC	A	Ct pelvis w/dye	0.00	3.82	6.30	NA	NA	0.01	XXX
72193	26	A	Ct pelvis w/dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
72194		A	Ct pelvis w/o & w/dye	1.22	5.53	8.84	NA	NA	0.06	XXX
72194	TC	A	Ct pelvis w/o & w/dye	0.00	5.16	8.40	NA	NA	0.01	XXX
72194	26	A	Ct pelvis w/o & w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
72195		A	Mri pelvis w/o dye	1.46	7.50	12.28	NA	NA	0.08	XXX
72195	TC	A	Mri pelvis w/o dye	0.00	7.04	11.76	NA	NA	0.01	XXX
72195	26	A	Mri pelvis w/o dye	1.46	0.46	0.52	0.46	0.52	0.07	XXX
72196		A	Mri pelvis w/dye	1.73	8.29	13.50	NA	NA	0.08	XXX
72196	TC	A	Mri pelvis w/dye	0.00	7.76	12.88	NA	NA	0.01	XXX
72196	26	A	Mri pelvis w/dye	1.73	0.53	0.62	0.53	0.62	0.07	XXX
72197		A	Mri pelvis w/o & w/dye	2.26	9.95	18.13	NA	NA	0.10	XXX
72197	TC	A	Mri pelvis w/o & w/dye	0.00	9.27	17.32	NA	NA	0.01	XXX
72197	26	A	Mri pelvis w/o & w/dye	2.26	0.68	0.81	0.68	0.81	0.09	XXX
72198		A	Mr angio pelvis w/o & w/dye	1.80	13.06	14.13	NA	NA	0.08	XXX
72198	TC	A	Mr angio pelvis w/o & w/dye	0.00	12.52	13.48	NA	NA	0.01	XXX
72198	26	A	Mr angio pelvis w/o & w/dye	1.80	0.54	0.65	0.54	0.65	0.07	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.55	0.59	NA	NA	0.02	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.49	0.53	NA	NA	0.01	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.06	0.06	0.01	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.64	0.71	NA	NA	0.02	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.58	0.64	NA	NA	0.01	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.06	0.07	0.06	0.07	0.01	XXX
72220		A	X-ray exam of tailbone	0.17	0.53	0.58	NA	NA	0.02	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.47	0.52	NA	NA	0.01	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.06	0.06	0.01	XXX
72240		A	Contrast x-ray of neck spine	0.91	2.29	3.01	NA	NA	0.05	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	2.01	2.69	NA	NA	0.01	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.28	0.32	0.28	0.32	0.04	XXX
72255		A	Contrast x-ray, thorax spine	0.91	2.23	2.73	NA	NA	0.04	XXX
72255	TC	A	Contrast x-ray, thorax spine	0.00	1.93	2.42	NA	NA	0.01	XXX
72255	26	A	Contrast x-ray, thorax spine	0.91	0.30	0.31	0.30	0.31	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
72265		A	Contrast x-ray, lower spine	0.83	2.30	2.86	NA	NA	0.04	XXX
72265	TC	A	Contrast x-ray, lower spine	0.00	2.04	2.56	NA	NA	0.01	XXX
72265	26	A	Contrast x-ray, lower spine	0.83	0.26	0.30	0.26	0.30	0.03	XXX
72270		A	Contrast x-ray, spine	1.33	3.54	4.43	NA	NA	0.06	XXX
72270	TC	A	Contrast x-ray, spine	0.00	3.12	3.95	NA	NA	0.01	XXX
72270	26	A	Contrast x-ray, spine	1.33	0.42	0.48	0.42	0.48	0.05	XXX
72275		A	Epidurography	0.76	2.18	1.99	NA	NA	0.04	XXX
72275	TC	A	Epidurography	0.00	1.88	1.75	NA	NA	0.01	XXX
72275	26	A	Epidurography	0.76	0.30	0.24	0.30	0.24	0.03	XXX
72285		A	X-ray c/t spine disk	1.16	1.88	2.99	NA	NA	0.05	XXX
72285	TC	A	X-ray c/t spine disk	0.00	1.39	2.61	NA	NA	0.01	XXX
72285	26	A	X-ray c/t spine disk	1.16	0.49	0.38	0.49	0.38	0.04	XXX
72291		C	Perq verte/sacroplsty, fluor	0.00	0.00	0.00	NA	NA	0.00	XXX
72291	TC	C	Perq verte/sacroplsty, fluor	0.00	0.00	0.00	NA	NA	0.00	XXX
72291	26	A	Perq verte/sacroplsty, fluor	1.31	0.49	0.51	0.49	0.51	0.16	XXX
72292		C	Perq verte/sacroplsty, ct	0.00	0.00	0.00	NA	NA	0.00	XXX
72292	TC	C	Perq verte/sacroplsty, ct	0.00	0.00	0.00	NA	NA	0.00	XXX
72292	26	A	Perq verte/sacroplsty, ct	1.38	0.49	0.53	0.49	0.53	0.15	XXX
72295		A	X-ray of lower spine disk	0.83	1.75	2.82	NA	NA	0.04	XXX
72295	TC	A	X-ray of lower spine disk	0.00	1.41	2.54	NA	NA	0.01	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.34	0.28	0.34	0.28	0.03	XXX
73000		A	X-ray exam of collar bone	0.16	0.55	0.56	NA	NA	0.02	XXX
73000	TC	A	X-ray exam of collar bone	0.00	0.49	0.50	NA	NA	0.01	XXX
73000	26	A	X-ray exam of collar bone	0.16	0.06	0.06	0.06	0.06	0.01	XXX
73010		A	X-ray exam of shoulder blade	0.17	0.59	0.58	NA	NA	0.03	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.52	0.52	NA	NA	0.01	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.07	0.06	0.07	0.06	0.02	XXX
73020		A	X-ray exam of shoulder	0.15	0.44	0.46	NA	NA	0.02	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.38	0.41	NA	NA	0.01	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.06	0.05	0.06	0.05	0.01	XXX
73030		A	X-ray exam of shoulder	0.18	0.56	0.59	NA	NA	0.03	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.49	0.52	NA	NA	0.01	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.07	0.07	0.07	0.07	0.02	XXX
73040		A	Contrast x-ray of shoulder	0.54	2.07	2.24	NA	NA	0.04	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	1.89	2.04	NA	NA	0.01	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.18	0.20	0.18	0.20	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
73050		A	X-ray exam of shoulders	0.20	0.77	0.75	NA	NA	0.03	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.68	0.67	NA	NA	0.01	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.08	0.09	0.08	0.02	XXX
73060		A	X-ray exam of humerus	0.17	0.54	0.58	NA	NA	0.02	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.48	0.52	NA	NA	0.01	XXX
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73070		A	X-ray exam of elbow	0.15	0.55	0.56	NA	NA	0.02	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.49	0.51	NA	NA	0.01	XXX
73070	26	A	X-ray exam of elbow	0.15	0.06	0.05	0.06	0.05	0.01	XXX
73080		A	X-ray exam of elbow	0.17	0.71	0.73	NA	NA	0.02	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.65	0.67	NA	NA	0.01	XXX
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73085		A	Contrast x-ray of elbow	0.54	1.84	1.96	NA	NA	0.03	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.64	1.77	NA	NA	0.01	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.20	0.19	0.20	0.19	0.02	XXX
73090		A	X-ray exam of forearm	0.16	0.52	0.55	NA	NA	0.02	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.46	0.50	NA	NA	0.01	XXX
73090	26	A	X-ray exam of forearm	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73092		A	X-ray exam of arm, infant	0.16	0.59	0.58	NA	NA	0.02	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.53	0.53	NA	NA	0.01	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73100		A	X-ray exam of wrist	0.16	0.62	0.60	NA	NA	0.03	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.55	0.54	NA	NA	0.01	XXX
73100	26	A	X-ray exam of wrist	0.16	0.07	0.06	0.07	0.06	0.02	XXX
73110		A	X-ray exam of wrist	0.17	0.74	0.74	NA	NA	0.02	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.68	0.68	NA	NA	0.01	XXX
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73115		A	Contrast x-ray of wrist	0.54	2.20	2.18	NA	NA	0.04	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	2.00	1.98	NA	NA	0.01	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.20	0.20	0.20	0.20	0.03	XXX
73120		A	X-ray exam of hand	0.16	0.52	0.54	NA	NA	0.02	XXX
73120	TC	A	X-ray exam of hand	0.00	0.46	0.49	NA	NA	0.01	XXX
73120	26	A	X-ray exam of hand	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73130		A	X-ray exam of hand	0.17	0.62	0.64	NA	NA	0.02	XXX
73130	TC	A	X-ray exam of hand	0.00	0.56	0.58	NA	NA	0.01	XXX
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.06	0.06	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
73140		A	X-ray exam of finger(s)	0.13	0.68	0.64	NA	NA	0.02	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.63	0.59	NA	NA	0.01	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.05	0.05	0.05	0.05	0.01	XXX
73200		A	Ct upper extremity w/o dye	1.09	3.54	5.54	NA	NA	0.06	XXX
73200	TC	A	Ct upper extremity w/o dye	0.00	3.21	5.15	NA	NA	0.01	XXX
73200	26	A	Ct upper extremity w/o dye	1.09	0.33	0.39	0.33	0.39	0.05	XXX
73201		A	Ct upper extremity w/dye	1.16	4.38	6.79	NA	NA	0.06	XXX
73201	TC	A	Ct upper extremity w/dye	0.00	4.03	6.37	NA	NA	0.01	XXX
73201	26	A	Ct upper extremity w/dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX
73202		A	Ct uppr extremity w/o&w/dye	1.22	5.79	8.96	NA	NA	0.06	XXX
73202	TC	A	Ct uppr extremity w/o&w/dye	0.00	5.42	8.52	NA	NA	0.01	XXX
73202	26	A	Ct uppr extremity w/o&w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
73206		A	Ct angio upr extrm w/o&w/dye	1.81	9.29	10.74	NA	NA	0.07	XXX
73206	TC	A	Ct angio upr extrm w/o&w/dye	0.00	8.74	10.07	NA	NA	0.01	XXX
73206	26	A	Ct angio upr extrm w/o&w/dye	1.81	0.55	0.67	0.55	0.67	0.06	XXX
73218		A	Mri upper extremity w/o dye	1.35	7.50	12.40	NA	NA	0.06	XXX
73218	TC	A	Mri upper extremity w/o dye	0.00	7.07	11.93	NA	NA	0.01	XXX
73218	26	A	Mri upper extremity w/o dye	1.35	0.43	0.47	0.43	0.47	0.05	XXX
73219		A	Mri upper extremity w/dye	1.62	8.26	13.49	NA	NA	0.08	XXX
73219	TC	A	Mri upper extremity w/dye	0.00	7.75	12.91	NA	NA	0.01	XXX
73219	26	A	Mri upper extremity w/dye	1.62	0.51	0.58	0.51	0.58	0.07	XXX
73220		A	Mri uppr extremity w/o&w/dye	2.15	10.04	18.18	NA	NA	0.10	XXX
73220	TC	A	Mri uppr extremity w/o&w/dye	0.00	9.38	17.41	NA	NA	0.01	XXX
73220	26	A	Mri uppr extremity w/o&w/dye	2.15	0.66	0.77	0.66	0.77	0.09	XXX
73221		A	Mri joint upr extrem w/o dye	1.35	7.10	11.66	NA	NA	0.08	XXX
73221	TC	A	Mri joint upr extrem w/o dye	0.00	6.66	11.18	NA	NA	0.01	XXX
73221	26	A	Mri joint upr extrem w/o dye	1.35	0.44	0.48	0.44	0.48	0.07	XXX
73222		A	Mri joint upr extrem w/dye	1.62	7.64	12.70	NA	NA	0.08	XXX
73222	TC	A	Mri joint upr extrem w/dye	0.00	7.13	12.12	NA	NA	0.01	XXX
73222	26	A	Mri joint upr extrem w/dye	1.62	0.51	0.58	0.51	0.58	0.07	XXX
73223		A	Mri joint upr extr w/o&w/dye	2.15	9.38	17.23	NA	NA	0.10	XXX
73223	TC	A	Mri joint upr extr w/o&w/dye	0.00	8.71	16.47	NA	NA	0.01	XXX
73223	26	A	Mri joint upr extr w/o&w/dye	2.15	0.67	0.76	0.67	0.76	0.09	XXX
73225		N	Mr angio upr extr w/o&w/dye	1.73	15.62	15.48	NA	NA	0.06	XXX
73225	TC	N	Mr angio upr extr w/o&w/dye	0.00	14.99	14.86	NA	NA	0.01	XXX
73225	26	N	Mr angio upr extr w/o&w/dye	1.73	0.63	0.62	0.63	0.62	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
73500		A	X-ray exam of hip	0.17	0.48	0.49	NA	NA	0.03	XXX
73500	TC	A	X-ray exam of hip	0.00	0.41	0.43	NA	NA	0.01	XXX
73500	26	A	X-ray exam of hip	0.17	0.07	0.06	0.07	0.06	0.02	XXX
73510		A	X-ray exam of hip	0.21	0.74	0.75	NA	NA	0.03	XXX
73510	TC	A	X-ray exam of hip	0.00	0.66	0.67	NA	NA	0.01	XXX
73510	26	A	X-ray exam of hip	0.21	0.08	0.08	0.08	0.08	0.02	XXX
73520		A	X-ray exam of hips	0.26	0.75	0.77	NA	NA	0.03	XXX
73520	TC	A	X-ray exam of hips	0.00	0.65	0.68	NA	NA	0.01	XXX
73520	26	A	X-ray exam of hips	0.26	0.10	0.09	0.10	0.09	0.02	XXX
73525		A	Contrast x-ray of hip	0.54	1.96	1.99	NA	NA	0.04	XXX
73525	TC	A	Contrast x-ray of hip	0.00	1.75	1.78	NA	NA	0.01	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.21	0.21	0.21	0.21	0.03	XXX
73530		C	X-ray exam of hip	0.00	0.00	0.00	NA	NA	0.00	XXX
73530	TC	C	X-ray exam of hip	0.00	0.00	0.00	NA	NA	0.00	XXX
73530	26	A	X-ray exam of hip	0.29	0.09	0.11	0.09	0.11	0.02	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.88	0.80	NA	NA	0.03	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.79	0.72	NA	NA	0.01	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.09	0.08	0.09	0.08	0.02	XXX
73542		A	X-ray exam, sacroiliac joint	0.59	1.56	1.49	NA	NA	0.03	XXX
73542	TC	A	X-ray exam, sacroiliac joint	0.00	1.31	1.31	NA	NA	0.01	XXX
73542	26	A	X-ray exam, sacroiliac joint	0.59	0.25	0.18	0.25	0.18	0.02	XXX
73550		A	X-ray exam of thigh	0.17	0.51	0.55	NA	NA	0.03	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.45	0.49	NA	NA	0.01	XXX
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.06	0.06	0.02	XXX
73560		A	X-ray exam of knee, 1 or 2	0.17	0.58	0.58	NA	NA	0.03	XXX
73560	TC	A	X-ray exam of knee, 1 or 2	0.00	0.51	0.52	NA	NA	0.01	XXX
73560	26	A	X-ray exam of knee, 1 or 2	0.17	0.07	0.06	0.07	0.06	0.02	XXX
73562		A	X-ray exam of knee, 3	0.18	0.73	0.72	NA	NA	0.03	XXX
73562	TC	A	X-ray exam of knee, 3	0.00	0.66	0.65	NA	NA	0.01	XXX
73562	26	A	X-ray exam of knee, 3	0.18	0.07	0.07	0.07	0.07	0.02	XXX
73564		A	X-ray exam, knee, 4 or more	0.22	0.85	0.83	NA	NA	0.03	XXX
73564	TC	A	X-ray exam, knee, 4 or more	0.00	0.76	0.75	NA	NA	0.01	XXX
73564	26	A	X-ray exam, knee, 4 or more	0.22	0.09	0.08	0.09	0.08	0.02	XXX
73565		A	X-ray exam of knees	0.17	0.70	0.65	NA	NA	0.03	XXX
73565	TC	A	X-ray exam of knees	0.00	0.62	0.58	NA	NA	0.01	XXX
73565	26	A	X-ray exam of knees	0.17	0.08	0.07	0.08	0.07	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
73580		A	Contrast x-ray of knee joint	0.54	2.86	2.70	NA	NA	0.05	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.61	2.48	NA	NA	0.01	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.22	0.25	0.22	0.04	XXX
73590		A	X-ray exam of lower leg	0.17	0.50	0.54	NA	NA	0.02	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.44	0.48	NA	NA	0.01	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73592		A	X-ray exam of leg, infant	0.16	0.61	0.59	NA	NA	0.02	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.55	0.54	NA	NA	0.01	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73600		A	X-ray exam of ankle	0.16	0.55	0.55	NA	NA	0.02	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.49	0.50	NA	NA	0.01	XXX
73600	26	A	X-ray exam of ankle	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73610		A	X-ray exam of ankle	0.17	0.65	0.65	NA	NA	0.02	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.59	0.59	NA	NA	0.01	XXX
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.06	0.06	0.01	XXX
73615		A	Contrast x-ray of ankle	0.54	2.11	2.08	NA	NA	0.04	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	1.89	1.88	NA	NA	0.01	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.22	0.20	0.22	0.20	0.03	XXX
73620		A	X-ray exam of foot	0.16	0.53	0.53	NA	NA	0.02	XXX
73620	TC	A	X-ray exam of foot	0.00	0.48	0.48	NA	NA	0.01	XXX
73620	26	A	X-ray exam of foot	0.16	0.05	0.05	0.05	0.05	0.01	XXX
73630		A	X-ray exam of foot	0.17	0.63	0.64	NA	NA	0.02	XXX
73630	TC	A	X-ray exam of foot	0.00	0.58	0.58	NA	NA	0.01	XXX
73630	26	A	X-ray exam of foot	0.17	0.05	0.06	0.05	0.06	0.01	XXX
73650		A	X-ray exam of heel	0.16	0.55	0.54	NA	NA	0.02	XXX
73650	TC	A	X-ray exam of heel	0.00	0.49	0.49	NA	NA	0.01	XXX
73650	26	A	X-ray exam of heel	0.16	0.06	0.05	0.06	0.05	0.01	XXX
73660		A	X-ray exam of toe(s)	0.13	0.62	0.59	NA	NA	0.02	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.57	0.55	NA	NA	0.01	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.05	0.04	0.05	0.04	0.01	XXX
73700		A	Ct lower extremity w/o dye	1.09	3.55	5.55	NA	NA	0.06	XXX
73700	TC	A	Ct lower extremity w/o dye	0.00	3.22	5.16	NA	NA	0.01	XXX
73700	26	A	Ct lower extremity w/o dye	1.09	0.33	0.39	0.33	0.39	0.05	XXX
73701		A	Ct lower extremity w/dye	1.16	4.44	6.85	NA	NA	0.06	XXX
73701	TC	A	Ct lower extremity w/dye	0.00	4.09	6.43	NA	NA	0.01	XXX
73701	26	A	Ct lower extremity w/dye	1.16	0.35	0.42	0.35	0.42	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
73702		A	Ct lwr extremity w/o&w/dye	1.22	5.82	8.98	NA	NA	0.06	XXX
73702	TC	A	Ct lwr extremity w/o&w/dye	0.00	5.45	8.54	NA	NA	0.01	XXX
73702	26	A	Ct lwr extremity w/o&w/dye	1.22	0.37	0.44	0.37	0.44	0.05	XXX
73706		A	Ct angio lwr extr w/o&w/dye	1.90	10.43	11.83	NA	NA	0.09	XXX
73706	TC	A	Ct angio lwr extr w/o&w/dye	0.00	9.85	11.12	NA	NA	0.01	XXX
73706	26	A	Ct angio lwr extr w/o&w/dye	1.90	0.58	0.71	0.58	0.71	0.08	XXX
73718		A	Mri lower extremity w/o dye	1.35	7.38	12.17	NA	NA	0.07	XXX
73718	TC	A	Mri lower extremity w/o dye	0.00	6.96	11.69	NA	NA	0.01	XXX
73718	26	A	Mri lower extremity w/o dye	1.35	0.42	0.48	0.42	0.48	0.06	XXX
73719		A	Mri lower extremity w/dye	1.62	8.16	13.33	NA	NA	0.08	XXX
73719	TC	A	Mri lower extremity w/dye	0.00	7.67	12.76	NA	NA	0.01	XXX
73719	26	A	Mri lower extremity w/dye	1.62	0.49	0.57	0.49	0.57	0.07	XXX
73720		A	Mri lwr extremity w/o&w/dye	2.15	10.05	18.18	NA	NA	0.10	XXX
73720	TC	A	Mri lwr extremity w/o&w/dye	0.00	9.40	17.41	NA	NA	0.01	XXX
73720	26	A	Mri lwr extremity w/o&w/dye	2.15	0.65	0.77	0.65	0.77	0.09	XXX
73721		A	Mri jnt of lwr extre w/o dye	1.35	7.28	11.90	NA	NA	0.08	XXX
73721	TC	A	Mri jnt of lwr extre w/o dye	0.00	6.84	11.42	NA	NA	0.01	XXX
73721	26	A	Mri jnt of lwr extre w/o dye	1.35	0.44	0.48	0.44	0.48	0.07	XXX
73722		A	Mri joint of lwr extr w/dye	1.62	7.81	12.84	NA	NA	0.09	XXX
73722	TC	A	Mri joint of lwr extr w/dye	0.00	7.30	12.25	NA	NA	0.01	XXX
73722	26	A	Mri joint of lwr extr w/dye	1.62	0.51	0.59	0.51	0.59	0.08	XXX
73723		A	Mri joint lwr extr w/o&w/dye	2.15	9.36	17.19	NA	NA	0.10	XXX
73723	TC	A	Mri joint lwr extr w/o&w/dye	0.00	8.70	16.42	NA	NA	0.01	XXX
73723	26	A	Mri joint lwr extr w/o&w/dye	2.15	0.66	0.77	0.66	0.77	0.09	XXX
73725		R	Mr ang lwr ext w or w/o dye	1.82	13.10	14.14	NA	NA	0.08	XXX
73725	TC	R	Mr ang lwr ext w or w/o dye	0.00	12.55	13.48	NA	NA	0.01	XXX
73725	26	R	Mr ang lwr ext w or w/o dye	1.82	0.55	0.66	0.55	0.66	0.07	XXX
74000		A	X-ray exam of abdomen	0.18	0.41	0.48	NA	NA	0.02	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.35	0.42	NA	NA	0.01	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.06	0.06	0.01	XXX
74010		A	X-ray exam of abdomen	0.23	0.70	0.75	NA	NA	0.02	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.63	0.67	NA	NA	0.01	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.07	0.08	0.07	0.08	0.01	XXX
74020		A	X-ray exam of abdomen	0.27	0.71	0.78	NA	NA	0.02	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.63	0.68	NA	NA	0.01	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.08	0.10	0.08	0.10	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74022		A	X-ray exam series, abdomen	0.32	0.86	0.94	NA	NA	0.02	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.76	0.82	NA	NA	0.01	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.10	0.12	0.10	0.12	0.01	XXX
74150		A	Ct abdomen w/o dye	1.19	3.36	5.45	NA	NA	0.06	XXX
74150	TC	A	Ct abdomen w/o dye	0.00	3.00	5.02	NA	NA	0.01	XXX
74150	26	A	Ct abdomen w/o dye	1.19	0.36	0.43	0.36	0.43	0.05	XXX
74160		A	Ct abdomen w/dye	1.27	4.87	7.62	NA	NA	0.06	XXX
74160	TC	A	Ct abdomen w/dye	0.00	4.48	7.16	NA	NA	0.01	XXX
74160	26	A	Ct abdomen w/dye	1.27	0.39	0.46	0.39	0.46	0.05	XXX
74170		A	Ct abdomen w/o & w/dye	1.40	6.67	10.30	NA	NA	0.07	XXX
74170	TC	A	Ct abdomen w/o & w/dye	0.00	6.24	9.79	NA	NA	0.01	XXX
74170	26	A	Ct abdomen w/o & w/dye	1.40	0.43	0.51	0.43	0.51	0.06	XXX
74175		A	Ct angio abdom w/o & w/dye	1.90	10.61	12.05	NA	NA	0.10	XXX
74175	TC	A	Ct angio abdom w/o & w/dye	0.00	10.04	11.36	NA	NA	0.01	XXX
74175	26	A	Ct angio abdom w/o & w/dye	1.90	0.57	0.69	0.57	0.69	0.09	XXX
74181		A	Mri abdomen w/o dye	1.46	6.50	10.92	NA	NA	0.07	XXX
74181	TC	A	Mri abdomen w/o dye	0.00	6.06	10.40	NA	NA	0.01	XXX
74181	26	A	Mri abdomen w/o dye	1.46	0.44	0.52	0.44	0.52	0.06	XXX
74182		A	Mri abdomen w/dye	1.73	9.19	14.84	NA	NA	0.08	XXX
74182	TC	A	Mri abdomen w/dye	0.00	8.67	14.22	NA	NA	0.01	XXX
74182	26	A	Mri abdomen w/dye	1.73	0.52	0.62	0.52	0.62	0.07	XXX
74183		A	Mri abdomen w/o & w/dye	2.26	9.99	18.15	NA	NA	0.10	XXX
74183	TC	A	Mri abdomen w/o & w/dye	0.00	9.31	17.35	NA	NA	0.01	XXX
74183	26	A	Mri abdomen w/o & w/dye	2.26	0.68	0.80	0.68	0.80	0.09	XXX
74185		R	Mri angio, abdom w orw/o dye	1.80	13.00	14.09	NA	NA	0.08	XXX
74185	TC	R	Mri angio, abdom w orw/o dye	0.00	12.46	13.44	NA	NA	0.01	XXX
74185	26	R	Mri angio, abdom w orw/o dye	1.80	0.54	0.65	0.54	0.65	0.07	XXX
74190		C	X-ray exam of peritoneum	0.00	0.00	0.00	NA	NA	0.00	XXX
74190	TC	C	X-ray exam of peritoneum	0.00	0.00	0.00	NA	NA	0.00	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.14	0.17	0.14	0.17	0.03	XXX
74210		A	Contrst x-ray exam of throat	0.36	1.54	1.65	NA	NA	0.02	XXX
74210	TC	A	Contrst x-ray exam of throat	0.00	1.43	1.52	NA	NA	0.01	XXX
74210	26	A	Contrst x-ray exam of throat	0.36	0.11	0.13	0.11	0.13	0.01	XXX
74220		A	Contrast x-ray, esophagus	0.46	1.77	1.86	NA	NA	0.03	XXX
74220	TC	A	Contrast x-ray, esophagus	0.00	1.63	1.69	NA	NA	0.01	XXX
74220	26	A	Contrast x-ray, esophagus	0.46	0.14	0.17	0.14	0.17	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74230		A	Cine/vid x-ray, throat/esoph	0.53	1.70	1.82	NA	NA	0.03	XXX
74230	TC	A	Cine/vid x-ray, throat/esoph	0.00	1.54	1.63	NA	NA	0.01	XXX
74230	26	A	Cine/vid x-ray, throat/esoph	0.53	0.16	0.19	0.16	0.19	0.02	XXX
74235		C	Remove esophagus obstruction	0.00	0.00	0.00	NA	NA	0.00	XXX
74235	TC	C	Remove esophagus obstruction	0.00	0.00	0.00	NA	NA	0.00	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.36	0.46	0.36	0.46	0.07	XXX
74240		A	X-ray exam, upper gi tract	0.69	2.03	2.15	NA	NA	0.04	XXX
74240	TC	A	X-ray exam, upper gi tract	0.00	1.82	1.90	NA	NA	0.01	XXX
74240	26	A	X-ray exam, upper gi tract	0.69	0.21	0.25	0.21	0.25	0.03	XXX
74241		A	X-ray exam, upper gi tract	0.69	2.26	2.35	NA	NA	0.03	XXX
74241	TC	A	X-ray exam, upper gi tract	0.00	2.05	2.11	NA	NA	0.01	XXX
74241	26	A	X-ray exam, upper gi tract	0.69	0.21	0.24	0.21	0.24	0.02	XXX
74245		A	X-ray exam, upper gi tract	0.91	3.43	3.64	NA	NA	0.05	XXX
74245	TC	A	X-ray exam, upper gi tract	0.00	3.16	3.31	NA	NA	0.01	XXX
74245	26	A	X-ray exam, upper gi tract	0.91	0.27	0.33	0.27	0.33	0.04	XXX
74246		A	Contrst x-ray uppr gi tract	0.69	2.43	2.56	NA	NA	0.04	XXX
74246	TC	A	Contrst x-ray uppr gi tract	0.00	2.22	2.31	NA	NA	0.01	XXX
74246	26	A	Contrst x-ray uppr gi tract	0.69	0.21	0.25	0.21	0.25	0.03	XXX
74247		A	Contrst x-ray uppr gi tract	0.69	2.80	2.90	NA	NA	0.04	XXX
74247	TC	A	Contrst x-ray uppr gi tract	0.00	2.59	2.65	NA	NA	0.01	XXX
74247	26	A	Contrst x-ray uppr gi tract	0.69	0.21	0.25	0.21	0.25	0.03	XXX
74249		A	Contrst x-ray uppr gi tract	0.91	3.79	3.98	NA	NA	0.05	XXX
74249	TC	A	Contrst x-ray uppr gi tract	0.00	3.51	3.65	NA	NA	0.01	XXX
74249	26	A	Contrst x-ray uppr gi tract	0.91	0.28	0.33	0.28	0.33	0.04	XXX
74250		A	X-ray exam of small bowel	0.47	2.16	2.24	NA	NA	0.03	XXX
74250	TC	A	X-ray exam of small bowel	0.00	2.02	2.07	NA	NA	0.01	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.14	0.17	0.14	0.17	0.02	XXX
74251		A	X-ray exam of small bowel	0.69	8.79	8.18	NA	NA	0.04	XXX
74251	TC	A	X-ray exam of small bowel	0.00	8.58	7.93	NA	NA	0.01	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.25	0.21	0.25	0.03	XXX
74260		A	X-ray exam of small bowel	0.50	7.33	6.87	NA	NA	0.03	XXX
74260	TC	A	X-ray exam of small bowel	0.00	7.18	6.69	NA	NA	0.01	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.15	0.18	0.15	0.18	0.02	XXX
74261		A	Ct colonography, w/o dye	2.28	8.90	8.90	NA	NA	0.10	XXX
74261	TC	A	Ct colonography, w/o dye	0.00	8.21	8.21	NA	NA	0.01	XXX
74261	26	A	Ct colonography, w/o dye	2.28	0.69	0.69	0.69	0.69	0.09	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74262		A	Ct colonography, w/dye	2.50	10.06	10.06	NA	NA	0.11	XXX
74262	TC	A	Ct colonography, w/dye	0.00	9.30	9.30	NA	NA	0.01	XXX
74262	26	A	Ct colonography, w/dye	2.50	0.76	0.76	0.76	0.76	0.10	XXX
74263		N	Ct colonography, screen	2.28	17.04	17.04	NA	NA	0.10	XXX
74263	TC	N	Ct colonography, screen	0.00	16.21	16.21	NA	NA	0.01	XXX
74263	26	N	Ct colonography, screen	2.28	0.83	0.83	0.83	0.83	0.09	XXX
74270		A	Contrast x-ray exam of colon	0.69	3.12	3.19	NA	NA	0.04	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	2.91	2.94	NA	NA	0.01	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.21	0.25	0.21	0.25	0.03	XXX
74280		A	Contrast x-ray exam of colon	0.99	4.32	4.40	NA	NA	0.05	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	4.02	4.04	NA	NA	0.01	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.30	0.36	0.30	0.36	0.04	XXX
74283		A	Contrast x-ray exam of colon	2.02	3.12	3.42	NA	NA	0.05	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	2.49	2.70	NA	NA	0.01	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.63	0.72	0.63	0.72	0.04	XXX
74290		A	Contrast x-ray, gallbladder	0.32	1.41	1.42	NA	NA	0.02	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	1.31	1.30	NA	NA	0.01	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.10	0.12	0.10	0.12	0.01	XXX
74291		A	Contrast x-rays, gallbladder	0.20	1.47	1.35	NA	NA	0.02	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	1.40	1.28	NA	NA	0.01	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.07	0.07	0.07	0.07	0.01	XXX
74300		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74300	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74300	26	A	X-ray bile ducts/pancreas	0.36	0.11	0.13	0.11	0.13	0.02	XXX
74301		C	X-rays at surgery add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
74301	TC	C	X-rays at surgery add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
74301	26	A	X-rays at surgery add-on	0.21	0.07	0.08	0.07	0.08	0.02	ZZZ
74305		C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74305	TC	C	X-ray bile ducts/pancreas	0.00	0.00	0.00	NA	NA	0.00	XXX
74305	26	A	X-ray bile ducts/pancreas	0.42	0.13	0.15	0.13	0.15	0.03	XXX
74320		A	Contrast x-ray of bile ducts	0.54	1.89	2.34	NA	NA	0.03	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	1.73	2.14	NA	NA	0.01	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.16	0.20	0.16	0.20	0.02	XXX
74327		A	X-ray bile stone removal	0.70	2.61	2.75	NA	NA	0.10	XXX
74327	TC	A	X-ray bile stone removal	0.00	2.40	2.49	NA	NA	0.01	XXX
74327	26	A	X-ray bile stone removal	0.70	0.21	0.26	0.21	0.26	0.09	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74328		C	X-ray bile duct endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74328	TC	C	X-ray bile duct endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74328	26	A	X-ray bile duct endoscopy	0.70	0.23	0.26	0.23	0.26	0.04	XXX
74329		C	X-ray for pancreas endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74329	TC	C	X-ray for pancreas endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.23	0.26	0.23	0.26	0.04	XXX
74330		C	X-ray bile/panc endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74330	TC	C	X-ray bile/panc endoscopy	0.00	0.00	0.00	NA	NA	0.00	XXX
74330	26	A	X-ray bile/panc endoscopy	0.90	0.29	0.33	0.29	0.33	0.05	XXX
74340		C	X-ray guide for GI tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74340	TC	C	X-ray guide for GI tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.17	0.20	0.17	0.20	0.03	XXX
74355		C	X-ray guide, intestinal tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74355	TC	C	X-ray guide, intestinal tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.24	0.28	0.24	0.28	0.05	XXX
74360		C	X-ray guide, GI dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74360	TC	C	X-ray guide, GI dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.22	0.23	0.22	0.23	0.03	XXX
74363		C	X-ray, bile duct dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74363	TC	C	X-ray, bile duct dilation	0.00	0.00	0.00	NA	NA	0.00	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.26	0.32	0.26	0.32	0.06	XXX
74400		A	Contrst x-ray, urinary tract	0.49	2.22	2.38	NA	NA	0.03	XXX
74400	TC	A	Contrst x-ray, urinary tract	0.00	2.07	2.21	NA	NA	0.01	XXX
74400	26	A	Contrst x-ray, urinary tract	0.49	0.15	0.17	0.15	0.17	0.02	XXX
74410		A	Contrst x-ray, urinary tract	0.49	2.23	2.50	NA	NA	0.03	XXX
74410	TC	A	Contrst x-ray, urinary tract	0.00	2.08	2.32	NA	NA	0.01	XXX
74410	26	A	Contrst x-ray, urinary tract	0.49	0.15	0.18	0.15	0.18	0.02	XXX
74415		A	Contrst x-ray, urinary tract	0.49	2.80	2.99	NA	NA	0.03	XXX
74415	TC	A	Contrst x-ray, urinary tract	0.00	2.65	2.82	NA	NA	0.01	XXX
74415	26	A	Contrst x-ray, urinary tract	0.49	0.15	0.17	0.15	0.17	0.02	XXX
74420		C	Contrst x-ray, urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74420	TC	C	Contrst x-ray, urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74420	26	A	Contrst x-ray, urinary tract	0.36	0.11	0.14	0.11	0.14	0.02	XXX
74425		C	Contrst x-ray, urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74425	TC	C	Contrst x-ray, urinary tract	0.00	0.00	0.00	NA	NA	0.00	XXX
74425	26	A	Contrst x-ray, urinary tract	0.36	0.11	0.13	0.11	0.13	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74430		A	Contrast x-ray, bladder	0.32	1.66	1.76	NA	NA	0.02	XXX
74430	TC	A	Contrast x-ray, bladder	0.00	1.56	1.64	NA	NA	0.01	XXX
74430	26	A	Contrast x-ray, bladder	0.32	0.10	0.12	0.10	0.12	0.01	XXX
74440		A	X-ray, male genital tract	0.38	1.72	1.85	NA	NA	0.03	XXX
74440	TC	A	X-ray, male genital tract	0.00	1.59	1.71	NA	NA	0.01	XXX
74440	26	A	X-ray, male genital tract	0.38	0.13	0.14	0.13	0.14	0.02	XXX
74445		C	X-ray exam of penis	0.00	0.00	0.00	NA	NA	0.00	XXX
74445	TC	C	X-ray exam of penis	0.00	0.00	0.00	NA	NA	0.00	XXX
74445	26	A	X-ray exam of penis	1.14	0.38	0.44	0.38	0.44	0.07	XXX
74450		C	X-ray, urethra/bladder	0.00	0.00	0.00	NA	NA	0.00	XXX
74450	TC	C	X-ray, urethra/bladder	0.00	0.00	0.00	NA	NA	0.00	XXX
74450	26	A	X-ray, urethra/bladder	0.33	0.10	0.13	0.10	0.13	0.02	XXX
74455		A	X-ray, urethra/bladder	0.33	1.78	2.02	NA	NA	0.02	XXX
74455	TC	A	X-ray, urethra/bladder	0.00	1.67	1.89	NA	NA	0.01	XXX
74455	26	A	X-ray, urethra/bladder	0.33	0.11	0.13	0.11	0.13	0.01	XXX
74470		C	X-ray exam of kidney lesion	0.00	0.00	0.00	NA	NA	0.00	XXX
74470	TC	C	X-ray exam of kidney lesion	0.00	0.00	0.00	NA	NA	0.00	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.16	0.20	0.16	0.20	0.03	XXX
74475		A	X-ray control, cath insert	0.54	1.87	2.50	NA	NA	0.03	XXX
74475	TC	A	X-ray control, cath insert	0.00	1.71	2.30	NA	NA	0.01	XXX
74475	26	A	X-ray control, cath insert	0.54	0.16	0.20	0.16	0.20	0.02	XXX
74480		A	X-ray control, cath insert	0.54	1.87	2.51	NA	NA	0.03	XXX
74480	TC	A	X-ray control, cath insert	0.00	1.71	2.31	NA	NA	0.01	XXX
74480	26	A	X-ray control, cath insert	0.54	0.16	0.20	0.16	0.20	0.02	XXX
74485		A	X-ray guide, GU dilation	0.54	1.92	2.42	NA	NA	0.03	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	1.75	2.22	NA	NA	0.01	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.17	0.20	0.17	0.20	0.02	XXX
74710		A	X-ray measurement of pelvis	0.34	0.56	0.75	NA	NA	0.02	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	0.46	0.62	NA	NA	0.01	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.10	0.13	0.10	0.13	0.01	XXX
74740		A	X-ray, female genital tract	0.38	1.55	1.67	NA	NA	0.02	XXX
74740	TC	A	X-ray, female genital tract	0.00	1.43	1.53	NA	NA	0.01	XXX
74740	26	A	X-ray, female genital tract	0.38	0.12	0.14	0.12	0.14	0.01	XXX
74742		C	X-ray, fallopian tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74742	TC	C	X-ray, fallopian tube	0.00	0.00	0.00	NA	NA	0.00	XXX
74742	26	A	X-ray, fallopian tube	0.61	0.19	0.22	0.19	0.22	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
74775		C	X-ray exam of perineum	0.00	0.00	0.00	NA	NA	0.00	XXX
74775	TC	C	X-ray exam of perineum	0.00	0.00	0.00	NA	NA	0.00	XXX
74775	26	A	X-ray exam of perineum	0.62	0.19	0.22	0.19	0.22	0.04	XXX
75557		A	Cardiac mri for morph	2.35	5.77	9.87	NA	NA	0.08	XXX
75557	TC	A	Cardiac mri for morph	0.00	5.04	8.92	NA	NA	0.01	XXX
75557	26	A	Cardiac mri for morph	2.35	0.73	0.95	0.73	0.95	0.07	XXX
75559		A	Cardiac mri w/stress img	2.95	8.64	14.99	NA	NA	0.10	XXX
75559	TC	A	Cardiac mri w/stress img	0.00	7.71	13.73	NA	NA	0.01	XXX
75559	26	A	Cardiac mri w/stress img	2.95	0.93	1.26	0.93	1.26	0.09	XXX
75561		A	Cardiac mri for morph w/dye	2.60	8.14	13.96	NA	NA	0.09	XXX
75561	TC	A	Cardiac mri for morph w/dye	0.00	7.32	12.92	NA	NA	0.01	XXX
75561	26	A	Cardiac mri for morph w/dye	2.60	0.82	1.04	0.82	1.04	0.08	XXX
75563		A	Card mri w/stress img & dye	3.00	9.80	17.40	NA	NA	0.09	XXX
75563	TC	A	Card mri w/stress img & dye	0.00	8.85	16.06	NA	NA	0.01	XXX
75563	26	A	Card mri w/stress img & dye	3.00	0.95	1.34	0.95	1.34	0.08	XXX
75565		A	Card mri vel flw map add-on	0.25	2.26	2.26	NA	NA	0.02	ZZZ
75565	TC	A	Card mri vel flw map add-on	0.00	2.17	2.17	NA	NA	0.01	ZZZ
75565	26	A	Card mri vel flw map add-on	0.25	0.09	0.09	0.09	0.09	0.01	ZZZ
75571		A	Ct hrt w/o dye w/ca test	0.58	1.91	1.91	NA	NA	0.02	XXX
75571	TC	A	Ct hrt w/o dye w/ca test	0.00	1.73	1.73	NA	NA	0.01	XXX
75571	26	A	Ct hrt w/o dye w/ca test	0.58	0.18	0.18	0.18	0.18	0.01	XXX
75572		A	Ct hrt w/3d image	1.75	6.63	6.63	NA	NA	0.05	XXX
75572	TC	A	Ct hrt w/3d image	0.00	6.07	6.07	NA	NA	0.01	XXX
75572	26	A	Ct hrt w/3d image	1.75	0.56	0.56	0.56	0.56	0.04	XXX
75573		A	Ct hrt w/3d image, congen	2.55	9.58	9.58	NA	NA	0.07	XXX
75573	TC	A	Ct hrt w/3d image, congen	0.00	8.81	8.81	NA	NA	0.01	XXX
75573	26	A	Ct hrt w/3d image, congen	2.55	0.77	0.77	0.77	0.77	0.06	XXX
75574		A	Ct angio hrt w/3d image	2.40	16.36	16.36	NA	NA	0.07	XXX
75574	TC	A	Ct angio hrt w/3d image	0.00	15.60	15.60	NA	NA	0.01	XXX
75574	26	A	Ct angio hrt w/3d image	2.40	0.76	0.76	0.76	0.76	0.06	XXX
75600		A	Contrast x-ray exam of aorta	0.49	4.72	7.13	NA	NA	0.03	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	4.56	6.91	NA	NA	0.01	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.16	0.22	0.16	0.22	0.02	XXX
75605		A	Contrast x-ray exam of aorta	1.14	2.72	5.14	NA	NA	0.06	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	2.36	4.68	NA	NA	0.01	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.36	0.46	0.36	0.46	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75625		A	Contrast x-ray exam of aorta	1.14	2.80	5.08	NA	NA	0.08	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	2.45	4.66	NA	NA	0.01	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.35	0.42	0.35	0.42	0.07	XXX
75630		A	X-ray aorta, leg arteries	1.79	3.00	5.48	NA	NA	0.08	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	2.44	4.80	NA	NA	0.01	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.56	0.68	0.56	0.68	0.07	XXX
75635		A	Ct angio abdominal arteries	2.40	10.84	13.24	NA	NA	0.11	XXX
75635	TC	A	Ct angio abdominal arteries	0.00	10.11	12.33	NA	NA	0.02	XXX
75635	26	A	Ct angio abdominal arteries	2.40	0.73	0.91	0.73	0.91	0.09	XXX
75650		A	Artery x-rays, head & neck	1.49	2.92	5.24	NA	NA	0.08	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	2.46	4.68	NA	NA	0.01	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.46	0.56	0.46	0.56	0.07	XXX
75658		A	Artery x-rays, arm	1.31	3.49	5.45	NA	NA	0.07	XXX
75658	TC	A	Artery x-rays, arm	0.00	3.09	5.00	NA	NA	0.01	XXX
75658	26	A	Artery x-rays, arm	1.31	0.40	0.45	0.40	0.45	0.06	XXX
75660		A	Artery x-rays, head & neck	1.31	3.43	5.56	NA	NA	0.04	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	3.00	5.06	NA	NA	0.01	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.43	0.50	0.43	0.50	0.03	XXX
75662		A	Artery x-rays, head & neck	1.66	4.07	6.34	NA	NA	0.07	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	3.52	5.68	NA	NA	0.02	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.55	0.66	0.55	0.66	0.05	XXX
75665		A	Artery x-rays, head & neck	1.31	3.65	5.75	NA	NA	0.09	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	3.22	5.26	NA	NA	0.01	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.43	0.49	0.43	0.49	0.08	XXX
75671		A	Artery x-rays, head & neck	1.66	4.34	6.50	NA	NA	0.09	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	3.81	5.87	NA	NA	0.02	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.53	0.63	0.53	0.63	0.07	XXX
75676		A	Artery x-rays, neck	1.31	3.36	5.54	NA	NA	0.09	XXX
75676	TC	A	Artery x-rays, neck	0.00	2.94	5.05	NA	NA	0.01	XXX
75676	26	A	Artery x-rays, neck	1.31	0.42	0.49	0.42	0.49	0.08	XXX
75680		A	Artery x-rays, neck	1.66	3.82	6.09	NA	NA	0.08	XXX
75680	TC	A	Artery x-rays, neck	0.00	3.29	5.45	NA	NA	0.01	XXX
75680	26	A	Artery x-rays, neck	1.66	0.53	0.64	0.53	0.64	0.07	XXX
75685		A	Artery x-rays, spine	1.31	3.40	5.56	NA	NA	0.07	XXX
75685	TC	A	Artery x-rays, spine	0.00	2.97	5.06	NA	NA	0.01	XXX
75685	26	A	Artery x-rays, spine	1.31	0.43	0.50	0.43	0.50	0.06	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75705		A	Artery x-rays, spine	2.18	3.76	5.87	NA	NA	0.06	XXX
75705	TC	A	Artery x-rays, spine	0.00	3.05	5.05	NA	NA	0.01	XXX
75705	26	A	Artery x-rays, spine	2.18	0.71	0.82	0.71	0.82	0.05	XXX
75710		A	Artery x-rays, arm/leg	1.14	3.35	5.53	NA	NA	0.05	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	2.99	5.11	NA	NA	0.01	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.36	0.42	0.36	0.42	0.04	XXX
75716		A	Artery x-rays, arms/legs	1.31	4.03	6.26	NA	NA	0.09	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	3.63	5.78	NA	NA	0.02	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.40	0.48	0.40	0.48	0.07	XXX
75722		A	Artery x-rays, kidney	1.14	3.01	5.39	NA	NA	0.06	XXX
75722	TC	A	Artery x-rays, kidney	0.00	2.66	4.94	NA	NA	0.01	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.35	0.45	0.35	0.45	0.05	XXX
75724		A	Artery x-rays, kidneys	1.49	3.57	6.23	NA	NA	0.06	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	3.09	5.57	NA	NA	0.02	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.48	0.66	0.48	0.66	0.04	XXX
75726		A	Artery x-rays, abdomen	1.14	3.23	5.45	NA	NA	0.07	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	2.89	5.03	NA	NA	0.01	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.34	0.42	0.34	0.42	0.06	XXX
75731		A	Artery x-rays, adrenal gland	1.14	2.99	5.59	NA	NA	0.04	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	2.62	5.10	NA	NA	0.01	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.37	0.49	0.37	0.49	0.03	XXX
75733		A	Artery x-rays, adrenals	1.31	3.78	6.47	NA	NA	0.05	XXX
75733	TC	A	Artery x-rays, adrenals	0.00	3.35	5.88	NA	NA	0.02	XXX
75733	26	A	Artery x-rays, adrenals	1.31	0.43	0.59	0.43	0.59	0.03	XXX
75736		A	Artery x-rays, pelvis	1.14	3.19	5.48	NA	NA	0.05	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	2.84	5.05	NA	NA	0.01	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.35	0.43	0.35	0.43	0.04	XXX
75741		A	Artery x-rays, lung	1.31	2.73	5.00	NA	NA	0.07	XXX
75741	TC	A	Artery x-rays, lung	0.00	2.34	4.51	NA	NA	0.01	XXX
75741	26	A	Artery x-rays, lung	1.31	0.39	0.49	0.39	0.49	0.06	XXX
75743		A	Artery x-rays, lungs	1.66	3.10	5.36	NA	NA	0.08	XXX
75743	TC	A	Artery x-rays, lungs	0.00	2.59	4.73	NA	NA	0.01	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.51	0.63	0.51	0.63	0.07	XXX
75746		A	Artery x-rays, lung	1.14	3.04	5.27	NA	NA	0.06	XXX
75746	TC	A	Artery x-rays, lung	0.00	2.69	4.85	NA	NA	0.01	XXX
75746	26	A	Artery x-rays, lung	1.14	0.35	0.42	0.35	0.42	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75756		A	Artery x-rays, chest	1.14	3.20	5.67	NA	NA	0.17	XXX
75756	TC	A	Artery x-rays, chest	0.00	2.85	5.16	NA	NA	0.01	XXX
75756	26	A	Artery x-rays, chest	1.14	0.35	0.51	0.35	0.51	0.16	XXX
75774		A	Artery x-ray, each vessel	0.36	2.12	4.36	NA	NA	0.03	ZZZ
75774	TC	A	Artery x-ray, each vessel	0.00	2.01	4.23	NA	NA	0.01	ZZZ
75774	26	A	Artery x-ray, each vessel	0.36	0.11	0.13	0.11	0.13	0.02	ZZZ
75791		A	Av dialysis shunt imaging	1.71	6.65	6.65	NA	NA	0.08	XXX
75791	TC	A	Av dialysis shunt imaging	0.00	6.12	6.12	NA	NA	0.01	XXX
75791	26	A	Av dialysis shunt imaging	1.71	0.53	0.53	0.53	0.53	0.07	XXX
75801		C	Lymph vessel x-ray, arm/leg	0.00	0.00	0.00	NA	NA	0.00	XXX
75801	TC	C	Lymph vessel x-ray, arm/leg	0.00	0.00	0.00	NA	NA	0.00	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.30	0.27	0.30	0.27	0.13	XXX
75803		C	Lymph vessel x-ray,arms/legs	0.00	0.00	0.00	NA	NA	0.00	XXX
75803	TC	C	Lymph vessel x-ray,arms/legs	0.00	0.00	0.00	NA	NA	0.00	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.35	0.43	0.35	0.43	0.07	XXX
75805		C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75805	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.25	0.30	0.25	0.30	0.05	XXX
75807		C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75807	TC	C	Lymph vessel x-ray, trunk	0.00	0.00	0.00	NA	NA	0.00	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.36	0.43	0.36	0.43	0.07	XXX
75809		A	Nonvascular shunt, x-ray	0.47	2.02	1.92	NA	NA	0.03	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	1.87	1.75	NA	NA	0.01	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.15	0.17	0.15	0.17	0.02	XXX
75810		C	Vein x-ray, spleen/liver	0.00	0.00	0.00	NA	NA	0.00	XXX
75810	TC	C	Vein x-ray, spleen/liver	0.00	0.00	0.00	NA	NA	0.00	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.34	0.43	0.34	0.43	0.07	XXX
75820		A	Vein x-ray, arm/leg	0.70	2.46	2.52	NA	NA	0.04	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	2.24	2.25	NA	NA	0.01	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.22	0.27	0.22	0.27	0.03	XXX
75822		A	Vein x-ray, arms/legs	1.06	2.83	2.87	NA	NA	0.06	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	2.51	2.49	NA	NA	0.01	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.32	0.38	0.32	0.38	0.05	XXX
75825		A	Vein x-ray, trunk	1.14	2.63	4.83	NA	NA	0.07	XXX
75825	TC	A	Vein x-ray, trunk	0.00	2.29	4.43	NA	NA	0.01	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.34	0.40	0.34	0.40	0.06	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75827		A	Vein x-ray, chest	1.14	2.79	4.86	NA	NA	0.06	XXX
75827	TC	A	Vein x-ray, chest	0.00	2.44	4.48	NA	NA	0.01	XXX
75827	26	A	Vein x-ray, chest	1.14	0.35	0.38	0.35	0.38	0.05	XXX
75831		A	Vein x-ray, kidney	1.14	2.76	4.92	NA	NA	0.19	XXX
75831	TC	A	Vein x-ray, kidney	0.00	2.42	4.52	NA	NA	0.01	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.34	0.40	0.34	0.40	0.18	XXX
75833		A	Vein x-ray, kidneys	1.49	3.28	5.41	NA	NA	0.07	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	2.85	4.90	NA	NA	0.01	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.43	0.51	0.43	0.51	0.06	XXX
75840		A	Vein x-ray, adrenal gland	1.14	2.59	4.83	NA	NA	0.19	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	2.28	4.45	NA	NA	0.01	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.31	0.38	0.31	0.38	0.18	XXX
75842		A	Vein x-ray, adrenal glands	1.49	3.22	5.43	NA	NA	0.07	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	2.76	4.89	NA	NA	0.01	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.46	0.54	0.46	0.54	0.06	XXX
75860		A	Vein x-ray, neck	1.14	2.69	5.03	NA	NA	0.07	XXX
75860	TC	A	Vein x-ray, neck	0.00	2.33	4.58	NA	NA	0.01	XXX
75860	26	A	Vein x-ray, neck	1.14	0.36	0.45	0.36	0.45	0.06	XXX
75870		A	Vein x-ray, skull	1.14	2.88	5.03	NA	NA	0.06	XXX
75870	TC	A	Vein x-ray, skull	0.00	2.50	4.61	NA	NA	0.01	XXX
75870	26	A	Vein x-ray, skull	1.14	0.38	0.42	0.38	0.42	0.05	XXX
75872		A	Vein x-ray, skull	1.14	5.83	6.23	NA	NA	0.06	XXX
75872	TC	A	Vein x-ray, skull	0.00	5.30	5.75	NA	NA	0.01	XXX
75872	26	A	Vein x-ray, skull	1.14	0.53	0.48	0.53	0.48	0.05	XXX
75880		A	Vein x-ray, eye socket	0.70	2.56	2.57	NA	NA	0.04	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	2.34	2.33	NA	NA	0.01	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.22	0.24	0.22	0.24	0.03	XXX
75885		A	Vein x-ray, liver	1.44	2.78	5.05	NA	NA	0.07	XXX
75885	TC	A	Vein x-ray, liver	0.00	2.35	4.52	NA	NA	0.01	XXX
75885	26	A	Vein x-ray, liver	1.44	0.43	0.53	0.43	0.53	0.06	XXX
75887		A	Vein x-ray, liver	1.44	2.93	5.13	NA	NA	0.05	XXX
75887	TC	A	Vein x-ray, liver	0.00	2.47	4.59	NA	NA	0.01	XXX
75887	26	A	Vein x-ray, liver	1.44	0.46	0.54	0.46	0.54	0.04	XXX
75889		A	Vein x-ray, liver	1.14	2.70	4.93	NA	NA	0.06	XXX
75889	TC	A	Vein x-ray, liver	0.00	2.36	4.51	NA	NA	0.01	XXX
75889	26	A	Vein x-ray, liver	1.14	0.34	0.42	0.34	0.42	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75891		A	Vein x-ray, liver	1.14	2.70	4.93	NA	NA	0.06	XXX
75891	TC	A	Vein x-ray, liver	0.00	2.36	4.51	NA	NA	0.01	XXX
75891	26	A	Vein x-ray, liver	1.14	0.34	0.42	0.34	0.42	0.05	XXX
75893		A	Venous sampling by catheter	0.54	2.46	4.68	NA	NA	0.02	XXX
75893	TC	A	Venous sampling by catheter	0.00	2.30	4.49	NA	NA	0.01	XXX
75893	26	A	Venous sampling by catheter	0.54	0.16	0.19	0.16	0.19	0.01	XXX
75894		C	X-rays, transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75894	TC	C	X-rays, transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75894	26	A	X-rays, transcath therapy	1.31	0.40	0.47	0.40	0.47	0.12	XXX
75896		C	X-rays, transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75896	TC	C	X-rays, transcath therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.41	0.50	0.41	0.50	0.12	XXX
75898		C	Follow-up angiography	0.00	0.00	0.00	NA	NA	0.00	XXX
75898	TC	C	Follow-up angiography	0.00	0.00	0.00	NA	NA	0.00	XXX
75898	26	A	Follow-up angiography	1.65	0.51	0.63	0.51	0.63	0.15	XXX
75900		C	Intravascular cath exchange	0.00	0.00	0.00	NA	NA	0.00	XXX
75900	TC	C	Intravascular cath exchange	0.00	0.00	0.00	NA	NA	0.00	XXX
75900	26	A	Intravascular cath exchange	0.49	0.15	0.17	0.15	0.17	0.04	XXX
75901		A	Remove cva device obstruct	0.49	3.79	3.60	NA	NA	0.03	XXX
75901	TC	A	Remove cva device obstruct	0.00	3.64	3.43	NA	NA	0.01	XXX
75901	26	A	Remove cva device obstruct	0.49	0.15	0.17	0.15	0.17	0.02	XXX
75902		A	Remove cva lumen obstruct	0.39	1.51	1.59	NA	NA	0.04	XXX
75902	TC	A	Remove cva lumen obstruct	0.00	1.39	1.45	NA	NA	0.01	XXX
75902	26	A	Remove cva lumen obstruct	0.39	0.12	0.14	0.12	0.14	0.03	XXX
75940		C	X-ray placement, vein filter	0.00	0.00	0.00	NA	NA	0.00	XXX
75940	TC	C	X-ray placement, vein filter	0.00	0.00	0.00	NA	NA	0.00	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.16	0.19	0.16	0.19	0.05	XXX
75945		C	Intravascular us	0.00	0.00	0.00	NA	NA	0.00	XXX
75945	TC	C	Intravascular us	0.00	0.00	0.00	NA	NA	0.00	XXX
75945	26	A	Intravascular us	0.40	0.12	0.15	0.12	0.15	0.04	XXX
75946		C	Intravascular us add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75946	TC	C	Intravascular us add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.12	0.13	0.12	0.13	0.05	ZZZ
75952		C	Endovasc repair abdom aorta	0.00	0.00	0.00	NA	NA	0.00	XXX
75952	TC	C	Endovasc repair abdom aorta	0.00	0.00	0.00	NA	NA	0.00	XXX
75952	26	A	Endovasc repair abdom aorta	4.49	1.35	1.42	1.35	1.42	0.63	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75953		C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75953	TC	C	Abdom aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75953	26	A	Abdom aneurysm endovas rpr	1.36	0.41	0.43	0.41	0.43	0.20	XXX
75954		C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75954	TC	C	Iliac aneurysm endovas rpr	0.00	0.00	0.00	NA	NA	0.00	XXX
75954	26	A	Iliac aneurysm endovas rpr	2.25	0.68	0.71	0.68	0.71	0.30	XXX
75956		C	Xray, endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75956	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75956	26	A	Xray, endovasc thor ao repr	7.00	2.05	2.23	2.05	2.23	1.06	XXX
75957		C	Xray, endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75957	TC	C	Xray, endovasc thor ao repr	0.00	0.00	0.00	NA	NA	0.00	XXX
75957	26	A	Xray, endovasc thor ao repr	6.00	1.76	1.91	1.76	1.91	0.89	XXX
75958		C	Xray, place prox ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75958	TC	C	Xray, place prox ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75958	26	A	Xray, place prox ext thor ao	4.00	1.16	1.23	1.16	1.23	0.60	XXX
75959		C	Xray, place dist ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75959	TC	C	Xray, place dist ext thor ao	0.00	0.00	0.00	NA	NA	0.00	XXX
75959	26	A	Xray, place dist ext thor ao	3.50	0.95	1.08	0.95	1.08	0.61	XXX
75960		A	Transcath iv stent rs&i	0.82	2.25	4.98	NA	NA	0.05	XXX
75960	TC	A	Transcath iv stent rs&i	0.00	2.00	4.67	NA	NA	0.01	XXX
75960	26	A	Transcath iv stent rs&i	0.82	0.25	0.31	0.25	0.31	0.04	XXX
75961		A	Retrieval, broken catheter	4.24	4.04	6.02	NA	NA	0.21	XXX
75961	TC	A	Retrieval, broken catheter	0.00	2.77	4.49	NA	NA	0.01	XXX
75961	26	A	Retrieval, broken catheter	4.24	1.27	1.53	1.27	1.53	0.20	XXX
75962		A	Repair arterial blockage	0.54	2.97	5.73	NA	NA	0.03	XXX
75962	TC	A	Repair arterial blockage	0.00	2.80	5.54	NA	NA	0.01	XXX
75962	26	A	Repair arterial blockage	0.54	0.17	0.19	0.17	0.19	0.02	XXX
75964		A	Repair artery blockage, each	0.36	2.02	3.45	NA	NA	0.04	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	1.91	3.32	NA	NA	0.01	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.11	0.13	0.11	0.13	0.03	ZZZ
75966		A	Repair arterial blockage	1.31	3.16	6.19	NA	NA	0.06	XXX
75966	TC	A	Repair arterial blockage	0.00	2.75	5.67	NA	NA	0.01	XXX
75966	26	A	Repair arterial blockage	1.31	0.41	0.52	0.41	0.52	0.05	XXX
75968		A	Repair artery blockage, each	0.36	1.87	3.42	NA	NA	0.02	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	1.76	3.28	NA	NA	0.01	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.11	0.14	0.11	0.14	0.01	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
75970		C	Vascular biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
75970	TC	C	Vascular biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
75970	26	A	Vascular biopsy	0.83	0.25	0.31	0.25	0.31	0.05	XXX
75978		A	Repair venous blockage	0.54	3.09	5.67	NA	NA	0.03	XXX
75978	TC	A	Repair venous blockage	0.00	2.92	5.48	NA	NA	0.01	XXX
75978	26	A	Repair venous blockage	0.54	0.17	0.19	0.17	0.19	0.02	XXX
75980		C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75980	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.43	0.53	0.43	0.53	0.09	XXX
75982		C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75982	TC	C	Contrast xray exam bile duct	0.00	0.00	0.00	NA	NA	0.00	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.43	0.53	0.43	0.53	0.09	XXX
75984		A	Xray control catheter change	0.72	2.07	2.28	NA	NA	0.04	XXX
75984	TC	A	Xray control catheter change	0.00	1.85	2.01	NA	NA	0.01	XXX
75984	26	A	Xray control catheter change	0.72	0.22	0.27	0.22	0.27	0.03	XXX
75989		A	Abscess drainage under x-ray	1.19	1.99	2.47	NA	NA	0.05	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	1.63	2.04	NA	NA	0.01	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.36	0.43	0.36	0.43	0.04	XXX
75992		C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75992	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.17	0.21	0.17	0.21	0.05	XXX
75993		C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75993	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.11	0.14	0.11	0.14	0.03	ZZZ
75994		C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75994	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.31	0.35	0.31	0.35	0.08	XXX
75995		C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75995	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.43	0.47	0.43	0.47	0.06	XXX
75996		C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75996	TC	C	Atherectomy, x-ray exam	0.00	0.00	0.00	NA	NA	0.00	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.10	0.12	0.10	0.12	0.06	ZZZ
76000		A	Fluoroscope examination	0.17	2.64	2.49	NA	NA	0.02	XXX
76000	TC	A	Fluoroscope examination	0.00	2.58	2.43	NA	NA	0.01	XXX
76000	26	A	Fluoroscope examination	0.17	0.06	0.06	0.06	0.06	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76001		C	Fluoroscope exam, extensive	0.00	0.00	0.00	NA	NA	0.00	XXX
76001	TC	C	Fluoroscope exam, extensive	0.00	0.00	0.00	NA	NA	0.00	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.24	0.25	0.24	0.25	0.06	XXX
76010		A	X-ray, nose to rectum	0.18	0.46	0.55	NA	NA	0.02	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.41	0.48	NA	NA	0.01	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.05	0.07	0.05	0.07	0.01	XXX
76080		A	X-ray exam of fistula	0.54	0.96	1.11	NA	NA	0.03	XXX
76080	TC	A	X-ray exam of fistula	0.00	0.80	0.91	NA	NA	0.01	XXX
76080	26	A	X-ray exam of fistula	0.54	0.16	0.20	0.16	0.20	0.02	XXX
76098		A	X-ray exam, breast specimen	0.16	0.28	0.35	NA	NA	0.02	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.23	0.29	NA	NA	0.01	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.05	0.06	0.05	0.06	0.01	XXX
76100		A	X-ray exam of body section	0.58	1.98	2.79	NA	NA	0.05	XXX
76100	TC	A	X-ray exam of body section	0.00	1.73	2.57	NA	NA	0.01	XXX
76100	26	A	X-ray exam of body section	0.58	0.25	0.22	0.25	0.22	0.04	XXX
76101		A	Complex body section x-ray	0.58	3.09	4.14	NA	NA	0.07	XXX
76101	TC	A	Complex body section x-ray	0.00	2.76	3.90	NA	NA	0.01	XXX
76101	26	A	Complex body section x-ray	0.58	0.33	0.24	0.33	0.24	0.06	XXX
76102		A	Complex body section x-rays	0.58	4.33	5.76	NA	NA	0.08	XXX
76102	TC	A	Complex body section x-rays	0.00	3.99	5.53	NA	NA	0.01	XXX
76102	26	A	Complex body section x-rays	0.58	0.34	0.23	0.34	0.23	0.07	XXX
76120		A	Cine/video x-rays	0.38	1.49	1.61	NA	NA	0.03	XXX
76120	TC	A	Cine/video x-rays	0.00	1.36	1.48	NA	NA	0.01	XXX
76120	26	A	Cine/video x-rays	0.38	0.13	0.13	0.13	0.13	0.02	XXX
76125		C	Cine/video x-rays add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
76125	TC	C	Cine/video x-rays add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
76125	26	A	Cine/video x-rays add-on	0.27	0.09	0.11	0.09	0.11	0.02	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.55	0.51	NA	NA	0.01	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76376		A	3d render w/o postprocess	0.20	1.22	1.77	NA	NA	0.02	XXX
76376	TC	A	3d render w/o postprocess	0.00	1.16	1.69	NA	NA	0.01	XXX
76376	26	A	3d render w/o postprocess	0.20	0.06	0.08	0.06	0.08	0.01	XXX
76377		A	3d rendering w/postprocess	0.79	1.19	1.81	NA	NA	0.04	XXX
76377	TC	A	3d rendering w/postprocess	0.00	0.95	1.53	NA	NA	0.01	XXX
76377	26	A	3d rendering w/postprocess	0.79	0.24	0.28	0.24	0.28	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76380		A	CAT scan follow-up study	0.98	4.18	4.47	NA	NA	0.04	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.87	4.12	NA	NA	0.01	XXX
76380	26	A	CAT scan follow-up study	0.98	0.31	0.35	0.31	0.35	0.03	XXX
76390		N	Mr spectroscopy	1.40	10.09	10.74	NA	NA	0.05	XXX
76390	TC	N	Mr spectroscopy	0.00	9.58	10.25	NA	NA	0.01	XXX
76390	26	N	Mr spectroscopy	1.40	0.51	0.49	0.51	0.49	0.04	XXX
76496		C	Fluoroscopic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76496	TC	C	Fluoroscopic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76496	26	C	Fluoroscopic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76497		C	Ct procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76497	TC	C	Ct procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76497	26	C	Ct procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76498		C	Mri procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76498	TC	C	Mri procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76498	26	C	Mri procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506		A	Echo exam of head	0.63	2.47	2.48	NA	NA	0.04	XXX
76506	TC	A	Echo exam of head	0.00	2.26	2.25	NA	NA	0.01	XXX
76506	26	A	Echo exam of head	0.63	0.21	0.23	0.21	0.23	0.03	XXX
76510		A	Ophth us, b & quant a	1.55	2.76	2.55	NA	NA	0.20	XXX
76510	TC	A	Ophth us, b & quant a	0.00	1.85	1.84	NA	NA	0.01	XXX
76510	26	A	Ophth us, b & quant a	1.55	0.91	0.71	0.91	0.71	0.19	XXX
76511		A	Ophth us, quant a only	0.94	1.63	1.65	NA	NA	0.02	XXX
76511	TC	A	Ophth us, quant a only	0.00	1.11	1.24	NA	NA	0.01	XXX
76511	26	A	Ophth us, quant a only	0.94	0.52	0.41	0.52	0.41	0.01	XXX
76512		A	Ophth us, b w/non-quant a	0.94	1.44	1.47	NA	NA	0.04	XXX
76512	TC	A	Ophth us, b w/non-quant a	0.00	0.90	1.04	NA	NA	0.01	XXX
76512	26	A	Ophth us, b w/non-quant a	0.94	0.54	0.43	0.54	0.43	0.03	XXX
76513		A	Echo exam of eye, water bath	0.66	1.67	1.59	NA	NA	0.02	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.35	1.33	NA	NA	0.01	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.32	0.26	0.32	0.26	0.01	XXX
76514		A	Echo exam of eye, thickness	0.17	0.21	0.18	NA	NA	0.02	XXX
76514	TC	A	Echo exam of eye, thickness	0.00	0.12	0.10	NA	NA	0.01	XXX
76514	26	A	Echo exam of eye, thickness	0.17	0.09	0.08	0.09	0.08	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76516		A	Echo exam of eye	0.54	1.37	1.29	NA	NA	0.02	XXX
76516	TC	A	Echo exam of eye	0.00	1.07	1.05	NA	NA	0.01	XXX
76516	26	A	Echo exam of eye	0.54	0.30	0.24	0.30	0.24	0.01	XXX
76519		A	Echo exam of eye	0.54	1.52	1.42	NA	NA	0.03	XXX
76519	TC	A	Echo exam of eye	0.00	1.20	1.17	NA	NA	0.01	XXX
76519	26	A	Echo exam of eye	0.54	0.32	0.25	0.32	0.25	0.02	XXX
76529		A	Echo exam of eye	0.57	1.39	1.27	NA	NA	0.03	XXX
76529	TC	A	Echo exam of eye	0.00	1.05	1.02	NA	NA	0.01	XXX
76529	26	A	Echo exam of eye	0.57	0.34	0.25	0.34	0.25	0.02	XXX
76536		A	Us exam of head and neck	0.56	2.42	2.42	NA	NA	0.03	XXX
76536	TC	A	Us exam of head and neck	0.00	2.24	2.23	NA	NA	0.01	XXX
76536	26	A	Us exam of head and neck	0.56	0.18	0.19	0.18	0.19	0.02	XXX
76604		A	Us exam, chest	0.55	1.60	1.72	NA	NA	0.03	XXX
76604	TC	A	Us exam, chest	0.00	1.43	1.53	NA	NA	0.01	XXX
76604	26	A	Us exam, chest	0.55	0.17	0.19	0.17	0.19	0.02	XXX
76645		A	Us exam, breast(s)	0.54	1.85	1.90	NA	NA	0.04	XXX
76645	TC	A	Us exam, breast(s)	0.00	1.68	1.71	NA	NA	0.01	XXX
76645	26	A	Us exam, breast(s)	0.54	0.17	0.19	0.17	0.19	0.03	XXX
76700		A	Us exam, abdom, complete	0.81	2.66	2.82	NA	NA	0.04	XXX
76700	TC	A	Us exam, abdom, complete	0.00	2.41	2.53	NA	NA	0.01	XXX
76700	26	A	Us exam, abdom, complete	0.81	0.25	0.29	0.25	0.29	0.03	XXX
76705		A	Echo exam of abdomen	0.59	2.04	2.16	NA	NA	0.03	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.86	1.95	NA	NA	0.01	XXX
76705	26	A	Echo exam of abdomen	0.59	0.18	0.21	0.18	0.21	0.02	XXX
76770		A	Us exam abdo back wall, comp	0.74	2.52	2.71	NA	NA	0.04	XXX
76770	TC	A	Us exam abdo back wall, comp	0.00	2.29	2.45	NA	NA	0.01	XXX
76770	26	A	Us exam abdo back wall, comp	0.74	0.23	0.26	0.23	0.26	0.03	XXX
76775		A	Us exam abdo back wall, lim	0.58	2.05	2.34	NA	NA	0.03	XXX
76775	TC	A	Us exam abdo back wall, lim	0.00	1.87	2.12	NA	NA	0.01	XXX
76775	26	A	Us exam abdo back wall, lim	0.58	0.18	0.22	0.18	0.22	0.02	XXX
76776		A	Us exam k transpl w/doppler	0.76	2.96	3.12	NA	NA	0.04	XXX
76776	TC	A	Us exam k transpl w/doppler	0.00	2.73	2.85	NA	NA	0.01	XXX
76776	26	A	Us exam k transpl w/doppler	0.76	0.23	0.27	0.23	0.27	0.03	XXX
76800		A	Us exam, spinal canal	1.13	2.35	2.22	NA	NA	0.04	XXX
76800	TC	A	Us exam, spinal canal	0.00	1.95	1.87	NA	NA	0.01	XXX
76800	26	A	Us exam, spinal canal	1.13	0.40	0.35	0.40	0.35	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76801		A	Ob us < 14 wks, single fetus	0.99	2.20	2.44	NA	NA	0.03	XXX
76801	TC	A	Ob us < 14 wks, single fetus	0.00	1.87	2.09	NA	NA	0.01	XXX
76801	26	A	Ob us < 14 wks, single fetus	0.99	0.33	0.35	0.33	0.35	0.02	XXX
76802		A	Ob us < 14 wks, addl fetus	0.83	0.91	1.05	NA	NA	0.03	ZZZ
76802	TC	A	Ob us < 14 wks, addl fetus	0.00	0.62	0.76	NA	NA	0.01	ZZZ
76802	26	A	Ob us < 14 wks, addl fetus	0.83	0.29	0.29	0.29	0.29	0.02	ZZZ
76805		A	Ob us >/= 14 wks, sngl fetus	0.99	2.72	2.89	NA	NA	0.03	XXX
76805	TC	A	Ob us >/= 14 wks, sngl fetus	0.00	2.38	2.54	NA	NA	0.01	XXX
76805	26	A	Ob us >/= 14 wks, sngl fetus	0.99	0.34	0.35	0.34	0.35	0.02	XXX
76810		A	Ob us >/= 14 wks, addl fetus	0.98	1.53	1.59	NA	NA	0.03	ZZZ
76810	TC	A	Ob us >/= 14 wks, addl fetus	0.00	1.18	1.25	NA	NA	0.01	ZZZ
76810	26	A	Ob us >/= 14 wks, addl fetus	0.98	0.35	0.34	0.35	0.34	0.02	ZZZ
76811		A	Ob us, detailed, sngl fetus	1.90	2.90	3.27	NA	NA	0.05	XXX
76811	TC	A	Ob us, detailed, sngl fetus	0.00	2.18	2.62	NA	NA	0.01	XXX
76811	26	A	Ob us, detailed, sngl fetus	1.90	0.72	0.65	0.72	0.65	0.04	XXX
76812		A	Ob us, detailed, addl fetus	1.78	3.67	3.49	NA	NA	0.05	ZZZ
76812	TC	A	Ob us, detailed, addl fetus	0.00	2.99	2.88	NA	NA	0.01	ZZZ
76812	26	A	Ob us, detailed, addl fetus	1.78	0.68	0.61	0.68	0.61	0.04	ZZZ
76813		A	Ob us nuchal meas, 1 gest	1.18	2.05	2.17	NA	NA	0.04	XXX
76813	TC	A	Ob us nuchal meas, 1 gest	0.00	1.60	1.78	NA	NA	0.01	XXX
76813	26	A	Ob us nuchal meas, 1 gest	1.18	0.45	0.39	0.45	0.39	0.03	XXX
76814		A	Ob us nuchal meas, add-on	0.99	1.13	1.16	NA	NA	0.03	XXX
76814	TC	A	Ob us nuchal meas, add-on	0.00	0.75	0.83	NA	NA	0.01	XXX
76814	26	A	Ob us nuchal meas, add-on	0.99	0.38	0.33	0.38	0.33	0.02	XXX
76815		A	Ob us, limited, fetus(s)	0.65	1.61	1.74	NA	NA	0.02	XXX
76815	TC	A	Ob us, limited, fetus(s)	0.00	1.39	1.52	NA	NA	0.01	XXX
76815	26	A	Ob us, limited, fetus(s)	0.65	0.22	0.22	0.22	0.22	0.01	XXX
76816		A	Ob us, follow-up, per fetus	0.85	2.16	2.16	NA	NA	0.03	XXX
76816	TC	A	Ob us, follow-up, per fetus	0.00	1.84	1.87	NA	NA	0.01	XXX
76816	26	A	Ob us, follow-up, per fetus	0.85	0.32	0.29	0.32	0.29	0.02	XXX
76817		A	Transvaginal us, obstetric	0.75	1.81	1.95	NA	NA	0.03	XXX
76817	TC	A	Transvaginal us, obstetric	0.00	1.55	1.69	NA	NA	0.01	XXX
76817	26	A	Transvaginal us, obstetric	0.75	0.26	0.26	0.26	0.26	0.02	XXX
76818		A	Fetal biophys profile w/nst	1.05	2.05	2.15	NA	NA	0.03	XXX
76818	TC	A	Fetal biophys profile w/nst	0.00	1.66	1.79	NA	NA	0.01	XXX
76818	26	A	Fetal biophys profile w/nst	1.05	0.39	0.36	0.39	0.36	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76819		A	Fetal biophys profil w/o nst	0.77	1.49	1.66	NA	NA	0.03	XXX
76819	TC	A	Fetal biophys profil w/o nst	0.00	1.21	1.39	NA	NA	0.01	XXX
76819	26	A	Fetal biophys profil w/o nst	0.77	0.28	0.27	0.28	0.27	0.02	XXX
76820		A	Umbilical artery echo	0.50	0.56	0.80	NA	NA	0.02	XXX
76820	TC	A	Umbilical artery echo	0.00	0.37	0.63	NA	NA	0.01	XXX
76820	26	A	Umbilical artery echo	0.50	0.19	0.17	0.19	0.17	0.01	XXX
76821		A	Middle cerebral artery echo	0.70	1.71	1.84	NA	NA	0.03	XXX
76821	TC	A	Middle cerebral artery echo	0.00	1.44	1.60	NA	NA	0.01	XXX
76821	26	A	Middle cerebral artery echo	0.70	0.27	0.24	0.27	0.24	0.02	XXX
76825		A	Echo exam of fetal heart	1.67	3.92	3.95	NA	NA	0.04	XXX
76825	TC	A	Echo exam of fetal heart	0.00	3.31	3.38	NA	NA	0.01	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.61	0.57	0.61	0.57	0.03	XXX
76826		A	Echo exam of fetal heart	0.83	2.47	2.34	NA	NA	0.03	XXX
76826	TC	A	Echo exam of fetal heart	0.00	2.16	2.06	NA	NA	0.01	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.31	0.28	0.31	0.28	0.02	XXX
76827		A	Echo exam of fetal heart	0.58	0.99	1.23	NA	NA	0.02	XXX
76827	TC	A	Echo exam of fetal heart	0.00	0.78	1.03	NA	NA	0.01	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.21	0.20	0.21	0.20	0.01	XXX
76828		A	Echo exam of fetal heart	0.56	0.62	0.77	NA	NA	0.02	XXX
76828	TC	A	Echo exam of fetal heart	0.00	0.41	0.58	NA	NA	0.01	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.19	0.21	0.19	0.01	XXX
76830		A	Transvaginal us, non-ob	0.69	2.43	2.51	NA	NA	0.03	XXX
76830	TC	A	Transvaginal us, non-ob	0.00	2.20	2.27	NA	NA	0.01	XXX
76830	26	A	Transvaginal us, non-ob	0.69	0.23	0.24	0.23	0.24	0.02	XXX
76831		A	Echo exam, uterus	0.72	2.45	2.49	NA	NA	0.03	XXX
76831	TC	A	Echo exam, uterus	0.00	2.18	2.25	NA	NA	0.01	XXX
76831	26	A	Echo exam, uterus	0.72	0.27	0.24	0.27	0.24	0.02	XXX
76856		A	Us exam, pelvic, complete	0.69	2.40	2.52	NA	NA	0.03	XXX
76856	TC	A	Us exam, pelvic, complete	0.00	2.18	2.27	NA	NA	0.01	XXX
76856	26	A	Us exam, pelvic, complete	0.69	0.22	0.25	0.22	0.25	0.02	XXX
76857		A	Us exam, pelvic, limited	0.38	1.98	2.27	NA	NA	0.03	XXX
76857	TC	A	Us exam, pelvic, limited	0.00	1.86	2.12	NA	NA	0.01	XXX
76857	26	A	Us exam, pelvic, limited	0.38	0.12	0.15	0.12	0.15	0.02	XXX
76870		A	Us exam, scrotum	0.64	2.41	2.53	NA	NA	0.04	XXX
76870	TC	A	Us exam, scrotum	0.00	2.21	2.30	NA	NA	0.01	XXX
76870	26	A	Us exam, scrotum	0.64	0.20	0.23	0.20	0.23	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76872		A	Us, transrectal	0.69	2.60	3.02	NA	NA	0.04	XXX
76872	TC	A	Us, transrectal	0.00	2.37	2.75	NA	NA	0.01	XXX
76872	26	A	Us, transrectal	0.69	0.23	0.27	0.23	0.27	0.03	XXX
76873		A	Echograp trans r, pros study	1.55	3.01	3.17	NA	NA	0.07	XXX
76873	TC	A	Echograp trans r, pros study	0.00	2.42	2.59	NA	NA	0.01	XXX
76873	26	A	Echograp trans r, pros study	1.55	0.59	0.58	0.59	0.58	0.06	XXX
76880		A	Us exam, extremity	0.59	2.96	2.85	NA	NA	0.03	XXX
76880	TC	A	Us exam, extremity	0.00	2.78	2.66	NA	NA	0.01	XXX
76880	26	A	Us exam, extremity	0.59	0.18	0.19	0.18	0.19	0.02	XXX
76885		A	Us exam infant hips, dynamic	0.74	2.89	2.92	NA	NA	0.04	XXX
76885	TC	A	Us exam infant hips, dynamic	0.00	2.66	2.66	NA	NA	0.01	XXX
76885	26	A	Us exam infant hips, dynamic	0.74	0.23	0.26	0.23	0.26	0.03	XXX
76886		A	Us exam infant hips, static	0.62	2.52	2.19	NA	NA	0.02	XXX
76886	TC	A	Us exam infant hips, static	0.00	2.28	1.97	NA	NA	0.01	XXX
76886	26	A	Us exam infant hips, static	0.62	0.24	0.22	0.24	0.22	0.01	XXX
76930		A	Echo guide, cardiocentesis	0.67	1.38	1.82	NA	NA	0.02	XXX
76930	TC	A	Echo guide, cardiocentesis	0.00	1.16	1.52	NA	NA	0.01	XXX
76930	26	A	Echo guide, cardiocentesis	0.67	0.22	0.30	0.22	0.30	0.01	XXX
76932		C	Echo guide for heart biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
76932	TC	C	Echo guide for heart biopsy	0.00	0.00	0.00	NA	NA	0.00	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.22	0.30	0.22	0.30	0.03	XXX
76936		A	Echo guide for artery repair	1.99	5.32	6.11	NA	NA	0.18	XXX
76936	TC	A	Echo guide for artery repair	0.00	4.71	5.40	NA	NA	0.01	XXX
76936	26	A	Echo guide for artery repair	1.99	0.61	0.71	0.61	0.71	0.17	XXX
76937		A	Us guide, vascular access	0.30	0.57	0.60	NA	NA	0.03	ZZZ
76937	TC	A	Us guide, vascular access	0.00	0.48	0.49	NA	NA	0.01	ZZZ
76937	26	A	Us guide, vascular access	0.30	0.09	0.11	0.09	0.11	0.02	ZZZ
76940		C	Us guide, tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
76940	TC	C	Us guide, tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
76940	26	A	Us guide, tissue ablation	2.00	0.67	0.69	0.67	0.69	0.21	XXX
76941		C	Echo guide for transfusion	0.00	0.00	0.00	NA	NA	0.00	XXX
76941	TC	C	Echo guide for transfusion	0.00	0.00	0.00	NA	NA	0.00	XXX
76941	26	A	Echo guide for transfusion	1.34	0.52	0.47	0.52	0.47	0.08	XXX
76942		A	Echo guide for biopsy	0.67	4.14	4.32	NA	NA	0.04	XXX
76942	TC	A	Echo guide for biopsy	0.00	3.93	4.08	NA	NA	0.01	XXX
76942	26	A	Echo guide for biopsy	0.67	0.21	0.24	0.21	0.24	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
76945		C	Echo guide, villus sampling	0.00	0.00	0.00	NA	NA	0.00	XXX
76945	TC	C	Echo guide, villus sampling	0.00	0.00	0.00	NA	NA	0.00	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.26	0.23	0.26	0.23	0.03	XXX
76946		A	Echo guide for amniocentesis	0.38	0.44	0.69	NA	NA	0.02	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	0.30	0.56	NA	NA	0.01	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.14	0.13	0.14	0.13	0.01	XXX
76948		A	Echo guide, ova aspiration	0.38	0.52	0.70	NA	NA	0.03	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	0.38	0.57	NA	NA	0.01	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.14	0.13	0.14	0.13	0.02	XXX
76950		A	Echo guidance radiotherapy	0.58	1.16	1.27	NA	NA	0.03	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	0.92	1.06	NA	NA	0.01	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.24	0.21	0.24	0.21	0.02	XXX
76965		A	Echo guidance radiotherapy	1.34	1.05	2.11	NA	NA	0.07	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	0.56	1.60	NA	NA	0.01	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.49	0.51	0.49	0.51	0.06	XXX
76970		A	Ultrasound exam follow-up	0.40	2.21	1.94	NA	NA	0.04	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	2.06	1.81	NA	NA	0.01	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.15	0.13	0.15	0.13	0.03	XXX
76975		C	GI endoscopic ultrasound	0.00	0.00	0.00	NA	NA	0.00	XXX
76975	TC	C	GI endoscopic ultrasound	0.00	0.00	0.00	NA	NA	0.00	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.31	0.32	0.31	0.32	0.06	XXX
76977		A	Us bone density measure	0.05	0.12	0.25	NA	NA	0.02	XXX
76977	TC	A	Us bone density measure	0.00	0.10	0.23	NA	NA	0.01	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.02	0.02	0.01	XXX
76998		C	Us guide, intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
76998	TC	C	Us guide, intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
76998	26	A	Us guide, intraop	1.20	0.40	0.40	0.40	0.40	0.19	XXX
76999		C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77001		A	Fluoroguide for vein device	0.38	2.55	2.47	NA	NA	0.03	ZZZ
77001	TC	A	Fluoroguide for vein device	0.00	2.43	2.33	NA	NA	0.01	ZZZ
77001	26	A	Fluoroguide for vein device	0.38	0.12	0.14	0.12	0.14	0.02	ZZZ
77002		A	Needle localization by xray	0.54	1.36	1.36	NA	NA	0.03	XXX
77002	TC	A	Needle localization by xray	0.00	1.15	1.17	NA	NA	0.01	XXX
77002	26	A	Needle localization by xray	0.54	0.21	0.19	0.21	0.19	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77003		A	Fluoroguide for spine inject	0.60	1.02	0.97	NA	NA	0.03	XXX
77003	TC	A	Fluoroguide for spine inject	0.00	0.79	0.80	NA	NA	0.01	XXX
77003	26	A	Fluoroguide for spine inject	0.60	0.23	0.17	0.23	0.17	0.02	XXX
77011		A	Ct scan for localization	1.21	18.35	17.62	NA	NA	0.04	XXX
77011	TC	A	Ct scan for localization	0.00	17.90	17.18	NA	NA	0.01	XXX
77011	26	A	Ct scan for localization	1.21	0.45	0.44	0.45	0.44	0.03	XXX
77012		A	Ct scan for needle biopsy	1.16	2.05	3.51	NA	NA	0.04	XXX
77012	TC	A	Ct scan for needle biopsy	0.00	1.70	3.09	NA	NA	0.01	XXX
77012	26	A	Ct scan for needle biopsy	1.16	0.35	0.42	0.35	0.42	0.03	XXX
77013		C	Ct guide for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77013	TC	C	Ct guide for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77013	26	A	Ct guide for tissue ablation	3.99	1.19	1.46	1.19	1.46	0.27	XXX
77014		A	Ct scan for therapy guide	0.85	4.08	4.14	NA	NA	0.04	XXX
77014	TC	A	Ct scan for therapy guide	0.00	3.72	3.83	NA	NA	0.01	XXX
77014	26	A	Ct scan for therapy guide	0.85	0.36	0.31	0.36	0.31	0.03	XXX
77021		A	Mr guidance for needle place	1.50	8.33	9.94	NA	NA	0.10	XXX
77021	TC	A	Mr guidance for needle place	0.00	7.87	9.40	NA	NA	0.01	XXX
77021	26	A	Mr guidance for needle place	1.50	0.46	0.54	0.46	0.54	0.09	XXX
77022		C	Mri for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77022	TC	C	Mri for tissue ablation	0.00	0.00	0.00	NA	NA	0.00	XXX
77022	26	A	Mri for tissue ablation	4.24	1.28	1.46	1.28	1.46	0.28	XXX
77031		A	Stereotact guide for brst bx	1.59	1.69	2.98	NA	NA	0.10	XXX
77031	TC	A	Stereotact guide for brst bx	0.00	1.19	2.42	NA	NA	0.01	XXX
77031	26	A	Stereotact guide for brst bx	1.59	0.50	0.56	0.50	0.56	0.09	XXX
77032		A	Guidance for needle, breast	0.56	0.73	0.95	NA	NA	0.03	XXX
77032	TC	A	Guidance for needle, breast	0.00	0.56	0.75	NA	NA	0.01	XXX
77032	26	A	Guidance for needle, breast	0.56	0.17	0.20	0.17	0.20	0.02	XXX
77051		A	Computer dx mammogram add-on	0.06	0.17	0.24	NA	NA	0.02	ZZZ
77051	TC	A	Computer dx mammogram add-on	0.00	0.15	0.22	NA	NA	0.01	ZZZ
77051	26	A	Computer dx mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77052		A	Comp screen mammogram add-on	0.06	0.17	0.24	NA	NA	0.02	ZZZ
77052	TC	A	Comp screen mammogram add-on	0.00	0.15	0.22	NA	NA	0.01	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77052	26	A	Comp screen mammogram add-on	0.06	0.02	0.02	0.02	0.02	0.01	ZZZ
77053		A	X-ray of mammary duct	0.36	1.06	1.50	NA	NA	0.02	XXX
77053	TC	A	X-ray of mammary duct	0.00	0.95	1.37	NA	NA	0.01	XXX
77053	26	A	X-ray of mammary duct	0.36	0.11	0.13	0.11	0.13	0.01	XXX
77054		A	X-ray of mammary ducts	0.45	1.45	2.05	NA	NA	0.03	XXX
77054	TC	A	X-ray of mammary ducts	0.00	1.31	1.89	NA	NA	0.01	XXX
77054	26	A	X-ray of mammary ducts	0.45	0.14	0.16	0.14	0.16	0.02	XXX
77055		A	Mammogram, one breast	0.70	1.41	1.54	NA	NA	0.04	XXX
77055	TC	A	Mammogram, one breast	0.00	1.20	1.29	NA	NA	0.01	XXX
77055	26	A	Mammogram, one breast	0.70	0.21	0.25	0.21	0.25	0.03	XXX
77056		A	Mammogram, both breasts	0.87	1.85	1.99	NA	NA	0.05	XXX
77056	TC	A	Mammogram, both breasts	0.00	1.59	1.68	NA	NA	0.01	XXX
77056	26	A	Mammogram, both breasts	0.87	0.26	0.31	0.26	0.31	0.04	XXX
77057		A	Mammogram, screening	0.70	1.25	1.43	NA	NA	0.04	XXX
77057	TC	A	Mammogram, screening	0.00	1.04	1.18	NA	NA	0.01	XXX
77057	26	A	Mammogram, screening	0.70	0.21	0.25	0.21	0.25	0.03	XXX
77058		A	Mri, one breast	1.63	11.29	18.60	NA	NA	0.08	XXX
77058	TC	A	Mri, one breast	0.00	10.80	18.02	NA	NA	0.01	XXX
77058	26	A	Mri, one breast	1.63	0.49	0.58	0.49	0.58	0.07	XXX
77059		A	Mri, both breasts	1.63	11.18	19.70	NA	NA	0.08	XXX
77059	TC	A	Mri, both breasts	0.00	10.69	19.12	NA	NA	0.01	XXX
77059	26	A	Mri, both breasts	1.63	0.49	0.58	0.49	0.58	0.07	XXX
77071		A	X-ray stress view	0.41	0.85	0.69	0.85	0.69	0.05	XXX
77072		A	X-rays for bone age	0.19	0.37	0.42	NA	NA	0.02	XXX
77072	TC	A	X-rays for bone age	0.00	0.31	0.35	NA	NA	0.01	XXX
77072	26	A	X-rays for bone age	0.19	0.06	0.07	0.06	0.07	0.01	XXX
77073		A	X-rays, bone length studies	0.27	0.68	0.71	NA	NA	0.04	XXX
77073	TC	A	X-rays, bone length studies	0.00	0.57	0.61	NA	NA	0.01	XXX
77073	26	A	X-rays, bone length studies	0.27	0.11	0.10	0.11	0.10	0.03	XXX
77074		A	X-rays, bone survey, limited	0.45	1.24	1.35	NA	NA	0.03	XXX
77074	TC	A	X-rays, bone survey, limited	0.00	1.10	1.19	NA	NA	0.01	XXX
77074	26	A	X-rays, bone survey, limited	0.45	0.14	0.16	0.14	0.16	0.02	XXX
77075		A	X-rays, bone survey complete	0.54	1.98	2.10	NA	NA	0.03	XXX
77075	TC	A	X-rays, bone survey complete	0.00	1.81	1.91	NA	NA	0.01	XXX
77075	26	A	X-rays, bone survey complete	0.54	0.17	0.19	0.17	0.19	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77076		A	X-rays, bone survey, infant	0.70	1.85	1.82	NA	NA	0.04	XXX
77076	TC	A	X-rays, bone survey, infant	0.00	1.64	1.60	NA	NA	0.01	XXX
77076	26	A	X-rays, bone survey, infant	0.70	0.21	0.22	0.21	0.22	0.03	XXX
77077		A	Joint survey, single view	0.31	0.68	0.78	NA	NA	0.04	XXX
77077	TC	A	Joint survey, single view	0.00	0.56	0.66	NA	NA	0.01	XXX
77077	26	A	Joint survey, single view	0.31	0.12	0.12	0.12	0.12	0.03	XXX
77078		A	Ct bone density, axial	0.25	2.44	3.89	NA	NA	0.02	XXX
77078	TC	A	Ct bone density, axial	0.00	2.36	3.80	NA	NA	0.01	XXX
77078	26	A	Ct bone density, axial	0.25	0.08	0.09	0.08	0.09	0.01	XXX
77079		A	Ct bone density, peripheral	0.22	0.78	1.20	NA	NA	0.02	XXX
77079	TC	A	Ct bone density, peripheral	0.00	0.70	1.13	NA	NA	0.01	XXX
77079	26	A	Ct bone density, peripheral	0.22	0.08	0.07	0.08	0.07	0.01	XXX
77080		A	Dxa bone density, axial	0.20	1.02	1.48	NA	NA	0.02	XXX
77080	TC	A	Dxa bone density, axial	0.00	0.95	1.41	NA	NA	0.01	XXX
77080	26	A	Dxa bone density, axial	0.20	0.07	0.07	0.07	0.07	0.01	XXX
77081		A	Dxa bone density/peripheral	0.22	0.46	0.54	NA	NA	0.02	XXX
77081	TC	A	Dxa bone density/peripheral	0.00	0.38	0.47	NA	NA	0.01	XXX
77081	26	A	Dxa bone density/peripheral	0.22	0.08	0.07	0.08	0.07	0.01	XXX
77082		A	Dxa bone density, vert fx	0.17	0.50	0.57	NA	NA	0.02	XXX
77082	TC	A	Dxa bone density, vert fx	0.00	0.44	0.52	NA	NA	0.01	XXX
77082	26	A	Dxa bone density, vert fx	0.17	0.06	0.05	0.06	0.05	0.01	XXX
77083		A	Radiographic absorptiometry	0.20	0.40	0.46	NA	NA	0.02	XXX
77083	TC	A	Radiographic absorptiometry	0.00	0.33	0.40	NA	NA	0.01	XXX
77083	26	A	Radiographic absorptiometry	0.20	0.07	0.06	0.07	0.06	0.01	XXX
77084		A	Magnetic image, bone marrow	1.60	7.75	12.46	NA	NA	0.08	XXX
77084	TC	A	Magnetic image, bone marrow	0.00	7.25	11.88	NA	NA	0.01	XXX
77084	26	A	Magnetic image, bone marrow	1.60	0.50	0.58	0.50	0.58	0.07	XXX
77261		A	Radiation therapy planning	1.39	0.61	0.54	0.61	0.54	0.07	XXX
77262		A	Radiation therapy planning	2.11	0.90	0.79	0.90	0.79	0.13	XXX
77263		A	Radiation therapy planning	3.14	1.34	1.17	1.34	1.17	0.19	XXX
77280		A	Set radiation therapy field	0.70	4.10	4.23	NA	NA	0.03	XXX
77280	TC	A	Set radiation therapy field	0.00	3.80	3.97	NA	NA	0.01	XXX
77280	26	A	Set radiation therapy field	0.70	0.30	0.26	0.30	0.26	0.02	XXX
77285		A	Set radiation therapy field	1.05	7.40	7.52	NA	NA	0.05	XXX
77285	TC	A	Set radiation therapy field	0.00	6.96	7.13	NA	NA	0.01	XXX
77285	26	A	Set radiation therapy field	1.05	0.44	0.39	0.44	0.39	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77290		A	Set radiation therapy field	1.56	12.36	11.99	NA	NA	0.06	XXX
77290	TC	A	Set radiation therapy field	0.00	11.69	11.42	NA	NA	0.01	XXX
77290	26	A	Set radiation therapy field	1.56	0.67	0.57	0.67	0.57	0.05	XXX
77295		A	Set radiation therapy field	4.56	7.32	11.68	NA	NA	0.21	XXX
77295	TC	A	Set radiation therapy field	0.00	5.38	10.01	NA	NA	0.03	XXX
77295	26	A	Set radiation therapy field	4.56	1.94	1.67	1.94	1.67	0.18	XXX
77299		C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300		A	Radiation therapy dose plan	0.62	1.15	1.25	NA	NA	0.03	XXX
77300	TC	A	Radiation therapy dose plan	0.00	0.89	1.02	NA	NA	0.01	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.26	0.23	0.26	0.23	0.02	XXX
77301		A	Radiotherapy dose plan, imrt	7.99	52.95	51.44	NA	NA	0.46	XXX
77301	TC	A	Radiotherapy dose plan, imrt	0.00	49.56	48.51	NA	NA	0.16	XXX
77301	26	A	Radiotherapy dose plan, imrt	7.99	3.39	2.93	3.39	2.93	0.30	XXX
77305		A	Teletx isodose plan simple	0.70	0.90	1.14	NA	NA	0.03	XXX
77305	TC	A	Teletx isodose plan simple	0.00	0.60	0.88	NA	NA	0.01	XXX
77305	26	A	Teletx isodose plan simple	0.70	0.30	0.26	0.30	0.26	0.02	XXX
77310		A	Teletx isodose plan intermed	1.05	1.27	1.55	NA	NA	0.05	XXX
77310	TC	A	Teletx isodose plan intermed	0.00	0.82	1.16	NA	NA	0.01	XXX
77310	26	A	Teletx isodose plan intermed	1.05	0.45	0.39	0.45	0.39	0.04	XXX
77315		A	Teletx isodose plan complex	1.56	2.09	2.32	NA	NA	0.06	XXX
77315	TC	A	Teletx isodose plan complex	0.00	1.42	1.75	NA	NA	0.01	XXX
77315	26	A	Teletx isodose plan complex	1.56	0.67	0.57	0.67	0.57	0.05	XXX
77321		A	Special teletx port plan	0.95	1.48	2.06	NA	NA	0.04	XXX
77321	TC	A	Special teletx port plan	0.00	1.08	1.71	NA	NA	0.01	XXX
77321	26	A	Special teletx port plan	0.95	0.40	0.35	0.40	0.35	0.03	XXX
77326		A	Brachytx isodose calc simp	0.93	2.83	2.89	NA	NA	0.05	XXX
77326	TC	A	Brachytx isodose calc simp	0.00	2.43	2.55	NA	NA	0.02	XXX
77326	26	A	Brachytx isodose calc simp	0.93	0.40	0.34	0.40	0.34	0.03	XXX
77327		A	Brachytx isodose calc interm	1.39	3.89	4.03	NA	NA	0.07	XXX
77327	TC	A	Brachytx isodose calc interm	0.00	3.30	3.52	NA	NA	0.02	XXX
77327	26	A	Brachytx isodose calc interm	1.39	0.59	0.51	0.59	0.51	0.05	XXX
77328		A	Brachytx isodose plan compl	2.09	5.00	5.29	NA	NA	0.10	XXX
77328	TC	A	Brachytx isodose plan compl	0.00	4.11	4.52	NA	NA	0.03	XXX
77328	26	A	Brachytx isodose plan compl	2.09	0.89	0.77	0.89	0.77	0.07	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77331		A	Special radiation dosimetry	0.87	0.84	0.82	NA	NA	0.04	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.47	0.50	NA	NA	0.01	XXX
77331	26	A	Special radiation dosimetry	0.87	0.37	0.32	0.37	0.32	0.03	XXX
77332		A	Radiation treatment aid(s)	0.54	1.47	1.53	NA	NA	0.03	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.24	1.33	NA	NA	0.01	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.23	0.20	0.23	0.20	0.02	XXX
77333		A	Radiation treatment aid(s)	0.84	0.58	0.86	NA	NA	0.04	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	0.22	0.55	NA	NA	0.01	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.36	0.31	0.36	0.31	0.03	XXX
77334		A	Radiation treatment aid(s)	1.24	2.62	2.89	NA	NA	0.05	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	2.09	2.44	NA	NA	0.01	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.53	0.45	0.53	0.45	0.04	XXX
77336		A	Radiation physics consult	0.00	1.03	1.47	NA	NA	0.01	XXX
77338		A	Design mlc device for imrt	4.29	8.77	8.77	NA	NA	0.20	XXX
77338	TC	A	Design mlc device for imrt	0.00	6.94	6.94	NA	NA	0.03	XXX
77338	26	A	Design mlc device for imrt	4.29	1.83	1.83	1.83	1.83	0.17	XXX
77370		A	Radiation physics consult	0.00	2.75	3.05	NA	NA	0.03	XXX
77371		C	Srs, multisource	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77372		A	Srs, linear based	0.00	20.73	22.23	NA	NA	0.04	XXX
77373		A	Sbrt delivery	0.00	38.58	41.29	NA	NA	0.05	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401		A	Radiation treatment delivery	0.00	0.42	0.71	NA	NA	0.01	XXX
77402		A	Radiation treatment delivery	0.00	3.81	3.75	NA	NA	0.01	XXX
77403		A	Radiation treatment delivery	0.00	3.39	3.30	NA	NA	0.01	XXX
77404		A	Radiation treatment delivery	0.00	3.81	3.65	NA	NA	0.01	XXX
77406		A	Radiation treatment delivery	0.00	3.87	3.69	NA	NA	0.01	XXX
77407		A	Radiation treatment delivery	0.00	6.76	6.10	NA	NA	0.01	XXX
77408		A	Radiation treatment delivery	0.00	4.68	4.47	NA	NA	0.01	XXX
77409		A	Radiation treatment delivery	0.00	5.22	4.95	NA	NA	0.01	XXX
77411		A	Radiation treatment delivery	0.00	5.22	4.92	NA	NA	0.01	XXX
77412		A	Radiation treatment delivery	0.00	6.16	5.80	NA	NA	0.01	XXX
77413		A	Radiation treatment delivery	0.00	6.20	5.84	NA	NA	0.01	XXX
77414		A	Radiation treatment delivery	0.00	6.98	6.52	NA	NA	0.01	XXX
77416		A	Radiation treatment delivery	0.00	7.01	6.55	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77417		A	Radiology port film(s)	0.00	0.33	0.40	NA	NA	0.01	XXX
77418		A	Radiation tx delivery, imrt	0.00	11.93	13.84	NA	NA	0.01	XXX
77421		A	Stereoscopic x-ray guidance	0.39	2.22	2.56	NA	NA	0.02	XXX
77421	TC	A	Stereoscopic x-ray guidance	0.00	2.05	2.42	NA	NA	0.01	XXX
77421	26	A	Stereoscopic x-ray guidance	0.39	0.17	0.14	0.17	0.14	0.01	XXX
77422		A	Neutron beam tx, simple	0.00	6.13	5.54	NA	NA	0.01	XXX
77423		A	Neutron beam tx, complex	0.00	6.77	6.31	NA	NA	0.01	XXX
77427		A	Radiation tx management, x5	3.70	1.73	1.47	1.73	1.47	0.22	XXX
77431		A	Radiation therapy management	1.81	0.93	0.82	0.93	0.82	0.10	XXX
77432		A	Stereotactic radiation trmt	7.92	3.40	2.98	3.40	2.98	0.48	XXX
77435		A	Sbrt management	13.00	5.83	5.10	NA	NA	0.79	XXX
77470		A	Special radiation treatment	2.09	2.01	3.87	NA	NA	0.08	XXX
77470	TC	A	Special radiation treatment	0.00	1.12	3.10	NA	NA	0.01	XXX
77470	26	A	Special radiation treatment	2.09	0.89	0.77	0.89	0.77	0.07	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77520		C	Proton trmt, simple w/o comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77522		C	Proton trmt, simple w/comp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77523		C	Proton trmt, intermediate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77525		C	Proton treatment, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600		R	Hyperthermia treatment	1.56	9.45	8.80	NA	NA	0.07	XXX
77600	TC	R	Hyperthermia treatment	0.00	8.78	8.23	NA	NA	0.02	XXX
77600	26	R	Hyperthermia treatment	1.56	0.67	0.57	0.67	0.57	0.05	XXX
77605		R	Hyperthermia treatment	2.09	25.77	18.56	NA	NA	0.30	XXX
77605	TC	R	Hyperthermia treatment	0.00	25.00	17.91	NA	NA	0.02	XXX
77605	26	R	Hyperthermia treatment	2.09	0.77	0.65	0.77	0.65	0.28	XXX
77610		R	Hyperthermia treatment	1.56	15.42	15.52	NA	NA	0.07	XXX
77610	TC	R	Hyperthermia treatment	0.00	14.75	14.99	NA	NA	0.02	XXX
77610	26	R	Hyperthermia treatment	1.56	0.67	0.53	0.67	0.53	0.05	XXX
77615		R	Hyperthermia treatment	2.09	23.82	22.55	NA	NA	0.12	XXX
77615	TC	R	Hyperthermia treatment	0.00	22.92	21.79	NA	NA	0.05	XXX
77615	26	R	Hyperthermia treatment	2.09	0.90	0.76	0.90	0.76	0.07	XXX
77620		R	Hyperthermia treatment	1.56	12.22	9.82	NA	NA	0.06	XXX
77620	TC	R	Hyperthermia treatment	0.00	11.64	9.32	NA	NA	0.03	XXX
77620	26	R	Hyperthermia treatment	1.56	0.58	0.50	0.58	0.50	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77750		A	Infuse radioactive materials	5.00	4.77	4.36	NA	NA	0.21	090
77750	TC	A	Infuse radioactive materials	0.00	2.64	2.54	NA	NA	0.02	090
77750	26	A	Infuse radioactive materials	5.00	2.13	1.82	2.13	1.82	0.19	090
77761		A	Apply intrcav radiat simple	3.85	6.15	5.82	NA	NA	0.18	090
77761	TC	A	Apply intrcav radiat simple	0.00	4.58	4.46	NA	NA	0.03	090
77761	26	A	Apply intrcav radiat simple	3.85	1.57	1.36	1.57	1.36	0.15	090
77762		A	Apply intrcav radiat interm	5.76	7.66	7.33	NA	NA	0.26	090
77762	TC	A	Apply intrcav radiat interm	0.00	5.24	5.23	NA	NA	0.04	090
77762	26	A	Apply intrcav radiat interm	5.76	2.42	2.10	2.42	2.10	0.22	090
77763		A	Apply intrcav radiat compl	8.66	10.38	9.90	NA	NA	0.37	090
77763	TC	A	Apply intrcav radiat compl	0.00	6.79	6.76	NA	NA	0.05	090
77763	26	A	Apply intrcav radiat compl	8.66	3.59	3.14	3.59	3.14	0.32	090
77776		A	Apply interstit radiat simpl	4.70	6.59	6.43	NA	NA	0.27	090
77776	TC	A	Apply interstit radiat simpl	0.00	4.81	4.79	NA	NA	0.04	090
77776	26	A	Apply interstit radiat simpl	4.70	1.78	1.64	1.78	1.64	0.23	090
77777		A	Apply interstit radiat inter	7.52	7.90	7.96	NA	NA	0.40	090
77777	TC	A	Apply interstit radiat inter	0.00	4.96	5.18	NA	NA	0.04	090
77777	26	A	Apply interstit radiat inter	7.52	2.94	2.78	2.94	2.78	0.36	090
77778		A	Apply interstit radiat compl	11.32	11.62	11.09	NA	NA	0.50	090
77778	TC	A	Apply interstit radiat compl	0.00	6.87	6.96	NA	NA	0.06	090
77778	26	A	Apply interstit radiat compl	11.32	4.75	4.13	4.75	4.13	0.44	090
77785		A	Hdr brachytx, 1 channel	1.42	5.06	3.98	NA	NA	0.07	XXX
77785	TC	A	Hdr brachytx, 1 channel	0.00	4.46	3.45	NA	NA	0.02	XXX
77785	26	A	Hdr brachytx, 1 channel	1.42	0.60	0.53	0.60	0.53	0.05	XXX
77786		A	Hdr brachytx, 2-12 channel	3.25	11.28	11.81	NA	NA	0.16	XXX
77786	TC	A	Hdr brachytx, 2-12 channel	0.00	9.89	10.67	NA	NA	0.04	XXX
77786	26	A	Hdr brachytx, 2-12 channel	3.25	1.39	1.14	1.39	1.14	0.12	XXX
77787		A	Hdr brachytx over 12 chan	4.89	19.92	18.30	NA	NA	0.25	XXX
77787	TC	A	Hdr brachytx over 12 chan	0.00	17.82	16.47	NA	NA	0.06	XXX
77787	26	A	Hdr brachytx over 12 chan	4.89	2.10	1.83	2.10	1.83	0.19	XXX
77789		A	Apply surface radiation	1.14	1.96	1.77	NA	NA	0.05	000
77789	TC	A	Apply surface radiation	0.00	1.45	1.34	NA	NA	0.01	000
77789	26	A	Apply surface radiation	1.14	0.51	0.43	0.51	0.43	0.04	000
77790		A	Radiation handling	1.05	1.46	1.36	NA	NA	0.04	XXX
77790	TC	A	Radiation handling	0.00	1.02	0.97	NA	NA	0.01	XXX
77790	26	A	Radiation handling	1.05	0.44	0.39	0.44	0.39	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000		A	Thyroid, single uptake	0.19	1.48	1.63	NA	NA	0.02	XXX
78000	TC	A	Thyroid, single uptake	0.00	1.43	1.56	NA	NA	0.01	XXX
78000	26	A	Thyroid, single uptake	0.19	0.05	0.07	0.05	0.07	0.01	XXX
78001		A	Thyroid, multiple uptakes	0.26	1.91	2.07	NA	NA	0.03	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.84	1.97	NA	NA	0.02	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.07	0.10	0.07	0.10	0.01	XXX
78003		A	Thyroid suppress/stimul	0,33	1.61	1.71	NA	NA	0.02	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	1.51	1.59	NA	NA	0.01	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.10	0.12	0.10	0.12	0.01	XXX
78006		A	Thyroid imaging with uptake	0.49	5.28	5.36	NA	NA	0.04	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	5.14	5.19	NA	NA	0.02	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.14	0.17	0.14	0.17	0.02	XXX
78007		A	Thyroid image, mult uptakes	0.50	5.61	3.68	NA	NA	0.04	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	5.47	3.50	NA	NA	0.02	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.14	0.18	0.14	0.18	0.02	XXX
78010		A	Thyroid imaging	0.39	3.56	3.65	NA	NA	0.03	XXX
78010	TC	A	Thyroid imaging	0.00	3.45	3.52	NA	NA	0.02	XXX
78010	26	A	Thyroid imaging	0.39	0.11	0.13	0.11	0.13	0.01	XXX
78011		A	Thyroid imaging with flow	0.45	3.79	4.08	NA	NA	0.04	XXX
78011	TC	A	Thyroid imaging with flow	0.00	3.66	3.92	NA	NA	0.02	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.13	0.16	0.13	0.16	0.02	XXX
78015		A	Thyroid met imaging	0.67	4.46	4.74	NA	NA	0.05	XXX
78015	TC	A	Thyroid met imaging	0.00	4.29	4.51	NA	NA	0.02	XXX
78015	26	A	Thyroid met imaging	0.67	0.17	0.23	0.17	0.23	0.03	XXX
78016		A	Thyroid met imaging/studies	0.82	5.94	7.16	NA	NA	0.04	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	5.83	6.90	NA	NA	0.02	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.11	0.26	0.11	0.26	0.02	XXX
78018		A	Thyroid met imaging, body	0.86	6.59	7.29	NA	NA	0.05	XXX
78018	TC	A	Thyroid met imaging, body	0.00	6.37	6.99	NA	NA	0.02	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.22	0.30	0.22	0.30	0.03	XXX
78020		A	Thyroid met uptake	0.60	1.39	1.69	NA	NA	0.03	ZZZ
78020	TC	A	Thyroid met uptake	0.00	1.25	1.48	NA	NA	0.01	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.14	0.21	0.14	0.21	0.02	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78070		A	Parathyroid nuclear imaging	0.82	2.84	3.58	NA	NA	0.05	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	2.61	3.29	NA	NA	0.02	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.29	0.23	0.29	0.03	XXX
78075		A	Adrenal nuclear imaging	0.74	9.38	10.03	NA	NA	0.06	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	9.20	9.77	NA	NA	0.03	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.18	0.26	0.18	0.26	0.03	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102		A	Bone marrow imaging, ltd	0.55	3.41	3.68	NA	NA	0.04	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	3.27	3.49	NA	NA	0.02	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.14	0.19	0.14	0.19	0.02	XXX
78103		A	Bone marrow imaging, mult	0.75	4.47	4.90	NA	NA	0.05	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	4.28	4.64	NA	NA	0.02	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.19	0.26	0.19	0.26	0.03	XXX
78104		A	Bone marrow imaging, body	0.80	5.07	5.64	NA	NA	0.05	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.86	5.35	NA	NA	0.02	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.21	0.29	0.21	0.29	0.03	XXX
78110		A	Plasma volume, single	0.19	1.83	1.87	NA	NA	0.03	XXX
78110	TC	A	Plasma volume, single	0.00	1.77	1.80	NA	NA	0.02	XXX
78110	26	A	Plasma volume, single	0.19	0.06	0.07	0.06	0.07	0.01	XXX
78111		A	Plasma volume, multiple	0.22	1.50	2.16	NA	NA	0.03	XXX
78111	TC	A	Plasma volume, multiple	0.00	1.46	2.08	NA	NA	0.02	XXX
78111	26	A	Plasma volume, multiple	0.22	0.04	0.08	0.04	0.08	0.01	XXX
78120		A	Red cell mass, single	0.23	1.66	1.98	NA	NA	0.03	XXX
78120	TC	A	Red cell mass, single	0.00	1.60	1.90	NA	NA	0.02	XXX
78120	26	A	Red cell mass, single	0.23	0.06	0.08	0.06	0.08	0.01	XXX
78121		A	Red cell mass, multiple	0.32	1.39	2.21	NA	NA	0.03	XXX
78121	TC	A	Red cell mass, multiple	0.00	1.35	2.11	NA	NA	0.02	XXX
78121	26	A	Red cell mass, multiple	0.32	0.04	0.10	0.04	0.10	0.01	XXX
78122		A	Blood volume	0.45	1.70	2.65	NA	NA	0.03	XXX
78122	TC	A	Blood volume	0.00	1.60	2.50	NA	NA	0.02	XXX
78122	26	A	Blood volume	0.45	0.10	0.15	0.10	0.15	0.01	XXX
78130		A	Red cell survival study	0.61	2.98	3.36	NA	NA	0.06	XXX
78130	TC	A	Red cell survival study	0.00	2.79	3.14	NA	NA	0.03	XXX
78130	26	A	Red cell survival study	0.61	0.19	0.22	0.19	0.22	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78135		A	Red cell survival kinetics	0.64	7.68	7.90	NA	NA	0.05	XXX
78135	TC	A	Red cell survival kinetics	0.00	7.48	7.67	NA	NA	0.02	XXX
78135	26	A	Red cell survival kinetics	0.64	0.20	0.23	0.20	0.23	0.03	XXX
78140		A	Red cell sequestration	0.61	2.40	3.08	NA	NA	0.05	XXX
78140	TC	A	Red cell sequestration	0.00	2.22	2.86	NA	NA	0.02	XXX
78140	26	A	Red cell sequestration	0.61	0.18	0.22	0.18	0.22	0.03	XXX
78185		A	Spleen imaging	0.40	4.45	4.58	NA	NA	0.03	XXX
78185	TC	A	Spleen imaging	0.00	4.34	4.44	NA	NA	0.02	XXX
78185	26	A	Spleen imaging	0.40	0.11	0.14	0.11	0.14	0.01	XXX
78190		A	Platelet survival, kinetics	1.09	8.97	8.78	NA	NA	0.05	XXX
78190	TC	A	Platelet survival, kinetics	0.00	8.57	8.40	NA	NA	0.02	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.40	0.38	0.40	0.38	0.03	XXX
78191		A	Platelet survival	0.61	2.96	4.17	NA	NA	0.06	XXX
78191	TC	A	Platelet survival	0.00	2.77	3.96	NA	NA	0.03	XXX
78191	26	A	Platelet survival	0.61	0.19	0.21	0.19	0.21	0.03	XXX
78195		A	Lymph system imaging	1.20	7.40	7.68	NA	NA	0.07	XXX
78195	TC	A	Lymph system imaging	0.00	7.07	7.25	NA	NA	0.02	XXX
78195	26	A	Lymph system imaging	1.20	0.33	0.43	0.33	0.43	0.05	XXX
78199		C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201		A	Liver imaging	0.44	4.18	4.19	NA	NA	0.05	XXX
78201	TC	A	Liver imaging	0.00	4.06	4.04	NA	NA	0.02	XXX
78201	26	A	Liver imaging	0.44	0.12	0.15	0.12	0.15	0.03	XXX
78202		A	Liver imaging with flow	0.51	4.25	4.70	NA	NA	0.03	XXX
78202	TC	A	Liver imaging with flow	0.00	4.13	4.53	NA	NA	0.02	XXX
78202	26	A	Liver imaging with flow	0.51	0.12	0.17	0.12	0.17	0.01	XXX
78205		A	Liver imaging (3D)	0.71	4.38	5.28	NA	NA	0.05	XXX
78205	TC	A	Liver imaging (3D)	0.00	4.19	5.03	NA	NA	0.02	XXX
78205	26	A	Liver imaging (3D)	0.71	0.19	0.25	0.19	0.25	0.03	XXX
78206		A	Liver image (3d) with flow	0.96	7.42	7.95	NA	NA	0.05	XXX
78206	TC	A	Liver image (3d) with flow	0.00	7.15	7.61	NA	NA	0.02	XXX
78206	26	A	Liver image (3d) with flow	0.96	0.27	0.34	0.27	0.34	0.03	XXX
78215		A	Liver and spleen imaging	0.49	4.07	4.36	NA	NA	0.04	XXX
78215	TC	A	Liver and spleen imaging	0.00	3.93	4.19	NA	NA	0.02	XXX
78215	26	A	Liver and spleen imaging	0.49	0.14	0.17	0.14	0.17	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78216		A	Liver & spleen image/flow	0.57	2.32	2.91	NA	NA	0.04	XXX
78216	TC	A	Liver & spleen image/flow	0.00	2.16	2.71	NA	NA	0.02	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.16	0.20	0.16	0.20	0.02	XXX
78220		A	Liver function study	0.49	2.52	3.13	NA	NA	0.03	XXX
78220	TC	A	Liver function study	0.00	2.38	2.96	NA	NA	0.02	XXX
78220	26	A	Liver function study	0.49	0.14	0.17	0.14	0.17	0.01	XXX
78223		A	Hepatobiliary imaging	0.84	7.28	7.42	NA	NA	0.05	XXX
78223	TC	A	Hepatobiliary imaging	0.00	7.04	7.12	NA	NA	0.02	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.24	0.30	0.24	0.30	0.03	XXX
78230		A	Salivary gland imaging	0.45	3.58	3.71	NA	NA	0.04	XXX
78230	TC	A	Salivary gland imaging	0.00	3.44	3.55	NA	NA	0.02	XXX
78230	26	A	Salivary gland imaging	0.45	0.14	0.16	0.14	0.16	0.02	XXX
78231		A	Serial salivary imaging	0.52	2.38	2.85	NA	NA	0.03	XXX
78231	TC	A	Serial salivary imaging	0.00	2.22	2.67	NA	NA	0.02	XXX
78231	26	A	Serial salivary imaging	0.52	0.16	0.18	0.16	0.18	0.01	XXX
78232		A	Salivary gland function exam	0.47	1.79	2.79	NA	NA	0.04	XXX
78232	TC	A	Salivary gland function exam	0.00	1.73	2.64	NA	NA	0.02	XXX
78232	26	A	Salivary gland function exam	0.47	0.06	0.15	0.06	0.15	0.02	XXX
78258		A	Esophageal motility study	0.74	5.08	5.12	NA	NA	0.04	XXX
78258	TC	A	Esophageal motility study	0.00	4.84	4.84	NA	NA	0.02	XXX
78258	26	A	Esophageal motility study	0.74	0.24	0.28	0.24	0.28	0.02	XXX
78261		A	Gastric mucosa imaging	0.69	5.26	5.63	NA	NA	0.05	XXX
78261	TC	A	Gastric mucosa imaging	0.00	5.05	5.38	NA	NA	0.02	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.21	0.25	0.21	0.25	0.03	XXX
78262		A	Gastroesophageal reflux exam	0.68	5.19	5.55	NA	NA	0.03	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	5.00	5.32	NA	NA	0.02	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.19	0.23	0.19	0.23	0.01	XXX
78264		A	Gastric emptying study	0.78	6.07	6.45	NA	NA	0.05	XXX
78264	TC	A	Gastric emptying study	0.00	5.85	6.17	NA	NA	0.02	XXX
78264	26	A	Gastric emptying study	0.78	0.22	0.28	0.22	0.28	0.03	XXX
78267		X	Breath tst attain/anal c-14	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268		X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78270		A	Vit B-12 absorption exam	0.20	1.68	1.85	NA	NA	0.02	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.62	1.78	NA	NA	0.01	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.06	0.07	0.06	0.07	0.01	XXX
78271		A	Vit b-12 absrp exam, int fac	0.20	1.98	1.94	NA	NA	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78271	TC	A	Vit b-12 absrp exam, int fac	0.00	1.91	1.88	NA	NA	0.01	XXX
78271	26	A	Vit b-12 absrp exam, int fac	0.20	0.07	0.06	0.07	0.06	0.01	XXX
78272		A	Vit B-12 absorp, combined	0.27	1.82	2.05	NA	NA	0.03	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	1.74	1.97	NA	NA	0.02	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.08	0.08	0.08	0.08	0.01	XXX
78278		A	Acute GI blood loss imaging	0.99	7.32	7.73	NA	NA	0.06	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	7.04	7.38	NA	NA	0.02	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.28	0.35	0.28	0.35	0.04	XXX
78282		C	GI protein loss exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.11	0.14	0.11	0.14	0.02	XXX
78290		A	Meckels divert exam	0.68	7.24	7.29	NA	NA	0.05	XXX
78290	TC	A	Meckels divert exam	0.00	7.05	7.04	NA	NA	0.02	XXX
78290	26	A	Meckels divert exam	0.68	0.19	0.25	0.19	0.25	0.03	XXX
78291		A	Leveen/shunt patency exam	0.88	5.24	5.49	NA	NA	0.06	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	5.00	5.18	NA	NA	0.02	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.24	0.31	0.24	0.31	0.04	XXX
78299		C	GI nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300		A	Bone imaging, limited area	0.62	3.64	3.83	NA	NA	0.04	XXX
78300	TC	A	Bone imaging, limited area	0.00	3.45	3.61	NA	NA	0.02	XXX
78300	26	A	Bone imaging, limited area	0.62	0.19	0.22	0.19	0.22	0.02	XXX
78305		A	Bone imaging, multiple areas	0.83	4.74	5.06	NA	NA	0.05	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	4.50	4.77	NA	NA	0.02	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.24	0.29	0.24	0.29	0.03	XXX
78306		A	Bone imaging, whole body	0.86	5.13	5.62	NA	NA	0.05	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.88	5.31	NA	NA	0.02	XXX
78306	26	A	Bone imaging, whole body	0.86	0.25	0.31	0.25	0.31	0.03	XXX
78315		A	Bone imaging, 3 phase	1.02	7.29	7.71	NA	NA	0.06	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	7.00	7.35	NA	NA	0.02	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.29	0.36	0.29	0.36	0.04	XXX
78320		A	Bone imaging (3D)	1.04	4.45	5.39	NA	NA	0.06	XXX
78320	TC	A	Bone imaging (3D)	0.00	4.17	5.02	NA	NA	0.02	XXX
78320	26	A	Bone imaging (3D)	1.04	0.28	0.37	0.28	0.37	0.04	XXX
78350		N	Bone mineral, single photon	0.22	0.57	0.64	NA	NA	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78350	TC	N	Bone mineral, single photon	0.00	0.49	0.57	NA	NA	0.01	XXX
78350	26	N	Bone mineral, single photon	0.22	0.08	0.07	0.08	0.07	0.01	XXX
78351		N	Bone mineral, dual photon	0.30	0.11	0.11	0.11	0.11	0.01	XXX
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414		C	Non-imaging heart function	0.00	0.00	0.00	NA	NA	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	NA	NA	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.17	0.14	0.17	0.14	0.02	XXX
78428		A	Cardiac shunt imaging	0.78	3.89	4.33	NA	NA	0.04	XXX
78428	TC	A	Cardiac shunt imaging	0.00	3.68	4.02	NA	NA	0.02	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.21	0.31	0.21	0.31	0.02	XXX
78445		A	Vascular flow imaging	0.49	3.61	3.86	NA	NA	0.03	XXX
78445	TC	A	Vascular flow imaging	0.00	3.49	3.69	NA	NA	0.02	XXX
78445	26	A	Vascular flow imaging	0.49	0.12	0.17	0.12	0.17	0.01	XXX
78451		A	Ht muscle image spect, sing	1.38	7.24	7.24	NA	NA	0.06	XXX
78451	TC	A	Ht muscle image spect, sing	0.00	6.82	6.82	NA	NA	0.02	XXX
78451	26	A	Ht muscle image spect, sing	1.38	0.42	0.42	0.42	0.42	0.04	XXX
78452		A	Ht muscle image spect, mult	1.62	10.50	10.50	NA	NA	0.07	XXX
78452	TC	A	Ht muscle image spect, mult	0.00	9.98	9.98	NA	NA	0.03	XXX
78452	26	A	Ht muscle image spect, mult	1.62	0.52	0.52	0.52	0.52	0.04	XXX
78453		A	Ht muscle image,planar,sing	1.00	6.42	6.42	NA	NA	0.06	XXX
78453	TC	A	Ht muscle image,planar,sing	0.00	6.11	6.11	NA	NA	0.02	XXX
78453	26	A	Ht muscle image,planar,sing	1.00	0.31	0.31	0.31	0.31	0.04	XXX
78454		A	Ht musc image, planar, mult	1.34	9.20	9.20	NA	NA	0.07	XXX
78454	TC	A	Ht musc image, planar, mult	0.00	8.80	8.80	NA	NA	0.03	XXX
78454	26	A	Ht musc image, planar, mult	1.34	0.40	0.40	0.40	0.40	0.04	XXX
78456		A	Acute venous thrombus image	1.00	7.00	7.98	NA	NA	0.04	XXX
78456	TC	A	Acute venous thrombus image	0.00	6.67	7.55	NA	NA	0.02	XXX
78456	26	A	Acute venous thrombus image	1.00	0.33	0.43	0.33	0.43	0.02	XXX
78457		A	Venous thrombosis imaging	0.77	3.98	4.21	NA	NA	0.05	XXX
78457	TC	A	Venous thrombosis imaging	0.00	3.75	3.94	NA	NA	0.02	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.23	0.27	0.23	0.27	0.03	XXX
78458		A	Ven thrombosis images, bilat	0.90	3.53	4.36	NA	NA	0.06	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	3.34	4.05	NA	NA	0.02	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.19	0.31	0.19	0.31	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78459		C	Heart muscle imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	XXX
78459	TC	C	Heart muscle imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	XXX
78459	26	A	Heart muscle imaging (PET)	1.50	0.36	0.59	0.36	0.59	0.07	XXX
78466		A	Heart infarct image	0.69	3.49	3.97	NA	NA	0.04	XXX
78466	TC	A	Heart infarct image	0.00	3.28	3.70	NA	NA	0.02	XXX
78466	26	A	Heart infarct image	0.69	0.21	0.27	0.21	0.27	0.02	XXX
78468		A	Heart infarct image (ef)	0.80	4.14	5.00	NA	NA	0.04	XXX
78468	TC	A	Heart infarct image (ef)	0.00	3.88	4.65	NA	NA	0.02	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.26	0.35	0.26	0.35	0.02	XXX
78469		A	Heart infarct image (3D)	0.92	4.93	5.70	NA	NA	0.04	XXX
78469	TC	A	Heart infarct image (3D)	0.00	4.62	5.32	NA	NA	0.02	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.31	0.38	0.31	0.38	0.02	XXX
78472		A	Gated heart, planar, single	0.98	4.66	5.67	NA	NA	0.05	XXX
78472	TC	A	Gated heart, planar, single	0.00	4.37	5.28	NA	NA	0.02	XXX
78472	26	A	Gated heart, planar, single	0.98	0.29	0.39	0.29	0.39	0.03	XXX
78473		A	Gated heart, multiple	1.47	5.82	7.50	NA	NA	0.06	XXX
78473	TC	A	Gated heart, multiple	0.00	5.37	6.89	NA	NA	0.02	XXX
78473	26	A	Gated heart, multiple	1.47	0.45	0.61	0.45	0.61	0.04	XXX
78481		A	Heart first pass, single	0.98	3.55	4.74	NA	NA	0.03	XXX
78481	TC	A	Heart first pass, single	0.00	3.23	4.30	NA	NA	0.01	XXX
78481	26	A	Heart first pass, single	0.98	0.32	0.44	0.32	0.44	0.02	XXX
78483		A	Heart first pass, multiple	1.47	4.68	6.54	NA	NA	0.06	XXX
78483	TC	A	Heart first pass, multiple	0.00	4.21	5.86	NA	NA	0.02	XXX
78483	26	A	Heart first pass, multiple	1.47	0.47	0.68	0.47	0.68	0.04	XXX
78491		C	Heart image (pet), single	0.00	0.00	0.00	NA	NA	0.00	XXX
78491	TC	C	Heart image (pet), single	0.00	0.00	0.00	NA	NA	0.00	XXX
78491	26	A	Heart image (pet), single	1.50	0.41	0.62	0.41	0.62	0.07	XXX
78492		C	Heart image (pet), multiple	0.00	0.00	0.00	NA	NA	0.00	XXX
78492	TC	C	Heart image (pet), multiple	0.00	0.00	0.00	NA	NA	0.00	XXX
78492	26	A	Heart image (pet), multiple	1.87	0.54	0.80	0.54	0.80	0.09	XXX
78494		A	Heart image, spect	1.19	4.68	6.00	NA	NA	0.05	XXX
78494	TC	A	Heart image, spect	0.00	4.29	5.51	NA	NA	0.02	XXX
78494	26	A	Heart image, spect	1.19	0.39	0.49	0.39	0.49	0.03	XXX
78496		A	Heart first pass add-on	0.50	0.62	2.03	NA	NA	0.02	ZZZ
78496	TC	A	Heart first pass add-on	0.00	0.46	1.82	NA	NA	0.01	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.16	0.21	0.16	0.21	0.01	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580		A	Lung perfusion imaging	0.74	4.26	4.69	NA	NA	0.04	XXX
78580	TC	A	Lung perfusion imaging	0.00	4.05	4.42	NA	NA	0.02	XXX
78580	26	A	Lung perfusion imaging	0.74	0.21	0.27	0.21	0.27	0.02	XXX
78584		A	Lung V/Q image single breath	0.99	2.51	3.03	NA	NA	0.06	XXX
78584	TC	A	Lung V/Q image single breath	0.00	2.22	2.67	NA	NA	0.02	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.29	0.36	0.29	0.36	0.04	XXX
78585		A	Lung V/Q imaging	1.09	7.31	7.91	NA	NA	0.06	XXX
78585	TC	A	Lung V/Q imaging	0.00	7.01	7.52	NA	NA	0.02	XXX
78585	26	A	Lung V/Q imaging	1.09	0.30	0.39	0.30	0.39	0.04	XXX
78586		A	Aerosol lung image, single	0.40	3.58	3.78	NA	NA	0.03	XXX
78586	TC	A	Aerosol lung image, single	0.00	3.46	3.64	NA	NA	0.02	XXX
78586	26	A	Aerosol lung image, single	0.40	0.12	0.14	0.12	0.14	0.01	XXX
78587		A	Aerosol lung image, multiple	0.49	4.48	4.79	NA	NA	0.04	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	4.35	4.61	NA	NA	0.02	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.13	0.18	0.13	0.18	0.02	XXX
78588		A	Perfusion lung image	1.09	7.38	7.47	NA	NA	0.06	XXX
78588	TC	A	Perfusion lung image	0.00	7.07	7.08	NA	NA	0.02	XXX
78588	26	A	Perfusion lung image	1.09	0.31	0.39	0.31	0.39	0.04	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	3.57	3.82	NA	NA	0.03	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	3.45	3.68	NA	NA	0.02	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.12	0.14	0.12	0.14	0.01	XXX
78593		A	Vent image, 1 proj, gas	0.49	4.09	4.46	NA	NA	0.04	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.95	4.29	NA	NA	0.02	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.14	0.17	0.14	0.17	0.02	XXX
78594		A	Vent image, mult proj, gas	0.53	4.33	5.12	NA	NA	0.04	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	4.20	4.93	NA	NA	0.02	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.13	0.19	0.13	0.19	0.02	XXX
78596		A	Lung differential function	1.27	7.51	8.30	NA	NA	0.05	XXX
78596	TC	A	Lung differential function	0.00	7.16	7.88	NA	NA	0.02	XXX
78596	26	A	Lung differential function	1.27	0.35	0.42	0.35	0.42	0.03	XXX
78599		C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78600		A	Brain image < 4 views	0.44	3.83	4.11	NA	NA	0.03	XXX
78600	TC	A	Brain image < 4 views	0.00	3.70	3.95	NA	NA	0.02	XXX
78600	26	A	Brain image < 4 views	0.44	0.13	0.16	0.13	0.16	0.01	XXX
78601		A	Brain image w/flow < 4 views	0.51	4.50	4.88	NA	NA	0.04	XXX
78601	TC	A	Brain image w/flow < 4 views	0.00	4.36	4.70	NA	NA	0.02	XXX
78601	26	A	Brain image w/flow < 4 views	0.51	0.14	0.18	0.14	0.18	0.02	XXX
78605		A	Brain image 4+ views	0.53	4.09	4.49	NA	NA	0.04	XXX
78605	TC	A	Brain image 4+ views	0.00	3.94	4.29	NA	NA	0.02	XXX
78605	26	A	Brain image 4+ views	0.53	0.15	0.20	0.15	0.20	0.02	XXX
78606		A	Brain image w/flow 4 + views	0.64	7.49	7.49	NA	NA	0.03	XXX
78606	TC	A	Brain image w/flow 4 + views	0.00	7.30	7.26	NA	NA	0.02	XXX
78606	26	A	Brain image w/flow 4 + views	0.64	0.19	0.23	0.19	0.23	0.01	XXX
78607		A	Brain imaging (3D)	1.23	7.19	8.11	NA	NA	0.06	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.88	7.68	NA	NA	0.02	XXX
78607	26	A	Brain imaging (3D)	1.23	0.31	0.43	0.31	0.43	0.04	XXX
78608		C	Brain imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	XXX
78608	TC	C	Brain imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	XXX
78608	26	A	Brain imaging (PET)	1.50	0.39	0.53	0.39	0.53	0.08	XXX
78609		N	Brain imaging (PET)	1.50	0.55	0.51	NA	NA	0.07	XXX
78609	TC	N	Brain imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	XXX
78609	26	N	Brain imaging (PET)	1.50	0.55	0.51	0.55	0.51	0.07	XXX
78610		A	Brain flow imaging only	0.30	3.74	4.25	NA	NA	0.03	XXX
78610	TC	A	Brain flow imaging only	0.00	3.66	4.13	NA	NA	0.02	XXX
78610	26	A	Brain flow imaging only	0.30	0.08	0.12	0.08	0.12	0.01	XXX
78630		A	Cerebrospinal fluid scan	0.68	7.39	7.79	NA	NA	0.04	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	7.20	7.54	NA	NA	0.02	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.19	0.25	0.19	0.25	0.02	XXX
78635		A	CSF ventriculography	0.61	7.40	7.32	NA	NA	0.03	XXX
78635	TC	A	CSF ventriculography	0.00	7.22	7.09	NA	NA	0.02	XXX
78635	26	A	CSF ventriculography	0.61	0.18	0.23	0.18	0.23	0.01	XXX
78645		A	CSF shunt evaluation	0.57	7.09	7.33	NA	NA	0.04	XXX
78645	TC	A	CSF shunt evaluation	0.00	6.94	7.12	NA	NA	0.02	XXX
78645	26	A	CSF shunt evaluation	0.57	0.15	0.21	0.15	0.21	0.02	XXX
78647		A	Cerebrospinal fluid scan	0.90	5.76	7.54	NA	NA	0.06	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.65	7.26	NA	NA	0.02	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.11	0.28	0.11	0.28	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78650		A	CSF leakage imaging	0.61	7.16	7.63	NA	NA	0.05	XXX
78650	TC	A	CSF leakage imaging	0.00	7.00	7.42	NA	NA	0.02	XXX
78650	26	A	CSF leakage imaging	0.61	0.16	0.21	0.16	0.21	0.03	XXX
78660		A	Nuclear exam of tear flow	0.53	3.74	3.81	NA	NA	0.04	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	3.57	3.62	NA	NA	0.02	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.17	0.19	0.17	0.19	0.02	XXX
78699		C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700		A	Kidney imaging, morphol	0.45	3.60	4.00	NA	NA	0.04	XXX
78700	TC	A	Kidney imaging, morphol	0.00	3.47	3.84	NA	NA	0.02	XXX
78700	26	A	Kidney imaging, morphol	0.45	0.13	0.16	0.13	0.16	0.02	XXX
78701		A	Kidney imaging with flow	0.49	4.57	4.90	NA	NA	0.04	XXX
78701	TC	A	Kidney imaging with flow	0.00	4.43	4.73	NA	NA	0.02	XXX
78701	26	A	Kidney imaging with flow	0.49	0.14	0.17	0.14	0.17	0.02	XXX
78707		A	K flow/funct image w/o drug	0.96	4.58	5.20	NA	NA	0.05	XXX
78707	TC	A	K flow/funct image w/o drug	0.00	4.32	4.86	NA	NA	0.02	XXX
78707	26	A	K flow/funct image w/o drug	0.96	0.26	0.34	0.26	0.34	0.03	XXX
78708		A	K flow/funct image w/drug	1.21	2.79	3.64	NA	NA	0.06	XXX
78708	TC	A	K flow/funct image w/drug	0.00	2.46	3.21	NA	NA	0.02	XXX
78708	26	A	K flow/funct image w/drug	1.21	0.33	0.43	0.33	0.43	0.04	XXX
78709		A	K flow/funct image, multiple	1.41	7.47	7.91	NA	NA	0.07	XXX
78709	TC	A	K flow/funct image, multiple	0.00	7.08	7.41	NA	NA	0.02	XXX
78709	26	A	K flow/funct image, multiple	1.41	0.39	0.50	0.39	0.50	0.05	XXX
78710		A	Kidney imaging (3D)	0.66	4.10	5.21	NA	NA	0.03	XXX
78710	TC	A	Kidney imaging (3D)	0.00	3.95	4.98	NA	NA	0.02	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.15	0.23	0.15	0.23	0.01	XXX
78725		A	Kidney function study	0.38	2.11	2.23	NA	NA	0.03	XXX
78725	TC	A	Kidney function study	0.00	1.99	2.10	NA	NA	0.02	XXX
78725	26	A	Kidney function study	0.38	0.12	0.13	0.12	0.13	0.01	XXX
78730		A	Urinary bladder retention	0.15	1.48	1.78	NA	NA	0.02	ZZZ
78730	TC	A	Urinary bladder retention	0.00	1.43	1.71	NA	NA	0.01	ZZZ
78730	26	A	Urinary bladder retention	0.15	0.05	0.07	0.05	0.07	0.01	ZZZ
78740		A	Ureteral reflux study	0.57	4.86	4.92	NA	NA	0.04	XXX
78740	TC	A	Ureteral reflux study	0.00	4.68	4.71	NA	NA	0.02	XXX
78740	26	A	Ureteral reflux study	0.57	0.18	0.21	0.18	0.21	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78761		A	Testicular imaging w/flow	0.71	4.33	4.66	NA	NA	0.05	XXX
78761	TC	A	Testicular imaging w/flow	0.00	4.11	4.40	NA	NA	0.02	XXX
78761	26	A	Testicular imaging w/flow	0.71	0.22	0.26	0.22	0.26	0.03	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800		A	Tumor imaging, limited area	0.66	3.88	4.13	NA	NA	0.05	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.68	3.90	NA	NA	0.02	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.20	0.23	0.20	0.23	0.03	XXX
78801		A	Tumor imaging, mult areas	0.79	5.16	5.60	NA	NA	0.05	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.93	5.32	NA	NA	0.02	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.23	0.28	0.23	0.28	0.03	XXX
78802		A	Tumor imaging, whole body	0.86	6.78	7.48	NA	NA	0.05	XXX
78802	TC	A	Tumor imaging, whole body	0.00	6.55	7.18	NA	NA	0.02	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.23	0.30	0.23	0.30	0.03	XXX
78803		A	Tumor imaging (3D)	1.09	7.02	8.01	NA	NA	0.06	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.75	7.63	NA	NA	0.02	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.27	0.38	0.27	0.38	0.04	XXX
78804		A	Tumor imaging, whole body	1.07	12.49	13.81	NA	NA	0.08	XXX
78804	TC	A	Tumor imaging, whole body	0.00	12.20	13.42	NA	NA	0.04	XXX
78804	26	A	Tumor imaging, whole body	1.07	0.29	0.39	0.29	0.39	0.04	XXX
78805		A	Abscess imaging, ltd area	0.73	3.56	4.01	NA	NA	0.05	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.36	3.75	NA	NA	0.02	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.20	0.26	0.20	0.26	0.03	XXX
78806		A	Abscess imaging, whole body	0.86	7.00	7.82	NA	NA	0.05	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.77	7.52	NA	NA	0.02	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.23	0.30	0.23	0.30	0.03	XXX
78807		A	Nuclear localization/abscess	1.09	6.94	8.00	NA	NA	0.05	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.68	7.62	NA	NA	0.02	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.26	0.38	0.26	0.38	0.03	XXX
78808		A	Iv inj ra drug dx study	0.18	0.87	0.99	NA	NA	0.02	XXX
78811		C	Pet image, ltd area	0.00	0.00	0.00	NA	NA	0.00	XXX
78811	TC	C	Pet image, ltd area	0.00	0.00	0.00	NA	NA	0.00	XXX
78811	26	A	Pet image, ltd area	1.54	0.44	0.55	0.44	0.55	0.13	XXX
78812		C	Pet image, skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78812	TC	C	Pet image, skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
78812	26	A	Pet image, skull-thigh	1.93	0.54	0.69	0.54	0.69	0.12	XXX
78813		C	Pet image, full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78813	TC	C	Pet image, full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78813	26	A	Pet image, full body	2.00	0.55	0.72	0.55	0.72	0.13	XXX
78814		C	Pet image w/ct, lmtd	0.00	0.00	0.00	NA	NA	0.00	XXX
78814	TC	C	Pet image w/ct, lmtd	0.00	0.00	0.00	NA	NA	0.00	XXX
78814	26	A	Pet image w/ct, lmtd	2.20	0.60	0.78	0.60	0.78	0.15	XXX
78815		C	Pet image w/ct, skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78815	TC	C	Pet image w/ct, skull-thigh	0.00	0.00	0.00	NA	NA	0.00	XXX
78815	26	A	Pet image w/ct, skull-thigh	2.44	0.67	0.87	0.67	0.87	0.16	XXX
78816		C	Pet image w/ct, full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78816	TC	C	Pet image w/ct, full body	0.00	0.00	0.00	NA	NA	0.00	XXX
78816	26	A	Pet image w/ct, full body	2.50	0.66	0.89	0.66	0.89	0.16	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79005		A	Nuclear rx, oral admin	1.80	1.61	2.11	NA	NA	0.06	XXX
79005	TC	A	Nuclear rx, oral admin	0.00	1.07	1.49	NA	NA	0.01	XXX
79005	26	A	Nuclear rx, oral admin	1.80	0.54	0.62	0.54	0.62	0.05	XXX
79101		A	Nuclear rx, iv admin	1.96	1.86	2.46	NA	NA	0.06	XXX
79101	TC	A	Nuclear rx, iv admin	0.00	1.12	1.62	NA	NA	0.01	XXX
79101	26	A	Nuclear rx, iv admin	1.96	0.74	0.84	0.74	0.84	0.05	XXX
79200		A	Nuclear rx, intracav admin	1.99	2.03	2.53	NA	NA	0.09	XXX
79200	TC	A	Nuclear rx, intracav admin	0.00	1.41	1.80	NA	NA	0.01	XXX
79200	26	A	Nuclear rx, intracav admin	1.99	0.62	0.73	0.62	0.73	0.08	XXX
79300		C	Nuclr rx, interstit colloid	0.00	0.00	0.00	NA	NA	0.00	XXX
79300	TC	C	Nuclr rx, interstit colloid	0.00	0.00	0.00	NA	NA	0.00	XXX
79300	26	A	Nuclr rx, interstit colloid	1.60	0.48	0.56	0.48	0.56	0.10	XXX
79403		A	Hematopoietic nuclear tx	2.25	2.46	3.35	NA	NA	0.10	XXX
79403	TC	A	Hematopoietic nuclear tx	0.00	1.79	2.52	NA	NA	0.02	XXX
79403	26	A	Hematopoietic nuclear tx	2.25	0.67	0.83	0.67	0.83	0.08	XXX
79440		A	Nuclear rx, intra-articular	1.99	1.63	2.15	NA	NA	0.05	XXX
79440	TC	A	Nuclear rx, intra-articular	0.00	1.01	1.42	NA	NA	0.01	XXX
79440	26	A	Nuclear rx, intra-articular	1.99	0.62	0.73	0.62	0.73	0.04	XXX
79445		C	Nuclear rx, intra-arterial	0.00	0.00	0.00	NA	NA	0.00	XXX
79445	TC	C	Nuclear rx, intra-arterial	0.00	0.00	0.00	NA	NA	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
79445	26	A	Nuclear rx, intra-arterial	2.40	0.64	0.85	0.64	0.85	0.15	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.17	0.19	0.11	0.12	0.02	XXX
80502		A	Lab pathology consultation	1.33	0.41	0.41	0.35	0.37	0.05	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.15	0.14	0.15	0.14	0.02	XXX
83912	26	A	Genetic examination	0.37	0.13	0.12	0.13	0.12	0.02	XXX
84165	26	A	Protein e-phoresis, serum	0.37	0.14	0.13	0.14	0.13	0.02	XXX
84166	26	A	Protein e-phoresis/urine/csf	0.37	0.14	0.13	0.14	0.13	0.02	XXX
84181	26	A	Western blot test	0.37	0.15	0.13	0.15	0.13	0.02	XXX
84182	26	A	Protein, western blot test	0.37	0.15	0.14	0.15	0.14	0.02	XXX
85060		A	Blood smear interpretation	0.45	0.18	0.16	0.18	0.16	0.02	XXX
85097		A	Bone marrow interpretation	0.94	1.14	1.35	0.32	0.32	0.04	XXX
85390	26	A	Fibrinolysins screen	0.37	0.15	0.14	0.15	0.14	0.02	XXX
85396		A	Clotting assay, whole blood	0.37	NA	NA	0.13	0.12	0.02	XXX
85576	26	A	Blood platelet aggregation	0.37	0.15	0.14	0.15	0.14	0.02	XXX
86077		A	Physician blood bank service	0.94	0.44	0.40	0.37	0.34	0.04	XXX
86078		A	Physician blood bank service	0.94	0.45	0.42	0.37	0.34	0.04	XXX
86079		A	Physician blood bank service	0.94	0.45	0.43	0.37	0.35	0.04	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.15	0.14	0.15	0.14	0.02	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.14	0.14	0.14	0.14	0.01	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.14	0.14	0.14	0.14	0.01	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.14	0.13	0.14	0.13	0.01	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.17	0.16	0.17	0.16	0.02	XXX
86334	26	A	Immunofix e-phoresis, serum	0.37	0.14	0.14	0.14	0.14	0.02	XXX
86335	26	A	Immunfix e-phorsis/urine/csf	0.37	0.15	0.13	0.15	0.13	0.02	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86486		A	Skin test, nos antigen	0.00	0.11	0.12	NA	NA	0.01	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.11	0.16	NA	NA	0.01	XXX
86510		A	Histoplasmosis skin test	0.00	0.13	0.16	NA	NA	0.01	XXX
86580		A	TB intradermal test	0.00	0.17	0.18	NA	NA	0.01	XXX
87164	26	A	Dark field examination	0.37	0.15	0.13	0.15	0.13	0.02	XXX
87207	26	A	Smear, special stain	0.37	0.15	0.14	0.15	0.14	0.02	XXX
88104		A	Cytopath fl nongyn, smears	0.56	1.11	1.11	NA	NA	0.02	XXX
88104	TC	A	Cytopath fl nongyn, smears	0.00	0.91	0.92	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
88104	26	A	Cytopath fl nongyn, smears	0.56	0.20	0.19	0.20	0.19	0.01	XXX
88106		A	Cytopath fl nongyn, filter	0.56	1.48	1.51	NA	NA	0.02	XXX
88106	TC	A	Cytopath fl nongyn, filter	0.00	1.28	1.32	NA	NA	0.01	XXX
88106	26	A	Cytopath fl nongyn, filter	0.56	0.20	0.19	0.20	0.19	0.01	XXX
88107		A	Cytopath fl nongyn, sm/fltr	0.76	1.85	1.85	NA	NA	0.03	XXX
88107	TC	A	Cytopath fl nongyn, sm/fltr	0.00	1.57	1.58	NA	NA	0.01	XXX
88107	26	A	Cytopath fl nongyn, sm/fltr	0.76	0.28	0.27	0.28	0.27	0.02	XXX
88108		A	Cytopath, concentrate tech	0.56	1.31	1.38	NA	NA	0.02	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	1.12	1.20	NA	NA	0.01	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.19	0.18	0.19	0.18	0.01	XXX
88112		A	Cytopath, cell enhance tech	1.18	1.35	1.54	NA	NA	0.04	XXX
88112	TC	A	Cytopath, cell enhance tech	0.00	0.99	1.18	NA	NA	0.01	XXX
88112	26	A	Cytopath, cell enhance tech	1.18	0.36	0.36	0.36	0.36	0.03	XXX
88125		A	Forensic cytopathology	0.26	0.30	0.31	NA	NA	0.02	XXX
88125	TC	A	Forensic cytopathology	0.00	0.20	0.22	NA	NA	0.01	XXX
88125	26	A	Forensic cytopathology	0.26	0.10	0.09	0.10	0.09	0.01	XXX
88141		A	Cytopath, c/v, interpret	0.42	0.34	0.32	0.34	0.32	0.02	XXX
88160		A	Cytopath smear, other source	0.50	0.83	0.88	NA	NA	0.02	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.67	0.72	NA	NA	0.01	XXX
88160	26	A	Cytopath smear, other source	0.50	0.16	0.16	0.16	0.16	0.01	XXX
88161		A	Cytopath smear, other source	0.50	0.83	0.92	NA	NA	0.02	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.68	0.77	NA	NA	0.01	XXX
88161	26	A	Cytopath smear, other source	0.50	0.15	0.15	0.15	0.15	0.01	XXX
88162		A	Cytopath smear, other source	0.76	0.98	1.26	NA	NA	0.03	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.79	1.02	NA	NA	0.01	XXX
88162	26	A	Cytopath smear, other source	0.76	0.19	0.24	0.19	0.24	0.02	XXX
88172		A	Cytopathology eval of fna	0.60	0.84	0.82	NA	NA	0.02	XXX
88172	TC	A	Cytopathology eval of fna	0.00	0.61	0.61	NA	NA	0.01	XXX
88172	26	A	Cytopathology eval of fna	0.60	0.23	0.21	0.23	0.21	0.01	XXX
88173		A	Cytopath eval, fna, report	1.39	2.10	2.19	NA	NA	0.04	XXX
88173	TC	A	Cytopath eval, fna, report	0.00	1.62	1.73	NA	NA	0.01	XXX
88173	26	A	Cytopath eval, fna, report	1.39	0.48	0.46	0.48	0.46	0.03	XXX
88182		A	Cell marker study	0.77	1.74	1.93	NA	NA	0.04	XXX
88182	TC	A	Cell marker study	0.00	1.57	1.75	NA	NA	0.02	XXX
88182	26	A	Cell marker study	0.77	0.17	0.18	0.17	0.18	0.02	XXX
88184		A	Flowcytometry/ tc, 1 marker	0.00	1.95	2.13	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
88185		A	Flowcytometry/tc, add-on	0.00	1.19	1.27	NA	NA	0.01	ZZZ
88187		A	Flowcytometry/read, 2-8	1.36	0.47	0.43	0.47	0.43	0.06	XXX
88188		A	Flowcytometry/read, 9-15	1.69	0.60	0.52	0.60	0.52	0.07	XXX
88189		A	Flowcytometry/read, 16 & >	2.23	0.56	0.56	0.56	0.56	0.09	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.25	0.25	0.25	0.25	0.02	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	0.53	0.55	NA	NA	0.02	XXX
88300	TC	A	Surgical path, gross	0.00	0.50	0.52	NA	NA	0.01	XXX
88300	26	A	Surgical path, gross	0.08	0.03	0.03	0.03	0.03	0.01	XXX
88302		A	Tissue exam by pathologist	0.13	1.14	1.18	NA	NA	0.02	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.09	1.14	NA	NA	0.01	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.05	0.04	0.05	0.04	0.01	XXX
88304		A	Tissue exam by pathologist	0.22	1.35	1.44	NA	NA	0.02	XXX
88304	TC	A	Tissue exam by pathologist	0.00	1.27	1.37	NA	NA	0.01	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.08	0.07	0.08	0.07	0.01	XXX
88305		A	Tissue exam by pathologist	0.75	1.86	2.04	NA	NA	0.02	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.61	1.79	NA	NA	0.01	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.25	0.25	0.25	0.25	0.01	XXX
88307		A	Tissue exam by pathologist	1.59	4.16	4.14	NA	NA	0.04	XXX
88307	TC	A	Tissue exam by pathologist	0.00	3.56	3.58	NA	NA	0.01	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.60	0.56	0.60	0.56	0.03	XXX
88309		A	Tissue exam by pathologist	2.80	6.02	5.88	NA	NA	0.08	XXX
88309	TC	A	Tissue exam by pathologist	0.00	4.96	4.93	NA	NA	0.02	XXX
88309	26	A	Tissue exam by pathologist	2.80	1.06	0.95	1.06	0.95	0.06	XXX
88311		A	Decalcify tissue	0.24	0.25	0.24	NA	NA	0.02	XXX
88311	TC	A	Decalcify tissue	0.00	0.16	0.16	NA	NA	0.01	XXX
88311	26	A	Decalcify tissue	0.24	0.09	0.08	0.09	0.08	0.01	XXX
88312		A	Special stains group 1	0.54	2.09	2.15	NA	NA	0.02	XXX
88312	TC	A	Special stains group 1	0.00	1.91	1.98	NA	NA	0.01	XXX
88312	26	A	Special stains group 1	0.54	0.18	0.17	0.18	0.17	0.01	XXX
88313		A	Special stains group 2	0.24	1.63	1.72	NA	NA	0.02	XXX
88313	TC	A	Special stains group 2	0.00	1.55	1.65	NA	NA	0.01	XXX
88313	26	A	Special stains group 2	0.24	0.08	0.07	0.08	0.07	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
88314		A	Histochemical stain add-on	0.45	1.68	1.90	NA	NA	0.02	XXX
88314	TC	A	Histochemical stain add-on	0.00	1.51	1.74	NA	NA	0.01	XXX
88314	26	A	Histochemical stain add-on	0.45	0.17	0.16	0.17	0.16	0.01	XXX
88318		A	Chemical histochemistry	0.42	2.08	2.26	NA	NA	0.02	XXX
88318	TC	A	Chemical histochemistry	0.00	1.96	2.13	NA	NA	0.01	XXX
88318	26	A	Chemical histochemistry	0.42	0.12	0.13	0.12	0.13	0.01	XXX
88319		A	Enzyme histochemistry	0.53	2.92	3.19	NA	NA	0.03	XXX
88319	TC	A	Enzyme histochemistry	0.00	2.73	3.01	NA	NA	0.01	XXX
88319	26	A	Enzyme histochemistry	0.53	0.19	0.18	0.19	0.18	0.02	XXX
88321		A	Microslide consultation	1.63	0.79	0.76	0.58	0.53	0.07	XXX
88323		A	Microslide consultation	1.83	1.84	2.00	NA	NA	0.04	XXX
88323	TC	A	Microslide consultation	0.00	1.34	1.51	NA	NA	0.01	XXX
88323	26	A	Microslide consultation	1.83	0.50	0.49	0.50	0.49	0.03	XXX
88325		A	Comprehensive review of data	2.50	2.73	2.70	1.02	0.88	0.09	XXX
88329		A	Path consult introp	0.67	0.68	0.68	0.25	0.24	0.03	XXX
88331		A	Path consult intraop, 1 bloc	1.19	1.24	1.22	NA	NA	0.02	XXX
88331	TC	A	Path consult intraop, 1 bloc	0.00	0.77	0.78	NA	NA	0.01	XXX
88331	26	A	Path consult intraop, 1 bloc	1.19	0.47	0.44	0.47	0.44	0.01	XXX
88332		A	Path consult intraop, addl	0.59	0.48	0.48	NA	NA	0.02	XXX
88332	TC	A	Path consult intraop, addl	0.00	0.26	0.27	NA	NA	0.01	XXX
88332	26	A	Path consult intraop, addl	0.59	0.22	0.21	0.22	0.21	0.01	XXX
88333		A	Intraop cyto path consult, 1	1.20	1.32	1.28	NA	NA	0.04	XXX
88333	TC	A	Intraop cyto path consult, 1	0.00	0.87	0.85	NA	NA	0.01	XXX
88333	26	A	Intraop cyto path consult, 1	1.20	0.45	0.43	0.45	0.43	0.03	XXX
88334		A	Intraop cyto path consult, 2	0.73	0.81	0.77	NA	NA	0.03	XXX
88334	TC	A	Intraop cyto path consult, 2	0.00	0.53	0.52	NA	NA	0.01	XXX
88334	26	A	Intraop cyto path consult, 2	0.73	0.28	0.25	0.28	0.25	0.02	XXX
88342		A	Immunohistochemistry	0.85	1.78	1.84	NA	NA	0.03	XXX
88342	TC	A	Immunohistochemistry	0.00	1.50	1.57	NA	NA	0.01	XXX
88342	26	A	Immunohistochemistry	0.85	0.28	0.27	0.28	0.27	0.02	XXX
88346		A	Immunofluorescent study	0.86	1.69	1.82	NA	NA	0.02	XXX
88346	TC	A	Immunofluorescent study	0.00	1.41	1.54	NA	NA	0.01	XXX
88346	26	A	Immunofluorescent study	0.86	0.28	0.28	0.28	0.28	0.01	XXX
88347		A	Immunofluorescent study	0.86	1.10	1.23	NA	NA	0.02	XXX
88347	TC	A	Immunofluorescent study	0.00	0.89	1.01	NA	NA	0.01	XXX
88347	26	A	Immunofluorescent study	0.86	0.21	0.22	0.21	0.22	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
88348		A	Electron microscopy	1.51	14.80	15.54	NA	NA	0.09	XXX
88348	TC	A	Electron microscopy	0.00	14.31	15.05	NA	NA	0.06	XXX
88348	26	A	Electron microscopy	1.51	0.49	0.49	0.49	0.49	0.03	XXX
88349		A	Scanning electron microscopy	0.76	8.70	7.76	NA	NA	0.05	XXX
88349	TC	A	Scanning electron microscopy	0.00	8.40	7.49	NA	NA	0.03	XXX
88349	26	A	Scanning electron microscopy	0.76	0.30	0.27	0.30	0.27	0.02	XXX
88355		A	Analysis, skeletal muscle	1.85	2.58	4.14	NA	NA	0.05	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	2.18	3.67	NA	NA	0.01	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.40	0.47	0.40	0.47	0.04	XXX
88356		A	Analysis, nerve	3.02	3.91	4.59	NA	NA	0.13	XXX
88356	TC	A	Analysis, nerve	0.00	3.42	3.94	NA	NA	0.03	XXX
88356	26	A	Analysis, nerve	3.02	0.49	0.65	0.49	0.65	0.10	XXX
88358		A	Analysis, tumor	0.95	0.95	1.03	NA	NA	0.03	XXX
88358	TC	A	Analysis, tumor	0.00	0.76	0.81	NA	NA	0.01	XXX
88358	26	A	Analysis, tumor	0.95	0.19	0.22	0.19	0.22	0.02	XXX
88360		A	Tumor immunohistochem/manual	1.10	2.04	2.13	NA	NA	0.03	XXX
88360	TC	A	Tumor immunohistochem/manual	0.00	1.70	1.79	NA	NA	0.01	XXX
88360	26	A	Tumor immunohistochem/manual	1.10	0.34	0.34	0.34	0.34	0.02	XXX
88361		A	Tumor immunohistochem/comput	1.18	2.44	2.77	NA	NA	0.04	XXX
88361	TC	A	Tumor immunohistochem/comput	0.00	2.11	2.43	NA	NA	0.01	XXX
88361	26	A	Tumor immunohistochem/comput	1.18	0.33	0.34	0.33	0.34	0.03	XXX
88362		A	Nerve teasing preparations	2.17	5.07	4.99	NA	NA	0.10	XXX
88362	TC	A	Nerve teasing preparations	0.00	4.31	4.28	NA	NA	0.03	XXX
88362	26	A	Nerve teasing preparations	2.17	0.76	0.71	0.76	0.71	0.07	XXX
88365		A	Insitu hybridization (fish)	1.20	2.99	3.07	NA	NA	0.03	XXX
88365	TC	A	Insitu hybridization (fish)	0.00	2.62	2.70	NA	NA	0.01	XXX
88365	26	A	Insitu hybridization (fish)	1.20	0.37	0.37	0.37	0.37	0.02	XXX
88367		A	Insitu hybridization, auto	1.30	4.80	5.15	NA	NA	0.05	XXX
88367	TC	A	Insitu hybridization, auto	0.00	4.47	4.80	NA	NA	0.01	XXX
88367	26	A	Insitu hybridization, auto	1.30	0.33	0.35	0.33	0.35	0.04	XXX
88368		A	Insitu hybridization, manual	1.40	3.97	4.26	NA	NA	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
88368	TC	A	Insitu hybridization, manual	0.00	3.70	3.93	NA	NA	0.01	XXX
88368	26	A	Insitu hybridization, manual	1.40	0.27	0.33	0.27	0.33	0.03	XXX
88371	26	A	Protein, western blot tissue	0.37	0.15	0.13	0.15	0.13	0.02	XXX
88372	26	A	Protein analysis w/probe	0.37	0.15	0.13	0.15	0.13	0.02	XXX
88380		A	Microdissection, laser	1.56	3.48	3.69	NA	NA	0.04	XXX
88380	TC	A	Microdissection, laser	0.00	2.89	3.16	NA	NA	0.01	XXX
88380	26	A	Microdissection, laser	1.56	0.59	0.53	0.59	0.53	0.03	XXX
88381		A	Microdissection, manual	1.18	2.36	4.11	NA	NA	0.03	XXX
88381	TC	A	Microdissection, manual	0.00	2.16	3.77	NA	NA	0.01	XXX
88381	26	A	Microdissection, manual	1.18	0.20	0.34	0.20	0.34	0.02	XXX
88384		C	Eval molecular probes, 11-50	0.00	0.00	0.00	NA	NA	0.00	XXX
88384	TC	C	Eval molecular probes, 11-50	0.00	0.00	0.00	NA	NA	0.00	XXX
88384	26	C	Eval molecular probes, 11-50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88385		A	Eval molecul probes, 51-250	1.50	22.48	15.40	NA	NA	0.05	XXX
88385	TC	A	Eval molecul probes, 51-250	0.00	21.89	14.99	NA	NA	0.02	XXX
88385	26	A	Eval molecul probes, 51-250	1.50	0.59	0.41	0.59	0.41	0.03	XXX
88386		A	Eval molecul probes, 251-500	1.88	13.64	15.91	NA	NA	0.06	XXX
88386	TC	A	Eval molecul probes, 251-500	0.00	13.12	15.23	NA	NA	0.02	XXX
88386	26	A	Eval molecul probes, 251-500	1.88	0.52	0.68	0.52	0.68	0.04	XXX
88387		A	Tiss exam molecular study	0.62	0.45	0.45	NA	NA	0.02	XXX
88387	TC	A	Tiss exam molecular study	0.00	0.21	0.21	NA	NA	0.01	XXX
88387	26	A	Tiss exam molecular study	0.62	0.24	0.24	0.24	0.24	0.01	XXX
88388		A	Tiss ex molecul study add-on	0.45	0.18	0.18	NA	NA	0.02	XXX
88388	TC	A	Tiss ex molecul study add-on	0.00	0.10	0.10	NA	NA	0.01	XXX
88388	26	A	Tiss ex molecul study add-on	0.45	0.08	0.08	0.08	0.08	0.01	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89049		A	Chct for mal hyperthermia	1.40	4.91	5.10	0.37	0.41	0.07	XXX
89060	26	A	Exam,synovial fluid crystals	0.37	0.14	0.14	0.14	0.14	0.02	XXX
89100		A	Sample intestinal contents	0.60	7.49	6.46	0.53	0.47	0.03	XXX
89105		A	Sample intestinal contents	0.50	6.72	6.49	0.43	0.41	0.02	XXX
89130		A	Sample stomach contents	0.45	6.22	5.60	0.39	0.34	0.02	XXX
89132		A	Sample stomach contents	0.19	6.28	6.43	0.30	0.30	0.01	XXX
89135		A	Sample stomach contents	0.79	7.48	7.23	0.60	0.59	0.04	XXX
89136		A	Sample stomach contents	0.21	6.26	5.65	0.30	0.27	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
89140		A	Sample stomach contents	0.94	6.66	5.90	0.57	0.49	0.04	XXX
89141		A	Sample stomach contents	0.85	6.61	6.13	0.54	0.49	0.04	XXX
89220		A	Sputum specimen collection	0.00	0.37	0.39	NA	NA	0.01	XXX
89230		A	Collect sweat for test	0.00	0.15	0.11	NA	NA	0.01	XXX
89240		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90284		X	Human ig, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulism ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		E	Hep b ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90378		X	Rsv, mab, im, 50mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		I	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90465		A	Immune admin 1 inj, < 8 yrs	0.17	0.42	0.41	NA	NA	0.01	XXX
90466		A	Immune admin addl inj, < 8 y	0.15	0.16	0.14	0.06	0.06	0.01	ZZZ
90467		R	Immune admin o or n, < 8 yrs	0.17	0.26	0.22	0.10	0.09	0.01	XXX
90468		R	Immune admin o/n, addl < 8 y	0.15	0.15	0.13	0.06	0.05	0.01	ZZZ
90470		I	Immune admin H1N1 im/nasal	0.20	0.42	0.42	NA	NA	0.01	XXX
90471		A	Immunization admin	0.17	0.42	0.41	NA	NA	0.01	XXX
90472		A	Immunization admin, each add	0.15	0.16	0.14	0.06	0.06	0.01	ZZZ
90473		R	Immune admin oral/nasal	0.17	0.26	0.22	0.07	0.05	0.01	XXX
90474		R	Immune admin oral/nasal addl	0.15	0.11	0.10	0.06	0.05	0.01	ZZZ
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90644		X	HIB/men/tt vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90649		E	Hpv vaccine 4 valent, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90650		E	Hpv vaccine 2 valent, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90655		X	Flu vaccine no preserv 6-35m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90656		X	Flu vaccine no preserv 3 & >	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		X	Flu vaccine, 3 yrs & >, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90661		X	Flu vacc cell cult prsv free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90662		X	Flu vacc prsv free inc antig	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90663		X	Flu vacc pandemic H1N1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665		E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669		X	Pneumococcal vacc, 7 val im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90670		X	Pneumococcal vacc, 13 val im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675		E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676		E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vacc 3 dose, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90681		E	Rotavirus vacc 2 dose oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690		E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691		E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692		E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693		E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90696		E	Dtap-ipv vacc 4-6 yr im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90698		E	Dtap-hib-ip vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine, < 7 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701		E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702		E	Dt vaccine < 7, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
90703		E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705		E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708		E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710		E	Mmrv vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus, ipv, sc/im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714		E	Td vaccine no prsrv >/= 7 im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90715		E	Tdap vaccine >7 im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine > 7, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720		E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90723		I	Dtap-hep b-ipv vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90734		E	Meningococcal vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90736		E	Zoster vacc, sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90738		I	Inactivated je vacc im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90740		X	Hepb vacc, ill pat 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90743		X	Hep b vacc, adol, 2 dose, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hepb vacc ped/adol 3 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hepb vacc, ill pat 4 dose im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		I	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.29	1.38	0.50	0.65	0.08	XXX
90802		A	Intac psy dx interview	3.01	1.47	1.47	0.59	0.71	0.09	XXX
90804		A	Psytx, office, 20-30 min	1.21	0.46	0.52	0.15	0.23	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
90805		A	Psytx, off, 20-30 min w/e&m	1.37	0.58	0.58	0.23	0.28	0.04	XXX
90806		A	Psytx, off, 45-50 min	1.86	0.38	0.53	0.20	0.36	0.05	XXX
90807		A	Psytx, off, 45-50 min w/e&m	2.02	0.68	0.71	0.34	0.41	0.06	XXX
90808		A	Psytx, office, 75-80 min	2.79	0.49	0.72	0.31	0.54	0.07	XXX
90809		A	Psytx, off, 75-80, w/e&m	2.95	0.84	0.90	0.52	0.62	0.09	XXX
90810		A	Intac psytx, off, 20-30 min	1.32	0.43	0.51	0.17	0.26	0.04	XXX
90811		A	Intac psytx, 20-30, w/e&m	1.48	0.69	0.69	0.26	0.31	0.05	XXX
90812		A	Intac psytx, off, 45-50 min	1.97	0.48	0.64	0.21	0.38	0.05	XXX
90813		A	Intac psytx, 45-50 min w/e&m	2.13	0.80	0.82	0.35	0.44	0.06	XXX
90814		A	Intac psytx, off, 75-80 min	2.90	0.64	0.88	0.32	0.61	0.08	XXX
90815		A	Intac psytx, 75-80 w/e&m	3.06	1.00	1.02	0.55	0.64	0.10	XXX
90816		A	Psytx, hosp, 20-30 min	1.25	NA	NA	0.22	0.33	0.03	XXX
90817		A	Psytx, hosp, 20-30 min w/e&m	1.41	NA	NA	0.34	0.37	0.04	XXX
90818		A	Psytx, hosp, 45-50 min	1.89	NA	NA	0.28	0.46	0.05	XXX
90819		A	Psytx, hosp, 45-50 min w/e&m	2.05	NA	NA	0.45	0.51	0.06	XXX
90821		A	Psytx, hosp, 75-80 min	2.83	NA	NA	0.40	0.64	0.07	XXX
90822		A	Psytx, hosp, 75-80 min w/e&m	2.99	NA	NA	0.60	0.70	0.09	XXX
90823		A	Intac psytx, hosp, 20-30 min	1.36	NA	NA	0.22	0.34	0.03	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	NA	NA	0.35	0.40	0.05	XXX
90826		A	Intac psytx, hosp, 45-50 min	2.01	NA	NA	0.30	0.48	0.05	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	NA	NA	0.46	0.53	0.06	XXX
90828		A	Intac psytx, hosp, 75-80 min	2.94	NA	NA	0.38	0.66	0.07	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	NA	NA	0.61	0.72	0.09	XXX
90845		A	Psychoanalysis	1.79	0.39	0.43	0.33	0.38	0.05	XXX
90846		R	Family psytx w/o patient	1.83	0.41	0.52	0.33	0.46	0.05	XXX
90847		R	Family psytx w/patient	2.21	0.58	0.72	0.36	0.53	0.06	XXX
90849		R	Multiple family group psytx	0.59	0.30	0.30	0.18	0.21	0.02	XXX
90853		A	Group psychotherapy	0.59	0.27	0.27	0.20	0.21	0.02	XXX
90857		A	Intac group psytx	0.63	0.32	0.33	0.19	0.22	0.02	XXX
90862		A	Medication management	0.95	0.61	0.58	0.27	0.28	0.03	XXX
90865		A	Narcosynthesis	2.84	1.45	1.38	0.57	0.70	0.08	XXX
90870		A	Electroconvulsive therapy	1.88	1.85	1.89	0.37	0.43	0.06	000
90875		N	Psychophysiological therapy	1.20	0.70	0.73	0.44	0.43	0.06	XXX
90876		N	Psychophysiological therapy	1.90	0.94	0.97	0.70	0.68	0.09	XXX
90880		A	Hypnotherapy	2.19	0.41	0.64	0.28	0.44	0.06	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
90885		B	Psy evaluation of records	0.97	0.35	0.35	0.35	0.35	0.05	XXX
90887		B	Consultation with family	1.48	0.83	0.82	0.54	0.53	0.07	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback train, any meth	0.41	0.54	0.52	0.13	0.12	0.01	000
90911		A	Biofeedback peri/uro/rectal	0.89	1.22	1.40	0.30	0.32	0.05	000
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.63	0.60	0.05	000
90937		A	Hemodialysis, repeated eval	2.11	NA	NA	0.93	0.88	0.08	000
90940		X	Hemodialysis access study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.65	0.61	0.05	000
90947		A	Dialysis, repeated eval	2.16	NA	NA	0.94	0.89	0.09	000
90951		A	Esrd serv, 4 visits p mo, <2	18.46	8.38	7.91	8.38	7.91	0.75	XXX
90952		C	Esrd serv, 2-3 vsts p mo, <2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90953		C	Esrd serv, 1 visit p mo, <2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90954		A	Esrd serv, 4 vsts p mo, 2-11	15.98	6.55	5.70	6.55	5.70	0.66	XXX
90955		A	Esrd srv 2-3 vsts p mo, 2-11	8.79	3.67	3.44	3.67	3.44	0.36	XXX
90956		A	Esrd srv, 1 visit p mo, 2-11	5.95	2.28	2.28	2.28	2.28	0.25	XXX
90957		A	Esrd srv, 4 vsts p mo, 12-19	12.52	5.52	4.92	5.52	4.92	0.53	XXX
90958		A	Esrd srv 2-3 vsts p mo 12-19	8.34	3.63	3.38	3.63	3.38	0.35	XXX
90959		A	Esrd serv, 1 vst p mo, 12-19	5.50	2.14	2.14	2.14	2.14	0.23	XXX
90960		A	Esrd srv, 4 visits p mo, 20+	5.18	2.67	2.55	2.67	2.55	0.23	XXX
90961		A	Esrd srv, 2-3 vsts p mo, 20+	4.26	2.02	1.96	2.02	1.96	0.19	XXX
90962		A	Esrd serv, 1 visit p mo, 20+	3.15	1.30	1.32	1.30	1.32	0.15	XXX
90963		A	Esrd home pt, serv p mo, <2	10.56	4.07	4.18	4.07	4.18	0.44	XXX
90964		A	Esrd home pt serv p mo, 2-11	9.14	3.61	3.26	3.61	3.26	0.38	XXX
90965		A	Esrd home pt serv p mo 12-19	8.69	3.47	3.13	3.47	3.13	0.36	XXX
90966		A	Esrd home pt, serv p mo, 20+	4.26	2.11	1.93	2.11	1.93	0.19	XXX
90967		A	Esrd home pt serv p day, <2	0.35	0.19	0.19	0.19	0.19	0.01	XXX
90968		A	Esrd home pt srv p day, 2-11	0.30	0.13	0.12	0.13	0.12	0.01	XXX
90969		A	Esrd home pt srv p day 12-19	0.29	0.13	0.12	0.13	0.12	0.01	XXX
90970		A	Esrd home pt serv p day, 20+	0.14	0.07	0.07	0.07	0.07	0.01	XXX
90989		X	Dialysis training, complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training, incompl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.60	0.58	0.07	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	2.10	1.79	NA	NA	0.03	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
91000	TC	A	Esophageal intubation	0.00	1.83	1.54	NA	NA	0.01	000
91000	26	A	Esophageal intubation	0.73	0.27	0.25	0.27	0.25	0.02	000
91010		A	Esophagus motility study	1.25	3.19	3.67	NA	NA	0.06	000
91010	TC	A	Esophagus motility study	0.00	2.65	3.12	NA	NA	0.01	000
91010	26	A	Esophagus motility study	1.25	0.54	0.55	0.54	0.55	0.05	000
91011		A	Esophagus motility study	1.50	4.49	5.12	NA	NA	0.05	000
91011	TC	A	Esophagus motility study	0.00	3.82	4.42	NA	NA	0.01	000
91011	26	A	Esophagus motility study	1.50	0.67	0.70	0.67	0.70	0.04	000
91012		A	Esophagus motility study	1.46	4.58	5.26	NA	NA	0.05	000
91012	TC	A	Esophagus motility study	0.00	3.94	4.59	NA	NA	0.01	000
91012	26	A	Esophagus motility study	1.46	0.64	0.67	0.64	0.67	0.04	000
91020		A	Gastric motility studies	1.44	4.27	4.63	NA	NA	0.06	000
91020	TC	A	Gastric motility studies	0.00	3.65	4.01	NA	NA	0.01	000
91020	26	A	Gastric motility studies	1.44	0.62	0.62	0.62	0.62	0.05	000
91022		A	Duodenal motility study	1.44	2.82	3.42	NA	NA	0.05	000
91022	TC	A	Duodenal motility study	0.00	2.18	2.75	NA	NA	0.01	000
91022	26	A	Duodenal motility study	1.44	0.64	0.67	0.64	0.67	0.04	000
91030		A	Acid perfusion of esophagus	0.91	2.45	2.72	NA	NA	0.04	000
91030	TC	A	Acid perfusion of esophagus	0.00	2.05	2.30	NA	NA	0.01	000
91030	26	A	Acid perfusion of esophagus	0.91	0.40	0.42	0.40	0.42	0.03	000
91034		A	Gastroesophageal reflux test	0.97	3.62	4.19	NA	NA	0.04	000
91034	TC	A	Gastroesophageal reflux test	0.00	3.20	3.77	NA	NA	0.01	000
91034	26	A	Gastroesophageal reflux test	0.97	0.42	0.42	0.42	0.42	0.03	000
91035		A	G-esoph reflx tst w/electrod	1.59	9.85	10.81	NA	NA	0.06	000
91035	TC	A	G-esoph reflx tst w/electrod	0.00	9.16	10.11	NA	NA	0.01	000
91035	26	A	G-esoph reflx tst w/electrod	1.59	0.69	0.70	0.69	0.70	0.05	000
91037		A	Esoph imped function test	0.97	2.96	3.21	NA	NA	0.06	000
91037	TC	A	Esoph imped function test	0.00	2.54	2.78	NA	NA	0.01	000
91037	26	A	Esoph imped function test	0.97	0.42	0.43	0.42	0.43	0.05	000
91038		A	Esoph imped funct test > 1h	1.10	2.38	2.57	NA	NA	0.05	000
91038	TC	A	Esoph imped funct test > 1h	0.00	1.90	2.08	NA	NA	0.01	000
91038	26	A	Esoph imped funct test > 1h	1.10	0.48	0.49	0.48	0.49	0.04	000
91040		A	Esoph balloon distension tst	0.97	6.01	8.49	NA	NA	0.03	000
91040	TC	A	Esoph balloon distension tst	0.00	5.69	8.05	NA	NA	0.01	000
91040	26	A	Esoph balloon distension tst	0.97	0.32	0.44	0.32	0.44	0.02	000
91052		A	Gastric analysis test	0.79	2.49	2.52	NA	NA	0.02	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
91052	TC	A	Gastric analysis test	0.00	2.14	2.20	NA	NA	0.01	000
91052	26	A	Gastric analysis test	0.79	0.35	0.32	0.35	0.32	0.01	000
91055		A	Gastric intubation for smear	0.94	2.86	2.69	NA	NA	0.03	000
91055	TC	A	Gastric intubation for smear	0.00	2.40	2.35	NA	NA	0.01	000
91055	26	A	Gastric intubation for smear	0.94	0.46	0.34	0.46	0.34	0.02	000
91065		A	Breath hydrogen test	0.20	1.51	1.55	NA	NA	0.02	000
91065	TC	A	Breath hydrogen test	0.00	1.42	1.47	NA	NA	0.01	000
91065	26	A	Breath hydrogen test	0.20	0.09	0.08	0.09	0.08	0.01	000
91105		A	Gastric intubation treatment	0.37	1.94	1.82	0.09	0.08	0.02	000
91110		A	Gi tract capsule endoscopy	3.64	17.67	20.09	NA	NA	0.13	XXX
91110	TC	A	Gi tract capsule endoscopy	0.00	16.08	18.44	NA	NA	0.01	XXX
91110	26	A	Gi tract capsule endoscopy	3.64	1.59	1.65	1.59	1.65	0.12	XXX
91111		A	Esophageal capsule endoscopy	1.00	15.91	17.68	NA	NA	0.04	XXX
91111	TC	A	Esophageal capsule endoscopy	0.00	15.47	17.21	NA	NA	0.01	XXX
91111	26	A	Esophageal capsule endoscopy	1.00	0.44	0.47	0.44	0.47	0.03	XXX
91120		A	Rectal sensation test	0.97	8.59	9.34	NA	NA	0.07	XXX
91120	TC	A	Rectal sensation test	0.00	8.21	9.00	NA	NA	0.01	XXX
91120	26	A	Rectal sensation test	0.97	0.38	0.34	0.38	0.34	0.06	XXX
91122		A	Anal pressure record	1.77	3.71	4.22	NA	NA	0.08	000
91122	TC	A	Anal pressure record	0.00	3.06	3.58	NA	NA	0.01	000
91122	26	A	Anal pressure record	1.77	0.65	0.64	0.65	0.64	0.07	000
91123		B	Irrigate fecal impaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91132		C	Electrogastrography	0.00	0.00	0.00	NA	NA	0.00	XXX
91132	TC	C	Electrogastrography	0.00	0.00	0.00	NA	NA	0.00	XXX
91132	26	A	Electrogastrography	0.52	0.20	0.23	0.20	0.23	0.02	XXX
91133		C	Electrogastrography w/test	0.00	0.00	0.00	NA	NA	0.00	XXX
91133	TC	C	Electrogastrography w/test	0.00	0.00	0.00	NA	NA	0.00	XXX
91133	26	A	Electrogastrography w/test	0.66	0.29	0.31	0.29	0.31	0.03	XXX
91299		C	Gastroenterology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	1.16	1.03	0.41	0.33	0.05	XXX
92004		A	Eye exam, new patient	1.82	2.01	1.76	0.89	0.71	0.09	XXX
92012		A	Eye exam established pat	0.92	1.25	1.09	0.51	0.38	0.05	XXX
92014		A	Eye exam & treatment	1.42	1.75	1.52	0.75	0.57	0.07	XXX
92015		N	Refraction	0.38	0.15	0.40	0.14	0.13	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92018		A	New eye exam & treatment	2.50	NA	NA	1.42	1.10	0.12	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.58	0.47	0.05	XXX
92020		A	Special eye evaluation	0.37	0.34	0.30	0.20	0.16	0.02	XXX
92025		A	Corneal topography	0.35	0.59	0.53	NA	NA	0.02	XXX
92025	TC	A	Corneal topography	0.00	0.40	0.38	NA	NA	0.01	XXX
92025	26	A	Corneal topography	0.35	0.19	0.15	0.19	0.15	0.01	XXX
92060		A	Special eye evaluation	0.69	0.96	0.83	NA	NA	0.03	XXX
92060	TC	A	Special eye evaluation	0.00	0.60	0.54	NA	NA	0.01	XXX
92060	26	A	Special eye evaluation	0.69	0.36	0.29	0.36	0.29	0.02	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.98	0.84	NA	NA	0.02	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.85	0.72	NA	NA	0.01	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.13	0.12	0.13	0.12	0.01	XXX
92070		A	Fitting of contact lens	0.70	1.10	1.00	0.36	0.29	0.03	XXX
92081		A	Visual field examination(s)	0.36	1.10	1.00	NA	NA	0.03	XXX
92081	TC	A	Visual field examination(s)	0.00	0.93	0.86	NA	NA	0.01	XXX
92081	26	A	Visual field examination(s)	0.36	0.17	0.14	0.17	0.14	0.02	XXX
92082		A	Visual field examination(s)	0.44	1.52	1.38	NA	NA	0.04	XXX
92082	TC	A	Visual field examination(s)	0.00	1.30	1.20	NA	NA	0.01	XXX
92082	26	A	Visual field examination(s)	0.44	0.22	0.18	0.22	0.18	0.03	XXX
92083		A	Visual field examination(s)	0.50	1.75	1.58	NA	NA	0.03	XXX
92083	TC	A	Visual field examination(s)	0.00	1.48	1.37	NA	NA	0.01	XXX
92083	26	A	Visual field examination(s)	0.50	0.27	0.21	0.27	0.21	0.02	XXX
92100		A	Serial tonometry exam(s)	0.92	1.53	1.37	0.46	0.36	0.04	XXX
92120		A	Tonography & eye evaluation	0.81	1.19	1.07	0.40	0.32	0.04	XXX
92130		A	Water provocation tonography	0.81	1.43	1.28	0.44	0.35	0.03	XXX
92135		A	Ophth dx imaging post seg	0.35	0.93	0.85	NA	NA	0.02	XXX
92135	TC	A	Ophth dx imaging post seg	0.00	0.74	0.69	NA	NA	0.01	XXX
92135	26	A	Ophth dx imaging post seg	0.35	0.19	0.16	0.19	0.16	0.01	XXX
92136		A	Ophthalmic biometry	0.54	1.66	1.55	NA	NA	0.02	XXX
92136	TC	A	Ophthalmic biometry	0.00	1.34	1.30	NA	NA	0.01	XXX
92136	26	A	Ophthalmic biometry	0.54	0.32	0.25	0.32	0.25	0.01	XXX
92140		A	Glaucoma provocative tests	0.50	1.07	0.98	0.24	0.19	0.02	XXX
92225		A	Special eye exam, initial	0.38	0.33	0.27	0.20	0.16	0.02	XXX
92226		A	Special eye exam, subsequent	0.33	0.32	0.26	0.19	0.15	0.01	XXX
92230		A	Eye exam with photos	0.60	0.87	0.91	0.32	0.24	0.03	XXX
92235		A	Eye exam with photos	0.81	2.63	2.45	NA	NA	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92235	TC	A	Eye exam with photos	0.00	2.15	2.08	NA	NA	0.01	XXX
92235	26	A	Eye exam with photos	0.81	0.48	0.37	0.48	0.37	0.02	XXX
92240		A	Icg angiography	1.10	4.99	4.93	NA	NA	0.03	XXX
92240	TC	A	Icg angiography	0.00	4.34	4.42	NA	NA	0.01	XXX
92240	26	A	Icg angiography	1.10	0.65	0.51	0.65	0.51	0.02	XXX
92250		A	Eye exam with photos	0.44	1.49	1.41	NA	NA	0.02	XXX
92250	TC	A	Eye exam with photos	0.00	1.27	1.23	NA	NA	0.01	XXX
92250	26	A	Eye exam with photos	0.44	0.22	0.18	0.22	0.18	0.01	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.28	0.25	0.11	0.09	0.01	XXX
92265		A	Eye muscle evaluation	0.81	1.34	1.18	NA	NA	0.02	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.87	0.87	NA	NA	0.01	XXX
92265	26	A	Eye muscle evaluation	0.81	0.47	0.31	0.47	0.31	0.01	XXX
92270		A	Electro-oculography	0.81	1.47	1.44	NA	NA	0.03	XXX
92270	TC	A	Electro-oculography	0.00	1.14	1.15	NA	NA	0.01	XXX
92270	26	A	Electro-oculography	0.81	0.33	0.29	0.33	0.29	0.02	XXX
92275		A	Electroretinography	1.01	2.88	2.49	NA	NA	0.04	XXX
92275	TC	A	Electroretinography	0.00	2.30	2.04	NA	NA	0.01	XXX
92275	26	A	Electroretinography	1.01	0.58	0.45	0.58	0.45	0.03	XXX
92283		A	Color vision examination	0.17	1.14	1.02	NA	NA	0.02	XXX
92283	TC	A	Color vision examination	0.00	1.06	0.95	NA	NA	0.01	XXX
92283	26	A	Color vision examination	0.17	0.08	0.07	0.08	0.07	0.01	XXX
92284		A	Dark adaptation eye exam	0.24	1.22	1.29	NA	NA	0.02	XXX
92284	TC	A	Dark adaptation eye exam	0.00	1.12	1.21	NA	NA	0.01	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.10	0.08	0.10	0.08	0.01	XXX
92285		A	Eye photography	0.20	0.90	0.87	NA	NA	0.03	XXX
92285	TC	A	Eye photography	0.00	0.80	0.78	NA	NA	0.01	XXX
92285	26	A	Eye photography	0.20	0.10	0.09	0.10	0.09	0.02	XXX
92286		A	Internal eye photography	0.66	2.40	2.37	NA	NA	0.02	XXX
92286	TC	A	Internal eye photography	0.00	2.04	2.09	NA	NA	0.01	XXX
92286	26	A	Internal eye photography	0.66	0.36	0.28	0.36	0.28	0.01	XXX
92287		A	Internal eye photography	0.81	2.25	2.12	0.47	0.35	0.03	XXX
92310		N	Contact lens fitting	1.17	1.26	1.26	0.43	0.42	0.06	XXX
92311		A	Contact lens fitting	1.08	1.57	1.35	0.49	0.38	0.06	XXX
92312		A	Contact lens fitting	1.26	1.81	1.52	0.55	0.45	0.04	XXX
92313		A	Contact lens fitting	0.92	1.71	1.45	0.50	0.37	0.04	XXX
92314		N	Prescription of contact lens	0.69	1.28	1.25	0.25	0.25	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92315		A	Prescription of contact lens	0.45	1.46	1.27	0.19	0.15	0.03	XXX
92316		A	Prescription of contact lens	0.68	1.96	1.59	0.40	0.29	0.03	XXX
92317		A	Prescription of contact lens	0.45	2.17	1.49	0.07	0.12	0.01	XXX
92325		A	Modification of contact lens	0.00	0.93	0.78	NA	NA	0.01	XXX
92326		A	Replacement of contact lens	0.00	0.80	0.93	NA	NA	0.01	XXX
92340		N	Fitting of spectacles	0.37	0.51	0.56	0.14	0.13	0.02	XXX
92341		N	Fitting of spectacles	0.47	0.55	0.60	0.17	0.17	0.02	XXX
92342		N	Fitting of spectacles	0.53	0.57	0.62	0.19	0.19	0.03	XXX
92352		B	Special spectacles fitting	0.37	0.64	0.66	0.14	0.13	0.02	XXX
92353		B	Special spectacles fitting	0.50	0.68	0.71	0.18	0.18	0.02	XXX
92354		B	Special spectacles fitting	0.00	0.30	1.95	NA	NA	0.01	XXX
92355		B	Special spectacles fitting	0.00	0.47	1.23	NA	NA	0.01	XXX
92358		B	Eye prosthesis service	0.00	0.25	0.40	NA	NA	0.01	XXX
92370		N	Repair & adjust spectacles	0.32	0.45	0.48	0.12	0.11	0.02	XXX
92371		B	Repair & adjust spectacles	0.00	0.26	0.34	NA	NA	0.01	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.13	1.03	0.05	000
92504		A	Ear microscopy examination	0.18	0.62	0.59	0.09	0.08	0.01	XXX
92506		A	Speech/hearing evaluation	0.86	3.67	3.36	0.39	0.34	0.04	XXX
92507		A	Speech/hearing therapy	0.52	1.36	1.23	0.21	0.19	0.02	XXX
92508		A	Speech/hearing therapy	0.26	0.75	0.60	0.12	0.11	0.01	XXX
92511		A	Nasopharyngoscopy	0.84	3.22	3.21	0.79	0.73	0.03	000
92512		A	Nasal function studies	0.55	1.03	1.04	0.26	0.21	0.02	XXX
92516		A	Facial nerve function test	0.43	1.28	1.24	0.20	0.18	0.02	XXX
92520		A	Laryngeal function studies	0.75	1.09	0.91	0.37	0.31	0.03	XXX
92526		A	Oral function therapy	1.34	0.65	1.38	0.52	0.27	0.05	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92540		A	Basic vestibular evaluation	1.50	1.09	1.09	NA	NA	0.04	XXX
92540	TC	A	Basic vestibular evaluation	0.00	0.45	0.45	NA	NA	0.01	XXX
92540	26	A	Basic vestibular evaluation	1.50	0.64	0.64	0.64	0.64	0.03	XXX
92541		A	Spontaneous nystagmus test	0.40	0.38	0.96	NA	NA	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92541	TC	A	Spontaneous nystagmus test	0.00	0.21	0.81	NA	NA	0.01	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.17	0.15	0.17	0.15	0.01	XXX
92542		A	Positional nystagmus test	0.33	0.34	1.06	NA	NA	0.02	XXX
92542	TC	A	Positional nystagmus test	0.00	0.20	0.93	NA	NA	0.01	XXX
92542	26	A	Positional nystagmus test	0.33	0.14	0.13	0.14	0.13	0.01	XXX
92543		A	Caloric vestibular test	0.10	0.25	0.55	NA	NA	0.02	XXX
92543	TC	A	Caloric vestibular test	0.00	0.21	0.51	NA	NA	0.01	XXX
92543	26	A	Caloric vestibular test	0.10	0.04	0.04	0.04	0.04	0.01	XXX
92544		A	Optokinetic nystagmus test	0.26	0.31	0.87	NA	NA	0.02	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.77	NA	NA	0.01	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.11	0.10	0.11	0.10	0.01	XXX
92545		A	Oscillating tracking test	0.23	0.30	0.82	NA	NA	0.02	XXX
92545	TC	A	Oscillating tracking test	0.00	0.20	0.73	NA	NA	0.01	XXX
92545	26	A	Oscillating tracking test	0.23	0.10	0.09	0.10	0.09	0.01	XXX
92546		A	Sinusoidal rotational test	0.29	2.17	2.00	NA	NA	0.02	XXX
92546	TC	A	Sinusoidal rotational test	0.00	2.05	1.89	NA	NA	0.01	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.12	0.11	0.12	0.11	0.01	XXX
92547		A	Supplemental electrical test	0.00	0.12	0.11	0.12	0.11	0.01	ZZZ
92548		A	Posturography	0.50	2.19	2.00	NA	NA	0.02	XXX
92548	TC	A	Posturography	0.00	1.98	1.81	NA	NA	0.01	XXX
92548	26	A	Posturography	0.50	0.21	0.19	0.21	0.19	0.01	XXX
92550		A	Tympanometry & reflex thresh	0.35	0.21	0.21	NA	NA	0.01	XXX
92551		N	Pure tone hearing test, air	0.00	0.26	0.28	NA	NA	0.01	XXX
92552		A	Pure tone audiometry, air	0.00	0.66	0.59	NA	NA	0.01	XXX
92553		A	Audiometry, air & bone	0.00	0.80	0.76	NA	NA	0.01	XXX
92555		A	Speech threshold audiometry	0.00	0.46	0.42	NA	NA	0.01	XXX
92556		A	Speech audiometry, complete	0.00	0.71	0.65	NA	NA	0.01	XXX
92557		A	Comprehensive hearing test	0.60	0.39	0.50	0.28	0.42	0.02	XXX
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	0.85	0.76	NA	NA	0.01	XXX
92562		A	Loudness balance test	0.00	0.95	0.68	NA	NA	0.01	XXX
92563		A	Tone decay hearing test	0.00	0.67	0.57	NA	NA	0.01	XXX
92564		A	Sisi hearing test	0.00	0.61	0.53	NA	NA	0.01	XXX
92565		A	Stenger test, pure tone	0.00	0.31	0.32	NA	NA	0.01	XXX
92567		A	Tympanometry	0.20	0.17	0.22	0.09	0.16	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92568		A	Acoustic refl threshold tst	0.29	0.14	0.16	0.13	0.16	0.01	XXX
92570		A	Acoustic immittance testing	0.55	0.30	0.30	0.25	0.25	0.02	XXX
92571		A	Filtered speech hearing test	0.00	0.51	0.44	NA	NA	0.01	XXX
92572		A	Staggered spondaic word test	0.00	1.07	0.62	NA	NA	0.01	XXX
92575		A	Sensorineural acuity test	0.00	1.36	1.05	NA	NA	0.01	XXX
92576		A	Synthetic sentence test	0.00	0.74	0.59	NA	NA	0.01	XXX
92577		A	Stenger test, speech	0.00	0.35	0.40	NA	NA	0.01	XXX
92579		A	Visual audiometry (vra)	0.70	0.50	0.47	0.34	0.37	0.02	XXX
92582		A	Conditioning play audiometry	0.00	1.35	1.15	NA	NA	0.01	XXX
92583		A	Select picture audiometry	0.00	0.98	0.88	NA	NA	0.01	XXX
92584		A	Electrocochleography	0.00	1.50	1.64	NA	NA	0.01	XXX
92585		A	Auditor evoke potent, compre	0.50	2.46	2.21	NA	NA	0.02	XXX
92585	TC	A	Auditor evoke potent, compre	0.00	2.24	2.02	NA	NA	0.01	XXX
92585	26	A	Auditor evoke potent, compre	0.50	0.22	0.19	0.22	0.19	0.01	XXX
92586		A	Auditor evoke potent, limit	0.00	1.77	1.64	NA	NA	0.01	XXX
92587		A	Evoked auditory test	0.13	0.73	0.81	NA	NA	0.02	XXX
92587	TC	A	Evoked auditory test	0.00	0.67	0.76	NA	NA	0.01	XXX
92587	26	A	Evoked auditory test	0.13	0.06	0.05	0.06	0.05	0.01	XXX
92588		A	Evoked auditory test	0.36	1.30	1.27	NA	NA	0.02	XXX
92588	TC	A	Evoked auditory test	0.00	1.14	1.13	NA	NA	0.01	XXX
92588	26	A	Evoked auditory test	0.36	0.16	0.14	0.16	0.14	0.01	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearng aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearng aid tst, both	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	1.38	1.03	NA	NA	0.01	XXX
92597		A	Oral speech device eval	1.26	0.67	1.61	0.61	0.41	0.05	XXX
92601		A	Cochlear implt f/up exam < 7	2.30	1.51	1.78	1.02	1.39	0.08	XXX
92602		A	Reprogram cochlear implt < 7	1.30	1.20	1.27	0.55	0.86	0.05	XXX
92603		A	Cochlear implt f/up exam 7 >	2.25	1.54	1.51	1.04	1.13	0.08	XXX
92604		A	Reprogram cochlear implt 7 >	1.25	0.99	0.97	0.58	0.66	0.04	XXX
92605		B	Eval for nonspeech device rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92606		B	Non-speech device service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92607		A	Ex for speech device rx, 1hr	0.00	4.67	4.32	NA	NA	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92608		A	Ex for speech device rx addl	0.00	1.17	0.88	NA	NA	0.01	XXX
92609		A	Use of speech device service	0.00	2.68	2.34	NA	NA	0.03	XXX
92610		A	Evaluate swallowing function	1.30	0.79	1.79	0.57	0.57	0.05	XXX
92611		A	Motion fluoroscopy/swallow	1.34	0.97	1.97	NA	NA	0.06	XXX
92612		A	Endoscopy swallow tst (fees)	1.27	3.12	2.99	0.61	0.53	0.05	XXX
92613		A	Endoscopy swallow tst (fees)	0.71	0.33	0.31	0.33	0.30	0.03	XXX
92614		A	Laryngoscopic sensory test	1.27	2.67	2.53	0.63	0.54	0.05	XXX
92615		A	Eval laryngoscopy sense tst	0.63	0.30	0.28	0.30	0.27	0.02	XXX
92616		A	Fees w/laryngeal sense test	1.88	3.35	3.29	0.86	0.77	0.07	XXX
92617		A	Interprt fees/laryngeal test	0.79	0.36	0.33	0.36	0.33	0.03	XXX
92620		A	Auditory function, 60 min	1.50	0.97	0.58	0.74	0.52	0.05	XXX
92621		A	Auditory function, + 15 min	0.35	0.23	0.13	0.15	0.11	0.01	ZZZ
92625		A	Tinnitus assessment	1.15	0.69	0.47	0.52	0.43	0.04	XXX
92626		A	Eval aud rehab status	1.40	0.91	0.79	0.62	0.71	0.05	XXX
92627		A	Eval aud status rehab add-on	0.33	0.24	0.20	0.15	0.18	0.01	ZZZ
92630		I	Aud rehab pre-ling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92633		I	Aud rehab postling hear loss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92640		A	Aud brainstem implt programg	1.76	0.97	0.44	0.65	0.36	0.27	XXX
92700		C	Ent procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.79	3.47	3.48	0.88	0.86	0.22	000
92953		A	Temporary external pacing	0.23	NA	NA	0.06	0.08	0.01	000
92960		A	Cardioversion electric, ext	2.25	3.08	4.40	0.95	1.29	0.10	000
92961		A	Cardioversion, electric, int	4.59	NA	NA	1.73	2.26	0.32	000
92970		A	Cardioassist, internal	3.51	NA	NA	1.10	1.32	0.18	000
92971		A	Cardioassist, external	1.77	NA	NA	0.69	0.97	0.08	000
92973		A	Percut coronary thrombectomy	3.28	NA	NA	1.07	1.53	0.52	ZZZ
92974		A	Cath place, cardio brachytx	3.00	NA	NA	0.98	1.41	0.48	ZZZ
92975		A	Dissolve clot, heart vessel	7.24	NA	NA	2.41	3.35	1.16	000
92977		A	Dissolve clot, heart vessel	0.00	1.22	2.79	NA	NA	0.02	XXX
92978		C	Intravasc us, heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92978	TC	C	Intravasc us, heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92978	26	A	Intravasc us, heart add-on	1.80	0.59	0.83	0.59	0.83	0.09	ZZZ
92979		C	Intravasc us, heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92979	TC	C	Intravasc us, heart add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
92979	26	A	Intravasc us, heart add-on	1.44	0.47	0.67	0.47	0.67	0.07	ZZZ
92980		A	Insert intracoronary stent	14.82	NA	NA	5.00	7.10	2.38	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
92981		A	Insert intracoronary stent	4.16	NA	NA	1.36	1.94	0.66	ZZZ
92982		A	Coronary artery dilation	10.96	NA	NA	3.74	5.30	1.75	000
92984		A	Coronary artery dilation	2.97	NA	NA	0.97	1.38	0.47	ZZZ
92986		A	Revision of aortic valve	22.85	NA	NA	9.85	13.43	3.66	090
92987		A	Revision of mitral valve	23.63	NA	NA	10.11	13.88	3.78	090
92990		A	Revision of pulmonary valve	18.27	NA	NA	8.19	10.76	2.93	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.07	NA	NA	4.10	5.84	1.93	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.06	1.52	0.52	ZZZ
92997		A	Pul art balloon repr, percut	11.98	NA	NA	4.04	5.02	1.92	000
92998		A	Pul art balloon repr, percut	5.99	NA	NA	1.94	2.62	0.96	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.27	0.36	NA	NA	0.02	XXX
93005		A	Electrocardiogram, tracing	0.00	0.21	0.29	NA	NA	0.01	XXX
93010		A	Electrocardiogram report	0.17	0.06	0.07	0.06	0.07	0.01	XXX
93012		A	Transmission of ecg	0.00	3.50	4.59	NA	NA	0.01	XXX
93014		A	Report on transmitted ecg	0.52	0.18	0.22	0.18	0.22	0.02	XXX
93015		A	Cardiovascular stress test	0.75	1.34	1.78	NA	NA	0.03	XXX
93016		A	Cardiovascular stress test	0.45	0.15	0.20	0.15	0.20	0.01	XXX
93017		A	Cardiovascular stress test	0.00	1.09	1.45	NA	NA	0.01	XXX
93018		A	Cardiovascular stress test	0.30	0.10	0.13	0.10	0.13	0.01	XXX
93024		A	Cardiac drug stress test	1.17	1.66	2.01	NA	NA	0.04	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.26	1.50	NA	NA	0.01	XXX
93024	26	A	Cardiac drug stress test	1.17	0.40	0.51	0.40	0.51	0.03	XXX
93025		A	Microvolt t-wave assess	0.75	3.12	4.61	NA	NA	0.03	XXX
93025	TC	A	Microvolt t-wave assess	0.00	2.87	4.27	NA	NA	0.01	XXX
93025	26	A	Microvolt t-wave assess	0.75	0.25	0.34	0.25	0.34	0.02	XXX
93040		A	Rhythm ECG with report	0.16	0.16	0.19	NA	NA	0.02	XXX
93041		A	Rhythm ECG, tracing	0.00	0.12	0.14	NA	NA	0.01	XXX
93042		A	Rhythm ECG, report	0.16	0.04	0.05	0.04	0.05	0.01	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	1.67	2.37	NA	NA	0.03	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	0.61	0.85	NA	NA	0.01	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	0.86	1.28	NA	NA	0.01	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.20	0.24	0.20	0.24	0.01	XXX
93228		A	Remote 30 day ecg rev/report	0.52	0.19	0.18	0.19	0.18	0.02	XXX
93229		C	Remote 30 day ecg tech supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93230		A	ECG monitor/report, 24 hrs	0.52	1.71	2.42	NA	NA	0.03	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	0.53	0.81	NA	NA	0.01	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	1.00	1.40	NA	NA	0.01	XXX
93233		A	ECG monitor/review, 24 hrs	0.52	0.18	0.21	0.18	0.21	0.01	XXX
93235		C	ECG monitor/report, 24 hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93236		C	ECG monitor/report, 24 hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.15	0.20	0.15	0.20	0.02	XXX
93268		A	ECG record/review	0.52	4.83	6.22	NA	NA	0.03	XXX
93270		A	ECG recording	0.00	0.21	0.45	NA	NA	0.01	XXX
93271		A	Ecg/monitoring and analysis	0.00	4.45	5.56	NA	NA	0.01	XXX
93272		A	Ecg/review, interpret only	0.52	0.17	0.21	0.17	0.21	0.01	XXX
93278		A	ECG/signal-averaged	0.25	0.51	0.71	NA	NA	0.02	XXX
93278	TC	A	ECG/signal-averaged	0.00	0.42	0.61	NA	NA	0.01	XXX
93278	26	A	ECG/signal-averaged	0.25	0.09	0.10	0.09	0.10	0.01	XXX
93279		A	Pm device progr eval, sngl	0.65	0.59	0.80	NA	NA	0.03	XXX
93279	TC	A	Pm device progr eval, sngl	0.00	0.38	0.49	NA	NA	0.01	XXX
93279	26	A	Pm device progr eval, sngl	0.65	0.21	0.31	0.21	0.31	0.02	XXX
93280		A	Pm device progr eval, dual	0.77	0.68	0.95	NA	NA	0.03	XXX
93280	TC	A	Pm device progr eval, dual	0.00	0.43	0.57	NA	NA	0.01	XXX
93280	26	A	Pm device progr eval, dual	0.77	0.25	0.38	0.25	0.38	0.02	XXX
93281		A	Pm device progr eval, multi	0.90	0.80	1.10	NA	NA	0.03	XXX
93281	TC	A	Pm device progr eval, multi	0.00	0.50	0.66	NA	NA	0.01	XXX
93281	26	A	Pm device progr eval, multi	0.90	0.30	0.44	0.30	0.44	0.02	XXX
93282		A	Icd device prog eval, 1 sngl	0.85	0.72	0.99	NA	NA	0.03	XXX
93282	TC	A	Icd device prog eval, 1 sngl	0.00	0.44	0.59	NA	NA	0.01	XXX
93282	26	A	Icd device prog eval, 1 sngl	0.85	0.28	0.40	0.28	0.40	0.02	XXX
93283		A	Icd device progr eval, dual	1.15	0.89	1.20	NA	NA	0.04	XXX
93283	TC	A	Icd device progr eval, dual	0.00	0.51	0.68	NA	NA	0.01	XXX
93283	26	A	Icd device progr eval, dual	1.15	0.38	0.52	0.38	0.52	0.03	XXX
93284		A	Icd device progr eval, mult	1.25	0.99	1.38	NA	NA	0.04	XXX
93284	TC	A	Icd device progr eval, mult	0.00	0.58	0.77	NA	NA	0.01	XXX
93284	26	A	Icd device progr eval, mult	1.25	0.41	0.61	0.41	0.61	0.03	XXX
93285		A	Ilr device eval progr	0.52	0.51	0.71	NA	NA	0.02	XXX
93285	TC	A	Ilr device eval progr	0.00	0.34	0.45	NA	NA	0.01	XXX
93285	26	A	Ilr device eval progr	0.52	0.17	0.26	0.17	0.26	0.01	XXX
93286		A	Pre-op pm device eval	0.30	0.42	0.42	NA	NA	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93286	TC	A	Pre-op pm device eval	0.00	0.31	0.32	NA	NA	0.01	XXX
93286	26	A	Pre-op pm device eval	0.30	0.11	0.10	0.11	0.10	0.01	XXX
93287		A	Pre-op icd device eval	0.45	0.50	0.51	NA	NA	0.02	XXX
93287	TC	A	Pre-op icd device eval	0.00	0.34	0.35	NA	NA	0.01	XXX
93287	26	A	Pre-op icd device eval	0.45	0.16	0.16	0.16	0.16	0.01	XXX
93288		A	Pm device eval in person	0.43	0.49	0.67	NA	NA	0.02	XXX
93288	TC	A	Pm device eval in person	0.00	0.35	0.46	NA	NA	0.01	XXX
93288	26	A	Pm device eval in person	0.43	0.14	0.21	0.14	0.21	0.01	XXX
93289		A	Icd device interrogate	0.92	0.73	0.95	NA	NA	0.03	XXX
93289	TC	A	Icd device interrogate	0.00	0.43	0.56	NA	NA	0.01	XXX
93289	26	A	Icd device interrogate	0.92	0.30	0.39	0.30	0.39	0.02	XXX
93290		A	Icm device eval	0.43	0.41	0.41	NA	NA	0.02	XXX
93290	TC	A	Icm device eval	0.00	0.25	0.26	NA	NA	0.01	XXX
93290	26	A	Icm device eval	0.43	0.16	0.15	0.16	0.15	0.01	XXX
93291		A	Ilr device interrogate	0.43	0.46	0.63	NA	NA	0.02	XXX
93291	TC	A	Ilr device interrogate	0.00	0.32	0.42	NA	NA	0.01	XXX
93291	26	A	Ilr device interrogate	0.43	0.14	0.21	0.14	0.21	0.01	XXX
93292		A	Wcd device interrogate	0.43	0.38	0.52	NA	NA	0.02	XXX
93292	TC	A	Wcd device interrogate	0.00	0.24	0.31	NA	NA	0.01	XXX
93292	26	A	Wcd device interrogate	0.43	0.14	0.21	0.14	0.21	0.01	XXX
93293		A	Pm phone r-strip device eval	0.32	0.98	1.17	NA	NA	0.02	XXX
93293	TC	A	Pm phone r-strip device eval	0.00	0.88	1.04	NA	NA	0.01	XXX
93293	26	A	Pm phone r-strip device eval	0.32	0.10	0.13	0.10	0.13	0.01	XXX
93294		A	Pm device interrogate remote	0.65	0.21	0.31	0.21	0.31	0.03	XXX
93295		A	Icd device interrogat remote	1.29	0.43	0.59	0.43	0.59	0.06	XXX
93296		A	Pm/icd remote tech serv	0.00	0.69	0.94	NA	NA	0.01	XXX
93297		A	Icm device interrogat remote	0.52	0.19	0.18	0.19	0.18	0.02	XXX
93298		A	Ilr device interrogat remote	0.52	0.17	0.26	0.17	0.26	0.02	XXX
93299		C	Icm/ilr remote tech serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93303		A	Echo transthoracic	1.30	3.51	4.30	NA	NA	0.04	XXX
93303	TC	A	Echo transthoracic	0.00	3.08	3.76	NA	NA	0.01	XXX
93303	26	A	Echo transthoracic	1.30	0.43	0.54	0.43	0.54	0.03	XXX
93304		A	Echo transthoracic	0.75	2.45	2.78	NA	NA	0.03	XXX
93304	TC	A	Echo transthoracic	0.00	2.20	2.48	NA	NA	0.01	XXX
93304	26	A	Echo transthoracic	0.75	0.25	0.30	0.25	0.30	0.02	XXX
93306		A	Tte w/doppler, complete	1.30	3.42	5.24	NA	NA	0.04	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93306	TC	A	Tte w/doppler, complete	0.00	2.99	4.64	NA	NA	0.01	XXX
93306	26	A	Tte w/doppler, complete	1.30	0.43	0.60	0.43	0.60	0.03	XXX
93307		A	Tte w/o doppler, complete	0.92	1.85	3.31	NA	NA	0.03	XXX
93307	TC	A	Tte w/o doppler, complete	0.00	1.54	2.90	NA	NA	0.01	XXX
93307	26	A	Tte w/o doppler, complete	0.92	0.31	0.41	0.31	0.41	0.02	XXX
93308		A	Tte, f-up or lmtd	0.53	1.83	2.31	NA	NA	0.02	XXX
93308	TC	A	Tte, f-up or lmtd	0.00	1.66	2.07	NA	NA	0.01	XXX
93308	26	A	Tte, f-up or lmtd	0.53	0.17	0.24	0.17	0.24	0.01	XXX
93312		A	Echo transesophageal	2.20	5.52	6.32	NA	NA	0.07	XXX
93312	TC	A	Echo transesophageal	0.00	4.87	5.44	NA	NA	0.02	XXX
93312	26	A	Echo transesophageal	2.20	0.65	0.88	0.65	0.88	0.05	XXX
93313		A	Echo transesophageal	0.95	NA	NA	0.17	0.15	0.05	XXX
93314		A	Echo transesophageal	1.25	5.61	6.13	NA	NA	0.05	XXX
93314	TC	A	Echo transesophageal	0.00	5.22	5.63	NA	NA	0.02	XXX
93314	26	A	Echo transesophageal	1.25	0.39	0.50	0.39	0.50	0.03	XXX
93315		C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93315	TC	C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93315	26	A	Echo transesophageal	2.78	0.87	1.17	0.87	1.17	0.17	XXX
93316		A	Echo transesophageal	0.95	NA	NA	0.21	0.25	0.05	XXX
93317		C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93317	TC	C	Echo transesophageal	0.00	0.00	0.00	NA	NA	0.00	XXX
93317	26	A	Echo transesophageal	1.83	0.54	0.63	0.54	0.63	0.17	XXX
93318		C	Echo transesophageal intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
93318	TC	C	Echo transesophageal intraop	0.00	0.00	0.00	NA	NA	0.00	XXX
93318	26	A	Echo transesophageal intraop	2.20	0.67	0.77	0.67	0.77	0.23	XXX
93320		A	Doppler echo exam, heart	0.38	0.75	1.46	NA	NA	0.02	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	0.62	1.29	NA	NA	0.01	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.13	0.17	0.13	0.17	0.01	ZZZ
93321		A	Doppler echo exam, heart	0.15	0.43	0.67	NA	NA	0.02	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	0.38	0.60	NA	NA	0.01	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.05	0.07	0.05	0.07	0.01	ZZZ
93325		A	Doppler color flow add-on	0.07	0.40	1.02	NA	NA	0.02	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	0.38	0.99	NA	NA	0.01	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.02	0.03	0.02	0.03	0.01	ZZZ
93350		A	Stress tte only	1.46	3.55	4.12	NA	NA	0.05	XXX
93350	TC	A	Stress tte only	0.00	3.07	3.45	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93350	26	A	Stress tte only	1.46	0.48	0.67	0.48	0.67	0.04	XXX
93351		A	Stress tte complete	1.75	4.04	4.89	NA	NA	0.06	XXX
93351	TC	A	Stress tte complete	0.00	3.46	4.04	NA	NA	0.02	XXX
93351	26	A	Stress tte complete	1.75	0.58	0.85	0.58	0.85	0.04	XXX
93352		A	Admin ecg contrast agent	0.19	0.61	0.79	NA	NA	0.01	ZZZ
93501		A	Right heart catheterization	3.02	13.34	17.09	NA	NA	0.42	000
93501	TC	A	Right heart catheterization	0.00	12.35	15.71	NA	NA	0.01	000
93501	26	A	Right heart catheterization	3.02	0.99	1.38	0.99	1.38	0.41	000
93503		A	Insert/place heart catheter	2.91	NA	NA	0.77	0.77	0.20	000
93505		A	Biopsy of heart lining	4.37	14.84	15.84	NA	NA	0.63	000
93505	TC	A	Biopsy of heart lining	0.00	13.40	13.85	NA	NA	0.02	000
93505	26	A	Biopsy of heart lining	4.37	1.44	1.99	1.44	1.99	0.61	000
93508		A	Cath placement, angiography	4.09	20.39	23.74	NA	NA	0.57	000
93508	TC	A	Cath placement, angiography	0.00	19.05	21.75	NA	NA	0.02	000
93508	26	A	Cath placement, angiography	4.09	1.34	1.99	1.34	1.99	0.55	000
93510		A	Left heart catheterization	4.32	19.90	27.92	NA	NA	0.61	000
93510	TC	A	Left heart catheterization	0.00	18.49	25.83	NA	NA	0.02	000
93510	26	A	Left heart catheterization	4.32	1.41	2.09	1.41	2.09	0.59	000
93511		C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93511	TC	C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93511	26	A	Left heart catheterization	5.02	1.64	2.42	1.64	2.42	0.81	000
93514		C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93514	TC	C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93514	26	A	Left heart catheterization	7.04	2.30	3.23	2.30	3.23	1.13	000
93524		C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93524	TC	C	Left heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93524	26	A	Left heart catheterization	6.94	2.28	3.33	2.28	3.33	1.11	000
93526		A	Rt & Lt heart catheters	5.98	24.77	35.23	NA	NA	0.85	000
93526	TC	A	Rt & Lt heart catheters	0.00	22.82	32.37	NA	NA	0.02	000
93526	26	A	Rt & Lt heart catheters	5.98	1.95	2.86	1.95	2.86	0.83	000
93527		C	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	0.00	000
93527	TC	C	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	0.00	000
93527	26	A	Rt & Lt heart catheters	7.27	2.37	3.45	2.37	3.45	1.16	000
93528		C	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	0.00	000
93528	TC	C	Rt & Lt heart catheters	0.00	NA	NA	NA	NA	0.00	000
93528	26	A	Rt & Lt heart catheters	8.99	3.03	3.87	3.03	3.87	1.43	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93529		C	Rt, lt heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93529	TC	C	Rt, lt heart catheterization	0.00	NA	NA	NA	NA	0.00	000
93529	26	A	Rt, lt heart catheterization	4.79	1.60	2.32	1.60	2.32	0.77	000
93530		C	Rt heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93530	TC	C	Rt heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93530	26	A	Rt heart cath, congenital	4.22	1.40	1.87	1.40	1.87	0.67	000
93531		C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93531	TC	C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93531	26	A	R & l heart cath, congenital	8.34	2.74	3.60	2.74	3.60	1.34	000
93532		C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93532	TC	C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93532	26	A	R & l heart cath, congenital	9.99	3.27	4.19	3.27	4.19	1.60	000
93533		C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93533	TC	C	R & l heart cath, congenital	0.00	NA	NA	NA	NA	0.00	000
93533	26	A	R & l heart cath, congenital	6.69	2.17	2.83	2.17	2.83	1.08	000
93539		A	Injection, cardiac cath	0.40	1.75	1.82	0.13	0.19	0.02	000
93540		A	Injection, cardiac cath	0.43	6.15	6.26	0.14	0.20	0.02	000
93541		A	Injection for lung angiogram	0.29	0.09	0.13	0.09	0.13	0.01	000
93542		A	Injection for heart x-rays	0.29	3.75	3.78	0.10	0.13	0.01	000
93543		A	Injection for heart x-rays	0.29	1.86	1.92	0.09	0.13	0.01	000
93544		A	Injection for aortography	0.25	1.31	1.35	0.08	0.12	0.01	000
93545		A	Inject for coronary x-rays	0.40	4.19	4.27	0.13	0.19	0.02	000
93555		A	Imaging, cardiac cath	0.81	0.37	1.68	NA	NA	0.03	XXX
93555	TC	A	Imaging, cardiac cath	0.00	0.11	1.31	NA	NA	0.01	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.26	0.37	0.26	0.37	0.02	XXX
93556		A	Imaging, cardiac cath	0.83	0.55	2.58	NA	NA	0.03	XXX
93556	TC	A	Imaging, cardiac cath	0.00	0.28	2.20	NA	NA	0.01	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.27	0.38	0.27	0.38	0.02	XXX
93561		C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93561	TC	C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93561	26	A	Cardiac output measurement	0.50	0.16	0.15	0.16	0.15	0.03	000
93562		C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93562	TC	C	Cardiac output measurement	0.00	NA	NA	NA	NA	0.00	000
93562	26	A	Cardiac output measurement	0.16	0.04	0.04	0.04	0.04	0.01	000
93571		C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93571	TC	C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93571	26	A	Heart flow reserve measure	1.80	0.59	0.83	0.59	0.83	0.08	ZZZ
93572		C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93572	TC	C	Heart flow reserve measure	0.00	NA	NA	NA	NA	0.00	ZZZ
93572	26	A	Heart flow reserve measure	1.44	0.47	0.64	0.47	0.64	0.08	ZZZ
93580		A	Transcath closure of asd	17.97	NA	NA	6.20	8.45	2.88	000
93581		A	Transcath closure of vsd	24.39	NA	NA	8.23	10.38	3.91	000
93600		C	Bundle of His recording	0.00	0.00	0.00	NA	NA	0.00	000
93600	TC	C	Bundle of His recording	0.00	0.00	0.00	NA	NA	0.00	000
93600	26	A	Bundle of His recording	2.12	0.70	0.96	0.70	0.96	0.33	000
93602		C	Intra-atrial recording	0.00	0.00	0.00	NA	NA	0.00	000
93602	TC	C	Intra-atrial recording	0.00	0.00	0.00	NA	NA	0.00	000
93602	26	A	Intra-atrial recording	2.12	0.69	0.94	0.69	0.94	0.33	000
93603		C	Right ventricular recording	0.00	0.00	0.00	NA	NA	0.00	000
93603	TC	C	Right ventricular recording	0.00	0.00	0.00	NA	NA	0.00	000
93603	26	A	Right ventricular recording	2.12	0.69	0.94	0.69	0.94	0.33	000
93609		C	Map tachycardia, add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93609	TC	C	Map tachycardia, add-on	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93609	26	A	Map tachycardia, add-on	4.99	1.64	2.29	1.64	2.29	0.80	ZZZ
93610		C	Intra-atrial pacing	0.00	0.00	0.00	NA	NA	0.00	000
93610	TC	C	Intra-atrial pacing	0.00	0.00	0.00	NA	NA	0.00	000
93610	26	A	Intra-atrial pacing	3.02	0.98	1.34	0.98	1.34	0.48	000
93612		C	Intraventricular pacing	0.00	0.00	0.00	NA	NA	0.00	000
93612	TC	C	Intraventricular pacing	0.00	0.00	0.00	NA	NA	0.00	000
93612	26	A	Intraventricular pacing	3.02	0.97	1.31	0.97	1.31	0.48	000
93613		A	Electrophys map 3d, add-on	6.99	NA	NA	2.29	3.23	1.12	ZZZ
93615		C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93615	TC	C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93615	26	A	Esophageal recording	0.99	0.32	0.44	0.32	0.44	0.04	000
93616		C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93616	TC	C	Esophageal recording	0.00	0.00	0.00	NA	NA	0.00	000
93616	26	A	Esophageal recording	1.49	0.24	0.33	0.24	0.33	0.08	000
93618		C	Heart rhythm pacing	0.00	0.00	0.00	NA	NA	0.00	000
93618	TC	C	Heart rhythm pacing	0.00	0.00	0.00	NA	NA	0.00	000
93618	26	A	Heart rhythm pacing	4.25	1.38	1.99	1.38	1.99	0.67	000
93619		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93619	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93619	26	A	Electrophysiology evaluation	7.31	2.39	3.46	2.39	3.46	1.17	000
93620		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93620	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93620	26	A	Electrophysiology evaluation	11.57	3.80	5.39	3.80	5.39	1.85	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93621	26	A	Electrophysiology evaluation	2.10	0.69	0.97	0.69	0.97	0.33	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93622	26	A	Electrophysiology evaluation	3.10	1.01	1.39	1.01	1.39	0.49	ZZZ
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	0.93	1.31	0.93	1.31	0.46	ZZZ
93624		C	Electrophysiologic study	0.00	0.00	0.00	NA	NA	0.00	000
93624	TC	C	Electrophysiologic study	0.00	0.00	0.00	NA	NA	0.00	000
93624	26	A	Electrophysiologic study	4.80	1.56	2.28	1.56	2.28	0.77	000
93631		C	Heart pacing, mapping	0.00	0.00	0.00	NA	NA	0.00	000
93631	TC	C	Heart pacing, mapping	0.00	0.00	0.00	NA	NA	0.00	000
93631	26	A	Heart pacing, mapping	7.59	2.38	2.70	2.38	2.70	1.33	000
93640		C	Evaluation heart device	0.00	0.00	0.00	NA	NA	0.00	000
93640	TC	C	Evaluation heart device	0.00	0.00	0.00	NA	NA	0.00	000
93640	26	A	Evaluation heart device	3.51	1.16	1.60	1.16	1.60	0.56	000
93641		C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93641	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	NA	NA	0.00	000
93641	26	A	Electrophysiology evaluation	5.92	1.94	2.72	1.94	2.72	0.95	000
93642		A	Electrophysiology evaluation	4.88	4.83	7.06	NA	NA	0.15	000
93642	TC	A	Electrophysiology evaluation	0.00	3.22	4.74	NA	NA	0.02	000
93642	26	A	Electrophysiology evaluation	4.88	1.61	2.32	1.61	2.32	0.13	000
93650		A	Ablate heart dysrhythm focus	10.49	NA	NA	3.67	5.09	1.67	000
93651		A	Ablate heart dysrhythm focus	16.23	NA	NA	5.32	7.46	2.60	000
93652		A	Ablate heart dysrhythm focus	17.65	NA	NA	5.81	8.13	2.83	000
93660		A	Tilt table evaluation	1.89	2.00	2.63	NA	NA	0.06	000
93660	TC	A	Tilt table evaluation	0.00	1.37	1.76	NA	NA	0.01	000
93660	26	A	Tilt table evaluation	1.89	0.63	0.87	0.63	0.87	0.05	000
93662		C	Intracardiac ecg (ice)	0.00	0.00	0.00	NA	NA	0.00	ZZZ
93662	TC	C	Intracardiac ecg (ice)	0.00	0.00	0.00	NA	NA	0.00	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93662	26	A	Intracardiac ecg (ice)	2.80	0.91	1.28	0.91	1.28	0.15	ZZZ
93668		N	Peripheral vascular rehab	0.00	0.43	0.46	NA	NA	0.01	XXX
93701		A	Bioimpedance, cv analysis	0.00	0.55	0.71	NA	NA	0.01	XXX
93720		A	Total body plethysmography	0.17	0.99	1.04	NA	NA	0.02	XXX
93721		A	Plethysmography tracing	0.00	0.94	0.99	NA	NA	0.01	XXX
93722		A	Plethysmography report	0.17	0.05	0.05	0.05	0.05	0.01	XXX
93724		A	Analyze pacemaker system	4.88	2.24	3.63	NA	NA	0.14	000
93724	TC	A	Analyze pacemaker system	0.00	0.61	1.40	NA	NA	0.01	000
93724	26	A	Analyze pacemaker system	4.88	1.63	2.23	1.63	2.23	0.13	000
93740		B	Temperature gradient studies	0.16	NA	NA	NA	NA	0.02	XXX
93740	TC	B	Temperature gradient studies	0.00	NA	NA	NA	NA	0.01	XXX
93740	26	B	Temperature gradient studies	0.16	0.06	0.05	0.06	0.05	0.01	XXX
93745		C	Set-up cardiovert-defibrill	0.00	0.00	0.00	NA	NA	0.00	XXX
93745	TC	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	NA	NA	0.00	XXX
93745	26	C	Set-up cardiovert-defibrill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93750		A	Interrogation vad, in person	0.92	0.47	0.47	0.30	0.30	0.04	XXX
93770		B	Measure venous pressure	0.16	NA	NA	NA	NA	0.02	XXX
93770	TC	B	Measure venous pressure	0.00	NA	NA	NA	NA	0.01	XXX
93770	26	B	Measure venous pressure	0.16	0.06	0.05	0.06	0.05	0.01	XXX
93784		A	Ambulatory BP monitoring	0.38	1.22	1.37	NA	NA	0.03	XXX
93786		A	Ambulatory BP recording	0.00	0.70	0.79	NA	NA	0.01	XXX
93788		A	Ambulatory BP analysis	0.00	0.39	0.44	NA	NA	0.01	XXX
93790		A	Review/report BP recording	0.38	0.13	0.14	0.13	0.14	0.01	XXX
93797		A	Cardiac rehab	0.18	0.26	0.30	0.07	0.08	0.01	000
93798		A	Cardiac rehab/monitor	0.28	0.34	0.41	0.10	0.12	0.01	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	2.35	2.48	NA	NA	0.02	XXX
93875	TC	A	Extracranial study	0.00	2.27	2.40	NA	NA	0.01	XXX
93875	26	A	Extracranial study	0.22	0.08	0.08	0.08	0.08	0.01	XXX
93880		A	Extracranial study	0.60	5.33	5.85	NA	NA	0.04	XXX
93880	TC	A	Extracranial study	0.00	5.14	5.63	NA	NA	0.01	XXX
93880	26	A	Extracranial study	0.60	0.19	0.22	0.19	0.22	0.03	XXX
93882		A	Extracranial study	0.40	3.94	3.95	NA	NA	0.05	XXX
93882	TC	A	Extracranial study	0.00	3.81	3.82	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93882	26	A	Extracranial study	0.40	0.13	0.13	0.13	0.13	0.04	XXX
93886		A	Intracranial study	0.94	7.80	7.21	NA	NA	0.04	XXX
93886	TC	A	Intracranial study	0.00	7.46	6.89	NA	NA	0.01	XXX
93886	26	A	Intracranial study	0.94	0.34	0.32	0.34	0.32	0.03	XXX
93888		A	Intracranial study	0.62	4.84	4.79	NA	NA	0.04	XXX
93888	TC	A	Intracranial study	0.00	4.62	4.57	NA	NA	0.01	XXX
93888	26	A	Intracranial study	0.62	0.22	0.22	0.22	0.22	0.03	XXX
93890		A	Tcd, vasoreactivity study	1.00	6.69	6.11	NA	NA	0.04	XXX
93890	TC	A	Tcd, vasoreactivity study	0.00	6.32	5.77	NA	NA	0.01	XXX
93890	26	A	Tcd, vasoreactivity study	1.00	0.37	0.34	0.37	0.34	0.03	XXX
93892		A	Tcd, emboli detect w/o inj	1.15	8.68	7.03	NA	NA	0.05	XXX
93892	TC	A	Tcd, emboli detect w/o inj	0.00	8.24	6.64	NA	NA	0.01	XXX
93892	26	A	Tcd, emboli detect w/o inj	1.15	0.44	0.39	0.44	0.39	0.04	XXX
93893		A	Tcd, emboli detect w/inj	1.15	8.00	6.85	NA	NA	0.05	XXX
93893	TC	A	Tcd, emboli detect w/inj	0.00	7.57	6.45	NA	NA	0.01	XXX
93893	26	A	Tcd, emboli detect w/inj	1.15	0.43	0.40	0.43	0.40	0.04	XXX
93922		A	Extremity study	0.25	2.82	2.95	NA	NA	0.02	XXX
93922	TC	A	Extremity study	0.00	2.74	2.87	NA	NA	0.01	XXX
93922	26	A	Extremity study	0.25	0.08	0.08	0.08	0.08	0.01	XXX
93923		A	Extremity study	0.45	4.23	4.46	NA	NA	0.04	XXX
93923	TC	A	Extremity study	0.00	4.09	4.31	NA	NA	0.01	XXX
93923	26	A	Extremity study	0.45	0.14	0.15	0.14	0.15	0.03	XXX
93924		A	Extremity study	0.50	5.20	5.55	NA	NA	0.04	XXX
93924	TC	A	Extremity study	0.00	5.04	5.37	NA	NA	0.01	XXX
93924	26	A	Extremity study	0.50	0.16	0.18	0.16	0.18	0.03	XXX
93925		A	Lower extremity study	0.58	6.97	7.54	NA	NA	0.05	XXX
93925	TC	A	Lower extremity study	0.00	6.78	7.34	NA	NA	0.02	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.20	0.19	0.20	0.03	XXX
93926		A	Lower extremity study	0.39	4.62	4.83	NA	NA	0.05	XXX
93926	TC	A	Lower extremity study	0.00	4.50	4.70	NA	NA	0.01	XXX
93926	26	A	Lower extremity study	0.39	0.12	0.13	0.12	0.13	0.04	XXX
93930		A	Upper extremity study	0.46	5.59	5.91	NA	NA	0.04	XXX
93930	TC	A	Upper extremity study	0.00	5.44	5.75	NA	NA	0.01	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.16	0.15	0.16	0.03	XXX
93931		A	Upper extremity study	0.31	3.70	3.94	NA	NA	0.03	XXX
93931	TC	A	Upper extremity study	0.00	3.60	3.84	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
93931	26	A	Upper extremity study	0.31	0.10	0.10	0.10	0.10	0.02	XXX
93965		A	Extremity study	0.35	2.65	2.90	NA	NA	0.03	XXX
93965	TC	A	Extremity study	0.00	2.54	2.78	NA	NA	0.01	XXX
93965	26	A	Extremity study	0.35	0.11	0.12	0.11	0.12	0.02	XXX
93970		A	Extremity study	0.68	5.53	5.90	NA	NA	0.06	XXX
93970	TC	A	Extremity study	0.00	5.32	5.67	NA	NA	0.01	XXX
93970	26	A	Extremity study	0.68	0.21	0.23	0.21	0.23	0.05	XXX
93971		A	Extremity study	0.45	3.59	3.89	NA	NA	0.04	XXX
93971	TC	A	Extremity study	0.00	3.45	3.73	NA	NA	0.01	XXX
93971	26	A	Extremity study	0.45	0.14	0.16	0.14	0.16	0.03	XXX
93975		A	Vascular study	1.80	7.29	8.04	NA	NA	0.12	XXX
93975	TC	A	Vascular study	0.00	6.72	7.40	NA	NA	0.02	XXX
93975	26	A	Vascular study	1.80	0.57	0.64	0.57	0.64	0.10	XXX
93976		A	Vascular study	1.21	3.97	4.43	NA	NA	0.07	XXX
93976	TC	A	Vascular study	0.00	3.60	4.00	NA	NA	0.01	XXX
93976	26	A	Vascular study	1.21	0.37	0.43	0.37	0.43	0.06	XXX
93978		A	Vascular study	0.65	5.22	5.54	NA	NA	0.06	XXX
93978	TC	A	Vascular study	0.00	5.01	5.32	NA	NA	0.01	XXX
93978	26	A	Vascular study	0.65	0.21	0.22	0.21	0.22	0.05	XXX
93979		A	Vascular study	0.44	3.58	3.85	NA	NA	0.04	XXX
93979	TC	A	Vascular study	0.00	3.44	3.70	NA	NA	0.01	XXX
93979	26	A	Vascular study	0.44	0.14	0.15	0.14	0.15	0.03	XXX
93980		A	Penile vascular study	1.25	2.99	3.39	NA	NA	0.06	XXX
93980	TC	A	Penile vascular study	0.00	2.57	2.91	NA	NA	0.01	XXX
93980	26	A	Penile vascular study	1.25	0.42	0.48	0.42	0.48	0.05	XXX
93981		A	Penile vascular study	0.44	2.30	2.75	NA	NA	0.03	XXX
93981	TC	A	Penile vascular study	0.00	2.16	2.59	NA	NA	0.01	XXX
93981	26	A	Penile vascular study	0.44	0.14	0.16	0.14	0.16	0.02	XXX
93982		R	Aneurysm pressure sens study	0.30	0.76	0.79	NA	NA	0.04	XXX
93990		A	Doppler flow testing	0.25	5.11	4.98	NA	NA	0.04	XXX
93990	TC	A	Doppler flow testing	0.00	5.03	4.91	NA	NA	0.01	XXX
93990	26	A	Doppler flow testing	0.25	0.08	0.07	0.08	0.07	0.03	XXX
94002		A	Vent mgmt inpat, init day	1.99	NA	NA	0.46	0.38	0.12	XXX
94003		A	Vent mgmt inpat, subq day	1.37	NA	NA	0.40	0.35	0.07	XXX
94004		A	Vent mgmt nf per day	1.00	NA	NA	0.29	0.26	0.05	XXX
94005		B	Home vent mgmt supervision	1.50	0.92	0.91	NA	NA	0.07	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
94010		A	Breathing capacity test	0.17	0.69	0.71	NA	NA	0.02	XXX
94010	TC	A	Breathing capacity test	0.00	0.63	0.66	NA	NA	0.01	XXX
94010	26	A	Breathing capacity test	0.17	0.06	0.05	0.06	0.05	0.01	XXX
94011		A	Up to 2 yrs old, spirometry	2.00	NA	NA	0.63	0.63	0.10	XXX
94012		A	= 2 yrs, spiromtry w/dilator	3.10	NA	NA	0.94	0.94	0.17	XXX
94013		A	= 2 yrs, lung volumes	0.66	NA	NA	0.18	0.18	0.03	XXX
94014		A	Patient recorded spirometry	0.52	0.72	0.79	NA	NA	0.02	XXX
94015		A	Patient recorded spirometry	0.00	0.56	0.63	NA	NA	0.01	XXX
94016		A	Review patient spirometry	0.52	0.16	0.16	0.16	0.16	0.01	XXX
94060		A	Evaluation of wheezing	0.31	1.19	1.24	NA	NA	0.02	XXX
94060	TC	A	Evaluation of wheezing	0.00	1.09	1.15	NA	NA	0.01	XXX
94060	26	A	Evaluation of wheezing	0.31	0.10	0.09	0.10	0.09	0.01	XXX
94070		A	Evaluation of wheezing	0.60	0.93	0.95	NA	NA	0.03	XXX
94070	TC	A	Evaluation of wheezing	0.00	0.74	0.78	NA	NA	0.01	XXX
94070	26	A	Evaluation of wheezing	0.60	0.19	0.17	0.19	0.17	0.02	XXX
94150		B	Vital capacity test	0.07	0.52	0.53	NA	NA	0.02	XXX
94150	TC	B	Vital capacity test	0.00	0.49	0.50	NA	NA	0.01	XXX
94150	26	B	Vital capacity test	0.07	0.03	0.03	0.03	0.03	0.01	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.47	0.48	NA	NA	0.02	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.44	0.45	NA	NA	0.01	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.03	0.03	0.03	0.01	XXX
94240		A	Residual lung capacity	0.26	0.72	0.76	NA	NA	0.02	XXX
94240	TC	A	Residual lung capacity	0.00	0.64	0.69	NA	NA	0.01	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.07	0.08	0.07	0.01	XXX
94250		A	Expired gas collection	0.11	0.46	0.53	NA	NA	0.02	XXX
94250	TC	A	Expired gas collection	0.00	0.43	0.50	NA	NA	0.01	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.03	0.03	0.03	0.01	XXX
94260		A	Thoracic gas volume	0.13	0.65	0.69	NA	NA	0.02	XXX
94260	TC	A	Thoracic gas volume	0.00	0.61	0.66	NA	NA	0.01	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.03	0.04	0.03	0.01	XXX
94350		A	Lung nitrogen washout curve	0.26	0.57	0.64	NA	NA	0.02	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.49	0.57	NA	NA	0.01	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.07	0.08	0.07	0.01	XXX
94360		A	Measure airflow resistance	0.26	0.83	0.87	NA	NA	0.02	XXX
94360	TC	A	Measure airflow resistance	0.00	0.75	0.80	NA	NA	0.01	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.07	0.08	0.07	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
94370		A	Breath airway closing volume	0.26	0.57	0.62	NA	NA	0.02	XXX
94370	TC	A	Breath airway closing volume	0.00	0.49	0.55	NA	NA	0.01	XXX
94370	26	A	Breath airway closing volume	0.26	0.08	0.07	0.08	0.07	0.01	XXX
94375		A	Respiratory flow volume loop	0.31	0.64	0.68	NA	NA	0.02	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.55	0.60	NA	NA	0.01	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.09	0.08	0.09	0.08	0.01	XXX
94400		A	CO2 breathing response curve	0.40	0.95	0.97	NA	NA	0.02	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.83	0.86	NA	NA	0.01	XXX
94400	26	A	CO2 breathing response curve	0.40	0.12	0.11	0.12	0.11	0.01	XXX
94450		A	Hypoxia response curve	0.40	1.34	1.06	NA	NA	0.02	XXX
94450	TC	A	Hypoxia response curve	0.00	1.19	0.95	NA	NA	0.01	XXX
94450	26	A	Hypoxia response curve	0.40	0.15	0.11	0.15	0.11	0.01	XXX
94452		A	Hast w/report	0.31	1.07	1.16	NA	NA	0.02	XXX
94452	TC	A	Hast w/report	0.00	0.98	1.08	NA	NA	0.01	XXX
94452	26	A	Hast w/report	0.31	0.09	0.08	0.09	0.08	0.01	XXX
94453		A	Hast w/oxygen titrate	0.40	1.47	1.59	NA	NA	0.02	XXX
94453	TC	A	Hast w/oxygen titrate	0.00	1.36	1.48	NA	NA	0.01	XXX
94453	26	A	Hast w/oxygen titrate	0.40	0.11	0.11	0.11	0.11	0.01	XXX
94610		A	Surfactant admin thru tube	1.16	0.46	0.40	0.46	0.40	0.05	XXX
94620		A	Pulmonary stress test/simple	0.64	0.74	1.12	NA	NA	0.03	XXX
94620	TC	A	Pulmonary stress test/simple	0.00	0.55	0.93	NA	NA	0.01	XXX
94620	26	A	Pulmonary stress test/simple	0.64	0.19	0.19	0.19	0.19	0.02	XXX
94621		A	Pulm stress test/complex	1.42	2.62	2.86	NA	NA	0.05	XXX
94621	TC	A	Pulm stress test/complex	0.00	2.18	2.39	NA	NA	0.01	XXX
94621	26	A	Pulm stress test/complex	1.42	0.44	0.47	0.44	0.47	0.04	XXX
94640		A	Airway inhalation treatment	0.00	0.41	0.37	NA	NA	0.01	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94644		A	Cbt, 1st hour	0.00	1.00	0.95	NA	NA	0.01	XXX
94645		A	Cbt, each addl hour	0.00	0.32	0.35	NA	NA	0.01	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.79	0.77	0.24	0.21	0.04	XXX
94662		A	Neg press ventilation, cnp	0.76	NA	NA	0.21	0.20	0.04	XXX
94664		A	Evaluate pt use of inhaler	0.00	0.39	0.38	NA	NA	0.01	XXX
94667		A	Chest wall manipulation	0.00	0.54	0.53	NA	NA	0.01	XXX
94668		A	Chest wall manipulation	0.00	0.53	0.52	NA	NA	0.01	XXX
94680		A	Exhaled air analysis, o2	0.26	1.10	1.24	NA	NA	0.02	XXX
94680	TC	A	Exhaled air analysis, o2	0.00	1.01	1.16	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
94680	26	A	Exhaled air analysis, o2	0.26	0.09	0.08	0.09	0.08	0.01	XXX
94681		A	Exhaled air analysis, o2/co2	0.20	1.04	1.34	NA	NA	0.02	XXX
94681	TC	A	Exhaled air analysis, o2/co2	0.00	0.97	1.28	NA	NA	0.01	XXX
94681	26	A	Exhaled air analysis, o2/co2	0.20	0.07	0.06	0.07	0.06	0.01	XXX
94690		A	Exhaled air analysis	0.07	1.10	1.24	NA	NA	0.02	XXX
94690	TC	A	Exhaled air analysis	0.00	1.07	1.22	NA	NA	0.01	XXX
94690	26	A	Exhaled air analysis	0.07	0.03	0.02	0.03	0.02	0.01	XXX
94720		A	Monoxide diffusing capacity	0.26	0.99	1.08	NA	NA	0.02	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.91	1.01	NA	NA	0.01	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.07	0.08	0.07	0.01	XXX
94725		A	Membrane diffusion capacity	0.26	0.93	1.34	NA	NA	0.02	XXX
94725	TC	A	Membrane diffusion capacity	0.00	0.85	1.27	NA	NA	0.01	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.07	0.08	0.07	0.01	XXX
94750		A	Pulmonary compliance study	0.23	1.71	1.70	NA	NA	0.02	XXX
94750	TC	A	Pulmonary compliance study	0.00	1.64	1.64	NA	NA	0.01	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.06	0.07	0.06	0.01	XXX
94760		T	Measure blood oxygen level	0.00	0.06	0.06	NA	NA	0.01	XXX
94761		T	Measure blood oxygen level	0.00	0.10	0.10	NA	NA	0.01	XXX
94762		A	Measure blood oxygen level	0.00	0.26	0.61	NA	NA	0.01	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.82	0.78	NA	NA	0.02	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.77	0.74	NA	NA	0.01	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.05	0.04	0.05	0.04	0.01	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	NA	NA	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	NA	NA	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94774		C	Ped home apnea rec, compl	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94775		C	Ped home apnea rec, hk-up	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94776		C	Ped home apnea rec, downld	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94777		C	Ped home apnea rec, report	0.00	0.00	0.00	0.00	0.00	0.00	YYY
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	NA	NA	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Percut allergy skin tests	0.01	0.14	0.14	NA	NA	0.01	XXX
95010		A	Percut allergy titrate test	0.15	0.31	0.31	NA	NA	0.01	XXX
95012		A	Exhaled nitric oxide meas	0.00	0.47	0.52	NA	NA	0.01	XXX
95015		A	Id allergy titrate-drug/bug	0.15	0.20	0.20	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95024		A	Id allergy test, drug/bug	0.01	0.16	0.17	NA	NA	0.01	XXX
95027		A	Id allergy titrate-airborne	0.01	0.10	0.11	NA	NA	0.01	XXX
95028		A	Id allergy test-delayed type	0.00	0.32	0.30	NA	NA	0.01	XXX
95044		A	Allergy patch tests	0.00	0.13	0.15	NA	NA	0.01	XXX
95052		A	Photo patch test	0.00	0.14	0.17	NA	NA	0.01	XXX
95056		A	Photosensitivity tests	0.00	1.02	0.98	NA	NA	0.01	XXX
95060		A	Eye allergy tests	0.00	0.78	0.67	0.78	0.67	0.01	XXX
95065		A	Nose allergy test	0.00	0.60	0.59	0.60	0.59	0.01	XXX
95070		A	Bronchial allergy tests	0.00	0.67	1.05	NA	NA	0.01	XXX
95071		A	Bronchial allergy tests	0.00	0.83	1.31	NA	NA	0.01	XXX
95075		A	Ingestion challenge test	0.95	0.75	0.75	0.36	0.33	0.03	XXX
95115		A	Immunotherapy, one injection	0.00	0.22	0.26	NA	NA	0.01	XXX
95117		A	Immunotherapy injections	0.00	0.26	0.32	NA	NA	0.01	XXX
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.25	0.25	0.02	0.02	0.01	XXX
95145		A	Antigen therapy services	0.06	0.32	0.35	0.02	0.02	0.01	XXX
95146		A	Antigen therapy services	0.06	0.59	0.62	0.02	0.02	0.01	XXX
95147		A	Antigen therapy services	0.06	0.58	0.60	0.02	0.02	0.01	XXX
95148		A	Antigen therapy services	0.06	0.85	0.88	0.02	0.02	0.01	XXX
95149		A	Antigen therapy services	0.06	1.14	1.17	0.02	0.02	0.01	XXX
95165		A	Antigen therapy services	0.06	0.25	0.25	0.02	0.02	0.01	XXX
95170		A	Antigen therapy services	0.06	0.18	0.18	0.02	0.02	0.01	XXX
95180		A	Rapid desensitization	2.01	1.61	1.78	0.83	0.87	0.05	XXX
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95250		A	Glucose monitoring, cont	0.00	3.54	3.60	NA	NA	0.01	XXX
95251		A	Gluc monitor, cont, phys i&r	0.85	0.35	0.26	0.35	0.26	0.03	XXX
95803		A	Actigraphy testing	1.00	2.37	2.37	NA	NA	0.04	XXX
95803	TC	A	Actigraphy testing	0.00	2.00	2.00	NA	NA	0.01	XXX
95803	26	A	Actigraphy testing	1.00	0.37	0.37	0.37	0.37	0.03	XXX
95805		A	Multiple sleep latency test	1.88	6.30	8.74	NA	NA	0.08	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95805	TC	A	Multiple sleep latency test	0.00	5.70	8.16	NA	NA	0.03	XXX
95805	26	A	Multiple sleep latency test	1.88	0.60	0.58	0.60	0.58	0.05	XXX
95806		A	Sleep study unatt&resp efft	1.66	3.70	3.79	NA	NA	0.07	XXX
95806	TC	A	Sleep study unatt&resp efft	0.00	3.15	3.27	NA	NA	0.02	XXX
95806	26	A	Sleep study unatt&resp efft	1.66	0.55	0.52	0.55	0.52	0.05	XXX
95807		A	Sleep study, attended	1.66	9.49	11.18	NA	NA	0.12	XXX
95807	TC	A	Sleep study, attended	0.00	8.98	10.68	NA	NA	0.07	XXX
95807	26	A	Sleep study, attended	1.66	0.51	0.50	0.51	0.50	0.05	XXX
95808		A	Polysomnography, 1-3	2.65	16.15	15.28	NA	NA	0.15	XXX
95808	TC	A	Polysomnography, 1-3	0.00	15.25	14.46	NA	NA	0.07	XXX
95808	26	A	Polysomnography, 1-3	2.65	0.90	0.82	0.90	0.82	0.08	XXX
95810		A	Polysomnography, 4 or more	3.52	15.82	17.08	NA	NA	0.18	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	14.70	16.04	NA	NA	0.08	XXX
95810	26	A	Polysomnography, 4 or more	3.52	1.12	1.04	1.12	1.04	0.10	XXX
95811		A	Polysomnography w/cpap	3.79	17.53	18.94	NA	NA	0.21	XXX
95811	TC	A	Polysomnography w/cpap	0.00	16.33	17.82	NA	NA	0.09	XXX
95811	26	A	Polysomnography w/cpap	3.79	1.20	1.12	1.20	1.12	0.12	XXX
95812		A	Eeg, 41-60 minutes	1.08	8.24	6.10	NA	NA	0.05	XXX
95812	TC	A	Eeg, 41-60 minutes	0.00	7.82	5.73	NA	NA	0.02	XXX
95812	26	A	Eeg, 41-60 minutes	1.08	0.42	0.37	0.42	0.37	0.03	XXX
95813		A	Eeg, over 1 hour	1.73	8.85	6.86	NA	NA	0.08	XXX
95813	TC	A	Eeg, over 1 hour	0.00	8.17	6.27	NA	NA	0.03	XXX
95813	26	A	Eeg, over 1 hour	1.73	0.68	0.59	0.68	0.59	0.05	XXX
95816		A	Eeg, awake and drowsy	1.08	7.48	5.50	NA	NA	0.06	XXX
95816	TC	A	Eeg, awake and drowsy	0.00	7.05	5.13	NA	NA	0.02	XXX
95816	26	A	Eeg, awake and drowsy	1.08	0.43	0.37	0.43	0.37	0.04	XXX
95819		A	Eeg, awake and asleep	1.08	8.66	6.13	NA	NA	0.05	XXX
95819	TC	A	Eeg, awake and asleep	0.00	8.23	5.76	NA	NA	0.02	XXX
95819	26	A	Eeg, awake and asleep	1.08	0.43	0.37	0.43	0.37	0.03	XXX
95822		A	Eeg, coma or sleep only	1.08	7.77	5.87	NA	NA	0.05	XXX
95822	TC	A	Eeg, coma or sleep only	0.00	7.34	5.50	NA	NA	0.02	XXX
95822	26	A	Eeg, coma or sleep only	1.08	0.43	0.37	0.43	0.37	0.03	XXX
95824		C	Eeg, cerebral death only	0.00	0.00	0.00	NA	NA	0.00	XXX
95824	TC	C	Eeg, cerebral death only	0.00	0.00	0.00	NA	NA	0.00	XXX
95824	26	A	Eeg, cerebral death only	0.74	0.29	0.26	0.29	0.26	0.04	XXX
95827		A	Eeg, all night recording	1.08	16.87	11.18	NA	NA	0.10	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95827	TC	A	Eeg, all night recording	0.00	16.45	10.81	NA	NA	0.06	XXX
95827	26	A	Eeg, all night recording	1.08	0.42	0.37	0.42	0.37	0.04	XXX
95829		A	Surgery electrocorticogram	6.20	35.48	29.17	NA	NA	0.16	XXX
95829	TC	A	Surgery electrocorticogram	0.00	32.98	27.01	NA	NA	0.04	XXX
95829	26	A	Surgery electrocorticogram	6.20	2.50	2.16	2.50	2.16	0.12	XXX
95830		A	Insert electrodes for EEG	1.70	3.74	3.25	0.64	0.57	0.10	XXX
95831		A	Limb muscle testing, manual	0.28	0.49	0.44	0.11	0.10	0.02	XXX
95832		A	Hand muscle testing, manual	0.29	0.47	0.39	0.13	0.11	0.02	XXX
95833		A	Body muscle testing, manual	0.47	0.50	0.49	0.13	0.16	0.01	XXX
95834		A	Body muscle testing, manual	0.60	0.66	0.56	0.20	0.19	0.02	XXX
95851		A	Range of motion measurements	0.16	0.30	0.29	0.05	0.05	0.01	XXX
95852		A	Range of motion measurements	0.11	0.29	0.25	0.04	0.04	0.01	XXX
95857		A	Tensilon test	0.53	0.78	0.64	0.24	0.21	0.03	XXX
95860		A	Muscle test, one limb	0.96	1.53	1.30	NA	NA	0.03	XXX
95860	TC	A	Muscle test, one limb	0.00	1.12	0.93	NA	NA	0.01	XXX
95860	26	A	Muscle test, one limb	0.96	0.41	0.37	0.41	0.37	0.02	XXX
95861		A	Muscle test, 2 limbs	1.54	2.16	1.74	NA	NA	0.05	XXX
95861	TC	A	Muscle test, 2 limbs	0.00	1.51	1.15	NA	NA	0.01	XXX
95861	26	A	Muscle test, 2 limbs	1.54	0.65	0.59	0.65	0.59	0.04	XXX
95863		A	Muscle test, 3 limbs	1.87	2.62	2.06	NA	NA	0.06	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	1.85	1.38	NA	NA	0.01	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.77	0.68	0.77	0.68	0.05	XXX
95864		A	Muscle test, 4 limbs	1.99	2.81	2.42	NA	NA	0.06	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.99	1.68	NA	NA	0.01	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.82	0.74	0.82	0.74	0.05	XXX
95865		A	Muscle test, larynx	1.57	1.70	1.51	NA	NA	0.04	XXX
95865	TC	A	Muscle test, larynx	0.00	0.99	0.88	NA	NA	0.01	XXX
95865	26	A	Muscle test, larynx	1.57	0.71	0.63	0.71	0.63	0.03	XXX
95866		A	Muscle test, hemidiaphragm	1.25	1.70	1.34	NA	NA	0.05	XXX
95866	TC	A	Muscle test, hemidiaphragm	0.00	1.20	0.86	NA	NA	0.01	XXX
95866	26	A	Muscle test, hemidiaphragm	1.25	0.50	0.48	0.50	0.48	0.04	XXX
95867		A	Muscle test cran nerv unilat	0.79	1.46	1.19	NA	NA	0.03	XXX
95867	TC	A	Muscle test cran nerv unilat	0.00	1.12	0.89	NA	NA	0.01	XXX
95867	26	A	Muscle test cran nerv unilat	0.79	0.34	0.30	0.34	0.30	0.02	XXX
95868		A	Muscle test cran nerve bilat	1.18	1.86	1.53	NA	NA	0.04	XXX
95868	TC	A	Muscle test cran nerve bilat	0.00	1.37	1.09	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95868	26	A	Muscle test cran nerve bilat	1.18	0.49	0.44	0.49	0.44	0.03	XXX
95869		A	Muscle test, thor paraspinal	0.37	1.40	0.99	NA	NA	0.02	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	1.24	0.85	NA	NA	0.01	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.16	0.14	0.16	0.14	0.01	XXX
95870		A	Muscle test, nonparaspinal	0.37	1.33	0.95	NA	NA	0.02	XXX
95870	TC	A	Muscle test, nonparaspinal	0.00	1.18	0.81	NA	NA	0.01	XXX
95870	26	A	Muscle test, nonparaspinal	0.37	0.15	0.14	0.15	0.14	0.01	XXX
95872		A	Muscle test, one fiber	2.88	2.16	1.72	NA	NA	0.09	XXX
95872	TC	A	Muscle test, one fiber	0.00	1.01	0.78	NA	NA	0.01	XXX
95872	26	A	Muscle test, one fiber	2.88	1.15	0.94	1.15	0.94	0.08	XXX
95873		A	Guide nerv destr, elec stim	0.37	1.35	0.99	NA	NA	0.02	ZZZ
95873	TC	A	Guide nerv destr, elec stim	0.00	1.17	0.82	NA	NA	0.01	ZZZ
95873	26	A	Guide nerv destr, elec stim	0.37	0.18	0.17	0.18	0.17	0.01	ZZZ
95874		A	Guide nerv destr, needle emg	0.37	1.27	0.92	NA	NA	0.02	ZZZ
95874	TC	A	Guide nerv destr, needle emg	0.00	1.11	0.77	NA	NA	0.01	ZZZ
95874	26	A	Guide nerv destr, needle emg	0.37	0.16	0.15	0.16	0.15	0.01	ZZZ
95875		A	Limb exercise test	1.10	1.84	1.49	NA	NA	0.05	XXX
95875	TC	A	Limb exercise test	0.00	1.41	1.10	NA	NA	0.01	XXX
95875	26	A	Limb exercise test	1.10	0.43	0.39	0.43	0.39	0.04	XXX
95900		A	Motor nerve conduction test	0.42	1.20	1.06	NA	NA	0.02	XXX
95900	TC	A	Motor nerve conduction test	0.00	1.02	0.90	NA	NA	0.01	XXX
95900	26	A	Motor nerve conduction test	0.42	0.18	0.16	0.18	0.16	0.01	XXX
95903		A	Motor nerve conduction test	0.60	1.29	1.12	NA	NA	0.03	XXX
95903	TC	A	Motor nerve conduction test	0.00	1.05	0.91	NA	NA	0.01	XXX
95903	26	A	Motor nerve conduction test	0.60	0.24	0.21	0.24	0.21	0.02	XXX
95904		A	Sense nerve conduction test	0.34	1.09	0.96	NA	NA	0.02	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.95	0.83	NA	NA	0.01	XXX
95904	26	A	Sense nerve conduction test	0.34	0.14	0.13	0.14	0.13	0.01	XXX
95905		A	Motor/sens nrve conduct test	0.05	2.03	2.03	NA	NA	0.02	XXX
95905	TC	A	Motor/sens nrve conduct test	0.00	2.01	2.01	NA	NA	0.01	XXX
95905	26	A	Motor/sens nrve conduct test	0.05	0.02	0.02	0.02	0.02	0.01	XXX
95920		A	Intraop nerve test add-on	2.11	2.22	1.95	NA	NA	0.07	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.38	1.20	NA	NA	0.01	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.84	0.75	0.84	0.75	0.06	ZZZ
95921		A	Autonomic nerv function test	0.90	1.26	1.12	NA	NA	0.03	XXX
95921	TC	A	Autonomic nerv function test	0.00	0.93	0.81	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95921	26	A	Autonomic nerv function test	0.90	0.33	0.31	0.33	0.31	0.02	XXX
95922		A	Autonomic nerv function test	0.96	1.75	1.50	NA	NA	0.03	XXX
95922	TC	A	Autonomic nerv function test	0.00	1.39	1.17	NA	NA	0.01	XXX
95922	26	A	Autonomic nerv function test	0.96	0.36	0.33	0.36	0.33	0.02	XXX
95923		A	Autonomic nerv function test	0.90	3.18	2.48	NA	NA	0.04	XXX
95923	TC	A	Autonomic nerv function test	0.00	2.83	2.16	NA	NA	0.01	XXX
95923	26	A	Autonomic nerv function test	0.90	0.35	0.32	0.35	0.32	0.03	XXX
95925		A	Somatosensory testing	0.54	4.04	2.99	NA	NA	0.02	XXX
95925	TC	A	Somatosensory testing	0.00	3.83	2.80	NA	NA	0.01	XXX
95925	26	A	Somatosensory testing	0.54	0.21	0.19	0.21	0.19	0.01	XXX
95926		A	Somatosensory testing	0.54	3.90	2.91	NA	NA	0.03	XXX
95926	TC	A	Somatosensory testing	0.00	3.69	2.72	NA	NA	0.01	XXX
95926	26	A	Somatosensory testing	0.54	0.21	0.19	0.21	0.19	0.02	XXX
95927		A	Somatosensory testing	0.54	3.35	2.83	NA	NA	0.02	XXX
95927	TC	A	Somatosensory testing	0.00	3.14	2.63	NA	NA	0.01	XXX
95927	26	A	Somatosensory testing	0.54	0.21	0.20	0.21	0.20	0.01	XXX
95928		A	C motor evoked, uppr limbs	1.50	5.25	4.02	NA	NA	0.07	XXX
95928	TC	A	C motor evoked, uppr limbs	0.00	4.66	3.50	NA	NA	0.02	XXX
95928	26	A	C motor evoked, uppr limbs	1.50	0.59	0.52	0.59	0.52	0.05	XXX
95929		A	C motor evoked, lwr limbs	1.50	5.67	4.35	NA	NA	0.07	XXX
95929	TC	A	C motor evoked, lwr limbs	0.00	5.08	3.82	NA	NA	0.02	XXX
95929	26	A	C motor evoked, lwr limbs	1.50	0.59	0.53	0.59	0.53	0.05	XXX
95930		A	Visual evoked potential test	0.35	3.39	2.73	NA	NA	0.02	XXX
95930	TC	A	Visual evoked potential test	0.00	3.24	2.60	NA	NA	0.01	XXX
95930	26	A	Visual evoked potential test	0.35	0.15	0.13	0.15	0.13	0.01	XXX
95933		A	Blink reflex test	0.59	1.54	1.20	NA	NA	0.03	XXX
95933	TC	A	Blink reflex test	0.00	1.30	0.99	NA	NA	0.01	XXX
95933	26	A	Blink reflex test	0.59	0.24	0.21	0.24	0.21	0.02	XXX
95934		A	H-reflex test	0.51	1.11	0.86	NA	NA	0.02	XXX
95934	TC	A	H-reflex test	0.00	0.90	0.67	NA	NA	0.01	XXX
95934	26	A	H-reflex test	0.51	0.21	0.19	0.21	0.19	0.01	XXX
95936		A	H-reflex test	0.55	0.75	0.62	NA	NA	0.02	XXX
95936	TC	A	H-reflex test	0.00	0.53	0.42	NA	NA	0.01	XXX
95936	26	A	H-reflex test	0.55	0.22	0.20	0.22	0.20	0.01	XXX
95937		A	Neuromuscular junction test	0.65	1.14	0.91	NA	NA	0.04	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.88	0.68	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95937	26	A	Neuromuscular junction test	0.65	0.26	0.23	0.26	0.23	0.03	XXX
95950		A	Ambulatory eeg monitoring	1.51	6.84	5.20	NA	NA	0.07	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.25	4.68	NA	NA	0.02	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.59	0.52	0.59	0.52	0.05	XXX
95951		C	EEG monitoring/videorecord	0.00	0.00	0.00	NA	NA	0.00	XXX
95951	TC	C	EEG monitoring/videorecord	0.00	0.00	0.00	NA	NA	0.00	XXX
95951	26	A	EEG monitoring/videorecord	5.99	2.37	2.09	2.37	2.09	0.35	XXX
95953		A	EEG monitoring/computer	3.30	10.28	8.06	NA	NA	0.14	XXX
95953	TC	A	EEG monitoring/computer	0.00	8.98	6.93	NA	NA	0.02	XXX
95953	26	A	EEG monitoring/computer	3.30	1.30	1.13	1.30	1.13	0.12	XXX
95954		A	EEG monitoring/giving drugs	2.45	6.11	4.67	NA	NA	0.11	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	5.45	4.08	NA	NA	0.03	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.66	0.59	0.66	0.59	0.08	XXX
95955		A	EEG during surgery	1.01	3.73	2.89	NA	NA	0.04	XXX
95955	TC	A	EEG during surgery	0.00	3.34	2.56	NA	NA	0.01	XXX
95955	26	A	EEG during surgery	1.01	0.39	0.33	0.39	0.33	0.03	XXX
95956		A	Eeg monitoring, cable/radio	3.08	18.16	16.59	NA	NA	0.22	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	17.01	15.53	NA	NA	0.12	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	1.15	1.06	1.15	1.06	0.10	XXX
95957		A	EEG digital analysis	1.98	8.07	5.78	NA	NA	0.08	XXX
95957	TC	A	EEG digital analysis	0.00	7.30	5.09	NA	NA	0.01	XXX
95957	26	A	EEG digital analysis	1.98	0.77	0.69	0.77	0.69	0.07	XXX
95958		A	EEG monitoring/function test	4.24	8.78	6.71	NA	NA	0.19	XXX
95958	TC	A	EEG monitoring/function test	0.00	7.20	5.24	NA	NA	0.03	XXX
95958	26	A	EEG monitoring/function test	4.24	1.58	1.47	1.58	1.47	0.16	XXX
95961		A	Electrode stimulation, brain	2.97	4.15	3.26	NA	NA	0.11	XXX
95961	TC	A	Electrode stimulation, brain	0.00	2.94	2.18	NA	NA	0.01	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.21	1.08	1.21	1.08	0.10	XXX
95962		A	Electrode stim, brain add-on	3.21	3.08	2.52	NA	NA	0.11	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.80	1.40	NA	NA	0.01	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	1.28	1.12	1.28	1.12	0.10	ZZZ
95965		C	Meg, spontaneous	0.00	0.00	0.00	NA	NA	0.00	XXX
95965	TC	C	Meg, spontaneous	0.00	0.00	0.00	NA	NA	0.00	XXX
95965	26	A	Meg, spontaneous	7.99	3.16	2.98	3.16	2.98	0.47	XXX
95966		C	Meg, evoked, single	0.00	0.00	0.00	NA	NA	0.00	XXX
95966	TC	C	Meg, evoked, single	0.00	0.00	0.00	NA	NA	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
95966	26	A	Meg, evoked, single	3.99	1.58	1.50	1.58	1.50	0.23	XXX
95967		C	Meg, evoked, each addl	0.00	0.00	0.00	NA	NA	0.00	ZZZ
95967	TC	C	Meg, evoked, each addl	0.00	0.00	0.00	NA	NA	0.00	ZZZ
95967	26	A	Meg, evoked, each addl	3.49	1.38	1.23	1.38	1.23	0.21	ZZZ
95970		A	Analyze neurostim, no prog	0.45	1.19	0.97	0.18	0.14	0.03	XXX
95971		A	Analyze neurostim, simple	0.78	0.67	0.72	0.27	0.27	0.05	XXX
95972		A	Analyze neurostim, complex	1.50	1.30	1.21	0.58	0.50	0.10	XXX
95973		A	Analyze neurostim, complex	0.92	0.71	0.59	0.37	0.29	0.06	ZZZ
95974		A	Cranial neurostim, complex	3.00	2.03	1.67	1.13	1.00	0.19	XXX
95975		A	Cranial neurostim, complex	1.70	1.00	0.85	0.67	0.59	0.09	ZZZ
95978		A	Analyze neurostim brain/1h	3.50	2.58	2.09	1.42	1.22	0.28	XXX
95979		A	Analyz neurostim brain addon	1.64	1.04	0.85	0.67	0.58	0.10	ZZZ
95980		A	Io anal gast n-stim init	0.80	NA	NA	0.34	0.28	0.12	XXX
95981		A	Io anal gast n-stim subsq	0.30	0.50	0.46	0.17	0.13	0.02	XXX
95982		A	Io ga n-stim subsq w/reprog	0.65	0.69	0.55	0.31	0.23	0.04	XXX
95990		A	Spin/brain pump refil & main	0.00	2.11	1.72	NA	NA	0.02	XXX
95991		A	Spin/brain pump refil & main	0.77	2.19	1.75	0.29	0.21	0.04	XXX
95992		I	Canalith repositioning proc	0.75	0.38	0.37	0.27	0.26	0.04	XXX
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96000		A	Motion analysis, video/3d	1.80	NA	NA	0.71	0.55	0.08	XXX
96001		A	Motion test w/ft press meas	2.15	NA	NA	0.76	0.63	0.09	XXX
96002		A	Dynamic surface emg	0.41	NA	NA	0.15	0.14	0.02	XXX
96003		A	Dynamic fine wire emg	0.37	NA	NA	0.15	0.11	0.02	XXX
96004		A	Phys review of motion tests	2.14	0.88	0.82	0.88	0.82	0.10	XXX
96020		C	Functional brain mapping	0.00	0.00	0.00	NA	NA	0.00	XXX
96020	TC	C	Functional brain mapping	0.00	0.00	0.00	NA	NA	0.00	XXX
96020	26	A	Functional brain mapping	3.43	1.03	1.27	1.03	1.27	0.23	XXX
96040		B	Genetic counseling, 30 min	0.00	1.04	1.10	NA	NA	0.02	XXX
96101		A	Psycho testing by psych/phys	1.86	0.24	0.39	0.23	0.38	0.05	XXX
96102		A	Psycho testing by technician	0.50	0.97	0.94	0.10	0.12	0.02	XXX
96103		A	Psycho testing admin by comp	0.51	1.09	0.85	0.15	0.14	0.02	XXX
96105		A	Assessment of aphasia	0.00	2.44	2.04	NA	NA	0.03	XXX
96110		A	Developmental test, lim	0.00	0.20	0.19	NA	NA	0.01	XXX
96111		A	Developmental test, extend	2.60	1.00	0.89	0.87	0.79	0.12	XXX
96116		A	Neurobehavioral status exam	1.86	0.58	0.61	0.45	0.47	0.07	XXX
96118		A	Neuropsych tst by psych/phys	1.86	0.57	0.88	0.21	0.37	0.05	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
96119		A	Neuropsych testing by tec	0.55	1.16	1.31	0.07	0.12	0.01	XXX
96120		A	Neuropsych tst admin w/comp	0.51	1.76	1.49	0.14	0.13	0.02	XXX
96125		A	Cognitive test by hc pro	1.70	1.03	0.85	0.62	0.45	0.05	XXX
96150		A	Assess hlth/behave, init	0.50	0.06	0.11	0.05	0.10	0.01	XXX
96151		A	Assess hlth/behave, subseq	0.48	0.06	0.11	0.05	0.10	0.01	XXX
96152		A	Intervene hlth/behave, indiv	0.46	0.06	0.10	0.05	0.09	0.01	XXX
96153		A	Intervene hlth/behave, group	0.10	0.02	0.03	0.01	0.02	0.01	XXX
96154		A	Interv hlth/behav, fam w/pt	0.45	0.05	0.10	0.05	0.09	0.01	XXX
96155		N	Interv hlth/behav fam no pt	0.44	0.16	0.16	0.16	0.16	0.02	XXX
96360		A	Hydration iv infusion, init	0.17	1.12	1.30	NA	NA	0.02	XXX
96361		A	Hydrate iv infusion, add-on	0.09	0.26	0.32	NA	NA	0.01	ZZZ
96365		A	Ther/proph/diag iv inf, init	0.21	1.42	1.60	NA	NA	0.02	XXX
96366		A	Ther/proph/diag iv inf addon	0.18	0.34	0.38	NA	NA	0.01	ZZZ
96367		A	Tx/proph/dg addl seq iv inf	0.19	0.54	0.69	NA	NA	0.01	ZZZ
96368		A	Ther/diag concurrent inf	0.17	0.29	0.35	NA	NA	0.01	ZZZ
96369		A	Sc ther infusion, up to 1 hr	0.21	3.33	3.80	NA	NA	0.02	XXX
96370		A	Sc ther infusion, addl hr	0.18	0.21	0.22	NA	NA	0.01	ZZZ
96371		A	Sc ther infusion, reset pump	0.00	2.16	2.07	NA	NA	0.01	ZZZ
96372		A	Ther/proph/diag inj, sc/im	0.17	0.42	0.41	NA	NA	0.01	XXX
96373		A	Ther/proph/diag inj, ia	0.17	0.32	0.32	NA	NA	0.01	XXX
96374		A	Ther/proph/diag inj, iv push	0.18	1.08	1.26	NA	NA	0.02	XXX
96375		A	Tx/pro/dx inj new drug addon	0.10	0.40	0.50	NA	NA	0.01	ZZZ
96376		X	Tx/pro/dx inj new drug adon	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
96379		C	Ther/prop/diag inj/inf proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96401		A	Chemo, anti-neopl, sq/im	0.21	1.47	1.63	NA	NA	0.03	XXX
96402		A	Chemo hormon antineopl sq/im	0.19	0.57	0.77	NA	NA	0.01	XXX
96405		A	Chemo intralesional, up to 7	0.52	1.45	1.73	0.28	0.26	0.02	000
96406		A	Chemo intralesional over 7	0.80	1.98	2.33	0.39	0.35	0.03	000
96409		A	Chemo, iv push, sngl drug	0.24	2.20	2.69	NA	NA	0.04	XXX
96411		A	Chemo, iv push, addl drug	0.20	1.18	1.45	NA	NA	0.02	ZZZ
96413		A	Chemo, iv infusion, 1 hr	0.28	2.86	3.56	NA	NA	0.04	XXX
96415		A	Chemo, iv infusion, addl hr	0.19	0.51	0.64	NA	NA	0.01	ZZZ
96416		A	Chemo prolong infuse w/pump	0.21	3.21	3.99	NA	NA	0.05	XXX
96417		A	Chemo iv infus each addl seq	0.21	1.36	1.69	NA	NA	0.02	ZZZ
96420		A	Chemo, ia, push tecnique	0.17	2.18	2.64	NA	NA	0.06	XXX
96422		A	Chemo ia infusion up to 1 hr	0.17	3.55	4.38	NA	NA	0.06	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
96423		A	Chemo ia infuse each addl hr	0.17	1.57	1.89	NA	NA	0.03	ZZZ
96425		A	Chemotherapy,infusion method	0.17	3.81	4.39	NA	NA	0.07	XXX
96440		A	Chemotherapy, intracavitary	2.37	18.21	15.31	1.05	1.13	0.40	000
96445		A	Chemotherapy, intracavitary	2.20	4.32	5.34	0.94	0.92	0.15	000
96450		A	Chemotherapy, into CNS	1.53	2.86	3.88	0.63	0.78	0.08	000
96521		A	Refill/maint, portable pump	0.21	2.75	3.17	NA	NA	0.04	XXX
96522		A	Refill/maint pump/resvr syst	0.21	2.28	2.65	NA	NA	0.04	XXX
96523		T	Irrig drug delivery device	0.04	0.51	0.62	NA	NA	0.01	XXX
96542		A	Chemotherapy injection	0.75	1.98	2.71	0.37	0.43	0.03	XXX
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96567		A	Photodynamic tx, skin	0.00	3.16	3.24	NA	NA	0.01	XXX
96570		A	Photodynmc tx, 30 min add-on	1.10	0.38	0.40	0.38	0.40	0.13	ZZZ
96571		A	Photodynamic tx, addl 15 min	0.55	0.15	0.18	0.15	0.18	0.03	ZZZ
96900		A	Ultraviolet light therapy	0.00	0.47	0.52	NA	NA	0.01	XXX
96902		B	Trichogram	0.41	0.17	0.16	0.15	0.14	0.02	XXX
96904		R	Whole body photography	0.00	1.49	1.73	NA	NA	0.01	XXX
96910		A	Photochemotherapy with UV-B	0.00	1.65	1.71	NA	NA	0.01	XXX
96912		A	Photochemotherapy with UV-A	0.00	2.12	2.20	NA	NA	0.01	XXX
96913		A	Photochemotherapy, UV-A or B	0.00	2.98	3.04	NA	NA	0.01	XXX
96920		A	Laser tx, skin < 250 sq cm	1.15	3.17	3.29	0.69	0.62	0.03	000
96921		A	Laser tx, skin 250-500 sq cm	1.17	3.27	3.23	0.69	0.59	0.03	000
96922		A	Laser tx, skin > 500 sq cm	2.10	4.21	4.34	1.27	1.07	0.06	000
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001		A	Pt evaluation	1.20	0.77	0.72	NA	NA	0.04	XXX
97002		A	Pt re-evaluation	0.60	0.48	0.44	NA	NA	0.02	XXX
97003		A	Ot evaluation	1.20	1.00	0.86	NA	NA	0.04	XXX
97004		A	Ot re-evaluation	0.60	0.73	0.62	NA	NA	0.02	XXX
97005		I	Athletic train eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97006		I	Athletic train reeval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97010		B	Hot or cold packs therapy	0.06	0.08	0.07	NA	NA	0.01	XXX
97012		A	Mechanical traction therapy	0.25	0.17	0.15	NA	NA	0.01	XXX
97014		I	Electric stimulation therapy	0.18	0.21	0.19	NA	NA	0.01	XXX
97016		A	Vasopneumatic device therapy	0.18	0.29	0.25	NA	NA	0.01	XXX
97018		A	Paraffin bath therapy	0.06	0.19	0.16	NA	NA	0.01	XXX
97022		A	Whirlpool therapy	0.17	0.40	0.33	NA	NA	0.01	XXX
97024		A	Diathermy eg, microwave	0.06	0.10	0.09	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
97026		A	Infrared therapy	0.06	0.08	0.07	NA	NA	0.01	XXX
97028		A	Ultraviolet therapy	0.08	0.10	0.09	NA	NA	0.01	XXX
97032		A	Electrical stimulation	0.25	0.24	0.20	NA	NA	0.01	XXX
97033		A	Electric current therapy	0.26	0.53	0.44	NA	NA	0.01	XXX
97034		A	Contrast bath therapy	0.21	0.24	0.21	NA	NA	0.01	XXX
97035		A	Ultrasound therapy	0.21	0.12	0.11	NA	NA	0.01	XXX
97036		A	Hydrotherapy	0.28	0.53	0.45	NA	NA	0.01	XXX
97039		C	Physical therapy treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97110		A	Therapeutic exercises	0.45	0.38	0.33	NA	NA	0.01	XXX
97112		A	Neuromuscular reeducation	0.45	0.41	0.36	NA	NA	0.01	XXX
97113		A	Aquatic therapy/exercises	0.44	0.64	0.54	NA	NA	0.01	XXX
97116		A	Gait training therapy	0.40	0.33	0.29	NA	NA	0.01	XXX
97124		A	Massage therapy	0.35	0.32	0.28	NA	NA	0.01	XXX
97139		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97140		A	Manual therapy	0.43	0.34	0.30	NA	NA	0.01	XXX
97150		A	Group therapeutic procedures	0.27	0.26	0.23	NA	NA	0.01	XXX
97530		A	Therapeutic activities	0.44	0.45	0.40	NA	NA	0.01	XXX
97532		A	Cognitive skills development	0.44	0.26	0.23	NA	NA	0.01	XXX
97533		A	Sensory integration	0.44	0.32	0.29	NA	NA	0.01	XXX
97535		A	Self care mngment training	0.45	0.44	0.39	NA	NA	0.01	XXX
97537		A	Community/work reintegration	0.45	0.33	0.30	NA	NA	0.01	XXX
97542		A	Wheelchair mngment training	0.45	0.34	0.31	NA	NA	0.01	XXX
97545		R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546		R	Work hardening add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
97597		A	Active wound care/20 cm or <	0.58	1.32	1.09	0.14	0.23	0.04	XXX
97598		A	Active wound care > 20 cm	0.80	1.53	1.26	0.19	0.30	0.05	XXX
97602		B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97605		A	Neg press wound tx, < 50 cm	0.55	0.48	0.42	0.13	0.15	0.06	XXX
97606		A	Neg press wound tx, > 50 cm	0.60	0.49	0.43	0.14	0.16	0.07	XXX
97750		A	Physical performance test	0.45	0.39	0.35	NA	NA	0.02	XXX
97755		A	Assistive technology assess	0.62	0.32	0.29	NA	NA	0.02	XXX
97760		A	Orthotic mgmt and training	0.45	0.51	0.44	NA	NA	0.02	XXX
97761		A	Prosthetic training	0.45	0.39	0.34	NA	NA	0.02	XXX
97762		A	C/o for orthotic/prosth use	0.25	0.89	0.72	NA	NA	0.01	XXX
97799		C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition, indiv, in	0.53	0.23	0.26	0.19	0.22	0.02	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
97803		A	Med nutrition, indiv, subseq	0.45	0.20	0.24	0.16	0.19	0.02	XXX
97804		A	Medical nutrition, group	0.25	0.10	0.10	0.09	0.10	0.01	XXX
97810		N	Acupunct w/o stimul 15 min	0.60	0.35	0.35	0.22	0.22	0.03	XXX
97811		N	Acupunct w/o stimul addl 15m	0.50	0.22	0.22	0.18	0.18	0.02	ZZZ
97813		N	Acupunct w/stimul 15 min	0.65	0.36	0.37	0.24	0.24	0.03	XXX
97814		N	Acupunct w/stimul addl 15m	0.55	0.27	0.27	0.20	0.20	0.03	ZZZ
98925		A	Osteopathic manipulation	0.45	0.37	0.32	0.17	0.14	0.02	000
98926		A	Osteopathic manipulation	0.65	0.46	0.41	0.23	0.21	0.02	000
98927		A	Osteopathic manipulation	0.87	0.58	0.51	0.29	0.26	0.03	000
98928		A	Osteopathic manipulation	1.03	0.65	0.58	0.34	0.31	0.04	000
98929		A	Osteopathic manipulation	1.19	0.76	0.66	0.41	0.36	0.05	000
98940		A	Chiropractic manipulation	0.45	0.25	0.23	0.13	0.12	0.01	000
98941		A	Chiropractic manipulation	0.65	0.32	0.29	0.19	0.18	0.02	000
98942		A	Chiropractic manipulation	0.87	0.38	0.36	0.25	0.25	0.02	000
98943		N	Chiropractic manipulation	0.40	0.23	0.23	0.15	0.14	0.02	XXX
98960		B	Self-mgmt educ & train, 1 pt	0.00	0.62	0.65	NA	NA	0.01	XXX
98961		B	Self-mgmt educ/train, 2-4 pt	0.00	0.30	0.31	NA	NA	0.01	XXX
98962		B	Self-mgmt educ/train, 5-8 pt	0.00	0.22	0.23	NA	NA	0.01	XXX
98966		N	Hc pro phone call 5-10 min	0.25	0.12	0.12	0.09	0.08	0.01	XXX
98967		N	Hc pro phone call 11-20 min	0.50	0.21	0.21	0.18	0.18	0.02	XXX
98968		N	Hc pro phone call 21-30 min	0.75	0.31	0.29	0.27	0.26	0.04	XXX
98969		N	Online service by hc pro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99026		N	In-hospital on call service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99027		N	Out-of-hosp on call service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99051		B	Med serv, eve/wkend/holiday	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99053		B	Med serv 10pm-8am, 24 hr fac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Med service out of office	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99060		B	Out of office emerg med serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99091		B	Collect/review data from pt	1.10	0.40	0.38	NA	NA	0.05	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99143		C	Mod cs by same phys, < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99144		C	Mod cs by same phys, 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99145		C	Mod cs by same phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99148		C	Mod cs diff phys < 5 yrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99149		C	Mod cs diff phys 5 yrs +	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99150		C	Mod cs diff phys add-on	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99170		A	Anogenital exam, child	1.75	1.81	2.06	0.70	0.77	0.09	000
99172		N	Ocular function screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99173		N	Visual acuity screen	0.00	0.06	0.06	NA	NA	0.01	XXX
99174		N	Ocular photoscreening	0.00	0.66	0.69	NA	NA	0.01	XXX
99175		A	Induction of vomiting	0.00	0.55	0.61	NA	NA	0.01	XXX
99183		A	Hyperbaric oxygen therapy	2.34	3.07	2.87	0.81	0.69	0.19	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	2.07	1.99	NA	NA	0.04	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.48	0.61	0.57	0.22	0.18	0.03	XXX
99202		A	Office/outpatient visit, new	0.93	0.97	0.88	0.40	0.35	0.05	XXX
99203		A	Office/outpatient visit, new	1.42	1.31	1.19	0.59	0.50	0.10	XXX
99204		A	Office/outpatient visit, new	2.43	1.80	1.61	1.00	0.82	0.17	XXX
99205		A	Office/outpatient visit, new	3.17	2.09	1.91	1.24	1.04	0.20	XXX
99211		A	Office/outpatient visit, est	0.18	0.31	0.34	0.07	0.06	0.01	XXX
99212		A	Office/outpatient visit, est	0.48	0.61	0.57	0.20	0.17	0.03	XXX
99213		A	Office/outpatient visit, est	0.97	0.88	0.79	0.39	0.32	0.05	XXX
99214		A	Office/outpatient visit, est	1.50	1.24	1.14	0.58	0.49	0.07	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99215		A	Office/outpatient visit, est	2.11	1.58	1.45	0.82	0.70	0.10	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.60	0.54	0.06	XXX
99218		A	Observation care	1.28	NA	NA	0.47	0.42	0.06	XXX
99219		A	Observation care	2.14	NA	NA	0.80	0.69	0.10	XXX
99220		A	Observation care	2.99	NA	NA	1.08	0.97	0.15	XXX
99221		A	Initial hospital care	1.92	NA	NA	0.71	0.59	0.13	XXX
99222		A	Initial hospital care	2.61	NA	NA	0.99	0.81	0.16	XXX
99223		A	Initial hospital care	3.86	NA	NA	1.45	1.20	0.21	XXX
99231		A	Subsequent hospital care	0.76	NA	NA	0.28	0.25	0.04	XXX
99232		A	Subsequent hospital care	1.39	NA	NA	0.52	0.45	0.06	XXX
99233		A	Subsequent hospital care	2.00	NA	NA	0.73	0.64	0.09	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	0.95	0.88	0.16	XXX
99235		A	Observ/hosp same date	3.41	NA	NA	1.27	1.13	0.17	XXX
99236		A	Observ/hosp same date	4.26	NA	NA	1.55	1.38	0.21	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.61	0.54	0.05	XXX
99239		A	Hospital discharge day	1.90	NA	NA	0.89	0.76	0.08	XXX
99241		I	Office consultation	0.64	0.66	0.66	0.24	0.24	0.05	XXX
99242		I	Office consultation	1.34	1.10	1.10	0.51	0.51	0.10	XXX
99243		I	Office consultation	1.88	1.46	1.46	0.71	0.71	0.13	XXX
99244		I	Office consultation	3.02	1.96	1.96	1.14	1.14	0.16	XXX
99245		I	Office consultation	3.77	2.30	2.30	1.38	1.38	0.21	XXX
99251		I	Inpatient consultation	1.00	NA	NA	0.32	0.32	0.05	XXX
99252		I	Inpatient consultation	1.50	NA	NA	0.52	0.52	0.09	XXX
99253		I	Inpatient consultation	2.27	NA	NA	0.84	0.84	0.11	XXX
99254		I	Inpatient consultation	3.29	NA	NA	1.23	1.23	0.13	XXX
99255		I	Inpatient consultation	4.00	NA	NA	1.44	1.44	0.18	XXX
99281		A	Emergency dept visit	0.45	NA	NA	0.12	0.10	0.02	XXX
99282		A	Emergency dept visit	0.88	NA	NA	0.23	0.19	0.05	XXX
99283		A	Emergency dept visit	1.34	NA	NA	0.33	0.29	0.07	XXX
99284		A	Emergency dept visit	2.56	NA	NA	0.57	0.50	0.16	XXX
99285		A	Emergency dept visit	3.80	NA	NA	0.76	0.72	0.22	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	4.50	2.50	2.41	1.37	1.24	0.25	XXX
99292		A	Critical care, addl 30 min	2.25	0.92	0.86	0.69	0.62	0.13	ZZZ
99304		A	Nursing facility care, init	1.64	0.78	0.62	0.78	0.62	0.10	XXX
99305		A	Nursing facility care, init	2.35	1.05	0.82	1.05	0.82	0.15	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99306		A	Nursing facility care, init	3.06	1.30	1.01	1.30	1.01	0.17	XXX
99307		A	Nursing fac care, subseq	0.76	0.41	0.34	0.41	0.34	0.03	XXX
99308		A	Nursing fac care, subseq	1.16	0.64	0.53	0.64	0.53	0.05	XXX
99309		A	Nursing fac care, subseq	1.55	0.83	0.68	0.83	0.68	0.06	XXX
99310		A	Nursing fac care, subseq	2.35	1.17	0.95	1.17	0.95	0.10	XXX
99315		A	Nursing fac discharge day	1.13	0.57	0.47	0.57	0.47	0.05	XXX
99316		A	Nursing fac discharge day	1.50	0.72	0.59	0.72	0.59	0.06	XXX
99318		A	Annual nursing fac assessmnt	1.71	0.82	0.63	0.82	0.63	0.07	XXX
99324		A	Domicil/r-home visit new pat	1.01	0.44	0.45	NA	NA	0.05	XXX
99325		A	Domicil/r-home visit new pat	1.52	0.60	0.60	NA	NA	0.07	XXX
99326		A	Domicil/r-home visit new pat	2.63	1.11	0.94	NA	NA	0.12	XXX
99327		A	Domicil/r-home visit new pat	3.46	1.47	1.20	NA	NA	0.16	XXX
99328		A	Domicil/r-home visit new pat	4.09	1.63	1.37	NA	NA	0.18	XXX
99334		A	Domicil/r-home visit est pat	1.07	0.52	0.46	NA	NA	0.05	XXX
99335		A	Domicil/r-home visit est pat	1.72	0.79	0.66	NA	NA	0.07	XXX
99336		A	Domicil/r-home visit est pat	2.46	1.10	0.89	NA	NA	0.10	XXX
99337		A	Domicil/r-home visit est pat	3.58	1.54	1.23	NA	NA	0.17	XXX
99339		B	Domicil/r-home care supervis	1.25	0.77	0.76	NA	NA	0.06	XXX
99340		B	Domicil/r-home care supervis	1.80	1.03	1.01	NA	NA	0.09	XXX
99341		A	Home visit, new patient	1.01	0.43	0.44	NA	NA	0.05	XXX
99342		A	Home visit, new patient	1.52	0.57	0.59	NA	NA	0.08	XXX
99343		A	Home visit, new patient	2.53	0.96	0.91	NA	NA	0.13	XXX
99344		A	Home visit, new patient	3.38	1.43	1.19	NA	NA	0.16	XXX
99345		A	Home visit, new patient	4.09	1.72	1.40	NA	NA	0.19	XXX
99347		A	Home visit, est patient	1.00	0.46	0.44	NA	NA	0.05	XXX
99348		A	Home visit, est patient	1.56	0.67	0.61	NA	NA	0.07	XXX
99349		A	Home visit, est patient	2.33	1.05	0.86	NA	NA	0.10	XXX
99350		A	Home visit, est patient	3.28	1.43	1.16	NA	NA	0.16	XXX
99354		A	Prolonged service, office	1.77	0.83	0.74	0.67	0.60	0.08	ZZZ
99355		A	Prolonged service, office	1.77	0.79	0.72	0.63	0.57	0.08	ZZZ
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.69	0.59	0.08	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.69	0.59	0.08	ZZZ
99358		B	Prolong service w/o contact	2.10	0.80	0.77	0.80	0.77	0.10	XXX
99359		B	Prolong serv w/o contact add	1.00	0.40	0.38	0.40	0.38	0.05	ZZZ
99360		X	Physician standby services	1.20	NA	NA	0.44	0.42	0.06	XXX
99363		B	Anticoag mgmt, init	1.65	1.57	1.59	0.60	0.57	0.08	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99364		B	Anticoag mgmt, subseq	0.63	0.48	0.48	0.23	0.22	0.03	XXX
99366		B	Team conf w/pat by hc pro	0.82	0.32	0.30	0.30	0.28	0.04	XXX
99367		B	Team conf w/o pat by phys	1.10	NA	NA	0.40	0.38	0.05	XXX
99368		B	Team conf w/o pat by hc pro	0.72	NA	NA	0.26	0.25	0.03	XXX
99374		B	Home health care supervision	1.10	0.71	0.71	0.40	0.39	0.05	XXX
99375		I	Home health care supervision	1.73	1.00	1.10	0.63	0.78	0.08	XXX
99377		B	Hospice care supervision	1.10	0.71	0.71	0.40	0.39	0.05	XXX
99378		I	Hospice care supervision	1.73	1.00	1.18	0.63	0.86	0.08	XXX
99379		B	Nursing fac care supervision	1.10	0.71	0.71	0.40	0.39	0.05	XXX
99380		B	Nursing fac care supervision	1.73	1.00	0.99	0.63	0.62	0.08	XXX
99381		N	Init pm e/m, new pat, inf	1.19	1.20	1.27	0.44	0.42	0.06	XXX
99382		N	Init pm e/m, new pat 1-4 yrs	1.36	1.26	1.32	0.50	0.48	0.06	XXX
99383		N	Prev visit, new, age 5-11	1.36	1.25	1.31	0.50	0.48	0.06	XXX
99384		N	Prev visit, new, age 12-17	1.53	1.31	1.37	0.56	0.55	0.07	XXX
99385		N	Prev visit, new, age 18-39	1.53	1.31	1.37	0.56	0.55	0.07	XXX
99386		N	Prev visit, new, age 40-64	1.88	1.44	1.51	0.69	0.67	0.09	XXX
99387		N	Init pm e/m, new pat 65+ yrs	2.06	1.60	1.66	0.75	0.74	0.10	XXX
99391		N	Per pm reeval, est pat, inf	1.02	1.03	1.05	0.37	0.36	0.05	XXX
99392		N	Prev visit, est, age 1-4	1.19	1.10	1.11	0.44	0.42	0.06	XXX
99393		N	Prev visit, est, age 5-11	1.19	1.09	1.10	0.44	0.42	0.06	XXX
99394		N	Prev visit, est, age 12-17	1.36	1.15	1.16	0.50	0.48	0.06	XXX
99395		N	Prev visit, est, age 18-39	1.36	1.15	1.17	0.50	0.48	0.06	XXX
99396		N	Prev visit, est, age 40-64	1.53	1.22	1.23	0.56	0.55	0.07	XXX
99397		N	Per pm reeval est pat 65+ yr	1.71	1.39	1.39	0.63	0.62	0.08	XXX
99401		N	Preventive counseling, indiv	0.48	0.44	0.48	0.18	0.17	0.02	XXX
99402		N	Preventive counseling, indiv	0.98	0.62	0.67	0.36	0.35	0.05	XXX
99403		N	Preventive counseling, indiv	1.46	0.80	0.85	0.53	0.52	0.07	XXX
99404		N	Preventive counseling, indiv	1.95	0.98	1.03	0.71	0.70	0.09	XXX
99406		A	Behav chng smoking 3-10 min	0.24	0.13	0.12	0.09	0.08	0.01	XXX
99407		A	Behav chng smoking > 10 min	0.50	0.22	0.19	0.18	0.16	0.02	XXX
99408		N	Audit/dast, 15-30 min	0.65	0.28	0.27	0.24	0.23	0.03	XXX
99409		N	Audit/dast, over 30 min	1.30	0.52	0.50	0.48	0.46	0.06	XXX
99411		N	Preventive counseling, group	0.15	0.25	0.25	0.05	0.05	0.01	XXX
99412		N	Preventive counseling, group	0.25	0.29	0.29	0.09	0.09	0.01	XXX
99420		N	Health risk assessment test	0.00	0.24	0.25	NA	NA	0.01	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99441		N	Phone e/m by phys 5-10 min	0.25	0.12	0.12	0.09	0.08	0.01	XXX
99442		N	Phone e/m by phys 11-20 min	0.50	0.21	0.21	0.18	0.18	0.02	XXX
99443		N	Phone e/m by phys 21-30 min	0.75	0.31	0.29	0.27	0.26	0.04	XXX
99444		N	Online e/m by phys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99450		N	Basic life disability exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Work related disability exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99460		A	Init nb em per day, hosp	1.17	NA	NA	0.44	0.37	0.04	XXX
99461		A	Init nb em per day, non-fac	1.26	1.22	1.08	0.46	0.44	0.06	XXX
99462		A	Sbsq nb em per day, hosp	0.62	NA	NA	0.23	0.20	0.03	XXX
99463		A	Same day nb discharge	1.50	NA	NA	0.70	0.58	0.06	XXX
99464		A	Attendance at delivery	1.50	NA	NA	0.50	0.43	0.05	XXX
99465		A	Nb resuscitation	2.93	NA	NA	1.07	1.01	0.16	XXX
99466		A	Ped crit care transport	4.79	NA	NA	1.77	1.52	0.75	XXX
99467		A	Ped crit care transport addl	2.40	NA	NA	0.95	0.77	0.10	ZZZ
99468		A	Neonate crit care, initial	18.46	NA	NA	7.01	5.22	1.12	XXX
99469		A	Neonate crit care, subsq	7.99	NA	NA	2.66	2.36	0.31	XXX
99471		A	Ped critical care, initial	15.98	NA	NA	5.32	4.75	0.64	XXX
99472		A	Ped critical care, subsq	7.99	NA	NA	2.76	2.38	0.35	XXX
99475		A	Ped crit care age 2-5, init	11.25	3.43	3.03	3.43	3.03	0.63	XXX
99476		A	Ped crit care age 2-5, subsq	6.75	2.06	1.82	2.06	1.82	0.38	XXX
99477		A	Init day hosp neonate care	7.00	NA	NA	2.33	2.15	0.28	XXX
99478		A	Ic, lbw inf < 1500 gm subsq	2.75	NA	NA	1.09	0.97	0.13	XXX
99479		A	Ic lbw inf 1500-2500 g subsq	2.50	NA	NA	0.99	0.79	0.12	XXX
99480		A	Ic inf pbw 2501-5000 g subsq	2.40	NA	NA	0.92	0.76	0.12	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99500		I	Home visit, prenatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99501		I	Home visit, postnatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99502		I	Home visit, nb care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99503		I	Home visit, resp therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99504		I	Home visit mech ventilator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99505		I	Home visit, stoma care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99506		I	Home visit, im injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99507		I	Home visit, cath maintain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99509		I	Home visit day life activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99510		I	Home visit, sing/m/fam couns	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
99511		I	Home visit, fecal/enema mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99512		I	Home visit for hemodialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99600		I	Home visit nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99601		I	Home infusion/visit, 2 hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99602		I	Home infusion, each addtl hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99605		X	Mtms by pharm, np, 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99606		X	Mtms by pharm, est, 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99607		X	Mtms by pharm, addl 15 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		C	Radiopharm dx agent noc	0	0	0	0	0	0	XXX
A4642		C	In111 satumomab	0	0	0	0	0	0	XXX
A4890		R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		C	Tc99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9501		C	Technetium TC-99m teboroxime	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		C	Tc99m tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		C	Tc99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9504		C	Tc99m apcitide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505		C	TL201 thallium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507		C	In111 capromab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9508		C	I131 iodobenguate, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9509		C	Iodine I-123 sod iodide mil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9510		C	Tc99m disofenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9512		C	Tc99m pertechnetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9516		C	Iodine I-123 sod iodide mic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9517		C	I131 iodide cap, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9521		C	Tc99m exametazime	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9524		C	I131 serum albumin, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9526		C	Nitrogen N-13 ammonia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9527		C	Iodine I-125 sodium iodide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9528		C	Iodine I-131 iodide cap, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9529		C	I131 iodide sol, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9530		C	I131 iodide sol, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9531		C	I131 max 100uCi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9532		C	I125 serum albumin, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9536		C	Tc99m depreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9537		C	Tc99m mebrofenin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9538		C	Tc99m pyrophosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
A9539		C	Tc99m pentetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9540		C	Tc99m MAA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9541		C	Tc99m sulfur colloid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9542		C	In111 ibritumomab, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9543		C	Y90 ibritumomab, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9544		C	I131 tositumomab, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9545		C	I131 tositumomab, rx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9546		C	Co57/58	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9547		C	In111 oxyquinoline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9548		C	In111 pentetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9550		C	Tc99m gluceptate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9551		C	Tc99m succimer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9552		C	F18 fdg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9553		C	Cr51 chromate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9554		C	I125 iothalamate, dx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9555		C	Rb82 rubidium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9556		C	Ga67 gallium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9557		C	Tc99m bicisate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9558		C	Xe133 xenon 10mci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9559		C	Co57 cyano	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9560		C	Tc99m labeled rbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9561		C	Tc99m oxidronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9562		C	Tc99m mertiatide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9563		C	P32 Na phosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9564		C	P32 chromic phosphate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9566		C	Tc99m fanolesomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9567		C	Technetium TC-99m aerosol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9568		C	Technetium tc99m arcitumomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9569		C	Technetium TC-99m auto WBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9570		C	Indium In-111 auto WBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9571		C	Indium IN-111 auto platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9572		C	Indium In-111 pentetreotide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9580		C	Sodium fluoride F-18	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		C	Sr89 strontium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9699		C	Radiopharm rx agent noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0008		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G0009		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0101		A	CA screen;pelvic/breast exam	0.45	0.51	0.50	NA	NA	0.02	XXX
G0102		A	Prostate ca screening; dre	0.17	0.31	0.34	0.07	0.06	0.01	XXX
G0103		X	PSA screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	2.43	2.47	0.65	0.62	0.10	000
G0105		A	Colorectal scrn; hi risk ind	3.69	5.87	6.24	1.83	1.82	0.43	000
G0105	53	A	Colorectal scrn; hi risk ind	0.96	2.43	2.47	0.65	0.62	0.10	000
G0106		A	Colon CA screen;barium enema	0.99	4.32	4.40	NA	NA	0.03	XXX
G0106	TC	A	Colon CA screen;barium enema	0.00	4.02	4.04	NA	NA	0.01	XXX
G0106	26	A	Colon CA screen;barium enema	0.99	0.30	0.36	0.30	0.36	0.02	XXX
G0108		A	Diab manage trn per indiv	0.00	0.61	0.64	NA	NA	0.01	XXX
G0109		A	Diab manage trn ind/group	0.00	0.32	0.35	NA	NA	0.01	XXX
G0117		T	Glaucoma scrn hgh risk direc	0.45	0.88	0.79	NA	NA	0.02	XXX
G0118		T	Glaucoma scrn hgh risk direc	0.17	0.88	0.71	NA	NA	0.01	XXX
G0120		A	Colon ca scrn; barium enema	0.99	4.32	4.40	NA	NA	0.03	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	4.02	4.04	NA	NA	0.01	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.30	0.36	0.30	0.36	0.02	XXX
G0121		A	Colon ca scrn not hi rsk ind	3.69	5.87	6.24	1.83	1.82	0.43	000
G0121	53	A	Colon ca scrn not hi rsk ind	0.96	2.43	2.47	0.65	0.62	0.10	000
G0122		N	Colon ca scrn; barium enema	0.99	6.06	5.63	NA	NA	0.04	XXX
G0122	TC	N	Colon ca scrn; barium enema	0.00	5.70	5.28	NA	NA	0.01	XXX
G0122	26	N	Colon ca scrn; barium enema	0.99	0.36	0.35	0.36	0.35	0.03	XXX
G0123		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124		A	Screen c/v thin layer by MD	0.42	0.34	0.32	0.34	0.32	0.02	XXX
G0127		R	Trim nail(s)	0.17	0.40	0.36	0.04	0.05	0.01	000
G0128		R	CORF skilled nursing service	0.08	0.17	0.15	NA	NA	0.01	XXX
G0130		A	Single energy x-ray study	0.22	0.61	0.63	NA	NA	0.02	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.52	0.56	NA	NA	0.01	XXX
G0130	26	A	Single energy x-ray study	0.22	0.09	0.07	0.09	0.07	0.01	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.34	0.32	0.34	0.32	0.02	XXX
G0143		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	3.26	3.93	NA	NA	0.02	XXX
G0168		A	Wound closure by adhesive	0.45	1.87	1.71	0.26	0.23	0.02	000
G0173		X	Linear acc stereo radsur com	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0175		X	OPPS Service,sched team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0176		X	OPPS/PHP;activity therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0177		X	OPPS/PHP; train & educ serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0179		A	MD recertification HHA PT	0.45	0.57	0.61	NA	NA	0.02	XXX
G0180		A	MD certification HHA patient	0.67	0.67	0.72	NA	NA	0.03	XXX
G0181		A	Home health care supervision	1.73	1.05	1.01	NA	NA	0.07	XXX
G0182		A	Hospice care supervision	1.73	1.06	1.06	NA	NA	0.07	XXX
G0186		C	Dstry eye lesn,fdr vssl tech	0.00	0.00	0.00	0.00	0.00	0.00	YYY
G0202		A	Screeningmammographydigital	0.70	2.81	2.84	NA	NA	0.04	XXX
G0202	TC	A	Screeningmammographydigital	0.00	2.57	2.60	NA	NA	0.01	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.24	0.24	0.24	0.24	0.03	XXX
G0204		A	Diagnosticmammographydigital	0.87	3.41	3.34	NA	NA	0.05	XXX
G0204	TC	A	Diagnosticmammographydigital	0.00	3.11	3.04	NA	NA	0.01	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.30	0.30	0.30	0.30	0.04	XXX
G0206		A	Diagnosticmammographydigital	0.70	2.67	2.63	NA	NA	0.04	XXX
G0206	TC	A	Diagnosticmammographydigital	0.00	2.43	2.39	NA	NA	0.01	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.24	0.24	0.24	0.24	0.03	XXX
G0219		N	PET img wholbod melano nonco	0.00	0.00	0.00	NA	NA	0.00	XXX
G0219	TC	N	PET img wholbod melano nonco	0.00	0.00	0.00	NA	NA	0.00	XXX
G0219	26	N	PET img wholbod melano nonco	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0235		N	PET not otherwise specified	0.00	0.00	0.00	NA	NA	0.00	XXX
G0235	TC	N	PET not otherwise specified	0.00	0.00	0.00	NA	NA	0.00	XXX
G0235	26	N	PET not otherwise specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0237		A	Therapeutic procd strg endur	0.00	0.20	0.26	NA	NA	0.01	XXX
G0238		A	Oth resp proc, indiv	0.00	0.21	0.27	NA	NA	0.01	XXX
G0239		A	Oth resp proc, group	0.00	0.26	0.29	NA	NA	0.01	XXX
G0245		R	Initial foot exam pt lops	0.88	0.97	0.88	0.40	0.35	0.04	XXX
G0246		R	Followup eval of foot pt lop	0.45	0.61	0.57	0.20	0.17	0.02	XXX
G0247		R	Routine footcare pt w lops	0.50	0.71	0.65	0.16	0.17	0.03	ZZZ
G0248		R	Demonstrate use home inr mon	0.00	2.75	3.83	NA	NA	0.01	XXX
G0249		R	Provide INR test mater/equip	0.00	2.67	3.33	NA	NA	0.01	XXX
G0250		R	MD INR test revie inter mgmt	0.18	0.06	0.08	NA	NA	0.01	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G0251		E	Linear acc based stero radio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0252		N	PET imaging initial dx	0.00	0.00	0.00	NA	NA	0.00	XXX
G0252	TC	N	PET imaging initial dx	0.00	0.00	0.00	NA	NA	0.00	XXX
G0252	26	N	PET imaging initial dx	1.50	0.55	0.60	0.55	0.60	0.07	XXX
G0255		N	Current percep threshold tst	0.00	0.00	0.00	NA	NA	0.00	XXX
G0255	TC	N	Current percep threshold tst	0.00	0.00	0.00	NA	NA	0.00	XXX
G0255	26	N	Current percep threshold tst	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0257		E	Unsched dialysis ESRD pt hos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0259		E	Inject for sacroiliac joint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0260		E	Inj for sacroiliac jt anesth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0268		A	Removal of impacted wax md	0.61	0.76	0.70	0.29	0.24	0.02	000
G0269		B	Occlusive device in vein art	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0270		A	MNT subs tx for change dx	0.45	0.20	0.24	0.16	0.19	0.02	XXX
G0271		A	Group MNT 2 or more 30 mins	0.25	0.10	0.10	0.09	0.10	0.01	XXX
G0275		A	Renal angio, cardiac cath	0.25	NA	NA	0.08	0.12	0.01	ZZZ
G0278		A	Iliac art angio,cardiac cath	0.25	NA	NA	0.08	0.12	0.01	ZZZ
G0281		A	Elec stim unattend for press	0.18	0.17	0.14	NA	NA	0.01	XXX
G0282		N	Elect stim wound care not pd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0283		A	Elec stim other than wound	0.18	0.17	0.14	NA	NA	0.01	XXX
G0288		A	Recon, CTA for surg plan	0.00	0.81	2.79	NA	NA	0.01	XXX
G0289		A	Arthro, loose body + chondro	1.48	NA	NA	0.73	0.69	0.21	ZZZ
G0290		E	Drug-eluting stents, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0291		E	Drug-eluting stents,each add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0293		E	Non-cov surg proc,clin trial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0294		E	Non-cov proc, clinical trial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0295		N	Electromagnetic therapy onc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0302		X	Pre-op service LVRS complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0303		X	Pre-op service LVRS 10-15dos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0304		X	Pre-op service LVRS 1-9 dos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0305		X	Post op service LVRS min 6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0306		X	CBC/diffwbc w/o platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0307		X	CBC without platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0328		X	Fecal blood scrn immunoassay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0329		A	Electromagntic tx for ulcers	0.06	0.18	0.16	NA	NA	0.01	XXX
G0333		X	Dispense fee initial 30 day	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0337		X	Hospice evaluation preelecti	1.42	0.52	0.52	0.52	0.52	0.07	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G0339		C	Robot lin-radsurg com, first	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0340		C	Robt lin-radsurg fractx 2-5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0341		A	Percutaneous islet celltrans	6.98	45.07	14.34	NA	NA	0.36	000
G0342		A	Laparoscopy islet cell trans	11.92	NA	NA	6.71	5.71	0.62	090
G0343		A	Laparotomy islet cell transp	19.85	NA	NA	11.35	9.63	1.03	090
G0364		A	Bone marrow aspirate &biopsy	0.16	0.16	0.16	0.08	0.07	0.01	ZZZ
G0365		A	Vessel mapping hemo access	0.25	5.11	4.98	NA	NA	0.03	XXX
G0365	TC	A	Vessel mapping hemo access	0.00	5.03	4.91	NA	NA	0.01	XXX
G0365	26	A	Vessel mapping hemo access	0.25	0.08	0.07	0.08	0.07	0.02	XXX
G0372		A	MD service required for PMD	0.17	0.07	0.12	0.07	0.05	0.01	XXX
G0378		X	Hospital observation per hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0379		X	Direct refer hospital observ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0389		A	Ultrasound exam AAA screen	0.58	2.05	2.34	NA	NA	0.03	XXX
G0389	TC	A	Ultrasound exam AAA screen	0.00	1.87	2.12	NA	NA	0.01	XXX
G0389	26	A	Ultrasound exam AAA screen	0.58	0.18	0.22	0.18	0.22	0.02	XXX
G0396		A	Alcohol/subs interv 15-30mn	0.65	0.27	0.22	0.22	0.18	0.03	XXX
G0397		A	Alcohol/subs interv >30 min	1.30	0.64	0.43	0.59	0.39	0.06	XXX
G0398		C	Home sleep test/type 2 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0398	TC	C	Home sleep test/type 2 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0398	26	C	Home sleep test/type 2 Porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0399		C	Home sleep test/type 3 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0399	TC	C	Home sleep test/type 3 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0399	26	C	Home sleep test/type 3 Porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0400		C	Home sleep test/type 4 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0400	TC	C	Home sleep test/type 4 Porta	0.00	0.00	0.00	NA	NA	0.00	XXX
G0400	26	C	Home sleep test/type 4 Porta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0402		A	Initial preventive exam	2.30	1.82	1.32	NA	NA	0.09	XXX
G0403		A	EKG for initial prevent exam	0.17	0.27	0.36	NA	NA	0.02	XXX
G0404		A	EKG tracing for initial prev	0.00	0.21	0.29	NA	NA	0.01	XXX
G0405		A	EKG interpret & report preve	0.17	0.06	0.07	0.06	0.05	0.01	XXX
G0406		A	Telhealth inpt consult 15min	0.76	NA	NA	0.28	0.25	0.04	XXX
G0407		A	Telheath inpt consult 25min	1.39	NA	NA	0.52	0.45	0.06	XXX
G0408		A	Telhealth inpt consult 35min	2.00	NA	NA	0.73	0.64	0.09	XXX
G0409		A	CORF related serv 15 mins ea	0.00	0.22	0.23	NA	NA	0.01	XXX
G0410		X	Grp psych partial hosp 45-50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0411		X	Inter active grp psych parti	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G0412		A	Open tx iliac spine uni/bil	10.45	NA	NA	7.67	7.05	1.50	090
G0413		A	Pelvic ring fracture uni/bil	15.73	NA	NA	10.77	9.99	2.25	090
G0414		A	Pelvic ring fx treat int fix	14.65	NA	NA	10.41	9.73	2.10	090
G0415		A	Open tx post pelvic fxcture	20.93	NA	NA	13.60	12.34	3.09	090
G0416		A	Sat biopsy prostate 1-20 spc	3.09	13.96	13.96	NA	NA	0.09	XXX
G0416	TC	A	Sat biopsy prostate 1-20 spc	0.00	12.14	12.14	NA	NA	0.01	XXX
G0416	26	A	Sat biopsy prostate 1-20 spc	3.09	1.82	1.82	1.82	1.82	0.08	XXX
G0417		A	Sat biopsy prostate 21-40	5.86	27.26	27.26	NA	NA	0.19	XXX
G0417	TC	A	Sat biopsy prostate 21-40	0.00	23.71	23.71	NA	NA	0.01	XXX
G0417	26	A	Sat biopsy prostate 21-40	5.86	3.55	3.55	3.55	3.55	0.18	XXX
G0418		A	Sat biopsy prostate 41-60	10.30	46.56	46.56	NA	NA	0.31	XXX
G0418	TC	A	Sat biopsy prostate 41-60	0.00	40.50	40.50	NA	NA	0.01	XXX
G0418	26	A	Sat biopsy prostate 41-60	10.30	6.06	6.06	6.06	6.06	0.30	XXX
G0419		A	Sat biopsy prostate: >60	11.61	55.86	55.86	NA	NA	0.34	XXX
G0419	TC	A	Sat biopsy prostate: >60	0.00	48.60	48.60	NA	NA	0.01	XXX
G0419	26	A	Sat biopsy prostate: >60	11.61	7.26	7.26	7.26	7.26	0.33	XXX
G0420		A	Ed svc CKD ind per session	2.12	0.86	0.86	NA	NA	0.08	XXX
G0421		A	Ed svc CKD grp per session	0.50	0.20	0.20	NA	NA	0.02	XXX
G0422		A	Intens cardiac rehab w/exerc	0.60	0.74	0.75	0.74	0.75	0.03	XXX
G0423		A	Intens cardiac rehab no exer	0.60	0.74	0.75	0.74	0.75	0.03	XXX
G0424		A	Pulmonary rehab w exer	0.18	0.46	0.46	0.07	0.07	0.01	XXX
G0425		A	Inpt telehealth consult 30m	1.92	NA	NA	0.71	0.71	0.13	XXX
G0426		A	Inpt telehealth consult 50m	2.61	NA	NA	0.99	0.99	0.16	XXX
G0427		A	Inpt telehealth con 70/>m	3.86	NA	NA	1.45	1.45	0.21	XXX
G0430		X	Drug screen multi class	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0431		X	Drug screen single class	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G3001		X	Admin + supply, tositumomab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9001		X	MCCD, initial rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9002		X	MCCD,maintenance rate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9003		X	MCCD, risk adj hi, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9004		X	MCCD, risk adj lo, initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9005		X	MCCD, risk adj, maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9006		X	MCCD, Home monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9007		X	MCCD, sch team conf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9008		X	Mccd,phys coor-care ovrsght	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9009		X	MCCD, risk adj, level 3	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3,4]	Fully Implemented Non-Facility PE RVUs[2,4]	Year 2010 Transitional Non-Facility PE RVUs[2,4]	Fully Implemented Facility PE RVUs[2,4]	Year 2010 Transitional Facility PE RVUs[2,4]	Mal-Practice RVUs[2,4]	Global
G9010		X	MCCD, risk adj, level 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9011		X	MCCD, risk adj, level 5	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9012		X	Other Specified Case Mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9013		N	ESRD demo bundle level I	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9014		N	ESRD demo bundle-level II	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9016		N	Demo-smoking cessation coun	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9017		X	Amantadine HCL 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9018		X	Zanamivir,inhalation pwd 10m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9019		X	Oseltamivir phosphate 75mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9020		X	Rimantadine HCL 100mg oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9033		X	Amantadine HCL oral brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9034		X	Zanamivir, inh pwdr, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9035		X	Oseltamivir phosp, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9036		X	Rimantadine HCL, brand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9041		A	Low vision rehab occupationa	0.69	0.28	0.28	0.28	0.28	0.03	XXX
G9042		A	Low vision rehab orient/mobi	0.25	0.25	0.25	0.25	0.25	0.01	XXX
G9043		A	Low vision lowvision therapi	0.25	0.25	0.25	0.25	0.25	0.01	XXX
G9044		A	Low vision rehabilate teache	0.24	0.19	0.19	0.19	0.19	0.01	XXX
G9140		X	Frontier extended stay demo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9141		X	Influenza A H1N1,admin w cou	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9142		X	Influenza A H1N1, vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G9143		X	Warfarin respon genetic test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.89	0.79	0.06	0.08	0.01	XXX
P3001		A	Screening pap smear by phys	0.42	0.34	0.32	0.34	0.32	0.02	XXX
Q0035		A	Cardiokymography	0.17	0.26	0.32	NA	NA	0.02	XXX
Q0035	TC	A	Cardiokymography	0.00	0.21	0.27	NA	NA	0.01	XXX
Q0035	26	A	Cardiokymography	0.17	0.05	0.05	0.05	0.05	0.01	XXX
Q0091		A	Obtaining screen pap smear	0.37	0.74	0.74	0.14	0.12	0.02	XXX
Q0092		A	Set up port xray equipment	0.00	0.60	0.49	0.60	0.49	0.01	XXX
Q3001		C	Brachytherapy Radioelements	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q3014		X	Telehealth facility fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

[4] The budget neutrality reduction from the chiropractic demonstration is not reflected in the RVUs for CPT codes 98940, 98941, and 98942. The required reduction will only be reflected in the files used for Medicare payment.

12. On pages 620144 through 620147 and as corrected in the December 10, 2009 correction notice (74 FR 65457), in Addendum C: Codes With Interim RVUs is corrected to read as follows:

ADDENDUM C: Codes with Interim RVUs

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
14301		A	Skin tissue rearrangement	12.65	14.34	14.34	9.98	9.98	1.57	090
14302		A	Skin tissue rearrange add-on	3.73	2.09	2.09	2.09	2.09	0.46	ZZZ
19340		A	Immediate breast prosthesis	13.99	NA	NA	11.59	5.21	2.02	090
21011		A	Exc face les sc < 2 cm	2.99	5.16	5.16	3.33	3.33	0.33	090
21012		A	Exc face les sc = 2 cm	4.45	NA	NA	4.13	4.13	0.53	090
21013		A	Exc face tum deep < 2 cm	5.42	7.17	7.17	4.69	4.69	0.60	090
21014		A	Exc face tum deep = 2 cm	7.13	NA	NA	6.10	6.10	0.85	090
21015		A	Resect face tum < 2 cm	9.89	NA	NA	7.95	5.49	1.37	090
21016		A	Resect face tum = 2 cm	15.26	NA	NA	10.91	10.91	2.14	090
21025		A	Excision of bone, lower jaw	10.03	12.65	11.67	9.38	8.38	1.06	090
21552		A	Exc neck les sc = 3 cm	6.49	NA	NA	4.74	4.74	0.94	090
21554		A	Exc neck tum deep = 5 cm	11.13	NA	NA	7.32	7.32	1.53	090
21555		A	Exc neck les sc < 3 cm	3.96	6.28	5.96	3.76	3.56	0.57	090
21556		A	Exc neck tum deep < 5 cm	7.66	NA	NA	5.78	4.65	1.06	090
21557		A	Resect neck tum < 5 cm	14.75	NA	NA	9.68	6.15	2.05	090
21558		A	Resect neck tum = 5 cm	21.58	NA	NA	12.94	12.94	3.00	090
21930		A	Exc back les sc < 3 cm	4.94	6.59	6.21	4.12	3.88	0.75	090
21931		A	Exc back les sc = 3 cm	6.88	NA	NA	4.82	4.82	1.04	090
21932		A	Exc back tum deep < 5 cm	9.82	NA	NA	6.94	6.94	1.53	090
21933		A	Exc back tum deep = 5 cm	11.13	NA	NA	7.31	7.31	1.73	090
21935		A	Resect back tum < 5 cm	15.72	NA	NA	9.96	9.39	2.36	090
21936		A	Resect back tum = 5 cm	22.55	NA	NA	13.16	13.16	3.38	090
22900		A	Exc back tum deep < 5 cm	8.32	NA	NA	5.68	4.12	1.26	090
22901		A	Exc back tum deep = 5 cm	10.11	NA	NA	6.36	6.36	1.54	090
22902		A	Exc abd les sc < 3 cm	4.42	6.40	6.40	4.14	4.14	0.52	090
22903		A	Exc abd les sc > 3 cm	6.39	NA	NA	4.63	4.63	0.89	090
22904		A	Resect abd tum < 5 cm	16.69	NA	NA	8.92	8.92	2.61	090
22905		A	Resect abd tum > 5 cm	21.58	NA	NA	11.63	11.63	3.38	090
23071		A	Exc shoulder les sc > 3 cm	5.91	NA	NA	4.52	4.52	0.89	090
23073		A	Exc shoulder tum deep > 5 cm	10.13	NA	NA	7.11	7.11	1.50	090
23075		A	Exc shoulder les sc < 3 cm	4.21	7.04	4.58	3.91	2.33	0.63	090
23076		A	Exc shoulder tum deep < 5 cm	7.41	NA	NA	5.88	5.62	1.11	090
23077		A	Resect shoulder tum < 5 cm	17.66	NA	NA	11.19	10.43	2.64	090
23078		A	Resect shoulder tum > 5 cm	22.55	NA	NA	11.99	11.99	3.54	090
23200		A	Resect clavicle tumor	22.71	NA	NA	15.24	10.02	3.29	090
23210		A	Resect scapula tumor	27.21	NA	NA	17.46	10.96	3.94	090
23220		A	Resect prox humerus tumor	30.21	NA	NA	18.69	12.15	4.38	090
23415		A	Release of shoulder ligament	9.23	NA	NA	7.99	7.45	1.33	090
24071		A	Exc arm/elbow les sc = 3 cm	5.70	NA	NA	4.44	4.44	0.85	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
24073		A	Ex arm/elbow tum deep > 5 cm	10.13	NA	NA	7.23	7.23	1.48	090
24075		A	Exc arm/elbow les sc < 3 cm	4.24	7.53	7.38	3.99	3.55	0.62	090
24076		A	Ex arm/elbow tum deep < 5 cm	7.41	NA	NA	6.03	5.12	1.09	090
24077		A	Resect arm/elbow tum < 5 cm	15.72	NA	NA	10.29	8.07	2.34	090
24079		A	Resect arm/elbow tum > 5 cm	20.61	NA	NA	11.27	11.27	3.22	090
24150		A	Resect distal humerus tumor	23.46	NA	NA	15.52	10.86	3.40	090
24152		A	Resect radius tumor	19.99	NA	NA	13.81	8.89	2.89	090
25071		A	Exc forearm les sc > 3 cm	5.91	NA	NA	4.74	4.74	0.86	090
25073		A	Exc forearm tum deep = 3 cm	7.13	NA	NA	6.20	6.20	1.00	090
25075		A	Exc forearm les sc < 3 cm	3.96	7.53	4.94	3.96	4.03	0.56	090
25076		A	Exc forearm tum deep < 3 cm	6.74	NA	NA	6.02	5.73	0.94	090
25077		A	Resect forearm/wrist tum<3cm	12.93	NA	NA	9.12	8.22	1.92	090
25078		A	Resect forearm/wrist tum=3cm	17.69	NA	NA	10.19	10.19	2.78	090
25116		A	Remove wrist/forearm lesion	7.56	NA	NA	7.41	7.97	0.98	090
25170		A	Resect radius/ulnar tumor	22.21	NA	NA	14.81	11.05	3.21	090
26111		A	Exc hand les sc > 1.5 cm	5.42	NA	NA	5.01	5.01	0.73	090
26113		A	Exc hand tum deep > 1.5 cm	7.13	NA	NA	6.61	6.61	0.92	090
26115		A	Exc hand les sc < 1.5 cm	3.96	8.04	10.09	4.36	4.45	0.52	090
26116		A	Exc hand tum deep < 1.5 cm	6.74	NA	NA	6.41	5.84	0.88	090
26117		A	Exc hand tum ra < 3 cm	10.13	NA	NA	8.60	7.15	1.36	090
26118		A	Exc hand tum ra > 3 cm	14.81	NA	NA	11.84	11.84	2.16	090
26250		A	Extensive hand surgery	15.21	NA	NA	11.45	7.49	2.21	090
26260		A	Resect prox finger tumor	11.16	NA	NA	8.81	6.55	1.61	090
26262		A	Resect distal finger tumor	8.29	NA	NA	7.39	5.61	1.19	090
26480		A	Transplant hand tendon	6.90	NA	NA	11.32	11.26	0.89	090
27043		A	Exc hip pelvis les sc > 3 cm	6.88	NA	NA	4.80	4.80	1.04	090
27045		A	Exc hip/pelv tum deep > 5 cm	11.13	NA	NA	7.43	7.43	1.66	090
27047		A	Exc hip/pelvis les sc < 3 cm	4.94	6.55	7.03	4.12	4.56	0.75	090
27048		A	Exc hip/pelv tum deep < 5 cm	8.85	NA	NA	6.34	5.21	1.33	090
27049		A	Resect hip/pelv tum < 5 cm	21.55	NA	NA	12.42	9.54	3.18	090
27059		A	Resect hip/pelv tum > 5 cm	29.35	NA	NA	15.99	15.99	4.25	090
27075		A	Resect hip tumor	32.71	NA	NA	19.21	18.43	4.73	090
27076		A	Resect hip tum incl acetabul	40.21	NA	NA	22.93	16.12	5.83	090
27077		A	Resect hip tum w/innom bone	45.21	NA	NA	26.23	22.49	6.55	090
27078		A	Rsect hip tum incl femur	32.21	NA	NA	19.83	12.20	4.66	090
27327		A	Exc thigh/knee les sc < 3 cm	3.96	7.16	6.40	3.83	3.76	0.59	090
27328		A	Exc thigh/knee tum deep <5cm	8.85	NA	NA	6.52	4.86	1.33	090
27329		A	Resect thigh/knee tum < 5 cm	15.72	NA	NA	10.38	9.36	2.34	090
27337		A	Exc thigh/knee les sc > 3 cm	5.91	NA	NA	4.55	4.55	0.89	090
27339		A	Exc thigh/knee tum deep >5cm	11.13	NA	NA	7.64	7.64	1.66	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
27364		A	Resect thigh/knee tum >5 cm	24.49	NA	NA	14.57	14.57	3.65	090
27365		A	Resect femur/knee tumor	32.21	NA	NA	19.84	13.44	4.67	090
27615		A	Resect leg/ankle tum < 5 cm	15.72	NA	NA	10.33	8.66	2.31	090
27616		A	Resect leg/ankle tum > 5 cm	19.63	NA	NA	12.34	12.34	2.87	090
27618		A	Exc leg/ankle tum < 3 cm	3.96	7.02	6.60	3.75	3.92	0.54	090
27619		A	Exc leg/ankle tum deep <5 cm	6.91	NA	NA	5.29	5.50	0.90	090
27632		A	Exc leg/ankle les sc > 3 cm	5.91	NA	NA	4.47	4.47	0.83	090
27634		A	Exc leg/ankle tum deep >5 cm	10.13	NA	NA	6.81	6.81	1.32	090
27645		A	Resect tibia tumor	27.21	NA	NA	17.46	12.02	3.94	090
27646		A	Resect fibula tumor	23.21	NA	NA	15.49	10.58	3.36	090
27647		A	Resect talus/calcaneus tum	20.26	NA	NA	8.43	7.17	1.49	090
28039		A	Exc foot/toe tum sc > 1.5 cm	5.42	7.01	7.01	3.38	3.38	0.40	090
28041		A	Exc foot/toe tum deep >1.5cm	7.13	NA	NA	4.43	4.43	0.54	090
28043		A	Exc foot/toe tum sc < 1.5 cm	3.96	6.31	4.99	2.95	2.89	0.29	090
28045		A	Exc foot/toe tum deep <1.5cm	5.45	7.48	6.84	3.81	3.49	0.41	090
28046		A	Resect foot/toe tumor < 3 cm	12.38	NA	NA	6.95	6.28	1.22	090
28047		A	Resect foot/toe tumor > 3 cm	17.45	NA	NA	7.07	7.07	0.98	090
28120		A	Part removal of ankle/heel	8.27	10.21	8.49	5.86	4.58	0.84	090
28122		A	Partial removal of foot bone	7.72	8.99	8.33	5.15	5.03	0.60	090
28171		A	Resect tarsal tumor	16.41	NA	NA	6.37	5.59	0.92	090
28173		A	Resect metatarsal tumor	14.16	NA	NA	6.50	5.27	1.15	090
28175		A	Resect phalanx of toe tumor	8.29	NA	NA	4.83	3.97	0.59	090
28725		A	Fusion of foot bones	12.18	NA	NA	7.89	7.49	1.38	090
28730		A	Fusion of foot bones	12.42	NA	NA	9.01	8.39	1.41	090
29581		A	Apply multlay comprs lwr leg	0.60	1.74	1.74	0.23	0.23	0.05	000
31626		A	Bronchoscopy w/markers	4.16	7.29	7.29	1.46	1.46	0.23	000
31627		A	Navigational bronchoscopy	2.00	29.96	29.96	0.73	0.73	0.10	ZZZ
32552		A	Remove lung catheter	2.53	2.05	2.05	1.49	1.49	0.44	010
32553		A	Ins mark thor for rt perq	3.80	11.61	11.61	1.30	1.30	0.65	000
32560		A	Treat pleurodesis w/agent	1.54	4.45	5.21	0.48	0.62	0.20	000
32561		A	Lyse chest fibrin init day	1.39	1.03	1.03	0.43	0.43	0.18	000
32562		A	Lyse chest fibrin subq day	1.24	0.92	0.92	0.39	0.39	0.17	000
33782		A	Nikaidoh proc	60.08	NA	NA	20.69	20.69	10.34	090
33783		A	Nikaidoh proc w/ostia implt	65.08	NA	NA	22.20	22.20	11.20	090
33981		C	Replace vad pump ext	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33982		C	Replace vad intra w/o bp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33983		C	Replace vad intra w/bp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36147		A	Access av dial grft for eval	3.72	17.11	17.11	1.21	1.21	0.37	XXX
36148		A	Access av dial grft for proc	1.00	5.56	5.56	0.31	0.31	0.09	ZZZ
36825		A	Artery-vein autograft	15.13	NA	NA	6.81	5.20	2.48	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
37761		A	Ligate leg veins open	9.13	NA	NA	5.37	5.37	1.44	090
42415		A	Excise parotid gland/lesion	18.12	NA	NA	11.46	10.14	1.78	090
42420		A	Excise parotid gland/lesion	21.00	NA	NA	12.85	11.35	2.08	090
42440		A	Excise submaxillary gland	7.13	NA	NA	5.27	4.70	0.70	090
43281		A	Lap paraesophag hern repair	26.60	NA	NA	12.06	12.06	4.16	090
43282		A	Lap paraesoph her rpr w/mesh	30.10	NA	NA	13.35	13.35	4.69	090
43775		A	Lap sleeve gastrectomy	21.56	NA	NA	11.01	11.01	3.38	090
45171		A	Exc rect tum transanal part	8.13	NA	NA	6.89	6.89	1.11	090
45172		A	Exc rect tum transanal full	12.13	NA	NA	8.36	8.36	1.64	090
46707		A	Repair anorectal fist w/plug	6.39	NA	NA	5.26	5.26	0.66	090
49411		A	Ins mark abd/pel for rt perq	3.82	9.87	9.87	1.43	1.43	0.26	000
49507		A	Prp i/hern init block >5 yr	10.05	NA	NA	5.79	4.94	1.56	090
49521		A	Rerepair ing hernia, blocked	12.44	NA	NA	6.58	5.62	1.92	090
49587		A	Rpr umbil hern, block > 5 yr	8.04	NA	NA	4.98	4.24	1.24	090
51727	26	A	Cystometrogram w/up	2.11	0.75	0.75	0.75	0.75	0.16	000
51728	26	A	Cystometrogram w/vp	2.11	0.73	0.73	0.73	0.73	0.13	000
51729	26	A	Cystometrogram w/vp&up	2.51	0.89	0.89	0.89	0.89	0.18	000
52341		A	Cysto w/ureter stricture tx	5.35	NA	NA	2.22	2.66	0.38	000
52342		A	Cysto w/up stricture tx	5.85	NA	NA	2.39	2.86	0.41	000
52343		A	Cysto w/renal stricture tx	6.55	NA	NA	2.62	3.14	0.47	000
52344		A	Cysto/uretero, stricture tx	7.05	NA	NA	2.91	3.46	0.50	000
52345		A	Cysto/uretero w/up stricture	7.55	NA	NA	3.08	3.67	0.53	000
52346		A	Cystouretero w/renal strict	8.58	NA	NA	3.42	4.08	0.61	000
52400		A	Cystouretero w/congen repr	8.69	NA	NA	2.82	4.28	0.62	090
52500		A	Revision of bladder neck	8.14	NA	NA	4.49	5.24	0.57	090
52640		A	Relieve bladder contracture	4.79	NA	NA	2.82	3.39	0.33	090
53445		A	Insert uro/ves nck sphincter	15.39	NA	NA	7.45	8.75	1.11	090
53855		A	Insert prost urethral stent	1.64	16.22	16.22	0.54	0.54	0.12	000
54410		A	Remove/replace penis prosth	15.18	NA	NA	7.24	8.47	1.09	090
54530		A	Removal of testis	8.46	NA	NA	4.64	5.38	0.64	090
55873		A	Cryoablate prostate	13.60	146.25	146.25	6.32	10.13	1.00	090
57287		A	Revise/remove sling repair	11.15	NA	NA	6.33	6.68	1.08	090
57426		A	Revise prosth vag graft lap	14.30	NA	NA	7.64	7.64	1.77	090
62263		A	Epidural lysis mult sessions	6.54	12.40	10.56	4.35	3.36	0.38	010
62350		A	Implant spinal canal cath	6.05	NA	NA	4.06	3.38	0.77	010
63650		A	Implant neuroelectrodes	7.20	NA	NA	4.27	3.24	0.47	010
63661		A	Remove spine eltrd perq aray	5.08	9.67	9.67	3.18	3.18	0.52	010
63662		A	Remove spine eltrd plate	11.00	NA	NA	6.92	6.92	1.14	090
63663		A	Revise spine eltrd perq aray	7.75	13.34	13.34	4.26	4.26	0.80	010
63664		A	Revise spine eltrd plate	11.52	NA	NA	7.13	7.13	1.18	090

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
63685		A	Insrt/redo spine n generator	6.05	NA	NA	4.12	3.50	0.81	010
64490		A	Inj paravert f jnt c/t 1 lev	1.82	3.07	3.07	1.02	1.02	0.15	000
64491		A	Inj paravert f jnt c/t 2 lev	1.16	1.29	1.29	0.46	0.46	0.08	ZZZ
64492		A	Inj paravert f jnt c/t 3 lev	1.16	1.32	1.32	0.49	0.49	0.08	ZZZ
64493		A	Inj paravert f jnt l/s 1 lev	1.52	2.87	2.87	0.90	0.90	0.10	000
64494		A	Inj paravert f jnt l/s 2 lev	1.00	1.24	1.24	0.39	0.39	0.06	ZZZ
64495		A	Inj paravert f jnt l/s 3 lev	1.00	1.27	1.27	0.42	0.42	0.06	ZZZ
64708		A	Revise arm/leg nerve	6.36	NA	NA	5.98	5.32	0.85	090
64831		A	Repair of digit nerve	9.16	NA	NA	8.05	7.26	1.20	090
65285		A	Repair of eye wound	14.71	NA	NA	12.20	9.92	1.91	090
69100		A	Biopsy of external ear	0.81	1.68	1.80	0.48	0.43	0.08	000
74261	26	A	Ct colonography, w/o dye	2.28	0.69	0.69	0.69	0.69	0.09	XXX
74262	26	A	Ct colonography, w/dye	2.50	0.76	0.76	0.76	0.76	0.10	XXX
74263	26	N	Ct colonography, screen	2.28	0.83	0.83	0.83	0.83	0.09	XXX
75565	26	A	Card mri vel flw map add-on	0.25	0.09	0.09	0.09	0.09	0.01	ZZZ
75571	26	A	Ct hrt w/o dye w/ca test	0.58	0.18	0.18	0.18	0.18	0.01	XXX
75572	26	A	Ct hrt w/3d image	1.75	0.56	0.56	0.56	0.56	0.04	XXX
75573	26	A	Ct hrt w/3d image, congen	2.55	0.77	0.77	0.77	0.77	0.06	XXX
75574	26	A	Ct angio hrt w/3d image	2.40	0.76	0.76	0.76	0.76	0.06	XXX
75791	26	A	Av dialysis shunt imaging	1.71	0.53	0.53	0.53	0.53	0.07	XXX
76536	26	A	Us exam of head and neck	0.56	0.18	0.19	0.18	0.19	0.02	XXX
77338	26	A	Design mlc device for imrt	4.29	1.83	1.83	1.83	1.83	0.17	XXX
78451	26	A	Ht muscle image spect, sing	1.38	0.42	0.42	0.42	0.42	0.04	XXX
78452	26	A	Ht muscle image spect, mult	1.62	0.52	0.52	0.52	0.52	0.04	XXX
78453	26	A	Ht muscle image,planar,sing	1.00	0.31	0.31	0.31	0.31	0.04	XXX
78454	26	A	Ht musc image, planar, mult	1.34	0.40	0.40	0.40	0.40	0.04	XXX
88387	26	A	Tiss exam molecular study	0.62	0.24	0.24	0.24	0.24	0.01	XXX
88388	26	A	Tiss ex molecul study add-on	0.45	0.08	0.08	0.08	0.08	0.01	XXX
92526		A	Oral function therapy	1.34	0.65	1.38	0.52	0.27	0.05	XXX
92540	26	A	Basic vestibular evaluation	1.50	0.64	0.64	0.64	0.64	0.03	XXX
92550		A	Tympanometry & reflex thresh	0.35	0.21	0.21	NA	NA	0.01	XXX
92570		A	Acoustic immittance testing	0.55	0.30	0.30	0.25	0.25	0.02	XXX
92597		A	Oral speech device eval	1.26	0.67	1.61	0.61	0.41	0.05	XXX
92610		A	Evaluate swallowing function	1.30	0.79	1.79	0.57	0.57	0.05	XXX
92611		A	Motion fluoroscopy/swallow	1.34	0.97	1.97	NA	NA	0.06	XXX
93701		A	Bioimpedance, cv analysis	0.00	0.55	0.71	NA	NA	0.01	XXX
93750		A	Interrogation vad, in person	0.92	0.47	0.47	0.30	0.30	0.04	XXX
94011		A	Up to 2 yrs old, spirometry	2.00	NA	NA	0.63	0.63	0.10	XXX
94012		A	= 2 yrs, spiromtry w/dilator	3.10	NA	NA	0.94	0.94	0.17	XXX
94013		A	= 2 yrs, lung volumes	0.66	NA	NA	0.18	0.18	0.03	XXX

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.

[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

CPT[1]/ HCPCS	Mod	Status	Description	Physician Work RVUs[2,3]	Fully Implemented Non-Facility PE RVUs[2]	Year 2010 Transitional Non-Facility PE RVUs[2]	Fully Implemented Facility PE RVUs[2]	Year 2010 Transitional Facility PE RVUs[2]	Mal-Practice RVUs[2]	Global
95905	26	A	Motor/sens nrve conduct test	0.05	0.02	0.02	0.02	0.02	0.01	XXX
96570		A	Photodynmc tx, 30 min add-on	1.10	0.38	0.40	0.38	0.40	0.13	ZZZ
96571		A	Photodynamic tx, addl 15 min	0.55	0.15	0.18	0.15	0.18	0.03	ZZZ
99358		B	Prolong service w/o contact	2.10	0.80	0.77	0.80	0.77	0.10	XXX
99359		B	Prolong serv w/o contact add	1.00	0.40	0.38	0.40	0.38	0.05	ZZZ

[1] CPT codes and descriptors only are copyright 2009 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
[2] If values are reflected for codes not payable by Medicare, please note that these values have been established as a courtesy to the general public and are not used for Medicare payment.
[3] Work RVUs reflect increases for 10 and 90 day global period codes as a result of the elimination of the consultation codes.

BILLING CODE 4120–01–C

13. On pages 62150, 62151, 62153, 62156, 62159, 62161, and 62170, Addendum G: CY 2010 ESRD Wage Index for Urban Areas Based on CBSA

Labor Market Areas, we are correcting the following wage index values:

CBSA Code	Wage index
11340	0.9544
12580	1.0804
16020	0.9569
16180	1.1139
21500	0.9286
27860	0.8168
31140	0.9482
47300	1.0811

14. On page 62178, Addendum I: List of CPT [1]/HCPCS Used To Define Certain Designated Health Categories[2] Under Section 1877 of the Social Security Act, the addendum is corrected by adding the following entry in numerical order after the entry "92508 Speech/hearing therapy":

92520	Laryngeal function studies

IV. Waiver of Proposed Rulemaking and Delay in Effective Date

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a rule take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). However, we can waive the notice and comment procedure if the Secretary finds, for good cause, that the notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons for it in the rule.

Section 553(d) of the APA ordinarily requires a 30-day delay in the effective date of final rules after the date of their publication. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the findings and its reasons in the rule issued.

This document merely corrects typographical and technical errors made in FR Doc. E9–26502, the CY 2010 PFS final rule with comment period (74 FR 61738) and in FR Doc. E9–29256, the December 10, 2009 correction notice (74 FR 65449), and is (with limited exceptions not relevant to these corrections, but noted in the rule), effective on January 1, 2010. The provisions of the final rule with comment period have been subjected previously to notice and comment procedures. The corrections contained in this document are consistent with, and do not make substantive changes to, the payment methodologies and policies adopted in the CY 2010 PFS final rule with comment period. As such, these corrections are being made to ensure the CY 2010 PFS final rule with comment period accurately reflects the policies adopted in that rule. Therefore, we find for good cause that it is unnecessary and would be contrary to the public interest to undertake further notice and comment procedures to incorporate these corrections into the CY 2010 PFS final rule with comment period.

For the same reasons, we are also waiving the 30-day delay in effective date for these corrections. We believe that it is in the public interest to ensure that the CY 2010 PFS final rule with comment period accurately states our policies as of the date they take effect. Therefore, we find that delaying the effective date of these corrections beyond the effective date of the final rule with comment period would be contrary to the public interest. In so doing, we find good cause to waive the 30-day delay in the effective date.

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

Dated: May 3, 2010.

Dawn L. Smalls,

Executive Secretary to the Department.

[FR Doc. 2010–10814 Filed 5–5–10; 11:15 am]

BILLING CODE 4120–01–P