grantees and the demonstrated potential of new applicants.

8. Follow-on Activities: Proposals should provide a plan for continued follow-on activity (without USIA support) which ensures that USIA supported programs are not isolated events.

9. Evaluation Plan: Proposals should provide a plan for evaluation by the grantee institution.

10. Selection Process: Proposals should provide a specific plan to ensure a selection based on merit and should include detailed criteria for selection of both U.S. and NIS student participants as well as teachers and school administrators.

11. Geographic Diversity: The Agency will seek to provide geographic diversity within the NIS and the U.S. through this program.

Notice

The terms and conditions published in this RFP are binding and may not be modified by any USIA representative. Explanatory information provided by the Agency that contradicts published language will not be binding. Issuance of the RFP does not constitute an award commitment on the part of the Government. Final award cannot be made until funds have been fully appropriated by Congress, allocated and committed through internal USIA procedures.

Notification

All applicants will be notified of the results of the review process on or about April 1, 1994. Awarded grants will be subject to periodic reporting and evaluation requirements.

Dated: November 26, 1993.

Barry Fulton,

Acting Associate Director, Bureau of Educational and Cultural Affairs.

[FR Doc. 93–29519 Filed 12–1–93; 8:45 am]

BILLING CODE 8230–01–M

Sunshine Act Meetings

Federal Register
Vol. 58, No. 230
Thursday, December 2, 1993

This section of the FEDERAL REGISTER contains notices of meetings published under the "Government in the Sunshine Act" (Pub. L. 94-409) 5 U.S.C. 552b(e)(3).

UNITED STATES COMMISSION ON CIVIL RIGHTS

PLACE: Emergency telephonic meeting to participants in different locales. Some participants were present at the Commission's office at 624 Ninth Street, NW., Room 520, Washington, DC 20425.

TIME AND DATE: 11:00 a.m. and 2:00 p.m., November 29, 1993.

STATUS: Open to the Public.

Monday, November 29, 1993

Matter Considered:

I. Authority of the Chairperson to Take Personnel Actions

CONTACT PERSON FOR MORE INFORMATION: Barbara Brooks, Press and Communications Division, (202) 376–8312.

Emma Monroig,

Solicitor.

[FR Doc. 93–29583 Filed 11–30–93; 11:48 am]

BILLING CODE 6335–01–M

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Agency Meeting

Pursuant to the provisions of the "Government in the Sunshine Act" (5 U.S.C. 552b), notice is hereby given that at 11:08 a.m. on Tuesday, November 30, 1993, the Board of Directors of the Federal Deposit Insurance Corporation met in closed session to consider the following;

Reports of the Office of Inspector General.

Application of Bank of Hawaii, Honolulu, Hawaii, for consent to acquire through its subsidiary, Bank of Hawaii International, Inc., eighty (80) percent of the outstanding capital stock of Banque Indosuez Vanuatu, Ltd., located in the Republic of Vanuatu.

Request for a waiver of the cross-guaranty provisions of the Federal Deposit Insurance Act.

Matters relating to the Corporation's corporate and resolution activities.

In calling the meeting, the Board determined, on motion of Director Jonathan L. Fiechter (Acting Director, Office of Thrift Supervision), seconded by Ms. Susan F. Krause, acting in the place and stead of Director Eugene A. Ludwig (Comptroller of the Currency), concurred in by Acting Chairman Andrew C. Hove, Jr., that Corporation business required its consideration of the matters on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10) of the "Government in the Sunshine Act" (5 U.S.C. 552b(c)(2), (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10)).

The meeting was held in the Board Room of the FDIC Building located at 550 17th Street, NW., Washington, DC.

Dated: November 30, 1993.

Federal Deposit Insurance Corporation.

Patti C. Fox,

Assistant Executive Secretary.

[FR Doc. 93–29669 Filed 11–30–93; 4:01 pm]

BILLING CODE 6714–01–M

FEDERAL ELECTION COMMISSION

"FEDERAL REGISTER" NUMBER: 93–29188.

PREVIOUSLY ANNOUNCED DATE AND TIME: Thursday, December 2, 1993, 10:00 a.m., meeting open to the public.

THE FOLLOWING ITEM WAS ADDED TO THE AGENDA:

Revised Draft Directive on Documenting Member Input for the Record.

DATE AND TIME: Tuesday, December 7, 1993 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. § 437g.

Audits conducted pursuant to 2 U.S.C. § 437g, § 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

DATE AND TIME: Thursday, December 9, 1993 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes.

Advisory Opinion 1993–20: The Honorable Ben Nighthorse Campbell.

Advisory Opinion 1993–21: Scott W. Spencer on behalf of the Ohio Republican Party.

Notice of Proposed Rulemaking in Response to the Petition for Rulemaking Filed by Citizens Against David Duke concerning Use of Candidate Names by Unauthorized Committees.

Administrative Matters.

DATE AND TIME: Thursday, December 9, 1993 at 2:00 p.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. § 437g.

Audits conducted pursuant to 2 U.S.C. § 437g, § 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

PERSON TO CONTACT FOR INFORMATION: Mr. Fred Eiland, Press Officer, Telephone: (202) 219–4155.

Delores Hardy,

Administrative Assistant.

[FR Doc. 93–29649 Filed 11–30–93; 3:01 pm]

BILLING CODE 6715–01–M

federal register

Thursday
December 2, 1993

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 405 and 414

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1994; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 405 and 414

[BPD–770–FC]

RIN 0938–AG22

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1994

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

ACTION: Final rule with comment period.

SUMMARY: This final rule revises the payment policy for specific physician services and supplies, revises the relative value units (RVUs) assigned to certain existing procedure codes, and establishes interim RVUs for new and revised procedure codes. Section 6102(a) of the Omnibus Budget Reconciliation Act of 1989, as amended by section 4118 of the Omnibus Budget Reconciliation Act of 1990, requires establishment of the physician fee schedule and periodic review and adjustment of the RVUs. Further changes concerning payment for certain physician services are required by sections 13513 through 13517 of the Omnibus Budget Reconciliation Act of 1993.

DATES: *Effective Date:* January 1, 1994.

The revisions to the payment policies, the adjustment of the RVUs, and the Omnibus Budget Reconciliation Act of 1993 provisions apply to physician services furnished beginning January 1, 1994.

Comment Date: We will accept comments on interim RVUs for new or revised procedure codes that are identified in Addendum C. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. January 31, 1994.

ADDRESSES: Mail written comments related to interim RVUs for new and revised procedure codes (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–770–FC, Box 26688, Baltimore, MD 21207.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses: room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Due to staffing and resource limitations, we cannot accept facsimile (FAX) transmission. In commenting, please refer to file code BPD–770–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 245–7890).

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify Stock Number 069–001–00063–7 and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 783–3238 or by faxing to (202) 512–2250. The cost for each copy is $4.50. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**. You can obtain the location of the Federal Depository Libraries near you by calling the U.S. Government Printing Office at (202) 512–1109.

Copies of the source files for this document can also be purchased on high density 3.5 inch personal computer diskettes from the Government Printing Office by requesting Stock Number 069–001–00064–5. The file formats on the diskettes are Word Perfect 5.1, d-Base IV, and Lotus 123 (version 2.2). The diskette will be accompanied by the printed **Federal Register** document.

FOR FURTHER INFORMATION CONTACT: For further information concerning the revisions to payment policies, contact Anita Heygster of the Health Care Financing Administration, (410) 966–5714. For issues related to the relative value units (RVUs) and related information, contact Cynthia Read of the Health Care Financing Administration, (410) 966–4586.

SUPPLEMENTARY INFORMATION:

Overview

The information in this final rule with comment period updates information in the following **Federal Register** documents:

- June 5, 1991, proposed rule entitled "Fee Schedule for Physicians' Services" (56 FR 25792).
- November 25, 1991, final rule entitled "Fee Schedule for Physicians' Services" (56 FR 59502).
- September 15, 1992, correction notice for the 1992 fee schedule (57 FR 42491).
- November 25, 1992, final notice with comment period entitled "Fee Schedule for Physicians' Services for CY 1993" (57 FR 55896).
- June 7, 1993, correction notice for the 1993 fee schedule (58 FR 31964).
- July 14, 1993, proposed rule entitled "Revisions to Payment Policies Under the Physician Fee Schedule" (58 FR 37994) soliciting comments on policy changes to the physician fee schedule implemented January 1, 1992.

In response to the July 1993 proposed rule, we received approximately 4,000 comments. In this preamble, we summarize and respond to the comments we received. This final rule implements policy changes to the physician fee schedule for services furnished beginning January 1, 1994.

We also received comments on six issues identified in section VI of this preamble for which we are considering changes to physician payment policies after 1994. If we decide to pursue these changes, we will announce specific proposals in a future **Federal Register** document.

In this final rule, we provide background on the statutory authority for and development of the physician fee schedule. We also explain in detail the process by which certain interim work relative value units (RVUs) contained in the November 1991 final rule and November 1992 final notice were reviewed and, in some cases, revised. Section 1848(c)(2)(B) of the Act provides that adjustments in RVUs resulting from a review of those RVUs may not cause total fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. Thus, the statute allows a $20 million tolerance for increasing or reducing total expenditures under the physician fee schedule. We have determined that net increases because of changes in RVUs for codes reviewed as part of a refinement process, the addition of new codes to the fee schedule, and the revisions in payment policies would have added to projected expenditures in calendar year (CY) 1994 by approximately $45 million ($33 million of which result from the addition of new procedure codes or refinements of existing procedure codes). Furthermore, we are required by the Omnibus Budget Reconciliation Act of 1993 (OBRA '93), (Pub. L. 103–66), enacted on August 10, 1993, to

implement certain revisions to the fee schedule in a budget-neutral manner. Therefore, it is necessary to apply a uniform adjustment factor of −1.3 percent to all RVUs in order to achieve budget neutrality.

This budget-neutrality adjustment factor is the sum of two different adjustment factors that are necessary this year. The $45 million that would have been added to program payments as a result of refinements of existing RVUs, the addition of new procedure codes, and revisions in payment policies requires an adjustment to all RVUs of −0.1 percent to ensure budget neutrality as the law requires. In addition, two OBRA '93 changes, elimination of electrocardiogram (EKG) reductions and new physician reductions (discussed elsewhere), require an adjustment to all RVUs of −1.2 percent to ensure budget neutrality for these issues as OBRA '93 requires.

The conversion factor (CF) is a national value that converts RVUs into payment amounts. There are separate CFs for surgical and nonsurgical services, which are updated annually; and in CY 1994, there is a separate CF for primary care services.

Anesthesia services are paid differently from other physicians' services under the fee schedule. Payment for anesthesia services is based on base unit RVUs that are assigned to each service and on time units that can vary by procedure. The base and time units are multiplied by an anesthesia-specific CF, not the CFs used for surgical, nonsurgical, or primary care services.

To maintain overall budget neutrality, we adjusted the anesthesia CFs and not the base and time units. Thus, the anesthesia CFs were adjusted using the uniform budget-neutrality adjustment factor of −1.3 percent.

This final rule also contains revisions to the geographic adjustment factors (GAFs) used in computing fee schedule payments for two States, North Carolina and Ohio, resulting from conversion of these States to single statewide payment areas. The 1994 GAFs for the remaining States are unchanged relative to those in effect for 1992 and 1993.

Addenda to this rule provide the following information:

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

Addendum B—1994 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1994.

Addendum C—New and Revised Codes with RVUs and Update Indicators Subject to Comment.

Addendum D—Geographic Practice Cost Indices (GPCIs).

Addendum E—Procedure Codes Subject to the Site-of-Service Differential.

Addendum F—Codes for which an Additional Supply Payment Is Allowed.

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished beginning January 1, 1994.

For those codes identified in Addendum C of this final rule as new or revised codes, the RVUs and update indicators are considered to be interim as they have not been published before this final rule. Therefore, we will accept comments on these interim RVUs and update indicators if they are received no later than 5 p.m. January 31, 1994. The RVUs for the remaining codes are final. We will not consider comments we receive on the final RVUs.

To assist readers in referencing sections contained in this final rule, we are providing the following table of contents:

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Addendum F—Codes for Which an Additional Supply Payment Is Allowed

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

AAD—American Academy of Dermatology
AAOHNS—American Academy of Otolaryngology—Head and Neck Surgery
AAPMR—American Academy of Physical Medicine and Rehabilitation
ACC—American College of Cardiology
ACR—American College of Radiology
AHPB—Adjusted historical payment basis
AMA—American Medical Association
APTA—American Physical Therapy Association
ASC—Ambulatory surgical center
ASTRO—American Society of Therapeutic Radiology and Oncology
CF—Conversion factor
CFR—Code of Federal Regulations
CMD—Carrier medical director
CPT—[Physicians'] Current Procedural Terminology (4th Edition, 1994, copyrighted by the American Medical Association)
CRNA—Certified registered nurse anesthetist
CY—Calendar year
DRG—Diagnosis-related group
ECT—Electroconvulsive therapy
EEG—Electroencephalogram
EKG—Electrocardiogram
FY—Fiscal year
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCFA—Health Care Financing Administration
HCPCS—HCFA Common Procedure Coding System
HHS—[Department of] Health and Human Services
MEI—Medicare Economic Index
MVPS—Medicare volume performance standards
NF—Nursing facility
NICU—Neonatal intensive care unit
OBRA—Omnibus Budget Reconciliation Act
OT—Occupational therapist [in independent practice]
PC—Professional component
PPRC—Physician Payment Review Commission
PPS—Prospective payment system
PT—Physical therapist [in independent practice]
RFA—Regulatory Flexibility Act
RUC—[AMA Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
SMS—[AMA's] Socioeconomic monitoring system
TC—Technical component

I. Background

A. Legislative History

The Medicare program was established in 1965 by the addition of title XVIII to the Social Security Act (the Act). Until January 1, 1992, Medicare paid for physicians' services based on a reasonable charge system. This system led to payment variations among types of services, physician specialties, and geographic areas. Thus, the Congress included a physician payment reform provision in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), Public Law 101–239, enacted on December 19, 1989. Section 6102 of OBRA '89 amended title XVIII of the Act by adding a new section 1848, "Payment for Physicians' Services." This section contains three major elements: (1) A fee schedule for the payment of physicians' services; (2) a Medicare volume performance standard (MVPS) for the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Omnibus Budget Reconciliation Act of 1990 (OBRA '90), Public Law 101–508, enacted on November 5, 1990, contained several modifications and clarifications to the OBRA '89 provisions that established the physician fee schedule. Further changes are included in OBRA '93, which are discussed in detail in section III of this preamble.

B. Regulations and Recent Federal Register Publications

We published a final rule on November 25, 1991, (56 FR 5902) to implement section 1848 of the Act by establishing a fee schedule for physicians' services furnished on or after January 1, 1992. In the November 1991 final rule (56 FR 59511), we stated our intention to update RVUs for new and revised codes in the American Medical Association's (AMA) Physicians' Current Procedural Terminology (CPT) through an "interim RVU" process every year. Our first update to the RVUs was published on November 25, 1992, as a final notice with a 60-day comment period (57 FR 55914).

On July 14, 1993, we published a proposed rule (58 FR 37994) to revise the refinement process used to establish physician work RVUs and to revise payment policies for specific physician services and supplies.

C. Components of the Fee Schedule Payment Amounts

Under the formula set forth in section 1848(b)(1) of the Act, the payment amount for each service paid for under the physician fee schedule is the product of three factors: (1) A nationally uniform relative value; (2) a GAF for each physician fee schedule area; and (3) nationally uniform CFs for surgical and nonsurgical services (there is a separate CF for anesthesia services). (Beginning with the CY 1994 update, section 13511 of OBRA '93 requires us to establish a separate CF for primary care services.)

The RVUs for each service reflect the resources involved in furnishing the three components of a physician's service: (1) Work; (2) practice expenses net of malpractice expenses; and (3) the cost of malpractice insurance.

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

The CFs are national values that convert RVUs into payment amounts. We also established a separate CF for anesthesia services. For the first year of

the fee schedule, the law required a base-year CF that was budget-neutral relative to 1991 estimated expenditures. The Secretary is required to recommend to the Congress updates to the CFs by April 15 of each year as part of the MVPS and annual fee schedule update process. The Congress may choose to pass the Secretary's recommendation, pass another update amount, or not act at all. If the Congress does not act, the annual fee schedule update is set according to a "default" mechanism in the law. Under this mechanism, the update will equal the Medicare Economic Index (MEI) adjusted by the amount actual expenditures for the second previous fiscal year (FY) were greater or less than the performance standard rate of increase for that FY. (The MEI is a physician input price index, in which the annual percent changes for the direct-labor price component are adjusted by an annual percent change in a 10-year moving average index of labor productivity in the nonfarm business sector.) The MVPS for FY 1994 and the physician fee schedule update for FY 94 are published elsewhere in this **Federal Register** issue as a final notice with a 60-day comment period.

D. Summary of the Development of the RVUs and the GPCIs

1. Work RVUs

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

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

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

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

2. Practice Expense and Malpractice Expense RVUs

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

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

3. GPCIs

The process for establishing GPCIs was described in the June 1991 proposed rule (56 FR 25815) and the November 1991 final rule (56 FR 59511). Proposed changes to GPCIs for North Carolina and Ohio were discussed in the July 1993 proposed rule (58 FR 38001).

Section 1848(e)(1)(C) of the Act requires the review and, if necessary, update of the GPCIs every 3 years. In accordance with that requirement, we are reviewing the GPCIs in 1993. In 1994, we will announce any proposed changes to the GPCIs, consider public comments, and announce final changes that will be effective in 1995.

II. Specific Proposals for CY 1994 and Responses to Public Comments

In response to the publication of the July 1993 proposed rule, we received approximately 4,000 comments. The comments were received from individual physicians, individual health care workers, and professional associations and societies. The majority of the comments addressed the proposal to convert North Carolina and Ohio to statewide payment areas effective January 1, 1994.

We also received a wide range of comments on issues that are unrelated to the policy changes we proposed in the July 1993 proposed rule. We have not responded to these comments in this final rule because they do not relate to the changes we proposed for the 1994 physician fee schedule.

The proposed rule discussed policies that affect the number of RVUs on which payment for the services in question would be based. Therefore, any changes implemented through this final rule are subject to the $20 million limitation on annual adjustments.

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1994, including RVU changes necessitated by the 1994 CPT coding changes. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section VIII).

For the convenience of the reader, the headings of the issues in the following sections correspond to the headings used in the July 1993 proposed rule. More detailed background information for each issue can be found in the proposed rule (58 FR 37994).

A. RVUs

1. Refinement Process

The November 1992 final notice announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes for physician services furnished after December 31, 1992. The July 1993 proposed rule (58 FR 37995) summarizes the refinements to the work RVUs that have occurred since publication of the November 1991 final rule on the Medicare physician fee schedule and our proposed plans for refining the work RVUs for the 1994 fee schedule.

In the July 1993 proposed rule, we discussed our concern with the volume of new CPT codes and with the impact their establishment could have on budget neutrality, particularly the adverse effect these coding changes could have on primary care. We indicated our intention to maintain budget neutrality for revised or split codes within a specific code group. For example, when an existing code is split into two or more new codes and we do not have a good basis for projecting utilization, we would maintain the existing RVUs for each of the split codes. We would then use actual utilization to adjust the RVUs in a subsequent year.

While we did not solicit comments on this discussion, a number of comments were, nonetheless, received. While some commenters supported our intention to maintain budget neutrality for revised or split codes within that family of codes, others opposed our plans. Some commenters objected to basing work RVUs for split codes on estimates of volume distribution on the basis that this approach would undermine the integrity of the resource-based relative value scale. Several commenters suggested that the RVUs for codes that represent new technologies should not be subjected to these budget-neutrality considerations.

We have decided to maintain budget neutrality within families of related codes when new codes are introduced into the family or existing codes are split. To the extent possible, we have accomplished this for the 1994 physician fee schedule by using projected utilization of the new or revised CPT codes that we received through the AMA Relative Value Update Committee (RUC). For some split codes that are discussed elsewhere in this notice, we are retaining the existing RVUs until we have actual utilization data. We will provide an opportunity to reassess the RVUs established for the whole family of codes when we undertake the periodic review of RVUs required by law.

With respect to the concerns regarding new technologies, we do not intend to apply this policy if a new CPT code is established to identify a totally new procedure that was not previously paid for under an existing CPT code. The policy applies only to services for which no predecessor code exists.

2. Transplant Surgeries

We proposed to establish RVUs for the following CPT transplant codes.

Code	Work RVUs	Practice expense RVUs	Malpractice expense RVUs	Total RVUs	Harvard work RVUs
33935	48.60	35.34	6.90	90.84	52.08
33945	43.74	66.38	11.32	121.44	37.71
47135	61.20	55.82	8.89	125.91	49.06
50320	15.85	11.25	1.10	28.20	15.85

Comment: Commenters requested that we defer establishing RVUs for these CPT codes until RUC has had an opportunity to evaluate these codes and provide recommendations.

Response: We agree with these commenters and will not establish RVUs for these codes at this time. We also decided not to establish RVUs for four new lung transplant CPT codes (32851 through 32854) for which we received recommended work RVUs from RUC. We will look to RUC for recommendations on all transplant codes including new codes that will be added to the 1995 CPT.

Final Decision: We have decided not to establish RVUs for these codes for the 1994 physician fee schedule.

B. Radiation Physics Services

We proposed that all radiation physics CPT codes in the 77300 series be recognized by Medicare as technical component (TC)-only and represent the services of nonphysician personnel and equipment associated with the procedure codes. There would be no physician fee schedule bundling of the TC-only physics codes for services furnished in freestanding settings, and payment would be made based on the frequency with which a service is furnished in freestanding settings to beneficiaries who are not hospital inpatients.

We proposed to reassign and bundle the professional component (PC) RVUs (work, practice expense, and malpractice expense RVUs) for all the radiation physics CPT codes in the 77300 series into the therapeutic treatment planning codes without regard to whether teletherapy or brachytherapy is the treatment modality selected. Under this proposal, the 1994 RVUs for CPT codes 77261 through 77263 would be revised as follows (subject to the budget-neutrality adjustment factor that affects the RVUs generally):

- The total RVUs for CPT code 77261—Simple treatment planning would be increased from 2.16 to 4.79.
- The total RVUs for CPT code 77262—Intermediate treatment planning would be increased from 3.26 to 7.23.
- The total RVUs for CPT code 77263—Complex treatment planning would be increased from 4.85 to 10.75.

Comment: Nearly all commenters responding to this issue opposed the proposal to reassign the PC RVUs of the radiation physics CPT codes in the 77300 series to the therapeutic treatment planning codes. They raised the following issues about the proposal:

- It would severely reduce the identifiable funds required to support radiation oncology physics services.
- It does not reflect contemporary practice in radiation oncology.
- It is premature because several congressional committees are holding hearings related to medical radiation protection and payment for physics services.
- It would be extremely harmful to the academic department of radiation oncology and other state-of-the-art centers that offer more complicated treatment regimes (with a greater degree of billings for physics services) than community centers.
- It is not budget neutral.
- It should be delayed pending a study by HCFA of the RVUs assigned to the existing PCs and TCs for physics codes that currently do not reflect the division of labor between the physician and the physicist.

In addition, many commenters indicated that the notice published to implement the "1993 National Breast and Cervical Cancer Early Detection Program" (58 FR 37954) that requires centers that perform screening mammography to have professional medical physics services should also be applied to radiation oncology services which involve much higher radiation doses. Some commenters stated that the physicist should be paid for the PC of the physics services. A few commenters indicated that the proposal would eliminate the complexity of interpreting physics codes, reduce abuses, and

adequately compensate radiation oncologists for their services.

Response: We have decided not to make the proposed changes at this time. In view of the comments, further research and consideration of the issue is needed. We will retain the current policy, under which carriers will assume a physician is involved in the PC of radiation physics.

Final Decision: We have decided not to implement the proposal at this time.

C. Anesthesia Services Furnished by Nonanesthesiologists

In the proposed rule, we stated that we do not allow separate payment for an anesthesia service that a surgeon may perform in addition to and concurrent with a surgical procedure. It is unusual for surgeons to perform both services simultaneously.

Although we stated this as our policy under the physician fee schedule, in fact, we have not generally allowed any physician who performs a medical or surgical procedure to be paid also for performing the associated anesthesia service. There is only one exception that we have permitted and that is when a psychiatrist furnished both the anesthesia service and the electroconvulsive therapy (ECT) service.

We proposed to eliminate separate payment for an anesthesia service if a psychiatrist furnishes both an ECT service and an anesthesia service. We proposed to bundle the payment for an anesthesia service into the payment for an ECT service, CPT code 90870. To ensure budget neutrality, we proposed to increase the work, practice expense, and malpractice expense RVUs for CPT code 90870.

[Description of service]

Comment: A commenter objected to our reference to CPT code 90870 as "electroshock therapy," saying that it reinforces an unfortunate stigma for an often life-saving procedure for treatment of major depression. The commenter stated that the code refers to "electroconvulsive therapy."

Response: We are accepting this commenter's recommendation. We acknowledge that CPT code 90870 and the companion anesthesia CPT code 00104 refer to electroconvulsive therapy, not electroshock therapy.

[Bundled payment]

Comment: Several commenters voiced opposition to the proposal to eliminate separate payment for anesthesia services furnished by psychiatrists for their patients undergoing electroconvulsive therapy. Opposing commenters generally recommended that, if physicians furnish anesthesia services to their patients in conjunction with a procedure, they should receive separate payment in accordance with the work involved. At least one commenter praised the proposal as it would build consistency across specialties for bundling of anesthesia services.

Response: As we noted in the July 1993 proposed rule (58 FR 37999), the policy of allowing separate payment to a psychiatrist for providing an anesthesia service associated with ECT is not consistent with our basic policy of not recognizing separate payment for anesthesia services furnished by a surgeon who is also performing surgery.

[Rural and underserved areas]

Comment: A commenter acknowledged our statement that the vast majority of electroconvulsive therapy and anesthesia services are now performed by a psychiatrist in tandem with an anesthesiologist or certified provider. The commenter believed, however, that if an anesthesiologist is readily available to furnish the anesthesia, we must consider the implications of this policy on access to electroconvulsive therapy services particularly in rural settings or other underserved settings.

Response: The data show that it is unusual for a psychiatrist to furnish both electroconvulsive therapy and the associated anesthesia service. We believe that the bundling policy will have minimal impact on patient access to this service. Moreover, we believe that there may be an undersupply of anesthesiologists in many rural areas. However, in these areas, anesthesia services usually are furnished by nonmedically directed certified registered nurse anesthetists (CRNAs) and separate payment is allowed. Therefore, while an anesthesiologist may not be available, a psychiatrist usually is able to obtain the services of a CRNA.

Final Decision: We have decided to discontinue recognizing separate payment for an anesthesia service if a psychiatrist furnishes both an anesthesia service and an ECT service. We have increased the RVUs for an ECT service so that payment for an associated anesthesia service is bundled into the ECT service.

D. Extending Application of the Site-of-Service Payment Differential

[Content of list]

Comment: Some commenters requested that CPT code 65855 (Trabeculoplasty by laser surgery) be added to the list of services subject to the site-of-service differential. These commenters stated that the list should be updated to reflect more recent data because CPT code 65855 and other services that are not currently subject to the site-of-service differential are performed more than 50 percent of the time in the physician's office. The commenters believed that if we were to update the site-of-service list based on more recent data, additional procedures would be subject to reduced payment in facility settings and there would be savings to Medicare in both physician and facility payments.

Response: We have reviewed recent Medicare charge data and found that CPT code 65855 and several other services are currently performed over 50 percent of the time in a physician's office. We agree that these services meet the criteria and should be subject to the site-of-service differential and we will consider proposing revisions to the site-of-service list based on new data for these services and others next year. Any policy changes proposed in 1994 will be subject to comment, and policy changes announced in a final rule will be effective January 1, 1995.

1. Office or Other Outpatient Consultations and Confirmatory Consultations

We proposed to apply the site-of-service differential to office and confirmatory consultations and revise the practice expense RVUs based on office charge data only.

[Impact on access]

Comment: Some commenters stated that applying the site-of-service differential to outpatient department consultations will impede access to care—particularly in rural areas.

Response: We continue to believe that practice expenses vary by site and that reduced payment in facility settings more appropriately reflects physician practice expenses. Nevertheless, we do have a statutory requirement to monitor access to care under the physician fee schedule. We submitted three annual reports to the Congress summarizing access to care. The most recent one evaluated access under the Medicare physician fee schedule. We will reevaluate our payment policies if future reports monitoring access to care reveal that our payment policies are adversely affecting beneficiary access to care.

[Psychotherapy]

Comment: One commenter objected to applying the site-of-service limitation to individual and group psychotherapy services. This commenter stated that a psychiatrist's practice expenses are constant—they do not decline when facility settings are used.

Response: We did not propose applying the site-of-service differential to psychotherapy services.

[Physicians' costs of consultations in facilities]

Comment: Some commenters believed that consultations should not be subject to the site-of-service differential because physicians experience increased costs in facility settings because they pay dues to obtain hospital privileges. To illustrate why practice expenses do not vary by site, some commenters gave examples of how a physician's personal office staff are used to obtain patient records and provide other information for patients in the outpatient department. One commenter stated that hospitals frequently provide medical record and document services to physicians using the outpatient department.

Response: We believe that paying dues for hospital privileges is a fixed expense for a physician who performs at least one service in a hospital. The expense does not increase each time a physician performs a consultation in a hospital.

We acknowledge that physicians have ongoing administrative costs regardless of where a service is performed. Based on our analysis of AMA data, we believe that 50 percent of the practice expense does not vary based on practice site. Thus, by paying based on 50 percent of the practice expense when physicians provide services in facility settings, we are providing compensation for personal office staff used to obtain patient records.

[Psychiatric care in outpatient departments]

Comment: One commenter maintained that Medicare psychiatric patients seen in the outpatient department are typically sicker than those seen in a physician's office. According to this commenter, more effort is required by the psychiatrist performing a consultation in the outpatient department than in the office. There is more pre- and postwork because of the nature of psychiatric illness in the Medicare (geriatric and disabled) population. Similarly, other commenters stated that physicians have greater responsibilities when performing visits in nursing facilities (NFs). For example, these commenters stated that physicians have more documentation requirements related to progress notes and changes in the activities of daily living.

Response: We believe these comments are related to physician work RVUs and are not reasons for exempting consultations from the site-of-service differential, which affects only the practice expense RVUs.

[Practice expense for consultations]

Comment: Some commenters stated that the site-of-service differential should not apply to outpatient and confirmatory consultations because there is evidence that the practice expense and malpractice RVUs for all evaluation and management services are undervalued. According to one commenter, we should reduce practice expense payments for overvalued procedures by hospital-based physicians and distribute those savings to undervalued practice expense RVUs for evaluation and management services. Other commenters suggested that we not apply the site-of-service reduction to office and confirmatory consultations until research regarding resource-based practice expense RVUs is completed.

Response: We are sympathetic to arguments that charge-based RVUs may not result in accurate practice expense values. The Physician Payment Review Commission concluded that the practice expense RVUs are undervalued for many evaluation and management services and overvalued for many surgical services. However, these conclusions are based on data for a limited number of high volume services from a few large multispecialty clinics. At this time, we believe it is premature to generalize about the nature of redistribution in payment that would occur if the practice expense RVUs were revised based on studies of actual expenses incurred by physicians.

Until such time as a resource-based methodology for determining practice expense RVUs is developed, we believe the current site-of-service differential is a reasonable method for adjusting charge-based values between office and hospital sites. Although there is a provision in OBRA '93 that requires us to reduce payment for services when the practice expense RVU is 128 percent of the work value, we do not have the authority to reduce payment for the services of hospital-based physicians as requested by one commenter. We also do not have the authority to use such savings to increase the practice expense RVUs for evaluation and management services.

[Consultations "singled out"]

Comment: One commenter questioned why office and confirmatory consultations are being "singled out."

Response: We are attempting to establish a consistent policy under which all services routinely performed in physician offices are subject to the site-of-service differential. Office and confirmatory consultations are not the only services included on the list of services subject to this payment limit. Many surgical and other services continue to be subject to the site-of-service differential as they were in 1992 and 1993.

[Nuclear medicine consultations]

Comment: One commenter requested that nuclear medicine physicians be exempted from the site-of-service differential when they provide office consultations and other services in facilities because, unlike many other physician specialties, they frequently provide evaluation and management services in facility settings. This commenter also believed that evaluation and management services are an integral part of diagnostic and therapeutic procedures that are not subject to the site-of-service differential. According to the commenter, another reason to exempt nuclear medicine physicians from the site-of-service differential is that some physician groups are responsible for privately funding their own billing and transcription services as well as paying overhead and other operating expenses directly related to the physician's practice.

Response: We believe that nuclear medicine physicians primarily practice in facility settings and do not incur practice expenses for nursing and other allied health personnel, equipment, and medical supplies. These expenses are incurred by the hospital, and the payment for an evaluation and management service is appropriately reduced to reflect that the nuclear medicine physician incurs less expense in providing these services in the hospital than in the office.

We disagree that evaluation and management services provided by nuclear medicine physicians should be exempt from the site-of-service differential on the basis that they are an integral part of a diagnostic and therapeutic radiology service. Diagnostic and therapeutic radiology services are exempt from the site-of-service differential because the payment system already recognizes the variation in practice expense by practice site. Medicare pays for both a PC and TC when a radiology service is provided in a physician's office. The PC service compensates the physician for providing a professional interpretation or supervision service while the TC provides payment for personnel, equipment, and supplies involved in providing the nonphysician portion of the radiology service or diagnostic test. Because the hospital incurs costs associated with the TC portion of the service, we do not pay the physician for

the TC in the hospital setting. Payment for evaluation and management services does not have a similar PC and TC that recognize the variation in practice expense by site.

Regarding this commenter's point that nuclear medicine physicians pay for their own billing and transcription services as well as other operating expenses, we again note that the site-of-service differential reduces the practice expense RVU by only 50 percent. The remaining portion of the practice expense RVU compensates the physician for fixed expenses that do not vary by site.

[Consultations require minimal supplies and equipment]

Comment: One commenter stated that consultations should not be subject to the site-of-service differential because they are principally cognitive services that involve minimal use of equipment and supplies.

Response: Although consultations are cognitive services, a variety of activities can occur during the service that may involve equipment, supplies, and support personnel for which the physician would not incur costs in a facility setting.

[Impact on emergency department care]

Comment: One commenter stated that expanding the outpatient limit to consultations will further discourage physicians from providing emergency room coverage without compensation.

Response: We do not understand why there is a relationship between our policy and the likelihood that an emergency room physician would provide emergency room services without compensation. The CPT instructs physicians to bill an emergency visit (CPT codes 99281 through 99285) when providing an evaluation and management service in the emergency department. The site-of-service rules do not apply to CPT codes 99281 through 99285. We recognize that there are rare instances when a physician bills a consultation in the emergency room. Although payment for the consultation will be reduced, we do not believe that this adjustment will affect a physician's ability to provide services in the emergency department.

[RVUs based on mixed data]

Comment: One commenter expressed the opinion that practice expense RVUs for office consultations are based on charge data from the office and outpatient hospital department and already reflect a blended practice expense RVU for the different settings.

Response: We agree and are, therefore, revising the practice expense RVUs for both office and confirmatory consultations based on charge data from only the office setting. We note that using solely office charge data increases the practice expense RVUs for both office and confirmatory consultations.

Final Decision: We have decided that office and confirmatory consultations will be subject to the site-of-service rules in 1994. The practice expense and malpractice RVUs are currently based on data from the office and outpatient department. We are revising these RVUs based on office charge data only.

2. Nursing Facility (NF) and Hospital Inpatient Settings

We proposed to extend application of the site-of-service differential to inpatient and NF settings (§ 414.32).

[Budget impact]

Comment: Some commenters stated that our motivation for extending the site-of-service differential to NF and hospital settings is to obtain savings from reduced physician payments.

Response: There is a common misperception that the site-of-service policy is intended to save money. We are under a requirement to make our policy changes budget neutral within $20 million of what would have been paid had the adjustments not been made. Thus, our policy is not intended to save money but will result in a redistribution of Medicare program dollars.

[Consultations in NFs]

Comment: Some commenters maintained that an NF differs from a hospital in that Medicare does not make a discrete payment for furnishing professional services. Thus, these commenters believed that the site-of-service policy should not apply to NF settings. Other commenters are opposed to extending the site-of-service limits to NFs because they believed physicians will, in some instances, bring supplies and personnel to properly treat patients. Other commenters stated that physicians will require NF patients to be seen in their offices and ambulance or other specialized transportation will be needed to transport NF patients to physician offices if this policy becomes effective. One commenter noted that specialists will only provide a service to one patient in an NF while a primary care physician will see multiple patients. This commenter used the example of a dermatologist providing services in the NF who brings surgical instruments and supplies. One commenter does not understand why NF visits should be unaffected by expanding the limit while surgical services will be affected by this policy. One commenter noted that Medicare does not pay separately for facility services provided in physicians' offices, patients' homes, or extended care facilities. This commenter stated that the physician fee schedule pays for the direct and indirect costs of providing services in these settings. According to this commenter, it is doubtful that the amount of direct physician practice expense borne by NFs justifies a 50-percent reduction in the practice expense RVUs.

Response: We have reconsidered our proposal and agree that the site-of-service differential should not apply in NFs because physician practice costs are not less in this setting. We will not apply the site-of-service differential in NFs.

[Travel expenses]

Comment: Some commenters stated that practice expenses are higher in facility settings because of physician travel expenses.

Response: Physicians will normally spend a portion of their time practicing in hospitals. Travel expenses are fixed and do not increase each time a physician performs a procedure in a hospital. A physician's travel expenses to a hospital are normal practice expenses that are included in the practice expense RVU assumed for each service.

Final Decision: We have extended the site-of-service limits to apply to hospital inpatient settings but will not apply them to NF settings.

3. Ambulatory Surgical Center (ASC) Services

We proposed to apply the site-of-service payment differential to some services that we proposed to remove from the ASC list of services.

Comment: Some commenters objected to our proposal to remove several procedures from the ASC list and make them subject to the site-of-service differential.

One commenter stated that savings in facility payments by removing procedures from the ASC list should be used to increase payments under the physician fee schedule.

Response: We did not propose removing ASC coverage for any procedure codes in our July 1993 (58 FR 38000) proposed rule. Rather, we anticipated that certain procedure codes will be removed from the ASC list in a proposed rule yet to be published. We proposed making these procedure codes subject to the site-of-service differential if they are removed from the ASC list.

We are precluded by § 414.32(d)(2) regarding services excluded from

payment limits for certain physician services furnished in outpatient hospital settings from making procedures subject to the site-of-service differential that are included on the ASC published list of surgical procedures covered under § 416.65(c). We do not expect any proposed revisions to the ASC list to become final before January 1, 1994—the effective date for policy changes included in this final rule. Thus, the procedure codes we expected to remove from the ASC list will not be subject to the site-of-service differential in 1994.

We expect that revisions to the ASC list will be published in a final **Federal Register** document during CY 1994. If there are services removed from ASC coverage in CY 1994 that are performed more than 50 percent of the time in physicians' offices, we will propose making these services subject to the site-of-service differential. Because of the budget-neutrality requirement, any savings derived will be used to increase payments for other physician services. Any policy changes proposed in CY 1994 would be announced in a proposed **Federal Register** document subject to comment, and policy changes effective January 1, 1995, would be announced in a final **Federal Register** document.

Final Decision: We will not apply the site-of-service limitation to the services we proposed removing from ASC coverage because the final **Federal Register** document removing these services from the ASC list before January 1, 1994, was not published.

E. Supplies Other Than Drugs

1. Urological Procedures

We proposed to allow separate payment for a surgical tray under the HCFA Common Procedure Coding System (HCPCS) code A4550 for those cystoscopy procedures (CPT codes 52005 through 52315) that are currently furnished in a physician's office between 5 and 50 percent of the time. We also proposed to pay for catheters used by physicians in the treatment of temporary obstructions and to establish a new HCPCS code to be reported in place of CPT code 53670 for insertion of a temporary indwelling catheter. The work RVUs for the HCPCS code would be the same as those for CPT code 53670. However, we proposed to add 0.50 RVUs to the practice expense RVUs for CPT code 53670 to reflect the cost of the supply when the new HCPCS code is reported with an office site-of-service. We proposed to add the new HCPCS code to the list of services subject to the site-of-service differential and subtract the additional 0.50 RVUs before reducing the practice expense RVUs by 50 percent when the service is performed in a setting for which the differential is applied.

[Cystoscopies]

Comment: All commenters supported our proposed policy to allow separate payment for a surgical tray under HCPCS code A4550 for the procedures that meet our criteria within CPT codes 52005 through 52317. However, commenters requested that we include CPT code 52000 (cystourethroscopy (separate procedure)) in this list. The commenters believed CPT code 52000 should be added to the list because the supplies used for this procedure are the same as those used for other cystoscopies and because many carriers paid separately for supplies for CPT code 52000 before 1992. These commenters stated that the practice expense RVUs for CPT code 52000 do not adequately cover the costs of the supplies associated with this procedure.

Several commenters asserted that if we do not allow the separate surgical tray payment for CPT code 52000, fewer of these procedures will be performed in the office, thereby resulting in an increase in Medicare payments.

Response: Because CPT code 52000 is performed in an office setting approximately 70 percent of the time, it does not satisfy our usual criteria for receiving separate payment for a surgical tray. If CPT code 52000 were a financial burden to the physician when performed in an office setting, we would expect to have already observed a decrease in office-based procedures. In fact, the data reveal the opposite. There has been an increase in the performance of this procedure in an office setting since the physician fee schedule was implemented.

Nevertheless, we recognize that the supplies may be the same as, or similar to, those used in other cystoscopy procedures and that the charge-based practice expense RVUs for CPT code 52000 may not include the charges for some of these supplies. However, we do not wish to add CPT code 52000 to our list of services for which a supply is separately payable while the status of this code as an ASC-covered service undergoes review. If the code is not removed from the ASC list, we will reconsider our policy of not paying for supplies for office-based services.

Final Decision: We have added the following cystoscopy codes to the list of services for which we allow a separate payment for supplies:

CPT code	Description
52005 ...	Cystoscopy and ureter catheter.
52007 ...	Cystoscopy and biopsy.
52010 ...	Cystoscopy and duct catheter.
52204 ...	Cystoscopy.
52214 ...	Cystoscopy and treatment.
52224 ...	Cystoscopy and treatment.
52234 ...	Cystoscopy and treatment.
52235 ...	Cystoscopy and treatment.
52240 ...	Cystoscopy and treatment.
52250 ...	Cystoscopy and radiotracer.
52260 ...	Cystoscopy and treatment.
52270 ...	Cystoscopy and revise urethra.
52275 ...	Cystoscopy and revise urethra.
52276 ...	Cystoscopy and treatment.
52277 ...	Cystoscopy and treatment.
52283 ...	Cystoscopy and treatment.
52290 ...	Cystoscopy and treatment.
52300 ...	Cystoscopy and treatment.
52305 ...	Cystoscopy and treatment.
52310 ...	Cystoscopy and treatment.
52315 ...	Cystoscopy and treatment.

The remaining codes within this range are performed in the office more than 50 percent of the time and, therefore, do not meet our criteria for the separate supply payment. The list of all services for which we allow a separate supply allowance is provided in Addendum F.

[Catheterization for specimen collection]

Comment: There was strong support from the commenters for a new temporary catheter code. The commenters believed that the policy will benefit both the provider and the patient since fewer patients will be referred to the emergency room to receive a temporary catheter. One commenter requested that we expand the use of this temporary code to uses of the catheter for temporary conditions including obtaining urine specimens for culture and measuring post-void residuals.

Response: We do not agree that an additional payment is warranted for the simple, inexpensive tubes used for diagnostic catheterization in the office. The cost of catheters for these procedures is included in the practice expense RVUs for CPT code 53670.

[Insertion of a temporary indwelling catheter]

Comment: One commenter stated that subtracting the additional 0.50 RVUs before reducing the practice expense by 50 percent when applying the site-of-service differential could cause administrative problems for contractors. The commenter believed that use of the proposed new code be limited to office-based procedures and that the current CPT code 53670 be used for procedures performed in outpatient, inpatient, and NF settings. Several commenters

expressed concern about the adequacy of the $15 payment, especially when a temporary catheter is inserted in conjunction with another service or during the postoperative period of another surgery. One commenter requested that we adopt a pass-through approach to allow separate payment for a temporary catheter inserted in those circumstances.

Response: We agree that the use of the new code should be limited to office-based procedures. The definition of this new HCPCS code, G0002, is "office procedure, insertion of temporary in-dwelling catheter, Foley type (separate procedure)."

We stated in our November 1991 final rule that the global fee for surgery includes insertion, irrigation, and removal of urinary catheters. Therefore, the commenter is correct in that we would not allow payment for this code on the same day as another procedure or within the postoperative period of another procedure. The temporary catheter does not meet the requirements for payment under the prosthetics benefit category; it is payable only as a supply incident to a physician's service. When separate payment of the physician's service (that is, insertion of the device) is not permitted by our global surgery policy, separate payment for the supply is also precluded. We do not believe that an exception to our global surgical policy is warranted for this code.

Our proposed payment of $15 was based upon the advice of medical experts and was supported by the majority of commenters on this proposal. We believe it is adequate and, therefore, have added 0.50 RVUs for payment of the temporary catheter.

Final Decision: We have added HCPCS code G0002 to Addendum B with practice expense RVUs of 0.71. We will pay for this service only if it is performed in the physician's office. We will not pay for HCPCS code G0002 if it is performed on the same day as or during the postoperative period of a major surgical procedure.

2. Unna Boots

We proposed to add 0.50 RVUs to the practice expense if CPT code 29580 (application of an Unna boot) is performed in an office setting to reflect the cost of the Unna boot. As with the insertion of a temporary in-dwelling catheter, the additional 0.50 RVUs would not apply to procedures performed in a facility setting.

[Application of bilateral rules to Unna boot applications]

Comment: Most commenters supported our proposal. One commenter believed that, although some types of this boot are more expensive than the proposed 0.50 RVU increase, the proposed RVUs will keep the physicians from losing money by furnishing this service. However, several commenters expressed concern that when bilateral boots are applied, the cost of the second boot will not be adequately paid. Another commenter recommended that we allow Unna boots to be an exception to the multiple surgical rules because the supply costs are the same for the second boot as for the first.

Response: We do not agree that CPT code 29580 warrants an exception to our usual rules governing payment for bilateral or multiple procedures. That is, if the service is performed by the same physician on both legs on the same day, payment for the second boot will be based on the lower of the actual charge or 50 percent of the physician fee schedule amount. If the service is performed by the same physician on the same day as another procedure subject to the multiple surgery rules, payment for the second highest valued procedure will be based on the lower of the actual charge or 50 percent of the physician fee schedule amount. We do not believe full payment is warranted for the second procedure because the post-service work when both procedures are performed on the same day is half of what it would be if the two procedures are performed on separate days.

[Method of payment for Unna boot supplies]

Comment: Several commenters welcomed the idea of paying separately for the Unna boot but are troubled by the deviation from our standard supply policy. For this reason, these commenters did not support the proposed change and recommended that we engage in a comprehensive review of our policies on supply payment.

Response: We acknowledge that Unna boots do not meet our usual requirement for an additional supply payment since they are commonly applied in the office setting. However, because we believe that, in most cases, carriers paid separately for Unna boots before 1992, we are convinced that the charge-based practice expense for this code did not include the cost of the supply. We believe it is reasonable to allow payment when our data clearly demonstrate that the practice expense portion of the payment for the physician's service does not include the cost of the supply. We also believe it is reasonable to depart from our usual policy and method for paying for supplies under HCPCS code A4550 in cases such as Unna boot application and insertion of temporary catheters if the cost of the supply is less than the payment amount for HCPCS code A4550 and if discrete codes exist or can be established for reporting a service that always requires the particular supply item. Adding to the practice expense RVUs is consistent with our policy of bundling payment for supplies incident to a physician's service into the payment for the service.

Final Decision: We have added 0.49 practice expense RVUs to CPT code 29580. If this procedure is performed in a facility setting, the additional RVUs will be deducted.

3. Other Supplies

[Lacrimal Punctum Plugs]

Comment: Commenters requested separate payment for lacrimal punctum plugs in conjunction with CPT code 68761 (closure of the lacrimal punctum; by plug, each). The commenters stated that, because of our multiple surgery rules, the physician loses money from the supplies if he or she performs two or more plug insertions.

Response: Before 1993, CPT code 68760 was used to report closure of the lacrimal punctum by various methods. CPT code 68761 was established in 1993 to identify closure by plug. CPT code 68761 refers to the insertion of each punctum plug, and it is common for it to be reported more than once on the same day. We assigned the same practice expense RVUs for CPT code 68760 to the new CPT code 68761 in 1993. Because the RVUs are based on charges for all methods of closure and, in most cases, some carriers paid separately for the plugs before 1992, we are convinced that the practice expense RVUs for CPT code 68761 do not include the costs of permanent punctal plugs, which cost approximately $30 each. Furthermore, the multiple surgery rules result in additional reductions.

Final Decision: We will allow separate payment for silicone punctal plugs if the new HCPCS code A4263 (permanent, long-term, non-dissolvable lacrimal duct implant, each) is reported with CPT code 68761 and an office site-of-service. The payment amount for HCPCS code A4263 will be based on 0.96 practice expense RVUs, unadjusted by a GPCI, which is consistent with our payment for the supply HCPCS code A4550 and the estimated actual cost of each permanent plug. Payment for the inexpensive, temporary plugs (HCPCS code A4262) is bundled into the payment for the physician's service.

[Implantable vascular access devices]

Comment: Commenters requested a clarification of our policy on

implantable vascular access devices (HCPCS code A4300). Although these items are supplies incident to a physician's service, we listed the code in previous **Federal Register** notices on the physician fee schedule with a status code of "X" (excluded from the physician fee schedule). The commenters believed that separate payment should be made for the device in an office setting.

Response: We agree that these devices are supplies incident to a physician's service (CPT code 36533, insertion of implantable venous access port, with or without subcutaneous reservoir). Therefore, the assignment of an "X" status code is incorrect. CPT code 36533 is a facility-based service; it is reported with a hospital site-of-service approximately 95 percent of the time. Since the charges reported for HCPCS code A4300 were not included in the calculation of practice expense RVUs for CPT code 36533, we believe that separate payment should be made for the device if CPT code 36533 is performed in the office.

Final Decision: We have added CPT code 36533 to the services listed in Addendum F for which separate payment for a supply is allowed. Our charge data indicate that the average allowed amount for the device in 1992 approximates the amount we pay under our generic supply code (HCPCS code A4550). Therefore, we are establishing payment for HCPCS code A4300 based on the same practice expense RVUs as those for HCPCS code A4550.

[Endoscope with disposable sheath]

Comment: A new HCPCS code, A4270, has been established to identify disposable endoscopic sheath, each. We received comments stating that a separate supply payment should be allowed for this device because the practice expense RVUs for endoscopies do not reflect the cost of this sheath. The commenter recommended the use of the sheath for prevention of infection during diagnostic sigmoidoscopy procedures (CPT codes 45330 through 45337) and requested that Medicare allow payment for the sheath based on 1.5 practice expense RVUs.

Response: We have not been convinced by current literature that this new item meets the criteria for separate payment. However, if future studies provide evidence to the contrary, we will reevaluate our policy.

[Other supplies]

Comment: Commenters requested separate payment for supplies that were not proposed in the July 1993 proposed rule. These items include the following supplies: disposable hypodermic needle electrodes used in electromyography procedures (CPT codes 95867 through 95869) performed as part of the injection of Botulinum Toxin Type A; disposable endoscopic sheaths; supplies for office-based podiatric services; supplies for dermatology procedures (CPT codes 28001 through 28092, 28190 through 28234, and 28236 through 28825); needles for breast, prostate, thyroid, and liver biopsies (CPT codes 19100, 47000, 55700, and 60100); obstetrical and gynecological supplies (CPT codes 56405, 56420, 57020, 57513, 59000, 59012, 59015, and 59020); a variety of oncology supplies, including implantable pump refill kits; a urethral balloon dilator used in the treatment of urethral strictures and obstructions; hydrocolloid dressings; and Imagent GI, an oral contrast agent.

Response: Many of the services for which a supply allowance was requested were considered when we first developed the fee schedule and related payment policies. We excluded those items from our list because they did not meet one or more of our criteria (the procedure must be safely performed in an office setting, not routinely performed in an office setting, and require specialized supplies that are not used routinely and are generally disposable). Many of these procedures were performed in an office most of the time or required routinely used or nondisposable supplies. For example, many of the dermatology procedures and three of the needle biopsies (CPT codes 19100, 55700, and 60100) are office-based procedures. With respect to oncology supplies used in the administration of chemotherapy, we increased the practice expense RVUs for CPT codes 96408, 96410, 96420, and 96422 in 1993. We believe that increase was appropriate and have retained the additional RVUs for those codes in the 1994 physician fee schedule. Nevertheless, we received comments regarding some items that we had not previously considered (disposable electromyelography needles, urethral balloon dilators, and oral contrast agents).

Final Decision: With respect to items we had not considered, we need additional time to evaluate those comments and, therefore, are not establishing separate payment for these items at this time. Any revisions to our current policy will be announced in the **Federal Register** and will not be effective before January 1, 1995.

However, we are adding five new CPT codes to the list of services for which we will pay a separate supply allowance under HCPCS code A4550 because these new codes will be used to report procedures previously reported by codes on the supply list. Therefore, this is not an expansion of our supplies policy but an updating of the list to reflect the most recent CPT coding conventions. The five new CPT codes are as follows:

19125—Excision of breast lesion identified by preoperative placement of radiological marker; single lesion (previously reported with CPT code 19120)

19126—* * * each additional lesion separately identified by a radiological marker (previously reported with CPT code 19120)

43250—Upper gastrointestinal endoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery (previously reported with CPT code 43251)

43458—Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia (previously reported with CPT code 43220)

45384—Colonoscopy, flexible, with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery

[General supplies policy]

Comment: One commenter recommended that if a physician can justify the use of any supplies that meet our coverage criteria, we should allow additional payment. Several commenters raised the issue that we do not recognize enough supplies for separate payment to make office procedures more attractive than procedures performed in other settings. One commenter expressed concern that a single national fee schedule amount for supplies fails to cover the actual costs of supplies in rural areas. This commenter believed that supplies in rural areas are more expensive because of higher transportation costs and lower volume. Another commenter urged us to proceed with the development of a resource-based practice expense.

Response: As stated elsewhere in this rule, the practice expense RVUs are based on historical charges in accordance with a statutorily-mandated formula. We believe that these historical charges for many office-based services include the costs of the supplies that are used incident to those physician services. Therefore, if we were to allow additional payment for supplies for all medically necessary procedures, we would be making duplicate payments in many cases. A resource-based methodology for determining practice expense RVUs may address some of the problems presented by many commenters.

Final Decision: We believe a great deal more research is required before we can propose a legislative change to institute a resource-based method for determining practice expense RVUs.

F. Payment Area (Locality) and Corresponding GPCI Changes

We proposed to convert North Carolina and Ohio to statewide payment areas effective January 1, 1994, using the new RVU-weighted State GPCIs (§ 414.4(b)). In the June 1991 proposed rule (56 FR 25832) and in the November 1991 final rule (56 FR 59514) on the physician fee schedule, we stated that, until we decide on ultimate large-scale changes, the only locality changes we would consider would be requests for converting individual States with multiple localities to a single statewide locality if " * * * overwhelming support from the physician community for the changes can be demonstrated." The North Carolina and Ohio State medical societies overwhelmingly passed resolutions requesting statewide payment areas. They presented evidence that local organizations representing about 84 percent of the total State medical society members, including organizations representing about two-thirds of members in areas estimated to experience payment reductions under a statewide locality, supported a statewide payment area. The North Carolina Medical Society membership represents about 60 percent of all North Carolina physicians, while the Ohio State Medical Association represents about 75 percent of all Ohio physicians.

[Locality changes]

The comments we received from State medical societies, members of the Congress, and individual physicians supported our position that overwhelming support exists for statewide localities in North Carolina and Ohio. Of the 434 comments received from North Carolina physicians, over 99 percent (431) supported a statewide payment area. Support was virtually unanimous among physicians in both winning and losing areas.

Of the 1,330 comments received from Ohio physicians, 82 percent supported a statewide payment area. Support was unanimous from Ohio physicians in winning areas. About one-fifth of the letters supporting a statewide payment area were from physicians in losing areas. The overwhelming majority of Ohio opposition letters, 83 percent, were from physicians in a single locality (the Cleveland area) and more specifically Cuyahoga and Lake Counties, the two losing counties that the medical society had previously informed us opposed a statewide payment area. Physicians in these two counties represent about one-third of the losing Ohio State Medical Association member physicians. Of the letters from physicians in losing counties other than Cuyahoga and Lake, about 83 percent supported the change.

In general, comments were simply a statement of support for or opposition to a statewide locality. Some commenters also made substantive arguments. These comments and responses are discussed below.

[Statewide locality]

Comment: Commenters generally supported a statewide payment area because they believed that practice costs were the same within the State, that services were of the same quality in all areas, that physicians in all areas should be paid the same, and that equal payment rates would help improve access to care in underserved rural areas.

Response: We agree that there is no evidence that quality of services is any different in rural and urban areas. We also agree that equal payment rates will encourage physicians to practice in rural areas. Our GPCI data show, however, that practice costs are generally higher in urban areas.

[Urban versus rural practice costs]

Comment: Some urban physicians commented that their practice costs are higher than in rural areas and that their payments should, therefore, continue to reflect these higher costs.

Response: We agree that the GPCIs show that practice costs are generally higher in urban areas. However, in responding to comments in the November 1991 final rule (56 FR 59573) and in order to be responsive to the physician community, we agreed to consider requests for conversion to a statewide payment area if overwhelming support for change exists among the physician community. This support was demonstrated in North Carolina and Ohio.

[Budget neutral within a State]

Comment: One commenter stated that it was not clear that when the State medical society was "drumming up" support for the request, the change would be made on a budget-neutral basis; that is, physicians in some areas would experience increases in payments while others would experience decreases in payments. The commenter believed that many physicians assumed that all areas would merely be brought up to the higher urban rate.

Response: We have been dealing with the North Carolina and Ohio medical societies and individual physicians on this issue for over 2 years. All of our correspondence on this issue stressed that the change would be made on a budget-neutral basis. We also clearly stated that fact in the June 1991 proposed rule (56 FR 25817), the November 1991 final rule (56 FR 59577), and the July 1993 notice (58 FR 38002) on the fee schedule.

[Reduced payment for urban physicians]

Comment: Urban physicians commented that they had already experienced payment reductions under the fee schedule and that they should not be subject to further reductions.

Response: The physician fee schedule did generally shift payments from urban to rural areas. This occurred largely because some urban areas were previously paid substantially more than rural areas for the same service and these variations were corrected by the application of the GPCIs. Also the Congress provided that the GPCIs recognize only one-quarter of the practice cost differences in work among areas which shifted payments to rural areas. Again, we are approving statewide areas in North Carolina and Ohio because the changes are supported by both urban and rural physicians with the understanding that there would be "winners" and "losers" in each State. We estimate that under conversion to a statewide locality the largest general reduction in total Medicare payments any area will experience will be less than 2 percent under the fully effective fee schedule. The effect on an individual physician will depend on such factors as mix of services.

[Medical education]

Comment: Some commenters stated that urban areas are major training centers for medical students and therefore should not have their Medicare payments reduced.

Response: Although we recognize that this change will modestly reduce payments to some major teaching institutions, we do not believe this will lead to any adverse effect on training of medical students. As a matter of fact, the change to a statewide locality may help achieve other medical education objectives such as making it more attractive for new physicians to practice in rural areas in both States.

[AMA resolution]

Comment: Some urban physicians commented that because the AMA House of Delegates defeated a measure calling for a single national payment area, we should not approve requests for statewide payment areas.

Response: We see no relationship between the AMA's action and this issue. We are not proposing a national payment area. The North Carolina and Ohio State medical societies did pass resolutions calling for statewide

payment areas. We believe that overwhelming support for the change has been demonstrated in both States.

Final Decision: North Carolina and Ohio will become statewide payment areas effective January 1, 1994 (§ 414.4(b)).

[Corresponding GPCI Changes]

Changing fee schedule areas necessitates corresponding GPCI changes. Converting North Carolina and Ohio to statewide payment areas will decrease the number of fee schedule payment areas from 232 to 217: 21 States with single payment areas, the District of Columbia (with surrounding Maryland and Virginia suburbs), Puerto Rico, the Virgin Islands, and 29 States containing a total of 193 payment areas.

The new 1994 statewide GPCIs for North Carolina and Ohio are the budget-neutral GPCIs shown in the July 1993 proposed rule (58 FR 38003). As discussed in the proposed rule, these GPCIs were calculated on an RVU-weighted basis to ensure that the same amount of payments would be made within a State after the conversion to a statewide payment area as would have been made had the conversion not been made. We are republishing these GPCIs for the remaining 29 States with multiple payment areas so physicians in States that might consider requesting a change to a statewide payment area can compare them to the existing multiple payment area GPCIs in the State. These GPCIs are informational only and have no effect on existing physician fee schedule payment areas. Any of these new GPCIs would become effective only if the State meets our criteria and changes to a statewide payment area.

RVU-BASED STATE GEOGRAPHIC PRACTICE COST INDICES FOR STATES PRESENTLY CONTAINING MULTIPLE PAYMENT AREAS

State	Work	Practice expense	Malpractice
Alabama	0.975	0.885	0.824
Arizona	0.997	0.998	1.255
California	1.036	1.148	1.370
Connecticut	1.014	1.088	1.101
Florida	0.987	0.952	1.253
Georgia	0.966	0.932	0.752
Idaho	0.966	0.931	0.889
Illinois	1.019	1.049	1.466
Indiana	0.990	0.935	0.534
Iowa	0.975	0.918	0.666
Kansas	0.958	0.907	1.134
Kentucky	0.979	0.902	0.667
Louisiana	0.987	0.941	0.930
Maine	0.949	0.938	0.716
Maryland[1]	1.023	1.033	0.904
Massachusetts	1.001	1.115	0.855
Michigan	1.037	1.036	1.483
Mississippi	0.963	0.874	0.650
Missouri	0.976	0.934	1.274
Nevada	1.027	1.099	1.144
New Jersey	1.034	1.099	1.153
New York	1.039	1.140	1.535
Oregon	0.980	1.008	0.951
Pennsylvania	1.000	0.984	1.315
Texas	0.981	0.922	0.529
Virginia[1]	0.977	0.939	0.562
Washington	1.009	1.010	1.064
West Virginia	0.973	0.913	0.688
Wisconsin	0.988	0.954	0.762

[1] The Maryland and Virginia State GPCIs shown separately do not include the parts of Maryland and Virginia included in the District of Columbia physician fee schedule area. The District of Columbia physician fee schedule payment area includes Washington DC; Prince Georges and Montgomery Counties in Maryland; and Fairfax and Arlington Counties and the City of Alexandria in Virginia.

We are also publishing, at Addendum D, the 1994 GPCIs for all fee schedule areas. These GPCIs are the same as those in Addendum C of the November 1991 final rule except for the following changes:

- Statewide GPCIs for North Carolina and Ohio replace the 17 locality GPCIs that previously existed.
- Washington locality 4 is eliminated.

The North Carolina and Ohio changes reflect the new statewide localities in these States. Washington locality 4 is eliminated because we recently became aware that it is not a true geographic locality, but is instead a specialty-specific locality. Washington locality 3 consists of 13 Eastern Washington Counties. Locality 4 is comprised of 11 of these same counties, but for general practitioners only. This results in specialty payment differentials between general practitioners and other specialists for the same services in the same geographic area. Specialty payment differentials are prohibited by section 1848(c)(6) of the Act. Beginning in 1994, general practitioners currently comprising locality 4 will be included in locality 3 along with all other physicians in the 13 counties comprising area 3. The overall effect on physicians and the Medicare program will be negligible as the overall GAF (a weighted composite of the three component GPCIs) for area 3 is only 0.009 higher than that for area 4, and total area 4 payments are only about 0.5 percent of total area 3 payments.

G. Evaluation and Management Services

1. Prolonged Evaluation and Management Services (CPT Modifier -21)

We proposed to permit billing of the CPT -21 modifier with documentation for CPT codes 99205, 99215, 99223, 99233, 99245, 99255, 99263, 99303, and 99313. We proposed that, after the time of the evaluation and management service had exceeded the time in one of the specified codes by 30 minutes or more and the carrier has determined from review of the records that the services were appropriate, the carrier would pay 1.00 RVU for each additional 15-minute increment of time past the time specified in the code plus 30 minutes.

[Proposal inadequate and burdensome]

Comment: Commenters stated that the proposed additional payment for prolonged evaluation and management services was inadequate and would be burdensome for physicians and carriers. They believed that it is inadequate to pay only 1.00 RVU for every 15 minutes after the highest level of code has exceeded the typical time by 30 minutes, because the physician would have to spend twice the typical time with the patient and would then be paid only for an additional 15 minutes of work. The commenters stated this would result in additional payment for only a few cases.

They also maintained that our proposed policy contradicts our position that there is a linear relationship between time and work. They believed the proposed policy creates disincentives for physicians to furnish the level of service that some Medicare patients need. They expressed the opinion that the policy, as proposed, would be burdensome to physicians who would have to provide paper documentation with claims and would also be burdensome and expensive for carriers that would have to process those claims by hand. They were concerned that payment to physicians would be delayed as a result of the carrier review and the benefit of electronic claims submission would be lost.

Commenters further stated that physicians should be able to bill for a prolonged service when a patient remains in an examining or treatment room with staff for an extended interval of time, consuming space, time, and resources that could be used to see more patients and generate other income.

Commenters recommended the following alternatives:

- We should assign values to the CPT's new prolonged services codes in

lieu of the proposed policy to pay based on the CPT modifier -21. Unlike the CPT modifier -21, these codes can be used with any level of visit code and, therefore, can accommodate circumstances in which the physician's extended evaluation and management service is not for extended coordination of care or counseling and does not meet the criteria for the highest level of service. Some commenters believed that the new prolonged services codes are preferable to the CPT modifier because so many third party payers do not accept modifiers.

• We should require carriers to pay 1.00 RVU for any level of service after the duration of the encounter exceeded the typical time by 15 minutes without medical review.

• We should require carriers, without any prepayment review, to pay 1.00 RVU when the typical time of the highest levels of evaluation and management codes is exceeded by 15 minutes and should pay 1.00 RVU for every 15-minute increment thereafter as an interim measure for 1994. For 1995 and thereafter, we should establish RVUs for the prolonged evaluation and management codes and discontinue paying for the CPT -21 modifier.

Response: We are convinced by the commenters that our proposed policy regarding use of the CPT -21 modifier would be burdensome to both physicians and carriers. Therefore, we will not implement the proposed policy for 1994. Instead, we have established interim RVUs for the 1994 CPT codes 99354 and 99355 (prolonged service in the office) and 99356 and 99357 (prolonged inpatient services). Payment for these codes will be made only when the following criteria are met:

• The physician has furnished and billed one of the following CPT codes for the patient on the same day:

—In the case of 99354: 99201 through 99205, 99212 through 99215, 99241 through 99245.

—In the case of 99355: 99354 and one of the evaluation and management codes required for 99354 to be used.

—In the case of 99356: 99221 through 99223, 99231 through 99233, 99251 through 99255, 99261 through 99263, 99301 through 99303, 99311 through 99313.

—In the case of 99357: 99356 and one of the evaluation and management codes required for 99356 to be used.

• The time counted towards payment for prolonged evaluation and management services includes only direct face-to-face contact between the physician and the patient (whether the service was continuous or not).

• The medical record documents the following information:

—The content of the evaluation and management service code billed.

—The duration and content of prolonged services that the physician personally furnished after the typical time of the evaluation and management service had been exceeded by at least 30 minutes. As the 1994 CPT definition states: "Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes."

The time to be counted towards the use of these CPT codes (99354 through 99357) is limited to the sum of all direct physician-patient face-to-face time beginning only after the time required to perform the content of the evaluation and management service billed has been exceeded by 30 minutes. Therefore, it does not include time that a patient spends occupying an examination or treatment room while there is no direct physician-patient contact or time spent with a nonphysician "incident to a physician's service." For example, a physician sees a patient for a mid-level established office visit (CPT code 99213) for asthma and begins treatment with oxygen and drugs in a treatment room in the office. The patient remains in the office for 2 hours accompanied by a registered nurse employed by the physician. The physician reevaluates the patient four times, for 5 minutes of direct physician-patient face-to-face time each (that is, 20 minutes of evaluation and management service in addition to CPT code 99213), before sending the patient home. The physician could not bill using CPT code 99354 because the duration of the encounter did not exceed the typical time of CPT code 99213 by 30 minutes or more. If the sum of the direct physician-patient face-to-face time had been 30 minutes or more (that is, the time required to perform the evaluation and management service for this code), the physician could have billed CPT code 99354 in addition to CPT code 99213. Of course, in the event that the carrier requests records, the time must be identified in the medical record.

We are not requiring that documentation be submitted with these codes when they are billed. However, we expect physicians to maintain the documentation necessary to substantiate the content and the duration of these services when they bill these codes. Data from the National Ambulatory Medical Care Study performed by the Public Health Service indicate that the volume of these codes for office services should be very small (about 1 in 1,000 visits for CPT code 99354 and about 1 in 100,000 visits for CPT code 99355). We are asking carriers to carefully monitor the frequency of the use of these codes by physicians to determine if a higher level of medical review becomes necessary. We also anticipate that the proportion of prolonged inpatient services billed to all inpatient services billed will be about the same as for office services.

We have used this projected volume for purposes of the budget-neutrality adjustment to all RVUs, and, therefore, the impact of making this change is very small. Since the RVUs for these new codes are interim RVUs, we may have to readjust RVUs for budget neutrality based on the actual volume of these services billed in 1994.

We have classified the office/outpatient prolonged services CPT codes (99354 and 99355) as primary care services for update purposes because they are an extension of office services that are classified as primary care services. Similarly, we have classified the inpatient prolonged services CPT codes 99356 and 99357 as nonsurgical services for update purposes because we expect the primary use of these codes to be for inpatient hospital services that are classified as nonsurgical services. If the CPT Editorial Panel were to establish a separate series of codes for prolonged services in NFs, we would consider them to be primary care services.

We have not established interim values for the new prolonged services CPT codes 99358 and 99359, which do not require any direct patient contact, because we believe that they are so closely related to case management services that they must be considered as part of our ongoing development of a case management policy.

[Other evaluation and management services]

Comment: Commenters recommended that we permit additional payment for prolonged services for home visits, ophthalmology visits, emergency department visits, and time-based psychiatric services to adequately compensate physicians performing these evaluation and management services when a prolonged service is furnished.

Response: We will not permit use of the prolonged services codes with home visit codes, ophthalmology visit codes, or emergency department codes because they do not have typical time associated with them and typical time is the basis

for the use of the prolonged services code. Of these services, however, we are considering applying the prolonged services codes to home visits because of the nature of these services, and we will explore methods for paying physicians for prolonged services during home visits.

We are less concerned with the application of the prolonged services codes to ophthalmology visits because we believe that, in cases in which prolonged services are furnished, the office visit or consultation codes are more appropriately used than the ophthalmology visit codes. When prolonged services are furnished on the same day as emergency department visits, we expect that in many such cases it may be more suitable for the physician to bill the appropriate level of hospital observation code to reflect the continuing evaluation and management services the physician provides to the patient.

We believe that the development of new codes to report the extended duration of psychiatric services is preferable to using the prolonged services codes. The psychiatric codes are time based services (for example, psychotherapy; approximately 45 to 50 minutes) whereas, for other codes, time is only an adjunct to the definition of the code. Therefore, if additional time bands are needed to describe the prolonged psychiatric services, this could be done by adding codes. Moreover, CPT code 90842 has been added for prolonged psychotherapy of approximately 75 to 80 minutes.

[Nonphysician practitioners]

Comment: Commenters state that any policy that permits physicians to bill and be paid in excess of the routine average visit must also be applied to nonphysician practitioners like clinical nurse specialists, medical social workers, physician assistants, and nurse midwives who often provide the same services as physicians. Moreover, they maintain that the policy should not be limited to the highest levels of codes because often the patients requiring prolonged evaluation and management services require a level of visit that is less than the highest level but a duration of care that is considerably longer than the highest level of visit.

Response: The work for which we have established interim RVUs is direct physician and patient face-to-face prolonged service. No payment is available for the prolonged service of physician staff "incident to a physician's service." However, when physician assistants, nurse practitioners, and clinical nurse specialists personally provide prolonged services that are covered under section 1861(s)(2)(K) of the Act, they may bill them and will be paid under the payment rules that apply to that benefit.

Final Decision: We are not adopting the proposed policy. In response to comments, we have established interim values for the following prolonged services CPT codes:

99354; Prolonged physician service in the office or other outpatient setting; first hour—1.74 total RVUs

99355; each additional 30 minutes—0.79 total RVUs

99356; Prolonged physician service in the inpatient setting; first hour—1.74 total RVUs

99357; each additional 30 minutes—0.79 total RVUs

An explanation of how we established these interim RVUs is contained in section V of this final rule. We will pay these services on the same day as specified evaluation and management codes with typical times without routinely requiring submission of documentation. We have not established separate payments for the prolonged services represented by CPT codes 99358 and 99359.

2. Ventilator Management on the Same Day as an Evaluation and Management Service

We proposed to bundle ventilation management CPT codes 94656, 94657, 94660, and 94662 into evaluation and management services and, therefore, make our payment for them consistent with our payment for critical care under the current CPT definition of critical care. We proposed to accomplish this change by designating ventilation management codes as "bundled" services with a "B" status in the Medicare physician fee schedule database (the file on which our carriers base payment) and by distributing the RVUs for these services across evaluation and management services (mostly subsequent hospital visit codes).

[Ventilation management the same day as a visit]

Comment: Some commenters indicated that this proposal would eliminate the current confusion regarding which codes a physician should use (that is, evaluation and management versus ventilation management codes) to bill the services furnished and that it would provide for more appropriate payment for the work in caring for ventilator dependent patients.

Other commenters, however, stated that payment for ventilation management is equitable at this time and that the current payment policy should continue. Commenters gave the following reasons for continuing the current payment policy:

- Billing a subsequent hospital visit in place of ventilation management would result in overpayment for subsequent hospital visits when the patient is not ventilator dependent and would result in inadequate payment when the patient is ventilator dependent. Commenters consider this to be analogous to bundling EKGs into evaluation and management services.
- It is common for a physician to be both the attending physician and the physician who manages the ventilation, and payment should be equitable for this service.
- There should be an add-on payment made in addition to the evaluation and management service when the patient is ventilator dependent because the values for the highest level of subsequent hospital care are typically met for ventilator dependent patients even when the additional work of ventilation management is not considered. Therefore, the highest subsequent hospital level visit does not adequately pay physicians for the additional work in caring for these patients.
- The physician managing the ventilator may not be able to justify billing the highest level of subsequent hospital visit since the physical examination and history are of a low level, although the medical decisionmaking is at a high level.
- If ventilation management is not part of the usual preoperative and postoperative work of a surgery but is furnished by a surgeon during the postoperative period, bundling ventilation management into subsequent hospital visits would make it more difficult for surgeons to be paid in addition to the global fee for the surgery.
- Bundling ventilator management into critical care resulted in a flawed code.
- Revising payment for ventilator management to make it consistent with critical care would not only compound the error but would increase confusion.

Some commenters recommended that we pay both the evaluation and management service and the ventilation management but pay the lowest valued code at 50 percent of the payment that would be made if it were the only service provided.

Some commenters proposed that we both eliminate the global period we have assigned to ventilation management and pay both codes at their full values.

One alternative recommendation was that we continue to include a payment

amount for the ventilation management codes in the fee schedule, but not allow payment on the same day that another evaluation and management service is furnished to the patient. Under this alternative, ventilation management services would only be bundled into evaluation and management services if they are provided in conjunction with a separately identifiable evaluation and management service on the same day as ventilation management. Only the RVUs currently associated with a significant separately identifiable subsequent evaluation and management code on the same day would be redistributed to the hospital visit codes.

Response: As a result of our review of the comments on this issue, we have not adopted the proposal for the 1994 fee schedule. We have instead accepted the alternative recommendation that we continue to maintain the RVUs for ventilation management services but pay either an evaluation and management code or a ventilation management code, but not both, on the same day. This will permit physicians who manage the beneficiary's ventilation but do not provide other evaluation and management services to be paid for the service based on the values established for that work.

Carriers will be instructed that they may not pay a physician for both evaluation and management and ventilation management (CPT codes 94656, 94657, 94660, or 94662) furnished to a patient on the same day. These codes will no longer have a 0 global period and, therefore, CPT modifier -25 will no longer be accepted for this code to justify payment for an evaluation and management service the same day as ventilation management for services furnished after December 31, 1993. If a physician bills an evaluation and management service on the same day as ventilation management, the carrier will pay the evaluation and management code and will reject the ventilation management code as being covered but bundled into the evaluation and management services billed.

We believe that the payment for an evaluation and management service includes management of ventilation. There are many analogous situations in which we would not pay separately for management of a particular therapy or service required by the beneficiary. For example, we do not pay a physician for management of hyperalimentation in addition to the payment for an evaluation and management service. Therefore, we do not believe it is appropriate to pay for ventilation management in addition to payment for an evaluation and management service.

[Board certification]

Comment: Some commenters stated that the current billing and payment policy for ventilation management should continue, but that the billing of the service be limited to board certified pulmonologists or intensivists. The commenters indicated that billing of the ventilation management by physicians without these credentials represents billing and payment for an inferior service, which is not in the patient's best interest and which results in inappropriate payment by Medicare.

Response: Limiting payment for ventilator management to physicians with specified credentials could be considered a specialty differential and specialty differentials are prohibited by section 1848(c)(6) of the Act.

Final Decision: We will continue to recognize the ventilation management codes (CPT codes 94656, 94657, 94660, and 94662) as services payable under the physician fee schedule. However, physicians will no longer be paid for ventilation management in addition to an evaluation and management service if they choose to bill an evaluation and management service, even if the evaluation and management service is billed with a CPT modifier -25.

H. Payment for Standby Surgical Team

We proposed to recognize that standby surgical services are not physicians' professional services to an individual patient and, therefore, cannot be paid as Part B "physicians' services" (§ 405.480(a)(2)).

[Payment to hospitals]

Comment: Commenters recommended that we increase various diagnosis-related group (DRG) payments when standby surgical teams are predominately used to recognize the hospital's increased cost because hospitals will be required to pay the standby surgical team.

Response: We do not require that hospitals compensate standby surgical teams for availability services. Hospitals can compensate these physicians or require availability, an uncompensated activity, as a condition for staff privileges. There is no special process available to increase DRG payments for selected types of cases. We assume that if hospitals compensate physicians for availability services for certain cases, they include these payments in the charges they report to Medicare. The DRG relative weights are recalibrated annually based on the most recent Medicare impatient charge data available. Thus, if hospitals report increased charges for certain classes of patients due to standby costs, then the weights of the DRGs to which those cases are assigned should increase at a faster rate than other weights, leading to a higher payment. This recalibration and the annual update of the prospective payment standardized amounts are the only methods available under the system to increase payments.

[Direct patient service]

Comment: One commenter stated that the standby service does meet each of the conditions for payment for services of physicians to provider patients in § 405.550(b), and, therefore, the service should be paid by carriers as a physician service under the physician fee schedule. For example, the commenter provided analysis based on the requirements in § 465.550(b) that the standby surgeon personally furnished the service for an individual patient, the service contributed directly to the diagnosis or treatment of an individual patient, and the physician ordinarily performed the service.

Response: We disagree with the commenter's analysis. In order for a physician service to be covered, the physician must furnish some identifiable service to the patient. For example, the physician may furnish a direct hands-on service as is commonly furnished with a visit or a medical or surgical procedure. On the other hand, the physician may furnish a service without having direct physical contact with the patient. This type of service, for example, may consist of a physician's visualization of some aspect of the patient's condition without the interposition of a third person's judgment. Direct visualization is possible by means of x-rays, an electrocardiogram, tissue samples, etc. With the standby service, the surgeon does not furnish a direct hands-on service for a patient, nor does he or she visualize some aspect of the patient's condition. While there may be a service in the form of being available to furnish what could become a physician service to a patient, this availability does not qualify as a physician service that is payable under the physician fee schedule.

[Costs to physicians of standby services]

Comment: One commenter stated that the thoracic surgeon who is standing by sees the patient ahead of time, reviews the angiogram, consults with the cardiologist, and maintains his or her availability unencumbered by other tasks in the event surgical intervention is needed. These standby services are similar to consultation services. The commenter recommended that RVUs be established that recognize the resource costs involved in furnishing standby

surgical services when they are requested by cardiologists. Another commenter recommended that a code reflecting an hourly rate for these services be used.

Response: The standby service does not constitute a physician service to the patient because it does not meet the requirements set forth in the law and at § 405.550(b). However, the service that precedes the standby service would have to be reviewed to determine if a covered service has been furnished. If the surgeon, for example, performs all the activities included in a consultation, that is, a problem-focused history, a problem-focused examination, and medical decisionmaking, the carrier could allow payment for a covered consultation. (A consultation is defined in the 1994 CPT as a "* * * type of service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. * * * The request for a consultation from the attending physician or other appropriate source and the need for consultation must be documented in the patient's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated to the requesting physician or other appropriate source.") Reviewing the angiogram and discussing the case with the cardiologist does not constitute a covered consultation.

[Criteria for standby services]

Comment: A commenter suggested that we develop specific criteria as to when a standby surgical team is medically necessary. For example, the commenter believed that a standby surgical team might not be necessary for all patients undergoing angioplasty procedures, but rather only for patients whose medical conditions meet certain criteria. The commenter stated that once we have established the criteria for medically necessary services, physician availability could be a covered Part B service. The commenter believed the physician should be allowed to bill a consultation in these cases.

Response: As discussed in the immediately preceding response, the standby service does not constitute a covered physician fee schedule service.

Final Decision: We have decided to finalize the proposed policy for the services of the standby surgical team. Under this policy, the services of the standby surgical team furnished beginning January 1, 1994, will be considered hospital services. The physician is precluded from billing the beneficiary for these services furnished beginning January 1, 1994.

I. Clinical Laboratory Interpretation Services

In the final physician fee schedule rule published in November 1991, we announced that we will recognize payment for the laboratory physician's interpretation of any of 15 specific clinical laboratory tests. The College of American Pathologists had requested that 10 other clinical laboratory tests be considered for addition to the list. These ten codes follow:

80059—Hepatitis panel
83661—LS ratio; quantitative
84181—Protein; Western Blot, with interpretations and report, blood or other body fluid
8418—Protein; Western Blot, with interpretations and report, blood or other body fluid; immunological probe for band identification, each
88371—Protein analysis of tissue by Western Blot, with interpretation and report
88372—Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
85555—Osmotic fragility, RBC; unincubated
85557—Osmotic fragility, RBC; incubated
85732—Thromboplastin time, partial (PTT); substitution plasma
87177—Ova and Parasites, direct smears, concentration and identification

A majority of carrier medical directors (CMDs) agree that the following four codes should be added to the list: 84181, 84182, 88371, and 88372. As a result, we proposed to add these four codes to the clinical laboratory interpretation list.

[Services to be added to the list]

Comment: Several organizations and physicians recommended that more than the four proposed clinical laboratory services be included on the list of clinical laboratory interpretation services. They recommended that an additional six CPT codes (80059, 83661, 85555, 85557, 85732, and 87177) be included on the list for CY 1994. Another commenter recommended that of the 10 CPT codes proposed in the July 1993 proposed rule (58 FR 38005) all should be included except CPT codes 80059 (Hepatitis Panel) and 83661 (LS ratio, quantitative). The commenter believed it would be difficult for a laboratory physician to provide a meaningful interpretation of the hepatitis panel results outside the clinical context. Similarly, the commenter stated that it would be difficult for a pathologist to provide a clinically meaningful interpretation of CPT code 83661 in the absence of significant additional radiologic, ultrasound, or clinical information. For both codes, the commenter added that, if a pathologist's assistance is required, which should be only occasionally, it should be specifically requested by the attending clinician.

Response: We consulted with a panel of CMDs to reexamine whether the six excluded CPT codes (that is, codes 80059, 83661, 85555, 85557, 85732, and 87177) should be considered clinical laboratory interpretation services for which interpretation services are recognized. There was a consensus that these codes should continue to be excluded from the list. We are, therefore, pursuing our initial proposal to include only the four codes 84181, 84182, 88371, and 88372 on the clinical laboratory list.

We also note that while we will not recognize payment for the remaining six codes under the clinical laboratory interpretation policy, there remains the opportunity for laboratory physicians to seek payment for these services as clinical consultations if the criteria in § 405.556(b) are met.

[Circumstances for recognition of a physician laboratory service]

Comment: One organization suggested that we create an additional code to describe the circumstances under which a physician laboratory service is recognized for each of the four additional clinical laboratory codes (CPT codes 84181, 84182, 88371, and 88372). The organization believed that our decision to expand the list to include the additional codes may cause confusion among laboratories performing the procedures, resulting in duplicate services and payments. The commenter believed, for example, that a laboratory performing CPT code 84181 is required to furnish an analysis of Protein; Western Blot, with interpretation and report, on blood or other body fluid. Therefore, in the commenter's opinion, an interpretation and report are part of the procedure, and it is inappropriate to pay for a second interpretation of the same procedure.

Response: We believe that additional codes are unnecessary. We intend to use the same coding process we established for the initial 15 clinical laboratory CPT codes published in the November 1991 final rule (56 FR 59565). The unmodified code will be used by a laboratory to claim payment for the code under the clinical laboratory fee schedule. The code with a modifier -26 will be used to designate the laboratory physician's interpretation of the clinical laboratory test.

Final Decision: We have decided to expand the initial list of clinical laboratory interpretation codes to include the four proposed codes. We have decided not to expand the initial list to include the six additional codes proposed by the College of American Pathologists.

J. Payment for Selected Multiple Echocardiography Procedures

[Multiple nonsurgical procedure reductions for echocardiography]

We proposed to reduce the payment for the TC and the PC of CPT codes 93307, 93308, 93320, 93321, and 93325 for the second and subsequent services if more than one of these procedures is furnished on the same day by the same physician or supplier for the same patient. We proposed to pay the highest valued CPT code in full (subject to the deductible) and pay 50 percent of the payment amount of the other CPT codes in this group.

Comment: A few commenters supported the proposal. They believed that the reduction in payment for multiple echocardiograms will result in the elimination of unnecessary services. They stated that unnecessary full study echocardiograms are frequently ordered to generate sufficient revenue to cover office costs and to ensure the physician a higher level of personal income, without regard to what is needed for the patient. They maintained that a physician has every incentive to order multiple services because the echocardiogram is often ordered and furnished by the physician who will be paid, it is not dangerous or uncomfortable for the patient, and it is always paid by Medicare.

Many commenters, however, objected to reducing payment for the subsequent echocardiography procedures if they are performed on the same day by the same provider. They indicated that the physician work RVUs for these services were established based on the assumption that these services were always performed together and, therefore, reducing payment for the subsequent services would result in underpaying them. Other commenters indicated that it was inappropriate to reduce the TC of these services because TCs are exclusively practice expense and practice expense is, by law, to be based on historic charges. Commenters also indicated that the OBRA '93 "overvalued procedure" reductions are likely to require us to reduce the payment for the TCs of these services and that a double reduction would be particularly inappropriate.

Commenters stated that the reduction in payment for echocardiograms will further the current trend towards subspecialization in invasive cardiology rather than non-invasive cardiology, increasing the risk to patients and increasing the cost to Medicare as more patients who could have been diagnosed by the less costly echocardiogram receive invasive tests.

Commenters believed that if we impose these reductions in payments, physicians will cease furnishing these services in their offices because of inadequate payment to cover the high fixed costs of equipment, staff, and maintenance. Commenters stated that physicians will then subject patients to more invasive tests, such as cardiac catheterization, in hospital outpatient departments and ASCs in place of echocardiograms. The net effect will be greater risk and discomfort for patients, more payment to physicians for these more risky procedures, and higher costs to Medicare for the facility costs related to the procedures.

Response: We have carefully reviewed the documentation for the valuation of these services and we agree that the physician work in each service was valued based on the assumption that doppler or color doppler were typically performed at the same session as an echocardiogram. Payment must be established as specified in the statute regardless of the utilization incentives that might be created by payments based on the law's requirements.

Final Decision: We will not implement the proposed policy. However, regardless of our decision not to implement the proposed policy, the practice expense component for some of these services will be reduced as a result of the OBRA '93 "overvalued procedure" reductions.

Based on the comments we have received on this issue and the way these codes were valued by the Harvard research team, we believe that the codes, as written, do not adequately describe these services. We will consider recommending that the CPT Editorial Panel and the appropriate physician specialty societies consider revisions to the codes to accurately represent the services provided.

In spite of our decision not to establish multiple nonsurgical procedure reductions for echocardiography, we will continue to consider whether there are efficiencies in the provision of other nonsurgical procedures which should result in reduced payment when more than one service in a category is provided on the same day to a single beneficiary. If we find other services for which we believe that a reduction is appropriate, we will propose payment reductions in the Federal Register for public comment before we make a final decision.

[Additional payment for other codes]

Comment: A commenter indicated that additional payment for color doppler (CPT code 93325) should be available with CPT codes 93880, 93925, and 93970.

Response: By CPT definition, these codes represent complete studies, including color flow velocity mapping or imaging, and were valued as such. Therefore, the commenter's recommendation would result in an overpayment for these services, and we are not accepting this recommendation.

[Credentials for technicians and physicians]

Comment: Commenters expressed the opinion that we should require that the echocardiography technician and the physician who interprets the echocardiogram be board certified as a condition of payment for the performance or the interpretation of an echocardiogram.

Response: A requirement for board certification would limit the payment to a particular specialty of physician. Section 1848(c)(6) of the Act specifically prohibits the inclusion of a specialty differential in the fee schedule.

[Work and practice expense RVUs]

Comment: Commenters stated that the current practice expense RVUs for echocardiography are inadequate to pay for the costs of equipment, qualified staff, retraining costs, and supplies necessary to perform the test adequately and that the physician work RVUs continue to understate the value of physician work in interpreting the test.

Response: The practice expense for these services is set, as the law requires, based on the historic charges for the procedures. As discussed in section III of this final rule, the practice expense RVUs for some of these services were reduced as required by OBRA '93.

The work RVUs for these procedures were reviewed as a result of the comments we received on the 1992 physician fee schedule. As a result of that review, the work RVUs for CPT code 93307 were increased from 0.41 in 1992 to 0.80 in 1993; the work RVUs for CPT code 93308 were increased from 0.15 in 1992 to 0.55 in 1993; the work RVUs for CPT code 93325 were increased from 0.00 in 1992 to 0.07 in 1993. The work RVUs for CPT codes 93320 and 93321 were not increased. The commenters presented no rationale to support their allegation that the work RVUs for these services continue to be undervalued. Therefore, we have made no changes to the work RVUs for these services.

Final Decision: We have not adopted the proposal to reduce payment when doppler or color doppler is billed on the same day as an echocardiogram.

K. Purchase of Surgical Pathology Technical Component (TC) Services

The purchased diagnostic test provision applies to diagnostic tests, other than clinical laboratory tests, covered under section 1861(s)(3) of the Act. These tests include x-rays, electroencephalograms, and ultrasound services. Under the statutory provision governing purchased diagnostic tests, section 1842(n) of the Act, the purchasing physician must identify the supplier from whom he or she purchased the test and the amount the supplier charged the billing physician net of any discount. Under the physician fee schedule, the amount for the purchased test equals the lesser of the billing physician's fee schedule or the price he or she paid for the service. We proposed to apply the purchased diagnostic test provisions to the TC of a surgical pathology service purchased by a pathologist from another laboratory.

Comment: A commenter requested that the prohibition on mark-up be applied not only to a pathologist who purchases the TC from another laboratory but to any physician who purchases the TC of a surgical pathology service.

Response: The statute does not apply the prohibition against the mark-up on purchased diagnostic tests to a particular physician specialty. Rather, it applies to physicians in general. To ensure compliance with the statute, we are applying the purchased diagnostic test provision to the TC of surgical pathology services purchased by any physician, not just a pathologist.

Comment: A commenter requested that the purchased test provision be applied not only to the physician's purchase of the TC for surgical pathology but to all pathology services for which there is a TC value under the physician fee schedule.

Response: Our proposal did not contemplate the application of the purchased diagnostic test provision to surgical pathology services. Surgical pathology services represent the bulk of physician pathology services that have both TC and PC values. However, there are a few other physician pathology services, such as cytopathology and hematology services, that have both TC and PC values. To be consistent, we need to apply the purchased diagnostic test provision to these services also. Therefore, we are broadening our proposal to apply the purchased diagnostic test provision to the TC of all physician pathology services, not just surgical pathology services.

Final Decision: We have decided to add the TC services of physician pathology services purchased from another laboratory to those services subject to the purchased diagnostic test provision. This policy will take effect for services furnished beginning January 1, 1994.

L. CPT Codes for Occupational Therapy

We proposed to allow occupational therapists (OTs) to bill for their services using the appropriate CPT physical medicine codes (97000 series). For purposes of this discussion, PT and OT refer to the respective therapists in independent practice.

[Use of CPT codes]

Comment: Commenters supported permitting OTs to bill for their services using the CPT codes that describe the services they perform. They noted that, like physical therapy services, occupational therapy services are "physicians' services" for the purposes of the fee schedule and, therefore, should be paid using the same codes and on the same basis.

Some commenters supported revisions to the current HCPCS code for occupational therapy (H5300), defining the code as 30 minutes of treatment, and the creation of a second code to provide payment for each additional 15-minute increment of treatment. They indicated that this would be the simplest and fairest way of billing and being paid for their services.

Other commenters supported permitting OTs to bill for their services using CPT codes and the duration of the visits in which the services are provided. These commenters asked for a new code that would be billed in addition to the CPT codes and HCPCS Code H5300 that would represent an additional 15 minutes of service and prevent carriers from performing prepayment review of medical necessity beyond the initial 30 minutes of service.

Response: We believe that the current distinction between services that can be billed by OTs as opposed to PTs is inappropriate and that OTs should be able to bill for all covered OT services that they are legally allowed to perform. Therefore, effective for occupational therapy services provided after December 31, 1993, OTs may bill the CPT or HCPCS codes that the carrier determines may be covered by Medicare as occupational therapy. The OT will be paid the fee schedule amount for those services the carrier determines are covered by Medicare. OTs may also bill HCPCS codes Q0109 and Q0110 for the occupational therapy evaluations they perform. Moreover, they may continue to bill HCPCS Code H5300 if there is no CPT code that describes the occupational therapy service furnished, but they may not bill HCPCS Code H5300 and a CPT code on the same day, nor may they bill HCPCS Codes Q0109 or Q0110 on the same day as HCPCS Code H5300.

After the CPT Editorial Panel revises the coding of the physical medicine codes, we will determine if the need continues to exist for these HCPCS codes.

We have not created another HCPCS code for increments of time beyond the first 30 minutes because we believe that between the CPT codes available to OTs and the HCPCS codes (H5300, Q0109, Q0110), OTs have sufficient codes to use to bill their services.

[Range of billable codes]

Comment: Commenters opposed any restriction on the use of CPT codes by OTs. They indicated that OTs provide services that are found in the physical medicine, neurology, musculoskeletal, psychiatry, and case management sections of the CPT, and they should be able to bill and be paid for any of these services.

Response: The change in coding and payment is intended to provide equitable payment under the physician fee schedule for covered services and does not affect the coverage of occupational therapy or physical therapy services. Occupational therapy and physical therapy services are "physicians' services" under the fee schedule because the definition of "physicians' services" in section 1848(j)(3) of the Act includes covered physical therapy and occupational therapy. Hence, when the services of OTs and PTs are covered by Medicare, they are paid under the fee schedule on the same basis as the services of physicians or other entities paid under the physician fee schedule. If services are not covered by Medicare, no payment is available for them.

Although we have a national fee schedule that is code specific, we do not have a code specific national coverage policy that identifies which services listed in the CPT are covered as physical therapy or occupational therapy. Therefore, carriers are responsible for determining if the services are covered occupational therapy or physical therapy services within the coverage instructions we have provided. If the carrier determines that a service listed in the CPT is a covered occupational therapy or physical therapy service, the

carrier must pay based on the physician fee schedule. If the carrier determines that no coverage is available for the service under the physical therapy or occupational therapy benefit, the physician fee schedule is irrelevant since no payment may be made for the service.

Final Decision: OTs in independent practice may bill for covered services using CPT codes (excluding visit or consultation codes) or HCPCS code H5300. Initial evaluations for establishment of a plan of care should be billed using HCPCS code Q0109 and periodic reevaluations of the plan of care should be billed using HCPCS code Q0110. OTs may not bill HCPCS code H5300 on the same day as HCPCS codes Q0109 or Q0110.

M. RVUs for Services Not Covered by Medicare

We proposed RVUs for services for which we have not assigned RVUs either because the services are not covered by Medicare or because the services are rarely furnished to Medicare beneficiaries and we have no reliable data for them.

Comment: We received a number of comments requesting that we defer our establishment of RVUs for these codes until the RUC has had an opportunity to evaluate these codes and provide recommendations.

Response: We agree with the commenters and will defer establishing RVUs for services not covered by Medicare.

Final Decision: With a few exceptions, we have decided to retain the carrier-priced status of the CPT codes that are rarely furnished to Medicare beneficiaries for the 1994 physician fee schedule. In addition, we have decided not to establish RVUs for CY 1994 for services that are not covered by Medicare.

III. OBRA '93 Provisions and Implementing Policies

OBRA '93 contains modifications to certain payment policies for physicians' services under the physician fee schedule. The legislation requires revisions to the following issues.

A. Practice Expense

We compute practice expense RVUs by applying historical practice cost percentages to a base allowed charge for each service. If reliable charge data did not exist or if a code was new in 1992 or 1993, we based, to the extent possible, the practice expense RVUs on predecessor codes. If neither charge data nor predecessor codes exist, we imputed practice expense values from the work RVUs.

Section 13513 of OBRA '93 amends section 1848(c)(2) of the Act and requires us to apply a further adjustment to practice expense RVUs for services for which practice expense RVUs exceed 128 percent of the work RVUs and that are performed less than 75 percent of the time in an office setting. For services meeting these criteria, we will reduce the 1994 practice expense RVUs by 25 percent of the amount by which the practice expense RVUs exceed the 1994 work RVUs (§ 414.22(b)(3)). In 1995 and 1996, the excess, as determined for 1994, will be reduced an additional 25 percent each year. Practice expense RVUs will not be reduced to an amount less than 128 percent of the 1994 work RVU for a service.

For example, the 1994 work RVU for a code is 10. The full 1994 practice expense RVU is 20. The code is performed in an office setting less than 75 percent of the time so the code is not exempt from the practice expense reduction. Since the practice expense RVU is greater than 128 percent of the work RVU, the excess practice expense RVU is reduced 25 percent to 17.50 for 1994.

In 1995, the excess practice expense RVUs will be reduced an additional 25 percent of its full 1994 value to 15 RVUs. In 1996, the practice expense RVUs will be reduced to 12.8 RVUs. A full 25 percent reduction would reduce the RVUs to 12.5; however, since this is less than 128 percent of the work RVUs (12.8 RVUs), the practice expense RVUs will not be reduced below this level. Services that are subject to a practice expense reduction appear in Addendum B with an asterisk. Services that would be affected by this provision but that are exempted from the practice expense reduction because of the frequency with which they are performed in an office setting are listed in Table 1.

Services that lack a work RVU (for example, the TC of diagnostic tests) will not be subject to a practice expense RVU reduction. For global diagnostic services, if the PC of the service is subject to the practice expense reduction, the practice expense RVUs assigned to the global service will be reduced by the same amount.

TABLE 1.—PROCEDURES EXEMPT FROM THE PRACTICE EXPENSE REDUCTION DUE TO OFFICE FREQUENCY

HCPCS*	Description
17101	Destruction of 2nd lesion.
17260	Destruction of skin lesions.
17263	Destruction of skin lesions.
17264	Destruction of skin lesions.
17266	Destruction of skin lesions.
17273	Destruction of skin lesions.
17280	Destruction of skin lesions.
17282	Destruction of skin lesions.
20974	Electrical bone stimulation.
21031	Remove exostosis, mandible.
21040	Removal of jaw bone lesion.
29580	Application of paste boot.
31231	Nasal endoscopy, dx.
31575	Diagnostic laryngoscopy.
36405	Drawing blood.
42280	Preparation, palate mold.
64550	Apply neurostimulator.
69410	Inset middle ear baffle.
90906	Biofeedback, blood flow.
92070	Fitting of contact lens.
92280	Special eye evaluation.
92287	Internal eye photography.
92315	Prescription of contact lens.
92316	Prescription of contact lens.
92335	Fitting of artificial eye.
92504	Ear microscopy examination.
92585	Brainstem evoked audiometry.
93325	Doppler color flow.
93740	Temperature gradient studies.
93797	Cardiac rehab.
93798	Cardiac rehab/monitor.
94010	Breathing capacity test.
95075	Ingestion challenge test.

*All CPT codes and descriptors, copyright 1993 AMA

B. Electrocardiograms (EKGs)

Before the enactment of OBRA '93, section 1848(b)(3) of the Act prohibited us from making separate payment for EKG interpretations performed or ordered to be performed in conjunction with visits or consultations. As a result, we added RVUs to visits and consultations to recognize the value of EKG interpretations. We established a budget-neutral policy; that is, aggregate payments for EKG interpretations are the same whether they are paid separately or RVUs are added to visits and consultations. To ensure budget neutrality, we estimated the aggregate number of RVUs that would be paid for EKG interpretations under the physician fee schedule (if separate payment had not been prohibited). We divided these RVUs by the estimated volume of visits and consultations to obtain a per service amount to add to each visit and consultation service.

Section 13514(a) of OBRA '93 amends section 1848(b)(3) of the Act and requires us to make separate payment for EKG interpretations and to exclude the RVUs for EKG interpretations from the RVUs for visits and consultations.

Section 13514(b) of OBRA '93 requires us to reduce the RVUs for all services by a percentage we determine to be necessary to ensure that aggregate payments for EKG interpretations under the fully implemented fee schedule in 1996 are the same as if RVUs for this service continued to be included in the visits and consultations.

For services furnished after December 31, 1993, we will make separate payment for EKG interpretations performed or ordered in conjunction with visits and consultations. We will reduce the RVUs for visits and consultations by the number of RVUs that were added to account for EKG interpretations. To ensure budget neutrality, we will make a 0.3 percent reduction in all RVUs including EKGs, visits, and consultations. The 0.3 percent reduction rectifies an error made in our original calculation in adding EKG RVUs to visit and consultation RVUs. (This calculation was budget neutral over the entire fee schedule, but we underestimated the EKG add-on for visits and consultations thereby causing a modest distribution to other services.)

Section 13514(b) of OBRA '93 adds section 1848(c)(2)(F) to the Act requiring us to reduce the transition payment amounts for 1994 by a percentage necessary to ensure the provision is budget neutral throughout the remainder of the transition to the physician fee schedule. We estimate that a 0.7 percent reduction in the transition payment amounts determined for 1993 is required to ensure budget neutrality for 1994 and 1995.

C. New Physician/Practitioner Adjustment

Payment for the services of physicians and health care practitioners in their first 4 years of practice is limited currently to a certain percentage of the payment amounts that apply to established physicians and practitioners. Section 13515 of OBRA '93 repeals that provision effective for services furnished on or after January 1, 1994. Thus, Medicare payments for services furnished by new physicians and practitioners will be the same as payments made for the same services furnished by established physicians and practitioners. Accordingly, we have revised § 414.42(a) to clarify that the payment limit applies to only CYs 1992 and 1993. To maintain budget neutrality, we have determined that a 0.9 percent reduction must be applied to: (1) All RVUs and transition amounts for physician services, other than anesthesia services, (2) anesthesia CFs, and (3) the prevailing charge or fee schedule amount for practitioner services.

D. Anesthesia Services

Currently, the allowance for the physician's medical direction service provided by an anesthesiologist is determined by multiplying allowable base and time units by the physician fee schedule anesthesia CF for the payment area (§ 414.46(d)(1)). (Medical direction occurs when the anesthesiologist is involved with two, three, or four concurrent procedures.) The base unit for each anesthesia procedure is reduced by 10 percent if two concurrent procedures are medically directed, by 25 percent if three concurrent procedures are medically directed, and by 40 percent if four concurrent procedures are medically directed. Time units are determined by allowing one time unit for each 30 minutes of anesthesia time.

The allowance for the anesthesia service furnished by a medically directed CRNA is determined by multiplying allowable base and time units by the medically directed CRNA CF for the payment area (§ 414.60(a)). The base unit for each anesthesia procedure is not reduced, and time units are determined by allowing one time unit for each 15 minutes of anesthesia time. The payment area CF is calculated based on a specific statutory CF that is adjusted to reflect the geographic indices applicable to the payment area.

Section 13516 of OBRA '93 revises the methodology for calculating the allowance for the medical direction physician service and the medically directed CRNA service. Beginning January 1, 1994, the allowances are calculated based on a percentage of the allowance for the anesthesia service personally performed by the physician alone (§§ 414.46(d)(2) and 414.60(b)). For services furnished in 1994, each allowance is based on 50 percent of 120 percent of the allowance for the personally performed anesthesia service. This equates to 60 percent of the allowance recognized for the personally performed service. The 120 percent is reduced by 5 percent each subsequent year so that for services furnished in 1998, the allowance for both the physician's medical direction service and the anesthesia service furnished by the medically directed CRNA is equal to 50 percent of the allowance for services personally performed by a physician.

This methodology for computing the medical direction allowance will also apply to concurrent procedures involving only interns and residents or a mix of interns, residents, and qualified anesthetists. In the November 1991 final rule for the physician fee schedule (56 FR 59510) we previously indicated our intention to calculate the allowance for concurrent procedures involving interns and residents for years after 1993 under the medical direction rules instead of under the teaching physician payment rules. Thus, if an anesthesiologist is involved with two concurrent procedures, both of which involve anesthesia residents, the medical direction allowance will be calculated according to section 13516 of OBRA of 1993.

E. Limiting Charge

Under the limiting charge provision (§ 414.48), nonparticipating physicians cannot charge beneficiaries more than 115 percent of the fee schedule amount. This limitation applies if the following three conditions are met:

- The items or services are billed on an unassigned basis.
- The items or services are paid under the physician fee schedule.
- The items or services are furnished or billed by a nonparticipating physician.

Section 1848(j)(3) of the Act excludes from the physician fee schedule "* * * clinical diagnostic laboratory tests and such other items and services as the Secretary may specify." It is under this authority that we exclude certain items and services from the physician fee schedule. Because we exclude these items and services from the physician fee schedule, beneficiaries do not have limiting charge protection for them.

Section 13517 of OBRA '93 expands the scope of the limiting charge protection. Beginning January 1, 1994, the limiting charge provision will apply to items or services that could be paid for under the physician fee schedule but which, in accordance with section 1848(j)(3) of the Act, we have excluded from the definition and have elected not to pay for under the physician fee schedule. Services to which the limiting charge now applies include drugs and biologicals that are furnished incident to physicians' services. Thus, these drugs and biologicals are now subject to the limiting charge provision. In addition, the limiting charge provision will apply to nonparticipating suppliers or other persons. Previously, it had applied to the services of nonparticipating physicians only.

IV. Summary of Regulation Changes

This final rule makes the following amendments to 42 CFR:

- Section 405.480(a)(2) ("Payment for services of physicians to providers:

General rule") by including the services of the standby surgical team as physician availability services.

- Section 414.4 ("Fee schedule areas") by recognizing North Carolina and Ohio as statewide fee schedule areas.
- Section 414.22 ("Practice expense RVUs") by adding paragraph (b)(3) to set forth certain conditions under which the 1994 practice expense RVUs will be reduced in calendar years 1994, 1995, and 1996.
- Section 414.32 ("Determining payments for certain physician services furnished in outpatient hospital settings") by applying the site-of-service payment differential in hospital inpatient settings as well as outpatient facility settings.
- Section 414.42 ("Adjustment for first 4 years of practice") by removing the payment adjustment for new physicians and practitioners for services furnished on or after January 1, 1994.
- Section 414.46(d) ("Physician medically directs concurrent anesthesia procedures") by revising the methodology used to calculate the allowance for the physician's medical direction services furnished by an anesthesiologist on or after January 1, 1994, to base the allowance on 50 percent of 120 percent of the allowance for the personally performed anesthesia service.
- Section 414.48 ("Limits on actual charges of nonparticipating physicians") by applying the limiting charge to nonparticipating suppliers and to items or services that we exclude from the definition of physicians' services in accordance with section 1848(j)(3) of the Act.
- Section 414.60 ("Payment for the services of certified registered nurse anesthetists") by adding paragraph (b) stating that the allowance for anesthesia services furnished by medically directed CRNAs on or after January 1, 1994, is determined as a fixed percentage of the allowance recognized for the anesthesia service personally performed by the physician alone.

In addition to the above changes, we have also made editorial changes that do not affect the substance of the provisions.

V. Refinement of RVUs for CY 1994 and Responses to Public Comments on Interim RVUs for 1993

A. Summary of Issues Discussed Related to the Adjustment of RVUs

Section V.B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised codes. In section V.C., we discuss adjustments because of limitations on annual expenditures. We have identified other issues regarding practice expense and malpractice expense RVUs and other RVU-related subjects, which we discuss in section V.D. of this final rule. As with the work RVUs, any changes to the practice expense and malpractice expense RVUs, to global periods, or to the status of the code on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1994.

B. Process for Establishing Work RVUs for the 1994 Fee Schedule

The November 1992 final notice announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the notice apply to physician services furnished beginning January 1, 1993. We announced that we would accept comments on interim RVUs for new or revised codes and for codes previously designated as carrier-priced codes. We announced that we considered the RVUs for the remaining codes to be final and not subject to public comment.

In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the November 1992 final notice and our establishment of the work RVUs for new and revised codes for the 1994 fee schedule.

1. Work RVU Refinements of Interim RVUs

a. Methodology. Although the RVUs in the November 1992 notice were used to calculate 1993 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments on the RVUs for a period of 60 days. We received approximately 135 comments on approximately 120 codes with interim RVUs from 25 specialty societies.

Only those RVUs that were identified in the November 1992 notice as interim were subject to a comment period in 1993. Nevertheless, we received comments on codes whose RVUs we consider to be final. The proposed and initial RVUs for these codes were subject to comment periods in 1991 and 1992 and, when comments were received, were reviewed during previous refinement efforts. Therefore, with the exception of several codes that we omitted from the 1992 refinement process in error, we have not reviewed final work RVUs and have not included the codes with final RVUs in this discussion or in Table 2 in the list of codes reviewed during this year's refinement.

We convened a multispecialty panel of physicians to assist us in the review of the remaining comments with certain exceptions. The comments that we did not submit to panel review are discussed at the end of this section. The panel was moderated by HCFA medical staff and consisted of the following groups:

- A clinician representing each of the specialties most identified with the procedures in question. The specialists on the panel were nominated by the specialty society that submitted the comments. Twenty specialty societies were represented on the panel.
- Primary care clinicians nominated by the American Academy of Family Practice, the American Society of Internal Medicine, the American College of Physicians, and the American Osteopathic Association.
- CMDs.

After eliminating the codes with final RVUs and certain codes that are discussed at the end of this section, we submitted comments on 42 codes for evaluation by the panel. The panel discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. Panelists were encouraged to make comparisons to "reference services" whose work RVUs had not been challenged in the comment process. We assembled a set of reference services and asked specialty societies to compare clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the set, we attempted to include: (1) Services that are commonly performed whose work RVUs were not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties. The set listed approximately 120 services.

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

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

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

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 42 codes reviewed by our multispecialty panel, 41 requests were for increased values, and 1 was for a decreased value.

We also received comments on RVUs that were subject to comment but which we did not submit to the panel for review for a variety of reasons. These comments and our decisions on those comments are discussed in further detail in section V.A.1.c. Of the approximately 120 interim work RVUs that were reviewed, approximately 50 percent were increased, approximately 5 percent were decreased, and approximately 45 percent were not changed.

Table 2 lists the codes reviewed during the 1993 refinement process described in this section. This table includes the following information:

- *HCPCS (HCFA Common Procedure Coding System) code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1993 work RVUs.* The work RVUs that appeared in the November 1992 notice are shown for each reviewed code.
- Requested work RVUs. This column identifies the work RVUs requested by commenters. We received more than one comment on some codes, and, in a few of these cases, the commenters requested different RVUs. The table lists the highest requested RVUs. For some codes, we received no specific RVU recommendations. The 1994 RVUs shown have not been adjusted for budget neutrality.
- *1994 work RVUs.* This column contains the final RVUs for physician work.
- *Basis for decision.* This column indicates whether:

—The recommendations of the refinement panel were the basis upon which we determined that the interim work RVUs published in the November 1992 final notice should be retained (indicator 1);

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

—A new or retained value emerged from some other source (indicator 3). Codes with an indicator of 3 are discussed following Table 2.

As stated elsewhere in this final rule, with the exception of several codes omitted from the 1992 refinement process in error, we have not reviewed final work RVUs and have not included the codes with final RVUs in this table.

b. Table 2—Codes Reviewed during 1993.

TABLE 2.—CODES REVIEWED IN THE REFINEMENT PROCESS

HCPCS*	Description	1993 work RVU	Requested work RVU	1994 work RVU**	Basis for decision
11100	Biopsy of skin lesion	0.83	1.2	0.83	1
11101	Biopsy, each added lesion	0.42	0.9	0.42	1
11300	Shave skin lesion	0.53	.....	0.53	3
11301	Shave skin lesion	0.87	.....	0.87	3
11302	Shave skin lesion	1.07	.....	1.07	3
11303	Shave skin lesion	1.27	.....	1.27	3
11305	Shave skin lesion	0.69	.....	0.69	3
11306	Shave skin lesion	1.01	.....	1.01	3
11307	Shave skin lesion	1.17	.....	1.17	3
11308	Shave skin lesion	1.45	.....	1.45	3
11310	Shave skin lesion	0.75	.....	0.75	3
11311	Shave skin lesion	1.07	.....	1.07	3
11312	Shave skin lesion	1.23	.....	1.23	3
11313	Shave skin lesion	1.66	.....	1.66	3
16040	Burn wound excision	0.93	.....	1.04	2
16041	Burn wound excision	2.41	.....	2.77	2
16042	Burn wound excision	2.41	.....	2.41	1
21120	Reconstruction of chin	4.86	8.71	4.86	3
21125	Augmentation lower jaw bone	6.37	10.61	6.37	3
21127	Augmentation lower jaw bone	10.69	15.05	10.69	3
21336	Repair nasal septal fracture	4.86	5.83	5.48	2
21348	Repair nose/jaw fracture	12.75	19.44	15.98	2
21356	Repair cheek bone fracture	3.97	5.37	3.97	1
21366	Repair cheek bone fracture	17.01	17.50	17.01	1
21408	Repair eye socket fracture	9.29	15.00	11.85	2
21423	Repair mouth roof fracture	9.96	10.25	9.96	3
21436	Repair craniofacial fracture	26.85	27.62	26.85	3
21453	Treat lower jaw fracture	3.40	6.75	5.31	2
24006	Release elbow joint	7.68	10.33	8.92	2

* All numeric CPT HCPCS Copyright 1993 American Medical Association.

TABLE 2.—CODES REVIEWED IN THE REFINEMENT PROCESS—Continued

HCPCS*	Description	1993 work RVU	Requested work RVU	1994 work RVU**	Basis for decision
24505	Treat humerus fracture	4.94	4.60	4.94	3
25526	Repair fracture of radius	12.74	18.49	12.74	3
25605	Treat fracture radius/ulna	5.55	5.65	5.49	3
26650	Repair thumb fracture	5.62	5.46	5.62	3
27193	Treat pelvic ring fracture	4.75	5.31	4.75	3
27194	Treat pelvic ring fracture	8.95	6.08	8.95	3
27215	Pelvic fracture(s) treatment	9.72	9.86	9.61	2
27216	Treat pelvic ring fracture	13.61	22.77	14.55	2
27217	Treat pelvic ring fracture	11.67	18.22	13.52	2
27218	Treat pelvic ring fracture	15.55	26.11	19.29	2
27226	Treat hip wall fracture	13.61	19.73	14.27	3
27227	Treat hip fracture(s)	15.05	37.95	15.77	3
27228	Treat hip fracture(s)	17.50	60.71	18.34	3
27244	Repair of thigh fracture	13.92	.....	14.70	3
27245	Repair of thigh fracture	18.16	.....	19.18	3
27256	Treatment of hip dislocation	3.81	4.92	3.81	3
27496	Decompression of thigh/knee	4.86	5.28	4.86	3
27497	Decompression of thigh/knee	5.95	9.23	5.95	3
27498	Decompression of thigh/knee	6.79	10.55	6.79	3
27499	Decompression of thigh/knee	7.82	14.51	7.82	3
27500	Treatment of thigh fracture	5.42	5.90	5.42	3
27501	Treatment of thigh fracture	5.42	5.90	5.42	3
27503	Treatment of thigh fracture	9.75	9.33	9.75	3
27535	Treatment of knee fracture	9.72	13.00	10.62	3
27536	Repair of knee fracture	13.61	15.50	14.86	3
27558	Repair of knee dislocation	17.16	24.97	17.16	3
27750	Treatment of tibia fracture	2.97	4.11	2.97	3
27752	Treatment of tibia fracture	5.29	5.13	5.29	3
27758	Repair of tibia fracture	10.43	7.24	10.77	3
27759	Repair of tibia fracture	12.50	9.24	12.91	3
27825	Treat lower leg fracture	5.21	5.70	5.21	1
27826	Treat lower leg fracture	7.21	8.53	7.61	2
27827	Treat lower leg fracture	7.79	13.65	10.14	2
27828	Treat lower leg fracture	10.11	15.93	12.63	2
27892	Decompression fasciotomy, leg	6.18	9.23	6.18	3
27893	Decompression fasciotomy, leg	6.14	9.23	6.14	3
27894	Decompression fasciotomy, leg	7.82	14.51	7.82	3
28531	Treat sesamoid bone fracture	2.06	3.60	2.06	1
28576	Treat foot dislocation	3.84	5.42	3.84	1
28636	Treat toe dislocation	2.74	5.04	2.74	1
28666	Treat toe dislocation	2.62	4.71	2.62	1
29855	Tibia arthroscopy/surgery	9.72	9.24	9.72	3
29856	Tibial arthroscopy/surgery	13.61	15.80	13.61	3
33510	Coronary artery bypass	23.39	.....	23.86	3
33511	Coronary arteries bypass	25.25	.....	26.19	3
33512	Coronary arteries bypass	27.10	32.00	28.52	3
33513	Coronary arteries bypass	28.96	.....	30.85	3
33514	Coronary arteries bypass	30.82	.....	33.18	3
33516	Coronary arteries bypass	32.67	.....	35.51	3
33517	CABG, artery-vein, single	1.86	.....	2.33	3
33518	CABG, artery-vein, two	3.71	.....	4.66	3
33519	CABG, artery-vein, three	5.57	.....	6.99	3
33521	CABG, artery-vein, four	7.43	.....	9.32	3
33522	CABG, artery-vein, five	9.28	.....	11.65	3
33523	CABG, artery-vein, six or more	11.14	.....	13.98	3
33530	Coronary artery bypass/reop	6.01	11.00	6.01	3
33533	CABG, arterial, single	25.27	29.00	24.59	3
33534	CABG, arterial, two	28.00	33.50	27.65	3
33535	CABG, arterial, three	30.43	38.00	30.71	3
33536	CABG, arterial, four or more	32.86	42.30	33.77	3
36005	Injection, venography	0.97	1.75	0.97	1
47505	Injection for liver X-rays	0.78	2.00	0.78	1
56605	Biopsy of vulva/perineum	0.64	0.88	0.88	2
56634	Vulvectomy, radical, complete	17.01	18.00	16.98	3
56637	Vulvectomy, radical, complete	17.94	20.00	19.08	3
57110	Removal of vagina	10.69	17.50	13.81	2
61533	Insert brain electrodes	20.24	26.00	23.98	2
61680	Intracranial vessel surgery	37.35	41.65	37.35	3

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

TABLE 2.—CODES REVIEWED IN THE REFINEMENT PROCESS—Continued

HCPCS*	Description	1993 work RVU	Requested work RVU	1994 work RVU**	Basis for decision
61682	Intracranial vessel surgery	43.24	51.85	43.24	3
61684	Intracranial vessel surgery	40.21	48.45	40.21	3
61686	Intracranial vessel surgery	48.61	62.05	48.61	3
61692	Intracranial vessel surgery	38.89	50.15	38.89	3
61760	Implant brain electrodes	22.24	28.00	25.44	2
76825	Echo exam of fetal heart	0.78	1.75	1.00	2
76826	Echo exam of fetal heart	0.78	1.75	0.85	2
76827	Echo exam of fetal heart	0.49	1.09	0.60	2
76828	Echo exam of fetal heart	0.49	1.09	0.58	2
92982	Coronary artery dilation	9.93	15.00	11.25	2
92984	Coronary artery dilation	1.86	4.00	3.04	2
92995	Coronary atherectomy	10.92	16.50	12.38	2
92996	Coronary atherectomy	2.04	6.00	3.34	3
93312	Echo exam of heart	1.61	2.50	1.61	1
93980	Penile vascular study	1.34	2.30	1.86	2
96440	Chemotherapy, intracavitary	2.43	4.83	2.43	1

* All numeric CPT HCPCS Copyright 1993 American Medical Association.
** RVUs do not reflect adjustment for budget neutrality.

c. Discussion of codes not reviewed by panel. Codes listed in Table 2 with a basis of decision of "3" fall into several categories. For most of these codes, we received comments that were not considered by the multispecialty refinement panel for a variety of reasons. Those codes and our rationale for the final RVUs we have established for the codes are discussed below. The 1994 RVUs mentioned in this discussion have not been adjusted for budget-neutrality purposes. In addition to the codes discussed below, CPT code 92296 (coronary atherectomy) is listed in Table 2 with basis of decision code 3. This code was reviewed by the panel. However, rather than using the panel ratings, we established 3.34 work RVUs for this code in keeping with our practice of valuing atherectomies at 10 percent more than the angioplasty codes. We established 3.04 work RVUs for the corresponding angioplasty code 92984 based on the multispecialty panel ratings.

(1) Shaving of epidermal or dermal lesions (CPT codes 11300 through 11313). Several commenters objected to our decision to value the 12 new "shave excision" codes at 60 percent of the RVUs of the corresponding codes for an "excision of benign lesion," rather than at 80 percent as recommended by RUC. The commenters believed that this decision was contrary to objective data from the Harvard resource-based relative value scale study that showed the following:

CPT code	Description	Intra-service Harvard work units	Total Harvard work units
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less.	47.00	76.00
11400	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk arms or legs; lesion diameter 0.5 cm or less.	57.00	94.00

(To convert these Harvard units to the fee schedule values, we divided the values by 94.216 and multiplied the result by 0.97217.) Based on this information, the commenter calculated the intraservice work of a "shave excision" to be 82.4 percent of the intraservice work of an "excision of a benign lesion" (47.00 units/57.00 units) while the total work units of a "shave excision" were 80.8 percent of the total work units of an "excision of a benign lesion" (76.00 units/94.00 units).

We reviewed the Harvard data cited by the commenters and believe the data are consistent with our decision to value the "shave excision" codes at 60 percent of the RVUs of the corresponding "excision of benign lesion" codes. It appears that the commenters did not take into account the fact that the work RVUs assigned by us in the final rule to the "shave excision" codes do not include any work RVUs for services furnished in the postoperative period while the corresponding work RVUs for the "excision of benign lesion" codes include work RVUs for services furnished in a 10-day postoperative period.

We believe the appropriate comparison is the total work RVUs of the "shave excision" codes to the total work RVUs of the "excision of benign lesion" codes. To be consistent with our decision to assign a 10-day postoperative period to the "excision of benign lesion" codes and a 0-day postoperative period to the "shave excision" codes, the postservice work RVUs for "shave excisions" in the Harvard data that represent the work performed in the office after the day of the procedure must be removed from the calculation of the total RVUs.

In the Phase III Final Report of the Harvard resource-based relative value scale study, the "excision of benign lesion" code cited by the commenters (CPT code 11400) was assigned a total of 97.00 work units. Included in the total work units were 16.00 units of immediate preservice and postservice work on the day of the procedure and 24.00 work units in the office after the day of the procedure. Because the "shave excision" vignette was not restudied in Phase III, it is not possible to directly compare the preservice and postservice work of the "shave excision" and the "excision of benign

lesion" codes in the detail available for CPT code 11400. What is certain is that the original "shave excision" vignette and the "excision of benign lesion" vignettes both included work units for postservice work in the office after the day of the procedure.

The data can be analyzed in one of two ways based on two different assumptions. First, assuming that the "shave excision" code included the same amount of postservice work in the office as CPT code 11400 (24.00 units), the actual value of the "shave excision" code would not be 76.00 total Harvard units, but 52.00 total Harvard units (76.00 units minus 24.00 units). Harvard units of 52.00 represent 54 percent of the units of CPT code 11400 (52.00 units/97.00 units). Second, assuming that the immediate preservice and postservice work on the day of the procedure were the same for the two procedures, the total work units of the "shave excision" code with a global period of 0 days would be the sum of the intraservice work units and the immediate preservice and postservice work units. That value is 63.00 total units (47.00 units plus 16.00 units). A value of 63.00 represents 65 percent of the units of CPT code 11400 (63.00 units/97.00 units).

Under either assumption, it is clear that the actual Harvard data support, rather than refute, our decision to reject the RUC recommendation of 80 percent and base the "shave excision" RVUs on 60 percent of the RVUs of the corresponding "excision of benign lesion" codes. Therefore, we will retain the published RVUs.

(2) Genioplasty codes: We designated the following codes as carrier-priced in the first year of the fee schedule:

CPT code	Description
21120 ...	Genioplasty; augmentation (autograft, allograft, prosthetic material).
21125 ...	Augmentation, mandibular body or angle; prosthetic material.
21127 ...	Augmentation with bone graft, onlay or interpositional (includes obtaining autograft).

In response to comments we received on the November 1991 final rule, we submitted the codes for review by one of the 1992 refinement panels. Based on the panel members' ratings and our analysis of those ratings, we established the following interim work RVUs for these codes:

CPT code	Interim work RVUs
21120	4.86
21125	6.37
21127	10.69

Commenters proposed the following interim RVUs for these codes:

CPT code	Interim work RVUs
21120	8.71
21125	10.61
21127	15.05

Since the comments on the interim RVUs were identical to those we received in response to the final rule and were fully considered in the 1992 refinement process, we did not subject the codes to further review.

(3) Open treatment of palatal or maxillary fracture (LeFort I type) complicated (comminuted or involving cranial nerve foramina), multiple approaches (CPT code 21423). We established 9.96 interim work RVUs for this code, which was new in 1993. Commenters agreed that the increment in work of CPT code 21423 over CPT code 21422 (open treatment of palatal or maxillary fracture (LeFort I type)) was the same as that of CPT code 21347 over CPT code 21346 but maintained that CPT code 21346 and CPT code 21347 were wrongly valued. The RVUs for both CPT code 21346 (open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation) and CPT code 21347 (requiring multiple open approaches) were final and not subject to comment in 1993, and the RVUs for both codes were based on the Harvard resource-based relative value scale study. We believe that if CPT codes 21346 and 21347 were improperly valued, we would have received objections to their RVUs when they were published for comment in 1992. Because no objections were received, we have not revised the work RVUs for CPT code 21423.

(4) Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft) (CPT code 21436). We assigned 26.85 interim work RVUs to this code. A commenter disagreed with the reduction in the work RVUs from the RUC recommendation. In fact, we increased the RVUs over the RUC recommendation of 24.00 RVUs.

(5) Orthopedic surgery. We received comments on a large number of orthopedic codes (CPT codes 24006 through 29856). Those not referred to the refinement panel fall into three categories:

- Editorial changes: We rejected a number of 1992 RUC recommendations on the principle that the changes in code descriptors were editorial in nature and did not represent changes in work. The recommendations we rejected include CPT codes 24505, 26650, 27256, 27500, 27501, 27750, and 27752. Commenters objected to the published work RVUs but did not challenge our conclusion of no substantive change in work. We believe it is generally inappropriate to use coding changes as an excuse to reopen discussion of valuations of existing services, so we have left the RVUs unchanged.
- General misvaluation of orthopedic services: Many comments were based upon a critique of the original Harvard study. Commenters offered an alternative value scale for estimation of work and based the valuation of services on this scale. Because we do not agree that coding changes are appropriate justification for reopening debate about the Harvard study, we believe that comments on CPT codes 25526, 27193, 27194, 27496 through 27499, 27503, 27558, 27892 through 27894, 29855, and 29856 did not provide adequate justification for reconsideration of the published RVUs.
- Revisions within families: In a number of instances, a code or family of codes was replaced by a new code or codes. While the individual codes represent new classifications and work RVUs, the overall work represented by the family should be unchanged. A number of commenters implied that the published RVUs for the new codes in certain families did not accurately reflect the average work of the old codes. We reviewed the codes in question and changed several work RVUs:

CPT codes in 1992	CPT codes in 1993	Average work RVUs		Correction for 1994 (percent)
		1992 (rescaled)	1993	
25605	25605	5.55	5.55	−1.1
25610				
27224	27226	16.12	13.61	+4.8
27225	27227		15.05	
	27228		17.50	
27244	27244	14.81	13.92	+5.6
	27245		18.16	
27536	27535	12.94	9.72	+9.2
27537	27536		13.61	
27756	27759	11.67	10.43	+3.2

(6) Coronary artery bypass graft procedures (CPT codes 33510 through 33523 and 33533 through 33536). The interim RVUs for these codes were derived from RVUs for the old CPT codes 33510 through 33516 as revised by the 1992 refinement panels. We calculated volume-weighted average work RVUs for coronary artery bypass procedures based on certain assumptions regarding the probable utilization of the new codes and frequencies of venous grafts and arterial conduits. Commenters stated that the interim RVUs were based on an incorrect assumption, specifically that multiple arterial conduit procedures (CPT codes 33534 through 33536) are much more common than they actually are. We reviewed the available data on the utilization of the new codes through the first 6 months of 1993. Those data were consistent with the commenters' assumptions, and we have revised the work RVUs for CPT codes 33510 through 33523 and 33533 through 33536. The revised RVUs are listed in Table 2.

(7) Reoperation, coronary artery bypass procedure or valve procedure, more than one month after original operation (CPT code 33530). We assigned 6.01 interim work RVUs to this code. A commenter requested 11.00 work RVUs for this revised code. The comments were an abbreviated version of those received in response to the November 1991 final rule and were fully considered in the 1992 refinement process. Because the commenter did not present new information regarding this code, we did not subject it to review by this year's refinement panel. We have retained the existing RVUs.

(8) Vulvectomy, radical, complete, with unilateral inguinofemoral lymphadenectomy (CPT code 56634) and with bilateral inguinofemoral lymphadenectomy (CPT code 56637). These codes are part of the family of codes for vulvectomy, CPT codes 56620 through 56640. The 1992 volume-averaged work RVUs for the family of codes were 10.53. The interim work RVUs were 17.01 for CPT code 56634 and 17.94 for CPT code 56637. We have decreased the work RVUs for CPT code 56634 to 16.98 and for CPT code 56637 to 19.08 to make them consistent with the 1994 RVUs established for CPT code 56632 (vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy).

(9) Surgery of intracranial arteriovenous malformation (CPT codes 61680 through 61692). Commenters stated that we had compressed the results of the 1992 refinement panel, which we had not done. The RVUs published in the November 1992 final notice are the direct result of the decision rules set forth in that document. We are not revising the RVUs for these codes in 1994.

2. Establishment of Interim Work RVUs for New and Revised Codes for 1994

a. Methodology. The major aspect of establishing work RVUs for 1994 was related to the assignment of interim RVUs for all new and revised CPT codes. As described in our November 1992 **Federal Register** notice on the 1993 fee schedule (57 FR 55896), we established a process, based on recommendations received from RUC, for establishing interim RVUs for new and revised codes.

RUC was formed in November 1991 and grew out of a series of discussions between the AMA and the major national medical specialty societies. RUC is comprised of 26 members; 22 are representatives of major specialty societies. The remaining members represent the AMA, the American Osteopathic Association, and the CPT Editorial Panel. The work of RUC is supported by an advisory committee made up of representatives of 65 specialty societies in the AMA House of Delegates. RUC used a small group survey method to produce work RVUs that were voted on by RUC, with a two-thirds vote required for acceptance. RUC then submitted to us those accepted RVUs as recommended values.

We received work RVU recommendations for approximately 550 codes from RUC. Physician panels consisting of CMDs and HCFA staff reviewed RUC recommendations by comparing them to the HCFA reference set or to other comparable services on the fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases where we agreed with the RUC relationships, we revised the RVUs recommended by RUC in order to achieve budget neutrality within families of codes. For approximately 66 percent of the RUC recommendations, proposed RVUs were accepted or increased, and for approximately 24 percent, RVUs were decreased. (Nine percent will remain carrier-priced. No work RVUs were assigned to approximately 1 percent of the codes because we determined that those procedures do not involve physician work.)

We also received approximately 40 recommendations from specialty societies for new or revised codes for which RUC did not provide a recommendation. The specialty society recommendations were also reviewed by the physician panels. For approximately 44 percent of the specialty society recommendations, the proposed RVUs were accepted or

increased; for approximately 56 percent, the RVUs were decreased.

Table 3 is a listing of those codes that will be new or revised in 1994 for which we received recommended work RVUs. This table includes the following information:

• *HCPCS (HCFA Common Procedure Coding System) code.* This is the CPT code for a service. An asterisk identifies new codes.

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

• *RUC recommended work RVUs.* This column identifies the work RVUs recommended by RUC. If RUC recommended that the 1993 work RVUs for revised codes be maintained, this column shows "no change." In general, this type of recommendation was submitted when RUC believed that the code revision did not affect the physician work. It did not necessarily mean that RUC or its members believed the service to be valued correctly.

• *HCFA decision.* This column indicates whether we agreed with the RUC recommendation ("agreed"); we established work RVUs that are higher than the RUC recommendation ("increased"); or we established work RVUs that were less than the RUC recommendation ("decreased"). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 3, except for codes that we have left as carrier-priced because they are rarely paid for by Medicare. Those codes are identified in Table 3 by an "(a)" in this column.

In general, we have attempted to maintain budget neutrality for revised or split codes within a specific code group. If we did not have a good basis for projecting utilization, we have maintained the 1993 RVUs for each of the split codes and will use actual utilization to adjust the RVUs in a subsequent year.

b. Table 3—AMA's RUC Recommendations and HCFA's Decisions.

TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS

HCPCS †	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
*11755		Biopsy, nail unit	1.34		Agreed.
*15788		Chemical peel, face, epiderm	5.00		Decreased.
*15789		Chemical peel, face, dermal	6.59		Decreased.
*15792		Chemical peel, nonfacial	4.00		Decreased.
*15793		Chemical peel, nonfacial	5.34		Decreased.
17340		Cryotherapy of skin	No change		Agreed.
*19125		Excision, breast lesion	6.00		Agreed.
*19126		Excision, add'l breast lesion	3.00		Agreed.
19140		Removal of breast tissue	No change		Agreed.
22315		Treat spine fracture	No change		Agreed.
24342		Repair of ruptured tendon	No change		Agreed.
*24566		Treat humerus fracture	7.35		Agreed.
*24582		Treat humerus fracture	8.02		Agreed.
26740		Treat finger fracture, each	No change		Agreed.
26742		Treat finger fracture, each	No change		Agreed..
26746		Repair finger fracture, each	No change		Agreed.
27509		Treatment of thigh fracture	No change		Agreed.
29846		Wrist arthroscopy/surgery	No change		Agreed.
*31231		Nasal endoscopy, dx	1.12		Decreased.
*31233		Nasal/sinus endoscopy, dx	2.40		Decreased.
*31235		Nasal/sinus endoscopy, dx	4.20		Decreased.
*31237		Nasal/sinus endoscopy, surg	2.88		Decreased.
*31238		Nasal/sinus endoscopy, surg	5.00		Decreased.
*31239		Nasal/sinus endoscopy, surg	12.26		Decreased.
*31240		Nasal/sinus endoscopy, surg	4.00		Decreased.
*31245		Nasal/sinus endoscopy, surg	5.07		Decreased.
*31246		Nasal/sinus endoscopy, surg	6.26		Decreased.
*31247		Nasal/sinus endoscopy, surg	7.03		Decreased.
*31248		Nasal/sinus endoscopy, surg	7.43		Decreased.
*31249		Nasal/sinus endoscopy, surg	8.85		Decreased.
*31251		Nasal/sinus endoscopy, surg	9.27		Decreased.
*31261		Nasal/sinus endoscopy, surg	8.05		Decreased.
*31262		Nasal/sinus endoscopy, surg	9.24		Decreased.
*31264		Nasal/sinus endoscopy, surg	10.01		Decreased.
*31266		Nasal/sinus endoscopy, surg	10.41		Decreased.
*31269		Nasal/sinus endoscopy, surg	11.83		Decreased.
*31271		Nasal/sinus endoscopy, surg	12.25		Decreased.
*31280		Nasal/sinus endoscopy, surg	10.19		Decreased.
*31281		Nasal/sinus endoscopy, surg	11.38		Decreased.
*31282		Nasal/sinus endoscopy, surg	12.15		Decreased.
*31283		Nasal/sinus endoscopy, surg	12.55		Decreased.
*31284		Nasal/sinus endoscopy, surg	13.97		Decreased.
*31286		Nasal/sinus endoscopy, surg	14.39		Decreased.
*31287		Nasal/sinus endoscopy, surg	6.00		Decreased.
*31288		Nasal/sinus endoscopy, surg	7.02		Decreased.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS †	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
*31290		Nasal/sinus endoscopy, surg	18.78		Decreased.
*31291		Nasal/sinus endoscopy, surg	19.78		Decreased.
*31292		Nasal/sinus endoscopy, surg	15.64		Decreased.
*31293		Nasal/sinus endoscopy, surg	17.14		Decreased.
*31294		Nasal/sinus endoscopy, surg	16.00		Decreased.
32440		Removal of lung	No change		Agreed.
*32442		Sleeve pneumonectomy	25.28		Agreed.
32445		Removal of lung	24.50		Decreased.
32480		Partial removal of lung	17.25		Agreed.
*32482		Bilobectomy	19.00		Agreed.
*32484		Segmentectomy	20.00		Agreed.
*32486		Sleeve lobectomy	23.30		Agreed.
*32488		Completion pneumonectomy	25.00		Agreed.
32500		Partial removal of lung	No change		Agreed.
32540		Removal of lung lesion	15.17		Decreased.
*32601		Thoracoscopy, diagnostic	5.59		Agreed.
*32602		Thoracoscopy, diagnostic	6.11		Agreed.
*32603		Thoracoscopy, diagnostic	10.00		Decreased.
*32604		Thoracoscopy, diagnostic	11.18		Decreased.
*32605		Thoracoscopy, diagnostic	7.10		Agreed.
*32606		Thoracoscopy, diagnostic	10.60		Decreased.
*32650		Thoracoscopy, surgical	10.31		Agreed.
*32651		Thoracoscopy, surgical	14.00		Decreased.
*32652		Thoracoscopy, surgical	18.00		Increased.
*32653		Thoracoscopy, surgical	8.20		Increased.
*32654		Thoracoscopy, surgical	12.00		Increased.
*32655		Thoracoscopy, surgical	12.50		Increased.
*32656		Thoracoscopy, surgical	11.00		Increased.
*32657		Thoracoscopy, surgical	13.42		Agreed.
*32658		Thoracoscopy, surgical	12.90		Decreased.
*32659		Thoracoscopy, surgical	11.60		Decreased.
*32660		Thoracoscopy, surgical	17.02		Agreed.
*32661		Thoracoscopy, surgical	12.50		Increased.
*32662		Thoracoscopy, surgical	12.71		Increased.
*32663		Thoracoscopy, surgical	20.00		Decreased.
*32664		Thoracoscopy, surgical	13.98		Agreed.
*32665		Thoracoscopy, surgical	15.09		Agreed.
*32850		Donor pneumonectomy	12.00		Agreed.
*32851		Lung transplant, single	36.00		(a).
*32852		Lung transplant w/bypass	38.00		(a).
*32853		Lung transplant, double	45.00		(a).
*32854		Lung transplant w/bypass	50.00		(a).
33200		Insertion of heart pacemaker	11.35		Agreed.
33206		Insertion of heart pacemaker	6.19		Agreed.
33208		Insertion of heart pacemaker	7.61		Agreed.
33210		Insertion of heart electrode	None	3.39	Decreased.
*33211		Insertion of heart electrode	None	3.50	Decreased.
33212		Insertion of pulse generator	None	5.21	Increased.
*33213		Insertion of pulse generator	None	6.15	Increased.
*33214		Upgrade of pacemaker system	None	7.61	Agreed.
33216		Revision implanted electrode	None	5.20	Agreed.
*33217		Insert/revise electrode	None	5.56	Agreed.
33218		Repair pacemaker electrodes	None	5.15	Agreed.
*33220		Repair pacemaker electrode	None	5.23	Agreed.
33222		Pacemaker aicd pocket	None	4.86	Decreased.
*33223		Pacemaker aicd pocket	None	6.50	Decreased.
*33233		Removal of pacemaker system	None	2.00	Increased.
*33234		Removal of pacemaker system	None	9.00	Decreased.
*33235		Removal pacemaker electrode	None	9.90	Decreased.
*33236		Remove electrode/thoracotomy	None	12.00	Agreed.
*33237		Remove electrode/thoracotomy	None	13.00	Agreed.
*33238		Remove electrode/thoracotomy	None	14.50	Agreed.
*33240		Insert/replace pulse gener	None	7.20	Increased.
*33241		Remove pulse generator only	None	5.02	Decreased.
*33242		Repair pulse generator/leads	None	11.00	Decreased.
*33243		Remove generator/thoracotomy	None	25.00	Decreased.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
*33244		Remove generator	None	14.00	Decreased.
33245		Implant heart defibrillator	No change		Agreed.
33246		Implant heart defibrillator	No change		Agreed.
*33247		Insert/replace leads	None	10.00	Agreed.
*33249		Insert/replace leads/gener	None	15.75	Decreased.
33400		Repair of aortic valve	No change		Agreed.
*33401		Valvuloplasty, open	23.00		Agreed.
*33403		Valvuloplasty, w/cp bypass	24.00		Agreed.
33405		Replacement of aortic valve	No change		Agreed.
*33406		Replacement, aortic valve	32.00		Agreed.
*33413		Replacement, aortic valve	35.00		Agreed.
*33414		Repair, aortic valve	30.00		Agreed.
33417		Repair of aortic valve	28.00		(a).
33420		Revision of mitral valve	No change		Agreed.
33422		Revision of mitral valve	No change		Agreed.
33460		Revision of tricuspid valve	23.13		Decreased.
*33463		Valvuloplasty, tricuspid	24.75		Agreed.
*33464		Valvuloplasty, tricuspid	26.50		Agreed.
33465		Replace tricuspid valve	27.22		Agreed.
33470		Revision of pulmonary valve	20.00		(a).
*33471		Valvotomy, pulmonary valve	21.65		Agreed.
33472		Revision of pulmonary valve	21.42		(a).
33474		Revision of pulmonary valve	No change		Agreed.
*33475		Replacement, pulmonary valve	28.00		Agreed.
33476		Revision of heart chamber	25.00		(a).
33478		Revision of heart chamber	26.00		(a).
33500		Repair heart vessel fistula	No change		Agreed.
33502		Coronary artery correction	No change		Agreed.
33503		Coronary artery graft	No change		Agreed.
33504		Coronary artery graft	No change		Agreed.
*33505		Repair artery w/tunnel	26.00		Agreed.
*33506		Repair artery, translocation	26.00		Agreed.
*33600		Closure of valve	29.00		Agreed.
*33602		Closure of valve	28.00		Agreed.
*33606		Anastomosis/artery-aorta	30.00		Agreed.
*33608		Repair anomaly w/conduit	30.75		Agreed.
*33610		Repair by enlargement	30.00		Agreed.
*33611		Repair double ventricle	32.00		Agreed.
*33612		Repair double ventricle	32.85		Agreed.
*33615		Repair (simple fontan)	31.25		Agreed.
*33617		Repair by modified fontan	33.00		Agreed.
*33619		Repair single ventricle	36.25		Agreed.
33647		Repair heart septum defects	28.12		(a).
33660		Repair of heart defects	25.00		(a).
33665		Repair of heart defects	28.00		(a).
33670		Repair of heart chambers	32.00		(a).
33681		Repair heart septum defect	27.00		(a).
33684		Repair heart septum defect	29.00		(a).
33688		Repair heart septum defect	30.00		(a).
33690		Reinforce pulmonary artery	18.75		(a).
33692		Repair of heart defects	30.00		Agreed.
33694		Repair of heart defects	31.00		(a).
33696		Repair of heart defects	30.85		(a).
*33697		Repair of heart defects	33.00		Agreed.
*33698		Repair of heart defects	34.00		Agreed.
33702		Repair of heart defects	26.00		(a).
33710		Repair of heart defects	29.00		(a).
33720		Repair of heart defect	26.00		(a).
*33722		Repair of heart defect	28.00		Agreed.
33730		Repair heart-vein defect(s)	30.62		(a).
*33732		Repair heart-vein defect	27.75		Agreed.
33735		Revision of heart chamber	20.46		(a).
*33736		Revision of heart chamber	20.46		Agreed.
33737		Revision of heart chamber	21.00		(a).
33750		Major vessel shunt	20.64		(a).
33755		Major vessel shunt	21.00		(a).

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
33762		Major vessel shunt	21.00		(a).
33764		Major vessel shunt & graft	21.10		(a).
33766		Major vessel shunt	22.00		Agreed.
*33767		Atrial septectomy/septostomy	24.00		Agreed.
*33770		Repair great vessels defect	32.75		Agreed.
*33771		Repair great vessels defect	34.00		Agreed.
33774		Repair great vessels defect	30.00		(a).
33775		Repair great vessels defect	31.25		(a).
33776		Repair great vessels defect	33.00		(a).
33777		Repair great vessels defect	32.50		(a).
33778		Repair great vessels defect	35.00		(a).
33779		Repair great vessels defect	35.25		(a).
33780		Repair great vessels defect	36.00		(a).
33781		Repair great vessels defect	35.50		(a).
33786		Repair arterial trunk	34.00		(a).
33788		Revision of pulmonary artery	26.00		(a).
33802		Repair vessel defect	17.00		(a).
33803		Repair vessel defect	19.00		(a).
33813		Repair septal defect	20.00		(a).
33814		Repair septal defect	25.00		(a).
33820		Revise major vessel	16.00		(a).
33822		Revise major vessel	17.00		(a).
33824		Revise major vessel	19.00		(a).
33840		Remove aorta constriction	20.00		(a).
33845		Remove aorta constriction	21.50		(a).
33851		Remove aorta constriction	20.50		(a).
33852		Repair septal defect	23.00		(a).
*33853		Repair septal defect	31.00		Agreed.
33860		Ascending aorta graft	34.74		Decreased.
*33861		Ascending aorta graft	35.00		Decreased.
*33863		Ascending aorta graft	37.15		Decreased.
*33917		Repair pulmonary artery	24.00		Agreed.
*33918		Repair pulmonary atresia	26.00		Agreed.
*33919		Repair pulmonary atresia	31.87		Agreed.
*33920		Repair pulmonary atresia	31.50		Agreed.
*33922		Transect pulmonary artery	23.00		Agreed.
*33930		Removal of donor heart/lung	14.00		(c).
*33940		Removal of donor heart	12.00		(c).
33960		External circulation assist	25.00		Decreased.
*33961		External circulation assist	11.20		Agreed.
33970		Aortic circulation assist	No change		Agreed.
33971		Aortic circulation assist	No change		Agreed.
*33973		Insert balloon device	10.00		Agreed.
*33974		Remove intra-aortic balloon	13.00		Agreed.
*33975		Implant ventricular device	20.00		Agreed.
*33976		Implant ventricular device	27.25		Agreed.
*33977		Remove ventricular device	17.50		Agreed.
*33978		Remove ventricular device	20.00		Agreed.
*34502		Reconstruct, vena cava	26.28		Agreed.
*35390		Reoperation, carotid	4.07		Decreased.
*35623		Bypass graft, not vein	15.80		Agreed.
*35691		Arterial transposition	17.11		Agreed.
*35693		Arterial transposition	14.36		Agreed.
*35694		Arterial transposition	18.25		Agreed.
*35695		Arterial transposition	18.25		Agreed.
*35700		Reoperation, bypass graft	4.36		Decreased.
35875		Removal of clot in graft	9.84		Decreased.
*35876		Removal of clot in graft	14.00		Decreased.
*35901		Excision, graft, neck	10.08		Decreased.
*35903		Excision, graft, extremity	12.00		Decreased.
*35905		Excision, graft, thorax	23.50		Decreased.
*35907		Excision, graft, abdomen	24.59		Decreased.
36821		Artery-vein fusion	No change		Agreed.
*37607		Ligation of fistula	5.99		Agreed.
*37790		Penile venous occlusion	13.00		Decreased.
38100		Removal of spleen, total	No change		Agreed.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
38101		Removal of spleen, partial	No change		Agreed.
*38102		Removal of spleen, total	7.00		Decreased.
*38746		Remove thoracic lymph nodes	4.50		Agreed.
*38747		Remove abdominal lymph nodes	5.01		Agreed.
43200		Esophagus endoscopy	No change		Agreed.
43202		Esophagus endoscopy, biopsy	No change		Agreed.
43204		Esophagus endoscopy & inject	No change		Agreed.
*43205		Esophagus endoscopy/ligation	4.10		Decreased.
43215		Esophagus endoscopy	No change		Agreed.
*43216		Esophagus endoscopy/lesion	2.76		Increased.
43217		Esophagus endoscopy	2.86		Increased.
43219		Esophagus endoscopy	No change		Agreed.
43220		Esophagus endoscopy, dilation	No change		Agreed.
43226		Esophagus endoscopy, dilation	2.40		Agreed.
43227		Esophagus endoscopy, repair	No change		Agreed.
43228		Esophagus endoscopy, ablation	3.84		Increased.
43234		Upper gi endoscopy, exam	No change		Agreed.
43235		Upper gi endoscopy, diagnosis	No change		Agreed.
43239		Upper gi endoscopy, biopsy	No change		Agreed.
43243		Upper gi endoscopy & inject.	No change		Agreed.
*43244		Upper gi endoscopy/ligation	4.68		Agreed.
43245		Operative upper gi endoscopy	No change		Agreed.
43246		Place gastrostomy tube	No change		Agreed.
43247		Operative upper gi endoscopy	No change		Agreed.
*43248		Upper gi endoscopy/guidewire	3.22		Agreed.
*43250		Upper gi endoscopy/tumor	3.58		Increased.
43251		Operative upper gi endoscopy	No change		Agreed.
43255		Operative upper gi endoscopy	No change		Agreed.
43258		Operative upper gi endoscopy	No change		Agreed.
*43259		Endoscopic ultrasound exam	6.11		Decreased.
43260		Endoscopy, bile duct/pancreas	No change		Agreed.
*43261		Endoscopy, bile duct/pancreas	6.42		Agreed.
43262		Endoscopy, bile duct/pancreas	No change		Agreed.
43263		Endoscopy, bile duct/pancreas	No change		Agreed.
43264		Endoscopy, bile duct/pancreas	No change		Agreed.
43265		Endoscopy, bile duct/pancreas	No change		Agreed.
43267		Endoscopy, bile duct/pancreas	No change		Agreed.
43268		Endoscopy, bile duct/pancreas	No change		Agreed.
43269		Endoscopy, bile duct/pancreas	No change		Agreed.
43271		Endoscopy, bile duct/pancreas	No change		Agreed.
43272		Endoscopy, bile duct/pancreas	No change		Agreed.
43450		Dilate esophagus	No change		Agreed.
43453		Dilate esophagus	No change		Agreed.
43456		Dilate esophagus	No change		Agreed.
*43458		Dilation of esophagus	3.09		Decreased.
43610		Excision of stomach lesion	13.00		Decreased.
*43611		Excision of stomach lesion	16.00		Decreased.
43620		Removal of stomach	23.50		Decreased.
*43621		Removal of stomach	24.00		Decreased.
*43622		Removal of stomach	25.50		Decreased.
*43631		Removal of stomach, partial	20.64		Decreased.
*43632		Removal stomach, partial	20.64		Decreased.
*43633		Removal stomach, partial	21.14		Decreased.
*43634		Removal stomach, partial	22.64		Decreased.
43635		Removal stomach, partial	None		Decreased.
43638		Partial removal of stomach	22.13		Decreased.
*43639		Removal stomach, partial	22.63		Decreased.
43760		Change gastrostomy tube	No change		Agreed.
44360		Small bowel endoscopy	No change		Agreed.
44361		Small bowel endoscopy, biopsy	No change		Agreed.
44364		Small bowel endoscopy	4.22		Increased.
*44365		Small bowel endoscopy	4.12		Agreed.
44366		Small bowel endoscopy	No change		Agreed.
44369		Small bowel endoscopy	No change		Agreed.
*44376		Small bowel endoscopy	7.19		Decreased.
*44377		Small bowel endoscopy	7.50		Decreased.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
*44378		Small bowel endoscopy	8.50		Decreased.
44380		Small bowel endoscopy	No change		Agreed.
44382		Small bowel endoscopy	No change		Agreed.
44385		Endoscopy of bowel pouch	No change		Agreed.
44386		Endoscopy, bowel pouch, biopsy	No change		Agreed.
44388		Colon endoscopy	No change		Agreed.
44389		Colonoscopy with biopsy	No change		Agreed.
44391		Colonoscopy for bleeding	No change		Agreed.
44392		Colonoscopy & polypectomy	3.81		Increased.
44393		Colonoscopy, lesion removal	5.12		Decreased.
*44394		Colonoscopy w/snare	4.42		Decreased.
*44500		Intro, gastrointestinal tube	0.95		Decreased.
*44602		Suture, small intestine	9.96		Agreed.
*44603		Suture, small intestine	13.25		Agreed.
*44604		Suture, large intestine	13.25		Agreed.
*44615		Intestinal stricturoplasty	13.50		Decreased.
45300		Proctosigmoidoscopy	No change		Agreed.
45303		Proctosigmoidoscopy	No change		Agreed.
45305		Proctosigmoidoscopy; biopsy	No change		Agreed.
*45308		Proctosigmoidoscopy	1.50		Increased
*45309		Proctosigmoidoscopy	1.96		Agreed.
45315		Proctosigmoidoscopy	No change		Agreed.
45317		Proctosigmoidoscopy	No change		Agreed.
45320		Proctosigmoidoscopy	No change		Agreed.
45330		Sigmoidoscopy, diagnostic	No change		Agreed.
45331		Sigmoidoscopy and biopsy	No change		Agreed.
45333		Sigmoidoscopy & polypectomy	1.90		Increased
45334		Sigmoidoscopy for bleeding	No change		Agreed.
45337		Sigmoidoscopy, decompression	No change		Agreed.
*45338		Sigmoidoscopy	2.51		Decreased.
*45339		Sigmoidoscopy	3.21		Agreed.
45355		Surgical colonoscopy	No change		Agreed.
45378		Diagnostic colonoscopy	No change		Agreed.
45379		Colonoscopy	No change		Agreed.
45380		Colonoscopy and biopsy	No change		Agreed.
45382		Colonoscopy, control bleeding	No change		Agreed.
45383		Colonoscopy, lesion removal	No change		Agreed.
*45384		Colonoscopy	4.71		Increased.
45385		Colonoscopy, lesion removal	No change		Agreed.
46060		Incision of rectal abscess	No change		Agreed.
46270		Removal of anal fistula	No change		Agreed.
46280		Removal of anal fistula	No change		Agreed.
*46281		Closure of anal fistula	7.00		Agreed.
46600		Diagnostic anoscopy	No change		Agreed.
46604		Anoscopy and dilation	No change		Agreed.
46606		Anoscopy and biopsy	No change		Agreed.
46608		Anoscopy; remove foreign body	No change		Agreed.
46610		Anoscopy; remove lesion	1.30		Increased.
*46611		Anoscopy	1.76		Decreased.
46612		Anoscopy; remove lesions	1.86		Decreased.
46614		Anoscopy; control bleeding	No change		Agreed.
*46615		Anoscopy	2.75		Agreed.
46715		Repair of anovaginal fistula	No change		Agreed.
46716		Repair of anovaginal fistula	No change		Agreed.
46730		Construction of absent anus	No change		Agreed.
46735		Construction of absent anus	No change		Agreed.
46740		Construction of absent anus	No change		Agreed.
*46742		Repair, imperforated anus	28.50		Agreed.
*46744		Repair, cloacal anomaly	32.00		Agreed.
*46746		Repair, cloacal anomaly	35.00		Agreed.
*46748		Repair, cloacal anomaly	39.00		Agreed.
47552		Biliary endoscopy, thru skin	No change		Agreed.
47553		Biliary endoscopy, thru skin	No change		Agreed.
47554		Biliary endoscopy, thru skin	No change		Agreed.
47555		Biliary endoscopy, thru skin	No change		Agreed.
47556		Biliary endoscopy, thru skin	No change		Agreed.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS †	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
48000		Drainage of abdomen	No change		Agreed.
*48001		Placement of drain, pancreas	15.92		Agreed.
*48005		Resect/debride pancreas	13.42		Increased.
48100		Biopsy of pancreas	No change		Agreed.
48140		Partial removal of pancreas	No change		Agreed.
*48146		Pancreatectomy	22.26		Agreed.
48148		Removal of pancreatic duct	No change		Agreed.
48150		Partial removal of pancreas	43.00		Decreased.
*48152		Pancreatectomy	39.00		Decreased.
*48153		Pancreatectomy	43.00		Decreased.
*48154		Pancreatectomy	39.00		Decreased.
48180		Fuse pancreas and bowel	No change		Agreed.
*48400		Injection, intraoperative	2.00		Agreed.
*48545		Pancreatorrhaphy	15.00		Agreed.
*48547		Duodenal exclusion	21.70		Agreed.
*48556		Removal, allograft pancreas	None		(a).
49400		Air injection into abdomen	No change		Agreed.
*49495		Repair inguinal hernia, init	6.93		Decreased.
*49496		Repair inguinal hernia, init	9.34		Decreased.
49500		Repair inguinal hernia	5.15		Decreased.
*49501		Repair inguinal hernia, init	8.10		Decreased.
49505		Repair inguinal hernia	No change		Agreed.
*49507		Repair inguinal hernia	8.20		Decreased.
49520		Rerepair inguinal hernia	No change		Agreed.
*49521		Repair inguinal hernia, rec	10.50		Decreased.
49525		Repair inguinal hernia	No change		Agreed.
49550		Repair femoral hernia	7.14		Agreed.
*49553		Repair femoral hernia, init	9.87		Decreased.
49555		Repair femoral hernia	No change		Agreed.
*49557		Repair femoral hernia, recur	10.58		Decreased.
49560		Repair abdominal hernia	No change		Agreed.
*49561		Repair incisional hernia	10.90		Increased.
49565		Rerepair abdominal hernia	9.72		Agreed.
*49566		Repair incisional hernia	11.80		Decreased.
*49568		Hernia repair w/mesh	5.00		Agreed.
49570		Repair epigastric hernia	No change		Agreed.
*49572		Repair epigastric hernia	7.25		Decreased.
49580		Repair umbilical hernia	5.00		Decreased.
*49582		Repair umbilical hernia	7.92		Decreased.
*49585		Repair umbilical hernia	5.07		Agreed.
*49587		Repair umbilical hernia	8.44		Decreased.
49600		Repair umbilical lesion	No change		Agreed.
49605		Repair umbilical lesion	No change		Agreed.
49606		Repair umbilical lesion	No change		Agreed.
*50575		Kidney endoscopy	14.33		Agreed.
*50845		Appendico-vesicostomy	20.00		Agreed.
*51715		Endoscopic injection/implant	3.83		Agreed.
51785		Anal/urinary muscle study	No change		Agreed.
*54231		Dynamic cavernosometry	3.67		Decreased.
54640		Suspension of testis	No change		Agreed.
*54650		Orchiopexy (fowler-stephens)	11.20		Agreed.
54840		Remove epididymis lesion	No change		Agreed.
55041		Removal of hydroceles	No change		Agreed.
55840		Extensive prostate surgery	No change		Agreed.
56305		Pelvic laparoscopy; biopsy	No change		Agreed.
*56311		Laparoscopic lymph node biop	9.15		Agreed.
*56312		Laparoscopic lymphadenectomy	12.35		Agreed.
*56313		Laparoscopic lymphadenectomy	None		(c).
*56316		Laparoscopic hernia repair	6.32		Agreed.
*56317		Laparoscopic hernia repair	8.06		Agreed.
*56320		Laparoscopy, spermatic veins	5.88		Increased.
*56322		Laparoscopy, vagus nerves	None		(c).
*56323		Laparoscopy, cholecystoenter	None		(c).
*56324		Laparoscopy, vagus nerves	None		(c).
*56342		Laparoscopy, cholecystectomy	None		(c).
*56632		Extensive vulva surgery	19.37		Decreased.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
57454		Vagina examination & biopsy	1.56		Decreased.
*58321		Artificial insemination	0.94		Agreed.
*58322		Artificial insemination	1.12		Agreed.
*58323		Sperm washing	0.30		Decreased.
*59409		Obstetrical care	13.61		Agreed.
59410		Obstetrical care	12.53		Increased.
*59425		Antepartum care only	4.13		Agreed.
*59426		Antepartum care only	7.08		Agreed.
*59514		Cesarean delivery only	15.77		Agreed.
59515		Cesarean delivery	12.97		Increased.
*61580		Craniofacial approach, skull	29.60		Agreed.
*61581		Craniofacial approach, skull	33.60		Agreed.
*61582		Craniofacial approach, skull	30.50		Agreed.
*61583		Craniofacial approach, skull	34.80		Agreed.
*61584		Orbitocranial approach/skull	33.70		Agreed.
*61585		Orbitocranial approach/skull	37.70		Agreed.
*61590		Infratemporal approach/skull	41.00		Agreed.
*61591		Infratemporal approach/skull	43.00		Agreed.
*61592		Orbitocranial approach/skull	39.00		Agreed.
*61595		Transtemporal approach/skull	28.80		Agreed.
*61596		Transcochlear approach/skull	35.00		Agreed.
*61597		Transcondylar approach/skull	37.00		Agreed.
*61598		Transpetrosal approach/skull	32.60		Agreed.
*61600		Resect/excise cranial lesion	25.00		Agreed.
*61601		Resect/excise cranial lesion	26.80		Agreed.
*61605		Resect/excise cranial lesion	28.30		Agreed.
*61606		Resect/excise cranial lesion	37.90		Agreed.
*61607		Resect/excise cranial lesion	35.40		Agreed.
*61608		Resect/excise cranial lesion	41.20		Agreed.
*61609		Transect, artery, sinus	10.00		Decreased.
*61610		Transect, artery, sinus	35.00		Decreased.
*61611		Transect, artery, sinus	7.50		Decreased.
*61612		Transect, artery, sinus	33.00		Decreased.
*61613		Remove aneurysm, sinus	40.40		Agreed.
*61615		Resect/excise lesion, skull	31.10		Agreed.
*61616		Resect/excise lesion, skull	42.30		Agreed.
*61618		Repair dura	16.00		Agreed.
*61619		Repair dura	20.00		Agreed.
65600		Revision of cornea	No change		Agreed.
66170		Glaucoma surgery	No change		Agreed.
*66172		Incision of eye	14.00		Agreed.
67110		Repair detached retina	No change		Agreed.
*70541	*26	Magnetic image, head (mra)	1.85		Agreed.
*71555	*26	Magnetic imaging/chest (mra)	1.85		Agreed.
*72159	*26	Magnetic imaging/spine (mra)	1.84		Agreed.
*72198	*26	Magnetic imaging/pelvis(mra)	1.84		Agreed.
*73225	*26	Magnetic imaging/upper (mra)	1.77		Agreed.
*73725	*26	Magnetic imaging/lower (mra)	1.86		Agreed.
*74185	*26	Magnetic image/abdomen (mra)	1.84		Agreed.
*74190	*26	X-ray exam of peritoneum	1.00		Decreased.
74250	26	X-ray exam of small bowel	No change		Agreed.
*74251	*26	X-ray exam of small bowel	0.83		Decreased.
74270	26	Contrast x-ray exam of colon	No change		Agreed.
74300	26	X-ray bile ducts, pancreas	No change		Agreed.
74301	26	Additional x-rays at surgery	No change		Agreed.
74305	26	X-ray bile ducts, pancreas	No change		Agreed.
74340	26	X-ray guide for g.i. tube	No change		Agreed.
75552	26	Magnetic image, myocardium	No change		Agreed.
*75553	*26	Magnetic image, myocardium	2.05		Agreed.
*75554	*26	Cardiac mri/function	1.87		Agreed.
*75555	*26	Cardiac mri/limited study	1.78		Agreed.
75984	26	X-ray control catheter change	No change		Agreed.
*76075	*26	Dual energy x-ray study	None	0.28	Agreed.
*76095	*26	Stereotactic breast biopsy	1.63		Agreed.
76098	26	X-ray exam, breast specimen	No change		Agreed.
*76975	*26	Gi endoscopic ultrasound	1.02		Decreased.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
*77295	*26	Set radiation therapy field	None	4.68	Agreed.
*77419		Weekly radiation therapy	None	6.58	Decreased.
*77432		Stereotactic radiation trmt	None	13.58	Decreased.
78472	26	Gated heart, resting	No change		Agreed.
78481	26	Heart first pass single	No change		Agreed.
78483	26	Heart first pass multiple	No change		Agreed.
*78807	*26	Nuclear localization/abscess	1.11		Agreed.
85576	26	Blood platelet aggregation	No change		Agreed.
88160	26	Cytopathology	No change		Agreed.
90780		Iv infusion therapy, 1 hour	0.00		Agreed.
90830		Psychological testing	2.00		(b).
*90842		Psychotherapy, 75–80 min	2.81		Agreed.
*90911		Anorectal biofeedback	2.20		Agreed.
92225		Special eye exam, initial	No change		Agreed.
92230		Eye exam with photos	No change		Agreed.
92235	26	Eye exam with photos	No change		Agreed.
92250	26	Eye exam with photos	No change		Agreed.
92260		Ophthalmoscopy/dynamometry	No change		Agreed.
92265	26	Eye muscle evaluation	No change		Agreed.
*93016		Cardiovascular stress test	0.46		Agreed.
93018		Cardiovascular stress test	0.30		Agreed.
93268	26	Ecg record/review	0.54		Agreed.
93350	26	Echo exam of heart	No change		Agreed.
*93539		Injection, cardiac cath	None	0.80	Decreased.
*93540		Injection, cardiac cath	None	0.80	Decreased.
93541		Injection for lung angiogram	No change		Agreed.
93542		Injection for heart x-rays	No change		Agreed.
93543		Injection for heart x-rays	No change		Agreed.
93544		Injection for aortography	No change		Agreed.
93545		Injection for coronary xrays	No change		Agreed.
*93555	*26	Imaging, cardiac cath	None	1.34	Decreased.
*93556	*26	Imaging, cardiac cath	None	1.19	Decreased.
*93619	*26	Electrophysiology evaluation	9.00		Decreased.
93620	26	Electrophysiology evaluation	No change		Agreed.
93621	26	Electrophysiology evaluation	No change		Agreed.
93622	26	Electrophysiology evaluation	No change		Agreed.
93624	26	Electrophysiologic study	4.92		Agreed.
93640	26	Evaluation heart device	No change		Agreed.
*93641	*26	Electrophysiology evaluation	8.60		Decreased.
*93642	*26	Electrophysiology evaluation	5.00		Agreed.
93650		Ablate heart dysrhythm focus	11.00		Decreased.
*93651		Ablate heart dysrhythm focus	17.00		Decreased.
*93652		Ablate heart dysrhythm focus	18.50		Decreased.
*93724	*26	Analyze pacemaker system	None	5.00	Agreed.
93731	26	Analyze pacemaker system	None	0.55	Decreased.
93732	26	Analyze pacemaker system	None	1.50	Decreased.
93733	26	Telephone analysis, pacemaker	None	No change	Agreed.
93734	26	Analyze pacemaker system	None	0.50	Decreased.
93735	26	Analyze pacemaker system	None	1.00	Decreased.
93736	26	Telephone analysis, pacemaker	None	No change	Agreed.
93737	26	Analyze cardio/defibrillator	No change		Agreed.
93738	26	Analyze cardio/defibrillator	None	No change	Agreed.
93875	26	Extracranial study	No change		Agreed.
*93922	*26	Extremity study	0.41		Decreased.
*93923	*26	Extremity study	0.78		Decreased.
*93924	*26	Extremity study	0.85		Decreased.
93965	26	Extremity study	No change		Agreed.
*95044		Allergy patch tests	0.00		Agreed.
*95052		Photo patch test	0.00		Agreed.
*95807	*26	Sleep study	1.70		Agreed.
*95808	*26	Polysomnography, 1–3	2.71		Increased.
*95810	*26	Polysomnography, 4 or more	3.61		Decreased.
95860	26	Muscle test, one limb	No change		Agreed.
95861	26	Muscle test, two limbs	No change		Agreed.
95863	26	Muscle test, 3 limbs	No change		Agreed.
95864	26	Muscle test, 4 limbs	No change		Agreed.

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TABLE 3.—AMA'S RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS†	MOD	Description	RUC recommended work RVUs	Specialty recommended work RVUs	HCFA decision
95867	26	Muscle test, head or neck	No change		Agreed.
95868	26	Muscle test, head or neck	No change		Agreed.
95869	26	Muscle test, limited	No change		Agreed.
95872	26	Muscle test, one fiber	No change		Agreed.
95875	26	Limb exercise test	No change		Agreed.
95880		Cerebral aphasia testing	2.00		(b).
95881		Cerebral developmental test	2.00		(b).
95882		Cognitive function testing	2.20		(b).
95883		Neuropsychological testing	2.20		(b).
*96405		Intralesional chemo admin	0.54		Agreed.
*96406		Intralesional chemo admin	0.82		Agreed.
*97250		Myofascial release	None	1.00	Decreased.
97545		Work hardening	None	1.70	Decreased.
97546		Work hardening	None	0.85	Decreased.
*98925		Osteopathic manipulation	0.46		Agreed.
*98926		Osteopathic manipulation	0.67		Agreed.
*98927		Osteopathic manipulation	0.89		Agreed.
*98928		Osteopathic manipulation	1.05		Agreed.
*98929		Osteopathic manipulation	1.22		Agreed.
99183		Hyperbaric oxygen therapy	None	4.00	Decreased.
*99217		Observation care discharge	1.11		Agreed.
99238		Hospital discharge day	No change		Agreed.
99291		Critical care, first hour	No change		Agreed.
99292		Critical care, addl 30 min	No change		Agreed.
99295		Neonatal critical care	18.42		Decreased.
99296		Neonatal critical care	9.93		Decreased.
99297		Neonatal critical care	5.00		Decreased.
*99354		Prolonged service, office	2.33		Decreased.
*99355		Prolonged service, office	1.20		Decreased.
*99356		Prolonged service, inpatient	3.00		Decreased.
*99357		Prolonged service, inpatient	1.50		Decreased.
99358		Prolonged serv, w/o contact	2.10		(d).
99359		Prolonged serv, w/o contact	1.00		(d).
99360		Physician standby services	1.20		(c).
99375		Care plan oversight/30–60	1.59		(d).
99376		Care plan oversight/over 60	2.40		(d).

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* New Code. (Codes without an asterisk are existing codes with revised procedure descriptors.)
(a) No RVUs assigned. Carrier-priced.
(b) No Work RVUs assigned.
(c) RVUs assigned by HCFA.
(d) No RVUs assigned. Service included as part of E+M service.
(e) Excluded from fee schedule.

c. Discussion of codes for which RUC recommendations were not accepted. The following is a summary of our rationale for not accepting particular recommendations. It is arranged by type of service in CPT code order. This summary refers only to work RVUs. Furthermore, the RVUs in the following discussion have not been adjusted by the budget neutrality adjustment factor.

(1) Dermatology—Chemical peels:

CPT code	Description
15788	Chemical peel, facial; epidermal.
15789	Chemical peel, facial; dermal.
15792	Chemical peel, nonfacial; epidermal.
15793	Chemical peel, nonfacial; dermal.

We did not receive RUC recommendations for this new series of codes. However, we received recommendations from the American Academy of Dermatology (AAD). The AAD recommended the following work RVUs for these codes:

CPT code	Work RVUs
15788	5.00
15789	6.59
15792	4.00
15793	5.34

We disagree with the AAD values for the following reasons. The four new codes replace deleted CPT codes 15790 and 15791, which were for total face and regional peels, respectively. The new codes do not distinguish between regional and total peels. The RVUs for the deleted codes were 6.59 for the total peel (CPT code 15790) and 6.34 for the regional peel (CPT code 15791). As stated above, the AAD recommended 6.59 RVUs for CPT code 15789. Our charge data indicate that the regional code (CPT code 15791) was reported nearly twice as frequently as the total code. We believe that since the new codes will include regional as well as total peels, 6.59 RVUs are too high for CPT code 15789. Rather, we believe that the work involved in CPT code 15789 is similar to, but somewhat less than, the work in CPT code 11626 (excision, malignant lesion, trunk, arms, or legs;

lesion diameter over 4.0 cm), which is valued in 1993 at 4.31 RVUs. Therefore, we have established 4.00 RVUs for CPT code 15789. Preserving the AAD's relationship between the four codes, we established the following RVUs for this series of codes:

CPT code	Work RVUs
15788	3.0
15789	4.0
15792	2.4
15793	3.2

(2) Endoscopic sinus surgery—Sinus endoscopies (CPT codes 31231 through 31294). We agree with RUC's relationship among these codes but believe that the overall values were too high. The recommended work RVUs imply levels of intensity that are among the highest on the fee schedule for procedures that are often elective. Even after taking into account increases recommended by this year's refinement panel for several old codes, the average work described by the recommended RVUs is almost 50 percent greater than that for the codes they replace. To correct this discrepancy, we reduced the RUC recommendations for codes with a 0-day global period (CPT codes 31231 through 31288) by 33 percent (0.50 multipled by 0.67).

For CPT codes 31290 through 31294, we received recommendations from AAOHNS based on 10-day postoperative periods. The panel recommended, and we agreed, that we apply the same 33 percent reduction, as described for CPT codes 31245 through 31288, to the recommended intraservice and day-of-service work-only RVUs and add in the difference for the 10 postoperative days.

(3) General thoracic surgery—Removal of lung, total, pneumonectomy; extrapleural (CPT code 32445). The 1993 work RVUs for this code are 23.94. RUC recommended 24.50 RVUs for the revised code. We disagree and have retained the 1993 RVUs of 23.94 on the basis that the change in the code is editorial only. The deletion of "without empyemectomy" does not change the work of the procedure because an empyemectomy should now be listed separately as CPT code 32540 rather than with the deleted combined CPT code 32450. However, we determined that the 1993 work RVUs for CPT code 32450 were too high, given this change in coding instructions. After applying the multiple surgery rules, the work RVUs for CPT code 32445 plus 50 percent of those for CPT code 32540 would be 31.53, substantially greater than the 25.28 RVUs for CPT code 32450. Thus, the change in coding practice would raise the average work described by CPT codes 32445, 32450, and 32540. We have, therefore, reduced the RVUs of CPT code 32540 to 13.64 to compensate for this change.

(4) Video-assisted thoracic procedures. (a) Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy (CPT code 32603). RUC recommended 10.00 work RVUs for this code. We agree that a thoracoscopy of the pericardial sac is more complex than a thoracoscopy of the lungs, pleural space, or mediastinum. We believe, however, that the RUC RVUs are too high for the work involved in the procedure when compared to the 5.59 RUC-recommended RVUs for thoracoscopy of lungs and pleural space without biopsy (CPT code 32601) and 7.10 RUC-recommended RVUs for thoracoscopy of the mediastinal space without biopsy (CPT code 32605). Therefore, we have lowered the work RVUs to 8.00.

(b) Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy (CPT code 32604). We disagreed with the 11.18 RUC-recommended RVUs and have lowered the RVUs to 9.00 on the basis that the added work of performing a biopsy in the pericardial sac is 1.00 RVU greater than the diagnostic procedure without a biopsy (CPT code 32603), which was assigned 8.00 RVUs.

(c) Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy (CPT code 32606). RUC recommended 7.10 RVUs for CPT code 32605 (mediastinal space, without biopsy) and 10.60 RVUs for CPT code 32606. We accepted the RUC recommendation for CPT code 32605 but believe that the additional work of the biopsy is worth approximately 1.50 RVUs, rather than the 3.50 RVUs recommended by RUC. Thus, we have established the work RVUs for CPT code 32606 at 8.60, which are 1.50 RVUs higher than the RUC-recommended and accepted RVUs for CPT code 32605.

(d) Thoracoscopy, surgical; with partial pulmonary decortication (CPT code 32651). RUC recommended 14.00 RVUs. However, we disagree, on the basis that this procedure is comparable to the open procedure represented by CPT code 32225 (decortication, pulmonary (separate procedure); partial), which has 12.39 RVUs. Therefore, we have established 12.39 RVUs for CPT code 32651.

(e) Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis (CPT code 32652). RUC recommended 18.00 work RVUs for this procedure. We have raised the RVUs to 18.05, on the basis of comparison with CPT code 32220 (decortication, pulmonary (separate procedure); total).

(f) Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (CPT code 32653). RUC recommended 8.20 work RVUs, which we have raised to 12.73 based on a comparison to the open procedure represented by CPT code 32150 (thoracotomy, major; with removal of intrapleural foreign body or fibrin deposit).

(g) Thoracoscopy, surgical; with control of traumatic hemorrhage (CPT code 32654). RUC recommended 12.00 work RVUs. We have raised the value to 12.05 based on a comparison to the open procedure represented by CPT code 32110 (thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear).

(h) Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (CPT code 32655). RUC recommended 12.50 work RVUs. We have raised the value to 12.73 based on a comparison to the open procedure represented by CPT code 32150.

(i) Thoracoscopy, surgical; with parietal pleurectomy (CPT code 32656). RUC recommended 11 work RVUs. We have raised the RVUs to 12.39 based on a comparison to the open procedure represented by CPT code 32310 (pleurectomy; parietal (separate procedure)).

(j) Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (CPT code 32658). RUC recommended 12.90 work RVUs; however, we have lowered the RVUs to 11.35 based on the comparison to the open procedure represented by CPT code 33020 (pericardiotomy for removal of clot or foreign body (primary procedure)).

(k) Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (CPT code 32659). RUC recommended 11.60 work RVUs. We have decreased the RVUs to 11.18, based on a comparison to the open procedure (CPT code 33025, creation of pericardial window or partial resection for drainage).

(l) Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (CPT code 32661). RUC recommended 12.50 work RVUs. We have increased the work RVUs to 13.01, based on a comparison to the open procedure (CPT code 33050, excision of pericardial cyst or tumor).

(m) Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (CPT code 32662). RUC recommended 12.71 work RVUs. We have raised the RVUs to 16.15 based on a weighted average of two comparable open procedures: CPT code 39200 (excision of mediastinal cyst), valued at 12.71 RVUs, and CPT code 39220 (excision of mediastinal tumor), valued at 16.56 RVUs.

(n) Thoracoscopy, surgical; with lobectomy, total or segmental (CPT code 32663). RUC recommended 20.00 work RVUs. We have decreased the work RVUs to 17.85 based on a comparison to the open procedure (CPT code 32480, removal of lung), other than total pneumonectomy; single lobe (lobectomy).

(5) Pacemaker procedures. We did not receive RUC recommendations for these codes; however, we received recommendations from the American College of Cardiology (ACC). We accepted the ACC recommendations on some codes but disagree with their proposed RVUs for the following codes.

(a) Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) (CPT code 33210). For 1994, the CPT Editorial Panel split CPT code 33210 into two codes that identify single (CPT code 33210) and dual (CPT code 33211) chambers. The ACC estimated that 95 percent of the procedures currently reported with CPT code 33210 involve single chambers. We accepted the ACC estimate and applied their percentage in calculating weighted-average work RVUs for these two codes. Thus, we have established 3.38 work RVUs for CPT code 33210 and 3.49 work RVUs for CPT code 33211.

(b) Insertion or replacement of generators (CPT codes 33212, 33213, and 33240). CPT code 33212 has been revised and new codes established to distinguish between the insertion of different devices. The 1993 work RVUs for CPT code 33212 were 6.15. This code was used to report the three procedures that now have been identified by three distinct codes. The ACC recommended that the work RVUs for the revised CPT code 33212 (insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular) be reduced to 5.21 RVUs because of the revision. To maintain the same number of work RVUs for the three codes as existed for the one code, we have increased the ACC's recommendation to 5.34 RVUs by using the utilization percentages predicted by the ACC (34 percent for CPT code 33212, 50 percent for CPT code 33213 (insertion or replacement of pacemaker pulse generator only; dual chamber), and 16 percent for CPT code 33240 (insertion or replacement of implantable cardioverter-defibrillator pulse generator only)). We have also increased the work RVUs of CPT code 33213 to 6.30 based on the same logic. The ACC recommended 7.20 work RVUs for CPT code 33240. We have increased the RVUs for CPT code 33240 to 7.38, using the ACC's predicted frequencies.

(c) Revision or relocation of skin pocket (CPT codes 33222 through 33223). The CPT Editorial Panel revised CPT code 33222 for 1994 to identify revision or relocation of skin pocket for pacemaker and established new CPT code 33223 for revision or relocation of skin pocket for implantable cardioverter-defibrillator. The 1993 work RVUs for CPT code 33222 are 4.86, which the ACC recommended maintaining for the revised code. We disagree that the work involved in the revised code is the same as that for the 1993 code. Rather, we have established 4.70 work RVUs for the revised CPT code 33222 and 6.29 for the new CPT code 33223, based on a weighted average using the estimated utilization of the new codes predicted by the ACC.

(d) Removal of permanent pacemaker (CPT codes 33233 through 33235). CPT code 33232 (removal of permanent pacemaker) was deleted and replaced by three new CPT codes: 33233, 33234, and 33235. CPT code 33232 has 5.02 current work RVUs.

The ACC recommended the following RVUs for the three new codes:

New CPT code	AAC-recommended RVUs
33233	5.02
33234	9.00
33235	9.90

The ACC predicted that 5 percent of the old CPT code 33232 would be reported with the new CPT code 33233 (removal of permanent pacemaker; pulse generator only). No prediction of utilization was provided for CPT codes 33234 and 33235, which will be used to report the removal of single lead and dual lead systems, respectively. We assumed that the relationship of 40 percent for single chamber and 60 percent for dual chamber that was predicted for the two insertion codes would apply to the removal codes as well. Thus, we assumed 38 percent of the volume of old CPT code 33232 (95 percent times 40 percent) and 57 percent of the volume of old CPT code 33232 (95 percent times 60 percent) would be reported with new CPT codes 33234 and 33235, respectively. Using these projected frequencies and the 5.02 current work RVUs, we calculated the following new work RVUs for the three new codes:

New CPT code	Work RVUs
33233	2.89
33234	4.29
33235	5.69

(e) Removal of implantable cardioverter-defibrillator pulse generator only (CPT code 33241). The ACC recommended 5.02 work RVUs for this code, which are the same RVUs recommended for CPT code 33233 (removal of permanent pacemaker; pulse generator only). We have decreased the work RVUs to 2.89 because we agree that the procedure is comparable to the work of CPT code 33233 to which the panel assigned 2.89 RVUs.

(f) Repair of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy (CPT code 33242). The ACC recommended 11.00 RVUs on the basis that the code represents repair of a dual chamber system, the additional work to dissect the pulse generator, and the full testing of the system (new CPT code 93642). We have decreased the RVUs to 6.00 on the assumption that CPT code 33242 represents the surgical procedure and that the cardiologist should separately bill the testing under CPT code 93642. By removing the 5.00 work RVUs for CPT code 93642 from the ACC's recommended 11.00 RVUs, we arrived at RVUs that we believe are more representative of the surgeon's work.

(g) Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by thoracotomy (CPT code 33243). The

ACC recommended 25.00 work RVUs. We have decreased these to 22.00. We believe that the work involved in CPT code 33243 is slightly more difficult than that required for CPT code 33246 (implantation or replacement of automatic implantable cardioverter-defibrillator pads by thoracotomy, with insertion of automatic implantable cardioverter-defibrillator pulse generator), which is valued in 1993 at 19.75 RVUs.

(h) Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by other than thoracotomy (CPT code 33244). The ACC recommended 14.00 work RVUs. We disagree with the ACC's recommendation, which is nearly 4 RVUs more than the 10.31 work RVUs for a major thoracotomy (CPT code 32100). We lowered the work RVUs to 8.54 on the basis that the procedure is equal to that reported by CPT code 33235 (removal of permanent pacemaker and transvenous electrode(s), dual lead system) plus an additional 50 percent in recognition of the added complexity of the device.

(i) Insertion or replacement of implantable cardioverter-defibrillator lead(s), by other than thoracotomy; with insertion of cardio-defibrillator pulse generator (CPT code 33249). The ACC recommended 15.75 work RVUs. We disagree and have decreased the RVUs to 13.14 on the basis that the procedure equals that of CPT code 33247, which the ACC recommended and which we valued at 10.00 RVUs, plus an additional amount for the insertion of the device. We applied the multiple surgery rules to the 6.29 RVUs established for the relocation of the skin pocket (CPT code 33223) and thus added only half of those RVUs to the RVUs of CPT code 33247.

(6) Adult cardiac procedures. (a) Valvuloplasty (CPT codes 33460 through 33464). The CPT Editorial Panel deleted CPT code 33452 (valvotomy, tricuspid valve, with cardiopulmonary bypass). The Panel revised CPT code 33460 to represent valvectomy, tricuspid valve, with cardiopulmonary bypass. In addition, two new codes have been added for reporting valvuloplasties:

CPT code	Description
33463 ...	Valvuloplasty, tricuspid valve; without ring insertion.
33464 ...	Valvuloplasty, tricuspid valve; with ring insertion.

We accepted the RUC-recommended 24.75 RVUs for CPT code 33463 and 26.50 RVUs for CPT code 33464. RUC recommended that we decrease the work RVUs for revised CPT code 33460 from the 1993 RVUs of 24.13 to 23.13 to account for the removal of valvuloplasty terminology from the descriptor. We agree that the RVUs for CPT code 32460 should be reduced and have calculated weighted-average work RVUs for all three codes using the average RVUs for CPT codes 33452 and 33460 and the predicted distributions for the new and revised codes. Thus, we have reduced the RVUs of CPT code 33460 to 22.13 and have accepted the recommendations of 24.75 RVUs for CPT code 33463 and 26.50 RVUs for CPT code 33464.

(b) Ascending aorta graft, with cardiopulmonary bypass, with or without valve suspension (CPT code 33860). The 1993 work RVUs for this code are 35.09. RUC recommended work RVUs of 34.74 for the revised code to account for the removal of the coronary implant from the descriptor. We believe that the work of a coronary implant is more than the 0.35 RVUs that RUC removed from the old CPT code (35.09 RVUs minus 34.74 RVUs). We also believe that the revised code is comparable to a descending graft with an additional amount for the cardiopulmonary bypass and an additional amount for valve suspension. Thus, we have established 32.00 work RVUs for this revised code.

(c) Ascending aorta graft with coronary reconstruction (CPT code 33861) and with aortic root replacement using composite prosthesis and coronary reconstruction (CPT code 33863). RUC recommended 35.00 RVUs for CPT code 33861 and 37.15 RVUs for CPT code 33863. Although we agree with the rank order recommended by RUC for CPT codes 33860, 33861, and 33863, our lowering of the RVUs for CPT code 33860 resulted in establishing 34.00 RVUs for CPT code 33861 and 36.00 RVUS for CPT code 33863. This change also adds 2.00 work RVUs for coronary reconstruction rather than the 0.26 RVUs recommended by RUC.

(7) Prolonged extracorporeal circulation for cardiopulmonary insufficiency (CPT codes 33960 and 33961). The CPT Editorial Panel revised CPT code 33960 to describe the initial 24 hours of prolonged extracorporeal circulation for cardiopulmonary insufficiency. New CPT code 33961 has been added to describe each additional 24 hours. CPT code 33960 is carrier-priced in 1993. RUC recommended 25.00 work RVUs for this code and 11.20 RVUs for CPT code 33961. We disagree with the RUC recommendation for CPT code 33960 and have established 19.84 work RVUs based on our assumption that the insertion of the cannula is reported by the separate CPT code 36822. By subtracting the 5.16 RVUs for CPT code 36822 from the recommended 25.00 RVUs for CPT code 33960, we arrived at 19.84 RVUs for CPT code 33960. We accepted the RUC proposal of 11.20 RVUs for CPT code 33961. We have interpreted CPT codes 33960 and 33961 to include all evaluation and management services, including hospital visits and critical care, by the physician during the ECMO treatment.

(8) Peripheral vascular surgery. (a) Reoperation, carotid, thromboendarterectomy, more than one month after original operation (CPT code 35390). RUC recommended 4.07 work RVUs for this add-on code, which was approximately 25 percent of the work assigned to CPT code 35301, with which CPT code 35390 may be reported. We believe that approximately 5 percent of all carotid endarterectomies represent reoperations. To maintain the same number of work RVUs in 1994, we reduced the work RVUs of CPT code 33501 from 16.59 to 16.34. We also believe that the additional work involved in the procedure represented by the new code (CPT code 35390) is approximately 20 percent, not 25 percent, of that for CPT code 35301. Thus, we have established 3.27 work RVUs for CPT code 35390, which is 20 percent of the 16.34 work RVUs assigned to CPT code 35301.

(b) Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation (CPT code 35700). This code is to be listed separately in addition to the CPT codes for the primary procedure (CPT codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, or 35671). RUC recommended 4.36 work RVUs for this code. We believe that approximately 22 percent of the primary procedures represent reoperations for which the new add-on code will be used in the future. To maintain the same number of work RVUs in 1994, we reduced the work RVUs of the primary procedures by approximately 3.5 percent and have

established 3.15 work RVUs for CPT code 35700.

(c) Thrombectomy codes:

CPT code	Description
35875 ...	Thrombectomy of arterial or venous graft.
35876 ...	Thrombectomy of arterial or venous graft; with revision of arterial or venous graft.

The 1993 CPT code 35875 (thrombectomy and/or repair of arterial or venous graft) has been split into two codes: revised CPT code 35875 and new CPT code 35876. The 1993 work RVUs for CPT code 35875 are 10.86. RUC recommended 9.84 RVUs for the revised CPT code and 14.00 RVUs for the new CPT code. RUC also estimated that 60 percent of the services reported under the 1993 code will be billed under the revised code. We believe that the recommended RVUs for CPT code 35875 are too high and, preserving RUC's ratios and predicted utilization, have established 9.29 RVUs for CPT code 35875 and 13.22 RVUs for CPT code 35876.

(d) Excision of infected graft; neck (CPT code 35901); extremity (CPT code 35903); thorax (CPT code 35905); and abdomen (CPT code 35907). CPT code 35900 (excision of infected graft) has been deleted and replaced by four new codes that identify the location of the graft. The 1993 work RVUs for the deleted CPT code 35900 were established at 10.08. RUC recommended the following work RVUs for these codes:

CPT code	Recommended work RVUs
35901	10.08
35903	12.00
35905	23.50
35907	24.59

RUC estimated that approximately 10 percent of the services previously reported under CPT code 35900 were for neck procedures, 65 percent were reported for an extremity, 2.5 percent for the thorax, and 27.5 percent for the abdomen. By using the frequency percentages provided by RUC and preserving RUC's ratios between the codes, we established weighted-average work RVUs based on the Harvard Phase III RVUs of 11.53 for CPT code 35900. We used the Phase III RVUs rather than the final RVUs for CPT code 35900 because we believe them to be a more accurate representation of the work involved in this procedure. Thus, our RVUs for these codes are the following:

CPT code	Work RVUs
35901	7.43
35903	8.84
35905	17.31
35907	18.12

Although these RVUs are lower than those recommended by RUC, we have maintained RUC's relationships across the codes and accounted for an apparent undervaluing of CPT code 35900.

(9) Penile venous surgery—Penile venous occlusive procedure (CPT code 37790). RUC recommended 13.00 work RVUs for this procedure based on comparisons to the reference procedure codes 54304 (revision of penis) and 52601 (transurethral resection of the prostate). We disagree with the recommendation and have lowered the work RVUs to 7.00 based on our belief that the procedure involves slightly more work than CPT code 37730 (ligation and division and complete stripping of long and short saphenous veins).

(10) Splenectomy; total, en block for extensive disease, in conjunction with other procedure (Report in addition to code for primary procedure) (CPT code 38102). RUC recommended 7.00 work RVUs for this new code. We do not agree that the removal of the spleen at the same time as other surgery is worth more than half of the work required for a total splenectomy as a separate procedure (CPT code 38100), valued in 1993 at 12.28 RVUs, or a partial splenectomy (CPT code 38101), valued at 12.90 RVUs. In fact, in the presence of extensive disease, we believe it is often easier to remove the spleen than to leave it in. Further, CPT codes 38100 and 38101 have global periods of 90 days while CPT code 38102 has no global period. The work RVUs should represent intraoperative work only. Therefore, we have established the work for this add-on code at 4.91 RVUs, which is 40 percent of the work of CPT code 38100.

(11) Stomach excisions:

CPT code	Description
43610 ...	Excision, local; ulcer or benign tumor of stomach.
43611 ...	Excision, local; malignant tumor of stomach.

The CPT Editorial Panel revised CPT code 43610 and established new CPT code 43611 to differentiate between the excision of benign or malignant tumors of the stomach. The 1993 work RVUs for CPT code 43610 are 10.35. RUC recommended the following work RVUs for the new and revised codes: 13.00 RVUs for revised CPT code 43610 and 16.00 RVUs for new CPT code 43611. We do not agree that the revision of CPT code 43610 requires an increase in the RVUs and, therefore, we have maintained the current RVUs. We have established work RVUs of 12.74 for CPT code 43611 based on RUC's ratio between CPT code 43610 and CPT code 43611 and the RVUs established for CPT code 43610. We do not agree that the work is comparable to a total hysterectomy (CPT code 58150), which has 13.31 work RVUs, or that it is more work than a major thoracotomy (CPT code 32100), which has 10.31 RVUs.

(12) Gastrectomy. (a) Gastrectomy, total (CPT codes 43620, 43621, and 43622). CPT code 43620 has also been revised and two new codes established. The 1993 work RVUs for CPT code 43620 are 21.54. RUC recommended the following work RVUs for the gastrectomy codes:

CPT code	Description	Recommended work RVUs
43620 .	Gastrectomy, total; with esophagoenterostomy.	23.50
43621 .	Gastrectomy, total; with Roux-en-Y reconstruction.	24.00
43622 .	Gastrectomy, total; with formation of intestinal pouch, any type.	25.50

We disagree with RUC's recommendations for several reasons. First, we believe the current RVUs for CPT code 43620 are valid and do not believe the revision to this code entails additional work. Further, the RVUs recommended by RUC would be too high relative to reference code 37140 (anastomosis; portocaval) which has 22.70 work RVUs. We do, however, agree with the work of the procedures

relative to each other and with the work RVUs of CPT code 43620 remaining unchanged. We reduced the RVUs of the other two codes by multiplying the RUC-recommended work RVUs by 21.54/23.50 or 91.7 percent. We have established the following RVUs for the three codes:

CPT code	Description	Work RVUs
43620 .	Gastrectomy, total; with esophagoenterestomy.	21.54
43621 .	Gastrectomy, total; with Roux-en-Y reconstruction.	22.00
43622 .	Gastrectomy, total; with formation of intestinal pouch, any type.	23.37

(b) Gastrectomy, partial, distal; (CPT codes 43631, 43632, 43633, and 43634). These new procedure codes were reported in the past with deleted CPT code 43630, which has 17.50 work RVUs. RUC recommended the following work RVUs for these codes:

CPT code	Description	Recommended work RVUs
43631 .	Gastrectomy, partial, distal; with gastroduodenostomy.	20.64
43632 .	Gastrectomy, partial, distal; with gastrojejunostomy.	20.64
43633 .	Gastrectomy, partial, distal; with Roux-en-Y reconstruction.	21.14
43634 .	Gastrectomy, partial, distal; with formation of intestinal pouch.	22.64

We disagree with the extent of the increase recommended by RUC. We believe the work of new CPT code 43631 is slightly more complex than that required for deleted CPT code 43630 (hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy, with vagotomy), which was valued at 17.50 work RVUs. Therefore, we have valued CPT code 43631 at 18.54 RVUs. We maintained RUC's relationship of CPT code 43631 to the remaining codes in this group and valued CPT code 43632 at 18.54 RVUs, CPT code 43633 at 19.00 RVUs, and CPT code 43634 at 20.37 RVUs.

(c) Vagotomy with partial distal gastrectomy (CPT code 43635). The CPT Editorial Panel revised CPT code 43635 to make it an add-on code that would be used with any of the new partial gastrectomy codes. This code is to be listed separately in addition to the code(s) for the primary procedure. The work RVUs for the 1993 CPT code (gastrectomy with vagotomy, any type) are 19.61. RUC did not recommend any RVUs for the revised code. Since this code will now be reported in addition to a code for the primary procedure, we do not believe it is appropriate to maintain the 1993 RVUs. We believe this code describes truncal or selective vagotomy only. We believe the work is comparable to the difference between the 1993 version of CPT code 43635 and deleted CPT code 43630 (19.61 RVUs minus 17.50 RVUs equals 2.11 RVUs).

(d) Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy (CPT code 43638). The 1993 work RVUs for this code, which is being revised for 1994, are 20.64. RUC recommended 22.13 work RVUs for the revised code. We do not agree that the revision to this code is sufficient basis to increase the work RVUs. Further, an increase would distort the rank order of the work of all gastrectomies that exists in the current work RVUs and the RUC recommendations. That is, total gastrectomies require more work than partial proximal gastrectomies, which require more work than partial distal gastrectomies. Therefore, we have maintained the current 20.64 work RVUs.

(e) Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy (CPT code 43639). RUC recommended 22.63 work RVUs for this procedure. We believe this is too high for the reasons related to CPT code 43638. However, we have accepted RUC's recommendation that this code is worth 0.50 work RVUs more than those for CPT code 43638 and, therefore, have established 21.14 work RVUs for CPT code 43639.

(13) Gastrointestinal endoscopy. For the physician fee schedule effective January 1, 1992, a hierarchy of work was established from the least difficult endoscopic procedure to the most difficult endoscopic procedure. The order follows: anoscopy, proctosigmoidoscopy, flexible fiberoptic sigmoidoscopy, esophagoscopy, upper gastrointestinal endoscopy, small bowel endoscopy, colonoscopy, and endoscopic retrograde cholangiopancreatography. We established RVUs for additional services that are performed across these families. For biopsies, we added a fixed amount of 0.32 RVUs to the base procedure. For the removal of a foreign body, we added 1.07 RVUs. For the removal of a polyp, we added 1.07 RVUs. For the ablation of a tumor or mucosal lesion, or the control of hemorrhage, we added 2.14 RVUs to esophagoscopy and upper gastrointestinal endoscopy, and 1.6 RVUs for the lower bowel procedures (proctosigmoidoscopy, sigmoidoscopy, and colonoscopy). For the 1993 physician fee schedule, a multispecialty panel of physicians reviewed the hierarchy of work described above and agreed that it was correct. The panel then reviewed the work RVUs for each of the base diagnostic procedures. There was general agreement that the colonoscopy procedures were undervalued and that the small bowel endoscopy procedures were overvalued. The panel next agreed on the following:

- The work involved in ablating a tumor or controlling hemorrhage should be the same whether it involves the upper or lower gastrointestinal tract. (In the November 1991 rule, we had indicated that the work of ablating a tumor or controlling hemorrhage was greater in the upper gastrointestinal tract.)
- The work involved in ablating a tumor was greater than the work involved in controlling hemorrhage. (In the November 1991 rule, we had indicated that the work of the two services was equivalent).
- The work RVUs of endoscopies with removal of polypoid lesion(s) should be increased to reflect the fact that some procedures involved the removal of more than one lesion.

Next we established RVUs for additional services that are performed across these families. The following RVUs reflect the 2.783 percent reduction that was applied across all RVUs in 1993 to maintain budget neutrality. For biopsies, we added a fixed amount of 0.31 RVUs to the base procedure. For the removal of a foreign body, we added 1.07 RVUs. For the removal of a polyp, we added 1.03 RVUs with the exception of colonoscopic polypectomy (CPT code 45385) to which we added 1.53 RVUs. For the ablation of a tumor or mucosal lesion, we added 2.23 RVUs. For the control of hemorrhage, we added 2.08 RVUs.

In reviewing the RUC recommendations for the 1994

physician fee schedule, we gave considerable weight to the assumption regarding the hierarchy of work and the fixed amount of RVUs to be added to the base procedures. The majority of the RUC recommendations were accepted except as noted below.

(a) Esophagoscopy (CPT codes 43205 through 43228).RUC recommended 4.10 work RVUs for new CPT code 43205 (esophagoscopy, rigid or flexible; with band ligation of esophageal varices). We disagree and have established work RVUs of 3.86 on the basis that the work is comparable to that of CPT code 43204 (esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices). RUC recommended 2.76 RVUs for CPT code 43216 (esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery). This procedure was reported in the past with CPT code 43217 (esophagoscopy, rigid or flexible, fiberoptic (specify); for removal of polypoid lesion(s)), which had 2.87 work RVUs. We disagree with RUC and have established 2.87 RVUs for CPT code 43216 for several reasons. First, we believe it is comparable to the work in revised CPT code 43217 (esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s) or other lesion(s) by snare technique). Second, we do not believe it would be appropriate to lower the RVUs because the effect would be that the national total work RVUs for polypectomy would be reduced as a result of a coding change. In the same manner that we have attempted to maintain work neutrality by reducing some RUC recommendations, we have attempted to maintain work neutrality for these codes by increasing the RUC recommendation. Third, the proposed reduction would be inconsistent with our decision to add a fixed amount (2.27 RVUs) to the base code for polyp removal. RUC recommended a decrease in the RVUs for CPT code 43217 to 2.86; however, we do not believe that revision in the descriptor justifies any decrease in RVUs.

We also disagree with RUC that the revision to CPT code 43228 (esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s) or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique) requires a decrease in RVUs to 3.84 and have maintained the current 3.86 RVUs.

(b) Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery (CPT code 43250). RUC recommended 3.58 RVUs for this procedure. For the same reasons described above for polyp removal at the time of esophagoscopy, we have rejected this recommendation and assigned 3.68 RVUs, which are the current RVUs for CPT code 43251 (upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; for removal of polypoid lesion(s)). We have retained the current RVUs because we do not believe that the revision in the descriptor justifies any decrease in RVUs.

(c) Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia (CPT code 43458). RUC recommended 3.09 RVUs for this code, which does not include esophagoscopy. We disagree with the RUC recommendation, which we believe is too high relative to the 2.15 work RVUs assigned to CPT code 43220 (esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)). The work RVUs of balloon dilation associated with this code are 0.52, which are calculated by subtracting the work of the base esophagoscopy code 43200 (work RVUs equal 1.63) from the work of CPT code 43220 (work RVUs equal 2.15). We believe the dilation with the larger balloon is equivalent to twice the work involved in dilation with the smaller balloon and, therefore, have established 1.04 work RVUs (0.52 multiplied by two).

(d) Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (CPT code 44364). RUC recommended 4.22 work RVUs for this revised code. The 1993 RVUs for this code are 4.23, and we disagree that the revision warrants a decrease in RVUs. Therefore, we have maintained the current RVUs for this code. We also disagree with RUC's recommendation that the current 5.22 RVUs should be reduced to 5.20 for revised CPT code 44369 (with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique). We have maintained the 1993 RVUs for this procedure, which are based on our decision to add a fixed amount of RVUs (2.23) to the base code for polyp removal.

(e) Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum, diagnostic; with or without collection of specimen(s) by brushing or washing (separate procedure) (CPT code 44376). RUC recommended 7.19 work RVUs for this code. We disagree with this recommendation. We do not believe that the work should be valued higher than endoscopic retrograde cholangiopancreatography (ERCP) because the physician is not generally with the patient for the duration of this lengthy procedure, which is related to the patient's peristalsis. We believe the intraservice work is approximately twice the intraservice work of CPT code 44360 (small intestine endoscopy, enteroscopy beyond second portion of duodenum, not including the ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)). We believe the preservice and postservice work of both codes are comparable. Based on Harvard Phase III data, which include data on intraservice, preservice, and postservice work, we have assigned 5.50 work RVUs to CPT code 44376.

(f) Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with biopsy, single or multiple (CPT code 44377). RUC recommended 7.50 work RVUs for this new code. We agree with RUC that the additional work in CPT code 44377 over CPT code 44376 is worth 0.31 RVUs and, therefore, have added 0.31 RVUs to the 5.50 RVUs we assigned to CPT code 44376. The resulting work RVUs for CPT code 44377 are 5.81.

(g) Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with control of bleeding, any method (CPT code 44378). RUC recommended 8.50 work RVUs for CPT code 44378, which are 1.31 RVUs more than the RUC recommendation for the base code. This recommendation to add RVUs for the control of hemorrhage to the base code is consistent with our policy. However, as described elsewhere, we believe it is appropriate to add 2.08 RVUs to the base code for all endoscopic procedures for the control of hemorrhage. Therefore, we have instead established 7.58 RVUs by adding 2.08 RVUs to the 5.50 RVUs we assigned to the base procedure (CPT code 44376).

(h) Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or

bipolar cautery (CPT code 44392) and Colonoscopy through stoma; with ablation of tumor(s), polyp(s) or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (CPT code 44393). RUC recommended 3.81 work RVUs for CPT code 44392. We do not agree that the revision in this code warranted a decrease and have retained the 1993 work RVUs of 4.13.

RUC recommended 5.12 work RVUs for revised CPT code 44393. We disagree with this recommendation as we do not believe additional work is involved in the revision. We have retained the 1993 work RVUs of 4.95 for this code. We recognize that the RUC recommendation would be consistent with our decision to add a fixed amount (2.23 RVUs) to the base code for ablation. However, we do not believe that decision should apply to procedures performed through a stoma.

(i) Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique (CPT code 44394). RUC recommended 4.42 work RVUs for CPT code 44394. We disagree with the RUC recommendation and have established 4.13 RVUs on the basis that this procedure is comparable to CPT code 44392 (polypectomy by cautery). As with other endoscopic polypectomy codes, we have assigned the same RVUs regardless of the technique.

(j) Proctosigmoidoscopies (CPT codes 45308 and 45309). CPT code 45310 has been deleted and replaced by two new codes that describe the method of removal of a tumor, polyp, or other lesion. RUC recommended 1.50 work RVUs for removal by hot biopsy forceps or bipolar cautery (CPT code 45308). We increased the RVUs to 1.96 on the basis that this code is comparable to work in deleted CPT code 45310 and to the work in removal by snare technique (CPT code 45309), which was valued at 1.96 by RUC. We accepted the RUC-recommended RVUs for CPT code 45309.

(k) Sigmoidoscopies (CPT codes 45333 and 45338). CPT code 45333 has been revised to describe the method of removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery. The 1993 RVUs for this code are 2.22, and RUC has recommended lowering the work to 1.90 RVUs. We disagree with RUC and have maintained the current RVUs of 2.22 because we believe the work involved in the procedure remains the same. RUC recommended 2.51 RVUs for removal of tumors by snare technique (CPT code 45338). We disagree and, consistent with the other endoscopic families, have assigned the same RVUs to removal by snare technique as we did to removal by hot biopsy forceps or bipolar cautery (2.22 RVUs).

(l) Colonoscopies (CPT code 45384). RUC recommended 4.71 work RVUs for flexible colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery. We have increased the work RVUs to 5.32, which are equivalent to removal of tumor(s), polyp(s) or other lesion(s) by snare technique (CPT code 45385).

(m) Anoscopies (CPT codes 46610 through 46612). Anoscopy codes 46610 and 46612 have been revised and two new codes (CPT codes 46611 and 46615) added. The 1993 work RVUs for CPT code 46610 are 1.55; RUC recommended 1.30 RVUs for the revised code which has been changed to describe anoscopy for removal of polyp to anoscopy with removal of a single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery. We do not agree that the revision in the descriptor requires a decrease in the RVUs and, therefore, have maintained the 1993 values.

RUC recommended 1.76 work RVUs for new CPT code 46611, which describes removal of a single tumor, polyp, or other lesion by snare technique. We believe that the work is comparable to that of CPT code 46610 and have assigned CPT code 46611 the same work RVUs (1.55).

The 1993 work RVUs for CPT code 46612 are 1.65; RUC recommended an increase to 1.86 because of the code's revision, which is similar to the revision to CPT code 46610. We do not believe that the work merits an increase in the RVUs and have maintained the 1993 work RVUs of 1.65. We accepted the RUC recommendation of 2.75 RVUs for new CPT code 46615.

(14) Endoscopic ultrasound. (a) Upper gastrointestinal endoscopy, with endoscopic ultrasound examination (CPT code 43259). RUC recommended 6.11 RVUs for CPT code 43259 based on a comparison to ERCP. However, we disagree and have lowered the RVUs to 4.00 for two reasons. First, we do not believe that an upper gastrointestinal endoscopy with endoscopic ultrasound examination is as difficult or as risky as ERCP. Second, 6.11 RVUs are excessive when compared to transesophageal echocardiography (CPT code 93312), which has 1.61 RVUs. Our value of 4.00 was established by slightly reducing the sum of the work of upper gastrointestinal endoscopy (CPT code 43235) and the work of transesophageal echocardiography (CPT code 93312) (2.45 RVUs plus 1.61).

(b) Gastrointestinal endoscopic ultrasound, radiologic supervision and interpretation (CPT code 76975). RUC recommended 1.02 RVUs for the related supervision and interpretation CPT code 76975. We disagree and have established interim RVUs of 0.83 since we believe it is comparable to abdominal echography (CPT code 76700).

(15) Gastrointestinal tube placement—Introduction of a long gastrointestinal tube (e.g., Miller-Abbott) (separate procedure) (CPT code 44500). RUC recommended 0.95 work RVUs for this procedure. We believe these RVUs are too high since the procedure does not require much direct physician time and effort. It is also inconsistent with the work of a level 4 25-minute office visit, which has 0.98 RVUs. We believe the work is comparable to that in a gastric intubation and aspiration or lavage for treatment (CPT code 91105). Therefore, we have assigned 0.37 work RVUs to CPT code 44500.

(16) Colon/rectal surgery. (a) Suture of intestines (CPT codes 44602, 44603, 44604, and 44605). The CPT Editorial Panel deleted CPT code 44600 (suture of small intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture, single) and replaced it with separate descriptors for small bowel repair (single, CPT code 44602, or multiple, CPT code 44603) and large bowel repair (CPT code 44604). We accepted RUC's recommended RVUs for CPT codes 44602, 44603, and 44604. RUC recommended no change from the 1993 work RVUs of 12.60 for CPT code 44605, which now describes the work involved in CPT code 44604 with colostomy. We disagree with the RUC recommendation that no change is required for CPT code 44605. We believe the additional work for the colostomy is worth an additional 1.00 RVU and, therefore, have assigned 14.25 work RVUs to CPT code 44605.

(b) Intestinal stricturoplasty (enterotomy and enterorrhaphy, with or without dilation) for intestinal obstruction (CPT code 44615). RUC recommended 13.50 work RVUs for this new code. We disagree with the reference procedure used by RUC (CPT code 44120 (enterectomy, resection of small intestine; with anastomosis)). That procedure requires a complete

anastomosis of the bowel. We believe a better comparison is to the new code for suture of the small intestine. The code for a single perforation (CPT code 44602) has 9.96 RVUs, and the code for multiple perforations (CPT code 44603) has 13.25 RVUs. We have assigned 11.64 RVUs to CPT code 44615 based on an assumption that the work is greater than that required to close a single perforation but less than that to close multiple perforations.

(17) Pancreatic surgery. (a) Placement of drains, peripancreatic, for acute pancreatitis (CPT code 48000). RUC recommended no change from the 1993 work RVUs of 13.42 for this revised code. However, RUC recommended that we eliminate the 90-day postoperative period. We agree with the RUC recommendation to maintain the current RVUs, but we disagree with their recommendation regarding the global period. The current RVUs are based on the 90-day global period. We recognize that patients undergoing this procedure may require additional procedures in the postoperative period. Those procedures will be recognized for payment purposes if they are reported with the new modifier -58 for staged procedures.

(b) Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy (CPT code 48001). RUC recommended 15.92 RVUs with a 0-day postoperative period for new CPT code 48001. We accepted RUC's RVU recommendation as we believe it accurately reflects the work in comparison to CPT codes 48000 and 48005. However, we disagree with RUC's global period recommendation and have established a 90-day postoperative period.

(c) Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis (CPT code 48005). RUC recommended 13.42 RVUs with no postoperative period for new CPT code 48005. We have increased these work RVUs to 18.00 and established a global period of 90 days. We believe the procedure is a more extensive procedure than that represented by CPT code 48000 during a single hospitalization, is seldom done by itself, and is apt to be done multiple times. Subsequent surgeries should be reported as staged procedures with modifier -58. We also note that CPT code 48000 is bundled into CPT code 48005 and should not be reported separately if performed on the same day.

(d) Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterestomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy (CPT code 48150). The CPT Editorial Panel has revised the existing code for a Whipple procedure by expanding it into four codes. The 1993 RVUs for the code are 30.95, and RUC recommended an increase to 43.00 to account for the revision. The RUC RVUs are 60 percent of the cumulative intraoperative work of all the individual procedures included in the Whipple-type procedures. We agree with RUC that the 1993 RVUs are low, but disagree with RUC's recommended increase of more than 12.00 RVUs. This increase is unwarranted when compared to other major procedures. For example, the RUC-recommended 43.00 RVUs are more than 4.00 RVUs higher than the RVUs for a transverse aortic arch graft (CPT code 33870) and more than 10.00 RVUs higher than a four graft coronary artery bypass procedure (CPT code 33516). To avoid creating disparities with our reference procedures while acknowledging that the RVUs for the Whipple procedures should be increased, we have assigned 35.00 work RVUs to CPT code 48150.

(e) Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterestomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy (CPT code 48152). RUC recommended 39.00 work RVUs for this new code, which is the same procedure as CPT code 48150 without pancreatojejunostomy. We agree with the relative relationship established by RUC for all of the Whipple-type procedures. However, we have established 31.74 work RVUs for CPT code 48152 by multiplying the RUC recommendation of 39.00 by 81.4 percent, which was established by dividing the RVUs of CPT code 48150 (35.00) by the RUC recommendation (43.00).

(f) Pancreatectomy codes:

CPT code	Description
48153 ...	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterestomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreato-jejunostomy.
48154 ...	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterestomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreato-jejunostomy.

RUC recommended 43.00 work RVUs for CPT code 48153 and 39.00 RVUs for CPT code 48154. We agree with the relative relationship established by RUC for all Whipple-type procedures. To be consistent with the RVUs for the other Whipple procedures, the RUC recommendations for these two codes were also multiplied by 81.4 percent. Thus, we have assigned 35.00 work RVUs to CPT code 48153 and 31.74 work RVUs to CPT code 48154.

(18) Hernia repair. (a) Repair of inguinal hernias (CPT codes 49495 through 49521). The CPT Editorial Panel established new codes to separately identify repair of inguinal hernias for children under age 6 months from those for children age 6 months to under 5 years. New codes identify reducible hernias and unique codes now identify repair of incarcerated or strangulated hernias for the different age groups. The RUC RVUs for CPT code 49495 were based on a miscalculation. We recalculated the RVUs based on the RUC survey results giving the ratio of severely ill to healthy under-6 months children as 3:10 as well as the proportion of children under 6 months as 65/145. Our estimated ratio of reducible to incarcerated/strangulated hernias was a little lower than RUC's. Using these ratios, weighted-average RVUs were calculated to preserve the same average work RVUs for these codes as for the codes they succeeded; the resulting RVUs were somewhat lower for most of these codes than those proposed by RUC.

(b) Repair of femoral hernia (CPT codes 49550 through 49557). We accepted RUC's proposal for CPT code 49550, but lowered the RUC's RVUs for CPT code 49553 based on the premise that the work involved in CPT code 49553 was comparable to that of the work of the repair of an inguinal incarcerated/strangulated hernia (CPT

code 49507), which we assigned 7.58 RVUs. We accepted RUC's work RVUs for CPT code 49555, but reduced RUC's RVUs for CPT code 49557 to 8.95 by applying the same ratios between CPT codes 49520 and code 49521 to CPT codes 49555 and 49557.

(c) Repair of initial and recurrent (incisional) hernia (CPT codes 49560 through 49566). We accepted RUC's proposals for CPT code 49560 (initial hernia, reducible) and CPT code 49565 (recurrent hernia, reducible). However, we increased RUC's RVUs for CPT codes 49561 and 49566 to 11.66 by adding 20 percent for repair of incarcerated/strangulated hernia to the reducible hernias. We believe that the incarcerated/strangulated hernia repair requires approximately 20 percent more physician work than the reducible.

(d) Implantation of mesh or other prosthesis (CPT code 49568). We accepted RUC's proposal for this code; however, we did so on the basis that the code represents implantation of a complex, large mesh, not an onlay that is used only for incisional hernia repair where the mesh is taking the place of approximated tissue. Simple mesh onlays should not be reported as an additional procedure.

(e) Repair epigastric hernia; incarcerated or strangulated (CPT code 49572). We lowered the RUC RVUs for this code by adding 20 percent to the RVUs for the reducible hernia (CPT code 49570) as was done for CPT codes 49560 through 49566.

(f) Repair umbilical hernia, under age 5 years (CPT codes 49580 and 49582). We lowered RUC's RVUs and maintained the current RVUs of 3.32 for CPT code 49580 (reducible hernia) on the basis that the current RVUs are based on Harvard's pediatric surgery survey and were reviewed and revised in the 1992 refinement process. We lowered RUC's recommended RVUs for CPT code 49582 by applying the RUC ratio of 5.00/7.92 work RVUs for CPT codes 49580 and 49582 to the panel's assignment of 3.32 RVUs for CPT code 49580. Thus, we established 5.26 work RVUs for CPT code 49582.

(g) Repair umbilical hernia, age 5 years or over; incarcerated or strangulated (CPT code 49587). We accepted RUC's recommendation for the reducible hernia in this series (CPT code 49585; RVUs of 5.07). However, we determined that the incarcerated or strangulated hernias required approximately 20 percent more work. Thus, we assigned 6.08 RVUs to CPT code 49587.

(19) Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (e.g., paperverine, phentolamine) (CPT code 54231). RUC recommended 3.67 work RVUs for this new code. We disagree and believe that the procedure is comparable to the work in CPT code 54230 (injection of corpora cavernosa for priapism), valued at 1.37 RVUs, plus the work in CPT code 74445 (corpora cavernosography, radiological supervision and interpretation), valued at 1.17 RVUs. Thus, we have established 2.54 work RVUs for CPT code 54231.

(20) Laparoscopic pelvic lymph node dissection—Laparoscopy with bilateral total pelvic lymphadenectomy and periaortic lymph node sample (biopsy), single or multiple (CPT code 56313). We accepted RUC's recommendations regarding revised CPT code 56305 (3.89 RVUs) and new CPT codes 56311 (9.15 RVUs) and 56312 (12.35 RVUs). RUC did not recommend RVUs for new CPT code 56313. We have assigned 14.35 work RVUs to CPT code 56313 by adding 2.00 RVUs to the RVUs of CPT code 56312. These RVUs were determined by looking to the RVUs of new CPT code 38747 (abdominal lymphadenectomy). The peri-aortic lymph node sampling in CPT code 56313 is believed to be approximately 40 percent of the work of CPT code 38747, which has 5.01 RVUs.

(21) Laparoscopy varicocele correction—Laparoscopy, surgical; with ligation of spermatic veins for varicocele (CPT code 56320). We accepted RUC's recommendations regarding new CPT codes 56316 and 56317. RUC recommended 5.88 work RVUs and a 10-day postoperative period for new CPT code 56320. We disagree with the RUC recommendation and have assigned 6.40 work RVUs and a 90-day global period, which are consistent with those assigned to the open procedure (CPT code 55535).

(22) Laparoscopic general surgical procedures:

CPT code	Description
56322 ...	Laparoscopy, surgical; with transection of vagus nerves, truncal.
56323 ...	Laparoscopy, surgical; with transection of vagus nerves, selective or highly selective.
56324 ...	Laparoscopy, surgical; with cholecystoenterestomy.
56342 ...	Laparoscopy, surgical; and cholecystectomy with exploration of common duct.

We did not receive specific RVU recommendations from RUC for the new CPT codes 56322, 56323, 56324, and 56342. RUC recommended that these laparoscopic procedures be assigned the same RVUs as the corresponding open procedures. We agree with the principle of assigning RVUs to laparascopic procedures that correspond to the RVUs of the comparable open procedures. However, for the two vagotomy codes, there are no corresponding open codes in the general surgery section. Therefore, we valued the codes based on a comparison to reference procedure cholecystectomy (CPT code 47600), which has 10.94 work RVUs. We have valued the work of CPT code 56322 at 9.94 RVUs, which is one RVU less than that of a cholecystectomy (CPT code 47600). We have assigned interim 11.94 RVUs to CPT code 56323, on the basis that it is comparable to, but slightly more difficult than, the open cholecystectomy. Finally, we assigned interim 12.19 work RVUs to CPT code 56324 on the basis that it is comparable to the open procedure (CPT code 47720). We assigned 14.19 work RVUs to CPT code 56342, which we believe is comparable to the open procedure (CPT code 47610).

(23) Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy (CPT code 56632). RUC recommended 19.37 work RVUs for this new code. This value creates relationships that contradict the relationships among the other radical vulvectomy code values that were made by the 1992 RUC. Therefore, we decided to reexamine the RVUs of all of the codes in the vulvectomy section. Under the 1993 fee schedule, the added work of a unilateral inguinofemoral lymphadenectomy to a radical partial vulvectomy is 3.82 RVUs while the same added work to a radical complete vulvectomy is 3.4 RVUs. Similarly, the added work of a bilateral inguinofemoral lymphadenectomy to a radical partial vulvectomy would be 7.64 RVUs based on the RUC recommendation, while the same added work to a radical complete vulvectomy is only 4.33 RVUs. To correct these anomalies, we looked to the inguinofemoral lymphadenectomy (CPT code 38760) to determine the correct added work RVUs of inguinofemoral lymphadenectomies to the vulvectomy codes. CPT code 38760 has 8.39 work RVUs. Assuming 50 percent of this code represents the intraoperative work of a unilateral inguinofemoral

lymphadenectomy that would be added to a vulvectomy, we determined that 4.19 RVUs should be added to both the radical partial vulvectomy (CPT code 56630) and the radical complete vulvectomy (CPT code 56633). Assuming that a bilateral service of CPT code 38760 would have 150 percent of the work of a unilateral service, we determined that the bilateral procedure yields 12.58 RVUs. Assuming 50 percent of 12.58 RVUs represents the intraoperative work of a bilateral lymphadenectomy that would be added to a vulvectomy, we determined that 6.29 RVUs should be added to both the radical partial and radical complete vulvectomy codes. We next calculated work-neutral RVUs for the entire family based on the RVUs above and the frequencies with which the procedures are performed. This resulted in the following RVUs:

CPT code	RVUs
56620	6.85
56625	7.62
56630	10.77
56631	14.96
56632	17.06
56633	12.79
56634	16.98
56637	19.08
56640	20.58

(24) Colposcopy (vaginoscopy); biopsy(s) of the cervix and/or endocervical curettage (CPT code 57454). The 1993 RVUs for this code, which has been revised for 1994, are 1.30. RUC recommended an increase to 1.56 by adding 50 percent of the work of CPT code 57505 to the RVUs of CPT code 57452. We disagree with this proposal on the basis that the change in the descriptor was intended to be editorial and consistent with clinical practice. Therefore, we have maintained the 1993 RVUs of 1.30.

(25) Artificial insemination—Sperm washing for artificial insemination (CPT code 58323). RUC recommended 0.30 RVUs for CPT code 58323. We disagree because we believe that physician involvement in this service is minimal. Therefore, we have assigned 0.19 RVUs to this code, which are equivalent to the RVUs for CPT code 58311 (artificial insemination; with sperm washing and capacitation) less those assigned to CPT code 58310 (artificial insemination).

(26) Delivery, antepartum, and postpartum care. The CPT Editorial Panel added four new codes to the obstetrical series: antepartum care only; 4–6 visits (CPT code 59425); antepartum care only; 7 or more visits (CPT code 59426); vaginal delivery only (code CPT code 59409); and cesarean delivery only (CPT code 59514). RUC recommended 4.13 work RVUs for CPT code 59425, 7.08 work RVUs for CPT code 59426, 12.50 work RVUs for CPT code 59409, and 12.80 work RVUs for CPT code 59514.

We accepted the RUC recommendations for CPT codes 59425 and 59426. However, we have increased the recommended RVUs for CPT codes 59409 and 59514. We are interpreting the two new delivery codes to include inpatient postpartum care. (RUC's RVUs were based on the CPT definition and did not include inpatient care.) We have added 1.11 RVUs for a hospital discharge to the 12.50 RVUs recommended by RUC to arrive at 13.61 RVUs for CPT code 59409. We have added 2.96 work RVUs for two subsequent hospital visits and a hospital discharge to the 12.80 RVUs recommended by RUC to arrive at 15.77 RVUs for CPT code 59514.

The increases in these two codes created a rank order anomaly with existing CPT code 59410, which has 1993 work RVUs of 12.53, and CPT code 59515, which has 1993 work RVUs of 12.97. To overcome this anomaly, we have revised the RVUs of these two codes. We have increased the work RVUs of CPT code 59410 to 14.79 to reflect the inpatient work included in CPT code 59409 and the work of postpartum care in the office (12.50 plus 1.11 plus 1.18 equals 14.79). We have increased the work RVUs of CPT code 59515 to 16.95 to reflect the inpatient postpartum work included in CPT code 59514 and the work of postpartum care in the office (12.80 plus 2.97 plus 1.18 equals 16.95).

We have also increased the 1993 work RVUs for CPT code 59400 (routine obstetric care including antepartum care, vaginal delivery and postpartum care) from 19.70 to 21.50 by adding the following component RVUs:

- 8.85 RVUs for prenatal care (a level 4 initial prenatal visit and 12 level 3 subsequent visits).
- 1.10 RVUs for an admission history and physical.
- 6.65 RVUs for the management of labor.
- 3.20 RVUs for the intraservice work of a vaginal delivery.
- 1.11 RVUs for in-hospital postpartum care.
- 0.59 RVUs for out-of-hospital postpartum care.

We also increased the 1993 RVUs for CPT code 59510 (routine obstetric care with cesarean delivery) from 18.78 to 24.25 by adding the following component RVUs:

- 8.85 RVUs for prenatal care (as for vaginal).
- 1.10 RVUs for an admission history and physical.
- 6.65 RVUs for management of labor.
- 3.50 RVUs for intraservice work of a cesarean delivery.
- 2.97 RVUs for in-hospital postpartum care.
- 1.18 RVUs for out-of-hospital postpartum care.

(27) Skull base surgery—Transection or ligation, carotid artery (CPT codes 61609 and 61612). RUC recommended the following work RVUs for these codes:

CPT code	Recommended work RVUs
61609	10.00
61610	35.00
61611	7.50
61612	33.00

While we accepted the RUC recommendations for the other new skull base codes, we disagree with the RUC proposals for these four codes. We accepted the RUC recommendation that the reference code for CPT code 61609 is CPT code 61705 (surgery of aneurysm, vascular malformation of carotid-cavernous fistula; by intracranial and cervical occlusion or carotid artery). Based on Harvard Phase III data, the intraoperative work portion of CPT code 61705 is 24.00 RVUs. We assumed that the intraoperative work consists of three components: the approach, ligation, and closure. Since CPT code 61609 does not include the approach and closure, we have assigned this code 8.00 work RVUs, or one-third of the intraoperative work of CPT code 61705.

We accepted the RUC comparison of CPT code 61610 to CPT code 61711 (anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries). However, we believe that, since CPT code 61610 is an add-on code, it is appropriate to assign only the intraoperative portion of CPT code 61711, which is 24.00 RVUs, based on Phase III of the Harvard study.

For CPT code 61611, we accepted CPT code 61700 (surgery of intracranial aneurysm, intracranial approach, carotid circulation) as the base

procedure, and we used RUC's relationship between CPT codes 61609 and 61611. RUC valued CPT code 61611 at 7.50 RVUs or 75 percent of their recommendation for CPT code 61609. Therefore, we calculated 6.00 RVUs for CPT code 61611, which is 75 percent of 8.00 RVUs that we assigned to CPT code 61609.

For CPT code 61612, we accepted the relationship proposed by RUC between CPT codes 61609 and 61610 and between CPT codes 61611 and 61612. By maintaining an approximate 3:1 relationship, we established 18.00 work RVUs for CPT code 61612.

(28) Diagnostic radiology. (a) Peritoneogram (e.g., after injection of air or contrast), radiological supervision and interpretation (CPT code 74190). RUC recommended 1.00 work RVUs for this new code. We disagree that the appropriate reference service is CPT code 74280 (radiologic examination, colon; air contrast with specific high density barium, with or without glucagon). Rather, we believe the procedure is equivalent to radiologic exam, complete acute abdomen series (CPT code 74022), which is currently assigned 0.32 work RVUs. Therefore, we have assigned 0.32 work RVUs to CPT code 74190.

(b) Radiologic examination, small bowel, includes multiple serial films; via enterolysis tube (CPT code 74251). RUC recommended 0.83 work RVUs for this code. We disagree on the basis that the procedure is equivalent to a radiologic exam, small bowel, including multiple serial films (CPT code 74250). Therefore, we have established 0.49 work RVUs for CPT code 74251.

(29) 3–D tumor reconstruction—Therapeutic radiology simulation-aided field setting; by three-dimensional reconstruction of tumor volume (CPT code 77295). We did not receive RUC recommendations for CPT code 77295 which represents therapeutic radiology simulation-aided field setting; by three-dimensional reconstruction of tumor volume. However, the American College of Radiology (ACR) and the American Society for Therapeutic Radiology and Oncology (ASTRO) recommended work RVUs of 4.68. We have accepted this recommendation as interim RVUs. We look forward to a RUC recommendation in the near future.

(30) Radiation treatment (CPT codes 77419 and 77432). As with CPT code 77295, we received no RUC recommendations for either of these codes. ACR and ASTRO recommended work RVUs of 6.58 for the weekly radiology therapy management; conformal (CPT code 77419). We disagree with their recommendation and have assigned 3.69 work RVUs to this procedure, which we believe are comparable to those for CPT code 77430 (weekly radiology therapy management, complex).

ACR and ASTRO recommended work RVUs of 13.58 for CPT code 77432 (stereotactic radiation treatment management of cerebral lesion(s) (complete course of treatment consisting of one session)). We disagree and have established 8.13 work RVUs. We believe this procedure is equivalent to the cosurgeon's percentage (62.5 percent) of the intraoperative work of CPT code 61793 (stereotactic focused proton beam or gamma radiosurgery). We derived the intraoperative work by applying the intraoperative percentage of 76 percent by the 17.11 total work RVUs.

(31) Radionuclide localization of abscess; limited area (CPT code 78805) and whole body (CPT code 78806). CPT codes 78192 (limited area scanning for white blood cell localization and 78193 (whole body scanning for white blood cell localization) were deleted. These procedures are to be reported using existing CPT codes 78805 and 78806. The RVUs for CPT codes 78805 and 78806 were revised based on the weighted average of the 1993 RVUs for CPT codes 78192 and 78805 for CPT code 78805, and the weighted average of the 1993 RVUs for CPT codes 78193 and 78806 for CPT code 78806.

(32) Psychological testing (CPT code 90830). RUC recommended 2.00 work RVUs for CPT code 90830. We disagree with the RUC recommendation because we do not believe that the testing represented by this code requires work by a physician. Therefore, we have not established work RVUs for this service.

(33) Cardiac catheterization and angiography. (a) Cardiac catheterization (CPT codes 93510 and 93526). The combined heart catheterization and angiography codes (CPT codes 93546 through 93553) have been deleted for 1994. If the work RVUs for injection are subtracted from the work RVUs for the combined codes, the resulting work RVUs would represent catheterization alone and be somewhat greater than the two stand-alone codes. We have, therefore, increased the work RVUs for these two codes. The adjustments we have made to the practice expense RVUs between PCs and TCs are much greater and are discussed in the section on practice expense.

(b) Injection procedures during cardiac catheterization (CPT codes 93539 and 93540). The ACC recommended 0.80 work RVUs for each of these codes. We disagree and have established 0.29 work RVUs for each based on the 1993 RVUs for the comparable procedure (CPT code 93551, selective opacification of aortocoronary bypass grafts, one or more coronary arteries), which is being deleted in 1994.

(c) Imaging supervision, interpretation and report for injection procedure(s) (CPT codes 93555 and 93556). The ACC recommended 1.34 and 1.90 work RVUs, respectively, for these codes. As virtually all cardiac catheterization procedures will involve both of these services, we believe these valuations to be excessive. Currently, supervision and interpretation work averages 1.67 RVUs per catheterization. This information, along with our belief that the work described by the two codes is similar in magnitude, persuaded us to set the work RVUs at 0.83 for CPT code 93555 and 0.85 for CPT code 93556.

(34) Pacemaker procedures. (a) Electronic analysis of dual-chamber system (CPT code 93731). The 1993 RVUs for this code are 0.47. ACC recommended increasing the RVUs to 0.55, but we disagree that the revision in the descriptor merits an increase. We have maintained the 1993 RVUs.

(b) Electronic analysis of dual-chamber system with reprogramming (CPT code 93732). The 1993 work RVUs for this code are 0.87. ACC recommended an increase to 1.50 RVUs. We disagree that the revised descriptor requires an adjustment to the existing RVUs and, therefore, have maintained the 1993 RVUs. We also note that the 1993 RVUs were based on the results of the 1992 refinement panels.

(c) Electronic analysis of single chamber pacemaker system (CPT code 93734) and electronic analysis of single-chamber system with reprogramming (CPT code 93735). The 1993 work RVUs for these codes are 0.38 for CPT code 93734 and 0.52 for CPT code 93735. ACC recommended that the RVUs for the revised codes be increased to 0.50 and 1.00. We disagree with this recommendation and have maintained the 1993 RVUs. The 1993 RVUs for CPT code 93735 are based on the 1992 refinement panels. We disagree that the revised descriptor for CPT code 93735 merits an increase in work RVUs and have maintained the 1993 RVU of 0.52.

(35) Electrophysiological studies. (a) Comprehensive electrophysiologic evaluation with right atrial pacing and

recording (CPT code 93619). RUC recommended 9.00 work RVUs. We disagree since we believe that the work is equal to the difference between that involved in the revised CPT code 93620 (comprehensive electrophysiologic evaluation with induction of arrhythmia), for which we accepted RUC-recommended RVUs of 11.87, and that in existing code 93618 (induction of arrhythmia by electrical pacing), which is valued in 1993 at 4.37 RVUs. The descriptor for CPT code 93620 states that CPT code 93620 is to be used when CPT code 93618 is combined with CPT code 93619. Thus, we have established work RVUs of 7.50 for CPT code 93619.

(b) Electrophysiologic evaluation of cardioverter-defibrillator leads, with testing of cardioverter-defibrillator pulse generator (CPT code 93641). RUC recommended 8.60 RVUs for this code. We disagree that the work involved in this procedure is worth 5.00 more RVUs than those for CPT code 93640 (electrophysiologic evaluation of cardioverter-defibrillator leads (includes defibrillation threshold testing and sensing function) at time of initial implantation or replacement). RUC recommended 3.61 work RVUs for CPT code 93640. Rather, we believe that the additional work of CPT code 93641 over CPT code 93640 requires approximately ½ hour of moderately high intensity intraservice work, which we have valued at 2.00 RVUs. Thus, we have established 5.61 work RVUs for CPT code 93641.

(c) Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement (CPT code 93650); Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination (CPT code 93651); and for treatment of ventricular tachycardia (CPT code 93652).

CPT code 93650 has been revised for 1994 and codes 93651 and 93652 added. The 1993 work RVUs for CPT code 93650 are 15.55. RUC recommended the following work RVUs for the revised and new codes:

CPT code	RUC-recommended work RVUs
93650	11.00
93651	17.00
93652	18.50

We accepted the relationship among the three new codes that was recommended by RUC but lowered the work RVUs to equal the weighted average of the 1993 work RVUs for the revised CPT code 93650 based on the projected frequencies for the three codes.

(36) Noninvasive vascular testing—Noninvasive physiologic studies of upper or lower extremity arteries, single level, bilateral (CPT code 93922); Nonvasive physiologic studies of upper or lower extremity arteries, multiple levels or with provocative functional maneuvers, complete bilateral study (CPT code 93923); and Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study (CPT code 93924). RUC recommended 0.41 work RVUs for CPT code 93922, 0.78 work RVUs for CPT code 93923, and 0.85 work RVUs for CPT code 93924. We believe these RVUs are too high, representing much higher values than the codes they replaced (CPT codes 93920 and 93921). We decided to accept the relationship among the three new codes recommended by RUC but to lower the work RVUs to equal the weighted average of the 1993 work RVUs for deleted CPT codes 93920 and 93921 on the basis that 80 percent of the frequencies for the deleted codes are for lower extremity arteries and 20 percent are for upper extremity arteries.

(37) Polysomnography—Sleep study and polysomnography (CPT codes 95807 through 95810). The CPT Editorial Panel deleted CPT code 95828 and replaced it with three new codes for polysomnography: CPT code 95807 (sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist); CPT code 95808 (polysomnography; sleep staging with 1–3 additional parameters of sleep, attended by a technologist); and CPT code 95810 (polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist).

We accepted RUC's recommendation of 1.70 work RVUs for the first code, but we disagree with RUC's proposals of 2.71 RVUs for CPT code 95808 and 3.61 RVUs for CPT code 95810. We believe that the level of physician work in these two codes is similar to that in the deleted CPT code 95828, which has 1993 work RVUs of 2.79. Since we received differing estimates of the utilization anticipated for each of the two new codes, we do not believe we have a sound basis for calculating work neutral RVUs within this series. Therefore, we have maintained the 2.79 RVUs assigned to the deleted code for both CPT codes 95808 and 95810 with the possibility of revising the RVUs after we have some experience with the new codes.

(38) Neuropsychological testing (CPT codes 95880 through 95883). RUC recommended 2.00 work RVUs for each of these new codes. As with the code for psychological testing, we disagree with RUC because we do not believe that these tests require work by a physician. Therefore, we have not established work RVUs for these services.

(39) Physical medicine—Myofascial release/soft tissue mobilization, one or more regions (CPT code 97250). We received a recommendation of 1.00 work RVU for CPT code 97250 from the American Academy of Physical Medicine and Rehabilitation (AAPMR) and the American Physical Therapy Association (APTA). We disagree with their recommendation. We have established 0.46 work RVUs on the basis that the work is comparable to that of HCPCS code M0702 (brief osteopathic manipulation therapy). We view myofascial release as one of many techniques available to the clinician for the performance of manual manipulation. We believe that, before the creation of this new code, the service was reported under one of the osteopathic manipulation codes or the physical medicine codes for manual manipulation (CPT codes 97260 and 97261). Because of the overlap of these services, we will not permit separate payment for myofascial release on a day when osteopathic manipulation or manual manipulation has also been reported.

(40) Prolonged services (CPT codes 99354 through 99357). These codes provide for additional payment for unusually long patient visits. CPT codes 99354 and 99356 address the first hour beyond the "typical" visit time for outpatient and inpatient settings, respectively. Specifically, the codes include durations of 30 to 74 minutes beyond the typical time. Because these

codes deal with cases that are statistical outliers, the distribution of times is not uniform: It is much more likely that a prolonged services episode will be 35 minutes, rather than 70 minutes, beyond the typical time. We believe the typical episode should be 45 minutes in length; data we have from the National Ambulatory Medical Care Expenditure Survey indicate that this figure is, if anything, generous. We also believe it is incorrect to consider all time beyond the typical time for the base visit code as prolonged; payment is not reduced for visits that are less than the typical time. We consider a period of up to 15 minutes beyond the typical time to be included in the base visit. Taking all these factors into consideration, we believe the work represented by CPT codes 99354 and 99356 to be the same as that for CPT code 99203, a visit with 30 minutes face-to-face time. Thus, we have assigned 1.17 work RVUs to CPT codes 99354 and 99356.

CPT codes 99355 and 99357 represent increments of 30 minutes or less beyond the 74 minutes captured by CPT codes 99354 and 99356. Again, because of the skewed distribution of statistical outliers, the typical time covered by this code will be at the lower end of the scale; 10 minutes is a generous estimate. This being the case, the work represented by CPT codes 99355 and 99357 should be the same as that for CPT code 99201. Therefore, we have assigned 0.38 work RVUs to CPT codes 99355 and 99357.

(41) Care plan oversight (CPT codes 99375 through 99376). We received recommendations from RUC for these two new codes. However, at the present time, we consider these services to be bundled into the payment for other services. Therefore, we have neither accepted nor rejected the RUC-recommended RVUs for these codes.

(42) Hyperbaric oxygen—Physician attendance and supervision of hyperbaric oxygen therapy, per session (CPT code 99183). The hyperbaric oxygen codes (CPT codes 99180 and 99182) have been deleted and replaced with new CPT code 99183. RUC did not provide a recommendation for this code. However, we received from the American College of Emergency Physicians a recommendation of 4.0 work RVUs, which we believe is excessive in light of the fact that this code represents only the work of the physician during the hyperbaric therapy session. Evaluation and management services or procedures that are furnished in conjunction with a hyperbaric oxygen therapy session may be reported separately. Further, there will be no reduction in payment for these services for multiple patients treated at the same time. Therefore, we have assigned 2.4 work RVUs to this code based on an assumption that the intensity of the work is less than that of a face-to-face evaluation and management service. Finally, we note that this code may be used only by physicians who are in attendance during the hyperbaric oxygen therapy session, and the use of the code is restricted to hyperbaric oxygen delivered to patients placed entirely in monoplace or multiplace chambers.

(43) Neonatal intensive care (CPT codes 99295 through 99297). RUC recommended 18.42 RVUs for initial neonatal intensive care unit (NICU) care, per day, for the evaluation and management of a critically ill neonate or infant (CPT code 99295); 9.93 RVUs for subsequent NICU care, per day, of a critically ill or unstable neonate or infant (CPT code 99296); and 5.0 RVUs for subsequent NICU care, per day, of a critically ill and stable neonate or infant (CPT code 99297). We have not accepted these recommendations because we believe they are based on vignettes that describe infants at the more critical end of the spectrum of infants admitted to NICUs. We agree with RUC that the codes should be valued based on the work RVUs of the existing critical care codes 99291 and 99292. We have assigned RVUs to these codes based on the following assumptions: The typical infant admitted to a NICU would require 4 hours of direct critical care services in a 24-hour period; the typical unstable and critically ill infant on subsequent days would require 2 hours of critical care services; and the typical stable and critically ill infant on subsequent days would require 1 hour of critical care services. Based on these assumptions and applying 3.76 RVUs for the initial hour of critical care (CPT code 99291) and 1.90 RVUs for each additional 30 minutes (CPT code 99292) yields the following RVUs: CPT code 99295 equals 15.6 RVUs; CPT code 99296 equals 7.56 RVUs; and CPT code 99297 equals 3.76 RVUs.

The assignment of practice expense and malpractice expense RVUs to the neonatal intensive care unit codes was complicated by the absence of Medicare charge data for these services and the lack of information in the AMA's Socioeconomic Monitoring System (SMS) on the practice expenses and malpractice expenses of neonatologists, who we believe will be the principle users of the new codes. Thus, charge based RVUs could not be calculated and our usual method of imputing practice expense and malpractice expense RVUs could not be used.

In order to determine the practice expense and malpractice expense RVUs, we looked to the SMS data for the specialty of anesthesia. We believe that, like anesthesiologists, neonatologists are primarily hospital-based physicians with a smaller percentage of mean total revenue attributable to practice expense than most other specialties. Therefore, the RVUs for practice expense and malpractice expense for the neonatal intensive care unit codes were imputed using the anesthesiologists' practice cost percentages of 23.2 percent and 7.3 percent of mean total revenue for practice expense and malpractice expense, respectively.

3. Changes to Global Periods (Includes Table 4—Revisions to Global Periods)

Beginning with surgeries performed January 1, 1992, payment is based on a national definition of a global surgical package. Under these uniform rules, payment for a major surgery generally includes visits related to the surgery made by the surgeon on the day before surgery and during the 90 days following surgery. The payment for a minor surgery or endoscopic procedure includes payment for visits by the surgeon on the day of a procedure unless another significant, separately identifiable service is furnished in addition to the minor surgery or endoscopy. For a few minor surgeries, payment for visits within 10 days following the procedure is also included in the global payment. Addendum B in both the final rule of November 25, 1991, and the final notice of November 25, 1992, provided the global periods assigned to each surgical procedure.

Because the work RVUs for a global surgical package are based, in part, on the preoperative and postoperative services, our review of RVUs for services subject to the global policy involved a discussion of the global periods for those codes. Therefore, the global periods for a number of codes were reevaluated during our RVU refinement process.

In addition to the codes we reviewed, we received several comments on the global fee periods assigned to certain surgical procedures with interim RVUs

in response to the November 1992 final notice. These comments generally pertained to procedures for which it was argued that the patient typically would be seen in the established postoperative period for reasons unrelated to the procedure itself. We used a panel of CMDs to review the global fee periods in question. In some cases, we have reduced the global fee period as recommended by the commenters.

In some cases where we have revised the global period, we have also revised RVUs to account for the change in the global period. For example, when we have changed the followup period from 10 days to 0 days, we have reduced the work RVUs by subtracting the work RVUs attributable to 10 days following the day of surgery. Another example is CPT code 26125 (fascrectomy, partial excision with release of each additional digit including proximal interphalangeal joint), which is an add-on code and which was erroneously assigned a global period of 90 days in the 1993 fee schedule. We have revised the global indicator to ZZZ and reduced the RVUs so that they are appropriate for an add-on procedure.

Following are responses to comments we received on global periods. Table 4, which follows this discussion, lists all of the codes for which we are revising the global period effective for services furnished beginning January 1, 1994.

Comment: One group believed the global period assigned to CPT code 58350 (Hydrotubation of oviduct, including materials) should be changed from a 10-day global period to a 0-day global period.

Response: We disagree with the comment as we believe this procedure requires at least one return visit to the physician. The RVUs for this code are based on this assumption and include the work of a followup visit.

Comment: A commenter objected to the change in the global surgery indicator for CPT code 36010 (introduction of catheter, superior or inferior vena cava) from XXX (global concept does not apply) to 000 (0 days in the postoperative period). (The designation "XXX" applies to evaluation and management codes, laboratory codes, radiology codes, and certain other codes, and indicates that the global surgery concept is not applicable. The designation "000" refers only to surgical procedures and indicates that all procedures performed on the day of the surgery are included in the global fee.) The commenter also stated that the new CPT code 36005 (injection procedure for contrast venography (including introduction of needle or intracatheter)), which has an indicator of 000, should have a global indicator of XXX. The commenter believed these assignments of global indicators are in error since all other catheterization codes in this series have been assigned a global indicator of XXX.

Response: We agree with the comment regarding CPT code 36010 and have changed the global indicator to XXX. However, we have retained a global indicator of 000 for CPT code 36005 for consistency with other injection procedures.

Comment: One medical society asked that we review the global periods currently assigned to the following CPT codes:

a. The society believed the following codes, representing control of hemorrhage in the tonsils and nasopharynx, should have a global period consistent with the nosebleed codes (CPT codes 30901 through 30906), which have been assigned a global period of 000.

CPT code	Description	Current global period (in days)
42960 ...	Control oropharyngeal hemorrhage, primary or secondary (e.g., posttonsillectomy); simple	10
42961 ...	Control oropharyngeal hemorrhage, primary or secondary (e.g., posttonsillectomy); complicated, requiring hospitalization	90
42962 ...	Control oropharyngeal hemorrhage, primary or secondary (e.g., posttonsillectomy); with secondary surgical intervention	90
42970 ...	Control of nasopharyngeal hemorrhage, primary or secondary (e.g., postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization.	90
42971 ...	Control of nasopharyngeal hemorrhage, primary or secondary (e.g., postadenoidectomy); complicated, requiring hospitalization.	90
42972 ...	Control of nasopharyngeal hemorrhage, primary or secondary (e.g., postadenoidectomy); with secondary surgical intervention.	90

Response: We do not agree that CPT codes 42960 through 42972 are comparable to CPT codes 30901 through 30906. We interpret the 42000 series of codes to represent surgical procedures that require postoperative followup care, and the RVUs are based on that interpretation.

b. CPT codes 31000 (lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)) and 31002 (lavage by cannulation; sphenoid sinus), which the commenter stated are frequently performed as diagnostic procedures and may be followed by major surgical or medical intervention within 10 days. The group requested that we reduce the global period from 10 days to 0 days and compared these procedures to more complex procedures that have no followup period, such as the following codes:

CPT code	Description
50390 ...	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous.
50392 ...	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous.
85095 ...	Bone marrow; aspiration only.

Response: We disagree with the comment concerning CPT codes 31000 and 31002. We believe these surgical procedures require followup care and, therefore, have retained the 10-day postoperative period. If these procedures are followed by a major surgical procedure within the 10-day period, the major procedure should be reported with the staged procedure modifier. Full payment may be made for the major operation.

c. CPT code 69930 (cochlear device implantation, with or without mastoidectomy), which the group argued requires extensive audiological services (postoperative tune-up of cochlear implant) during the 90 days following implantation. The group advised that the surgeon's work is

completed at the 10-day postoperative visit, resulting in the audiologist being paid a large portion of the global fee. Therefore, the group recommended a 0- or 10-day global period.

Response: We have retained the 90-day global period for CPT code 69930, because we believe this service is a major surgical procedure.

d. CPT code 31610 (tracheostomy, fenestration procedure with skin flaps), for which the commenter requested a change from a 90-day to a 0-day postoperative period on the basis that the service is comparable to the following tracheostomy codes, which have 0-day global periods:

CPT code	Description
31502 ...	Tracheotomy tube change prior to establishment of fistula tract.
31601 ...	Tracheostomy, planned (separate procedure); under two years.
31603 ...	Tracheostomy, emergency procedure; transtracheal.
31605 ...	Tracheostomy, emergency procedure; cricothyroid membrane.

CPT code 31611 (construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (e.g., voice button, Blom-Singer prosthesis)), which the group recommended be assigned a 0-day global period similar to the following codes for implantation of prosthetic devices in the skull:

CPT code	Description
61107 ...	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device.
61210 ...	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure).

CPT codes 31613 (tracheostoma revision; simple, without flap rotation) and 31614 (tracheostoma revision; complex, with flap rotation), which the group believed should be revised to 0 days as it is for the following initial procedures:

CPT code	Description
31502 ...	Tracheotomy tube change prior to establishment of fistula tract.
31600 ...	Tracheostomy, planned (separate procedure).
31601 ...	Tracheostomy, planned (separate procedure); under two years.
31603 ...	Tracheostomy, emergency procedure; transtracheal.
31605 ...	Tracheostomy, emergency procedure; cricothyroid membrane.

Response: We disagree with the comparison between CPT codes 31610, 31611, 31613, and 31614 and the other services listed. We consider CPT codes 31610, 31611, 31613, and 31614 to be major surgical procedures requiring a 90-day followup period. The RVUs for these are based on the 90-day global period.

e. CPT codes 21550 (biopsy, soft tissue of neck or thorax) and 40808 (biopsy, vestibule of mouth). The society believed that a mouth or neck biopsy, like a cervical biopsy, CPT code 57500 (biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)), should have no followup period.

Response: We disagree with the commenter's opinion that CPT codes 21550 and 40808 should have a 0-day global period. We believe that a followup visit for removal of sutures is generally required for this procedure. Therefore, we have retained a 10-day postoperative period for this code.

f. Nasal sinus therapy CPT code 30210 (displacement therapy (Proetz type)), for which the group requested a change from a 10-day to a 0-day postoperative period, based on a comparison to the following codes:

CPT code	Description
51600 ...	Injection procedure for cystography or voiding urethrocystography.
62268 ...	Percutaneous aspiration, spinal cord cyst or syrinx.

Response: We disagree with the comparisons cited by the commenter. We believe CPT code 30210 requires a followup visit and have retained the 10-day global period.

g. CPT code 30220 (insertion, nasal septal prosthesis (button)), for which the commenter requested a 0-day global period based on a comparison to the following codes:

CPT code	Description
36010 ...	Introduction of catheter, superior or inferior vena cava.
61210 ...	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure).

Response: We also disagree with the comment on CPT code 30220 and have retained a 10-day global period to account for the necessary followup visits.

Comment: In a comment on the global periods assigned to the CPT codes representing coronary artery bypass grafting (33510 through 33536) and to those representing coronary artery dilation (92983 and 92984), a commenter stated that both sets of codes identify procedural methods for the treatment of coronary artery disease, yet the global period for the coronary artery bypass grafting surgery is 90 days while that for the coronary artery dilation is 0 days. The commenter believed that CPT codes 92982 and 92984 represent major surgery and should be assigned a 90-day global period.

Response: We disagree with the commenter and have retained a 0-day followup period for the codes for coronary artery dilation (CPT codes 92982 and 92984). These codes have been valued to reflect no postoperative work after the day of the procedure. We expect the cardiologist to manage the patient's underlying condition in the postoperative period of the coronary artery dilation.

TABLE 4.—REVISIONS TO GLOBAL PERIODS

HCPCS*	Description	1993 Global fee period	1994 Global fee period
26125	Release palm contracture	090	ZZZ
36010	Place catheter in vein	000	XXX
42650	Dilation of salivary duct	010	000
43635	Partial removal of stomach	090	ZZZ

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

TABLE 4.—REVISIONS TO GLOBAL PERIODS—Continued

HCPCS*	Description	1993 Global fee period	1994 Global fee period
64400	Injection for nerve block	010	000
64402	Injection for nerve block	010	000
64405	Injection for nerve block	010	000
64408	Injection for nerve block	010	000
64410	Injection for nerve block	010	000
64412	Injection for nerve block	010	000
64413	Injection for nerve block	010	000
64415	Injection for nerve block	010	000
64417	Injection for nerve block	010	000
64418	Injection for nerve block	010	000
64420	Injection for nerve block	010	000
64421	Injection for nerve block	010	000
64425	Injection for nerve block	010	000
64430	Injection for nerve block	010	000
64435	Injection for nerve block	010	000
64440	Injection for nerve block	010	000
64441	Injection for nerve block	010	000
64442	Injection for nerve block	010	000
64445	Injection for nerve block	010	000
64450	Injection for nerve block	010	000
64505	Injection for nerve block	010	000
64508	Injection for nerve block	010	000
64510	Injection for nerve block	010	000
64520	Injection for nerve block	010	000
64530	Injection for nerve block	090	010
64620	Injection treatment for nerve	090	010
64622	Injection treatment for nerve	090	010
64630	Injection treatment for nerve	090	010
64640	Injection treatment for nerve	090	010
64680	Injection treatment for nerve	XXX	ZZZ
77600	Hyperthermia treatment	XXX	ZZZ
77605	Hyperthermia treatment	XXX	ZZZ
77610	Hyperthermia treatment	XXX	ZZZ
77615	Hyperthermia treatment	XXX	ZZZ
77620	Hyperthermia treatment	XXX	090
77750	Infuse radioactive materials	XXX	090
77761	Radioelement application	XXX	090
77762	Radioelement application	XXX	090
77763	Radioelement application	XXX	090
77777	Radioelement application	XXX	090
77778	Radioelement application	XXX	090
77781	High intensity brachytherapy	XXX	090
77782	High intensity brachytherapy	XXX	090
77783	High intensity brachytherapy	XXX	090
77784	High intensity brachytherapy	XXX	090
77789	Radioelement application	000	ZZZ
92984	Coronary artery dilation	XXX	000
92995	Coronary atherectomy	XXX	ZZZ
92996	Coronary atherectomy		

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

C. Adjustments to All RVUs Due to Limitation on Annual Expenditures

Section 1848(c)(2)(B)(ii) of the Act states that adjustments to RVUs for a year may not cause the amount of expenditures for physicians' services to differ by more than $20 million from the amount of expenditures that would have been made if the RVUs had not been adjusted. Consistent with this statutory requirement, we have estimated the net change in expenditures resulting from the refinement of existing RVUs, the establishment of RVUs for new and revised codes for 1994, and revisions to certain payment policies. To conduct this analysis, we used utilization data from 1992 National Claims History data, which we updated to reflect 1993 and 1994 coding changes. For codes that are new or revised codes in 1993 and 1994, we used the frequencies attributed to existing codes. In determining which existing codes should be mapped to the new or revised codes, we used information received from RUC, background information provided to the CPT Editorial Panel as part of the requests for coding changes, and the judgment of our medical staff.

We considered changes in the volume and intensity of physicians' services. We examined the combined effect of all of the 1994 changes relative to what would have happened if these changes were not made. We analyzed the effects for each specialty and found there to be no overall net effect on volume and intensity. Similarly, we evaluated whether the asymmetry of the fee schedule transition (discussed at length in the June 1991 proposed rule and the

November 1991 final rule) would affect the budget neutrality adjustment for 1994. We found that the transition asymmetry had only a negligible effect on predicted expenditures, and, therefore, we did not make any adjustment to take into account the asymmetrical transition.

We have estimated the net increase in program costs in CY 1994 resulting from the adjustments to RVUs to be approximately $33 million. This is a net figure in that savings from the reductions in RVUs for some services partially offset the cost associated with increases in the RVUs for other services. In addition, we have estimated the cost of revisions in payment policies to be approximately $12 million, thus resulting in a total $45 million in additional expenditures because of these changes. This figure requires a reduction of 0.1 percent in the RVUs of all services to comply with the statutory limitation on increases in expenditures. Although a $20 million tolerance is permitted under the law, this 0.1 percent reduction to all RVUs is designed to approximate budget neutrality as closely as possible, without creating any increase or decrease in expenditures as a result of RVU adjustments or revisions in payment policies. In addition, the OBRA '93 provisions pertaining to the EKG interpretations and the new physician/practitioner reductions must be implemented in a budget-neutral manner. We have estimated those changes to require an additional reduction of 1.2 percent, thus creating a total reduction in all RVUs of 1.3 percent.

Comment: A number of commenters expressed concern about our decision to rescale RVUs in 1993 in order to achieve budget neutrality and proposed that we adjust the CF or establish another mechanism. These commenters asserted that adjustment of the RVUs compromises the integrity of the relative value system. They contended that if RVUs are to be a pure reflection of resources, they should not be adjusted to meet arbitrary budget-neutrality requirements. One organization stated that these reductions in RVUs make it difficult to develop recommendations for RVUs for new and revised codes because the basis for comparison shifts from year to year. Another group commented that rounding in the adjustment calculations may change the relationship among codes over time.

These groups were also concerned that budget-neutrality adjustments in Medicare's RVUs could inadvertently produce payment reductions in non-Medicare programs that have adopted our relative value scale unless these other payers make timely, offsetting adjustments in their CFs.

Several of the groups objected to any budget-neutral adjustments to the fee schedule and stated that these reductions violate the provisions of the Act that govern the Medicare fee schedule for physician services. One commenter further argued that the $20 million budget threshold is an unrealistic figure and believed that it would have a negative effect on medical innovation and new medical technology.

Response: The comments concerning rescaling equate a reduction in RVUs with a devaluation of services. This conclusion is based on the false premise that RVUs are, in themselves, a measurement of a fixed quantity of work or other resources. However, RVUs are not units of measurement; they are ratios. The valuation of services is meaningful only when RVUs are combined with a CF. The changing of either RVUs or the CF produces the same effect on the valuation of services.

The purpose of the refinement process was to adjust the relationships among services, not to provide certain providers with a "raise." Any change in RVUs great enough to require a budget-neutrality adjustment by Medicare would have a similar impact on the budgets of non-Medicare payers. Any payer with the freedom to change its CF unilaterally can do so independently of any action by the Medicare program. Our decision to adjust RVUs was made with reference only to the mandates of our own program.

As stated elsewhere in this final rule, section 1848(c)(2)(B)(ii) of the Act provides that any revisions to RVUs may not cause the amount of expenditures for physicians' services to differ by more than $20 million from the amount of expenditures that would have been made if the RVUs had not been revised. Therefore, we do not agree that the budget-neutrality adjustments are in violation of the law or that we have the authority to apply a higher threshold.

For the 1993 fee schedule, we estimated the net change in expenditures resulting from the RVU changes to be approximately $450 million. Thus, a budget-neutrality adjustment was needed to comply with the statutory limitation. We determined that this adjustment should be made to all RVUs, that is, to the work, practice expense, and malpractice expense RVUs for all services. We did not believe that we were authorized to adjust the CF for this purpose. Section 1848(d)(1)(B) of the Act provides for establishing a budget-neutral CF for the 1992 physician fee schedule. However, section 1848(d)(1)(A) provides that the CF for each year after 1992 will be the CF for the prior year adjusted by the update(s) under section 1848(d)(3). This section sets forth the default update.

We acknowledge, however, the confusion that frequent rescaling of RVUs is likely to produce. The creation of RVUs for new and revised services is facilitated by familiarity with the RVUs for existing services. Therefore, we are continuing to study this issue. If we determine that it is appropriate, we will pursue changes through the legislative or regulatory process.

D. Discussion of Practice Expense and Malpractice Expense RVUs and Other Related Issues

1. Establishment of Practice Expense and Malpractice Expense RVUs

Section 1848(c)(2) of the Act provides for the calculation of practice expense and malpractice expense RVUs by applying historical cost percentages to the base allowed charge for a service. The base allowed charge is defined in section 1848(c)(2)(D) of the Act as the national average allowed charge for services furnished during 1991, as estimated using the most recent data available. As described elsewhere in this final rule and in the November 1991 final rule and November 1992 final notice, we imputed the practice expense and malpractice expense RVUs for a number of codes for which we had insufficient data and for codes that were new in 1992 or 1993 for which there was no predecessor code.

We received comments on the interim practice expense and malpractice expense RVUs for certain codes. We also received comments on codes with final RVUs. The codes with final RVUs were not open to comment and, therefore, were not included in this review. We have reviewed those interim RVUs and have made practice expense and malpractice expense revisions if appropriate. Comments on those codes and our responses are discussed below. The 1994 RVUs mentioned in this discussion have not been adjusted for budget-neutrality purposes.

In addition, there were several other codes with imputed practice expense and malpractice expense RVUs for which we have revised the work RVUs. Since the practice expense and malpractice expense RVUs were derived from the work RVUs, we believe that changes in the work RVUs necessitate revisions to the other components. Therefore, for example, we have revised the practice expense and malpractice expense RVUs for CPT codes 21453 (closed treatment of mandibular fracture with interdental fixation) and 61533 (craniotomy with elevation of bone flap for subdural implantation of an electrode array; for long term seizure monitoring).

2. Discussion of Comments on Practice Expense and Malpractice Expense RVUs

a. Diagnostic tests.

[Interventional Radiology Services]

Comment: For CPT codes 75960 through 75968 (representing diagnostic imaging of the aorta and arteries, veins and lymphatics, and transcatheter therapy and biopsy), a commenter indicated that the TC RVUs are inconsistent with the nature of the services that fall within the supervision and interpretation codes. The commenter believed that the PCs and TCs associated with a supervision and interpretation code should be weighted so that the PC has more RVUs. The commenter requested that we review the underlying data and assumptions used to derive the RVUs for this series of codes.

Response: We have reviewed the practice expense and malpractice RVUs for these codes and believe that our calculation of those RVUs based on historical charges was consistent with the statutory requirements for those codes.

Comment: One commenter believed the RVUs assigned to the TC and global service of the following codes were insufficient:

CPT code	Description
74363 ...	Percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation.
75978 ...	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation.

These codes were listed as carrier-priced in our November 1992 notice. As a revised code, CPT code 75978 was subject to comment. The commenter stated that both of these services involve the same resources as those necessary for CPT code 75962 (transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation), and the TCs for CPT codes 74363 and 75978 should be assigned the same RVUs as those for CPT code 75962.

Response: We agree with the commenter that the TC of CPT code 75978 (transluminal balloon angioplasty, venous, radiological supervision and interpretation) is comparable to CPT code 75962–TC. Therefore, we have assigned the RVUs established for CPT code 75962–TC to CPT code 75978–TC. The revised practice expense RVUs for CPT code 75978–TC are 15.37 for practice expense and 0.96 for malpractice expense.

We do not agree with the comment concerning CPT code 74363–TC (percutaneous transhepatic dilatation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation). Rather, we believe that this service is comparable to code 75982–TC (percutaneous placement of drainage catheter, radiological supervision and interpretation). Thus we have assigned 5.95 practice expense RVUs and 0.37 malpractice expense RVUs to code 75982–TC.

Comment: A commenter stated that the TC RVUs and other practice expense and malpractice expense RVUs assigned to the following codes for fetal echocardiography appear to be significantly understated, even though the time necessary for a fetal echocardiography may be significantly greater than the time involved for adult studies:

CPT code	Description
76825 ...	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D) with or without M-mode recording.
76826 ...	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D) with or without M-mode recording; follow-up or repeat study.
76827 ...	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; complete.
76828 ...	Doppler echocardiography, fetal, cardiovascular system, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study.

The commenter requested that the TC RVUs and other practice expense and malpractice expense RVUs assigned to the fetal codes be no less than the RVUs for the adult studies, and that consideration be given to establishing these RVUs at 150 percent of the levels established for adult studies.

Response: We reviewed our calculation of the practice expense and malpractice RVUs for this series of codes and found that we made an error in assigning the RVUs to the TC of CPT code 76828. For 1994, we have increased those RVUs to 1.08 for practice expense and 0.09 for malpractice expense. We believe the RVUs for the other three codes are appropriate. The RVUs for code CPT 76825 are based on historical charges. Although the code was revised in 1993, we did not believe that the revision of the code's descriptor warranted a revision in the RVUs. We based the RVUs for CPT code 76826 on its relationship to CPT code 76825, and we used the RVUs assigned to CPT code 93320 (Doppler echo exam, heart) in establishing RVUs for CPT code 76828.

[Neurology and Neuromuscular Procedures]

Comment: We received several comments concerning the interim TC practice expense RVUs for the following CPT codes:

CPT code	Description
95950 ...	Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; electroencephalographic (8 channel EEG) recording and interpretation, each 24 hours.
95951 ...	Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours.

CPT code	Description
95953 ...	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG; electroencephalographic (EEG) recording and interpretation, each 24 hours.
95956 ...	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry; electroencephalographic (EEG) recording and interpretation, each 24 hours.

One commenter stated that the RVUs for CPT code 95951–TC should exceed those for CPT codes 95953–TC and 95956–TC to cover the resource and maintenance costs of the video equipment. Another commenter believed that the practice expense RVUs for CPT code 95953–TC should equal those for CPT 95956–TC since the practice costs are essentially the same. This commenter believed both codes should be assigned 9.00 TC practice expense RVUs. Another commenter stated that the practice expenses associated with typical EEG services are three times greater than the fee schedule provides.

Response: We have reviewed the process used to assign the TC RVUs for CPT codes 95953 and 95956. The RVUs for these codes were appropriately derived from their predecessor CPT code 95950. Our policy for establishing the RVUs for new codes that are further refinements of existing codes is to value these codes at the same RVUs as the predecessor codes. We believe that no new services have been created; rather, an existing service that has been the basis for all billings has been expanded into one or more refinements or variations. Therefore, to ensure budget neutrality, we value the new variations of the predecessor service at the same RVUs. We set the RVUs for the TC of the new CPT code 95953 at the same level as the predecessor CPT code 95950; however, we inadvertently set the RVUs for the TC of CPT code 95956 at a higher amount. We are correcting our database to assign the TC of CPT code 95956 the same RVUs as CPT code 95950.

Comment: For CPT code 95883 (Neuropsychological testing battery (eg, Halstead-Reitan, LURIA, WAIS–R) with report, per hour), a commenter suggested changing the practice expense RVUs from 1.72 to 2.30. This commenter stated that this diagnostic procedure is performed by Ph.D. neuropsychologists and is comparable to CPT code 90830 (Psychological testing by physician, with written report, per hour) but should be valued slightly higher because it includes the standard psychological tests furnished under CPT code 90830 but also uses tests to determine brain localization.

Response: We do not agree that the practice expense RVUs for this code should be valued higher than for CPT code 90830. Because CPT code 95883 was new in 1993, we had no historical charges upon which to base the calculation of RVUs. Furthermore, we did not have work RVUs from which to impute practice expense and malpractice expense RVUs. Therefore, we used the charges for CPT code 90830, which we determined was the closest comparable service.

b. Comments concerning practice expense and malpractice expense RVUs for other services.

[Cardiovascular Procedures]

Comment: One commenter disagreed with the calculation of practice expense and malpractice expense RVUs for the coronary artery bypass and graft surgery (CPT codes 33510 through 33523 and 33533 through 33536). These RVUs were distributed among coronary artery bypass and graft surgery, with the goal of budget neutrality within codes, based on estimates of the frequency of different combinations of arterial and venous grafts. The commenter asserted that the estimates we used in our calculations were incorrect and do not accurately reflect the frequency of procedures used in coronary artery bypass and graft surgery for Medicare-aged patients. The commenter provided two possible alternate means of recalculating these RVUs.

A specialty society also expressed concern about the reductions in practice expense and malpractice expense RVUs for the coronary artery bypass and venous grafting (CPT codes 33510 through 33516). In addition, the society believed that these RVUs for the new bypass codes for combined artery-vein and arterial grafting produce anomalous results. The group cited as an example the practice expense RVUs for a single arterial graft, which at 29.63 are approximately 25 percent greater than the practice expense RVUs for a single venous graft (23.70). However, the commenter noted that the practice expense RVUs for two venous grafts are approximately the same as those for a two-vessel procedure involving one venous and one arterial graft (32.76 and 32.77), while a two-vessel procedure involving two arterial grafts is assigned practice expense RVUs of 36.79.

Response: A new series of coronary artery bypass codes was implemented in 1993 to distinguish procedures using arterial grafts from those using venous grafts only. The old codes were revised to refer solely to venous-graft-only operations. New codes were added for operations based upon the number of arterial grafts with an add-on code if venous grafts were used as well.

Because the new separate codes for arterial graft procedures and add-on codes for additional venous grafts are not specific for a certain number of grafts, inconsistencies in practice expense valuation that existed in the previous system that only used CPT codes 33510 through 33516 were magnified. Under the old system, for example, the difference in practice expense between CPT code 33510 and CPT code 33511 was 6.10 RVUs while the difference between CPT code 33513 and CPT code 33514 was 1.00 RVU. To adapt existing RVUs to the new system of coding, we had to make assumptions about how the new codes would be used so that the average RVUs for a procedure with a given number of grafts would remain the same. The information we had to make those assumptions was very limited and likely to produce many inconsistencies but could not be corrected until we had experience with actual use of the new codes.

Now that data concerning the use of the new codes are available to us, we are able to establish a more rational and workable valuation of coronary artery bypass procedures. Using an increase in work RVUs developed by the 1992 refinement process, we established that the average work RVUs for a coronary bypass procedure in 1992 were 29.58, average practice expense RVUs were 37.53, and average malpractice expense RVUs were 6.61 (after rescaling). We have revised the RVUs for the new codes so that, based upon 1993 volumes, the average RVUs for coronary artery bypass procedures are the same. We have made the RVUs consistent by giving the same ratios of work to practice expense and malpractice expense for all coronary artery bypass codes and adopting uniform work RVUs for increments in the number of grafts: 3.06 for arterial grafts and 2.33 for venous grafts.

[Neurological Surgery]

Comment: A specialty society disagreed with the apportionment of

practice expense and malpractice expense RVUs for simple and complex intracranial arteriovenous malformations (CPT codes 61680 through 61692). The group stated that these RVUs appear to be calculated at equal or less than the work RVUs, while spinal surgery (CPT codes 63001 through 63091) has much higher practice expense and malpractice expense RVUs, varying from 10 to 40 percent more than the work RVUs. The commenter believed the relationship between the work RVUs and the practice expense and malpractice expense RVUs should be the same for the arteriovenous malformation codes as for the spinal surgery codes.

Response: The RVUs for the codes in both series cited by the commenter were calculated according to the formula required by statute or, in several instances when charge data did not exist or were insufficient, by imputing the RVUs from the work RVUs. At present, we do not have the authority to remove any anomalies that may exist between codes by using another methodology for establishing practice expense RVUs.

3. Revisions to Practice Expense and Malpractice Expense RVUs for Other Services

[Cardiac Catheterization]

Cardiac catheterization (CPT codes 93510 and 93526). The combined heart catheterization and angiography codes (CPT codes 93546 through 93553) have been deleted for 1994. If the practice expense and malpractice expense RVUs for injection are subtracted from the RVUs for the combined codes, the resulting RVUs would represent catheterization alone and be allocated differently between the PC and TC than the two stand-alone codes (CPT codes 93510 and 93526). We have, therefore, recalculated the RVUs for CPT codes 93510 and 93526 so that they reflect the average RVUs for cardiac catheterizations whether the combined or stand-alone codes were used.

[Patient demand event recording]

The RVUs for the TC of CPT code 93268 (patient demand single or multiple event recording with presymptom or postsymptom memory loop were developed using the charge data from the Part B Medicare system from CY 1989, updated to 1991. The definition of this code before 1994 did not specify whether the service was to be paid based on the service being furnished during a specified period of time or by each individual event, recording, or transmission. For 1994, the code has been clarified by CPT to specify that the service is performed "per 30-day period of time." Because of the disparity in payment methods for this service before 1994, we recognized that the RVUs for the TC were based on charges that combined both payment methods. A number of Medicare carriers were basing their payment on each single event that was billed while other carriers were basing their payment on a 30-day time period regardless of how many events were billed during the period. The resulting RVUs for the TC were an average of two different payment bases. When we were advised of the situation, we suspended payment using the published RVUs while we reviewed the data. In the interim period, until December 31, 1993, the payment for the TC of this procedure has been determined by each carrier. We asked each carrier to calculate a 1993 payment based on the revised definition of CPT code 93268 for 1994 (per 30-day period). The carriers were to use their 1991 payment amounts and translate them into a 1993 interim payment amount. Therefore, those carriers that previously used a 30-day period of time to define this code only had to update that number for 1993. Those carriers that were on another basis of payment in 1991, such as per event, were to use their 1991 event payment as the basis for determining the 1993 payment amount.

The resulting payment amounts based on the uniform definition of the service became the basis for our calculation of the 1994 RVUs for the TC for CPT code 93268. We are proposing an interim value of 3.83 RVUs for CPT code 93268–TC (3.52 practice expense and 0.31 malpractice expense). This compares to a current TC value of 0.49 in the 1993 physician fee schedule. There was not an opportunity to prepare this change for comment in the July 1993 proposed rule since the extent of the variations in interpretations of the code was not known when the proposed rule was developed, nor had the change in CPT coding for 1993 been finalized.

In addition to variability in interpretation of the time period described by the code, wide variability also exists regarding the interpretation of the code and the specific services included in its TC and PC. To reduce this variability, we have established the following reporting and payment policies based on our interpretation of the code:

- CPT code 93268 is defined as "patient demand single or multiple event recording with presymptom or postsymptom memory loop." Based on this terminology, we believe the use of the code should be limited to the detection, characterization, and documentation of symptomatic transient arrhythmias. Transmissions from patients instructed to transmit an EKG recording scheduled at a predetermined time unrelated to symptoms should not be reported with CPT code 93268.
- Any device used for event recording must be capable of transmitting EKG leads I, II, or III and the transmission must be sufficiently comparable to readings obtained by a conventional EKG to permit proper interpretation of abnormal cardiac rhythms.
- The use of these devices to diagnose and treat suspected arrhythmias as a routine substitute for more conventional methods of diagnosis such as a careful history, physical examination, and standard EKG and rhythm strip are not appropriate.
- A provider of the service must be capable of receiving and recording transmissions 24 hours per day, every day of the year. This includes receipt of the EKG signal, as well as voice transmission relating any associated symptoms.
- Transmissions must be received by a person capable of responding to the transmission, and not by an answering machine for review at a later time.
- The person receiving the transmission must be a technician, nurse, or physician trained in interpreting EKGs and abnormal rhythms. A physician must be available 24 hours a day for immediate consultation to review the transmission in case of significant symptoms or EKG abnormalities.
- A provider of the service must be capable of immediately notifying the patient's attending physician when indicated. The referring physician's telephone number and other emergency instructions for the patient should be included by the attending physician in the referral for the monitoring.
- The TC of the service includes provision of the transtelephonic transmitter with batteries; patient hook-up and instruction on the use of the equipment and service; use of the receiving equipment and work of the technical staff receiving telephone transmissions; all recordkeeping; notification of the referring physician of the test results; and generation and transmission of the final printed report.

The provision of the transmitter, batteries and instructions by the referring physician in his or her office is considered part of the TC. The referring physician may not bill for this service.

• The PC of the service must be performed by a reviewing physician. It should include the review of the transtelephonic transmission, both EKG and clinical history (patient's symptoms or complaints); interpretation of the data; verbal notification of the referring physician of results when indicated; and formulation of the report.

We understand that the nature of this code and the changing definition of the service has caused concern. Therefore, we are proposing these RVUs as interim RVUs subject to comment. We also invite comments on our interpretation of the code and on the need and rationale for additional codes to report services not described by CPT code 93268.

E. Summary of Changes for the 1994 Fee Schedule

In this final rule, we have explained the process by which the interim work RVUs for some codes were reviewed and, in some cases, revised. We have also described certain changes to practice expense and malpractice RVUs. Addendum B contains the RVUs and other related information for all services paid under the physician fee schedule. The RVUs listed in Addendum B are effective for services furnished beginning January 1, 1994.

In addition, we have explained the process by which we established RVUs for new and revised codes. These codes are included in Addendum B and are also listed separately in Addendum C. We will consider comments on all information for the codes listed in Addendum C if we receive them at the appropriate address, as provided in the ADDRESSES section of this preamble, no later than 5 p.m. on [insert 60 days after the date of publication in the **Federal Register**]. The RVUs and related information for the remaining codes are final, and we will not consider comments we receive for those codes. Furthermore, as indicated in the notice entitled "Physician Fee Schedule Update for CY 1994 and Physician Performance Standard Rates of Increase for FY 1994 (BPD–774–FNC)," published elsewhere in this **Federal Register** issue, we are also publishing in Addendum C the update indicators for new and revised codes. These indicators, which identify whether the update for surgical services, primary care, or other nonsurgical services applies to these codes, are subject to comment.

Finally, we have summarized certain other issues that have been raised with respect to the physician fee schedule since its implementation.

VI. Issues for Possible Change After CY 1994

In the July 1993 proposed rule, we announced that we are considering a number of policy issues of concern to us and requested public comments to assist us in developing guidelines for years after 1994 (58 FR 38007). The following issues were raised for discussion to help us develop future proposals:

• Payment for severity adjustment/ unusual circumstances

• Payment for global surgery—

—Payment for a visit on the day of a minor procedure;

—Payment for split global care (CPT Modifiers –54 and –55); and

—Payment for itinerant surgeon billings.

• Establishment of a single system of coding physical medicine services

• Payment for physician case management services

As indicated in the proposed rule, we are not acting on these issues this year. We are still considering the comments on these issues and will respond to the comments when we announce specific proposals and solicit additional comments.

VII. Other Information

A. Responses to Public Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive on the interim RVUs for 1994 by the date and time specified in the DATES section of this preamble, and if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

B. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.).

VIII. Regulatory Impact Analysis

A. Introduction

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

This rule will not have a significant economic impact on a substantial number of small entities. Nevertheless, we are preparing a regulatory analysis because the provisions of this rule are expected to have varying effects on the distribution of Medicare physician payments across specialties and across geographic areas. We anticipate that virtually all of the approximately 500,000 physicians who furnish covered services to Medicare beneficiaries will be affected by one or more provisions of this rule. However, with few exceptions, we expect that the impact will be limited. The following discussion describes what we know about the impact of this rule on affected entities.

Issues discussed in sections B (Effects of implementing proposed policy changes) and C (Refinement of RVUs) will have no impact on Medicare program expenditures because the effects of these changes have been neutralized in the establishment of RVUs for 1994. Section 1848(c)(2)(B) of the Act requires that adjustments to RVUs in a year may not cause the amount of expenditures for the year to differ by more than $20 million from the amount of expenditures under this part that would have been made if such adjustments had not been made. We refer to this as the budget-neutrality requirement.

In addition, two OBRA '93 changes that are addressed in section D of this impact analysis (payment for interpretation of EKGs and elimination of new physician and practitioner reductions) are required by law to be done in a budget-neutral manner and, therefore, they will not affect Medicare program expenditures. Two other OBRA '93 changes (the reductions of practice expense RVUs for certain procedures and the expansion of limiting charge protection for beneficiaries) are addressed in section D.

These last two provisions will reduce program expenditures in excess of $100 million annually. Although they are "self-implementing" provisions, we are

including them with this rule for completeness so that physicians and other interested parties will be provided all of the major changes affecting physician payments in a single document.

B. Effects of Implementing Proposed Policy Changes

1. Anesthesia Services Furnished by Nonanesthesiologists

Under this final rule, we will no longer allow a psychiatrist who furnishes ECT and the associated anesthesia service to be paid separately for the anesthesia service. We will maintain budget neutrality by increasing the work, practice expense, and malpractice expense units for CPT code 90870 (electroconvulsive therapy (includes necessary monitoring); single seizure). More than 95 percent of anesthesia services associated with ECT are furnished by anesthesiologists or CRNAs. Thus, it is relatively uncommon for psychiatrists to furnish both the ECT and the related anesthesia service. According to 1992 data, psychiatrists nationally furnished approximately 3,300 anesthesia services associated with ECT, and allowed amounts for these services approximated $270,000.

Under this final rule, anesthesia payments will be spread over all ECT services. Consequently, since the expenditures for anesthesia services by psychiatrists are relatively low, this change should have only a limited impact on psychiatrists collectively. However, this change may have a greater effect on those few psychiatrists who furnish both ECT and the related anesthesia service by lowering the payments they will receive beginning January 1, 1994.

2. Extending Application of the Site-of-Service Payment Differential

We apply a payment limit to services that are routinely furnished in physicians' offices if they are provided outside of the office. We will extend the limit to two more situations.

a. Office and confirmatory consultations. We will apply the outpatient limit to office and confirmatory consultations performed in the hospital outpatient department, making our policy consistent with payment for all other procedures that are routinely furnished in physicians' offices. We believe this change will result in the redistribution of an estimated $1.9 million of Medicare payments.

b. Hospital inpatient settings. We will extend the application of the site-of-service differential to hospital inpatient settings. We believe this change will result in the redistribution of an estimated $8.6 million of Medicare payments.

3. Supplies Other Than Drugs

This final rule will affect physicians who perform the following procedures in an office setting: (a) Certain cystoscopy procedures in the CPT code range 52005 through 52315, (b) Insertion of temporary indwelling catheters, HCPCS code G0002, (c) Application of Unna boots, CPT code 29580, (d) Closure of lacrimal punctum by plug, CPT code 68761, and (e) Insertion of implantable venous access port, CPT code 36533. Individual physicians who provide these services will receive approximately $18 for supplies associated with the application of Unna boots and temporary indwelling catheters, and approximately $32 for the remaining supplies we are adding to the list. Beneficiaries who require these supplies will be affected by small increases in their coinsurance for these services and the amounts that nonparticipating physicians are permitted to bill on unassigned claims.

4. Payment Area (Locality) and Corresponding GPCI Changes

We will convert North Carolina and Ohio to statewide payment areas effective January 1, 1994, using the new RVU-weighted State GPCIs. These changes will be made on a budget-neutral basis within the State. However, some modest redistribution in payments will occur within each State. In general, payments will flow from urban areas, which usually have had higher GPCIs before the change, to rural areas, which usually have had lower GPCIs before the change. We estimate these redistributions will be modest, generally in the range of 1 to 2 percent or less. These estimates represent aggregate effects among areas. The effect on individual physicians will vary depending on factors such as the mix and volume of services.

5. Evaluation and Management Services

a. Prolonged evaluation and management services (CPT Modifier -21). We have established interim RVUs for the new 1994 CPT codes 99354 and 99355 (prolonged service in the office) and 99356 and 99357 (prolonged inpatient services). We anticipate that the volume of these codes will be low compared to the total volume of office and inpatient evaluation and management services. We believe payment for these new codes will result in the redistribution of an estimated $15.7 million of Medicare payments.

b. Ventilator management on the same day as an evaluation and management service. When a ventilator management service is furnished on the same day as an evaluation and management service, we will pay either an evaluation and management code or a ventilation management code, but not both. We believe this new policy will result in the redistribution of an estimated $2.8 million of Medicare payments.

6. Payment for Standby Surgical Teams

We will cover the services of standby surgical teams as hospital services beginning January 1, 1994. Most hospitals that provide these inpatient services are paid for these services under the prospective payment system (PPS) rates. The program will not experience increased costs, because no adjustment will be made to the PPS rates to reflect any added costs. Medicare beneficiaries will benefit from this provision because they will no longer be responsible for paying for these services; that is, they will be treated as covered hospital services.

7. Clinical Laboratory Interpretation Services

We are adding four additional CPT codes (84181, 84182, 88371, and 88372) to the list of clinical laboratory tests for which a clinical laboratory interpretation fee will be recognized if the interpretation is furnished by a laboratory physician. These codes will be assigned the same RVUs that are uniformly assigned to all clinical laboratory interpretation services. In 1992, the allowances for all clinical laboratory interpretation services was approximately $2.5 million. Since the codes being added represent new CPT codes that cannot be directly crosswalked to any previous CPT codes, we are unable to estimate precisely the expected volumes for these codes. We believe the addition of these four codes will result in the redistribution of less than $1 million of Medicare payments.

8. Purchase of Physician Pathology TC Services

We are adding the TC services of physician pathology services purchased from another laboratory to those services subject to the purchased

diagnostic test provision. This policy will take effect for services furnished beginning January 1, 1994. Therefore, if a pathologist bills for an physician pathology service when the TC is performed by an outside laboratory, the fee schedule amount for the purchased service would equal the lower of the billing pathologist's fee schedule or the amount he or she paid for the service. The data we currently collect do not allow us to estimate the number of times these TC services are purchased from an outside source. Therefore, we cannot estimate the savings associated with this policy although we believe the savings will not be significant.

9. CPT Codes for Occupational Therapy Furnished by Occupational Therapists (OTs) in Independent Practice

We will permit OTs in independent practice to bill for their services using the physical medicine codes they furnish (CPT codes in the 97000 series). There will be no impact on physicians who bill for occupational therapy when it is "incident to a physician service" since carriers currently permit physicians to bill using the CPT physical medicine codes. We do not know what the impact of the policy will be for independent OTs because HCPCS code H5300 is defined as "Occupational Therapy" and we do not know the specific CPT codes OTs will use to bill for their services or the volume of services that OTs will bill under the CPT physical medicine codes. However, we believe that the current billing for HCPCS code H5300, Occupational Therapy, will decrease and, therefore, offset, to an undetermined extent, the increase in payment for the physical medicine codes that will be made to independent OTs. In 1992, Medicare had total allowed services of 89,000 and total allowed charges of $1.8 million for HCPCS code H5300.

C. Refinement of RVUs

Section 1848(c)(2)(B) of the Act provides that adjustments in RVUs may not cause total fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. Thus, the statute allows a $20 million tolerance for increasing or reducing total expenditures under the physician fee schedule. We have determined that net increases because of changes in RVUs and policy changes would have added an estimated $45 million to projected CY 1994 expenditures ($33 million is attributable to RVU refinement and new codes and $12 million is attributable to policy changes). As initially required by section 6102 of OBRA '89 and now sections 13513 through 13517 of OBRA '93, we must implement certain revisions to the fee schedule in a budget-neutral manner. Therefore, it is necessary to reduce all RVUs by 0.1 percent to account for the refinements of RVUs on existing codes, the addition of new codes, and the revision of payment policies.

D. Effect on Physician Payments

1. Impact Estimation Methodology

Physician fee schedule impacts were estimated by comparing predicted physician payments using the RVUs established for 1993 updated for 1994, to estimated 1994 payments based on revised RVUs. We used data from the 1992 National Claims History file which we updated to reflect 1994 payment rules based on 1993 and 1994 changes in regulations or policy. The legislative changes mandated by OBRA '93 are not included in this impact estimation.

2. Specialty Level Effects

Using a 5 percent sample file, we did an analysis of the estimated impact by specialty in Medicare physician payment from a fee schedule based on 1993 RVUs to one using the revised RVUs. In general, the impact of the refinements and the regulations is extremely modest. Except for thoracic surgery, the changes by specialty were in the range of plus or minus 0.2 percent with most specialties having a loss equal to the −0.1 percent budget-neutrality adjustment made to all RVUs as explained elsewhere.

Thoracic surgery is the specialty that shows the largest change of all the specialties: a 1.6 percent increase in 1994 and a 2.1 percent increase in 1996 (fee schedule fully effective). This change results primarily from the increase in the practice expense RVUs for coronary artery bypass procedures.

E. Summary of OBRA '93 Provisions

1. Practice Expense

As fully discussed in section III.A. of this preamble, section 13513 of OBRA '93 requires us to apply an adjustment to practice expense RVUs for services for which practice expense RVUs exceed 128 percent of the work RVUs and that are performed less than 75 percent of the time in an office setting. We estimate Medicare program savings of $150 million for CY 1994 as a result of this provision of OBRA '93.

2. Electrocardiograms

Section 13514(a) of OBRA '93 requires us to make separate payment for EKG interpretations and to exclude the RVUs for EKG interpretations from the RVUs for visits and consultations. Beginning January 1, 1994, we will reduce the RVUs for visits and consultations by the number of RVUs that were added to account for EKG interpretations. To ensure budget neutrality, we will make a 0.3 percent reduction in all RVUs including EKGs, visits, and consultations. In addition, section 13514(b) of OBRA '93 requires us to reduce the transition payments for 1994 by a percentage necessary to ensure the provision is budget neutral throughout the remainder of the transition to the physician fee schedule. We estimate that a 0.7 percent reduction in the transition payment amounts determined for 1993 is required to ensure budget neutrality for 1994 and 1995.

3. New Physician/Practitioner Adjustment

Effective for services furnished beginning January 1, 1994, Medicare payments for services furnished by new physicians and practitioners will be the same as for services furnished by established physicians and practitioners. To maintain budget neutrality, we will apply a 0.9 percent reduction to: (a) All RVU and transition amounts for physician services, other than anesthesia services, (b) anesthesia CFs, and (c) the prevailing charge or fee schedule amount for practitioner services.

4. Anesthesia Services

Section 13516 of OBRA '93 revises the methodology for calculating the allowance for the medical direction physician service and the medically directed CRNA service. Beginning January 1, 1994, the allowances are calculated on a percentage of the allowance for the anesthesia service personally performed by the anesthesiologist. For services furnished in 1994, each allowance will be based on 50 percent of 120 percent of the allowance for the personally performed anesthesia service. The 120 percent will be reduced by 5 percent each subsequent year so that for services furnished in 1998, the allowance for both the medical direction physician service and the anesthesia service furnished by the medically directed CRNA will be reduced from 60 percent to 50 percent of the personally

performed allowance over the 4-year period. We estimate Medicare program savings of $50 million for CY 1994 as a result of this provision of OBRA '93.

5. Limiting Charge

Section 13517 of OBRA '93 expands the scope of the limiting charge protection under § 424.48 beginning January 1, 1994 to include items and services that could be paid under the physician fee schedule but, in accordance with section 1848(j)(3) of the Act, we have elected not to include in the physician fee schedule. These services include drugs and biologicals that are furnished incident to physicians' services. Thus, these drugs and biologicals will now be subject to the limiting charge provision. In addition, the limiting charge provision will apply to nonparticipating suppliers or other persons.

F. Rural Hospital Impact Statement

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

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

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

List of Subjects

42 CFR Part 405

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

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Medicare, Physicians, Reporting and recordkeeping requirements.

42 CFR chapter IV is amended as set forth below:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

A. Part 405 is amended as set forth below:

Subpart D—Principles of Reimbursement for Services by Hospital-Based Physicians

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

Authority: Secs. 1102, 1871, and 1887 of the Social Security Act as amended (42 U.S.C. 1302, 1395hh, and 1395xx).

2. In § 405.480, the introductory text of paragraph (a) and paragraphs (a)(1) through (a)(3) are revised to read as follows:

§ 405.480 Payment for services of physicians to providers: General rules.

(a) *Allowable costs.* Except as specified otherwise in § 405.465, § 405.466, or § 413.102 of this chapter, costs that a provider incurs for services of physicians are allowable only if the following conditions are met:

(1) The services do not meet the conditions in § 405.550(b) regarding fee schedule payment for services of physicians to an individual patient of a provider.

(2) The services include a surgeon's supervision of services of a qualified anesthetist, but do not include physician availability services, except for reasonable availability services furnished for emergency rooms and the services of standby surgical team physicians.

(3) The provider has incurred a cost for salary or other compensation it furnished the physician for the services.

* * * * *

Subpart F—Services of Physicians in Providers

3. The authority citation for part 405, subpart F is revised to read as follows:

Authority: Secs. 1102, 1814(b), 1832, 1833(a), 1834(b), 1842 (b) and (h), 1848, 1861 (b) and (v), 1862(a)(14), 1866(a), 1871, 1881, 1886, 1887, and 1889 of the Social Security Act as amended (42 U.S.C. 1302, 1395f(b), 1395k, 1395l(a), 1395m(b), 1395u (b) and (h), 1395w–4, 1395x (b) and (v), 1395y(a)(14), 1395cc(a), 1395hh, 1395rr, 1395ww, 1395xx, and 1395zz).

4. Section 405.550 is amended as set forth below:

a. In paragraphs (a) and (e)(1), remove the reference to "part 415" and add, in its place, a reference to "part 414".

b. Paragraph (c) is revised to read as follows:

§ 405.550 Conditions for payment of charges for physicians' services to patients in providers: General provisions.

* * * * *

(c) *Services of physicians to providers.* If a physician furnishes services in a provider that do not meet the requirements in paragraph (b) of this section but are related to patient care furnished by the provider, the intermediary pays for those services, if otherwise covered, under the rules in §§ 405.480 and 405.481 on the basis of reasonable cost or the prospective payment system, as appropriate, for physicians' services to providers.

* * * * *

§ 405.551 [Amended]

5. In § 405.551(a), remove the reference to "part 415" and add, in its place, a reference to "part 414".

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

B. Part 414 is amended as set forth below:

Subpart A—General Provisions

1. The authority citation for part 414, subpart A is revised to read as follows:

Authority: 1102, 1832, 1833, 1834, 1842, 1848, 1861 (b) and (s), 1862, 1866, 1871, and 1881 of the Social Security Act as amended (42 U.S.C. 1302, 1395k, 1395l, 1395m, 1395u, 1395w–4, 1395x (b) and (s), 1395y, 1395cc, 1395hh, and 1395rr).

§ 414.2 [Amended]

2. In § 414.2, in the definition of *Physicians' services*, in paragraph (1), remove the words "doctors of chiropracty" and add, in their place, the word "chiropractors".

3. In § 414.4, paragraph (b) is revised to read as follows:

§ 414.4 Fee schedule areas.

* * * * *

(b) *Statewide areas.* HCFA recognizes statewide fee schedule areas for Minnesota, Nebraska, North Carolina, Ohio, and Oklahoma.

* * * * *

4. In § 414.22, paragraph (b)(3) is added to read as follows:

§ 414.22 Relative value units (RVUs).

* * * * *

(b) *Practice expense RVUs.*

* * * * *

(3) For services furnished beginning calendar year (CY) 1994, for which 1994 practice expense RVUs exceed 1994 work RVUs and that are performed in office settings less than 75 percent of the time, the 1994, 1995, and 1996 practice expense RVUs are reduced by 25 percent of the amount by which they exceed the number of 1994 work RVUs. Practice expense RVUs are not reduced to less than 128 percent of 1994 work RVUs.

* * * * *

5. Section 414.32 is revised to read as follows:

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

(a) *Definition.* As used in this section, *facility settings* include the following facilities:

(1) Hospital outpatient departments, including clinics and emergency rooms.

(2) Hospital inpatient departments.

(3) Comprehensive outpatient rehabilitation facilities.

(4) Comprehensive inpatient rehabilitation facilities.

(5) Inpatient psychiatric facilities.

(b) *General rule.* If physicians' services of the type routinely furnished in physicians' offices are furnished in facility settings, the fee schedule amount for those services is determined by reducing the practice expense RVUs for the service by 50 percent.

(c) *Services covered by the reduction.* HCFA establishes a list of services routinely furnished in physicians' offices nationally. Services furnished at least 50 percent of the time in physicians' offices are subject to this reduction.

(d) *Services excluded from the reduction.* The reduction established under this section does not apply to the following:

(1) Rural health clinic services.

(2) Surgical services included on the ambulatory surgical center covered list of procedures published under § 416.65(c) of this chapter.

(3) Anesthesiology services and diagnostic and therapeutic radiology services.

§ 414.42 [Amended]

6. In § 414.42(a), remove the word "Except" and add in its place the words "For services furnished during CYs 1992 and 1993, except".

7. In § 414.46, paragraph (d) is revised to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

* * * * *

(d) *Physician medically directs concurrent anesthesia procedures.* HCFA uses one of the following methodologies to determine the fee schedule amount for concurrent medically directed anesthesia services furnished by a physician during a specified CY:

(1) *CYs 1992 and 1993.* Payment is based on the anesthesia-specific fee schedule CF, reduced base units, and anesthesia time units. For purposes of this paragraph, one anesthesia time unit is equivalent to 30 minutes of anesthesia time, and fractions of a 30-minute period are recognized as fractions of an anesthesia time unit. The base unit of each concurrent medically directed anesthesia procedure furnished by a physician is reduced by the following percentages:

(i) Two procedures—10 percent.

(ii) Three procedures—25 percent.

(iii) Four procedures—40 percent.

(iv) If cataract or iridectomy anesthesia is one of the concurrent medically directed anesthesia procedures—10 percent.

(2) *Beginning CY 1994.* Payment is based on a specified percentage of the allowance recognized for the anesthesia service personally performed by a physician alone. The following percentages apply for the years specified:

(i) CY 1994—60 percent of the allowance for personally performed procedures.

(ii) CY 1995—57.5 percent of the allowance for personally performed procedures.

(iii) CY 1996—55 percent of the allowance for personally performed procedures.

(iv) CY 1997—52.5 percent of the allowance for personally performed procedures.

(v) CY 1998 and thereafter—50 percent of the allowance for personally performed procedures.

* * * * *

8. Section 414.48 is revised to read as follows:

§ 414.48 Limits on actual charges of nonparticipating suppliers.

(a) *General rule.* A supplier, as defined in § 400.202 of this chapter, who is nonparticipating and does not accept assignment may charge a beneficiary an amount up to the limiting charge described in paragraph (b) of this section.

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

9. Section 414.60 is revised to read as follows:

§ 414.60 Payment for the services of certified registered nurse anesthetists.

(a) *CYs 1992 and 1993.* For services furnished during CYs 1992 and 1993, the CF for certified registered nurse anesthetist (CRNA) services cannot exceed the CF for a service personally performed by an anesthesiologist. Medical or surgical services specifically listed in program operating instructions and furnished by a CRNA during CYs 1992 and 1993 are paid under the CRNA fee schedule in the same manner as physicians' services under § 414.44(d).

(b) *Beginning CY 1994.* The allowance for an anesthesia service furnished by a medically directed CRNA beginning CY 1994 is based on a fixed percentage, as specified in § 414.46(d)(2), of the allowance recognized for the anesthesia service personally performed by the physician alone.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 3, 1993.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 10, 1993.

Donna E. Shalala,

Secretary.

Note: The following addenda will not appear in the annual Code of Federal Regulations.

Addendum A—Explanation and use of Addenda B Through F

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 1994. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services

included in the physician fee schedule. Addendum C provides interim RVUs and related information, including the update factor indicators for codes that are new or revised in 1994, or that were designated as carrier-priced procedures for the 1993 fee schedule. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs listed in Addendum D of this final rule. In applying the formula, use a CF of $35.158 for services designated as surgical, a CF of $33.718 for primary care services, and a CF of $32.905 for other nonsurgical services.

The resulting fee schedule amount does not reflect the effects of the transition rules. That is, if a service is subject to the transition in a fee schedule area, the payment amount for that service will be an amount greater or less than the fee schedule amount. An individual can obtain the fee schedule payment amounts in his or her area by contacting the local Medicare carrier.

Addendum E replaces Addendum D in the November 1992 notice (57 FR 56157). This addendum lists the procedure codes that will be subject to the site-of-service differential in 1994.

Addendum F replaces Addendum G in the November 25, 1991, final rule (56 FR 59811). This addendum lists the procedures codes for which Medicare pays a separate supply allowance.

Addendum B—1994 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1994

This addendum contains the following information for each HCPCS code in level 1 (CPT) and level 2 (alpha-numeric HCPCS), except for alpha-numeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysician services or items), or L (orthotics), and codes for anesthesiology.

1. *HCPCS code.* This is the CPT or level 2 HCPCS number for the service. Level 2 HCPCS codes are included at the end of this addendum.

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

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

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

B=Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes, and no separate payment is ever made. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

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

D=Deleted codes. These codes are deleted effective with the beginning of the CY. The codes were deleted because they were infrequently used or were replaced by new or revised codes for procedures that were formerly billed under a deleted code.

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

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

N=Noncovered service. These codes are noncovered services. Payment may not be made for these codes.

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

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

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

R=Restricted coverage. Special coverage instructions apply. If covered, the service is carrier-priced.

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

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

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

5. *Work RVUs.* These are the RVUs for the physician work for this service for 1994.

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1994. Codes that are subject to the OBRA '93 practice expense reduction are identified by an asterisk in this column.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1994.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1994.

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

MMM=The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1994 Physicians' Current Procedural Terminology for specific definitions.

XXX=The global concept does not apply.

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

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

10. *Update indicator.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the HCPCS code in column 1. A "0" appears in this field for codes that are deleted in 1994 or are not paid under the physician fee schedule. A "P" in this column indicates that the update and CF for primary care services applies to this code. An "N" in this column indicates that the update and CF for other nonsurgical services applies to this code. An "S" in this column indicates that the separate update and CF for surgical procedures applies.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
10040		A	Acne surgery	1.35	0.32	0.03	1.70	010	S
10060		A	Drainage of skin abscess	1.13	0.44	0.04	1.61	010	S
10061		A	Drainage of skin abscess	2.51	0.65	0.06	3.22	010	S
10080		A	Drainage of pilonidal cyst	1.64	0.51	0.05	2.20	010	N
10081		A	Drainage of pilonidal cyst	2.43	1.12	0.16	3.71	010	S
10120		A	Remove foreign body	1.20	0.47	0.05	1.72	010	S
10121		A	Remove foreign body	2.67	1.01	0.12	3.80	010	S
10140		A	Drainage of hematoma/fluid	1.50	0.49	0.05	2.04	010	S
10160		A	Puncture drainage of lesion	1.16	0.38	0.05	1.59	010	S
10180		A	Complex drainage, wound	2.22	1.06	0.18	3.46	010	S
11000		A	Surgical cleansing of skin	0.92	0.40	0.04	1.36	000	S
11001		A	Additional cleansing of skin	0.46	0.26	0.02	0.74	ZZZ	S
11040		A	Surgical cleansing, abrasion	0.51	0.40	0.04	0.95	000	S
11041		A	Surgical cleansing of skin	0.83	0.57	0.06	1.46	000	S
11042		A	Cleansing of skin/tissue	1.13	0.66	0.08	1.87	000	S
11043		A	Cleansing of tissue/muscle	1.85	1.83	0.34	4.02	010	S
11044		A	Cleansing tissue/muscle/bone	2.31	2.85	0.50	5.66	010	S
11050		A	Trim skin lesion	0.43	0.37	0.03	0.83	000	S
11051		A	Trim 2 to 4 skin lesions	0.67	0.51	0.05	1.23	000	S
11052		A	Trim over 4 skin lesions	0.87	0.41	0.04	1.32	000	S
11100		A	Biopsy of skin lesion	0.82	0.52	0.04	1.38	000	S
11101		A	Biopsy, each added lesion	0.41	0.29	0.02	0.72	ZZZ	S
11200		A	Removal of skin tags	0.70	0.43	0.04	1.17	010	S
11201		A	Removal of added skin tags	0.26	0.17	0.02	0.45	ZZZ	S
11300		A	Shave skin lesion	0.52	0.54	0.05	1.11	000	S
11301		A	Shave skin lesion	0.86	0.68	0.06	1.60	000	S
11302		A	Shave skin lesion	1.06	0.90	0.09	2.05	000	S
11303		A	Shave skin lesion	1.25	1.38	0.17	2.80	000	S
11305		A	Shave skin lesion	0.68	0.53	0.05	1.26	000	S
11306		A	Shave skin lesion	1.00	0.72	0.07	1.79	000	S
11307		A	Shave skin lesion	1.15	0.95	0.10	2.20	000	S
11308		A	Shave skin lesion	1.43	1.42	0.17	3.02	000	S
11310		A	Shave skin lesion	0.74	0.70	0.06	1.50	000	S
11311		A	Shave skin lesion	1.06	0.86	0.08	2.00	000	S
11312		A	Shave skin lesion	1.21	1.13	0.11	2.45	000	S
11313		A	Shave skin lesion	1.64	1.51	0.15	3.30	000	S
11400		A	Removal of skin lesion	0.87	0.54	0.05	1.46	010	S
11401		A	Removal of skin lesion	1.28	0.68	0.06	2.02	010	S
11402		A	Removal of skin lesion	1.58	0.90	0.09	2.57	010	S
11403		A	Removal of skin lesion	1.89	1.18	0.13	3.20	010	S
11404		A	Removal of skin lesion	2.17	1.40	0.17	3.74	010	S
11406		A	Removal of skin lesion	2.74	1.90	0.33	4.97	010	S
11420		A	Removal of skin lesion	1.02	0.53	0.05	1.60	010	S
11421		A	Removal of skin lesion	1.50	0.72	0.07	2.29	010	S
11422		A	Removal of skin lesion	1.73	0.95	0.10	2.78	010	S
11423		A	Removal of skin lesion	2.14	1.32	0.15	3.61	010	S
11424		A	Removal of skin lesion	2.60	1.41	0.16	4.17	010	S
11426		A	Removal of skin lesion	3.77	1.85	0.29	5.91	010	S
11440		A	Removal of skin lesion	1.11	0.70	0.06	1.87	010	S
11441		A	Removal of skin lesion	1.58	0.86	0.08	2.52	010	S
11442		A	Removal of skin lesion	1.84	1.13	0.11	3.08	010	S
11443		A	Removal of skin lesion	2.47	1.47	0.15	4.09	010	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
11444		A	Removal of skin lesion	3.41	1.49	0.14	5.04	010	S
11446		A	Removal of skin lesion	4.49	1.80	0.18	6.47	010	S
11450		A	Removal, sweat gland lesion	2.61	2.71	0.44	5.76	090	S
11451		A	Removal, sweat gland lesion	3.84	2.93	0.47	7.24	090	S
11462		A	Removal, sweat gland lesion	2.39	2.44	0.36	5.19	090	S
11463		A	Removal, sweat gland lesion	3.84	2.02	0.34	6.20	090	S
11470		A	Removal, sweat gland lesion	3.13	2.81	0.45	6.39	090	S
11471		A	Removal, sweat gland lesion	4.31	2.49	0.49	7.29	090	S
11600		A	Removal of skin lesion	1.38	1.14	0.10	2.62	010	S
11601		A	Removal of skin lesion	1.90	1.41	0.12	3.43	010	S
11602		A	Removal of skin lesion	2.06	1.84	0.16	4.06	010	S
11603		A	Removal of skin lesion	2.33	2.28	0.21	4.82	010	S
11604		A	Removal of skin lesion	2.56	2.62	0.26	5.44	010	S
11606		A	Removal of skin lesion	3.42	3.14	0.50	7.06	010	S
11620		A	Removal of skin lesion	1.30	1.35	0.12	2.77	010	S
11621		A	Removal of skin lesion	1.94	1.77	0.16	3.87	010	S
11622		A	Removal of skin lesion	2.32	2.22	0.19	4.73	010	S
11623		A	Removal of skin lesion	2.91	2.61	0.25	5.77	010	S
11624		A	Removal of skin lesion	3.42	3.25	0.32	6.99	010	S
11626		A	Removal of skin lesion	4.25	3.45	0.52	8.22	010	S
11640		A	Removal of skin lesion	1.50	1.67	0.15	3.32	010	S
11641		A	Removal of skin lesion	2.42	2.11	0.18	4.71	010	S
11642		A	Removal of skin lesion	2.91	2.60	0.23	5.74	010	S
11643		A	Removal of skin lesion	3.49	3.04	0.28	6.81	010	S
11644		A	Removal of skin lesion	4.55	3.55	0.33	8.43	010	S
11646		A	Removal of skin lesion	5.92	4.37	0.61	10.90	010	S
11700		A	Scraping of 1–5 nails	0.32	0.32	0.03	0.67	000	S
11701		A	Scraping of additional nails	0.23	0.23	0.02	0.48	ZZZ	S
11710		A	Scraping of 1–5 nails	0.32	0.32	0.03	0.67	000	S
11711		A	Scraping of additional nails	0.20	0.19	0.02	0.41	ZZZ	S
11730		A	Removal of nail plate	1.14	0.45	0.04	1.63	000	S
11731		A	Removal of second nail plate	0.56	0.52	0.05	1.13	ZZZ	S
11732		A	Remove additional nail plate	0.38	0.25	0.02	0.65	ZZZ	S
11740		A	Drain blood from under nail	0.37	0.39	0.04	0.80	000	S
11750		A	Removal of nail bed	1.68	2.12	0.19	3.99	010	S
11752		A	Remove nail bed/finger tip	2.40	2.85	0.36	5.61	010	S
11755		A	Biopsy, nail unit	1.32	1.00	0.12	2.44	000	S
11760		A	Reconstruction of nail bed	1.55	0.94	0.09	2.58	010	S
11762		A	Reconstruction of nail bed	2.87	2.60	0.24	5.71	010	S
11765		A	Excision of nail fold, toe	0.65	0.52	0.05	1.22	010	S
11770		A	Removal of pilonidal lesion	2.59	2.70	0.44	5.73	010	S
11771		A	Removal of pilonidal lesion	5.21	4.57	0.93	10.71	090	S
11772		A	Removal of pilonidal lesion	6.43	4.87	1.02	12.32	090	S
11900		A	Injection into skin lesions	0.53	0.25	0.02	0.80	000	S
11901		A	Added skin lesion injections	0.81	0.41	0.03	1.25	000	S
11920		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11921		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11922		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11950		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11951		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11952		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11954		R	Therapy for contour defects	0.00	0.00	0.00	0.00	XXX	S
11960		A	Insert tissue expander(s)	6.11	*7.82	1.50	15.43	090	S
11970		A	Replace tissue expander	6.72	*8.60	1.63	16.95	090	S
11971		A	Remove tissue expander(s)	1.53	*3.95	0.83	6.31	090	S
11975		R	Insert contraceptive cap	0.00	0.00	0.00	0.00	XXX	N
11976		R	Removal of contraceptive cap	0.00	0.00	0.00	0.00	XXX	N
11977		R	Remove/reinsert contra cap	0.00	0.00	0.00	0.00	XXX	N
12001		A	Repair superficial wound(s)	1.67	0.58	0.05	2.30	010	N
12002		A	Repair superficial wound(s)	1.83	0.80	0.07	2.70	010	N
12004		A	Repair superficial wound(s)	2.21	1.15	0.10	3.46	010	N
12005		A	Repair superficial wound(s)	2.84	1.49	0.14	4.47	010	N
12006		A	Repair superficial wound(s)	3.66	1.80	0.19	5.65	010	N
12007		A	Repair superficial wound(s)	4.12	1.82	0.19	6.13	010	S
12011		A	Repair superficial wound(s)	1.73	0.75	0.06	2.54	010	N
12013		A	Repair superficial wound(s)	1.96	1.04	0.08	3.08	010	N
12014		A	Repair superficial wound(s)	2.44	1.20	0.10	3.74	010	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
12015		A	Repair superficial wound(s)	3.17	1.64	0.14	4.95	010	N
12016		A	Repair superficial wound(s)	3.92	2.29	0.19	6.40	010	N
12017		A	Repair superficial wound(s)	4.71	3.40	0.31	8.42	010	N
12018		A	Repair superficial wound(s)	5.54	5.21	0.49	11.24	010	S
12020		A	Closure of split wound	2.60	1.20	0.18	3.98	010	S
12021		A	Closure of split wound	1.81	0.63	0.11	2.55	010	S
12031		A	Layer closure of wound(s)	2.12	0.73	0.07	2.92	010	S
12032		A	Layer closure of wound(s)	2.45	1.06	0.10	3.61	010	S
12034		A	Layer closure of wound(s)	2.90	1.49	0.15	4.54	010	S
12035		A	Layer closure of wound(s)	3.42	1.94	0.23	5.59	010	S
12036		A	Layer closure of wound(s)	4.04	2.35	0.37	6.76	010	S
12037		A	Layer closure of wound(s)	4.67	3.12	0.49	8.28	010	S
12041		A	Layer closure of wound(s)	2.35	0.85	0.08	3.28	010	N
12042		A	Layer closure of wound(s)	2.72	1.18	0.12	4.02	010	N
12044		A	Layer closure of wound(s)	3.12	1.64	0.17	4.93	010	N
12045		A	Layer closure of wound(s)	3.63	2.15	0.23	6.01	010	N
12046		A	Layer closure of wound(s)	4.25	2.85	0.37	7.47	010	S
12047		A	Layer closure of wound(s)	4.65	4.06	0.57	9.28	010	N
12051		A	Layer closure of wound(s)	2.45	1.02	0.10	3.57	010	S
12052		A	Layer closure of wound(s)	2.75	1.49	0.14	4.38	010	S
12053		A	Layer closure of wound(s)	3.10	1.78	0.17	5.05	010	S
12054		A	Layer closure of wound(s)	3.45	2.63	0.25	6.33	010	S
12055		A	Layer closure of wound(s)	4.43	3.28	0.37	8.08	010	S
12056		A	Layer closure of wound(s)	5.25	4.79	0.53	10.57	010	S
12057		A	Layer closure of wound(s)	5.98	5.63	0.49	12.10	010	S
13100		A	Repair of wound or lesion	3.10	1.15	0.13	4.38	010	S
13101		A	Repair of wound or lesion	3.91	2.10	0.21	6.22	010	S
13120		A	Repair of wound or lesion	3.29	1.36	0.17	4.82	010	S
13121		A	Repair of wound or lesion	4.33	2.68	0.33	7.34	010	S
13131		A	Repair of wound or lesion	3.78	2.00	0.23	6.01	010	S
13132		A	Repair of wound or lesion	4.26	4.62	0.44	9.32	010	S
13150		A	Repair of wound or lesion	3.80	1.78	0.23	5.81	010	S
13151		A	Repair of wound or lesion	4.45	2.48	0.35	7.28	010	S
13152		A	Repair of wound or lesion	6.35	5.19	0.69	12.23	010	S
13160		A	Late closure of wound	9.64	3.37	0.59	13.60	090	S
13300		A	Repair of wound or lesion	5.17	5.77	0.87	11.81	010	S
14000		A	Skin tissue rearrangement	5.49	3.45	0.38	9.32	090	S
14001		A	Skin tissue rearrangement	7.87	4.80	0.77	13.44	090	S
14020		A	Skin tissue rearrangement	6.15	4.95	0.50	11.60	090	S
14021		A	Skin tissue rearrangement	9.47	6.28	0.95	16.70	090	S
14040		A	Skin tissue rearrangement	7.26	6.85	0.66	14.77	090	S
14041		A	Skin tissue rearrangement	10.86	7.97	1.03	19.86	090	S
14060		A	Skin tissue rearrangement	8.14	7.84	1.05	17.03	090	S
14061		A	Skin tissue rearrangement	11.55	10.61	1.28	23.44	090	S
14300		A	Skin tissue rearrangement	10.88	11.44	1.86	24.18	090	S
14350		A	Skin tissue rearrangement	9.15	6.14	1.06	16.35	090	S
15000		A	Skin graft procedure	1.97	*2.89	0.54	5.40	ZZZ	S
15050		A	Skin pinch graft procedure	3.94	1.81	0.30	6.05	090	S
15100		A	Skin split graft procedure	8.14	4.59	0.90	13.63	090	S
15101		A	Skin split graft procedure	1.74	1.61	0.33	3.68	ZZZ	S
15120		A	Skin split graft procedure	9.24	6.12	0.95	16.31	090	S
15121		A	Skin split graft procedure	2.70	2.94	0.54	6.18	ZZZ	S
15200		A	Skin full graft procedure	7.54	4.18	0.70	12.42	090	S
15201		A	Skin full graft procedure	1.33	*2.46	0.51	4.30	ZZZ	S
15220		A	Skin full graft procedure	7.50	4.89	0.86	13.25	090	S
15221		A	Skin full graft procedure	1.20	*2.41	0.51	4.12	ZZZ	S
15240		A	Skin full graft procedure	8.39	6.17	1.04	15.60	090	S
15241		A	Skin full graft procedure	1.88	*3.07	0.59	5.54	ZZZ	S
15260		A	Skin full graft procedure	9.67	7.54	1.00	18.21	090	S
15261		A	Skin full graft procedure	2.25	*3.95	0.61	6.81	ZZZ	S
15350		A	Skin homograft procedure	3.93	2.17	0.42	6.52	090	S
15400		A	Skin heterograft procedure	4.96	1.07	0.17	6.20	090	S
15570		A	Form skin pedicle flap	3.79	*9.12	2.10	15.01	090	S
15572		A	Form skin pedicle flap	3.84	*8.62	1.88	14.34	090	S
15574		A	Form skin pedicle flap	3.89	*8.60	1.68	14.17	090	S
15576		A	Form skin pedicle flap	4.32	3.15	0.61	8.08	090	S
15580		A	Attach skin pedicle graft	3.34	*6.40	1.31	11.05	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
15600	.....	A	Skin graft procedure	1.72	*4.16	0.89	6.77	090	S
15610	.....	A	Skin graft procedure	2.23	*3.74	0.81	6.78	090	S
15620	.....	A	Skin graft procedure	2.72	*4.64	0.87	8.23	090	S
15625	.....	A	Skin graft procedure	1.83	*3.70	0.79	6.32	090	S
15630	.....	A	Skin graft procedure	3.05	*4.94	0.91	8.90	090	S
15650	.....	A	Transfer skin pedicle flap	3.65	*5.15	0.94	9.74	090	S
15732	.....	A	Muscle-skin graft, head/neck	12.23	*17.85	3.50	33.58	090	S
15734	.....	A	Muscle-skin graft, trunk	16.70	19.22	3.28	39.20	090	S
15736	.....	A	Muscle-skin graft, arm	15.43	16.39	3.05	34.87	090	S
15738	.....	A	Muscle-skin graft, leg	10.18	*15.54	3.33	29.05	090	S
15740	.....	A	Island pedicle flap graft	9.56	10.51	1.64	21.71	090	S
15750	.....	A	Neurovascular pedicle graft	10.73	12.09	2.05	24.87	090	S
15755	.....	A	Microvascular flap graft	28.65	30.42	5.39	64.46	090	S
15760	.....	A	Composite skin graft	8.37	7.37	1.12	16.86	090	S
15770	.....	A	Derma-fat-fascia graft	6.93	7.54	0.96	15.43	090	S
15775	.....	R	Hair transplant punch grafts	0.00	0.00	0.00	0.00	000	S
15776	.....	R	Hair transplant punch grafts	0.00	0.00	0.00	0.00	000	S
15780	.....	A	Abrasion treatment of skin	6.80	1.55	0.13	8.48	090	S
15781	.....	A	Abrasion treatment of skin	4.72	3.81	0.39	8.92	090	S
15782	.....	A	Abrasion treatment of skin	4.24	1.20	0.13	5.57	090	S
15783	.....	A	Abrasion treatment of skin	4.21	1.87	0.19	6.27	090	S
15786	.....	A	Abrasion treatment of lesion	2.00	0.63	0.06	2.69	010	S
15787	.....	A	Abrasion, added skin lesions	0.33	0.23	0.03	0.59	ZZZ	S
15788	.....	A	Chemical peel, face, epiderm	2.96	1.50	0.12	4.58	090	S
15789	.....	A	Chemical peel, face, dermal	3.95	1.50	0.12	5.57	090	S
15790	.....	D	Chemical peel, face	0.00	0.00	0.00	0.00	090	0
15791	.....	D	Chemical peel, of skin	0.00	0.00	0.00	0.00	090	0
15792	.....	A	Chemical peel, nonfacial	2.37	0.51	0.05	2.93	090	S
15793	.....	A	Chemical peel, nonfacial	3.16	0.51	0.05	3.72	090	S
15810	.....	A	Salabrasion	4.54	3.84	0.29	8.67	090	S
15811	.....	A	Salabrasion	5.20	3.78	0.74	9.72	090	S
15819	.....	A	Plastic surgery, neck	8.97	8.10	0.88	17.95	090	S
15820	.....	A	Revision of lower eyelid	4.85	*6.35	0.65	11.85	090	S
15821	.....	A	Revision of lower eyelid	5.43	*7.48	0.69	13.60	090	S
15822	.....	A	Revision of upper eyelid	4.32	*6.52	0.57	11.41	090	S
15823	.....	A	Revision of upper eyelid	6.72	7.80	0.62	15.14	090	S
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	XXX	S
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	XXX	S
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	XXX	S
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	XXX	S
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	XXX	S
15831	.....	A	Excise excessive skin tissue	11.79	9.95	2.03	23.77	090	S
15832	.....	A	Excise excessive skin tissue	11.09	8.38	1.34	20.81	090	S
15833	.....	A	Excise excessive skin tissue	10.13	6.29	1.13	17.55	090	S
15834	.....	A	Excise excessive skin tissue	10.27	7.26	1.23	18.76	090	S
15835	.....	A	Excise excessive skin tissue	11.10	7.08	1.23	19.41	090	S
15836	.....	A	Excise excessive skin tissue	8.93	5.86	1.11	15.90	090	S
15837	.....	A	Excise excessive skin tissue	8.17	6.04	0.86	15.07	090	S
15838	.....	A	Excise excessive skin tissue	6.86	5.95	0.74	13.55	090	S
15839	.....	A	Excise excessive skin tissue	9.02	2.47	0.47	11.96	090	S
15840	.....	A	Graft for face nerve palsy	12.40	15.71	2.31	30.42	090	S
15841	.....	A	Graft for face nerve palsy	21.77	17.06	2.79	41.62	090	S
15842	.....	A	Graft for face nerve palsy	36.38	29.32	2.71	68.41	090	S
15845	.....	A	Skin and muscle repair, face	11.93	*15.91	2.57	30.41	090	S
15850	.....	B	Removal of sutures	0.00	0.00	0.00	0.00	XXX	0
15851	.....	A	Removal of sutures	0.87	0.30	0.03	1.20	000	N
15852	.....	A	Dressing change, not for burn	0.87	0.44	0.07	1.38	000	N
15860	.....	A	Test for blood flow in graft	1.97	1.37	0.25	3.59	000	S
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15920	.....	A	Removal of tail bone ulcer	7.45	2.98	0.64	11.07	090	S
15922	.....	A	Removal of tail bone ulcer	9.27	6.05	1.20	16.52	090	S
15931	.....	A	Remove sacrum pressure sore	8.22	2.96	0.56	11.74	090	S
15933	.....	A	Remove sacrum pressure sore	9.75	7.00	1.45	18.20	090	S
15934	.....	A	Remove sacrum pressure sore	11.53	7.54	1.52	20.59	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
15935		A	Remove sacrum pressure sore	13.20	11.36	2.30	26.86	090	S
15936		A	Remove sacrum pressure sore	11.44	10.38	2.07	23.89	090	S
15937		A	Remove sacrum pressure sore	13.12	13.62	2.70	29.44	090	S
15940		A	Removal of pressure sore	8.28	3.59	0.74	12.61	090	S
15941		A	Removal of pressure sore	10.26	7.13	1.41	18.80	090	S
15944		A	Removal of pressure sore	10.29	9.36	1.84	21.49	090	S
15945		A	Removal of pressure sore	11.45	11.26	2.11	24.82	090	S
15946		A	Removal of pressure sore	20.03	16.79	3.28	40.10	090	S
15950		A	Remove thigh pressure sore	6.87	3.04	0.59	10.50	090	S
15951		A	Remove thigh pressure sore	9.68	7.74	1.60	19.02	090	S
15952		A	Remove thigh pressure sore	10.29	7.21	1.39	18.89	090	S
15953		A	Remove thigh pressure sore	11.52	9.18	1.89	22.59	090	S
15956		A	Remove thigh pressure sore	14.08	17.36	3.43	34.87	090	S
15958		A	Remove thigh pressure sore	14.04	*17.97	3.80	35.81	090	S
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY	S
16000		A	Initial treatment of burn(s)	0.90	0.35	0.03	1.28	000	N
16010		A	Treatment of burn(s)	0.88	0.32	0.03	1.23	000	N
16015		A	Treatment of burn(s)	2.38	2.06	0.38	4.82	000	S
16020		A	Treatment of burn(s)	0.81	0.34	0.03	1.18	000	N
16025		A	Treatment of burn(s)	1.87	0.45	0.05	2.37	000	S
16030		A	Treatment of burn(s)	2.10	0.53	0.08	2.71	000	S
16035		A	Incision of burn scab	4.58	1.90	0.34	6.82	090	S
16040		A	Burn wound excision	1.03	*2.66	0.54	4.23	000	S
16041		A	Burn wound excision	2.73	3.20	0.54	6.47	000	S
16042		A	Burn wound excision	2.38	*3.05	0.54	5.97	000	S
17000		A	Destroy benign/premal lesion	0.65	0.42	0.03	1.10	010	S
17001		A	Destruction of add'l lesions	0.19	0.19	0.02	0.40	ZZZ	S
17002		A	Destruction of add'l lesions	0.19	0.10	0.01	0.30	ZZZ	S
17010		A	Destruction skin lesion(s)	1.02	0.49	0.04	1.55	010	S
17100		A	Destruction of skin lesion	0.54	0.37	0.03	0.94	010	S
17101		A	Destruction of 2nd lesion	0.11	0.18	0.02	0.31	ZZZ	S
17102		A	Destruction of add'l lesions	0.11	0.08	0.01	0.20	ZZZ	S
17104		A	Destruction of skin lesions	2.03	0.07	0.01	2.11	010	S
17105		A	Destruction of skin lesions	0.77	0.31	0.03	1.11	010	S
17106		A	Destruction of skin lesions	4.59	1.95	0.18	6.72	090	S
17107		A	Destruction of skin lesions	9.16	3.74	0.39	13.29	090	S
17108		A	Destruction of skin lesions	13.25	9.42	0.70	23.37	090	S
17110		A	Destruction of skin lesions	0.56	0.40	0.03	0.99	010	S
17200		A	Electrocautery of skin tags	0.60	0.41	0.04	1.05	010	S
17201		A	Electrocautery added lesions	0.38	0.15	0.01	0.54	ZZZ	S
17250		A	Chemical cautery, tissue	0.51	0.34	0.04	0.89	000	S
17260		A	Destruction of skin lesions	0.87	1.14	0.10	2.11	010	S
17261		A	Destruction of skin lesions	1.13	1.41	0.12	2.66	010	S
17262		A	Destruction of skin lesions	1.55	1.84	0.16	3.55	010	S
17263		A	Destruction of skin lesions	1.76	2.28	0.21	4.25	010	S
17264		A	Destruction of skin lesions	1.91	2.62	0.26	4.79	010	S
17266		A	Destruction of skin lesions	2.32	3.14	0.50	5.96	010	S
17270		A	Destruction of skin lesions	1.28	1.35	0.12	2.75	010	S
17271		A	Destruction of skin lesions	1.46	1.77	0.16	3.39	010	S
17272		A	Destruction of skin lesions	1.74	2.22	0.19	4.15	010	S
17273		A	Destruction of skin lesions	2.02	2.61	0.25	4.88	010	S
17274		A	Destruction of skin lesions	2.57	3.25	0.32	6.14	010	S
17276		A	Destruction of skin lesions	3.19	3.45	0.52	7.16	010	S
17280		A	Destruction of skin lesions	1.13	1.67	0.15	2.95	010	S
17281		A	Destruction of skin lesions	1.69	2.11	0.18	3.98	010	S
17282		A	Destruction of skin lesions	2.01	2.60	0.23	4.84	010	S
17283		A	Destruction of skin lesions	2.62	3.04	0.28	5.94	010	S
17284		A	Destruction of skin lesions	3.20	3.55	0.33	7.08	010	S
17286		A	Destruction of skin lesions	4.44	4.37	0.61	9.42	010	S
17304		A	Chemosurgery of skin lesion	7.68	4.06	0.31	12.05	000	S
17305		A	2nd stage chemosurgery	2.88	2.29	0.17	5.34	000	S
17306		A	3rd stage chemosurgery	2.88	1.42	0.11	4.41	000	S
17307		A	Followup skin lesion therapy	2.88	1.49	0.12	4.49	000	S
17310		A	Extensive skin chemosurgery	0.96	0.13	0.01	1.10	000	S
17340		A	Cryotherapy of skin	0.74	0.28	0.02	1.04	010	S
17360		A	Skin peel therapy	1.42	0.27	0.02	1.71	010	S
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	XXX	S

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[2] Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY	S
19000		A	Drainage of breast lesion	0.85	0.38	0.07	1.30	000	S
19001		A	Drain added breast lesion	0.42	0.24	0.05	0.71	ZZZ	S
19020		A	Incision of breast lesion	3.41	1.42	0.28	5.11	090	S
19030		A	Injection for breast x-ray	1.55	0.50	0.04	2.09	000	N
19100		A	Biopsy of breast	1.28	0.65	0.13	2.06	000	S
19101		A	Biopsy of breast	3.16	2.37	0.45	5.98	010	S
19110		A	Nipple exploration	4.20	2.49	0.52	7.21	090	S
19112		A	Excise breast duct fistula	3.56	2.37	0.35	6.28	090	S
19120		A	Removal of breast lesion	4.89	2.93	0.61	8.43	090	S
19125		A	Excision, breast lesion	5.92	2.93	0.61	9.46	000	S
19126		A	Excision, add'l breast lesion	2.96	1.47	0.31	4.74	ZZZ	S
19140		A	Removal of breast tissue	4.95	4.34	0.92	10.21	090	S
19160		A	Removal of breast tissue	6.72	4.18	0.89	11.79	090	S
19162		A	Remove breast tissue, nodes	12.95	9.48	1.98	24.41	090	S
19180		A	Removal of breast	8.24	5.67	1.18	15.09	090	S
19182		A	Removal of breast	7.36	6.14	1.28	14.78	090	S
19200		A	Removal of breast	14.39	10.33	2.17	26.89	090	S
19220		A	Removal of breast	14.39	10.85	2.41	27.65	090	S
19240		A	Removal of breast	14.87	9.54	2.01	26.42	090	S
19260		A	Removal of chest wall lesion	14.06	5.11	1.05	20.22	090	S
19271		A	Revision of chest wall	17.26	14.11	2.80	34.17	090	S
19272		A	Extensive chest wall surgery	19.69	12.74	2.59	35.02	090	S
19290		A	Place needle wire, breast	1.28	0.44	0.07	1.79	000	S
19291		A	Place needle wire, breast	0.64	0.25	0.04	0.93	ZZZ	S
19316		A	Suspension of breast	10.18	12.98	2.46	25.62	090	S
19318		A	Reduction of large breast	11.20	*15.60	3.27	30.07	090	S
19324		A	Enlarge breast	5.61	3.33	0.68	9.62	090	S
19325		A	Enlarge breast with implant	8.14	5.94	1.14	15.22	090	S
19328		A	Removal of breast implant	5.38	3.80	0.74	9.92	090	S
19330		A	Removal of implant material	7.26	3.92	0.76	11.94	090	S
19340		A	Immediate breast prosthesis	6.40	*9.86	2.08	18.34	ZZZ	S
19342		A	Delayed breast prosthesis	10.76	10.93	2.05	23.74	090	S
19350		A	Breast reconstruction	8.30	7.16	1.40	16.86	090	S
19355		A	Correct inverted nipple(s)	7.35	4.98	1.01	13.34	090	S
19357		A	Breast reconstruction	16.91	12.29	2.40	31.60	090	S
19361		A	Breast reconstruction	18.02	20.35	3.92	42.29	090	S
19362		A	Breast reconstruction	26.89	20.35	3.92	51.16	090	S
19364		A	Breast reconstruction	27.91	16.87	3.62	48.40	090	S
19366		A	Breast reconstruction	20.06	16.58	3.22	39.86	090	S
19370		A	Surgery of breast capsule	7.67	6.24	1.20	15.11	090	S
19371		A	Removal of breast capsule	8.94	8.00	1.56	18.50	090	S
19380		A	Revise breast reconstruction	8.73	8.20	1.59	18.52	090	S
19396		C	Design custom breast implant	0.00	0.00	0.00	0.00	000	S
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY	S
20000		A	Incision of abscess	1.87	0.86	0.08	2.81	010	S
20005		A	Incision of deep abscess	3.05	1.85	0.28	5.18	010	S
20200		A	Muscle biopsy	1.48	1.13	0.18	2.79	000	S
20205		A	Deep muscle biopsy	2.38	1.90	0.33	4.61	000	S
20206		A	Needle biopsy, muscle	1.00	0.97	0.14	2.11	000	S
20220		A	Bone biopsy, trocar/needle	1.28	1.32	0.09	2.69	000	N
20225		A	Bone biopsy, trocar/needle	1.89	*2.42	0.28	4.59	000	N
20240		A	Bone biopsy, excisional	3.10	1.90	0.18	5.18	010	S
20245		A	Bone biopsy, excisional	3.72	3.62	0.44	7.78	010	S
20250		A	Open bone biopsy	4.68	5.13	0.77	10.58	010	S
20251		A	Open bone biopsy	5.22	5.90	0.93	12.05	010	S
20500		A	Injection of sinus tract	1.19	0.36	0.04	1.59	010	N
20501		A	Inject sinus tract for x-ray	0.77	0.30	0.02	1.09	000	N
20520		A	Removal of foreign body	1.82	0.72	0.08	2.62	010	S
20525		A	Removal of foreign body	3.27	2.25	0.33	5.85	010	S
20550		A	Inj tendon/ligament/cyst	0.87	0.38	0.04	1.29	000	N
20600		A	Drain/inject joint/bursa	0.67	0.48	0.05	1.20	000	S
20605		A	Drain/inject joint/bursa	0.69	0.46	0.05	1.20	000	S
20610		A	Drain/inject joint/bursa	0.80	0.46	0.05	1.31	000	N
20615		A	Treatment of bone cyst	2.25	0.50	0.06	2.81	010	N
20650		A	Insert and remove bone pin	2.09	1.09	0.14	3.32	010	S
20660		A	Apply, remove fixation device	2.54	1.58	0.21	4.33	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
20661	.....	A	Application of head brace	4.32	3.86	0.66	8.84	090	S
20662	.....	A	Application of pelvis brace	5.58	6.61	1.04	13.23	090	S
20663	.....	A	Application of thigh brace	4.93	4.69	0.77	10.39	090	S
20665	.....	A	Removal of fixation device	1.27	0.51	0.07	1.85	010	S
20670	.....	A	Removal of support implant	1.71	0.75	0.11	2.57	010	S
20680	.....	A	Removal of support implant	3.29	3.37	0.52	7.18	090	S
20690	.....	A	Apply bone fixation device	3.56	3.70	0.59	7.85	ZZZ	S
20692	.....	A	Apply bone fixation device	6.48	5.57	0.90	12.95	ZZZ	S
20693	.....	A	Adjust bone fixation device	5.48	2.52	0.42	8.42	090	S
20694	.....	A	Remove bone fixation device	3.85	2.63	0.41	6.89	090	S
20802	.....	C	Replantation, arm, complete	0.00	0.00	0.00	0.00	090	S
20804	.....	C	Replantation, arm, partial	0.00	0.00	0.00	0.00	090	S
20805	.....	C	Replant forearm, complete	0.00	0.00	0.00	0.00	090	S
20806	.....	C	Replantation, forearm, partial	0.00	0.00	0.00	0.00	090	S
20808	.....	C	Replantation, hand, complete	0.00	0.00	0.00	0.00	090	S
20812	.....	C	Replantation, hand, partial	0.00	0.00	0.00	0.00	090	S
20816	.....	C	Replantation digit, complete	0.00	0.00	0.00	0.00	090	S
20820	.....	C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20822	.....	C	Replantation digit, complete	0.00	0.00	0.00	0.00	090	S
20823	.....	C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20824	.....	C	Replantation thumb, complete	0.00	0.00	0.00	0.00	090	S
20826	.....	C	Replantation, thumb, partial	0.00	0.00	0.00	0.00	090	S
20827	.....	C	Replantation thumb, complete	0.00	0.00	0.00	0.00	090	S
20828	.....	C	Replantation, thumb, partial	0.00	0.00	0.00	0.00	090	S
20832	.....	C	Replantation, leg, complete	0.00	0.00	0.00	0.00	090	S
20834	.....	C	Replantation, leg, partial	0.00	0.00	0.00	0.00	090	S
20838	.....	C	Replantation, foot, complete	0.00	0.00	0.00	0.00	090	S
20840	.....	C	Replantation, foot, partial	0.00	0.00	0.00	0.00	090	S
20900	.....	A	Removal of bone for graft	5.09	2.83	0.45	8.37	090	S
20902	.....	A	Removal of bone for graft	6.82	5.01	0.81	12.64	090	S
20910	.....	A	Remove cartilage for graft	5.09	0.80	0.09	5.98	090	S
20912	.....	A	Remove cartilage for graft	6.11	4.67	0.65	11.43	090	S
20920	.....	A	Removal of fascia for graft	4.92	3.97	0.51	9.40	090	S
20922	.....	A	Removal of fascia for graft	6.11	4.44	0.72	11.27	090	S
20924	.....	A	Removal of tendon for graft	6.11	5.51	0.86	12.48	090	S
20926	.....	A	Removal of tissue for graft	5.09	2.62	0.39	8.10	090	S
20950	.....	A	Record fluid pressure, muscle	1.27	1.10	0.17	2.54	000	S
20955	.....	C	Microvascular fibula graft	0.00	0.00	0.00	0.00	090	S
20960	.....	C	Microvascular rib graft	0.00	0.00	0.00	0.00	090	S
20962	.....	C	Microvascular bone graft	0.00	0.00	0.00	0.00	090	S
20969	.....	C	Bone-skin graft	0.00	0.00	0.00	0.00	090	S
20970	.....	C	Bone-skin graft, pelvis	0.00	0.00	0.00	0.00	090	S
20971	.....	C	Bone-skin graft, rib	0.00	0.00	0.00	0.00	090	S
20972	.....	C	Bone-skin graft, metatarsal	0.00	0.00	0.00	0.00	090	S
20973	.....	C	Bone-skin graft, great toe	0.00	0.00	0.00	0.00	090	S
20974	.....	A	Electrical bone stimulation	0.63	3.46	0.54	4.63	ZZZ	S
20975	.....	A	Electrical bone stimulation	2.63	*3.37	0.57	6.57	ZZZ	S
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY	S
21010	.....	A	Incision of jaw joint	9.16	10.35	0.94	20.45	090	S
21015	.....	A	Resection of facial tumor	4.99	*6.39	1.14	12.52	090	S
21025	.....	A	Excision of bone, lower jaw	5.09	4.19	0.38	9.66	090	S
21026	.....	A	Excision of facial bone(s)	4.58	3.17	0.28	8.03	090	S
21029	.....	A	Contour of face bone lesion	7.29	*9.33	0.79	17.41	090	S
21030	.....	A	Removal of face bone lesion	7.13	3.39	0.29	10.81	090	S
21031	.....	A	Remove exostosis, mandible	2.03	3.72	0.32	6.07	090	S
21032	.....	A	Remove exostosis, maxilla	4.32	3.92	0.35	8.59	090	S
21034	.....	A	Removal of face bone lesion	15.28	7.06	0.90	23.24	090	S
21040	.....	A	Removal of jaw bone lesion	2.03	2.79	0.24	5.06	090	S
21041	.....	A	Removal of jaw bone lesion	5.09	5.82	0.51	11.42	090	S
21044	.....	A	Removal of jaw bone lesion	11.20	9.66	1.12	21.98	090	S
21045	.....	A	Extensive jaw surgery	15.28	13.98	1.60	30.86	090	S
21050	.....	A	Removal of jaw joint	10.18	12.47	1.09	23.74	090	S
21060	.....	A	Remove jaw joint cartilage	9.67	11.72	1.05	22.44	090	S
21070	.....	A	Remove coronoid process	7.75	6.89	0.83	15.47	090	S
21079	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21080	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21081	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21082		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21083		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21084		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21085		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21086		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21087		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21100		A	Maxillofacial fixation	4.08	1.07	0.11	5.26	090	S
21110		A	Interdental fixation	5.09	5.59	0.47	11.15	090	S
21116		A	Injection, jaw joint x-ray	0.82	0.74	0.06	1.62	000	S
21120		A	Reconstruction of chin	4.80	3.63	0.42	8.85	090	S
21121		A	Reconstruction of chin	7.54	5.71	0.67	13.92	090	S
21122		A	Reconstruction of chin	8.30	6.30	0.74	15.34	090	S
21123		A	Reconstruction of chin	10.86	8.23	0.96	20.05	090	S
21125		A	Augmentation lower jaw bone	6.29	4.77	0.55	11.61	090	S
21127		A	Augmentation lower jaw bone	10.55	8.00	0.93	19.48	090	S
21137		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21138		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21139		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21144		A	Reconstruct midface, lefort	17.11	12.98	1.52	31.61	090	S
21145		A	Reconstruct midface, lefort	19.13	14.50	1.70	35.33	090	S
21146		A	Reconstruct midface, lefort	19.80	15.00	1.76	36.56	090	S
21147		A	Reconstruct midface, lefort	20.53	15.57	1.83	37.93	090	S
21150		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21151		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21154		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21155		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21159		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21160		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21172		C	Reconstruct orbit/forehead	0.00	0.00	0.00	0.00	090	S
21175		C	Reconstruct orbit/forehead	0.00	0.00	0.00	0.00	090	S
21179		C	Reconstruct entire forehead	0.00	0.00	0.00	0.00	090	S
21180		C	Reconstruct entire forehead	0.00	0.00	0.00	0.00	090	S
21181		C	Contour cranial bone lesion	0.00	0.00	0.00	0.00	090	S
21182		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21183		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21184		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21188		C	Reconstruction of midface	0.00	0.00	0.00	0.00	090	S
21193		A	Reconstruct lower jaw bone	16.41	12.45	1.46	30.32	090	S
21194		A	Reconstruct lower jaw bone	19.02	14.42	1.69	35.13	090	S
21195		A	Reconstruct lower jaw bone	16.45	12.48	1.46	30.39	090	S
21196		A	Reconstruct lower jaw bone	18.14	13.76	1.60	33.50	090	S
21198		A	Reconstruct lower jaw bone	13.51	14.98	1.76	30.25	090	S
21206		A	Reconstruct upper jaw bone	13.51	10.25	1.20	24.96	090	S
21208		A	Augmentation of facial bones	9.67	11.39	1.08	22.14	090	S
21209		A	Reduction of facial bones	6.35	4.64	0.77	11.76	090	S
21210		A	Face bone graft	9.67	*12.38	1.30	23.35	090	S
21215		A	Lower jaw bone graft	10.18	*14.21	1.44	25.83	090	S
21230		A	Rib cartilage graft	10.18	10.49	1.71	22.38	090	S
21235		A	Ear cartilage graft	6.35	*8.13	1.10	15.58	090	S
21240		A	Reconstruction of jaw joint	13.25	*21.20	2.11	36.56	090	S
21242		A	Reconstruction of jaw joint	12.23	*22.72	2.28	37.23	090	S
21243		A	Reconstruction of jaw joint	19.19	14.56	1.70	35.45	090	S
21244		A	Reconstruction of lower jaw	11.20	*17.30	1.95	30.45	090	S
21245		A	Reconstruction of jaw	11.20	11.60	1.32	24.12	090	S
21246		A	Reconstruction of jaw	11.78	8.93	1.05	21.76	090	S
21247		A	Reconstruct lower jaw bone	21.39	*27.38	2.30	51.07	090	S
21248		A	Reconstruction of jaw	11.20	*19.11	1.77	32.08	090	S
21249		A	Reconstruction of jaw	17.31	*35.44	3.33	56.08	090	S
21255		A	Reconstruct lower jaw bone	15.80	*20.22	1.70	37.72	090	S
21256		A	Reconstruction of orbit	15.30	*19.58	1.65	36.53	090	S
21260		A	Revise eye sockets	15.61	*19.98	1.68	37.27	090	S
21261		A	Revise eye sockets	29.76	17.98	1.67	49.41	090	S
21263		A	Revise eye sockets	26.86	*34.38	2.89	64.13	090	S
21267		A	Revise eye sockets	17.86	14.77	2.15	34.78	090	S
21268		A	Revise eye sockets	23.13	15.52	3.16	41.81	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21270		A	Augmentation cheek bone	12.23	9.71	1.43	23.37	090	S
21275		A	Revision orbitofacial bones	10.62	9.05	1.27	20.94	090	S
21280		A	Revision of eyelid	5.70	7.27	0.62	13.59	090	S
21282		A	Revision of eyelid	3.30	*7.15	0.80	11.25	090	S
21295		A	Revision of jaw muscle/bone	1.45	0.97	0.13	2.55	090	S
21296		A	Revision of jaw muscle/bone	4.01	3.66	0.22	7.89	090	S
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY	S
21300		A	Treatment of skull fracture	0.73	*1.22	0.11	2.06	000	S
21310		A	Treatment of nose fracture	0.59	*0.87	0.09	1.55	000	N
21315		A	Treatment of nose fracture	1.43	1.83	0.21	3.47	010	S
21320		A	Treatment of nose fracture	1.84	*2.54	0.34	4.72	010	S
21325		A	Repair of nose fracture	3.56	4.14	0.53	8.23	090	S
21330		A	Repair of nose fracture	5.09	*6.52	0.87	12.48	090	S
21335		A	Repair of nose fracture	8.14	*11.86	1.58	21.58	090	S
21336		A	Repair nasal septal fracture	5.41	4.14	0.53	10.08	090	S
21337		A	Repair nasal septal fracture	2.55	2.85	0.38	5.78	090	S
21338		A	Repair nasoethmoid fracture	6.11	5.07	0.67	11.85	090	S
21339		A	Repair nasoethmoid fracture	7.64	7.17	0.71	15.52	090	S
21340		A	Repair of nose fracture	10.18	9.01	1.05	20.24	090	S
21343		A	Repair of sinus fracture	12.23	9.27	1.09	22.59	090	S
21344		A	Repair of sinus fracture	18.63	9.27	1.09	28.99	090	S
21345		A	Repair of nose/jaw fracture	7.71	7.99	0.82	16.52	090	S
21346		A	Repair of nose/jaw fracture	10.03	9.50	1.05	20.58	090	S
21347		A	Repair of nose/jaw fracture	11.99	10.48	1.38	23.85	090	S
21348		A	Repair of nose/jaw fracture	15.77	11.47	2.24	29.48	090	S
21355		A	Repair cheek bone fracture	3.56	1.58	0.17	5.31	010	S
21356		A	Repair cheek bone fracture	3.92	*6.50	0.90	11.32	010	S
21360		A	Repair cheek bone fracture	6.11	7.36	0.90	14.37	090	S
21365		A	Repair cheek bone fracture	14.13	12.49	1.65	28.27	090	S
21366		A	Repair cheek bone fracture	16.79	12.21	2.39	31.39	090	S
21385		A	Repair eye socket fracture	8.66	9.70	1.14	19.50	090	S
21386		A	Repair eye socket fracture	8.66	9.17	1.26	19.09	090	S
21387		A	Repair eye socket fracture	9.17	7.53	0.97	17.67	090	S
21390		A	Repair eye socket fracture	9.58	12.02	1.39	22.99	090	S
21395		A	Repair eye socket fracture	11.98	9.74	1.39	23.11	090	S
21400		A	Treat eye socket fracture	1.32	*1.76	0.17	3.25	090	N
21401		A	Repair eye socket fracture	3.08	2.61	0.32	6.01	090	S
21406		A	Repair eye socket fracture	6.62	5.27	0.75	12.64	090	S
21407		A	Repair eye socket fracture	8.14	7.17	0.79	16.10	090	S
21408		A	Repair eye socket fracture	11.70	8.58	1.00	21.28	090	S
21421		A	Treat mouth roof fracture	4.85	*6.21	0.63	11.69	090	S
21422		A	Repair mouth roof fracture	7.87	9.91	1.20	18.98	090	S
21423		A	Repair mouth roof fracture	9.83	9.91	1.20	20.94	090	S
21431		A	Treat craniofacial fracture	6.66	6.09	0.72	13.47	090	S
21432		A	Repair craniofacial fracture	8.14	6.84	0.85	15.83	090	S
21433		A	Repair craniofacial fracture	23.95	18.16	2.12	44.23	090	S
21435		A	Repair craniofacial fracture	16.30	13.40	1.90	31.60	090	S
21436		A	Repair craniofacial fracture	26.50	14.81	2.10	43.41	090	S
21440		A	Repair dental ridge fracture	2.55	3.10	0.28	5.93	090	S
21445		A	Repair dental ridge fracture	5.09	6.18	0.57	11.84	090	S
21450		A	Treat lower jaw fracture	2.81	2.87	0.26	5.94	090	S
21451		A	Treat lower jaw fracture	4.60	*6.89	0.75	12.24	090	S
21452		A	Treat lower jaw fracture	1.87	1.41	0.17	3.45	090	S
21453		A	Treat lower jaw fracture	5.24	*6.71	0.56	12.51	090	S
21454		A	Treat lower jaw fracture	6.11	*12.64	1.44	20.19	090	S
21461		A	Repair lower jaw fracture	7.64	*11.53	1.31	20.48	090	S
21462		A	Repair lower jaw fracture	9.25	*12.50	1.35	23.10	090	S
21465		A	Repair lower jaw fracture	11.25	8.53	1.00	20.78	090	S
21470		A	Repair lower jaw fracture	14.35	17.32	1.76	33.43	090	S
21480		A	Reset dislocated jaw	0.62	*0.95	0.09	1.66	000	S
21485		A	Reset dislocated jaw	3.77	2.21	0.20	6.18	090	S
21490		A	Repair dislocated jaw	11.20	6.38	0.53	18.11	090	S
21493		A	Treat hyoid bone fracture	1.20	*1.54	0.13	2.87	090	S
21494		A	Repair hyoid bone fracture	5.94	*7.60	0.64	14.18	090	S
21495		A	Repair hyoid bone fracture	5.38	4.87	0.52	10.77	090	S
21497		A	Interdental wiring	3.65	4.01	0.38	8.04	090	S
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21501	.....	A	Drain neck/chest lesion	3.56	1.84	0.26	5.66	090	S
21502	.....	A	Drain chest lesion	6.51	4.27	0.76	11.54	090	S
21510	.....	A	Drainage of bone lesion	5.09	3.86	0.51	9.46	090	S
21550	.....	A	Biopsy of neck/chest	2.03	0.86	0.12	3.01	010	S
21555	.....	A	Remove lesion neck/chest	4.14	1.62	0.25	6.01	090	S
21556	.....	A	Remove lesion neck/chest	5.34	3.84	0.65	9.83	090	S
21557	.....	A	Remove tumor, neck or chest	8.66	8.59	1.43	18.68	090	S
21600	.....	A	Partial removal of rib	6.34	4.55	0.89	11.78	090	S
21610	.....	A	Partial removal of rib	8.64	5.23	0.77	14.64	090	S
21615	.....	A	Removal of rib	9.13	10.24	1.98	21.35	090	S
21616	.....	A	Removal of rib and nerves	11.23	7.34	1.52	20.09	090	S
21620	.....	A	Partial removal of sternum	6.11	6.93	1.24	14.28	090	S
21627	.....	A	Sternal debridement	6.13	5.09	0.91	12.13	090	S
21630	.....	A	Extensive sternum surgery	15.74	11.33	2.06	29.13	090	S
21632	.....	A	Extensive sternum surgery	16.80	11.67	2.24	30.71	090	S
21633	.....	A	Extensive sternum surgery	16.00	13.24	2.48	31.72	090	S
21700	.....	A	Revision of neck muscle	5.91	4.21	0.51	10.63	090	S
21705	.....	A	Revision of neck muscle/rib	9.13	4.90	0.97	15.00	090	S
21720	.....	A	Revision of neck muscle	5.50	3.88	0.53	9.91	090	S
21725	.....	A	Revision of neck muscle	6.62	4.89	0.75	12.26	090	S
21740	.....	A	Reconstruction of sternum	15.59	9.09	1.66	26.34	090	S
21750	.....	A	Repair of sternum separation	10.18	7.41	1.45	19.04	090	S
21800	.....	A	Treatment of rib fracture	0.92	0.78	0.07	1.77	090	N
21805	.....	A	Treatment of rib fracture	2.65	1.36	0.17	4.18	090	S
21810	.....	A	Treatment of rib fracture(s)	6.75	7.41	0.62	14.78	090	N
21820	.....	A	Treat sternum fracture	1.21	1.38	0.17	2.76	090	S
21825	.....	A	Repair sternum fracture	6.90	6.98	1.13	15.01	090	S
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21920	.....	A	Biopsy soft tissue of back	2.03	0.80	0.11	2.94	010	S
21925	.....	A	Biopsy soft tissue of back	4.28	1.97	0.32	6.57	090	S
21930	.....	A	Remove lesion, back or flank	6.62	2.75	0.50	9.87	090	S
21935	.....	A	Remove tumor of back	17.31	6.66	1.31	25.28	090	S
22100	.....	A	Remove part of neck vertebra	8.28	6.44	0.84	15.56	090	S
22101	.....	A	Remove part, thorax vertebra	8.28	6.64	1.20	16.12	090	S
22102	.....	A	Remove part, lumbar vertebra	8.88	4.43	0.63	13.94	090	S
22105	.....	A	Remove part of neck vertebra	13.16	10.89	1.74	25.79	090	S
22106	.....	A	Remove part, thorax vertebra	11.72	9.34	1.55	22.61	090	S
22107	.....	A	Remove part, lumbar vertebra	11.72	4.95	0.85	17.52	090	S
22110	.....	A	Remove part of neck vertebra	11.72	9.83	1.66	23.21	090	S
22112	.....	A	Remove part, thorax vertebra	11.72	10.01	1.65	23.38	090	S
22114	.....	A	Remove part, lumbar vertebra	11.72	7.33	1.18	20.23	090	S
22140	.....	A	Reconstruct neck spine	22.44	17.11	2.76	42.31	090	S
22141	.....	A	Reconstruct thorax spine	25.72	17.41	2.81	45.94	090	S
22142	.....	A	Reconstruct lumbar spine	25.72	21.81	3.24	50.77	090	S
22145	.....	A	Reconstruct vertebra(e)	6.78	6.93	1.10	14.81	ZZZ	S
22148	.....	A	Harvesting bone graft	3.05	*4.38	0.83	8.26	ZZZ	S
22150	.....	A	Reconstruct neck spine	22.40	17.75	2.79	42.94	090	S
22151	.....	A	Reconstruct thorax spine	22.40	17.84	3.28	43.52	090	S
22152	.....	A	Reconstruct lumbar spine	22.40	18.54	3.29	44.23	090	S
22210	.....	A	Revision of neck spine	22.76	13.98	2.46	39.20	090	S
22212	.....	A	Revision of thorax spine	18.34	17.48	2.86	38.68	090	S
22214	.....	A	Revision of lumbar spine	18.34	15.28	2.71	36.33	090	S
22220	.....	A	Revision of neck spine	20.37	16.83	2.66	39.86	090	S
22222	.....	A	Revision of thorax spine	20.37	13.76	1.60	35.73	090	S
22224	.....	A	Revision of lumbar spine	20.37	14.84	2.69	37.90	090	S
22230	.....	A	Additional revision of spine	6.11	5.13	0.90	12.14	ZZZ	S
22305	.....	A	Treat spine process fracture	1.88	*2.45	0.37	4.70	090	S
22310	.....	A	Treat spine fracture	1.88	*3.91	0.70	6.49	090	S
22315	.....	A	Treat spine fracture	8.45	5.57	0.87	14.89	090	S
22325	.....	A	Repair of spine fracture	17.38	8.41	1.35	27.14	090	S
22326	.....	A	Repair neck spine fracture	18.63	16.11	2.77	37.51	090	S
22327	.....	A	Repair thorax spine fracture	17.76	16.13	2.38	36.27	090	S
22505	.....	A	Manipulation of spine	1.79	1.32	0.17	3.28	010	N
22548	.....	A	Neck spine fusion	24.35	22.99	3.86	51.20	090	S
22554	.....	A	Neck spine fusion	18.34	20.03	3.56	41.93	090	S
22556	.....	A	Thorax spine fusion	23.43	21.92	3.62	48.97	090	S
22558	.....	A	Lumbar spine fusion	22.37	20.39	3.42	46.18	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
22585		A	Additional spinal fusion	5.59	5.46	0.94	11.99	ZZZ	S
22590		A	Spine & skull spinal fusion	19.17	21.81	3.48	44.46	090	S
22595		A	Neck spinal fusion	19.45	22.71	3.91	46.07	090	S
22600		A	Neck spine fusion	18.25	19.58	3.36	41.19	090	S
22610		A	Thorax spine fusion	15.28	18.07	2.78	36.13	090	S
22612		A	Lumbar spine fusion	22.50	19.43	3.12	45.05	090	S
22625		A	Lumbar spine fusion	20.13	22.17	3.60	45.90	090	S
22630		A	Lumbar spine fusion	21.16	18.65	3.18	42.99	090	S
22650		A	Additional spinal fusion	6.51	5.71	0.93	13.15	ZZZ	S
22800		A	Fusion of spine	17.11	*21.90	3.62	42.63	090	S
22802		A	Fusion of spine	31.66	28.64	4.66	64.96	090	S
22810		A	Fusion of spine	29.32	18.61	3.19	51.12	090	S
22812		A	Fusion of spine	27.50	26.22	4.29	58.01	090	S
22820		A	Harvesting of bone	2.82	*4.12	0.75	7.69	ZZZ	S
22830		A	Exploration of spinal fusion	10.33	*13.22	2.20	25.75	090	S
22840		A	Insert spine fixation device	12.68	*20.38	3.67	36.73	000	S
22842		A	Insert spine fixation device	14.58	*22.48	4.06	41.12	000	S
22845		A	Insert spine fixation device	12.62	*17.62	3.31	33.55	000	S
22849		A	Reinsert spinal fixation	13.00	11.89	1.99	26.88	090	S
22850		A	Remove spine fixation device	9.08	9.27	1.52	19.87	090	S
22852		A	Remove spine fixation device	8.49	9.91	1.59	19.99	090	S
22855		A	Remove spine fixation device	9.20	7.54	1.26	18.00	090	S
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
22900		A	Remove abdominal wall lesion	6.63	3.06	0.61	10.30	090	S
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23000		A	Removal of calcium deposits	4.17	3.28	0.48	7.93	090	S
23020		A	Release shoulder joint	8.34	7.35	1.10	16.79	090	S
23030		A	Drain shoulder lesion	3.20	2.18	0.35	5.73	010	S
23031		A	Drain shoulder bursa	2.72	0.51	0.05	3.28	010	S
23035		A	Drain shoulder bone lesion	7.89	6.29	1.05	15.23	090	S
23040		A	Exploratory shoulder surgery	8.48	9.37	1.49	19.34	090	S
23044		A	Exploratory shoulder surgery	6.47	6.99	1.19	14.65	090	S
23065		A	Biopsy shoulder tissues	2.26	0.67	0.09	3.02	010	S
23066		A	Biopsy shoulder tissues	4.05	1.19	0.10	5.34	090	S
23075		A	Removal of shoulder lesion	2.37	1.70	0.29	4.36	010	S
23076		A	Removal of shoulder lesion	7.20	3.58	0.66	11.44	090	S
23077		A	Remove tumor of shoulder	14.81	7.46	1.40	23.67	090	S
23100		A	Biopsy of shoulder joint	5.69	*7.31	1.25	14.25	090	S
23101		A	Shoulder joint surgery	5.27	*6.88	1.22	13.37	090	S
23105		A	Remove shoulder joint lining	7.83	*10.02	1.75	19.60	090	S
23106		A	Incision of collarbone joint	5.62	4.80	0.81	11.23	090	S
23107		A	Explore, treat shoulder joint	8.22	9.70	1.62	19.54	090	S
23120		A	Partial removal, collarbone	6.72	4.66	0.75	12.13	090	S
23125		A	Removal of collarbone	9.00	8.58	1.28	18.86	090	S
23130		A	Partial removal, shoulderbone	7.18	7.13	1.15	15.46	090	S
23140		A	Removal of bone lesion	6.50	4.21	0.74	11.45	090	S
23145		A	Removal of bone lesion	8.63	8.22	1.34	18.19	090	S
23146		A	Removal of bone lesion	7.42	5.29	1.02	13.73	090	S
23150		A	Removal of humerus lesion	7.89	6.71	1.02	15.62	090	S
23155		A	Removal of humerus lesion	9.69	8.90	1.39	19.98	090	S
23156		A	Removal of humerus lesion	8.09	7.72	1.26	17.07	090	S
23170		A	Remove collarbone lesion	6.34	4.86	0.79	11.99	090	S
23172		A	Remove shoulder blade lesion	6.31	5.22	0.74	12.27	090	S
23174		A	Remove humerus lesion	8.81	8.65	1.22	18.68	090	S
23180		A	Remove collarbone lesion	7.91	4.35	0.68	12.94	090	S
23182		A	Remove shoulderblade lesion	7.52	6.64	1.14	15.30	090	S
23184		A	Remove humerus lesion	8.71	8.93	1.50	19.14	090	S
23190		A	Partial removal of scapula	6.86	6.14	0.99	13.99	090	S
23195		A	Removal of head of humerus	9.10	9.01	1.47	19.58	090	S
23200		A	Removal of collarbone	11.17	9.27	1.27	21.71	090	S
23210		A	Removal of shoulderblade	11.52	9.11	1.43	22.06	090	S
23220		A	Partial removal of humerus	13.46	12.18	2.05	27.69	090	S
23221		A	Partial removal of humerus	16.80	18.33	1.20	36.33	090	S
23222		A	Partial removal of humerus	16.83	15.19	2.33	34.35	090	S
23330		A	Remove shoulder foreign body	1.82	0.56	0.07	2.45	010	S
23331		A	Remove shoulder foreign body	6.97	2.29	0.38	9.64	090	S
23332		A	Remove shoulder foreign body	10.71	9.83	1.59	22.13	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
23350	.....	A	Injection for shoulder x-ray	1.01	0.53	0.05	1.59	000	N
23395	.....	A	Muscle transfer, shoulder/arm	12.56	11.25	1.86	25.67	090	S
23397	.....	A	Muscle transfers	15.40	14.13	2.37	31.90	090	S
23400	.....	A	Fixation of shoulderblade	13.10	9.95	1.70	24.75	090	S
23405	.....	A	Incision of tendon & muscle	8.06	7.57	1.00	16.63	090	S
23406	.....	A	Incise tendon(s) & muscle(s)	10.44	9.51	1.60	21.55	090	S
23410	.....	A	Repair of tendon(s)	12.03	11.06	1.77	24.86	090	S
23412	.....	A	Repair of tendon(s)	12.83	13.52	2.18	28.53	090	S
23415	.....	A	Release of shoulder ligament	9.62	5.24	0.84	15.70	090	S
23420	.....	A	Repair of shoulder	12.74	14.84	2.37	29.95	090	S
23430	.....	A	Repair biceps tendon rupture	9.67	7.42	1.20	18.29	090	S
23440	.....	A	Removal/transplant tendon	10.19	7.25	1.18	18.62	090	S
23450	.....	A	Repair shoulder capsule	12.99	12.89	2.06	27.94	090	S
23455	.....	A	Repair shoulder capsule	13.97	15.73	2.53	32.23	090	S
23460	.....	A	Repair shoulder capsule	14.82	14.23	2.26	31.31	090	S
23462	.....	A	Repair shoulder capsule	14.78	15.30	2.51	32.59	090	S
23465	.....	A	Repair shoulder capsule	15.31	14.31	2.30	31.92	090	S
23466	.....	A	Repair shoulder capsule	13.80	16.71	2.70	33.21	090	S
23470	.....	A	Reconstruct shoulder joint	16.30	16.95	2.68	35.93	090	S
23472	.....	A	Reconstruct shoulder joint	16.27	*27.26	4.94	48.47	090	S
23480	.....	A	Revision of collarbone	10.68	6.66	1.03	18.37	090	S
23485	.....	A	Revision of collarbone	12.82	11.48	1.89	26.19	090	S
23490	.....	A	Reinforce clavicle	11.44	10.09	0.81	22.34	090	S
23491	.....	A	Reinforce shoulder bones	13.78	12.84	2.13	28.75	090	S
23500	.....	A	Treat clavicle fracture	1.97	1.67	0.21	3.85	090	S
23505	.....	A	Treat clavicle fracture	3.58	2.60	0.38	6.56	090	S
23515	.....	A	Repair clavicle fracture	7.09	7.01	1.13	15.23	090	S
23520	.....	A	Treat clavicle dislocation	2.05	1.40	0.19	3.64	090	S
23525	.....	A	Treat clavicle dislocation	3.44	2.00	0.27	5.71	090	S
23530	.....	A	Repair clavicle dislocation	7.10	6.65	0.92	14.67	090	S
23532	.....	A	Repair clavicle dislocation	7.67	7.31	1.20	16.18	090	S
23540	.....	A	Treat clavicle dislocation	2.12	1.57	0.19	3.88	090	S
23545	.....	A	Treat clavicle dislocation	3.10	2.00	0.29	5.39	090	S
23550	.....	A	Repair clavicle dislocation	6.72	*8.60	1.48	16.80	090	S
23552	.....	A	Repair clavicle dislocation	7.92	7.37	1.18	16.47	090	S
23570	.....	A	Treat shoulderblade fracture	2.12	1.72	0.25	4.09	090	S
23575	.....	A	Treat shoulderblade fracture	3.92	2.78	0.43	7.13	090	S
23585	.....	A	Repair scapula fracture	8.50	7.79	1.30	17.59	090	S
23600	.....	A	Treat humerus fracture	2.78	2.93	0.43	6.14	090	S
23605	.....	A	Treat humerus fracture	4.61	4.81	0.77	10.19	090	S
23615	.....	A	Repair humerus fracture	8.47	*10.84	1.80	21.11	090	S
23616	.....	A	Repair humerus fracture	20.10	22.57	3.58	46.25	090	S
23620	.....	A	Treat humerus fracture	2.27	*2.94	0.47	5.68	090	S
23625	.....	A	Treat humerus fracture	3.68	3.86	0.61	8.15	090	S
23630	.....	A	Repair humerus fracture	6.97	8.92	1.42	17.31	090	S
23650	.....	A	Treat shoulder dislocation	3.28	2.12	0.24	5.64	090	S
23655	.....	A	Treat shoulder dislocation	4.31	2.96	0.44	7.71	090	S
23660	.....	A	Repair shoulder dislocation	7.17	9.17	1.42	17.76	090	S
23665	.....	A	Treat dislocation/fracture	4.21	3.39	0.52	8.12	090	S
23670	.....	A	Repair dislocation/fracture	7.52	*10.46	1.87	19.85	090	S
23675	.....	A	Treat dislocation/fracture	5.66	3.97	0.62	10.25	090	S
23680	.....	A	Repair dislocation/fracture	9.55	*12.38	2.15	24.08	090	S
23700	.....	A	Fixation of shoulder	2.50	2.11	0.34	4.95	010	S
23800	.....	A	Fusion of shoulder joint	13.47	16.53	2.66	32.66	090	S
23802	.....	A	Fusion of shoulder joint	14.83	14.23	2.26	31.32	090	S
23900	.....	A	Amputation of arm & girdle	18.60	12.71	2.43	33.74	090	S
23920	.....	A	Amputation at shoulder joint	13.75	14.00	2.57	30.32	090	S
23921	.....	A	Amputation follow-up surgery	5.09	4.32	0.75	10.16	090	S
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23930	.....	A	Drainage of arm lesion	2.81	1.63	0.24	4.68	010	S
23931	.....	A	Drainage of arm bursa	1.65	0.76	0.11	2.52	010	S
23935	.....	A	Drain arm/elbow bone lesion	5.62	4.74	0.79	11.15	090	S
24000	.....	A	Exploratory elbow surgery	5.38	*8.08	1.46	14.92	090	S
24006	.....	A	Release elbow joint	8.80	7.22	1.18	17.20	090	S
24065	.....	A	Biopsy arm/elbow soft tissue	2.05	0.80	0.10	2.95	010	S
24066	.....	A	Biopsy arm/elbow soft tissue	5.01	2.74	0.41	8.16	090	S
24075	.....	A	Remove arm/elbow lesion	3.83	2.00	0.35	6.18	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
24076	.....	A	Remove arm/elbow lesion	6.08	3.72	0.68	10.48	090	S
24077	.....	A	Remove tumor of arm/elbow	11.30	9.90	1.89	23.09	090	S
24100	.....	A	Biopsy elbow joint lining	4.72	4.28	0.70	9.70	090	S
24101	.....	A	Explore/treat elbow joint	5.90	*7.97	1.43	15.30	090	S
24102	.....	A	Remove elbow joint lining	7.65	*10.34	1.83	19.82	090	S
24105	.....	A	Removal of elbow bursa	3.47	3.81	0.64	7.92	090	S
24110	.....	A	Remove humerus lesion	7.16	7.78	1.23	16.17	090	S
24115	.....	A	Remove/graft bone lesion	8.98	7.77	1.34	18.09	090	S
24116	.....	A	Remove/graft bone lesion	11.25	9.83	1.49	22.57	090	S
24120	.....	A	Remove elbow lesion	6.43	6.09	0.99	13.51	090	S
24125	.....	A	Remove/graft bone lesion	7.48	5.85	0.62	13.95	090	S
24126	.....	A	Remove/graft bone lesion	7.85	7.48	1.22	16.55	090	S
24130	.....	A	Removal of head of radius	6.03	6.79	1.09	13.91	090	S
24134	.....	A	Removal of arm bone lesion	9.08	8.79	1.25	19.12	090	S
24136	.....	A	Remove radius bone lesion	7.41	8.88	0.93	17.22	090	S
24138	.....	A	Remove elbow bone lesion	7.44	6.46	1.07	14.97	090	S
24140	.....	A	Partial removal of arm bone	8.66	8.87	1.47	19.00	090	S
24145	.....	A	Partial removal of radius	7.20	6.45	1.04	14.69	090	S
24147	.....	A	Partial removal of elbow	7.08	6.68	1.09	14.85	090	S
24150	.....	A	Extensive humerus surgery	12.57	14.24	2.26	29.07	090	S
24151	.....	A	Extensive humerus surgery	14.81	13.98	2.13	30.92	090	S
24152	.....	A	Extensive radius surgery	9.62	6.88	1.17	17.67	090	S
24153	.....	A	Extensive radius surgery	11.08	10.56	1.73	23.37	090	S
24155	.....	A	Removal of elbow joint	11.23	10.87	1.74	23.84	090	S
24160	.....	A	Remove elbow joint implant	7.51	4.89	0.81	13.21	090	S
24164	.....	A	Remove radius head implant	5.85	5.59	0.91	12.35	090	S
24200	.....	A	Removal of arm foreign body	1.73	0.57	0.06	2.36	010	N
24201	.....	A	Removal of arm foreign body	4.35	3.09	0.50	7.94	090	S
24220	.....	A	Injection for elbow x-ray	1.32	0.52	0.05	1.89	000	N
24301	.....	A	Muscle/tendon transfer	9.89	7.99	1.24	19.12	090	S
24305	.....	A	Arm tendon lengthening	7.24	3.11	0.29	10.64	090	S
24310	.....	A	Revision of arm tendon	5.78	2.98	0.49	9.25	090	S
24320	.....	A	Repair of arm tendon	10.12	9.30	1.30	20.72	090	S
24330	.....	A	Revision of arm muscles	9.28	8.84	1.45	19.57	090	S
24331	.....	A	Revision of arm muscles	10.21	9.73	1.59	21.53	090	S
24340	.....	A	Repair of ruptured tendon	7.66	7.08	1.14	15.88	090	S
24342	.....	A	Repair of ruptured tendon	10.24	10.50	1.78	22.52	090	S
24350	.....	A	Repair of tennis elbow	5.11	4.28	0.70	10.09	090	S
24351	.....	A	Repair of tennis elbow	5.79	4.62	0.74	11.15	090	S
24352	.....	A	Repair of tennis elbow	6.21	5.75	0.94	12.90	090	S
24354	.....	A	Repair of tennis elbow	6.26	5.67	0.95	12.88	090	S
24356	.....	A	Revision of tennis elbow	6.46	7.36	1.19	15.01	090	S
24360	.....	A	Reconstruct elbow joint	11.89	*15.22	2.50	29.61	090	S
24361	.....	A	Reconstruct elbow joint	13.65	13.28	2.02	28.95	090	S
24362	.....	A	Reconstruct elbow joint	14.57	13.29	0.81	28.67	090	S
24363	.....	A	Replace elbow joint	17.86	*24.02	4.18	46.06	090	S
24365	.....	A	Reconstruct head of radius	8.02	7.60	1.20	16.82	090	S
24366	.....	A	Reconstruct head of radius	8.77	11.17	1.82	21.76	090	S
24400	.....	A	Revision of humerus	10.67	8.52	1.39	20.58	090	S
24410	.....	A	Revision of humerus	14.44	14.20	2.08	30.72	090	S
24420	.....	A	Revision of humerus	13.04	12.44	2.03	27.51	090	S
24430	.....	A	Repair of humerus	12.40	14.82	2.37	29.59	090	S
24435	.....	A	Repair humerus with graft	12.33	*16.51	2.87	31.71	090	S
24470	.....	A	Revision of elbow joint	8.41	8.01	1.31	17.73	090	S
24495	.....	A	Decompression of forearm	7.67	5.81	1.11	14.59	090	S
24498	.....	A	Reinforce humerus	11.43	10.49	1.64	23.56	090	S
24500	.....	A	Treat humerus fracture	3.04	2.57	0.36	5.97	090	S
24505	.....	A	Treat humerus fracture	4.88	4.55	0.72	10.15	090	S
24515	.....	A	Repair humerus fracture	11.04	9.76	1.56	22.36	090	S
24516	.....	A	Repair humerus fracture	11.04	9.76	1.56	22.36	090	S
24530	.....	A	Treat humerus fracture	3.34	2.76	0.42	6.52	090	S
24535	.....	A	Treat humerus fracture	6.58	4.90	0.79	12.27	090	S
24538	.....	A	Treat humerus fracture	8.95	8.07	1.27	18.29	090	S
24545	.....	A	Repair humerus fracture	9.76	10.08	1.61	21.45	090	S
24546	.....	A	Repair humerus fracture	14.82	10.08	1.61	26.51	090	S
24560	.....	A	Treat humerus fracture	2.65	2.18	0.30	5.13	090	S
24565	.....	A	Treat humerus fracture	5.28	3.49	0.55	9.32	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
24566	.....	A	Treat humerus fracture	7.25	6.13	0.97	14.35	090	S
24575	.....	A	Repair humerus fracture	10.02	7.88	1.25	19.15	090	S
24576	.....	A	Treat humerus fracture	2.69	2.18	0.33	5.20	090	S
24577	.....	A	Treat humerus fracture	5.51	4.04	0.62	10.17	090	S
24579	.....	A	Repair humerus fracture	10.97	8.46	1.36	20.79	090	S
24582	.....	A	Treat humerus fracture	7.92	6.69	1.07	15.68	090	S
24586	.....	A	Repair elbow fracture	14.53	14.88	2.39	31.80	090	S
24587	.....	A	Repair elbow fracture	14.42	13.87	2.19	30.48	090	S
24600	.....	A	Treat elbow dislocation	4.13	1.97	0.26	6.36	090	S
24605	.....	A	Treat elbow dislocation	5.14	2.32	0.37	7.83	090	S
24615	.....	A	Repair elbow dislocation	8.86	9.39	1.50	19.75	090	S
24620	.....	A	Treat elbow fracture	6.69	3.82	0.58	11.09	090	S
24635	.....	A	Repair elbow fracture	12.56	11.18	1.80	25.54	090	S
24640	.....	A	Treat elbow dislocation	1.16	1.02	0.08	2.26	010	N
24650	.....	A	Treat radius fracture	2.03	2.28	0.33	4.64	090	S
24655	.....	A	Treat radius fracture	4.22	3.04	0.46	7.72	090	S
24665	.....	A	Repair radius fracture	7.78	7.21	1.15	16.14	090	S
24666	.....	A	Repair radius fracture	8.97	10.38	1.62	20.97	090	S
24670	.....	A	Treatment of ulna fracture	2.42	1.97	0.27	4.66	090	S
24675	.....	A	Treatment of ulna fracture	4.57	3.55	0.55	8.67	090	S
24685	.....	A	Repair ulna fracture	8.43	8.49	1.35	18.27	090	S
24800	.....	A	Fusion of elbow joint	10.87	10.71	1.57	23.15	090	S
24802	.....	A	Fusion/graft of elbow joint	12.93	12.32	2.01	27.26	090	S
24900	.....	A	Amputation of upper arm	8.86	7.77	1.41	18.04	090	S
24920	.....	A	Amputation of upper arm	8.79	6.86	1.20	16.85	090	S
24925	.....	A	Amputation follow-up surgery	6.68	6.34	0.76	13.78	090	S
24930	.....	A	Amputation follow-up surgery	9.50	8.25	1.18	18.93	090	S
24931	.....	A	Amputate upper arm & implant	11.84	11.29	1.86	24.99	090	S
24935	.....	A	Revision of amputation	14.53	13.85	2.26	30.64	090	S
24940	.....	C	Revision of upper arm	0.00	0.00	0.00	0.00	090	S
24999	.....	C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY	S
25000	.....	A	Incision of tendon sheath	3.20	3.97	0.63	7.80	090	S
25005	.....	A	Incision of tendon sheath	3.53	4.05	0.65	8.23	090	S
25020	.....	A	Decompression of forearm	5.61	4.40	0.78	10.79	090	S
25023	.....	A	Decompression of forearm	11.93	5.50	0.95	18.38	090	S
25028	.....	A	Drainage of forearm lesion	4.93	2.08	0.36	7.37	090	S
25031	.....	A	Drainage of forearm bursa	3.94	0.67	0.09	4.70	090	S
25035	.....	A	Treat forearm bone lesion	6.91	6.37	1.02	14.30	090	S
25040	.....	A	Explore/treat wrist joint	6.68	5.75	0.91	13.34	090	S
25065	.....	A	Biopsy forearm soft tissues	2.42	0.76	0.09	3.27	010	S
25066	.....	A	Biopsy forearm soft tissues	3.91	1.56	0.22	5.69	090	S
25075	.....	A	Removal of forearm lesion	3.65	2.21	0.37	6.23	090	S
25076	.....	A	Removal of forearm lesion	4.82	3.81	0.68	9.31	090	S
25077	.....	A	Remove tumor, forearm/wrist	9.35	8.57	1.69	19.61	090	S
25085	.....	A	Incision of wrist capsule	5.19	4.67	0.72	10.58	090	S
25100	.....	A	Biopsy of wrist joint	3.70	*4.74	0.80	9.24	090	S
25101	.....	A	Explore/treat wrist joint	4.48	5.67	0.99	11.14	090	S
25105	.....	A	Remove wrist joint lining	5.62	*7.19	1.20	14.01	090	S
25107	.....	A	Remove wrist joint cartilage	5.96	5.34	0.90	12.20	090	S
25110	.....	A	Remove wrist tendon lesion	3.83	2.83	0.47	7.13	090	S
25111	.....	A	Remove wrist tendon lesion	3.28	3.26	0.56	7.10	090	S
25112	.....	A	Reremove wrist tendon lesion	4.43	3.76	0.67	8.86	090	S
25115	.....	A	Remove wrist/forearm lesion	6.33	7.22	1.24	14.79	090	S
25116	.....	A	Remove wrist/forearm lesion	6.51	8.26	1.40	16.17	090	S
25118	.....	A	Excise wrist tendon sheath	4.16	*5.69	1.03	10.88	090	S
25119	.....	A	Partial removal of ulna	5.70	*7.47	1.33	14.50	090	S
25120	.....	A	Removal of forearm lesion	5.76	6.60	1.15	13.51	090	S
25125	.....	A	Remove/graft forearm lesion	7.14	6.92	1.05	15.11	090	S
25126	.....	A	Remove/graft forearm lesion	7.21	6.88	1.13	15.22	090	S
25130	.....	A	Removal of wrist lesion	5.14	4.26	0.68	10.08	090	S
25135	.....	A	Remove & graft wrist lesion	6.65	5.52	0.98	13.15	090	S
25136	.....	A	Remove & graft wrist lesion	5.74	4.79	0.86	11.39	090	S
25145	.....	A	Remove forearm bone lesion	6.04	6.02	0.76	12.82	090	S
25150	.....	A	Partial removal of ulna	6.63	6.74	1.13	14.50	090	S
25151	.....	A	Partial removal of radius	6.94	5.81	1.03	13.78	090	S
25170	.....	A	Extensive forearm surgery	10.57	9.90	1.53	22.00	090	S
25210	.....	A	Removal of wrist bone	5.61	4.93	0.81	11.35	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
25215	.....	A	Removal of wrist bones	7.48	8.78	1.44	17.70	090	S
25230	.....	A	Partial removal of radius	4.91	5.63	0.86	11.40	090	S
25240	.....	A	Partial removal of ulna	4.96	5.36	0.87	11.19	090	S
25246	.....	A	Injection for wrist x-ray	1.47	0.51	0.05	2.03	000	N
25248	.....	A	Remove forearm foreign body	5.02	2.20	0.37	7.59	090	S
25250	.....	A	Removal of wrist prosthesis	6.38	5.69	0.92	12.99	090	S
25251	.....	A	Removal of wrist prosthesis	9.18	8.34	1.41	18.93	090	S
25260	.....	A	Repair forearm tendon/muscle	7.41	4.66	0.79	12.86	090	S
25263	.....	A	Repair forearm tendon/muscle	7.45	5.83	1.04	14.32	090	S
25265	.....	A	Repair forearm tendon/muscle	9.65	8.02	1.43	19.10	090	S
25270	.....	A	Repair forearm tendon/muscle	5.77	3.40	0.56	9.73	090	S
25272	.....	A	Repair forearm tendon/muscle	6.83	3.48	0.55	10.86	090	S
25274	.....	A	Repair forearm tendon/muscle	8.53	6.69	1.14	16.36	090	S
25280	.....	A	Revise wrist/forearm tendon	6.90	4.27	0.70	11.87	090	S
25290	.....	A	Incise wrist/forearm tendon	5.09	2.50	0.41	8.00	090	S
25295	.....	A	Release wrist/forearm tendon	6.33	3.08	0.53	9.94	090	S
25300	.....	A	Fusion of tendons at wrist	8.55	7.44	1.20	17.19	090	S
25301	.....	A	Fusion of tendons at wrist	8.18	6.85	1.19	16.22	090	S
25310	.....	A	Transplant forearm tendon	7.77	7.22	1.18	16.17	090	S
25312	.....	A	Transplant forearm tendon	9.18	7.71	1.32	18.21	090	S
25315	.....	A	Revise palsy hand tendon(s)	9.49	8.12	1.36	18.97	090	S
25316	.....	A	Revise palsy hand tendon(s)	11.48	10.47	1.77	23.72	090	S
25317	.....	A	Revise hand contracture	9.99	8.60	1.29	19.88	090	S
25318	.....	A	Revise hand contracture	12.57	11.98	1.95	26.50	090	S
25320	.....	A	Repair/revise wrist joint	9.25	8.70	1.47	19.42	090	S
25330	.....	A	Revise wrist joint	10.97	9.33	1.52	21.82	090	S
25331	.....	A	Revise wrist joint	12.74	14.82	2.43	29.99	090	S
25332	.....	A	Revise wrist joint	10.95	10.09	1.63	22.67	090	S
25335	.....	A	Realignment of hand	12.24	11.54	1.58	25.36	090	S
25350	.....	A	Revision of radius	8.32	7.69	1.27	17.28	090	S
25355	.....	A	Revision of radius	9.66	9.22	1.51	20.39	090	S
25360	.....	A	Revision of ulna	7.97	6.48	1.00	15.45	090	S
25365	.....	A	Revise radius & ulna	11.76	10.42	1.59	23.77	090	S
25370	.....	A	Revise radius or ulna	12.48	11.89	1.94	26.31	090	S
25375	.....	A	Revise radius & ulna	12.41	13.53	0.88	26.82	090	S
25390	.....	A	Shorten radius/ulna	9.96	8.92	1.52	20.40	090	S
25391	.....	A	Lengthen radius/ulna	12.89	11.38	1.95	26.22	090	S
25392	.....	A	Shorten radius & ulna	13.20	12.58	2.06	27.84	090	S
25393	.....	A	Lengthen radius & ulna	15.07	14.37	2.35	31.79	090	S
25400	.....	A	Repair radius or ulna	10.41	10.90	1.77	23.08	090	S
25405	.....	A	Repair/graft radius or ulna	13.63	12.56	2.04	28.23	090	S
25415	.....	A	Repair radius & ulna	12.78	11.55	1.94	26.27	090	S
25420	.....	A	Repair/graft radius & ulna	15.51	14.86	2.31	32.68	090	S
25425	.....	A	Repair/graft radius or ulna	12.58	12.15	1.89	26.62	090	S
25426	.....	A	Repair/graft radius & ulna	15.09	11.85	2.15	29.09	090	S
25440	.....	A	Repair/graft wrist bone	10.06	9.15	1.52	20.73	090	S
25441	.....	A	Reconstruct wrist joint	12.40	11.49	1.91	25.80	090	S
25442	.....	A	Reconstruct wrist joint	10.45	7.14	1.23	18.82	090	S
25443	.....	A	Reconstruct wrist joint	9.99	9.48	1.54	21.01	090	S
25444	.....	A	Reconstruct wrist joint	10.76	10.25	1.68	22.69	090	S
25445	.....	A	Reconstruct wrist joint	9.37	10.48	1.74	21.59	090	S
25446	.....	A	Wrist replacement	15.69	*20.08	3.53	39.30	090	S
25447	.....	A	Repair wrist joint(s)	11.49	9.66	1.55	22.70	090	S
25449	.....	A	Remove wrist joint implant	13.93	7.93	1.17	23.03	090	S
25450	.....	A	Revision of wrist joint	7.76	7.39	1.20	16.35	090	S
25455	.....	A	Revision of wrist joint	9.25	8.81	1.44	19.50	090	S
25490	.....	A	Reinforce radius	9.22	8.79	1.44	19.45	090	S
25491	.....	A	Reinforce ulna	9.65	9.20	1.51	20.36	090	S
25492	.....	A	Reinforce radius and ulna	11.88	11.32	1.86	25.06	090	S
25500	.....	A	Treat fracture of radius	2.33	2.36	0.29	4.98	090	S
25505	.....	A	Treat fracture of radius	5.02	3.61	0.52	9.15	090	S
25515	.....	A	Repair fracture of radius	8.73	7.71	1.23	17.67	090	S
25520	.....	A	Repair fracture of radius	6.08	5.80	0.95	12.83	090	S
25525	.....	A	Repair fracture of radius	11.82	11.27	1.85	24.94	090	S
25526	.....	A	Repair fracture of radius	12.57	11.98	1.96	26.51	090	S
25530	.....	A	Treat fracture of ulna	1.96	2.47	0.35	4.78	090	S
25535	.....	A	Treat fracture of ulna	4.96	3.61	0.55	9.12	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
25545		A	Repair fracture of ulna	8.44	7.66	1.21	17.31	090	S
25560		A	Treat fracture radius & ulna	2.32	2.30	0.27	4.89	090	S
25565		A	Treat fracture radius & ulna	5.35	4.71	0.71	10.77	090	S
25574		A	Treat fracture radius & ulna	6.10	*9.64	1.75	17.49	090	S
25575		A	Repair fracture radius/ulna	9.58	10.82	1.75	22.15	090	S
25600		A	Treat fracture radius/ulna	2.51	2.87	0.42	5.80	090	S
25605		A	Treat fracture radius/ulna	5.42	3.99	0.62	10.03	090	S
25611		A	Repair fracture radius/ulna	7.19	6.08	0.98	14.25	090	S
25620		A	Repair fracture radius/ulna	8.24	7.21	1.15	16.60	090	S
25622		A	Treat wrist bone fracture	2.46	2.31	0.33	5.10	090	S
25624		A	Treat wrist bone fracture	4.33	3.71	0.58	8.62	090	S
25628		A	Repair wrist bone fracture	7.90	7.21	1.17	16.28	090	S
25630		A	Treat wrist bone fracture	2.76	2.21	0.30	5.27	090	S
25635		A	Treat wrist bone fracture	4.21	3.40	0.51	8.12	090	S
25645		A	Repair wrist bone fracture	6.93	6.75	0.96	14.64	090	S
25650		A	Repair wrist bone fracture	2.90	2.69	0.36	5.95	090	S
25660		A	Treat wrist dislocation	4.58	1.84	0.26	6.68	090	S
25670		A	Repair wrist dislocation	7.60	7.16	1.13	15.89	090	S
25675		A	Treat wrist dislocation	4.49	2.31	0.34	7.14	090	S
25676		A	Repair wrist dislocation	7.63	7.40	1.12	16.15	090	S
25680		A	Treat wrist fracture	5.69	2.47	0.36	8.52	090	S
25685		A	Repair wrist fracture	9.33	8.89	1.46	19.68	090	S
25690		A	Treat wrist dislocation	5.22	4.94	0.74	10.90	090	S
25695		A	Repair wrist dislocation	8.03	7.12	1.18	16.33	090	S
25800		A	Fusion of wrist joint	9.31	11.06	1.82	22.19	090	S
25805		A	Fusion/graft of wrist joint	10.69	12.99	2.11	25.79	090	S
25810		A	Fusion/graft of wrist joint	9.90	*12.67	2.08	24.65	090	S
25820		A	Fusion of hand bones	7.22	9.01	1.50	17.73	090	S
25825		A	Fusion hand bones with graft	8.70	*11.35	2.01	22.06	090	S
25900		A	Amputation of forearm	8.24	7.16	1.32	16.72	090	S
25905		A	Amputation of forearm	8.49	7.19	1.16	16.84	090	S
25907		A	Amputation follow-up surgery	7.35	5.80	1.01	14.16	090	S
25909		A	Amputation follow-up surgery	8.46	5.61	1.07	15.14	090	S
25915		C	Amputation of forearm	0.00	0.00	0.00	0.00	090	S
25920		A	Amputate hand at wrist	8.18	7.08	1.21	16.47	090	S
25922		A	Amputate hand at wrist	7.04	5.61	1.03	13.68	090	S
25924		A	Amputation follow-up surgery	7.96	7.58	1.23	16.77	090	S
25927		A	Amputation of hand	8.36	6.36	1.23	15.95	090	S
25929		A	Amputation follow-up surgery	7.21	4.79	0.97	12.97	090	S
25931		A	Amputation follow-up surgery	7.43	4.59	0.91	12.93	090	S
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY	S
26010		A	Drainage of finger abscess	1.51	0.49	0.05	2.05	010	N
26011		A	Drainage of finger abscess	2.16	1.56	0.24	3.96	010	S
26020		A	Drain hand tendon sheath	4.05	3.76	0.64	8.45	090	S
26025		A	Drainage of palm bursa	4.37	4.56	0.77	9.70	090	S
26030		A	Drainage of palm bursa(s)	5.42	5.79	0.99	12.20	090	S
26034		A	Treat hand bone lesion	5.65	4.28	0.72	10.65	090	S
26035		A	Decompress fingers/hand	8.47	5.23	0.87	14.57	090	S
26037		A	Decompress fingers/hand	6.75	6.44	1.06	14.25	090	S
26040		A	Release palm contracture	3.12	2.89	0.50	6.51	090	S
26045		A	Release palm contracture	5.33	4.88	0.82	11.03	090	S
26055		A	Incise finger tendon sheath	2.59	*3.32	0.57	6.48	090	S
26060		A	Incision of finger tendon	2.74	1.14	0.17	4.05	090	S
26070		A	Explore/treat hand joint	3.38	2.79	0.42	6.59	090	S
26075		A	Explore/treat finger joint	3.48	3.82	0.63	7.93	090	S
26080		A	Explore/treat finger joint	3.82	3.17	0.52	7.51	090	S
26100		A	Biopsy hand joint lining	3.58	3.02	0.46	7.06	090	S
26105		A	Biopsy finger joint lining	3.62	4.22	0.68	8.52	090	S
26110		A	Biopsy finger joint lining	3.44	2.96	0.51	6.91	090	S
26115		A	Removal of hand lesion	3.72	2.03	0.34	6.09	090	S
26116		A	Removal of hand lesion	5.25	3.75	0.63	9.63	090	S
26117		A	Remove tumor, hand/finger	8.33	5.13	0.92	14.38	090	S
26121		A	Release palm contracture	7.42	*9.50	1.63	18.55	090	S
26123		A	Release palm contracture	8.74	9.20	1.55	19.49	090	S
26125		A	Release palm contracture	4.66	2.65	0.45	7.76	ZZZ	S
26130		A	Remove wrist joint lining	5.19	5.07	0.87	11.13	090	S
26135		A	Revise finger joint, each	6.74	4.91	0.83	12.48	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
26140		A	Revise finger joint, each	5.95	4.45	0.76	11.16	090	S
26145		A	Tendon excision, palm/finger	6.10	4.76	0.81	11.67	090	S
26160		A	Remove tendon sheath lesion	3.03	2.35	0.40	5.78	090	S
26170		A	Removal of palm tendon, each	4.67	2.86	0.45	7.98	090	S
26180		A	Removal of finger tendon	5.06	4.05	0.72	9.83	090	S
26200		A	Remove hand bone lesion	5.31	4.53	0.73	10.57	090	S
26205		A	Remove/graft bone lesion	7.32	6.47	1.04	14.83	090	S
26210		A	Removal of finger lesion	5.03	3.94	0.65	9.62	090	S
26215		A	Remove/graft finger lesion	6.89	5.61	0.95	13.45	090	S
26230		A	Partial removal of hand bone	6.03	4.31	0.70	11.04	090	S
26235		A	Partial removal, finger bone	5.88	4.22	0.72	10.82	090	S
26236		A	Partial removal, finger bone	5.01	3.90	0.67	9.58	090	S
26250		A	Extensive hand surgery	7.34	6.07	1.08	14.49	090	S
26255		A	Extensive hand surgery	11.79	9.04	1.56	22.39	090	S
26260		A	Extensive finger surgery	6.82	5.79	0.98	13.59	090	S
26261		A	Extensive finger surgery	8.63	7.79	1.32	17.74	090	S
26262		A	Partial removal of finger	5.47	4.80	0.77	11.04	090	S
26320		A	Removal of implant from hand	3.78	3.58	0.58	7.94	090	S
26350		A	Repair finger/hand tendon	5.82	5.80	1.00	12.62	090	S
26352		A	Repair/graft hand tendon	7.34	6.67	1.11	15.12	090	S
26356		A	Repair finger/hand tendon	7.13	7.29	1.25	15.67	090	S
26357		A	Repair finger/hand tendon	8.25	6.65	1.20	16.10	090	S
26358		A	Repair/graft hand tendon	8.79	7.48	1.28	17.55	090	S
26370		A	Repair finger/hand tendon	6.78	6.78	1.14	14.70	090	S
26372		A	Repair/graft hand tendon	8.36	6.46	1.16	15.98	090	S
26373		A	Repair finger/hand tendon	7.76	6.93	1.12	15.81	090	S
26390		A	Revise hand/finger tendon	8.83	8.04	1.24	18.11	090	S
26392		A	Repair/graft hand tendon	9.88	8.71	1.27	19.86	090	S
26410		A	Repair hand tendon	4.42	3.33	0.52	8.27	090	S
26412		A	Repair/graft hand tendon	5.98	6.08	0.98	13.04	090	S
26415		A	Excision, hand/finger tendon	8.14	6.83	0.91	15.88	090	S
26416		A	Graft hand or finger tendon	9.16	8.74	1.43	19.33	090	S
26418		A	Repair finger tendon	4.06	3.62	0.60	8.28	090	S
26420		A	Repair/graft finger tendon	6.44	5.74	0.97	13.15	090	S
26426		A	Repair finger/hand tendon	5.93	6.38	1.08	13.39	090	S
26428		A	Repair/graft finger tendon	6.98	5.56	1.01	13.55	090	S
26432		A	Repair finger tendon	3.91	3.18	0.52	7.61	090	S
26433		A	Repair finger tendon	4.46	3.98	0.67	9.11	090	S
26434		A	Repair/graft finger tendon	5.86	5.01	0.85	11.72	090	S
26437		A	Realignment of tendons	5.59	4.10	0.69	10.38	090	S
26440		A	Release palm/finger tendon	4.81	3.61	0.60	9.02	090	S
26442		A	Release palm & finger tendon	6.17	3.41	0.60	10.18	090	S
26445		A	Release hand/finger tendon	4.21	3.29	0.55	8.05	090	S
26449		A	Release forearm/hand tendon	6.46	5.63	0.97	13.06	090	S
26450		A	Incision of palm tendon	3.58	2.31	0.36	6.25	090	S
26455		A	Incision of finger tendon	3.55	1.91	0.33	5.79	090	S
26460		A	Incise hand/finger tendon	3.37	1.74	0.30	5.41	090	S
26471		A	Fusion of finger tendons	5.61	4.20	0.68	10.49	090	S
26474		A	Fusion of finger tendons	5.20	4.66	0.76	10.62	090	S
26476		A	Tendon lengthening	5.06	2.92	0.27	8.25	090	S
26477		A	Tendon shortening	5.03	4.03	0.74	9.80	090	S
26478		A	Lengthening of hand tendon	5.68	4.35	0.73	10.76	090	S
26479		A	Shortening of hand tendon	5.62	5.35	0.87	11.84	090	S
26480		A	Transplant hand tendon	6.56	6.60	1.12	14.28	090	S
26483		A	Transplant/graft hand tendon	7.96	8.59	1.42	17.97	090	S
26485		A	Transplant palm tendon	7.36	6.57	1.09	15.02	090	S
26489		A	Transplant/graft palm tendon	9.10	3.44	0.52	13.06	090	S
26490		A	Revise thumb tendon	8.08	7.89	1.29	17.26	090	S
26492		A	Tendon transfer with graft	9.27	8.85	1.22	19.34	090	S
26494		A	Hand tendon/muscle transfer	8.14	7.36	1.24	16.74	090	S
26496		A	Revise thumb tendon	9.27	8.83	1.55	19.65	090	S
26497		A	Finger tendon transfer	9.25	8.11	1.40	18.76	090	S
26498		A	Finger tendon transfer	13.70	11.91	2.06	27.67	090	S
26499		A	Revision of finger	8.66	7.84	1.26	17.76	090	S
26500		A	Hand tendon reconstruction	5.73	3.53	0.61	9.87	090	S
26502		A	Hand tendon reconstruction	6.81	5.33	0.96	13.10	090	S
26504		A	Hand tendon reconstruction	7.13	6.79	1.12	15.04	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
26508		A	Release thumb contracture	5.67	4.20	0.73	10.60	090	S
26510		A	Thumb tendon transfer	5.09	4.20	0.69	9.98	090	S
26516		A	Fusion of knuckle joints	6.83	4.21	0.68	11.72	090	S
26517		A	Fusion of knuckle joints	8.43	7.15	1.24	16.82	090	S
26518		A	Fusion of knuckle joints	8.62	6.58	1.23	16.43	090	S
26520		A	Release knuckle contracture	5.07	4.53	0.72	10.32	090	S
26525		A	Release finger contracture	5.10	3.68	0.63	9.41	090	S
26527		A	Revise wrist joint	8.45	9.88	1.63	19.96	090	S
26530		A	Revise knuckle joint	6.45	5.22	0.86	12.53	090	S
26531		A	Revise knuckle with implant	7.65	6.72	1.12	15.49	090	S
26535		A	Revise finger joint	5.00	4.89	0.59	10.48	090	S
26536		A	Revise/implant finger joint	6.13	7.29	1.20	14.62	090	S
26540		A	Repair hand joint	6.10	6.71	1.13	13.94	090	S
26541		A	Repair hand joint with graft	8.29	9.04	1.49	18.82	090	S
26542		A	Repair hand joint with graft	6.45	5.73	0.98	13.16	090	S
26545		A	Reconstruct finger joint	6.57	5.33	0.95	12.85	090	S
26548		A	Reconstruct finger joint	7.69	5.85	1.01	14.55	090	S
26550		C	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26552		C	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26555		C	Positional change of finger	0.00	0.00	0.00	0.00	090	S
26557		C	Construct finger replacement	0.00	0.00	0.00	0.00	090	S
26558		C	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26559		C	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26560		A	Repair of web finger	5.29	4.70	0.67	10.66	090	S
26561		A	Repair of web finger	10.62	8.99	1.58	21.19	090	S
26562		A	Repair of web finger	9.33	11.09	0.83	21.25	090	S
26565		A	Correct metacarpal flaw	6.52	5.88	0.86	13.26	090	S
26567		A	Correct finger deformity	6.60	4.33	0.68	11.61	090	S
26568		A	Lengthen metacarpal/finger	8.76	8.54	1.07	18.37	090	S
26580		C	Repair hand deformity	0.00	0.00	0.00	0.00	090	S
26585		C	Repair finger deformity	0.00	0.00	0.00	0.00	090	S
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	090	S
26590		C	Repair finger deformity	0.00	0.00	0.00	0.00	090	S
26591		A	Repair muscles of hand	2.93	2.32	0.39	5.64	090	S
26593		A	Release muscles of hand	4.94	4.17	0.71	9.82	090	S
26596		A	Excision constricting tissue	8.74	8.33	1.36	18.43	090	S
26597		A	Release of scar contracture	9.47	8.11	1.39	18.97	090	S
26600		A	Treat metacarpal fracture	1.83	1.56	0.22	3.61	090	S
26605		A	Treat metacarpal fracture	2.70	2.32	0.36	5.38	090	S
26607		A	Treat metacarpal fracture	5.18	3.59	0.58	9.35	090	S
26608		A	Treat metacarpal fracture	5.18	3.59	0.58	9.35	090	S
26615		A	Repair metacarpal fracture	5.24	4.92	0.81	10.97	090	S
26641		A	Treat thumb dislocation	3.78	1.12	0.14	5.04	090	S
26645		A	Treat thumb fracture	4.28	2.22	0.33	6.83	090	S
26650		A	Repair thumb fracture	5.55	4.05	0.65	10.25	090	S
26665		A	Repair thumb fracture	7.22	6.46	1.10	14.78	090	S
26670		A	Treat hand dislocation	3.58	0.97	0.10	4.65	090	S
26675		A	Treat hand dislocation	4.49	4.39	0.61	9.49	090	S
26676		A	Pin hand dislocation	5.35	4.91	0.68	10.94	090	S
26685		A	Repair hand dislocation	6.61	5.82	0.92	13.35	090	S
26686		A	Repair hand dislocation	7.56	6.38	1.05	14.99	090	S
26700		A	Treat knuckle dislocation	3.58	0.89	0.10	4.57	090	S
26705		A	Treat knuckle dislocation	4.03	1.80	0.27	6.10	090	S
26706		A	Pin knuckle dislocation	4.97	4.73	0.76	10.46	090	S
26715		A	Repair knuckle dislocation	5.54	4.18	0.67	10.39	090	S
26720		A	Treat finger fracture, each	1.58	1.11	0.15	2.84	090	S
26725		A	Treat finger fracture, each	3.22	1.56	0.23	5.01	090	S
26727		A	Treat finger fracture, each	4.97	2.48	0.38	7.83	090	S
26735		A	Repair finger fracture, each	5.78	3.77	0.62	10.17	090	S
26740		A	Treat finger fracture, each	1.83	1.17	0.16	3.16	090	S
26742		A	Treat finger fracture, each	3.74	2.00	0.32	6.06	090	S
26746		A	Repair finger fracture, each	5.61	4.80	0.81	11.22	090	S
26750		A	Treat finger fracture, each	1.62	0.84	0.10	2.56	090	S
26755		A	Treat finger fracture, each	3.00	1.09	0.15	4.24	090	S
26756		A	Pin finger fracture, each	4.24	1.92	0.33	6.49	090	S
26765		A	Repair finger fracture, each	4.08	2.69	0.45	7.22	090	S
26770		A	Treat finger dislocation	2.92	0.77	0.08	3.77	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
26775		A	Treat finger dislocation	3.55	1.14	0.17	4.86	090	S
26776		A	Pin finger dislocation	4.65	2.10	0.35	7.10	090	S
26785		A	Repair finger dislocation	4.13	3.00	0.49	7.62	090	S
26820		A	Thumb fusion with graft	7.93	6.72	1.06	15.71	090	S
26841		A	Fusion of thumb	6.87	6.24	1.01	14.12	090	S
26842		A	Thumb fusion with graft	7.84	8.68	1.39	17.91	090	S
26843		A	Fusion of hand joint	7.29	6.44	1.11	14.84	090	S
26844		A	Fusion/graft of hand joint	8.33	7.43	1.20	16.96	090	S
26850		A	Fusion of knuckle	6.64	4.68	0.77	12.09	090	S
26852		A	Fusion of knuckle with graft	8.06	5.78	1.01	14.85	090	S
26860		A	Fusion of finger joint	4.54	4.35	0.69	9.58	090	S
26861		A	Fusion of finger joint, added	1.76	*2.46	0.43	4.65	ZZZ	S
26862		A	Fusion/graft of finger joint	7.14	5.22	0.86	13.22	090	S
26863		A	Fuse/graft added joint	3.94	3.41	0.58	7.93	ZZZ	S
26910		A	Amputate metacarpal bone	7.26	5.22	0.94	13.42	090	S
26951		A	Amputation of finger/thumb	4.46	2.90	0.50	7.86	090	S
26952		A	Amputation of finger/thumb	6.09	4.04	0.70	10.83	090	S
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY	S
26990		A	Drainage of pelvis lesion	6.84	3.13	0.52	10.49	090	S
26991		A	Drainage of pelvis bursa	6.12	1.83	0.29	8.24	090	S
26992		A	Drainage of bone lesion	14.13	6.45	1.06	21.64	090	S
27000		A	Incision of hip tendon	5.33	1.87	0.24	7.44	090	S
27001		A	Incision of hip tendon	7.79	2.37	0.38	10.54	090	S
27003		A	Incision of hip tendon	6.60	6.85	1.09	14.54	090	S
27005		A	Incision of hip tendon	9.10	3.41	0.55	13.06	090	S
27006		A	Incision of hip tendons	9.61	4.69	0.78	15.08	090	S
27025		A	Incision of hip/thigh fascia	10.27	6.19	1.03	17.49	090	S
27030		A	Drainage of hip joint	12.22	11.55	1.88	25.65	090	S
27033		A	Exploration of hip joint	12.52	11.65	1.87	26.04	090	S
27035		A	Denervation of hip joint	15.89	11.99	2.23	30.11	090	S
27040		A	Biopsy of soft tissues	3.30	0.73	0.11	4.14	010	N
27041		A	Biopsy of soft tissues	9.46	2.70	0.44	12.60	090	S
27047		A	Remove hip/pelvis lesion	7.24	1.91	0.32	9.47	090	S
27048		A	Remove hip/pelvis lesion	5.76	4.38	0.83	10.97	090	S
27049		A	Remove tumor, hip/pelvis	12.66	10.25	1.89	24.80	090	S
27050		A	Biopsy of sacroiliac joint	3.77	*5.28	0.91	9.96	090	S
27052		A	Biopsy of hip joint	5.51	*9.05	1.61	16.17	090	S
27054		A	Removal of hip joint lining	7.68	*12.46	2.29	22.43	090	S
27060		A	Removal of ischial bursa	4.78	3.97	0.69	9.44	090	S
27062		A	Remove femur lesion/bursa	4.79	4.28	0.71	9.78	090	S
27065		A	Removal of hip bone lesion	5.04	5.65	0.91	11.60	090	S
27066		A	Removal of hip bone lesion	9.27	7.99	1.31	18.57	090	S
27067		A	Remove/graft hip bone lesion	12.78	11.76	1.95	26.49	090	S
27070		A	Partial removal of hip bone	9.69	7.49	1.22	18.40	090	S
27071		A	Partial removal of hip bone	10.34	8.59	1.47	20.40	090	S
27075		A	Extensive hip surgery	16.03	13.69	2.35	32.07	090	S
27076		A	Extensive hip surgery	18.13	16.55	2.64	37.32	090	S
27077		A	Extensive hip surgery	21.53	19.19	3.28	44.00	090	S
27078		A	Extensive hip surgery	11.99	9.30	1.69	22.98	090	S
27079		A	Extensive hip surgery	12.24	8.74	1.68	22.66	090	S
27080		A	Removal of tail bone	5.69	4.83	0.88	11.40	090	S
27086		A	Remove hip foreign body	1.84	0.59	0.07	2.50	010	S
27087		A	Remove hip foreign body	8.10	3.66	0.61	12.37	090	S
27090		A	Removal of hip prosthesis	12.13	9.19	1.48	22.80	090	S
27091		A	Removal of hip prosthesis	20.71	20.03	3.20	43.94	090	S
27093		A	Injection for hip x-ray	1.31	0.83	0.11	2.25	000	S
27095		A	Injection for hip x-ray	1.52	0.94	0.13	2.59	000	N
27097		A	Revision of hip tendon	8.17	7.80	1.27	17.24	090	S
27098		A	Transfer tendon to pelvis	8.17	7.80	1.27	17.24	090	S
27100		A	Transfer of abdominal muscle	10.69	7.77	1.44	19.90	090	S
27105		A	Transfer of spinal muscle	11.39	5.96	1.38	18.73	090	S
27110		A	Transfer of iliopsoas muscle	12.63	10.73	1.88	25.24	090	S
27111		A	Transfer of iliopsoas muscle	11.57	11.76	1.67	25.00	090	S
27120		A	Reconstruction of hip socket	16.61	18.30	2.98	37.89	090	S
27122		A	Reconstruction of hip socket	13.71	*17.55	2.97	34.23	090	S
27125		A	Partial hip replacement	13.36	*17.51	3.04	33.91	090	S
27130		A	Total hip replacement	18.89	*26.47	4.63	49.99	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27132	.....	A	Total hip replacement	21.68	*29.39	5.15	56.22	090	S
27134	.....	A	Revise hip joint replacement	24.81	*34.48	6.03	65.32	090	S
27137	.....	A	Revise hip joint replacement	18.88	*27.43	4.87	51.18	090	S
27138	.....	A	Revise hip joint replacement	19.14	*26.56	4.63	50.33	090	S
27140	.....	A	Transplant of femur ridge	11.56	11.17	1.73	24.46	090	S
27146	.....	A	Incision of hip bone	13.87	11.00	1.36	26.23	090	S
27147	.....	A	Revision of hip bone	17.78	17.16	2.79	37.73	090	S
27151	.....	A	Incision of hip bones	18.79	17.91	2.93	39.63	090	S
27156	.....	A	Revision of hip bones	20.38	18.52	3.11	42.01	090	S
27158	.....	A	Revision of pelvis	18.30	14.58	2.67	35.55	090	S
27161	.....	A	Incision of neck of femur	15.37	14.47	2.34	32.18	090	S
27165	.....	A	Incision/fixation of femur	16.38	16.95	2.66	35.99	090	S
27170	.....	A	Repair/graft femur head/neck	15.07	16.59	2.68	34.34	090	S
27175	.....	A	Treat slipped epiphysis	7.32	1.19	0.18	8.69	090	S
27176	.....	A	Treat slipped epiphysis	11.01	10.51	1.72	23.24	090	S
27177	.....	A	Repair slipped epiphysis	13.91	12.53	2.07	28.51	090	S
27178	.....	A	Repair slipped epiphysis	10.88	10.58	1.57	23.03	090	S
27179	.....	A	Revise head/neck of femur	11.82	11.27	1.85	24.94	090	S
27181	.....	A	Repair slipped epiphysis	13.95	13.29	2.18	29.42	090	S
27185	.....	A	Revision of femur epiphysis	8.39	2.80	0.88	12.07	090	S
27187	.....	A	Reinforce hip bones	12.71	*16.34	2.79	31.84	090	S
27193	.....	A	Treat pelvic ring fracture	4.69	2.44	0.39	7.52	090	S
27194	.....	A	Treat pelvic ring fracture	8.83	3.94	0.51	13.28	090	S
27200	.....	A	Treat tail bone fracture	1.78	1.51	0.17	3.46	090	S
27202	.....	A	Repair tail bone fracture	6.59	6.22	0.90	13.71	090	S
27215	.....	A	Pelvic fracture(s) treatment	9.49	*13.40	2.36	25.25	090	S
27216	.....	A	Treat pelvic ring fracture	14.36	4.35	0.67	19.38	090	S
27217	.....	A	Treat pelvic ring fracture	13.34	14.71	2.36	30.41	090	S
27218	.....	A	Treat pelvic ring fracture	19.04	14.71	2.36	36.11	090	S
27220	.....	A	Treat hip socket fracture	5.32	4.31	0.65	10.28	090	S
27222	.....	A	Treat hip socket fracture	11.07	6.44	1.04	18.55	090	S
27226	.....	A	Treat hip wall fracture	14.08	15.96	2.55	32.59	090	S
27227	.....	A	Treat hip fracture(s)	15.56	*19.92	3.24	38.72	090	S
27228	.....	A	Treat hip fracture(s)	18.10	20.17	3.24	41.51	090	S
27230	.....	A	Treat fracture of thigh	5.00	3.34	0.41	8.75	090	S
27232	.....	A	Treat fracture of thigh	9.42	9.08	1.48	19.98	090	S
27235	.....	A	Repair of thigh fracture	11.14	*15.14	2.63	28.91	090	S
27236	.....	A	Repair of thigh fracture	14.30	17.10	2.74	34.14	090	S
27238	.....	A	Treatment of thigh fracture	5.12	4.96	0.72	10.80	090	S
27240	.....	A	Treatment of thigh fracture	10.98	9.81	1.55	22.34	090	S
27244	.....	A	Repair of thigh fracture	14.51	16.48	2.65	33.64	090	S
27245	.....	A	Repair of thigh fracture	18.93	16.48	2.65	38.06	090	S
27246	.....	A	Treatment of thigh fracture	4.41	3.91	0.61	8.93	090	S
27248	.....	A	Repair of thigh fracture	9.84	*12.60	2.13	24.57	090	S
27250	.....	A	Treat hip dislocation	6.38	3.23	0.45	10.06	090	S
27252	.....	A	Treat hip dislocation	9.58	4.39	0.69	14.66	090	S
27253	.....	A	Repair of hip dislocation	12.11	13.29	2.13	27.53	090	S
27254	.....	A	Repair of hip dislocation	17.48	13.62	2.30	33.40	090	S
27256	.....	A	Treatment of hip dislocation	3.76	1.90	0.31	5.97	010	S
27257	.....	A	Treatment of hip dislocation	4.87	4.67	0.74	10.28	010	S
27258	.....	A	Repair of hip dislocation	14.56	13.88	2.27	30.71	090	S
27259	.....	A	Repair of hip dislocation	18.23	17.39	2.85	38.47	090	S
27265	.....	A	Treatment of hip dislocation	5.64	3.50	0.55	9.69	090	S
27266	.....	A	Treatment of hip dislocation	7.82	4.50	0.72	13.04	090	S
27275	.....	A	Manipulation of hip joint	2.02	1.90	0.30	4.22	010	S
27280	.....	A	Fusion of sacroiliac joint	11.94	10.17	1.79	23.90	090	S
27282	.....	A	Fusion of pubic bones	10.69	9.11	1.71	21.51	090	S
27284	.....	A	Fusion of hip joint	15.79	14.66	2.43	32.88	090	S
27286	.....	A	Fusion of hip joint	15.82	15.37	2.29	33.48	090	S
27290	.....	A	Amputation of leg at hip	21.92	25.68	4.75	52.35	090	S
27295	.....	A	Amputation of leg at hip	17.51	16.72	2.98	37.21	090	S
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY	S
27301	.....	A	Drain thigh/knee lesion	6.03	2.49	0.40	8.92	090	S
27303	.....	A	Drainage of bone lesion	7.78	5.93	0.97	14.68	090	S
27305	.....	A	Incise thigh tendon & fascia	5.48	3.84	0.69	10.01	090	S
27306	.....	A	Incision of thigh tendon	4.32	2.01	0.32	6.65	090	S
27307	.....	A	Incision of thigh tendons	5.36	3.04	0.49	8.89	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27310		A	Exploration of knee joint	8.35	9.71	1.53	19.59	090	S
27315		A	Partial removal, thigh nerve	6.58	5.44	0.97	12.99	090	S
27320		A	Partial removal, thigh nerve	5.97	5.24	0.74	11.95	090	S
27323		A	Biopsy thigh soft tissues	2.70	0.92	0.13	3.75	010	S
27324		A	Biopsy thigh soft tissues	4.58	2.66	0.46	7.70	090	S
27327		A	Removal of thigh lesion	4.37	2.32	0.40	7.09	090	S
27328		A	Removal of thigh lesion	5.37	4.12	0.74	10.23	090	S
27329		A	Remove tumor, thigh/knee	11.87	11.82	2.16	25.85	090	S
27330		A	Biopsy knee joint lining	4.76	*7.16	1.20	13.12	090	S
27331		A	Explore/treat knee joint	5.57	*8.51	1.51	15.59	090	S
27332		A	Removal of knee cartilage	7.94	*10.32	1.75	20.01	090	S
27333		A	Removal of knee cartilage	6.89	*13.59	2.55	23.03	090	S
27334		A	Remove knee joint lining	8.04	*10.51	1.79	20.34	090	S
27335		A	Remove knee joint lining	9.29	*11.98	2.07	23.34	090	S
27340		A	Removal of kneecap bursa	3.96	3.89	0.63	8.48	090	S
27345		A	Removal of knee cyst	5.69	5.69	0.96	12.34	090	S
27350		A	Removal of kneecap	7.50	*9.60	1.56	18.66	090	S
27355		A	Remove femur lesion	7.14	7.66	1.24	16.04	090	S
27356		A	Remove femur lesion/graft	8.70	8.29	1.35	18.34	090	S
27357		A	Remove femur lesion/graft	9.74	8.90	1.45	20.09	090	S
27358		A	Remove femur lesion/fixation	4.79	4.60	0.73	10.12	ZZZ	S
27360		A	Partial removal leg bone(s)	9.33	8.66	1.42	19.41	090	S
27365		A	Extensive leg surgery	13.99	14.09	2.46	30.54	090	S
27370		A	Injection for knee x-ray	0.97	0.61	0.05	1.63	000	N
27372		A	Removal of foreign body	4.86	3.46	0.55	8.87	090	S
27380		A	Repair of kneecap tendon	6.70	8.03	1.30	16.03	090	S
27381		A	Repair/graft kneecap tendon	9.77	11.40	1.84	23.01	090	S
27385		A	Repair of thigh muscle	7.25	8.94	1.44	17.63	090	S
27386		A	Repair/graft of thigh muscle	9.83	*12.58	2.04	24.45	090	S
27390		A	Incision of thigh tendon	4.94	4.41	0.72	10.07	090	S
27391		A	Incision of thigh tendons	6.74	5.48	0.91	13.13	090	S
27392		A	Incision of thigh tendons	8.61	7.76	1.29	17.66	090	S
27393		A	Lengthening of thigh tendon	6.02	5.73	0.94	12.69	090	S
27394		A	Lengthening of thigh tendons	8.06	5.79	0.95	14.80	090	S
27395		A	Lengthening of thigh tendons	11.08	10.60	1.67	23.35	090	S
27396		A	Transplant of thigh tendon	7.41	7.14	1.12	15.67	090	S
27397		A	Transplants of thigh tendons	9.43	8.98	1.47	19.88	090	S
27400		A	Revise thigh muscles/tendons	8.56	7.98	1.25	17.79	090	S
27403		A	Repair of knee cartilage	7.89	8.89	1.46	18.24	090	S
27405		A	Repair of knee ligament	8.06	10.28	1.69	20.03	090	S
27407		A	Repair of knee ligament	9.55	8.97	1.44	19.96	090	S
27409		A	Repair of knee ligaments	11.93	*15.27	2.51	29.71	090	S
27418		A	Repair degenerated kneecap	9.93	12.37	1.87	24.17	090	S
27420		A	Revision of unstable kneecap	9.25	11.11	1.76	22.12	090	S
27422		A	Revision of unstable kneecap	9.20	11.58	1.85	22.63	090	S
27424		A	Revision/removal of kneecap	9.23	*11.81	1.91	22.95	090	S
27425		A	Lateral retinacular release	5.10	*6.53	1.09	12.72	090	S
27427		A	Reconstruction, knee	8.78	*12.89	2.27	23.94	090	S
27428		A	Reconstruction, knee	10.80	*15.22	2.74	28.76	090	S
27429		A	Reconstruction, knee	11.99	11.40	1.85	25.24	090	S
27430		A	Revision of thigh muscles	9.02	9.46	1.52	20.00	090	S
27435		A	Incision of knee joint	8.84	7.11	1.14	17.09	090	S
27437		A	Revise kneecap	7.83	*10.02	1.57	19.42	090	S
27438		A	Revise kneecap with implant	10.40	13.28	2.16	25.84	090	S
27440		A	Revision of knee joint	9.60	11.96	2.12	23.68	090	S
27441		A	Revision of knee joint	9.92	9.24	1.53	20.69	090	S
27442		A	Revision of knee joint	11.26	*17.09	3.08	31.43	090	S
27443		A	Revision of knee joint	10.29	*18.02	3.38	31.69	090	S
27445		A	Revision of knee joint	16.57	*25.60	4.26	46.43	090	S
27446		A	Revision of knee joint	15.20	*22.41	3.91	41.52	090	S
27447		A	Total knee replacement	19.91	*28.44	5.00	53.35	090	S
27448		A	Incision of thigh	10.36	13.01	2.11	25.48	090	S
27450		A	Incision of thigh	13.23	15.00	2.39	30.62	090	S
27454		A	Realignment of thigh bone	12.40	*16.31	2.85	31.56	090	S
27455		A	Realignment of knee	12.14	12.14	1.97	26.25	090	S
27457		A	Realignment of knee	12.74	13.45	2.16	28.35	090	S
27465		A	Shortening of thigh bone	12.98	12.38	2.02	27.38	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27466	.....	A	Lengthening of thigh bone	15.25	13.58	2.30	31.13	090	S
27468	.....	A	Shorten/lengthen thighs	17.85	17.03	2.78	37.66	090	S
27470	.....	A	Repair of thigh	14.98	16.86	2.63	34.47	090	S
27472	.....	A	Repair/graft of thigh	16.58	20.09	3.20	39.87	090	S
27475	.....	A	Surgery to stop leg growth	8.20	7.83	1.28	17.31	090	S
27477	.....	A	Surgery to stop leg growth	9.42	*14.81	2.60	26.83	090	S
27479	.....	A	Surgery to stop leg growth	12.32	11.76	1.91	25.99	090	S
27485	.....	A	Surgery to stop leg growth	8.40	8.00	1.31	17.71	090	S
27486	.....	A	Revise knee joint replace	16.81	*24.56	4.31	45.68	090	S
27487	.....	A	Revise knee joint replace	21.93	*33.78	6.04	61.75	090	S
27488	.....	A	Removal of knee prosthesis	14.64	16.34	2.61	33.59	090	S
27495	.....	A	Reinforce thigh	14.42	17.83	2.85	35.10	090	S
27496	.....	A	Decompression of thigh/knee	4.80	4.58	0.75	10.13	090	S
27497	.....	A	Decompression of thigh/knee	5.87	5.61	0.92	12.40	090	S
27498	.....	A	Decompression of thigh/knee	6.70	6.39	1.05	14.14	090	S
27499	.....	A	Decompression of thigh/knee	7.72	7.36	1.20	16.28	090	S
27500	.....	A	Treatment of thigh fracture	5.35	5.47	0.83	11.65	090	S
27501	.....	A	Treatment of thigh fracture	5.35	5.47	0.83	11.65	090	S
27502	.....	A	Treatment of thigh fracture	9.62	7.76	1.22	18.60	090	S
27503	.....	A	Treatment of thigh fracture	9.62	7.76	1.22	18.60	090	S
27506	.....	A	Repair of thigh fracture	16.11	16.20	2.59	34.90	090	S
27507	.....	A	Treatment of thigh fracture	12.99	16.20	2.59	31.78	090	S
27508	.....	A	Treatment of thigh fracture	5.27	4.27	0.66	10.20	090	S
27509	.....	A	Treatment of thigh fracture	6.85	4.27	0.66	11.78	090	S
27510	.....	A	Treatment of thigh fracture	8.28	6.90	1.10	16.28	090	S
27511	.....	A	Treatment of thigh fracture	12.64	*16.18	2.59	31.41	090	S
27513	.....	A	Treatment of thigh fracture	16.97	16.20	2.59	35.76	090	S
27514	.....	A	Repair of thigh fracture	16.16	15.94	2.56	34.66	090	S
27516	.....	A	Repair of thigh growth plate	4.97	4.87	0.72	10.56	090	S
27517	.....	A	Repair of thigh growth plate	8.29	7.91	1.29	17.49	090	S
27519	.....	A	Repair of thigh growth plate	13.97	12.82	2.07	28.86	090	S
27520	.....	A	Treat kneecap fracture	2.71	3.07	0.46	6.24	090	S
27524	.....	A	Repair of kneecap fracture	9.48	10.46	1.67	21.61	090	S
27530	.....	A	Treatment of knee fracture	3.27	3.44	0.52	7.23	090	S
27532	.....	A	Treatment of knee fracture	6.89	5.74	0.92	13.55	090	S
27535	.....	A	Treatment of knee fracture	10.48	11.82	1.90	24.20	090	S
27536	.....	A	Repair of knee fracture	14.67	11.82	1.90	28.39	090	S
27538	.....	A	Treat knee fracture(s)	4.69	3.41	0.52	8.62	090	S
27540	.....	A	Repair of knee fracture	12.52	11.07	1.76	25.35	090	S
27550	.....	A	Treat knee dislocation	5.59	2.60	0.36	8.55	090	S
27552	.....	A	Treat knee dislocation	7.47	3.47	0.54	11.48	090	S
27556	.....	A	Repair of knee dislocation	13.62	12.62	1.97	28.21	090	S
27557	.....	A	Repair of knee dislocation	15.98	14.76	2.46	33.20	090	S
27558	.....	A	Repair of knee dislocation	16.94	14.76	2.46	34.16	090	S
27560	.....	A	Treat kneecap dislocation	3.68	1.45	0.16	5.29	090	S
27562	.....	A	Treat kneecap dislocation	5.54	5.24	0.77	11.55	090	S
27566	.....	A	Repair kneecap dislocation	11.61	10.70	1.69	24.00	090	S
27570	.....	A	Fixation of knee joint	1.71	1.74	0.28	3.73	010	S
27580	.....	A	Fusion of knee	12.40	*15.87	2.59	30.86	090	S
27590	.....	A	Amputate leg at thigh	10.35	9.21	1.82	21.38	090	S
27591	.....	A	Amputate leg at thigh	11.21	11.90	2.13	25.24	090	S
27592	.....	A	Amputate leg at thigh	8.85	8.20	1.63	18.68	090	S
27594	.....	A	Amputation follow-up surgery	6.37	3.69	0.69	10.75	090	S
27596	.....	A	Amputation follow-up surgery	9.74	7.45	1.44	18.63	090	S
27598	.....	A	Amputate lower leg at knee	9.67	10.15	1.80	21.62	090	S
27599	.....	C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY	S
27600	.....	A	Decompression of lower leg	5.08	3.43	0.65	9.16	090	S
27601	.....	A	Decompression of lower leg	5.04	3.42	0.68	9.14	090	S
27602	.....	A	Decompression of lower leg	6.70	4.09	0.78	11.57	090	S
27603	.....	A	Drain lower leg lesion	4.46	2.41	0.41	7.28	090	S
27604	.....	A	Drain lower leg bursa	4.28	1.03	0.14	5.45	090	S
27605	.....	A	Incision of achilles tendon	2.85	1.19	0.14	4.18	010	S
27606	.....	A	Incision of achilles tendon	3.91	2.14	0.35	6.40	010	S
27607	.....	A	Treat lower leg bone lesion	7.13	6.08	0.99	14.20	090	S
27610	.....	A	Explore/treat ankle joint	7.35	7.51	1.14	16.00	090	S
27612	.....	A	Exploration of ankle joint	6.30	*8.22	1.31	15.83	090	S
27613	.....	A	Biopsy lower leg soft tissue	2.14	0.68	0.10	2.92	010	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27614		A	Biopsy lower leg soft tissue	5.35	2.29	0.38	8.02	090	S
27615		A	Remove tumor, lower leg	11.92	8.32	1.44	21.68	090	S
27618		A	Remove lower leg lesion	4.99	2.12	0.32	7.43	090	S
27619		A	Remove lower leg lesion	8.07	4.18	0.68	12.93	090	S
27620		A	Explore, treat ankle joint	5.75	6.10	0.97	12.82	090	S
27625		A	Remove ankle joint lining	7.97	8.81	1.28	18.06	090	S
27626		A	Remove ankle joint lining	8.58	*10.98	1.26	20.82	090	S
27630		A	Removal of tendon lesion	4.70	3.13	0.47	8.30	090	S
27635		A	Remove lower leg bone lesion	7.37	8.13	1.28	16.78	090	S
27637		A	Remove/graft leg bone lesion	9.24	8.56	1.42	19.22	090	S
27638		A	Remove/graft leg bone lesion	10.00	9.25	1.54	20.79	090	S
27640		A	Partial removal of tibia	10.32	9.92	1.59	21.83	090	S
27641		A	Partial removal of fibula	8.45	7.21	1.19	16.85	090	S
27645		A	Extensive lower leg surgery	13.29	11.77	2.00	27.06	090	S
27646		A	Extensive lower leg surgery	11.82	10.87	1.73	24.42	090	S
27647		A	Extensive ankle/heel surgery	11.33	10.06	1.36	22.75	090	S
27648		A	Injection for ankle x-ray	0.97	0.53	0.05	1.55	000	N
27650		A	Repair achilles tendon	9.17	9.08	1.43	19.68	090	S
27652		A	Repair/graft achilles tendon	9.73	10.53	1.58	21.84	090	S
27654		A	Repair of achilles tendon	9.44	11.05	1.67	22.16	090	S
27656		A	Repair leg fascia defect	4.36	3.22	0.55	8.13	090	S
27658		A	Repair of leg tendon, each	4.66	4.06	0.61	9.33	090	S
27659		A	Repair of leg tendon, each	6.35	5.94	0.87	13.16	090	S
27664		A	Repair of leg tendon, each	4.38	3.45	0.53	8.36	090	S
27665		A	Repair of leg tendon, each	5.17	5.00	0.77	10.94	090	S
27675		A	Repair lower leg tendons	6.86	6.47	0.95	14.28	090	S
27676		A	Repair lower leg tendons	7.96	7.64	1.15	16.75	090	S
27680		A	Release of lower leg tendon	5.43	4.17	0.62	10.22	090	S
27681		A	Release of lower leg tendons	6.43	6.04	0.87	13.34	090	S
27685		A	Revision of lower leg tendon	6.15	3.87	0.41	10.43	090	S
27686		A	Revise lower leg tendons	7.01	6.63	0.91	14.55	090	S
27687		A	Revision of calf tendon	5.90	5.51	0.77	12.18	090	S
27690		A	Revise lower leg tendon	8.18	6.82	0.89	15.89	090	S
27691		A	Revise lower leg tendon	9.35	7.98	1.24	18.57	090	S
27692		A	Revise additional leg tendon	1.89	2.05	0.29	4.23	ZZZ	S
27695		A	Repair of ankle ligament	6.16	*7.99	1.33	15.48	090	S
27696		A	Repair of ankle ligaments	7.81	7.14	1.17	16.12	090	S
27698		A	Repair of ankle ligament	8.97	*11.59	1.88	22.44	090	S
27700		A	Revision of ankle joint	8.77	*11.36	1.53	21.66	090	S
27702		A	Reconstruct ankle joint	12.78	*21.79	4.03	38.60	090	S
27703		A	Reconstruction, ankle joint	14.65	13.97	2.28	30.90	090	S
27704		A	Removal of ankle implant	7.28	5.91	0.99	14.18	090	S
27705		A	Incision of tibia	9.74	10.86	1.78	22.38	090	S
27707		A	Incision of fibula	3.75	*4.80	0.80	9.35	090	S
27709		A	Incision of tibia & fibula	9.24	*12.29	2.16	23.69	090	S
27712		A	Realignment of lower leg	11.94	11.11	1.65	24.70	090	S
27715		A	Revision of lower leg	13.11	12.75	1.90	27.76	090	S
27720		A	Repair of tibia	11.07	14.13	2.28	27.48	090	S
27722		A	Repair/graft of tibia	11.04	10.62	1.66	23.32	090	S
27724		A	Repair/graft of tibia	12.24	*16.45	2.90	31.59	090	S
27725		A	Repair of lower leg	11.16	10.55	1.55	23.26	090	S
27727		A	Repair of lower leg	13.03	9.48	1.86	24.37	090	S
27730		A	Repair of tibia epiphysis	6.96	3.63	0.85	11.44	090	S
27732		A	Repair of fibula epiphysis	5.12	4.89	0.80	10.81	090	S
27734		A	Repair lower leg epiphyses	7.98	7.62	1.24	16.84	090	S
27740		A	Repair of leg epiphyses	8.85	8.45	1.38	18.68	090	S
27742		A	Repair of leg epiphyses	9.83	9.39	1.54	20.76	090	S
27745		A	Reinforce tibia	9.49	9.07	1.41	19.97	090	S
27750		A	Treatment of tibia fracture	2.93	3.49	0.51	6.93	090	S
27752		A	Treatment of tibia fracture	5.22	5.15	0.82	11.19	090	S
27756		A	Repair of tibia fracture	5.91	*9.49	1.72	17.12	090	S
27758		A	Repair of tibia fracture	10.63	*13.61	2.24	26.48	090	S
27759		A	Repair of tibia fracture	12.74	13.89	2.24	28.87	090	S
27760		A	Treatment of ankle fracture	2.84	2.61	0.37	5.82	090	S
27762		A	Treatment of ankle fracture	4.85	3.40	0.51	8.76	090	S
27766		A	Repair of ankle fracture	7.69	7.96	1.27	16.92	090	S
27780		A	Treatment of fibula fracture	2.50	1.99	0.26	4.75	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27781		A	Treatment of fibula fracture	4.25	3.33	0.50	8.08	090	S
27784		A	Repair of fibula fracture	6.52	5.65	0.88	13.05	090	S
27786		A	Treatment of ankle fracture	2.69	2.55	0.38	5.62	090	S
27788		A	Treatment of ankle fracture	4.30	3.31	0.51	8.12	090	S
27792		A	Repair of ankle fracture	7.12	7.46	1.18	15.76	090	S
27808		A	Treatment of ankle fracture	2.66	2.82	0.39	5.87	090	S
27810		A	Treatment of ankle fracture	4.87	5.11	0.81	10.79	090	S
27814		A	Repair of ankle fracture	9.98	10.11	1.62	21.71	090	S
27816		A	Treatment of ankle fracture	2.74	*3.59	0.56	6.89	090	S
27818		A	Treatment of ankle fracture	5.14	*6.58	1.07	12.79	090	S
27822		A	Repair of ankle fracture	8.48	*11.00	1.90	21.38	090	S
27823		A	Repair of ankle fracture	11.02	12.93	2.07	26.02	090	S
27824		A	Treat lower leg fracture	2.74	*3.59	0.56	6.89	090	S
27825		A	Treat lower leg fracture	5.14	*6.58	1.07	12.79	090	S
27826		A	Treat lower leg fracture	7.51	*10.76	1.90	20.17	090	S
27827		A	Treat lower leg fracture	10.01	11.84	1.90	23.75	090	S
27828		A	Treat lower leg fracture	12.47	12.93	2.07	27.47	090	S
27829		A	Treat lower leg joint	4.92	*7.75	1.39	14.06	090	S
27830		A	Treat lower leg dislocation	3.54	3.29	0.47	7.30	090	S
27831		A	Treat lower leg dislocation	4.32	4.02	0.60	8.94	090	S
27832		A	Repair lower leg dislocation	6.03	5.76	0.90	12.69	090	S
27840		A	Treat ankle dislocation	4.32	1.89	0.21	6.42	090	S
27842		A	Treat ankle dislocation	5.78	2.24	0.34	8.36	090	S
27846		A	Repair ankle dislocation	9.14	8.69	1.39	19.22	090	S
27848		A	Repair ankle dislocation	10.57	8.45	1.33	20.35	090	S
27860		A	Fixation of ankle joint	2.32	1.41	0.23	3.96	010	S
27870		A	Fusion of ankle joint	10.54	*13.49	2.24	26.27	090	S
27871		A	Fusion of tibiofibular joint	8.65	7.88	1.22	17.75	090	S
27880		A	Amputation of lower leg	10.81	8.45	1.62	20.88	090	S
27881		A	Amputation of lower leg	11.01	10.94	1.89	23.84	090	S
27882		A	Amputation of lower leg	7.89	7.44	1.44	16.77	090	S
27884		A	Amputation follow-up surgery	7.48	3.41	0.62	11.51	090	S
27886		A	Amputation follow-up surgery	8.44	7.25	1.35	17.04	090	S
27888		A	Amputation of foot at ankle	8.80	9.60	1.67	20.07	090	S
27889		A	Amputation of foot at ankle	8.92	8.52	1.57	19.01	090	S
27892		A	Decompression of leg	6.10	3.43	0.65	10.18	090	S
27893		A	Decompression of leg	6.06	3.42	0.68	10.16	090	S
27894		A	Decompression of leg	7.72	4.09	0.78	12.59	090	S
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
28001		A	Drainage of bursa of foot	2.71	0.53	0.05	3.29	010	S
28002		A	Treatment of foot infection	3.80	2.28	0.33	6.41	010	S
28003		A	Treatment of foot infection	7.57	3.54	0.60	11.71	090	S
28005		A	Treat foot bone lesion	7.74	4.13	0.62	12.49	090	S
28008		A	Incision of foot fascia	4.24	2.71	0.29	7.24	090	S
28010		A	Incision of toe tendon	3.00	3.66	0.33	6.99	090	S
28011		A	Incision of toe tendons	4.03	1.79	0.19	6.01	090	S
28020		A	Exploration of a foot joint	4.80	4.45	0.57	9.82	090	S
28022		A	Exploration of a foot joint	4.46	2.77	0.31	7.54	090	S
28024		A	Exploration of a toe joint	4.17	2.42	0.24	6.83	090	S
28030		A	Removal of foot nerve	5.84	3.97	0.42	10.23	090	S
28035		A	Decompression of tibia nerve	4.88	*6.33	0.91	12.12	090	S
28043		A	Excision of foot lesion	3.45	1.75	0.20	5.40	090	S
28045		A	Excision of foot lesion	4.51	4.03	0.47	9.01	090	S
28046		A	Resection of tumor, foot	9.51	5.41	0.80	15.72	090	S
28050		A	Biopsy of foot joint lining	4.03	3.88	0.54	8.45	090	S
28052		A	Biopsy of foot joint lining	3.74	3.86	0.43	8.03	090	S
28054		A	Biopsy of toe joint lining	3.25	2.26	0.28	5.79	090	S
28060		A	Partial removal foot fascia	5.11	4.27	0.54	9.92	090	S
28062		A	Removal of foot fascia	6.30	7.14	0.87	14.31	090	S
28070		A	Removal of foot joint lining	4.78	4.53	0.49	9.80	090	S
28072		A	Removal of foot joint lining	4.37	3.25	0.42	8.04	090	S
28080		A	Removal of foot lesion	3.22	*4.12	0.46	7.80	090	S
28086		A	Excise foot tendon sheath	4.57	3.15	0.47	8.19	090	S
28088		A	Excise foot tendon sheath	3.66	3.66	0.40	7.72	090	S
28090		A	Removal of foot lesion	4.31	3.05	0.29	7.65	090	S
28092		A	Removal of toe lesions	3.53	2.05	0.25	5.83	090	S
28100		A	Removal of ankle/heel lesion	5.43	4.63	0.57	10.63	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28102	.....	A	Remove/graft foot lesion	7.39	6.92	0.86	15.17	090	S
28103	.....	A	Remove/graft foot lesion	6.17	5.67	0.70	12.54	090	S
28104	.....	A	Removal of foot lesion	4.91	4.38	0.50	9.79	090	S
28106	.....	A	Remove/graft foot lesion	6.82	6.49	0.80	14.11	090	S
28107	.....	A	Remove/graft foot lesion	5.22	4.91	0.49	10.62	090	S
28108	.....	A	Removal of toe lesions	4.05	4.25	0.38	8.68	090	S
28110	.....	A	Part removal of metatarsal	3.86	3.52	0.39	7.77	090	S
28111	.....	A	Part removal of metatarsal	4.69	5.10	0.66	10.45	090	S
28112	.....	A	Part removal of metatarsal	4.28	4.00	0.45	8.73	090	S
28113	.....	A	Part removal of metatarsal	4.14	4.49	0.49	9.12	090	S
28114	.....	A	Removal of metatarsal heads	7.24	*9.57	1.44	18.25	090	S
28116	.....	A	Revision of foot	6.24	5.54	0.58	12.36	090	S
28118	.....	A	Removal of heel bone	5.62	5.77	0.67	12.06	090	S
28119	.....	A	Removal of heel spur	5.16	5.50	0.58	11.24	090	S
28120	.....	A	Part removal of ankle/heel	4.86	5.10	0.68	10.64	090	S
28122	.....	A	Partial removal of foot bone	6.69	4.53	0.55	11.77	090	S
28124	.....	A	Partial removal of toe	4.44	4.16	0.37	8.97	090	S
28126	.....	A	Partial removal of toe	3.43	4.02	0.36	7.81	090	S
28130	.....	A	Removal of ankle bone	7.41	7.11	0.89	15.41	090	S
28140	.....	A	Removal of metatarsal	6.52	4.98	0.63	12.13	090	S
28150	.....	A	Removal of toe	3.87	3.33	0.38	7.58	090	S
28153	.....	A	Partial removal of toe	3.44	4.03	0.36	7.83	090	S
28160	.....	A	Partial removal of toe	3.63	4.17	0.38	8.18	090	S
28171	.....	A	Extensive foot surgery	9.08	8.08	0.89	18.05	090	S
28173	.....	A	Extensive foot surgery	8.27	5.80	0.75	14.82	090	S
28175	.....	A	Extensive foot surgery	5.65	5.44	0.59	11.68	090	S
28190	.....	A	Removal of foot foreign body	1.93	0.53	0.05	2.51	010	S
28192	.....	A	Removal of foot foreign body	4.54	1.97	0.24	6.75	090	S
28193	.....	A	Removal of foot foreign body	5.50	2.41	0.30	8.21	090	S
28200	.....	A	Repair of foot tendon	4.50	5.12	0.51	10.13	090	S
28202	.....	A	Repair/graft of foot tendon	6.45	5.88	0.78	13.11	090	S
28208	.....	A	Repair of foot tendon	4.16	2.84	0.28	7.28	090	S
28210	.....	A	Repair/graft of foot tendon	6.02	5.66	0.61	12.29	090	S
28220	.....	A	Release of foot tendon	4.32	3.91	0.43	8.66	090	S
28222	.....	A	Release of foot tendons	5.42	6.47	0.64	12.53	090	S
28225	.....	A	Release of foot tendon	3.46	2.40	0.25	6.11	090	S
28226	.....	A	Release of foot tendons	4.32	3.42	0.40	8.14	090	S
28230	.....	A	Incision of foot tendon(s)	4.04	2.46	0.22	6.72	090	S
28232	.....	A	Incision of toe tendon	3.30	1.62	0.15	5.07	090	S
28234	.....	A	Incision of foot tendon	3.23	1.55	0.14	4.92	090	S
28236	.....	A	Transfer of foot tendon	8.10	7.60	1.10	16.80	090	S
28238	.....	A	Revision of foot tendon	7.35	7.31	0.86	15.52	090	S
28240	.....	A	Release of big toe	4.17	2.15	0.23	6.55	090	S
28250	.....	A	Revision of foot fascia	5.72	4.51	0.51	10.74	090	S
28260	.....	A	Release of midfoot joint	7.58	4.48	0.49	12.55	090	S
28261	.....	A	Revision of foot tendon	9.02	5.98	0.59	15.59	090	S
28262	.....	A	Revision of foot and ankle	12.33	12.04	1.46	25.83	090	S
28264	.....	A	Release of midfoot joint	9.91	9.67	1.18	20.76	090	S
28270	.....	A	Release of foot contracture	4.63	2.66	0.23	7.52	090	S
28272	.....	A	Release of toe joint, each	3.71	2.06	0.18	5.95	090	S
28280	.....	A	Fusion of toes	4.98	2.24	0.30	7.52	090	S
28285	.....	A	Repair of hammertoe	4.46	4.42	0.39	9.27	090	S
28286	.....	A	Repair of hammertoe	4.46	3.62	0.38	8.46	090	S
28288	.....	A	Partial removal of foot bone	3.77	3.79	0.43	7.99	090	S
28290	.....	A	Correction of bunion	5.43	5.42	0.64	11.49	090	S
28292	.....	A	Correction of bunion	6.31	7.13	0.75	14.19	090	S
28293	.....	A	Correction of bunion	8.34	9.66	0.99	18.99	090	S
28294	.....	A	Correction of bunion	8.23	9.26	0.87	18.36	090	S
28296	.....	A	Correction of bunion	8.79	8.91	0.99	18.69	090	S
28297	.....	A	Correction of bunion	8.79	9.12	1.06	18.97	090	S
28298	.....	A	Correction of bunion	7.60	8.99	0.80	17.39	090	S
28299	.....	A	Correction of bunion	8.55	10.25	1.09	19.89	090	S
28300	.....	A	Incision of heel bone	9.22	6.59	0.80	16.61	090	S
28302	.....	A	Incision of ankle bone	9.23	8.99	1.13	19.35	090	S
28304	.....	A	Incision of midfoot bones	8.77	6.51	0.71	15.99	090	S
28305	.....	A	Incise/graft midfoot bones	10.10	9.96	1.04	21.10	090	S
28306	.....	A	Incision of metatarsal	5.77	4.62	0.48	10.87	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28307		A	Incision of metatarsal	6.11	5.94	0.77	12.82	090	S
28308		A	Incision of metatarsal	5.15	5.77	0.51	11.43	090	S
28309		A	Incision of metatarsals	8.93	6.95	1.01	16.89	090	S
28310		A	Revision of big toe	5.12	4.22	0.42	9.76	090	S
28312		A	Revision of toe	4.34	4.61	0.46	9.41	090	S
28313		A	Repair deformity of toe	4.80	2.60	0.31	7.71	090	S
28315		A	Removal of sesamoid bone	4.65	4.29	0.41	9.35	090	S
28320		A	Repair of foot bones	8.86	8.79	1.04	18.69	090	S
28322		A	Repair of metatarsals	8.12	4.72	0.53	13.37	090	S
28340		A	Resect enlarged toe tissue	6.65	6.41	0.92	13.98	090	S
28341		A	Resect enlarged toe	7.95	7.75	0.97	16.67	090	S
28344		A	Repair extra toe(s)	3.93	3.74	0.61	8.28	090	S
28345		A	Repair webbed toe(s)	5.58	5.40	0.74	11.72	090	S
28360		C	Reconstruct cleft foot	0.00	0.00	0.00	0.00	090	S
28400		A	Treatment of heel fracture	2.03	*2.60	0.40	5.03	090	S
28405		A	Treatment of heel fracture	4.33	3.94	0.59	8.86	090	S
28406		A	Treatment of heel fracture	5.88	6.16	0.94	12.98	090	S
28415		A	Repair of heel fracture	13.43	9.12	1.41	23.96	090	S
28420		A	Repair/graft heel fracture	15.98	11.01	1.65	28.64	090	S
28430		A	Treatment of ankle fracture	1.98	2.48	0.35	4.81	090	S
28435		A	Treatment of ankle fracture	3.29	3.40	0.51	7.20	090	S
28436		A	Treatment of ankle fracture	4.45	4.24	0.69	9.38	090	S
28445		A	Repair of ankle fracture	8.88	8.90	1.42	19.20	090	S
28450		A	Treat midfoot fracture, each	1.79	1.89	0.25	3.93	090	S
28455		A	Treat midfoot fracture, each	2.97	2.57	0.34	5.88	090	S
28456		A	Repair midfoot fracture	2.42	2.30	0.38	5.10	090	S
28465		A	Repair midfoot fracture, each	6.62	5.60	0.82	13.04	090	S
28470		A	Treat metatarsal fracture	1.78	1.82	0.23	3.83	090	S
28475		A	Treat metatarsal fracture	2.77	2.37	0.30	5.44	090	S
28476		A	Repair metatarsal fracture	3.18	3.41	0.46	7.05	090	S
28485		A	Repair metatarsal fracture	5.37	4.73	0.61	10.71	090	S
28490		A	Treat big toe fracture	1.02	0.91	0.10	2.03	090	S
28495		A	Treat big toe fracture	1.50	1.13	0.13	2.76	090	S
28496		A	Repair big toe fracture	2.20	2.09	0.31	4.60	090	S
28505		A	Repair big toe fracture	3.59	3.02	0.43	7.04	090	S
28510		A	Treatment of toe fracture	1.02	0.90	0.09	2.01	090	S
28515		A	Treatment of toe fracture	1.38	1.13	0.11	2.62	090	S
28525		A	Repair of toe fracture	3.11	2.08	0.29	5.48	090	S
28530		A	Treat sesamoid bone fracture	1.02	1.01	0.10	2.13	090	S
28531		A	Treat sesamoid bone fracture	2.03	1.93	0.32	4.28	090	S
28540		A	Treat foot dislocation	1.91	0.61	0.06	2.58	090	S
28545		A	Treat foot dislocation	2.21	1.32	0.14	3.67	090	S
28546		A	Treat foot dislocation	2.92	2.77	0.45	6.14	090	S
28555		A	Repair foot dislocation	5.90	5.64	0.74	12.28	090	S
28570		A	Treat foot dislocation	1.58	1.61	0.17	3.36	090	S
28575		A	Treat foot dislocation	2.94	2.80	0.42	6.16	090	S
28576		A	Treat foot dislocation	3.79	2.80	0.42	7.01	090	S
28585		A	Repair foot dislocation	7.54	5.02	0.56	13.12	090	S
28600		A	Treat foot dislocation	1.78	0.69	0.08	2.55	090	S
28605		A	Treat foot dislocation	2.45	2.29	0.34	5.08	090	S
28606		A	Treat foot dislocation	4.53	3.53	0.56	8.62	090	S
28615		A	Repair foot dislocation	5.18	5.02	0.79	10.99	090	S
28630		A	Treat toe dislocation	1.67	1.04	0.11	2.82	010	S
28635		A	Treat toe dislocation	1.88	1.47	0.18	3.53	010	S
28636		A	Treat toe dislocation	2.70	2.59	0.42	5.71	010	S
28645		A	Repair toe dislocation	4.00	3.28	0.38	7.66	090	S
28660		A	Treat toe dislocation	1.19	0.64	0.06	1.89	010	S
28665		A	Treat toe dislocation	1.89	0.99	0.11	2.99	010	S
28666		A	Treat toe dislocation	2.59	2.47	0.40	5.46	010	S
28675		A	Repair of toe dislocation	2.71	3.03	0.41	6.15	090	S
28705		A	Fusion of foot bones	14.39	15.28	2.38	32.05	090	S
28715		A	Fusion of foot bones	12.32	12.47	1.91	26.70	090	S
28725		A	Fusion of foot bones	10.98	9.54	1.46	21.98	090	S
28730		A	Fusion of foot bones	10.02	9.10	1.34	20.46	090	S
28735		A	Fusion of foot bones	10.18	9.87	1.39	21.44	090	S
28737		A	Revision of foot bones	8.99	8.97	1.14	19.10	090	S
28740		A	Fusion of foot bones	6.27	5.20	0.73	12.20	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28750		A	Fusion of big toe joint	4.82	5.38	0.83	11.03	090	S
28755		A	Fusion of big toe joint	4.53	3.73	0.46	8.72	090	S
28760		A	Fusion of big toe joint	5.53	5.46	0.66	11.65	090	S
28800		A	Amputation of midfoot	7.45	6.72	1.20	15.37	090	S
28805		A	Amputation thru metatarsal	7.63	6.39	1.22	15.24	090	S
28810		A	Amputation toe & metatarsal	5.59	3.95	0.76	10.30	090	S
28820		A	Amputation of toe	3.60	2.61	0.47	6.68	090	S
28825		A	Partial amputation of toe	3.16	2.43	0.41	6.00	090	S
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY	S
29000		A	Application of body cast	2.27	1.87	0.21	4.35	000	S
29010		A	Application of body cast	2.08	2.36	0.34	4.78	000	S
29015		A	Application of body cast	2.44	2.36	0.33	5.13	000	S
29020		A	Application of body cast	2.13	1.84	0.23	4.20	000	S
29025		A	Application of body cast	2.43	0.76	0.14	3.33	000	S
29035		A	Application of body cast	1.79	1.97	0.32	4.08	000	S
29040		A	Application of body cast	2.24	2.04	0.30	4.58	000	S
29044		A	Application of body cast	2.14	2.11	0.34	4.59	000	S
29046		A	Application of body cast	2.44	2.25	0.36	5.05	000	S
29049		A	Application of shoulder cast	0.90	0.42	0.06	1.38	000	S
29055		A	Application of shoulder cast	1.80	1.21	0.17	3.18	000	S
29058		A	Application of shoulder cast	1.32	0.66	0.09	2.07	000	S
29065		A	Application of long arm cast	0.88	0.81	0.13	1.82	000	S
29075		A	Application of forearm cast	0.78	0.62	0.10	1.50	000	S
29085		A	Apply hand/wrist cast	0.88	0.51	0.08	1.47	000	S
29105		A	Apply long arm splint	0.88	0.51	0.08	1.47	000	S
29125		A	Apply forearm splint	0.60	0.37	0.05	1.02	000	S
29126		A	Apply forearm splint	0.78	0.40	0.06	1.24	000	S
29130		A	Application of finger splint	0.51	0.17	0.02	0.70	000	S
29131		A	Application of finger splint	0.56	0.39	0.06	1.01	000	S
29200		A	Strapping of chest	0.66	0.27	0.03	0.96	000	N
29220		A	Strapping of low back	0.65	0.38	0.05	1.08	000	S
29240		A	Strapping of shoulder	0.72	0.27	0.03	1.02	000	S
29260		A	Strapping of elbow or wrist	0.56	0.23	0.03	0.82	000	S
29280		A	Strapping of hand or finger	0.52	0.21	0.02	0.75	000	S
29305		A	Application of hip cast	2.05	1.90	0.31	4.26	000	S
29325		A	Application of hip casts	2.35	1.96	0.28	4.59	000	S
29345		A	Application of long leg cast	1.42	1.03	0.16	2.61	000	S
29355		A	Application of long leg cast	1.55	1.11	0.17	2.83	000	S
29358		A	Apply long leg cast brace	1.45	*1.92	0.33	3.70	000	S
29365		A	Application of long leg cast	1.19	0.87	0.14	2.20	000	S
29405		A	Apply short leg cast	0.87	0.80	0.12	1.79	000	S
29425		A	Apply short leg cast	1.02	0.98	0.14	2.14	000	S
29435		A	Apply short leg cast	1.19	1.19	0.18	2.56	000	S
29440		A	Addition of walker to cast	0.58	0.23	0.03	0.84	000	S
29450		A	Application of leg cast	1.03	0.39	0.04	1.46	000	S
29505		A	Application long leg splint	0.70	0.58	0.07	1.35	000	S
29515		A	Application lower leg splint	0.74	0.48	0.06	1.28	000	S
29520		A	Strapping of hip	0.55	0.36	0.03	0.94	000	S
29530		A	Strapping of knee	0.58	0.35	0.05	0.98	000	S
29540		A	Strapping of ankle	0.52	0.30	0.03	0.85	000	S
29550		A	Strapping of toes	0.48	0.28	0.03	0.79	000	S
29580		A	Application of paste boot	0.58	0.80	0.04	1.42	000	S
29590		A	Application of foot splint	0.77	0.28	0.03	1.08	000	S
29700		A	Removal/revision of cast	0.89	0.32	0.05	1.26	000	S
29705		A	Removal/revision of cast	1.13	0.35	0.05	1.53	000	S
29710		A	Removal/revision of cast	1.35	0.46	0.07	1.88	000	S
29715		A	Removal/revision of cast	0.95	0.87	0.12	1.94	000	S
29720		A	Repair of body cast	0.69	0.23	0.04	0.96	000	S
29730		A	Windowing of cast	0.76	0.26	0.04	1.06	000	S
29740		A	Wedging of cast	1.13	0.38	0.06	1.57	000	S
29750		A	Wedging of clubfoot cast	1.27	0.51	0.07	1.85	000	S
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY	S
29800		A	Jaw arthroscopy/surgery	5.34	4.05	0.47	9.86	090	S
29804		A	Jaw arthroscopy/surgery	8.08	*13.79	1.48	23.35	090	S
29815		A	Shoulder arthroscopy	5.80	4.89	0.77	11.46	090	S
29819		A	Shoulder arthroscopy/surgery	7.41	*9.82	1.75	18.98	090	S
29820		A	Shoulder arthroscopy/surgery	6.89	*9.67	1.75	18.31	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
29821		A	Shoulder arthroscopy/surgery	7.51	*11.97	2.15	21.63	090	S
29822		A	Shoulder arthroscopy/surgery	7.22	*9.98	1.76	18.96	090	S
29823		A	Shoulder arthroscopy/surgery	7.95	*12.86	2.35	23.16	090	S
29825		A	Shoulder arthroscopy/surgery	7.41	*11.46	2.07	20.94	090	S
29826		A	Shoulder arthroscopy/surgery	8.80	*12.96	2.34	24.10	090	S
29830		A	Elbow arthroscopy	5.69	5.38	0.84	11.91	090	S
29834		A	Elbow arthroscopy/surgery	6.20	5.91	0.97	13.08	090	S
29835		A	Elbow arthroscopy/surgery	6.40	6.10	1.00	13.50	090	S
29836		A	Elbow arthroscopy/surgery	7.45	7.11	1.16	15.72	090	S
29837		A	Elbow arthroscopy/surgery	6.79	6.47	1.07	14.33	090	S
29838		A	Elbow arthroscopy/surgery	7.50	7.13	1.15	15.78	090	S
29840		A	Wrist arthroscopy	5.45	3.33	0.55	9.33	090	S
29843		A	Wrist arthroscopy/surgery	5.93	5.66	0.92	12.51	090	S
29844		A	Wrist arthroscopy/surgery	6.29	5.65	0.96	12.90	090	S
29845		A	Wrist arthroscopy/surgery	7.42	7.08	1.16	15.66	090	S
29846		A	Wrist arthroscopy/surgery	6.67	*10.98	2.22	19.87	090	S
29847		A	Wrist arthroscopy/surgery	7.01	6.86	0.98	14.85	090	S
29848		A	Wrist arthroscopy/surgery	4.08	3.89	0.63	8.60	090	S
29850		A	Knee arthroscopy/surgery	8.05	*10.31	1.76	20.12	090	S
29851		A	Knee arthroscopy/surgery	12.52	11.07	1.76	25.35	090	S
29855		A	Tibial arthroscopy/surgery	9.59	11.82	1.90	23.31	090	S
29856		A	Tibial arthroscopy/surgery	13.43	11.82	1.90	27.15	090	S
29870		A	Knee arthroscopy, diagnostic	4.99	4.06	0.65	9.70	090	S
29871		A	Knee arthroscopy/drainage	6.36	6.85	0.97	14.18	090	S
29874		A	Knee arthroscopy/surgery	6.87	*9.14	1.54	17.55	090	S
29875		A	Knee arthroscopy/surgery	6.23	*9.18	1.63	17.04	090	S
29876		A	Knee arthroscopy/surgery	7.59	*11.05	1.97	20.61	090	S
29877		A	Knee arthroscopy/surgery	7.13	*10.29	1.83	19.25	090	S
29879		A	Knee arthroscopy/surgery	7.71	*12.15	2.21	22.07	090	S
29880		A	Knee arthroscopy/surgery	8.18	*12.51	2.24	22.93	090	S
29881		A	Knee arthroscopy/surgery	7.54	*10.43	1.84	19.81	090	S
29882		A	Knee arthroscopy/surgery	8.33	*11.00	1.92	21.25	090	S
29883		A	Knee arthroscopy/surgery	9.10	*15.28	2.83	27.21	090	S
29884		A	Knee arthroscopy/surgery	7.00	*9.06	1.58	17.64	090	S
29885		A	Knee arthroscopy/surgery	8.73	8.32	1.36	18.41	090	S
29886		A	Knee arthroscopy/surgery	7.21	6.88	1.13	15.22	090	S
29887		A	Knee arthroscopy/surgery	8.68	10.64	1.73	21.05	090	S
29888		A	Knee arthroscopy/surgery	13.43	*18.53	3.22	35.18	090	S
29889		A	Knee arthroscopy/surgery	10.88	10.37	1.70	22.95	090	S
29894		A	Ankle arthroscopy/surgery	7.03	*9.83	1.49	18.35	090	S
29895		A	Ankle arthroscopy/surgery	6.80	*9.10	1.53	17.43	090	S
29897		A	Ankle arthroscopy/surgery	7.00	*10.00	1.79	18.79	090	S
29898		A	Ankle arthroscopy/surgery	8.12	*11.51	1.93	21.56	090	S
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY	S
30000		A	Drainage of nose lesion	1.40	0.59	0.05	2.04	010	S
30020		A	Drainage of nose lesion	1.40	0.61	0.06	2.07	010	S
30100		A	Intranasal biopsy	0.95	0.70	0.08	1.73	000	S
30110		A	Removal of nose polyp(s)	1.60	1.30	0.14	3.04	010	S
30115		A	Removal of nose polyp(s)	4.30	2.84	0.30	7.44	090	S
30117		A	Removal of intranasal lesion	3.09	2.87	0.31	6.27	090	S
30118		A	Removal of intranasal lesion	9.33	8.10	0.93	18.36	090	S
30120		A	Revision of nose	5.20	*6.66	1.01	12.87	090	S
30124		A	Removal of nose lesion	3.03	1.35	0.16	4.54	090	S
30125		A	Removal of nose lesion	6.87	5.61	0.74	13.22	090	S
30130		A	Removal of turbinate bones	3.21	1.69	0.17	5.07	090	S
30140		A	Removal of turbinate bones	3.32	3.07	0.34	6.73	090	S
30150		A	Partial removal of nose	8.57	8.01	1.08	17.66	090	S
30160		A	Removal of nose	9.02	*11.69	1.75	22.46	090	S
30200		A	Injection treatment of nose	0.79	0.37	0.04	1.20	000	S
30210		A	Nasal sinus therapy	1.04	0.26	0.03	1.33	010	S
30220		A	Insert nasal septal button	1.51	1.53	0.16	3.20	010	S
30300		A	Remove nasal foreign body	1.00	0.47	0.05	1.52	010	S
30310		A	Remove nasal foreign body	1.93	1.64	0.18	3.75	010	S
30320		A	Remove nasal foreign body	4.44	4.34	0.43	9.21	090	S
30400		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S
30410		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S
30420		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
30430	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30435	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30450	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30460	.....	A	Revision of nose	9.59	8.68	0.94	19.21	090	S
30462	.....	A	Revision of nose	19.19	17.35	1.89	38.43	090	S
30520	.....	A	Repair of nasal septum	5.61	*8.01	0.97	14.59	090	S
30540	.....	A	Repair nasal defect	7.54	6.70	0.71	14.95	090	S
30545	.....	A	Repair nasal defect	11.01	10.95	0.94	22.90	090	S
30560	.....	A	Release of nasal adhesions	1.22	0.56	0.06	1.84	010	S
30580	.....	A	Repair upper jaw fistula	6.56	6.31	0.58	13.45	090	S
30600	.....	A	Repair mouth/nose fistula	5.94	3.81	0.36	10.11	090	S
30620	.....	A	Intranasal reconstruction	5.61	*8.73	1.11	15.45	090	S
30630	.....	A	Repair nasal septum defect	6.91	6.31	0.72	13.94	090	S
30801	.....	A	Cauterization inner nose	1.03	0.48	0.05	1.56	010	S
30802	.....	A	Cauterization inner nose	2.00	0.95	0.11	3.06	010	S
30901	.....	A	Control of nosebleed	1.22	0.57	0.06	1.85	000	S
30903	.....	A	Control of nosebleed	1.56	0.86	0.08	2.50	000	S
30905	.....	A	Control of nosebleed	1.99	1.81	0.17	3.97	000	S
30906	.....	A	Repeat control of nosebleed	2.48	1.09	0.11	3.68	000	S
30915	.....	A	Ligation nasal sinus artery	6.79	5.00	0.53	12.32	090	S
30920	.....	A	Ligation upper jaw artery	7.54	*11.18	1.33	20.05	090	S
30930	.....	A	Therapy fracture of nose	1.22	0.72	0.08	2.02	010	S
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY	N
31000	.....	A	Irrigation maxillary sinus	1.11	0.43	0.05	1.59	010	S
31002	.....	A	Irrigation sphenoid sinus	1.88	0.47	0.05	2.40	010	S
31020	.....	A	Exploration maxillary sinus	2.84	2.69	0.29	5.82	090	S
31030	.....	A	Exploration maxillary sinus	5.66	*7.59	0.87	14.12	090	S
31032	.....	A	Explore sinus, remove polyps	6.29	*8.67	1.00	15.96	090	S
31040	.....	A	Exploration behind upper jaw	8.93	8.07	0.87	17.87	090	S
31050	.....	A	Exploration sphenoid sinus	5.13	6.03	0.65	11.81	090	S
31051	.....	A	Sphenoid sinus surgery	6.93	8.21	0.86	16.00	090	S
31070	.....	A	Exploration of frontal sinus	4.08	4.74	0.51	9.33	090	S
31071	.....	A	Exploration of frontal sinus	4.84	4.03	0.21	9.08	090	S
31075	.....	A	Exploration of frontal sinus	8.67	10.63	1.11	20.41	090	S
31080	.....	A	Removal of frontal sinus	10.85	9.31	1.13	21.29	090	S
31081	.....	A	Removal of frontal sinus	12.06	10.43	1.31	23.80	090	S
31084	.....	A	Removal of frontal sinus	12.83	14.95	1.64	29.42	090	S
31085	.....	A	Removal of frontal sinus	13.53	15.82	1.78	31.13	090	S
31086	.....	A	Removal of frontal sinus	12.11	10.99	1.16	24.26	090	S
31087	.....	A	Removal of frontal sinus	12.27	10.51	1.34	24.12	090	S
31090	.....	A	Exploration of sinuses	8.75	*16.83	2.14	27.72	090	S
31200	.....	A	Removal of ethmoid sinus	4.73	4.67	0.49	9.89	090	S
31201	.....	A	Removal of ethmoid sinus	8.00	7.09	0.76	15.85	090	S
31205	.....	A	Removal of ethmoid sinus	9.76	8.12	0.82	18.70	090	S
31225	.....	A	Removal of upper jaw	15.36	*19.66	2.40	37.42	090	S
31230	.....	A	Removal of upper jaw	21.29	21.98	2.51	45.78	090	S
31231	.....	A	Nasal endoscopy, dx	0.74	0.99	0.10	1.83	000	S
31233	.....	A	Nasal/sinus endoscopy, dx	1.58	*2.02	0.22	3.82	000	S
31235	.....	A	Nasal/sinus endoscopy, dx	2.77	*3.55	0.38	6.70	000	S
31237	.....	A	Nasal/sinus endoscopy, surg	1.90	*2.43	0.27	4.60	000	S
31238	.....	A	Nasal/sinus endoscopy, surg	3.30	*4.22	0.46	7.98	000	S
31239	.....	A	Nasal/sinus endoscopy, surg	8.59	*11.00	1.19	20.78	010	S
31240	.....	A	Nasal/sinus endoscopy, surg	2.64	*3.38	0.37	6.39	000	S
31245	.....	A	Nasal/sinus endoscopy, surg	3.35	*4.29	0.46	8.10	000	S
31246	.....	A	Nasal/sinus endoscopy, surg	4.13	*5.29	0.57	9.99	000	S
31247	.....	A	Nasal/sinus endoscopy, surg	4.64	*5.94	0.65	11.23	000	S
31248	.....	A	Nasal/sinus endoscopy, surg	4.91	*6.28	0.68	11.87	000	S
31249	.....	A	Nasal/sinus endoscopy, surg	5.83	*7.46	0.81	14.10	000	S
31250	.....	D	Nasal endoscopy, diagnostic	0.00	0.00	0.00	0.00	000	0
31251	.....	A	Nasal/sinus endoscopy, surg	6.12	*7.83	0.85	14.80	000	S
31252	.....	D	Nasal endoscopy, polypectomy	0.00	0.00	0.00	0.00	000	0
31254	.....	D	Revision of ethmoid sinus	0.00	0.00	0.00	0.00	000	0
31255	.....	D	Removal of ethmoid sinus	0.00	0.00	0.00	0.00	000	0
31256	.....	D	Exploration maxillary sinus	0.00	0.00	0.00	0.00	000	0
31258	.....	D	Nasal endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31260	.....	D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31261	.....	A	Nasal/sinus endoscopy, surg	5.31	*6.80	0.74	12.85	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
31262		A	Nasal/sinus endoscopy, surg	6.10	*7.81	0.85	14.76	000	S
31263		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31264		A	Nasal/sinus endoscopy, surg	6.60	*8.45	0.92	15.97	000	S
31265		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31266		A	Nasal/sinus endoscopy, surg	6.87	*8.79	0.96	16.62	000	S
31267		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31268		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31269		A	Nasal/sinus endoscopy, surg	7.81	*10.00	1.09	18.90	000	S
31270		D	Endoscopy, sphenoid sinus	0.00	0.00	0.00	0.00	000	0
31271		A	Nasal/sinus endoscopy, surg	8.08	*10.34	1.13	19.55	000	S
31275		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31277		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31280		A	Nasal/sinus endoscopy, surg	6.72	*8.60	0.94	16.26	000	S
31281		A	Nasal/sinus endoscopy, surg	7.51	*9.61	1.05	18.17	000	S
31282		A	Nasal/sinus endoscopy, surg	8.01	*10.25	1.12	19.38	000	S
31283		A	Nasal/sinus endoscopy, surg	8.28	*10.60	1.15	20.03	000	S
31284		A	Nasal/sinus endoscopy, surg	9.22	*11.80	1.28	22.30	000	S
31285		D	Endoscopy, combined sinuses	0.00	0.00	0.00	0.00	000	0
31286		A	Nasal/sinus endoscopy, surg	9.49	*12.15	1.32	22.96	000	S
31287		A	Nasal/sinus endoscopy, surg	3.96	*5.07	0.55	9.58	000	S
31288		A	Nasal/sinus endoscopy, surg	4.63	*5.93	0.64	11.20	000	S
31290		A	Nasal/sinus endoscopy, surg	13.01	*16.65	1.82	31.48	010	S
31291		A	Nasal/sinus endoscopy, surg	13.67	*17.50	1.90	33.07	010	S
31292		A	Nasal/sinus endoscopy, surg	10.57	*13.53	1.47	25.57	010	S
31293		A	Nasal/sinus endoscopy, surg	11.56	*14.80	1.61	27.97	010	S
31294		A	Nasal/sinus endoscopy, surg	13.21	*16.91	1.85	31.97	010	S
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31300		A	Removal of larynx lesion	13.43	11.71	1.29	26.43	090	S
31320		A	Diagnostic incision larynx	4.59	3.91	0.49	8.99	090	S
31360		A	Removal of larynx	15.36	19.58	2.21	37.15	090	S
31365		A	Removal of larynx	22.07	27.44	3.13	52.64	090	S
31367		A	Partial removal of larynx	19.19	17.41	1.90	38.50	090	S
31368		A	Partial removal of larynx	23.98	27.06	3.09	54.13	090	S
31370		A	Partial removal of larynx	18.71	17.37	1.90	37.98	090	S
31375		A	Partial removal of larynx	18.71	15.00	1.58	35.29	090	S
31380		A	Partial removal of larynx	18.71	17.46	1.90	38.07	090	S
31382		A	Partial removal of larynx	18.71	16.24	1.80	36.75	090	S
31390		A	Removal of larynx & pharynx	21.39	*31.78	4.10	57.27	090	S
31395		A	Reconstruct larynx & pharynx	26.48	*35.07	4.47	66.02	090	S
31400		A	Revision of larynx	9.16	7.90	0.92	17.98	090	S
31420		A	Removal of epiglottis	9.16	8.17	0.85	18.18	090	S
31500		A	Insert emergency airway	2.36	1.15	0.14	3.65	000	N
31502		A	Change of windpipe airway	0.66	0.59	0.07	1.32	000	S
31505		A	Diagnostic laryngoscopy	0.62	0.43	0.05	1.10	000	S
31510		A	Laryngoscopy with biopsy	1.94	0.56	0.07	2.57	000	S
31511		A	Remove foreign body, larynx	2.18	0.97	0.10	3.25	000	S
31512		A	Removal of larynx lesion	2.09	1.81	0.20	4.10	000	S
31513		A	Injection into vocal cord	2.12	*3.15	0.38	5.65	000	S
31515		A	Laryngoscopy for aspiration	1.82	1.14	0.14	3.10	000	S
31520		A	Diagnostic laryngoscopy	2.59	1.66	0.18	4.43	000	S
31525		A	Diagnostic laryngoscopy	2.66	2.22	0.23	5.11	000	S
31526		A	Diagnostic laryngoscopy	2.60	*3.33	0.38	6.31	000	S
31527		A	Laryngoscopy for treatment	3.31	3.02	0.30	6.63	000	S
31528		A	Laryngoscopy and dilatation	2.40	2.69	0.30	5.39	000	S
31529		A	Laryngoscopy and dilatation	2.71	2.49	0.25	5.45	000	S
31530		A	Operative laryngoscopy	3.43	3.67	0.39	7.49	000	S
31531		A	Operative laryngoscopy	3.77	*5.20	0.61	9.58	000	S
31535		A	Operative laryngoscopy	3.20	4.05	0.45	7.70	000	S
31536		A	Operative laryngoscopy	3.21	*5.03	0.60	8.84	000	S
31540		A	Operative laryngoscopy	4.18	*5.35	0.62	10.15	000	S
31541		A	Operative laryngoscopy	3.60	*6.16	0.76	10.52	000	S
31560		A	Operative laryngoscopy	5.52	5.05	0.52	11.09	000	S
31561		A	Operative laryngoscopy	4.95	*8.87	1.09	14.91	000	S
31570		A	Laryngoscopy with injection	3.91	*5.33	0.61	9.85	000	S
31571		A	Laryngoscopy with injection	3.56	*5.76	0.70	10.02	000	S
31575		A	Diagnostic laryngoscopy	1.11	1.58	0.17	2.86	000	S
31576		A	Laryngoscopy with biopsy	1.99	*2.78	0.33	5.10	000	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
31577		A	Remove foreign body, larynx	2.50	*3.41	0.37	6.28	000	S
31578		A	Removal of larynx lesion	2.87	*4.22	0.49	7.58	000	S
31579		A	Diagnostic laryngoscopy	2.29	2.36	0.26	4.91	000	S
31580		A	Revision of larynx	11.13	*14.52	1.65	27.30	090	S
31582		C	Revision of larynx	0.00	0.00	0.00	0.00	090	S
31584		A	Repair of larynx fracture	18.71	12.86	1.35	32.92	090	S
31585		A	Repair of larynx fracture	4.45	3.81	0.40	8.66	090	S
31586		A	Repair of larynx fracture	7.32	6.62	0.72	14.66	090	S
31587		A	Revision of larynx	8.07	7.29	0.80	16.16	090	S
31588		C	Revision of larynx	0.00	0.00	0.00	0.00	090	S
31590		C	Reinnervate larynx	0.00	0.00	0.00	0.00	090	S
31595		A	Larynx nerve surgery	7.66	6.92	0.75	15.33	090	S
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31600		A	Incision of windpipe	3.66	4.08	0.66	8.40	000	S
31601		A	Incision of windpipe	4.50	5.09	0.67	10.26	000	S
31603		A	Incision of windpipe	4.20	4.28	0.67	9.15	000	S
31605		A	Incision of windpipe	3.62	4.24	0.51	8.37	000	S
31610		A	Incision of windpipe	7.96	6.74	0.93	15.63	090	S
31611		A	Surgery/speech prosthesis	5.09	*8.43	1.05	14.57	090	S
31612		A	Puncture/clear windpipe	0.92	1.18	0.12	2.22	000	S
31613		A	Repair windpipe opening	4.29	2.23	0.28	6.80	090	S
31614		A	Repair windpipe opening	6.18	6.81	0.74	13.73	090	S
31615		A	Visualization of windpipe	2.11	1.97	0.22	4.30	000	S
31622		A	Diagnostic bronchoscopy	2.83	3.61	0.34	6.78	000	N
31625		A	Bronchoscopy with biopsy	3.41	3.87	0.35	7.63	000	N
31628		A	Bronchoscopy with biopsy	3.85	*4.93	0.38	9.16	000	N
31629		A	Bronchoscopy with biopsy	3.41	*4.36	0.34	8.11	000	N
31630		A	Bronchoscopy with repair	3.86	3.76	0.51	8.13	000	S
31631		A	Bronchoscopy with dilation	4.42	3.98	0.49	8.89	000	N
31635		A	Remove foreign body, airway	3.72	4.58	0.54	8.84	000	S
31640		A	Bronchoscopy & remove lesion	4.99	5.08	0.68	10.75	000	S
31641		A	Bronchoscopy, treat blockage	5.09	*7.30	0.86	13.25	000	N
31645		A	Bronchoscopy, clear airways	3.20	3.66	0.30	7.16	000	N
31646		A	Bronchoscopy, reclear airways	2.75	3.09	0.27	6.11	000	N
31656		A	Bronchoscopy, inject for x-ray	2.19	*3.11	0.31	5.61	000	N
31659		A	Bronchoscopic procedures	2.66	*4.18	0.35	7.19	000	N
31700		A	Insertion of airway catheter	1.35	1.40	0.17	2.92	000	N
31708		A	Instill airway contrast dye	1.43	0.78	0.09	2.30	000	N
31710		A	Insertion of airway catheter	1.31	0.91	0.12	2.34	000	N
31715		A	Injection for bronchus x-ray	1.12	0.49	0.04	1.65	000	N
31717		A	Bronchial brush biopsy	2.14	0.74	0.06	2.94	000	N
31720		A	Clearance of airways	1.07	0.75	0.09	1.91	000	N
31725		A	Clearance of airways	1.98	1.43	0.15	3.56	000	N
31730		A	Intro windpipe wire/tube	2.88	2.50	0.23	5.61	000	N
31750		A	Repair of windpipe	9.15	8.98	1.10	19.23	090	S
31755		C	Repair of windpipe	0.00	0.00	0.00	0.00	090	S
31760		A	Repair of windpipe	21.12	11.04	2.58	34.74	090	S
31766		A	Reconstruction of windpipe	29.14	18.60	1.13	48.87	090	S
31770		A	Repair/graft of bronchus	21.39	15.24	2.10	38.73	090	S
31775		A	Reconstruct bronchus	22.40	16.55	1.94	40.89	090	S
31780		A	Reconstruct windpipe	16.32	17.52	2.10	35.94	090	S
31781		A	Reconstruct windpipe	22.47	17.05	1.98	41.50	090	S
31785		A	Remove windpipe lesion	16.32	9.02	1.18	26.52	090	S
31786		A	Remove windpipe lesion	22.79	13.45	2.26	38.50	090	S
31800		A	Repair of windpipe injury	6.85	4.95	0.77	12.57	090	S
31805		A	Repair of windpipe injury	12.73	9.93	1.43	24.09	090	S
31820		A	Closure of windpipe lesion	4.15	3.62	0.47	8.24	090	S
31825		A	Repair of windpipe defect	6.38	5.06	0.59	12.03	090	S
31830		A	Revise windpipe scar	4.31	3.70	0.42	8.43	090	S
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY	S
32000		A	Drainage of chest	1.56	0.91	0.08	2.55	000	N
32002		A	Treatment of collapsed lung	2.21	1.35	0.22	3.78	000	N
32005		A	Treat lung lining chemically	2.21	1.10	0.15	3.46	000	S
32020		A	Insertion of chest tube	4.02	2.66	0.43	7.11	000	S
32035		A	Exploration of chest	6.62	6.84	1.26	14.72	090	S
32036		A	Exploration of chest	7.64	7.21	1.33	16.18	090	S
32095		A	Biopsy through chest wall	7.21	8.34	1.47	17.02	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
32100		A	Exploration/biopsy of chest	10.18	11.36	2.12	23.66	090	S
32110		A	Explore/repair chest	11.89	11.64	2.03	25.56	090	S
32120		A	Re-exploration of chest	9.73	9.56	1.74	21.03	090	S
32124		A	Explore chest, free adhesions	11.05	11.06	2.23	24.34	090	S
32140		A	Removal of lung lesion(s)	12.28	12.51	2.45	27.24	090	S
32141		A	Remove/treat lung lesions	12.28	13.57	2.56	28.41	090	S
32150		A	Removal of lung lesion(s)	12.56	10.46	2.03	25.05	090	S
32151		A	Remove lung foreign body	12.56	9.25	1.39	23.20	090	S
32160		A	Open chest heart massage	7.21	*9.43	1.54	18.18	090	S
32200		A	Drainage of lung lesion	13.25	6.97	0.94	21.16	090	S
32215		A	Treat chest lining	10.18	7.70	1.29	19.17	090	S
32220		A	Release of lung	17.82	15.99	3.04	36.85	090	S
32225		A	Partial release of lung	12.23	11.97	2.31	26.51	090	S
32310		A	Removal of chest lining	12.23	13.51	2.39	28.13	090	S
32315		A	Partial removal chest lining	12.07	9.36	1.75	23.18	090	S
32320		A	Free/remove chest lining	19.36	18.30	3.44	41.10	090	S
32400		A	Needle biopsy chest lining	1.78	1.50	0.12	3.40	000	N
32402		A	Open biopsy chest lining	6.62	7.66	1.35	15.63	090	S
32405		A	Biopsy, lung or mediastinum	1.95	2.14	0.18	4.27	000	N
32420		A	Puncture/clear lung	2.20	1.52	0.13	3.85	000	N
32440		A	Removal of lung	19.36	18.77	3.59	41.72	090	S
32442		A	Sleeve pneumonectomy	24.95	18.14	3.54	46.63	090	S
32445		A	Removal of lung	23.63	20.69	3.92	48.24	090	S
32450		D	Removal of lung	0.00	0.00	0.00	0.00	090	0
32480		A	Partial removal of lung	17.03	17.34	3.27	37.64	090	S
32482		A	Bilobectomy	18.75	17.34	3.27	39.36	090	S
32484		A	Segmentectomy	19.74	17.34	3.27	40.35	090	S
32485		A	Partial removal of lung	21.77	21.70	3.97	47.44	090	S
32486		A	Sleeve lobectomy	23.00	16.72	3.27	42.99	090	S
32488		A	Completion pneumonectomy	24.68	17.94	3.50	46.12	090	S
32490		D	Partial removal of lung	0.00	0.00	0.00	0.00	090	0
32500		A	Partial removal of lung	13.25	13.62	2.59	29.46	090	S
32520		A	Remove lung & revise chest	19.64	20.90	3.97	44.51	090	S
32522		A	Remove lung & revise chest	22.18	22.14	4.24	48.56	090	S
32525		A	Remove lung & revise chest	24.60	23.76	4.66	53.02	090	S
32540		A	Removal of lung lesion	13.46	11.80	2.07	27.33	090	S
32545		D	Removal of lung lobe/lesion	0.00	0.00	0.00	0.00	090	0
32601		A	Thoracoscopy, diagnostic	5.52	3.51	0.58	9.61	000	S
32602		A	Thoracoscopy, diagnostic	6.03	3.91	0.65	10.59	000	S
32603		A	Thoracoscopy, diagnostic	7.90	3.51	0.58	11.99	000	S
32604		A	Thoracoscopy, diagnostic	8.88	3.91	0.65	13.44	000	S
32605		A	Thoracoscopy, diagnostic	7.01	3.51	0.58	11.10	000	S
32606		A	Thoracoscopy, diagnostic	8.49	3.91	0.65	13.05	000	S
32650		A	Thoracoscopy, surgical	10.18	7.70	1.29	19.17	090	S
32651		A	Thoracoscopy, surgical	12.23	11.97	2.31	26.51	090	S
32652		A	Thoracoscopy, surgical	17.82	15.99	3.04	36.85	090	S
32653		A	Thoracoscopy, surgical	12.56	10.46	2.03	25.05	090	S
32654		A	Thoracoscopy, surgical	11.89	11.64	2.03	25.56	090	S
32655		A	Thoracoscopy, surgical	12.56	13.57	2.56	28.69	090	S
32656		A	Thoracoscopy, surgical	12.23	13.51	2.39	28.13	090	S
32657		A	Thoracoscopy, surgical	13.25	13.62	2.59	29.46	090	S
32658		A	Thoracoscopy, surgical	11.20	13.41	2.55	27.16	090	S
32659		A	Thoracoscopy, surgical	11.03	*14.12	2.64	27.79	090	S
32660		A	Thoracoscopy, surgical	16.80	20.15	3.60	40.55	090	S
32661		A	Thoracoscopy, surgical	12.84	9.35	1.49	23.68	090	S
32662		A	Thoracoscopy, surgical	15.94	14.71	2.77	33.42	090	S
32663		A	Thoracoscopy, surgical	17.62	17.34	3.27	38.23	090	S
32664		A	Thoracoscopy, surgical	13.80	10.67	2.06	26.53	090	S
32665		A	Thoracoscopy, surgical	14.89	14.49	2.67	32.05	090	S
32700		D	Visualize chest cavity	0.00	0.00	0.00	0.00	000	0
32705		D	Inspect/biopsy chest cavity	0.00	0.00	0.00	0.00	000	0
32800		A	Repair lung hernia	12.23	8.37	1.60	22.20	090	S
32810		A	Close chest after drainage	11.72	6.57	1.20	19.49	090	S
32815		A	Close bronchial fistula	21.60	15.39	2.65	39.64	090	S
32820		C	Reconstruct injured chest	0.00	0.00	0.00	0.00	090	S
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851		C	Lung transplant, single	0.00	0.00	0.00	0.00	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
32852		C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32853		C	Lung transplant, double	0.00	0.00	0.00	0.00	090	S
32854		C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32900		A	Removal of rib(s)	18.34	8.56	1.65	28.55	090	S
32905		A	Revise & repair chest wall	19.36	12.88	2.63	34.87	090	S
32906		A	Revise & repair chest wall	25.45	15.59	2.95	43.99	090	S
32940		A	Revision of lung	18.34	11.50	1.77	31.61	090	S
32960		A	Therapeutic pneumothorax	1.86	0.94	0.13	2.93	000	N
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
33010		A	Drainage of heart sac	2.26	1.56	0.14	3.96	000	N
33011		A	Repeat drainage of heart sac	2.26	1.12	0.12	3.50	000	N
33015		A	Incision of heart sac	5.70	4.31	0.63	10.64	090	S
33020		A	Incision of heart sac	11.20	13.41	2.55	27.16	090	S
33025		A	Incision of heart sac	11.03	*14.12	2.64	27.79	090	S
33030		A	Partial removal of heart sac	16.80	*21.50	4.34	42.64	090	S
33031		A	Partial removal of heart sac	19.86	13.40	2.53	35.79	090	S
33050		A	Removal of heart sac lesion	12.84	9.35	1.49	23.68	090	S
33100		A	Removal of heart sac	16.80	20.15	3.60	40.55	090	S
33120		A	Removal of heart lesion	22.82	*29.21	5.23	57.26	090	S
33130		A	Removal of heart lesion	19.75	13.65	2.24	35.64	090	S
33200		A	Insertion of heart pacemaker	11.20	12.41	1.92	25.53	090	S
33201		A	Insertion of heart pacemaker	9.03	11.31	1.69	22.03	090	S
33206		A	Insertion of heart pacemaker	6.11	*8.26	1.35	15.72	090	S
33207		A	Insertion of heart pacemaker	7.36	9.11	1.34	17.81	090	S
33208		A	Insertion of heart pacemaker	7.51	*10.60	1.56	19.67	090	N
33210		A	Insertion of heart electrode	3.34	3.34	0.27	6.95	000	N
33211		A	Insertion of heart electrode	3.44	3.34	0.27	7.05	000	N
33212		A	Insertion of pulse generator	5.27	5.44	0.89	11.60	090	S
33213		A	Insertion of pulse generator	6.22	5.44	0.89	12.55	090	S
33214		A	Upgrade of pacemaker system	7.51	5.46	1.07	14.04	090	S
33216		A	Revision implanted electrode	5.13	5.08	0.56	10.77	090	N
33217		A	Insert/revise electrode	5.49	5.08	0.56	11.13	090	N
33218		A	Repair pacemaker electrodes	5.08	4.64	0.63	10.35	090	S
33219		D	Repair of pacemaker	0.00	0.00	0.00	0.00	090	0
33220		A	Repair pacemaker electrode	5.16	4.64	0.63	10.43	090	S
33222		A	Pacemaker aicd pocket	4.64	5.76	1.02	11.42	090	S
33223		A	Pacemaker aicd pocket	6.21	5.76	1.02	12.99	090	S
33232		D	Removal of pacemaker	0.00	0.00	0.00	0.00	090	0
33233		A	Removal of pacemaker system	2.85	2.67	0.05	5.57	090	S
33234		A	Removal of pacemaker system	4.23	4.79	0.38	9.40	090	S
33235		A	Removal pacemaker electrode	5.62	5.27	0.56	11.45	090	S
33236		A	Remove electrode/thoracotomy	11.84	4.02	0.63	16.49	090	S
33237		A	Remove electrode/thoracotomy	12.83	9.33	1.83	23.99	090	S
33238		A	Remove electrode/thoracotomy	14.31	10.40	2.03	26.74	090	S
33240		A	Insert/replace pulse gener	7.28	5.44	0.89	13.61	090	S
33241		A	Remove pulse generator only	2.85	2.07	0.40	5.32	090	S
33242		A	Repair pulse generator/leads	5.92	*8.32	1.56	15.80	090	S
33243		A	Remove generator/thoracotomy	21.71	9.12	1.56	32.39	090	S
33244		A	Remove generator	8.43	9.12	1.56	19.11	090	S
33245		A	Implant heart defibrillator	12.71	*16.27	2.39	31.37	090	S
33246		A	Implant heart defibrillator	19.49	21.02	3.23	43.74	090	S
33247		A	Insert/replace leads	9.87	*15.15	2.39	27.41	090	S
33248		D	Revise/remove defibrillator	0.00	0.00	0.00	0.00	090	0
33249		A	Insert/replace leads/gener	12.97	*19.01	3.23	35.21	090	S
33250		A	Ablate heart dysrhythm focus	19.76	11.69	0.87	32.32	090	S
33251		A	Ablate heart dysrhythm focus	22.82	16.59	3.25	42.66	090	S
33260		A	Ablate heart dysrhythm focus	16.37	11.90	2.32	30.59	090	S
33261		A	Ablate heart dysrhythm focus	22.82	14.12	2.76	39.70	090	S
33300		A	Repair of heart wound	16.37	14.52	2.63	33.52	090	S
33305		A	Repair of heart wound	19.43	17.59	3.10	40.12	090	S
33310		A	Exploratory heart surgery	17.31	11.41	1.95	30.67	090	S
33315		A	Exploratory heart surgery	20.37	14.64	2.60	37.61	090	S
33320		A	Repair major blood vessel(s)	15.56	14.30	2.54	32.40	090	S
33322		A	Repair major blood vessel(s)	18.60	21.99	3.65	44.24	090	S
33330		A	Insert major vessel graft	19.36	12.81	1.95	34.12	090	S
33335		A	Insert major vessel graft	27.97	15.24	2.42	45.63	090	S
33350		C	Repair major blood vessel(s)	0.00	0.00	0.00	0.00	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33400	.....	A	Repair of aortic valve	23.42	26.50	2.86	52.78	090	S
33401	.....	A	Valvuloplasty, open	22.70	16.50	3.23	42.43	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.69	17.22	3.37	44.28	090	S
33404	.....	A	Prepare heart-aorta conduit	26.92	19.57	3.82	50.31	090	S
33405	.....	A	Replacement of aortic valve	28.79	30.82	5.39	65.00	090	S
33406	.....	A	Replacement, aortic valve	31.58	30.82	5.39	67.79	090	S
33407	.....	D	Revision of aortic valve	0.00	0.00	0.00	0.00	090	0
33408	.....	D	Revision of aortic valve	0.00	0.00	0.00	0.00	090	0
33411	.....	A	Replacement of aortic valve	30.71	39.08	7.53	77.32	090	S
33412	.....	A	Replacement of aortic valve	32.62	24.73	2.89	60.24	090	S
33413	.....	A	Replacement, aortic valve	34.55	25.12	4.91	64.58	090	S
33414	.....	A	Repair, aortic valve	29.61	21.53	4.20	55.34	090	S
33415	.....	A	Revision, subvalvular tissue	25.30	19.06	2.24	46.60	090	S
33416	.....	A	Revise ventricle muscle	28.51	28.45	5.05	62.01	090	S
33417	.....	C	Repair of aortic valve	0.00	0.00	0.00	0.00	090	S
33420	.....	A	Revision of mitral valve	20.92	20.04	2.48	43.44	090	S
33422	.....	A	Revision of mitral valve	23.98	*32.17	6.52	62.67	090	S
33425	.....	A	Repair of mitral valve	25.85	31.62	5.48	62.95	090	S
33426	.....	A	Repair of mitral valve	26.36	32.32	5.86	64.54	090	S
33427	.....	A	Repair of mitral valve	32.43	35.10	6.37	73.90	090	S
33430	.....	A	Replacement of mitral valve	29.75	35.24	6.18	71.17	090	S
33452	.....	D	Revision of tricuspid valve	0.00	0.00	0.00	0.00	090	0
33460	.....	A	Revision of tricuspid valve	21.84	26.36	4.78	52.98	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.43	17.77	3.47	45.67	090	S
33464	.....	A	Valvuloplasty, tricuspid	26.16	19.02	3.71	48.89	090	S
33465	.....	A	Replace tricuspid valve	26.87	33.03	6.02	65.92	090	S
33468	.....	A	Revision of tricuspid valve	28.51	20.18	3.65	52.34	090	S
33470	.....	C	Revision of pulmonary valve	0.00	0.00	0.00	0.00	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.37	15.54	3.04	39.95	090	S
33472	.....	C	Revision of pulmonary valve	0.00	0.00	0.00	0.00	090	S
33474	.....	A	Revision of pulmonary valve	21.14	13.49	1.64	36.27	090	S
33475	.....	A	Replacement, pulmonary valve	27.64	20.10	3.93	51.67	090	S
33476	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33478	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33500	.....	A	Repair heart vessel fistula	24.18	15.54	3.03	42.75	090	S
33501	.....	A	Repair heart vessel fistula	16.32	15.54	3.03	34.89	090	S
33502	.....	A	Coronary artery correction	20.02	13.44	1.88	35.34	090	S
33503	.....	A	Coronary artery graft	20.37	13.76	1.01	35.14	090	S
33504	.....	A	Coronary artery graft	23.42	13.61	2.64	39.67	090	S
33505	.....	A	Repair artery w/tunnel	25.66	18.65	3.64	47.95	090	S
33506	.....	A	Repair artery, translocation	25.66	18.65	3.64	47.95	090	S
33510	.....	A	Cabg, vein, single	23.55	29.88	5.26	58.69	090	S
33511	.....	A	Cabg, vein, two	25.85	32.80	5.77	64.42	090	S
33512	.....	A	Cabg, vein, three	28.15	35.72	6.29	70.16	090	S
33513	.....	A	Cabg, vein, four	30.45	38.63	6.80	75.88	090	S
33514	.....	A	Cabg, vein, five	32.75	41.55	7.31	81.61	090	S
33516	.....	A	Cabg, vein, six+	35.05	44.46	7.83	87.34	090	S
33517	.....	A	Cabg, artery-vein, single	2.30	2.92	0.51	5.73	090	S
33518	.....	A	Cabg, artery-vein, two	4.60	5.83	1.03	11.46	090	S
33519	.....	A	Cabg, artery-vein, three	6.90	8.75	1.54	17.19	090	S
33521	.....	A	Cabg, artery-vein, four	9.20	11.67	2.05	22.92	090	S
33522	.....	A	Cabg, artery-vein, five	11.50	14.59	2.57	28.66	090	S
33523	.....	A	Cabg, artery-vein, six+	13.80	17.51	3.08	34.39	090	S
33530	.....	A	Coronary artery, bypass/reop	5.93	*10.50	2.20	18.63	ZZZ	S
33533	.....	A	Cabg, arterial, single	24.27	30.79	5.42	60.48	090	S
33534	.....	A	Cabg, arterial, two	27.29	34.62	6.10	68.01	090	S
33535	.....	A	Cabg, arterial, three	30.31	38.45	6.77	75.53	090	S
33536	.....	A	Cabg, arterial, four+	33.33	42.29	7.45	83.07	090	S
33542	.....	A	Removal of heart lesion	26.87	31.07	5.59	63.53	090	S
33545	.....	A	Repair of heart damage	34.34	35.31	6.35	76.00	090	S
33570	.....	A	Revise coronary circulation	17.62	14.20	2.34	34.16	090	S
33575	.....	C	Revise coronary circulation	0.00	0.00	0.00	0.00	090	S
33600	.....	A	Closure of valve	28.62	20.82	4.07	53.51	090	S
33602	.....	A	Closure of valve	27.64	20.10	3.93	51.67	090	S
33606	.....	A	Anastomosis/artery-aorta	29.61	21.53	4.20	55.34	090	S
33608	.....	A	Repair anomaly w/conduit	30.35	22.07	4.31	56.73	090	S
33610	.....	A	Repair by enlargement	29.61	21.53	4.20	55.34	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33611		A	Repair double ventricle	31.58	22.97	4.49	59.04	090	S
33612		A	Repair double ventricle	32.42	23.58	4.61	60.61	090	S
33615		A	Repair (simple fontan)	30.84	22.42	4.38	57.64	090	S
33617		A	Repair by modified fontan	32.57	23.68	4.63	60.88	090	S
33619		A	Repair single ventricle	35.78	26.02	5.08	66.88	090	S
33641		A	Repair heart septum defect	20.15	*25.98	4.92	51.05	090	S
33645		A	Revision of heart veins	23.03	17.46	2.04	42.53	090	S
33647		C	Repair heart septum defects	0.00	0.00	0.00	0.00	090	S
33649		D	Repair tricuspid defect	0.00	0.00	0.00	0.00	090	0
33660		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33665		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33670		C	Repair of heart chambers	0.00	0.00	0.00	0.00	090	S
33681		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33684		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33688		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33690		C	Reinforce pulmonary artery	0.00	0.00	0.00	0.00	090	S
33692		A	Repair of heart defects	29.61	21.53	4.20	55.34	090	S
33694		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33696		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33697		A	Repair of heart defects	32.57	23.68	4.63	60.88	090	S
33698		A	Repair of heart defects	33.56	24.40	4.77	62.73	090	S
33702		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33710		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33720		C	Repair of heart defect	0.00	0.00	0.00	0.00	090	S
33722		A	Repair of heart defect	27.64	20.10	3.93	51.67	090	S
33730		C	Repair heart-vein defect(s)	0.00	0.00	0.00	0.00	090	S
33732		A	Repair heart-vein defect	27.39	19.92	3.89	51.20	090	S
33735		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33736		A	Revision of heart chamber	20.19	14.69	2.87	37.75	090	S
33737		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33738		D	Revision of heart chamber	0.00	0.00	0.00	0.00	090	0
33739		D	Revision of heart chamber	0.00	0.00	0.00	0.00	090	0
33750		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33755		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33762		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33764		C	Major vessel shunt & graft	0.00	0.00	0.00	0.00	090	S
33766		A	Major vessel shunt	21.71	15.79	3.09	40.59	090	S
33767		A	Atrial septectomy/septostomy	23.69	17.22	3.37	44.28	090	S
33770		A	Repair great vessels defect	32.32	23.50	4.59	60.41	090	S
33771		A	Repair great vessels defect	33.56	24.40	4.77	62.73	090	S
33774		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33775		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33776		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33777		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33778		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33779		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33780		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33781		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33786		C	Repair arterial trunk	0.00	0.00	0.00	0.00	090	S
33788		C	Revision of pulmonary artery	0.00	0.00	0.00	0.00	090	S
33800		A	Aortic suspension	15.35	11.16	2.18	28.69	090	S
33802		C	Repair vessel defect	0.00	0.00	0.00	0.00	090	S
33803		C	Repair vessel defect	0.00	0.00	0.00	0.00	090	S
33813		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33814		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33820		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33822		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33824		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33830		D	Revise major vessel	0.00	0.00	0.00	0.00	090	0
33840		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33845		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33851		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33852		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33853		A	Repair septal defect	30.60	22.25	4.34	57.19	090	S
33855		D	Repair septal defect	0.00	0.00	0.00	0.00	090	0
33860		A	Ascending aorta graft	31.58	35.10	6.25	72.93	090	S
33861		A	Ascending aorta graft	33.56	35.10	6.25	74.91	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33863	.....	A	Ascending aorta graft	35.53	35.10	6.25	76.88	090	S
33865	.....	D	Ascending aorta graft	0.00	0.00	0.00	0.00	090	0
33870	.....	A	Transverse aortic arch graft	38.16	44.79	8.13	91.08	090	S
33875	.....	A	Thoracic aorta graft	27.24	31.60	5.65	64.49	090	S
33877	.....	A	Thoracoabdominal graft	40.74	44.60	8.47	93.81	090	S
33910	.....	A	Remove lung artery emboli	22.10	14.81	2.80	39.71	090	S
33915	.....	A	Remove lung artery emboli	19.05	12.15	2.24	33.44	090	S
33916	.....	A	Surgery of great vessel	24.44	17.77	3.47	45.68	090	S
33917	.....	A	Repair pulmonary artery	23.69	17.22	3.37	44.28	090	S
33918	.....	A	Repair pulmonary atresia	25.66	18.65	3.64	47.95	090	S
33919	.....	A	Repair pulmonary atresia	31.46	22.87	4.47	58.80	090	S
33920	.....	A	Repair pulmonary atresia	31.09	22.60	4.41	58.10	090	S
33922	.....	A	Transect pulmonary artery	22.70	16.50	3.23	42.43	090	S
33930	.....	X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX	0
33935	.....	C	Transplantation, heart/lung	0.00	0.00	0.00	0.00	090	S
33940	.....	X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX	0
33945	.....	C	Transplantation of heart	0.00	0.00	0.00	0.00	090	S
33960	.....	A	External circulation assist	19.58	7.09	0.95	27.62	XXX	S
33961	.....	A	External circulation assist	11.05	7.09	0.95	19.09	XXX	S
33970	.....	A	Aortic circulation assist	8.14	7.62	1.01	16.77	000	S
33971	.....	A	Aortic circulation assist	4.08	*5.23	0.92	10.23	090	S
33972	.....	D	Aortic circulation assist	0.00	0.00	0.00	0.00	XXX	0
33973	.....	A	Insert balloon device	9.87	7.62	1.01	18.50	000	S
33974	.....	A	Remove intra-aortic balloon	12.83	5.62	0.92	19.37	090	S
33975	.....	A	Implant ventricular device	19.74	14.35	2.80	36.89	090	S
33976	.....	A	Implant ventricular device	26.90	19.55	3.82	50.27	090	S
33977	.....	A	Remove ventricular device	17.27	12.55	2.46	32.28	090	S
33978	.....	A	Remove ventricular device	19.74	14.35	2.80	36.89	090	S
33999	.....	C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY	S
34001	.....	A	Removal of artery clot	11.82	9.69	1.89	23.40	090	S
34051	.....	A	Removal of artery clot	13.77	8.91	1.61	24.29	090	S
34101	.....	A	Removal of artery clot	8.83	8.43	1.73	18.99	090	S
34111	.....	A	Removal of arm artery clot	7.26	7.67	1.61	16.54	090	S
34151	.....	A	Removal of artery clot	15.40	12.09	2.42	29.91	090	S
34201	.....	A	Removal of artery clot	8.13	9.00	1.80	18.93	090	S
34203	.....	A	Removal of leg artery clot	11.18	8.73	1.74	21.65	090	S
34401	.....	A	Removal of vein clot	11.77	8.16	1.41	21.34	090	S
34421	.....	A	Removal of vein clot	8.99	7.53	1.53	18.05	090	S
34451	.....	A	Removal of vein clot	13.28	10.81	2.16	26.25	090	S
34471	.....	A	Removal of vein clot	9.22	3.55	0.56	13.33	090	S
34490	.....	A	Removal of vein clot	6.58	7.35	1.56	15.49	090	S
34501	.....	C	Repair valve, femoral vein	0.00	0.00	0.00	0.00	090	S
34502	.....	A	Reconstruct, vena cava	25.94	18.86	3.68	48.48	090	S
34510	.....	C	Transposition of vein valve	0.00	0.00	0.00	0.00	090	S
34520	.....	C	Cross-over vein graft	0.00	0.00	0.00	0.00	090	S
34530	.....	C	Leg vein fusion	0.00	0.00	0.00	0.00	090	S
35001	.....	A	Repair defect of artery	18.34	16.08	3.22	37.64	090	S
35002	.....	A	Repair artery rupture, neck	19.65	12.78	2.44	34.87	090	S
35005	.....	A	Repair defect of artery	16.80	10.39	2.21	29.40	090	S
35011	.....	A	Repair defect of artery	10.55	*13.50	2.79	26.84	090	S
35013	.....	A	Repair artery rupture, arm	16.14	14.86	3.06	34.06	090	S
35021	.....	A	Repair defect of artery	17.82	18.33	3.09	39.24	090	S
35022	.....	A	Repair artery rupture, chest	21.39	14.94	2.83	39.16	090	S
35045	.....	A	Repair defect of arm artery	10.09	12.49	2.53	25.11	090	S
35081	.....	A	Repair defect of artery	22.40	21.69	4.23	48.32	090	S
35082	.....	A	Repair artery rupture, aorta	29.14	23.16	4.64	56.94	090	S
35091	.....	A	Repair defect of artery	28.41	22.92	4.30	55.63	090	S
35092	.....	A	Repair artery rupture, aorta	36.46	26.56	5.27	68.29	090	S
35102	.....	A	Repair defect of artery	23.70	22.40	4.37	50.47	090	S
35103	.....	A	Repair artery rupture, groin	31.66	26.45	5.27	63.38	090	S
35111	.....	A	Repair defect of artery	15.29	17.80	3.74	36.83	090	S
35112	.....	A	Repair artery rupture, spleen	17.57	10.57	2.24	30.38	090	S
35121	.....	A	Repair defect of artery	24.95	19.33	3.70	47.98	090	S
35122	.....	A	Repair artery rupture, belly	32.44	18.12	4.00	54.56	090	S
35131	.....	A	Repair defect of artery	17.19	16.06	3.18	36.43	090	S
35132	.....	A	Repair artery rupture, groin	20.63	18.89	3.62	43.14	090	S
35141	.....	A	Repair defect of artery	13.43	14.86	2.91	31.20	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35142		A	Repair artery rupture, thigh	14.78	16.28	3.28	34.34	090	S
35151		A	Repair defect of artery	15.94	15.53	2.97	34.44	090	S
35152		A	Repair artery rupture, knee	15.63	9.37	1.97	26.97	090	S
35161		C	Repair defect of artery	0.00	0.00	0.00	0.00	090	S
35162		C	Repair artery rupture	0.00	0.00	0.00	0.00	090	S
35180		A	Repair blood vessel lesion	12.30	7.45	1.50	21.25	090	S
35182		A	Repair blood vessel lesion	16.30	10.77	1.63	28.70	090	S
35184		A	Repair blood vessel lesion	10.91	9.84	1.98	22.73	090	S
35188		A	Repair blood vessel lesion	13.25	8.20	1.61	23.06	090	S
35189		A	Repair blood vessel lesion	17.31	11.46	2.23	31.00	090	S
35190		A	Repair blood vessel lesion	11.92	10.46	2.16	24.54	090	S
35201		A	Repair blood vessel lesion	9.00	10.18	1.96	21.14	090	S
35206		A	Repair blood vessel lesion	8.58	10.26	2.05	20.89	090	S
35207		A	Repair blood vessel lesion	9.16	10.92	1.95	22.03	090	S
35211		A	Repair blood vessel lesion	20.37	13.53	2.62	36.52	090	S
35216		A	Repair blood vessel lesion	17.31	10.80	2.10	30.21	090	S
35221		A	Repair blood vessel lesion	15.28	11.21	2.22	28.71	090	S
35226		A	Repair blood vessel lesion	8.26	10.39	1.97	20.62	090	S
35231		A	Repair blood vessel lesion	10.88	*14.88	2.94	28.70	090	S
35236		A	Repair blood vessel lesion	9.49	*12.15	2.59	24.23	090	S
35241		A	Repair blood vessel lesion	21.39	13.64	2.63	37.66	090	S
35246		A	Repair blood vessel lesion	18.34	17.14	2.17	37.65	090	S
35251		A	Repair blood vessel lesion	16.30	9.70	1.90	27.90	090	S
35256		A	Repair blood vessel lesion	10.25	12.54	2.42	25.21	090	S
35261		A	Repair blood vessel lesion	10.51	13.31	2.69	26.51	090	S
35266		A	Repair blood vessel lesion	9.16	*11.72	2.44	23.32	090	S
35271		A	Repair blood vessel lesion	20.37	12.67	2.59	35.63	090	S
35276		A	Repair blood vessel lesion	17.31	10.97	2.29	30.57	090	S
35281		A	Repair blood vessel lesion	15.28	17.47	3.41	36.16	090	S
35286		A	Repair blood vessel lesion	10.90	11.84	2.36	25.10	090	S
35301		A	Rechanneling of artery	16.13	14.62	2.84	33.59	090	S
35311		A	Rechanneling of artery	22.86	22.31	4.66	49.83	090	S
35321		A	Rechanneling of artery	11.20	13.10	2.72	27.02	090	S
35331		A	Rechanneling of artery	22.40	13.49	2.69	38.58	090	S
35341		A	Rechanneling of artery	23.93	17.56	3.57	45.06	090	S
35351		A	Rechanneling of artery	19.36	15.12	3.00	37.48	090	S
35355		A	Rechanneling of artery	15.28	15.59	3.02	33.89	090	S
35361		A	Rechanneling of artery	22.40	19.59	3.92	45.91	090	S
35363		A	Rechanneling of artery	23.42	23.02	4.45	50.89	090	S
35371		A	Rechanneling of artery	10.61	12.65	2.53	25.79	090	S
35372		A	Rechanneling of artery	12.42	11.32	2.31	26.05	090	S
35381		A	Rechanneling of artery	14.66	13.82	2.74	31.22	090	S
35390		A	Reoperation, carotid	3.23	1.69	0.39	5.31	ZZZ	S
35450		A	Repair arterial blockage	10.18	*13.03	1.40	24.61	000	N
35452		A	Repair arterial blockage	6.99	4.40	0.62	12.01	000	S
35454		A	Repair arterial blockage	6.11	*8.58	1.55	16.24	000	S
35456		A	Repair arterial blockage	7.43	*9.74	1.71	18.88	000	S
35458		A	Repair arterial blockage	9.60	10.24	1.85	21.69	000	S
35459		A	Repair arterial blockage	8.73	10.51	1.71	20.95	000	S
35460		A	Repair venous blockage	6.11	3.20	0.75	10.06	000	S
35470		A	Repair arterial blockage	8.73	10.51	1.71	20.95	000	N
35471		A	Repair arterial blockage	10.18	*13.03	1.40	24.61	000	N
35472		A	Repair arterial blockage	6.99	3.65	0.86	11.50	000	N
35473		A	Repair arterial blockage	6.11	*8.58	1.55	16.24	000	N
35474		A	Repair arterial blockage	7.44	*9.74	1.71	18.89	000	N
35475		A	Repair arterial blockage	9.60	10.24	1.85	21.69	000	N
35476		A	Repair venous blockage	6.11	3.20	0.75	10.06	000	N
35480		A	Atherectomy, open	11.20	13.58	1.40	26.18	000	S
35481		A	Atherectomy, open	7.69	4.40	0.62	12.71	000	S
35482		A	Atherectomy, open	6.72	*8.73	1.55	17.00	000	S
35483		A	Atherectomy, open	8.19	*10.48	1.71	20.38	000	S
35484		A	Atherectomy, open	10.56	10.24	1.85	22.65	000	S
35485		A	Atherectomy, open	9.60	4.57	1.07	15.24	000	S
35490		A	Atherectomy, percutaneous	11.20	13.58	1.40	26.18	000	N
35491		A	Atherectomy, percutaneous	7.69	4.40	0.62	12.71	000	N
35492		A	Atherectomy, percutaneous	6.72	*8.73	1.55	17.00	000	N
35493		A	Atherectomy, percutaneous	8.19	*10.48	1.71	20.38	000	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35494		A	Atherectomy, percutaneous	10.56	10.24	1.85	22.65	000	N
35495		A	Atherectomy, percutaneous	9.60	4.57	1.07	15.24	000	N
35501		A	Artery bypass graft	18.43	19.57	3.53	41.53	090	S
35506		A	Artery bypass graft	18.43	19.38	3.68	41.49	090	S
35507		A	Artery bypass graft	18.43	18.12	3.65	40.20	090	S
35508		A	Artery bypass graft	17.40	18.31	3.47	39.18	090	S
35509		A	Artery bypass graft	16.89	19.11	3.96	39.96	090	S
35511		A	Artery bypass graft	15.56	10.52	1.94	28.02	090	S
35515		A	Artery bypass graft	17.40	11.38	2.03	30.81	090	S
35516		A	Artery bypass graft	15.05	17.56	3.58	36.19	090	S
35518		A	Artery bypass graft	14.21	17.66	3.42	35.29	090	S
35521		A	Artery bypass graft	14.96	17.73	3.38	36.07	090	S
35526		A	Artery bypass graft	18.84	13.09	2.47	34.40	090	S
35531		A	Artery bypass graft	24.44	20.48	3.94	48.86	090	S
35533		A	Artery bypass graft	19.36	21.27	4.48	45.11	090	S
35536		A	Artery bypass graft	21.89	21.61	4.22	47.72	090	S
35541		A	Artery bypass graft	24.44	19.77	3.69	47.90	090	S
35546		A	Artery bypass graft	24.44	21.63	4.31	50.38	090	S
35548		C	Artery bypass graft	0.00	0.00	0.00	0.00	090	S
35549		C	Artery bypass graft	0.00	0.00	0.00	0.00	090	S
35551		A	Artery bypass graft	25.45	19.46	3.91	48.82	090	S
35556		A	Artery bypass graft	15.64	18.92	3.75	38.31	090	S
35558		A	Artery bypass graft	12.96	*16.59	3.27	32.82	090	S
35560		A	Artery bypass graft	22.37	20.44	3.97	46.78	090	S
35563		A	Artery bypass graft	13.98	8.41	1.72	24.11	090	S
35565		A	Artery bypass graft	13.98	*17.89	3.55	35.42	090	S
35566		A	Artery bypass graft	20.43	20.85	4.13	45.41	090	S
35571		A	Artery bypass graft	16.85	19.58	3.91	40.34	090	S
35582		A	Vein bypass graft	25.98	24.00	4.94	54.92	090	S
35583		A	Vein bypass graft	16.15	*20.67	4.18	41.00	090	S
35585		A	Vein bypass graft	19.26	23.21	4.68	47.15	090	S
35587		A	Vein bypass graft	17.26	21.75	4.18	43.19	090	S
35601		A	Artery bypass graft	16.37	19.04	3.37	38.78	090	S
35606		A	Artery bypass graft	17.59	17.75	3.55	38.89	090	S
35612		A	Artery bypass graft	14.55	16.94	3.34	34.83	090	S
35616		A	Artery bypass graft	14.55	16.98	3.46	34.99	090	S
35621		A	Artery bypass graft	13.38	*17.83	3.84	35.05	090	S
35623		A	Bypass graft, not vein	15.59	8.15	1.90	25.64	090	S
35626		A	Artery bypass graft	22.51	20.74	4.13	47.38	090	S
35631		A	Artery bypass graft	23.42	18.07	3.61	45.10	090	S
35636		A	Artery bypass graft	21.39	13.65	2.48	37.52	090	S
35637		D	Artery bypass graft	0.00	0.00	0.00	0.00	090	0
35638		D	Artery bypass graft	0.00	0.00	0.00	0.00	090	0
35641		A	Artery bypass graft	22.92	20.79	4.13	47.84	090	S
35642		A	Artery bypass graft	16.89	10.44	2.22	29.55	090	S
35645		A	Artery bypass graft	16.37	11.27	2.07	29.71	090	S
35646		A	Artery bypass graft	24.27	24.04	4.78	53.09	090	S
35650		A	Artery bypass graft	13.20	*16.90	3.60	33.70	090	S
35651		A	Artery bypass graft	23.93	24.36	4.74	53.03	090	S
35654		A	Artery bypass graft	17.82	22.35	4.47	44.64	090	S
35656		A	Artery bypass graft	14.01	*17.93	3.64	35.58	090	S
35661		A	Artery bypass graft	11.94	*15.64	3.34	30.92	090	S
35663		A	Artery bypass graft	12.96	*17.09	3.84	33.89	090	S
35665		A	Artery bypass graft	14.21	17.99	3.61	35.81	090	S
35666		A	Artery bypass graft	16.15	20.28	4.04	40.47	090	S
35671		A	Artery bypass graft	12.32	*19.03	4.13	35.48	090	S
35681		A	Artery bypass graft	8.14	*15.32	3.56	27.02	ZZZ	S
35691		A	Arterial transposition	16.89	19.84	3.85	40.58	090	S
35693		A	Arterial transposition	14.17	9.50	1.93	25.60	090	S
35694		A	Arterial transposition	18.01	9.43	2.19	29.63	090	S
35695		A	Arterial transposition	18.01	9.43	2.19	29.63	090	S
35700		A	Reoperation, bypass graft	3.11	1.63	0.38	5.12	ZZZ	S
35701		A	Exploration, carotid artery	4.59	*6.30	1.26	12.15	090	S
35721		A	Exploration, femoral artery	4.59	5.62	1.12	11.33	090	S
35741		A	Exploration popliteal artery	4.59	5.79	1.16	11.54	090	S
35761		A	Exploration of artery/vein	4.59	5.87	1.15	11.61	090	S
35800		A	Explore neck vessels	6.11	5.34	0.98	12.43	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35820	.....	A	Explore chest vessels	11.77	8.01	1.45	21.23	090	S
35840	.....	A	Explore abdominal vessels	8.73	7.31	1.46	17.50	090	S
35860	.....	A	Explore limb vessels	4.59	5.87	1.16	11.62	090	S
35870	.....	C	Repair vessel graft defect	0.00	0.00	0.00	0.00	090	S
35875	.....	A	Removal of clot in graft	9.17	8.30	1.67	19.14	090	S
35876	.....	A	Removal of clot in graft	13.05	8.30	1.67	23.02	090	S
35900	.....	D	Remove vessel graft	0.00	0.00	0.00	0.00	090	0
35901	.....	A	Excision, graft, neck	7.33	7.26	1.48	16.07	090	S
35903	.....	A	Excision, graft, extremity	8.73	7.26	1.48	17.47	090	S
35905	.....	A	Excision, graft, thorax	17.08	7.26	1.48	25.82	090	S
35907	.....	A	Excision, graft, abdomen	17.88	7.26	1.48	26.62	090	S
35910	.....	D	Revise circulation	0.00	0.00	0.00	0.00	090	0
36000	.....	A	Place needle in vein	0.18	*0.40	0.04	0.62	XXX	N
36005	.....	A	Injection, venography	0.96	0.48	0.04	1.48	000	N
36010	.....	A	Place catheter in vein	2.46	2.13	0.31	4.90	XXX	N
36011	.....	A	Place catheter in vein	3.17	1.92	0.22	5.31	XXX	N
36012	.....	A	Place catheter in vein	3.56	2.70	0.32	6.58	XXX	N
36013	.....	A	Place catheter in artery	2.55	2.13	0.31	4.99	XXX	N
36014	.....	A	Place catheter in artery	3.05	2.31	0.27	5.63	XXX	N
36015	.....	A	Place catheter in artery	3.56	2.70	0.32	6.58	XXX	N
36100	.....	A	Establish access to artery	3.05	2.62	0.32	5.99	XXX	N
36120	.....	A	Establish access to artery	2.03	2.35	0.30	4.68	XXX	N
36140	.....	A	Establish access to artery	2.03	1.43	0.24	3.70	XXX	N
36145	.....	A	Artery to vein shunt	2.03	*3.00	0.50	5.53	XXX	N
36160	.....	A	Establish access to aorta	2.55	2.35	0.35	5.25	XXX	S
36200	.....	A	Place catheter in aorta	3.05	2.76	0.28	6.09	XXX	N
36215	.....	A	Place catheter in artery	4.52	2.81	0.23	7.56	XXX	N
36216	.....	A	Place catheter in artery	5.34	3.33	0.27	8.94	XXX	N
36217	.....	A	Place catheter in artery	6.37	3.96	0.32	10.65	XXX	N
36218	.....	A	Place catheter in artery	1.02	0.63	0.05	1.70	XXX	N
36230	.....	D	Place catheter in artery	0.00	0.00	0.00	0.00	XXX	0
36245	.....	A	Place catheter in artery	5.13	3.19	0.26	8.58	XXX	N
36246	.....	A	Place catheter in artery	5.34	3.33	0.27	8.94	XXX	N
36247	.....	A	Place catheter in artery	6.37	3.96	0.32	10.65	XXX	N
36248	.....	A	Place catheter in artery	1.02	0.63	0.05	1.70	XXX	N
36260	.....	A	Insertion of infusion pump	9.37	6.82	1.43	17.62	090	S
36261	.....	A	Revision of infusion pump	5.10	2.25	0.42	7.77	090	S
36262	.....	A	Removal of infusion pump	3.74	1.95	0.40	6.09	090	S
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY	N
36400	.....	A	Drawing blood	0.18	0.09	0.01	0.28	XXX	N
36405	.....	A	Drawing blood	0.18	0.45	0.03	0.66	XXX	N
36406	.....	A	Drawing blood	0.18	0.16	0.01	0.35	XXX	S
36410	.....	A	Drawing blood	0.18	0.22	0.02	0.42	XXX	N
36415	.....	G	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
36420	.....	A	Establish access to vein	1.02	0.52	0.05	1.59	XXX	N
36425	.....	A	Establish access to vein	0.77	0.08	0.01	0.86	XXX	N
36430	.....	A	Blood transfusion service	0.00	0.97	0.07	1.04	XXX	N
36440	.....	A	Blood transfusion service	1.04	0.95	0.07	2.06	XXX	S
36450	.....	A	Exchange transfusion service	2.25	1.90	0.18	4.33	XXX	N
36455	.....	A	Exchange transfusion service	2.46	2.30	0.22	4.98	XXX	N
36460	.....	C	Transfusion service, fetal	0.00	0.00	0.00	0.00	XXX	N
36468	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36469	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36470	.....	A	Injection therapy of vein	1.03	0.27	0.04	1.34	010	S
36471	.....	A	Injection therapy of veins	1.51	0.39	0.05	1.95	010	S
36481	.....	A	Insertion of catheter, vein	7.07	5.36	0.62	13.05	000	S
36488	.....	A	Insertion of catheter, vein	1.36	0.98	0.14	2.48	000	N
36489	.....	A	Insertion of catheter, vein	1.23	1.13	0.17	2.53	000	N
36490	.....	A	Insertion of catheter, vein	1.69	1.40	0.20	3.29	000	N
36491	.....	A	Insertion of catheter, vein	1.45	1.73	0.32	3.50	000	N
36493	.....	A	Repositioning of cvc	1.22	0.64	0.16	2.02	000	N
36500	.....	A	Insertion of catheter, vein	3.56	0.08	0.01	3.65	000	N
36510	.....	A	Insertion of catheter, vein	1.10	0.34	0.02	1.46	000	N
36520	.....	A	Plasma and/or cell exchange	1.69	1.87	0.12	3.68	000	N
36522	.....	A	Photopheresis	1.69	*4.19	0.37	6.25	ZZZ	S
36530	.....	N	Insertion of infusion pump	0.00	0.00	0.00	0.00	XXX	0
36531	.....	N	Revision of infusion pump	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
36532	.....	R	Removal of infusion pump	0.00	0.00	0.00	0.00	010	S
36533	.....	A	Insertion of access port	3.86	4.34	0.86	9.06	010	S
36534	.....	A	Revision of access port	3.83	3.50	0.21	7.54	010	S
36535	.....	A	Removal of access port	2.24	1.83	0.38	4.45	010	S
36600	.....	A	Withdrawal of arterial blood	0.32	0.28	0.02	0.62	XXX	N
36620	.....	A	Insertion catheter, artery	1.16	0.67	0.14	1.97	000	N
36625	.....	A	Insertion catheter, artery	2.13	0.87	0.18	3.18	000	N
36640	.....	A	Insertion catheter, artery	2.12	2.35	0.40	4.87	000	N
36660	.....	A	Insertion catheter, artery	1.42	0.50	0.04	1.96	000	N
36680	.....	A	Insert needle, bone cavity	1.21	1.25	0.10	2.56	000	N
36800	.....	A	Insertion of cannula	2.46	2.24	0.28	4.98	000	N
36810	.....	A	Insertion of cannula	4.01	4.90	0.75	9.66	000	S
36815	.....	A	Insertion of cannula	2.65	*3.41	0.71	6.77	000	S
36820	.....	D	Insertion of cannula	0.00	0.00	0.00	0.00	000	0
36821	.....	A	Artery-vein fusion	8.48	7.32	1.48	17.28	090	S
36822	.....	A	Insertion of cannula(s)	5.09	5.66	0.78	11.53	090	S
36825	.....	A	Artery-vein graft	9.46	11.32	2.23	23.01	090	S
36830	.....	A	Artery-vein graft	7.87	*10.66	2.39	20.92	090	S
36832	.....	A	Revise artery-vein fistula	5.91	*9.88	2.41	18.20	090	S
36835	.....	C	Artery to vein shunt	0.00	0.00	0.00	0.00	090	S
36840	.....	C	Insert mandril	0.00	0.00	0.00	0.00	090	S
36845	.....	C	Fusion with mandril	0.00	0.00	0.00	0.00	090	S
36860	.....	A	Cannula declotting	2.03	2.60	0.43	5.06	000	N
36861	.....	A	Cannula declotting	2.55	*4.35	1.02	7.92	000	S
37140	.....	A	Revision of circulation	22.40	16.47	3.38	42.25	090	S
37145	.....	A	Revision of circulation	23.42	17.32	1.74	42.48	090	S
37160	.....	A	Revision of circulation	20.37	17.94	3.83	42.14	090	S
37180	.....	A	Revision of circulation	23.42	14.35	2.79	40.56	090	S
37181	.....	A	Splice spleen/kidney veins	25.45	16.59	3.56	45.60	090	S
37190	.....	A	Repair of circulation defect	9.42	7.89	1.68	18.99	090	S
37200	.....	A	Transcatheter biopsy	4.61	1.61	0.13	6.35	000	N
37201	.....	A	Transcatheter therapy infuse	7.33	5.56	0.65	13.54	000	N
37202	.....	A	Transcatheter therapy infuse	5.74	4.35	0.51	10.60	000	N
37203	.....	A	Transcatheter retrieval	5.09	3.86	0.45	9.40	000	N
37204	.....	A	Transcatheter occlusion	18.34	13.91	1.62	33.87	000	N
37205	.....	A	Transcatheter stent	8.37	5.22	0.42	14.01	000	S
37206	.....	A	Transcatheter stent	4.18	2.61	0.21	7.00	ZZZ	S
37207	.....	A	Transcatheter stent	8.37	5.22	0.42	14.01	000	S
37208	.....	A	Transcatheter stent	4.18	2.61	0.21	7.00	ZZZ	S
37565	.....	A	Ligation of neck vein	3.94	3.83	0.75	8.52	090	S
37600	.....	A	Ligation of neck artery	3.94	*5.77	0.81	10.52	090	S
37605	.....	A	Ligation of neck artery	4.68	5.62	1.05	11.35	090	S
37606	.....	A	Ligation of neck artery	4.68	*6.24	0.73	11.65	090	S
37607	.....	A	Ligation of fistula	5.91	3.09	0.72	9.72	090	S
37609	.....	A	Temporal artery procedure	2.30	2.24	0.38	4.92	010	S
37615	.....	A	Ligation of neck artery	4.44	*6.34	1.12	11.90	090	S
37616	.....	A	Ligation of chest artery	14.85	4.26	0.84	19.95	090	S
37617	.....	A	Ligation of abdomen artery	14.35	8.09	1.56	24.00	090	S
37618	.....	A	Ligation of extremity artery	3.94	*5.04	1.07	10.05	090	S
37620	.....	A	Revision of major vein	9.34	8.91	1.50	19.75	090	S
37650	.....	A	Revision of major vein	4.44	4.06	0.53	9.03	090	S
37660	.....	A	Revision of major vein	9.76	5.81	1.08	16.65	090	S
37700	.....	A	Revise leg vein	3.56	3.68	0.74	7.98	090	S
37720	.....	A	Removal of leg vein	5.28	5.17	1.05	11.50	090	S
37730	.....	A	Removal of leg veins	6.70	7.03	1.42	15.15	090	S
37735	.....	A	Removal of leg veins/lesion	10.01	8.43	1.70	20.14	090	S
37760	.....	A	Revision of leg veins	10.01	7.56	1.54	19.11	090	S
37780	.....	A	Revision of leg vein	3.56	1.91	0.35	5.82	090	S
37785	.....	A	Revise secondary varicosity	3.60	0.99	0.18	4.77	090	S
37788	.....	C	Revascularization, penis	0.00	0.00	0.00	0.00	090	S
37790	.....	A	Penile venous occlusion	6.91	4.91	0.48	12.30	090	S
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY	S
38100	.....	A	Removal of spleen, total	12.12	8.65	1.83	22.60	090	S
38101	.....	A	Removal of spleen, partial	12.73	7.07	1.53	21.33	090	S
38102	.....	A	Removal of spleen, total	4.85	2.54	0.59	7.98	ZZZ	S
38115	.....	A	Repair of ruptured spleen	12.73	7.73	1.51	21.97	090	S
38200	.....	A	Injection for spleen x-ray	2.67	1.73	0.15	4.55	000	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
38230		A	Bone marrow collection	3.20	2.81	0.21	6.22	010	N
38240		A	Bone marrow transplantation	2.26	2.10	0.14	4.50	XXX	N
38241		A	Bone marrow transplantation	2.26	2.06	0.13	4.45	XXX	N
38300		A	Drainage lymph node lesion	1.50	0.59	0.10	2.19	010	S
38305		A	Drainage lymph node lesion	4.29	1.98	0.36	6.63	090	S
38308		A	Incision of lymph channels	4.60	3.41	0.45	8.46	090	S
38380		A	Thoracic duct procedure	6.60	4.49	0.77	11.86	090	S
38381		A	Thoracic duct procedure	12.23	7.64	1.52	21.39	090	S
38382		A	Thoracic duct procedure	9.34	4.89	1.14	15.37	090	S
38500		A	Biopsy/removal, lymph node(s)	2.86	1.61	0.31	4.78	010	S
38505		A	Needle biopsy, lymph node(s)	1.15	1.13	0.17	2.45	000	S
38510		A	Biopsy/removal, lymph node(s)	3.94	2.57	0.45	6.96	090	S
38520		A	Biopsy/removal, lymph node(s)	4.91	3.02	0.57	8.50	090	S
38525		A	Biopsy/removal, lymph node(s)	4.42	2.62	0.54	7.58	090	S
38530		A	Biopsy/removal, lymph node(s)	5.88	3.21	0.66	9.75	090	S
38542		A	Explore deep node(s), neck	5.47	4.31	0.60	10.38	090	S
38550		A	Removal neck/armpit lesion	6.49	3.27	0.64	10.40	090	S
38555		A	Removal neck/armpit lesion	13.20	7.35	1.40	21.95	090	S
38562		A	Removal, pelvic lymph nodes	9.76	6.96	1.21	17.93	090	S
38564		A	Removal, abdomen lymph nodes	10.11	7.47	1.53	19.11	090	S
38700		A	Removal of lymph nodes, neck	7.64	9.75	1.32	18.71	090	S
38720		A	Removal of lymph nodes, neck	12.43	*15.91	2.06	30.40	090	S
38724		A	Removal of lymph nodes, neck	13.37	14.52	2.02	29.91	090	S
38740		A	Remove armpit lymph nodes	6.35	4.77	1.01	12.13	090	S
38745		A	Remove armpits lymph nodes	8.17	8.37	1.78	18.32	090	S
38746		A	Remove thoracic lymph nodes	4.44	2.32	0.54	7.30	ZZZ	S
38747		A	Remove abdominal lymph nodes	4.94	2.59	0.60	8.13	ZZZ	S
38760		A	Remove groin lymph nodes	8.28	6.70	1.37	16.35	090	S
38765		A	Remove groin lymph nodes	15.15	12.81	2.45	30.41	090	S
38770		A	Remove pelvis lymph nodes	12.23	15.57	1.75	29.55	090	S
38780		A	Remove abdomen lymph nodes	15.34	16.24	3.16	34.74	090	S
38790		A	Injection for lymphatic x-ray	1.30	*2.11	0.19	3.60	000	N
38794		A	Access thoracic lymph duct	4.10	2.87	0.38	7.35	090	S
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY	S
39000		A	Exploration of chest	5.09	6.12	1.09	12.30	090	S
39010		A	Exploration of chest	12.54	9.67	1.79	24.00	090	S
39020		A	Exploration of chest	8.45	*12.12	2.38	22.95	090	S
39200		A	Removal chest lesion	12.54	11.71	2.16	26.41	090	S
39220		A	Removal chest lesion	16.34	15.11	2.86	34.31	090	S
39400		A	Visualization of chest	5.17	5.18	0.96	11.31	010	S
39499		C	Chest procedure	0.00	0.00	0.00	0.00	YYY	S
39501		A	Repair diaphragm laceration	12.23	10.78	2.12	25.13	090	S
39502		A	Repair paraesophageal hernia	15.35	12.06	2.48	29.89	090	S
39503		A	Repair of diaphragm hernia	33.59	25.46	2.97	62.02	090	S
39520		A	Repair of diaphragm hernia	15.35	12.67	2.49	30.51	090	S
39530		A	Repair of diaphragm hernia	14.38	14.22	2.74	31.34	090	S
39531		A	Repair of diaphragm hernia	15.40	10.11	1.82	27.33	090	S
39540		A	Repair of diaphragm hernia	12.23	12.11	2.54	26.88	090	S
39541		A	Repair of diaphragm hernia	13.25	12.30	2.40	27.95	090	S
39545		A	Revision of diaphragm	12.23	8.16	1.55	21.94	090	S
39547		A	Revision of diaphragm	12.23	7.73	0.93	20.89	090	S
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40490		A	Biopsy of lip	1.23	0.75	0.07	2.05	000	S
40500		A	Partial excision of lip	4.13	*6.30	0.95	11.38	090	S
40510		A	Partial excision of lip	4.62	*5.91	0.84	11.37	090	S
40520		A	Partial excision of lip	4.59	4.55	0.69	9.83	090	S
40525		A	Reconstruct lip with flap	7.34	*9.40	1.45	18.19	090	S
40527		A	Reconstruct lip with flap	8.81	*11.28	1.67	21.76	090	S
40530		A	Partial removal of lip	5.20	5.16	0.75	11.11	090	S
40650		A	Repair lip	3.53	*4.52	0.66	8.71	090	S
40652		A	Repair lip	4.13	*5.29	0.80	10.22	090	S
40654		A	Repair lip	5.19	*6.64	1.01	12.84	090	S
40700		A	Repair cleft lip/nasal	12.17	8.55	1.29	22.01	090	S
40701		A	Repair cleft lip/nasal	15.27	*19.55	1.64	36.46	090	S
40702		A	Repair cleft lip/nasal	12.48	9.47	1.11	23.06	090	S
40720		A	Repair cleft lip/nasal	13.05	9.70	1.81	24.56	090	S
40761		A	Repair cleft lip/nasal	14.16	10.96	1.76	26.88	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40800	.....	A	Drainage of mouth lesion	1.13	0.75	0.07	1.95	010	S
40801	.....	A	Drainage of mouth lesion	2.51	1.72	0.16	4.39	010	S
40804	.....	A	Removal foreign body, mouth	1.20	0.59	0.06	1.85	010	S
40805	.....	A	Removal foreign body, mouth	2.67	2.53	0.30	5.50	010	S
40806	.....	A	Incision of lip fold	0.31	0.36	0.03	0.70	000	S
40808	.....	A	Biopsy of mouth lesion	0.92	0.77	0.08	1.77	010	S
40810	.....	A	Excision of mouth lesion	1.27	1.19	0.11	2.57	010	S
40812	.....	A	Excise/repair mouth lesion	2.29	1.52	0.14	3.95	010	S
40814	.....	A	Excise/repair mouth lesion	3.31	3.27	0.32	6.90	090	S
40816	.....	A	Excision of mouth lesion	3.56	3.26	0.33	7.15	090	S
40818	.....	A	Excise oral mucosa for graft	2.29	2.28	0.20	4.77	090	S
40819	.....	A	Excise lip or cheek fold	2.29	1.24	0.14	3.67	090	S
40820	.....	A	Treatment of mouth lesion	1.24	0.54	0.06	1.84	010	S
40830	.....	A	Repair mouth laceration	1.73	0.68	0.07	2.48	010	S
40831	.....	A	Repair mouth laceration	2.44	1.96	0.21	4.61	010	S
40840	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40842	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40843	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40844	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40845	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY	S
41000	.....	A	Drainage of mouth lesion	1.26	0.77	0.08	2.11	010	S
41005	.....	A	Drainage of mouth lesion	1.22	0.63	0.07	1.92	010	S
41006	.....	A	Drainage of mouth lesion	3.06	1.02	0.11	4.19	090	S
41007	.....	A	Drainage of mouth lesion	2.92	2.93	0.30	6.15	090	S
41008	.....	A	Drainage of mouth lesion	3.20	1.07	0.11	4.38	090	S
41009	.....	A	Drainage of mouth lesion	3.39	3.35	0.34	7.08	090	S
41010	.....	A	Incision of tongue fold	1.20	0.37	0.04	1.61	010	S
41015	.....	A	Drainage of mouth lesion	3.76	0.88	0.10	4.74	090	S
41016	.....	A	Drainage of mouth lesion	3.76	3.73	0.38	7.87	090	S
41017	.....	A	Drainage of mouth lesion	3.76	1.42	0.14	5.32	090	S
41018	.....	A	Drainage of mouth lesion	4.80	3.97	0.38	9.15	090	S
41100	.....	A	Biopsy of tongue	1.60	0.81	0.08	2.49	010	S
41105	.....	A	Biopsy of tongue	1.39	1.04	0.12	2.55	010	S
41108	.....	A	Biopsy of floor of mouth	1.01	0.86	0.09	1.96	010	S
41110	.....	A	Excision of tongue lesion	1.48	1.31	0.15	2.94	010	S
41112	.....	A	Excision of tongue lesion	2.66	2.42	0.23	5.31	090	S
41113	.....	A	Excision of tongue lesion	3.12	3.45	0.37	6.94	090	S
41114	.....	A	Excision of tongue lesion	7.97	6.46	0.74	15.17	090	S
41115	.....	A	Excision of tongue fold	1.71	1.80	0.17	3.68	010	S
41116	.....	A	Excision of mouth lesion	2.39	2.52	0.27	5.18	090	S
41120	.....	A	Partial removal of tongue	8.93	7.36	0.89	17.18	090	S
41130	.....	A	Partial removal of tongue	10.38	9.16	1.15	20.69	090	S
41135	.....	A	Tongue and neck surgery	14.45	*19.70	2.67	36.82	090	S
41140	.....	A	Removal of tongue	23.72	19.10	2.48	45.30	090	S
41145	.....	A	Tongue removal; neck surgery	27.89	23.04	2.98	53.91	090	S
41150	.....	A	Tongue, mouth, jaw surgery	19.58	19.17	2.49	41.24	090	S
41153	.....	A	Tongue, mouth, neck surgery	21.42	25.28	3.06	49.76	090	S
41155	.....	A	Tongue, jaw, & neck surgery	23.66	*30.28	3.79	57.73	090	S
41250	.....	A	Repair tongue laceration	1.88	1.08	0.11	3.07	010	S
41251	.....	A	Repair tongue laceration	2.24	2.09	0.21	4.54	010	S
41252	.....	A	Repair tongue laceration	2.95	2.38	0.26	5.59	010	S
41500	.....	A	Fixation of tongue	3.54	3.33	0.26	7.13	090	S
41510	.....	A	Tongue to lip surgery	3.36	2.56	0.45	6.37	090	S
41520	.....	A	Reconstruction, tongue fold	2.66	2.91	0.28	5.85	090	S
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY	S
41800	.....	A	Drainage of gum lesion	1.13	0.70	0.07	1.90	010	S
41805	.....	A	Removal foreign body, gum	1.20	0.85	0.08	2.13	010	S
41806	.....	A	Removal foreign body, jawbone	2.67	1.66	0.15	4.48	010	S
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	XXX	S
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	XXX	S
41822	.....	R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41823	.....	R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41825	.....	A	Excision of gum lesion	1.27	1.51	0.14	2.92	010	S
41826	.....	A	Excision of gum lesion	2.29	2.09	0.18	4.56	010	S
41827	.....	A	Excision of gum lesion	3.31	3.82	0.38	7.51	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
41828		R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41830		R	Removal of gum tissue	0.00	0.00	0.00	0.00	XXX	S
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41870		R	Gum graft	0.00	0.00	0.00	0.00	XXX	S
41872		R	Repair gum	0.00	0.00	0.00	0.00	XXX	S
41874		R	Repair tooth socket	0.00	0.00	0.00	0.00	XXX	S
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42000		A	Drainage mouth roof lesion	1.19	0.63	0.06	1.88	010	S
42100		A	Biopsy roof of mouth	1.27	0.80	0.08	2.15	010	S
42104		A	Excision lesion, mouth roof	1.61	1.64	0.17	3.42	010	S
42106		A	Excision lesion, mouth roof	2.66	2.24	0.21	5.11	010	S
42107		A	Excision lesion, mouth roof	4.25	4.96	0.51	9.72	090	S
42120		A	Remove palate/lesion	5.45	*7.79	1.02	14.26	090	S
42140		A	Excision of uvula	1.56	1.36	0.15	3.07	090	S
42145		A	Repair, palate, pharynx/uvula	7.12	*12.11	1.47	20.70	090	S
42160		A	Treatment mouth roof lesion	1.77	1.55	0.16	3.48	010	S
42180		A	Repair palate	2.48	2.26	0.26	5.00	010	S
42182		A	Repair palate	3.82	3.51	0.38	7.71	010	S
42200		A	Reconstruct cleft palate	9.59	7.27	0.86	17.72	090	S
42205		A	Reconstruct cleft palate	9.06	10.94	0.80	20.80	090	S
42210		A	Reconstruct cleft palate	10.13	12.65	0.96	23.74	090	S
42215		A	Reconstruct cleft palate	8.51	7.77	0.87	17.15	090	S
42220		A	Reconstruct cleft palate	6.72	5.46	0.82	13.00	090	S
42225		A	Reconstruct cleft palate	9.16	6.98	1.09	17.25	090	S
42226		A	Lengthening of palate	9.52	7.98	0.87	18.37	090	S
42227		A	Lengthening of palate	8.99	7.49	0.38	16.86	090	S
42235		A	Repair palate	7.58	5.61	0.50	13.69	090	S
42260		A	Repair nose to lip fistula	4.22	4.02	0.44	8.68	090	S
42280		A	Preparation, palate mold	1.51	2.01	0.17	3.69	010	S
42281		A	Insertion, palate prosthesis	1.79	1.49	0.15	3.43	010	S
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY	S
42300		A	Drainage of salivary gland	1.90	0.97	0.12	2.99	010	S
42305		A	Drainage of salivary gland	5.65	2.20	0.27	8.12	090	S
42310		A	Drainage of salivary gland	1.53	1.04	0.12	2.69	010	S
42320		A	Drainage of salivary gland	2.33	1.85	0.22	4.40	010	S
42325		A	Create salivary cyst drain	2.68	2.14	0.20	5.02	090	S
42326		A	Create salivary cyst drain	3.69	4.39	0.33	8.41	090	S
42330		A	Removal of salivary stone	2.18	1.11	0.12	3.41	010	S
42335		A	Removal of salivary stone	3.25	2.50	0.27	6.02	090	S
42340		A	Removal of salivary stone	4.52	4.30	0.46	9.28	090	S
42400		A	Biopsy of salivary gland	0.79	0.80	0.10	1.69	000	S
42405		A	Biopsy of salivary gland	3.28	1.56	0.19	5.03	010	S
42408		A	Excision of salivary cyst	4.46	3.28	0.38	8.12	090	S
42409		A	Drainage of salivary cyst	2.74	2.84	0.30	5.88	090	S
42410		A	Excise parotid gland/lesion	8.98	6.01	0.93	15.92	090	S
42415		A	Excise parotid gland/lesion	16.30	12.82	1.70	30.82	090	S
42420		A	Excise parotid gland/lesion	18.84	14.98	1.89	35.71	090	S
42425		A	Excise parotid gland/lesion	12.50	11.22	1.45	25.17	090	S
42426		A	Excise parotid gland/lesion	20.10	24.39	3.25	47.74	090	S
42440		A	Excision submaxillary gland	6.68	8.07	1.00	15.75	090	S
42450		A	Excision sublingual gland	4.43	3.46	0.35	8.24	090	S
42500		A	Repair salivary duct	4.11	4.66	0.51	9.28	090	S
42505		A	Repair salivary duct	5.99	7.42	0.87	14.28	090	S
42507		A	Parotid duct diversion	6.03	4.70	0.68	11.41	090	S
42508		A	Parotid duct diversion	8.74	7.69	0.95	17.38	090	S
42509		A	Parotid duct diversion	11.20	7.39	1.24	19.83	090	S
42510		A	Parotid duct diversion	7.80	7.74	0.85	16.39	090	S
42550		A	Injection for salivary x-ray	1.26	0.44	0.04	1.74	000	N
42600		A	Closure of salivary fistula	4.63	3.93	0.47	9.03	090	S
42650		A	Dilation of salivary duct	0.78	0.39	0.04	1.21	000	S
42660		A	Dilation of salivary duct	1.14	0.51	0.06	1.71	000	S
42665		A	Ligation of salivary duct	2.46	2.06	0.25	4.77	090	S
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42700		A	Drainage of tonsil abscess	1.59	0.86	0.10	2.55	010	S
42720		A	Drainage of throat abscess	2.64	1.91	0.22	4.77	010	S
42725		A	Drainage of throat abscess	7.68	4.50	0.54	12.72	090	S
42800		A	Biopsy of throat	1.35	0.75	0.08	2.18	010	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
42802	.....	A	Biopsy of throat	1.51	1.03	0.12	2.66	010	S
42804	.....	A	Biopsy of upper nose/throat	1.20	1.10	0.13	2.43	010	S
42806	.....	A	Biopsy of upper nose/throat	1.55	1.42	0.16	3.13	010	S
42808	.....	A	Excise pharynx lesion	2.27	2.55	0.29	5.11	010	S
42809	.....	A	Remove pharynx foreign body	1.78	0.83	0.08	2.69	010	S
42810	.....	A	Excision of neck cyst	3.24	3.17	0.48	6.89	090	S
42815	.....	A	Excision of neck cyst	6.83	8.56	1.13	16.52	090	S
42820	.....	A	Remove tonsils and adenoids	3.63	3.18	0.32	7.13	090	S
42821	.....	A	Remove tonsils and adenoids	4.15	3.97	0.47	8.59	090	S
42825	.....	A	Removal of tonsils	3.25	2.67	0.33	6.25	090	S
42826	.....	A	Removal of tonsils	3.23	3.90	0.43	7.56	090	S
42830	.....	A	Removal of adenoids	2.52	1.88	0.27	4.67	090	S
42831	.....	A	Removal of adenoids	2.64	2.39	0.25	5.28	090	S
42835	.....	A	Removal of adenoids	2.24	1.88	0.10	4.22	090	S
42836	.....	A	Removal of adenoids	3.13	2.82	0.31	6.26	090	S
42842	.....	A	Extensive surgery of throat	8.22	6.76	0.74	15.72	090	S
42844	.....	A	Extensive surgery of throat	12.87	10.97	1.28	25.12	090	S
42845	.....	A	Extensive surgery of throat	22.12	18.83	2.24	43.19	090	S
42860	.....	A	Excision of tonsil tags	2.16	1.91	0.21	4.28	090	S
42870	.....	A	Excision of lingual tonsil	5.22	2.35	0.26	7.83	090	S
42880	.....	A	Excise nose/throat lesion	6.08	4.67	0.53	11.28	090	S
42890	.....	A	Partial removal of pharynx	11.80	9.09	1.04	21.93	090	S
42892	.....	A	Revision of pharyngeal walls	14.10	11.04	1.28	26.42	090	S
42894	.....	A	Revision of pharyngeal walls	20.91	16.24	1.85	39.00	090	S
42900	.....	A	Repair throat wound	5.04	4.31	0.49	9.84	010	S
42950	.....	A	Reconstruction of throat	7.79	9.97	1.11	18.87	090	S
42953	.....	A	Repair throat, esophagus	8.30	6.41	0.94	15.65	090	S
42955	.....	A	Surgical opening of throat	6.57	3.36	0.43	10.36	090	S
42960	.....	A	Control throat bleeding	2.31	1.09	0.12	3.52	010	S
42961	.....	A	Control throat bleeding	5.24	1.77	0.19	7.20	090	S
42962	.....	A	Control throat bleeding	6.71	6.05	0.69	13.45	090	S
42970	.....	A	Control nose/throat bleeding	4.83	1.04	0.10	5.97	090	N
42971	.....	A	Control nose/throat bleeding	5.62	2.93	0.34	8.89	090	S
42972	.....	A	Control nose/throat bleeding	6.62	4.60	0.74	11.96	090	S
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY	S
43000	.....	A	Incision of esophagus	6.71	5.86	0.82	13.39	090	S
43020	.....	A	Incision of esophagus	7.81	6.65	0.72	15.18	090	S
43030	.....	A	Throat muscle surgery	7.23	*9.26	1.22	17.71	090	S
43040	.....	A	Incision of esophagus	10.18	6.95	1.20	18.33	090	S
43045	.....	A	Incision of esophagus	19.04	12.59	2.39	34.02	090	S
43100	.....	A	Excision of esophagus lesion	8.56	6.26	0.96	15.78	090	S
43101	.....	A	Excision of esophagus lesion	15.28	9.59	1.90	26.77	090	S
43105	.....	A	Removal of upper esophagus	18.34	15.39	1.90	35.63	090	S
43106	.....	A	Removal of upper esophagus	21.39	19.04	2.20	42.63	090	S
43110	.....	A	Partial removal of esophagus	28.79	21.89	4.27	54.95	090	S
43111	.....	A	Partial removal of esophagus	26.52	15.42	3.38	45.32	090	S
43115	.....	A	Partial removal of esophagus	30.55	25.55	4.82	60.92	090	S
43119	.....	A	Removal of esophagus	27.50	22.75	4.47	54.72	090	S
43120	.....	A	Remove esophagus & stomach	26.35	21.60	4.24	52.19	090	S
43130	.....	A	Removal of esophagus pouch	10.80	10.63	1.62	23.05	090	S
43135	.....	A	Removal of esophagus pouch	15.28	11.85	2.19	29.32	090	S
43136	.....	D	Fixation of esophagus pouch	0.00	0.00	0.00	0.00	090	0
43200	.....	A	Esophagus endoscopy	1.61	*2.42	0.26	4.29	000	S
43202	.....	A	Esophagus endoscopy, biopsy	1.91	*2.94	0.31	5.16	000	N
43204	.....	A	Esophagus endoscopy & inject	3.81	*4.95	0.36	9.12	000	N
43205	.....	A	Esophagus endoscopy/ligation	3.81	2.71	0.18	6.70	000	N
43215	.....	A	Esophagus endoscopy	2.63	*3.95	0.47	7.05	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.83	*4.11	0.37	7.31	000	N
43217	.....	A	Esophagus endoscopy	2.83	*4.11	0.37	7.31	000	N
43219	.....	A	Esophagus endoscopy	2.83	*3.74	0.34	6.91	000	N
43220	.....	A	Esophagus endoscopy, dilation	2.12	*2.81	0.27	5.20	000	N
43226	.....	A	Esophagus endoscopy, dilation	2.37	*3.48	0.26	6.11	000	N
43227	.....	A	Esophagus endoscopy, repair	3.64	*4.66	0.34	8.64	000	N
43228	.....	A	Esophagus endoscopy, ablation	3.81	4.84	0.38	9.03	000	N
43234	.....	A	Upper gi endoscopy, exam	2.03	*2.81	0.30	5.14	000	N
43235	.....	A	Upper gi endoscopy, diagnosis	2.42	*3.38	0.29	6.09	000	N
43239	.....	A	Upper gi endoscopy, biopsy	2.72	*3.88	0.33	6.93	000	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
43241	.....	A	Upper gi endoscopy with tube	2.62	*4.17	0.38	7.17	000	N
43243	.....	A	Upper gi endoscopy & inject	4.62	5.69	0.39	10.70	000	N
43244	.....	A	Upper gi endoscopy/ligation	4.62	3.29	0.21	8.12	000	N
43245	.....	A	Operative upper gi endoscopy	3.43	*4.45	0.40	8.28	000	N
43246	.....	A	Place gastrostomy tube	4.38	*5.63	0.52	10.53	000	N
43247	.....	A	Operative upper gi endoscopy	3.43	*4.50	0.38	8.31	000	N
43248	.....	A	Upper gi endoscopy/guidewire	3.18	2.26	0.15	5.59	000	N
43250	.....	A	Upper gi endoscopy/tumor	3.63	*4.99	0.43	9.05	000	N
43251	.....	A	Operative upper gi endoscopy	3.63	*4.99	0.43	9.05	000	N
43255	.....	A	Operative upper gi endoscopy	4.45	5.69	0.38	10.52	000	N
43258	.....	A	Operative upper gi endoscopy	4.60	5.47	0.38	10.45	000	N
43259	.....	A	Endoscopic ultrasound exam	3.95	2.81	0.18	6.94	000	N
43260	.....	A	Endoscopy, bile duct/pancreas	6.03	6.05	0.39	12.47	000	N
43261	.....	A	Endoscopy, bile duct/pancreas	6.34	6.05	0.39	12.78	000	N
43262	.....	A	Endoscopy, bile duct/pancreas	7.47	9.10	0.59	17.16	000	N
43263	.....	A	Endoscopy, bile duct/pancreas	6.26	5.89	0.38	12.53	000	N
43264	.....	A	Endoscopy, bile duct/pancreas	9.00	9.02	0.62	18.64	000	N
43265	.....	A	Endoscopy, bile duct/pancreas	9.00	6.90	0.50	16.40	000	N
43267	.....	A	Endoscopy, bile duct/pancreas	7.47	7.49	0.49	15.45	000	N
43268	.....	A	Endoscopy, bile duct/pancreas	7.47	8.82	0.57	16.86	000	N
43269	.....	A	Endoscopy, bile duct/pancreas	6.11	7.43	0.52	14.06	000	N
43271	.....	A	Endoscopy, bile duct/pancreas	7.47	7.71	0.51	15.69	000	N
43272	.....	A	Endoscopy, bile duct/pancreas	7.47	5.66	0.42	13.55	000	N
43300	.....	A	Repair of esophagus	8.82	*11.36	1.72	21.90	090	S
43305	.....	A	Repair esophagus and fistula	16.32	13.86	1.80	31.98	090	S
43310	.....	A	Repair of esophagus	24.47	17.18	3.27	44.92	090	S
43312	.....	A	Repair esophagus and fistula	27.56	13.87	2.33	43.76	090	S
43320	.....	A	Fuse esophagus & stomach	14.40	11.28	1.86	27.54	090	S
43321	.....	A	Fuse esophagus & stomach	14.94	13.16	2.59	30.69	090	S
43324	.....	A	Revise esophagus & stomach	15.35	12.01	2.56	29.92	090	S
43325	.....	A	Revise esophagus & stomach	14.79	11.74	2.32	28.85	090	S
43326	.....	A	Revise esophagus & stomach	14.53	7.60	1.77	23.90	090	S
43330	.....	A	Repair of esophagus	14.43	11.49	2.42	28.34	090	S
43331	.....	A	Repair of esophagus	14.89	14.49	2.67	32.05	090	S
43340	.....	A	Fuse esophagus & intestine	14.32	12.58	2.55	29.45	090	S
43341	.....	A	Fuse esophagus & intestine	15.43	10.01	1.58	27.02	090	S
43350	.....	A	Surgical opening, esophagus	11.38	7.97	1.16	20.51	090	S
43351	.....	A	Surgical opening, esophagus	13.57	8.87	1.55	23.99	090	S
43352	.....	A	Surgical opening, esophagus	11.04	8.96	1.49	21.49	090	S
43400	.....	A	Ligate esophagus veins	15.72	10.94	1.65	28.31	090	S
43401	.....	A	Esophagus surgery for veins	16.44	9.70	1.95	28.09	090	S
43410	.....	A	Repair esophagus wound	9.72	9.00	1.56	20.28	090	S
43415	.....	A	Repair esophagus wound	16.04	12.88	2.55	31.47	090	S
43420	.....	A	Repair esophagus opening	10.30	5.95	0.79	17.04	090	S
43425	.....	A	Repair esophagus opening	15.75	10.05	1.73	27.53	090	S
43450	.....	A	Dilate esophagus	1.40	0.69	0.05	2.14	000	N
43451	.....	D	Redilate esophagus	0.00	0.00	0.00	0.00	000	0
43453	.....	A	Dilate esophagus	1.53	1.53	0.11	3.17	000	N
43455	.....	D	Dilate esophagus	0.00	0.00	0.00	0.00	000	0
43456	.....	A	Dilate esophagus	3.56	2.50	0.24	6.30	000	N
43458	.....	A	Dilation of esophagus	1.03	*2.54	0.27	3.84	000	N
43460	.....	A	Pressure treatment esophagus	3.84	1.69	0.15	5.68	000	N
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY	N
43500	.....	A	Surgical opening of stomach	7.68	6.20	1.21	15.09	090	S
43501	.....	A	Surgical repair of stomach	12.47	8.68	1.85	23.00	090	S
43510	.....	A	Surgical opening of stomach	9.37	8.38	0.95	18.70	090	N
43520	.....	A	Incision of pyloric muscle	7.08	4.53	0.88	12.49	090	S
43600	.....	A	Biopsy of stomach	1.93	0.51	0.05	2.49	000	N
43605	.....	A	Biopsy of stomach	8.32	5.98	1.30	15.60	090	S
43610	.....	A	Excision of stomach lesion	10.22	8.26	1.73	20.21	090	S
43611	.....	A	Excision of stomach lesion	12.57	8.26	1.73	22.56	090	S
43620	.....	A	Removal of stomach	21.26	15.55	3.23	40.04	090	S
43621	.....	A	Removal of stomach	21.71	15.55	3.23	40.49	090	S
43622	.....	A	Removal of stomach	23.07	15.55	3.23	41.85	090	S
43625	.....	D	Removal of stomach	0.00	0.00	0.00	0.00	090	0
43630	.....	D	Partial removal of stomach	0.00	0.00	0.00	0.00	090	0
43631	.....	A	Removal of stomach, partial	18.30	12.56	2.69	33.55	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
43632		A	Removal stomach, partial	18.30	12.56	2.69	33.55	090	S
43633		A	Removal stomach, partial	18.75	12.56	2.69	34.00	090	S
43634		A	Removal stomach, partial	20.11	21.06	4.62	45.79	090	S
43635		A	Partial removal of stomach	2.08	1.09	0.26	3.43	ZZZ	S
43638		A	Partial removal of stomach	20.37	12.89	2.76	36.02	090	S
43639		A	Removal stomach, partial	20.87	12.89	2.76	36.52	090	S
43640		A	Vagotomy & pylorus repair	13.43	10.46	2.21	26.10	090	S
43641		A	Vagotomy & pylorus repair	13.43	10.45	2.20	26.08	090	S
43750		A	Place gastrostomy tube	5.77	4.40	0.57	10.74	010	N
43760		A	Change gastrostomy tube	1.11	0.70	0.09	1.90	000	N
43761		A	Reposition gastrostomy tube	2.03	1.07	0.25	3.35	000	N
43800		A	Reconstruction of pylorus	9.51	6.93	1.49	17.93	090	S
43810		A	Fusion of stomach and bowel	10.19	7.72	1.55	19.46	090	S
43820		A	Fusion of stomach and bowel	10.55	8.38	1.77	20.70	090	S
43825		A	Fusion of stomach and bowel	13.43	11.20	2.33	26.96	090	S
43830		A	Place gastrostomy tube	4.89	*6.26	1.20	12.35	090	S
43831		A	Place gastrostomy tube	6.48	5.26	0.94	12.68	090	S
43832		A	Place gastrostomy tube	10.80	8.04	1.38	20.22	090	S
43840		A	Repair of stomach lesion	10.57	7.93	1.68	20.18	090	S
43842		A	Gastroplasty for obesity	11.99	13.87	2.96	28.82	090	S
43843		A	Gastroplasty for obesity	11.99	13.87	2.96	28.82	090	S
43844		A	Gastric bypass for obesity	12.90	9.78	1.14	23.82	090	S
43846		A	Gastric bypass for obesity	12.90	14.96	3.34	31.20	090	S
43850		A	Revise stomach-bowel fusion	18.34	11.77	2.27	32.38	090	S
43855		A	Revise stomach-bowel fusion	19.36	10.56	2.31	32.23	090	S
43860		A	Revise stomach-bowel fusion	18.34	11.59	2.54	32.47	090	S
43865		A	Revise stomach-bowel fusion	19.36	13.54	3.01	35.91	090	S
43870		A	Repair stomach opening	6.63	5.83	1.15	13.61	090	S
43880		A	Repair stomach-bowel fistula	18.34	8.34	1.78	28.46	090	S
43885		A	Revise stomach placement	10.01	7.73	1.66	19.40	090	S
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY	N
44005		A	Freeing of bowel adhesion	12.66	8.37	1.77	22.80	090	S
44010		A	Incision of small bowel	9.34	6.99	1.44	17.77	090	S
44015		A	Insert needle catheter, bowel	2.65	3.26	0.45	6.36	ZZZ	S
44020		A	Exploration of small bowel	10.81	7.90	1.67	20.38	090	S
44021		A	Decompress small bowel	10.95	7.08	1.50	19.53	090	S
44025		A	Incision of large bowel	11.19	7.83	1.63	20.65	090	S
44040		A	Exteriorization of bowel	12.30	9.83	2.12	24.25	090	S
44050		A	Reduce bowel obstruction	10.16	7.86	1.66	19.68	090	S
44055		A	Correct malrotation of bowel	12.05	7.75	1.62	21.42	090	S
44100		A	Biopsy of bowel	2.03	1.40	0.13	3.56	000	N
44110		A	Excision of bowel lesion(s)	9.11	7.76	1.60	18.47	090	S
44111		A	Excision of bowel lesion(s)	11.17	9.78	2.16	23.11	090	S
44120		A	Removal of small intestine	13.30	9.57	2.04	24.91	090	S
44125		A	Removal of small intestine	13.30	10.87	2.31	26.48	090	S
44130		A	Bowel to bowel fusion	11.21	8.77	1.88	21.86	090	S
44131		D	Intestinal bypass	0.00	0.00	0.00	0.00	XXX	0
44140		A	Partial removal of colon	17.27	11.56	2.44	31.27	090	S
44141		A	Partial removal of colon	17.66	12.05	2.59	32.30	090	S
44143		A	Partial removal of colon	15.28	12.46	2.66	30.40	090	S
44144		A	Partial removal of colon	15.28	12.25	2.57	30.10	090	S
44145		A	Partial removal of colon	22.09	13.70	2.88	38.67	090	S
44146		A	Partial removal of colon	23.03	15.45	3.24	41.72	090	S
44147		A	Partial removal of colon	16.97	15.81	3.41	36.19	090	S
44150		A	Removal of colon	19.25	15.00	3.21	37.46	090	S
44151		A	Removal of colon/ileostomy	18.15	10.32	2.24	30.71	090	S
44152		A	Removal of colon/ileostomy	23.24	15.61	3.40	42.25	090	S
44153		A	Removal of colon/ileostomy	24.96	19.57	3.67	48.20	090	S
44155		A	Removal of colon	22.34	16.84	3.54	42.72	090	S
44156		A	Removal of colon/ileostomy	20.71	11.53	2.55	34.79	090	S
44160		A	Removal of colon	14.25	12.58	2.71	29.54	090	S
44300		A	Open bowel to skin	7.86	6.10	1.30	15.26	090	S
44310		A	Ileostomy/jejunostomy	10.18	7.97	1.68	19.83	090	S
44312		A	Revision of ileostomy	5.40	3.11	0.46	8.97	090	S
44314		A	Revision of ileostomy	9.88	6.75	1.22	17.85	090	S
44316		A	Devise bowel pouch	13.74	9.75	1.45	24.94	090	S
44320		A	Colostomy	11.52	7.54	1.59	20.65	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
44322	.....	A	Colostomy with biopsies	10.42	9.17	1.90	21.49	090	S
44340	.....	A	Revision of colostomy	4.97	1.70	0.35	7.02	090	S
44345	.....	A	Revision of colostomy	10.16	4.89	1.04	16.09	090	S
44346	.....	A	Revision of colostomy	11.25	6.72	1.40	19.37	090	S
44360	.....	A	Small bowel endoscopy	2.95	*3.78	0.32	7.05	000	N
44361	.....	A	Small bowel endoscopy, biopsy	3.27	*4.48	0.34	8.09	000	N
44363	.....	A	Small bowel endoscopy	3.98	3.02	0.36	7.36	000	N
44364	.....	A	Small bowel endoscopy	4.18	4.78	0.73	9.69	000	N
44365	.....	A	Small bowel endoscopy	4.07	4.78	0.73	9.58	000	N
44366	.....	A	Small bowel endoscopy	5.03	5.93	0.45	11.41	000	N
44369	.....	A	Small bowel endoscopy	5.15	*6.71	0.51	12.37	000	N
44372	.....	A	Small bowel endoscopy	5.03	5.89	0.68	11.60	000	N
44373	.....	A	Small bowel endoscopy	3.98	*5.24	0.51	9.73	000	N
44376	.....	A	Small bowel endoscopy	5.43	3.86	0.25	9.54	000	N
44377	.....	A	Small bowel endoscopy	5.73	4.09	0.27	10.09	000	N
44378	.....	A	Small bowel endoscopy	7.48	5.33	0.35	13.16	000	N
44380	.....	A	Small bowel endoscopy	1.53	*2.22	0.22	3.97	000	N
44382	.....	A	Small bowel endoscopy	1.84	*2.93	0.29	5.06	000	N
44385	.....	A	Endoscopy of bowel pouch	1.84	*2.78	0.34	4.96	000	S
44386	.....	A	Endoscopy, bowel pouch, biopsy	2.14	1.56	0.15	3.85	000	N
44388	.....	A	Colon endoscopy	2.85	*3.65	0.51	7.01	000	S
44389	.....	A	Colonoscopy with biopsy	3.16	*4.05	0.45	7.66	000	N
44390	.....	A	Colonoscopy for foreign body	3.87	2.66	0.28	6.81	000	N
44391	.....	A	Colonoscopy for bleeding	4.37	5.32	0.54	10.23	000	N
44392	.....	A	Colonoscopy & polypectomy	4.08	*5.30	0.71	10.09	000	N
44393	.....	A	Colonoscopy, lesion removal	4.89	5.47	0.71	11.07	000	S
44394	.....	A	Colonoscopy w/snare	4.08	*5.30	0.71	10.09	000	N
44500	.....	A	Intro, gastrointestinal tube	0.37	0.26	0.02	0.65	000	N
44600	.....	D	Repair of bowel lesion	0.00	0.00	0.00	0.00	090	0
44602	.....	A	Suture, small intestine	9.83	7.74	1.64	19.21	090	S
44603	.....	A	Suture, small intestine	13.08	9.19	1.98	24.25	090	S
44604	.....	A	Suture, large intestine	13.08	7.96	1.69	22.73	090	S
44605	.....	A	Repair of bowel lesion	14.06	9.47	2.04	25.57	090	S
44610	.....	D	Repair of bowel lesions	0.00	0.00	0.00	0.00	090	0
44615	.....	A	Intestinal stricturoplasty	11.49	6.01	1.40	18.90	090	S
44620	.....	A	Repair bowel opening	9.76	6.04	1.27	17.07	090	S
44625	.....	A	Repair bowel opening	12.23	9.69	2.05	23.97	090	S
44640	.....	A	Repair bowel-skin fistula	13.49	6.61	1.37	21.47	090	S
44650	.....	A	Repair bowel fistula	13.91	7.41	1.48	22.80	090	S
44660	.....	A	Repair bowel-bladder fistula	13.29	8.43	1.22	22.94	090	S
44661	.....	A	Repair bowel-bladder fistula	15.61	14.10	2.55	32.26	090	S
44680	.....	A	Surgical revision, intestine	12.55	9.82	2.16	24.53	090	S
44799	.....	C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44800	.....	A	Excision of bowel pouch	10.23	5.30	1.09	16.62	090	S
44820	.....	A	Excision of mesentery lesion	9.41	5.86	1.22	16.49	090	S
44850	.....	A	Repair of mesentery	8.74	5.66	1.19	15.59	090	S
44899	.....	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44900	.....	A	Drainage of appendix abscess	7.95	4.33	0.89	13.17	090	S
44950	.....	A	Appendectomy	6.13	4.94	1.02	12.09	090	S
44955	.....	A	Appendectomy	1.55	*2.63	0.61	4.79	ZZZ	S
44960	.....	A	Appendectomy	9.89	5.96	1.25	17.10	090	S
45000	.....	A	Drainage of pelvic abscess	4.33	1.61	0.24	6.18	090	S
45005	.....	A	Drainage of rectal abscess	1.98	1.30	0.21	3.49	010	S
45020	.....	A	Drainage of rectal abscess	4.45	2.64	0.52	7.61	090	S
45100	.....	A	Biopsy of rectum	3.42	1.90	0.35	5.67	090	S
45108	.....	A	Removal of anorectal lesion	4.33	2.69	0.54	7.56	090	S
45110	.....	A	Removal of rectum	21.92	16.50	3.47	41.89	090	S
45111	.....	A	Partial removal of rectum	15.14	11.90	2.52	29.56	090	S
45112	.....	A	Removal of rectum	24.29	16.24	3.40	43.93	090	S
45114	.....	A	Partial removal of rectum	21.44	15.56	3.28	40.28	090	S
45116	.....	A	Partial removal of rectum	19.30	10.89	2.37	32.56	090	S
45120	.....	A	Removal of rectum	23.03	16.57	3.58	43.18	090	S
45121	.....	A	Removal of rectum and colon	25.24	10.91	2.03	38.18	090	S
45130	.....	A	Excision of rectal prolapse	13.17	9.02	1.81	24.00	090	S
45135	.....	A	Excision of rectal prolapse	15.53	16.13	3.54	35.20	090	S
45150	.....	A	Excision of rectal stricture	5.32	3.42	0.64	9.38	090	S
45160	.....	A	Excision of rectal lesion	12.48	7.54	1.58	21.60	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
45170		A	Excision of rectal lesion	5.09	4.47	0.92	10.48	090	S
45180		A	Removal of rectal lesion	7.82	5.15	1.07	14.04	090	S
45300		A	Proctosigmoidoscopy	0.71	0.56	0.07	1.34	000	S
45302		D	Proctosigmoidoscopy	0.00	0.00	0.00	0.00	000	0
45303		A	Proctosigmoidoscopy	0.51	*0.73	0.12	1.36	000	S
45305		A	Proctosigmoidoscopy; biopsy	1.02	0.85	0.14	2.01	000	S
45307		A	Proctosigmoidoscopy	1.73	1.28	0.18	3.19	000	S
45308		A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45309		A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45310		D	Proctosigmoidoscopy	0.00	0.00	0.00	0.00	000	0
45315		A	Proctosigmoidoscopy	2.03	1.20	0.18	3.41	000	S
45317		A	Proctosigmoidoscopy	2.76	1.27	0.19	4.22	000	S
45320		A	Proctosigmoidoscopy	2.91	1.89	0.34	5.14	000	S
45321		A	Proctosigmoidoscopy	2.14	1.49	0.27	3.90	000	S
45330		A	Sigmoidoscopy, diagnostic	0.97	*1.24	0.12	2.33	000	N
45331		A	Sigmoidoscopy and biopsy	1.27	*1.64	0.15	3.06	000	N
45332		A	Sigmoidoscopy	1.98	1.78	0.16	3.92	000	N
45333		A	Sigmoidoscopy & polypectomy	2.19	2.26	0.26	4.71	000	N
45334		A	Sigmoidoscopy for bleeding	3.02	2.74	0.23	5.99	000	N
45336		D	Sigmoidoscopy, lesion removal	0.00	0.00	0.00	0.00	000	0
45337		A	Sigmoidoscopy, decompression	2.39	*3.18	0.38	5.95	000	N
45338		A	Sigmoidoscopy	2.19	2.26	0.26	4.71	000	N
45339		A	Sigmoidoscopy	3.17	3.28	0.31	6.76	000	N
45355		A	Surgical colonoscopy	3.56	1.18	0.10	4.84	000	N
45378		A	Diagnostic colonoscopy	3.74	4.18	0.39	8.31	000	N
45379		A	Colonoscopy	4.77	5.39	0.46	10.62	000	N
45380		A	Colonoscopy and biopsy	4.05	4.84	0.40	9.29	000	N
45382		A	Colonoscopy, control bleeding	5.79	5.94	0.41	12.14	000	N
45383		A	Colonoscopy, lesion removal	5.94	5.99	0.51	12.44	000	N
45384		A	Colonoscopy	5.25	*6.72	0.59	12.56	000	N
45385		A	Colonoscopy, lesion removal	5.25	*6.72	0.59	12.56	000	N
45500		A	Repair of rectum	6.66	6.02	1.22	13.90	090	S
45505		A	Repair of rectum	5.60	6.36	1.24	13.20	090	S
45520		A	Treatment of rectal prolapse	0.56	0.62	0.10	1.28	000	N
45540		A	Correct rectal prolapse	12.11	10.00	2.12	24.23	090	S
45541		A	Correct rectal prolapse	9.90	10.28	2.06	22.24	090	S
45550		A	Repair rectum; remove sigmoid	13.53	11.62	2.41	27.56	090	S
45560		A	Repair of rectocele	7.56	4.84	0.99	13.39	090	S
45800		A	Repair rectumbladder fistula	12.89	9.93	1.47	24.29	090	S
45805		A	Repair fistula; colostomy	15.25	12.46	2.42	30.13	090	S
45820		A	Repair rectourethral fistula	13.46	9.08	1.24	23.78	090	S
45825		A	Repair fistula; colostomy	15.62	9.98	1.68	27.28	090	S
45900		A	Reduction of rectal prolapse	1.70	0.59	0.11	2.40	010	S
45905		A	Dilation of anal sphincter	1.53	0.72	0.12	2.37	010	S
45910		A	Dilation of rectal narrowing	1.88	0.88	0.13	2.89	010	S
45915		A	Remove rectal obstruction	2.11	0.79	0.09	2.99	010	N
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY	N
46000		D	Incision of anal fistula	0.00	0.00	0.00	0.00	010	0
46030		A	Removal of rectal marker	1.21	0.40	0.07	1.68	010	S
46040		A	Incision of rectal abscess	4.95	1.71	0.34	7.00	090	S
46045		A	Incision of rectal abscess	3.95	1.87	0.38	6.20	090	S
46050		A	Incision of anal abscess	1.15	0.61	0.11	1.87	010	S
46060		A	Incision of rectal abscess	5.09	5.41	1.13	11.63	090	S
46070		A	Incision of anal septum	2.66	1.39	0.33	4.38	090	S
46080		A	Incision of anal sphincter	2.38	2.15	0.43	4.96	010	S
46083		A	Incise external hemorrhoid	1.36	0.64	0.08	2.08	010	N
46200		A	Removal of anal fissure	3.05	3.33	0.67	7.05	090	S
46210		A	Removal of anal crypt	2.55	0.78	0.14	3.47	090	S
46211		A	Removal of anal crypts	4.12	1.92	0.38	6.42	090	S
46220		A	Removal of anal tab	1.53	0.64	0.12	2.29	010	S
46221		A	Ligation of hemorrhoid(s)	1.40	0.67	0.14	2.21	010	S
46230		A	Removal of anal tabs	2.55	0.84	0.12	3.51	010	S
46250		A	Hemorrhoidectomy	4.34	2.87	0.53	7.74	090	S
46255		A	Hemorrhoidectomy	5.00	4.77	0.86	10.63	090	S
46257		A	Remove hemorrhoids & fissure	5.94	5.29	1.09	12.32	090	S
46258		A	Remove hemorrhoids & fistula	6.33	5.94	1.23	13.50	090	S
46260		A	Hemorrhoidectomy	6.77	6.14	1.26	14.17	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
46261		A	Remove hemorrhoids & fissure	6.61	6.69	1.35	14.65	090	S
46262		A	Remove hemorrhoids & fistula	6.85	6.79	1.41	15.05	090	S
46270		A	Removal of anal fistula	3.55	1.89	0.37	5.81	090	S
46275		A	Removal of anal fistula	4.40	5.56	1.14	11.10	090	S
46280		A	Removal of anal fistula	5.69	6.15	1.25	13.09	090	S
46281		A	Closure of anal fistula	6.91	3.61	0.84	11.36	090	S
46285		A	Removal of anal fistula	3.92	2.31	0.43	6.66	090	S
46320		A	Removal of hemorrhoid clot	1.60	0.71	0.11	2.42	010	S
46500		A	Injection into hemorrhoids	1.55	0.32	0.06	1.93	010	S
46600		A	Diagnostic anoscopy	0.51	0.28	0.03	0.82	000	N
46602		D	Diagnostic anoscopy	0.00	0.00	0.00	0.00	000	0
46604		A	Anoscopy and dilation	1.32	0.38	0.06	1.76	000	S
46606		A	Anoscopy and biopsy	0.82	0.36	0.06	1.24	000	S
46608		A	Anoscopy; remove foreign body	1.53	1.08	0.12	2.73	000	N
46610		A	Anoscopy; remove lesion	1.53	0.86	0.15	2.54	000	S
46611		A	Anoscopy	1.53	0.86	0.15	2.54	000	S
46612		A	Anoscopy; remove lesions	1.63	1.41	0.20	3.24	000	S
46614		A	Anoscopy; control bleeding	2.03	1.57	0.25	3.85	000	S
46615		A	Anoscopy	2.71	1.57	0.25	4.53	000	S
46700		A	Repair of anal stricture	6.47	6.21	1.25	13.93	090	S
46705		A	Repair of anal stricture	6.45	3.64	0.78	10.87	090	S
46715		A	Repair of anovaginal fistula	6.80	3.55	0.83	11.18	090	S
46716		A	Repair of anovaginal fistula	11.71	6.12	1.42	19.25	090	S
46730		A	Construction of absent anus	20.77	10.86	2.53	34.16	090	S
46735		A	Construction of absent anus	25.19	13.18	3.07	41.44	090	S
46740		A	Construction of absent anus	22.33	11.68	2.71	36.72	090	S
46742		A	Repair, imperforated anus	28.13	19.97	1.95	50.05	090	S
46744		A	Repair, cloacal anomaly	31.58	22.42	2.19	56.19	090	S
46746		A	Repair, cloacal anomaly	34.55	24.53	2.40	61.48	090	S
46748		A	Repair, cloacal anomaly	38.49	27.33	2.67	68.49	090	S
46750		A	Repair of anal sphincter	7.43	6.07	1.23	14.73	090	S
46751		A	Repair of anal sphincter	7.87	4.12	0.96	12.95	090	S
46753		A	Reconstruction of anus	6.11	4.94	1.03	12.08	090	S
46754		A	Removal of suture from anus	1.53	1.50	0.30	3.33	010	S
46760		A	Repair of anal sphincter	10.73	6.88	1.43	19.04	090	S
46761		A	Repair of anal sphincter	10.27	6.91	1.37	18.55	090	S
46762		A	Implant artificial sphincter	9.36	5.78	1.22	16.36	090	S
46900		A	Destruction, anal lesion(s)	1.83	0.39	0.06	2.28	010	S
46910		A	Destruction, anal lesion(s)	1.83	0.65	0.08	2.56	010	S
46916		A	Cryosurgery, anal lesion(s)	1.83	0.68	0.06	2.57	010	S
46917		A	Laser surgery, anal lesion(s)	1.83	1.96	0.31	4.10	010	S
46922		A	Excision of anal lesion(s)	1.83	1.29	0.23	3.35	010	S
46924		A	Destruction, anal lesion(s)	2.74	2.59	0.47	5.80	010	S
46934		A	Destruction of hemorrhoids	3.88	1.20	0.17	5.25	090	N
46935		A	Destruction of hemorrhoids	2.43	1.64	0.22	4.29	010	N
46936		A	Destruction of hemorrhoids	4.22	2.32	0.24	6.78	090	N
46937		A	Cryotherapy of rectal lesion	2.69	2.38	0.45	5.52	010	S
46938		A	Cryotherapy of rectal lesion	4.47	2.53	0.53	7.53	090	S
46940		A	Treatment of anal fissure	2.32	0.52	0.09	2.93	010	S
46942		A	Treatment of anal fissure	2.03	0.47	0.08	2.58	010	S
46945		A	Ligation of hemorrhoids	3.09	0.64	0.12	3.85	090	S
46946		A	Ligation of hemorrhoids	4.08	0.95	0.17	5.20	090	S
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47000		A	Needle biopsy of liver	1.92	1.42	0.13	3.47	000	N
47001		A	Needle biopsy, liver	1.92	1.42	0.13	3.47	ZZZ	S
47010		A	Drainage of liver lesion	8.85	6.83	1.14	16.82	090	S
47100		A	Wedge biopsy of liver	6.83	3.33	0.68	10.84	090	S
47120		A	Partial removal of liver	20.21	12.13	2.51	34.85	090	S
47122		A	Extensive removal of liver	32.90	17.78	3.63	54.31	090	S
47125		A	Partial removal of liver	29.00	17.62	3.65	50.27	090	S
47130		A	Partial removal of liver	31.91	19.40	3.93	55.24	090	S
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX	0
47135		C	Transplantation of liver	0.00	0.00	0.00	0.00	090	S
47300		A	Surgery for liver lesion	8.85	7.76	1.61	18.22	090	S
47350		A	Repair liver wound	11.42	7.54	1.51	20.47	090	S
47355		A	Repair liver wound	12.32	7.26	1.36	20.94	090	S
47360		A	Repair liver wound	15.51	11.05	2.20	28.76	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47400		A	Incision of liver duct	19.11	8.62	1.38	29.11	090	S
47420		A	Incision of bile duct	15.48	9.59	2.01	27.08	090	S
47425		A	Incision of bile duct	14.95	11.84	2.48	29.27	090	S
47440		A	Incision of bile duct	18.51	10.61	2.23	31.35	090	S
47460		A	Incise bile duct sphincter	14.57	15.71	1.84	32.12	090	N
47480		A	Incision of gallbladder	8.14	7.68	1.61	17.43	090	S
47490		A	Incision of gallbladder	6.11	3.61	0.38	10.10	090	N
47500		A	Injection for liver x-rays	1.98	1.53	0.14	3.65	000	N
47505		A	Injection for liver x-rays	0.77	*1.34	0.14	2.25	000	N
47510		A	Insert catheter, bile duct	7.47	2.90	0.25	10.62	090	N
47511		A	Insert bile duct drain	10.02	2.90	0.25	13.17	090	N
47525		A	Change bile duct catheter	5.47	1.61	0.16	7.24	010	N
47530		A	Revise, reinsert bile tube	5.47	1.53	0.19	7.19	090	N
47550		A	Bile duct endoscopy	3.05	1.58	0.35	4.98	000	S
47552		A	Biliary endoscopy, thru skin	6.11	1.38	0.21	7.70	000	S
47553		A	Biliary endoscopy, thru skin	6.42	3.84	0.63	10.89	000	N
47554		A	Biliary endoscopy, thru skin	9.16	3.97	0.68	13.81	000	S
47555		A	Biliary endoscopy, thru skin	7.64	2.66	0.30	10.60	000	N
47556		A	Biliary endoscopy, thru skin	8.66	2.66	0.30	11.62	000	N
47600		A	Removal of gallbladder	10.80	7.61	1.60	20.01	090	S
47605		A	Removal of gallbladder	11.66	8.23	1.77	21.66	090	S
47610		A	Removal of gallbladder	14.01	9.47	2.02	25.50	090	S
47612		A	Removal of gallbladder	14.91	14.39	3.08	32.38	090	S
47620		A	Removal of gallbladder	15.97	11.35	2.39	29.71	090	S
47630		A	Remove bile duct stone	8.40	3.79	0.40	12.59	090	N
47700		A	Exploration of bile ducts	13.90	7.71	1.60	23.21	090	S
47701		A	Bile duct revision	26.87	8.30	1.92	37.09	090	S
47710		A	Excision of bile duct tumor	18.64	12.19	2.49	33.32	090	S
47715		A	Excision of bile duct cyst	14.66	8.31	1.73	24.70	090	S
47716		A	Fusion of bile duct cyst	12.67	6.63	1.55	20.85	090	S
47720		A	Fuse gallbladder & bowel	12.03	9.26	1.95	23.24	090	S
47721		A	Fuse upper gi structures	14.57	11.55	2.50	28.62	090	S
47740		A	Fuse gallbladder & bowel	14.08	10.32	2.16	26.56	090	S
47760		A	Fuse bile ducts and bowel	20.15	11.74	2.56	34.45	090	S
47765		A	Fuse liver ducts & bowel	19.25	14.77	3.00	37.02	090	S
47780		A	Fuse bile ducts and bowel	20.63	13.22	2.76	36.61	090	S
47800		A	Reconstruction of bile ducts	17.91	13.37	2.46	33.74	090	S
47801		A	Placement, bile duct support	11.41	5.54	0.82	17.77	090	S
47802		A	Fuse liver duct & intestine	16.19	10.38	1.77	28.34	090	S
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY	S
48000		A	Drainage of abdomen	13.25	7.13	1.42	21.80	090	S
48001		A	Placement of drain, pancreas	15.71	8.22	1.91	25.84	090	S
48005		A	Resect/debride pancreas	17.77	9.29	2.16	29.22	090	S
48020		A	Removal of pancreatic stone	13.12	6.86	1.59	21.57	090	S
48100		A	Biopsy of pancreas	10.30	4.26	0.80	15.36	090	S
48102		A	Needle biopsy, pancreas	4.48	2.44	0.25	7.17	010	N
48120		A	Removal of pancreas lesion	12.93	9.83	2.09	24.85	090	S
48140		A	Partial removal of pancreas	18.47	13.44	2.86	34.77	090	S
48145		A	Partial removal of pancreas	19.30	15.88	3.20	38.38	090	S
48146		A	Pancreatectomy	21.97	16.67	1.94	40.58	090	S
48148		A	Removal of pancreatic duct	14.57	8.32	1.70	24.59	090	S
48150		A	Partial removal of pancreas	34.55	22.79	4.80	62.14	090	S
48151		D	Partial removal of pancreas	0.00	0.00	0.00	0.00	090	0
48152		A	Pancreatectomy	31.33	22.79	4.80	58.92	090	S
48153		A	Pancreatectomy	34.55	22.79	4.80	62.14	090	S
48154		A	Pancreatectomy	31.33	22.79	4.80	58.92	090	S
48155		A	Removal of pancreas	19.65	20.63	4.31	44.59	090	S
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	XXX	0
48180		A	Fuse pancreas and bowel	21.11	12.74	2.66	36.51	090	S
48400		A	Injection, intraoperative	1.97	1.04	0.24	3.25	ZZZ	S
48500		A	Surgery of pancreas cyst	12.17	8.62	1.68	22.47	090	S
48510		A	Drain pancreatic pseudocyst	11.34	7.62	1.46	20.42	090	S
48520		A	Fuse pancreas cyst and bowel	13.11	11.43	2.46	27.00	090	S
48540		A	Fuse pancreas cyst and bowel	15.95	12.80	2.68	31.43	090	S
48545		A	Pancreatorrhaphy	14.81	7.75	1.81	24.37	090	S
48547		A	Duodenal exclusion	21.42	11.20	2.61	35.23	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
48550	.....	N	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX	0
48554	.....	N	Transplantallograft pancreas	0.00	0.00	0.00	0.00	XXX	0
48556	.....	C	Removal, allograft pancreas	0.00	0.00	0.00	0.00	090	S
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY	S
49000	.....	A	Exploration of abdomen	9.09	6.87	1.42	17.38	090	S
49002	.....	A	Reopening of abdomen	9.50	6.12	1.22	16.84	090	S
49010	.....	A	Exploration behind abdomen	11.31	7.03	1.32	19.66	090	S
49020	.....	A	Drain abdominal abscess	9.16	4.87	0.92	14.95	090	S
49040	.....	A	Drain abdominal abscess	8.84	6.61	1.28	16.73	090	S
49060	.....	A	Drain abdominal abscess	10.67	5.60	1.02	17.29	090	S
49080	.....	A	Puncture, peritoneal cavity	1.36	0.88	0.08	2.32	000	N
49081	.....	A	Removal of abdominal fluid	1.27	0.76	0.07	2.10	000	N
49085	.....	A	Remove abdomen foreign body	8.00	3.50	0.68	12.18	090	S
49180	.....	A	Biopsy, abdominal mass	1.51	1.84	0.20	3.55	000	N
49200	.....	A	Removal of abdominal lesion	9.29	8.47	1.72	19.48	090	S
49201	.....	A	Removal of abdominal lesion	13.75	12.23	2.53	28.51	090	S
49215	.....	A	Excise sacral spine tumor	21.28	8.59	1.61	31.48	090	S
49220	.....	A	Multiple surgery, abdomen	13.81	12.44	2.56	28.81	090	S
49250	.....	A	Excision of umbilicus	7.50	4.57	0.97	13.04	090	S
49255	.....	A	Removal of omentum	4.08	*5.22	1.16	10.46	090	S
49300	.....	D	Peritoneoscopy	0.00	0.00	0.00	0.00	000	0
49301	.....	D	Peritoneoscopy with biopsy	0.00	0.00	0.00	0.00	000	0
49302	.....	D	Peritoneoscopy with x-ray	0.00	0.00	0.00	0.00	000	0
49303	.....	D	Peritoneoscopy, x-ray & biopsy	0.00	0.00	0.00	0.00	000	0
49310	.....	D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	090	0
49311	.....	D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	090	0
49315	.....	D	Laparoscopy, surgical;	0.00	0.00	0.00	0.00	090	0
49400	.....	A	Air injection into abdomen	1.90	1.13	0.17	3.20	000	S
49401	.....	D	Air injection into abdomen	0.00	0.00	0.00	0.00	000	0
49420	.....	A	Insert abdominal drain	2.24	1.60	0.20	4.04	000	S
49421	.....	A	Insert abdominal drain	4.94	4.19	0.82	9.95	090	S
49425	.....	A	Insert abdomen-venous drain	10.33	8.57	1.80	20.70	090	S
49426	.....	A	Revise abdomen-venous shunt	8.67	5.45	1.08	15.20	090	S
49427	.....	A	Injection, abdominal shunt	0.90	0.50	0.03	1.43	000	N
49495	.....	A	Repair inguinal hernia, init	5.65	5.04	0.96	11.85	090	S
49496	.....	A	Repair inguinal hernia, init	8.46	5.10	1.09	14.65	090	S
49500	.....	A	Repair inguinal hernia	4.46	5.04	0.96	10.46	090	S
49501	.....	A	Repair inguinal hernia, init	7.34	5.10	1.09	13.53	090	S
49505	.....	A	Repair inguinal hernia	6.24	4.56	0.95	11.75	090	S
49507	.....	A	Repair, inguinal hernia	7.48	5.10	1.09	13.67	090	S
49510	.....	D	Repair hernia, remove testis	0.00	0.00	0.00	0.00	090	0
49515	.....	D	Repair inguinal hernia	0.00	0.00	0.00	0.00	090	0
49520	.....	A	Rerepair inguinal hernia	7.96	5.28	1.12	14.36	090	S
49521	.....	A	Repair inguinal hernia, rec	9.53	5.10	1.09	15.72	090	S
49525	.....	A	Repair inguinal hernia	7.05	5.61	1.17	13.83	090	S
49530	.....	D	Repair incarcerated hernia	0.00	0.00	0.00	0.00	090	0
49535	.....	D	Repair strangulated hernia	0.00	0.00	0.00	0.00	090	0
49540	.....	A	Repair lumbar hernia	8.00	5.26	1.13	14.39	090	S
49550	.....	A	Repair femoral hernia	7.05	4.66	0.98	12.69	090	S
49552	.....	D	Repair femoral hernia	0.00	0.00	0.00	0.00	090	0
49553	.....	A	Repair femoral hernia, init	7.48	4.66	0.98	13.12	090	S
49555	.....	A	Repair femoral hernia	7.37	6.14	1.27	14.78	090	S
49557	.....	A	Repair femoral hernia, recur	8.83	6.14	1.27	16.24	090	S
49560	.....	A	Repair abdominal hernia	9.59	5.71	1.20	16.50	090	S
49561	.....	A	Repair incisional hernia	11.51	5.71	1.20	18.42	090	S
49565	.....	A	Rerepair abdominal hernia	9.59	6.48	1.37	17.44	090	S
49566	.....	A	Repair incisional hernia	11.51	6.48	1.37	19.36	090	S
49568	.....	A	Hernia repair w/mesh	4.94	2.59	0.60	8.13	ZZZ	S
49570	.....	A	Repair epigastric hernia	4.51	4.43	0.92	9.86	090	S
49572	.....	A	Repair epigastric hernia	5.41	5.66	1.19	12.26	090	S
49575	.....	D	Repair epigastric hernia	0.00	0.00	0.00	0.00	090	0
49580	.....	A	Repair umbilical hernia	3.28	*4.31	0.95	8.54	090	S
49581	.....	D	Repair umbilical hernia	0.00	0.00	0.00	0.00	090	0
49582	.....	A	Repair umbilical hernia	5.19	4.66	0.95	10.80	090	S
49585	.....	A	Repair umbilical hernia	5.00	4.46	0.92	10.38	090	S
49587	.....	A	Repair umbilical hernia	6.00	4.46	0.92	11.38	090	S
49590	.....	A	Repair abdominal hernia	6.62	5.69	1.23	13.54	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
49600	.....	A	Repair umbilical lesion	9.59	5.32	0.78	15.69	090	S
49605	.....	A	Repair umbilical lesion	22.16	8.67	1.79	32.62	090	S
49606	.....	A	Repair umbilical lesion	18.13	8.40	0.97	27.50	090	S
49610	.....	A	Repair umbilical lesion	9.94	5.54	1.28	16.76	090	S
49611	.....	A	Repair umbilical lesion	8.34	9.10	0.59	18.03	090	S
49900	.....	A	Repair of abdominal wall	4.59	3.70	0.76	9.05	090	S
49905	.....	A	Omental flap	6.62	3.46	0.81	10.89	ZZZ	S
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
50010	.....	A	Exploration of kidney	10.18	9.66	1.14	20.98	090	S
50020	.....	A	Drainage of kidney abscess	12.55	6.88	0.86	20.29	090	S
50040	.....	A	Drainage of kidney	13.95	7.26	0.63	21.84	090	N
50045	.....	A	Exploration of kidney	14.64	9.92	0.90	25.46	090	S
50060	.....	A	Removal of kidney stone	18.20	12.39	1.22	31.81	090	S
50065	.....	A	Incision of kidney	19.84	14.08	1.37	35.29	090	S
50070	.....	A	Incision of kidney	19.36	13.01	1.37	33.74	090	S
50075	.....	A	Removal of kidney stone	24.32	17.06	1.64	43.02	090	S
50080	.....	A	Removal of kidney stone	14.14	12.34	1.16	27.64	090	S
50081	.....	A	Removal of kidney stone	20.81	15.13	1.46	37.40	090	S
50100	.....	A	Revise kidney blood vessels	15.28	10.46	1.36	27.10	090	S
50120	.....	A	Exploration of kidney	15.17	11.03	1.25	27.45	090	S
50125	.....	A	Explore and drain kidney	15.78	11.07	1.07	27.92	090	S
50130	.....	A	Removal of kidney stone	16.30	12.94	1.27	30.51	090	S
50135	.....	A	Exploration of kidney	18.34	17.24	1.65	37.23	090	S
50200	.....	A	Biopsy of kidney	2.66	2.64	0.22	5.52	000	N
50205	.....	A	Biopsy of kidney	12.83	5.70	0.70	19.23	090	S
50220	.....	A	Removal of kidney	16.16	13.46	1.45	31.07	090	S
50225	.....	A	Removal of kidney	19.14	16.70	1.72	37.56	090	S
50230	.....	A	Removal of kidney	20.79	18.60	1.86	41.25	090	S
50234	.....	A	Removal of kidney & ureter	21.34	16.84	1.67	39.85	090	S
50236	.....	A	Removal of kidney & ureter	23.59	17.94	1.76	43.29	090	S
50240	.....	A	Partial removal of kidney	20.47	16.18	1.72	38.37	090	S
50280	.....	A	Removal of kidney lesion	14.79	10.98	1.17	26.94	090	S
50290	.....	A	Removal of kidney lesion	13.84	8.97	1.20	24.01	090	S
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50320	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50340	.....	A	Removal of kidney	10.85	12.63	2.26	25.74	090	S
50360	.....	A	Transplantation of kidney	27.35	24.72	4.29	56.36	090	S
50365	.....	A	Transplantation of kidney	32.90	31.05	3.93	67.88	090	S
50370	.....	A	Remove transplanted kidney	11.23	11.20	1.94	24.37	090	S
50380	.....	A	Reimplantation of kidney	16.67	10.23	1.73	28.63	090	S
50390	.....	A	Drainage of kidney lesion	3.28	1.71	0.15	5.14	000	N
50392	.....	A	Insert kidney drain	5.65	2.39	0.20	8.24	000	N
50393	.....	A	Insert ureteral tube	6.96	3.04	0.26	10.26	000	N
50394	.....	A	Injection for kidney x-ray	0.77	0.56	0.05	1.38	000	N
50395	.....	A	Create passage to kidney	5.21	3.37	0.29	8.87	000	N
50396	.....	A	Measure kidney pressure	2.11	0.51	0.05	2.67	000	N
50398	.....	A	Change kidney tube	1.48	0.54	0.05	2.07	000	S
50400	.....	A	Revision of kidney/ureter	18.27	13.81	1.38	33.46	090	S
50405	.....	A	Revision of kidney/ureter	22.70	17.48	1.76	41.94	090	S
50500	.....	A	Repair of kidney wound	18.47	12.60	1.66	32.73	090	S
50520	.....	A	Close kidney-skin fistula	16.11	10.46	1.52	28.09	090	S
50525	.....	A	Repair renal-abdomen fistula	20.82	12.75	2.01	35.58	090	S
50526	.....	A	Repair renal-abdomen fistula	22.40	7.47	2.35	32.22	090	S
50540	.....	A	Revision of horseshoe kidney	19.36	13.56	1.56	34.48	090	S
50551	.....	A	Kidney endoscopy	5.66	2.21	0.21	8.08	000	S
50553	.....	A	Kidney endoscopy	6.06	1.68	0.17	7.91	000	S
50555	.....	A	Kidney endoscopy & biopsy	6.60	4.75	0.46	11.81	000	S
50557	.....	A	Kidney endoscopy & treatment	6.69	4.76	0.50	11.95	000	S
50559	.....	A	Renal endoscopy; radiotracer	6.86	1.35	0.14	8.35	000	S
50561	.....	A	Kidney endoscopy & treatment	7.67	5.18	0.50	13.35	000	S
50570	.....	A	Kidney endoscopy	9.65	1.47	0.14	11.26	000	S
50572	.....	A	Kidney endoscopy	10.47	7.33	0.76	18.56	000	S
50574	.....	A	Kidney endoscopy & biopsy	11.14	7.16	0.65	18.95	000	S
50575	.....	A	Kidney endoscopy	14.14	10.04	0.98	25.16	000	S
50576	.....	A	Kidney endoscopy & treatment	11.11	8.79	0.78	20.68	000	S
50578	.....	A	Renal endoscopy; radiotracer	11.48	3.83	1.20	16.51	000	S
50580	.....	A	Kidney endoscopy & treatment	11.99	3.62	0.35	15.96	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
50590	.....	A	Fragmenting of kidney stone	9.73	10.22	0.98	20.93	090	S
50600	.....	A	Exploration of ureter	14.94	9.80	1.02	25.76	090	S
50605	.....	A	Insert ureteral support	14.56	6.18	0.61	21.35	090	S
50610	.....	A	Removal of ureter stone	15.03	11.90	1.18	28.11	090	S
50620	.....	A	Removal of ureter stone	14.33	11.62	1.17	27.12	090	S
50630	.....	A	Removal of ureter stone	14.11	12.85	1.26	28.22	090	S
50650	.....	A	Removal of ureter	16.55	12.20	1.22	29.97	090	S
50660	.....	A	Removal of ureter	18.65	12.63	1.55	32.83	090	S
50684	.....	A	Injection for ureter x-ray	0.77	0.50	0.05	1.32	000	S
50686	.....	A	Measure ureter pressure	1.53	0.37	0.04	1.94	000	S
50688	.....	A	Change of ureter tube	1.15	0.39	0.04	1.58	010	S
50690	.....	A	Injection for ureter x-ray	1.17	0.32	0.03	1.52	000	S
50700	.....	A	Revision of ureter	14.26	12.71	1.30	28.27	090	S
50715	.....	A	Release of ureter	17.80	11.37	1.51	30.68	090	S
50722	.....	A	Release of ureter	15.28	10.43	1.99	27.70	090	S
50725	.....	A	Release/revise ureter	17.31	12.18	1.77	31.26	090	S
50727	.....	A	Revise ureter	7.65	5.43	0.52	13.60	090	S
50728	.....	A	Revise ureter	11.25	7.99	0.78	20.02	090	S
50740	.....	A	Fusion of ureter & kidney	17.31	13.17	1.90	32.38	090	S
50750	.....	A	Fusion of ureter & kidney	18.34	14.20	1.27	33.81	090	S
50760	.....	A	Fusion of ureters	17.31	13.62	1.50	32.43	090	S
50770	.....	A	Splicing of ureters	18.34	15.40	1.55	35.29	090	S
50780	.....	A	Reimplant ureter in bladder	17.31	13.93	1.48	32.72	090	S
50782	.....	A	Reimplant ureter in bladder	18.43	13.93	1.48	33.84	090	S
50783	.....	A	Reimplant ureter in bladder	19.38	13.93	1.48	34.79	090	S
50785	.....	A	Reimplant ureter in bladder	19.36	15.59	1.82	36.77	090	S
50800	.....	A	Implant ureter in bowel	13.25	14.83	1.53	29.61	090	S
50810	.....	A	Fusion of ureter & bowel	18.34	12.71	1.77	32.82	090	S
50815	.....	A	Urine shunt to bowel	18.34	19.98	2.78	41.10	090	S
50820	.....	A	Construct bowel bladder	20.37	19.18	2.53	42.08	090	S
50825	.....	A	Construct bowel bladder	26.48	30.88	3.37	60.73	090	S
50830	.....	A	Revise urine flow	29.62	21.16	2.30	53.08	090	S
50840	.....	A	Replace ureter by bowel	18.34	13.47	1.37	33.18	090	S
50845	.....	A	Appendico-vesicostomy	19.74	14.02	1.37	35.13	090	S
50860	.....	A	Transplant ureter to skin	14.15	11.04	1.17	26.36	090	S
50900	.....	A	Repair of ureter	12.72	10.09	1.16	23.97	090	S
50920	.....	A	Closure ureter/skin fistula	13.37	9.63	1.00	24.00	090	S
50930	.....	A	Closure ureter/bowel fistula	17.81	12.64	1.23	31.68	090	S
50940	.....	A	Release of ureter	13.62	10.01	0.96	24.59	090	S
50951	.....	A	Endoscopy of ureter	5.90	1.69	0.17	7.76	000	S
50953	.....	A	Endoscopy of ureter	6.31	1.68	0.16	8.15	000	S
50955	.....	A	Ureter endoscopy & biopsy	6.83	2.58	0.25	9.66	000	S
50957	.....	A	Ureter endoscopy & treatment	6.87	2.53	0.25	9.65	000	S
50959	.....	A	Ureter endoscopy & tracer	4.45	3.42	0.29	8.16	000	S
50961	.....	A	Ureter endoscopy & treatment	6.12	2.65	0.26	9.03	000	S
50970	.....	A	Ureter endoscopy	7.22	5.23	0.53	12.98	000	S
50972	.....	A	Ureter endoscopy & catheter	6.97	1.56	0.16	8.69	000	S
50974	.....	A	Ureter endoscopy & biopsy	9.27	7.09	0.66	17.02	000	S
50976	.....	A	Ureter endoscopy & treatment	9.14	6.48	0.63	16.25	000	S
50978	.....	A	Ureter endoscopy & tracer	5.16	4.10	0.49	9.75	000	S
50980	.....	A	Ureter endoscopy & treatment	6.93	3.16	0.30	10.39	000	S
51000	.....	A	Drainage of bladder	0.79	0.49	0.05	1.33	000	S
51005	.....	A	Drainage of bladder	1.03	0.47	0.04	1.54	000	S
51010	.....	A	Drainage of bladder	2.57	0.98	0.11	3.66	010	S
51020	.....	A	Incise & treat bladder	6.11	6.93	0.72	13.76	090	S
51030	.....	A	Incise & treat bladder	6.11	4.58	0.43	11.12	090	S
51040	.....	A	Incise & drain bladder	4.13	*6.58	0.76	11.47	090	S
51045	.....	A	Incise bladder, drain ureter	6.11	5.02	0.51	11.64	090	S
51050	.....	A	Removal of bladder stone	6.11	7.20	0.71	14.02	090	S
51060	.....	A	Removal of ureter stone	8.14	*11.27	1.20	20.61	090	S
51065	.....	A	Removal of ureter stone	8.14	7.16	0.72	16.02	090	S
51080	.....	A	Drainage of bladder abscess	5.47	5.24	0.58	11.29	090	S
51500	.....	A	Removal of bladder cyst	9.65	6.94	1.22	17.81	090	S
51520	.....	A	Removal of bladder lesion	8.79	8.62	0.88	18.29	090	S
51525	.....	A	Removal of bladder lesion	12.92	10.79	1.07	24.78	090	S
51530	.....	A	Removal of bladder lesion	11.45	9.35	1.03	21.83	090	S
51535	.....	A	Repair of ureter lesion	11.64	7.77	1.15	20.56	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
51550	.....	A	Partial removal of bladder	14.50	10.83	1.18	26.51	090	S
51555	.....	A	Partial removal of bladder	19.82	12.40	1.32	33.54	090	S
51565	.....	A	Revise bladder & ureter(s)	20.23	16.02	1.69	37.94	090	S
51570	.....	A	Removal of bladder	22.41	15.83	1.64	39.88	090	S
51575	.....	A	Removal of bladder & nodes	28.24	23.12	2.27	53.63	090	S
51580	.....	A	Remove bladder; revise tract	28.51	20.17	2.06	50.74	090	S
51585	.....	A	Removal of bladder & nodes	32.58	25.40	2.45	60.43	090	S
51590	.....	A	Remove bladder; revise tract	30.55	24.79	2.59	57.93	090	S
51595	.....	A	Remove bladder; revise tract	34.63	34.18	3.38	72.19	090	S
51596	.....	A	Remove bladder, create pouch	36.67	35.28	3.49	75.44	090	S
51597	.....	A	Removal of pelvic structures	35.66	30.97	4.36	70.99	090	S
51600	.....	A	Injection for bladder x-ray	0.89	0.28	0.03	1.20	000	S
51605	.....	A	Preparation for bladder x-ray	1.14	0.30	0.03	1.47	000	S
51610	.....	A	Injection for bladder x-ray	1.61	0.27	0.02	1.90	000	S
51700	.....	A	Irrigation of bladder	0.89	0.22	0.02	1.13	000	S
51705	.....	A	Change of bladder tube	1.00	0.38	0.04	1.42	010	S
51710	.....	A	Change of bladder tube	1.48	0.58	0.06	2.12	010	S
51715	.....	A	Endoscopic injection/implant	3.78	2.68	0.27	6.73	000	S
51720	.....	A	Treatment of bladder lesion	1.98	0.46	0.05	2.49	000	S
51725	TC	A	Simple cystometrogram	0.00	0.38	0.04	0.42	000	S
51725	26	A	Simple cystometrogram	1.53	0.64	0.07	2.24	000	S
51725	.....	A	Simple cystometrogram	1.53	1.02	0.11	2.66	000	S
51726	TC	A	Complex cystometrogram	0.00	0.49	0.05	0.54	000	S
51726	26	A	Complex cystometrogram	1.73	0.82	0.08	2.63	000	S
51726	.....	A	Complex cystometrogram	1.73	1.31	0.13	3.17	000	S
51736	TC	A	Urine flow measurement	0.00	0.15	0.01	0.16	000	S
51736	26	A	Urine flow measurement	0.85	0.26	0.03	1.14	000	S
51736	.....	A	Urine flow measurement	0.85	0.41	0.04	1.30	000	S
51739	TC	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51739	26	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51739	.....	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.02	0.23	000	S
51741	26	A	Electro-uroflowmetry, first	1.59	0.35	0.04	1.98	000	S
51741	.....	A	Electro-uroflowmetry, first	1.59	0.56	0.06	2.21	000	S
51772	TC	A	Urethra pressure profile	0.00	0.42	0.05	0.47	000	S
51772	26	A	Urethra pressure profile	1.63	0.53	0.06	2.22	000	S
51772	.....	A	Urethra pressure profile	1.63	0.95	0.11	2.69	000	S
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51785	26	A	Anal/urinary muscle study	1.55	0.66	0.07	2.28	000	S
51785	.....	A	Anal/urinary muscle study	1.55	1.05	0.11	2.71	000	S
51792	TC	A	Urinary reflex study	0.00	1.35	0.14	1.49	000	S
51792	26	A	Urinary reflex study	1.11	0.60	0.06	1.77	000	S
51792	.....	A	Urinary reflex study	1.11	1.95	0.20	3.26	000	S
51795	TC	A	Urine voiding pressure study	0.00	0.88	0.10	0.98	000	S
51795	26	A	Urine voiding pressure study	1.55	0.58	0.06	2.19	000	S
51795	.....	A	Urine voiding pressure study	1.55	1.46	0.16	3.17	000	S
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.05	0.50	000	S
51797	26	A	Intraabdominal pressure test	1.62	0.52	0.05	2.19	000	S
51797	.....	A	Intraabdominal pressure test	1.62	0.97	0.10	2.69	000	S
51800	.....	A	Revision of bladder/urethra	16.49	12.15	1.49	30.13	090	S
51820	.....	A	Revision of urinary tract	16.86	7.47	1.33	25.66	090	S
51840	.....	A	Attach bladder/urethra	9.89	9.32	1.27	20.48	090	S
51841	.....	A	Attach bladder/urethra	12.23	11.13	1.50	24.86	090	S
51845	.....	A	Repair bladder neck	9.16	10.83	1.10	21.09	090	S
51860	.....	A	Repair of bladder wound	11.29	7.70	0.92	19.91	090	S
51865	.....	A	Repair of bladder wound	14.15	11.08	1.28	26.51	090	S
51880	.....	A	Repair of bladder opening	7.29	5.02	0.53	12.84	090	S
51900	.....	A	Repair bladder/vagina lesion	11.80	11.78	1.43	25.01	090	S
51920	.....	A	Close bladder-uterus fistula	10.69	7.59	0.74	19.02	090	S
51925	.....	A	Hysterectomy/bladder repair	14.26	10.18	2.36	26.80	090	S
51940	.....	A	Correction of bladder defect	25.28	19.16	2.24	46.68	090	S
51960	.....	A	Revision of bladder & bowel	21.39	21.64	2.30	45.33	090	S
51980	.....	A	Construct bladder opening	10.55	7.54	0.76	18.85	090	S
52000	.....	A	Cystoscopy	2.03	1.34	0.14	3.51	000	S
52005	.....	A	Cystoscopy & ureter catheter	2.40	2.22	0.22	4.84	000	S
52007	.....	A	Cystoscopy and biopsy	3.05	2.85	0.28	6.18	000	S
52010	.....	A	Cystoscopy & duct catheter	3.05	1.92	0.20	5.17	000	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
52204	.....	A	Cystoscopy	2.40	2.41	0.24	5.05	000	S
52214	.....	A	Cystoscopy and treatment	3.75	2.83	0.28	6.86	000	S
52224	.....	A	Cystoscopy and treatment	3.17	2.93	0.29	6.39	000	S
52234	.....	A	Cystoscopy and treatment	4.68	4.76	0.46	9.90	000	S
52235	.....	A	Cystoscopy and treatment	5.51	*7.67	0.82	14.00	000	S
52240	.....	A	Cystoscopy and treatment	9.83	10.77	1.05	21.65	000	S
52250	.....	A	Cystoscopy & radiotracer	4.55	2.89	0.29	7.73	000	S
52260	.....	A	Cystoscopy & treatment	3.96	2.13	0.22	6.31	000	S
52265	.....	A	Cystoscopy & treatment	2.97	1.36	0.14	4.47	000	S
52270	.....	A	Cystoscopy & revise urethra	3.88	3.51	0.35	7.74	000	S
52275	.....	A	Cystoscopy & revise urethra	4.75	3.46	0.34	8.55	000	S
52276	.....	A	Cystoscopy and treatment	3.97	4.63	0.45	9.05	000	S
52277	.....	A	Cystoscopy and treatment	6.24	4.87	0.48	11.59	000	S
52281	.....	A	Cystoscopy and treatment	2.83	2.34	0.23	5.40	000	S
52283	.....	A	Cystoscopy and treatment	3.78	1.53	0.15	5.46	000	S
52285	.....	A	Cystoscopy and treatment	3.65	2.97	0.30	6.92	000	S
52290	.....	A	Cystoscopy and treatment	4.64	2.37	0.24	7.25	000	S
52300	.....	A	Cystoscopy and treatment	5.41	3.51	0.36	9.28	000	S
52305	.....	A	Cystoscopy and treatment	5.37	3.54	0.35	9.26	000	S
52310	.....	A	Cystoscopy and treatment	2.84	3.02	0.30	6.16	000	S
52315	.....	A	Cystoscopy and treatment	5.27	4.12	0.40	9.79	000	S
52317	.....	A	Remove bladder stone	6.79	6.26	0.60	13.65	000	S
52318	.....	A	Remove bladder stone	9.29	7.97	0.78	18.04	000	S
52320	.....	A	Cystoscopy and treatment	4.75	4.91	0.48	10.14	000	S
52325	.....	A	Cystoscopy, stone removal	6.23	7.09	0.69	14.01	000	S
52330	.....	A	Cystoscopy and treatment	5.10	3.51	0.35	8.96	000	S
52332	.....	A	Cystoscopy and treatment	2.86	3.25	0.32	6.43	000	S
52334	.....	A	Create passage to kidney	4.88	3.37	0.34	8.59	000	S
52335	.....	A	Endoscopy of urinary tract	5.93	4.74	0.46	11.13	000	S
52336	.....	A	Cystoscopy, stone removal	6.96	*9.45	1.00	17.41	000	S
52337	.....	A	Cystoscopy, stone removal	8.06	*10.34	1.09	19.49	000	S
52338	.....	A	Cystoscopy and treatment	7.42	5.99	0.58	13.99	000	S
52339	.....	A	Cystoscopy and treatment	8.92	5.99	0.58	15.49	000	S
52340	.....	A	Cystoscopy and treatment	7.85	5.21	0.51	13.57	090	S
52450	.....	A	Incision of prostate	7.13	5.05	0.50	12.68	090	S
52500	.....	A	Revision of bladder neck	7.91	7.52	0.73	16.16	090	S
52510	.....	A	Dilation prostatic urethra	6.11	7.73	0.75	14.59	090	S
52601	.....	A	Prostatectomy (turp)	11.64	12.00	1.17	24.81	090	S
52606	.....	A	Control postop bleeding	7.59	3.36	0.33	11.28	090	S
52612	.....	A	Prostatectomy, first stage	7.13	*9.39	1.00	17.52	090	S
52614	.....	A	Prostatectomy, second stage	6.11	7.17	0.69	13.97	090	S
52620	.....	A	Remove residual prostate	6.11	5.39	0.52	12.02	090	S
52630	.....	A	Remove prostate regrowth	6.62	*10.36	1.14	18.12	090	S
52640	.....	A	Relieve bladder contracture	6.11	6.50	0.63	13.24	090	S
52650	.....	A	Prostatectomy	10.69	7.29	0.78	18.76	090	S
52700	.....	A	Drainage of prostate abscess	6.38	3.34	0.34	10.06	090	S
53000	.....	A	Incision of urethra	2.03	1.78	0.17	3.98	010	S
53010	.....	A	Incision of urethra	3.05	3.56	0.37	6.98	090	S
53020	.....	A	Incision of urethra	1.79	0.83	0.09	2.71	000	S
53025	.....	A	Incision of urethra	1.14	0.81	0.08	2.03	000	S
53040	.....	A	Drainage of urethra abscess	6.08	1.87	0.19	8.14	090	S
53060	.....	A	Drainage of urethra abscess	2.61	0.52	0.07	3.20	010	S
53080	.....	A	Drainage of urinary leakage	5.94	4.02	0.45	10.41	090	S
53085	.....	A	Drainage of urinary leakage	9.78	6.83	0.71	17.32	090	S
53200	.....	A	Biopsy of urethra	2.62	1.11	0.12	3.85	000	S
53210	.....	A	Removal of urethra	11.84	6.71	0.68	19.23	090	S
53215	.....	A	Removal of urethra	14.75	10.11	0.97	25.83	090	S
53220	.....	A	Treatment of urethra lesion	6.65	4.82	0.50	11.97	090	S
53230	.....	A	Removal of urethra lesion	9.14	8.02	0.80	17.96	090	S
53235	.....	A	Removal of urethra lesion	9.71	5.08	0.50	15.29	090	N
53240	.....	A	Surgery for urethra pouch	6.10	4.38	0.45	10.93	090	S
53250	.....	A	Removal of urethra gland	5.75	4.09	0.40	10.24	090	S
53260	.....	A	Treatment of urethra lesion	2.96	1.13	0.16	4.25	010	S
53265	.....	A	Treatment of urethra lesion	3.10	1.90	0.22	5.22	010	S
53270	.....	A	Removal of urethra gland	2.96	0.85	0.18	3.99	010	S
53275	.....	A	Repair of urethra defect	4.42	2.40	0.25	7.07	010	S
53400	.....	A	Revise urethra, 1st stage	11.92	7.55	0.77	20.24	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
53405	.....	A	Revise urethra, 2nd stage	13.85	10.50	1.22	25.57	090	S
53410	.....	A	Reconstruction of urethra	15.76	8.66	0.85	25.27	090	S
53415	.....	A	Reconstruction of urethra	18.71	12.00	1.16	31.87	090	S
53420	.....	A	Reconstruct urethra, stage 1	13.43	11.00	1.06	25.49	090	S
53425	.....	A	Reconstruct urethra, stage 2	15.35	9.35	0.89	25.59	090	S
53430	.....	A	Reconstruction of urethra	15.71	7.24	0.77	23.72	090	S
53440	.....	A	Correct bladder function	11.62	13.29	1.41	26.32	090	S
53442	.....	A	Remove perineal prosthesis	7.76	5.90	0.68	14.34	090	S
53443	.....	A	Reconstruction of urethra	19.19	10.14	1.08	30.41	090	S
53445	.....	A	Correct urine flow control	13.30	*18.86	2.05	34.21	090	S
53447	.....	A	Remove artificial sphincter	12.51	9.26	0.90	22.67	090	S
53449	.....	A	Correct artificial sphincter	9.26	8.50	0.83	18.59	090	S
53450	.....	A	Revision of urethra	5.78	2.77	0.27	8.82	090	S
53460	.....	A	Revision of urethra	6.77	2.47	0.25	9.49	090	S
53502	.....	A	Repair of urethra injury	7.29	5.03	0.57	12.89	090	S
53505	.....	A	Repair of urethra injury	7.29	5.24	0.52	13.05	090	S
53510	.....	A	Repair of urethra injury	9.68	7.06	0.67	17.41	090	S
53515	.....	A	Repair of urethra injury	12.85	9.13	0.89	22.87	090	S
53520	.....	A	Repair of urethra defect	8.30	5.96	0.57	14.83	090	S
53600	.....	A	Dilate urethra stricture	1.22	0.33	0.03	1.58	000	S
53601	.....	A	Dilate urethra stricture	0.99	0.29	0.03	1.31	000	S
53605	.....	A	Dilate urethra stricture	1.29	0.47	0.05	1.81	000	S
53620	.....	A	Dilate urethra stricture	1.64	0.48	0.05	2.17	000	S
53621	.....	A	Dilate urethra stricture	1.36	0.38	0.04	1.78	000	S
53640	.....	A	Relieve bladder retention	1.61	0.58	0.06	2.25	000	S
53660	.....	A	Dilation of urethra	0.72	0.28	0.03	1.03	000	S
53661	.....	A	Dilation of urethra	0.73	0.25	0.03	1.01	000	S
53665	.....	A	Dilation of urethra	0.77	0.36	0.04	1.17	000	S
53670	.....	A	Insert urinary catheter	0.51	0.22	0.02	0.75	000	S
53675	.....	A	Insert urinary catheter	1.49	0.48	0.05	2.02	000	S
53800	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	0
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY	S
54000	.....	A	Slitting of prepuce	1.51	0.64	0.07	2.22	010	S
54001	.....	A	Slitting of prepuce	2.16	0.85	0.09	3.10	010	S
54015	.....	A	Drain penis lesion	5.22	0.84	0.09	6.15	010	S
54050	.....	A	Destruction, penis lesion(s)	1.20	0.38	0.03	1.61	010	S
54055	.....	A	Destruction, penis lesion(s)	1.20	0.62	0.06	1.88	010	S
54056	.....	A	Cryosurgery, penis lesion(s)	1.20	0.54	0.04	1.78	010	S
54057	.....	A	Laser surg, penis lesion(s)	1.20	*1.84	0.21	3.25	010	S
54060	.....	A	Excision of penis lesion(s)	1.90	1.18	0.12	3.20	010	S
54065	.....	A	Destruction, penis lesion(s)	2.40	2.50	0.25	5.15	010	S
54100	.....	A	Biopsy of penis	1.92	0.66	0.07	2.65	000	S
54105	.....	A	Biopsy of penis	3.49	1.02	0.11	4.62	010	S
54110	.....	A	Treatment of penis lesion	9.77	6.10	0.62	16.49	090	S
54111	.....	A	Treat penis lesion, graft	13.17	9.28	0.98	23.43	090	S
54112	.....	A	Treat penis lesion, graft	15.31	10.96	1.15	27.42	090	S
54115	.....	A	Treatment of penis lesion	5.74	4.23	0.44	10.41	090	S
54120	.....	A	Partial removal of penis	9.34	6.54	0.63	16.51	090	S
54125	.....	A	Removal of penis	12.94	11.69	1.18	25.81	090	S
54130	.....	A	Remove penis & nodes	19.13	14.82	1.33	35.28	090	S
54135	.....	A	Remove penis & nodes	25.29	17.95	1.76	45.00	090	S
54150	.....	A	Circumcision	1.80	0.55	0.05	2.40	010	S
54152	.....	A	Circumcision	2.29	1.84	0.20	4.33	010	S
54160	.....	A	Circumcision	2.46	1.68	0.21	4.35	010	S
54161	.....	A	Circumcision	3.26	2.19	0.23	5.68	010	S
54200	.....	A	Treatment of penis lesion	1.02	0.32	0.03	1.37	010	S
54205	.....	A	Treatment of penis lesion	7.28	5.17	0.51	12.96	090	S
54220	.....	A	Treatment of penis lesion	2.45	1.60	0.17	4.22	000	S
54230	.....	A	Prepare penis study	1.35	1.35	0.13	2.83	000	S
54231	.....	A	Dynamic cavernosometry	2.51	1.78	0.18	4.47	000	S
54235	.....	A	Penile injection	1.20	0.43	0.04	1.67	000	S
54240	TC	A	Penis study	0.00	0.49	0.06	0.55	000	S
54240	26	A	Penis study	1.32	0.52	0.06	1.90	000	S
54240	.....	A	Penis study	1.32	1.01	0.12	2.45	000	S
54250	TC	A	Penis study	0.00	0.30	0.03	0.33	000	S
54250	26	A	Penis study	2.24	0.51	0.05	2.80	000	S
54250	.....	A	Penis study	2.24	0.81	0.08	3.13	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
54300		A	Revision of penis	10.16	6.96	0.88	18.00	090	S
54304		A	Revision of penis	12.26	8.76	0.91	21.93	090	S
54308		A	Reconstruction of urethra	11.71	5.91	0.75	18.37	090	S
54312		A	Reconstruction of urethra	13.31	9.47	0.92	23.70	090	S
54316		A	Reconstruction of urethra	16.15	11.47	1.13	28.75	090	S
54318		A	Reconstruction of urethra	10.59	7.61	1.12	19.32	090	S
54322		A	Reconstruction of urethra	12.48	7.69	0.75	20.92	090	S
54324		A	Reconstruction of urethra	15.63	11.10	1.09	27.82	090	S
54326		A	Reconstruction of urethra	14.97	10.63	1.04	26.64	090	S
54328		A	Revise penis, urethra	14.96	10.84	1.25	27.05	090	S
54332		A	Revise penis, urethra	16.35	12.66	1.14	30.15	090	S
54336		A	Revise penis, urethra	19.16	19.00	1.42	39.58	090	S
54340		A	Secondary urethral surgery	8.65	6.14	0.60	15.39	090	S
54344		A	Secondary urethral surgery	15.39	16.79	1.11	33.29	090	S
54348		A	Secondary urethral surgery	16.55	11.75	1.15	29.45	090	S
54352		A	Reconstruct urethra, penis	24.11	16.36	1.51	41.98	090	S
54360		A	Penis plastic surgery	11.52	7.10	0.74	19.36	090	S
54380		A	Repair penis	12.73	9.52	0.76	23.01	090	S
54385		A	Repair penis	14.91	10.58	0.90	26.39	090	S
54390		A	Repair penis and bladder	21.20	13.72	1.60	36.52	090	S
54400		A	Insert semi-rigid prosthesis	8.68	*12.09	1.28	22.05	090	S
54401		A	Insert self-contd prosthesis	9.78	*15.97	1.75	27.50	090	S
54402		A	Remove penis prosthesis	8.77	6.07	0.59	15.43	090	S
54405		A	Insert multi-comp prosthesis	12.77	*19.55	2.12	34.44	090	S
54407		A	Remove multi-comp prosthesis	12.75	11.34	1.11	25.20	090	S
54409		A	Revise penis prosthesis	11.66	9.07	0.88	21.61	090	S
54420		A	Revision of penis	10.87	7.83	0.88	19.58	090	S
54430		A	Revision of penis	9.66	7.07	0.70	17.43	090	S
54435		A	Revision of penis	5.69	4.20	0.39	10.28	090	S
54440		C	Repair of penis	0.00	0.00	0.00	0.00	090	S
54450		A	Preputial stretching	1.13	0.69	0.07	1.89	000	S
54500		A	Biopsy of testis	1.32	0.44	0.05	1.81	000	S
54505		A	Biopsy of testis	3.45	1.88	0.22	5.55	010	S
54510		A	Removal of testis lesion	5.30	3.06	0.38	8.74	090	S
54520		A	Removal of testis	4.98	5.37	0.53	10.88	090	S
54530		A	Removal of testis	8.13	7.40	0.78	16.31	090	S
54535		A	Extensive testis surgery	11.56	8.63	1.03	21.22	090	S
54550		A	Exploration for testis	7.44	5.31	0.62	13.37	090	S
54560		A	Exploration for testis	10.58	7.31	0.82	18.71	090	S
54600		A	Reduce testis torsion	6.66	4.67	0.49	11.82	090	S
54620		A	Suspension of testis	4.74	3.36	0.33	8.43	010	S
54640		A	Suspension of testis	6.62	7.91	0.92	15.45	090	S
54645		D	Suspension of testis, stage 2	0.00	0.00	0.00	0.00	090	0
54650		A	Orchiopexy (fowler-stephens)	11.05	7.91	0.92	19.88	090	S
54660		A	Revision of testis	4.85	3.44	0.34	8.63	090	S
54670		C	Repair testis injury	0.00	0.00	0.00	0.00	090	S
54680		A	Relocation of testis(es)	11.66	8.28	0.81	20.75	090	S
54700		A	Drainage of scrotum	3.42	0.91	0.11	4.44	010	S
54800		A	Biopsy of epididymis	2.36	1.99	0.19	4.54	000	S
54820		A	Exploration of epididymis	4.77	2.65	0.29	7.71	090	S
54830		A	Remove epididymis lesion	5.13	3.55	0.39	9.07	090	S
54840		A	Remove epididymis lesion	5.07	4.89	0.49	10.45	090	S
54860		A	Removal of epididymis	6.08	5.23	0.51	11.82	090	S
54861		A	Removal of epididymis	8.63	7.38	0.73	16.74	090	S
54900		A	Fusion of spermatic ducts	12.75	9.05	0.88	22.68	090	S
54901		A	Fusion of spermatic ducts	17.49	12.43	1.21	31.13	090	S
55000		A	Drainage of hydrocele	1.45	0.40	0.04	1.89	000	S
55040		A	Removal of hydrocele	5.21	4.93	0.56	10.70	090	S
55041		A	Removal of hydroceles	7.46	*7.55	0.82	15.83	090	S
55060		A	Repair of hydrocele	5.27	4.18	0.51	9.96	090	S
55100		A	Drainage of scrotum abscess	2.05	0.64	0.07	2.76	010	S
55110		A	Explore scrotum	5.34	3.52	0.37	9.23	090	S
55120		A	Removal of scrotum lesion	4.83	1.81	0.21	6.85	090	S
55150		A	Removal of scrotum	6.69	5.51	0.58	12.78	090	S
55175		A	Revision of scrotum	4.98	4.54	0.49	10.01	090	S
55180		A	Revision of scrotum	10.18	6.91	0.83	17.92	090	S
55200		A	Incision of sperm duct	4.19	1.99	0.20	6.38	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
55250	.....	A	Removal of sperm duct(s)	3.25	2.66	0.28	6.19	090	S
55300	.....	A	Preparation, sperm duct x-ray	3.55	2.74	0.27	6.56	000	S
55400	.....	A	Repair of sperm duct	8.34	6.63	0.63	15.60	090	S
55450	.....	A	Ligation of sperm duct	3.95	2.64	0.32	6.91	010	S
55500	.....	A	Removal of hydrocele	5.34	4.37	0.51	10.22	090	S
55520	.....	A	Removal of sperm cord lesion	5.78	3.15	0.52	9.45	090	S
55530	.....	A	Revise spermatic cord veins	5.51	5.26	0.61	11.38	090	S
55535	.....	A	Revise spermatic cord veins	6.32	4.45	0.45	11.22	090	S
55540	.....	A	Revise hernia & sperm veins	7.33	4.59	0.92	12.84	090	S
55600	.....	A	Incise sperm duct pouch	6.14	4.36	0.56	11.06	090	S
55605	.....	A	Incise sperm duct pouch	7.68	5.66	0.60	13.94	090	S
55650	.....	A	Remove sperm duct pouch	11.39	7.30	0.77	19.46	090	S
55680	.....	A	Remove sperm pouch lesion	4.87	4.48	0.38	9.73	090	S
55700	.....	A	Biopsy of prostate	1.59	1.52	0.15	3.26	000	S
55705	.....	A	Biopsy of prostate	4.46	3.41	0.34	8.21	010	S
55720	.....	A	Drainage of prostate abscess	7.62	3.55	0.37	11.54	090	S
55725	.....	A	Drainage of prostate abscess	7.79	5.68	0.55	14.02	090	S
55801	.....	A	Removal of prostate	16.43	12.90	1.46	30.79	090	S
55810	.....	A	Extensive prostate surgery	21.45	18.08	1.79	41.32	090	S
55812	.....	A	Extensive prostate surgery	25.94	17.88	1.96	45.78	090	S
55815	.....	A	Extensive prostate surgery	28.79	25.48	2.45	56.72	090	S
55821	.....	A	Removal of prostate	13.14	13.74	1.36	28.24	090	S
55831	.....	A	Removal of prostate	14.46	14.72	1.46	30.64	090	S
55840	.....	A	Extensive prostate surgery	21.45	16.78	1.63	39.86	090	S
55842	.....	A	Extensive prostate surgery	22.95	19.37	1.90	44.22	090	S
55845	.....	A	Extensive prostate surgery	27.03	25.38	2.47	54.88	090	S
55860	.....	A	Surgical exposure, prostate	13.48	7.21	0.71	21.40	090	S
55862	.....	A	Extensive prostate surgery	17.28	11.82	1.21	30.31	090	S
55865	.....	A	Extensive prostate surgery	21.89	24.79	2.42	49.10	090	S
55870	.....	C	Electroejaculation	0.00	0.00	0.00	0.00	000	N
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
55970	.....	N	Sex transformation, m to f	0.00	0.00	0.00	0.00	XXX	0
55980	.....	N	Sex transformation, f to m	0.00	0.00	0.00	0.00	XXX	0
56300	.....	A	Pelvis laparoscopy, dx	3.62	*4.63	1.04	9.29	010	S
56301	.....	A	Laparoscopy; tubal cautery	3.72	*5.64	1.29	10.65	010	S
56302	.....	A	Laparoscopy; tubal block	4.16	*5.73	1.33	11.22	010	S
56303	.....	A	Laparoscopy; excise lesions	5.75	5.59	1.17	12.51	010	S
56304	.....	A	Laparoscopy; lysis	4.42	*5.66	1.21	11.29	010	S
56305	.....	A	Pelvic laparoscopy; biopsy	3.84	*4.94	0.96	9.74	010	S
56306	.....	A	Laparoscopy; aspiration	3.84	*5.02	1.19	10.05	010	S
56307	.....	A	Laparoscopy; remove adnexa	5.66	*7.24	1.62	14.52	010	S
56308	.....	A	Laparoscopy; hysterectomy	14.02	9.49	2.09	25.60	010	S
56309	.....	A	Laparoscopy; remove myoma	5.66	4.81	1.04	11.51	010	S
56311	.....	A	Laparoscopic lymph node biop	9.03	6.45	1.49	16.97	010	S
56312	.....	A	Laparoscopic lymphadenectomy	12.19	8.66	0.85	21.70	010	S
56313	.....	A	Laparoscopic lymphadenectomy	14.16	10.12	2.34	26.62	010	S
56315	.....	A	Laparoscopic appendectomy	6.13	4.94	1.02	12.09	090	S
56316	.....	A	Laparoscopic hernia repair	6.24	4.56	0.95	11.75	090	S
56317	.....	A	Laparoscopic hernia repair	7.96	5.28	1.12	14.36	090	S
56320	.....	A	Laparoscopy, spermatic veins	6.32	4.45	0.45	11.22	090	S
56322	.....	A	Laparoscopy, vagus nerves	9.81	5.13	1.19	16.13	090	S
56323	.....	A	Laparoscopy, vagus nerves	11.78	6.16	1.43	19.37	090	S
56324	.....	A	Laparoscopy, cholecystoenter	12.03	9.26	1.95	23.24	090	S
56340	.....	A	Laparoscopic cholecystectomy	10.80	8.08	1.76	20.64	090	S
56341	.....	A	Laparoscopic cholecystectomy	11.66	8.52	1.86	22.04	090	S
56342	.....	A	Laparoscopic cholecystectomy	14.01	9.47	2.02	25.50	090	S
56350	.....	A	Hysteroscopy; diagnostic	2.42	2.01	0.44	4.87	000	S
56351	.....	A	Hysteroscopy; biopsy	2.88	2.01	0.44	5.33	000	S
56352	.....	A	Hysteroscopy; lysis	3.17	3.81	0.86	7.84	000	S
56353	.....	A	Hysteroscopy; resect septum	3.55	3.81	0.86	8.22	000	S
56354	.....	A	Hysteroscopy; remove myoma	3.89	*5.49	1.31	10.69	000	S
56355	.....	A	Hysteroscopy; remove impact	3.12	2.01	0.44	5.57	000	S
56356	.....	A	Hysteroscopy; ablation	3.47	*5.91	1.51	10.89	000	S
56360	.....	A	Peritoneoscopy	4.08	3.84	0.43	8.35	000	S
56361	.....	A	Peritoneoscopy w/biopsy	4.37	4.98	0.50	9.85	000	S
56362	.....	A	Peritoneoscopy w/cholangio	4.94	2.80	0.19	7.93	000	S
56363	.....	A	Peritoneoscopy w/biopsy	5.24	3.97	0.46	9.67	000	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56405		A	I & d of vulva/perineum	1.41	0.77	0.15	2.33	010	S
56420		A	Drainage of gland abscess	1.35	0.81	0.13	2.29	010	S
56440		A	Surgery for vulva lesion	2.82	2.66	0.53	6.01	010	S
56441		A	Lysis of labial lesion(s)	1.94	1.67	0.30	3.91	010	S
56501		A	Destruction, vulva lesion(s)	1.50	0.55	0.11	2.16	010	S
56515		A	Destruction, vulva lesion(s)	1.87	*2.80	0.67	5.34	010	S
56605		A	Biopsy of vulva/perineum	0.87	0.69	0.15	1.71	000	S
56606		A	Biopsy of vulva/perineum	0.43	0.36	0.08	0.86	000	S
56620		A	Partial removal of vulva	6.76	6.54	1.42	14.72	090	S
56625		A	Complete removal of vulva	7.52	*9.63	2.15	19.30	090	S
56630		A	Extensive vulva surgery	10.63	*14.84	3.32	28.79	090	S
56631		A	Extensive vulva surgery	14.77	*19.94	4.56	39.27	090	S
56632		A	Extensive vulva surgery	16.84	*21.56	4.56	42.96	090	S
56633		A	Extensive vulva surgery	12.62	*16.15	3.32	32.09	090	S
56634		A	Extensive vulva surgery	16.76	*21.45	4.56	42.77	090	S
56637		A	Extensive vulva surgery	18.83	21.66	4.56	45.05	090	S
56640		A	Extensive vulva surgery	20.31	20.17	4.41	44.89	090	S
56700		A	Partial removal of hymen	2.45	1.84	0.35	4.64	010	S
56720		A	Incision of hymen	0.69	0.49	0.11	1.29	000	S
56740		A	Remove vagina gland lesion	3.64	2.90	0.56	7.10	010	S
56800		A	Repair of vagina	3.77	2.95	0.58	7.30	010	S
56805		A	Repair clitoris	15.66	11.88	1.39	28.93	090	S
56810		A	Repair of perineum	4.01	2.65	0.52	7.18	010	S
57000		A	Exploration of vagina	2.95	2.05	0.35	5.35	010	S
57010		A	Drainage of pelvic abscess	5.47	2.68	0.52	8.67	090	S
57020		A	Drainage of pelvic fluid	1.52	0.66	0.14	2.32	000	S
57061		A	Destruction vagina lesion(s)	1.21	0.83	0.17	2.21	010	S
57065		A	Destruction vagina lesion(s)	2.59	*3.32	0.75	6.66	010	S
57100		A	Biopsy of vagina	0.98	0.63	0.13	1.74	000	S
57105		A	Biopsy of vagina	1.66	1.59	0.33	3.58	010	S
57108		A	Partial removal of vagina	5.75	5.34	1.11	12.20	090	S
57110		A	Removal of vagina	13.63	7.97	1.78	23.38	090	S
57120		A	Closure of vagina	6.80	7.07	1.53	15.40	090	S
57130		A	Remove vagina lesion	2.43	2.65	0.56	5.64	010	S
57135		A	Remove vagina lesion	2.67	1.95	0.38	5.00	010	S
57150		A	Treat vagina infection	0.95	0.19	0.04	1.18	000	S
57160		A	Insertion of pessary	0.90	0.25	0.05	1.20	000	S
57170		A	Fitting of diaphragm/cap	0.92	0.32	0.06	1.30	000	S
57180		A	Treat vaginal bleeding	1.55	0.56	0.11	2.22	010	S
57200		A	Repair of vagina	3.72	2.74	0.61	7.07	090	S
57210		A	Repair vagina/perineum	4.78	3.31	0.66	8.75	090	S
57220		A	Revision of urethra	3.91	4.49	0.81	9.21	090	S
57230		A	Repair of urethral lesion	5.13	3.88	0.65	9.66	090	S
57240		A	Repair bladder & vagina	5.45	*7.16	1.62	14.23	090	S
57250		A	Repair rectum & vagina	5.02	*7.19	1.71	13.92	090	S
57260		A	Repair of vagina	7.67	8.75	1.90	18.32	090	S
57265		A	Extensive repair of vagina	7.44	*9.52	2.13	19.09	090	S
57268		A	Repair of bowel bulge	6.21	7.10	1.52	14.83	090	S
57270		A	Repair of bowel pouch	7.44	6.91	1.46	15.81	090	S
57280		A	Suspension of vagina	8.44	8.62	1.87	18.93	090	S
57282		A	Repair of vaginal prolapse	8.15	8.82	1.91	18.88	090	S
57288		A	Repair bladder defect	12.48	10.84	1.38	24.70	090	S
57289		A	Repair bladder & vagina	6.47	*8.47	1.14	16.08	090	S
57291		A	Construction of vagina	7.54	5.41	1.20	14.15	090	S
57292		A	Construct vagina with graft	12.48	6.62	1.40	20.50	090	S
57300		A	Repair rectum-vagina fistula	6.89	8.00	1.68	16.57	090	S
57305		A	Repair rectum-vagina fistula	8.79	7.63	1.58	18.00	090	S
57307		A	Fistula repair & colostomy	10.16	6.18	1.29	17.63	090	S
57310		A	Repair urethrovaginal lesion	6.17	4.37	0.49	11.03	090	S
57311		A	Repair urethrovaginal lesion	7.31	5.64	0.41	13.36	090	S
57320		A	Repair bladder-vagina lesion	7.41	*9.48	1.37	18.26	090	S
57330		A	Repair bladder-vagina lesion	11.80	8.38	0.82	21.00	090	S
57335		A	Repair vagina	9.21	6.99	0.82	17.02	090	S
57400		A	Dilation of vagina	0.84	0.33	0.06	1.23	000	S
57410		A	Pelvic examination	0.60	0.36	0.05	1.01	000	S
57415		A	Removal vaginal foreign body	0.92	0.36	0.05	1.33	010	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
57452	.....	A	Examination of vagina	1.00	0.66	0.14	1.80	000	S
57454	.....	A	Vagina examination & biopsy	1.28	1.22	0.26	2.76	000	S
57460	.....	A	Leep procedure	2.86	2.04	0.47	5.37	000	S
57500	.....	A	Biopsy of cervix	0.98	0.58	0.12	1.68	000	S
57505	.....	A	Endocervical curettage	1.10	0.64	0.13	1.87	010	S
57510	.....	A	Cauterization of cervix	1.87	0.53	0.09	2.49	010	S
57511	.....	A	Cryocautery of cervix	1.87	0.86	0.17	2.90	010	S
57513	.....	A	Laser surgery of cervix	1.87	*2.82	0.68	5.37	010	S
57520	.....	A	Conization of cervix	3.45	3.49	0.74	7.68	090	S
57530	.....	A	Removal of cervix	4.47	3.65	0.79	8.91	090	S
57540	.....	A	Removal of residual cervix	6.08	6.81	1.53	14.42	090	S
57545	.....	A	Remove cervix, repair pelvis	6.70	4.63	1.04	12.37	090	S
57550	.....	A	Removal of residual cervix	4.96	*6.83	1.56	13.35	090	S
57555	.....	A	Remove cervix, repair vagina	8.23	10.21	2.19	20.63	090	S
57556	.....	A	Remove cervix, repair bowel	7.64	9.55	1.94	19.13	090	S
57700	.....	A	Revision of cervix	3.34	2.42	0.34	6.10	090	S
57720	.....	A	Revision of cervix	3.91	2.79	0.51	7.21	090	S
57800	.....	A	Dilation of cervical canal	0.78	0.49	0.10	1.37	000	S
57820	.....	A	D&c of residual cervix	1.64	*2.28	0.47	4.39	010	S
58100	.....	A	Biopsy of uterus lining	0.72	0.67	0.14	1.53	000	S
58120	.....	A	Dilation and curettage (d&c)	2.48	2.73	0.57	5.78	010	S
58140	.....	A	Removal of uterus lesion	7.69	8.42	1.73	17.84	090	S
58145	.....	A	Removal of uterus lesion	7.44	8.33	1.56	17.33	090	S
58150	.....	A	Total hysterectomy	13.14	9.68	2.10	24.92	090	S
58152	.....	A	Total hysterectomy	14.26	12.12	2.62	29.00	090	S
58180	.....	A	Partial hysterectomy	9.16	9.87	2.13	21.16	090	S
58200	.....	A	Extensive hysterectomy	20.57	13.12	2.83	36.52	090	S
58210	.....	A	Extensive hysterectomy	24.24	17.97	3.91	46.12	090	S
58240	.....	A	Removal of pelvis contents	29.11	29.05	6.22	64.38	090	S
58260	.....	A	Vaginal hysterectomy	11.52	9.49	2.09	23.10	090	S
58262	.....	A	Vaginal hysterectomy	13.21	9.49	2.09	24.79	090	S
58263	.....	A	Vaginal hysterectomy	14.43	10.43	2.24	27.10	090	S
58267	.....	A	Hysterectomy & vagina repair	14.10	11.66	2.49	28.25	090	S
58270	.....	A	Hysterectomy & vagina repair	12.74	10.43	2.24	25.41	090	S
58275	.....	A	Hysterectomy, revise vagina	14.15	11.14	2.35	27.64	090	S
58280	.....	A	Hysterectomy, revise vagina	14.51	10.62	2.33	27.46	090	S
58285	.....	A	Extensive hysterectomy	17.64	11.73	2.73	32.10	090	S
58300	.....	A	Insert intrauterine device	1.02	0.78	0.13	1.93	000	S
58301	.....	A	Remove intrauterine device	0.74	0.46	0.08	1.28	000	S
58310	.....	D	Artificial insemination	0.00	0.00	0.00	0.00	000	0
58311	.....	D	Artificial insemination	0.00	0.00	0.00	0.00	000	0
58321	.....	A	Artificial insemination	0.93	0.72	0.15	1.80	000	S
58322	.....	A	Artificial insemination	1.11	0.72	0.15	1.98	000	S
58323	.....	A	Sperm washing	0.19	0.14	0.03	0.36	000	S
58340	.....	A	Inject for uterus/tube x-ray	0.89	0.58	0.08	1.55	000	S
58345	.....	A	Reopen fallopian tube	4.66	3.53	0.41	8.60	010	S
58350	.....	A	Reopen fallopian tube	0.97	0.70	0.16	1.83	010	S
58400	.....	A	Suspension of uterus	5.72	5.70	1.17	12.59	090	S
58410	.....	A	Suspension of uterus	6.86	5.59	0.85	13.30	090	S
58520	.....	A	Repair of ruptured uterus	6.42	4.29	1.00	11.71	090	S
58540	.....	A	Revision of uterus	8.68	6.20	1.44	16.32	090	S
58600	.....	A	Division of fallopian tube	3.78	*6.24	1.40	11.42	090	S
58605	.....	A	Division of fallopian tube	3.33	*4.63	1.02	8.98	090	S
58611	.....	A	Ligate oviduct(s)	0.64	0.48	0.10	1.22	ZZZ	S
58615	.....	A	Occlude fallopian tube(s)	3.89	2.94	0.35	7.18	010	S
58700	.....	A	Removal of fallopian tube	5.99	6.40	1.32	13.71	090	S
58720	.....	A	Removal of ovary/tube(s)	6.27	7.58	1.65	15.50	090	S
58740	.....	A	Revise fallopian tube(s)	5.34	*7.86	1.90	15.10	090	S
58750	.....	A	Repair oviduct(s)	8.92	6.38	1.48	16.78	090	S
58752	.....	A	Revise ovarian tube(s)	8.03	6.81	0.94	15.78	090	S
58760	.....	A	Remove tubal obstruction	7.24	5.17	1.20	13.61	090	S
58770	.....	A	Create new tubal opening	7.04	5.34	1.12	13.50	090	S
58800	.....	A	Drainage of ovarian cyst(s)	3.81	2.71	0.54	7.06	090	S
58805	.....	A	Drainage of ovarian cyst(s)	5.50	6.45	1.38	13.33	090	S
58820	.....	A	Drainage of ovarian abscess	4.00	2.79	0.50	7.29	090	S
58822	.....	A	Drainage of ovarian abscess	6.25	3.59	0.82	10.66	090	S
58825	.....	A	Transposition, ovary(s)	5.69	4.07	0.94	10.70	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
58900	.....	A	Biopsy of ovary(s)	5.55	5.25	1.08	11.88	090	S
58920	.....	A	Partial removal of ovary(s)	6.35	6.86	1.43	14.64	090	S
58925	.....	A	Removal of ovarian cyst(s)	6.47	6.63	1.40	14.50	090	S
58940	.....	A	Removal of ovary(s)	6.61	6.56	1.34	14.51	090	S
58943	.....	A	Removal of ovary(s)	17.68	12.24	2.66	32.58	090	S
58950	.....	A	Resect ovarian malignancy	14.26	11.37	2.41	28.04	090	S
58951	.....	A	Resect ovarian malignancy	20.57	18.54	3.97	43.08	090	S
58952	.....	A	Resect ovarian malignancy	21.59	18.31	3.96	43.86	090	S
58960	.....	A	Exploration of abdomen	10.25	*13.12	2.98	26.35	090	S
58970	.....	C	Retrieval of oocyte	0.00	0.00	0.00	0.00	000	N
58972	.....	C	Fertilization of oocyte	0.00	0.00	0.00	0.00	000	N
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58976	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
59000	.....	A	Amniocentesis	1.31	0.98	0.18	2.47	000	S
59012	.....	A	Fetal cord puncture, prenatal	3.49	2.65	0.31	6.45	000	S
59015	.....	A	Chorion biopsy	2.22	1.21	0.10	3.53	000	S
59020	.....	A	Fetal contract stress test	0.67	*1.38	0.29	2.34	000	S
59020	TC	A	Fetal contract stress test	0.00	0.51	0.10	0.61	000	S
59020		A	Fetal contract stress test	0.67	*0.87	0.19	1.73	000	S
59025	.....	A	Fetal non-stress test	0.54	0.61	0.12	1.27	000	S
59025	TC	A	Fetal non-stress test	0.00	0.22	0.04	0.26	000	S
59025	26	A	Fetal non-stress test	0.54	0.39	0.08	1.01	000	S
59030	.....	A	Fetal scalp blood sample	2.01	1.60	0.21	3.82	000	S
59050	.....	A	Fetal monitor w/report	1.56	0.82	0.15	2.53	XXX	S
59100	.....	A	Remove uterus lesion	6.03	4.19	0.97	11.19	090	S
59120	.....	A	Treat ectopic pregnancy	7.19	7.95	1.52	16.66	090	S
59121	.....	A	Treat ectopic pregnancy	7.07	5.44	1.08	13.59	090	S
59130	.....	A	Treat ectopic pregnancy	7.97	6.03	0.71	14.71	090	S
59135	.....	A	Treat ectopic pregnancy	13.14	9.96	1.16	24.26	090	S
59136	.....	A	Treat ectopic pregnancy	8.79	6.29	1.46	16.54	090	S
59140	.....	A	Treat ectopic pregnancy	5.15	4.71	0.29	10.15	090	S
59150	.....	A	Treat ectopic pregnancy	6.41	4.58	1.06	12.05	090	S
59151	.....	A	Treat ectopic pregnancy	7.32	8.71	0.65	16.68	090	S
59160	.....	A	D&c after delivery	2.69	2.96	0.53	6.18	010	S
59200	.....	A	Insert cervical dilator	0.80	0.55	0.11	1.46	000	S
59300	.....	A	Episiotomy or vaginal repair	2.44	1.00	0.10	3.54	000	S
59320	.....	A	Revision of cervix	2.51	1.80	0.41	4.72	000	S
59325	.....	A	Revision of cervix	4.12	2.92	0.29	7.33	000	S
59350	.....	A	Repair of uterus	5.00	3.58	0.83	9.41	000	S
59400	.....	A	Obstetrical care	21.22	15.16	3.51	39.89	MMM	S
59409	.....	A	Obstetrical care	13.43	9.59	2.22	25.24	MMM	S
59410	.....	A	Obstetrical care	14.60	10.42	2.42	27.44	MMM	S
59412	.....	A	Antepartum manipulation	1.73	1.23	0.29	3.25	MMM	S
59414	.....	A	Deliver placenta	1.63	1.16	0.27	3.06	MMM	S
59425	.....	A	Antepartum care only	4.08	2.91	0.67	7.66	MMM	S
59426	.....	A	Antepartum care only	6.99	4.99	1.15	13.13	MMM	S
59430	.....	A	Care after delivery	2.03	0.38	0.07	2.48	MMM	S
59510	.....	A	Cesarean delivery	23.93	17.09	3.96	44.98	MMM	S
59514	.....	A	Cesarean delivery only	15.56	11.11	2.58	29.25	MMM	S
59515	.....	A	Cesarean delivery	16.73	11.95	2.76	31.44	MMM	S
59525	.....	A	Remove uterus after cesarean	8.64	3.85	0.89	13.38	MMM	S
59812	.....	A	Treatment of miscarriage	3.13	3.65	0.78	7.56	090	S
59820	.....	A	Care of miscarriage	3.77	3.79	0.78	8.34	090	S
59821	.....	A	Treatment of miscarriage	4.31	2.75	0.63	7.69	090	S
59830	.....	A	Treat uterus infection	6.03	4.58	0.53	11.14	090	S
59840	.....	A	Abortion	2.94	3.26	0.70	6.90	010	S
59841	.....	A	Abortion	3.28	3.79	0.77	7.84	010	S
59850	.....	A	Abortion	5.52	4.04	0.86	10.42	090	S
59851	.....	A	Abortion	5.68	4.33	0.89	10.90	090	S
59852	.....	A	Abortion	7.79	5.57	1.28	14.64	090	S
59870	.....	A	Evacuate mole of uterus	4.13	2.94	0.68	7.75	090	S
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY	S
60000	.....	A	Drain thyroid/tongue cyst	1.73	0.61	0.09	2.43	010	N
60100	.....	A	Biopsy of thyroid	0.98	1.06	0.12	2.16	000	N
60200	.....	A	Remove thyroid lesion	8.93	6.09	1.05	16.07	090	S
60220	.....	A	Partial removal of thyroid	9.97	8.63	1.63	20.23	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
60225		A	Partial removal of thyroid	11.78	10.61	1.94	24.33	090	S
60240		A	Removal of thyroid	15.83	10.70	1.98	28.51	090	S
60245		A	Partial removal of thyroid	12.16	9.14	1.76	23.06	090	S
60246		A	Partial removal of thyroid	14.32	12.28	2.28	28.88	090	S
60252		A	Removal of thyroid	15.57	13.80	2.58	31.95	090	S
60254		A	Extensive thyroid surgery	16.87	19.42	3.11	39.40	090	S
60260		A	Repeat thyroid surgery	14.65	3.17	0.34	18.16	090	S
60270		A	Removal of thyroid	16.62	14.13	2.57	33.32	090	S
60280		A	Remove thyroid duct lesion	5.61	*7.39	1.12	14.12	090	S
60281		A	Remove thyroid duct lesion	8.09	5.10	0.96	14.15	090	S
60500		A	Explore parathyroid glands	15.57	11.49	2.34	29.40	090	S
60502		A	Re-explore parathyroids	19.46	11.52	2.36	33.34	090	S
60505		A	Explore parathyroid glands	20.15	13.29	2.59	36.03	090	S
60520		A	Removal of thymus gland	17.30	13.69	2.49	33.48	090	S
60540		A	Explore adrenal gland	15.89	12.18	2.10	30.17	090	S
60545		A	Explore adrenal gland	18.72	14.43	2.37	35.52	090	S
60600		A	Remove carotid body lesion	16.31	11.59	1.90	29.80	090	S
60605		A	Remove carotid body lesion	18.40	10.83	2.23	31.46	090	S
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
61000		A	Remove cranial cavity fluid	1.60	1.08	0.17	2.85	000	S
61001		A	Remove cranial cavity fluid	1.51	0.89	0.17	2.57	000	S
61020		A	Remove brain cavity fluid	1.53	1.27	0.20	3.00	000	S
61026		A	Injection into brain canal	1.71	2.05	0.22	3.98	000	N
61050		A	Remove brain canal fluid	1.53	1.24	0.15	2.92	000	N
61055		A	Injection into brain canal	2.12	1.90	0.19	4.21	000	N
61070		A	Brain canal shunt procedure	0.90	0.50	0.03	1.43	000	N
61105		A	Drill skull for examination	8.28	6.97	1.25	16.50	090	S
61106		A	Drill skull for exam/surgery	7.43	6.22	1.16	14.81	ZZZ	S
61107		A	Drill skull for implantation	4.40	*6.42	1.27	12.09	000	S
61108		A	Drill skull for drainage	10.92	12.18	2.24	25.34	090	S
61120		A	Pierce skull for examination	9.41	6.02	1.09	16.52	090	S
61130		A	Pierce skull, exam/surgery	6.44	5.01	0.97	12.42	ZZZ	S
61140		A	Pierce skull for biopsy	15.00	14.29	2.59	31.88	090	S
61150		A	Pierce skull for drainage	16.55	14.81	2.66	34.02	090	S
61151		A	Pierce skull for drainage	11.53	2.15	0.37	14.05	090	S
61154		A	Pierce skull, remove clot	13.82	*17.69	3.31	34.82	090	S
61156		A	Pierce skull for drainage	15.40	16.37	3.08	34.85	090	S
61210		A	Pierce skull; implant device	4.77	*7.54	1.55	13.86	000	S
61215		A	Insert brain-fluid device	10.16	9.10	1.65	20.91	090	S
61250		A	Pierce skull & explore	11.15	8.12	1.46	20.73	090	S
61253		A	Pierce skull & explore	13.14	9.73	1.71	24.58	090	S
61304		A	Open skull for exploration	20.86	26.32	4.83	52.01	090	S
61305		A	Open skull for exploration	25.05	29.43	5.11	59.59	090	S
61312		A	Open skull for drainage	20.77	24.40	4.51	49.68	090	S
61313		A	Open skull for drainage	20.77	24.31	4.43	49.51	090	S
61314		A	Open skull for drainage	23.03	25.91	4.73	53.67	090	S
61315		A	Open skull for drainage	26.20	24.68	4.52	55.40	090	S
61320		A	Open skull for drainage	24.17	18.91	3.45	46.53	090	S
61321		A	Open skull for drainage	26.96	20.05	3.58	50.59	090	S
61330		A	Decompress eye socket	15.82	13.11	1.23	30.16	090	S
61332		A	Explore/biopsy eye socket	26.37	20.95	2.79	50.11	090	S
61333		A	Explore orbit; remove lesion	27.05	20.69	3.30	51.04	090	S
61334		A	Explore orbit; remove object	17.26	14.81	1.84	33.91	090	S
61340		A	Relieve cranial pressure	11.69	*14.96	2.57	29.22	090	S
61343		A	Incise skull, pressure relief	28.18	30.38	5.34	63.90	090	S
61345		A	Relieve cranial pressure	25.64	19.39	3.49	48.52	090	S
61440		A	Incise skull for surgery	25.07	20.98	3.03	49.08	090	S
61450		A	Incise skull for surgery	24.56	20.66	3.47	48.69	090	S
61458		A	Incise skull for brain wound	26.26	27.58	4.92	58.76	090	S
61460		A	Incise skull for surgery	27.05	25.33	4.02	56.40	090	S
61470		A	Incise skull for surgery	21.02	14.01	2.56	37.59	090	S
61480		A	Incise skull for surgery	16.96	15.24	1.80	34.00	090	S
61490		A	Incise skull for surgery	15.80	11.85	2.18	29.83	090	S
61500		A	Removal of skull lesion	17.12	20.29	3.62	41.03	090	S
61501		A	Remove infected skull bone	13.74	*17.86	3.37	34.97	090	S
61510		A	Removal of brain lesion	23.65	27.34	4.95	55.94	090	S
61512		A	Remove brain lining lesion	24.53	29.34	5.34	59.21	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
61514	.....	A	Removal of brain abscess	23.75	25.80	4.79	54.34	090	S
61516	.....	A	Removal of brain lesion	23.09	26.77	4.62	54.48	090	S
61518	.....	A	Removal of brain lesion	32.63	30.35	5.52	68.50	090	S
61519	.....	A	Remove brain lining lesion	34.22	31.57	5.83	71.62	090	S
61520	.....	A	Removal of brain lesion	38.78	34.23	5.96	78.97	090	S
61521	.....	A	Removal of brain lesion	39.92	33.34	5.92	79.18	090	S
61522	.....	A	Removal of brain abscess	27.86	20.18	3.83	51.87	090	S
61524	.....	A	Removal of brain lesion	26.31	27.76	5.21	59.28	090	S
61526	.....	A	Removal of brain lesion	30.04	34.39	4.84	69.27	090	S
61530	.....	C	Removal of brain lesion	0.00	0.00	0.00	0.00	090	S
61531	.....	A	Implant brain electrodes	20.73	15.15	1.77	37.65	090	S
61533	.....	A	Implant brain electrodes	23.67	17.21	3.37	44.25	090	S
61534	.....	A	Removal of brain lesion	19.34	6.45	2.03	27.82	090	S
61535	.....	A	Remove brain electrodes	10.34	7.75	1.26	19.35	090	S
61536	.....	A	Removal of brain lesion	29.76	22.20	4.03	55.99	090	S
61538	.....	A	Removal of brain tissue	28.36	29.40	5.03	62.79	090	S
61539	.....	A	Removal of brain tissue	30.38	23.22	4.12	57.72	090	S
61541	.....	A	Incision of brain tissue	27.25	20.02	3.82	51.09	090	S
61542	.....	A	Removal of brain tissue	27.69	20.13	3.94	51.76	090	S
61543	.....	A	Removal of brain tissue	20.85	17.43	2.52	40.80	090	S
61544	.....	A	Remove & treat brain lesion	23.97	28.50	2.13	54.60	090	S
61545	.....	A	Excision of brain tumor	34.88	25.95	4.85	65.68	090	S
61546	.....	A	Removal of pituitary gland	29.66	27.31	4.83	61.80	090	S
61548	.....	A	Removal of pituitary gland	20.37	25.06	4.07	49.50	090	S
61550	.....	A	Release of skull seams	14.40	11.94	1.12	27.46	090	S
61552	.....	A	Release of skull seams	19.23	13.98	2.73	35.94	090	S
61556	.....	C	Incise skull/sutures	0.00	0.00	0.00	0.00	090	S
61557	.....	C	Incise skull/sutures	0.00	0.00	0.00	0.00	090	S
61558	.....	C	Excision of skull/sutures	0.00	0.00	0.00	0.00	090	S
61559	.....	C	Excision of skull/sutures	0.00	0.00	0.00	0.00	090	S
61563	.....	C	Excision of skull tumor	0.00	0.00	0.00	0.00	090	S
61564	.....	C	Excision of skull tumor	0.00	0.00	0.00	0.00	090	S
61570	.....	A	Remove brain foreign body	23.14	16.67	3.09	42.90	090	S
61571	.....	A	Incise skull for brain wound	24.82	18.52	3.25	46.59	090	S
61575	.....	A	Skull base/brainstem surgery	32.69	33.36	5.11	71.16	090	S
61576	.....	A	Skull base/brainstem surgery	34.20	28.54	3.95	66.69	090	S
61580	.....	A	Craniofacial approach, skull	29.22	21.24	4.15	54.61	090	S
61581	.....	A	Craniofacial approach, skull	33.16	24.11	4.71	61.98	090	S
61582	.....	A	Craniofacial approach, skull	30.10	21.89	4.27	56.26	090	S
61583	.....	A	Craniofacial approach, skull	34.35	24.97	4.88	64.20	090	S
61584	.....	A	Orbitocranial approach/skull	33.26	24.18	4.73	62.17	090	S
61585	.....	A	Orbitocranial approach/skull	37.21	27.05	5.29	69.55	090	S
61590	.....	A	Infratemporal approach/skull	40.47	29.42	5.74	75.63	090	S
61591	.....	A	Infratemporal approach/skull	42.44	30.86	6.03	79.33	090	S
61592	.....	A	Orbitocranial approach/skull	38.49	27.99	5.47	71.95	090	S
61595	.....	A	Transtemporal approach/skull	28.43	20.67	4.04	53.14	090	S
61596	.....	A	Transcochlear approach/skull	34.55	25.12	4.91	64.58	090	S
61597	.....	A	Transcondylar approach/skull	36.52	26.55	5.19	68.26	090	S
61598	.....	A	Transpetrosal approach/skull	32.18	23.39	4.57	60.14	090	S
61600	.....	A	Resect/excise cranial lesion	24.68	17.94	3.50	46.12	090	S
61601	.....	A	Resect/excise cranial lesion	26.45	19.24	3.76	49.45	090	S
61605	.....	A	Resect/excise cranial lesion	27.93	20.31	3.97	52.21	090	S
61606	.....	A	Resect/excise cranial lesion	37.41	27.20	5.31	69.92	090	S
61607	.....	A	Resect/excise cranial lesion	34.94	25.41	4.96	65.31	090	S
61608	.....	A	Resect/excise cranial lesion	40.66	29.57	5.77	76.00	090	S
61609	.....	A	Transect, artery, sinus	7.90	5.74	1.13	14.77	ZZZ	S
61610	.....	A	Transect, artery, sinus	23.69	17.22	3.37	44.28	ZZZ	S
61611	.....	A	Transect, artery, sinus	5.92	4.30	0.84	11.06	ZZZ	S
61612	.....	A	Transect, artery, sinus	17.77	12.92	2.53	33.22	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.87	28.99	5.67	74.53	090	S
61615	.....	A	Resect/excise lesion, skull	30.70	22.32	4.36	57.38	090	S
61616	.....	A	Resect/excise lesion, skull	41.75	30.36	5.93	78.04	090	S
61618	.....	A	Repair dura	15.79	11.48	2.24	29.51	090	S
61619	.....	A	Repair dura	19.74	14.35	2.80	36.89	090	S
61624	.....	A	Occlusion/embolization cath	20.37	15.45	1.81	37.63	000	N
61626	.....	A	Occlusion/embolization cath	16.80	12.74	1.49	31.03	000	N
61680	.....	A	Intracranial vessel surgery	36.86	31.41	5.85	74.12	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
61682		A	Intracranial vessel surgery	42.68	35.70	6.43	84.81	090	S
61684		A	Intracranial vessel surgery	39.69	30.09	3.51	73.29	090	S
61686		A	Intracranial vessel surgery	47.98	36.38	4.25	88.61	090	S
61690		A	Intracranial vessel surgery	34.20	27.77	4.14	66.11	090	S
61692		A	Intracranial vessel surgery	38.38	29.11	3.40	70.89	090	S
61700		A	Inner skull vessel surgery	35.22	32.04	5.73	72.99	090	S
61702		A	Inner skull vessel surgery	39.64	36.71	6.68	83.03	090	S
61703		A	Clamp neck artery	16.45	12.35	2.26	31.06	090	S
61705		A	Revise circulation to head	34.87	30.75	5.31	70.93	090	S
61708		A	Revise circulation to head	33.96	25.48	2.35	61.79	090	S
61710		A	Revise circulation to head	28.45	16.82	1.77	47.04	090	S
61711		A	Fusion of skull arteries	35.01	33.41	6.27	74.69	090	S
61712		A	Skull or spine microsurgery	3.53	*4.92	0.94	9.39	ZZZ	S
61720		A	Incise skull/brain surgery	16.03	*22.87	4.09	42.99	090	S
61735		A	Incise skull/brain surgery	17.27	13.10	1.53	31.90	090	S
61750		A	Incise skull; brain biopsy	10.14	*20.77	4.36	35.27	090	S
61751		A	Brain biopsy with cat scan	15.35	*23.04	4.49	42.88	090	S
61760		A	Implant brain electrodes	25.11	15.15	1.77	42.03	090	S
61770		A	Incise skull for treatment	15.31	*19.60	3.47	38.38	090	S
61790		A	Treat trigeminal nerve	10.42	*15.66	3.06	29.14	090	S
61791		A	Treat trigeminal tract	7.37	*14.92	3.20	25.49	090	S
61793		A	Focus radiation beam	16.89	21.59	1.98	40.46	090	S
61795		A	Brain surgery using computer	4.08	*7.74	1.57	13.39	000	S
61850		A	Implant neuroelectrodes	16.16	11.76	2.29	30.21	090	S
61855		A	Implant neuroelectrodes	13.08	10.51	1.49	25.08	090	S
61860		A	Implant neuroelectrodes	11.32	8.23	1.61	21.16	090	S
61865		A	Implant neuroelectrodes	21.94	15.96	3.12	41.02	090	S
61870		A	Implant neuroelectrodes	5.83	4.24	0.83	10.90	090	S
61875		A	Implant neuroelectrodes	9.30	6.76	1.32	17.38	090	S
61880		A	Revise/remove neuroelectrode	5.78	4.84	0.67	11.29	090	S
61885		A	Implant neuroreceiver	2.38	1.98	0.29	4.65	090	S
61888		A	Revise/remove neuroreceiver	3.13	2.27	0.44	5.84	010	S
62000		A	Repair of skull fracture	11.39	5.79	0.96	18.14	090	S
62005		A	Repair of skull fracture	15.00	11.20	1.99	28.19	090	S
62010		A	Treatment of head injury	18.63	19.41	3.43	41.47	090	S
62100		A	Repair brain fluid leakage	21.01	21.86	3.76	46.63	090	S
62115		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62116		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62117		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62120		C	Repair skull cavity lesion	0.00	0.00	0.00	0.00	090	S
62121		A	Incise skull repair	20.48	17.70	3.45	41.63	090	S
62140		A	Repair of skull defect	12.77	13.58	2.42	28.77	090	S
62141		A	Repair of skull defect	14.05	17.93	3.32	35.30	090	S
62142		A	Remove skull plate/flap	10.02	*13.16	2.67	25.85	090	S
62143		A	Replace skull plate/flap	12.24	9.27	1.67	23.18	090	S
62145		A	Repair of skull & brain	17.88	13.31	2.32	33.51	090	S
62146		A	Repair of skull with graft	15.28	11.11	2.17	28.56	090	S
62147		A	Repair of skull with graft	18.34	13.32	2.60	34.26	090	S
62180		A	Establish brain cavity shunt	12.86	14.37	2.73	29.96	090	S
62190		A	Establish brain cavity shunt	10.24	*14.99	3.25	28.48	090	S
62192		A	Establish brain cavity shunt	11.44	*14.64	2.77	28.85	090	S
62194		A	Replace/irrigate catheter	2.84	1.90	0.29	5.03	010	N
62200		A	Establish brain cavity shunt	13.39	*17.14	3.12	33.65	090	S
62201		A	Establish brain cavity shunt	12.23	8.88	1.74	22.85	090	S
62220		A	Establish brain cavity shunt	12.19	*16.04	3.15	31.38	090	S
62223		A	Establish brain cavity shunt	12.95	*16.58	3.05	32.58	090	S
62225		A	Replace/irrigate catheter	4.76	4.85	0.59	10.20	090	S
62230		A	Replace/revise brain shunt	9.82	9.94	1.84	21.60	090	S
62256		A	Remove brain cavity shunt	5.97	6.45	1.18	13.60	090	S
62258		A	Replace brain cavity shunt	13.75	14.94	2.58	31.27	090	S
62268		A	Drain spinal cord cyst	3.91	3.01	0.36	7.28	000	N
62269		A	Needle biopsy spinal cord	4.12	1.77	0.28	6.17	000	N
62270		A	Spinal fluid tap, diagnostic	1.14	0.72	0.06	1.92	000	N
62272		A	Drain spinal fluid	1.37	1.02	0.12	2.51	000	N
62273		A	Treat lumbar spine lesion	2.17	1.13	0.26	3.56	000	N
62274		A	Inject spinal anesthetic	1.80	0.75	0.17	2.72	000	N
62275		A	Inject spinal anesthetic	1.81	0.60	0.19	2.60	000	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
62276		A	Inject spinal anesthetic	2.06	1.24	0.23	3.53	000	N
62277		A	Inject spinal anesthetic	2.17	0.85	0.23	3.25	000	N
62278		A	Inject spinal anesthetic	1.53	0.99	0.26	2.78	000	N
62279		A	Inject spinal anesthetic	1.60	0.83	0.24	2.67	000	N
62280		A	Treat spinal cord lesion	2.61	0.72	0.14	3.47	010	N
62281		A	Treat spinal cord lesion	2.64	0.88	0.28	3.80	010	N
62282		A	Treat spinal canal lesion	2.31	1.72	0.40	4.43	010	N
62284		A	Injection for myelogram	1.56	*2.08	0.34	3.98	000	S
62287		A	Percutaneous diskectomy	4.18	*12.76	2.68	19.62	090	S
62288		A	Injection into spinal canal	1.76	1.13	0.24	3.13	000	N
62289		A	Injection into spinal canal	1.66	1.08	0.29	3.03	000	N
62290		A	Inject for spine disk x-ray	3.62	1.88	0.24	5.74	000	N
62291		A	Inject for spine disk x-ray	2.94	1.80	0.39	5.13	000	N
62292		A	Injection into disk lesion	7.08	*11.48	2.15	20.71	090	S
62294		A	Injection into spinal artery	8.14	5.90	0.69	14.73	090	S
62298		A	Injection into spinal canal	2.22	1.05	0.13	3.40	000	N
63001		A	Removal of spinal lamina	14.66	*18.76	3.46	36.88	090	S
63003		A	Removal of spinal lamina	14.79	18.13	3.27	36.19	090	S
63005		A	Removal of spinal lamina	13.68	*17.51	3.13	34.32	090	S
63011		A	Removal of spinal lamina	11.23	10.10	1.89	23.22	090	S
63012		A	Removal of spinal lamina	14.37	18.27	3.18	35.82	090	S
63015		A	Removal of spinal lamina	16.77	*21.77	4.23	42.77	090	S
63016		A	Removal of spinal lamina	17.62	*22.55	4.16	44.33	090	S
63017		A	Removal of spinal lamina	16.03	*21.35	4.04	41.42	090	S
63020		A	Neck spine disk surgery	12.67	*17.20	3.42	33.29	090	S
63030		A	Low back disk surgery	12.24	*15.67	2.84	30.75	090	S
63035		A	Added spinal disk surgery	3.19	*4.08	0.77	8.04	ZZZ	S
63040		A	Neck spine disk surgery	17.76	*22.73	4.35	44.84	090	S
63042		A	Low back disk surgery	17.46	*22.96	4.43	44.85	090	S
63045		A	Removal of spinal lamina	15.48	*22.21	4.43	42.12	090	S
63046		A	Removal of spinal lamina	14.77	*22.58	4.63	41.98	090	S
63047		A	Removal of spinal lamina	12.90	*22.84	4.53	40.27	090	S
63048		A	Removal of spinal lamina	3.30	*5.23	1.04	9.57	ZZZ	S
63055		A	Decompress spinal cord	20.90	23.99	4.23	49.12	090	S
63056		A	Decompress spinal cord	19.32	22.08	3.80	45.20	090	S
63057		A	Decompress spinal cord	3.03	*4.72	0.86	8.61	ZZZ	S
63064		A	Decompress spinal cord	23.49	24.10	4.14	51.73	090	S
63066		A	Decompress spinal cord	3.30	2.51	0.46	6.27	ZZZ	S
63075		A	Neck spine disk surgery	19.99	17.77	3.25	41.01	090	S
63076		A	Neck spine disk surgery	4.10	*5.25	0.98	10.33	ZZZ	S
63077		A	Spine disk surgery, thorax	20.48	18.62	3.21	42.31	090	S
63078		A	Spine disk surgery, thorax	3.32	2.64	0.46	6.42	ZZZ	S
63081		A	Removal of vertebral body	22.33	26.55	4.55	53.43	090	S
63082		A	Removal of vertebral body	4.42	*6.57	1.23	12.22	ZZZ	S
63085		A	Removal of vertebral body	25.35	27.69	4.74	57.78	090	S
63086		A	Removal of vertebral body	3.23	*5.35	1.08	9.66	ZZZ	S
63087		A	Removal of vertebral body	27.87	28.56	4.90	61.33	090	S
63088		A	Removal of vertebral body	4.38	*6.40	1.19	11.97	ZZZ	S
63090		A	Removal of vertebral body	26.49	29.54	4.97	61.00	090	S
63091		A	Removal of vertebral body	3.06	2.76	0.47	6.29	ZZZ	S
63170		A	Incise spinal cord tract(s)	18.38	19.09	3.32	40.79	090	S
63172		A	Drainage of spinal cyst	16.37	*22.84	4.31	43.52	090	S
63173		A	Drainage of spinal cyst	20.63	15.64	1.83	38.10	090	S
63180		A	Revise spinal cord ligaments	16.94	11.74	2.07	30.75	090	S
63182		A	Revise spinal cord ligaments	19.12	16.62	2.23	37.97	090	S
63185		A	Incise spinal column/nerves	14.00	15.72	2.96	32.68	090	S
63190		A	Incise spinal column/nerves	16.44	*21.04	3.95	41.43	090	S
63191		A	Incise spinal column/nerves	16.60	13.19	2.23	32.02	090	S
63194		A	Incise spinal column & cord	17.72	13.16	2.36	33.24	090	S
63195		A	Incise spinal column & cord	17.35	14.01	2.13	33.49	090	S
63196		A	Incise spinal column & cord	20.80	15.76	1.85	38.41	090	S
63197		A	Incise spinal column & cord	19.60	14.52	2.65	36.77	090	S
63198		A	Incise spinal column & cord	22.70	16.50	3.23	42.43	090	S
63199		A	Incise spinal column & cord	24.16	21.64	2.64	48.44	090	S
63200		A	Release of spinal cord	17.86	12.63	1.85	32.34	090	S
63250		A	Revise spinal cord vessels	39.10	28.30	5.28	72.68	090	S
63251		A	Revise spinal cord vessels	39.29	22.99	4.37	66.65	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
63252	.....	A	Revise spinal cord vessels	39.28	28.56	5.58	73.42	090	S
63265	.....	A	Excise intraspinal lesion	20.26	22.25	3.94	46.45	090	S
63266	.....	A	Excise intraspinal lesion	20.88	25.04	4.48	50.40	090	S
63267	.....	A	Excise intraspinal lesion	16.89	*22.00	4.25	43.14	090	S
63268	.....	A	Excise intraspinal lesion	17.46	12.70	2.49	32.65	090	S
63270	.....	A	Excise intraspinal lesion	25.12	18.34	3.46	46.92	090	S
63271	.....	A	Excise intraspinal lesion	25.24	26.90	4.84	56.98	090	S
63272	.....	A	Excise intraspinal lesion	23.95	23.41	4.31	51.67	090	S
63273	.....	A	Excise intraspinal lesion	22.91	17.76	3.15	43.82	090	S
63275	.....	A	Biopsy/excise spinal tumor	22.30	28.13	5.15	55.58	090	S
63276	.....	A	Biopsy/excise spinal tumor	22.00	25.59	4.67	52.26	090	S
63277	.....	A	Biopsy/excise spinal tumor	19.73	24.01	4.30	48.04	090	S
63278	.....	A	Biopsy/excise spinal tumor	19.45	23.60	4.37	47.42	090	S
63280	.....	A	Biopsy/excise spinal tumor	27.02	28.39	5.05	60.46	090	S
63281	.....	A	Biopsy/excise spinal tumor	26.71	27.98	5.02	59.71	090	S
63282	.....	A	Biopsy/excise spinal tumor	25.24	24.38	4.49	54.11	090	S
63283	.....	A	Biopsy/excise spinal tumor	23.83	18.98	3.48	46.29	090	S
63285	.....	A	Biopsy/excise spinal tumor	34.62	24.76	4.54	63.92	090	S
63286	.....	A	Biopsy/excise spinal tumor	34.32	29.08	4.97	68.37	090	S
63287	.....	A	Biopsy/excise spinal tumor	34.81	26.01	4.58	65.40	090	S
63290	.....	A	Biopsy/excise spinal tumor	35.43	27.46	4.70	67.59	090	S
63300	.....	A	Removal of vertebral body	23.03	17.46	2.04	42.53	090	S
63301	.....	A	Removal of vertebral body	25.36	18.66	3.62	47.64	090	S
63302	.....	A	Removal of vertebral body	25.88	21.60	3.05	50.53	090	S
63303	.....	A	Removal of vertebral body	28.79	18.71	3.43	50.93	090	S
63304	.....	A	Removal of vertebral body	28.41	21.55	2.52	52.48	090	S
63305	.....	A	Removal of vertebral body	29.75	22.74	3.79	56.28	090	S
63306	.....	A	Removal of vertebral body	30.34	23.01	2.68	56.03	090	S
63307	.....	A	Removal of vertebral body	29.75	24.69	3.01	57.45	090	S
63308	.....	A	Removal of vertebral body	5.31	4.10	0.74	10.15	ZZZ	S
63600	.....	A	Remove spinal cord lesion	13.23	10.82	2.66	26.71	090	N
63610	.....	A	Stimulation of spinal cord	8.83	6.80	2.08	17.71	000	N
63615	.....	A	Remove lesion of spinal cord	15.57	11.68	2.05	29.30	090	S
63650	.....	A	Implant neuroelectrodes	6.06	*9.19	2.15	17.40	090	S
63655	.....	A	Implant neuroelectrodes	9.05	*18.08	3.68	30.81	090	S
63657	.....	D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	090	0
63658	.....	D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	090	0
63660	.....	A	Revise/remove neuroelectrode	5.60	*7.38	1.58	14.56	090	S
63685	.....	A	Implant neuroreceiver	6.36	7.48	1.48	15.32	090	S
63688	.....	A	Revise/remove neuroreceiver	4.82	*6.34	1.27	12.43	090	S
63690	.....	A	Analysis of neuroreceiver	0.46	*0.77	0.12	1.35	XXX	N
63691	.....	A	Analysis of neuroreceiver	0.66	0.41	0.11	1.18	XXX	N
63700	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63702	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63704	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63706	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63707	.....	A	Repair spinal fluid leakage	10.25	*13.83	2.59	26.67	090	S
63709	.....	A	Repair spinal fluid leakage	13.41	*17.17	3.34	33.92	090	S
63710	.....	A	Graft repair of spine defect	13.15	9.86	1.60	24.61	090	S
63740	.....	A	Install spinal shunt	10.55	*14.91	3.02	28.48	090	S
63741	.....	A	Install spinal shunt	7.21	*11.44	2.42	21.07	090	S
63744	.....	A	Revision of spinal shunt	6.91	8.24	1.70	16.85	090	S
63746	.....	A	Removal of spinal shunt	5.66	5.58	1.09	12.33	090	S
63750	.....	A	Insert spinal canal catheter	7.31	*13.39	3.06	23.76	090	S
63780	.....	A	Insert spinal canal catheter	6.29	1.95	0.56	8.80	090	N
64400	.....	A	Injection for nerve block	1.12	0.49	0.05	1.66	000	N
64402	.....	A	Injection for nerve block	1.26	0.63	0.09	1.98	000	S
64405	.....	A	Injection for nerve block	1.33	0.65	0.07	2.05	000	N
64408	.....	A	Injection for nerve block	1.43	1.05	0.11	2.59	000	N
64410	.....	A	Injection for nerve block	1.45	0.72	0.15	2.32	000	N
64412	.....	A	Injection for nerve block	1.19	0.63	0.08	1.90	000	N
64413	.....	A	Injection for nerve block	1.42	0.75	0.08	2.25	000	N
64415	.....	A	Injection for nerve block	1.50	0.26	0.07	1.83	000	N
64417	.....	A	Injection for nerve block	1.46	0.64	0.15	2.25	000	N
64418	.....	A	Injection for nerve block	1.33	0.86	0.10	2.29	000	N
64420	.....	A	Injection for nerve block	1.19	0.65	0.07	1.91	000	N
64421	.....	A	Injection for nerve block	1.70	0.84	0.17	2.71	000	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
64425		A	Injection for nerve block	1.77	0.58	0.10	2.45	000	N
64430		A	Injection for nerve block	1.48	0.71	0.12	2.31	000	S
64435		A	Injection for nerve block	1.47	0.48	0.09	2.04	000	S
64440		A	Injection for nerve block	1.35	0.80	0.09	2.24	000	N
64441		A	Injection for nerve block	1.81	1.02	0.12	2.95	000	N
64442		A	Injection for nerve block	1.43	1.20	0.16	2.79	000	N
64443		A	Injection for nerve block	1.36	0.64	0.12	2.12	ZZZ	N
64445		A	Injection for nerve block	1.50	0.50	0.06	2.06	000	N
64450		A	Injection for nerve block	1.28	0.54	0.05	1.87	000	S
64505		A	Injection for nerve block	1.38	0.63	0.06	2.07	000	N
64508		A	Injection for nerve block	1.13	1.05	0.08	2.26	000	N
64510		A	Injection for nerve block	1.23	0.72	0.18	2.13	000	N
64520		A	Injection for nerve block	1.37	0.73	0.17	2.27	000	N
64530		A	Injection for nerve block	1.60	1.18	0.28	3.06	000	N
64550		A	Apply neurostimulator	0.18	0.44	0.04	0.66	000	N
64553		A	Implant neuroelectrodes	2.29	1.03	0.10	3.42	010	N
64555		A	Implant neuroelectrodes	2.24	0.42	0.10	2.76	010	N
64560		A	Implant neuroelectrodes	2.34	1.47	0.24	4.05	010	S
64565		A	Implant neuroelectrodes	1.73	0.77	0.08	2.58	010	N
64573		A	Implant neuroelectrodes	4.40	3.20	0.62	8.22	090	S
64575		A	Implant neuroelectrodes	4.32	3.10	0.40	7.82	090	S
64577		A	Implant neuroelectrodes	4.59	2.79	0.46	7.84	090	S
64580		A	Implant neuroelectrodes	4.08	2.94	0.20	7.22	090	S
64585		A	Revise/remove neuroelectrode	2.03	0.98	0.09	3.10	010	S
64590		A	Implant neuroreceiver	2.38	1.86	0.35	4.59	010	S
64595		A	Revise/remove neuroreceiver	1.70	1.13	0.21	3.04	010	S
64600		A	Injection treatment of nerve	3.44	1.71	0.17	5.32	010	N
64605		A	Injection treatment of nerve	5.62	1.58	0.33	7.53	010	N
64610		A	Injection treatment of nerve	7.19	7.34	1.37	15.90	010	N
64612		A	Destroy nerve, face muscle	1.93	1.47	0.17	3.57	010	S
64613		A	Destroy nerve, spine muscle	1.93	1.47	0.17	3.57	010	S
64620		A	Injection treatment of nerve	2.82	1.01	0.19	4.02	010	N
64622		A	Injection treatment of nerve	2.98	1.84	0.35	5.17	010	N
64623		A	Injection treatment of nerve	1.00	0.86	0.17	2.03	ZZZ	N
64630		A	Injection treatment of nerve	2.98	1.76	0.38	5.12	010	N
64640		A	Injection treatment of nerve	2.52	0.93	0.09	3.54	010	N
64680		A	Injection treatment of nerve	2.60	1.57	0.41	4.58	010	N
64702		A	Revise finger/toe nerve	4.06	4.27	0.71	9.04	090	S
64704		A	Revise hand/foot nerve	4.49	5.44	0.75	10.68	090	S
64708		A	Revise arm/leg nerve	5.77	*7.39	1.27	14.43	090	S
64712		A	Revision of sciatic nerve	7.26	*9.29	1.70	18.25	090	S
64713		A	Revision of arm nerve(s)	10.45	9.50	1.74	21.69	090	S
64714		A	Revise low back nerve(s)	9.98	6.20	1.43	17.61	090	S
64716		A	Revision of cranial nerve	5.86	4.88	0.68	11.42	090	S
64718		A	Revise ulnar nerve at elbow	5.54	6.79	1.14	13.47	090	S
64719		A	Revise ulnar nerve at wrist	4.77	5.00	0.86	10.63	090	S
64721		A	Carpal tunnel surgery	4.03	4.95	0.84	9.82	090	S
64722		A	Relieve pressure on nerve(s)	4.51	*6.20	1.12	11.83	090	S
64726		A	Release foot/toe nerve	4.01	0.73	0.07	4.81	090	S
64727		A	Internal nerve revision	3.13	3.28	0.56	6.97	ZZZ	S
64732		A	Incision of brow nerve	4.20	4.36	0.73	9.29	090	S
64734		A	Incision of cheek nerve	4.67	4.66	0.68	10.01	090	S
64736		A	Incision of chin nerve	4.45	4.51	0.42	9.38	090	S
64738		A	Incision of jaw nerve	5.48	5.13	0.62	11.23	090	S
64740		A	Incision of tongue nerve	5.34	5.24	0.63	11.21	090	S
64742		A	Incision of facial nerve	5.98	5.06	0.44	11.48	090	S
64744		A	Incise nerve, back of head	4.92	6.17	1.11	12.20	090	S
64746		A	Incise diaphragm nerve	5.68	3.81	0.78	10.27	090	S
64752		A	Incision of vagus nerve	6.71	3.97	0.86	11.54	090	S
64755		A	Incision of stomach nerves	13.25	10.59	2.30	26.14	090	S
64760		A	Incision of vagus nerve	6.61	6.72	1.52	14.85	090	S
64761		A	Incision of pelvis nerve	6.17	4.71	0.51	11.39	090	S
64763		A	Incise hip/thigh nerve	6.79	4.85	0.93	12.57	090	S
64766		A	Incise hip/thigh nerve	8.40	6.74	1.21	16.35	090	S
64771		A	Sever cranial nerve	7.07	6.49	0.74	14.30	090	S
64772		A	Incision of spinal nerve	6.87	6.85	1.31	15.03	090	S
64774		A	Remove skin nerve lesion	4.91	2.77	0.46	8.14	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
64776	.....	A	Remove digit nerve lesion	4.91	2.81	0.41	8.13	090	S
64778	.....	A	Added digit nerve surgery	3.14	2.76	0.43	6.33	ZZZ	S
64782	.....	A	Remove limb nerve lesion	5.87	4.75	0.47	11.09	090	S
64783	.....	A	Added limb nerve surgery	3.76	3.30	0.48	7.54	ZZZ	S
64784	.....	A	Remove nerve lesion	9.57	5.70	0.97	16.24	090	S
64786	.....	A	Remove sciatic nerve lesion	15.27	12.80	2.16	30.23	090	S
64787	.....	A	Implant nerve end	4.35	3.51	0.61	8.47	ZZZ	S
64788	.....	A	Remove skin nerve lesion	4.35	3.67	0.51	8.53	090	S
64790	.....	A	Removal of nerve lesion	11.07	7.19	1.23	19.49	090	S
64792	.....	A	Removal of nerve lesion	14.56	9.09	1.68	25.33	090	S
64795	.....	A	Biopsy of nerve	3.04	2.41	0.39	5.84	000	S
64802	.....	A	Remove sympathetic nerves	8.31	5.46	1.11	14.88	090	S
64804	.....	A	Remove sympathetic nerves	13.80	12.91	2.47	29.18	090	S
64809	.....	A	Remove sympathetic nerves	12.93	10.67	2.06	25.66	090	S
64818	.....	A	Remove sympathetic nerves	9.52	8.67	1.74	19.93	090	S
64830	.....	A	Microrepair of nerve	3.13	2.03	0.38	5.54	ZZZ	S
64831	.....	A	Repair of digit nerve	8.94	3.42	0.57	12.93	090	S
64832	.....	A	Repair additional nerve	5.72	1.42	0.24	7.38	ZZZ	S
64834	.....	A	Repair of hand or foot nerve	9.88	3.54	0.57	13.99	090	S
64835	.....	A	Repair of hand or foot nerve	10.59	6.03	1.04	17.66	090	S
64836	.....	A	Repair of hand or foot nerve	10.59	6.77	1.23	18.59	090	S
64837	.....	A	Repair additional nerve	6.33	4.50	0.86	11.69	ZZZ	S
64840	.....	A	Repair of leg nerve	12.57	10.47	0.54	23.58	090	S
64856	.....	A	Repair/transpose nerve	12.95	8.30	1.48	22.73	090	S
64857	.....	A	Repair arm/leg nerve	13.58	9.64	1.56	24.78	090	S
64858	.....	A	Repair sciatic nerve	15.60	11.10	2.13	28.83	090	S
64859	.....	A	Additional nerve surgery	4.31	3.54	0.59	8.44	ZZZ	S
64861	.....	A	Repair of arm nerves	18.14	13.57	1.40	33.11	090	S
64862	.....	A	Repair of low back nerves	18.34	21.80	1.63	41.77	090	S
64864	.....	A	Repair of facial nerve	12.00	7.95	1.17	21.12	090	S
64865	.....	A	Repair of facial nerve	14.86	12.48	1.52	28.86	090	S
64866	.....	A	Fusion of facial/other nerve	15.11	11.31	1.86	28.28	090	S
64868	.....	A	Fusion of facial/other nerve	13.51	11.31	1.49	26.31	090	S
64870	.....	A	Fusion of facial/other nerve	15.36	14.06	1.72	31.14	090	S
64872	.....	C	Subsequent repair of nerve	0.00	0.00	0.00	0.00	YYY	S
64874	.....	C	Repair & revise nerve	0.00	0.00	0.00	0.00	YYY	S
64876	.....	C	Repair nerve; shorten bone	0.00	0.00	0.00	0.00	YYY	N
64885	.....	A	Nerve graft, head or neck	16.92	12.83	1.50	31.25	090	S
64886	.....	A	Nerve graft, head or neck	20.17	15.30	1.79	37.26	090	S
64890	.....	A	Nerve graft, hand or foot	14.51	12.40	2.14	29.05	090	S
64891	.....	A	Nerve graft, hand or foot	15.38	10.54	1.75	27.67	090	S
64892	.....	A	Nerve graft, arm or leg	14.00	11.16	1.71	26.87	090	S
64893	.....	A	Nerve graft, arm or leg	14.77	14.08	2.30	31.15	090	S
64895	.....	A	Nerve graft, hand or foot	18.59	13.31	2.58	34.48	090	S
64896	.....	A	Nerve graft, hand or foot	19.60	17.73	1.92	39.25	090	S
64897	.....	A	Nerve graft, arm or leg	17.57	12.77	2.50	32.84	090	S
64898	.....	A	Nerve graft, arm or leg	*18.59	14.56	2.38	35.53	090	S
64901	.....	A	Additional nerve graft	10.33	10.27	0.88	21.48	ZZZ	S
64902	.....	A	Additional nerve graft	11.96	12.05	1.00	25.01	ZZZ	S
64905	.....	A	Nerve pedicle transfer	13.37	9.50	0.71	23.58	090	S
64907	.....	A	Nerve pedicle transfer	18.10	13.16	2.58	33.84	090	S
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY	N
65091	.....	A	Revise eye	6.17	*8.09	0.46	14.72	090	S
65093	.....	A	Revise eye with implant	6.54	*9.22	0.53	16.29	090	S
65101	.....	A	Removal of eye	6.59	*8.44	0.48	15.51	090	S
65103	.....	A	Remove eye/insert implant	7.14	*9.15	0.51	16.80	090	S
65105	.....	A	Remove eye/attach implant	7.91	*10.12	0.56	18.59	090	S
65110	.....	A	Removal of eye	13.33	16.17	1.15	30.65	090	S
65112	.....	A	Remove eye, revise socket	15.61	12.30	1.10	29.01	090	S
65114	.....	A	Remove eye, revise socket	16.77	13.22	1.67	31.66	090	S
65125	.....	C	Revise ocular implant	0.00	0.00	0.00	0.00	YYY	S
65130	.....	A	Insert ocular implant	6.83	*8.74	0.51	16.08	090	S
65135	.....	A	Insert ocular implant	7.01	5.48	0.35	12.84	090	S
65140	.....	A	Attach ocular implant	7.54	6.29	0.33	14.16	090	S
65150	.....	A	Revise ocular implant	6.04	*9.77	0.57	16.38	090	S
65155	.....	A	Reinsert ocular implant	8.30	*12.70	0.91	21.91	090	S
65175	.....	A	Removal of ocular implant	6.00	7.57	0.40	13.97	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
65205		A	Remove foreign body from eye	0.79	0.37	0.02	1.18	000	S
65210		A	Remove foreign body from eye	0.85	0.47	0.03	1.35	000	S
65220		A	Remove foreign body from eye	0.72	0.53	0.04	1.29	000	N
65222		A	Remove foreign body from eye	0.94	0.58	0.03	1.55	000	S
65235		A	Remove foreign body from eye	7.20	5.67	0.30	13.17	090	S
65260		A	Remove foreign body from eye	10.47	8.73	0.45	19.65	090	S
65265		A	Remove foreign body from eye	12.17	10.15	0.52	22.84	090	S
65270		A	Repair of eye wound	1.87	1.18	0.07	3.12	010	S
65272		A	Repair of eye wound	3.61	1.66	0.10	5.37	090	S
65273		A	Repair of eye wound	3.93	3.26	0.21	7.40	090	S
65275		A	Repair of eye wound	5.10	0.67	0.04	5.81	090	S
65280		A	Repair of eye wound	7.18	*9.19	0.50	16.87	090	S
65285		A	Repair of eye wound	12.19	12.40	0.65	25.24	090	S
65286		A	Repair of eye wound	5.22	4.84	0.25	10.31	090	S
65290		A	Repair of eye socket wound	5.12	6.27	0.37	11.76	090	S
65400		A	Removal of eye lesion	5.67	6.53	0.35	12.55	090	S
65410		A	Biopsy of cornea	1.49	1.61	0.11	3.21	000	S
65420		A	Removal of eye lesion	4.01	4.33	0.23	8.57	090	S
65426		A	Removal of eye lesion	5.11	*6.71	0.38	12.20	090	S
65430		A	Corneal smear	0.88	0.55	0.03	1.46	000	S
65435		A	Curette/treat cornea	0.93	0.78	0.04	1.75	000	S
65436		A	Curette/treat cornea	4.03	1.55	0.08	5.66	090	S
65450		A	Treatment of corneal lesion	3.10	3.32	0.17	6.59	090	S
65600		A	Revision of cornea	3.18	2.65	0.14	5.97	090	S
65710		A	Corneal transplant	9.63	*18.52	1.14	29.29	090	S
65730		A	Corneal transplant	11.96	*21.73	1.30	34.99	090	S
65750		A	Corneal transplant	12.72	*22.46	1.34	36.52	090	S
65755		A	Corneal transplant	12.72	*23.26	1.41	37.39	090	S
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX	0
65770		A	Revise cornea with implant	16.74	13.96	0.72	31.42	090	S
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX	0
65772		A	Correction of astigmatism	4.08	*5.47	0.31	9.86	090	S
65775		A	Correction of astigmatism	5.50	*8.80	0.51	14.81	090	S
65800		A	Drainage of eye	1.93	1.74	0.10	3.77	000	S
65805		A	Drainage of eye	1.93	1.83	0.10	3.86	000	S
65810		A	Drainage of eye	4.62	5.51	0.30	10.43	090	S
65815		A	Drainage of eye	4.80	4.54	0.24	9.58	090	S
65820		A	Relieve inner eye pressure	7.68	9.65	0.52	17.85	090	S
65850		A	Incision of eye	10.29	*13.17	0.70	24.16	090	S
65855		A	Laser surgery of eye	4.70	*8.84	0.53	14.07	090	S
65860		A	Incise inner eye adhesions	3.41	*6.06	0.37	9.84	090	S
65865		A	Incise inner eye adhesions	5.48	*7.06	0.41	12.95	090	S
65870		A	Incise inner eye adhesions	5.99	5.93	0.31	12.23	090	S
65875		A	Incise inner eye adhesions	6.21	6.35	0.34	12.90	090	S
65880		A	Incise inner eye adhesions	6.76	6.93	0.37	14.06	090	S
65900		A	Remove eye lesion	10.55	8.00	0.93	19.48	090	S
65920		A	Remove implant from eye	7.99	8.45	0.44	16.88	090	S
65930		A	Remove blood clot from eye	7.11	7.77	0.41	15.29	090	S
66020		A	Injection treatment of eye	1.56	*2.29	0.14	3.99	010	S
66030		A	Injection treatment of eye	1.21	0.55	0.03	1.79	010	S
66130		A	Remove eye lesion	7.62	5.34	0.28	13.24	090	S
66150		A	Glaucoma surgery	7.68	*10.30	0.60	18.58	090	S
66155		A	Glaucoma surgery	7.56	*9.68	0.51	17.75	090	S
66160		A	Glaucoma surgery	9.58	10.89	0.56	21.03	090	S
66165		A	Glaucoma surgery	7.39	*10.13	0.58	18.10	090	S
66170		A	Glaucoma surgery	11.44	12.29	0.64	24.37	090	S
66172		A	Incision of eye	13.82	12.29	0.64	26.75	090	S
66180		A	Implant eye shunt	12.77	*17.13	1.04	30.94	090	S
66185		A	Revise eye shunt	7.78	*10.05	0.59	18.42	090	S
66220		A	Repair eye lesion	7.40	6.02	0.34	13.76	090	S
66225		A	Repair/graft eye lesion	10.67	*15.36	0.87	26.90	090	S
66250		A	Follow-up surgery of eye	5.69	*7.28	0.38	13.35	090	S
66500		A	Incision of iris	3.62	*4.68	0.27	8.57	090	S
66505		A	Incision of iris	3.97	3.31	0.17	7.45	090	S
66600		A	Remove iris and lesion	8.32	9.46	0.52	18.30	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
66605		A	Removal of iris	12.48	12.00	0.68	25.16	090	S
66625		A	Removal of iris	5.00	*8.28	0.49	13.77	090	S
66630		A	Removal of iris	5.87	*8.04	0.46	14.37	090	S
66635		A	Removal of iris	5.97	*8.73	0.50	15.20	090	S
66680		A	Repair iris & ciliary body	5.20	6.49	0.35	12.04	090	S
66682		A	Repair iris and ciliary body	5.93	7.41	0.38	13.72	090	S
66700		A	Destruction, ciliary body	4.60	*6.06	0.35	11.01	090	S
66710		A	Destruction, ciliary body	4.60	*6.92	0.41	11.93	090	S
66720		A	Destruction, ciliary body	4.60	*6.53	0.38	11.51	090	S
66740		A	Destruction, ciliary body	4.60	*6.83	0.39	11.82	090	S
66761		A	Revision of iris	3.81	*7.90	0.48	12.19	090	S
66762		A	Revision of iris	4.38	*9.23	0.56	14.17	090	S
66770		A	Removal of inner eye lesion	4.93	*7.84	0.46	13.23	090	S
66820		A	Incision, secondary cataract	3.80	*5.08	0.29	9.17	090	S
66821		A	After cataract laser surgery	2.81	*5.91	0.37	9.09	090	S
66825		A	Reposition intraocular lens	7.82	7.41	0.38	15.61	090	S
66830		A	Removal of lens lesion	7.89	7.76	0.40	16.05	090	S
66840		A	Removal of lens material	7.59	*9.73	0.55	17.87	090	S
66850		A	Removal of lens material	8.76	*11.96	0.71	21.43	090	S
66852		A	Removal of lens material	9.63	*15.26	0.91	25.80	090	S
66920		A	Extraction of lens	8.55	*10.94	0.61	20.10	090	S
66930		A	Extraction of lens	9.84	10.61	0.58	21.03	090	S
66940		A	Extraction of lens	8.57	*11.09	0.63	20.29	090	S
66983		A	Remove cataract, insert lens	8.64	*15.70	0.96	25.30	090	S
66984		A	Remove cataract, insert lens	10.00	*16.12	0.95	27.07	090	S
66985		A	Insert lens prosthesis	7.98	*11.25	0.64	19.87	090	S
66986		A	Exchange lens prosthesis	11.91	12.34	0.64	24.89	090	S
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67005		A	Partial removal of eye fluid	6.70	*17.77	1.14	25.61	090	S
67010		A	Partial removal of eye fluid	6.74	*16.77	1.05	24.56	090	S
67015		A	Release of eye fluid	6.76	6.52	0.35	13.63	090	S
67025		A	Replace eye fluid	6.51	6.83	0.36	13.70	090	S
67028		A	Injection eye drug	2.55	*3.26	0.18	5.99	000	S
67030		A	Incise inner eye strands	4.49	*8.47	0.51	13.47	090	S
67031		A	Laser surgery, eye strands	3.46	*11.74	0.76	15.96	090	S
67036		A	Removal of inner eye fluid	11.46	*24.58	1.51	37.55	090	S
67038		A	Strip retinal membrane	20.42	*31.12	1.82	53.36	090	S
67039		A	Laser treatment of retina	13.75	*27.76	1.70	43.21	090	S
67040		A	Laser treatment of retina	16.44	*29.49	1.77	47.70	090	S
67101		A	Repair, detached retina	7.10	*11.37	0.67	19.14	090	S
67105		A	Repair, detached retina	7.14	*13.44	0.81	21.39	090	S
67107		A	Repair detached retina	14.15	*19.37	1.11	34.63	090	S
67108		A	Repair detached retina	20.12	*30.46	1.78	52.36	090	S
67109		A	Repair detached retina	11.64	*19.05	1.13	31.82	090	S
67110		A	Repair detached retina	8.23	*15.70	0.98	24.91	090	S
67112		A	Re-repair detached retina	16.33	16.69	0.87	33.89	090	S
67115		A	Release, encircling material	4.69	*7.30	0.44	12.43	090	S
67120		A	Remove eye implant material	5.69	7.23	0.38	13.30	090	S
67121		A	Remove eye implant material	10.28	9.52	0.50	20.30	090	S
67141		A	Treatment of retina	4.95	*8.28	0.49	13.72	090	S
67145		A	Treatment of retina	5.13	*8.41	0.50	14.04	090	S
67208		A	Treatment of retinal lesion	6.47	*9.33	0.53	16.33	090	S
67210		A	Treatment of retinal lesion	9.59	9.12	0.48	19.19	090	S
67218		A	Treatment of retinal lesion	12.87	13.46	0.71	27.04	090	S
67227		A	Treatment of retinal lesion	6.35	*9.13	0.52	16.00	090	S
67228		A	Treatment of retinal lesion	12.53	9.49	0.49	22.51	090	S
67250		A	Reinforce eye wall	8.45	7.07	0.40	15.92	090	S
67255		A	Reinforce/graft eye wall	8.48	*14.88	0.88	24.24	090	S
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67311		A	Revise eye muscle	6.37	*8.43	0.48	15.28	090	S
67312		A	Revise two eye muscles	7.63	*9.77	0.54	17.94	090	S
67314		A	Revise eye muscle	7.20	*10.32	0.59	18.11	090	S
67316		A	Revise two eye muscles	8.11	*11.63	0.68	20.42	090	S
67318		A	Revise eye muscle(s)	7.53	6.28	0.33	14.14	090	S
67320		A	Revise eye muscle(s)	8.35	*11.57	0.70	20.62	090	S
67331		A	Eye surgery follow-up	7.81	*10.00	0.55	18.36	090	S
67332		A	Rerevise eye muscles	8.69	*11.12	0.59	20.40	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
67334		A	Revise eye muscle w/suture	7.64	6.37	0.33	14.34	090	S
67335		A	Eye suture during surgery	2.52	*6.75	0.43	9.70	ZZZ	S
67340		A	Revise eye muscle	9.56	7.97	0.41	17.94	090	S
67343		A	Release eye tissue	7.08	5.89	0.31	13.28	090	S
67345		A	Destroy nerve of eye muscle	2.94	2.24	0.26	5.44	010	S
67350		A	Biopsy eye muscle	2.90	2.42	0.13	5.45	000	S
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67400		A	Explore/biopsy eye socket	9.30	11.03	0.63	20.96	090	S
67405		A	Explore/drain eye socket	7.50	*9.60	0.68	17.78	090	S
67412		A	Explore/treat eye socket	9.24	*11.83	0.68	21.75	090	S
67413		A	Explore/treat eye socket	9.86	8.18	0.58	18.62	090	S
67414		A	Explore/decompress eye socket	10.18	8.48	0.44	19.10	090	S
67415		A	Aspiration orbital contents	1.78	2.04	0.12	3.94	000	S
67420		A	Explore/treat eye socket	13.51	16.97	1.12	31.60	090	S
67430		A	Explore/treat eye socket	12.93	10.77	0.55	24.25	090	S
67440		A	Explore/drain eye socket	12.57	*16.09	0.98	29.64	090	S
67445		A	Explore/decompress eye socket	13.51	11.25	0.58	25.34	090	S
67450		A	Explore/biopsy eye socket	12.94	15.46	0.88	29.28	090	S
67500		A	Inject/treat eye socket	0.80	0.74	0.06	1.60	000	S
67505		A	Inject/treat eye socket	0.83	1.05	0.06	1.94	000	S
67515		A	Inject/treat eye socket	0.62	0.57	0.03	1.22	000	S
67550		A	Insert eye socket implant	9.80	9.73	0.71	20.24	090	S
67560		A	Revise eye socket implant	10.21	8.39	0.49	19.09	090	S
67570		A	Decompress optic nerve	12.66	7.64	0.39	20.69	090	S
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67700		A	Drainage of eyelid abscess	1.31	0.50	0.03	1.84	010	S
67710		A	Incision of eyelid	0.98	1.02	0.06	2.06	010	S
67715		A	Incision of eyelid fold	1.18	*1.51	0.09	2.78	010	S
67800		A	Remove eyelid lesion	1.37	0.95	0.05	2.37	010	S
67801		A	Remove eyelid lesions	1.87	1.41	0.08	3.36	010	S
67805		A	Remove eyelid lesions	2.19	1.40	0.08	3.67	010	S
67808		A	Remove eyelid lesion(s)	3.59	2.15	0.13	5.87	090	S
67810		A	Biopsy of eyelid	1.50	0.82	0.05	2.37	000	S
67820		A	Revise eyelashes	0.90	0.38	0.02	1.30	000	S
67825		A	Revise eyelashes	1.34	0.91	0.05	2.30	010	S
67830		A	Revise eyelashes	1.67	*2.76	0.17	4.60	010	S
67835		A	Revise eyelashes	5.47	*7.81	0.46	13.74	090	S
67840		A	Remove eyelid lesion	2.01	1.23	0.07	3.31	010	S
67850		A	Treat eyelid lesion	1.66	0.83	0.05	2.54	010	S
67875		A	Closure of eyelid by suture	1.36	*1.86	0.13	3.35	000	S
67880		A	Revision of eyelid	3.59	3.98	0.23	7.80	090	S
67882		A	Revision of eyelid	4.82	*6.17	0.37	11.36	090	S
67900		A	Repair brow defect	4.59	3.82	0.20	8.61	090	S
67901		A	Repair eyelid defect	6.90	*9.27	0.65	16.82	090	S
67902		A	Repair eyelid defect	6.96	*9.85	0.73	17.54	090	S
67903		A	Repair eyelid defect	6.29	*10.88	0.74	17.91	090	S
67904		A	Repair eyelid defect	6.03	*10.60	0.72	17.35	090	S
67906		A	Repair eyelid defect	6.71	5.52	0.36	12.59	090	S
67908		A	Repair eyelid defect	5.01	*8.90	0.55	14.46	090	S
67909		A	Revise eyelid defect	5.28	*7.12	0.49	12.89	090	S
67911		A	Revise eyelid defect	5.15	*9.65	0.80	15.60	090	S
67914		A	Repair eyelid defect	3.64	*6.02	0.39	10.05	090	S
67915		A	Repair eyelid defect	3.13	1.26	0.07	4.46	090	S
67916		A	Repair eyelid defect	5.19	6.57	0.38	12.14	090	S
67917		A	Repair eyelid defect	5.91	*7.56	0.48	13.95	090	S
67921		A	Repair eyelid defect	3.36	3.86	0.20	7.42	090	S
67922		A	Repair eyelid defect	3.01	1.20	0.07	4.28	090	S
67923		A	Repair eyelid defect	5.76	6.96	0.38	13.10	090	S
67924		A	Repair eyelid defect	5.70	*7.45	0.43	13.58	090	S
67930		A	Repair eyelid wound	3.60	1.28	0.08	4.96	010	S
67935		A	Repair eyelid wound	6.14	3.83	0.24	10.21	090	S
67938		A	Remove eyelid foreign body	1.29	0.53	0.03	1.85	010	S
67950		A	Revision of eyelid	5.70	*7.31	0.46	13.47	090	S
67961		A	Revision of eyelid	5.57	*7.31	0.51	13.39	090	S
67966		A	Revision of eyelid	6.46	*9.46	0.67	16.59	090	S
67971		A	Reconstruction of eyelid	9.67	10.80	0.65	21.12	090	S
67973		A	Reconstruction of eyelid	12.73	13.69	0.92	27.34	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
67974		A	Reconstruction of eyelid	12.70	14.23	0.88	27.81	090	S
67975		A	Reconstruction of eyelid	9.00	4.20	0.24	13.44	090	S
67999		C	Eyelid surgery procedure	0.00	0.00	0.00	0.00	YYY	S
68020		A	Incise/drain eyelid lining	1.33	0.52	0.03	1.88	010	S
68040		A	Treatment of eyelid lesions	0.86	0.45	0.02	1.33	000	S
68100		A	Biopsy of eyelid lining	1.37	1.00	0.06	2.43	000	S
68110		A	Remove eyelid lining lesion	1.74	1.25	0.07	3.06	010	S
68115		A	Remove eyelid lining lesion	2.34	1.95	0.11	4.40	010	S
68130		A	Remove eyelid lining lesion	4.80	4.14	0.22	9.16	090	S
68135		A	Remove eyelid lining lesion	1.81	0.75	0.04	2.60	010	S
68200		A	Treat eyelid by injection	0.50	0.53	0.03	1.06	000	S
68320		A	Revise/graft eyelid lining	5.03	*7.15	0.42	12.60	090	S
68325		A	Revise/graft eyelid lining	7.04	*9.44	0.63	17.11	090	S
68326		A	Revise/graft eyelid lining	6.83	8.72	0.50	16.05	090	S
68328		A	Revise/graft eyelid lining	7.87	*10.96	0.83	19.66	090	S
68330		A	Revise eyelid lining	4.58	*6.02	0.35	10.95	090	S
68335		A	Revise/graft eyelid lining	6.87	*10.42	0.69	17.98	090	S
68340		A	Separate eyelid adhesions	3.96	3.17	0.17	7.30	090	S
68360		A	Revise eyelid lining	4.17	*5.53	0.33	10.03	090	S
68362		A	Revise eyelid lining	7.02	8.10	0.42	15.54	090	S
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY	S
68400		A	Incise/drain tear gland	1.66	1.01	0.06	2.73	010	S
68420		A	Incise/drain tear sac	2.27	1.03	0.06	3.36	010	S
68440		A	Incise tear duct opening	0.90	0.77	0.04	1.71	010	S
68500		A	Removal of tear gland	10.59	7.69	0.76	19.04	090	S
68505		A	Partial removal tear gland	10.51	8.79	0.50	19.80	090	S
68510		A	Biopsy of tear gland	4.66	3.73	0.28	8.67	000	S
68520		A	Removal of tear sac	7.19	*9.20	0.52	16.91	090	S
68525		A	Biopsy of tear sac	4.48	3.72	0.23	8.43	000	S
68530		A	Clearance of tear duct	3.65	2.88	0.17	6.70	010	S
68540		A	Remove tear gland lesion	10.21	8.40	0.51	19.12	090	S
68550		A	Remove tear gland lesion	12.80	11.47	0.75	25.02	090	S
68700		A	Repair tear ducts	6.27	2.72	0.15	9.14	090	S
68705		A	Revise tear duct opening	2.03	1.03	0.05	3.11	010	S
68720		A	Create tear sac drain	7.77	*11.58	0.75	20.10	090	S
68745		A	Create tear duct drain	8.32	6.63	0.46	15.41	090	S
68750		A	Create tear duct drain	8.30	*13.28	0.84	22.42	090	S
68760		A	Close tear duct opening	1.70	0.93	0.04	2.67	010	S
68761		A	Close tear duct opening	1.32	0.93	0.04	2.29	010	S
68770		A	Close tear system fistula	6.69	4.29	0.23	11.21	090	S
68800		A	Dilate tear duct opening(s)	1.12	0.42	0.02	1.56	010	S
68820		A	Explore tear duct system	1.49	0.56	0.03	2.08	010	S
68825		A	Explore tear duct system	1.55	1.51	0.09	3.15	010	S
68830		A	Reopen tear duct channel	2.14	1.95	0.10	4.19	010	S
68840		A	Explore/irrigate tear ducts	1.23	0.50	0.03	1.76	010	S
68850		A	Injection for tear sac x-ray	0.81	0.52	0.04	1.37	000	S
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY	S
69000		A	Drain external ear lesion	1.42	0.35	0.03	1.80	010	S
69005		A	Drain external ear lesion	2.08	1.17	0.13	3.38	010	S
69020		A	Drain outer ear canal lesion	1.45	0.45	0.04	1.94	010	S
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX	0
69100		A	Biopsy of external ear	0.77	0.67	0.07	1.51	000	S
69105		A	Biopsy of external ear canal	0.86	0.81	0.09	1.76	000	S
69110		A	Partial removal external ear	3.38	2.66	0.37	6.41	090	S
69120		A	Removal of external ear	3.99	0.79	0.07	4.85	090	S
69140		A	Remove ear canal lesion(s)	7.77	8.09	0.89	16.75	090	S
69145		A	Remove ear canal lesion(s)	2.57	2.54	0.28	5.39	090	S
69150		A	Extensive ear canal surgery	13.15	10.58	1.26	24.99	090	S
69155		A	Extensive ear/neck surgery	17.22	16.10	1.63	34.95	090	S
69200		A	Clear outer ear canal	0.78	0.42	0.04	1.24	000	N
69205		A	Clear outer ear canal	1.16	1.08	0.11	2.35	010	S
69210		A	Remove impacted ear wax	0.62	0.23	0.02	0.87	000	N
69220		A	Clean out mastoid cavity	0.84	0.51	0.05	1.40	000	S
69222		A	Clean out mastoid cavity	1.37	0.75	0.08	2.20	010	S
69300		R	Revise external ear	0.00	0.00	0.00	0.00	YYY	S
69310		A	Rebuild outer ear canal	10.71	9.95	1.09	21.75	090	S
69320		A	Rebuild outer ear canal	16.78	14.81	1.68	33.27	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69400		A	Inflate middle ear canal	0.84	0.45	0.05	1.34	000	S
69401		A	Inflate middle ear canal	0.64	0.25	0.03	0.92	000	S
69405		A	Catheterize middle ear canal	2.61	0.49	0.04	3.14	010	S
69410		A	Inset middle ear baffle	0.33	0.61	0.07	1.01	000	S
69420		A	Incision of eardrum	1.29	0.70	0.08	2.07	010	S
69421		A	Incision of eardrum	1.70	1.15	0.13	2.98	010	S
69424		A	Remove ventilating tube	0.86	0.61	0.06	1.53	000	S
69433		A	Create eardrum opening	1.49	1.34	0.15	2.98	010	S
69436		A	Create eardrum opening	1.93	2.15	0.23	4.31	010	S
69440		A	Exploration of middle ear	7.39	8.79	0.94	17.12	090	S
69450		A	Eardrum revision	5.50	*9.51	1.16	16.17	090	S
69501		A	Mastoidectomy	8.91	11.02	1.18	21.11	090	S
69502		A	Mastoidectomy	12.09	13.51	1.47	27.07	090	S
69505		A	Remove mastoid structures	12.71	*16.27	1.81	30.79	090	S
69511		A	Extensive mastoid surgery	13.25	*16.96	1.86	32.07	090	S
69530		A	Extensive mastoid surgery	18.24	16.90	1.74	36.88	090	S
69535		A	Remove part of temporal bone	34.88	25.55	2.88	63.31	090	S
69540		A	Remove ear lesion	1.16	1.28	0.14	2.58	010	S
69550		A	Remove ear lesion	10.82	*16.59	2.02	29.43	090	S
69552		A	Remove ear lesion	19.05	16.92	1.88	37.85	090	S
69554		A	Remove ear lesion	26.07	23.12	2.66	51.85	090	S
69601		A	Mastoid surgery revision	12.93	14.18	1.57	28.68	090	S
69602		A	Mastoid surgery revision	13.31	16.45	1.77	31.53	090	S
69603		A	Mastoid surgery revision	13.75	17.53	1.90	33.18	090	S
69604		A	Mastoid surgery revision	13.75	*23.01	2.73	39.49	090	S
69605		A	Mastoid surgery revision	18.24	15.12	1.88	35.24	090	S
69610		A	Repair of eardrum	4.43	0.94	0.10	5.47	010	S
69620		A	Repair of eardrum	5.80	*9.74	1.17	16.71	090	S
69631		A	Repair eardrum structures	9.66	*13.86	1.63	25.15	090	S
69632		A	Rebuild eardrum structures	12.55	*16.06	1.75	30.36	090	S
69633		A	Rebuild eardrum structures	11.89	*15.68	1.80	29.37	090	S
69635		A	Repair eardrum structures	13.16	*16.86	1.93	31.95	090	S
69636		A	Rebuild eardrum structures	15.05	*19.26	2.13	36.44	090	S
69637		A	Rebuild eardrum structures	14.93	*19.47	2.24	36.64	090	S
69641		A	Revise middle ear & mastoid	12.43	*16.49	1.89	30.81	090	S
69642		A	Revise middle ear & mastoid	16.55	20.85	2.23	39.63	090	S
69643		A	Revise middle ear & mastoid	14.97	*20.66	2.54	38.17	090	S
69644		A	Revise middle ear & mastoid	16.64	*23.03	2.73	42.40	090	S
69645		A	Revise middle ear & mastoid	15.98	*21.84	2.54	40.36	090	S
69646		A	Revise middle ear & mastoid	17.54	22.21	2.43	42.18	090	S
69650		A	Release middle ear bone	9.50	*12.16	1.34	23.00	090	S
69660		A	Revise middle ear bone	11.77	*15.74	1.84	29.35	090	S
69661		A	Revise middle ear bone	15.49	18.65	1.95	36.09	090	S
69662		A	Revise middle ear bone	15.21	18.22	1.96	35.39	090	S
69666		A	Repair middle ear structures	9.48	*14.54	1.79	25.81	090	S
69667		A	Repair middle ear structures	9.49	*14.30	1.68	25.47	090	S
69670		A	Remove mastoid air cells	11.17	10.29	1.09	22.55	090	S
69676		A	Remove middle ear nerve	9.33	8.62	0.87	18.82	090	S
69700		A	Close mastoid fistula	8.06	7.95	0.85	16.86	090	S
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX	0
69711		A	Remove/repair hearing aid	10.24	8.53	0.44	19.21	090	S
69720		A	Release facial nerve	13.95	*18.73	2.30	34.98	090	S
69725		A	Release facial nerve	19.19	14.81	1.53	35.53	090	S
69740		A	Repair facial nerve	15.56	11.96	1.71	29.23	090	S
69745		A	Repair facial nerve	16.28	16.13	1.55	33.96	090	S
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69801		A	Incise inner ear	8.28	*14.65	1.86	24.79	090	S
69802		A	Incise inner ear	12.58	11.37	1.23	25.18	090	S
69805		A	Explore inner ear	10.38	*16.84	2.02	29.24	090	S
69806		A	Explore inner ear	11.95	*20.48	2.57	35.00	090	S
69820		A	Establish inner ear window	10.25	8.95	1.01	20.21	090	S
69840		A	Revise inner ear window	10.17	8.58	0.52	19.27	090	S
69905		A	Remove inner ear	10.82	*16.65	2.09	29.56	090	S
69910		A	Remove inner ear & mastoid	13.25	*20.67	2.37	36.29	090	S
69915		A	Incise inner ear nerve	20.11	17.91	2.04	40.06	090	S
69930		A	Implant cochlear device	14.16	*27.99	3.38	45.53	090	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69950	.....	A	Incise inner ear nerve	21.39	18.19	2.34	41.92	090	S
69955	.....	A	Release facial nerve	22.37	20.51	2.27	45.15	090	S
69960	.....	A	Release inner ear canal	19.97	18.05	1.95	39.97	090	S
69970	.....	A	Remove inner ear lesion	22.55	19.91	2.29	44.75	090	S
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY	S
70010	.....	A	Contrast x-ray of brain	1.20	4.71	0.34	6.25	XXX	N
70010	TC	A	Contrast x-ray of brain	0.00	4.18	0.26	4.44	XXX	N
70010	26	A	Contrast x-ray of brain	1.20	0.53	0.08	1.81	XXX	N
70015	.....	A	Contrast x-ray of brain	1.20	1.83	0.17	3.20	XXX	N
70015	TC	A	Contrast x-ray of brain	0.00	1.30	0.09	1.39	XXX	N
70015	26	A	Contrast x-ray of brain	1.20	0.53	0.08	1.81	XXX	N
70030	.....	A	X-ray eye for foreign body	0.17	0.48	0.04	0.69	XXX	N
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.03	0.43	XXX	N
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.01	0.26	XXX	N
70100	.....	A	X-ray exam of jaw	0.18	0.60	0.04	0.82	XXX	N
70100	TC	A	X-ray exam of jaw	0.00	0.51	0.03	0.54	XXX	N
70100	26	A	X-ray exam of jaw	0.18	0.09	0.01	0.28	XXX	N
70110	.....	A	X-ray exam of jaw	0.25	0.72	0.06	1.03	XXX	N
70110	TC	A	X-ray exam of jaw	0.00	0.60	0.04	0.64	XXX	N
70110	26	A	X-ray exam of jaw	0.25	0.12	0.02	0.39	XXX	N
70120	.....	A	X-ray exam of mastoids	0.18	0.69	0.05	0.92	XXX	N
70120	TC	A	X-ray exam of mastoids	0.00	0.60	0.04	0.64	XXX	N
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.01	0.28	XXX	N
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.02	0.52	XXX	N
70130	.....	A	X-ray exam of mastoids	0.34	0.92	0.07	1.33	XXX	N
70130	TC	A	X-ray exam of mastoids	0.00	0.76	0.05	0.81	XXX	N
70134	TC	A	X-ray exam of middle ear	0.00	0.71	0.05	0.76	XXX	N
70134	.....	A	X-ray exam of middle ear	0.34	0.87	0.07	1.28	XXX	N
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.02	0.52	XXX	N
70140	.....	A	X-ray exam of facial bones	0.19	0.69	0.05	0.93	XXX	N
70140	TC	A	X-ray exam of facial bones	0.00	0.60	0.04	0.64	XXX	N
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.01	0.29	XXX	N
70150	.....	A	X-ray exam of facial bones	0.26	0.88	0.07	1.21	XXX	N
70150	TC	A	X-ray exam of facial bones	0.00	0.76	0.05	0.81	XXX	N
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.02	0.40	XXX	N
70160	.....	A	X-ray exam of nasal bones	0.17	0.59	0.04	0.80	XXX	N
70160	TC	A	X-ray exam of nasal bones	0.00	0.51	0.03	0.54	XXX	N
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.01	0.26	XXX	N
70170	.....	A	X-ray exam of tear duct	0.30	1.05	0.08	1.43	XXX	N
70170	TC	A	X-ray exam of tear duct	0.00	0.91	0.06	0.97	XXX	N
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.02	0.46	XXX	N
70190	.....	A	X-ray exam of eye sockets	0.21	0.70	0.05	0.96	XXX	N
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.01	0.32	XXX	N
70190	TC	A	X-ray exam of eye sockets	0.00	0.60	0.04	0.64	XXX	N
70200	.....	A	X-ray exam of eye sockets	0.28	0.89	0.07	1.24	XXX	N
70200	TC	A	X-ray exam of eye sockets	0.00	0.76	0.05	0.81	XXX	N
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.02	0.43	XXX	N
70210	.....	A	X-ray exam of sinuses	0.17	0.68	0.05	0.90	XXX	N
70210	TC	A	X-ray exam of sinuses	0.00	0.60	0.04	0.64	XXX	N
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.01	0.26	XXX	N
70220	.....	A	X-ray exam of sinuses	0.25	0.88	0.07	1.20	XXX	N
70220	TC	A	X-ray exam of sinuses	0.00	0.76	0.05	0.81	XXX	N
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.02	0.39	XXX	N
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.01	0.29	XXX	N
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.04	0.72	XXX	N
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.03	0.43	XXX	N
70250	TC	A	X-ray exam of skull	0.00	0.60	0.04	0.64	XXX	N
70250	.....	A	X-ray exam of skull	0.24	0.71	0.06	1.01	XXX	N
70250	26	A	X-ray exam of skull	0.24	0.11	0.02	0.37	XXX	N
70260	.....	A	X-ray exam of skull	0.34	1.02	0.08	1.44	XXX	N
70260	26	A	X-ray exam of skull	0.34	0.16	0.02	0.52	XXX	N
70260	TC	A	X-ray exam of skull	0.00	0.86	0.06	0.92	XXX	N
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.03	0.43	XXX	N
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.02	0.27	XXX	N
70300	26	A	X-ray exam of teeth	0.10	0.05	0.01	0.16	XXX	N
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.04	0.67	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.03	0.43	XXX	N
70310	26	A	X-ray exam of teeth	0.16	0.07	0.01	0.24	XXX	N
70320	.....	A	Full mouth x-ray of teeth	0.22	0.86	0.07	1.15	XXX	N
70320	TC	A	Full mouth x-ray of teeth	0.00	0.76	0.05	0.81	XXX	N
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.02	0.34	XXX	N
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.01	0.28	XXX	N
70328	.....	A	X-ray exam of jaw joint	0.18	0.57	0.04	0.79	XXX	N
70328	TC	A	X-ray exam of jaw joint	0.00	0.48	0.03	0.51	XXX	N
70330	TC	A	X-ray exam of jaw joints	0.00	0.81	0.05	0.86	XXX	N
70330	.....	A	X-ray exam of jaw joints	0.24	0.92	0.07	1.23	XXX	N
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.02	0.37	XXX	N
70332	.....	A	X-ray exam of jaw joint	0.55	2.27	0.17	2.99	XXX	N
70332	TC	A	X-ray exam of jaw joint	0.00	2.02	0.13	2.15	XXX	N
70332	26	A	X-ray exam of jaw joint	0.55	0.25	0.04	0.84	XXX	N
70336	.....	A	Magnetic image jaw joint	0.96	11.23	0.74	12.93	XXX	N
70336	TC	A	Magnetic image jaw joint	0.00	10.80	0.68	11.48	XXX	N
70336	26	A	Magnetic image jaw joint	0.96	0.43	0.06	1.45	XXX	N
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.03	0.64	XXX	N
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.02	0.38	XXX	N
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.01	0.26	XXX	N
70355	.....	A	Panoramic x-ray of jaws	0.20	0.64	0.05	0.89	XXX	N
70355	TC	A	Panoramic x-ray of jaws	0.00	0.55	0.04	0.59	XXX	N
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.01	0.30	XXX	N
70360	.....	A	X-ray exam of neck	0.17	0.48	0.04	0.69	XXX	N
70360	TC	A	X-ray exam of neck	0.00	0.40	0.03	0.43	XXX	N
70360	26	A	X-ray exam of neck	0.17	0.08	0.01	0.26	XXX	N
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.40	0.10	1.82	XXX	N
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.25	0.08	1.33	XXX	N
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.02	0.49	XXX	N
70371	.....	A	Speech evaluation, complex	0.85	2.40	0.19	3.44	XXX	N
70371	TC	A	Speech evaluation, complex	0.00	2.02	0.13	2.15	XXX	N
70371	26	A	Speech evaluation, complex	0.85	0.38	0.06	1.29	XXX	N
70373	.....	A	Contrast x-ray of larynx	0.44	1.92	0.14	2.50	XXX	N
70373	TC	A	Contrast x-ray of larynx	0.00	1.72	0.11	1.83	XXX	N
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.03	0.67	XXX	N
70380	.....	A	X-ray exam of salivary gland	0.17	0.73	0.05	0.95	XXX	N
70380	TC	A	X-ray exam of salivary gland	0.00	0.65	0.04	0.69	XXX	N
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.01	0.26	XXX	N
70390	.....	A	X-ray exam of salivary duct	0.38	1.89	0.14	2.41	XXX	N
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.03	0.58	XXX	N
70390	TC	A	X-ray exam of salivary duct	0.00	1.72	0.11	1.83	XXX	N
70450	.....	A	Cat scan of head or brain	0.86	4.93	0.35	6.14	XXX	N
70450	TC	A	Cat scan of head or brain	0.00	4.55	0.29	4.84	XXX	N
70450	26	A	Cat scan of head or brain	0.86	0.38	0.06	1.30	XXX	N
70460	.....	A	Contrast cat scan of head	1.14	5.96	0.43	7.53	XXX	N
70460	TC	A	Contrast cat scan of head	0.00	5.45	0.35	5.80	XXX	N
70460	26	A	Contrast cat scan of head	1.14	0.51	0.08	1.73	XXX	N
70470	.....	A	Contrast cat scans of head	1.28	7.38	0.52	9.18	XXX	N
70470	TC	A	Contrast cat scans of head	0.00	6.81	0.43	7.24	XXX	N
70470	26	A	Contrast cat scans of head	1.28	0.57	0.09	1.94	XXX	N
70480	26	A	Cat scan of skull	1.29	0.58	0.09	1.96	XXX	N
70480	.....	A	Cat scan of skull	1.29	5.13	0.38	6.80	XXX	N
70480	TC	A	Cat scan of skull	0.00	4.55	0.29	4.84	XXX	N
70481	TC	A	Contrast cat scan of skull	0.00	5.45	0.35	5.80	XXX	N
70481	.....	A	Contrast cat scan of skull	1.40	6.07	0.44	7.91	XXX	N
70481	26	A	Contrast cat scan of skull	1.40	0.62	0.09	2.11	XXX	N
70482	.....	A	Contrast cat scans of skull	1.47	7.46	0.53	9.46	XXX	N
70482	TC	A	Contrast cat scans of skull	0.00	6.81	0.43	7.24	XXX	N
70482	26	A	Contrast cat scans of skull	1.47	0.65	0.10	2.22	XXX	N
70486	.....	A	Cat scan of face, jaw	1.15	5.06	0.37	6.58	XXX	N
70486	TC	A	Cat scan of face, jaw	0.00	4.55	0.29	4.84	XXX	N
70486	26	A	Cat scan of face, jaw	1.15	0.51	0.08	1.74	XXX	N
70487	.....	A	Contrast cat scan, face/jaw	1.31	6.03	0.44	7.78	XXX	N
70487	TC	A	Contrast cat scan, face/jaw	0.00	5.45	0.35	5.80	XXX	N
70487	26	A	Contrast cat scan, face/jaw	1.31	0.58	0.09	1.98	XXX	N
70488	.....	A	Contrast cat scans face/jaw	1.44	7.45	0.53	9.42	XXX	N
70488	TC	A	Contrast cat scans face/jaw	0.00	6.81	0.43	7.24	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
70488	26	A	Contrast cat scans face/jaw	1.44	0.64	0.10	2.18	XXX	N
70490	.....	A	Cat scan of neck tissue	1.29	5.13	0.38	6.80	XXX	N
70490	TC	A	Cat scan of neck tissue	0.00	4.55	0.29	4.84	XXX	N
70490	26	A	Cat scan of neck tissue	1.29	0.58	0.09	1.96	XXX	N
70491	.....	A	Contrast cat of neck tissue	1.40	6.07	0.44	7.91	XXX	N
70491	TC	A	Contrast cat of neck tissue	0.00	5.45	0.35	5.80	XXX	N
70491	26	A	Contrast cat of neck tissue	1.40	0.62	0.09	2.11	XXX	N
70492	.....	A	Contrast cat of neck tissue	1.47	7.46	0.53	9.46	XXX	N
70492	26	A	Contrast cat of neck tissue	1.47	0.65	0.10	2.22	XXX	N
70492	TC	A	Contrast cat of neck tissue	0.00	6.81	0.43	7.24	XXX	N
70540	.....	A	Magnetic image, face, neck	1.50	11.47	0.78	13.75	XXX	N
70540	TC	A	Magnetic image, face, neck	0.00	10.80	0.68	11.48	XXX	N
70540	26	A	Magnetic image, face, neck	1.50	0.67	0.10	2.27	XXX	N
70541	.....	A	Magnetic image, head (mra)	1.83	11.47	0.78	14.08	XXX	N
70541	TC	A	Magnetic image, head (mra)	0.00	10.80	0.68	11.48	XXX	N
70541	26	A	Magnetic image, head (mra)	1.83	0.67	0.10	2.60	XXX	N
70551	26		Magnetic image, brain (mri)	1.50	0.67	0.10	2.27	XXX	N
70551	.....	A	Magnetic image, brain (mri)	1.50	11.47	0.78	13.75	XXX	N
70551	TC	A	Magnetic image, brain (mri)	0.00	10.80	0.68	11.48	XXX	N
70552	TC	A	Magnetic image, brain (mri)	0.00	12.95	0.82	13.77	XXX	N
70552	.....	A	Magnetic image, brain (mri)	1.80	13.76	0.94	16.50	XXX	N
70552	26	A	Magnetic image, brain (mri)	1.80	0.81	0.12	2.73	XXX	N
70553	.....	A	Magnetic image, brain	2.39	25.06	1.67	29.12	XXX	N
70553	26	A	Magnetic image, brain	2.39	1.08	0.16	3.63	XXX	N
70553	TC	A	Magnetic image, brain	0.00	23.98	1.51	25.49	XXX	N
71010	.....	A	Chest x-ray	0.18	0.54	0.04	0.76	XXX	N
71010	TC	A	Chest x-ray	0.00	0.46	0.03	0.49	XXX	N
71010	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71015	.....	A	X-ray exam of chest	0.21	0.61	0.04	0.86	XXX	N
71015	TC	A	X-ray exam of chest	0.00	0.51	0.03	0.54	XXX	N
71015	26	A	X-ray exam of chest	0.21	0.10	0.01	0.32	XXX	N
71020	.....	A	Chest x-ray	0.22	0.70	0.05	0.97	XXX	N
71020	TC	A	Chest x-ray	0.00	0.60	0.04	0.64	XXX	N
71020	26	A	Chest x-ray	0.22	0.10	0.01	0.33	XXX	N
71021	.....	A	Chest x-ray	0.27	0.83	0.07	1.17	XXX	N
71021	TC	A	Chest x-ray	0.00	0.71	0.05	0.76	XXX	N
71021	26	A	Chest x-ray	0.27	0.12	0.02	0.41	XXX	N
71022	.....	A	Chest x-ray	0.31	0.85	0.07	1.23	XXX	N
71022	TC	A	Chest x-ray	0.00	0.71	0.05	0.76	XXX	N
71022	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.76	0.05	0.81	XXX	N
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.93	0.08	1.39	XXX	N
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.03	0.58	XXX	N
71030	TC	A	Chest x-ray	0.00	0.76	0.05	0.81	XXX	N
71030	.....	A	Chest x-ray	0.31	0.90	0.07	1.28	XXX	N
71030	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.39	0.09	1.48	XXX	N
71034	.....	A	Chest x-ray & fluoroscopy	0.47	1.60	0.12	2.19	XXX	N
71034	26	A	Chest x-ray & fluoroscopy	0.47	0.21	0.03	0.71	XXX	N
71035	TC	A	Chest x-ray	0.00	0.51	0.03	0.54	XXX	N
71035	.....	A	Chest x-ray	0.18	0.59	0.04	0.81	XXX	N
71035	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71036	TC	A	X-ray guidance for biopsy	0.00	1.52	0.10	1.62	XXX	N
71036	.....	A	X-ray guidance for biopsy	0.55	1.77	0.14	2.46	XXX	N
71036	26	A	X-ray guidance for biopsy	0.55	0.25	0.04	0.84	XXX	N
71038	TC	A	X-ray guidance for biopsy	0.00	1.62	0.11	1.73	XXX	N
71038	.....	A	X-ray guidance for biopsy	0.55	1.87	0.15	2.57	XXX	N
71038	26	A	X-ray guidance for biopsy	0.55	0.25	0.04	0.84	XXX	N
71040	TC	A	Contrast x-ray of bronchi	0.00	1.41	0.09	1.50	XXX	N
71040	.....	A	Contrast x-ray of bronchi	0.59	1.68	0.13	2.40	XXX	N
71040	26	A	Contrast x-ray of bronchi	0.59	0.27	0.04	0.90	XXX	N
71060	TC	A	Contrast x-ray of bronchi	0.00	2.12	0.14	2.26	XXX	N
71060	.....	A	Contrast x-ray of bronchi	0.75	2.46	0.19	3.40	XXX	N
71060	26	A	Contrast x-ray of bronchi	0.75	0.34	0.05	1.14	XXX	N
71090	TC	A	X-ray & pacemaker insertion	0.00	1.62	0.11	1.73	XXX	N
71090	.....	A	X-ray & pacemaker insertion	0.55	1.87	0.15	2.57	XXX	N
71090	26	A	X-ray & pacemaker insertion	0.55	0.25	0.04	0.84	XXX	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
71100	TC	A	X-ray exam of ribs	0.00	0.55	0.04	0.59	XXX	N
71100	.....	A	X-ray exam of ribs	0.22	0.65	0.06	0.93	XXX	N
71100	26	A	X-ray exam of ribs	0.22	0.10	0.02	0.34	XXX	N
71101	TC	A	X-ray exam of ribs, chest	0.00	0.65	0.04	0.69	XXX	N
71101	.....	A	X-ray exam of ribs, chest	0.27	0.78	0.06	1.11	XXX	N
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.02	0.42	XXX	N
71110	TC	A	X-ray exam of ribs	0.00	0.76	0.05	0.81	XXX	N
71110	.....	A	X-ray exam of ribs	0.27	0.89	0.07	1.23	XXX	N
71110	26	A	X-ray exam of ribs	0.27	0.13	0.02	0.42	XXX	N
71111	TC	A	X-ray exam of ribs, chest	0.00	0.86	0.06	0.92	XXX	N
71111	.....	A	X-ray exam of ribs, chest	0.32	1.01	0.08	1.41	XXX	N
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.02	0.49	XXX	N
71120	TC	A	X-ray exam of breastbone	0.00	0.63	0.04	0.67	XXX	N
71120	.....	A	X-ray exam of breastbone	0.20	0.72	0.05	0.97	XXX	N
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.01	0.30	XXX	N
71130	TC	A	X-ray exam of breastbone	0.00	0.68	0.04	0.72	XXX	N
71130	.....	A	X-ray exam of breastbone	0.22	0.78	0.05	1.05	XXX	N
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.01	0.33	XXX	N
71250	TC	A	Cat scan of chest	0.00	5.69	0.36	6.05	XXX	N
71250	.....	A	Cat scan of chest	1.17	6.21	0.44	7.82	XXX	N
71250	26	A	Cat scan of chest	1.17	0.52	0.08	1.77	XXX	N
71260	TC	A	Contrast cat scan of chest	0.00	6.81	0.43	7.24	XXX	N
71260	.....	A	Contrast cat scan of chest	1.25	7.37	0.51	9.13	XXX	N
71260	26	A	Contrast cat scan of chest	1.25	0.56	0.08	1.89	XXX	N
71270	TC	A	Contrast cat scans of chest	0.00	8.52	0.53	9.05	XXX	N
71270	.....	A	Contrast cat scans of chest	1.40	9.14	0.62	11.16	XXX	N
71270	26	A	Contrast cat scans of chest	1.40	0.62	0.09	2.11	XXX	N
71550	TC	A	Magnetic image, chest	0.00	10.80	0.68	11.48	XXX	N
71550	.....	A	Magnetic image, chest	1.62	11.53	0.79	13.94	XXX	N
71550	26	A	Magnetic image, chest	1.62	0.73	0.11	2.46	XXX	N
71555	.....	A	Magnetic imaging/chest (mra)	1.83	11.53	0.79	14.15	XXX	N
71555	26	A	Magnetic imaging/chest (mra)	1.83	0.73	0.11	2.67	XXX	N
71555	TC	A	Magnetic imaging/chest (mra)	0.00	10.80	0.68	11.48	XXX	N
72010	.....	A	X-ray exam of spine	0.45	1.19	0.09	1.73	XXX	N
72010	TC	A	X-ray exam of spine	0.00	0.99	0.06	1.05	XXX	N
72010	26	A	X-ray exam of spine	0.45	0.20	0.03	0.68	XXX	N
72020	.....	A	X-ray exam of spine	0.15	0.47	0.04	0.66	XXX	N
72020	TC	A	X-ray exam of spine	0.00	0.40	0.03	0.43	XXX	N
72020	26	A	X-ray exam of spine	0.15	0.07	0.01	0.23	XXX	N
72040	.....	A	X-ray exam of neck spine	0.22	0.68	0.05	0.95	XXX	N
72040	TC	A	X-ray exam of neck spine	0.00	0.58	0.04	0.62	XXX	N
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.01	0.33	XXX	N
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.02	0.47	XXX	N
72050	.....	A	X-ray exam of neck spine	0.31	1.00	0.08	1.39	XXX	N
72050	TC	A	X-ray exam of neck spine	0.00	0.86	0.06	0.92	XXX	N
72052	TC	A	X-ray exam of neck spine	0.00	1.09	0.07	1.16	XXX	N
72052	.....	A	X-ray exam of neck spine	0.36	1.26	0.09	1.71	XXX	N
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.02	0.55	XXX	N
72069	.....	A	X-ray exam of trunk spine	0.22	0.58	0.04	0.84	XXX	N
72069	TC	A	X-ray exam of trunk spine	0.00	0.48	0.03	0.51	XXX	N
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72070	.....	A	X-ray exam of thorax spine	0.22	0.73	0.05	1.00	XXX	N
72070	TC	A	X-ray exam of thorax spine	0.00	0.63	0.04	0.67	XXX	N
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.01	0.33	XXX	N
72072	.....	A	X-ray exam of thoracic spine	0.22	0.81	0.06	1.09	XXX	N
72072	TC	A	X-ray exam of thoracic spine	0.00	0.71	0.05	0.76	XXX	N
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72074	.....	A	X-ray exam of thoracic spine	0.22	0.98	0.07	1.27	XXX	N
72074	TC	A	X-ray exam of thoracic spine	0.00	0.88	0.06	0.94	XXX	N
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72080	.....	A	X-ray exam of trunk spine	0.22	0.75	0.05	1.02	XXX	N
72080	TC	A	X-ray exam of trunk spine	0.00	0.65	0.04	0.69	XXX	N
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.02	0.43	XXX	N
72090	TC	A	X-ray exam of trunk spine	0.00	0.65	0.04	0.69	XXX	N
72090	.....	A	X-ray exam of trunk spine	0.28	0.78	0.06	1.12	XXX	N
72100	.....	A	X-ray exam of lower spine	0.22	0.75	0.05	1.02	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
72100	TC	A	X-ray exam of lower spine	0.00	0.65	0.04	0.69	XXX	N
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72110	.....	A	X-ray exam of lower spine	0.31	1.02	0.08	1.41	XXX	N
72110	TC	A	X-ray exam of lower spine	0.00	0.88	0.06	0.94	XXX	N
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.02	0.47	XXX	N
72114	.....	A	X-ray exam of lower spine	0.36	1.31	0.09	1.76	XXX	N
72114	TC	A	X-ray exam of lower spine	0.00	1.14	0.07	1.21	XXX	N
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.02	0.55	XXX	N
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72120	.....	A	X-ray exam of lower spine	0.22	0.96	0.07	1.25	XXX	N
72120	TC	A	X-ray exam of lower spine	0.00	0.86	0.06	0.92	XXX	N
72125	TC	A	Cat scan of neck spine	0.00	5.69	0.36	6.05	XXX	N
72125	.....	A	Cat scan of neck spine	1.17	6.21	0.44	7.82	XXX	N
72125	26	A	Cat scan of neck spine	1.17	0.52	0.08	1.77	XXX	N
72126	.....	A	Contrast cat scan of neck	1.23	7.35	0.51	9.09	XXX	N
72126	TC	A	Contrast cat scan of neck	0.00	6.81	0.43	7.24	XXX	N
72126	26	A	Contrast cat scan of neck	1.23	0.54	0.08	1.85	XXX	N
72127	.....	A	Contrast cat scans of neck	1.28	9.09	0.62	10.99	XXX	N
72127	TC	A	Contrast cat scans of neck	0.00	8.52	0.53	9.05	XXX	N
72127	26	A	Contrast cat scans of neck	1.28	0.57	0.09	1.94	XXX	N
72128	.....	A	Cat scan of thorax spine	1.17	6.21	0.44	7.82	XXX	N
72128	TC	A	Cat scan of thorax spine	0.00	5.69	0.36	6.05	XXX	N
72128	26	A	Cat scan of thorax spine	1.17	0.52	0.08	1.77	XXX	N
72129	.....	A	Contrast cat scan of thorax	1.23	7.35	0.51	9.09	XXX	N
72129	TC	A	Contrast cat scan of thorax	0.00	6.81	0.43	7.24	XXX	N
72129	26	A	Contrast cat scan of thorax	1.23	0.54	0.08	1.85	XXX	N
72130	.....	A	Contrast cat scans of thorax	1.28	9.09	0.62	10.99	XXX	N
72130	TC	A	Contrast cat scans of thorax	0.00	8.52	0.53	9.05	XXX	N
72130	26	A	Contrast cat scans of thorax	1.28	0.57	0.09	1.94	XXX	N
72131	.....	A	Cat scan of lower spine	1.17	6.21	0.44	7.82	XXX	N
72131	TC	A	Cat scan of lower spine	0.00	5.69	0.36	6.05	XXX	N
72131	26	A	Cat scan of lower spine	1.17	0.52	0.08	1.77	XXX	N
72132	.....	A	Contrast cat of lower spine	1.23	7.35	0.51	9.09	XXX	N
72132	TC	A	Contrast cat of lower spine	0.00	6.81	0.43	7.24	XXX	N
72132	26	A	Contrast cat of lower spine	1.23	0.54	0.08	1.85	XXX	N
72133	.....	A	Contrast cat scans, low spine	1.28	9.09	0.62	10.99	XXX	N
72133	TC	A	Contrast cat scans, low spine	0.00	8.52	0.53	9.05	XXX	N
72133	26	A	Contrast cat scans, low spine	1.28	0.57	0.09	1.94	XXX	N
72141	.....	A	Magnetic image, neck spine	1.62	11.53	0.79	13.94	XXX	N
72141	TC	A	Magnetic image, neck spine	0.00	10.80	0.68	11.48	XXX	N
72141	26	A	Magnetic image, neck spine	1.62	0.73	0.11	2.46	XXX	N
72142	.....	A	Magnetic image, neck spine	1.94	13.82	0.95	16.71	XXX	N
72142	TC	A	Magnetic image, neck spine	0.00	12.95	0.82	13.77	XXX	N
72142	26	A	Magnetic image, neck spine	1.94	0.87	0.13	2.94	XXX	N
72146	.....	A	Magnetic image, chest spine	1.62	12.72	0.86	15.20	XXX	N
72146	TC	A	Magnetic image, chest spine	0.00	11.99	0.75	12.74	XXX	N
72146	26	A	Magnetic image, chest spine	1.62	0.73	0.11	2.46	XXX	N
72147	.....	A	Magnetic image, chest spine	1.94	13.82	0.95	16.71	XXX	N
72147	TC	A	Magnetic image, chest spine	0.00	12.95	0.82	13.77	XXX	N
72147	26	A	Magnetic image, chest spine	1.94	0.87	0.13	2.94	XXX	N
72148	.....	A	Magnetic image, lumbar spine	1.50	12.66	0.85	15.01	XXX	N
72148	TC	A	Magnetic image, lumbar spine	0.00	11.99	0.75	12.74	XXX	N
72148	26	A	Magnetic image, lumbar spine	1.50	0.67	0.10	2.27	XXX	N
72149	.....	A	Magnetic image, lumbar spine	1.80	13.76	0.94	16.50	XXX	N
72149	TC	A	Magnetic image, lumbar spine	0.00	12.95	0.82	13.77	XXX	N
72149	26	A	Magnetic image, lumbar spine	1.80	0.81	0.12	2.73	XXX	N
72156	.....	A	Magnetic image, neck spine	2.60	25.14	1.68	29.42	XXX	N
72156	TC	A	Magnetic image, neck spine	0.00	23.98	1.51	25.49	XXX	N
72156	26	A	Magnetic image, neck spine	2.60	1.16	0.17	3.93	XXX	N
72157	.....	A	Magnetic image, chest spine	2.60	25.14	1.68	29.42	XXX	N
72157	TC	A	Magnetic image, chest spine	0.00	23.98	1.51	25.49	XXX	N
72157	26	A	Magnetic image, chest spine	2.60	1.16	0.17	3.93	XXX	N
72158	.....	A	Magnetic image, lumbar spine	2.39	25.06	1.67	29.12	XXX	N
72158	TC	A	Magnetic image, lumbar spine	0.00	23.98	1.51	25.49	XXX	N
72158	26	A	Magnetic image, lumbar spine	2.39	1.08	0.16	3.63	XXX	N
72159	.....	A	Magnetic imaging/spine (mra)	1.82	12.66	0.85	15.33	XXX	N
72159	TC	A	Magnetic imaging/spine (mra)	0.00	11.99	0.75	12.74	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
72159	26	A	Magnetic imaging/spine (mra)	1.82	0.67	0.10	2.59	XXX	N
72170	.....	A	X-ray exam of pelvis	0.17	0.58	0.04	0.79	XXX	N
72170	TC	A	X-ray exam of pelvis	0.00	0.51	0.03	0.54	XXX	N
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.01	0.25	XXX	N
72190	.....	A	X-ray exam of pelvis	0.21	0.75	0.05	1.01	XXX	N
72190	TC	A	X-ray exam of pelvis	0.00	0.65	0.04	0.69	XXX	N
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.01	0.32	XXX	N
72192	.....	A	Cat scan of pelvis	1.10	6.18	0.43	7.71	XXX	N
72192	TC	A	Cat scan of pelvis	0.00	5.69	0.36	6.05	XXX	N
72192	26	A	Cat scan of pelvis	1.10	0.49	0.07	1.66	XXX	N
72193	.....	A	Contrast cat scan of pelvis	1.17	7.11	0.49	8.77	XXX	N
72193	TC	A	Contrast cat scan of pelvis	0.00	6.59	0.41	7.00	XXX	N
72193	26	A	Contrast cat scan of pelvis	1.17	0.52	0.08	1.77	XXX	N
72194	.....	A	Contrast cat scans of pelvis	1.23	8.72	0.59	10.54	XXX	N
72194	TC	A	Contrast cat scans of pelvis	0.00	8.18	0.51	8.69	XXX	N
72194	26	A	Contrast cat scans of pelvis	1.23	0.54	0.08	1.85	XXX	N
72196	.....	A	Magnetic image, pelvis	1.62	11.53	0.79	13.94	XXX	N
72196	TC	A	Magnetic image, pelvis	0.00	10.80	0.68	11.48	XXX	N
72196	26	A	Magnetic image, pelvis	1.62	0.73	0.11	2.46	XXX	N
72198	.....	A	Magnetic imaging/pelvis (mra)	1.82	11.53	0.79	14.14	XXX	N
72198	26	A	Magnetic imaging/pelvis (mra)	1.82	0.73	0.11	2.66	XXX	N
72198	TC	A	Magnetic imaging/pelvis (mra)	0.00	10.80	0.68	11.48	XXX	N
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.59	0.04	0.80	XXX	N
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.51	0.03	0.54	XXX	N
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.01	0.26	XXX	N
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.69	0.05	0.93	XXX	N
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.60	0.04	0.64	XXX	N
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.01	0.29	XXX	N
72220	.....	A	X-ray exam of tailbone	0.17	0.63	0.05	0.85	XXX	N
72220	TC	A	X-ray exam of tailbone	0.00	0.55	0.04	0.59	XXX	N
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.01	0.26	XXX	N
72240	26	A	Contrast x-ray of neck spine	0.92	0.41	0.06	1.39	XXX	N
72240	.....	A	Contrast x-ray of neck spine	0.92	4.98	0.35	6.25	XXX	N
72240	TC	A	Contrast x-ray of neck spine	0.00	4.57	0.29	4.86	XXX	N
72255	TC	A	Contrast x-ray thorax spine	0.00	4.18	0.26	4.44	XXX	N
72255	.....	A	Contrast x-ray thorax spine	0.92	4.59	0.32	5.83	XXX	N
72255	26	A	Contrast x-ray thorax spine	0.92	0.41	0.06	1.39	XXX	N
72265	.....	A	Contrast x-ray lower spine	0.84	4.30	0.31	5.45	XXX	N
72265	TC	A	Contrast x-ray lower spine	0.00	3.92	0.25	4.17	XXX	N
72265	26	A	Contrast x-ray lower spine	0.84	0.38	0.06	1.28	XXX	N
72270	.....	A	Contrast x-ray of spine	1.34	6.47	0.46	8.27	XXX	N
72270	TC	A	Contrast x-ray of spine	0.00	5.87	0.37	6.24	XXX	N
72270	26	A	Contrast x-ray of spine	1.34	0.60	0.09	2.03	XXX	N
72285	.....	A	X-ray of neck spine disk	0.84	8.46	0.57	9.87	XXX	N
72285	TC	A	X-ray of neck spine disk	0.00	8.08	0.51	8.59	XXX	N
72285	26	A	X-ray of neck spine disk	0.84	0.38	0.06	1.28	XXX	N
72295	.....	A	X-ray of lower spine disk	0.84	7.95	0.53	9.32	XXX	N
72295	TC	A	X-ray of lower spine disk	0.00	7.57	0.47	8.04	XXX	N
72295	26	A	X-ray of lower spine disk	0.84	0.38	0.06	1.28	XXX	N
73000	.....	A	X-ray exam of collarbone	0.16	0.58	0.04	0.78	XXX	N
73000	TC	A	X-ray exam of collarbone	0.00	0.51	0.03	0.54	XXX	N
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.01	0.24	XXX	N
73010	.....	A	X-ray exam of shoulder blade	0.17	0.59	0.04	0.80	XXX	N
73010	TC	A	X-ray exam of shoulder blade	0.00	0.51	0.03	0.54	XXX	N
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.01	0.26	XXX	N
73020	.....	A	X-ray exam of shoulder	0.15	0.53	0.04	0.72	XXX	N
73020	TC	A	X-ray exam of shoulder	0.00	0.46	0.03	0.49	XXX	N
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.01	0.23	XXX	N
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.01	0.27	XXX	N
73030	.....	A	X-ray exam of shoulder	0.18	0.63	0.05	0.86	XXX	N
73030	TC	A	X-ray exam of shoulder	0.00	0.55	0.04	0.59	XXX	N
73040	TC	A	Contrast x-ray of shoulder	0.00	2.02	0.13	2.15	XXX	N
73040	.....	A	Contrast x-ray of shoulder	0.55	2.27	0.17	2.99	XXX	N
73040	26	A	Contrast x-ray of shoulder	0.55	0.25	0.04	0.84	XXX	N
73050	.....	A	X-ray exam of shoulders	0.20	0.74	0.05	0.99	XXX	N
73050	TC	A	X-ray exam of shoulders	0.00	0.65	0.04	0.69	XXX	N
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.01	0.30	XXX	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73060	.....	A	X-ray exam of humerus	0.17	0.63	0.05	0.85	XXX	N
73060	TC	A	X-ray exam of humerus	0.00	0.55	0.04	0.59	XXX	N
73060	26	A	X-ray exam of humerus	0.17	0.08	0.01	0.26	XXX	N
73070	.....	A	X-ray exam of elbow	0.15	0.58	0.04	0.77	XXX	N
73070	TC	A	X-ray exam of elbow	0.00	0.51	0.03	0.54	XXX	N
73070	26	A	X-ray exam of elbow	0.15	0.07	0.01	0.23	XXX	N
73080	.....	A	X-ray exam of elbow	0.17	0.63	0.05	0.85	XXX	N
73080	TC	A	X-ray exam of elbow	0.00	0.55	0.04	0.59	XXX	N
73080	26	A	X-ray exam of elbow	0.17	0.08	0.01	0.26	XXX	N
73085	.....	A	Contrast x-ray of elbow	0.55	2.27	0.17	2.99	XXX	N
73085	TC	A	Contrast x-ray of elbow	0.00	2.02	0.13	2.15	XXX	N
73085	26	A	Contrast x-ray of elbow	0.55	0.25	0.04	0.84	XXX	N
73090	.....	A	X-ray exam of forearm	0.16	0.58	0.04	0.78	XXX	N
73090	TC	A	X-ray exam of forearm	0.00	0.51	0.03	0.54	XXX	N
73090	26	A	X-ray exam of forearm	0.16	0.07	0.01	0.24	XXX	N
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.01	0.24	XXX	N
73092	TC	A	X-ray exam of arm, infant	0.00	0.48	0.03	0.51	XXX	N
73092	.....	A	X-ray exam of arm, infant	0.16	0.55	0.04	0.75	XXX	N
73100	.....	A	X-ray exam of wrist	0.16	0.55	0.04	0.75	XXX	N
73100	TC	A	X-ray exam of wrist	0.00	0.48	0.03	0.51	XXX	N
73100	26	A	X-ray exam of wrist	0.16	0.07	0.01	0.24	XXX	N
73110	.....	A	X-ray exam of wrist	0.17	0.60	0.04	0.81	XXX	N
73110	TC	A	X-ray exam of wrist	0.00	0.52	0.03	0.55	XXX	N
73110	26	A	X-ray exam of wrist	0.17	0.08	0.01	0.26	XXX	N
73115	.....	A	Contrast x-ray of wrist	0.55	1.77	0.14	2.46	XXX	N
73115	TC	A	Contrast x-ray of wrist	0.00	1.52	0.10	1.62	XXX	N
73115	26	A	Contrast x-ray of wrist	0.55	0.25	0.04	0.84	XXX	N
73120	26	A	X-ray exam of hand	0.16	0.07	0.01	0.24	XXX	N
73120	.....	A	X-ray exam of hand	0.16	0.55	0.04	0.75	XXX	N
73120	TC	A	X-ray exam of hand	0.00	0.48	0.03	0.51	XXX	N
73130	TC	A	X-ray exam of hand	0.00	0.52	0.03	0.55	XXX	N
73130	.....	A	X-ray exam of hand	0.17	0.60	0.04	0.81	XXX	N
73130	26	A	X-ray exam of hand	0.17	0.08	0.01	0.26	XXX	N
73140	.....	A	X-ray exam of finger(s)	0.13	0.46	0.04	0.63	XXX	N
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.01	0.20	XXX	N
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.03	0.43	XXX	N
73200	.....	A	Cat scan of arm	1.10	5.27	0.37	6.74	XXX	N
73200	TC	A	Cat scan of arm	0.00	4.78	0.30	5.08	XXX	N
73200	26	A	Cat scan of arm	1.10	0.49	0.07	1.66	XXX	N
73201	.....	A	Contrast cat scan of arm	1.17	6.21	0.44	7.82	XXX	N
73201	TC	A	Contrast cat scan of arm	0.00	5.69	0.36	6.05	XXX	N
73201	26	A	Contrast cat scan of arm	1.17	0.52	0.08	1.77	XXX	N
73202	.....	A	Contrast cat scans of arm	1.23	7.70	0.53	9.46	XXX	N
73202	TC	A	Contrast cat scans of arm	0.00	7.16	0.45	7.61	XXX	N
73202	26	A	Contrast cat scans of arm	1.23	0.54	0.08	1.85	XXX	N
73220	26	A	Magnetic image, arm, hand	1.50	0.67	0.10	2.27	XXX	N
73220	.....	A	Magnetic image, arm, hand	1.50	11.47	0.78	13.75	XXX	N
73220	TC	A	Magnetic image, arm, hand	0.00	10.80	0.68	11.48	XXX	N
73221	TC	A	Magnetic image, joint of arm	0.00	10.80	0.68	11.48	XXX	N
73221	.....	A	Magnetic image, joint of arm	0.96	11.23	0.74	12.93	XXX	N
73221	26	A	Magnetic image, joint of arm	0.96	0.43	0.06	1.45	XXX	N
73225	.....	A	Magnetic imaging/upper (mra)	1.75	11.47	0.78	14.00	XXX	N
73225	26	A	Magnetic imaging/upper (mra)	1.75	0.67	0.10	2.52	XXX	N
73225	TC	A	Magnetic imaging/upper (mra)	0.00	10.80	0.68	11.48	XXX	N
73500	.....	A	X-ray exam of hip	0.17	0.54	0.04	0.75	XXX	N
73500	TC	A	X-ray exam of hip	0.00	0.46	0.03	0.49	XXX	N
73500	26	A	X-ray exam of hip	0.17	0.08	0.01*	0.26	XXX	N
73510	.....	A	X-ray exam of hip	0.21	0.65	0.05	0.91	XXX	N
73510	TC	A	X-ray exam of hip	0.00	0.55	0.04	0.59	XXX	N
73510	26	A	X-ray exam of hip	0.21	0.10	0.01	0.32	XXX	N
73520	.....	A	X-ray exam of hips	0.26	0.77	0.06	1.09	XXX	N
73520	TC	A	X-ray exam of hips	0.00	0.65	0.04	0.69	XXX	N
73520	26	A	X-ray exam of hips	0.26	0.12	0.02	0.40	XXX	N
73525	26	A	Contrast x-ray of hip	0.55	0.25	0.04	0.84	XXX	N
73525	.....	A	Contrast x-ray of hip	0.55	2.27	0.17	2.99	XXX	N
73525	TC	A	Contrast x-ray of hip	0.00	2.02	0.13	2.15	XXX	N
73530	TC	A	X-ray exam of hip	0.00	0.51	0.03	0.54	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73530	.....	A	X-ray exam of hip	0.29	0.64	0.05	0.98	XXX	N
73530	26	A	X-ray exam of hip	0.29	0.13	0.02	0.44	XXX	N
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.65	0.05	0.90	XXX	N
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.55	0.04	0.59	XXX	N
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.01	0.31	XXX	N
73550	.....	A	X-ray exam of thigh	0.17	0.63	0.05	0.85	XXX	N
73550	TC	A	X-ray exam of thigh	0.00	0.55	0.04	0.59	XXX	N
73550	26	A	X-ray exam of thigh	0.17	0.08	0.01	0.26	XXX	N
73560	.....	A	X-ray exam of knee	0.17	0.58	0.04	0.79	XXX	N
73560	TC	A	X-ray exam of knee	0.00	0.51	0.03	0.54	XXX	N
73560	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73562	.....	A	X-ray exam of knee	0.18	0.64	0.05	0.87	XXX	N
73562	TC	A	X-ray exam of knee	0.00	0.55	0.04	0.59	XXX	N
73562	26	A	X-ray exam of knee	0.18	0.09	0.01	0.28	XXX	N
73564	.....	A	X-ray exam of knee	0.22	0.70	0.06	0.98	XXX	N
73564	TC	A	X-ray exam of knee	0.00	0.60	0.04	0.64	XXX	N
73564	26	A	X-ray exam of knee	0.22	0.10	0.02	0.34	XXX	N
73565	.....	A	X-ray exam of knee	0.17	0.55	0.04	0.76	XXX	N
73565	TC	A	X-ray exam of knee	0.00	0.48	0.03	0.51	XXX	N
73565	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73580	.....	A	Contrast x-ray of knee joint	0.55	2.78	0.21	3.54	XXX	N
73580	TC	A	Contrast x-ray of knee joint	0.00	2.53	0.17	2.70	XXX	N
73580	26	A	Contrast x-ray of knee joint	0.55	0.25	0.04	0.84	XXX	N
73590	.....	A	X-ray exam of lower leg	0.17	0.58	0.04	0.79	XXX	N
73590	TC	A	X-ray exam of lower leg	0.00	0.51	0.03	0.54	XXX	N
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.01	0.25	XXX	N
73592	.....	A	X-ray exam of leg, infant	0.16	0.55	0.04	0.75	XXX	N
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.01	0.24	XXX	N
73592	TC	A	X-ray exam of leg, infant	0.00	0.48	0.03	0.51	XXX	N
73600	.....	A	X-ray exam of ankle	0.16	0.55	0.04	0.75	XXX	N
73600	TC	A	X-ray exam of ankle	0.00	0.48	0.03	0.51	XXX	N
73600	26	A	X-ray exam of ankle	0.16	0.07	0.01	0.24	XXX	N
73610	.....	A	X-ray exam of ankle	0.17	0.60	0.04	0.81	XXX	N
73610	TC	A	X-ray exam of ankle	0.00	0.52	0.03	0.55	XXX	N
73610	26	A	X-ray exam of ankle	0.17	0.08	0.01	0.26	XXX	N
73615	.....	A	Contrast x-ray of ankle	0.55	2.27	0.17	2.99	XXX	N
73615	TC	A	Contrast x-ray of ankle	0.00	2.02	0.13	2.15	XXX	N
73615	26	A	Contrast x-ray of ankle	0.55	0.25	0.04	0.84	XXX	N
73620	26	A	X-ray exam of foot	0.16	0.07	0.01	0.24	XXX	N
73620	.....	A	X-ray exam of foot	0.16	0.55	0.04	0.75	XXX	N
73620	TC	A	X-ray exam of foot	0.00	0.48	0.03	0.51	XXX	N
73630	TC	A	X-ray exam of foot	0.00	0.52	0.03	0.55	XXX	N
73630	.....	A	X-ray exam of foot	0.17	0.60	0.04	0.81	XXX	N
73630	26	A	X-ray exam of foot	0.17	0.08	0.01	0.26	XXX	N
73650	.....	A	X-ray exam of heel	0.16	0.53	0.04	0.73	XXX	N
73650	TC	A	X-ray exam of heel	0.00	0.46	0.03	0.49	XXX	N
73650	26	A	X-ray exam of heel	0.16	0.07	0.01	0.24	XXX	N
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.04	0.63	XXX	N
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.01	0.20	XXX	N
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.03	0.43	XXX	N
73700	.....	A	Cat scan of leg	1.10	5.27	0.37	6.74	XXX	N
73700	TC	A	Cat scan of leg	0.00	4.78	0.30	5.08	XXX	N
73700	26	A	Cat scan of leg	1.10	0.49	0.07	1.66	XXX	N
73701	.....	A	Contrast cat scan of leg	1.17	6.21	0.44	7.82	XXX	N
73701	TC	A	Contrast cat scan of leg	0.00	5.69	0.36	6.05	XXX	N
73701	26	A	Contrast cat scan of leg	1.17	0.52	0.08	1.77	XXX	N
73702	.....	A	Contrast cat scans of leg	1.23	7.70	0.53	9.46	XXX	N
73702	TC	A	Contrast cat scans of leg	0.00	7.16	0.45	7.61	XXX	N
73702	26	A	Contrast cat scans of leg	1.23	0.54	0.08	1.85	XXX	N
73720	26	A	Magnetic image, leg, foot	1.50	0.67	0.10	2.27	XXX	N
73720	.....	A	Magnetic image, leg, foot	1.50	11.47	0.78	13.75	XXX	N
73720	TC	A	Magnetic image, leg, foot	0.00	10.80	0.68	11.48	XXX	N
73721	TC	A	Magnetic image, joint of leg	0.00	10.80	0.68	11.48	XXX	N
73721	.....	A	Magnetic image, joint of leg	0.96	11.23	0.74	12.93	XXX	N
73721	26	A	Magnetic image, joint of leg	0.96	0.43	0.06	1.45	XXX	N
73725	.....	A	Magnetic imaging/lower (mra)	1.84	11.47	0.78	14.09	XXX	N
73725	TC	A	Magnetic imaging/lower (mra)	0.00	10.80	0.68	11.48	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73725	26	A	Magnetic imaging/lower (mra)	1.84	0.67	0.10	2.61	XXX	N
74000	.....	A	X-ray exam of abdomen	0.18	0.59	0.04	0.81	XXX	N
74000	TC	A	X-ray exam of abdomen	0.00	0.51	0.03	0.54	XXX	N
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.01	0.27	XXX	N
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.02	0.36	XXX	N
74010	.....	A	X-ray exam of abdomen	0.23	0.66	0.06	0.95	XXX	N
74010	TC	A	X-ray exam of abdomen	0.00	0.55	0.04	0.59	XXX	N
74020	TC	A	X-ray exam of abdomen	0.00	0.60	0.04	0.64	XXX	N
74020	.....	A	X-ray exam of abdomen	0.27	0.73	0.06	1.06	XXX	N
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.02	0.42	XXX	N
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.02	0.49	XXX	N
74022	TC	A	X-ray exam series, abdomen	0.00	0.71	0.05	0.76	XXX	N
74022	.....	A	X-ray exam series, abdomen	0.32	0.86	0.07	1.25	XXX	N
74150	.....	A	Cat scan of abdomen	1.20	5.98	0.43	7.61	XXX	N
74150	TC	A	Cat scan of abdomen	0.00	5.45	0.35	5.80	XXX	N
74150	26	A	Cat scan of abdomen	1.20	0.53	0.08	1.81	XXX	N
74160	.....	A	Contrast cat scan of abdomen	1.28	7.16	0.50	8.94	XXX	N
74160	TC	A	Contrast cat scan of abdomen	0.00	6.59	0.41	7.00	XXX	N
74160	26	A	Contrast cat scan of abdomen	1.28	0.57	0.09	1.94	XXX	N
74170	.....	A	Contrast cat scans, abdomen	1.42	8.81	0.61	10.84	XXX	N
74170	TC	A	Contrast cat scans, abdomen	0.00	8.18	0.51	8.69	XXX	N
74170	26	A	Contrast cat scans, abdomen	1.42	0.63	0.10	2.15	XXX	N
74181	26	A	Magnetic image, abdomen (mri)	1.62	0.73	0.11	2.46	XXX	N
74181	.....	A	Magnetic image, abdomen (mri)	1.62	11.53	0.79	13.94	XXX	N
74181	TC	A	Magnetic image, abdomen (mri)	0.00	10.80	0.68	11.48	XXX	N
74185	TC	A	Magnetic image/abdomen (mra)	0.00	10.80	0.68	11.48	XXX	N
74185	.....	A	Magnetic image/abdomen (mra)	1.82	11.53	0.79	14.14	XXX	N
74185	26	A	Magnetic image/abdomen (mra)	1.82	0.73	0.11	2.66	XXX	N
74190	.....	A	X-ray exam of peritoneum	0.32	1.38	0.10	1.80	XXX	N
74190	26	A	X-ray exam of peritoneum	0.32	0.13	0.02	0.47	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.25	0.08	1.33	XXX	N
74210	.....	A	Contrast x-ray exam of throat	0.36	1.30	0.09	1.75	XXX	N
74210	TC	A	Contrast x-ray exam of throat	0.00	1.14	0.07	1.21	XXX	N
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.02	0.54	XXX	N
74220	.....	A	Contrast x-ray exam,esophagus	0.47	1.35	0.10	1.92	XXX	N
74220	TC	A	Contrast x-ray exam,esophagus	0.00	1.14	0.07	1.21	XXX	N
74220	26	A	Contrast x-ray exam,esophagus	0.47	0.21	0.03	0.71	XXX	N
74230	.....	A	Cinema x-ray throat/esophagus	0.54	1.50	0.12	2.16	XXX	N
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.25	0.08	1.33	XXX	N
74230	26	A	Cinema x-ray throat/esophagus	0.54	0.25	0.04	0.83	XXX	N
74235	26	A	Remove esophagus obstruction	1.20	0.53	0.08	1.81	XXX	N
74235	.....	A	Remove esophagus obstruction	1.20	3.06	0.25	4.51	XXX	N
74235	TC	A	Remove esophagus obstruction	0.00	2.53	0.17	2.70	XXX	N
74240	TC	A	X-ray exam upper gi tract	0.00	1.41	0.09	1.50	XXX	N
74240	.....	A	X-ray exam upper gi tract	0.70	1.73	0.14	2.57	XXX	N
74240	26	A	X-ray exam upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74241	.....	A	X-ray exam upper gi tract	0.70	1.76	0.14	2.60	XXX	N
74241	TC	A	X-ray exam upper gi tract	0.00	1.44	0.09	1.53	XXX	N
74241	26	A	X-ray exam upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74245	.....	A	X-ray exam upper gi tract	0.92	2.71	0.21	3.84	XXX	N
74245	TC	A	X-ray exam upper gi tract	0.00	2.30	0.15	2.45	XXX	N
74245	26	A	X-ray exam upper gi tract	0.92	0.41	0.06	1.39	XXX	N
74246	.....	A	Contrast x-ray upper gi tract	0.70	1.91	0.15	2.76	XXX	N
74246	TC	A	Contrast x-ray upper gi tract	0.00	1.59	0.10	1.69	XXX	N
74246	26	A	Contrast x-ray upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74247	.....	A	Contrast x-ray upper gi tract	0.70	1.94	0.16	2.80	XXX	N
74247	TC	A	Contrast x-ray upper gi tract	0.00	1.62	0.11	1.73	XXX	N
74247	26	A	Contrast x-ray upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74249	.....	A	Contrast x-ray upper gi tract	0.92	2.89	0.22	4.03	XXX	N
74249	TC	A	Contrast x-ray upper gi tract	0.00	2.48	0.16	2.64	XXX	N
74249	26	A	Contrast x-ray upper gi tract	0.92	0.41	0.06	1.39	XXX	N
74250	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74250	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
74250	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N
74251	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
74251	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
74260	.....	A	X-ray exam of small bowel	0.51	1.67	0.12	2.30	XXX	N
74260	TC	A	X-ray exam of small bowel	0.00	1.44	0.09	1.53	XXX	N
74260	26	A	X-ray exam of small bowel	0.51	0.23	0.03	0.77	XXX	N
74270	.....	A	Contrast x-ray exam of colon	0.70	1.96	0.16	2.82	XXX	N
74270	TC	A	Contrast x-ray exam of colon	0.00	1.64	0.11	1.75	XXX	N
74270	26	A	Contrast x-ray exam of colon	0.70	0.32	0.05	1.07	XXX	N
74280	.....	A	Contrast x-ray exam of colon	1.00	2.60	0.21	3.81	XXX	N
74280	TC	A	Contrast x-ray exam of colon	0.00	2.15	0.14	2.29	XXX	N
74280	26	A	Contrast x-ray exam of colon	1.00	0.45	0.07	1.52	XXX	N
74283	.....	A	Contrast x-ray exam of colon	2.04	3.38	0.30	5.72	XXX	N
74283	TC	A	Contrast x-ray exam of colon	0.00	2.47	0.16	2.63	XXX	N
74283	26	A	Contrast x-ray exam of colon	2.04	0.91	0.14	3.09	XXX	N
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.86	0.07	1.25	XXX	N
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.71	0.05	0.76	XXX	N
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.02	0.49	XXX	N
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.49	0.04	0.73	XXX	N
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.01	0.30	XXX	N
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.03	0.43	XXX	N
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.02	0.55	XXX	N
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.01	0.32	XXX	N
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.95	0.08	1.45	XXX	N
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.76	0.05	0.81	XXX	N
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.03	0.64	XXX	N
74320	26	A	Contrast x-ray of bile ducts	0.55	0.25	0.04	0.84	XXX	N
74320	.....	A	Contrast x-ray of bile ducts	0.55	3.28	0.23	4.06	XXX	N
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.03	0.19	3.22	XXX	N
74327	TC	A	X-ray for bile stone removal	0.00	1.70	0.11	1.81	XXX	N
74327	.....	A	X-ray for bile stone removal	0.71	2.02	0.16	2.89	XXX	N
74327	26	A	X-ray for bile stone removal	0.71	0.32	0.05	1.08	XXX	N
74328	.....	A	X-ray for bile duct endoscopy	0.71	3.35	0.24	4.30	XXX	N
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.03	0.19	3.22	XXX	N
74328	26	A	X-ray for bile duct endoscopy	0.71	0.32	0.05	1.08	XXX	N
74329	.....	A	X-ray for pancreas endoscopy	0.71	3.35	0.24	4.30	XXX	N
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.03	0.19	3.22	XXX	N
74329	26	A	X-ray for pancreas endoscopy	0.71	0.32	0.05	1.08	XXX	N
74330	.....	A	Xray, bile/pancreas endoscopy	0.71	3.35	0.24	4.30	XXX	N
74330	TC	A	Xray, bile/pancreas endoscopy	0.00	3.03	0.19	3.22	XXX	N
74330	26	A	Xray, bile/pancreas endoscopy	0.71	0.32	0.05	1.08	XXX	N
74340	.....	A	X-ray guide for gi tube	0.55	2.78	0.21	3.54	XXX	N
74340	TC	A	X-ray guide for gi tube	0.00	2.53	0.17	2.70	XXX	N
74340	26	A	X-ray guide for gi tube	0.55	0.25	0.04	0.84	XXX	N
74350	.....	A	X-ray guide, stomach tube	0.77	3.38	0.24	4.39	XXX	N
74350	TC	A	X-ray guide, stomach tube	0.00	3.03	0.19	3.22	XXX	N
74350	26	A	X-ray guide, stomach tube	0.77	0.35	0.05	1.17	XXX	N
74355	.....	A	X-ray guide, intestinal tube	0.77	2.88	0.22	3.87	XXX	N
74355	TC	A	X-ray guide, intestinal tube	0.00	2.53	0.17	2.70	XXX	N
74355	26	A	X-ray guide, intestinal tube	0.77	0.35	0.05	1.17	XXX	N
74360	.....	A	X-ray guide, gi dilation	0.55	3.28	0.23	4.06	XXX	N
74360	TC	A	X-ray guide, gi dilation	0.00	3.03	0.19	3.22	XXX	N
74360	26	A	X-ray guide, gi dilation	0.55	0.25	0.04	0.84	XXX	N
74363	.....	A	X-ray, bile duct dilation	0.89	6.27	0.43	7.59	XXX	N
74363	26	A	X-ray, bile duct dilation	0.89	0.40	0.06	1.35	XXX	N
74363	TC	A	X-ray, bile duct dilation	0.00	5.87	0.37	6.24	XXX	N
74400	.....	A	Contrast x-ray urinary tract	0.50	1.84	0.14	2.48	XXX	N
74400	TC	A	Contrast x-ray urinary tract	0.00	1.62	0.11	1.73	XXX	N
74400	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74405	.....	A	Contrast x-ray urinary tract	0.50	2.13	0.16	2.79	XXX	N
74405	TC	A	Contrast x-ray urinary tract	0.00	1.91	0.13	2.04	XXX	N
74405	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74410	.....	A	Contrast x-ray urinary tract	0.50	2.10	0.15	2.75	XXX	N
74410	TC	A	Contrast x-ray urinary tract	0.00	1.88	0.12	2.00	XXX	N
74410	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74415	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
74415	.....	A	Contrast x-ray urinary tract	0.50	2.26	0.16	2.92	XXX	N
74415	TC	A	Contrast x-ray urinary tract	0.00	2.04	0.13	2.17	XXX	N
74420	TC	A	Contrast x-ray urinary tract	0.00	2.53	0.17	2.70	XXX	N
74420	.....	A	Contrast x-ray urinary tract	0.36	2.69	0.19	3.24	XXX	N
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74425	.....	A	Contrast x-ray urinary tract	0.36	1.41	0.10	1.87	XXX	N
74425	TC	A	Contrast x-ray urinary tract	0.00	1.25	0.08	1.33	XXX	N
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74430	.....	A	Contrast x-ray of bladder	0.32	1.16	0.09	1.57	XXX	N
74430	TC	A	Contrast x-ray of bladder	0.00	1.01	0.07	1.08	XXX	N
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.02	0.49	XXX	N
74440	.....	A	X-ray exam male genital tract	0.38	1.26	0.10	1.74	XXX	N
74440	TC	A	X-ray exam male genital tract	0.00	1.09	0.07	1.16	XXX	N
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.03	0.58	XXX	N
74445	.....	A	X-ray exam of penis	1.15	1.60	0.15	2.90	XXX	N
74445	TC	A	X-ray exam of penis	0.00	1.09	0.07	1.16	XXX	N
74445	26	A	X-ray exam of penis	1.15	0.51	0.08	1.74	XXX	N
74450	.....	A	X-ray exam urethra/bladder	0.33	1.56	0.11	2.00	XXX	N
74450	TC	A	X-ray exam urethra/bladder	0.00	1.41	0.09	1.50	XXX	N
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74455	.....	A	X-ray exam urethra/bladder	0.33	1.67	0.12	2.12	XXX	N
74455	TC	A	X-ray exam urethra/bladder	0.00	1.52	0.10	1.62	XXX	N
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74470	.....	A	X-ray exam of kidney lesion	0.55	1.45	0.12	2.12	XXX	N
74470	TC	A	X-ray exam of kidney lesion	0.00	1.20	0.08	1.28	XXX	N
74470	26	A	X-ray exam of kidney lesion	0.55	0.25	0.04	0.84	XXX	N
74475	.....	A	X-ray control catheter insert	0.55	4.17	0.29	5.01	XXX	N
74475	TC	A	X-ray control catheter insert	0.00	3.92	0.25	4.17	XXX	N
74475	26	A	X-ray control catheter insert	0.55	0.25	0.04	0.84	XXX	N
74480	.....	A	X-ray control catheter insert	0.55	4.17	0.29	5.01	XXX	N
74480	TC	A	X-ray control catheter insert	0.00	3.92	0.25	4.17	XXX	N
74480	26	A	X-ray control catheter insert	0.55	0.25	0.04	0.84	XXX	N
74485	.....	A	X-ray guide, gu dilation	0.55	3.28	0.23	4.06	XXX	N
74485	26	A	X-ray guide, gu dilation	0.55	0.25	0.04	0.84	XXX	N
74485	TC	A	X-ray guide, gu dilation	0.00	3.03	0.19	3.22	XXX	N
74710	.....	A	X-ray measurement of pelvis	0.34	1.17	0.09	1.60	XXX	N
74710	TC	A	X-ray measurement of pelvis	0.00	1.01	0.07	1.08	XXX	N
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.02	0.52	XXX	N
74740	26	A	X-ray female genital tract	0.38	0.17	0.03	0.58	XXX	N
74740	.....	A	X-ray female genital tract	0.38	1.42	0.11	1.91	XXX	N
74740	TC	A	X-ray female genital tract	0.00	1.25	0.08	1.33	XXX	N
74742	TC	A	X-ray fallopian tube	0.00	3.03	0.19	3.22	XXX	N
74742	.....	A	X-ray fallopian tube	0.62	3.28	0.23	4.13	XXX	N
74742	26	A	X-ray fallopian tube	0.62	0.25	0.04	0.91	XXX	N
74775	.....	A	X-ray exam of perineum	0.63	1.70	0.13	2.46	XXX	N
74775	TC	A	X-ray exam of perineum	0.00	1.41	0.09	1.50	XXX	N
74775	26	A	X-ray exam of perineum	0.63	0.29	0.04	0.96	XXX	N
75500	.....	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75500	TC	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75500	26	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	.....	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	TC	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	26	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	.....	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	TC	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	26	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75519	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75519	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75519	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75552	.....	A	Magnetic image, myocardium	1.62	11.53	0.79	13.94	XXX	N
75552	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
75552	26	A	Magnetic image, myocardium	1.62	0.73	0.11	2.46	XXX	N
75553	.....	A	Magnetic image, myocardium	2.02	11.53	0.79	14.34	XXX	N
75553	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N
75553	26	A	Magnetic image, myocardium	2.02	0.73	0.11	2.86	XXX	N
75554	.....	A	Cardiac mri/function	1.85	11.53	0.79	14.17	XXX	N
75554	TC	A	Cardiac mri/function	0.00	10.80	0.68	11.48	XXX	N
75554	26	A	Cardiac mri/function	1.85	0.73	0.11	2.69	XXX	N
75555	.....	A	Cardiac mri/limited study	1.76	11.53	0.79	14.08	XXX	N
75555	TC	A	Cardiac mri/limited study	0.00	10.80	0.68	11.48	XXX	N
75555	26	A	Cardiac mri/limited study	1.76	0.73	0.11	2.60	XXX	N
75556	.....	N	Cardiac mri/flow mapping	0.00	0.00	0.00	0.00	XXX	0
75600	.....	A	Contrast x-ray exam of aorta	0.50	12.36	0.79	13.65	XXX	N
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75600	26	A	Contrast x-ray exam of aorta	0.50	0.22	0.03	0.75	XXX	N
75605	.....	A	Contrast x-ray exam of aorta	1.15	12.65	0.84	14.64	XXX	N
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75605	26	A	Contrast x-ray exam of aorta	1.15	0.51	0.08	1.74	XXX	N
75625	.....	A	Contrast x-ray exam of aorta	1.15	12.65	0.84	14.64	XXX	N
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75625	26	A	Contrast x-ray exam of aorta	1.15	0.51	0.08	1.74	XXX	N
75630	26	A	X-ray aorta, leg arteries	1.32	0.59	0.09	2.00	XXX	N
75630	.....	A	X-ray aorta, leg arteries	1.32	13.24	0.89	15.45	XXX	N
75630	TC	A	X-ray aorta, leg arteries	0.00	12.65	0.80	13.45	XXX	N
75650	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75650	.....	A	Artery x-rays, head & neck	1.51	12.81	0.86	15.18	XXX	N
75650	26	A	Artery x-rays, head & neck	1.51	0.67	0.10	2.28	XXX	N
75658	.....	A	X-ray exam of arm arteries	1.32	12.73	0.85	14.90	XXX	N
75658	TC	A	X-ray exam of arm arteries	0.00	12.14	0.76	12.90	XXX	N
75658	26	A	X-ray exam of arm arteries	1.32	0.59	0.09	2.00	XXX	N
75660	.....	A	Artery x-rays, head & neck	1.32	12.73	0.85	14.90	XXX	N
75660	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75660	26	A	Artery x-rays, head & neck	1.32	0.59	0.09	2.00	XXX	N
75662	.....	A	Artery x-rays, head & neck	1.68	12.89	0.87	15.44	XXX	N
75662	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75662	26	A	Artery x-rays, head & neck	1.68	0.75	0.11	2.54	XXX	N
75665	.....	A	Artery x-rays, head & neck	1.32	12.73	0.85	14.90	XXX	N
75665	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75665	26	A	Artery x-rays, head & neck	1.32	0.59	0.09	2.00	XXX	N
75671	.....	A	Artery x-rays, head & neck	1.68	12.89	0.87	15.44	XXX	N
75671	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75671	26	A	Artery x-rays, head & neck	1.68	0.75	0.11	2.54	XXX	N
75676	.....	A	Artery x-rays, neck	1.32	12.73	0.85	14.90	XXX	N
75676	TC	A	Artery x-rays, neck	0.00	12.14	0.76	12.90	XXX	N
75676	26	A	Artery x-rays, neck	1.32	0.59	0.09	2.00	XXX	N
75680	.....	A	Artery x-rays, neck	1.68	12.89	0.87	15.44	XXX	N
75680	TC	A	Artery x-rays, neck	0.00	12.14	0.76	12.90	XXX	N
75680	26	A	Artery x-rays, neck	1.68	0.75	0.11	2.54	XXX	N
75685	.....	A	Artery x-rays, spine	1.32	12.73	0.85	14.90	XXX	N
75685	26	A	Artery x-rays, spine	1.32	0.59	0.09	2.00	XXX	N
75685	TC	A	Artery x-rays, spine	0.00	12.14	0.76	12.90	XXX	N
75705	.....	A	Artery x-rays, spine	2.20	13.13	0.91	16.24	XXX	N
75705	TC	A	Artery x-rays, spine	0.00	12.14	0.76	12.90	XXX	N
75705	26	A	Artery x-rays, spine	2.20	0.99	0.15	3.34	XXX	N
75710	.....	A	Artery x-rays, arm/leg	1.15	12.65	0.84	14.64	XXX	N
75710	TC	A	Artery x-rays, arm/leg	0.00	12.14	0.76	12.90	XXX	N
75710	26	A	Artery x-rays, arm/leg	1.15	0.51	0.08	1.74	XXX	N
75716	.....	A	Artery x-rays, arms/legs	1.32	12.73	0.85	14.90	XXX	N
75716	TC	A	Artery x-rays, arms/legs	0.00	12.14	0.76	12.90	XXX	N
75716	26	A	Artery x-rays, arms/legs	1.32	0.59	0.09	2.00	XXX	N
75722	26	A	Artery x-rays, kidney	1.15	0.51	0.08	1.74	XXX	N
75722	.....	A	Artery x-rays, kidney	1.15	12.65	0.84	14.64	XXX	N
75722	TC	A	Artery x-rays, kidney	0.00	12.14	0.76	12.90	XXX	N
75724	TC	A	Artery x-rays, kidneys	0.00	12.14	0.76	12.90	XXX	N
75724	.....	A	Artery x-rays, kidneys	1.51	12.81	0.86	15.18	XXX	N
75724	26	A	Artery x-rays, kidneys	1.51	0.67	0.10	2.28	XXX	N
75726	.....	A	Artery x-rays, abdomen	1.15	12.65	0.84	14.64	XXX	N
75726	TC	A	Artery x-rays, abdomen	0.00	12.14	0.76	12.90	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75726	26	A	Artery x-rays, abdomen	1.15	0.51	0.08	1.74	XXX	N
75731	.....	A	Artery x-rays, adrenal gland	1.15	12.65	0.84	14.64	XXX	N
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.14	0.76	12.90	XXX	N
75731	26	A	Artery x-rays, adrenal gland	1.15	0.51	0.08	1.74	XXX	N
75733	.....	A	Artery x-rays, adrenal glands	1.32	12.73	0.85	14.90	XXX	N
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.14	0.76	12.90	XXX	N
75733	26	A	Artery x-rays, adrenal glands	1.32	0.59	0.09	2.00	XXX	N
75736	.....	A	Artery x-rays, pelvis	1.15	12.65	0.84	14.64	XXX	N
75736	TC	A	Artery x-rays, pelvis	0.00	12.14	0.76	12.90	XXX	N
75736	26	A	Artery x-rays, pelvis	1.15	0.51	0.08	1.74	XXX	N
75741	.....	A	Artery x-rays, lung	1.32	12.73	0.85	14.90	XXX	N
75741	TC	A	Artery x-rays, lung	0.00	12.14	0.76	12.90	XXX	N
75741	26	A	Artery x-rays, lung	1.32	0.59	0.09	2.00	XXX	N
75743	.....	A	Artery x-rays, lungs	1.68	12.89	0.87	15.44	XXX	N
75743	TC	A	Artery x-rays, lungs	0.00	12.14	0.76	12.90	XXX	N
75743	26	A	Artery x-rays, lungs	1.68	0.75	0.11	2.54	XXX	N
75746	.....	A	Artery x-rays, lung	1.15	12.65	0.84	14.64	XXX	N
75746	TC	A	Artery x-rays, lung	0.00	12.14	0.76	12.90	XXX	N
75746	26	A	Artery x-rays, lung	1.15	0.51	0.08	1.74	XXX	N
75750	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75750	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75750	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75756	.....	A	Artery x-rays, chest	1.15	12.65	0.84	14.64	XXX	N
75756	TC	A	Artery x-rays, chest	0.00	12.14	0.76	12.90	XXX	N
75756	26	A	Artery x-rays, chest	1.15	0.51	0.08	1.74	XXX	N
75762	.....	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75762	TC	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75762	26	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	.....	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	TC	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	26	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75774	.....	A	Artery x-ray, each vessel	0.36	12.30	0.78	13.44	XXX	N
75774	TC	A	Artery x-ray, each vessel	0.00	12.14	0.76	12.90	XXX	N
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.02	0.54	XXX	N
75790	.....	A	Visualize a-v shunt	1.86	2.14	0.21	4.21	XXX	N
75790	26	A	Visualize a-v shunt	1.86	0.84	0.12	2.82	XXX	N
75790	TC	A	Visualize a-v shunt	0.00	1.30	0.09	1.39	XXX	N
75801	.....	A	Lymph vessel x-ray, arm/leg	0.82	5.59	0.38	6.79	XXX	N
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.22	0.33	5.55	XXX	N
75801	26	A	Lymph vessel x-ray, arm/leg	0.82	0.37	0.05	1.24	XXX	N
75803	.....	A	Lymph vessel x-ray, arms/legs	1.18	5.74	0.41	7.33	XXX	N
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	5.22	0.33	5.55	XXX	N
75803	26	A	Lymph vessel x-ray, arms/legs	1.18	0.52	0.08	1.78	XXX	N
75805	.....	A	Lymph vessel x-ray, trunk	0.82	6.24	0.42	7.48	XXX	N
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.87	0.37	6.24	XXX	N
75805	26	A	Lymph vessel x-ray, trunk	0.82	0.37	0.05	1.24	XXX	N
75807	26	A	Lymph vessel x-ray, trunk	1.18	0.52	0.08	1.78	XXX	N
75807	.....	A	Lymph vessel x-ray, trunk	1.18	6.39	0.45	8.02	XXX	N
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.87	0.37	6.24	XXX	N
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.76	0.05	0.81	XXX	N
75809	.....	A	Nonvascular shunt, x-ray	0.48	0.95	0.08	1.51	XXX	N
75809	26	A	Nonvascular shunt, x-ray	0.48	0.19	0.03	0.70	XXX	N
75810	.....	A	Vein x-ray, spleen/liver	1.15	12.65	0.84	14.64	XXX	N
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.14	0.76	12.90	XXX	N
75810	26	A	Vein x-ray, spleen/liver	1.15	0.51	0.08	1.74	XXX	N
75820	.....	A	Vein x-ray, arm/leg	0.71	1.23	0.11	2.05	XXX	N
75820	TC	A	Vein x-ray, arm/leg	0.00	0.91	0.06	0.97	XXX	N
75820	26	A	Vein x-ray, arm/leg	0.71	0.32	0.05	1.08	XXX	N
75822	.....	A	Vein x-ray, arms/legs	1.07	1.91	0.16	3.14	XXX	N
75822	TC	A	Vein x-ray, arms/legs	0.00	1.43	0.09	1.52	XXX	N
75822	26	A	Vein x-ray, arms/legs	1.07	0.48	0.07	1.62	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75825	.....	A	Vein x-ray, trunk	1.15	12.65	0.84	14.64	XXX	N
75825	TC	A	Vein x-ray, trunk	0.00	12.14	0.76	12.90	XXX	N
75825	26	A	Vein x-ray, trunk	1.15	0.51	0.08	1.74	XXX	N
75827	.....	A	Vein x-ray, chest	1.15	12.65	0.84	14.64	XXX	N
75827	TC	A	Vein x-ray, chest	0.00	12.14	0.76	12.90	XXX	N
75827	26	A	Vein x-ray, chest	1.15	0.51	0.08	1.74	XXX	N
75831	.....	A	Vein x-ray, kidney	1.15	12.65	0.84	14.64	XXX	N
75831	TC	A	Vein x-ray, kidney	0.00	12.14	0.76	12.90	XXX	N
75831	26	A	Vein x-ray, kidney	1.15	0.51	0.08	1.74	XXX	N
75833	.....	A	Vein x-ray, kidneys	1.51	12.81	0.86	15.18	XXX	N
75833	TC	A	Vein x-ray, kidneys	0.00	12.14	0.76	12.90	XXX	N
75833	26	A	Vein x-ray, kidneys	1.51	0.67	0.10	2.28	XXX	N
75840	.....	A	Vein x-ray, adrenal gland	1.15	12.65	0.84	14.64	XXX	N
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.14	0.76	12.90	XXX	N
75840	26	A	Vein x-ray, adrenal gland	1.15	0.51	0.08	1.74	XXX	N
75842	.....	A	Vein x-ray, adrenal glands	1.51	12.81	0.86	15.18	XXX	N
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.14	0.76	12.90	XXX	N
75842	26	A	Vein x-ray, adrenal glands	1.51	0.67	0.10	2.28	XXX	N
75860	.....	A	Vein x-ray, neck	1.15	12.65	0.84	14.64	XXX	N
75860	TC	A	Vein x-ray, neck	0.00	12.14	0.76	12.90	XXX	N
75860	26	A	Vein x-ray, neck	1.15	0.51	0.08	1.74	XXX	N
75870	.....	A	Vein x-ray, skull	1.15	12.65	0.84	14.64	XXX	N
75870	TC	A	Vein x-ray, skull	0.00	12.14	0.76	12.90	XXX	N
75870	26	A	Vein x-ray, skull	1.15	0.51	0.08	1.74	XXX	N
75872	.....	A	Vein x-ray, skull	1.15	12.65	0.84	14.64	XXX	N
75872	TC	A	Vein x-ray, skull	0.00	12.14	0.76	12.90	XXX	N
75872	26	A	Vein x-ray, skull	1.15	0.51	0.08	1.74	XXX	N
75880	.....	A	Vein x-ray, eye socket	0.71	1.23	0.11	2.05	XXX	N
75880	TC	A	Vein x-ray, eye socket	0.00	0.91	0.06	0.97	XXX	N
75880	26	A	Vein x-ray, eye socket	0.71	0.32	0.05	1.08	XXX	N
75885	.....	A	Vein x-ray, liver	1.46	12.79	0.86	15.11	XXX	N
75885	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75885	26	A	Vein x-ray, liver	1.46	0.65	0.10	2.21	XXX	N
75887	.....	A	Vein x-ray, liver	1.46	12.79	0.86	15.11	XXX	N
75887	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75887	26	A	Vein x-ray, liver	1.46	0.65	0.10	2.21	XXX	N
75889	.....	A	Vein x-ray, liver	1.15	12.65	0.84	14.64	XXX	N
75889	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75889	26	A	Vein x-ray, liver	1.15	0.51	0.08	1.74	XXX	N
75891	.....	A	Vein x-ray, liver	1.15	12.65	0.84	14.64	XXX	N
75891	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75891	26	A	Vein x-ray, liver	1.15	0.51	0.08	1.74	XXX	N
75893	.....	A	Venous sampling by catheter	0.55	12.39	0.80	13.74	XXX	N
75893	TC	A	Venous sampling by catheter	0.00	12.14	0.76	12.90	XXX	N
75893	26	A	Venous sampling by catheter	0.55	0.25	0.04	0.84	XXX	N
75894	.....	A	X-rays, transcatheter therapy	1.32	23.85	1.55	26.72	XXX	N
75894	TC	A	X-rays, transcatheter therapy	0.00	23.26	1.46	24.72	XXX	N
75894	26	A	X-rays, transcatheter therapy	1.32	0.59	0.09	2.00	XXX	N
75896	.....	A	X-rays, transcatheter therapy	1.32	20.81	1.35	23.48	XXX	N
75896	TC	A	X-rays, transcatheter therapy	0.00	20.22	1.26	21.48	XXX	N
75896	26	A	X-rays, transcatheter therapy	1.32	0.59	0.09	2.00	XXX	N
75898	.....	A	Follow-up angiogram	1.67	1.76	0.18	3.61	XXX	N
75898	26	A	Follow-up angiogram	1.67	0.75	0.11	2.53	XXX	N
75898	TC	A	Follow-up angiogram	0.00	1.01	0.07	1.08	XXX	N
75940	.....	A	X-ray placement, vein filter	0.55	12.39	0.80	13.74	XXX	N
75940	TC	A	X-ray placement, vein filter	0.00	12.14	0.76	12.90	XXX	N
75940	26	A	X-ray placement, vein filter	0.55	0.25	0.04	0.84	XXX	N
75960	.....	A	Transcatheter intro, stent	0.83	14.73	0.95	16.51	XXX	N
75960	TC	A	Transcatheter intro, stent	0.00	14.36	0.89	15.25	XXX	N
75960	26	A	Transcatheter intro, stent	0.83	0.37	0.06	1.26	XXX	N
75961	.....	A	Retrieval, broken catheter	4.30	12.04	0.91	17.25	XXX	N
75961	TC	A	Retrieval, broken catheter	0.00	10.12	0.63	10.75	XXX	N
75961	26	A	Retrieval, broken catheter	4.30	1.92	0.28	6.50	XXX	N
75962	26	A	Repair arterial blockage	0.55	0.25	0.04	0.84	XXX	N
75962	.....	A	Repair arterial blockage	0.55	15.42	0.99	16.96	XXX	N
75962	TC	A	Repair arterial blockage	0.00	15.17	0.95	16.12	XXX	N
75964	TC	A	Repair artery blockage, each	0.00	8.09	0.51	8.60	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75964	.....	A	Repair artery blockage, each	0.36	8.25	0.53	9.14	XXX	N
75964	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75966	.....	A	Repair arterial blockage	1.32	15.76	1.04	18.12	XXX	N
75966	TC	A	Repair arterial blockage	0.00	15.17	0.95	16.12	XXX	N
75966	26	A	Repair arterial blockage	1.32	0.59	0.09	2.00	XXX	N
75968	.....	A	Repair artery blockage, each	0.36	8.25	0.53	9.14	XXX	N
75968	TC	A	Repair artery blockage, each	0.00	8.09	0.51	8.60	XXX	N
75968	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75970	.....	A	Vascular biopsy	0.84	11.50	0.76	13.10	XXX	N
75970	TC	A	Vascular biopsy	0.00	11.12	0.70	11.82	XXX	N
75970	26	A	Vascular biopsy	0.84	0.38	0.06	1.28	XXX	N
75978	.....	A	Repair venous blockage	0.55	15.66	0.99	17.20	XXX	N
75978	TC	A	Repair venous blockage	0.00	15.17	0.95	16.12	XXX	N
75978	26	A	Repair venous blockage	0.55	0.49	0.04	1.08	XXX	N
75980	.....	A	Contrast x-ray exam bile duct	1.46	5.87	0.43	7.76	XXX	N
75980	TC	A	Contrast x-ray exam bile duct	0.00	5.22	0.33	5.55	XXX	N
75980	26	A	Contrast x-ray exam bile duct	1.46	0.65	0.10	2.21	XXX	N
75982	.....	A	Contrast x-ray exam bile duct	1.46	6.52	0.47	8.45	XXX	N
75982	TC	A	Contrast x-ray exam bile duct	0.00	5.87	0.37	6.24	XXX	N
75982	26	A	Contrast x-ray exam bile duct	1.46	0.65	0.10	2.21	XXX	N
75984	.....	A	X-ray control catheter change	0.73	2.21	0.17	3.11	XXX	N
75984	TC	A	X-ray control catheter change	0.00	1.88	0.12	2.00	XXX	N
75984	26	A	X-ray control catheter change	0.73	0.33	0.05	1.11	XXX	N
75989	.....	A	Abscess drainage under x-ray	1.20	3.56	0.27	5.03	XXX	N
75989	TC	A	Abscess drainage under x-ray	0.00	3.03	0.19	3.22	XXX	N
75989	26	A	Abscess drainage under x-ray	1.20	0.53	0.08	1.81	XXX	N
75992	.....	A	Atherectomy, x-ray exam	0.55	15.42	0.99	16.96	XXX	N
75992	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75992	26	A	Atherectomy, x-ray exam	0.55	0.25	0.04	0.84	XXX	N
75993	.....	A	Atherectomy, x-ray exam	0.36	8.25	0.53	9.14	XXX	N
75993	TC	A	Atherectomy, x-ray exam	0.00	8.09	0.51	8.60	XXX	N
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75994	.....	A	Atherectomy, x-ray exam	1.32	15.76	1.04	18.12	XXX	N
75994	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75994	26	A	Atherectomy, x-ray exam	1.32	0.59	0.09	2.00	XXX	N
75995	.....	A	Atherectomy, x-ray exam	1.32	15.76	1.04	18.12	XXX	N
75995	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75995	26	A	Atherectomy, x-ray exam	1.32	0.59	0.09	2.00	XXX	N
75996	.....	A	Atherectomy, x-ray exam	0.36	8.25	0.53	9.14	XXX	N
75996	TC	A	Atherectomy, x-ray exam	0.00	8.09	0.51	8.60	XXX	N
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
76000	.....	A	Fluoroscope examination	0.17	1.32	0.09	1.58	XXX	N
76000	TC	A	Fluoroscope examination	0.00	1.25	0.08	1.33	XXX	N
76000	26	A	Fluoroscope examination	0.17	0.07	0.01	0.25	XXX	N
76001	.....	A	Fluoroscope exam, extensive	0.68	2.84	0.22	3.74	XXX	N
76001	TC	A	Fluoroscope exam, extensive	0.00	2.53	0.17	2.70	XXX	N
76001	26	A	Fluoroscope exam, extensive	0.68	0.31	0.05	1.04	XXX	N
76003	.....	A	Needle localization by x-ray	0.55	1.50	0.12	2.17	XXX	N
76003	TC	A	Needle localization by x-ray	0.00	1.25	0.08	1.33	XXX	N
76003	26	A	Needle localization by x-ray	0.55	0.25	0.04	0.84	XXX	N
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.01	0.27	XXX	N
76010	.....	A	X-ray, nose to rectum	0.18	0.59	0.04	0.81	XXX	N
76010	TC	A	X-ray, nose to rectum	0.00	0.51	0.03	0.54	XXX	N
76020	TC	A	X-rays for bone age	0.00	0.51	0.03	0.54	XXX	N
76020	.....	A	X-rays for bone age	0.19	0.60	0.04	0.83	XXX	N
76020	26	A	X-rays for bone age	0.19	0.09	0.01	0.29	XXX	N
76040	.....	A	X-rays, bone evaluation	0.27	0.89	0.07	1.23	XXX	N
76040	TC	A	X-rays, bone evaluation	0.00	0.76	0.05	0.81	XXX	N
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.02	0.42	XXX	N
76061	.....	A	X-rays, bone survey	0.45	1.16	0.09	1.70	XXX	N
76061	TC	A	X-rays, bone survey	0.00	0.96	0.06	1.02	XXX	N
76061	26	A	X-rays, bone survey	0.45	0.20	0.03	0.68	XXX	N
76062	.....	A	X-rays, bone survey	0.55	1.64	0.13	2.32	XXX	N
76062	TC	A	X-rays, bone survey	0.00	1.39	0.09	1.48	XXX	N
76062	26	A	X-rays, bone survey	0.55	0.25	0.04	0.84	XXX	N
76065	.....	A	X-rays, bone evaluation	0.28	0.84	0.07	1.19	XXX	N
76065	TC	A	X-rays, bone evaluation	0.00	0.71	0.05	0.76	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.02	0.43	XXX	N
76066	.....	A	Joint(s) survey, single film	0.31	1.21	0.09	1.61	XXX	N
76066	TC	A	Joint(s) survey, single film	0.00	1.07	0.07	1.14	XXX	N
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.02	0.47	XXX	N
76070	.....	A	Ct scan, bone density study	0.25	2.96	0.20	3.41	XXX	N
76070	TC	A	Ct scan, bone density study	0.00	2.84	0.18	3.02	XXX	N
76070	26	A	Ct scan, bone density study	0.25	0.12	0.02	0.39	XXX	N
76075	.....	A	Dual energy x-ray study	0.28	1.66	0.12	2.06	XXX	N
76075	TC	A	Dual energy x-ray study	0.00	1.54	0.10	1.64	XXX	N
76075	26	A	Dual energy x-ray study	0.28	0.12	0.02	0.42	XXX	N
76080	.....	A	X-ray exam of fistula	0.55	1.26	0.11	1.92	XXX	N
76080	TC	A	X-ray exam of fistula	0.00	1.01	0.07	1.08	XXX	N
76080	26	A	X-ray exam of fistula	0.55	0.25	0.04	0.84	XXX	N
76086	.....	A	X-ray of mammary duct	0.36	2.70	0.19	3.25	XXX	N
76086	TC	A	X-ray of mammary duct	0.00	2.53	0.17	2.70	XXX	N
76086	26	A	X-ray of mammary duct	0.36	0.17	0.02	0.55	XXX	N
76088	.....	A	X-ray of mammary ducts	0.45	3.73	0.25	4.43	XXX	N
76088	TC	A	X-ray of mammary ducts	0.00	3.53	0.22	3.75	XXX	N
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.03	0.68	XXX	N
76090	.....	A	Mammogram, one breast	0.25	1.13	0.09	1.47	XXX	N
76090	TC	A	Mammogram, one breast	0.00	1.01	0.07	1.08	XXX	N
76090	26	A	Mammogram, one breast	0.25	0.12	0.02	0.39	XXX	N
76091	.....	A	Mammogram, both breasts	0.41	1.43	0.11	1.95	XXX	N
76091	TC	A	Mammogram, both breasts	0.00	1.25	0.08	1.33	XXX	N
76091	26	A	Mammogram, both breasts	0.41	0.18	0.03	0.62	XXX	N
76092	.....	X	Mammogram, screening	0.00	0.00	0.00	0.00	XXX	0
76095	.....	A	Stereotactic breast biopsy	1.61	7.63	0.54	9.78	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.91	0.43	7.34	XXX	N
76095	26	A	Stereotactic breast biopsy	1.61	0.72	0.11	2.44	XXX	N
76096	.....	A	X-ray of needle wire, breast	0.57	1.51	0.12	2.20	XXX	N
76096	TC	A	X-ray of needle wire, breast	0.00	1.25	0.08	1.33	XXX	N
76096	26	A	X-ray of needle wire, breast	0.57	0.26	0.04	0.87	XXX	N
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.01	0.24	XXX	N
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.03	0.43	XXX	N
76098	.....	A	X-ray exam, breast specimen	0.16	0.47	0.04	0.67	XXX	N
76100	.....	A	X-ray exam of body section	0.59	1.47	0.12	2.18	XXX	N
76100	TC	A	X-ray exam of body section	0.00	1.20	0.08	1.28	XXX	N
76100	26	A	X-ray exam of body section	0.59	0.27	0.04	0.90	XXX	N
76101	.....	A	Complex body section x-ray	0.59	1.63	0.13	2.35	XXX	N
76101	TC	A	Complex body section x-ray	0.00	1.36	0.09	1.45	XXX	N
76101	26	A	Complex body section x-ray	0.59	0.27	0.04	0.90	XXX	N
76102	.....	A	Complex body section x-rays	0.59	1.94	0.15	2.68	XXX	N
76102	TC	A	Complex body section x-rays	0.00	1.67	0.11	1.78	XXX	N
76102	26	A	Complex body section x-rays	0.59	0.27	0.04	0.90	XXX	N
76120	TC	A	Cinematic x-rays	0.00	1.01	0.07	1.08	XXX	N
76120	26	A	Cinematic x-rays	0.38	0.17	0.03	0.58	XXX	N
76120	.....	A	Cinematic x-rays	0.38	1.18	0.10	1.66	XXX	N
76125	.....	A	Cinematic x-rays	0.27	0.88	0.07	1.22	XXX	N
76125	TC	A	Cinematic x-rays	0.00	0.76	0.05	0.81	XXX	N
76125	26	A	Cinematic x-rays	0.27	0.12	0.02	0.41	XXX	N
76140	.....	G	X-ray consultation	0.00	0.00	0.00	0.00	XXX	0
76150	.....	A	X-ray exam, dry process	0.00	0.40	0.03	0.43	XXX	N
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76350	TC	D	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76350	26	D	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76355	.....	A	Cat scan for localization	1.22	8.50	0.58	10.30	XXX	N
76355	TC	A	Cat scan for localization	0.00	7.96	0.50	8.46	XXX	N
76355	26	A	Cat scan for localization	1.22	0.54	0.08	1.84	XXX	N
76360	.....	A	Cat scan for needle biopsy	1.17	8.47	0.58	10.22	XXX	N
76360	TC	A	Cat scan for needle biopsy	0.00	7.96	0.50	8.46	XXX	N
76360	26	A	Cat scan for needle biopsy	1.17	0.51	0.08	1.76	XXX	N
76365	26	A	Cat scan for cyst aspiration	1.17	0.51	0.08	1.76	XXX	N
76365	.....	A	Cat scan for cyst aspiration	1.17	8.47	0.58	10.22	XXX	N
76365	TC	A	Cat scan for cyst aspiration	0.00	7.96	0.50	8.46	XXX	N
76370	TC	A	Cat scan for therapy guide	0.00	2.84	0.18	3.02	XXX	N
76370	.....	A	Cat scan for therapy guide	0.86	3.22	0.24	4.32	XXX	N
76370	26	A	Cat scan for therapy guide	0.86	0.38	0.06	1.30	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76375	.....	A	Cat scans, other planes	0.16	3.48	0.22	3.86	XXX	N
76375	TC	A	Cat scans, other planes	0.00	3.41	0.21	3.62	XXX	N
76375	26	A	Cat scans, other planes	0.16	0.07	0.01	0.24	XXX	N
76380	.....	A	Cat scan follow-up study	0.99	3.82	0.28	5.09	XXX	N
76380	26	A	Cat scan follow-up study	0.99	0.44	0.07	1.50	XXX	N
76380	TC	A	Cat scan follow-up study	0.00	3.38	0.21	3.59	XXX	N
76400	.....	A	Magnetic image, bone marrow	1.62	11.53	0.79	13.94	XXX	N
76400	TC	A	Magnetic image, bone marrow	0.00	10.80	0.68	11.48	XXX	N
76400	26	A	Magnetic image, bone marrow	1.62	0.73	0.11	2.46	XXX	N
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76506	.....	A	Echo exam of head	0.64	1.65	0.13	2.42	XXX	N
76506	TC	A	Echo exam of head	0.00	1.36	0.09	1.45	XXX	N
76506	26	A	Echo exam of head	0.64	0.29	0.04	0.97	XXX	N
76511	.....	A	Echo exam of eye	0.95	1.45	0.12	2.52	XXX	N
76511	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76511	26	A	Echo exam of eye	0.95	0.25	0.04	1.24	XXX	N
76512	.....	A	Echo exam of eye	0.67	1.77	0.15	2.59	XXX	N
76512	TC	A	Echo exam of eye	0.00	1.47	0.10	1.57	XXX	N
76512	26	A	Echo exam of eye	0.67	0.30	0.05	1.02	XXX	N
76513	26	A	Echo exam of eye, water bath	0.67	0.30	0.05	1.02	XXX	N
76513	.....	A	Echo exam of eye, water bath	0.67	1.77	0.15	2.59	XXX	N
76513	TC	A	Echo exam of eye, water bath	0.00	1.47	0.10	1.57	XXX	N
76516	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76516	.....	A	Echo exam of eye	0.55	1.45	0.12	2.12	XXX	N
76516	26	A	Echo exam of eye	0.55	0.25	0.04	0.84	XXX	N
76519	.....	A	Echo exam of eye	0.55	1.45	0.12	2.12	XXX	N
76519	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76519	26	A	Echo exam of eye	0.55	0.25	0.04	0.84	XXX	N
76529	.....	A	Echo exam of eye	0.58	1.57	0.13	2.28	XXX	N
76529	TC	A	Echo exam of eye	0.00	1.31	0.09	1.40	XXX	N
76529	26	A	Echo exam of eye	0.58	0.26	0.04	0.88	XXX	N
76536	.....	A	Echo exam of head and neck	0.57	1.62	0.13	2.32	XXX	N
76536	26	A	Echo exam of head and neck	0.57	0.26	0.04	0.87	XXX	N
76536	TC	A	Echo exam of head and neck	0.00	1.36	0.09	1.45	XXX	N
76604	.....	A	Echo exam of chest	0.56	1.51	0.12	2.19	XXX	N
76604	TC	A	Echo exam of chest	0.00	1.25	0.08	1.33	XXX	N
76604	26	A	Echo exam of chest	0.56	0.26	0.04	0.86	XXX	N
76645	TC	A	Echo exam of breast	0.00	1.01	0.07	1.08	XXX	N
76645	26	A	Echo exam of breast	0.55	0.25	0.04	0.84	XXX	N
76645	.....	A	Echo exam of breast	0.55	1.26	0.11	1.92	XXX	N
76700	.....	A	Echo exam of abdomen	0.82	2.27	0.17	3.26	XXX	N
76700	TC	A	Echo exam of abdomen	0.00	1.90	0.12	2.02	XXX	N
76700	26	A	Echo exam of abdomen	0.82	0.37	0.05	1.24	XXX	N
76705	.....	A	Echo exam of abdomen	0.60	1.63	0.13	2.36	XXX	N
76705	TC	A	Echo exam of abdomen	0.00	1.36	0.09	1.45	XXX	N
76705	26	A	Echo exam of abdomen	0.60	0.27	0.04	0.91	XXX	N
76770	26	A	Echo exam abdomen back wall	0.75	0.34	0.05	1.14	XXX	N
76770	.....	A	Echo exam abdomen back wall	0.75	2.24	0.17	3.16	XXX	N
76770	TC	A	Echo exam abdomen back wall	0.00	1.90	0.12	2.02	XXX	N
76775	TC	A	Echo exam abdomen back wall	0.00	1.36	0.09	1.45	XXX	N
76775	.....	A	Echo exam abdomen back wall	0.59	1.63	0.13	2.35	XXX	N
76775	26	A	Echo exam abdomen back wall	0.59	0.27	0.04	0.90	XXX	N
76778	.....	A	Echo exam kidney transplant	0.75	2.24	0.17	3.16	XXX	N
76778	26	A	Echo exam kidney transplant	0.75	0.34	0.05	1.14	XXX	N
76778	TC	A	Echo exam kidney transplant	0.00	1.90	0.12	2.02	XXX	N
76800	.....	A	Echo exam spinal canal	1.14	1.87	0.17	3.18	XXX	N
76800	TC	A	Echo exam spinal canal	0.00	1.36	0.09	1.45	XXX	N
76800	26	A	Echo exam spinal canal	1.14	0.51	0.08	1.73	XXX	N
76805	.....	A	Echo exam of pregnant uterus	1.00	2.47	0.20	3.67	XXX	N
76805	TC	A	Echo exam of pregnant uterus	0.00	2.02	0.13	2.15	XXX	N
76805	26	A	Echo exam of pregnant uterus	1.00	0.45	0.07	1.52	XXX	N
76810	.....	A	Echo exam of pregnant uterus	1.99	4.93	0.38	7.30	XXX	N
76810	TC	A	Echo exam of pregnant uterus	0.00	4.04	0.25	4.29	XXX	N
76810	26	A	Echo exam of pregnant uterus	1.99	0.89	0.13	3.01	XXX	N
76815	26	A	Echo exam of pregnant uterus	0.66	0.30	0.04	1.00	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76815	.....	A	Echo exam of pregnant uterus	0.66	1.66	0.13	2.45	XXX	N
76815	TC	A	Echo exam of pregnant uterus	0.00	1.36	0.09	1.45	XXX	N
76816	TC	A	Echo exam followup or repeat	0.00	1.07	0.07	1.14	XXX	N
76816	.....	A	Echo exam followup or repeat	0.58	1.33	0.11	2.02	XXX	N
76816	26	A	Echo exam followup or repeat	0.58	0.26	0.04	0.88	XXX	N
76818	.....	A	Fetal biophysical profile	0.78	1.91	0.15	2.84	XXX	N
76818	TC	A	Fetal biophysical profile	0.00	1.56	0.10	1.66	XXX	N
76818	26	A	Fetal biophysical profile	0.78	0.35	0.05	1.18	XXX	N
76825	.....	A	Echo exam of fetal heart	0.99	2.25	0.17	3.41	XXX	N
76825	TC	A	Echo exam of fetal heart	0.00	1.90	0.12	2.02	XXX	N
76825	26	A	Echo exam of fetal heart	0.99	0.35	0.05	1.39	XXX	N
76826	.....	A	Echo exam of fetal heart	0.84	1.37	0.10	2.31	XXX	N
76826	TC	A	Echo exam of fetal heart	0.00	0.68	0.05	0.73	XXX	N
76826	26	A	Echo exam of fetal heart	0.84	0.69	0.05	1.58	XXX	N
76827	.....	A	Echo exam of fetal heart	0.59	2.36	0.18	3.13	XXX	N
76827	TC	A	Echo exam of fetal heart	0.00	1.66	0.13	1.79	XXX	N
76827	26	A	Echo exam of fetal heart	0.59	0.70	0.05	1.34	XXX	N
76828	.....	A	Echo exam of fetal heart	0.57	1.35	0.11	2.03	XXX	N
76828	TC	A	Echo exam of fetal heart	0.00	1.07	0.09	1.16	XXX	N
76828	26	A	Echo exam of fetal heart	0.57	0.28	0.02	0.87	XXX	N
76830	.....	A	Echo exam, transvaginal	0.70	1.79	0.15	2.64	XXX	N
76830	TC	A	Echo exam, transvaginal	0.00	1.47	0.10	1.57	XXX	N
76830	26	A	Echo exam, transvaginal	0.70	0.32	0.05	1.07	XXX	N
76856	.....	A	Echo exam of pelvis	0.70	1.79	0.15	2.64	XXX	N
76856	TC	A	Echo exam of pelvis	0.00	1.47	0.10	1.57	XXX	N
76856	26	A	Echo exam of pelvis	0.70	0.32	0.05	1.07	XXX	N
76857	.....	A	Echo exam of pelvis	0.38	1.18	0.10	1.66	XXX	N
76857	TC	A	Echo exam of pelvis	0.00	1.01	0.07	1.08	XXX	N
76857	26	A	Echo exam of pelvis	0.38	0.17	0.03	0.58	XXX	N
76870	.....	A	Echo exam of scrotum	0.65	1.76	0.14	2.55	XXX	N
76870	TC	A	Echo exam of scrotum	0.00	1.47	0.10	1.57	XXX	N
76870	26	A	Echo exam of scrotum	0.65	0.29	0.04	0.98	XXX	N
76872	.....	A	Echo exam, transrectal	0.70	1.79	0.15	2.64	XXX	N
76872	TC	A	Echo exam, transrectal	0.00	1.47	0.10	1.57	XXX	N
76872	26	A	Echo exam, transrectal	0.70	0.32	0.05	1.07	XXX	N
76880	.....	A	Echo exam of extremity	0.60	1.63	0.13	2.36	XXX	N
76880	26	A	Echo exam of extremity	0.60	0.27	0.04	0.91	XXX	N
76880	TC	A	Echo exam of extremity	0.00	1.36	0.09	1.45	XXX	N
76930	.....	A	Echo guide for heart sac tap	0.68	1.78	0.15	2.61	XXX	N
76930	TC	A	Echo guide for heart sac tap	0.00	1.47	0.10	1.57	XXX	N
76930	26	A	Echo guide for heart sac tap	0.68	0.31	0.05	1.04	XXX	N
76932	.....	A	Echo guide for heart biopsy	0.68	1.78	0.15	2.61	XXX	N
76932	TC	A	Echo guide for heart biopsy	0.00	1.47	0.10	1.57	XXX	N
76932	26	A	Echo guide for heart biopsy	0.68	0.31	0.05	1.04	XXX	N
76934	.....	A	Echo guide for chest tap	0.68	1.78	0.15	2.61	XXX	N
76934	TC	A	Echo guide for chest tap	0.00	1.47	0.10	1.57	XXX	N
76934	26	A	Echo guide for chest tap	0.68	0.31	0.05	1.04	XXX	N
76938	26	A	Echo exam for drainage	0.68	0.31	0.05	1.04	XXX	N
76938	.....	A	Echo exam for drainage	0.68	1.78	0.15	2.61	XXX	N
76938	TC	A	Echo exam for drainage	0.00	1.47	0.10	1.57	XXX	N
76942	TC	A	Echo guide for biopsy	0.00	1.47	0.10	1.57	XXX	N
76942	.....	A	Echo guide for biopsy	0.68	1.78	0.15	2.61	XXX	N
76942	26	A	Echo guide for biopsy	0.68	0.31	0.05	1.04	XXX	N
76946	.....	A	Echo guide for amniocentesis	0.38	1.64	0.13	2.15	XXX	N
76946	TC	A	Echo guide for amniocentesis	0.00	1.47	0.10	1.57	XXX	N
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.03	0.58	XXX	N
76948	.....	A	Echo guide, ova aspiration	0.38	1.64	0.13	2.15	XXX	N
76948	TC	A	Echo guide, ova aspiration	0.00	1.47	0.10	1.57	XXX	N
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.03	0.58	XXX	N
76950	.....	A	Echo guidance radiotherapy	0.59	1.52	0.12	2.23	XXX	N
76950	TC	A	Echo guidance radiotherapy	0.00	1.25	0.08	1.33	XXX	N
76950	26	A	Echo guidance radiotherapy	0.59	0.27	0.04	0.90	XXX	N
76960	.....	A	Echo guidance radiotherapy	0.59	1.52	0.12	2.23	XXX	N
76960	TC	A	Echo guidance radiotherapy	0.00	1.25	0.08	1.33	XXX	N
76960	26	A	Echo guidance radiotherapy	0.59	0.27	0.04	0.90	XXX	N
76970	.....	A	Ultrasound exam follow-up	0.40	1.19	0.10	1.69	XXX	N
76970	TC	A	Ultrasound exam follow-up	0.00	1.01	0.07	1.08	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.03	0.61	XXX	N
76975	.....	A	Gi endoscopic ultrasound	0.82	1.81	0.15	2.78	XXX	N
76975	TC	A	Gi endoscopic ultrasound	0.00	1.47	0.10	1.57	XXX	N
76975	26	A	Gi endoscopic ultrasound	0.82	0.34	0.05	1.21	XXX	N
76986	.....	A	Echo exam at surgery	1.21	3.07	0.25	4.53	XXX	N
76986	TC	A	Echo exam at surgery	0.00	2.53	0.17	2.70	XXX	N
76986	26	A	Echo exam at surgery	1.21	0.54	0.08	1.83	XXX	N
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
77261	.....	A	Radiation therapy planning	1.41	0.63	0.09	2.13	XXX	N
77262	.....	A	Radiation therapy planning	2.13	0.95	0.14	3.22	XXX	N
77263	.....	A	Radiation therapy planning	3.17	1.42	0.20	4.79	XXX	N
77280	.....	A	Set radiation therapy field	0.71	3.67	0.26	4.64	XXX	N
77280	TC	A	Set radiation therapy field	0.00	3.35	0.21	3.56	XXX	N
77280	26	A	Set radiation therapy field	0.71	0.32	0.05	1.08	XXX	N
77285	.....	A	Set radiation therapy field	1.06	5.84	0.41	7.31	XXX	N
77285	TC	A	Set radiation therapy field	0.00	5.37	0.34	5.71	XXX	N
77285	26	A	Set radiation therapy field	1.06	0.47	0.07	1.60	XXX	N
77290	26	A	Set radiation therapy field	1.58	0.71	0.11	2.40	XXX	N
77290	.....	A	Set radiation therapy field	1.58	6.98	0.50	9.06	XXX	N
77290	TC	A	Set radiation therapy field	0.00	6.27	0.39	6.66	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.92	1.72	28.64	XXX	N
77295	.....	A	Set radiation therapy field	4.62	29.00	1.95	35.57	XXX	N
77295	26	A	Set radiation therapy field	4.62	2.08	0.23	6.93	XXX	N
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77300	.....	A	Radiation therapy dose plan	0.63	1.57	0.12	2.32	XXX	N
77300	TC	A	Radiation therapy dose plan	0.00	1.29	0.08	1.37	XXX	N
77300	26	A	Radiation therapy dose plan	0.63	0.28	0.04	0.95	XXX	N
77305	.....	A	Radiation therapy dose plan	0.71	2.11	0.17	2.99	XXX	N
77305	TC	A	Radiation therapy dose plan	0.00	1.79	0.12	1.91	XXX	N
77305	26	A	Radiation therapy dose plan	0.71	0.32	0.05	1.08	XXX	N
77310	.....	A	Radiation therapy dose plan	1.06	2.71	0.22	3.99	XXX	N
77310	TC	A	Radiation therapy dose plan	0.00	2.24	0.15	2.39	XXX	N
77310	26	A	Radiation therapy dose plan	1.06	0.47	0.07	1.60	XXX	N
77315	.....	A	Radiation therapy dose plan	1.58	3.27	0.28	5.13	XXX	N
77315	TC	A	Radiation therapy dose plan	0.00	2.56	0.17	2.73	XXX	N
77315	26	A	Radiation therapy dose plan	1.58	0.71	0.11	2.40	XXX	N
77321	TC	A	Radiation therapy port plan	0.00	3.89	0.24	4.13	XXX	N
77321	26	A	Radiation therapy port plan	0.96	0.43	0.06	1.45	XXX	N
77321	.....	A	Radiation therapy port plan	0.96	4.32	0.30	5.58	XXX	N
77326	.....	A	Radiation therapy dose plan	0.94	2.70	0.21	3.85	XXX	N
77326	TC	A	Radiation therapy dose plan	0.00	2.28	0.15	2.43	XXX	N
77326	26	A	Radiation therapy dose plan	0.94	0.42	0.06	1.42	XXX	N
77327	.....	A	Radiation therapy dose plan	1.41	3.98	0.30	5.69	XXX	N
77327	TC	A	Radiation therapy dose plan	0.00	3.35	0.21	3.56	XXX	N
77327	26	A	Radiation therapy dose plan	1.41	0.63	0.09	2.13	XXX	N
77328	.....	A	Radiation therapy dose plan	2.11	5.72	0.44	8.27	XXX	N
77328	TC	A	Radiation therapy dose plan	0.00	4.78	0.30	5.08	XXX	N
77328	26	A	Radiation therapy dose plan	2.11	0.94	0.14	3.19	XXX	N
77331	.....	A	Special radiation dosimetry	0.88	0.88	0.09	1.85	XXX	N
77331	TC	A	Special radiation dosimetry	0.00	0.49	0.03	0.52	XXX	N
77331	26	A	Special radiation dosimetry	0.88	0.39	0.06	1.33	XXX	N
77332	.....	A	Radiation treatment aid(s)	0.55	1.54	0.12	2.21	XXX	N
77332	TC	A	Radiation treatment aid(s)	0.00	1.29	0.08	1.37	XXX	N
77332	26	A	Radiation treatment aid(s)	0.55	0.25	0.04	0.84	XXX	N
77333	.....	A	Radiation treatment aid(s)	0.85	2.21	0.18	3.24	XXX	N
77333	TC	A	Radiation treatment aid(s)	0.00	1.83	0.12	1.95	XXX	N
77333	26	A	Radiation treatment aid(s)	0.85	0.38	0.06	1.29	XXX	N
77334	.....	A	Radiation treatment aid(s)	1.25	3.68	0.27	5.20	XXX	N
77334	TC	A	Radiation treatment aid(s)	0.00	3.13	0.19	3.32	XXX	N
77334	26	A	Radiation treatment aid(s)	1.25	0.55	0.08	1.88	XXX	N
77336	.....	A	Radiation physics consult	0.00	2.87	0.18	3.05	XXX	N
77370	.....	A	Radiation physics consult	0.00	3.37	0.21	3.58	XXX	N
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77401	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77402	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77403	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77404	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77406	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77407	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77408	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77409	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77411	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77412	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77413	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77414	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77416	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77417	.....	A	Radiology port film(s)	0.00	0.57	0.04	0.61	XXX	N
77419	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77420	.....	A	Weekly radiation therapy	1.63	0.73	0.11	2.47	XXX	N
77425	.....	A	Weekly radiation therapy	2.47	1.11	0.17	3.75	XXX	N
77430	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77431	.....	A	Radiation therapy management	1.83	0.82	0.12	2.77	XXX	N
77432	.....	A	Stereotactic radiation trmt	8.02	4.99	0.40	13.41	XXX	N
77470	.....	A	Special radiation treatment	2.11	11.68	0.81	14.60	XXX	N
77470	TC	A	Special radiation treatment	0.00	10.74	0.67	11.41	XXX	N
77470	26	A	Special radiation treatment	2.11	0.94	0.14	3.19	XXX	N
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77600	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77600	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77600	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77605	.....	A	Hyperthermia treatment	2.11	4.85	0.39	7.35	ZZZ	N
77605	TC	A	Hyperthermia treatment	0.00	3.91	0.25	4.16	ZZZ	N
77605	26	A	Hyperthermia treatment	2.11	0.94	0.14	3.19	ZZZ	N
77610	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77610	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77610	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77615	TC	A	Hyperthermia treatment	0.00	3.91	0.25	4.16	ZZZ	N
77615	.....	A	Hyperthermia treatment	2.11	4.85	0.39	7.35	ZZZ	N
77615	26	A	Hyperthermia treatment	2.11	0.94	0.14	3.19	ZZZ	N
77620	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77620	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77620	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77750	.....	A	Infuse radioactive materials	4.64	3.35	0.38	8.37	090	N
77750	TC	A	Infuse radioactive materials	0.00	1.28	0.08	1.36	090	N
77750	26	A	Infuse radioactive materials	4.64	2.07	0.30	7.01	090	N
77761	.....	A	Radioelement application	3.60	4.03	0.39	8.02	090	N
77761	TC	A	Radioelement application	0.00	2.42	0.16	2.58	090	N
77761	26	A	Radioelement application	3.60	1.61	0.23	5.44	090	N
77762	.....	A	Radioelement application	5.41	5.90	0.57	11.88	090	N
77762	TC	A	Radioelement application	0.00	3.48	0.22	3.70	090	N
77762	26	A	Radioelement application	5.41	2.42	0.35	8.18	090	N
77763	26	A	Radioelement application	8.10	3.62	0.51	12.23	090	N
77763	.....	A	Radioelement application	8.10	7.95	0.78	16.83	090	N
77763	TC	A	Radioelement application	0.00	4.33	0.27	4.60	090	N
77776	TC	A	Radioelement application	0.00	2.09	0.14	2.23	XXX	N
77776	.....	A	Radioelement application	4.71	4.20	0.45	9.36	XXX	N
77776	26	A	Radioelement application	4.71	2.11	0.31	7.13	XXX	N
77777	.....	A	Radioelement application	7.07	7.24	0.71	15.02	090	N
77777	TC	A	Radioelement application	0.00	4.08	0.26	4.34	090	N
77777	26	A	Radioelement application	7.07	3.16	0.45	10.68	090	N
77778	.....	A	Radioelement application	10.58	9.68	0.99	21.25	090	N
77778	TC	A	Radioelement application	0.00	4.94	0.31	5.25	090	N
77778	26	A	Radioelement application	10.58	4.74	0.68	16.00	090	N
77781	.....	A	High intensity brachytherapy	1.57	20.27	1.33	23.17	090	N
77781	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77781	26	A	High intensity brachytherapy	1.57	0.70	0.11	2.38	090	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
77782	.....	A	High intensity brachytherapy	2.36	20.63	1.38	24.37	090	N
77782	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77782	26	A	High intensity brachytherapy	2.36	1.06	0.16	3.58	090	N
77783	.....	A	High intensity brachytherapy	3.53	21.14	1.45	26.12	090	N
77783	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77783	26	A	High intensity brachytherapy	3.53	1.57	0.23	5.33	090	N
77784	.....	A	High intensity brachytherapy	5.30	21.94	1.57	28.81	090	N
77784	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77784	26	A	High intensity brachytherapy	5.30	2.37	0.35	8.02	090	N
77789	.....	A	Radioelement application	1.06	0.90	0.10	2.06	090	N
77789	TC	A	Radioelement application	0.00	0.43	0.03	0.46	090	N
77789	26	A	Radioelement application	1.06	0.47	0.07	1.60	090	N
77790	.....	A	Radioelement handling	1.06	0.96	0.10	2.12	XXX	N
77790	TC	A	Radioelement handling	0.00	0.49	0.03	0.52	XXX	N
77790	26	A	Radioelement handling	1.06	0.47	0.07	1.60	XXX	N
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
78000	.....	A	Thyroid, single uptake	0.19	1.02	0.07	1.28	XXX	N
78000	TC	A	Thyroid, single uptake	0.00	0.93	0.06	0.99	XXX	N
78000	26	A	Thyroid, single uptake	0.19	0.09	0.01	0.29	XXX	N
78001	.....	A	Thyroid, multiple uptakes	0.26	1.37	0.10	1.73	XXX	N
78001	TC	A	Thyroid, multiple uptakes	0.00	1.25	0.08	1.33	XXX	N
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.02	0.40	XXX	N
78003	.....	A	Thyroid suppress/stimul	0.33	1.08	0.08	1.49	XXX	N
78003	TC	A	Thyroid suppress/stimul	0.00	0.93	0.06	0.99	XXX	N
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.02	0.50	XXX	N
78006	26	A	Thyroid, imaging with uptake	0.50	0.22	0.03	0.75	XXX	N
78006	.....	A	Thyroid, imaging with uptake	0.50	2.52	0.18	3.20	XXX	N
78006	TC	A	Thyroid, imaging with uptake	0.00	2.30	0.15	2.45	XXX	N
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.48	0.16	2.64	XXX	N
78007	.....	A	Thyroid, image, mult uptakes	0.51	2.71	0.19	3.41	XXX	N
78007	26	A	Thyroid, image, mult uptakes	0.51	0.23	0.03	0.77	XXX	N
78010	.....	A	Thyroid imaging	0.39	1.92	0.14	2.45	XXX	N
78010	TC	A	Thyroid imaging	0.00	1.75	0.11	1.86	XXX	N
78010	26	A	Thyroid imaging	0.39	0.17	0.03	0.59	XXX	N
78011	.....	A	Thyroid imaging with flow	0.46	2.53	0.18	3.17	XXX	N
78011	TC	A	Thyroid imaging with flow	0.00	2.32	0.15	2.47	XXX	N
78011	26	A	Thyroid imaging with flow	0.46	0.21	0.03	0.70	XXX	N
78015	.....	A	Thyroid met imaging	0.68	2.79	0.21	3.68	XXX	N
78015	TC	A	Thyroid met imaging	0.00	2.48	0.16	2.64	XXX	N
78015	26	A	Thyroid met imaging	0.68	0.31	0.05	1.04	XXX	N
78016	.....	A	Thyroid met imaging/studies	0.83	3.74	0.27	4.84	XXX	N
78016	TC	A	Thyroid met imaging/studies	0.00	3.36	0.21	3.57	XXX	N
78016	26	A	Thyroid met imaging/studies	0.83	0.38	0.06	1.27	XXX	N
78017	.....	A	Thyroid met imaging, mult	0.88	3.98	0.28	5.14	XXX	N
78017	TC	A	Thyroid met imaging, mult	0.00	3.59	0.22	3.81	XXX	N
78017	26	A	Thyroid met imaging, mult	0.88	0.39	0.06	1.33	XXX	N
78018	.....	A	Thyroid, met imaging, body	0.96	5.66	0.39	7.01	XXX	N
78018	TC	A	Thyroid, met imaging, body	0.00	5.23	0.33	5.56	XXX	N
78018	26	A	Thyroid, met imaging, body	0.96	0.43	0.06	1.45	XXX	N
78070	.....	A	Parathyroid nuclear imaging	0.52	1.98	0.15	2.65	XXX	N
78070	TC	A	Parathyroid nuclear imaging	0.00	1.75	0.11	1.86	XXX	N
78070	26	A	Parathyroid nuclear imaging	0.52	0.23	0.04	0.79	XXX	N
78075	.....	A	Adrenal nuclear imaging	0.75	5.57	0.38	6.70	XXX	N
78075	TC	A	Adrenal nuclear imaging	0.00	5.23	0.33	5.56	XXX	N
78075	26	A	Adrenal nuclear imaging	0.75	0.34	0.05	1.14	XXX	N
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78102	.....	A	Bone marrow imaging, ltd	0.56	2.21	0.17	2.94	XXX	N
78102	TC	A	Bone marrow imaging, ltd	0.00	1.96	0.13	2.09	XXX	N
78102	26	A	Bone marrow imaging, ltd	0.56	0.25	0.04	0.85	XXX	N
78103	.....	A	Bone marrow imaging, mult	0.76	3.39	0.24	4.39	XXX	N
78103	TC	A	Bone marrow imaging, mult	0.00	3.05	0.19	3.24	XXX	N
78103	26	A	Bone marrow imaging, mult	0.76	0.34	0.05	1.15	XXX	N
78104	.....	A	Bone marrow imaging, body	0.81	4.29	0.30	5.40	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78104	TC	A	Bone marrow imaging, body	0.00	3.92	0.25	4.17	XXX	N
78104	26	A	Bone marrow imaging, body	0.81	0.37	0.05	1.23	XXX	N
78110	26	A	Plasma volume, single	0.19	0.09	0.01	0.29	XXX	N
78110	.....	A	Plasma volume, single	0.19	1.00	0.07	1.26	XXX	N
78110	TC	A	Plasma volume, single	0.00	0.91	0.06	0.97	XXX	N
78111	TC	A	Plasma volume, multiple	0.00	2.48	0.16	2.64	XXX	N
78111	.....	A	Plasma volume, multiple	0.22	2.58	0.18	2.98	XXX	N
78111	26	A	Plasma volume, multiple	0.22	0.10	0.02	0.34	XXX	N
78120	.....	A	Red cell mass, single	0.23	1.78	0.13	2.14	XXX	N
78120	TC	A	Red cell mass, single	0.00	1.67	0.11	1.78	XXX	N
78120	26	A	Red cell mass, single	0.23	0.11	0.02	0.36	XXX	N
78121	.....	A	Red cell mass, multiple	0.32	2.95	0.19	3.46	XXX	N
78121	TC	A	Red cell mass, multiple	0.00	2.80	0.17	2.97	XXX	N
78121	26	A	Red cell mass, multiple	0.32	0.15	0.02	0.49	XXX	N
78122	.....	A	Blood volume	0.45	4.64	0.31	5.40	XXX	N
78122	TC	A	Blood volume	0.00	4.44	0.28	4.72	XXX	N
78122	26	A	Blood volume	0.45	0.20	0.03	0.68	XXX	N
78130	.....	A	Red cell survival study	0.62	3.03	0.21	3.86	XXX	N
78130	TC	A	Red cell survival study	0.00	2.75	0.17	2.92	XXX	N
78130	26	A	Red cell survival study	0.62	0.28	0.04	0.94	XXX	N
78135	.....	A	Red cell survival kinetics	0.65	4.98	0.34	5.97	XXX	N
78135	TC	A	Red cell survival kinetics	0.00	4.69	0.30	4.99	XXX	N
78135	26	A	Red cell survival kinetics	0.65	0.29	0.04	0.98	XXX	N
78140	.....	A	Red cell sequestration	0.62	4.07	0.28	4.97	XXX	N
78140	TC	A	Red cell sequestration	0.00	3.79	0.24	4.03	XXX	N
78140	26	A	Red cell sequestration	0.62	0.28	0.04	0.94	XXX	N
78160	.....	A	Plasma iron turnover	0.33	3.68	0.24	4.25	XXX	N
78160	TC	A	Plasma iron turnover	0.00	3.53	0.22	3.75	XXX	N
78160	26	A	Plasma iron turnover	0.33	0.15	0.02	0.50	XXX	N
78162	.....	A	Iron absorption exam	0.45	3.28	0.22	3.95	XXX	N
78162	TC	A	Iron absorption exam	0.00	3.08	0.19	3.27	XXX	N
78162	26	A	Iron absorption exam	0.45	0.20	0.03	0.68	XXX	N
78170	.....	A	Red cell iron utilization	0.41	5.30	0.35	6.06	XXX	N
78170	TC	A	Red cell iron utilization	0.00	5.12	0.32	5.44	XXX	N
78170	26	A	Red cell iron utilization	0.41	0.18	0.03	0.62	XXX	N
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	26	A	Total body iron estimation	0.54	0.25	0.04	0.83	XXX	N
78185	.....	A	Spleen imaging	0.40	2.45	0.18	3.03	XXX	N
78185	TC	A	Spleen imaging	0.00	2.27	0.15	2.42	XXX	N
78185	26	A	Spleen imaging	0.40	0.18	0.03	0.61	XXX	N
78190	.....	A	Platelet survival, kinetics	1.10	6.00	0.42	7.52	XXX	N
78190	TC	A	Platelet survival, kinetics	0.00	5.51	0.35	5.86	XXX	N
78190	26	A	Platelet survival, kinetics	1.10	0.49	0.07	1.66	XXX	N
78191	.....	A	Platelet survival	0.62	7.35	0.48	8.45	XXX	N
78191	TC	A	Platelet survival	0.00	7.07	0.44	7.51	XXX	N
78191	26	A	Platelet survival	0.62	0.28	0.04	0.94	XXX	N
78192	.....	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78192	TC	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78192	26	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	.....	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	TC	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	26	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78195	.....	A	Lymph system imaging	0.71	4.24	0.30	5.25	XXX	N
78195	TC	A	Lymph system imaging	0.00	3.92	0.25	4.17	XXX	N
78195	26	A	Lymph system imaging	0.71	0.32	0.05	1.08	XXX	N
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78201	.....	A	Liver imaging	0.44	2.46	0.18	3.08	XXX	N
78201	TC	A	Liver imaging	0.00	2.27	0.15	2.42	XXX	N
78201	26	A	Liver imaging	0.44	0.19	0.03	0.66	XXX	N
78202	.....	A	Liver imaging with flow	0.52	3.01	0.21	3.74	XXX	N
78202	TC	A	Liver imaging with flow	0.00	2.78	0.17	2.95	XXX	N
78202	26	A	Liver imaging with flow	0.52	0.23	0.04	0.79	XXX	N
78205	.....	A	Liver imaging (3d)	0.72	6.02	0.41	7.15	XXX	N
78205	TC	A	Liver imaging (3d)	0.00	5.69	0.36	6.05	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78205	26	A	Liver imaging (3d)	0.72	0.33	0.05	1.10	XXX	N
78215	26	A	Liver and spleen imaging	0.50	0.22	0.03	0.75	XXX	N
78215	.....	A	Liver and spleen imaging	0.50	3.05	0.20	3.75	XXX	N
78215	TC	A	Liver and spleen imaging	0.00	2.83	0.17	3.00	XXX	N
78216	TC	A	Liver & spleen image, flow	0.00	3.36	0.21	3.57	XXX	N
78216	.....	A	Liver & spleen image, flow	0.58	3.62	0.25	4.45	XXX	N
78216	26	A	Liver & spleen image, flow	0.58	0.26	0.04	0.88	XXX	N
78220	.....	A	Liver function study	0.50	3.81	0.25	4.56	XXX	N
78220	TC	A	Liver function study	0.00	3.59	0.22	3.81	XXX	N
78220	26	A	Liver function study	0.50	0.22	0.03	0.75	XXX	N
78223	.....	A	Hepatobiliary imaging	0.85	3.91	0.28	5.04	XXX	N
78223	TC	A	Hepatobiliary imaging	0.00	3.53	0.22	3.75	XXX	N
78223	26	A	Hepatobiliary imaging	0.85	0.38	0.06	1.29	XXX	N
78230	.....	A	Salivary gland imaging	0.46	2.30	0.17	2.93	XXX	N
78230	TC	A	Salivary gland imaging	0.00	2.09	0.14	2.23	XXX	N
78230	26	A	Salivary gland imaging	0.46	0.21	0.03	0.70	XXX	N
78231	.....	A	Serial salivary imaging	0.53	3.29	0.23	4.05	XXX	N
78231	TC	A	Serial salivary imaging	0.00	3.05	0.19	3.24	XXX	N
78231	26	A	Serial salivary imaging	0.53	0.24	0.04	0.81	XXX	N
78232	.....	A	Salivary gland function exam	0.48	3.63	0.24	4.35	XXX	N
78232	TC	A	Salivary gland function exam	0.00	3.41	0.21	3.62	XXX	N
78232	26	A	Salivary gland function exam	0.48	0.22	0.03	0.73	XXX	N
78258	.....	A	Esophageal motility study	0.75	3.12	0.22	4.09	XXX	N
78258	TC	A	Esophageal motility study	0.00	2.78	0.17	2.95	XXX	N
78258	26	A	Esophageal motility study	0.75	0.34	0.05	1.14	XXX	N
78261	.....	A	Gastric mucosa imaging	0.70	4.27	0.30	5.27	XXX	N
78261	TC	A	Gastric mucosa imaging	0.00	3.95	0.25	4.20	XXX	N
78261	26	A	Gastric mucosa imaging	0.70	0.32	0.05	1.07	XXX	N
78262	.....	A	Gastroesophageal reflux exam	0.69	4.40	0.31	5.40	XXX	N
78262	TC	A	Gastroesophageal reflux exam	0.00	4.09	0.26	4.35	XXX	N
78262	26	A	Gastroesophageal reflux exam	0.69	0.31	0.05	1.05	XXX	N
78264	.....	A	Gastric emptying study	0.79	4.33	0.30	5.42	XXX	N
78264	TC	A	Gastric emptying study	0.00	3.97	0.25	4.22	XXX	N
78264	26	A	Gastric emptying study	0.79	0.36	0.05	1.20	XXX	N
78270	.....	A	Vit b-12 absorption exam	0.20	1.59	0.11	1.90	XXX	N
78270	TC	A	Vit b-12 absorption exam	0.00	1.49	0.10	1.59	XXX	N
78270	26	A	Vit b-12 absorption exam	0.20	0.10	0.01	0.31	XXX	N
78271	.....	A	Vit b-12 absorp exam, if	0.20	1.69	0.11	2.00	XXX	N
78271	TC	A	Vit b-12 absorp exam, if	0.00	1.59	0.10	1.69	XXX	N
78271	26	A	Vit b-12 absorp exam, if	0.20	0.10	0.01	0.31	XXX	N
78272	.....	A	Vit b-12 absorp, combined	0.27	2.36	0.17	2.80	XXX	N
78272	TC	A	Vit b-12 absorp, combined	0.00	2.23	0.15	2.38	XXX	N
78272	26	A	Vit b-12 absorp, combined	0.27	0.13	0.02	0.42	XXX	N
78276	.....	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78276	TC	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78276	26	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78278	.....	A	Acute gi blood loss imaging	1.00	5.14	0.37	6.51	XXX	N
78278	TC	A	Acute gi blood loss imaging	0.00	4.69	0.30	4.99	XXX	N
78278	26	A	Acute gi blood loss imaging	1.00	0.45	0.07	1.52	XXX	N
78280	.....	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78280	TC	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78280	26	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78282	.....	C	Gi protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	TC	C	Gi protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	26	A	Gi protein loss exam	0.38	0.17	0.03	0.58	XXX	N
78290	.....	A	Meckel's divert exam	0.69	3.24	0.23	4.16	XXX	N
78290	TC	A	Meckel's divert exam	0.00	2.93	0.18	3.11	XXX	N
78290	26	A	Meckel's divert exam	0.69	0.31	0.05	1.05	XXX	N
78291	.....	A	Leveen/shunt patency exam	0.89	3.34	0.24	4.47	XXX	N
78291	TC	A	Leveen/shunt patency exam	0.00	2.95	0.18	3.13	XXX	N
78291	26	A	Leveen/shunt patency exam	0.89	0.39	0.06	1.34	XXX	N
78299	.....	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	26	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	TC	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78300	.....	A	Bone imaging, limited area	0.63	2.69	0.20	3.52	XXX	N
78300	TC	A	Bone imaging, limited area	0.00	2.40	0.16	2.56	XXX	N
78300	26	A	Bone imaging, limited area	0.63	0.29	0.04	0.96	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78305	.....	A	Bone imaging, multiple areas	0.84	3.91	0.28	5.03	XXX	N
78305	TC	A	Bone imaging, multiple areas	0.00	3.53	0.22	3.75	XXX	N
78305	26	A	Bone imaging, multiple areas	0.84	0.38	0.06	1.28	XXX	N
78306	.....	A	Bone imaging, whole body	0.87	4.51	0.32	5.70	XXX	N
78306	TC	A	Bone imaging, whole body	0.00	4.12	0.26	4.38	XXX	N
78306	26	A	Bone imaging, whole body	0.87	0.39	0.06	1.32	XXX	N
78310	26	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78310	.....	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78310	TC	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78315	TC	A	Bone imaging, 3 phase	0.00	4.60	0.29	4.89	XXX	N
78315	.....	A	Bone imaging, 3 phase	1.03	5.06	0.36	6.45	XXX	N
78315	26	A	Bone imaging, 3 phase	1.03	0.46	0.07	1.56	XXX	N
78320	.....	A	Bone imaging (3d)	1.05	6.16	0.43	7.64	XXX	N
78320	TC	A	Bone imaging (3d)	0.00	5.69	0.36	6.05	XXX	N
78320	26	A	Bone imaging (3d)	1.05	0.47	0.07	1.59	XXX	N
78350	TC	A	Bone mineral, single photon	0.00	0.73	0.05	0.78	XXX	N
78350	26	A	Bone mineral, single photon	0.22	0.10	0.02	0.34	XXX	N
78350	.....	A	Bone mineral, single photon	0.22	0.83	0.07	1.12	XXX	N
78351	.....	N	Bone mineral, dual photon	0.00	0.00	0.00	0.00	XXX	0
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	26	A	Non-imaging heart function	0.45	0.20	0.03	0.68	XXX	N
78428	.....	A	Cardiac shunt imaging	0.79	2.53	0.19	3.51	XXX	N
78428	TC	A	Cardiac shunt imaging	0.00	2.17	0.14	2.31	XXX	N
78428	26	A	Cardiac shunt imaging	0.79	0.36	0.05	1.20	XXX	N
78445	.....	A	Vascular flow imaging	0.50	2.03	0.15	2.68	XXX	N
78445	TC	A	Vascular flow imaging	0.00	1.79	0.11	1.90	XXX	N
78445	26	A	Vascular flow imaging	0.50	0.24	0.04	0.78	XXX	N
78455	26	A	Venous thrombosis study	0.74	0.33	0.05	1.12	XXX	N
78455	.....	A	Venous thrombosis study	0.74	4.17	0.29	5.20	XXX	N
78455	TC	A	Venous thrombosis study	0.00	3.84	0.24	4.08	XXX	N
78457	TC	A	Venous thrombosis imaging	0.00	2.56	0.17	2.73	XXX	N
78457	.....	A	Venous thrombosis imaging	0.78	2.91	0.22	3.91	XXX	N
78457	26	A	Venous thrombosis imaging	0.78	0.35	0.05	1.18	XXX	N
78458	.....	A	Ven thrombosis images, bilat	0.91	4.27	0.30	5.48	XXX	N
78458	TC	A	Ven thrombosis images, bilat	0.00	3.87	0.24	4.11	XXX	N
78458	26	A	Ven thrombosis images, bilat	0.91	0.40	0.06	1.37	XXX	N
78460	.....	A	Heart muscle blood single	0.87	2.66	0.21	3.74	XXX	N
78460	TC	A	Heart muscle blood single	0.00	2.27	0.15	2.42	XXX	N
78460	26	A	Heart muscle blood single	0.87	0.39	0.06	1.32	XXX	N
78461	.....	A	Heart muscle blood multiple	1.24	5.10	0.37	6.71	XXX	N
78461	TC	A	Heart muscle blood multiple	0.00	4.55	0.29	4.84	XXX	N
78461	26	A	Heart muscle blood multiple	1.24	0.55	0.08	1.87	XXX	N
78464	.....	A	Heart image (3d) single	1.10	7.31	0.50	8.91	XXX	N
78464	TC	A	Heart image (3d) single	0.00	6.82	0.43	7.25	XXX	N
78464	26	A	Heart image (3d) single	1.10	0.49	0.07	1.66	XXX	N
78465	.....	A	Heart image (3d) multiple	1.48	12.02	0.81	14.31	XXX	N
78465	TC	A	Heart image (3d) multiple	0.00	11.36	0.71	12.07	XXX	N
78465	26	A	Heart image (3d) multiple	1.48	0.66	0.10	2.24	XXX	N
78466	.....	A	Heart infarct image	0.70	2.85	0.22	3.77	XXX	N
78466	TC	A	Heart infarct image	0.00	2.53	0.17	2.70	XXX	N
78466	26	A	Heart infarct image	0.70	0.32	0.05	1.07	XXX	N
78468	.....	A	Heart infarct image, ef	0.81	3.89	0.27	4.97	XXX	N
78468	TC	A	Heart infarct image, ef	0.00	3.53	0.22	3.75	XXX	N
78468	26	A	Heart infarct image, ef	0.81	0.36	0.05	1.22	XXX	N
78469	.....	A	Heart infarct image (3d)	0.93	5.45	0.38	6.76	XXX	N
78469	TC	A	Heart infarct image (3d)	0.00	5.04	0.32	5.36	XXX	N
78469	26	A	Heart infarct image (3d)	0.93	0.41	0.06	1.40	XXX	N
78472	.....	A	Gated heart, resting	0.99	5.75	0.41	7.15	XXX	N
78472	TC	A	Gated heart, resting	0.00	5.31	0.34	5.65	XXX	N
78472	26	A	Gated heart, resting	0.99	0.44	0.07	1.50	XXX	N
78473	.....	A	Gated heart, multiple	1.49	8.62	0.60	10.71	XXX	N
78473	TC	A	Gated heart, multiple	0.00	7.96	0.50	8.46	XXX	N
78473	26	A	Gated heart, multiple	1.49	0.66	0.10	2.25	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78478	.....	A	Heart wall motion (add-on)	0.63	1.78	0.14	2.55	XXX	N
78478	TC	A	Heart wall motion (add-on)	0.00	1.50	0.10	1.60	XXX	N
78478	26	A	Heart wall motion (add-on)	0.63	0.28	0.04	0.95	XXX	N
78480	.....	A	Heart function, (add-on)	0.63	1.78	0.14	2.55	XXX	N
78480	TC	A	Heart function, (add-on)	0.00	1.50	0.10	1.60	XXX	N
78480	26	A	Heart function, (add-on)	0.63	0.28	0.04	0.95	XXX	N
78481	.....	A	Heart first pass single	0.99	5.48	0.39	6.86	XXX	N
78481	TC	A	Heart first pass single	0.00	5.04	0.32	5.36	XXX	N
78481	26	A	Heart first pass single	0.99	0.44	0.07	1.50	XXX	N
78483	.....	A	Heart first pass multiple	1.49	8.24	0.58	10.31	XXX*	N
78483	TC	A	Heart first pass multiple	0.00	7.58	0.48	8.06	XXX	N
78483	26	A	Heart first pass multiple	1.49	0.66	0.10	2.25	XXX	N
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78580	.....	A	Lung perfusion imaging	0.75	3.65	0.26	4.66	XXX	N
78580	TC	A	Lung perfusion imaging	0.00	3.31	0.21	3.52	XXX	N
78580	26	A	Lung perfusion imaging	0.75	0.34	0.05	1.14	XXX	N
78581	.....	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78581	TC	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78581	26	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	.....	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	TC	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	26	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78584	26	A	Lung v/q image single breath	1.00	0.45	0.07	1.52	XXX	N
78584	.....	A	Lung v/q image single breath	1.00	3.53	0.26	4.79	XXX	N
78584	TC	A	Lung v/q image single breath	0.00	3.08	0.19	3.27	XXX	N
78585	TC	A	Lung v/q imaging	0.00	5.43	0.34	5.77	XXX	N
78585	.....	A	Lung v/q imaging	1.10	5.92	0.41	7.43	XXX	N
78585	26	A	Lung v/q imaging	1.10	0.49	0.07	1.66	XXX	N
78586	.....	A	Aerosol lung image, single	0.40	2.68	0.19	3.27	XXX	N
78586	TC	A	Aerosol lung image, single	0.00	2.50	0.16	2.66	XXX	N
78586	26	A	Aerosol lung image, single	0.40	0.18	0.03	0.61	XXX	N
78587	.....	A	Aerosol lung image, multiple	0.50	2.92	0.20	3.62	XXX	N
78587	TC	A	Aerosol lung image, multiple	0.00	2.70	0.17	2.87	XXX	N
78587	26	A	Aerosol lung image, multiple	0.50	0.22	0.03	0.75	XXX	N
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	2.93	0.20	3.53	XXX	N
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.75	0.17	2.92	XXX	N
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.03	0.61	XXX	N
78593	.....	A	Vent image, 1 proj, gas	0.50	3.55	0.24	4.29	XXX	N
78593	TC	A	Vent image, 1 proj, gas	0.00	3.33	0.21	3.54	XXX	N
78593	26	A	Vent image, 1 proj, gas	0.50	0.22	0.03	0.75	XXX	N
78594	.....	A	Vent image, mult proj, gas	0.54	5.05	0.34	5.93	XXX	N
78594	TC	A	Vent image, mult proj, gas	0.00	4.80	0.30	5.10	XXX	N
78594	26	A	Vent image, mult proj, gas	0.54	0.25	0.04	0.83	XXX	N
78596	.....	A	Lung differential function	1.28	7.39	0.52	9.19	XXX	N
78596	TC	A	Lung differential function	0.00	6.82	0.43	7.25	XXX	N
78596	26	A	Lung differential function	1.28	0.57	0.09	1.94	XXX	N
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78600	.....	A	Brain imaging, ltd static	0.44	2.98	0.20	3.62	XXX	N
78600	TC	A	Brain imaging, ltd static	0.00	2.78	0.17	2.95	XXX	N
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.03	0.67	XXX	N
78601	.....	A	Brain ltd imaging & flow	0.52	3.52	0.24	4.28	XXX	N
78601	TC	A	Brain ltd imaging & flow	0.00	3.28	0.20	3.48	XXX	N
78601	26	A	Brain ltd imaging & flow	0.52	0.24	0.04	0.80	XXX	N
78605	.....	A	Brain imaging, complete	0.54	3.53	0.24	4.31	XXX	N
78605	TC	A	Brain imaging, complete	0.00	3.28	0.20	3.48	XXX	N
78605	26	A	Brain imaging, complete	0.54	0.25	0.04	0.83	XXX	N
78606	.....	A	Brain imaging comp & flow	0.65	4.02	0.27	4.94	XXX	N
78606	TC	A	Brain imaging comp & flow	0.00	3.73	0.23	3.96	XXX	N
78606	26	A	Brain imaging comp & flow	0.65	0.29	0.04	0.98	XXX	N
78607	.....	A	Brain imaging (3d)	1.24	6.87	0.47	8.58	XXX	N
78607	26	A	Brain imaging (3d)	1.24	0.55	0.08	1.87	XXX	N
78607	TC	A	Brain imaging (3d)	0.00	6.32	0.39	6.71	XXX	N
78608	.....	N	Brain imaging (pet)	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
78609	.....	N	Brain imaging (pet)	0.00	0.00	0.00	0.00	XXX	0
78610	.....	A	Brain flow imaging only	0.30	1.66	0.12	2.08	XXX	N
78610	TC	A	Brain flow imaging only	0.00	1.52	0.10	1.62	XXX	N
78610	26	A	Brain flow imaging only	0.30	0.14	0.02	0.46	XXX	N
78615	.....	A	Cerebral blood flow imaging	0.42	3.90	0.26	4.58	XXX	N
78615	TC	A	Cerebral blood flow imaging	0.00	3.71	0.23	3.94	XXX	N
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.03	0.64	XXX	N
78630	.....	A	Cerebrospinal fluid scan	0.69	5.16	0.36	6.21	XXX	N
78630	TC	A	Cerebrospinal fluid scan	0.00	4.85	0.31	5.16	XXX	N
78630	26	A	Cerebrospinal fluid scan	0.69	0.31	0.05	1.05	XXX	N
78635	.....	A	Csf ventriculography	0.62	2.73	0.20	3.55	XXX	N
78635	TC	A	Csf ventriculography	0.00	2.45	0.16	2.61	XXX	N
78635	26	A	Csf ventriculography	0.62	0.28	0.04	0.94	XXX	N
78645	.....	A	Csf shunt evaluation	0.58	3.57	0.25	4.40	XXX	N
78645	TC	A	Csf shunt evaluation	0.00	3.31	0.21	3.52	XXX	N
78645	26	A	Csf shunt evaluation	0.58	0.26	0.04	0.88	XXX	N
78650	.....	A	Csf leakage imaging	0.62	4.75	0.32	5.69	XXX	N
78650	TC	A	Csf leakage imaging	0.00	4.47	0.28	4.75	XXX	N
78650	26	A	Csf leakage imaging	0.62	0.28	0.04	0.94	XXX	N
78652	.....	A	Cerebrospinal fluid scan (3d)	0.91	6.10	0.42	7.43	XXX	N
78652	TC	A	Cerebrospinal fluid scan (3d)	0.00	5.69	0.36	6.05	XXX	N
78652	26	A	Cerebrospinal fluid scan (3d)	0.91	0.41	0.06	1.38	XXX	N
78655	.....	A	Nuclear exam of eye lesion	0.57	5.06	0.34	5.97	XXX	N
78655	TC	A	Nuclear exam of eye lesion	0.00	4.80	0.30	5.10	XXX	N
78655	26	A	Nuclear exam of eye lesion	0.57	0.26	0.04	0.87	XXX	N
78660	.....	A	Nuclear exam of tear flow	0.54	2.29	0.17	3.00	XXX	N
78660	TC	A	Nuclear exam of tear flow	0.00	2.04	0.13	2.17	XXX	N
78660	26	A	Nuclear exam of tear flow	0.54	0.25	0.04	0.83	XXX	N
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78700	.....	A	Kidney imaging, static	0.45	3.13	0.21	3.79	XXX	N
78700	TC	A	Kidney imaging, static	0.00	2.93	0.18	3.11	XXX	N
78700	26	A	Kidney imaging, static	0.45	0.20	0.03	0.68	XXX	N
78701	.....	A	Kidney imaging with flow	0.50	3.65	0.24	4.39	XXX	N
78701	TC	A	Kidney imaging with flow	0.00	3.43	0.21	3.64	XXX	N
78701	26	A	Kidney imaging with flow	0.50	0.22	0.03	0.75	XXX	N
78704	.....	A	Imaging renogram	0.75	4.15	0.29	5.19	XXX	N
78704	TC	A	Imaging renogram	0.00	3.81	0.24	4.05	XXX	N
78704	26	A	Imaging renogram	0.75	0.34	0.05	1.14	XXX	N
78707	26	A	Kidney flow & function image	0.95	0.42	0.06	1.43	XXX	N
78707	.....	A	Kidney flow & function image	0.95	4.73	0.33	6.01	XXX	N
78707	TC	A	Kidney flow & function image	0.00	4.31	0.27	4.58	XXX	N
78710	TC	A	Kidney imaging (3d)	0.00	5.69	0.36	6.05	XXX	N
78710	.....	A	Kidney imaging (3d)	0.67	5.99	0.41	7.07	XXX	N
78710	26	A	Kidney imaging (3d)	0.67	0.30	0.05	1.02	XXX	N
78715	.....	A	Renal vascular flow exam	0.30	1.66	0.12	2.08	XXX	N
78715	TC	A	Renal vascular flow exam	0.00	1.52	0.10	1.62	XXX	N
78715	26	A	Renal vascular flow exam	0.30	0.14	0.02	0.46	XXX	N
78725	.....	A	Kidney function study	0.38	1.89	0.14	2.41	XXX	N
78725	TC	A	Kidney function study	0.00	1.72	0.11	1.83	XXX	N
78725	26	A	Kidney function study	0.38	0.17	0.03	0.58	XXX	N
78726	.....	A	Kidney function w/intervent	0.88	3.24	0.24	4.36	XXX	N
78726	TC	A	Kidney function w/intervent	0.00	2.85	0.18	3.03	XXX	N
78726	26	A	Kidney function w/intervent	0.88	0.39	0.06	1.33	XXX	N
78727	.....	A	Kidney transplant evaluation	1.00	4.29	0.31	5.60	XXX	N
78727	TC	A	Kidney transplant evaluation	0.00	3.84	0.24	4.08	XXX	N
78727	26	A	Kidney transplant evaluation	1.00	0.45	0.07	1.52	XXX	N
78730	.....	A	Urinary bladder retention	0.36	1.57	0.11	2.04	XXX	N
78730	TC	A	Urinary bladder retention	0.00	1.41	0.09	1.50	XXX	N
78730	26	A	Urinary bladder retention	0.36	0.16	0.02	0.54	XXX	N
78740	.....	A	Ureteral reflux study	0.58	2.30	0.17	3.05	XXX	N
78740	TC	A	Ureteral reflux study	0.00	2.04	0.13	2.17	XXX	N
78740	26	A	Ureteral reflux study	0.58	0.26	0.04	0.88	XXX	N
78760	.....	A	Testicular imaging	0.67	2.88	0.21	3.76	XXX	N
78760	TC	A	Testicular imaging	0.00	2.58	0.17	2.75	XXX	N
78760	26	A	Testicular imaging	0.67	0.30	0.04	1.01	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78761	.....	A	Testicular imaging & flow	0.72	3.41	0.24	4.37	XXX	N
78761	TC	A	Testicular imaging & flow	0.00	3.08	0.19	3.27	XXX	N
78761	26	A	Testicular imaging & flow	0.72	0.33	0.05	1.10	XXX	N
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78800	.....	A	Tumor imaging, limited area	0.66	3.58	0.24	4.48	XXX	N
78800	TC	A	Tumor imaging, limited area	0.00	3.28	0.20	3.48	XXX	N
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.04	1.00	XXX	N
78801	.....	A	Tumor imaging, mult areas	0.80	4.43	0.31	5.54	XXX	N
78801	TC	A	Tumor imaging, mult areas	0.00	4.07	0.26	4.33	XXX	N
78801	26	A	Tumor imaging, mult areas	0.80	0.36	0.05	1.21	XXX	N
78802	.....	A	Tumor imaging, whole body	0.87	5.72	0.40	6.99	XXX	N
78802	TC	A	Tumor imaging, whole body	0.00	5.33	0.34	5.67	XXX	N
78802	26	A	Tumor imaging, whole body	0.87	0.39	0.06	1.32	XXX	N
78803	26	A	Tumor imaging (3d)	1.10	0.49	0.07	1.66	XXX	N
78803	.....	A	Tumor imaging (3d)	1.10	6.81	0.46	8.37	XXX	N
78803	TC	A	Tumor imaging (3d)	0.00	6.32	0.39	6.71	XXX	N
78805	TC	A	Abscess imaging, ltd area	0.00	3.28	0.20	3.48	XXX	N
78805	.....	A	Abscess imaging, ltd area	0.74	3.61	0.25	4.60	XXX	N
78805	26	A	Abscess imaging, ltd area	0.74	0.33	0.05	1.12	XXX	N
78806	.....	A	Abscess imaging, whole body	0.74	6.58	0.45	7.77	XXX	N
78806	TC	A	Abscess imaging, whole body	0.00	6.20	0.39	6.59	XXX	N
78806	26	A	Abscess imaging, whole body	0.74	0.38	0.06	1.18	XXX	N
78807	.....	A	Nuclear localization/abscess	1.10	6.81	0.46	8.37	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.32	0.39	6.71	XXX	N
78807	26	A	Nuclear localization/abscess	1.10	0.49	0.07	1.66	XXX	N
78890	.....	A	Nuclear medicine data proc	0.05	1.27	0.08	1.40	XXX	N
78890	TC	A	Nuclear medicine data proc	0.00	1.25	0.08	1.33	XXX	N
78890	26	A	Nuclear medicine data proc	0.05	0.02	0.00	0.07	XXX	N
78891	.....	A	Nuclear med data proc	0.10	2.58	0.18	2.86	XXX	N
78891	26	A	Nuclear med data proc	0.10	0.05	0.01	0.16	XXX	N
78891	TC	A	Nuclear med data proc	0.00	2.53	0.17	2.70	XXX	N
78990	.....	G	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX	0
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
79000	.....	A	Intial hyperthyroid therapy	1.82	3.35	0.29	5.46	XXX	N
79000	TC	A	Intial hyperthyroid therapy	0.00	2.53	0.17	2.70	XXX	N
79000	26	A	Intial hyperthyroid therapy	1.82	0.82	0.12	2.76	XXX	N
79001	.....	A	Repeat hyperthyroid therapy	1.06	1.72	0.15	2.93	XXX	N
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.25	0.08	1.33	XXX	N
79001	26	A	Repeat hyperthyroid therapy	1.06	0.47	0.07	1.60	XXX	N
79020	.....	A	Thyroid ablation	1.83	3.35	0.29	5.47	XXX	N
79020	TC	A	Thyroid ablation	0.00	2.53	0.17	2.70	XXX	N
79020	26	A	Thyroid ablation	1.83	0.82	0.12	2.77	XXX	N
79030	.....	A	Thyroid ablation, carcinoma	2.12	3.48	0.31	5.91	XXX	N
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.53	0.17	2.70	XXX	N
79030	26	A	Thyroid ablation, carcinoma	2.12	0.95	0.14	3.21	XXX	N
79035	.....	A	Thyroid metastatic therapy	2.55	3.67	0.34	6.56	XXX	N
79035	TC	A	Thyroid metastatic therapy	0.00	2.53	0.17	2.70	XXX	N
79035	26	A	Thyroid metastatic therapy	2.55	1.14	0.17	3.86	XXX	N
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.53	0.17	2.70	XXX	N
79100	.....	A	Hematopoetic nuclear therapy	1.33	3.12	0.26	4.71	XXX	N
79100	26	A	Hematopoetic nuclear therapy	1.33	0.59	0.09	2.01	XXX	N
79200	TC	A	Intracavitary nuc treatment	0.00	2.53	0.17	2.70	XXX	N
79200	.....	A	Intracavitary nuc treatment	2.01	3.43	0.31	5.75	XXX	N
79200	26	A	Intracavitary nuc treatment	2.01	0.90	0.14	3.05	XXX	N
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	.....	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	26	A	Interstitial nuclear therapy	1.62	0.72	0.11	2.45	XXX	N
79400	TC	A	Radionuclide therapy	0.00	2.53	0.17	2.70	XXX	N
79400	.....	A	Radionuclide therapy	1.98	3.41	0.30	5.69	XXX	N
79400	26	A	Radionuclide therapy	1.98	0.88	0.13	2.99	XXX	N
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	.....	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	26	A	Intravascular nuc therapy	1.53	0.68	0.10	2.31	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
79440	TC	A	Nuclear joint therapy	0.00	2.53	0.17	2.70	XXX	N
79440	.....	A	Nuclear joint therapy	2.01	3.43	0.31	5.75	XXX	N
79440	26	A	Nuclear joint therapy	2.01	0.90	0.14	3.05	XXX	N
79900	.....	C	Provide ther radionuclide(s)	0.00	0.00	0.00	0.00	XXX	N
79999	.....	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
80002	.....	X	1–2 clinical chem tests	0.00	0.00	0.00	0.00	XXX	0
80003	.....	X	3 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80004	.....	X	4 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80005	.....	X	5 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80006	.....	X	6 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80007	.....	X	7 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80008	.....	X	8 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80009	.....	X	9 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80010	.....	X	10 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80011	.....	X	11 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80012	.....	X	12 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80016	.....	X	13–16 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80018	.....	X	17–18 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80019	.....	X	19 or more blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80050	.....	X	General health panel	0.00	0.00	0.00	0.00	XXX	0
80055	.....	X	Obstetric panel	0.00	0.00	0.00	0.00	XXX	0
80058	.....	X	Hepatic function panel	0.00	0.00	0.00	0.00	XXX	0
80059	.....	X	Hepatitis panel	0.00	0.00	0.00	0.00	XXX	0
80061	.....	X	Lipid panel	0.00	0.00	0.00	0.00	XXX	0
80072	.....	X	Arthritis panel	0.00	0.00	0.00	0.00	XXX	0
80090	.....	X	Torch antibody panel	0.00	0.00	0.00	0.00	XXX	0
80091	.....	X	Thyroid panel	0.00	0.00	0.00	0.00	XXX	0
80092	.....	X	Thyroid panel w/tsh	0.00	0.00	0.00	0.00	XXX	0
80100	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80101	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80102	.....	X	Drug confirmation	0.00	0.00	0.00	0.00	XXX	0
80103	.....	X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	XXX	0
80150	.....	X	Assay of amikacin	0.00	0.00	0.00	0.00	XXX	0
80152	.....	X	Assay of amitriptyline	0.00	0.00	0.00	0.00	XXX	0
80154	.....	X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	XXX	0
80156	.....	X	Assay carbamazepine	0.00	0.00	0.00	0.00	XXX	0
80158	.....	X	Assay of cyclosporine	0.00	0.00	0.00	0.00	XXX	0
80160	.....	X	Assay of desipramine	0.00	0.00	0.00	0.00	XXX	0
80162	.....	X	Assay for digoxin	0.00	0.00	0.00	0.00	XXX	0
80164	.....	X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	XXX	0
80166	.....	X	Assay of doxepin	0.00	0.00	0.00	0.00	XXX	0
80168	.....	X	Assay of ethosuximide	0.00	0.00	0.00	0.00	XXX	0
80170	.....	X	Gentamicin	0.00	0.00	0.00	0.00	XXX	0
80172	.....	X	Assay for gold	0.00	0.00	0.00	0.00	XXX	0
80174	.....	X	Assay of imipramine	0.00	0.00	0.00	0.00	XXX	0
80176	.....	X	Assay for lidocaine	0.00	0.00	0.00	0.00	XXX	0
80178	.....	X	Assay for lithium	0.00	0.00	0.00	0.00	XXX	0
80182	.....	X	Assay for nortriptyline	0.00	0.00	0.00	0.00	XXX	0
80184	.....	X	Assay for phenobarbital	0.00	0.00	0.00	0.00	XXX	0
80185	.....	X	Assay for phenytoin	0.00	0.00	0.00	0.00	XXX	0
80186	.....	X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	XXX	0
80188	.....	X	Assay for primidone	0.00	0.00	0.00	0.00	XXX	0
80190	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80192	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80194	.....	X	Assay for quinidine	0.00	0.00	0.00	0.00	XXX	0
80196	.....	X	Assay for salicylate	0.00	0.00	0.00	0.00	XXX	0
80198	.....	X	Assay for theophylline	0.00	0.00	0.00	0.00	XXX	0
80200	.....	X	Assay for tobramycin	0.00	0.00	0.00	0.00	XXX	0
80202	.....	X	Assay for vancomycin	0.00	0.00	0.00	0.00	XXX	0
80299	.....	X	Quantitative assay, drug	0.00	0.00	0.00	0.00	XXX	0
80400	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80402	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80406	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80408	.....	X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	XXX	0
80410	.....	X	Calcium-pentagastrin stimul	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
80412	.....	X	Crh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80414	.....	X	Testosterone response	0.00	0.00	0.00	0.00	XXX	0
80415	.....	X	Estradiol response panel	0.00	0.00	0.00	0.00	XXX	0
80418	.....	X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	XXX	0
80420	.....	X	Dexamethasone panel	0.00	0.00	0.00	0.00	XXX	0
80422	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80424	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80426	.....	X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	XXX	0
80428	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80430	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80432	.....	X	Insulin suppression panel	0.00	0.00	0.00	0.00	XXX	0
80434	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80435	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80436	.....	X	Metyrapone panel	0.00	0.00	0.00	0.00	XXX	0
80438	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80439	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80440	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80500	.....	A	Lab pathology consultation	0.37	0.20	0.01	0.58	XXX	N
80502	.....	A	Lab pathology consultation	1.34	0.33	0.02	1.69	XXX	N
81000	.....	X	Urinalysis with microscopy	0.00	0.00	0.00	0.00	XXX	0
81002	.....	X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	XXX	0
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	XXX	0
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	XXX	0
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	XXX	0
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	XXX	0
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	XXX	0
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	XXX	0
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	XXX	0
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	XXX	0
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	XXX	0
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	XXX	0
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	XXX	0
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	XXX	0
82024	.....	X	Acth	0.00	0.00	0.00	0.00	XXX	0
82030	.....	X	Adp & amp	0.00	0.00	0.00	0.00	XXX	0
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	XXX	0
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	XXX	0
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	XXX	0
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	XXX	0
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	XXX	0
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	XXX	0
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	XXX	0
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	XXX	0
82091	.....	D	Aldosterone saline test	0.00	0.00	0.00	0.00	XXX	0
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	XXX	0
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	XXX	0
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	XXX	0
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	XXX	0
82106	.....	X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	XXX	0
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	XXX	0
82128	.....	X	Test for amino acids	0.00	0.00	0.00	0.00	XXX	0
82130	.....	X	Amino acids analysis	0.00	0.00	0.00	0.00	XXX	0
82131	.....	X	Amino acids	0.00	0.00	0.00	0.00	XXX	0
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	XXX	0
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	XXX	0
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	XXX	0
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	XXX	0
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	XXX	0
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	XXX	0
82157	.....	X	Assay of androstenedione	0.00	0.00	0.00	0.00	XXX	0
82160	.....	X	Androsterone assay	0.00	0.00	0.00	0.00	XXX	0
82163	.....	X	Assay of angiotensin ii	0.00	0.00	0.00	0.00	XXX	0
82164	.....	X	Angiotensin i enzyme test	0.00	0.00	0.00	0.00	XXX	0
82172	.....	X	Apolipoprotein	0.00	0.00	0.00	0.00	XXX	0
82173	.....	D	Arginine tolerance test	0.00	0.00	0.00	0.00	XXX	0
82175	.....	X	Assay of arsenic	0.00	0.00	0.00	0.00	XXX	0
82180	.....	X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	XXX	0

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82190	.....	X	Atomic absorption	0.00	0.00	0.00	0.00	XXX	0
82205	.....	X	Assay of barbiturates	0.00	0.00	0.00	0.00	XXX	0
82232	.....	X	Beta-2 protein	0.00	0.00	0.00	0.00	XXX	0
82239	.....	X	Bile acids, total	0.00	0.00	0.00	0.00	XXX	0
82240	.....	X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	XXX	0
82250	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82251	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82252	.....	X	Fecal bilirubin test	0.00	0.00	0.00	0.00	XXX	0
82270	.....	X	Test feces for blood	0.00	0.00	0.00	0.00	XXX	0
82273	.....	X	Test for blood, other source	0.00	0.00	0.00	0.00	XXX	0
82286	.....	X	Assay of bradykinin	0.00	0.00	0.00	0.00	XXX	0
82300	.....	X	Assay cadmium	0.00	0.00	0.00	0.00	XXX	0
82306	.....	X	Assay of vitamin d	0.00	0.00	0.00	0.00	XXX	0
82307	.....	X	Assay of vitamin d	0.00	0.00	0.00	0.00	XXX	0
82308	.....	X	Assay of calcitonin	0.00	0.00	0.00	0.00	XXX	0
82310	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82330	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82331	.....	X	Calcium infusion test	0.00	0.00	0.00	0.00	XXX	0
82340	.....	X	Assay calcium in urine	0.00	0.00	0.00	0.00	XXX	0
82355	.....	X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	XXX	0
82360	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82365	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82370	.....	X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	XXX	0
82374	.....	X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	XXX	0
82375	.....	X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82376	.....	X	Test for carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82378	.....	X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	XXX	0
82380	.....	X	Assay carotene	0.00	0.00	0.00	0.00	XXX	0
82382	.....	X	Assay urine catecholamines	0.00	0.00	0.00	0.00	XXX	0
82383	.....	X	Assay blood catecholamines	0.00	0.00	0.00	0.00	XXX	0
82384	.....	X	Assay three catecholamines	0.00	0.00	0.00	0.00	XXX	0
82387	.....	X	Cathepsin-d	0.00	0.00	0.00	0.00	XXX	0
82390	.....	X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	XXX	0
82397	.....	X	Chemiluminescent assay	0.00	0.00	0.00	0.00	XXX	0
82415	.....	X	Assay chloramphenicol	0.00	0.00	0.00	0.00	XXX	0
82435	.....	X	Assay blood chloride	0.00	0.00	0.00	0.00	XXX	0
82436	.....	X	Assay urine chloride	0.00	0.00	0.00	0.00	XXX	0
82438	.....	X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	XXX	0
82441	.....	X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	XXX	0
82465	.....	X	Assay serum cholesterol	0.00	0.00	0.00	0.00	XXX	0
82480	.....	X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82482	.....	X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82485	.....	X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	XXX	0
82486	.....	X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	XXX	0
82487	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82488	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82489	.....	X	Thin layer chromatography	0.00	0.00	0.00	0.00	XXX	0
82491	.....	X	Chromotography, quantitative	0.00	0.00	0.00	0.00	XXX	0
82495	.....	X	Assay chromium	0.00	0.00	0.00	0.00	XXX	0
82507	.....	X	Assay citrate	0.00	0.00	0.00	0.00	XXX	0
82520	.....	X	Assay for cocaine	0.00	0.00	0.00	0.00	XXX	0
82525	.....	X	Assay copper	0.00	0.00	0.00	0.00	XXX	0
82528	.....	X	Assay corticosterone	0.00	0.00	0.00	0.00	XXX	0
82530	.....	X	Cortisol, free	0.00	0.00	0.00	0.00	XXX	0
82533	.....	X	Total cortisol	0.00	0.00	0.00	0.00	XXX	0
82536	.....	D	Cortisol test after acth	0.00	0.00	0.00	0.00	XXX	0
82537	.....	D	Cortisol test after acth	0.00	0.00	0.00	0.00	XXX	0
82538	.....	D	Cortisol after metyrapone	0.00	0.00	0.00	0.00	XXX	0
82539	.....	D	Cortisol after dexamethasone	0.00	0.00	0.00	0.00	XXX	0
82540	.....	X	Assay creatine	0.00	0.00	0.00	0.00	XXX	0
82550	.....	X	Assay ck (cpk)	0.00	0.00	0.00	0.00	XXX	0
82552	.....	X	Assay cpk in blood	0.00	0.00	0.00	0.00	XXX	0
82553	.....	X	Creatine, mb fraction	0.00	0.00	0.00	0.00	XXX	0
82554	.....	X	Creatine, isoforms	0.00	0.00	0.00	0.00	XXX	0
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	XXX	0
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	XXX	0
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	XXX	0
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	XXX	0
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	XXX	0
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	XXX	0
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	XXX	0
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	XXX	0
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	XXX	0
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	XXX	0
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	XXX	0
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	XXX	0
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	XXX	0
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	XXX	0
82652		X	Assay, dihydroxyvitamin d	0.00	0.00	0.00	0.00	XXX	0
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	XXX	0
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	XXX	0
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	XXX	0
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	XXX	0
82670		X	Estradiol	0.00	0.00	0.00	0.00	XXX	0
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	XXX	0
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	XXX	0
82677		X	Estriol	0.00	0.00	0.00	0.00	XXX	0
82679		X	Estrone	0.00	0.00	0.00	0.00	XXX	0
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	XXX	0
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	XXX	0
82696		X	Etiocholanolone	0.00	0.00	0.00	0.00	XXX	0
82705		X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	XXX	0
82710		X	Fats/lipids, feces, quantitati	0.00	0.00	0.00	0.00	XXX	0
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	XXX	0
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	XXX	0
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	XXX	0
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	XXX	0
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	XXX	0
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	XXX	0
82747		X	Folic acid, rbc	0.00	0.00	0.00	0.00	XXX	0
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	XXX	0
82759		X	Rbc galactokinase assay	0.00	0.00	0.00	0.00	XXX	0
82760		X	Assay galactose	0.00	0.00	0.00	0.00	XXX	0
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	XXX	0
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	XXX	0
82784		X	Assay gammaglobulin igm	0.00	0.00	0.00	0.00	XXX	0
82785		X	Assay, gammaglobulin ige	0.00	0.00	0.00	0.00	XXX	0
82787		X	Igg1, 2, 3 and 4	0.00	0.00	0.00	0.00	XXX	0
82792		D	Blood oxygen saturation	0.00	0.00	0.00	0.00	XXX	0
82800		X	Blood ph	0.00	0.00	0.00	0.00	XXX	0
82801		D	Blood gases: pco2	0.00	0.00	0.00	0.00	XXX	0
82802		D	Blood gases: ph & pco2	0.00	0.00	0.00	0.00	XXX	0
82803		X	Blood gases: ph, po2 & pco2	0.00	0.00	0.00	0.00	XXX	0
82804		D	Blood gases: electrode po2	0.00	0.00	0.00	0.00	XXX	0
82805		X	Blood gases w/02 saturation	0.00	0.00	0.00	0.00	XXX	0
82810		X	Blood gases, o2 sat only	0.00	0.00	0.00	0.00	XXX	0
82812		D	Blood gases: manometry po2	0.00	0.00	0.00	0.00	XXX	0
82817		D	Blood gases: ph, pco2	0.00	0.00	0.00	0.00	XXX	0
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	XXX	0
82926		X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82928		X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82938		X	Gastrin test	0.00	0.00	0.00	0.00	XXX	0
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	XXX	0
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	XXX	0
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	XXX	0
82947		X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	XXX	0
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	XXX	0
82950		X	Glucose test	0.00	0.00	0.00	0.00	XXX	0
82951		X	Glucose tolerance test (gtt)	0.00	0.00	0.00	0.00	XXX	0
82952		X	Gtt-added samples	0.00	0.00	0.00	0.00	XXX	0
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82955		X	Assay g6pd enzyme	0.00	0.00	0.00	0.00	XXX	0
82960		X	Test for g6pd enzyme	0.00	0.00	0.00	0.00	XXX	0
82961		D	Iv glucose tolerance test	0.00	0.00	0.00	0.00	XXX	0
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	XXX	0
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	XXX	0
82965		X	Assay gdh enzyme	0.00	0.00	0.00	0.00	XXX	0
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	XXX	0
82977		X	Assay of ggt	0.00	0.00	0.00	0.00	XXX	0
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	XXX	0
82979		X	Assay rbc glutathione enzyme	0.00	0.00	0.00	0.00	XXX	0
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	XXX	0
82985		X	Glycated protein	0.00	0.00	0.00	0.00	XXX	0
83001		X	Gonadotropin (fsh)	0.00	0.00	0.00	0.00	XXX	0
83002		X	Gonadotropin (lh)	0.00	0.00	0.00	0.00	XXX	0
83003		X	Assay growth hormone (hgh)	0.00	0.00	0.00	0.00	XXX	0
83004		D	Growth hormone after gtt	0.00	0.00	0.00	0.00	XXX	0
83008		X	Assay guanosine	0.00	0.00	0.00	0.00	XXX	0
83010		X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	XXX	0
83012		X	Assay haptoglobins	0.00	0.00	0.00	0.00	XXX	0
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	XXX	0
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	XXX	0
83020		X	Assay hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83020	26	A	Assay hemoglobin	0.37	0.20	0.01	0.58	XXX	N
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	XXX	0
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83051		X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83065		X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	XXX	0
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	XXX	0
83069		X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83070		X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83071		X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83088		X	Assay histamine	0.00	0.00	0.00	0.00	XXX	0
83150		X	Assay for hva	0.00	0.00	0.00	0.00	XXX	0
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	XXX	0
83497		X	Assay 5-hiaa	0.00	0.00	0.00	0.00	XXX	0
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83500		X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83505		X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	XXX	0
83519		X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	XXX	0
83520		X	Immunoassay, ria	0.00	0.00	0.00	0.00	XXX	0
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83526		D	Insulin tolerance test	0.00	0.00	0.00	0.00	XXX	0
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83528		X	Assay intrinsic factor	0.00	0.00	0.00	0.00	XXX	0
83540		X	Assay iron	0.00	0.00	0.00	0.00	XXX	0
83550		X	Iron binding test	0.00	0.00	0.00	0.00	XXX	0
83570		X	Assay idh enzyme	0.00	0.00	0.00	0.00	XXX	0
83582		X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	XXX	0
83586		X	Assay 17-(17-ks)ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83593		X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83605		X	Lactic acid assay	0.00	0.00	0.00	0.00	XXX	0
83615		X	Lactate (ld) (ldh) enzyme	0.00	0.00	0.00	0.00	XXX	0
83625		X	Assay ldh enzymes	0.00	0.00	0.00	0.00	XXX	0
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	XXX	0
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83634		X	Assay urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83655		X	Assay for lead	0.00	0.00	0.00	0.00	XXX	0
83661		X	Assay l/s ratio	0.00	0.00	0.00	0.00	XXX	0
83662		X	L/s ratio, foam stability	0.00	0.00	0.00	0.00	XXX	0

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[2] * indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
83670	.....	X	Assay lap enzyme	0.00	0.00	0.00	0.00	XXX	0
83681	.....	D	Leucine tolerance test	0.00	0.00	0.00	0.00	XXX	0
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	XXX	0
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83717	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83727	.....	X	Lrh hormone assay	0.00	0.00	0.00	0.00	XXX	0
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	XXX	0
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	XXX	0
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	XXX	0
83790	.....	D	Mannitol clearance test	0.00	0.00	0.00	0.00	XXX	0
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	XXX	0
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	XXX	0
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	XXX	0
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	XXX	0
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	XXX	0
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	XXX	0
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	XXX	0
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	XXX	0
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	XXX	0
83873	.....	X	Assay, csf protein	0.00	0.00	0.00	0.00	XXX	0
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	XXX	0
83883	.....	X	Nephelometry, not specified	0.00	0.00	0.00	0.00	XXX	0
83885	.....	X	Assay for nickel	0.00	0.00	0.00	0.00	XXX	0
83887	.....	X	Assay nicotine	0.00	0.00	0.00	0.00	XXX	0
83890	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83894	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83898	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	XXX	0
83912	26	A	Genetic examination	0.37	0.20	0.01	0.58	XXX	N
83915	.....	X	Assay nucleotidase	0.00	0.00	0.00	0.00	XXX	0
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	XXX	0
83918	.....	X	Assay organic acids	0.00	0.00	0.00	0.00	XXX	0
83925	.....	X	Opiates	0.00	0.00	0.00	0.00	XXX	0
83930	.....	X	Assay blood osmolality	0.00	0.00	0.00	0.00	XXX	0
83935	.....	X	Assay urine osmolality	0.00	0.00	0.00	0.00	XXX	0
83937	.....	X	Assay for osteocalcin	0.00	0.00	0.00	0.00	XXX	0
83945	.....	X	Assay oxalate	0.00	0.00	0.00	0.00	XXX	0
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	XXX	0
83986	.....	X	Assay body fluid acidity	0.00	0.00	0.00	0.00	XXX	0
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	XXX	0
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	XXX	0
84030	.....	X	Assay blood pku	0.00	0.00	0.00	0.00	XXX	0
84035	.....	X	Assay phenylketones	0.00	0.00	0.00	0.00	XXX	0
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	XXX	0
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	XXX	0
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	XXX	0
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	XXX	0
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	XXX	0
84085	.....	X	Assay rbc pg6d enzyme	0.00	0.00	0.00	0.00	XXX	0
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	XXX	0
84100	.....	X	Assay phosphorus	0.00	0.00	0.00	0.00	XXX	0
84105	.....	X	Assay urine phosphorus	0.00	0.00	0.00	0.00	XXX	0
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84110	.....	X	Assay porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	XXX	0
84120	.....	X	Assay urine porphyrins	0.00	0.00	0.00	0.00	XXX	0
84126	.....	X	Assay feces porphyrins	0.00	0.00	0.00	0.00	XXX	0
84127	.....	X	Porphyrins, feces	0.00	0.00	0.00	0.00	XXX	0
84132	.....	X	Assay serum potassium	0.00	0.00	0.00	0.00	XXX	0
84133	.....	X	Assay urine potassium	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
84134		X	Prealbumin	0.00	0.00	0.00	0.00	XXX	0
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	XXX	0
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	XXX	0
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	XXX	0
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	XXX	0
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	XXX	0
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	XXX	0
84153		X	Prostate specific antigen	0.00	0.00	0.00	0.00	XXX	0
84155		X	Assay protein	0.00	0.00	0.00	0.00	XXX	0
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	XXX	0
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	XXX	0
84165	26	A	Assay serum proteins	0.37	0.20	0.01	0.58	XXX	N
84175		D	Assay body proteins	0.00	0.00	0.00	0.00	XXX	0
84181		X	Western blot test	0.00	0.00	0.00	0.00	XXX	0
84181	26	A	Western blot test	0.37	0.20	0.01	0.58	XXX	N
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	XXX	0
84182	26	A	Protein, western blot test	0.37	0.20	0.01	0.58	XXX	N
84201		D	Assay protirelin	0.00	0.00	0.00	0.00	XXX	0
84202		X	Assay rbc protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84203		X	Test rbc protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	XXX	0
84207		X	Assay vitamin b-6	0.00	0.00	0.00	0.00	XXX	0
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	XXX	0
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	XXX	0
84228		X	Assay quinine	0.00	0.00	0.00	0.00	XXX	0
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	XXX	0
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	XXX	0
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	XXX	0
84244		X	Assay of renin	0.00	0.00	0.00	0.00	XXX	0
84246		D	Renin furosemide test	0.00	0.00	0.00	0.00	XXX	0
84252		X	Assay vitamin b-2	0.00	0.00	0.00	0.00	XXX	0
84255		X	Assay selenium	0.00	0.00	0.00	0.00	XXX	0
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	XXX	0
84270		X	Sex hormone globulin (shbg)	0.00	0.00	0.00	0.00	XXX	0
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	XXX	0
84285		X	Assay silica	0.00	0.00	0.00	0.00	XXX	0
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	XXX	0
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	XXX	0
84305		X	Somatomedin	0.00	0.00	0.00	0.00	XXX	0
84307		X	Somatostatin	0.00	0.00	0.00	0.00	XXX	0
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	XXX	0
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	XXX	0
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	XXX	0
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	XXX	0
84402		X	Testosterone	0.00	0.00	0.00	0.00	XXX	0
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	XXX	0
84425		X	Assay vitamin b-1	0.00	0.00	0.00	0.00	XXX	0
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	XXX	0
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	XXX	0
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	XXX	0
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	XXX	0
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	XXX	0
84442		X	Thyroid activity (tbg) assay	0.00	0.00	0.00	0.00	XXX	0
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	XXX	0
84444		D	Ria thyrotropin factor	0.00	0.00	0.00	0.00	XXX	0
84445		X	Thyroid immunoglobulins tsi	0.00	0.00	0.00	0.00	XXX	0
84446		X	Assay vitamin e	0.00	0.00	0.00	0.00	XXX	0
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	XXX	0
84450		X	Transferase (ast) (sgot)	0.00	0.00	0.00	0.00	XXX	0
84460		X	Alanine amino (alt) (sgpt)	0.00	0.00	0.00	0.00	XXX	0
84466		X	Transferrin	0.00	0.00	0.00	0.00	XXX	0
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	XXX	0
84479		X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	XXX	0
84480		X	Total assay, tt-3	0.00	0.00	0.00	0.00	XXX	0
84481		X	Free assay (ft-3)	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
84482	.....	X	T3 reverse	0.00	0.00	0.00	0.00	XXX	0
84485	.....	X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	XXX	0
84488	.....	X	Test feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84490	.....	X	Assay feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84510	.....	X	Assay tyrosine	0.00	0.00	0.00	0.00	XXX	0
84520	.....	X	Assay urea nitrogen	0.00	0.00	0.00	0.00	XXX	0
84525	.....	X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	XXX	0
84540	.....	X	Assay urine urea-n	0.00	0.00	0.00	0.00	XXX	0
84545	.....	X	Urea-n clearance test	0.00	0.00	0.00	0.00	XXX	0
84550	.....	X	Assay blood uric acid	0.00	0.00	0.00	0.00	XXX	0
84555	.....	D	Assay uric acid	0.00	0.00	0.00	0.00	XXX	0
84560	.....	X	Assay urine uric acid	0.00	0.00	0.00	0.00	XXX	0
84577	.....	X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84578	.....	X	Test urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84580	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84583	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84585	.....	X	Assay urine vma	0.00	0.00	0.00	0.00	XXX	0
84586	.....	X	Vip assay	0.00	0.00	0.00	0.00	XXX	0
84588	.....	X	Assay vasopressin	0.00	0.00	0.00	0.00	XXX	0
84589	.....	D	Assay fluid viscosity	0.00	0.00	0.00	0.00	XXX	0
84590	.....	X	Assay vitamin-a	0.00	0.00	0.00	0.00	XXX	0
84597	.....	X	Assay vitamin-k	0.00	0.00	0.00	0.00	XXX	0
84600	.....	X	Assay for volatiles	0.00	0.00	0.00	0.00	XXX	0
84620	.....	X	Xylose tolerance test	0.00	0.00	0.00	0.00	XXX	0
84630	.....	X	Assay zinc	0.00	0.00	0.00	0.00	XXX	0
84681	.....	X	Assay c-peptide	0.00	0.00	0.00	0.00	XXX	0
84702	.....	X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	XXX	0
84703	.....	X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	XXX	0
84830	.....	X	Ovulation tests	0.00	0.00	0.00	0.00	XXX	0
84999	.....	X	Clinical chemistry test	0.00	0.00	0.00	0.00	XXX	0
85002	.....	X	Bleeding time test	0.00	0.00	0.00	0.00	XXX	0
85007	.....	X	Differential wbc count	0.00	0.00	0.00	0.00	XXX	0
85008	.....	X	Nondifferential wbc count	0.00	0.00	0.00	0.00	XXX	0
85009	.....	X	Differential wbc count	0.00	0.00	0.00	0.00	XXX	0
85013	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85014	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85018	.....	X	Hemoglobin	0.00	0.00	0.00	0.00	XXX	0
85021	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85022	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85023	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85024	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85025	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85027	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85029	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85030	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85031	.....	X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	XXX	0
85041	.....	X	Red blood cell (rbc) count	0.00	0.00	0.00	0.00	XXX	0
85044	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85045	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85048	.....	X	White blood cell (wbc) count	0.00	0.00	0.00	0.00	XXX	0
85060	.....	A	Blood smear interpretation	0.46	0.22	0.02	0.70	XXX	N
85095	.....	A	Bone marrow aspiration	1.09	0.68	0.05	1.82	XXX	N
85097	.....	A	Bone marrow interpretation	0.95	0.49	0.04	1.48	XXX	N
85102	.....	A	Bone marrow biopsy	1.39	0.81	0.05	2.25	XXX	N
85102	TC	D	Bone marrow biopsy	0.00	0.00	0.00	0.00	XXX	N
85102	26	D	Bone marrow biopsy	0.00	0.00	0.00	0.00	XXX	N
85130	.....	X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	XXX	0
85170	.....	X	Blood clot retraction	0.00	0.00	0.00	0.00	XXX	0
85175	.....	X	Blood clot lysis time	0.00	0.00	0.00	0.00	XXX	0
85210	.....	X	Blood clot factor ii test	0.00	0.00	0.00	0.00	XXX	0
85220	.....	X	Blood clot factor v test	0.00	0.00	0.00	0.00	XXX	0
85230	.....	X	Blood clot factor vii test	0.00	0.00	0.00	0.00	XXX	0
85240	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85244	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85245	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85246	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85247	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
85250	.....	X	Blood clot factor ix test	0.00	0.00	0.00	0.00	XXX	0
85260	.....	X	Blood clot factor x test	0.00	0.00	0.00	0.00	XXX	0
85270	.....	X	Blood clot factor xi test	0.00	0.00	0.00	0.00	XXX	0
85280	.....	X	Blood clot factor xii test	0.00	0.00	0.00	0.00	XXX	0
85290	.....	X	Blood clot factor xiii test	0.00	0.00	0.00	0.00	XXX	0
85291	.....	X	Blood clot factor xiii test	0.00	0.00	0.00	0.00	XXX	0
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85300	.....	X	Antithrombin iii test	0.00	0.00	0.00	0.00	XXX	0
85301	.....	X	Antithrombin iii test	0.00	0.00	0.00	0.00	XXX	0
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	XXX	0
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	XXX	0
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	XXX	0
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	XXX	0
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	XXX	0
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	XXX	0
85390	26	A	Fibrinolysins screen	0.37	0.20	0.01	0.58	XXX	N
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	XXX	0
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	XXX	0
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85441	.....	X	Heinz bodies; direct	0.00	0.00	0.00	0.00	XXX	0
85445	.....	X	Heinz bodies; induced	0.00	0.00	0.00	0.00	XXX	0
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	XXX	0
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	XXX	0
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	XXX	0
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	XXX	0
85535	.....	X	Iron stain, blood cells	0.00	0.00	0.00	0.00	XXX	0
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
85547	.....	X	Rbc mechanical fragility	0.00	0.00	0.00	0.00	XXX	0
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	XXX	0
85555	.....	X	Rbc osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85557	.....	X	Rbc osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85575	.....	D	Blood platelet adhesiveness	0.00	0.00	0.00	0.00	XXX	0
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	XXX	0
85576	26	A	Blood platelet aggregation	0.37	0.20	0.01	0.58	XXX	N
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	XXX	0
85590	.....	X	Platelet manual count	0.00	0.00	0.00	0.00	XXX	0
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	XXX	0
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	XXX	0
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	XXX	0
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	XXX	0
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	XXX	0
85651	.....	X	Rbc sedimentation rate	0.00	0.00	0.00	0.00	XXX	0
85660	.....	X	Rbc sickle cell test	0.00	0.00	0.00	0.00	XXX	0
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	XXX	0
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	XXX	0
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	XXX	0
85720	.....	D	THROMBOPLASTIN GENERATION	0.00	0.00	0.00	0.00	XXX	0
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85820		D	Serum viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	XXX	0
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	XXX	0
86003		X	Allergen specific ige	0.00	0.00	0.00	0.00	XXX	0
86005		X	Allergen specific ige	0.00	0.00	0.00	0.00	XXX	0
86021		X	Wbc antibody identification	0.00	0.00	0.00	0.00	XXX	0
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	XXX	0
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	XXX	0
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	XXX	0
86039		X	Antinuclear antibodies (ana)	0.00	0.00	0.00	0.00	XXX	0
86060		X	Antistreptolysin o titer	0.00	0.00	0.00	0.00	XXX	0
86063		X	Antistreptolysin o screen	0.00	0.00	0.00	0.00	XXX	0
86077		A	Physician blood bank service	0.37	0.30	0.02	0.69	XXX	N
86078		A	Physician blood bank service	0.95	0.34	0.02	1.31	XXX	N
86079		A	Physician blood bank service	0.37	0.33	0.02	0.72	XXX	N
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	XXX	0
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	XXX	0
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	XXX	0
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	XXX	0
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	XXX	0
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	XXX	0
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	XXX	0
86162		X	Complement, total (ch50)	0.00	0.00	0.00	0.00	XXX	0
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	XXX	0
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	XXX	0
86225		X	Dna antibody	0.00	0.00	0.00	0.00	XXX	0
86226		X	Dna antibody, single strand	0.00	0.00	0.00	0.00	XXX	0
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	XXX	0
86243		X	Fc receptor	0.00	0.00	0.00	0.00	XXX	0
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	XXX	0
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.01	0.58	XXX	N
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	XXX	0
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.01	0.58	XXX	N
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	XXX	0
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	XXX	0
86287		X	Hepatitis b (hbsag)	0.00	0.00	0.00	0.00	XXX	0
86289		X	Hepatitis bc antibody test	0.00	0.00	0.00	0.00	XXX	0
86290		X	Hepatitis bc antibody test	0.00	0.00	0.00	0.00	XXX	0
86291		X	Hepatitis bs antibody test	0.00	0.00	0.00	0.00	XXX	0
86293		X	Hepatitis be antibody test	0.00	0.00	0.00	0.00	XXX	0
86295		X	Hepatitis be antibody test	0.00	0.00	0.00	0.00	XXX	0
86296		X	Hepatitis a antibody test	0.00	0.00	0.00	0.00	XXX	0
86299		X	Hepatitis a antibody test	0.00	0.00	0.00	0.00	XXX	0
86302		X	Hepatitis c antibody	0.00	0.00	0.00	0.00	XXX	0
86306		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86311		X	Hiv antigen test	0.00	0.00	0.00	0.00	XXX	0
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	XXX	0
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	XXX	0
86327	26	A	Immunoelectrophoresis assay	0.37	0.20	0.01	0.58	XXX	N
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	XXX	0
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	XXX	0
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	XXX	0
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	XXX	0
86334	26	A	Immunofixation procedure	0.37	0.20	0.01	0.58	XXX	N
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	XXX	0
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	XXX	0
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	XXX	0
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	XXX	0
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	XXX	0
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	XXX	0
86360	.....	X	T cell ratio	0.00	0.00	0.00	0.00	XXX	0
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	XXX	0
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	XXX	0
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	XXX	0
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	XXX	0
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86421	.....	D	Radioallergosorbent tests	0.00	0.00	0.00	0.00	XXX	0
86422	.....	D	Radioallergosorbent tests	0.00	0.00	0.00	0.00	XXX	0
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	XXX	0
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	XXX	0
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	XXX	N
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	0.02	0.30	XXX	N
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.02	0.32	XXX	N
86580	.....	A	Tb intradermal test	0.00	0.24	0.02	0.26	XXX	N
86585	.....	A	Tb tine test	0.00	0.19	0.01	0.20	XXX	N
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	XXX	N
86588	.....	X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	XXX	0
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	XXX	0
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	XXX	0
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	XXX	0
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	XXX	0
86603	.....	X	Adenovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	XXX	0
86609	.....	X	Bacterium, antibody	0.00	0.00	0.00	0.00	XXX	0
86612	.....	X	Blastomyces, antibody	0.00	0.00	0.00	0.00	XXX	0
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	XXX	0
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	XXX	0
86622	.....	X	Brucella, antibody	0.00	0.00	0.00	0.00	XXX	0
86625	.....	X	Campylobacter, antibody	0.00	0.00	0.00	0.00	XXX	0
86628	.....	X	Candida, antibody	0.00	0.00	0.00	0.00	XXX	0
86631	.....	X	Chlamydia, antibody	0.00	0.00	0.00	0.00	XXX	0
86632	.....	X	Chlamydia, igm, antibody	0.00	0.00	0.00	0.00	XXX	0
86635	.....	X	Coccidioides, antibody	0.00	0.00	0.00	0.00	XXX	0
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	XXX	0
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	XXX	0
86644	.....	X	Cmv antibody	0.00	0.00	0.00	0.00	XXX	0
86645	.....	X	Cmv antibody, igm	0.00	0.00	0.00	0.00	XXX	0
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	XXX	0
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86653	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86654	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86658	.....	X	Enterovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86665	.....	X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	XXX	0
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	XXX	0
86671	.....	X	Fungus, antibody	0.00	0.00	0.00	0.00	XXX	0
86674	.....	X	Giardia lamblia	0.00	0.00	0.00	0.00	XXX	0
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	XXX	0
86682	.....	X	Helminth, antibody	0.00	0.00	0.00	0.00	XXX	0
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	XXX	0
86687	.....	X	Htlv i	0.00	0.00	0.00	0.00	XXX	0
86688	.....	X	Htlv-ii	0.00	0.00	0.00	0.00	XXX	0
86689	.....	X	Htlv/hiv confirmatory test	0.00	0.00	0.00	0.00	XXX	0
86692	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86694	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86695	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86698	.....	X	Histoplasma	0.00	0.00	0.00	0.00	XXX	0
86701	.....	X	Hiv-1	0.00	0.00	0.00	0.00	XXX	0
86702	.....	X	Hiv-2	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86703		X	Hiv-1/hiv-2, single assay	0.00	0.00	0.00	0.00	XXX	0
86710		X	Influenza virus	0.00	0.00	0.00	0.00	XXX	0
86713		X	Legionella	0.00	0.00	0.00	0.00	XXX	0
86717		X	Leishmania	0.00	0.00	0.00	0.00	XXX	0
86720		X	Leptospira	0.00	0.00	0.00	0.00	XXX	0
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	XXX	0
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	XXX	0
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	XXX	0
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	XXX	0
86735		X	Mumps	0.00	0.00	0.00	0.00	XXX	0
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	XXX	0
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	XXX	0
86744		X	Nocardia	0.00	0.00	0.00	0.00	XXX	0
86747		X	Parvovirus	0.00	0.00	0.00	0.00	XXX	0
86750		X	Malaria	0.00	0.00	0.00	0.00	XXX	0
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	XXX	0
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	XXX	0
86759		X	Rotavirus	0.00	0.00	0.00	0.00	XXX	0
86762		X	Rubella	0.00	0.00	0.00	0.00	XXX	0
86765		X	Rubeola	0.00	0.00	0.00	0.00	XXX	0
86768		X	Salmonella	0.00	0.00	0.00	0.00	XXX	0
86771		X	Shigella	0.00	0.00	0.00	0.00	XXX	0
86774		X	Tetanus	0.00	0.00	0.00	0.00	XXX	0
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	XXX	0
86778		X	Toxoplasma, igm	0.00	0.00	0.00	0.00	XXX	0
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	XXX	0
86784		X	Trichinella	0.00	0.00	0.00	0.00	XXX	0
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	XXX	0
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	XXX	0
86793		X	Yersinia	0.00	0.00	0.00	0.00	XXX	0
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	XXX	0
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86812		X	Hla typing, a, b, or c	0.00	0.00	0.00	0.00	XXX	0
86813		X	Hla typing, a, b, or c	0.00	0.00	0.00	0.00	XXX	0
86816		X	Hla typing, dr/dq	0.00	0.00	0.00	0.00	XXX	0
86817		X	Hla typing, dr/dq	0.00	0.00	0.00	0.00	XXX	0
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	XXX	0
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	XXX	0
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	XXX	0
86850		X	Rbc antibody screen	0.00	0.00	0.00	0.00	XXX	0
86860		X	Rbc antibody elution	0.00	0.00	0.00	0.00	XXX	0
86870		X	Rbc antibody identification	0.00	0.00	0.00	0.00	XXX	0
86880		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86885		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86886		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	XXX	0
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	XXX	0
86900		X	Blood typing, abo	0.00	0.00	0.00	0.00	XXX	0
86901		X	Blood typing, rh (d)	0.00	0.00	0.00	0.00	XXX	0
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	XXX	0
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	XXX	0
86905		X	Blood typing, rbc antigens	0.00	0.00	0.00	0.00	XXX	0
86906		X	Blood typing, rh phenotype	0.00	0.00	0.00	0.00	XXX	0
86910		X	Blood typing, paternity test	0.00	0.00	0.00	0.00	XXX	0
86911		X	Blood typing, antigen system	0.00	0.00	0.00	0.00	XXX	0
86915		X	Bone marrow	0.00	0.00	0.00	0.00	XXX	0
86920		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86921		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86922		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	XXX	0
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	XXX	0
86932		X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	XXX	0
86940		X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	XXX	0
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	XXX	0
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	XXX	0
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	XXX	0
86970		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86971		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86972		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86975		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86976		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86977		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86978		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86985		X	Split blood or products	0.00	0.00	0.00	0.00	XXX	0
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	XXX	0
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	XXX	0
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87060		X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	XXX	0
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	XXX	0
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	XXX	0
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	XXX	0
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	XXX	0
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	XXX	0
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	XXX	0
87106		X	Fungus identification	0.00	0.00	0.00	0.00	XXX	0
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	XXX	0
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	XXX	0
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	XXX	0
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	XXX	0
87143		X	Culture typing, glc method	0.00	0.00	0.00	0.00	XXX	0
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	XXX	0
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	XXX	0
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	XXX	0
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	XXX	0
87164		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87164	26	A	Dark field examination	0.37	0.20	0.01	0.58	XXX	N
87166		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	XXX	0
87178		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87179		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87186		X	Antibiotic sensitivity, mic	0.00	0.00	0.00	0.00	XXX	0
87187		X	Antibiotic sensitivity, mbc	0.00	0.00	0.00	0.00	XXX	0
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87190		X	Tb antibiotic sensitivity	0.00	0.00	0.00	0.00	XXX	0
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	XXX	0
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
87207	26	A	Smear, stain & interpret	0.37	0.20	0.01	0.58	XXX	N
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	XXX	0
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	XXX	0
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	XXX	0
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	XXX	0
88104	.....	A	Microscopic exam of cells	0.57	0.44	0.04	1.05	XXX	N
88104	TC	A	Microscopic exam of cells	0.00	0.21	0.02	0.23	XXX	N
88104	26	A	Microscopic exam of cells	0.57	0.23	0.02	0.82	XXX	N
88106	.....	A	Microscopic exam of cells	0.57	0.37	0.03	0.97	XXX	N
88106	TC	A	Microscopic exam of cells	0.00	0.17	0.02	0.19	XXX	N
88106	26	A	Microscopic exam of cells	0.57	0.20	0.01	0.78	XXX	N
88107	.....	A	Microscopic exam of cells	0.77	0.47	0.04	1.28	XXX	N
88107	TC	A	Microscopic exam of cells	0.00	0.23	0.02	0.25	XXX	N
88107	26	A	Microscopic exam of cells	0.77	0.24	0.02	1.03	XXX	N
88108	.....	A	Cytopathology	0.57	0.47	0.04	1.08	XXX	N
88108	TC	A	Cytopathology	0.00	0.23	0.02	0.25	XXX	N
88108	26	A	Cytopathology	0.57	0.24	0.02	0.83	XXX	N
88125	.....	A	Forensic cytopathology	0.26	0.11	0.00	0.37	XXX	N
88125	26	A	Forensic cytopathology	0.26	0.07	0.00	0.33	XXX	N
88125	TC	A	Forensic cytopathology	0.00	0.04	0.00	0.04	XXX	N
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88150	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88151	.....	X	Cytopathology interpretation	0.00	0.00	0.00	0.00	XXX	0
88151	26	A	Cytopathology interpretation	0.42	0.32	0.04	0.78	XXX	N
88155	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88156	.....	X	Tbs smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	.....	X	Tbs smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	26	A	Tbs smear (bethesda system)	0.42	0.32	0.04	0.78	XXX	N
88160	.....	A	Cytopathology	0.51	0.33	0.03	0.87	XXX	N
88160	TC	A	Cytopathology	0.00	0.16	0.02	0.18	XXX	N
88160	26	A	Cytopathology	0.51	0.17	0.01	0.69	XXX	N
88161	.....	A	Cytopathology	0.51	0.39	0.03	0.93	XXX	N
88161	TC	A	Cytopathology	0.00	0.19	0.02	0.21	XXX	N
88161	26	A	Cytopathology	0.51	0.20	0.01	0.72	XXX	N
88162	.....	A	Cytopathology, extensive	0.77	0.79	0.05	1.61	XXX	N
88162	TC	A	Cytopathology, extensive	0.00	0.38	0.02	0.40	XXX	N
88162	26	A	Cytopathology, extensive	0.77	0.41	0.03	1.21	XXX	N
88170	.....	A	Fine needle aspiration	0.51	1.01	0.09	1.61	XXX	N
88170	TC	A	Fine needle aspiration	0.00	0.48	0.04	0.52	XXX	N
88170	26	A	Fine needle aspiration	0.51	0.53	0.05	1.09	XXX	N
88171	.....	A	Fine needle aspiration	1.06	1.37	0.09	2.52	XXX	N
88171	TC	A	Fine needle aspiration	0.00	0.65	0.04	0.69	XXX	N
88171	26	A	Fine needle aspiration	1.06	0.72	0.05	1.83	XXX	N
88172	.....	A	Evaluation of smear	0.61	0.71	0.05	1.37	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
88172	TC	A	Evaluation of smear	0.00	0.35	0.02	0.37	XXX	N
88172	26	A	Evaluation of smear	0.61	0.36	0.03	1.00	XXX	N
88173	.....	A	Interpretation of smear	1.09	0.88	0.05	2.02	XXX	N
88173	TC	A	Interpretation of smear	0.00	0.42	0.02	0.44	XXX	N
88173	26	A	Interpretation of smear	1.09	0.46	0.03	1.58	XXX	N
88180	.....	A	Cell marker study	0.36	0.33	0.03	0.72	XXX	N
88180	TC	A	Cell marker study	0.00	0.16	0.02	0.18	XXX	N
88180	26	A	Cell marker study	0.36	0.17	0.01	0.54	XXX	N
88182	.....	A	Cell marker study	0.78	0.89	0.07	1.74	XXX	N
88182	TC	A	Cell marker study	0.00	0.44	0.04	0.48	XXX	N
88182	26	A	Cell marker study	0.78	0.45	0.03	1.26	XXX	N
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	XXX	0
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	XXX	0
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	XXX	0
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	XXX	0
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	XXX	0
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88248	.....	X	Chrorposome analysis	0.00	0.00	0.00	0.00	XXX	0
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88262	.....	X	Chromosome count: 15-20 cells	0.00	0.00	0.00	0.00	XXX	0
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	XXX	0
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	XXX	0
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	XXX	0
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	XXX	0
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	XXX	0
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	XXX	0
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	XXX	0
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX	N
88300	.....	A	Surg path, gross	0.08	*0.21	0.01	0.30	XXX	N
88300	TC	A	Surg path, gross	0.00	0.10	0.00	0.10	XXX	N
88300	26	A	Surg path, gross	0.08	*0.11	0.01	0.20	XXX	N
88302	.....	A	Tissue exam by pathologist	0.13	*0.46	0.04	0.63	XXX	N
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.02	0.25	XXX	N
88302	26	A	Tissue exam by pathologist	0.13	*0.23	0.02	0.38	XXX	N
88304	.....	A	Tissue exam by pathologist	0.22	*0.65	0.04	0.91	XXX	N
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.02	0.35	XXX	N
88304	26	A	Tissue exam by pathologist	0.22	*0.32	0.02	0.56	XXX	N
88305	26	A	Tissue exam by pathologist	0.76	0.54	0.04	1.34	XXX	N
88305	.....	A	Tissue exam by pathologist	0.76	1.05	0.08	1.89	XXX	N
88305	TC	A	Tissue exam by pathologist	0.00	0.51	0.04	0.55	XXX	N
88307	TC	A	Tissue exam by pathologist	0.00	0.75	0.06	0.81	XXX	N
88307	.....	A	Tissue exam by pathologist	1.61	1.54	0.12	3.27	XXX	N
88307	26	A	Tissue exam by pathologist	1.61	0.79	0.06	2.46	XXX	N
88309	.....	A	Tissue exam by pathologist	2.31	1.94	0.13	4.38	XXX	N
88309	TC	A	Tissue exam by pathologist	0.00	0.94	0.06	1.00	XXX	N
88309	26	A	Tissue exam by pathologist	2.31	1.00	0.07	3.38	XXX	N
88311	.....	A	Decalcify tissue	0.24	0.21	0.01	0.46	XXX	N
88311	TC	A	Decalcify tissue	0.00	0.10	0.00	0.10	XXX	N
88311	26	A	Decalcify tissue	0.24	0.11	0.01	0.36	XXX	N
88312	.....	A	Special stains	0.55	0.26	0.01	0.82	XXX	N
88312	TC	A	Special stains	0.00	0.12	0.00	0.12	XXX	N
88312	26	A	Special stains	0.55	0.14	0.01	0.70	XXX	N
88313	.....	A	Special stains	0.24	0.21	0.01	0.46	XXX	N
88313	TC	A	Special stains	0.00	0.10	0.00	0.10	XXX	N
88313	26	A	Special stains	0.24	0.11	0.01	0.36	XXX	N
88314	.....	A	Histochemical stain	0.46	0.62	0.04	1.12	XXX	N
88314	TC	A	Histochemical stain	0.00	0.27	0.02	0.29	XXX	N
88314	26	A	Histochemical stain	0.46	0.35	0.02	0.83	XXX	N
88318	.....	A	Chemical histochemistry	0.42	0.24	0.01	0.67	XXX	N
88318	TC	A	Chemical histochemistry	0.00	0.12	0.00	0.12	XXX	N
88318	26	A	Chemical histochemistry	0.42	0.12	0.01	0.55	XXX	N
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.02	0.25	XXX	N

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
88319	26	A	Enzyme histochemistry	0.54	0.26	0.02	0.82	XXX	N
88319	.....	A	Enzyme histochemistry	0.54	0.49	0.04	1.07	XXX	N
88321	.....	A	Microslide consultation	1.31	0.41	0.03	1.75	XXX	N
88323	TC	A	Microslide consultation	0.00	0.33	0.02	0.35	XXX	N
88323	26	A	Microslide consultation	1.37	0.39	0.03	1.79	XXX	N
88323	.....	A	Microslide consultation	1.37	0.72	0.05	2.14	XXX	N
88325	.....	A	Comprehensive review of data	2.24	0.48	0.04	2.76	XXX	N
88329	.....	A	Pathology consult in surgery	0.68	0.37	0.03	1.08	XXX	N
88331	.....	A	Pathology consult in surgery	1.20	1.12	0.08	2.40	XXX	N
88331	TC	A	Pathology consult in surgery	0.00	0.55	0.04	0.59	XXX	N
88331	26	A	Pathology consult in surgery	1.20	0.57	0.04	1.81	XXX	N
88332	.....	A	Pathology consult in surgery	0.60	0.56	0.04	1.20	XXX	N
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.02	0.29	XXX	N
88332	26	A	Pathology consult in surgery	0.60	0.29	0.02	0.91	XXX	N
88342	.....	A	Immunocytochemistry	0.86	0.64	0.04	1.54	XXX	N
88342	TC	A	Immunocytochemistry	0.00	0.31	0.02	0.33	XXX	N
88342	26	A	Immunocytochemistry	0.86	0.33	0.02	1.21	XXX	N
88346	.....	A	Immunofluorescent study	0.87	0.58	0.04	1.49	XXX	N
88346	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88346	26	A	Immunofluorescent study	0.87	0.31	0.02	1.20	XXX	N
88347	.....	A	Immunofluorescent study	0.87	0.42	0.04	1.33	XXX	N
88347	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88347	26	A	Immunofluorescent study	0.87	0.15	0.02	1.04	XXX	N
88348	.....	A	Electron microscopy	1.53	2.30	0.16	3.99	XXX	N
88348	TC	A	Electron microscopy	0.00	1.10	0.08	1.18	XXX	N
88348	26	A	Electron microscopy	1.53	1.20	0.08	2.81	XXX	N
88349	.....	A	Scanning electron microscopy	0.77	1.57	0.12	2.46	XXX	N
88349	TC	A	Scanning electron microscopy	0.00	0.77	0.06	0.83	XXX	N
88349	26	A	Scanning electron microscopy	0.77	0.80	0.06	1.63	XXX	N
88355	.....	A	Analysis, skeletal muscle	1.87	1.76	0.13	3.76	XXX	N
88355	TC	A	Analysis, skeletal muscle	0.00	0.83	0.06	0.89	XXX	N
88355	26	A	Analysis, skeletal muscle	1.87	0.93	0.07	2.87	XXX	N
88356	.....	A	Analysis, nerve	3.05	2.69	0.18	5.92	XXX	N
88356	TC	A	Analysis, nerve	0.00	1.28	0.08	1.36	XXX	N
88356	26	A	Analysis, nerve	3.05	1.41	0.10	4.56	XXX	N
88358	.....	A	Analysis, tumor	2.85	2.34	0.16	5.35	XXX	N
88358	TC	A	Analysis, tumor	0.00	1.17	0.08	1.25	XXX	N
88358	26	A	Analysis, tumor	2.85	1.17	0.08	4.10	XXX	N
88362	.....	A	Nerve teasing preparations	2.19	1.99	0.13	4.31	XXX	N
88362	TC	A	Nerve teasing preparations	0.00	0.98	0.06	1.04	XXX	N
88362	26	A	Nerve teasing preparations	2.19	1.01	0.07	3.27	XXX	N
88365	.....	A	Tissue hybridization	0.94	0.75	0.05	1.74	XXX	N
88365	TC	A	Tissue hybridization	0.00	0.37	0.02	0.39	XXX	N
88365	26	A	Tissue hybridization	0.94	0.38	0.03	1.35	XXX	N
88371	26	A	Protein, western blot tissue	0.37	0.20	0.01	0.58	XXX	N
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	XXX	0
88372	.....	X	Protein analysis w/probe	0.00	0.00	0.00	0.00	XXX	0
88372	26	A	Protein analysis w/probe	0.37	0.20	0.01	0.58	XXX	N
88399	.....	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
89050	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89051	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89060	.....	X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	XXX	0
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.01	0.58	XXX	N
89100	.....	A	Sample intestinal contents	0.61	0.42	0.03	1.06	XXX	N
89105	.....	A	Sample intestinal contents	0.51	0.39	0.03	0.93	XXX	N
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	XXX	0
89130	.....	A	Sample stomach contents	0.45	0.41	0.03	0.89	XXX	N
89132	.....	A	Sample stomach contents	0.19	0.19	0.02	0.40	XXX	N
89135	.....	A	Sample stomach contents	0.80	0.59	0.04	1.43	XXX	N
89136	.....	A	Sample stomach contents	0.21	0.22	0.02	0.45	XXX	N
89140	.....	A	Sample stomach contents	0.95	0.82	0.07	1.84	XXX	N
89141	.....	A	Sample stomach contents	0.86	0.74	0.06	1.66	XXX	N
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	XXX	0
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	XXX	0
89205	.....	D	Occult blood test	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	XXX	0
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	XXX	0
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	XXX	0
89350	.....	A	Sputum specimen collection	0.00	0.39	0.03	0.42	XXX	N
89355	.....	X	Exam feces for starch	0.00	0.00	0.00	0.00	XXX	0
89360	.....	A	Collect sweat for test	0.00	0.43	0.03	0.46	XXX	N
89365	.....	X	Water load test	0.00	0.00	0.00	0.00	XXX	0
89399	.....	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
90700	.....	E	Dtap immunization	0.00	0.00	0.00	0.00	XXX	0
90701	.....	E	Dtp immunization	0.00	0.00	0.00	0.00	XXX	0
90702	.....	E	Dt immunization	0.00	0.00	0.00	0.00	XXX	0
90703	.....	E	Tetanus immunization	0.00	0.00	0.00	0.00	XXX	0
90704	.....	E	Mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90705	.....	E	Measles immunization	0.00	0.00	0.00	0.00	XXX	0
90706	.....	E	Rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90707	.....	E	Mmr virus immunization	0.00	0.00	0.00	0.00	XXX	0
90708	.....	E	Measles-rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90709	.....	E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90710	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90711	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90712	.....	E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	XXX	0
90713	.....	E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	XXX	0
90714	.....	E	Typhoid immunization	0.00	0.00	0.00	0.00	XXX	0
90716	.....	E	Chicken pox vaccine	0.00	0.00	0.00	0.00	XXX	0
90717	.....	E	Yellow fever immunization	0.00	0.00	0.00	0.00	XXX	0
90718	.....	E	Td immunization	0.00	0.00	0.00	0.00	XXX	0
90719	.....	E	Diphtheria immunization	0.00	0.00	0.00	0.00	XXX	0
90720	.....	E	Dtp/hib vaccine	0.00	0.00	0.00	0.00	XXX	0
90724	.....	X	Influenza immunization	0.00	0.00	0.00	0.00	XXX	0
90725	.....	N	Cholera immunization	0.00	0.00	0.00	0.00	XXX	0
90726	.....	E	Rabies immunization	0.00	0.00	0.00	0.00	XXX	0
90727	.....	E	Plague immunization	0.00	0.00	0.00	0.00	XXX	0
90728	.....	E	Bcg immunization	0.00	0.00	0.00	0.00	XXX	0
90730	.....	E	Hepatitis a vaccine	0.00	0.00	0.00	0.00	XXX	0
90731	.....	X	Hepatitis b immunization	0.00	0.00	0.00	0.00	XXX	0
90732	.....	X	Pneumococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90733	.....	E	Meningococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90735	.....	E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	XXX	0
90737	.....	E	Influenza b immunization	0.00	0.00	0.00	0.00	XXX	0
90741	.....	E	Passive immunization, isg	0.00	0.00	0.00	0.00	XXX	0
90742	.....	E	Special passive immunization	0.00	0.00	0.00	0.00	XXX	0
90749	.....	C	Immunization procedure	0.00	0.00	0.00	0.00	XXX	N
90780	.....	A	Iv infusion therapy, 1 hour	0.00	1.07	0.08	1.15	XXX	N
90781	.....	A	Iv infusion, additional hour	0.00	0.54	0.04	0.58	XXX	N
90782	.....	T	Injection (sc)/(im)	0.00	0.10	0.01	0.11	XXX	N
90783	.....	T	Injection (ia)	0.00	0.39	0.03	0.42	XXX	N
90784	.....	T	Injection (iv)	0.00	0.46	0.04	0.50	XXX	N
90788	.....	T	Injection of antibiotic	0.00	0.11	0.01	0.12	XXX	N
90798	.....	D	Injection for severe allergy	0.00	0.00	0.00	0.00	XXX	0
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	XXX	N
90801	.....	A	Psychiatric interview	2.21	0.68	0.09	2.98	XXX	N
90820	.....	A	Diagnostic interview	2.28	0.38	0.05	2.71	XXX	N
90825	.....	A	Evaluation of tests/records	0.98	0.31	0.04	1.33	XXX	N
90830	.....	A	Psychological testing	0.00	1.70	0.20	1.90	XXX	N
90835	.....	A	Special interview	2.85	0.51	0.07	3.43	XXX	N
90841	.....	G	Psychotherapy	0.00	0.00	0.00	0.00	XXX	0
90842	.....	A	Psychotherapy, 75–80 min	2.77	1.05	0.15	3.97	XXX	N
90843	.....	A	Psychotherapy 20–30 min	1.11	0.35	0.05	1.51	XXX	N
90844	.....	A	Psychotherapy 45–50 min	1.74	0.55	0.08	2.37	XXX	N
90845	.....	A	Medical psychoanalysis	1.80	0.41	0.05	2.26	XXX	N
90846	.....	A	Special family therapy	1.84	0.63	0.08	2.55	XXX	N
90847	.....	A	Special family therapy	2.21	0.59	0.08	2.88	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
90849	.....	R	Special family therapy	0.00	0.00	0.00	0.00	XXX	N
90853	.....	A	Special group therapy	0.43	0.26	0.03	0.72	XXX	N
90855	.....	A	Individual psychotherapy	1.83	0.60	0.09	2.52	XXX	N
90857	.....	A	Special group therapy	0.43	0.15	0.02	0.60	XXX	N
90862	.....	A	Medication management	0.96	0.37	0.05	1.38	XXX	N
90870	.....	A	Electroconvulsive therapy	1.90	0.56	0.08	2.54	000	N
90871	.....	A	Electroconvulsive therapy	2.75	0.84	0.13	3.72	000	N
90880	.....	A	Medical hypnotherapy	2.21	0.65	0.07	2.93	XXX	N
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX	0
90887	.....	A	Consultation with family	1.50	0.33	0.04	1.87	XXX	N
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	XXX	0
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX	N
90900	.....	A	Biofeedback, electromyogram	0.90	0.91	0.08	1.89	000	N
90902	.....	A	Biofeedback, nerve impulse	0.90	0.64	0.05	1.59	000	N
90904	.....	A	Biofeedback, blood pressure	0.90	0.35	0.03	1.28	000	N
90906	.....	A	Biofeedback, blood flow	0.90	1.62	0.11	2.63	000	N
90908	.....	A	Biofeedback, brain waves	0.90	0.87	0.06	1.83	000	N
90910	.....	A	Biofeedback, oculogram	0.90	0.68	0.10	1.68	000	N
90911	.....	A	Anorectal biofeedback	2.17	1.14	0.27	3.58	000	N
90915	.....	A	Biofeedback, unspecified	0.90	0.77	0.06	1.73	000	N
90918	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90919	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90920	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90921	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90922	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90935	.....	A	Hemodialysis, one evaluation	1.19	1.46	0.10	2.75	000	N
90937	.....	A	Hemodialysis, repeated eval	2.09	*2.69	0.18	4.96	000	N
90945	.....	A	Dialysis, one evaluation	1.24	1.23	0.08	2.55	000	N
90947	.....	A	Dialysis, repeated eval	2.12	2.05	0.14	4.31	000	N
90989	.....	X	Dialysis training/complete	0.00	0.00	0.00	0.00	XXX	0
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	XXX	0
90997	.....	A	Hemoperfusion	1.86	*2.38	0.16	4.40	000	N
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX	N
91000	.....	A	Esophageal intubation	1.00	0.67	0.06	1.73	000	N
91000	TC	A	Esophageal intubation	0.00	0.07	0.01	0.08	000	N
91000	26	A	Esophageal intubation	1.00	0.60	0.05	1.65	000	N
91010	.....	A	Esophagus motility study	1.67	2.31	0.17	4.15	000	N
91010	TC	A	Esophagus motility study	0.00	0.79	0.06	0.85	000	N
91010	26	A	Esophagus motility study	1.67	1.52	0.11	3.30	000	N
91011	.....	A	Esophagus motility study	2.00	2.69	0.18	4.87	000	N
91011	TC	A	Esophagus motility study	0.00	0.99	0.07	1.06	000	N
91011	26	A	Esophagus motility study	2.00	1.70	0.11	3.81	000	N
91012	.....	A	Esophagus motility study	1.94	3.15	0.23	5.32	000	N
91012	TC	A	Esophagus motility study	0.00	1.11	0.08	1.19	000	N
91012	26	A	Esophagus motility study	1.94	2.04	0.15	4.13	000	N
91020	.....	A	Esophagogastric study	1.91	2.53	0.18	4.62	000	N
91020	TC	A	Esophagogastric study	0.00	0.74	0.06	0.80	000	N
91020	26	A	Esophagogastric study	1.91	1.79	0.12	3.82	000	N
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.02	0.23	000	N
91030	.....	A	Acid perfusion of esophagus	1.21	0.56	0.05	1.82	000	N
91030	26	A	Acid perfusion of esophagus	1.21	0.35	0.03	1.59	000	N
91032	TC	A	Esophagus, acid reflux test	0.00	0.72	0.06	0.78	000	N
91032	.....	A	Esophagus, acid reflux test	1.61	1.98	0.16	3.75	000	N
91032	26	A	Esophagus, acid reflux test	1.61	1.26	0.10	2.97	000	N
91033	TC	A	Prolonged acid reflux test	0.00	1.29	0.11	1.40	000	N
91033	.....	A	Prolonged acid reflux test	1.73	3.00	0.25	4.98	000	N
91033	26	A	Prolonged acid reflux test	1.73	1.71	0.14	3.58	000	N
91052	TC	A	Gastric analysis test	0.00	0.32	0.03	0.35	000	N
91052	.....	A	Gastric analysis test	1.73	0.83	0.07	2.63	000	N
91052	26	A	Gastric analysis test	1.73	0.51	0.04	2.28	000	N
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.02	0.31	000	N
91055	.....	A	Gastric intubation for smear	1.29	0.81	0.06	2.16	000	N
91055	26	A	Gastric intubation for smear	1.29	0.52	0.04	1.85	000	N
91060	TC	A	Gastric saline load test	0.00	0.21	0.02	0.23	000	N
91060	.....	A	Gastric saline load test	0.46	0.72	0.06	1.24	000	N
91060	26	A	Gastric saline load test	0.46	0.51	0.04	1.01	000	N
91065	TC	A	Breath hydrogen test	0.00	0.34	0.02	0.36	000	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
91065	.....	A	Breath hydrogen test	0.45	0.84	0.05	1.34	000	N
91065	26	A	Breath hydrogen test	0.45	0.50	0.03	0.98	000	N
91100	.....	A	Pass intestine bleeding tube	1.09	0.57	0.05	1.71	000	N
91105	.....	A	Gastric intubation treatment	0.37	*0.51	0.04	0.92	000	N
91122	TC	A	Anal pressure record	0.00	0.68	0.09	0.77	000	S
91122	.....	A	Anal pressure record	1.79	1.75	0.22	3.76	000	S
91122	26	A	Anal pressure record	1.79	1.07	0.13	2.99	000	S
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
92002	.....	A	Eye exam, new patient	1.02	0.50	0.02	1.54	XXX	P
92004	.....	A	Eye exam, new patient	1.63	0.58	0.02	2.23	XXX	P
92012	.....	A	Eye exam established pt	0.83	0.44	0.02	1.29	XXX	N
92014	.....	A	Eye exam & treatment	1.07	0.55	0.02	1.64	XXX	N
92015	.....	N	Refraction	0.00	0.00	0.00	0.00	XXX	0
92018	.....	A	New eye exam & treatment	1.53	0.48	0.03	2.04	XXX	N
92019	.....	A	Eye exam & treatment	1.32	0.48	0.03	1.83	XXX	N
92020	.....	A	Special eye evaluation	0.37	0.29	0.01	0.67	XXX	N
92060	26	A	Special eye evaluation	0.51	0.21	0.01	0.73	XXX	N
92060	.....	A	Special eye evaluation	0.51	0.39	0.02	0.92	XXX	N
92060	TC	A	Special eye evaluation	0.00	0.18	0.01	0.19	XXX	N
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.00	0.16	XXX	N
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.01	0.74	XXX	N
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.01	0.58	XXX	N
92070	.....	A	Fitting of contact lens	0.71	1.21	0.06	1.98	XXX	N
92081	.....	A	Visual field examination(s)	0.36	0.32	0.01	0.69	XXX	N
92081	TC	A	Visual field examination(s)	0.00	0.15	0.00	0.15	XXX	N
92081	26	A	Visual field examination(s)	0.36	0.17	0.01	0.54	XXX	N
92082	.....	A	Visual field examination(s)	0.44	0.49	0.02	0.95	XXX	N
92082	TC	A	Visual field examination(s)	0.00	0.19	0.01	0.20	XXX	N
92082	26	A	Visual field examination(s)	0.44	0.30	0.01	0.75	XXX	N
92083	26	A	Visual field examination(s)	0.51	0.56	0.03	1.10	XXX	N
92083	TC	A	Visual field examination(s)	0.00	0.28	0.01	0.29	XXX	N
92083	.....	A	Visual field examination(s)	0.51	0.84	0.04	1.39	XXX	N
92100	.....	A	Serial tonometry exam(s)	0.93	0.25	0.01	1.19	XXX	N
92120	.....	A	Tonography & eye evaluation	0.82	0.31	0.02	1.15	XXX	N
92130	.....	A	Water provocation tonography	0.82	0.50	0.02	1.34	XXX	N
92140	.....	A	Glaucoma provocative tests	0.51	0.30	0.01	0.82	XXX	N
92225	.....	A	Special eye exam, initial	0.59	0.46	0.02	1.07	XXX	N
92226	.....	A	Special eye exam, subsequent	0.51	0.40	0.02	0.93	XXX	N
92230	.....	A	Eye exam with photos	0.61	0.70	0.04	1.35	XXX	N
92235	.....	A	Eye exam with photos	0.82	1.60	0.09	2.51	XXX	N
92235	TC	A	Eye exam with photos	0.00	1.00	0.06	1.06	XXX	N
92235	26	A	Eye exam with photos	0.82	0.60	0.03	1.45	XXX	N
92250	.....	A	Eye exam with photos	0.44	0.42	0.02	0.88	XXX	N
92250	TC	A	Eye exam with photos	0.00	0.17	0.01	0.18	XXX	N
92250	26	A	Eye exam with photos	0.44	0.25	0.01	0.70	XXX	N
92260	.....	A	Ophthalmoscopy/dynamometry	0.51	0.55	0.03	1.09	XXX	N
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.02	0.24	XXX	N
92265	26	A	Eye muscle evaluation	0.82	0.07	0.00	0.89	XXX	N
92265	.....	A	Eye muscle evaluation	0.82	0.29	0.02	1.13	XXX	N
92270	.....	A	Electro-oculography	0.82	0.67	0.05	1.54	XXX	N
92270	TC	A	Electro-oculography	0.00	0.30	0.02	0.32	XXX	N
92270	26	A	Electro-oculography	0.82	0.37	0.03	1.22	XXX	N
92275	.....	A	Electroretinography	1.02	0.91	0.05	1.98	XXX	N
92275	TC	A	Electroretinography	0.00	0.39	0.02	0.41	XXX	N
92275	26	A	Electroretinography	1.02	0.52	0.03	1.57	XXX	N
92280	.....	A	Special eye evaluation	0.35	0.84	0.05	1.24	XXX	N
92280	TC	A	Special eye evaluation	0.00	0.25	0.01	0.26	XXX	N
92280	26	A	Special eye evaluation	0.35	0.59	0.04	0.98	XXX	N
92283	.....	A	Color vision examination	0.26	0.29	0.01	0.56	XXX	N
92283	TC	A	Color vision examination	0.00	0.12	0.00	0.12	XXX	N
92283	26	A	Color vision examination	0.26	0.17	0.01	0.44	XXX	N
92284	.....	A	Dark adaptation eye exam	0.37	0.45	0.02	0.84	XXX	N
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.01	0.18	XXX	N
92284	26	A	Dark adaptation eye exam	0.37	0.28	0.01	0.66	XXX	N
92285	.....	A	Eye photography	0.20	0.29	0.01	0.50	XXX	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
92285	TC	A	Eye photography	0.00	0.11	0.00	0.11	XXX	N
92285	26	A	Eye photography	0.20	0.18	0.01	0.39	XXX	N
92286	.....	A	Internal eye photography	0.67	1.23	0.07	1.97	XXX	N
92286	26	A	Internal eye photography	0.67	0.84	0.05	1.56	XXX	N
92286	TC	A	Internal eye photography	0.00	0.39	0.02	0.41	XXX	N
92287	.....	A	Internal eye photography	0.82	1.54	0.08	2.44	XXX	N
92310	.....	N	Contact lens fitting	0.00	0.00	0.00	0.00	XXX	0
92311	.....	A	Contact lens fitting	1.09	0.91	0.03	2.03	XXX	N
92312	.....	A	Contact lens fitting	1.27	1.17	0.03	2.47	XXX	N
92313	.....	A	Contact lens fitting	0.93	0.89	0.03	1.85	XXX	N
92314	.....	N	Prescription of contact lens	0.00	0.00	0.00	0.00	XXX	0
92315	.....	A	Prescription of contact lens	0.46	0.67	0.03	1.16	XXX	N
92316	.....	A	Prescription of contact lens	0.69	0.96	0.04	1.69	XXX	N
92317	.....	A	Prescription of contact lens	0.46	0.39	0.02	0.87	XXX	N
92325	.....	A	Modification of contact lens	0.00	0.38	0.01	0.39	XXX	N
92326	.....	A	Replacement of contact lens	0.00	1.58	0.06	1.64	XXX	N
92330	.....	A	Fitting of artificial eye	1.09	1.14	0.09	2.32	XXX	N
92335	.....	A	Fitting of artificial eye	0.46	1.99	0.11	2.56	XXX	N
92340	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92341	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92342	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92352	.....	A	Special spectacles fitting	0.37	0.30	0.01	0.68	XXX	N
92353	.....	A	Special spectacles fitting	0.51	0.40	0.01	0.92	XXX	N
92354	.....	A	Special spectacles fitting	0.00	8.53	0.10	8.63	XXX	N
92355	.....	A	Special spectacles fitting	0.00	4.18	0.01	4.19	XXX	N
92358	.....	A	Eye prosthesis service	0.00	0.93	0.05	0.98	XXX	N
92370	.....	N	Repair & adjust spectacles	0.00	0.00	0.00	0.00	XXX	0
92371	.....	A	Repair & adjust spectacles	0.00	0.60	0.02	0.62	XXX	N
92390	.....	N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92391	.....	N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92392	.....	G	Supply of low vision aids	0.00	0.00	0.00	0.00	XXX	0
92393	.....	G	Supply of artificial eye	0.00	0.00	0.00	0.00	XXX	0
92395	.....	G	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92396	.....	G	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	.....	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92502	.....	A	Ear and throat examination	1.53	1.13	0.12	2.78	000	N
92504	.....	A	Ear microscopy examination	0.18	0.26	0.02	0.46	XXX	N
92506	.....	A	Speech & hearing evaluation	0.87	0.53	0.05	1.45	XXX	N
92507	.....	A	Speech/hearing therapy	0.53	0.33	0.03	0.89	XXX	N
92508	.....	A	Speech/hearing therapy	0.26	0.18	0.02	0.46	XXX	N
92511	.....	A	Nasopharyngoscopy	0.85	0.86	0.09	1.80	000	S
92512	.....	A	Nasal function studies	0.56	0.48	0.05	1.09	XXX	N
92516	.....	A	Facial nerve function test	0.43	0.39	0.04	0.86	XXX	N
92520	.....	A	Laryngeal function studies	0.77	0.54	0.05	1.36	XXX	N
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX	0
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	XXX	0
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.02	0.24	XXX	N
92541	.....	A	Spontaneous nystagmus test	0.40	0.68	0.07	1.15	XXX	N
92541	26	A	Spontaneous nystagmus test	0.40	0.46	0 05	0.91	XXX	N
92542	.....	A	Positional nystagmus test	0.33	0.61	0.07	1.01	XXX	N
92542	TC	A	Positional nystagmus test	0.00	0.25	0.03	0.28	XXX	N
92542	26	A	Positional nystagmus test	0.33	0.36	0.04	0.73	XXX	N
92543	.....	A	Caloric vestibular test	0.38	0.82	0.09	1.29	XXX	N
92543	TC	A	Caloric vestibular test	0.00	0.40	0.04	0.44	XXX	N
92543	26	A	Caloric vestibular test	0.38	0.42	0.05	0.85	XXX	N
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.05	0.78	XXX	N
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.02	0.22	XXX	N
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.03	0.56	XXX	N
92545	.....	A	Oscillating tracking test	0.23	0.40	0.04	0.67	XXX	N
92545	TC	A	Oscillating tracking test	0.00	0.20	0.02	0.22	XXX	N
92545	26	A	Oscillating tracking test	0.23	0.20	0.02	0.45	XXX	N
92546	.....	A	Torsion swing recording	0.29	0.53	0.05	0.87	XXX	N
92546	TC	A	Torsion swing recording	0.00	0.23	0.02	0.25	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
92546	26	A	Torsion swing recording	0.29	0.30	0.03	0.62	XXX	N
92547	.....	A	Supplemental electrical test	0.00	0.54	0.06	0.60	XXX	N
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX	0
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.04	0.46	XXX	N
92553	.....	A	Audiometry, air & bone	0.00	0.64	0.07	0.71	XXX	N
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.04	0.40	XXX	N
92556	.....	A	Speech audiometry, complete	0.00	0.55	0.06	0.61	XXX	N
92557	.....	A	Comprehensive hearing test	0.00	1.14	0.13	1.27	XXX	N
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX	0
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX	0
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.69	0.07	0.76	XXX	N
92562	.....	A	Loudness balance test	0.00	0.39	0.04	0.43	XXX	N
92563	.....	A	Tone decay hearing test	0.00	0.36	0.04	0.40	XXX	N
92564	.....	A	Sisi hearing test	0.00	0.45	0.05	0.50	XXX	N
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.04	0.42	XXX	N
92567	.....	A	Tympanometry	0.00	0.51	0.06	0.57	XXX	N
92568	.....	A	Acoustic reflex testing	0.00	0.36	0.04	0.40	XXX	N
92569	.....	A	Acoustic reflex decay test	0.00	0.39	0.04	0.43	XXX	N
92571	.....	A	Filtered speech hearing test	0.00	0.37	0.04	0.41	XXX	N
92572	.....	A	Staggered spondaic word test	0.00	0.08	0.01	0.09	XXX	N
92573	.....	A	Lombard test	0.00	0.33	0.04	0.37	XXX	N
92574	.....	A	Swinging story test	0.00	1.17	0.09	1.26	XXX	N
92575	.....	A	Sensorineural acuity test	0.00	0.29	0.03	0.32	XXX	N
92576	.....	A	Synthetic sentence test	0.00	0.42	0.05	0.47	XXX	N
92577	.....	A	Stenger test, speech	0.00	0.69	0.08	0.77	XXX	N
92578	.....	A	Delayed auditory feedback	0.00	0.53	0.05	0.58	XXX	N
92580	.....	A	Electrodermal audiometry	0.00	0.65	0.07	0.72	XXX	N
92582	.....	A	Conditioning play audiometry	0.00	0.70	0.07	0.77	XXX	N
92583	.....	A	Select picture audiometry	0.00	0.86	0.09	0.95	XXX	N
92584	.....	A	Electrocochleography	0.00	2.39	0.25	2.64	XXX	N
92585	.....	A	Brainstem evoked audiometry	0.51	3.29	0.31	4.11	XXX	N
92585	TC	A	Brainstem evoked audiometry	0.00	1.78	0.17	1.95	XXX	N
92585	26	A	Brainstem evoked audiometry	0.51	1.51	0.14	2.16	XXX	N
92589	.....	A	Auditory function test(s)	0.00	0.52	0.06	0.58	XXX	N
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX	0
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX	0
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX	0
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX	0
92594	.....	N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	XXX	0
92595	.....	N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	XXX	0
92596	.....	A	Ear protector evaluation	0.00	0.57	0.06	0.63	XXX	N
92599	.....	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	26	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	TC	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92950	.....	A	Heart/lung resuscitation(cpr	3.84	2.30	0.17	6.31	000	N
92953	.....	A	Temporary external pacing	0.23	*1.57	0.15	1.95	000	N
92960	.....	A	Heart electroconversion	2.28	1.90	0.16	4.34	000	N
92970	.....	A	Cardioassist, internal	3.56	3.51	0.41	7.48	000	N
92971	.....	A	Cardioassist, external	1.79	1.12	0.08	2.99	000	N
92975	.....	A	Dissolve clot, heart vessel	7.33	5.77	0.42	13.52	000	N
92977	.....	A	Dissolve clot, heart vessel	0.00	7.77	0.55	8.32	XXX	N
92982	.....	A	Coronary artery dilation	11.10	*15.22	1.23	27.55	000	N
92984	.....	A	Coronary artery dilation	3.00	*5.06	0.44	8.50	ZZZ	N
92986	.....	A	Revision of aortic valve	20.57	12.17	0.91	33.65	090	N
92990	.....	A	Revision of pulmonary valve	16.40	9.70	0.72	26.82	090	N
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92995	.....	A	Coronary atherectomy	12.22	*15.64	1.23	29.09	000	N
92996	.....	A	Coronary atherectomy	3.30	*5.14	0.44	8.88	ZZZ	N
93000	.....	A	Electrocardiogram, complete	0.17	0.59	0.04	0.80	XXX	N
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	0.03	0.46	XXX	N
93010	.....	A	Electrocardiogram report	0.17	0.16	0.01	0.34	XXX	N
93012	.....	A	Transmission of ecg	0.00	0.25	0.02	0.27	XXX	N
93014	.....	A	Report on transmitted ecg	0.16	*0.20	0.02	0.38	XXX	N
93015	.....	A	Cardiovascular stress test	0.75	2.39	0.18	3.32	XXX	N
93015	26	D	Cardiovascular stress test	0.00	0.00	0.00	0.00	XXX	N
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93017	.....	A	Cardiovascular stress test	0.00	1.62	0.12	1.74	XXX	N
93018	.....	A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93024	TC	A	Cardiac drug stress test	0.00	1.08	0.09	1.17	XXX	N
93024	.....	A	Cardiac drug stress test	1.18	*2.66	0.23	4.07	XXX	N
93024	26	A	Cardiac drug stress test	1.18	*1.58	0.14	2.90	XXX	N
93040	.....	A	Rhythm ecg with report	0.16	0.26	0.02	0.44	XXX	N
93041	.....	A	Rhythm ecg, tracing	0.00	0.14	0.01	0.15	XXX	N
93042	.....	A	Rhythm ecg, report	0.16	0.12	0.01	0.29	XXX	N
93201	.....	A	Phonocardiogram & ecg lead	0.42	1.04	0.09	1.55	XXX	N
93202	.....	A	Phonocardiogram & ecg lead	0.00	0.76	0.07	0.83	XXX	N
93204	.....	A	Phonocardiogram & ecg lead	0.42	0.28	0.02	0.72	XXX	N
93205	.....	A	Special phonocardiogram	0.47	0.89	0.07	1.43	XXX	N
93208	.....	A	Special phonocardiogram	0.00	0.33	0.03	0.36	XXX	N
93209	.....	A	Special phonocardiogram	0.47	0.56	0.04	1.07	XXX	N
93210	.....	A	Intracardiac phonocardiogram	0.93	1.75	0.13	2.81	XXX	N
93210	TC	A	Intracardiac phonocardiogram	0.00	0.92	0.07	0.99	XXX	N
93210	26	A	Intracardiac phonocardiogram	0.93	0.83	0.06	1.82	XXX	N
93220	.....	A	Vectorcardiogram	0.26	*0.99	0.07	1.32	XXX	N
93221	.....	A	Vectorcardiogram tracing	0.00	0.59	0.04	0.63	XXX	N
93222	.....	A	Vectorcardiogram report	0.26	*0.40	0.03	0.69	XXX	N
93224	.....	A	Ecg monitor/report, 24 hrs	0.53	*4.08	0.31	4.92	XXX	N
93225	.....	A	Ecg monitor/record, 24 hrs	0.00	1.19	0.09	1.28	XXX	N
93226	.....	A	Ecg monitor/report, 24 hrs	0.00	2.10	0.16	2.26	XXX	N
93227	.....	A	Ecg monitor/review, 24 hrs	0.53	*0.79	0.06	1.38	XXX	N
93230	.....	A	Ecg monitor/report, 24 hrs	0.53	*4.51	0.34	5.38	XXX	N
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	1.47	0.11	1.58	XXX	N
93232	.....	A	Ecg monitor/report, 24 hrs	0.00	2.09	0.15	2.24	XXX	N
93233	.....	A	Ecg monitor/review, 24 hrs	0.53	*0.95	0.08	1.56	XXX	N
93235	.....	A	Ecg monitor/report, 24 hrs	0.45	*3.33	0.23	4.01	XXX	N
93236	.....	A	Ecg monitor/report, 24 hrs	0.00	2.53	0.17	2.70	XXX	N
93237	.....	A	Ecg monitor/review, 24 hrs	0.45	*0.80	0.06	1.31	XXX	N
93255	.....	A	Apexcardiography	0.17	0.31	0.02	0.50	XXX	N
93255	TC	A	Apexcardiography	0.00	0.15	0.01	0.16	XXX	N
93255	26	A	Apexcardiography	0.17	0.16	0.01	0.34	XXX	N
93268	.....	A	Ecg record/review	0.53	3.87	0.36	4.76	XXX	N
93268	TC	A	Ecg record/review	0.00	3.47	0.31	3.78	XXX	N
93268	26	A	Ecg record/review	0.53	0.40	0.05	0.98	XXX	N
93278	.....	A	Ecg/signal-averaged	0.35	*1.77	0.18	2.30	XXX	N
93278	TC	A	Ecg/signal-averaged	0.00	1.11	0.12	1.23	XXX	N
93278	26	A	Ecg/signal-averaged	0.35	*0.66	0.06	1.07	XXX	N
93280	.....	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93280	26	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93280	TC	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93307	.....	A	Echo exam of heart	0.79	*4.82	0.36	5.97	XXX	N
93307	TC	A	Echo exam of heart	0.00	3.72	0.27	3.99	XXX	N
93307	26	A	Echo exam of heart	0.79	*1.10	0.09	1.98	XXX	N
93308	.....	A	Echo exam of heart	0.54	2.56	0.19	3.29	XXX	N
93308	TC	A	Echo exam of heart	0.00	1.87	0.14	2.01	XXX	N
93308	26	A	Echo exam of heart	0.54	0.69	0.05	1.28	XXX	N
93312	.....	A	Echo exam of heart	1.59	5.01	0.45	7.05	XXX	N
93312	TC	A	Echo exam of heart	0.00	3.64	0.33	3.97	XXX	N
93312	26	A	Echo exam of heart	1.59	1.37	0.12	3.08	XXX	N
93313	.....	A	Echo exam of heart	0.96	0.68	0.06	1.70	XXX	N
93314	26	A	Echo exam of heart	0.96	0.68	0.06	1.70	XXX	N
93314	.....	A	Echo exam of heart	0.96	4.32	0.39	5.67	XXX	N
93314	TC	A	Echo exam of heart	0.00	3.64	0.33	3.97	XXX	N
93320	TC	A	Doppler echo exam, heart	0.00	1.65	0.13	1.78	XXX	N
93320	.....	A	Doppler echo exam, heart	0.38	*2.27	0.18	2.83	XXX	N
93320	26	A	Doppler echo exam, heart	0.38	*0.62	0.05	1.05	XXX	N
93321	.....	A	Doppler echo exam, heart	0.15	*1.32	0.11	1.58	XXX	N
93321	TC	A	Doppler echo exam, heart	0.00	1.07	0.09	1.16	XXX	N
93321	26	A	Doppler echo exam, heart	0.15	*0.25	0.02	0.42	XXX	N
93325	.....	A	Doppler color flow	0.07	2.83	0.25	3.15	XXX	N
93325	TC	A	Doppler color flow	0.00	1.39	0.12	1.51	XXX	N
93325	26	A	Doppler color flow	0.07	1.44	0.13	1.64	XXX	N
93350	.....	A	Echo exam of heart	1.54	*5.30	0.42	7.26	XXX	N
93350	26	A	Echo exam of heart	1.54	*1.98	0.16	3.68	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93350	TC	A	Echo exam of heart	0.00	3.32	0.26	3.58	XXX	N
93501	.....	A	Right heart catheterization	3.05	19.94	1.55	24.54	000	N
93501	TC	A	Right heart catheterization	0.00	16.29	1.21	17.50	000	N
93501	26	A	Right heart catheterization	3.05	3.65	0.34	7.04	000	N
93503	.....	A	Insert/place heart catheter	2.46	2.40	0.36	5.22	000	N
93505	.....	A	Biopsy of heart lining	4.61	4.97	0.46	10.04	000	N
93505	TC	A	Biopsy of heart lining	0.00	1.91	0.18	2.09	000	N
93505	26	A	Biopsy of heart lining	4.61	3.06	0.28	7.95	000	N
93510	.....	A	Left heart catheterization	4.38	38.70	2.89	45.97	000	N
93510	TC	A	Left heart catheterization	0.00	35.61	2.66	38.27	000	N
93510	26	A	Left heart catheterization	4.38	3.09	0.23	7.70	000	N
93511	26	A	Left heart catheterization	5.09	2.65	0.20	7.94	000	N
93511	.....	A	Left heart catheterization	5.09	37.32	2.79	45.20	000	N
93511	TC	A	Left heart catheterization	0.00	34.67	2.59	37.26	000	N
93514	TC	A	Left heart catheterization	0.00	34.67	2.59	37.26	000	S
93514	.....	A	Left heart catheterization	7.13	39.27	2.97	49.37	000	S
93514	26	A	Left heart catheterization	7.13	4.60	0.38	12.11	000	S
93524	.....	A	Left heart catheterization	7.03	50.00	3.73	60.76	000	N
93524	TC	A	Left heart catheterization	0.00	45.30	3.39	48.69	000	N
93524	26	A	Left heart catheterization	7.03	4.70	0.34	12.07	000	N
93526	.....	A	Rt & lt heart catheters	6.06	52.05	3.87	61.98	000	N
93526	TC	A	Rt & lt heart catheters	0.00	46.54	3.48	50.02	000	N
93526	26	A	Rt & lt heart catheters	6.06	5.51	0.39	11.96	000	N
93527	.....	A	Rt & lt heart catheters	7.36	52.52	3.90	63.78	000	N
93527	TC	A	Rt & lt heart catheters	0.00	45.30	3.39	48.69	000	N
93527	26	A	Rt & lt heart catheters	7.36	7.22	0.51	15.09	000	N
93528	.....	A	Rt & lt heart catheters	9.10	49.78	3.72	62.60	000	N
93528	TC	A	Rt & lt heart catheters	0.00	45.30	3.39	48.69	000	N
93528	26	A	Rt & lt heart catheters	9.10	4.48	0.33	13.91	000	N
93529	.....	A	Rt, lt heart catheterization	4.85	48.26	3.61	56.72	000	N
93529	TC	A	Rt, lt heart catheterization	0.00	45.30	3.39	48.69	000	N
93529	26	A	Rt, lt heart catheterization	4.85	2.96	0.22	8.03	000	N
93536	.....	A	Insert circulation assist	4.90	*7.23	0.72	12.85	000	N
93539	.....	A	Injection, cardiac cath	0.29	*2.07	0.20	2.56	000	N
93540	.....	A	Injection, cardiac cath	0.29	*2.07	0.20	2.56	000	N
93541	.....	A	Injection for lung angiogram	0.29	*1.64	0.16	2.09	000	N
93542	.....	A	Injection for heart x-rays	0.29	*1.65	0.16	2.10	000	N
93543	.....	A	Injection for heart x-rays	0.29	*1.20	0.11	1.60	000	N
93544	.....	A	Injection for aortography	0.29	*1.18	0.11	1.58	000	N
93545	.....	A	Injection for coronary x-rays	0.29	*2.54	0.24	3.07	000	N
93546	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93546	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93546	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93551	.....	D	X-ray aortocoronary bypass	0.00	0.00	0.00	0.00	000	0
93552	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93552	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93552	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93555	.....	A	Imaging, cardiac cath	0.82	6.32	0.42	7.56	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	6.05	0.38	6.43	XXX	N
93555	26	A	Imaging, cardiac cath	0.82	0.27	0.04	1.13	XXX	N
93556	.....	A	Imaging, cardiac cath	0.84	9.99	0.66	11.49	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.53	0.59	10.12	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93556	26	A	Imaging, cardiac cath	0.84	0.46	0.07	1.37	XXX	N
93561	.....	A	Cardiac output measurement	1.16	1.27	0.16	2.59	000	N
93561	TC	A	Cardiac output measurement	0.00	0.51	0.07	0.58	000	N
93561	26	A	Cardiac output measurement	1.16	0.76	0.09	2.01	000	N
93562	.....	A	Cardiac output measurement	0.37	*0.77	0.10	1.24	000	N
93562	26	A	Cardiac output measurement	0.37	*0.47	0.06	0.90	000	N
93562	TC	A	Cardiac output measurement	0.00	0.30	0.04	0.34	000	N
93600	.....	A	Bundle of his recording	2.14	*4.88	0.38	7.40	000	N
93600	TC	A	Bundle of his recording	0.00	1.88	0.14	2.02	000	N
93600	26	A	Bundle of his recording	2.14	*3.00	0.24	5.38	000	N
93602	.....	A	Intra-atrial recording	2.14	2.86	0.22	5.22	000	N
93602	TC	A	Intra-atrial recording	0.00	1.07	0.08	1.15	000	N
93602	26	A	Intra-atrial recording	2.14	1.79	0.14	4.07	000	N
93603	.....	A	Right ventricular recording	2.14	3.83	0.28	6.25	000	N
93603	TC	A	Right ventricular recording	0.00	1.62	0.12	1.74	000	N
93603	26	A	Right ventricular recording	2.14	2.21	0.16	4.51	000	N
93607	.....	A	Right ventricular recording	3.30	3.67	0.28	7.25	000	N
93607	TC	A	Right ventricular recording	0.00	1.44	0.11	1.55	000	N
93607	26	A	Right ventricular recording	3.30	2.23	0.17	5.70	000	N
93609	TC	A	Mapping of tachycardia	0.00	2.62	0.19	2.81	000	N
93609	26	A	Mapping of tachycardia	10.18	3.88	0.28	14.34	000	N
93609	.....	A	Mapping of tachycardia	10.18	6.50	0.47	17.15	000	N
93610	.....	A	Intra-atrial pacing	3.05	3.64	0.27	6.96	000	N
93610	TC	A	Intra-atrial pacing	0.00	1.30	0.10	1.40	000	N
93610	26	A	Intra-atrial pacing	3.05	2.34	0.17	5.56	000	N
93612	.....	A	Intraventricular pacing	3.05	3.93	0.29	7.27	000	N
93612	TC	A	Intraventricular pacing	0.00	1.56	0.12	1.68	000	N
93612	26	A	Intraventricular pacing	3.05	2.37	0.17	5.59	000	N
93615	.....	A	Esophageal recording	1.00	0.65	0.04	1.69	000	N
93615	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93615	26	A	Esophageal recording	1.00	0.35	0.02	1.37	000	N
93616	.....	A	Esophageal recording	1.51	1.68	0.10	3.29	000	N
93616	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93616	26	A	Esophageal recording	1.51	1.38	0.08	2.97	000	N
93618	.....	A	Heart rhythm pacing	4.31	*9.51	0.72	14.54	000	N
93618	TC	A	Heart rhythm pacing	0.00	3.82	0.28	4.10	000	N
93618	26	A	Heart rhythm pacing	4.31	*5.69	0.44	10.44	000	N
93619	.....	A	Electrophysiology evaluation	7.40	*18.26	1.42	27.08	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.42	0.55	7.97	000	N
93619	26	A	Electrophysiology evaluation	7.40	*10.84	0.87	19.11	000	N
93620	.....	A	Electrophysiology evaluation	11.72	22.31	1.57	35.60	000	N
93620	TC	A	Electrophysiology evaluation	0.00	8.63	0.61	9.24	000	N
93620	26	A	Electrophysiology evaluation	11.72	13.68	0.96	26.36	000	N
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	26	A	Electrophysiology evaluation	12.80	15.11	1.12	29.03	000	N
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	26	A	Electrophysiology evaluation	12.88	14.90	1.08	28.86	000	N
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	26	A	Stimulation, pacing heart	2.88	2.81	0.20	5.89	000	N
93624	.....	A	Electrophysiologic study	4.86	4.93	0.35	10.14	000	N
93624	TC	A	Electrophysiologic study	0.00	1.91	0.14	2.05	000	N
93624	26	A	Electrophysiologic study	4.86	3.02	0.21	8.09	000	N
93631	.....	A	Heart pacing, mapping	7.68	11.75	1.39	20.82	000	N
93631	TC	A	Heart pacing, mapping	0.00	5.93	0.71	6.64	000	N
93631	26	A	Heart pacing, mapping	7.68	5.82	0.68	14.18	000	N
93640	.....	A	Evaluation heart device	3.56	*13.96	1.11	18.63	000	N
93640	TC	A	Evaluation heart device	0.00	6.92	0.49	7.41	000	N
93640	26	A	Evaluation heart device	3.56	*7.04	0.62	11.22	000	N
93641	.....	A	Electrophysiology evaluation	5.54	*14.45	1.11	21.10	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93641	26	A	Electrophysiology evaluation	5.54	*7.53	0.62	13.69	000	N
93642	.....	A	Electrophysiology evaluation	4.94	*14.30	1.11	20.35	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93642	26	A	Electrophysiology evaluation	4.94	*7.38	0.62	12.94	000	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93650	.....	A	Ablate heart dysrhythm focus	10.63	*16.18	1.35	28.16	000	N
93650	TC	D	Ablate heart dysrhythm focus	0.00	0.00	0.00	0.00	000	N
93650	26	D	Ablate heart dysrhythm focus	0.00	0.00	0.00	0.00	000	N
93651	.....	A	Ablate heart dysrhythm focus	16.43	18.03	1.35	35.81	000	N
93652	.....	A	Ablate heart dysrhythm focus	17.88	18.03	1.35	37.26	000	N
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93660	26	A	Tilt table evaluation	1.91	1.46	0.17	3.54	000	N
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93720	.....	A	Total body plethysmography	0.17	*0.96	0.10	1.23	XXX	N
93721	.....	A	Plethysmography tracing	0.00	0.68	0.07	0.75	XXX	N
93722	.....	A	Plethysmography report	0.17	*0.28	0.03	0.48	XXX	N
93724	.....	A	Analyze pacemaker system	4.94	6.73	0.50	12.17	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.82	0.28	4.10	000	N
93724	26	A	Analyze pacemaker system	4.94	2.91	0.22	8.07	000	N
93731	.....	A	Analyze pacemaker system	0.46	0.80	0.07	1.33	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.48	0.04	0.52	XXX	N
93731	26	A	Analyze pacemaker system	0.46	0.32	0.03	0.81	XXX	N
93732	26	A	Analyze pacemaker system	0.86	0.42	0.04	1.32	XXX	N
93732	.....	A	Analyze pacemaker system	0.86	0.92	0.08	1.86	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.50	0.04	0.54	XXX	N
93733	TC	A	Telephone analysis, pacemaker	0.00	0.70	0.06	0.76	XXX	N
93733	.....	A	Telephone analysis, pacemaker	0.17	*0.94	0.08	1.19	XXX	N
93733	26	A	Telephone analysis, pacemaker	0.17	*0.24	0.02	0.43	XXX	N
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93735	.....	A	Analyze pacemaker system	0.51	0.85	0.08	1.44	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93735	26	A	Analyze pacemaker system	0.51	0.43	0.04	0.98	XXX	N
93736	.....	A	Telephone analysis, pacemaker	0.15	*0.86	0.09	1.10	XXX	N
93736	TC	A	Telephone analysis, pacemaker	0.00	0.61	0.06	0.67	XXX	N
93736	26	A	Telephone analysis, pacemaker	0.15	*0.25	0.03	0.43	XXX	N
93737	.....	A	Analyze cardio/defibrillator	0.45	0.75	0.06	1.26	XXX	N
93737	TC	A	Analyze cardio/defibrillator	0.00	0.48	0.04	0.52	XXX	N
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.02	0.74	XXX	N
93738	.....	A	Analyze cardio/defibrillator	0.93	0.89	0.07	1.89	XXX	N
93738	TC	A	Analyze cardio/defibrillator	0.00	0.50	0.04	0.54	XXX	N
93738	26	A	Analyze cardio/defibrillator	0.93	0.39	0.03	1.35	XXX	N
93740	.....	A	Temperature gradient studies	0.16	0.45	0.04	0.65	XXX	N
93740	TC	A	Temperature gradient studies	0.00	0.15	0.01	0.16	XXX	N
93740	26	A	Temperature gradient studies	0.16	0.30	0.03	0.49	XXX	N
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX	0
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX	0
93770	.....	A	Measure venous pressure	0.16	0.20	0.02	0.38	XXX	N
93770	TC	A	Measure venous pressure	0.00	0.03	0.00	0.03	XXX	N
93770	26	A	Measure venous pressure	0.16	0.17	0.02	0.35	XXX	N
93784	.....	N	Ambulatory bp monitoring	0.00	0.00	0.00	0.00	XXX	0
93786	.....	N	Ambulatory bp recording	0.00	0.00	0.00	0.00	XXX	0
93788	.....	N	Ambulatory bp analysis	0.00	0.00	0.00	0.00	XXX	0
93790	.....	N	Review/report bp recording	0.00	0.00	0.00	0.00	XXX	0
93797	.....	A	Cardiac rehab	0.18	0.30	0.02	0.50	000	N
93798	.....	A	Cardiac rehab/monitor	0.28	0.48	0.04	0.80	000	N
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93875	.....	A	Extracranial study	0.22	*1.53	0.18	1.93	XXX	N
93875	TC	A	Extracranial study	0.00	1.06	0.12	1.18	XXX	N
93875	26	A	Extracranial study	0.22	*0.47	0.06	0.75	XXX	N
93880	.....	A	Extracranial study	0.61	3.83	0.43	4.87	XXX	N
93880	TC	A	Extracranial study	0.00	3.37	0.38	3.75	XXX	N
93880	26	A	Extracranial study	0.61	0.46	0.05	1.12	XXX	N
93882	26	A	Extracranial study	0.30	0.23	0.03	0.56	XXX	N
93882	.....	A	Extracranial study	0.30	3.60	0.41	4.31	XXX	N
93882	TC	A	Extracranial study	0.00	3.37	0.38	3.75	XXX	N
93886	TC	A	Intracranial study	0.00	3.37	0.38	3.75	XXX	N
93886	.....	A	Intracranial study	0.92	4.06	0.46	5.44	XXX	N
93886	26	A	Intracranial study	0.92	0.69	0.08	1.69	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93888	.....	A	Intracranial study	0.75	3.72	0.42	4.89	XXX	N
93888	26	A	Intracranial study	0.75	0.35	0.04	1.14	XXX	N
93888	TC	A	Intracranial study	0.00	3.37	0.38	3.75	XXX	N
93920	.....	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93920	TC	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93920	26	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	.....	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	TC	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	26	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93922	.....	A	Extremity study	0.22	*1.44	0.19	1.85	XXX	N
93922	TC	A	Extremity study	0.00	1.11	0.14	1.25	XXX	N
93922	26	A	Extremity study	0.22	*0.33	0.05	0.60	XXX	N
93923	26	A	Extremity study	0.41	*0.63	0.09	1.13	XXX	N
93923	.....	A	Extremity study	0.41	*2.73	0.35	3.49	XXX	N
93923	TC	A	Extremity study	0.00	2.10	0.26	2.36	XXX	N
93924	TC	A	Extremity study	0.00	2.29	0.29	2.58	XXX	N
93924	.....	A	Extremity study	0.45	*2.97	0.39	3.81	XXX	N
93924	26	A	Extremity study	0.45	*0.68	0.10	1.23	XXX	N
93925	.....	A	Lower extremity study	0.61	3.83	0.43	4.87	XXX	N
93925	TC	A	Lower extremity study	0.00	3.37	0.38	3.75	XXX	N
93925	26	A	Lower extremity study	0.61	0.46	0.05	1.12	XXX	N
93926	.....	A	Lower extremity study	0.30	3.60	0.41	4.31	XXX	N
93926	TC	A	Lower extremity study	0.00	3.37	0.38	3.75	XXX	N
93926	26	A	Lower extremity study	0.30	0.23	0.03	0.56	XXX	N
93930	.....	A	Upper extremity study	0.51	3.75	0.42	4.68	XXX	N
93930	TC	A	Upper extremity study	0.00	3.37	0.38	3.75	XXX	N
93930	26	A	Upper extremity study	0.51	0.38	0.04	0.93	XXX	N
93931	.....	A	Upper extremity study	0.25	3.56	0.40	4.21	XXX	N
93931	TC	A	Upper extremity study	0.00	3.37	0.38	3.75	XXX	N
93931	26	A	Upper extremity study	0.25	0.19	0.02	0.46	XXX	N
93965	.....	A	Extremity study	0.35	*1.50	0.19	2.04	XXX	N
93965	TC	A	Extremity study	0.00	1.05	0.13	1.18	XXX	N
93965	26	A	Extremity study	0.35	*0.45	0.06	0.86	XXX	N
93970	.....	A	Extremity study	0.71	3.91	0.45	5.07	XXX	N
93970	TC	A	Extremity study	0.00	3.37	0.38	3.75	XXX	N
93970	26	A	Extremity study	0.71	0.54	0.07	1.32	XXX	N
93971	.....	A	Extremity study	0.36	3.64	0.41	4.41	XXX	N
93971	TC	A	Extremity study	0.00	3.37	0.38	3.75	XXX	N
93971	26	A	Extremity study	0.36	0.27	0.03	0.66	XXX	N
93975	.....	A	Vascular study	1.88	4.15	0.47	6.50	XXX	N
93975	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93975	26	A	Vascular study	1.88	0.78	0.09	2.75	XXX	N
93976	.....	A	Vascular study	0.96	3.75	0.42	5.13	XXX	N
93976	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93976	26	A	Vascular study	0.96	0.38	0.04	1.38	XXX	N
93978	.....	A	Vascular study	0.68	3.88	0.44	5.00	XXX	N
93978	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93978	26	A	Vascular study	0.68	0.51	0.06	1.25	XXX	N
93979	.....	A	Vascular study	0.35	3.63	0.41	4.39	XXX	N
93979	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93979	26	A	Vascular study	0.35	0.26	0.03	0.64	XXX	N
93980	.....	A	Penile vascular study	1.84	4.20	0.45	6.49	XXX	N
93980	TC	A	Penile vascular study	0.00	3.37	0.38	3.75	XXX	N
93980	26	A	Penile vascular study	1.84	0.83	0.07	2.74	XXX	N
93981	.....	A	Penile vascular study	0.65	3.50	0.39	4.54	XXX	N
93981	TC	A	Penile vascular study	0.00	3.10	0.36	3.46	XXX	N
93981	26	A	Penile vascular study	0.65	0.40	0.03	1.08	XXX	N
94010	.....	A	Breathing capacity test	0.17	0.68	0.05	0.90	XXX	N
94010	TC	A	Breathing capacity test	0.00	0.40	0.03	0.43	XXX	N
94010	26	A	Breathing capacity test	0.17	0.28	0.02	0.47	XXX	N
94060	.....	A	Evaluation of wheezing	0.31	1.28	0.09	1.68	XXX	N
94060	TC	A	Evaluation of wheezing	0.00	0.90	0.06	0.96	XXX	N
94060	26	A	Evaluation of wheezing	0.31	0.38	0.03	0.72	XXX	N
94070	.....	A	Evaluation of wheezing	0.61	1.79	0.13	2.53	XXX	N
94070	TC	A	Evaluation of wheezing	0.00	1.41	0.10	1.51	XXX	N
94070	26	A	Evaluation of wheezing	0.61	0.38	0.03	1.02	XXX	N
94150	.....	A	Vital capacity test	0.11	0.20	0.02	0.33	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
94150	TC	A	Vital capacity test	0.00	0.08	0.01	0.09	XXX	N
94150	26	A	Vital capacity test	0.11	0.12	0.01	0.24	XXX	N
94160	.....	A	Vital capacity screening	0.18	0.37	0.02	0.57	XXX	N
94160	TC	A	Vital capacity screening	0.00	0.18	0.01	0.19	XXX	N
94160	26	A	Vital capacity screening	0.18	0.19	0.01	0.38	XXX	N
94200	TC	A	Lung function test (mbc/mvv)	0.00	0.24	0.02	0.26	XXX	N
94200	.....	A	Lung function test (mbc/mvv)	0.11	*0.40	0.03	0.54	XXX	N
94200	26	A	Lung function test (mbc/mvv)	0.11	*0.16	0.01	0.28	XXX	N
94240	TC	A	Residual lung capacity	0.00	0.66	0.05	0.71	XXX	N
94240	.....	A	Residual lung capacity	0.26	0.89	0.07	1.22	XXX	N
94240	26	A	Residual lung capacity	0.26	0.23	0.02	0.51	XXX	N
94250	TC	A	Expired gas collection	0.00	0.13	0.01	0.14	XXX	N
94250	.....	A	Expired gas collection	0.11	*0.27	0.02	0.40	XXX	N
94250	26	A	Expired gas collection	0.11	*0.14	0.01	0.26	XXX	N
94260	TC	A	Thoracic gas volume	0.00	0.53	0.04	0.57	XXX	N
94260	.....	A	Thoracic gas volume	0.13	*0.76	0.06	0.95	XXX	N
94260	26	A	Thoracic gas volume	0.13	*0.23	0.02	0.38	XXX	N
94350	TC	A	Lung nitrogen washout curve	0.00	0.53	0.04	0.57	XXX	N
94350	.....	A	Lung nitrogen washout curve	0.26	0.74	0.05	1.05	XXX	N
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.01	0.48	XXX	N
94360	TC	A	Measure airflow resistance	0.00	0.93	0.06	0.99	XXX	N
94360	.....	A	Measure airflow resistance	0.26	1.12	0.07	1.45	XXX	N
94360	26	A	Measure airflow resistance	0.26	0.19	0.01	0.46	XXX	N
94370	TC	A	Breath airway closing volume	0.00	0.26	0.02	0.28	XXX	N
94370	.....	A	Breath airway closing volume	0.26	0.40	0.03	0.69	XXX	N
94370	26	A	Breath airway closing volume	0.26	0.14	0.01	0.41	XXX	N
94375	TC	A	Respiratory flow volume loop	0.00	0.47	0.03	0.50	XXX	N
94375	.....	A	Respiratory flow volume loop	0.31	0.68	0.04	1.03	XXX	N
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.01	0.53	XXX	N
94400	TC	A	CO_2 breathing response curve	0.00	0.30	0.06	0.36	XXX	N
94400	.....	A	CO_2 breathing response curve	0.40	0.78	0.19	1.37	XXX	N
94400	26	A	CO_2 breathing response curve	0.40	0.48	0.13	1.01	XXX	N
94450	TC	A	Hypoxia response curve	0.00	0.37	0.03	0.40	XXX	N
94450	.....	A	Hypoxia response curve	0.40	0.61	0.05	1.06	XXX	N
94450	26	A	Hypoxia response curve	0.40	0.24	0.02	0.66	XXX	N
94620	.....	A	Pulmonary stress testing	0.89	2.08	0.15	3.12	XXX	N
94620	TC	A	Pulmonary stress testing	0.00	1.37	0.10	1.47	XXX	N
94620	26	A	Pulmonary stress testing	0.89	0.71	0.05	1.65	XXX	N
94640	.....	A	Airway inhalation treatment	0.00	0.39	0.03	0.42	XXX	N
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX	N
94650	.....	A	Pressure breathing (ippb)	0.00	0.37	0.03	0.40	XXX	N
94651	.....	A	Pressure breathing (ippb)	0.00	0.36	0.03	0.39	XXX	N
94652	.....	A	Pressure breathing (ippb)	0.00	0.41	0.08	0.49	XXX	N
94656	.....	A	Initial ventilator mgmt	1.23	1.14	0.12	2.49	XXX	N
94657	.....	A	Cont. ventilator	0.84	0.63	0.05	1.52	XXX	N
94660	.....	A	Pos airway pressure, cpap	0.77	0.72	0.06	1.55	XXX	N
94662	.....	A	Neg pressure ventilation, cnp	0.77	0.30	0.02	1.09	XXX	N
94664	.....	A	Aerosol or vapor inhalations	0.00	0.51	0.04	0.55	XXX	N
94665	.....	A	Aerosol or vapor inhalations	0.00	0.47	0.05	0.52	XXX	N
94667	.....	A	Chest wall manipulation	0.00	0.56	0.05	0.61	XXX	N
94668	.....	A	Chest wall manipulation	0.00	0.34	0.03	0.37	XXX	N
94680	TC	A	Exhaled air analysis: O_2	0.00	0.50	0.07	0.57	XXX	N
94680	.....	A	Exhaled air analysis: O_2	0.26	0.83	0.10	1.19	XXX	N
94680	26	A	Exhaled air analysis: O_2	0.26	0.33	0.03	0.62	XXX	N
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.33	0.13	1.46	XXX	N
94681	.....	A	Exhaled air analysis: O_2, CO_2	0.20	*1.72	0.17	2.09	XXX	N
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	*0.39	0.04	0.63	XXX	N
94690	TC	A	Exhaled air analysis	0.00	0.52	0.04	0.56	XXX	N
94690	.....	A	Exhaled air analysis	0.07	0.57	0.04	0.68	XXX	N
94690	26	A	Exhaled air analysis	0.07	0.05	0.00	0.12	XXX	N
94720	TC	A	Monoxide diffusing capacity	0.00	0.81	0.06	0.87	XXX	N
94720	.....	A	Monoxide diffusing capacity	0.26	1.04	0.08	1.38	XXX	N
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.02	0.51	XXX	N
94725	TC	A	Membrane diffusion capacity	0.00	1.68	0.13	1.81	XXX	N
94725	.....	A	Membrane diffusion capacity	0.26	1.86	0.14	2.26	XXX	N
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.01	0.45	XXX	N
94750	TC	A	Pulmonary compliance study	0.00	0.56	0.04	0.60	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
94750	.....	A	Pulmonary compliance study	0.23	0.84	0.06	1.13	XXX	N
94750	26	A	Pulmonary compliance study	0.23	0.28	0.02	0.53	XXX	N
94760	.....	A	Measure blood oxygen level	0.00	0.25	0.02	0.27	XXX	N
94761	.....	A	Measure blood oxygen level	0.00	0.65	0.06	0.71	XXX	N
94762	.....	A	Measure blood oxygen level	0.00	1.09	0.10	1.19	XXX	N
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.08	0.37	XXX	N
94770	.....	A	Exhaled carbon dioxide test	0.20	0.40	0.11	0.71	XXX	N
94770	26	A	Exhaled carbon dioxide test	0.20	0.11	0.03	0.34	XXX	N
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
95004	.....	A	Allergy skin tests	0.00	0.09	0.01	0.10	XXX	N
95010	.....	A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95015	.....	A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95024	.....	A	Allergy skin tests	0.00	0.14	0.01	0.15	XXX	N
95027	.....	A	Skin end point titration	0.00	0.14	0.01	0.15	XXX	N
95028	.....	A	Allergy skin tests	0.00	0.22	0.01	0.23	XXX	N
95040	.....	D	Allergy patch tests, 1–10	0.00	0.00	0.00	0.00	XXX	0
95041	.....	D	Allergy patch tests, 11–20	0.00	0.00	0.00	0.00	XXX	0
95042	.....	D	Allergy patch tests, 21–30	0.00	0.00	0.00	0.00	XXX	0
95043	.....	D	Allergy patch tests, over 30	0.00	0.00	0.00	0.00	XXX	0
95044	.....	A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95050	.....	D	Photo patch tests, 1–10	0.00	0.00	0.00	0.00	XXX	0
95051	.....	D	Photo patch tests, over 10	0.00	0.00	0.00	0.00	XXX	0
95052	.....	A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95056	.....	A	Photosensitivity tests	0.00	0.17	0.01	0.18	XXX	N
95060	.....	A	Eye allergy tests	0.00	0.33	0.02	0.35	XXX	N
95065	.....	A	Nose allergy test	0.00	0.19	0.01	0.20	XXX	N
95070	.....	A	Bronchial allergy tests	0.00	2.19	0.02	2.21	XXX	N
95071	.....	A	Bronchial allergy tests	0.00	2.81	0.02	2.83	XXX	N
95075	.....	A	Ingestion challenge test	0.96	1.99	0.02	2.97	XXX	N
95078	.....	A	Provocative testing	0.00	0.24	0.02	0.26	XXX	N
95105	.....	D	Allergy patient counseling	0.00	0.00	0.00	0.00	XXX	0
95115	.....	A	Immunotherapy, one injection	0.00	0.43	0.02	0.45	XXX	N
95117	.....	A	Immunotherapy injections	0.00	0.68	0.02	0.70	XXX	N
95120	.....	X	Immunotherapy, single antigen	0.00	0.00	0.00	0.00	XXX	0
95125	.....	X	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95130	.....	X	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX	0
95131	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95132	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95133	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95134	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95135	.....	D	Immunotherapy, one antigen	0.00	0.00	0.00	0.00	XXX	0
95140	.....	D	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95144	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95145	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95146	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95147	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95148	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95149	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95150	.....	D	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95155	.....	D	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95165	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95170	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95180	.....	A	Rapid desensitization	2.03	0.14	0.01	2.18	XXX	N
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	XXX	N
95805	.....	A	Multiple sleep latency test	1.90	5.57	0.45	7.92	XXX	N
95805	TC	A	Multiple sleep latency test	0.00	5.00	0.38	5.38	XXX	N
95805	26	A	Multiple sleep latency test	1.90	0.57	0.07	2.54	XXX	N
95807	.....	A	Sleep study	1.68	6.84	0.52	9.04	XXX	N
95807	TC	A	Sleep study	0.00	5.00	0.38	5.38	XXX	N
95807	26	A	Sleep study	1.68	1.84	0.14	3.66	XXX	N
95808	.....	A	Polysomnography, 1–3	2.75	6.84	0.52	10.11	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	5.00	0.38	5.38	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
95808	26	A	Polysomnography, 1–3	2.75	1.84	0.14	4.73	XXX	N
95810	26	A	Polysomnography, 4 or more	2.75	1.84	0.14	4.73	XXX	N
95810	.....	A	Polysomnography, 4 or more	2.75	6.84	0.52	10.11	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	5.00	0.38	5.38	XXX	N
95816	TC	A	Electroencephalogram (eeg)	0.00	1.27	0.10	1.37	XXX	N
95816	.....	A	Electroencephalogram (eeg)	1.09	1.55	0.13	2.77	XXX	N
95816	26	A	Electroencephalogram (eeg)	1.09	0.28	0.03	1.40	XXX	N
95817	.....	A	Electroencephalogram (eeg)	1.09	2.16	0.18	3.43	XXX	N
95817	TC	A	Electroencephalogram (eeg)	0.00	1.88	0.15	2.03	XXX	N
95817	26	A	Electroencephalogram (eeg)	1.09	0.28	0.03	1.40	XXX	N
95819	.....	A	Electroencephalogram (eeg)	1.09	1.78	0.14	3.01	XXX	N
95819	TC	A	Electroencephalogram (eeg)	0.00	1.27	0.10	1.37	XXX	N
95819	26	A	Electroencephalogram (eeg)	1.09	0.51	0.04	1.64	XXX	N
95821	.....	A	Portable eeg	1.09	2.46	0.19	3.74	XXX	N
95821	TC	A	Portable eeg	0.00	1.88	0.15	2.03	XXX	N
95821	26	A	Portable eeg	1.09	0.58	0.04	1.71	XXX	N
95822	.....	A	Sleep electroencephalogram	1.09	2.31	0.18	3.58	XXX	N
95822	TC	A	Sleep electroencephalogram	0.00	1.74	0.14	1.88	XXX	N
95822	26	A	Sleep electroencephalogram	1.09	0.57	0.04	1.70	XXX	N
95823	.....	A	Activation eeg	2.92	2.28	0.18	5.38	XXX	N
95823	TC	A	Activation eeg	0.00	1.64	0.13	1.77	XXX	N
95823	26	A	Activation eeg	2.92	0.64	0.05	3.61	XXX	N
95824	.....	A	Electroencephalography	0.75	0.99	0.07	1.81	XXX	N
95824	TC	A	Electroencephalography	0.00	0.40	0.03	0.43	XXX	N
95824	26	A	Electroencephalography	0.75	0.59	0.04	1.38	XXX	N
95826	.....	A	Depth electroencephalogram	1.21	1.38	0.10	2.69	XXX	N
95826	TC	A	Depth electroencephalogram	0.00	0.70	0.05	0.75	XXX	N
95826	26	A	Depth electroencephalogram	1.21	0.68	0.05	1.94	XXX	N
95827	.....	A	Night electroencephalogram	1.09	3.09	0.24	4.42	XXX	N
95827	TC	A	Night electroencephalogram	0.00	2.20	0.17	2.37	XXX	N
95827	26	A	Night electroencephalogram	1.09	0.89	0.07	2.05	XXX	N
95828	.....	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95828	TC	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95828	26	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95829	.....	A	Surgery electrocorticogram	6.28	0.59	0.05	6.92	XXX	N
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.02	0.16	XXX	N
95829	26	A	Surgery electrocorticogram	6.28	0.45	0.03	6.76	XXX	N
95830	.....	A	Insert electrodes for eeg	1.72	0.79	0.07	2.58	XXX	N
95831	.....	A	Limb muscle testing, manual	0.28	0.29	0.03	0.60	XXX	N
95832	.....	A	Hand muscle testing, manual	0.29	0.25	0.02	0.56	XXX	N
95833	.....	A	Body muscle testing, manual	0.48	0.38	0.05	0.91	XXX	N
95834	.....	A	Body muscle testing, manual	0.61	0.62	0.06	1.29	XXX	N
95842	.....	A	Muscle testing, electrical	0.55	0.61	0.06	1.22	XXX	N
95842	TC	A	Muscle testing, electrical	0.00	0.19	0.02	0.21	XXX	N
95842	26	A	Muscle testing, electrical	0.55	0.42	0.04	1.01	XXX	N
95851	.....	A	Range of motion measurements	0.28	0.24	0.02	0.54	XXX	N
95852	.....	A	Range of motion measurements	0.19	0.15	0.02	0.36	XXX	N
95857	.....	A	Tensilon test	0.54	0.51	0.04	1.09	XXX	N
95858	.....	A	Tensilon test & myogram	1.58	1.03	0.09	2.70	XXX	N
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.04	0.42	XXX	N
95858	26	A	Tensilon test & myogram	1.58	0.65	0.05	2.28	XXX	N
95860	.....	A	Muscle test, one limb	0.97	1.10	0.09	2.16	XXX	N
95860	TC	A	Muscle test, one limb	0.00	0.36	0.03	0.39	XXX	N
95860	26	A	Muscle test, one limb	0.97	0.74	0.06	1.77	XXX	N
95861	.....	A	Muscle test, two limbs	1.56	1.99	0.16	3.71	XXX	N
95861	TC	A	Muscle test, two limbs	0.00	0.71	0.06	0.77	XXX	N
95861	26	A	Muscle test, two limbs	1.56	1.28	0.10	2.94	XXX	N
95863	.....	A	Muscle test, 3 limbs	1.89	2.33	0.18	4.40	XXX	N
95863	TC	A	Muscle test, 3 limbs	0.00	0.90	0.07	0.97	XXX	N
95863	26	A	Muscle test, 3 limbs	1.89	1.43	0.11	3.43	XXX	N
95864	.....	A	Muscle test, 4 limbs	2.01	3.49	0.27	5.77	XXX	N
95864	TC	A	Muscle test, 4 limbs	0.00	1.72	0.13	1.85	XXX	N
95864	26	A	Muscle test, 4 limbs	2.01	1.77	0.14	3.92	XXX	N
95867	.....	A	Muscle test, head or neck	0.63	1.15	0.09	1.87	XXX	N
95867	TC	A	Muscle test, head or neck	0.00	0.56	0.04	0.60	XXX	N
95867	26	A	Muscle test, head or neck	0.63	0.59	0.05	1.27	XXX	N
95868	.....	A	Muscle test, head or neck	1.52	1.94	0.15	3.61	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
95868	TC	A	Muscle test, head or neck	0.00	0.67	0.05	0.72	XXX	N
95868	26	A	Muscle test, head or neck	1.52	1.27	0.10	2.89	XXX	N
95869	.....	A	Muscle test, limited	0.37	0.53	0.05	0.95	XXX	N
95869	TC	A	Muscle test, limited	0.00	0.20	0.02	0.22	XXX	N
95869	26	A	Muscle test, limited	0.37	0.33	0.03	0.73	XXX	N
95872	.....	A	Muscle test, one fiber	1.52	1.27	0.11	2.90	XXX	N
95872	TC	A	Muscle test, one fiber	0.00	0.58	0.05	0.63	XXX	N
95872	26	A	Muscle test, one fiber	1.52	0.69	0.06	2.27	XXX	N
95875	TC	A	Limb exercise test	0.00	0.38	0.06	0.44	XXX	N
95875	26	A	Limb exercise test	1.35	0.22	0.04	1.61	XXX	N
95875	.....	A	Limb exercise test	1.35	0.60	0.10	2.05	XXX	N
95880	.....	A	Cerebral aphasia testing	0.00	1.70	0.20	1.90	XXX	N
95881	.....	A	Cerebral developmental test	0.00	1.70	0.20	1.90	XXX	N
95882	.....	A	Cognitive function testing	0.00	1.70	0.20	1.90	XXX	N
95883	.....	A	Neuropsychological testing	0.00	1.70	0.20	1.90	XXX	N
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.05	1.09	XXX	N
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.02	0.29	XXX	N
95900	26	A	Motor nerve conduction test	0.42	0.35	0.03	0.80	XXX	N
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.05	0.94	XXX	N
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.02	0.23	XXX	N
95904	26	A	Sense nerve conduction test	0.34	0.34	0.03	0.71	XXX	N
95920	.....	A	Intraoperative nerve testing	2.13	2.70	0.20	5.03	XXX	N
95920	TC	A	Intraoperative nerve testing	0.00	1.25	0.08	1.33	XXX	N
95920	26	A	Intraoperative nerve testing	2.13	1.45	0.12	3.70	XXX	N
95925	26	A	Somatosensory testing	0.82	0.97	0.08	1.87	XXX	N
95925	.....	A	Somatosensory testing	0.82	2.30	0.19	3.31	XXX	N
95925	TC	A	Somatosensory testing	0.00	1.33	0.11	1.44	XXX	N
95933	TC	A	Blink reflex test	0.00	0.76	0.06	0.82	XXX	N
95933	.....	A	Blink reflex test	0.60	1.27	0.10	1.97	XXX	N
95933	26	A	Blink reflex test	0.60	0.51	0.04	1.15	XXX	N
95935	.....	A	"h" or "f" reflex study	0.60	0.54	0.05	1.19	XXX	N
95935	TC	A	"h" or "f" reflex study	0.00	0.20	0.02	0.22	XXX	N
95935	26	A	"h" or "f" reflex study	0.60	0.34	0.03	0.97	XXX	N
95937	.....	A	Neuromuscular junction test	0.61	0.77	0.07	1.45	XXX	N
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.03	0.35	XXX	N
95937	26	A	Neuromuscular junction test	0.61	0.45	0.04	1.10	XXX	N
95950	.....	A	Ambulatory eeg monitoring	1.53	7.33	0.61	9.47	XXX	N
95950	TC	A	Ambulatory eeg monitoring	0.00	6.11	0.51	6.62	XXX	N
95950	26	A	Ambulatory eeg monitoring	1.53	1.22	0.10	2.85	XXX	N
95951	.....	A	Eeg monitoring/videorecord	3.84	8.93	0.65	13.42	XXX	N
95951	TC	A	Eeg monitoring/videorecord	0.00	7.41	0.54	7.95	XXX	N
95951	26	A	Eeg monitoring/videorecord	3.84	1.52	0.11	5.47	XXX	N
95953	.....	A	Eeg monitoring/computer	3.11	7.33	0.61	11.05	XXX	N
95953	TC	A	Eeg monitoring/computer	0.00	6.11	0.51	6.62	XXX	N
95953	26	A	Eeg monitoring/computer	3.11	1.22	0.10	4.43	XXX	N
95954	.....	A	Eeg monitoring/giving drugs	2.48	2.35	0.28	5.11	XXX	N
95954	TC	A	Eeg monitoring/giving drugs	0.00	0.46	0.06	0.52	XXX	N
95954	26	A	Eeg monitoring/giving drugs	2.48	1.89	0.22	4.59	XXX	N
95955	.....	A	Eeg during surgery	1.02	2.93	0.30	4.25	XXX	N
95955	TC	A	Eeg during surgery	0.00	1.89	0.19	2.08	XXX	N
95955	26	A	Eeg during surgery	1.02	1.04	0.11	2.17	XXX	N
95956	.....	A	Eeg monitoring/cable/radio	3.11	7.63	0.62	11.36	XXX	N
95956	TC	A	Eeg monitoring/cable/radio	0.00	6.11	0.51	6.62	XXX	N
95956	26	A	Eeg monitoring/cable/radio	3.11	1.52	0.11	4.74	XXX	N
95958	.....	A	Eeg monitoring/function test	4.30	4.95	0.52	9.77	XXX	N
95958	TC	A	Eeg monitoring/function test	0.00	1.68	0.14	1.82	XXX	N
95958	26	A	Eeg monitoring/function test	4.30	3.27	0.38	7.95	XXX	N
95961	TC	A	Electrode stimulation, brain	0.00	1.25	0.08	1.33	XXX	N
95961	26	A	Electrode stimulation, brain	3.00	1.45	0.12	4.57	XXX	N
95961	.....	A	Electrode stimulation, brain	3.00	2.70	0.20	5.90	XXX	N
95962	.....	A	Electrode stimulation, brain	3.25	2.70	0.20	6.15	XXX	N
95962	TC	A	Electrode stimulation, brain	0.00	1.25	0.08	1.33	XXX	N
95962	26	A	Electrode stimulation, brain	3.25	1.45	0.12	4.82	XXX	N
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	XXX	N
96400	.....	A	Chemotherapy, (sc)/(im)	0.00	0.13	0.01	0.14	XXX	N
96405	.....	A	Intralesional chemo admin	0.53	0.38	0.03	0.94	000	S
96406	.....	A	Intralesional chemo admin	0.81	0.57	0.04	1.42	000	S

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
96408	.....	A	Chemotherapy, push technique	0.00	0.93	0.06	0.99	XXX	N
96410	.....	A	Chemotherapy; infusion method	0.00	1.49	0.09	1.58	XXX	N
96412	.....	A	Chemotherapy, infusion method	0.00	1.11	0.08	1.19	XXX	N
96414	.....	A	Chemotherapy, infusion method	0.00	1.28	0.09	1.37	XXX	N
96420	.....	A	Chemotherapy, push technique	0.00	1.20	0.09	1.29	XXX	N
96422	.....	A	Chemotherapy, infusion method	0.00	1.18	0.09	1.27	XXX	N
96423	.....	A	Chemotherapy, infusion method	0.00	0.47	0.03	0.50	XXX	N
96425	.....	A	Chemotherapy, infusion method	0.00	1.38	0.09	1.47	XXX	N
96440	.....	A	Chemotherapy, intracavitary	2.40	0.82	0.06	3.28	000	N
96445	.....	A	Chemotherapy, intracavitary	2.22	0.99	0.09	3.30	000	N
96450	.....	A	Chemotherapy, into cns	1.91	0.88	0.06	2.85	000	N
96520	.....	A	Pump refilling, maintenance	0.00	0.86	0.06	0.92	XXX	N
96530	.....	A	Pump refilling, maintenance	0.00	1.02	0.07	1.09	XXX	N
96542	.....	A	Chemotherapy injection	1.44	1.10	0.13	2.67	XXX	N
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX	0
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX	N
96900	.....	A	Ultraviolet light therapy	0.00	0.38	0.03	0.41	XXX	N
96910	.....	A	Photochemotherapy with uv-b	0.00	0.56	0.04	0.60	XXX	N
96912	.....	A	Photochemotherapy with uv-a	0.00	0.64	0.05	0.69	XXX	N
96913	.....	C	Photochemotherapy, uv-a or b	0.00	0.00	0.00	0.00	XXX	N
96999	.....	C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX	N
97010	.....	A	Hot or cold packs therapy	0.23	0.20	0.02	0.45	XXX	N
97012	.....	A	Mechanical traction therapy	0.21	0.19	0.02	0.42	XXX	N
97014	.....	A	Electric stimulation therapy	0.21	0.19	0.02	0.42	XXX	N
97016	.....	A	Vasopneumatic device therapy	0.25	0.22	0.02	0.49	XXX	N
97018	.....	A	Paraffin bath therapy	0.25	0.23	0.03	0.51	XXX	N
97020	.....	A	Microwave therapy	0.18	0.18	0.02	0.38	XXX	N
97022	.....	A	Whirlpool therapy	0.20	0.19	0.02	0.41	XXX	N
97024	.....	A	Diathermy treatment	0.19	0.19	0.02	0.40	XXX	N
97026	.....	A	Infrared therapy	0.21	0.19	0.02	0.42	XXX	N
97028	.....	A	Ultraviolet therapy	0.19	0.17	0.01	0.37	XXX	N
97039	.....	A	Physical therapy treatment	0.29	0.24	0.03	0.56	XXX	N
97110	.....	A	Therapeutic exercises	0.27	0.22	0.03	0.52	XXX	N
97112	.....	A	Neuromuscular reeducation	0.25	0.22	0.02	0.49	XXX	N
97114	.....	A	Functional activity therapy	0.21	0.18	0.02	0.41	XXX	N
97116	.....	A	Gait training therapy	0.23	0.18	0.02	0.43	XXX	N
97118	.....	A	Manual electric stimulation	0.25	0.24	0.02	0.51	XXX	N
97120	.....	A	Electric current therapy	0.26	0.23	0.03	0.52	XXX	N
97122	.....	A	Manual traction therapy	0.20	0.18	0.02	0.40	XXX	N
97124	.....	A	Massage therapy	0.21	0.18	0.02	0.41	XXX	N
97126	.....	A	Contrast baths therapy	0.21	0.17	0.02	0.40	XXX	N
97128	.....	A	Ultrasound therapy	0.21	0.19	0.02	0.42	XXX	N
97139	.....	A	Physical medicine procedure	0.35	0.28	0.03	0.66	XXX	N
97145	.....	A	Extended physiotherapy	0.14	0.12	0.01	0.27	XXX	N
97220	.....	A	Hydrotherapy	0.38	0.35	0.04	0.77	XXX	N
97221	.....	A	Extended hydrotherapy	0.13	0.11	0.01	0.25	XXX	N
97240	.....	A	Hydrotherapy	0.44	0.38	0.05	0.87	XXX	N
97241	.....	A	Extended hydrotherapy	0.12	0.10	0.01	0.23	XXX	N
97250	.....	A	Myofascial release	0.45	0.35	0.04	0.84	000	N
97260	.....	A	Regional manipulation	0.19	0.20	0.02	0.41	000	N
97261	.....	A	Supplemental manipulations	0.12	0.11	0.01	0.24	000	N
97500	.....	A	Orthotics training	0.31	0.27	0.04	0.62	XXX	N
97501	.....	A	Supplemental training	0.17	0.15	0.02	0.34	XXX	N
97520	.....	A	Prosthetic training	0.37	0.30	0.04	0.71	XXX	N
97521	.....	A	Supplemental training	0.22	0.17	0.02	0.41	XXX	N
97530	.....	A	Kinetic therapy	0.36	0.32	0.04	0.72	XXX	N
97531	.....	A	Added kinetic therapy	0.18	0.16	0.02	0.36	XXX	N
97540	.....	A	Training for daily living	0.44	0.37	0.03	0.84	XXX	N
97541	.....	A	Supplemental training	0.21	0.16	0.01	0.38	XXX	N
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97700	.....	A	Training checkout	0.39	0.35	0.04	0.78	XXX	N
97701	.....	A	Supplemental checkout	0.19	0.17	0.02	0.38	XXX	N
97720	.....	A	Extremity testing	0.41	0.35	0.04	0.80	XXX	N
97721	.....	A	Supplemental limb testing	0.23	0.18	0.02	0.43	XXX	N
97752	.....	A	Muscle testing with exercise	0.46	0.60	0.07	1.13	XXX	N
97752	TC	A	Muscle testing with exercise	0.00	0.24	0.03	0.27	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
97752	26	A	Muscle testing with exercise	0.46	0.36	0.04	0.86	XXX	N
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX	N
98925	.....	A	Osteopathic manipulation	0.45	0.25	0.02	0.72	000	N
98926	.....	A	Osteopathic manipulation	0.66	0.40	0.03	1.09	000	N
98927	.....	A	Osteopathic manipulation	0.88	0.38	0.03	1.29	000	N
98928	.....	A	Osteopathic manipulation	1.04	0.42	0.04	1.50	000	N
98929	.....	A	Osteopathic manipulation	1.20	0.39	0.03	1.62	000	N
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	XXX	0
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	XXX	0
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX	0
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX	0
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	XXX	0
99054	.....	B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	XXX	0
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	XXX	0
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	XXX	0
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	XXX	0
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	XXX	0
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	XXX	0
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	XXX	0
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	XXX	0
99082	.....	C	Unusual physician travel	0.00	0.00	0.00	0.00	XXX	N
99090	.....	B	Computer data analysis	0.00	0.00	0.00	0.00	XXX	0
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	XXX	0
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	XXX	0
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	XXX	0
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	XXX	0
99150	.....	D	Prolonged md attendance	0.00	0.00	0.00	0.00	XXX	0
99151	.....	D	Prolonged md attendance	0.00	0.00	0.00	0.00	XXX	0
99175	.....	A	Induction of vomiting	0.00	1.34	0.10	1.44	XXX	N
99178	.....	C	Development evaluation tests	0.00	0.00	0.00	0.00	XXX	N
99180	.....	D	Hyperbaric oxygen, initial	0.00	0.00	0.00	0.00	XXX	0
99182	.....	D	Hyperbaric oxygen, subsequent	0.00	0.00	0.00	0.00	XXX	0
99183	.....	A	Hyperbaric oxygen therapy	2.37	1.69	0.11	4.17	XXX	N
99185	.....	A	Regional hypothermia	0.00	0.62	0.04	0.66	XXX	N
99186	.....	A	Total body hypothermia	0.00	1.72	0.53	2.25	XXX	N
99190	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99191	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99192	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99195	.....	A	Phlebotomy	0.00	0.42	0.03	0.45	XXX	N
99199	.....	C	Special service or report	0.00	0.00	0.00	0.00	XXX	N
99201	.....	A	Office/outpatient visit, new	0.38	0.37	0.04	0.79	XXX	P
99202	.....	A	Office/outpatient visit, new	0.76	0.46	0.05	1.27	XXX	P
99203	.....	A	Office/outpatient visit, new	1.15	0.53	0.06	1.74	XXX	P
99204	.....	A	Office/outpatient visit, new	1.73	0.79	0.08	2.60	XXX	P
99205	.....	A	Office/outpatient visit, new	2.31	0.86	0.09	3.26	XXX	P
99211	.....	A	Office/outpatient visit, est	0.17	0.19	0.02	0.38	XXX	P
99212	.....	A	Office/outpatient visit, est	0.38	0.28	0.02	0.68	XXX	P
99213	.....	A	Office/outpatient visit, est	0.56	0.38	0.03	0.97	XXX	P
99214	.....	A	Office/outpatient visit, est	0.95	0.51	0.04	1.50	XXX	P
99215	.....	A	Office/outpatient visit, est	1.53	0.77	0.07	2.37	XXX	P
99217	.....	A	Observation care discharge	1.10	0.53	0.04	1.67	XXX	N
99218	.....	A	Observation care	1.09	0.69	0.06	1.84	XXX	N
99219	.....	A	Observation care	1.77	1.06	0.09	2.92	XXX	N
99220	.....	A	Observation care	2.44	1.15	0.09	3.68	XXX	N
99221	.....	A	Initial hospital care	1.07	0.68	0.06	1.81	XXX	N
99222	.....	A	Initial hospital care	1.86	1.05	0.09	3.00	XXX	N
99223	.....	A	Initial hospital care	2.60	1.14	0.08	3.82	XXX	N
99231	.....	A	Subsequent hospital care	0.52	0.38	0.03	0.93	XXX	N
99232	.....	A	Subsequent hospital care	0.89	0.45	0.04	1.38	XXX	N
99233	.....	A	Subsequent hospital care	1.26	0.61	0.05	1.92	XXX	N
99238	.....	A	Hospital discharge day	1.07	0.52	0.04	1.63	XXX	N
99241	.....	A	Office consultation	0.55	0.65	0.08	1.28	XXX	N
99242	.....	A	Office consultation	1.12	0.78	0.09	1.99	XXX	N
99243	.....	A	Office consultation	1.49	0.98	0.10	2.57	XXX	N
99244	.....	A	Office consultation	2.25	1.24	0.11	3.60	XXX	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
99245	.....	A	Office consultation	2.99	1.71	0.16	4.86	XXX	N
99251	.....	A	Initial inpatient consult	0.55	0.68	0.08	1.31	XXX	N
99252	.....	A	Initial inpatient consult	1.14	0.77	0.09	2.00	XXX	N
99253	.....	A	Initial inpatient consult	1.58	0.96	0.10	2.64	XXX	N
99254	.....	A	Initial inpatient consult	2.30	1.21	0.11	3.62	XXX	N
99255	.....	A	Initial inpatient consult	3.17	1.59	0.14	4.90	XXX	N
99261	.....	A	Follow-up inpatient consult	0.36	0.33	0.03	0.72	XXX	N
99262	.....	A	Follow-up inpatient consult	0.75	0.47	0.04	1.26	XXX	N
99263	.....	A	Follow-up inpatient consult	1.17	0.68	0.04	1.89	XXX	N
99271	.....	A	Confirmatory consultation	0.46	*0.59	0.07	1.12	XXX	N
99272	.....	A	Confirmatory consultation	0.85	0.72	0.09	1.66	XXX	N
99273	.....	A	Confirmatory consultation	1.20	1.03	0.11	2.34	XXX	N
99274	.....	A	Confirmatory consultation	1.75	1.23	0.11	3.09	XXX	N
99275	.....	A	Confirmatory consultation	2.34	1.76	0.17	4.27	XXX	N
99281	.....	A	Emergency dept visit	0.28	0.28	0.01	0.57	XXX	P
99282	.....	A	Emergency dept visit	0.48	0.38	0.03	0.89	XXX	P
99283	.....	A	Emergency dept visit	1.08	0.50	0.04	1.62	XXX	P
99284	.....	A	Emergency dept visit	1.70	0.71	0.06	2.47	XXX	P
99285	.....	A	Emergency dept visit	2.66	1.14	0.08	3.88	XXX	P
99288	.....	B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX	0
99291	.....	A	Critical care, first hour	3.68	1.45	0.11	5.24	XXX	N
99292	.....	A	Critical care, addl 30 min	1.86	0.64	0.04	2.54	XXX	N
99295	.....	A	Neonatal critical care	14.96	5.14	1.57	21.67	XXX	N
99296	.....	A	Neonatal critical care	7.46	2.49	0.78	10.73	XXX	N
99297	.....	A	Neonatal critical care	3.71	1.24	0.38	5.33	XXX	N
99301	.....	A	Nursing facility care	1.08	0.46	0.03	1.57	XXX	P
99302	.....	A	Nursing facility care	1.69	0.51	0.04	2.24	XXX	P
99303	.....	A	Nursing facility care	2.32	0.96	0.07	3.35	XXX	P
99311	.....	A	Nursing facility care, subseq	0.55	0.34	0.03	0.92	XXX	P
99312	.....	A	Nursing facility care, subseq	0.90	0.41	0.03	1.34	XXX	P
99313	.....	A	Nursing facility care, subseq	1.20	0.47	0.04	1.71	XXX	P
99321	.....	A	Rest home visit, new patient	0.72	0.37	0.03	1.12	XXX	P
99322	.....	A	Rest home visit, new patient	1.02	0.52	0.05	1.59	XXX	P
99323	.....	A	Rest home visit, new patient	1.29	0.74	0.06	2.09	XXX	P
99331	.....	A	Rest home visit, estab pat	0.61	0.28	0.02	0.91	XXX	P
99332	.....	A	Rest home visit, estab pat	0.81	0.36	0.03	1.20	XXX	P
99333	.....	A	Rest home visit, estab pat	1.01	0.44	0.02	1.47	XXX	P
99341	.....	A	Home visit, new patient	1.13	0.54	0.05	1.72	XXX	P
99342	.....	A	Home visit, new patient	1.60	0.61	0.05	2.26	XXX	P
99343	.....	A	Home visit, new patient	2.11	0.78	0.06	2.95	XXX	P
99351	.....	A	Home visit, estab patient	0.84	0.45	0.04	1.33	XXX	P
99352	.....	A	Home visit, estab patient	1.13	0.54	0.04	1.71	XXX	P
99353	.....	A	Home visit, estab patient	1.50	0.62	0.05	2.17	XXX	P
99354	.....	A	Prolonged service, office	1.15	0.53	0.06	1.74	XXX	P
99355	.....	A	Prolonged service, office	0.38	0.37	0.04	0.79	XXX	P
99356	.....	A	Prolonged service, inpatient	1.15	0.53	0.06	1.74	XXX	N
99357	.....	A	Prolonged service, inpatient	0.38	0.37	0.04	0.79	XXX	N
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	XXX	0
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99375	.....	B	Care plan oversight/30–60	0.00	0.00	0.00	0.00	XXX	0
99376	.....	B	Care plan oversight/over 60	0.00	0.00	0.00	0.00	XXX	0
99381	.....	N	Preventive visit, new, infant	0.00	0.00	0.00	0.00	XXX	0
99382	.....	N	Preventive visit, new, age 1–4	0.00	0.00	0.00	0.00	XXX	0
99383	.....	N	Preventive visit, new, age 5–11	0.00	0.00	0.00	0.00	XXX	0
99384	.....	N	Preventive visit, new, 12–17	0.00	0.00	0.00	0.00	XXX	0
99385	.....	N	Preventive visit, new, 18–39	0.00	0.00	0.00	0.00	XXX	0
99386	.....	N	Preventive visit, new, 40–64	0.00	0.00	0.00	0.00	XXX	0
99387	.....	N	Preventive visit, new, 65 & over	0.00	0.00	0.00	0.00	XXX	0
99391	.....	N	Preventive visit, est, infant	0.00	0.00	0.00	0.00	XXX	0
99392	.....	N	Preventive visit, est, age 1–4	0.00	0.00	0.00	0.00	XXX	0
99393	.....	N	Preventive visit, est, age 5–11	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
99394		N	Preventive visit, est, 12–17	0.00	0.00	0.00	0.00	XXX	0
99395		N	Preventive visit, est, 18–39	0.00	0.00	0.00	0.00	XXX	0
99396		N	Preventive visit, est, 40–64	0.00	0.00	0.00	0.00	XXX	0
99397		N	Preventive visit, est, 65 & over	0.00	0.00	0.00	0.00	XXX	0
99401		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99402		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99403		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99404		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99411		N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	0
99412		N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	0
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX	0
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX	0
99431		C	Initial care, normal newborn	0.00	0.00	0.00	0.00	XXX	N
99432		C	Newborn care not in hospital	0.00	0.00	0.00	0.00	XXX	N
99433		C	Normal newborn care, hospital	0.00	0.00	0.00	0.00	XXX	N
99440		C	Newborn resuscitation	0.00	0.00	0.00	0.00	XXX	N
99499		C	Unlisted e/m service	0.00	0.00	0.00	0.00	XXX	N
A0010		X	Ambulance service, (bls) base rate	0.00	0.00	0.00	0.00	XXX	0
A0020		X	Ambulance service, (bls) per mile	0.00	0.00	0.00	0.00	XXX	0
A0021		X	Ambulance service, outside state	0.00	0.00	0.00	0.00	XXX	0
A0030		X	Ambulance service, air service	0.00	0.00	0.00	0.00	XXX	0
A0040		X	Ambulance service, helicopter	0.00	0.00	0.00	0.00	XXX	0
A0050		X	Ambulance service, emergency	0.00	0.00	0.00	0.00	XXX	0
A0060		X	Ambulance service, waiting time	0.00	0.00	0.00	0.00	XXX	0
A0070		X	Ambulance service, oxygen	0.00	0.00	0.00	0.00	XXX	0
A0080		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0090		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0100		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0110		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0120		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0130		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0140		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0150		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0160		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0170		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0180		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0190		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0200		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0210		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0215		X	Ambulance service, miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A0220		X	Ambulance service, (als) base	0.00	0.00	0.00	0.00	XXX	0
A0221		X	Ambulance service, (als) per mile	0.00	0.00	0.00	0.00	XXX	0
A0222		X	Ambulance service, return trip	0.00	0.00	0.00	0.00	XXX	0
A0223		X	Ambulance service, (als) base	0.00	0.00	0.00	0.00	XXX	0
A0225		X	Ambulance service, neonatal	0.00	0.00	0.00	0.00	XXX	0
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	XXX	0
A2000		A	Manipulation of spine	0.45	0.29	0.01	0.75	XXX	N
A4190		P	Transparent film	0.00	0.00	0.00	0.00	XXX	0
A4200		P	Gauze pads, sterile or nonsterile	0.00	0.00	0.00	0.00	XXX	0
A4202		P	Gauze bandage, elastic	0.00	0.00	0.00	0.00	XXX	0
A4203		P	Gauze bandage, non-elastic	0.00	0.00	0.00	0.00	XXX	0
A4204		P	Absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4205		P	Non-absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4206		P	Syringe with needle, sterile 1cc	0.00	0.00	0.00	0.00	XXX	0
A4207		P	Syringe with needle, sterile 2cc	0.00	0.00	0.00	0.00	XXX	0
A4208		P	Syringe with needle, sterile 3cc	0.00	0.00	0.00	0.00	XXX	0
A4209		P	Syringe with needle, sterile 5cc+	0.00	0.00	0.00	0.00	XXX	0
A4210		N	Needle-free injection device	0.00	0.00	0.00	0.00	XXX	0
A4211		P	Supplies for self-adm injection	0.00	0.00	0.00	0.00	XXX	0
A4212		P	Non-coring needle	0.00	0.00	0.00	0.00	XXX	0
A4213		P	Syringe, sterile, 20 cc or greater	0.00	0.00	0.00	0.00	XXX	0
A4214		P	Sterile saline or water, 30 cc	0.00	0.00	0.00	0.00	XXX	0
A4215		P	Needles only, sterile, any size	0.00	0.00	0.00	0.00	XXX	0
A4220		P	Refill kit for implant infus. pump	0.00	0.00	0.00	0.00	XXX	0
A4244		P	Alcohol or peroxide, per pint	0.00	0.00	0.00	0.00	XXX	0
A4245		P	Alcohol wipes, per box	0.00	0.00	0.00	0.00	XXX	0
A4246		P	Betadine or phisohex solution	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4247		P	Betadine or iodine swabs/wipes	0.00	0.00	0.00	0.00	XXX	0
A4250		R	Urine test or reagent strips	0.00	0.00	0.00	0.00	XXX	N
A4253		P	Blood glucose test	0.00	0.00	0.00	0.00	XXX	0
A4256		P	Normal, low and high cal solution	0.00	0.00	0.00	0.00	XXX	0
A4259		P	Lancets, per box	0.00	0.00	0.00	0.00	XXX	0
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	XXX	0
A4262		B	Lacrimal duct implant, temp, each	0.00	0.00	0.00	0.00	XXX	0
A4263		A	Lacrimal duct implant, perm., each	0.00	0.00	0.00	0.00	XXX	0
A4265		P	Paraffin	0.00	0.96	0.00	0.96	XXX	N
A4270		B	Disposable endoscope sheath, each	0.00	0.00	0.00	0.00	XXX	0
A4300		A	Implantable vascular access portal	0.00	0.00	0.00	0.00	XXX	0
A4305		P	Disposable drug delivery system	0.00	0.96	0.00	0.96	XXX	N
A4306		P	Disposable drug delivery system	0.00	0.00	0.00	0.00	XXX	0
A4310		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4311		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4312		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4313		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4314		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4315		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4316		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4320		P	Irrigation tray for bladder	0.00	0.00	0.00	0.00	XXX	0
A4322		P	Irrigation syringe, bulb or piston	0.00	0.00	0.00	0.00	XXX	0
A4323		P	Sterile saline irrigation solution	0.00	0.00	0.00	0.00	XXX	0
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4327		P	Female external urinary collection	0.00	0.00	0.00	0.00	XXX	0
A4328		P	Female external urinary collection	0.00	0.00	0.00	0.00	XXX	0
A4329		P	External catheter starter set	0.00	0.00	0.00	0.00	XXX	0
A4330		P	Perianal fecal collection pouch	0.00	0.00	0.00	0.00	XXX	0
A4335		P	Incontinence supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4338		P	Indwelling catheter; foley type	0.00	0.00	0.00	0.00	XXX	0
A4340		P	Indwelling catheter; spec type	0.00	0.00	0.00	0.00	XXX	0
A4344		P	Indwelling catheter, foley type	0.00	0.00	0.00	0.00	XXX	0
A4346		P	Indwelling catheter; foley type	0.00	0.00	0.00	0.00	XXX	0
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4351		P	Intermittent urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4352		P	Intermittent urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4354		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4355		P	Irrigation tubing set	0.00	0.00	0.00	0.00	XXX	0
A4356		P	External urethral clamp device	0.00	0.00	0.00	0.00	XXX	0
A4357		P	Bedside drainage bag, day or night	0.00	0.00	0.00	0.00	XXX	0
A4358		P	Urinary leg bag; vinyl	0.00	0.00	0.00	0.00	XXX	0
A4359		P	Urinary suspensory without leg bag	0.00	0.00	0.00	0.00	XXX	0
A4361		P	Ostomy faceplate	0.00	0.00	0.00	0.00	XXX	0
A4362		P	Skin barrier; solid, 4 x 4	0.00	0.00	0.00	0.00	XXX	0
A4363		P	Skin barrier; liquid, powder	0.00	0.00	0.00	0.00	XXX	0
A4364		P	Adhesive for ostomy or catheter	0.00	0.00	0.00	0.00	XXX	0
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	XXX	0
A4397		P	Irrigation supply; sleeve	0.00	0.00	0.00	0.00	XXX	0
A4398		P	Irrigation supply; bags	0.00	0.00	0.00	0.00	XXX	0
A4399		P	Irrigation supply; cone/catheter	0.00	0.00	0.00	0.00	XXX	0
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX	0
A4402		P	Lubricant	0.00	0.00	0.00	0.00	XXX	0
A4404		P	Ostomy rings	0.00	0.00	0.00	0.00	XXX	0
A4421		P	Ostomy supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4454		P	Tape, all types, all sizes	0.00	0.00	0.00	0.00	XXX	0
A4455		P	Adhesive remover or solvent	0.00	0.00	0.00	0.00	XXX	0
A4460		P	Elastic bandage	0.00	0.00	0.00	0.00	XXX	0
A4465		P	Non-elastic binder for extremity	0.00	0.00	0.00	0.00	XXX	0
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX	0
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX	0
A4490		N	Surgical stockings above knee	0.00	0.00	0.00	0.00	XXX	0
A4495		N	Surgical stockings thigh length	0.00	0.00	0.00	0.00	XXX	0
A4500		N	Surgical stockings below knee	0.00	0.00	0.00	0.00	XXX	0
A4510		N	Surgical stockings full length	0.00	0.00	0.00	0.00	XXX	0
A4550		A	Surgical trays	0.00	0.00	0.00	0.00	XXX	0
A4554		N	Disposable underpads, all sizes	0.00	0.96	0.00	0.96	XXX	N
A4556		P	Electrodes, (e.g., apnea monitor)	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4557		P	Lead wires, (e.g., apnea monitor)	0.00	0.00	0.00	0.00	XXX	0
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX	0
A4560		X	Pessary	0.00	0.00	0.00	0.00	XXX	0
A4565		X	Slings	0.00	0.00	0.00	0.00	XXX	0
A4570		X	Splint	0.00	0.00	0.00	0.00	XXX	0
A4572		X	Rib belt	0.00	0.00	0.00	0.00	XXX	0
A4580		X	Cast supplies	0.00	0.00	0.00	0.00	XXX	0
A4581		X	Supplies risser jacket	0.00	0.00	0.00	0.00	XXX	0
A4590		X	Special casting materials	0.00	0.00	0.00	0.00	XXX	0
A4610		X	Medication supplies, dme used	0.00	0.00	0.00	0.00	XXX	0
A4611		X	Battery, heavy duty; replacement	0.00	0.00	0.00	0.00	XXX	0
A4612		X	Battery cables; replacement	0.00	0.00	0.00	0.00	XXX	0
A4613		X	Battery charger; replacement	0.00	0.00	0.00	0.00	XXX	0
A4615		X	Cannula, nasal	0.00	0.00	0.00	0.00	XXX	0
A4616		X	Tubing (oxygen), per foot	0.00	0.00	0.00	0.00	XXX	0
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	XXX	0
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	XXX	0
A4619		X	Face tent	0.00	0.00	0.00	0.00	XXX	0
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	XXX	0
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	XXX	0
A4622		X	Tracheostomy or laryngectomy tube	0.00	0.00	0.00	0.00	XXX	0
A4623		X	Tracheostomy, inner cannula	0.00	0.00	0.00	0.00	XXX	0
A4624		X	Tracheal suction catheter	0.00	0.00	0.00	0.00	XXX	0
A4625		X	Tracheostomy care or cleaning kit	0.00	0.00	0.00	0.00	XXX	0
A4626		X	Tracheostomy cleaning brush, each	0.00	0.00	0.00	0.00	XXX	0
A4627		X	Spacer, bag or reservoir	0.00	0.00	0.00	0.00	XXX	0
A4630		X	Replacement batteries	0.00	0.00	0.00	0.00	XXX	0
A4631		X	Replacement, batteries	0.00	0.00	0.00	0.00	XXX	0
A4635		X	Underarm pad, crutch, replacement	0.00	0.00	0.00	0.00	XXX	0
A4636		X	Replacement, handgrip, cane	0.00	0.00	0.00	0.00	XXX	0
A4637		X	Replacement, tip, cane, crutch	0.00	0.00	0.00	0.00	XXX	0
A4640		X	Replacement pad	0.00	0.00	0.00	0.00	XXX	0
A4641		E	Radiopharm. diag. imaging agent	0.00	0.00	0.00	0.00	XXX	0
A4644		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4645		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4646		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4647		B	Paramagnetic contrast material	0.00	0.00	0.00	0.00	XXX	0
A4648		D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4649		B	Surgical supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4650		X	Centrifuge	0.00	0.00	0.00	0.00	XXX	0
A4655		X	Needles and syringes for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4660		X	Sphygmomanometer/blood pressure	0.00	0.00	0.00	0.00	XXX	0
A4663		X	Blood pressure cuff only	0.00	0.00	0.00	0.00	XXX	0
A4670		X	Automatic blood pressure monitor	0.00	0.00	0.00	0.00	XXX	0
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	XXX	0
A4690		X	Dialyzers (artificial kidneys)	0.00	0.00	0.00	0.00	XXX	0
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4705		X	Bicarbonate dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4712		X	Water, sterile	0.00	0.00	0.00	0.00	XXX	0
A4714		X	Treated water; deionized	0.00	0.00	0.00	0.00	XXX	0
A4730		X	Fistula cannulation set	0.00	0.00	0.00	0.00	XXX	0
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	XXX	0
A4740		X	Shunt accessories, dialysis only	0.00	0.00	0.00	0.00	XXX	0
A4750		X	Blood tubing, arterial or venous	0.00	0.00	0.00	0.00	XXX	0
A4755		X	Blood tubing, arterial and venous	0.00	0.00	0.00	0.00	XXX	0
A4760		X	Dialysate standard solution	0.00	0.00	0.00	0.00	XXX	0
A4765		X	Dialysate concentrate additives	0.00	0.00	0.00	0.00	XXX	0
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	XXX	0
A4771		X	Serum clotting time tube, per box	0.00	0.00	0.00	0.00	XXX	0
A4772		X	Dextrostick or glucose test strips	0.00	0.00	0.00	0.00	XXX	0
A4773		X	Hemostix, per bottle	0.00	0.00	0.00	0.00	XXX	0
A4774		X	Ammonia test paper, per box	0.00	0.00	0.00	0.00	XXX	0
A4780		X	Sterilizing agent, dialysis equip	0.00	0.00	0.00	0.00	XXX	0
A4790		X	Cleansing agents for equipment	0.00	0.00	0.00	0.00	XXX	0
A4800		X	Heparin for dialysis and antidote	0.00	0.00	0.00	0.00	XXX	0
A4820		X	Hemodialysis kit supplies	0.00	0.00	0.00	0.00	XXX	0
A4850		X	Hemostats with rubber tips	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	XXX	0
A4870		X	Plumbing and/or electrical work	0.00	0.00	0.00	0.00	XXX	0
A4880		X	Storage tanks utilized with water	0.00	0.00	0.00	0.00	XXX	0
A4890		N	Contracts, repair and maintenance	0.00	0.00	0.00	0.00	XXX	0
A4900		X	Dialysis (capd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4901		X	Dialysis (ccpd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4905		X	Dialysis (ipd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4910		X	Non-medical supplies for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	XXX	0
A4913		X	Miscellaneous dialysis supplies	0.00	0.00	0.00	0.00	XXX	0
A4914		X	Preparation kits	0.00	0.00	0.00	0.00	XXX	0
A4918		X	Venous pressure clamps, each	0.00	0.00	0.00	0.00	XXX	0
A4919		X	Dialyzer holder, each	0.00	0.00	0.00	0.00	XXX	0
A4920		X	Harvard pressure clamp, each	0.00	0.00	0.00	0.00	XXX	0
A4921		X	Measuring cylinder, any size	0.00	0.00	0.00	0.00	XXX	0
A4927		X	Gloves, sterile or non-sterile	0.00	0.00	0.00	0.00	XXX	0
A5051		P	Pouch, closed; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5052		P	Pouch, closed; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5053		P	Pouch, closed; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5054		P	Pouch, closed; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	XXX	0
A5061		P	Pouch, drainable; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5062		P	Pouch, drainable; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5063		P	Pouch, drainable; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5064		P	Pouch, drainable; with faceplate	0.00	0.00	0.00	0.00	XXX	0
A5065		P	Pouch, drainable; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5071		P	Pouch, urinary; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5072		P	Pouch, urinary; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5073		P	Pouch, urinary; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5074		P	Pouch, urinary; with faceplate	0.00	0.00	0.00	0.00	XXX	0
A5075		P	Pouch, urinary; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5081		P	Continent device; plug	0.00	0.00	0.00	0.00	XXX	0
A5082		P	Continent device; catheter	0.00	0.00	0.00	0.00	XXX	0
A5093		P	Ostomy accessory; convex insert	0.00	0.00	0.00	0.00	XXX	0
A5102		P	Bedside drainage bottle	0.00	0.00	0.00	0.00	XXX	0
A5105		P	Urinary suspensory; with leg bag	0.00	0.00	0.00	0.00	XXX	0
A5112		P	Urinary leg bag; latex	0.00	0.00	0.00	0.00	XXX	0
A5113		P	Leg strap; latex, per set	0.00	0.00	0.00	0.00	XXX	0
A5114		P	Leg strap; foam or fabric	0.00	0.00	0.00	0.00	XXX	0
A5119		P	Skin barrier; wipes, box per 50	0.00	0.00	0.00	0.00	XXX	0
A5121		P	Skin barrier; solid, 6 x 6	0.00	0.00	0.00	0.00	XXX	0
A5122		P	Skin barrier; solid, 8 x 8	0.00	0.00	0.00	0.00	XXX	0
A5123		P	Skin barrier; with flange	0.00	0.00	0.00	0.00	XXX	0
A5126		P	Adhesive; disc or foam pad	0.00	0.00	0.00	0.00	XXX	0
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX	0
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	XXX	0
A9150		E	Non-prescription drugs	0.00	0.00	0.00	0.00	XXX	0
A9160		N	Non-covered svc. by podiatrist	0.00	0.00	0.00	0.00	XXX	0
A9170		N	Non-covered svc. by chiropractor	0.00	0.00	0.00	0.00	XXX	0
A9180		N	Naturopaths	0.00	0.00	0.00	0.00	XXX	0
A9190		N	Personal items	0.00	0.00	0.00	0.00	XXX	0
A9270		N	Noncovered item or service	0.00	0.00	0.00	0.00	XXX	0
A9290		X	Description does not indicate hosp	0.00	0.00	0.00	0.00	XXX	0
A9300		N	Excercise equipment	0.00	0.00	0.00	0.00	XXX	0
D0110		R	Initial oral examination	0.00	0.00	0.00	0.00	YYY	N
D0120		R	Periodic oral examination	0.00	0.00	0.00	0.00	YYY	N
D0130		R	Emergency oral examination	0.00	0.00	0.00	0.00	YYY	N
D0210		R	Intraoral—complete series	0.00	0.00	0.00	0.00	YYY	N
D0220		R	Intraoral—periapical-first film	0.00	0.00	0.00	0.00	YYY	N
D0230		R	Intraoral—periapical each addit	0.00	0.00	0.00	0.00	YYY	N
D0240		R	Intraoral—occlusal film	0.00	0.00	0.00	0.00	YYY	N
D0250		R	Extraoral—first film	0.00	0.00	0.00	0.00	YYY	N
D0260		R	Extraoral—each additional film	0.00	0.00	0.00	0.00	YYY	N
D0270		R	Bitewing—single film	0.00	0.00	0.00	0.00	YYY	N
D0272		R	Bitewings—two films	0.00	0.00	0.00	0.00	YYY	N
D0274		R	Bitewings—four films	0.00	0.00	0.00	0.00	YYY	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D0310		R	Saliography	0.00	0.00	0.00	0.00	YYY	N
D0320		R	Temporomandibular joint arthrogram	0.00	0.00	0.00	0.00	YYY	N
D0321		R	Other temporomandibular joint film	0.00	0.00	0.00	0.00	YYY	N
D0322		R	Tomographic survey	0.00	0.00	0.00	0.00	YYY	N
D0330		R	Panoramic film	0.00	0.00	0.00	0.00	YYY	N
D0340		R	Cephalometric film	0.00	0.00	0.00	0.00	YYY	N
D0415		R	Bacteriologic studies	0.00	0.00	0.00	0.00	YYY	N
D0425		R	Caries susceptibility tests	0.00	0.00	0.00	0.00	YYY	N
D0460		R	Pulp vitality tests	0.00	0.00	0.00	0.00	YYY	N
D0470		R	Diagnostic casts	0.00	0.00	0.00	0.00	YYY	N
D0471		R	Diagnostic photographs	0.00	0.00	0.00	0.00	YYY	N
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	YYY	N
D0502		R	Other oral pathology procedures	0.00	0.00	0.00	0.00	YYY	N
D0999		R	Unspecified diagnostic procedure	0.00	0.00	0.00	0.00	YYY	N
D1110		R	Prophylaxis—adult	0.00	0.00	0.00	0.00	YYY	N
D1120		R	Prophylaxis—child	0.00	0.00	0.00	0.00	YYY	N
D1201		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1203		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1204		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1205		R	Topical application/fluoride	0.00	0.00	0.00	0.00	YYY	N
D1310		R	Dietary planning	0.00	0.00	0.00	0.00	YYY	N
D1330		R	Oral hygiene instruction	0.00	0.00	0.00	0.00	YYY	N
D1351		R	Sealant—per tooth	0.00	0.00	0.00	0.00	YYY	N
D1510		R	Space maintainer—fixed-unilateral	0.00	0.00	0.00	0.00	YYY	N
D1515		R	Space maintainer—fixed-bilateral	0.00	0.00	0.00	0.00	YYY	N
D1520		R	Space maintainer—removable	0.00	0.00	0.00	0.00	YYY	N
D1525		R *	Space maintainer—removable	0.00	0.00	0.00	0.00	YYY	N
D1550		R	Recementation of space maintainer	0.00	0.00	0.00	0.00	YYY	N
D2110		R	Amalgam—one surface, primary	0.00	0.00	0.00	0.00	YYY	N
D2120		R	Amalgam—two surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2130		R	Amalgam—three surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2131		R	Amalgam—four surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2140		R	Amalgam—one surface, permanent	0.00	0.00	0.00	0.00	YYY	N
D2150		R	Amalgam—two surfaces, permanent	0.00	0.00	0.00	0.00	YYY	N
D2160		R	Amalgam—three surfaces, permanent	0.00	0.00	0.00	0.00	YYY	N
D2161		R	Amalgam—four or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2210		R	Silicate cement—per restoration	0.00	0.00	0.00	0.00	YYY	N
D2330		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2331		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2332		R	Resin—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2335		R	Resin—four or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2336		R	Composite resin	0.00	0.00	0.00	0.00	YYY	N
D2380		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2381		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2382		R	Resin—three or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2385		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2386		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2387		R	Resin—three or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2410		R	Gold foil—one surface	0.00	0.00	0.00	0.00	YYY	N
D2420		R	Gold foil—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2430		R	Gold foil—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2510		R	Inlay—metallic—one surface	0.00	0.00	0.00	0.00	YYY	N
D2520		R	Inlay—metallic—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2530		R	Inlay—metallic—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2540		R	Onlay—metallic—per tooth	0.00	0.00	0.00	0.00	YYY	N
D2610		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2620		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2630		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2640		R	Onlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2650		R	Inlay—composite/resin one surface	0.00	0.00	0.00	0.00	YYY	N
D2651		R	Inlay—composite/resin 2 surfaces	0.00	0.00	0.00	0.00	YYY	N
D2652		R	Inlay—composite/resin 3 surfaces	0.00	0.00	0.00	0.00	YYY	N
D2660		R	Onlay—composite/resin	0.00	0.00	0.00	0.00	YYY	N
D2710		R	Crown—resin (laboratory)	0.00	0.00	0.00	0.00	YYY	N
D2720		R	Crown—resin—high noble metal	0.00	0.00	0.00	0.00	YYY	N
D2721		R	Crown—resin—predom base metal	0.00	0.00	0.00	0.00	YYY	N
D2722		R	Crown—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D2740		R	Crown—porcelain/ceramic substrate	0.00	0.00	0.00	0.00	YYY	N
D2750		R	Crown—porcelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2751		R	Crown—procelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2752		R	Crown—porcelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2790		R	Crown—full cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D2791		R	Crown—full cast predom base metal	0.00	0.00	0.00	0.00	YYY	N
D2792		R	Crown—full cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D2810		R	Crown—¾ cast metallic	0.00	0.00	0.00	0.00	YYY	N
D2910		R	Recement inlay	0.00	0.00	0.00	0.00	YYY	N
D2920		R	Recement crown	0.00	0.00	0.00	0.00	YYY	N
D2930		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2931		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2932		R	Prefabricated resin crown	0.00	0.00	0.00	0.00	YYY	N
D2933		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2940		R	Sedative filling	0.00	0.00	0.00	0.00	YYY	N
D2950		R	Crown build-up, including any pins	0.00	0.00	0.00	0.00	YYY	N
D2951		R	Pin retention—per tooth	0.00	0.00	0.00	0.00	YYY	N
D2952		R	Cast post and core	0.00	0.00	0.00	0.00	YYY	N
D2954		R	Prefab post and core	0.00	0.00	0.00	0.00	YYY	N
D2960		R	Labial veneer (laminate)	0.00	0.00	0.00	0.00	YYY	N
D2961		R	Labial veneer (resin)	0.00	0.00	0.00	0.00	YYY	N
D2962		R	Labial veneer (porcelain)	0.00	0.00	0.00	0.00	YYY	N
D2970		R	Temporary (fractured tooth)	0.00	0.00	0.00	0.00	YYY	N
D2980		R	Crown repair, by report	0.00	0.00	0.00	0.00	YYY	N
D2999		R	Unspecified restorative procedure	0.00	0.00	0.00	0.00	YYY	N
D3110		R	Pulp cap—direct	0.00	0.00	0.00	0.00	YYY	N
D3120		R	Pulp cap—indirect	0.00	0.00	0.00	0.00	YYY	N
D3220		R	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	YYY	N
D3310		R	One canal	0.00	0.00	0.00	0.00	YYY	N
D3320		R	Two canals	0.00	0.00	0.00	0.00	YYY	N
D3330		R	Three canals	0.00	0.00	0.00	0.00	YYY	N
D3346		R	Retreatment—anterior	0.00	0.00	0.00	0.00	YYY	N
D3347		R	Retreatment—bicuspid	0.00	0.00	0.00	0.00	YYY	N
D3348		R	Retreatment—molar	0.00	0.00	0.00	0.00	YYY	N
D3351		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3352		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3353		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3410		R	Apicoectomy (per tooth)	0.00	0.00	0.00	0.00	YYY	N
D3421		R	Apicoectomy/periradicular	0.00	0.00	0.00	0.00	YYY	N
D3425		R	Apicoectomy/periradicular	0.00	0.00	0.00	0.00	YYY	N
D3426		R	Apicoectomy/periradicular surgery	0.00	0.00	0.00	0.00	YYY	N
D3430		R	Retrograde filling—per root	0.00	0.00	0.00	0.00	YYY	N
D3450		R	Root amputation—per root	0.00	0.00	0.00	0.00	YYY	N
D3460		R	Endodontic endosseous implant	0.00	0.00	0.00	0.00	YYY	N
D3470		R	Intentional replantation	0.00	0.00	0.00	0.00	YYY	N
D3910		R	Surgical procedure for isolation	0.00	0.00	0.00	0.00	YYY	N
D3920		R	Hemisection	0.00	0.00	0.00	0.00	YYY	N
D3950		R	Canal preparation and fitting	0.00	0.00	0.00	0.00	YYY	N
D3960		R	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	YYY	N
D3999		R	Unspecified endodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D4210		R	Gingivectomy or gingivoplasty	0.00	0.00	0.00	0.00	YYY	S
D4211		R	Gingivectomy or gingivoplasty	0.00	0.00	0.00	0.00	YYY	N
D4220		R	Gingival curettage, by report	0.00	0.00	0.00	0.00	YYY	N
D4240		R	Gingival flap procedure	0.00	0.00	0.00	0.00	YYY	S
D4249		R	Crown lengthening	0.00	0.00	0.00	0.00	YYY	N
D4250		R	Mucogingival surgery—per quadrant	0.00	0.00	0.00	0.00	YYY	N
D4260		R	Osseous surgery	0.00	0.00	0.00	0.00	YYY	S
D4261		R	Osseous graft—single site	0.00	0.00	0.00	0.00	YYY	S
D4262		R	Osseous graft—multiple sites	0.00	0.00	0.00	0.00	YYY	N
D4268		R	Guided tissue regeneration	0.00	0.00	0.00	0.00	YYY	N
D4270		R	Pedicle soft tissue graft	0.00	0.00	0.00	0.00	YYY	S
D4271		R	Free soft tissue graft	0.00	0.00	0.00	0.00	YYY	S
D4320		R	Provisional splinting—intra	0.00	0.00	0.00	0.00	YYY	N
D4321		R	Provisional splinting—extra	0.00	0.00	0.00	0.00	YYY	N
D4341		R	Periodontal scaling	0.00	0.00	0.00	0.00	YYY	N
D4345		R	Periodontal scaling	0.00	0.00	0.00	0.00	YYY	N
D4910		R	Periodontal maintenance	0.00	0.00	0.00	0.00	YYY	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D4920	.....	R	Unscheduled dressing change	0.00	0.00	0.00	0.00	YYY	N
D4999	.....	R	Unspecified periodontal procedure	0.00	0.00	0.00	0.00	YYY	N
D5110	.....	R	Complete upper	0.00	0.00	0.00	0.00	YYY	N
D5120	.....	R	Complete lower	0.00	0.00	0.00	0.00	YYY	N
D5130	.....	R	Immediate upper	0.00	0.00	0.00	0.00	YYY	N
D5140	.....	R	Immediate lower	0.00	0.00	0.00	0.00	YYY	N
D5211	.....	R	Upper partial—acrylic base	0.00	0.00	0.00	0.00	YYY	N
D5212	.....	R	Lower partial—acrylic base	0.00	0.00	0.00	0.00	YYY	N
D5213	.....	R	Upper partial	0.00	0.00	0.00	0.00	YYY	N
D5214	.....	R	Lower partial	0.00	0.00	0.00	0.00	YYY	N
D5281	.....	R	Removable unilateral partial	0.00	0.00	0.00	0.00	YYY	N
D5410	.....	R	Adjust complete denture—upper	0.00	0.00	0.00	0.00	YYY	N
D5411	.....	R	Adjust complete denture—lower	0.00	0.00	0.00	0.00	YYY	N
D5421	.....	R	Adjust partial denture—upper	0.00	0.00	0.00	0.00	YYY	N
D5422	.....	R	Adjust partial denture—lower	0.00	0.00	0.00	0.00	YYY	N
D5510	.....	R	Repair broken complete denture	0.00	0.00	0.00	0.00	YYY	N
D5520	.....	R	Replace missing or broken teeth	0.00	0.00	0.00	0.00	YYY	N
D5610	.....	R	Repair acrylic saddle or base	0.00	0.00	0.00	0.00	YYY	N
D5620	.....	R	Repair cast framework	0.00	0.00	0.00	0.00	YYY	N
D5630	.....	R	Repair or replace broken clasp	0.00	0.00	0.00	0.00	YYY	N
D5640	.....	R	Replace broken teeth—per tooth	0.00	0.00	0.00	0.00	YYY	N
D5650	.....	R	Add tooth to existing partial	0.00	0.00	0.00	0.00	YYY	N
D5660	.....	R	Add clasp to existing partial	0.00	0.00	0.00	0.00	YYY	N
D5710	.....	R	Rebase complete upper denture	0.00	0.00	0.00	0.00	YYY	N
D5711	.....	R	Rebase complete lower denture	0.00	0.00	0.00	0.00	YYY	N
D5720	.....	R	Rebase upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5721	.....	R	Rebase lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5730	.....	R	Reline upper complete denture	0.00	0.00	0.00	0.00	YYY	N
D5731	.....	R	Reline lower complete denture	0.00	0.00	0.00	0.00	YYY	N
D5740	.....	R	Reline upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5741	.....	R	Reline lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5750	.....	R	Reline upper complete denture	0.00	0.00	0.00	0.00	YYY	N
D5751	.....	R	Reline lower complete denture	0.00	0.00	0.00	0.00	YYY	N
D5760	.....	R	Reline upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5761	.....	R	Reline lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5810	.....	R	Temporary complete denture (upper)	0.00	0.00	0.00	0.00	YYY	N
D5811	.....	R	Temporary complete denture (lower)	0.00	0.00	0.00	0.00	YYY	N
D5820	.....	R	Temporary partial—stayplate	0.00	0.00	0.00	0.00	YYY	N
D5821	.....	R	Temporary partial—stayplate	0.00	0.00	0.00	0.00	YYY	N
D5850	.....	R	Tissue conditioning—per denture	0.00	0.00	0.00	0.00	YYY	N
D5851	.....	R	Tissue conditioning	0.00	0.00	0.00	0.00	YYY	N
D5860	.....	R	Overdenture—complete, by report	0.00	0.00	0.00	0.00	YYY	N
D5861	.....	R	Overdenture—partial, by report	0.00	0.00	0.00	0.00	YYY	N
D5862	.....	R	Precision attachment, by report	0.00	0.00	0.00	0.00	YYY	N
D5899	.....	R	Unspecified prosthodontic proced	0.00	0.00	0.00	0.00	YYY	N
D5911	.....	R	Facial moulage (sectional)	0.00	0.00	0.00	0.00	YYY	N
D5912	.....	R	Facial moulage (complete)	0.00	0.00	0.00	0.00	YYY	N
D5913	.....	R	Nasal prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5914	.....	R	Auricular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5915	.....	R	Orbital prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5916	.....	R	Ocular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5919	.....	R	Prosthetic dressing	0.00	0.00	0.00	0.00	YYY	N
D5922	.....	R	Nasal septal prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5923	.....	R	Ocular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5924	.....	R	Cranial prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5925	.....	R	Facial augmentation	0.00	0.00	0.00	0.00	YYY	N
D5926	.....	R	Nasal prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5927	.....	R	Auricular prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5928	.....	R	Orbital prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5929	.....	R	Facial prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5931	.....	R	Surgical obturator	0.00	0.00	0.00	0.00	YYY	N
D5932	.....	R	Postsurgical obturator	0.00	0.00	0.00	0.00	YYY	N
D5933	.....	R	Refitting of obturator	0.00	0.00	0.00	0.00	YYY	N
D5934	.....	R	Mandibular resection prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5935	.....	R	Mandibular resection prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5936	.....	R	Obturator prosthesis, interim	0.00	0.00	0.00	0.00	YYY	N
D5937	.....	R	Trismus appliance	0.00	0.00	0.00	0.00	YYY	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D5951	.....	R	Feeding aid	0.00	0.00	0.00	0.00	YYY	N
D5952	.....	R	Pediatric speech aid	0.00	0.00	0.00	0.00	YYY	N
D5953	.....	R	Adult speech aid	0.00	0.00	0.00	0.00	YYY	N
D5954	.....	R	Superimposed prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5955	.....	R	Palatal lift prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5958	.....	R	Palatal lift prosthesis, interim	0.00	0.00	0.00	0.00	YYY	N
D5959	.....	R	Palatal lift prosthesis, mod	0.00	0.00	0.00	0.00	YYY	N
D5960	.....	R	Speech aid prosthesis, mod	0.00	0.00	0.00	0.00	YYY	N
D5982	.....	R	Surgical stent	0.00	0.00	0.00	0.00	YYY	N
D5983	.....	R	Radiation carrier	0.00	0.00	0.00	0.00	YYY	N
D5984	.....	R	Radiation shield	0.00	0.00	0.00	0.00	YYY	N
D5985	.....	R	Docking device—cone locator	0.00	0.00	0.00	0.00	YYY	N
D5986	.....	R	Fluoride applicator—per arch	0.00	0.00	0.00	0.00	YYY	N
D5987	.....	R	Dental commissure splint	0.00	0.00	0.00	0.00	YYY	N
D5988	.....	R	Surgical splint	0.00	0.00	0.00	0.00	YYY	N
D5999	.....	R	Unspecified maxillofac prosthesis	0.00	0.00	0.00	0.00	YYY	N
D6030	.....	R	Endosseous implant	0.00	0.00	0.00	0.00	YYY	N
D6040	.....	R	Subperiosteal implant	0.00	0.00	0.00	0.00	YYY	N
D6050	.....	R	Transosseous implant	0.00	0.00	0.00	0.00	YYY	N
D6055	.....	R	Implant connecting bar	0.00	0.00	0.00	0.00	YYY	N
D6080	.....	R	Implant maintenance procedures	0.00	0.00	0.00	0.00	YYY	N
D6090	.....	R	Repair implant	0.00	0.00	0.00	0.00	YYY	N
D6100	.....	R	Implant removal	0.00	0.00	0.00	0.00	YYY	N
D6199	.....	R	Unspecified implant procedure	0.00	0.00	0.00	0.00	YYY	N
D6210	.....	R	Pontic—cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6211	.....	R	Pontic—cast predom base metal	0.00	0.00	0.00	0.00	YYY	N
D6212	.....	R	Pontic—cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D6240	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6241	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6242	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6250	.....	R	Pontic—resin with high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6251	.....	R	Pontic—resin with—base metal	0.00	0.00	0.00	0.00	YYY	N
D6252	.....	R	Pontic—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N
D6520	.....	R	Inlay—metallic—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D6530	.....	R	Inlay—metallic—three or more	0.00	0.00	0.00	0.00	YYY	N
D6540	.....	R	Inlay—metallic onlaying cusps	0.00	0.00	0.00	0.00	YYY	N
D6545	.....	R	Cast metal retainer for acid etch	0.00	0.00	0.00	0.00	YYY	N
D6720	.....	R	Crown—resin with high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6721	.....	R	Crown—resin with—base metal	0.00	0.00	0.00	0.00	YYY	N
D6722	.....	R	Crown—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N
D6750	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6751	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6752	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6780	.....	R	Crown—¾ cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6790	.....	R	Crown—full cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6791	.....	R	Crown—full cast—base metal	0.00	0.00	0.00	0.00	YYY	N
D6792	.....	R	Crown—full cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D6930	.....	R	Recement bridge	0.00	0.00	0.00	0.00	YYY	N
D6940	.....	R	Stress breaker	0.00	0.00	0.00	0.00	YYY	N
D6950	.....	R	Precision attachment	0.00	0.00	0.00	0.00	YYY	N
D6970	.....	R	Cast post and core	0.00	0.00	0.00	0.00	YYY	N
D6971	.....	R	Cast post—part of bridge retainer	0.00	0.00	0.00	0.00	YYY	N
D6972	.....	R	Prefabricated post and core	0.00	0.00	0.00	0.00	YYY	N
D6973	.....	R	Core build up for retainer	0.00	0.00	0.00	0.00	YYY	N
D6975	.....	R	Coping—metal	0.00	0.00	0.00	0.00	YYY	N
D6980	.....	R	Bridge repair, by report	0.00	0.00	0.00	0.00	YYY	N
D6999	.....	R	Unspecified fixed prosthodontic	0.00	0.00	0.00	0.00	YYY	N
D7110	.....	R	Single tooth	0.00	0.00	0.00	0.00	YYY	S
D7120	.....	R	Each additional tooth	0.00	0.00	0.00	0.00	YYY	S
D7130	.....	R	Root removal—exposed roots	0.00	0.00	0.00	0.00	YYY	S
D7210	.....	R	Surgical removal of erupted tooth	0.00	0.00	0.00	0.00	YYY	S
D7220	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7230	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7240	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7241	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7250	.....	R	Surgical removal of tooth roots	0.00	0.00	0.00	0.00	YYY	S
D7260	.....	R	Oroantral fistula closure	0.00	0.00	0.00	0.00	YYY	S

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D7270		R	Tooth re-implantation	0.00	0.00	0.00	0.00	YYY	S
D7271		R	Tooth implantation	0.00	0.00	0.00	0.00	YYY	N
D7272		R	Tooth transplantation	0.00	0.00	0.00	0.00	YYY	N
D7280		R	Surg exposure of impacted tooth	0.00	0.00	0.00	0.00	YYY	N
D7281		R	Surg exposure of impacted tooth	0.00	0.00	0.00	0.00	YYY	N
D7285		R	Biopsy of oral tissue—hard	0.00	0.00	0.00	0.00	YYY	S
D7286		R	Biopsy of oral tissue—soft	0.00	0.00	0.00	0.00	YYY	S
D7290		R	Surgical repositioning of teeth	0.00	0.00	0.00	0.00	YYY	S
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	YYY	N
D7310		R	Alveoloplasty	0.00	0.00	0.00	0.00	YYY	S
D7320		R	Alveoloplasty	0.00	0.00	0.00	0.00	YYY	S
D7340		R	Vestibuloplasty	0.00	0.00	0.00	0.00	YYY	S
D7350		R	Vestibuloplasty	0.00	0.00	0.00	0.00	YYY	S
D7410		R	Radical excision	0.00	0.00	0.00	0.00	YYY	S
D7420		R	Radical excision	0.00	0.00	0.00	0.00	YYY	S
D7430		R	Excision of benign tumor	0.00	0.00	0.00	0.00	YYY	S
D7431		R	Excision of benign tumor	0.00	0.00	0.00	0.00	YYY	S
D7440		R	Excision of malignant tumor	0.00	0.00	0.00	0.00	YYY	N
D7441		R	Excision of malignant tumor	0.00	0.00	0.00	0.00	YYY	S
D7450		R	Removal of odontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7451		R	Removal of odontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7460		R	Removal of nonodontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7461		R	Removal of nonodontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7465		R	Destruction of lesion(s)	0.00	0.00	0.00	0.00	YYY	N
D7470		R	Removal of exostosis	0.00	0.00	0.00	0.00	YYY	S
D7480		R	Partial ostectomy	0.00	0.00	0.00	0.00	YYY	S
D7490		R	Radical resection of mandible	0.00	0.00	0.00	0.00	YYY	S
D7510		R	Incision and drainage of abscess	0.00	0.00	0.00	0.00	YYY	S
D7520		R	Incision and drainage of abscess	0.00	0.00	0.00	0.00	YYY	S
D7530		R	Removal of foreign body, skin	0.00	0.00	0.00	0.00	YYY	S
D7540		R	Removal of foreign bodies	0.00	0.00	0.00	0.00	YYY	S
D7550		R	Sequestrectomy for osteomyelitis	0.00	0.00	0.00	0.00	YYY	S
D7560		R	Maxillary sinusotomy	0.00	0.00	0.00	0.00	YYY	S
D7610		R	Maxilla—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7620		R	Maxilla—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7630		R	Mandible—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7640		R	Mandible—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7650		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7660		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7670		R	Alveolus—stabilization of teeth	0.00	0.00	0.00	0.00	YYY	S
D7680		R	Facial bones—complicated reduct	0.00	0.00	0.00	0.00	YYY	S
D7710		R	Maxilla—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7720		R	Maxilla—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7730		R	Mandible—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7740		R	Mandible—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7750		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7760		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	N
D7770		R	Alveolus—stabilization of teeth	0.00	0.00	0.00	0.00	YYY	N
D7780		R	Facial bones—complicated reduct	0.00	0.00	0.00	0.00	YYY	S
D7810		R	Open reduction of dislocation	0.00	0.00	0.00	0.00	YYY	S
D7820		R	Closed reduction of dislocation	0.00	0.00	0.00	0.00	YYY	S
D7830		R	Manipulation under anesthesia	0.00	0.00	0.00	0.00	YYY	N
D7840		R	Condylectomy	0.00	0.00	0.00	0.00	YYY	S
D7850		R	Menisectomy	0.00	0.00	0.00	0.00	YYY	N
D7852		R	Disc repair	0.00	0.00	0.00	0.00	YYY	N
D7854		R	Synovectomy	0.00	0.00	0.00	0.00	YYY	N
D7856		R	Myotomy	0.00	0.00	0.00	0.00	YYY	N
D7858		R	Joint reconstruction	0.00	0.00	0.00	0.00	YYY	N
D7860		R	Arthrotomy	0.00	0.00	0.00	0.00	YYY	S
D7865		R	Arthroplasty	0.00	0.00	0.00	0.00	YYY	N
D7870		R	Arthrocentesis	0.00	0.00	0.00	0.00	YYY	N
D7872		R	Arthroscopy—diagnosis	0.00	0.00	0.00	0.00	YYY	N
D7873		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7874		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7875		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7876		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7877		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D7880	.....	R	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	YYY	S
D7899	.....	R	Unspecified tmd therapy	0.00	0.00	0.00	0.00	YYY	N
D7910	.....	R	Suture of recent small wounds	0.00	0.00	0.00	0.00	YYY	N
D7911	.....	R	Suture—up to 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7912	.....	R	Suture—over 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7920	.....	R	Skin grafts	0.00	0.00	0.00	0.00	YYY	S
D7940	.....	R	Osteoplasty	0.00	0.00	0.00	0.00	YYY	S
D7941	.....	R	Osteotomy—ramus, closed	0.00	0.00	0.00	0.00	YYY	N
D7942	.....	R	Osteotomy—ramus, open	0.00	0.00	0.00	0.00	YYY	N
D7943	.....	R	Osteotomy—ramus, open	0.00	0.00	0.00	0.00	YYY	S
D7944	.....	R	Osteotomy—segmented or subapical	0.00	0.00	0.00	0.00	YYY	N
D7945	.....	R	Osteotomy—body of mandible	0.00	0.00	0.00	0.00	YYY	S
D7946	.....	R	Lefort I (maxilla—total)	0.00	0.00	0.00	0.00	YYY	S
D7947	.....	R	Lefort i (maxilla—segmented)	0.00	0.00	0.00	0.00	YYY	N
D7948	.....	R	Lefort ii or lefort iii	0.00	0.00	0.00	0.00	YYY	S
D7949	.....	R	Lefort ii or lefort iii	0.00	0.00	0.00	0.00	YYY	N
D7950	.....	R	Osseous, osteoperiosteal graft	0.00	0.00	0.00	0.00	YYY	S
D7955	.....	R	Repair of maxillofacial defects	0.00	0.00	0.00	0.00	YYY	S
D7960	.....	R	Frenulectomy—separate procedure	0.00	0.00	0.00	0.00	YYY	S
D7970	.....	R	Excision of hyperplastic tissue	0.00	0.00	0.00	0.00	YYY	N
D7971	.....	R	Excision of pericoronal gingiva	0.00	0.00	0.00	0.00	YYY	N
D7980	.....	R	Sialolithotomy	0.00	0.00	0.00	0.00	YYY	S
D7981	.....	R	Excision of salivary gland	0.00	0.00	0.00	0.00	YYY	S
D7982	.....	R	Sialodochoplasty	0.00	0.00	0.00	0.00	YYY	S
D7983	.....	R	Closure of salivary fistula	0.00	0.00	0.00	0.00	YYY	N
D7990	.....	R	Emergency tracheotomy	0.00	0.00	0.00	0.00	YYY	S
D7991	.....	R	Coronoidectomy	0.00	0.00	0.00	0.00	YYY	S
D7993	.....	R	Implant—facial bones	0.00	0.00	0.00	0.00	YYY	N
D7994	.....	R	Implant—chin	0.00	0.00	0.00	0.00	YYY	N
D7999	.....	R	Unspecified oral surgery procedure	0.00	0.00	0.00	0.00	YYY	S
D8110	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8120	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8210	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8220	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8360	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8370	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8460	.....	R	Class 1 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8470	.....	R	Class 2 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8480	.....	R	Class 3 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8560	.....	R	Class 1 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8570	.....	R	Class 2 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8580	.....	R	Class 3 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8650	.....	R	Treatment of skeletal case	0.00	0.00	0.00	0.00	YYY	N
D8750	.....	R	Post-treatment stabilization	0.00	0.00	0.00	0.00	YYY	N
D8999	.....	R	Unspecified orthodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D9110	.....	R	Palliative treatment—dental pain	0.00	0.00	0.00	0.00	YYY	N
D9210	.....	R	Local anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9211	.....	R	Regional block anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9212	.....	R	Trigeminal division block anesthes	0.00	0.00	0.00	0.00	YYY	N
D9215	.....	R	Local anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9220	.....	R	General anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9221	.....	R	General anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9230	.....	R	Analgesia	0.00	0.00	0.00	0.00	YYY	N
D9240	.....	R	Intravenous sedation	0.00	0.00	0.00	0.00	YYY	N
D9310	.....	R	Consultation—per session	0.00	0.00	0.00	0.00	YYY	N
D9410	.....	R	House call	0.00	0.00	0.00	0.00	YYY	N
D9420	.....	R	Hospital call	0.00	0.00	0.00	0.00	YYY	N
D9430	.....	R	Office visit for observation	0.00	0.00	0.00	0.00	YYY	N
D9440	.....	R	Office visit	0.00	0.00	0.00	0.00	YYY	N
D9610	.....	R	Therapeutic drug injection	0.00	0.00	0.00	0.00	YYY	N
D9630	.....	R	Other drugs and/or medicaments	0.00	0.00	0.00	0.00	YYY	N
D9910	.....	R	Application of medicaments	0.00	0.00	0.00	0.00	YYY	N
D9920	.....	R	Behavior management	0.00	0.00	0.00	0.00	YYY	N
D9930	.....	R	Treatment of complications	0.00	0.00	0.00	0.00	YYY	N
D9940	.....	R	Occlusal guards	0.00	0.00	0.00	0.00	YYY	N
D9941	.....	R	Fabrication of athletic mouthguard	0.00	0.00	0.00	0.00	YYY	N
D9950	.....	R	Occlusion analysis—mounted case	0.00	0.00	0.00	0.00	YYY	N

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D9951		R	Occlusal adjustment—limited	0.00	0.00	0.00	0.00	YYY	N
D9952		R	Occlusal adjustment—complete	0.00	0.00	0.00	0.00	YYY	N
D9999		R	Unspecified adjunctive procedure	0.00	0.00	0.00	0.00	YYY	N
G0001		X	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
G0002		A	Office proc: temp urinary catheter	0.51	0.71	0.02	1.24	000	S
H5300		A	Occupational therapy	0.32	0.24	0.03	0.59	XXX	N
J0110		E	Administration of injection	0.00	0.00	0.00	0.00	XXX	0
J0120		E	Injection, tetracycline	0.00	0.00	0.00	0.00	XXX	0
J0150		E	Injection, adenosine	0.00	0.00	0.00	0.00	XXX	0
J0170		E	Injection, adrenalin, epinephrine	0.00	0.00	0.00	0.00	XXX	0
J0190		E	Injection, biperiden, 2 mg	0.00	0.00	0.00	0.00	XXX	0
J0205		E	Injection, alglucerase, per 10 unit	0.00	0.00	0.00	0.00	XXX	0
J0210		E	Injection, methyldopate hcl	0.00	0.00	0.00	0.00	XXX	0
J0220		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0230		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0240		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0256		E	Injection, alpha 1-proteinase inhib	0.00	0.00	0.00	0.00	XXX	0
J0280		E	Injection, aminophyllin	0.00	0.00	0.00	0.00	XXX	0
J0290		E	Injection, ampicillin	0.00	0.00	0.00	0.00	XXX	0
J0300		E	Injection, amobarbital	0.00	0.00	0.00	0.00	XXX	0
J0330		E	Injection, succinycholine chloride	0.00	0.00	0.00	0.00	XXX	0
J0340		E	Injection, nandrolone phenpropio	0.00	0.00	0.00	0.00	XXX	0
J0360		E	Injection, hydralazine hcl	0.00	0.00	0.00	0.00	XXX	0
J0380		E	Injection, metaraminol	0.00	0.00	0.00	0.00	XXX	0
J0390		E	Injection, chloroquine	0.00	0.00	0.00	0.00	XXX	0
J0400		E	Injection, trimethaphan	0.00	0.00	0.00	0.00	XXX	0
J0460		E	Injection, atropine sulfate	0.00	0.00	0.00	0.00	XXX	0
J0470		E	Injection, dimecaprol	0.00	0.00	0.00	0.00	XXX	0
J0475		E	Injection, baclofen	0.00	0.00	0.00	0.00	XXX	0
J0500		E	Injection, dicyclomine	0.00	0.00	0.00	0.00	XXX	0
J0510		E	Injection, benzquinamide hcl	0.00	0.00	0.00	0.00	XXX	0
J0515		E	Injection, benztropine	0.00	0.00	0.00	0.00	XXX	0
J0520		E	Injection, bethanechol chloride	0.00	0.00	0.00	0.00	XXX	0
J0530		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0540		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0550		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0560		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0570		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0580		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0585		E	Botulinum toxin type a, per unit	0.00	0.00	0.00	0.00	XXX	0
J0590		E	Injection, ethylnorepinephrine hcl	0.00	0.00	0.00	0.00	XXX	0
J0600		E	Injection, edetate cal. disodium	0.00	0.00	0.00	0.00	XXX	0
J0610		E	Injection, calcium gluconate	0.00	0.00	0.00	0.00	XXX	0
J0620		E	Injection, calcium glycerophos	0.00	0.00	0.00	0.00	XXX	0
J0630		E	Injection, calcitonin salmon	0.00	0.00	0.00	0.00	XXX	0
J0635		E	Injection, calcitriol	0.00	0.00	0.00	0.00	XXX	0
J0640		E	Injection, leucovorin calcium	0.00	0.00	0.00	0.00	XXX	0
J0670		E	Injection, mepivacaine	0.00	0.00	0.00	0.00	XXX	0
J0680		E	Injection, deslanoside	0.00	0.00	0.00	0.00	XXX	0
J0690		E	Injection, cefazolin sodium	0.00	0.00	0.00	0.00	XXX	0
J0694		E	Injection, cefoxitin sodium	0.00	0.00	0.00	0.00	XXX	0
J0695		E	Injection, cefonicid sodium	0.00	0.00	0.00	0.00	XXX	0
J0696		E	Injection, ceftriaxone sodium	0.00	0.00	0.00	0.00	XXX	0
J0697		E	Injection, sterile cefuroxime so	0.00	0.00	0.00	0.00	XXX	0
J0698		E	Cefotaxime sodium	0.00	0.00	0.00	0.00	XXX	0
J0700		E	Injection, betamethasone	0.00	0.00	0.00	0.00	XXX	0
J0710		E	Injection, cephapirin sodium	0.00	0.00	0.00	0.00	XXX	0
J0720		E	Injection, chloramphenicol sodium	0.00	0.00	0.00	0.00	XXX	0
J0725		E	Injection, chorionic gonadotropin	0.00	0.00	0.00	0.00	XXX	0
J0730		E	Injection, chlorpheniramine mal.	0.00	0.00	0.00	0.00	XXX	0
J0743		E	Injection, cilastatin sodium	0.00	0.00	0.00	0.00	XXX	0
J0745		E	Injection, codeine phosphate	0.00	0.00	0.00	0.00	XXX	0
J0760		E	Injection, colchicine	0.00	0.00	0.00	0.00	XXX	0
J0770		E	Injection, colistimethate sodium	0.00	0.00	0.00	0.00	XXX	0
J0780		E	Injection, prochlorperazine	0.00	0.00	0.00	0.00	XXX	0
J0790		E	Injection, nikethamide	0.00	0.00	0.00	0.00	XXX	0
J0800		E	Injection, corticotropin	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J0810	.....	E	Injection, cortisone	0.00	0.00	0.00	0.00	XXX	0
J0820	.....	E	Injection, cortigel 40	0.00	0.00	0.00	0.00	XXX	0
J0830	.....	E	Injection, cortrophin zinc hydrox.	0.00	0.00	0.00	0.00	XXX	0
J0840	.....	E	Injection, warfarin sodium	0.00	0.00	0.00	0.00	XXX	0
J0895	.....	E	Injection, deferoxamine mesylate	0.00	0.00	0.00	0.00	XXX	0
J0900	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J0945	.....	E	Injection, brompheniramine maleate	0.00	0.00	0.00	0.00	XXX	0
J0970	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1000	.....	E	Injection, depo-estradiol cypionat	0.00	0.00	0.00	0.00	XXX	0
J1020	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1030	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1040	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1050	.....	E	Injection, medroxyprogesterone	0.00	0.00	0.00	0.00	XXX	0
J1055	.....	E	Inj., medroxyprogesterone acetate	0.00	0.00	0.00	0.00	XXX	0
J1060	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1070	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1080	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1090	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1100	.....	E	Injection, dexamethosone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J1110	.....	E	Injection, dehydroergotamine	0.00	0.00	0.00	0.00	XXX	0
J1120	.....	E	Injection, acetazolamide sodium	0.00	0.00	0.00	0.00	XXX	0
J1155	.....	E	Injection, digitoxin	0.00	0.00	0.00	0.00	XXX	0
J1160	.....	E	Injection, digoxin	0.00	0.00	0.00	0.00	XXX	0
J1165	.....	E	Injection, phenytoin sodium	0.00	0.00	0.00	0.00	XXX	0
J1170	.....	E	Injection, hydromorphone	0.00	0.00	0.00	0.00	XXX	0
J1180	.....	E	Injection, dyphylline	0.00	0.00	0.00	0.00	XXX	0
J1200	.....	E	Injection, diphenhydramine hcl	0.00	0.00	0.00	0.00	XXX	0
J1205	.....	E	Injection, chlorothiazide sodium	0.00	0.00	0.00	0.00	XXX	0
J1212	.....	E	Injection, dmso, dimethyl sulfx.	0.00	0.00	0.00	0.00	XXX	0
J1230	.....	E	Injection, methadone hcl	0.00	0.00	0.00	0.00	XXX	0
J1240	.....	E	Injection, dimenhydrinate	0.00	0.00	0.00	0.00	XXX	0
J1245	.....	E	Injection, dipyridamole, per 10 mg	0.00	0.00	0.00	0.00	XXX	0
J1320	.....	E	Injection, amitriptyline hcl	0.00	0.00	0.00	0.00	XXX	0
J1330	.....	E	Injection, ergonovine maleate	0.00	0.00	0.00	0.00	XXX	0
J1340	.....	E	Injection, aqueous saline placebo	0.00	0.00	0.00	0.00	XXX	0
J1350	.....	E	Injection, erythromycin-im	0.00	0.00	0.00	0.00	XXX	0
J1360	.....	E	Injection, erthromycin-iv	0.00	0.00	0.00	0.00	XXX	0
J1380	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1390	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1410	.....	E	Injection, estrogen conjugated	0.00	0.00	0.00	0.00	XXX	0
J1435	.....	E	Injection, estrone	0.00	0.00	0.00	0.00	XXX	0
J1436	.....	E	Injection, etidronate disodium	0.00	0.00	0.00	0.00	XXX	0
J1440	.....	E	Injection, filgrastim (g-csf)	0.00	0.00	0.00	0.00	XXX	0
J1441	.....	E	Injection, filgrastim (g-csf)	0.00	0.00	0.00	0.00	XXX	0
J1455	.....	E	Injection, foscarnet sodium	0.00	0.00	0.00	0.00	XXX	0
J1460	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1470	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1480	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1490	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1500	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1510	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1520	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1530	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1540	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1550	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1560	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1561	.....	E	Injection, immune globulin	0.00	0.00	0.00	0.00	XXX	0
J1570	.....	E	Injection, ganciclovir sodium	0.00	0.00	0.00	0.00	XXX	0
J1580	.....	E	Injection, garamycin, gentamicin	0.00	0.00	0.00	0.00	XXX	0
J1600	.....	E	Injection, gold sodium thiomaleate	0.00	0.00	0.00	0.00	XXX	0
J1630	.....	E	Injection, haloperidol	0.00	0.00	0.00	0.00	XXX	0
J1631	.....	E	Injection, haloperidol decanoate	0.00	0.00	0.00	0.00	XXX	0
J1640	.....	E	Injection, heparin sodium	0.00	0.00	0.00	0.00	XXX	0
J1660	.....	E	Injection, histamine	0.00	0.00	0.00	0.00	XXX	0
J1670	.....	E	Injection, tetanus immune globulin	0.00	0.00	0.00	0.00	XXX	0
J1690	.....	E	Injection, prednisolone tebutate	0.00	0.00	0.00	0.00	XXX	0
J1700	.....	E	Injection, hydrocortisone acetate	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
J1710		E	Injection, hydrocortisone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J1720		E	Injection, hydrocortisone sodium s	0.00	0.00	0.00	0.00	XXX	0
J1730		E	Injection, diazoxide	0.00	0.00	0.00	0.00	XXX	0
J1739		E	Injection, hydroxyprogesterone cap	0.00	0.00	0.00	0.00	XXX	0
J1741		E	Injection, hydroxyprogesterone cap	0.00	0.00	0.00	0.00	XXX	0
J1760		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1770		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1780		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1790		E	Injection, droperidol	0.00	0.00	0.00	0.00	XXX	0
J1800		E	Injection, propranolol hcl	0.00	0.00	0.00	0.00	XXX	0
J1810		E	Injection, droperidol and fentanyl	0.00	0.00	0.00	0.00	XXX	0
J1820		E	Injection, insulin	0.00	0.00	0.00	0.00	XXX	0
J1840		E	Injection, kanamycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J1850		E	Injection, kanamycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J1885		E	Injection, ketorolac tromethamine	0.00	0.00	0.00	0.00	XXX	0
J1890		E	Injection, cephalothin sodium	0.00	0.00	0.00	0.00	XXX	0
J1910		E	Injection, kutapressin	0.00	0.00	0.00	0.00	XXX	0
J1930		E	Injection, propiomazine	0.00	0.00	0.00	0.00	XXX	0
J1940		E	Injection, furosemide	0.00	0.00	0.00	0.00	XXX	0
J1960		E	Injection, levorphanol tartrate	0.00	0.00	0.00	0.00	XXX	0
J1970		E	Injection, methotrimeprazine	0.00	0.00	0.00	0.00	XXX	0
J1980		E	Injection, hyoscyamine sulfate	0.00	0.00	0.00	0.00	XXX	0
J1990		E	Injection, chlordiazepoxide hcl	0.00	0.00	0.00	0.00	XXX	0
J2000		E	Injection, lidocaine hcl	0.00	0.00	0.00	0.00	XXX	0
J2010		E	Injection, lincomycin hcl	0.00	0.00	0.00	0.00	XXX	0
J2050		E	Injection, liver	0.00	0.00	0.00	0.00	XXX	0
J2060		E	Injection, lorazepam	0.00	0.00	0.00	0.00	XXX	0
J2100		E	Injection, luminal sodium	0.00	0.00	0.00	0.00	XXX	0
J2150		E	Injection, mannitol	0.00	0.00	0.00	0.00	XXX	0
J2160		E	Injection, cyclizine lactate	0.00	0.00	0.00	0.00	XXX	0
J2175		E	Injection, meperidine	0.00	0.00	0.00	0.00	XXX	0
J2180		E	Injection, meperidine and prometha	0.00	0.00	0.00	0.00	XXX	0
J2190		E	Injection, mersalyl with theophyl	0.00	0.00	0.00	0.00	XXX	0
J2210		E	Injection, methylergonovine maleate	0.00	0.00	0.00	0.00	XXX	0
J2240		E	Injection, metocurine iodide	0.00	0.00	0.00	0.00	XXX	0
J2270		E	Injection, morphine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2275		E	Injection, morphine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2320		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2321		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2322		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2330		E	Injection, thiothixene	0.00	0.00	0.00	0.00	XXX	0
J2350		E	Injection, niacinamide, niacin	0.00	0.00	0.00	0.00	XXX	0
J2360		E	Injection, orphenadrine	0.00	0.00	0.00	0.00	XXX	0
J2370		E	Injection, phenylephrine hcl	0.00	0.00	0.00	0.00	XXX	0
J2400		E	Injection, chloroprocaine hcl	0.00	0.00	0.00	0.00	XXX	0
J2405		E	Injection, ondansetron hcl	0.00	0.00	0.00	0.00	XXX	0
J2410		E	Injection, oxymorphone hcl	0.00	0.00	0.00	0.00	XXX	0
J2440		E	Injection, papaverine hcl	0.00	0.00	0.00	0.00	XXX	0
J2460		E	Injection, oxytetracycline hcl	0.00	0.00	0.00	0.00	XXX	0
J2480		E	Injection, hydrochlorides of opium	0.00	0.00	0.00	0.00	XXX	0
J2490		E	Injection, paraldehyde	0.00	0.00	0.00	0.00	XXX	0
J2495		E	Injection, tridihexethyl chloride	0.00	0.00	0.00	0.00	XXX	0
J2510		E	Injection, penicillin g procaine	0.00	0.00	0.00	0.00	XXX	0
J2515		E	Injection, pentobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2520		E	Injection, thiopental sodium	0.00	0.00	0.00	0.00	XXX	0
J2540		E	Injection, penicillin g potassium	0.00	0.00	0.00	0.00	XXX	0
J2545		E	Pentamidine for inhaler	0.00	0.00	0.00	0.00	XXX	0
J2550		E	Injection, promethazine hcl	0.00	0.00	0.00	0.00	XXX	0
J2560		E	Injection, phenobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2590		E	Injection, oxytocin	0.00	0.00	0.00	0.00	XXX	0
J2595		E	Injection, vasopressin tannate	0.00	0.00	0.00	0.00	XXX	0
J2600		E	Injection, posterior pituitary	0.00	0.00	0.00	0.00	XXX	0
J2640		E	Injection, prednisolone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J2650		E	Injection, prednisolone acetate	0.00	0.00	0.00	0.00	XXX	0
J2670		E	Injection, tolazoline hcl	0.00	0.00	0.00	0.00	XXX	0
J2672		E	Injection, propantheline bromide	0.00	0.00	0.00	0.00	XXX	0
J2675		E	Injection, progesterone	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J2680	.....	E	Injection, fluphenazine decanoate	0.00	0.00	0.00	0.00	XXX	0
J2690	.....	E	Injection, procainamide hcl	0.00	0.00	0.00	0.00	XXX	0
J2700	.....	E	Injection, oxacillin sodium	0.00	0.00	0.00	0.00	XXX	0
J2710	.....	E	Injection, neostigmine methylsulft.	0.00	0.00	0.00	0.00	XXX	0
J2720	.....	E	Injection, protamine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2730	.....	E	Injection, pralidoxime chloride	0.00	0.00	0.00	0.00	XXX	0
J2760	.....	E	Injection, phentolaine mesylate	0.00	0.00	0.00	0.00	XXX	0
J2765	.....	E	Injection, metoclopramide hcl	0.00	0.00	0.00	0.00	XXX	0
J2790	.....	E	Injection, rho d immune globulin	0.00	0.00	0.00	0.00	XXX	0
J2800	.....	E	Injection, methocarbamol	0.00	0.00	0.00	0.00	XXX	0
J2810	.....	E	Injection, theophylline	0.00	0.00	0.00	0.00	XXX	0
J2820	.....	E	Injection, sargramostim (gm-csf)	0.00	0.00	0.00	0.00	XXX	0
J2825	.....	E	Injection, sarracenia purpurea	0.00	0.00	0.00	0.00	XXX	0
J2860	.....	E	Injection, secobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2910	.....	E	Injection, aurothioglucose	0.00	0.00	0.00	0.00	XXX	0
J2912	.....	E	Injection, sodium chloride	0.00	0.00	0.00	0.00	XXX	0
J2914	.....	E	Injection, sodium salicylate	0.00	0.00	0.00	0.00	XXX	0
J2920	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J2930	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J2950	.....	E	Injection, promazine hcl	0.00	0.00	0.00	0.00	XXX	0
J2970	.....	E	Injection, methicillin sodium	0.00	0.00	0.00	0.00	XXX	0
J2995	.....	E	Injection, streptokinase	0.00	0.00	0.00	0.00	XXX	0
J2996	.....	E	Injection, alteplase recombinant	0.00	0.00	0.00	0.00	XXX	0
J3000	.....	E	Injection, streptomycin	0.00	0.00	0.00	0.00	XXX	0
J3010	.....	E	Injection, fentanyl citrate	0.00	0.00	0.00	0.00	XXX	0
J3050	.....	E	Injection, decamethonium bromide	0.00	0.00	0.00	0.00	XXX	0
J3070	.....	E	Injection, pentazocine hcl	0.00	0.00	0.00	0.00	XXX	0
J3080	.....	E	Injection, chlorprothixene	0.00	0.00	0.00	0.00	XXX	0
J3105	.....	E	Injection, terbutaline sulfate	0.00	0.00	0.00	0.00	XXX	0
J3120	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J3130	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J3140	.....	E	Injection, testosterone suspension	0.00	0.00	0.00	0.00	XXX	0
J3150	.....	E	Injection, testosterone propionate	0.00	0.00	0.00	0.00	XXX	0
J3180	.....	E	Injection, tetanus toxoid	0.00	0.00	0.00	0.00	XXX	0
J3230	.....	E	Injection, chlorpromazine hcl	0.00	0.00	0.00	0.00	XXX	0
J3240	.....	E	Injection, thyrotropin	0.00	0.00	0.00	0.00	XXX	0
J3250	.....	E	Injection, trimethobenzamide hcl	0.00	0.00	0.00	0.00	XXX	0
J3260	.....	E	Injection, tobramycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J3270	.....	E	Injection, imipramine hcl	0.00	0.00	0.00	0.00	XXX	0
J3280	.....	E	Injection, thiethylperazine maleat	0.00	0.00	0.00	0.00	XXX	0
J3301	.....	E	Injection triamcinolone acetonide	0.00	0.00	0.00	0.00	XXX	0
J3302	.....	E	Injection triamcinolone diacetate	0.00	0.00	0.00	0.00	XXX	0
J3303	.....	E	Injection triamcinolone hexacetoni	0.00	0.00	0.00	0.00	XXX	0
J3310	.....	E	Injection, perphenazine	0.00	0.00	0.00	0.00	XXX	0
J3320	.....	E	Injection, spectinomycin dihydrochl	0.00	0.00	0.00	0.00	XXX	0
J3340	.....	E	Injection, cryptenamine acetate	0.00	0.00	0.00	0.00	XXX	0
J3350	.....	E	Injection, urea	0.00	0.00	0.00	0.00	XXX	0
J3360	.....	E	Injection, diazepam	0.00	0.00	0.00	0.00	XXX	0
J3364	.....	E	Injection, urokinase, 5000 iu vial	0.00	0.00	0.00	0.00	XXX	0
J3365	.....	E	Injection, iv, urokinase	0.00	0.00	0.00	0.00	XXX	0
J3370	.....	E	Injection, vancomycin hcl	0.00	0.00	0.00	0.00	XXX	0
J3380	.....	E	Injection, isoxsuprine hcl	0.00	0.00	0.00	0.00	XXX	0
J3390	.....	E	Injection, methoxamine	0.00	0.00	0.00	0.00	XXX	0
J3400	.....	E	Injection, triflupromazine hcl	0.00	0.00	0.00	0.00	XXX	0
J3410	.....	E	Injection, hydroxyzine hcl	0.00	0.00	0.00	0.00	XXX	0
J3420	.....	E	Injection, vitamin b-12	0.00	0.00	0.00	0.00	XXX	0
J3430	.....	E	Injection, vitamin k, phytonadione	0.00	0.00	0.00	0.00	XXX	0
J3450	.....	E	Injection, mephentermine sulfate	0.00	0.00	0.00	0.00	XXX	0
J3470	.....	E	Injection, hyaluronidase	0.00	0.00	0.00	0.00	XXX	0
J3490	.....	E	Unclassified drugs	0.00	0.00	0.00	0.00	XXX	0
J3500	.....	E	Vitamin therapy	0.00	0.00	0.00	0.00	XXX	0
J3520	.....	E	Endrate ethylenediamine-tetra-acet	0.00	0.00	0.00	0.00	XXX	0
J3530	.....	E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	XXX	0
J3535	.....	E	Metered dose inhaler drug	0.00	0.00	0.00	0.00	XXX	0
J3540	.....	E	Autogenous blood extract, intraven	0.00	0.00	0.00	0.00	XXX	0
J3550	.....	E	Intra-arterial oxygen injection	0.00	0.00	0.00	0.00	XXX	0
J3560	.....	E	Adrenal cortex extract	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
J3570		N	Laetrile, amygdalin, vitamin b-17	0.00	0.00	0.00	0.00	XXX	0
J6015		N	Typhus	0.00	0.00	0.00	0.00	XXX	0
J7010		E	Vial of allergy vaccine, single	0.00	0.00	0.00	0.00	XXX	0
J7020		E	Vial of allergy vaccine, multiple	0.00	0.00	0.00	0.00	XXX	0
J7030		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7040		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7042		P	5% dextrose/normal saline	0.00	0.00	0.00	0.00	XXX	0
J7050		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7051		P	Sterile saline or water	0.00	0.00	0.00	0.00	XXX	0
J7060		P	5% dextrose/water	0.00	0.00	0.00	0.00	XXX	0
J7070		P	Infusion, d5w	0.00	0.00	0.00	0.00	XXX	0
J7080		E	Infusion, albumisol 5%	0.00	0.00	0.00	0.00	XXX	0
J7090		E	Infusion, albumisol 25%	0.00	0.00	0.00	0.00	XXX	0
J7100		E	Infusion, dextran 40	0.00	0.00	0.00	0.00	XXX	0
J7110		E	Infusion, dextran 75	0.00	0.00	0.00	0.00	XXX	0
J7120		P	Ringers lactate infusion	0.00	0.00	0.00	0.00	XXX	0
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	XXX	0
J7140		N	Prescription drug, oral	0.00	0.00	0.00	0.00	XXX	0
J7150		N	Prescription drug, oral chemo.	0.00	0.00	0.00	0.00	XXX	0
J7190		E	Factor VIII	0.00	0.00	0.00	0.00	XXX	0
J7192		E	Factor VIII, (recombinant)	0.00	0.00	0.00	0.00	XXX	0
J7194		E	Factor ix, complex	0.00	0.00	0.00	0.00	XXX	0
J7196		E	Other hemophilia clotting factors	0.00	0.00	0.00	0.00	XXX	0
J7197		E	Injection, antithrombin iii	0.00	0.00	0.00	0.00	XXX	0
J7500		E	Azathioprine—oral, tab	0.00	0.00	0.00	0.00	XXX	0
J7501		E	Azathioprine—parenteral, vial	0.00	0.00	0.00	0.00	XXX	0
J7502		E	Cyclosporine—oral, sol	0.00	0.00	0.00	0.00	XXX	0
J7503		E	Cyclosporine—parenteral	0.00	0.00	0.00	0.00	XXX	0
J7504		E	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	XXX	0
J7505		E	Monoclonal antibodies—parenteral	0.00	0.00	0.00	0.00	XXX	0
J7506		E	Prednisone, any dosage	0.00	0.00	0.00	0.00	XXX	0
J7610		E	Acetylcysteine, 10%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7615		E	Acetylcysteine, 20%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7620		E	Albuterol sulfate, 0.083%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7625		E	Albuterol sulfate, 0.5%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7627		E	Inhal. solu., bitolterol mesylate	0.00	0.00	0.00	0.00	XXX	0
J7630		E	Cromolyn sodium, per 20 mg	0.00	0.00	0.00	0.00	XXX	0
J7640		E	Epinephrine, 2.25%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7650		E	Isoetharine hydrochloride, 0.1%	0.00	0.00	0.00	0.00	XXX	0
J7651		E	Isoetharine hydrochloride, 0.125%	0.00	0.00	0.00	0.00	XXX	0
J7652		E	Isoetharine hydrochloride, 0.167%	0.00	0.00	0.00	0.00	XXX	0
J7653		E	Isoetharine hydrochloride, 0.2%	0.00	0.00	0.00	0.00	XXX	0
J7654		E	Isoetharine hydrochloride, 0.25%	0.00	0.00	0.00	0.00	XXX	0
J7655		E	Isoetharine hydrochloride, 1.0%	0.00	0.00	0.00	0.00	XXX	0
J7660		E	Isoproterenol hydrochloride, 0.5%	0.00	0.00	0.00	0.00	XXX	0
J7665		E	Isoproterenol hydrochloride, 1.0%	0.00	0.00	0.00	0.00	XXX	0
J7670		E	Metaproterenol sulfate, 0.4%	0.00	0.00	0.00	0.00	XXX	0
J7672		E	Metaproterenol sulfate, 0.6%	0.00	0.00	0.00	0.00	XXX	0
J7675		E	Metaproterenol sulfate, 5.0%	0.00	0.00	0.00	0.00	XXX	0
J7699		E	Noc drugs, inhalation solution	0.00	0.00	0.00	0.00	XXX	0
J7799		E	Noc drugs, other than inhalation	0.00	0.00	0.00	0.00	XXX	0
J9000		E	Doxorubicin hcl	0.00	0.00	0.00	0.00	XXX	0
J9010		E	Doxorubicin hcl	0.00	0.00	0.00	0.00	XXX	0
J9020		E	Asparaginase	0.00	0.00	0.00	0.00	XXX	0
J9031		E	Bcg live (intravesical)	0.00	0.00	0.00	0.00	XXX	0
J9040		E	Bleomycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J9045		E	Injection, carboplatin	0.00	0.00	0.00	0.00	XXX	0
J9050		E	Carmustine, bischlorethyl nitro.	0.00	0.00	0.00	0.00	XXX	0
J9060		E	Cisplatin	0.00	0.00	0.00	0.00	XXX	0
J9062		E	Cisplatin	0.00	0.00	0.00	0.00	XXX	0
J9070		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9080		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9090		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9091		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9092		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9093		E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9094		E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J9095	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9096	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9097	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9100	.....	E	Cytarabine hcl	0.00	0.00	0.00	0.00	XXX	0
J9110	.....	E	Cytarabine hcl	0.00	0.00	0.00	0.00	XXX	0
J9120	.....	E	Dactinomycin, actinomycin d	0.00	0.00	0.00	0.00	XXX	0
J9130	.....	E	Dacarbazine	0.00	0.00	0.00	0.00	XXX	0
J9140	.....	E	Dacarbazine	0.00	0.00	0.00	0.00	XXX	0
J9150	.....	E	Daunorubicin, hcl	0.00	0.00	0.00	0.00	XXX	0
J9165	.....	E	Injection, diethylstilbestrol	0.00	0.00	0.00	0.00	XXX	0
J9181	.....	E	Etoposide	0.00	0.00	0.00	0.00	XXX	0
J9182	.....	E	Etoposide	0.00	0.00	0.00	0.00	XXX	0
J9185	.....	E	Fludarabine phosphate	0.00	0.00	0.00	0.00	XXX	0
J9190	.....	E	Fluorouracil	0.00	0.00	0.00	0.00	XXX	0
J9200	.....	E	Floxuridine	0.00	0.00	0.00	0.00	XXX	0
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	XXX	0
J9208	.....	E	Injection, ifosfomide	0.00	0.00	0.00	0.00	XXX	0
J9209	.....	E	Injection, mesna	0.00	0.00	0.00	0.00	XXX	0
J9211	.....	E	Idarubicin hydrochloride, 5 mg	0.00	0.00	0.00	0.00	XXX	0
J9213	.....	E	Interferon, alfa-2a, recombinant	0.00	0.00	0.00	0.00	XXX	0
J9214	.....	E	Interferon, alfa-2b, recombinant	0.00	0.00	0.00	0.00	XXX	0
J9215	.....	E	Interferon, alfa-n3	0.00	0.00	0.00	0.00	XXX	0
J9216	.....	E	Interferon, gamma 1-b	0.00	0.00	0.00	0.00	XXX	0
J9217	.....	E	Leuprolide acetate	0.00	0.00	0.00	0.00	XXX	0
J9218	.....	E	Leuprolide acetate	0.00	0.00	0.00	0.00	XXX	0
J9230	.....	E	Mechlorethamine hcl	0.00	0.00	0.00	0.00	XXX	0
J9240	.....	D	Medroyprogesterone acetate	0.00	0.00	0.00	0.00	XXX	0
J9250	.....	E	Methotrexate sodium mix	0.00	0.00	0.00	0.00	XXX	0
J9260	.....	E	Methotrexate sodium mix	0.00	0.00	0.00	0.00	XXX	0
J9265	.....	E	Paclitaxel	0.00	0.00	0.00	0.00	XXX	0
J9268	.....	E	Pentostatin	0.00	0.00	0.00	0.00	XXX	0
J9270	.....	E	Plicamycin (mithramycin)	0.00	0.00	0.00	0.00	XXX	0
J9280	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9290	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9291	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9293	.....	E	Injection, mitoxantrone hcl	0.00	0.00	0.00	0.00	XXX	0
J9295	.....	E	Polyestradiol phosphate	0.00	0.00	0.00	0.00	XXX	0
J9320	.....	E	Streptozocin	0.00	0.00	0.00	0.00	XXX	0
J9340	.....	E	Thiotepa	0.00	0.00	0.00	0.00	XXX	0
J9360	.....	E	Vinblastine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9370	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9375	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9380	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9999	.....	E	Not otherwise classified drugs	0.00	0.00	0.00	0.00	XXX	0
M0005	.....	A	Office visits—two or more modal	0.77	0.31	0.03	1.11	XXX	N
M0006	.....	A	Office visits—with one modality	0.51	0.15	0.02	0.68	XXX	N
M0007	.....	A	Office visit combination of modal	1.02	0.35	0.04	1.41	XXX	N
M0008	.....	A	Office visit combination of modal	0.51	0.11	0.01	0.63	XXX	N
M0064	.....	A	Monitoring drug prescription visit	0.37	0.19	0.03	0.59	XXX	N
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	XXX	0
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	XXX	0
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	XXX	0
M0101	.....	A	Cutting or removal of corns	0.37	0.35	0.03	0.75	XXX	S
M0300	.....	N	Iv chelation therapy	0.00	0.00	0.00	0.00	XXX	0
M0301	.....	N	Fabric wrapping of abdominal aneur	0.00	0.00	0.00	0.00	XXX	0
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	XXX	0
M0702	.....	D	Brief, osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0704	.....	D	Limited, osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0706	.....	D	Intermediate osteopathic manip ther	0.00	0.00	0.00	0.00	000	0
M0708	.....	D	Extended osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0710	.....	D	Comprehensive osteopathic manip	0.00	0.00	0.00	0.00	000	0
M0722	.....	D	Brief inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0724	.....	D	Limited inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0726	.....	D	Intermediate inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0728	.....	D	Extended inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0730	.....	D	Comprehensive inpatient hosp omt	0.00	0.00	0.00	0.00	000	0
M0900	.....	G	Excision, revision of a-v shunt	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
P2028	.....	X	Cephalin floculation, blood	0.00	0.00	0.00	0.00	XXX	0
P2029	.....	X	Congo red, blood	0.00	0.00	0.00	0.00	XXX	0
P2031	.....	N	Hair analysis (excluding arsenic)	0.00	0.00	0.00	0.00	XXX	0
P2033	.....	X	Thymol turbidity, blood	0.00	0.00	0.00	0.00	XXX	0
P2038	.....	X	Mucoprotein, blood (seromucoid)	0.00	0.00	0.00	0.00	XXX	0
P3000	.....	X	Screening pap smear, cervical	0.00	0.00	0.00	0.00	XXX	0
P3001	.....	X	Screening pap smear, cervical	0.00	0.00	0.00	0.00	XXX	0
P3001	26	A	Screening pap smear, cervical	0.42	0.32	0.04	0.78	XXX	N
P7001	.....	X	Culture, bacterial, urine	0.00	0.00	0.00	0.00	XXX	0
P9010	.....	E	Blood (whole), for transfusion	0.00	0.00	0.00	0.00	XXX	0
P9011	.....	E	Blood (split unit), specify amount	0.00	0.00	0.00	0.00	XXX	0
P9012	.....	E	Cryoprecipitate, each unit	0.00	0.00	0.00	0.00	XXX	0
P9013	.....	E	Fibrinogen unit	0.00	0.00	0.00	0.00	XXX	0
P9014	.....	E	Globulin, gamma	0.00	0.00	0.00	0.00	XXX	0
P9015	.....	E	Globulin, rh immune	0.00	0.00	0.00	0.00	XXX	0
P9016	.....	E	Leukocyte poor blood, each unit	0.00	0.00	0.00	0.00	XXX	0
P9017	.....	E	Plasma, single donor, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
P9018	.....	E	Plasma protein fraction, each unit	0.00	0.00	0.00	0.00	XXX	0
P9019	.....	E	Platelet concentrate, each unit	0.00	0.00	0.00	0.00	XXX	0
P9020	.....	E	Platelet rich plasma, each unit	0.00	0.00	0.00	0.00	XXX	0
P9021	.....	E	Red blood cells, each unit	0.00	0.00	0.00	0.00	XXX	0
P9022	.....	E	Washed red blood cells, each unit	0.00	0.00	0.00	0.00	XXX	0
P9603	.....	X	Travel allowance one way—lab	0.00	0.00	0.00	0.00	XXX	0
P9604	.....	X	Travel allowance one way—lab	0.00	0.00	0.00	0.00	XXX	0
P9605	.....	X	Routine venipuncture	0.00	0.00	0.00	0.00	XXX	0
P9610	.....	X	Catheterization specimen collect	0.00	0.00	0.00	0.00	XXX	0
P9615	.....	X	Catheterization specimen collect	0.00	0.00	0.00	0.00	XXX	0
Q0034	.....	X	Administration—influenza vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0035	.....	A	Cardiokymography	0.17	0.49	0.04	0.70	XXX	N
Q0035	TC	A	Cardiokymography	0.00	0.37	0.03	0.40	XXX	N
Q0035	26	A	Cardiokymography	0.17	0.12	0.01	0.30	XXX	N
Q0068	.....	A	Extracorporeal plasmapheresis	1.69	1.28	0.16	3.13	000	N
Q0091	.....	A	Screening pap smear, obtaining	0.37	0.28	0.03	0.68	XXX	N
Q0092	.....	A	Set-up portable x-ray equipment	0.00	0.30	0.01	0.31	XXX	N
Q0093	.....	D	Filgrastim (g-csf), per 100 mcg	0.00	0.00	0.00	0.00	XXX	0
Q0094	.....	D	Sargramostim (gm-csf), per 250 mcg	0.00	0.00	0.00	0.00	XXX	0
Q0103	.....	A	Physical therapy evaluation	1.02	0.35	0.11	1.48	XXX	N
Q0104	.....	A	Physical therapy evaluation	0.51	0.04	0.01	0.56	XXX	N
Q0105	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0106	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0107	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0108	.....	D	Standby surgery	0.00	0.00	0.00	0.00	XXX	0
Q0109	.....	A	Occupational Therapy	1.02	0.35	0.11	1.48	XXX	N
Q0110	.....	A	Occupational Therapy	0.51	0.04	0.01	0.56	XXX	N
Q0111	.....	X	Wet mounts	0.00	0.00	0.00	0.00	XXX	0
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	XXX	0
Q0113	.....	X	Pinworm examinations	0.00	0.00	0.00	0.00	XXX	0
Q0114	.....	X	Fern test	0.00	0.00	0.00	0.00	XXX	0
Q0115	.....	X	Post-coital mucous exam	0.00	0.00	0.00	0.00	XXX	0
Q0116	.....	X	Hemoglobin, single analyte exam	0.00	0.00	0.00	0.00	XXX	0
Q0117	.....	X	Diab custom depth-inlay shoe	0.00	0.00	0.00	0.00	XXX	0
Q0118	.....	X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	XXX	0
Q0119	.....	X	Diabetic mult density insert	0.00	0.00	0.00	0.00	XXX	0
Q0120	.....	X	Diab modf shoe roller/rocker	0.00	0.00	0.00	0.00	XXX	0
Q0121	.....	X	Diabetic modf with wedge	0.00	0.00	0.00	0.00	XXX	0
Q0122	.....	X	Diab modf w/metatarsal bar	0.00	0.00	0.00	0.00	XXX	0
Q0123	.....	X	Diab modf with off-set heel	0.00	0.00	0.00	0.00	XXX	0
Q0124	.....	X	Admin/pneumococcal, flu vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0125	.....	D	Paclitaxel 30 mg	0.00	0.00	0.00	0.00	XXX	0
Q9920	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9921	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9922	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9923	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9924	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9925	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9926	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9927	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
Q9928		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9929		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9930		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9931		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9932		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9933		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9934		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9935		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9936		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9937		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9938		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9939		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9940		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
R0070		C	Transportation of portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0075		C	Transportation of portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0076		C	Transportation of portable ekg	0.00	0.00	0.00	0.00	XXX	N
V2020		X	Frames, purchases	0.00	0.00	0.00	0.00	XXX	0
V2025		N	Frames, deluxe	0.00	0.00	0.00	0.00	XXX	0
V2100		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2101		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2102		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2103		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2104		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2105		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2106		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2107		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2108		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2109		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2110		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2111		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2112		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2113		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2114		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2115		X	Lenticular, (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2116		X	Lenticular lens, nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2117		X	Lenticular, aspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2118		X	Aniseikonic lens, single vision	0.00	0.00	0.00	0.00	XXX	0
V2199		X	Not otherwise classified	0.00	0.00	0.00	0.00	XXX	0
V2200		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2201		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2202		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2203		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2204		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2205		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2206		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2207		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2208		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2209		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2210		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2211		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2212		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2213		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2214		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2215		X	Lenticular (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2216		X	Lenticular, nonaspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2217		X	Lenticular, aspheric lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2218		X	Aniseikonic, per lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2219		X	Bifocal seg width over 28mm	0.00	0.00	0.00	0.00	XXX	0
V2220		X	Bifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2299		X	Specialty bifocal (by report)	0.00	0.00	0.00	0.00	XXX	0
V2300		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2301		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2302		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2303		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2304		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2305		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2306		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
V2307		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2308		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2309		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2310		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2311		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2312		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2313		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2314		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2315		X	Lenticular, (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2316		X	Lenticular nonaspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2317		X	Lenticular, aspheric lens	0.00	0.00	0.00	0.00	XXX	0
V2318		X	Aniseikonic lens, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2319		X	Trifocal seg width over 28 mm	0.00	0.00	0.00	0.00	XXX	0
V2320		X	Trifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2399		X	Specialty trifocal (by report)	0.00	0.00	0.00	0.00	XXX	0
V2410		X	Variable asphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2430		X	Variable asphericity lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2499		X	Variable sphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2500		X	Contact lens, pmma, spherical	0.00	0.00	0.00	0.00	XXX	0
V2501		X	Contact lens, pmma, toric or prism	0.00	0.00	0.00	0.00	XXX	0
V2502		X	Contact lens pmma, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2503		X	Contact lens pmma, color vision	0.00	0.00	0.00	0.00	XXX	0
V2510		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2511		X	Contact lens, gas permeable, toric	0.00	0.00	0.00	0.00	XXX	0
V2512		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2513		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX	0
V2521		X	Contact lens hydrophilic, toric	0.00	0.00	0.00	0.00	XXX	0
V2522		X	Contact lens hydrophilic, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2523		X	Contact lens hydrophilic, extended	0.00	0.00	0.00	0.00	XXX	0
V2530		X	Contact lens, scleral, per lens	0.00	0.00	0.00	0.00	XXX	0
V2599		X	Contact lens, other type	0.00	0.00	0.00	0.00	XXX	0
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	XXX	0
V2610		X	Single lens spectacle mounted	0.00	0.00	0.00	0.00	XXX	0
V2615		X	Telescopic and other compound lens	0.00	0.00	0.00	0.00	XXX	0
V2623		X	Prosthetic eye, plastic, custom	0.00	0.00	0.00	0.00	XXX	0
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	XXX	0
V2625		X	Enlargement of ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2626		X	Reduction of ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	XXX	0
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	XXX	0
V2629		X	Prosthetic eye, other type	0.00	0.00	0.00	0.00	XXX	0
V2630		X	Anterior chamber intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2631		X	Iris supported intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2632		X	Posterior chamber intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2700		X	Balance lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2710		X	Slab off prism, glass or plastic	0.00	0.00	0.00	0.00	XXX	0
V2715		X	Prism, per lens	0.00	0.00	0.00	0.00	XXX	0
V2718		X	Press-on lens, fresnell prism	0.00	0.00	0.00	0.00	XXX	0
V2730		X	Special base curve	0.00	0.00	0.00	0.00	XXX	0
V2740		X	Tint, plastic, rose	0.00	0.00	0.00	0.00	XXX	0
V2741		X	Tint, plastic, other than rose 1–2	0.00	0.00	0.00	0.00	XXX	0
V2742		X	Tint, glass rose 1 or 2, per lens	0.00	0.00	0.00	0.00	XXX	0
V2743		X	Tint, glass other than rose 1 or 2	0.00	0.00	0.00	0.00	XXX	0
V2744		X	Tint, photochromatic, per lens	0.00	0.00	0.00	0.00	XXX	0
V2750		X	Anti-reflective coating, per lens	0.00	0.00	0.00	0.00	XXX	0
V2755		X	U-v lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	XXX	0
V2770		X	Occluder lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2780		X	Oversize lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2785		X	Processing, transp corneal tissue	0.00	0.00	0.00	0.00	XXX	0
V2799		X	Vision service, miscellaneous	0.00	0.00	0.00	0.00	XXX	0
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	XXX	0
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5011		N	Fitting/checking of hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5014		N	Repair/modif of a hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

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

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
V5030	.....	N	Hearing aid, monaural, body worn	0.00	0.00	0.00	0.00	XXX	0
V5040	.....	N	Hearing aid, monaural, body worn	0.00	0.00	0.00	0.00	XXX	0
V5050	.....	N	Hearing aid, monaural, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5060	.....	N	Hearing aid, monaural, behind ear	0.00	0.00	0.00	0.00	XXX	0
V5070	.....	N	Glasses, air conduction	0.00	0.00	0.00	0.00	XXX	0
V5080	.....	N	Glasses, bone conduction	0.00	0.00	0.00	0.00	XXX	0
V5090	.....	N	Dispensing fee, unspec hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5100	.....	N	Hearing aid, bilateral, body worn	0.00	0.00	0.00	0.00	XXX	0
V5110	.....	N	Dispensing fee, bilateral	0.00	0.00	0.00	0.00	XXX	0
V5120	.....	N	Binaural, body	0.00	0.00	0.00	0.00	XXX	0
V5130	.....	N	Binaural, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5140	.....	N	Binaural, behind the ear	0.00	0.00	0.00	0.00	XXX	0
V5150	.....	N	Binaural, glasses	0.00	0.00	0.00	0.00	XXX	0
V5160	.....	N	Dispensing fee, binaural	0.00	0.00	0.00	0.00	XXX	0
V5170	.....	N	Hearing aid, cros, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5180	.....	N	Hearing aid, cros, behind the ear	0.00	0.00	0.00	0.00	XXX	0
V5190	.....	N	Hearing aid, cros, glasses	0.00	0.00	0.00	0.00	XXX	0
V5200	.....	N	Dispensing fee, cros	0.00	0.00	0.00	0.00	XXX	0
V5210	.....	N	Hearing aid, bicros, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5220	.....	N	Hearing aid, bicros, behind ear	0.00	0.00	0.00	0.00	XXX	0
V5230	.....	N	Hearing aid, bicros, glasses	0.00	0.00	0.00	0.00	XXX	0
V5240	.....	N	Dispensing fee, bicros	0.00	0.00	0.00	0.00	XXX	0
V5299	.....	R	Hearing service, miscellaneous	0.00	0.00	0.00	0.00	XXX	N
V5336	.....	N	Repair/modification augmen device	0.00	0.00	0.00	0.00	XXX	0
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	XXX	N
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	XXX	N
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX	N

Addendum C—New and Revised Codes With RVUs and Update Indicators Subject to Comment

Addendum C lists the codes for which interim RVUs have been established. These are codes that are new or revised in 1994 or that were designated as carrier-priced procedures for the 1993 physician fee schedule but for which RVUs have been established for 1994. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m. [January 31, 1994]. Further, consistent with the final notice with comment period entitled "Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update For Calendar Year 1994 (BPD–774–FNC), published elsewhere in this **Federal Register** issue, the update indicators in Addendum C of this final rule for new and revised codes are also subject to comment. Any revisions to the interim RVUs will be announced in a document to be published in 1994 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1995.

Addendum C contains the following information.

1. *HCPCS code.* This is either a CPT or level 2 HCPCS code for the service in question. CPT codes are listed first, followed by level 2 HCPCS codes.

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

3. *Status indicator.* This indicator shows whether the HCPCS code is in the fee schedule and whether it is separately payable if the service is covered. See Addendum B for a description of the status indicators.

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

5. *Work RVUs.* These are the interim RVUs for the physician work for this service.

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

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

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

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). See Addendum B for explanations of the alpha codes.

10. *Update indicator.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the HCPCS code in column 1. A "0" appears in this field for codes that are deleted in 1994 or are not paid under the physician fee schedule. A "P" in this column indicates that the update and CF for primary care services applies to this code. An "N" in this column indicates that the update and CF for other nonsurgical services applies to this code. An "S" in this column indicates that the separate update and CF for surgical procedures applies.

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
11755	.....	A	Biopsy, nail unit	1.32	1.00	0.12	2.44	000	S
15788	.....	A	Chemical peel, face, epiderm	2.96	1.50	0.12	4.58	090	S
15789	.....	A	Chemical peel, face, dermal	3.95	1.50	0.12	5.57	090	S
15792	.....	A	Chemical peel, nonfacial	2.37	0.51	0.05	2.93	090	S
15793	.....	A	Chemical peel, nonfacial	3.16	0.51	0.05	3.72	090	S
19125	.....	A	Excision, breast lesion	5.92	2.93	0.61	9.46	000	S
19126	.....	A	Excision, add'l breast lesion	2.96	1.47	0.31	4.74	ZZZ	S
24566	.....	A	Treat humerus fracture	7.25	6.13	0.97	14.35	090	S
24582	.....	A	Treat humerus fracture	7.92	6.69	1.07	15.68	090	S
31231	.....	A	Nasal endoscopy, dx	0.74	0.99	0.10	1.83	000	S
31233	.....	A	Nasal/sinus endoscopy, dx	1.58	2.02	0.22	3.82	000	S
31235	.....	A	Nasal/sinus endoscopy, dx	2.77	3.55	0.38	6.70	000	S
31237	.....	A	Nasal/sinus endoscopy, surg	1.90	2.43	0.27	4.60	000	S
31238	.....	A	Nasal/sinus endoscopy, surg	3.30	4.22	0.46	7.98	000	S
31239	.....	A	Nasal/sinus endoscopy, surg	8.59	11.00	1.19	20.78	010	S
31240	.....	A	Nasal/sinus endoscopy, surg	2.64	3.38	0.37	6.39	000	S
31245	.....	A	Nasal/sinus endoscopy, surg	3.35	4.29	0.46	8.10	000	S
31246	.....	A	Nasal/sinus endoscopy, surg	4.13	5.29	0.57	9.99	000	S
31247	.....	A	Nasal/sinus endoscopy, surg	4.64	5.94	0.65	11.23	000	S
31248	.....	A	Nasal/sinus endoscopy, surg	4.91	6.28	0.68	11.87	000	S
31249	.....	A	Nasal/sinus endoscopy, surg	5.83	7.46	0.81	14.10	000	S
31251	.....	A	Nasal/sinus endoscopy, surg	6.12	7.83	0.85	14.80	000	S
31261	.....	A	Nasal/sinus endoscopy, surg	5.31	6.80	0.74	12.85	000	S
31262	.....	A	Nasal/sinus endoscopy, surg	6.10	7.81	0.85	14.76	000	S
31264	.....	A	Nasal/sinus endoscopy, surg	6.60	8.45	0.92	15.97	000	S
31266	.....	A	Nasal/sinus endoscopy, surg	6.87	8.79	0.96	16.62	000	S
31269	.....	A	Nasal/sinus endoscopy, surg	7.81	10.00	1.09	18.90	000	S
31271	.....	A	Nasal/sinus endoscopy, surg	8.08	10.30	1.13	19.55	000	S
31280	.....	A	Nasal/sinus endoscopy, surg	6.72	8.60	0.94	16.26	000	S
31281	.....	A	Nasal/sinus endoscopy, surg	7.51	9.61	1.05	18.17	000	S
31282	.....	A	Nasal/sinus endoscopy, surg	8.01	10.20	1.12	19.38	000	S
31283	.....	A	Nasal/sinus endoscopy, surg	8.28	10.60	1.15	20.03	000	S
31284	.....	A	Nasal/sinus endoscopy, surg	9.22	11.80	1.28	22.30	000	S
31286	.....	A	Nasal/sinus endoscopy, surg	9.49	12.10	1.32	22.96	000	S
31287	.....	A	Nasal/sinus endoscopy, surg	3.96	5.07	0.55	9.58	000	S
31288	.....	A	Nasal/sinus endoscopy, surg	4.63	5.93	0.64	11.20	000	S
31290	.....	A	Nasal/sinus endoscopy, surg	13.00	16.60	1.82	31.48	010	S
31291	.....	A	Nasal/sinus endoscopy, surg	13.60	17.50	1.90	33.07	010	S
31292	.....	A	Nasal/sinus endoscopy, surg	10.50	13.50	1.47	25.57	010	S
31293	.....	A	Nasal/sinus endoscopy, surg	11.50	14.80	1.61	27.97	010	S
31294	.....	A	Nasal/sinus endoscopy, surg	13.20	16.90	1.85	31.97	010	S
32442	.....	A	Sleeve pneumonectomy	24.90	18.10	3.54	46.63	090	S
32445	.....	A	Removal of lung	23.60	20.60	3.92	48.24	090	S
32480	.....	A	Partial removal of lung	17.00	17.30	3.27	37.64	090	S
32482	.....	A	Bilobectomy	18.70	17.30	3.27	39.36	090	S
32484	.....	A	Segmentectomy	19.70	17.30	3.27	40.35	090	S
32486	.....	A	Sleeve lobectomy	23.00	16.70	3.27	42.99	090	S
32488	.....	A	Completion pneumonectomy	24.60	17.90	3.50	46.12	090	S
32540	.....	A	Removal of lung lesion	13.40	11.80	2.07	27.33	090	S
32601	.....	A	Thoracoscopy, diagnostic	5.52	3.51	0.58	9.61	000	S
32602	.....	A	Thoracoscopy, diagnostic	6.03	3.91	0.65	10.59	000	S
32603	.....	A	Thoracoscopy, diagnostic	7.90	3.51	0.58	11.99	000	S
32604	.....	A	Thoracoscopy, diagnostic	8.88	3.91	0.65	13.44	000	S
32605	.....	A	Thoracoscopy, diagnostic	7.01	3.51	0.58	11.10	000	S
32606	.....	A	Thoracoscopy, diagnostic	8.49	3.91	0.65	13.05	000	S
32650	.....	A	Thoracoscopy, surgical	10.10	7.70	1.29	19.17	090	S
32651	.....	A	Thoracoscopy, surgical	12.20	11.90	2.31	26.51	090	S
32652	.....	A	Thoracoscopy, surgical	17.80	15.90	3.04	36.85	090	S
32653	.....	A	Thoracoscopy, surgical	12.50	10.40	2.03	25.05	090	S
32654	.....	A	Thoracoscopy, surgical	11.80	11.60	2.03	25.56	090	S
32655	.....	A	Thoracoscopy, surgical	12.50	13.50	2.56	28.69	090	S
32656	.....	A	Thoracoscopy, surgical	12.20	13.50	2.39	28.13	090	S
32657	.....	A	Thoracoscopy, surgical	13.20	13.60	2.59	29.46	090	S
32658	.....	A	Thoracoscopy, surgical	11.20	13.40	2.55	27.16	090	S
32659	.....	A	Thoracoscopy, surgical	11.00	14.10	2.64	27.79	090	S
32660	.....	A	Thoracoscopy, surgical	16.80	20.10	3.60	40.55	090	S
32661	.....	A	Thoracoscopy, surgical	12.80	9.35	1.49	23.68	090	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
32662	.....	A	Thoracoscopy, surgical	15.90	14.70	2.77	33.42	090	S
32663	.....	A	Thoracoscopy, surgical	17.60	17.30	3.27	38.23	090	S
32664	.....	A	Thoracoscopy, surgical	13.80	10.60	2.06	26.53	090	S
32665	.....	A	Thoracoscopy, surgical	14.80	14.40	2.67	32.05	090	S
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851	.....	C	Lung transplant, single	0.00	0.00	0.00	0.00	090	S
32852	.....	C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32853	.....	C	Lung transplant, double	0.00	0.00	0.00	0.00	090	S
32854	.....	C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
33200	.....	A	Insertion of heart pacemaker	11.20	12.40	1.92	25.53	090	S
33206	.....	A	Insertion of heart pacemaker	6.11	8.26	1.35	15.72	090	S
33208	.....	A	Insertion of heart pacemaker	7.51	10.60	1.56	19.67	090	N
33210	.....	A	Insertion of heart electrode	3.34	3.34	0.27	6.95	000	N
33211	.....	A	Insertion of heart electrode	3.44	3.34	0.27	7.05	000	N
33212	.....	A	Insertion of pulse generator	5.27	5.44	0.89	11.60	090	S
33213	.....	A	Insertion of pulse generator	6.22	5.44	0.89	12.55	090	S
33214	.....	A	Upgrade of pacemaker system	7.51	5.46	1.07	14.04	090	S
33216	.....	A	Revision implanted electrode	5.13	5.08	0.56	10.77	090	N
33217	.....	A	Insert/revise electrode	5.49	5.08	0.56	11.13	090	N
33218	.....	A	Repair pacemaker electrodes	5.08	4.64	0.63	10.35	090	S
33220	.....	A	Repair pacemaker electrode	5.16	4.64	0.63	10.43	090	S
33222	.....	A	Pacemaker aicd pocket	4.64	5.76	1.02	11.42	090	S
33223	.....	A	Pacemaker aicd pocket	6.21	5.76	1.02	12.99	090	S
33233	.....	A	Removal of pacemaker system	2.85	2.67	0.05	5.57	090	S
33234	.....	A	Removal of pacemaker system	4.23	4.79	0.38	9.40	090	S
33235	.....	A	Removal pacemaker electrode	5.62	5.27	0.56	11.45	090	S
33236	.....	A	Remove electrode/thoracotomy	11.80	4.02	0.63	16.49	090	S
33237	.....	A	Remove electrode/thoracotomy	12.80	9.33	1.83	23.99	090	S
33238	.....	A	Remove electrode/thoracotomy	14.30	10.40	2.03	26.74	090	S
33240	.....	A	Insert/replace pulse gener	7.28	5.44	0.89	13.61	090	S
33241	.....	A	Remove pulse generator only	2.85	2.07	0.40	5.32	090	S
33242	.....	A	Repair pulse generator/leads	5.92	8.32	1.56	15.80	090	S
33243	.....	A	Remove generator/thoracotomy	21.70	9.12	1.56	32.39	090	S
33244	.....	A	Remove generator	8.43	9.12	1.56	19.11	090	S
33247	.....	A	Insert/replace leads	9.87	15.10	2.39	27.41	090	S
33249	.....	A	Insert/replace leads/gener	12.90	19.00	3.23	35.21	090	S
33401	.....	A	Valvuloplasty, open	22.70	16.50	3.23	42.43	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.60	17.20	3.37	44.28	090	S
33406	.....	A	Replacement, aortic valve	31.50	30.80	5.39	67.79	090	S
33413	.....	A	Replacement, aortic valve	34.50	25.10	4.91	64.58	090	S
33414	.....	A	Repair, aortic valve	29.60	21.50	4.20	55.34	090	S
33417	.....	C	Repair of aortic valve	0.00	0.00	0.00	0.00	090	S
33460	.....	A	Revision of tricuspid valve	21.80	26.30	4.78	52.98	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.40	17.70	3.47	45.67	090	S
33464	.....	A	Valvuloplasty, tricuspid	26.10	19.00	3.71	48.89	090	S
33465	.....	A	Replace tricuspid valve	26.80	33.00	6.02	65.92	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.30	15.50	3.04	39.95	090	S
33475	.....	A	Replacement, pulmonary valve	27.60	20.10	3.93	51.67	090	S
33505	.....	A	Repair artery w/tunnel	25.60	18.60	3.64	47.95	090	S
33506	.....	A	Repair artery, translocation	25.60	18.60	3.64	47.95	090	S
33600	.....	A	Closure of valve	28.60	20.80	4.07	53.51	090	S
33602	.....	A	Closure of valve	27.60	20.10	3.93	51.67	090	S
33606	.....	A	Anastomosis/artery-aorta	29.60	21.50	4.20	55.34	090	S
33608	.....	A	Repair anomaly w/conduit	30.30	22.00	4.31	56.73	090	S
33610	.....	A	Repair by enlargement	29.60	21.50	4.20	55.34	090	S
33611	.....	A	Repair double ventricle	31.50	22.90	4.49	59.04	090	S
33612	.....	A	Repair double ventricle	32.40	23.50	4.61	60.61	090	S
33615	.....	A	Repair (simple fontan)	30.80	22.40	4.38	57.64	090	S
33617	.....	A	Repair by modified fontan	32.50	23.60	4.63	60.88	090	S
33619	.....	A	Repair single ventricle	35.70	26.00	5.08	66.88	090	S
33697	.....	A	Repair of heart defects	32.50	23.60	4.63	60.88	090	S
33698	.....	A	Repair of heart defects	33.50	24.40	4.77	62.73	090	S
33722	.....	A	Repair of heart defect	27.60	20.10	3.93	51.67	090	S
33732	.....	A	Repair heart-vein defect	27.30	19.90	3.89	51.20	090	S
33736	.....	A	Revision of heart chamber	20.10	14.60	2.87	37.75	090	S
33767	.....	A	Atrial septectomy/septostomy	23.60	17.20	3.37	44.28	090	S
33770	.....	A	Repair great vessels defect	32.30	23.50	4.59	60.41	090	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUs SUBJECT TO COMMENT—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
33771	.....	A	Repair great vessels defect	33.50	24.40	4.77	62.73	090	S
33853	.....	A	Repair septal defect	30.60	22.20	4.34	57.19	090	S
33860	.....	A	Ascending aorta graft	31.50	35.10	6.25	72.93	090	S
33861	.....	A	Ascending aorta graft	33.50	35.10	6.25	74.91	090	S
33863	.....	A	Ascending aorta graft	35.50	35.10	6.25	76.88	090	S
33917	.....	A	Repair pulmonary artery	23.60	17.20	3.37	44.28	090	S
33918	.....	A	Repair pulmonary atresia	25.60	18.60	3.64	47.95	090	S
33919	.....	A	Repair pulmonary atresia	31.40	22.80	4.47	58.80	090	S
33920	.....	A	Repair pulmonary atresia	31.00	22.60	4.41	58.10	090	S
33922	.....	A	Transect pulmonary artery	22.70	16.50	3.23	42.43	090	S
33960	.....	A	External circulation assist	19.50	7.09	0.95	27.62	XXX	S
33961	.....	A	External circulation assist	11.00	7.09	0.95	19.09	XXX	S
33973	.....	A	Insert balloon device	9.87	7.62	1.01	18.50	000	S
33974	.....	A	Remove intra-aortic balloon	12.80	5.62	0.92	19.37	090	S
33975	.....	A	Implant ventricular device	19.70	14.30	2.80	36.89	090	S
33976	.....	A	Implant ventricular device	26.90	19.50	3.82	50.27	090	S
33977	.....	A	Remove ventricular device	17.20	12.50	2.46	32.28	090	S
33978	.....	A	Remove ventricular device	19.70	14.30	2.80	36.89	090	S
34502	.....	A	Reconstruct, vena cava	25.90	18.80	3.68	48.48	090	S
35390	.....	A	Reoperation, carotid	3.23	1.69	0.39	5.31	ZZZ	S
35623	.....	A	Bypass graft, not vein	15.50	8.15	1.90	25.64	090	S
35691	.....	A	Arterial transposition	16.80	19.80	3.85	40.58	090	S
35693	.....	A	Arterial transposition	14.10	9.50	1.93	25.60	090	S
35694	.....	A	Arterial transposition	18.00	9.43	2.19	29.63	090	S
35695	.....	A	Arterial transposition	18.00	9.43	2.19	29.63	090	S
35700	.....	A	Reoperation, bypass graft	3.11	1.63	0.38	5.12	ZZZ	S
35875	.....	A	Removal of clot in graft	9.17	8.60	1.67	19.14	090	S
35876	.....	A	Removal of clot in graft	13.00	8.30	1.67	23.02	090	S
35901	.....	A	Excision, graft, neck	7.33	7.26	1.48	16.07	090	S
35903	.....	A	Excision, graft, extremity	8.73	7.26	1.48	17.47	090	S
35905	.....	A	Excision, graft, thorax	17.00	7.26	1.48	25.82	090	S
35907	.....	A	Excision, graft, abdomen	17.80	7.26	1.48	26.62	090	S
37607	.....	A	Ligation of fistula	5.91	3.09	0.72	9.72	090	S
37790	.....	A	Penile venous occlusion	6.91	4.91	0.48	12.30	090	S
38102	.....	A	Removal of spleen, total	4.85	2.54	0.59	7.98	ZZZ	S
38746	.....	A	Remove thoracic lymph nodes	4.44	2.32	0.54	7.30	ZZZ	S
38747	.....	A	Remove abdominal lymph nodes	4.94	2.59	0.60	8.13	ZZZ	S
43205	.....	A	Esophagus endoscopy/ligation	3.81	2.71	0.18	6.70	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.83	4.11	0.37	7.31	000	N
43217	.....	A	Esophagus endoscopy	2.83	4.11	0.37	7.31	000	N
43226	.....	A	Esophagus endoscopy,dilation	2.37	3.48	0.26	6.11	000	N
43228	.....	A	Esophagus endoscopy,ablation	3.81	4.84	0.38	9.03	000	N
43244	.....	A	Upper gi endoscopy/ligation	4.62	3.29	0.21	8.12	000	N
43248	.....	A	Upper gi endoscopy/guidewire	3.18	2.26	0.15	5.59	000	N
43250	.....	A	Upper gi endoscopy/tumor	3.63	4.99	0.43	9.05	000	N
43259	.....	A	Endoscopic ultrasound exam	3.95	2.81	0.18	6.94	000	N
43261	.....	A	Endoscopy,bile duct/pancreas	6.34	6.05	0.39	12.78	000	N
43458	.....	A	Dilation of esophagus	1.03	2.54	0.27	3.84	000	N
43610	.....	A	Excision of stomach lesion	10.20	8.26	1.73	20.21	090	S
43611	.....	A	Excision of stomach lesion	12.50	8.26	1.73	22.56	090	S
43620	.....	A	Removal of stomach	21.20	15.50	3.23	40.04	090	S
43621	.....	A	Removal of stomach	21.70	15.50	3.23	40.49	090	S
43622	.....	A	Removal of stomach	23.00	15.50	3.23	41.85	090	S
43631	.....	A	Removal of stomach, partial	18.30	12.50	2.69	33.55	090	S
43632	.....	A	Removal stomach, partial	18.30	12.50	2.69	33.55	090	S
43633	.....	A	Removal stomach, partial	18.70	12.50	2.69	34.00	090	S
43634	.....	A	Removal stomach, partial	20.10	21.00	4.62	45.79	090	S
43635	.....	A	Partial removal of stomach	2.08	1.09	0.26	3.43	ZZZ	S
43638	.....	A	Partial removal of stomach	20.30	12.80	2.76	36.02	090	S
43639	.....	A	Removal stomach, partial	20.80	12.80	2.76	36.52	090	S
44364	.....	A	Small bowel endoscopy	4.18	4.78	0.73	9.69	000	N
44365	.....	A	Small bowel endoscopy	4.07	4.78	0.73	9.58	000	N
44376	.....	A	Small bowel endoscopy	5.43	3.86	0.25	9.54	000	N
44377	.....	A	Small bowel endoscopy	5.73	4.09	0.27	10.09	000	N
44378	.....	A	Small bowel endoscopy	7.48	5.33	0.35	13.16	000	N
44392	.....	A	Colonoscopy & polypectomy	4.08	5.30	0.71	10.09	000	N
44393	.....	A	Colonoscopy, lesion removal	4.89	5.47	0.71	11.07	000	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUs SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
44394	.....	A	Colonoscopy w/snare	4.08	5.30	0.71	10.09	000	N
44500	.....	A	Intro, gastrointestinal tube	0.37	0.26	0.02	0.65	000	N
44602	.....	A	Suture, small intestine	9.83	7.74	1.64	19.21	090	S
44603	.....	A	Suture, small intestine	13.00	9.19	1.98	24.25	090	S
44604	.....	A	Suture, large intestine	13.00	7.96	1.69	22.73	090	S
44605	.....	A	Repair of bowel lesion	14.06	9.47	2.04	25.57	090	S
44615	.....	A	Intestinal stricturoplasty	11.40	6.01	1.40	18.90	090	S
45308	.....	A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45309	.....	A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45333	.....	A	Sigmoidoscopy & polypectomy	2.19	2.26	0.26	4.71	000	N
45338	.....	A	Sigmoidoscopy	2.19	2.26	0.26	4.71	000	N
45339	.....	A	Sigmoidoscopy	3.17	3.28	0.31	6.76	000	N
45384	.....	A	Colonoscopy	5.25	6.72	0.59	12.56	000	N
46281	.....	A	Closure of anal fistula	6.91	3.61	0.84	11.36	090	S
46611	.....	A	Anoscopy	1.53	0.86	0.15	2.54	000	S
46612	.....	A	Anoscopy; remove lesions	1.63	1.41	0.20	3.24	000	S
46615	.....	A	Anoscopy	2.71	1.57	0.25	4.53	000	S
46742	.....	A	Repair, imperforated anus	28.10	19.90	1.95	50.05	090	S
46744	.....	A	Repair, cloacal anomaly	31.50	22.40	2.19	56.19	090	S
46746	.....	A	Repair, cloacal anomaly	34.50	24.50	2.40	61.48	090	S
46748	.....	A	Repair, cloacal anomaly	38.40	27.30	2.67	68.49	090	S
48001	.....	A	Placement of drain, pancreas	15.70	8.22	1.91	25.84	090	S
48005	.....	A	Resect/debride pancreas	17.70	9.29	2.16	29.22	090	S
48146	.....	A	Pancreatectomy	21.90	16.60	1.94	40.58	090	S
48150	.....	A	Partial removal of pancreas	34.50	22.70	4.80	62.14	090	S
48152	.....	A	Pancreatectomy	31.30	22.70	4.80	58.92	090	S
48153	.....	A	Pancreatectomy	34.50	22.70	4.80	62.14	090	S
48154	.....	A	Pancreatectomy	31.30	22.70	4.80	58.92	090	S
48400	.....	A	Injection, intraoperative	1.97	1.04	0.24	3.25	ZZZ	S
48545	.....	A	Pancreatorrhaphy	14.80	7.75	1.81	24.37	090	S
48547	.....	A	Duodenal exclusion	21.40	11.20	2.61	35.23	090	S
48556	.....	C	Removal, allograft pancreas	0.00	0.00	0.00	0.00	090	S
49495	.....	A	Repair inguinal hernia, init	5.85	5.04	0.96	11.85	090	S
49496	.....	A	Repair inguinal hernia, init	8.46	5.10	1.09	14.65	090	S
49500	.....	A	Repair inguinal hernia	4.46	5.04	0.96	10.46	090	S
49501	.....	A	Repair inguinal hernia, init	7.34	5.10	1.09	13.53	090	S
49507	.....	A	Repair, inguinal hernia	7.48	5.10	1.09	13.67	090	S
49521	.....	A	Repair inguinal hernia, rec	9.53	5.10	1.09	15.72	090	S
49550	.....	A	Repair femoral hernia	7.05	4.66	0.98	12.69	090	S
49553	.....	A	Repair femoral hernia, init	7.48	4.66	0.98	13.12	090	S
49557	.....	A	Repair femoral hernia, recur	8.83	6.14	1.27	16.24	090	S
49561	.....	A	Repair incisional hernia	11.50	5.71	1.20	18.42	090	S
49565	.....	A	Rerepair abdominal hernia	9.59	6.48	1.37	17.44	090	S
49566	.....	A	Repair incisional hernia	11.50	6.48	1.37	19.36	090	S
49568	.....	A	Hernia repair w/mesh	4.94	2.59	0.60	8.13	ZZZ	S
49572	.....	A	Repair, epigastric hernia	5.41	5.66	1.19	12.26	090	S
49580	.....	A	Repair umbilical hernia	3.28	4.31	0.95	8.54	090	S
49582	.....	A	Repair umbilical hernia	5.19	4.66	0.95	10.80	090	S
49585	.....	A	Repair umbilical hernia	5.00	4.46	0.92	10.38	090	S
49587	.....	A	Repair umbilical hernia	6.00	4.46	0.92	11.38	090	S
50575	.....	A	Kidney endoscopy	14.10	10.00	0.98	25.16	000	S
50845	.....	A	Appendico-vesicostomy	19.70	14.00	1.37	35.13	090	S
51715	.....	A	Endoscopic injection/implant	3.78	2.68	0.27	6.73	000	S
54231	.....	A	Dynamic cavernosometry	2.51	1.78	0.18	4.47	000	S
54650	.....	A	Orchiopexy (fowler-stephens)	11.00	7.91	0.92	19.88	090	S
56311	.....	A	Laparoscopic lymph node biop	9.03	6.45	1.49	16.97	010	S
56312	.....	A	Laparoscopic lymphadenectomy	12.10	8.66	0.85	21.70	010	S
56313	.....	A	Laparoscopic lymphadenectomy	14.16	10.12	2.34	26.62	010	S
56316	.....	A	Laparoscopic hernia repair	6.24	4.56	0.95	11.75	090	S
56317	.....	A	Laparoscopic hernia repair	7.96	5.28	1.12	14.36	090	S
56320	.....	A	Laparoscopy, spermatic veins	6.32	4.45	0.45	11.22	090	S
56322	.....	A	Laparoscopy, vagus nerves	9.81	5.13	1.19	16.13	090	S
56323	.....	A	Laparoscopy, vagus nerves	11.78	6.16	1.43	19.37	090	S
56324	.....	A	Laparoscopy, cholecystoenter	12.03	9.26	1.95	23.24	090	S
56342	.....	A	Laparoscopic cholecystectomy	14.01	9.47	2.02	25.50	090	S
56632	.....	A	Extensive vulva surgery	16.80	21.50	4.56	42.96	090	S
57454	.....	A	Vagina examination & biopsy	1.28	1.22	0.26	2.76	000	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
58321	.....	A	Artificial insemination	0.93	0.72	0.15	1.80	000	S
58322	.....	A	Artificial insemination	1.11	0.72	0.15	1.98	000	S
58323	.....	A	Sperm washing	0.19	0.14	0.03	0.36	000	S
59409	.....	A	Obstetrical care	13.40	9.59	2.22	25.24	MMM	S
59410	.....	A	Obstetrical care	14.60	10.40	2.42	27.44	MMM	S
59425	.....	A	Antepartum care only	4.08	2.91	0.67	7.66	MMM	S
59426	.....	A	Antepartum care only	6.99	4.99	1.15	13.13	MMM	S
59514	.....	A	Cesarean delivery only	15.50	11.10	2.58	29.25	MMM	S
59515	.....	A	Cesarean delivery	16.70	11.90	2.76	31.44	MMM	S
61580	.....	A	Craniofacial approach, skull	29.20	21.20	4.15	54.61	090	S
61581	.....	A	Craniofacial approach, skull	33.10	24.10	4.71	61.98	090	S
61582	.....	A	Craniofacial approach, skull	30.10	21.80	4.27	56.26	090	S
61583	.....	A	Craniofacial approach, skull	34.30	24.90	4.88	64.20	090	S
61584	.....	A	Orbitocranial approach/skull	33.20	24.10	4.73	62.17	090	S
61585	.....	A	Orbitocranial approach/skull	37.20	27.00	5.29	69.55	090	S
61590	.....	A	Infratemporal approach/skull	40.40	29.40	5.74	75.63	090	S
61591	.....	A	Infratemporal approach/skull	42.40	30.80	6.03	79.33	090	S
61592	.....	A	Orbitocranial approach/skull	38.40	27.90	5.47	71.95	090	S
61595	.....	A	Transtemporal approach/skull	28.40	20.60	4.04	53.14	090	S
61596	.....	A	Transcochlear approach/skull	34.50	25.10	4.91	64.58	090	S
61597	.....	A	Transcondylar approach/skull	36.50	26.50	5.19	68.26	090	S
61598	.....	A	Transpetrosal approach/skull	32.10	23.30	4.57	60.14	090	S
61600	.....	A	Resect/excise cranial lesion	24.60	17.90	3.50	46.12	090	S
61601	.....	A	Resect/excise cranial lesion	26.40	19.20	3.76	49.45	090	S
61605	.....	A	Resect/excise cranial lesion	27.90	20.30	3.97	52.21	090	S
61606	.....	A	Resect/excise cranial lesion	37.40	27.20	5.31	69.92	090	S
61607	.....	A	Resect/excise cranial lesion	34.90	25.40	4.96	65.31	090	S
61608	.....	A	Resect/excise cranial lesion	40.60	29.50	5.77	76.00	090	S
61609	.....	A	Transect, artery, sinus	7.90	5.74	1.13	14.77	ZZZ	S
61610	.....	A	Transect, artery, sinus	23.60	17.20	3.37	44.28	ZZZ	S
61611	.....	A	Transect, artery, sinus	5.92	4.30	0.84	11.06	ZZZ	S
61612	.....	A	Transect, artery, sinus	17.70	12.90	2.53	33.22	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.80	28.90	5.67	74.53	090	S
61615	.....	A	Resect/excise lesion, skull	30.70	22.30	4.36	57.38	090	S
61616	.....	A	Resect/excise lesion, skull	41.70	30.30	5.93	78.04	090	S
61618	.....	A	Repair dura	15.70	11.40	2.24	29.51	090	S
61619	.....	A	Repair dura	19.70	14.30	2.80	36.89	090	S
66172	.....	A	Incision of eye	13.80	12.20	0.64	26.75	090	S
70541	.....	A	Magnetic image, head (mra)	1.83	11.40	0.78	14.08	XXX	N
70541	26	A	Magnetic image, head (mra)	1.83	0.67	0.10	2.60	XXX	N
70541	TC	A	Magnetic image, head (mra)	0.00	10.80	0.68	11.48	XXX	N
71555	.....	A	Magnetic imaging/chest (mra)	1.83	11.50	0.79	14.15	XXX	N
71555	26	A	Magnetic imaging/chest (mra)	1.83	0.73	0.11	2.67	XXX	N
71555	TC	A	Magnetic imaging/chest (mra)	0.00	10.80	0.68	11.48	XXX	N
72159	.....	A	Magnetic imaging/spine (mra)	1.82	12.60	0.85	15.33	XXX	N
72159	26	A	Magnetic imaging/spine (mra)	1.82	0.67	0.10	2.59	XXX	N
72159	TC	A	Magnetic imaging/spine (mra)	0.00	11.90	0.75	12.74	XXX	N
72198	.....	A	Magnetic imaging/pelvis(mra)	1.82	11.50	0.79	14.14	XXX	N
72198	26	A	Magnetic imaging/pelvis(mra)	1.82	0.73	0.11	2.66	XXX	N
72198	TC	A	Magnetic imaging/pelvis(mra)	0.00	10.80	0.68	11.48	XXX	N
73225	.....	A	Magnetic imaging/upper (mra)	1.75	11.40	0.78	14.00	XXX	N
73225	26	A	Magnetic imaging/upper (mra)	1.75	0.67	0.10	2.52	XXX	N
73225	TC	A	Magnetic imaging/upper (mra)	0.00	10.80	0.68	11.48	XXX	N
73725	.....	A	Magnetic imaging/lower (mra)	1.84	11.40	0.78	14.09	XXX	N
73725	26	A	Magnetic imaging/lower (mra)	1.84	0.67	0.10	2.61	XXX	N
73725	TC	A	Magnetic imaging/lower (mra)	0.00	10.80	0.68	11.48	XXX	N
74185	.....	A	Magnetic image/abdomen (mra)	1.82	11.50	0.79	14.14	XXX	N
74185	26	A	Magnetic image/abdomen (mra)	1.82	0.73	0.11	2.66	XXX	N
74185	TC	A	Magnetic image/abdomen (mra)	0.00	10.80	0.68	11.48	XXX	N
74190	.....	A	X-ray exam of peritoneum	0.32	1.38	0.10	1.80	XXX	N
74190	26	A	X-ray exam of peritoneum	0.32	0.13	0.02	0.47	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.25	0.08	1.33	XXX	N
74251	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74251	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
75553	.....	A	Magnetic image, myocardium	2.02	11.50	0.79	14.34	XXX	N
75553	26	A	Magnetic image, myocardium	2.02	0.73	0.11	2.86	XXX	N

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
75553	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N
75554	.....	A	Cardiac mri/function	1.85	11.50	0.79	14.17	XXX	N
75554	26	A	Cardiac mri/function	1.85	0.73	0.11	2.69	XXX	N
75554	TC	A	Cardiac mri/function	0.00	10.80	0.68	11.48	XXX	N
75555	.....	A	Cardiac mri/limited study	1.76	11.50	0.79	14.08	XXX	N
75555	26	A	Cardiac mri/limited study	1.76	0.73	0.11	2.60	XXX	N
75555	TC	A	Cardiac mri/limited study	0.00	10.80	0.68	11.48	XXX	N
76075	.....	A	Dual energy x-ray study	0.28	1.66	0.12	2.06	XXX	N
76075	26	A	Dual energy x-ray study	0.28	0.12	0.02	0.42	XXX	N
76075	TC	A	Dual energy x-ray study	0.00	1.54	0.10	1.64	XXX	N
76095	.....	A	Stereotactic breast biopsy	1.61	7.63	0.54	9.78	XXX	N
76095	26	A	Stereotactic breast biopsy	1.61	0.72	0.11	2.44	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.91	0.43	7.34	XXX	N
76975	.....	A	Gi endoscopic ultrasound	0.82	1.81	0.15	2.78	XXX	N
76975	26	A	Gi endoscopic ultrasound	0.82	0.34	0.05	1.21	XXX	N
76975	TC	A	Gi endoscopic ultrasound	0.00	1.47	0.10	1.57	XXX	N
77295	.....	A	Set radiation therapy field	4.62	29.00	1.95	35.57	XXX	N
77295	26	A	Set radiation therapy field	4.62	2.08	0.23	6.93	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.90	1.72	28.64	XXX	N
77419	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77432	.....	A	Stereotactic radiation trmt	8.02	4.99	0.40	13.41	XXX	N
78807	.....	A	Nuclear localization/abscess	1.10	6.81	0.46	8.37	XXX	N
78807	26	A	Nuclear localization/abscess	1.10	0.49	0.07	1.66	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.32	0.39	6.71	XXX	N
90780	.....	A	Iv infusion therapy, 1 hour	0.00	1.07	0.08	1.15	XXX	N
90842	.....	A	Psychotherapy, 75–80 min	2.77	1.05	0.15	3.97	XXX	N
90911	.....	A	Anorectal biofeedback	2.17	1.14	0.27	3.58	000	N
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N
93018	.....	A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93268	.....	A	Ecg record/review	0.53	3.87	0.36	4.76	XXX	N
93268	26	A	Ecg record/review	0.53	0.40	0.05	0.98	XXX	N
93268	TC	A	Ecg record/review	0.00	3.47	0.31	3.78	XXX	N
93539	.....	A	Injection, cardiac cath	0.29	2.07	0.20	2.56	000	N
93540	.....	A	Injection, cardiac cath	0.29	2.07	0.20	2.56	000	N
93555	.....	A	Imaging, cardiac cath	0.82	6.32	0.42	7.56	XXX	N
93555	26	A	Imaging, cardiac cath	0.82	0.27	0.04	1.13	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	6.05	0.38	6.43	XXX	N
93556	.....	A	Imaging, cardiac cath	0.84	9.99	0.66	11.49	XXX	N
93556	26	A	Imaging, cardiac cath	0.84	0.46	0.07	1.37	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.53	0.59	10.12	XXX	N
93619	.....	A	Electrophysiology evaluation	7.40	18.20	1.42	27.08	000	N
93619	26	A	Electrophysiology evaluation	7.40	10.80	0.87	19.11	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.42	0.55	7.97	000	N
93624	.....	A	Electrophysiologic study	4.86	4.93	0.35	10.14	000	N
93624	26	A	Electrophysiologic study	4.86	3.02	0.21	8.09	000	N
93624	TC	A	Electrophysiologic study	0.00	1.91	0.14	2.05	000	N
93641	.....	A	Electrophysiology evaluation	5.54	14.40	1.11	21.10	000	N
93641	26	A	Electrophysiology evaluation	5.54	7.53	0.62	13.69	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93642	.....	A	Electrophysiology evaluation	4.94	14.30	1.11	20.35	000	N
93642	26	A	Electrophysiology evaluation	4.94	7.38	0.62	12.94	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93650	.....	A	Ablate heart dysrhythm focus	10.60	16.10	1.35	28.16	000	N
93651	.....	A	Ablate heart dysrhythm focus	16.40	18.00	1.35	35.81	000	N
93652	.....	A	Ablate heart dysrhythm focus	17.80	18.00	1.35	37.26	000	N
93724	.....	A	Analyze pacemaker system	4.94	6.73	0.50	12.17	000	N
93724	26	A	Analyze pacemaker system	4.94	2.91	0.22	8.07	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.82	0.28	4.10	000	N
93731	.....	A	Analyze pacemaker system	0.46	0.80	0.07	1.33	XXX	N
93731	26	A	Analyze pacemaker system	0.46	0.32	0.03	0.81	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.48	0.04	0.52	XXX	N
93732	.....	A	Analyze pacemaker system	0.86	0.92	0.08	1.86	XXX	N
93732	26	A	Analyze pacemaker system	0.86	0.42	0.04	1.32	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.50	0.04	0.54	XXX	N
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
93735	.....	A	Analyze pacemaker system	0.51	0.85	0.08	1.44	XXX	N
93735	26	A	Analyze pacemaker system	0.51	0.43	0.04	0.98	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93922	.....	A	Extremity study	0.22	1.44	0.19	1.85	XXX	N
93922	26	A	Extremity study	0.22	0.33	0.05	0.60	XXX	N
93922	TC	A	Extremity study	0.00	1.11	0.14	1.25	XXX	N
93923	.....	A	Extremity study	0.41	2.73	0.35	3.49	XXX	N
93923	26	A	Extremity study	0.41	0.63	0.09	1.13	XXX	N
93923	TC	A	Extremity study	0.00	2.10	0.26	2.36	XXX	N
93924	.....	A	Extremity study	0.45	2.97	0.39	3.81	XXX	N
93924	26	A	Extremity study	0.45	0.68	0.10	1.23	XXX	N
93924	TC	A	Extremity study	0.00	2.29	0.29	2.58	XXX	N
95044	.....	A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95052	.....	A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95807	.....	A	Sleep study	1.68	6.84	0.52	9.04	XXX	N
95807	26	A	Sleep study	1.68	1.84	0.14	3.66	XXX	N
95807	TC	A	Sleep study	0.00	5.00	0.38	5.38	XXX	N
95808	.....	A	Polysomnography, 1–3	2.75	6.84	0.52	10.11	XXX	N
95808	26	A	Polysomnography, 1–3	2.75	1.84	0.14	4.73	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	5.00	0.38	5.38	XXX	N
95810	.....	A	Polysomnography, 4 or more	2.75	6.84	0.52	10.11	XXX	N
95810	26	A	Polysomnography, 4 or more	2.75	1.84	0.14	4.73	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	5.00	0.38	5.38	XXX	N
96405	.....	A	Intralesional chemo admin	0.53	0.38	0.03	0.94	000	S
96406	.....	A	Intralesional chemo admin	0.81	0.57	0.04	1.42	000	S
97250	.....	A	Myofascial release	0.45	0.35	0.04	0.84	000	N
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
99183	.....	A	Hyperbaric oxygen therapy	2.37	1.69	0.11	4.17	XXX	N
99217	.....	A	Observation care discharge	1.10	0.53	0.04	1.67	XXX	N
99238	.....	A	Hospital discharge day	1.07	0.52	0.04	1.63	XXX	N
99295	.....	A	Neonatal critical care	14.90	5.14	1.57	21.67	XXX	N
99296	.....	A	Neonatal critical care	7.46	2.49	0.78	10.73	XXX	N
99297	.....	A	Neonatal critical care	3.71	1.24	0.38	5.33	XXX	N
99354	.....	A	Prolonged service, office	1.15	0.53	0.06	1.74	XXX	P
99355	.....	A	Prolonged service, office	0.38	0.37	0.04	0.79	XXX	P
99356	.....	A	Prolonged service, inpatient	1.15	0.53	0.06	1.74	XXX	N
99357	.....	A	Prolonged service, inpatient	0.38	0.37	0.04	0.79	XXX	N
Q0109	.....	A	Occupational Therapy	1.02	0.35	0.11	1.48	XXX	N
Q0110	.....	A	Occupational Therapy	0.51	0.04	0.01	0.56	XXX	N

ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
510	5	Birmingham, AL	0.981	0.913	0.824
510	4	Mobile, AL	0.964	0.911	0.824
510	2	North Central AL	0.970	0.867	0.824
510	1	Northwest AL	0.985	0.869	0.824
510	6	Rest of AL	0.975	0.851	0.824
510	3	Southeast AL	0.972	0.869	0.824
1020	1	Alaska	1.106	1.255	1.042
1030	5	Flagstaff (city), AZ	0.983	0.911	1.255
1030	1	Phoenix, AZ	1.003	1.016	1.255
1030	7	Prescott (city), AZ	0.983	0.911	1.255
1030	99	Rest of Arizona	0.987	0.943	1.255
1030	2	Tucson (city), AZ	0.987	0.989	1.255
1030	8	Yuma (city), AZ	0.983	0.911	1.255
520	13	Arkansas	0.960	0.856	0.302
2050	26	Anaheim-Santa Ana, CA	1.046	1.220	1.370
542	14	Bakersfield, CA	1.028	1.050	1.370
542	11	Fresno/Madera, CA	1.006	1.009	1.370
542	13	Kings/Tulare, CA	0.999	1.001	1.370
2050	18	Los Angeles, CA (1st of 8)	1.060	1.196	1.370
2050	19	Los Angeles, CA (2nd of 8)	1.060	1.196	1.370

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ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
2050	20	Los Angeles, CA (3rd of 8)	1.060	1.196	1.370
2050	21	Los Angeles, CA (4th of 8)	1.060	1.196	1.370
2050	22	Los Angeles, CA (5th of 8)	1.060	1.196	1.370
2050	23	Los Angeles, CA (6th of 8)	1.060	1.196	1.370
2050	24	Los Angeles, CA (7th of 8)	1.060	1.196	1.370
2050	25	Los Angeles, CA (8th of 8)	1.060	1.196	1.370
542	3	Marin/Napa/Solano, CA	1.012	1.198	1.370
542	10	Merced/surr. cntys, CA	1.018	1.009	1.370
542	12	Monterey/Santa Cruz, CA	1.023	1.108	1.370
542	1	N. coastal cntys, CA	1.003	1.072	1.370
542	2	NE rural CA	1.001	0.990	1.370
542	7	Oakland-Berkeley, CA	1.028	1.258	1.370
542	27	Riverside, CA	1.026	1.080	1.370
542	4	Sacramento/surr. cntys, CA	1.026	1.088	1.370
542	15	San Bernardino/E.cntrl CA	1.025	1.077	1.370
2050	28	San Diego/Imperial, CA	1.026	1.090	1.370
542	5	San Francisco, CA	1.038	1.303	1.370
542	6	San Mateo, CA	1.038	1.303	1.370
2050	16	Santa Barbara, CA	1.012	1.073	1.370
542	9	Santa Clara, CA	1.048	1.286	1.370
542	8	Stockton/surr. cntys, CA	1.019	1.027	1.370
2050	17	Ventura, CA	1.034	1.132	1.370
550	1	Colorado	0.999	0.988	0.683
10230	4	Eastern CT	0.999	1.053	1.036
10230	1	NW and N. central CT	1.002	1.071	1.025
10230	3	South central CT	1.018	1.103	1.188
10230	2	SW CT	1.053	1.139	1.231
570	1	Delaware	1.026	1.018	0.664
580	1	DC + MD/VA suburbs	1.059	1.168	0.947
590	3	Fort Lauderdale, FL	0.993	0.981	1.376
590	4	Miami, FL	1.034	1.025	1.641
590	2	N/NC Florida cities	0.975	0.932	1.108
590	1	Rest of Florida	0.966	0.871	1.108
1040	1	Atlanta, GA	0.975	1.022	0.752
1040	4	Rest of Georgia	0.956	0.841	0.752
1040	2	Small GA cities 02	0.962	0.895	0.752
1040	3	Small GA cities 03	0.961	0.869	0.752
1120	1	Hawaii	1.003	1.094	1.025
5130	12	North Idaho	0.965	0.917	0.889
5130	11	South Idaho	0.967	0.936	0.889
621	10	Champaign-Urbana, IL	0.965	0.920	1.137
621	16	Chicago, IL	1.044	1.114	1.773
621	3	De Kalb, IL	0.978	0.925	1.137
621	11	Decatur, IL	0.981	0.927	1.137
621	12	East St. Louis, IL	0.989	0.958	1.579
621	6	Kankakee, IL	0.972	0.925	1.137
621	8	Normal, IL	0.997	0.968	1.137
621	1	Northwest, IL	0.974	0.896	1.137
621	5	Peoria, IL	1.009	1.031	1.137
621	7	Quincy, IL	0.974	0.896	1.137
621	4	Rock Island, IL	0.995	0.958	1.137
621	2	Rockford, IL	1.010	1.018	1.137
621	13	Southeast IL	0.974	0.896	1.137
621	14	Southern IL	0.974	0.896	1.137
621	9	Springfield, IL	0.996	0.966	1.137
621	15	Suburban Chicago, IL	1.020	1.097	1.137
630	1	Metropolitan Indiana	0.998	0.963	0.547
630	3	Rest of Indiana	0.979	0.896	0.516
630	2	Urban Indiana	0.980	0.905	0.516
640	5	Des Moines (Polk/Warren), IA	0.997	0.966	0.666
640	3	North Central Iowa	0.971	0.916	0.666
640	2	Northeast Iowa	0.972	0.918	0.666
640	6	Northwest Iowa	0.969	0.890	0.666
640	4	S.cen. IA (excl Des Moines)	0.962	0.881	0.666
640	1	SE Iowa (incl Iowa City)	0.976	0.933	0.666
640	7	Southwest Iowa	0.968	0.900	0.666
740	5	Kansas City, KS	0.978	0.964	1.134
650	1	Rest of Kansas	0.953	0.893	1.134

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ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
740	4	Suburban Kansas City, KS	0.978	0.964	1.134
660	1	Lexington & Louisville, KY	0.984	0.917	0.667
660	3	Rest of Kentucky	0.974	0.875	0.667
660	2	Sm cities (city limits) KY	0.976	0.898	0.667
528	7	Alexandria, LA	0.985	0.889	0.808
528	3	Baton Rouge, LA	0.991	0.966	0.808
528	6	Lafayette, LA	0.982	0.928	0.808
528	4	Lake Charles, LA	0.975	0.907	0.808
528	5	Monroe, LA	0.979	0.880	0.808
528	1	New Orleans, LA	0.994	1.003	1.185
528	50	Rest of Louisiana	0.972	0.880	0.824
528	2	Shreveport, LA	1.003	0.940	0.808
21200	2	Central Maine	0.942	0.903	0.716
21200	1	Northern Maine	0.947	0.912	0.716
21200	3	Southern Maine	0.956	0.980	0.716
690	1	Baltimore/surr. cntys, MD	1.027	1.040	0.927
690	3	South + E. Shore MD	1.011	1.010	0.820
690	2	Western Maryland	1.006	1.013	0.843
700	2	Mass. Suburbs/rural (cities)	0.997	1.072	0.855
700	1	Massachusetts urban	1.002	1.131	0.855
710	1	Detroit, MI	1.059	1.091	1.736
710	2	Michigan, not Detroit	1.010	0.971	1.196
720	00	Minnesota (blue shield)	0.999	0.971	0.748
10240	00	Minnesota (travelers)	0.999	0.971	0.748
10250	1	Rest of Mississippi	0.960	0.838	0.650
10250	2	Urban MS (city limits)	0.966	0.902	0.650
740	3	K.C. (Jackson county), MO	0.978	0.964	1.179
740	2	N. K.C. (Clay/Platte), MO	0.978	0.964	1.179
11260	3	Rest of MO	0.950	0.847	1.179
740	6	Rural NW counties, MO	0.953	0.866	1.179
11260	2	Sm. E. cities, MO	0.954	0.838	1.179
740	1	St. Joseph, MO	0.950	0.867	1.179
11260	1	St. Louis/lg. E. cities, MO	0.988	0.964	1.352
751	1	Montana	0.967	0.926	0.718
655	00	Nebraska	0.960	0.883	0.435
1290	3	Elko & Ely (cities), NV	0.984	1.026	1.144
1290	1	Las Vegas, et al (cities), NV	1.036	1.082	1.144
1290	2	Reno, et al (cities), NV	1.008	1.141	1.144
1290	99	Rest of Nevada	1.020	1.079	1.144
780	40	New Hampshire	0.962	1.011	0.602
860	2	Middle New Jersey	1.034	1.070	1.153
860	1	Northern New Jersey	1.040	1.131	1.153
860	3	Southern New Jersey	1.016	1.030	1.153
1360	5	New Mexico	0.981	0.925	0.767
801	1	Buffalo/surr. cntys, NY	1.006	0.942	0.963
803	1	Manhattan, NY	1.059	1.255	1.647
801	3	N. central cities, NY	0.997	0.952	0.963
803	2	NYC suburbs/Long Is., NY	1.060	1.229	1.929
803	3	Poughkpsie/N.NYC suburbs	1.004	1.018	1.325
14330	4	Queens, NY	1.059	1.255	1.861
801	2	Rochester/surr. cntys, NY	1.021	1.017	0.963
801	4	Rest of New York	0.988	0.935	0.963
5535	00	North Carolina	0.968	0.902	0.378
820	1	North Dakota	0.965	0.895	0.688
16360	00	Ohio	0.993	0.951	0.920
1370	00	Oklahoma	0.969	0.911	0.516
1380	2	Eugene, et al (cities), OR	0.968	1.008	0.951
1380	1	Portland, et al (cities), OR	0.993	1.033	0.951
1380	99	Rest of Oregon	0.979	0.997	0.951
1380	3	Salem, et al (cities), OR	0.974	0.990	0.951
1380	12	SW OR. cities(city limits)	0.974	0.988	0.951
865	2	Lg. Pennsylvania cities	1.008	1.001	1.440
865	1	Philly/Pitt med schs/hosps	1.014	1.014	1.552
865	4	Rest of Pennsylvania	0.975	0.929	0.986
865	3	Small Pennsylvania cities	0.984	0.945	0.986
973	20	Puerto Rico	0.882	0.763	0.466
870	1	Rhode Island	1.009	0.998	0.734
880	1	South Carolina	0.971	0.874	0.448

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ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
820	2	South Dakota	0.951	0.857	0.688
5440	35	Tennessee	0.969	0.896	0.407
900	29	Abilene, TX	0.971	0.888	0.504
900	26	Amarillo, TX	0.972	0.900	0.504
900	31	Austin, TX	0.969	0.968	0.504
900	20	Beaumont, TX	0.998	0.955	0.504
900	9	Brazoria, TX	1.025	0.955	0.504
900	10	Brownsville, TX	0.980	0.888	0.504
900	24	Corpus Christi, TX	0.976	0.944	0.504
900	11	Dallas, TX	0.996	0.971	0.504
900	12	Denton, TX	0.996	0.971	0.504
900	14	El Paso, TX	0.995	0.894	0.504
900	28	Fort Worth, TX	0.973	0.936	0.504
900	15	Galveston, TX	0.982	0.968	0.504
900	16	Grayson, TX	0.964	0.903	0.504
900	18	Houston, TX	1.014	0.982	0.656
900	33	Laredo, TX	0.968	0.856	0.504
900	17	Longview, TX	0.968	0.929	0.504
900	21	Lubbock, TX	0.950	0.881	0.504
900	19	Mc Allen, TX	0.945	0.873	0.504
900	23	Midland, TX	1.023	0.998	0.504
900	2	Northeast rural Texas	0.968	0.883	0.504
900	13	Odessa, TX	1.008	0.971	0.504
900	25	Orange, TX	0.998	0.955	0.504
900	30	San Angelo, TX	0.954	0.902	0.504
900	7	San Antonio, TX	0.973	0.929	0.504
900	3	Southeast rural Texas	0.973	0.895	0.504
900	6	Temple, TX	0.969	0.886	0.504
900	8	Texarkana, TX	0.953	0.883	0.504
900	27	Tyler, TX	0.984	0.931	0.504
900	32	Victoria, TX	0.976	0.973	0.504
900	22	Waco, TX	0.981	0.871	0.504
900	4	Western rural Texas	0.961	0.852	0.504
900	34	Wichita Falls, TX	0.969	0.896	0.504
910	9	Utah	0.993	0.952	0.739
780	50	Vermont	0.942	0.941	0.533
10490	1	Richmond + Charlottesvl, VA	0.975	0.953	0.462
10490	4	Rest of Virginia	0.967	0.888	0.522
10490	3	Sm. town/industrial VA	0.971	0.892	0.531
10490	2	Tidewater + n. VA counties	0.989	0.994	0.703
973	50	Virgin Islands	1.000	1.000	1.000
1390	2	Seattle (King cnty), WA	1.019	1.049	1.064
1390	3	Spokane + Richlnd (cities), WA	0.996	0.995	1.064
1390	1	W + SE WA (excl Seattle)	1.008	0.992	1.064
16510	16	Charleston, WV	0.987	0.962	0.688
16510	18	Eastern valley, WV	0.962	0.881	0.688
16510	19	Ohio River valley, WV	0.962	0.881	0.688
16510	20	Southern valley, WV	0.960	0.876	0.688
16510	17	Wheeling, WV	0.975	0.900	0.688
951	13	Central Wisconsin	0.960	0.888	0.762
951	40	Green Bay, WI (northeast)	0.979	0.913	0.762
951	54	Janesville, WI (s-central)	0.970	0.905	0.762
951	19	La Crosse, WI (w-central)	0.976	0.919	0.762
951	15	Madison, WI (dane county)	0.977	0.979	0.762
951	46	Milwaukee suburbs, WI (SE)	1.010	1.008	0.762
951	4	Milwaukee, WI	1.008	1.009	0.762
951	12	Northwest Wisconson	0.966	0.898	0.762
951	60	Oshkosh, WI (E-central)	0.974	0.911	0.762
951	14	Southwest Wisconsin	0.960	0.888	0.762
951	36	Wausau, WI (N-central)	0.971	0.898	0.762
825	21	Wyoming	0.988	0.938	0.641

Note: Work GPCI is the ¼ work GPCI required by Public Law 101–239.

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

Addendum E—Procedure Codes Subject to the Site-of-Service Differential

This addendum replaces Addendum D in the November 25, 1992, final notice (57 FR 56157) and lists the codes that will be subject to the site-of-service differential in 1994.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
10040	Acne surgery.
10060	Drainage of skin abscess.
10061	Drainage of skin abscess.
10080	Drainage of pilonidal cyst.
10120	Remove foreign body.
10121	Remove foreign body.
10140	Drainage of hematoma/fluid.
10160	Puncture drainage of lesion.
11000	Surgical cleansing of skin.
11001	Additional cleansing of skin.
11040	Surgical cleansing, abrasion.
11041	Surgical cleansing of skin.
11050	Trim skin lesion.
11051	Trim 2 to 4 skin lesions.
11052	Trim over 4 skin lesions.
11100	Biopsy of skin lesion.
11101	Biopsy, each added lesion.
11200	Removal of skin tags.
11201	Removal of added skin tags.
11300	Shave skin lesion.
11301	Shave skin lesion.
11302	Shave skin lesion.
11305	Shave skin lesion.
11306	Shave skin lesion
11307	Shave skin lesion.
11310	Shave skin lesion.
11311	Shave skin lesion.
11312	Shave skin lesion.
11400	Removal of skin lesion.
11401	Removal of skin lesion.
11402	Removal of skin lesion.
11403	Removal of skin lesion.
11420	Removal of skin lesion.
11421	Removal of skin lesion.
11422	Removal of skin lesion.
11423	Removal of skin lesion.
11440	Removal of skin lesion.
11441	Removal of skin lesion.
11442	Removal of skin lesion.
11443	Removal of skin lesion.
11600	Removal of skin lesion.
11601	Removal of skin lesion.
11602	Removal of skin lesion.
11603	Removal of skin lesion.
11620	Removal of skin lesion.
11621	Removal of skin lesion.
11622	Removal of skin lesion.
11623	Removal of skin lesion.
11640	Removal of skin lesion.
11641	Removal of skin lesion.
11642	Removal of skin lesion.
11643	Removal of skin lesion.
11700	Scraping of 1–5 nails.
11701	Scraping of additional nails.
11710	Scraping of 1–5 nails.
11711	Scraping of additional nails.
11730	Removal of nail plate.
11731	Removal of second nail plate.
11732	Remove additional nail plate.
11740	Drain blood from under nail.
11750	Removal of nail bed.
11760	Reconstruction of nail bed.
11762	Reconstruction of nail bed.
11765	Excision of nail fold, toe.
11900	Injection into skin lesions.
11901	Added skin lesion injections.
15851	Removal of sutures.
16000	Initial treatment of burn(s).
16010	Treatment of burn(s).
16020	Treatment of burn(s).
16025	Treatment of burn(s).
17000	Destroy benign/premal lesion.
17001	Destruction of add'l lesions.
17002	Destruction of add'l lesions.
17010	Destruction skin lesion(s).
17100	Destruction of skin lesion.
17101	Destruction of 2nd lesion.
17102	Destruction of add'l lesions.
17104	Destruction of skin lesions.
17105	Destruction of skin lesions.
17110	Destruction of skin lesions.
17200	Electrocautery of skin tags.
17201	Electrocautery added lesions.
17250	Chemical cautery, tissue.
17304	Chemosurgery of skin lesion.
17305	2nd stage chemosurgery.
17306	3rd stage chemosurgery.
17307	Followup skin lesion therapy.
17310	Extensive skin chemosurgery.
17340	Cryotherapy of skin.
17360	Skin peel therapy.
19000	Drainage of breast lesion.
20000	Incision of abscess.
20500	Injection of sinus tract.
20520	Removal of foreign body.
20550	Inj tendon/ligament/cyst.
20600	Drain/inject joint/bursa.
20605	Drain/inject joint/bursa.
20610	Drain/inject joint/bursa.
20615	Treatment of bone cyst.
21030	Removal of face bone lesion.
24650	Treat radius fracture.
25500	Treat fracture of radius.
25600	Treat fracture radius/ulna.
26010	Drainage of finger abscess.
26600	Treat metacarpal fracture.
26720	Treat finger fracture, each.
28001	Drainage of bursa of foot.
28010	Incision of toe tendon.
28108	Removal of toe lesions.
28124	Partial removal of toe.
28126	Partial removal of toe.
28153	Partial removal of toe.
28160	Partial removal of toe.
28190	Removal of foot foreign body.
28230	Incision of foot tendon(s).
28232	Incision of toe tendon.
28234	Incision of foot tendon.
28270	Release of foot contracture.
28272	Release of toe joint, each.
28470	Treat metatarsal fracture.
28475	Treat metatarsal fracture.
28490	Treat big toe fracture.
28510	Treatment of toe fracture.
28515	Treatment of toe fracture.
29065	Application of long arm cast.
29075	Application of forearm cast.
29085	Apply hand/wrist cast.
29105	Apply long arm splint.
29125	Apply forearm splint.
29126	Apply forearm splint.
29130	Application of finger splint.
29200	Strapping of chest.
29260	Strapping of elbow or wrist.
29345	Application of long leg cast.
29355	Application of long leg cast.
29365	Application of long leg cast.
29405	Apply short leg cast.
29425	Apply short leg cast.
29435	Apply short leg cast.
29440	Addition of walker to cast.
29515	Application lower leg splint.
29520	Strapping of hip.
29530	Strapping of knee.
29540	Strapping of ankle.
29550	Strapping of toes.
29580	Application of paste boot.
29700	Removal/revision of cast.
29705	Removal/revision of cast.
30100	Intranasal biopsy.
30110	Removal of nose polyp(s).
30200	Injection treatment of nose.
30210	Nasal sinus therapy.
30901	Control of nosebleed.
31000	Irrigation maxillary sinus.
31505	Diagnostic laryngoscopy.
31575	Diagnostic laryngoscopy.
36400	Drawing blood.
36425	Establish access to vein.
36470	Injection therapy of vein.
36471	Injection therapy of veins.
36500	Insertion of catheter, vein.
40490	Biopsy of lip.
40808	Biopsy of mouth lesion.
40810	Excision of mouth lesion.
40812	Excise/repair mouth lesion.
41100	Biopsy of tongue.
41108	Biopsy of floor of mouth.
42100	Biopsy roof of mouth.
42330	Removal of salivary stone.
42650	Dilation of salivary duct.
42800	Biopsy of throat.
45300	Proctosigmoidoscopy.
45303	Proctosigmoidoscopy.
45330	Sigmoidoscopy, diagnostic.
46083	Incise external hemorrhoid.
46221	Ligation of hemorrhoid(s).

† 1994 New Code.
* Subject to the site of service differential beginning January 1, 1994.
** All numeric CPT HCPCS copyright 1993 American Medical Association.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
46230	Removal of anal tabs.
46320	Removal of hemorrhoid clot.
46500	Injection into hemorrhoids.
46600	Diagnostic anoscopy.
46604	Anoscopy and dilation.
46614	Anoscopy; control bleeding.
†46615	Anoscopy.
46900	Destruction, anal lesion(s).
46934	Destruction of hemorrhoids.
46936	Destruction of hemorrhoids.
46945	Ligation of hemorrhoids.
51700	Irrigation of bladder.
51705	Change of bladder tube.
51720	Treatment of bladder lesion.
53600	Dilate urethra stricture.
53601	Dilate urethra stricture.
53620	Dilate urethra stricture.
53621	Dilate urethra stricture.
53660	Dilation of urethra.
53661	Dilation of urethra.
53670	Insert urinary catheter.
54235	Penile injection.
55000	Drainage of hydrocele.
56501	Destruction, vulva lesion(s).
57100	Biopsy of vagina.
57150	Treat vagina infection.
57160	Insertion of pessary.
57452	Examination of vagina.
57454	Vagina examination & biopsy.
57500	Biopsy of cervix.
57505	Endocervical curettage.
57510	Cauterization of cervix.
57511	Cryocautery of cervix.
58100	Biopsy of uterus lining.
†59425	Antepartum care only.
†59426	Antepartum care only.
60100	Biopsy of thyroid.
64400	Injection for nerve block.
64405	Injection for nerve block.
64413	Injection for nerve block.
64418	Injection for nerve block.
64425	Injection for nerve block.
64440	Injection for nerve block.
64441	Injection for nerve block.
64445	Injection for nerve block.
64450	Injection for nerve block.
64505	Injection for nerve block.
64550	Apply neurostimulator.
64565	Implant neuroelectrodes.
64640	Injection treatment of nerve.
65205	Remove foreign body from eye.
65210	Remove foreign body from eye.
65220	Remove foreign body from eye.
65222	Remove foreign body from eye.
65430	Corneal smear.
65435	Curette/treat cornea.
66761	Revision of iris.
67145	Treatment of retina.
67210	Treatment of retinal lesion.
67228	Treatment of retinal lesion.
67505	Inject/treat eye socket.
67515	Inject/treat eye socket.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
67700	Drainage of eyelid abscess.
67800	Remove eyelid lesion.
67801	Remove eyelid lesions.
67810	Biopsy of eyelid.
67820	Revise eyelashes.
67825	Revise eyelashes.
67840	Remove eyelid lesion.
67850	Treat eyelid lesion.
68020	Incise/drain eyelid lining.
68110	Remove eyelid lining lesion.
68200	Treat eyelid by injection.
68440	Incise tear duct opening.
68760	Close tear duct opening.
68761	Close tear duct opening.
68800	Dilate tear duct opening(s).
68820	Explore tear duct system.
68830	Reopen tear duct channel.
68840	Explore/irrigate tear ducts.
69000	Drain external ear lesion.
69020	Drain outer ear canal lesion.
69100	Biopsy of external ear.
69200	Clear outer ear canal.
69210	Remove impacted ear wax.
69220	Clean out mastoid cavity.
69222	Clean out mastoid cavity.
69400	Inflate middle ear canal.
69401	Inflate middle ear canal.
69420	Incision of eardrum.
69433	Create eardrum opening.
69610	Repair of eardrum.
92002	Eye exam, new patient.
92004	Eye exam, new patient.
92012	Eye exam established pt.
92014	Eye exam & treatment.
92018	New eye exam & treatment.
92020	Special eye evaluation.
92070	Fitting of contact lens.
92100	Serial tonometry exam(s).
92120	Tonography & eye evaluation.
92130	Water provocation tonography.
92140	Glaucoma provocative tests.
92225	Special eye exam, initial.
92226	Special eye exam, subsequent.
92230	Eye exam with photos.
92311	Contact lens fitting.
92312	Contact lens fitting.
92352	Special spectacles fitting.
92353	Special spectacles fitting.
92504	Ear microscopy examination.
92506	Speech & hearing evaluation.
92507	Speech/hearing therapy.
92511	Nasopharyngoscopy.
92516	Facial nerve function test.
93797	Cardiac rehab.
93798	Cardiac rehab/monitor.
95831	Limb muscle testing, manual.
95832	Hand muscle testing, manual.
95833	Body muscle testing, manual.
95834	Body muscle testing, manual.
95851	Range of motion measurements.
95852	Range of motion measurements.
95857	Tensilon test.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
†96405	Intralesional chemo admin.
†96406	Intralesional chemo admin.
96440	Chemotherapy, intracavitary.
99201	Office/outpatient visit, new.
99202	Office/outpatient visit, new.
99203	Office/outpatient visit, new.
99204	Office/outpatient visit, new.
99205	Office/outpatient visit, new.
99211	Office/outpatient visit, est.
99212	Office/outpatient visit, est.
99213	Office/outpatient visit, est.
99214	Office/outpatient visit, est.
99215	Office/outpatient visit, est.
*99241	Office consultation.
*99242	Office consultation.
*99243	Office consultation.
*99244	Office consultation.
*99245	Office consultation.
*99271	Confirmatory consultation.
*99272	Confirmatory consultation.
*99273	Confirmatory consultation.
*99274	Confirmatory consultation.
*99275	Confirmatory consultation.
†99354	Prolonged service, office.
†99355	Prolonged service, office.
A2000	Manipulation of spine.
H5300	Occupational therapy.
M0005	Office visits—two or more modal.
M0006	Office visits—with one modality.
M0007	Office visit combination of modal.
M0008	Office visit combination of modal.
M0101	Cutting or removal of corns.

Addendum F—Codes for Which an Additional Supply Payment is Allowed

This addendum replaces Addendum G, which was published in the November 25, 1991, final rule (56 FR 59811), and corrected in the September 15, 1992, correction notice (57 FR 42510). It lists procedures for which an additional amount for supplies may be payable if the procedures are performed in a physician's office. Because no changes were made to this list for the 1993 fee schedule for physicians' services, it was not included as an addendum to the November 25, 1992, final notice.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE

HCPCS*	Description
19101	Biopsy of breast.

†1994 New Code.
*Subject to the site of service differential beginning January 1, 1994.
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ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
19120	Removal of breast lesion.
19125	Excision, breast lesion.
19126	Excision, add'l breast lesion.
20200	Muscle biopsy.
20205	Deep muscle biopsy.
20220	Bone biopsy, trocar/needle.
20225	Bone biopsy, trocar/needle.
20240	Bone biopsy, excisional.
25111	Remove wrist tendon lesion.
28290	Correction of bunion.
28292	Correction of bunion.
28293	Correction of bunion.
28294	Correction of bunion.
28296	Correction of bunion.
28297	Correction of bunion.
28298	Correction of bunion.
28299	Correction of bunion.
32000	Drainage of chest.
36533	Insertion of access port.
37609	Temporal artery procedure.
38500	Biopsy/removal, lymph node(s).
43200	Esophagus endoscopy.
43202	Esophagus endoscopy, biopsy.
43220	Esophagus endoscopy, dilation.
43226	Esophagus endoscopy, dilation.
43234	Upper GI endoscopy, exam.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
43235	Upper GI endoscopy, diagnosis.
43239	Upper GI endoscopy, biopsy.
43245	Operative upper GI endoscopy.
43247	Operative upper GI endoscopy.
43250	Upper GI endoscopy/tumor.
43251	Operative upper GI endoscopy.
43458	Dilation of esophagus.
45378	Diagnostic colonoscopy.
45379	Colonoscopy.
45380	Colonoscopy and biopsy.
45382	Colonoscopy, control bleeding.
45383	Colonoscopy, lesion removal.
45384	Colonoscopy.
45385	Colonoscopy, lesion removal.
49080	Puncture, peritoneal cavity.
49081	Removal of abdominal fluid.
52005	Cystoscopy & ureter catheter.
52007	Cystoscopy and biopsy.
52010	Cystoscopy & duct catheter.
52204	Cystoscopy.
52214	Cystoscopy and treatment.
52224	Cystoscopy and treatment.
52234	Cystoscopy and treatment.
52235	Cystoscopy and treatment.
52240	Cystoscopy and treatment.
52250	Cystoscopy & radiotracer.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
52260	Cystoscopy & treatment.
52270	Cystoscopy & revise urethra.
52275	Cystoscopy & revise urethra.
52276	Cystoscopy and treatment.
52277	Cystoscopy and treatment.
52283	Cystoscopy and treatment.
52290	Cystoscopy and treatment.
52300	Cystoscopy and treatment.
52305	Cystoscopy and treatment.
52310	Cystoscopy and treatment.
52315	Cystoscopy and treatment.
57520	Conization of cervix.
58120	Dilation and curettage (d&c).
62270	Spinal fluid tap, diagnostic.
68761	Close tear duct opening.
85095	Bone marrow aspiration.
85102	Bone marrow biopsy.
96440	Chemotherapy, intracavitary.
96445	Chemotherapy, intracavitary.
96450	Chemotherapy, into CNS.

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[FR Doc. 93-29362 Filed 12-1-93; 8:45 am]

BILLING CODE 4120-01-P

†1994 New Code.
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