Date, Time, and Subject Matter— Continued

IR–0143—Earl T. Van Geem.
IR–1289—John L. Walter.
IR–1524—Mariellen Steece Klick.
IR–0442—Whiting Corporation.
IR–0264—Henry S. Cohan.
IR–2395—Richard T. Justin.
IR–2290—Sandra Lynne Francair.
IR–1166—David L. Clark.
IR–0718—Frank Gigantino.
IR–2294—Richard H. Bornschein. Elizabeth Mattingly.
IR–1101—The Hartford Fire & Ins. Co.
IR–1288—Robert V. Russell. Parivash Russell.
IR–0915—Frederick Tatro.
IR–1462—Nelson Brothers, Inc.
IR–2116—Claude D. Chavers.
IR–0534—Michael R. Young.
IR–3161—Willard Johnson.
IR–1888—James Freeman.
IR–1647—William J. Kelly. Alice M. Kelly.
IR–3077—Morad Radfar.
IR–2692—Jules Keller.
IR–1471—Linda Yacob Carol.
IR–3151—William F. White.
IR–3166—Talmadge E. Almond.
IR–3026—Estate of Hosseine Morewedge, Dec'd.
IR–1613—Ehsanollah Benaresh.
IR–0366—Joel T. Jones.
IR–1253—Maloney-Crawford Int'l Corp.
IR–0417—Joel & Margot Moore.
IR–0331—Dan, Barbara & Michael Morris.
IR–1292—Ross L. Noltimier.
IR–1538—Benjamin Ordower.
IR–1536—Robert Patterson.
IR–0179—Arlin M. & Rose Pennington.
IR–1211—Rexcel Coatings.

Date, Time, and Subject Matter— Continued

IR–1940—Robert Roesler.
IR–1290—Iradj Sadeghian, M.D., P.A.
IR–1022—Sentry Aerospace Corp.
IR–1200—Siemens-Allis, Inc.
IR–0954—Ayres Corporation.
IR–2789—Robert E. Boone.
IR–2790—Francisca P. Boone.
IR–2540—Rudolph R. Clayton.
IR–0003—Ernest C. Bugel.
IR–0013—Jon L. Buczek.
IR–0071—French Oil Disc Corp.
IR–0072—Donald E. Bragg.
IR–0508—Amir H. Nikniai.
IR–0519—Roland W. Fain.
IR–0561—Clyde Burch, Jr..
IR–0574—Hungerford & Terry.
IR–0957—James G. Cassady.
IR–0998—Glen D. Bartholomew.
IR–1306—Todd & Joyce Greaves.
IR–1329—Horace E. Graham.
IR–1334—Dominion National Bank.
IR–1368—Estate of Thomas N. O'Neill, Dec'd.
IR–1378—Harry Gollier.
IR–1820—John D. Ford.
IR–1831—Eva J. Tabe.
IR–1897—Michael J. Hons.
IR–1634—Carl W Bloom.
IR–1684—White Farm Int'l Corp.
IR–2955—The Center for Humanities. Inc.
IR–3162—Helen Konyha.
IR–3182—Zabibollah Azizi.
IR–3216—John Wood.
IR–3220—John Ganjian.
IR–2151—Gerald W. Harrison.

Subject matter not disposed of at the scheduled meeting, may be carried over to the agenda of the following meeting.

All meetings are held at the Foreign Claims Settlement Commission, 600 E Street, NW., Washington, DC. Requests for information, or advance notices of intention to observe a meeting may be directed to: Administrative Officer, Foreign Claims Settlement Commission, 600 E Street, NW., Room 6029, Washington, DC 20579. Telephone: (202) 616–6988.

Dated at Washington, DC on December 6, 1994.

Jeanette Matthews,

Administrative Assistant.

[FR Doc. 94–30343 Filed 12–6–94; 12:08 pm]

BILLING CODE 4410–01–P

UNITED STATES INTERNATIONAL TRADE COMMISSION

[USITC SE–94–38]

TIME AND DATE: December 12, 1994 at 2:30 p.m.

PLACE: Room 101, 500 E Street S.W., Washington, DC 20436.

STATUS:

1. Agenda for future meeting
2. Minutes
3. Ratification List
4. Inv. No. 731–TA–723 (Preliminary) (Certain Drawer Slides from China)—briefing and vote
5. Outstanding action jackets: None

In accordance with Commission policy, subject matter listed above, not disposed of at the scheduled meeting, may be carried over to the agenda of the following meeting.

By order of the Commission:

Issued: December 5, 1994.

Donna R. Koehnke,

Secretary.

[FR Doc. 94–30320 Filed 12–6–94; 11:11 am]

BILLING CODE 7020–02–P

UNITED STATES INTERNATIONAL TRADE COMMISSION

[USITC SE–94–39]

TIME AND DATE: December 15, 1994 at 3:30 p.m.

PLACE: Room 101, 500 E Street S.W., Washington, DC 20436.

STATUS:

1. Agenda for future meeting
2. Minutes
3. Ratification List
4. Inv. No. 731–TA–675 (Final) (Saccharin from China)—briefing and vote
5. Outstanding action jackets: None

In accordance with Commission policy, subject matter listed above, not disposed of at the scheduled meeting, may be carried over to the agenda of the following meeting.

By order of the Commission:

Issued: December 5, 1994.

Donna R. Koehnke,

Secretary

[FR Doc. 94–30344 Filed 12–6–94; 12:09 pm]

BILLING CODE 7020–02–P

UNITED STATES INTERNATIONAL TRADE COMMISSION

[USITC SE–94–40]

TIME AND DATE: December 20, 1994 at 2:30 p.m.

PLACE: Room 101, 500 E Street S.W., Washington, DC 20436.

STATUS:

1 Agenda for future meeting
2 Minutes
3 Ratification List
4 Inv No. 731–TA–724 (Preliminary) (Manganese Metal from the People's Republic of China)—briefing and vote
5 Outstanding action jackets: None

In accordance with Commission policy, subject matter listed above, not disposed of at the scheduled meeting, may be carried over to the agenda of the following meeting.

By order of the Commission.

Issued. December 5, 1994.

Donna R. Koehnke,

Secretary

[FR Doc. 94–30345 Filed 12–6–94, 12:09 pm]

BILLING CODE 7020–02–P

federal register

Thursday
December 8, 1994

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 410 and 414

Medicare Program; Physician Fee Schedule for Calendar Year 1995; Payment Policies and Relative Value Unit Adjustments; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410 and 414

[BPD-789-FC]

RIN 0938-AG52

Medicare Program; Refinements to Geographic Adjustment Factor Values, Revisions to Payment Policies, Adjustments to the Relative Value Units (RVUs) Under the Physician Fee Schedule for Calendar Year 1995, and the 5-Year Refinement of RVUs

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

ACTION: Final rule with comment period.

SUMMARY: This final rule revises the geographic adjustment factor values and fee schedule payment areas, various payment policies for specific physician services, the relative value units (RVUs) for certain existing procedure codes, and establishes interim RVUs for new and revised procedure codes. It implements section 13518 of the Omnibus Budget Reconciliation Act of 1993 that requires payment for antigens under the physician fee schedule. This final rule also discusses the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Social Security Act.

DATES: *Effective Date:* January 1, 1995.

The revisions to the geographic adjustment factor values, other payment policies, and RVUs apply to physician services furnished beginning January 1, 1995.

Comment Date: We will accept comments on interim RVUs for new or revised procedure codes identified in Addendum C and on all RVUs considered under the 5-year refinement process. Comments will be considered if we receive them at the appropriate addresses, as provided below, no later than 5 p.m., February 6, 1995.

ADDRESSES: Mail written comments related to the 5-year refinement process (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD-789-FC (5-Year Refinement), P.O. Box 26688, Baltimore, MD 21207.

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-789-FC (Interim RVUs), P.O. Box 7519, Baltimore, MD 21207-0519.

If you prefer, you may deliver your written comments to one of the following addresses: Room 309-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, MD 21207.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD-789-FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309-G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690-7890).

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 GPO stock # 069-001-000-81-5 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 $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

Copies of the source files for this document can also be purchased on high density 3.5 inch personal computer diskettes for $20. Send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013-7082. Enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders for the diskettes can also be placed by calling (202) 512-1530 or by faxing to (202) 512-1262. The file format on the diskettes is comma delimited ASCII.

FOR FURTHER INFORMATION CONTACT: For further information concerning revisions to payment policies and the adjustments to the relative value units contact Elizabeth Holland, (410) 966-1309. For issues related to refinements to the geographic adjustment factor values and changes to the geographic practice cost indices and payment areas, contact Bob Ulikowski, (410) 966-5721.

SUPPLEMENTARY INFORMATION: 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 55914).
- 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).
- December 2, 1993, final rule with comment entitled "Revisions to Payment Policies and Adjustments to the Relative Value Units under the Physician Fee Schedule for Calendar Year 1994" (58 FR 63626). (There were two correction notices published for the 1994 physician fee schedule (July 15, 1994, 59 FR 36069) and (August 4, 1994, 59 FR 39828).)
- June 24, 1994, proposed rule entitled "Refinements to Geographic Adjustment Factor Values and Other Policies Under the Physician Fee Schedule" (58 FR 32754).
- July 15, 1994, correction notice for the 1993 fee schedule (57 FR 36069).
- August 4, 1994, correction notice for the 1993 fee schedule (57 FR 39828).

In this final rule, we provide background on the statutory authority for and development of the physician fee schedule. We also explain in detail the process by which certain interim work relative value units (RVUs) are reviewed and, in some cases, revised. In addition, we explain the 5-year refinement process for RVUs required by section 1848(c)(2)(B)(i) of the Act as added by section 6102 of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), Public Law 101-237.

Section 1848(c)(2)(B) of the Act provides that adjustments in RVUs resulting from an annual 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) 1995 by approximately $385 million ($35 million of which result from the addition of new procedure codes or refinements of existing procedure codes). Therefore, it is necessary to adjust the RVUs for all services paid under the physician fee schedule. We have made those adjustments in such a manner as to achieve budget neutrality as we were best able to estimate. As a result, the total projected expenditures from the revised fee schedule are estimated to be the same as they would have been had we not changed the RVUs for any individual codes or added new codes to the fee schedule. We have adjusted all RVUs by a uniform adjustment factor of 0.989, which results in a uniform reduction of 1.1 percent to the RVUs for all services.

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

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.

This final rule also contains revisions to the geographic adjustment factor (GAF) values as required in section 1848(e)(1)(c) of the Act.

Addenda to this rule provide the following information:

Addendum A—Explanation and Use of Addenda B through G

Addendum B—1995 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1995

Addendum C—Codes with Interim RVUs

Addendum D—1995 Geographic Practice Cost Indices by Medicare Carrier and Locality

Addendum E—1996 Geographic Practice Cost Indices by Medicare Carrier and Locality

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

Addendum G—Reference Set with 1995 Work RVUs

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished on or after January 1, 1995.

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. February 6, 1995. The RVUs for the remaining codes are final. However, as we discuss in section VI, we are accepting comments on RVUs as part of the 5-year refinement process.

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

Table of Contents

I. Background

A. Legislative History

B. Related **Federal Register** Publications

C. Components of the Fee Schedule Payment Amounts

D. Summary of the Development of the RVUs

1. Work RVUs

2. Practice Expense and Malpractice Expense RVUs

II. Specific Proposals for Calendar Year 1995 and Responses to Public Comments

A. GPCI Changes

B. Payment Area (Locality) Change

C. Work RVUs—Refinement of Proposed RVUs (Includes Table 1—Refinement of Proposed RVUs)

D. Separate Payment for Physician Care Plan Oversight Services

E. Payment for Multiple Surgical Procedures

F. Application of Site-of-Service Payment Differential

G. Bundled Services

1. Generation and Interpretation of Automated Data (CPT Codes 78890 and 78891)

2. Noninvasive Ear or Pulse Oximetry (CPT Code 94760)

H. RVUs for Doppler Echocardiography (CPT Code 93325)

I. Nuclear Medicine

J. End-Stage Renal Disease (ESRD)

1. Hospital Inpatient Dialysis on the Same Date as an Evaluation and Management Service

2. Payment for Outpatient ESRD-Related Services under the Physician Fee Schedule

K. Therapeutic Apheresis

III. OBRA '93 Provision—Payment for Antigens (Allergen Immunotherapy)

IV. Provisions of this Final Rule

V. Refinement of RVUs for CY 1995 and Responses to Public Comments on Interim RVUs for 1994

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

B. Process for Establishing Work RVUs for the 1995 Fee Schedule

1. Work RVU Refinements of Interim RVUs

a. Methodology (Includes Table 2—Work RVU Refinements of Interim and Related RVUs)

b. Discussion of Codes Not Reviewed by Panel (Includes Table 3—Prolonged Services)

2. Establishment of Interim Work RVUs for New and Revised Codes for 1995

a. Methodology (Includes Table 4—American Medical Association (AMA) Relative Value Update Committee (RUC) Recommendations and HCFA's Decisions

b. Discussion of Codes for Which the RUC Recommendations Were Not Accepted (Includes Table 5—Preventive Medicine)

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

D. Summary of Changes for the 1995 Fee Schedule (Includes Table 6—Anesthesia Codes and Imputed RVUs)

VI. Five-year Refinement of RVUs

A. Proposed Process for Refinement of Work RVUs

B. Scope of the 5-year Refinement

C. Nature and Format of Comments on Work RVUs

D. Including Anesthesia Services Under the 5-year Refinement (Includes Table 6—Anesthesia Codes and Imputed RVUs)

VII. Collection of Information Requirements

VIII. Response to Comments

IX. Regulatory Impact Analysis

A. Introduction

B. Effects of Implementing Specific Proposals for CY 1995

1. GPCI Changes

2. Payment Area (Locality) Change

3. Separate Payment for Physician Care Plan Oversight Services

4. Payment for Multiple Surgical Procedures

5. Application of Site-of-Service Payment Differential

6. Bundled Services

7. RVUs for Doppler Echocardiography (CPT Code 93325)

8. Nuclear Medicine

9. End-Stage Renal Disease (ESRD)

a. Hospital Inpatient Dialysis on the Same Date as an Evaluation and Management Service

b. Payment for Outpatient ESRD-Related Services Under the Physician Fee Schedule

10. Therapeutic Apheresis
C. OBRA '93 Provision—Payment for Antigens (Allergen Immunotherapy)
D. Refinement of RVUs for CY 1995
E. Rural Hospital Impact Statement

Text of Final Regulations

Addenda

Addendum A—Explanation and Use of Addenda B through G
Addendum B—1995 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1995
Addendum C—Codes with Interim RVUs
Addendum D—1995 Geographic Practice Cost Indices by Medicare Carrier and Locality
Addendum E—1996 Geographic Practice Cost Indices by Medicare Carrier and Locality
Addendum F—Procedure Codes Subject to the Site-of-Service Differential
Addendum G—Reference Set with 1995 Work RVUs.

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:

AAFP—American Academy of Family Practice
ACC—American College of Cardiology
ACR—American College of Radiology
AMA—American Medical Association
ARM—Alternate reimbursement method
ASC—Ambulatory surgical center
ASIM—American Society of Internal Medicine
BOMA—Building Owners and Managers Association
CF—Conversion factor
CFR—Code of Federal Regulations
CMD—[Medicare] Carrier medical director
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1994, copyrighted by the American Medical Association]
CY—Calendar year
EEG—Encephalogram
ESRD—End-stage renal disease
FY—Fiscal year
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
GRT—Gross receipts tax
GSA—General Services Administration
HCFA—Health Care Financing Administration
HCPAC—Health Care Professional Advisory Council
HCPCS—HCFA Common Procedure Coding System
HHA—Home health agency
HHS—[Department of] Health and Human Services
HUD—[Department of] Housing and Urban Development
ICU—Intensive care unit
JCAI—Joint Council of Allergy and Immunology
MCP—Monthly capitation payment
MEI—Medicare Economic Index
MRI—Magnetic resonance imaging
MVPS—Medicare volume performance standards
NAMCS—National Ambulatory Medical Care Survey
NF—Nursing facility
OBRA—Omnibus Budget Reconciliation Act
PC—Professional component
PT—Physical therapist
RFA—Regulatory Flexibility Act
RPA—Renal Physicians Association
RUC—[AMA Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
SMI—Supplementary medical insurance
SNF—Skilled nursing facility
TC—Technical component
USPS—United States Postal Service

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 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 Act requires that payments under the fee schedule be based on national uniform RVUs based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice. The Omnibus Budget Reconciliation Acts of 1990 (OBRA '90) and 1993 (OBRA '93), Public Laws 101–508 and 103–66, enacted on November 5, 1990 and August 10, 1993, respectively, contained several modifications and clarifications to the OBRA '89 provisions that established the physician fee schedule.

Section 1848(e)(1)(C) of the Act requires us to review and, if necessary, adjust the geographic practice cost indices (GPCIs) at least every 3 years. This section also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment if more than 1 year has elapsed since the last GPCI revision. The GPCIs were first implemented in 1992 and have not been reviewed since that time. Thus, we are required to complete the first GPCI review and implement only one-half of any adjustment by 1995 and one-half in 1996.

The Act requires that payments vary among fee schedule areas according to geographic indices. In general, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule. A detailed discussion of fee schedule areas can be found in the June 5, 1991 proposed rule (56 FR 25832) and in the November 25, 1991 final rule (56 FR 59514). We are required by section 1848(e)(1)(A) of the Act to develop separate indices to measure relative cost differences among fee schedule areas compared to the national average for each of the three fee schedule components. While requiring that the practice expense GPCIs and malpractice GPCIs reflect the full relative cost differences, the Act requires that the work indices reflect only one-quarter of the relative cost differences compared to the national average.

B. Related Federal Register *Publications*

We published a final rule on November 25, 1991 (56 FR 59502) to implement section 1848 of the Act by establishing a fee schedule for physicians' services furnished on or after January 1, 1992. (The fee schedule regulations were originally set forth at 42 CFR, part 415 and later moved to 42 CFR, part 414 as described in the September 1992 correction notice (57 FR 42491).) 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 on new and revised RVUs only (57 FR 55914).

On July 14, 1993, we published a proposed rule (58 FR 37994) to announce our plans to establish physician work RVUs for new and revised codes and to revise payment policies for specific physician services and supplies. On December 2, 1993, we published a final rule (58 FR 63626) announcing revised payment policies and RVUs for 1994. (We solicited comments on new and revised RVUs.)

On June 24, 1994, we published a proposed rule (59 FR 32754) to announce our intention to revise the GAF values, fee schedule payment areas, payment policies for specific physician services, and the MVPS calculation. We also proposed RVUs for certain physician services.

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.) This general formula can be expressed as:

$Payments = RVUt_s \times GAFt_{sa} \times CF$

where

RVUt=Total relative value units for the service

GAFt=Total geographic adjustment factor for the fee schedule area

CF=Uniform national CF

$_s$=Service

$_a$=Fee schedule area

The RVUs for each service reflect the relative resources involved in furnishing the three components of a physician's service: (1) Work; (2) practice expenses or overhead exclusive of malpractice liability insurance costs; and (3) professional liability insurance or malpractice costs.

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

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 enact the Secretary's recommendation, enact another update amount, or not act at all. If the Congress does not act, the annual fee schedule update is set according to a "default" mechanism in the law. Under this mechanism, the update will equal the Medicare Economic Index (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 1995 and the physician fee schedule update for CY 95 are published elsewhere in this **Federal Register** issue as a final notice (BPD–807–FN).

D. Summary of the Development of the RVUs

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 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 because 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 interim during the first year of the fee schedule and gave the public 120 days to comment on all work RVUs. In response to the final rule, we received comments on approximately 1,000 services. We responded to those comments and listed the new RVUs in the November 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 (57 FR 55914) also discussed the process used to establish work RVUs for codes that were new or revised in 1993. The RVUs for these codes, which were listed in Addendum C of the November 1992 notice, were considered interim in 1993 and open to comment through January 26, 1993.

We responded to comments received on RVUs listed in Addendum C of the November 1992 notice (57 FR 56152) in the December 1993 final rule (58 FR 63647) for the 1994 physician fee schedule. The December 1993 final rule discussed the process used to establish RVUs for codes that were new or revised in 1994. The RVUs for these codes, which are listed in Addendum C of the December 1993 final rule (58 FR 63842), were considered interim in 1994 and open to comment through January 31, 1994. We proposed RVUs for some non Medicare and carrier-priced codes in our June 1994 proposed rule (59 FR 32760). Codes listed in Table 1 of the June 1994 proposed rule were open to comment.

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).

II. Specific Proposals for Calendar Year 1995 and Responses to Public Comments

In response to the publication of the June 24, 1994 proposed rule, we received approximately 3,400 comments. We received comments from individual physicians and health care

workers and professional associations and societies. The majority of the comments addressed two proposals: (1) To allow separate payment for physician care plan oversight; and (2) to convert Iowa to a statewide payment area effective January 1, 1995.

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

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1995, including RVU changes necessitated by the 1995 CPT coding changes. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section IX).

In the June 1994 proposed rule (58 FR 32754), we invited public comments on a proposal to include clinical diagnostic laboratory services performed in hospital outpatient settings in the MVPS category of nonsurgical services beginning in FY 1996. We are responding to the comments we received on this issue in the final notice entitled "Physician Fee Schedule Update For Calendar Year 1995 and Physician Performance Standard Rates of Increase for Federal Fiscal Year 1995" (BPD–807–FN) published elsewhere in this **Federal Register** issue.

For the convenience of the reader, the headings for the policy issues in sections II and III, for the most part, correspond to the headings used in the June 1994 proposed rule. More detailed background information for each issue can be found in the June 1994 proposed rule (59 FR 32754).

A. GPCI Changes

As stated earlier, section 1848(e)(1)(C) of the Act requires that the GPCIs be reviewed and, if necessary, revised at least every 3 years. The first review is required by 1995. The law also requires that only one-half of any revision be implemented in the first year if more than 1 year has elapsed since the last GPCI revision. The proposed fully revised 1996 GPCIs were published at Addendum B in the June 1994 proposed rule (59 FR 32779). The proposed 1995 GPCIs, representing one-half of the effects of the revision, were published at Addendum C in the June 1994 proposed rule (59 FR 32783). The final revised GPCIs for 1995 and 1996 can be found at Addenda D and E respectively, of this final rule. Except for Iowa, which was converted from seven payment areas to a single statewide locality and now has statewide GPCIs (see discussion of locality changes later in this final rule), the GPCIs are unchanged from those listed in the proposed rule.

We based the GPCIs on proxy data selected to best measure the area differences in a "market basket" of goods consisting of the resources required to operate a private medical practice. A reevaluation of the proxies used and a search for alternative data sources led us to conclude that the original proxies are still the best available data sources. While there were some very minor refinements made in the methodology, the GPCI revisions primarily consist of using the same proxies but much more recent and comprehensive data. The wage proxy data for physician work and employee wages are from 1990 census data, rather than from 1980 census data as in the current GPCIs. The Department of Housing and Urban Development (HUD) rental proxy data are from 1994 fair market rental data rather than from 1987 fair market rental data. The actual malpractice insurance premium data are from 1990 through 1992 premium data rather than from 1985 and 1986 premium data and are for 20 rather than 3 physician specialties. Studies available from the National Technical Information Service containing detailed descriptions of the methodology, technical aspects, and data underlying the GPCIs are listed in the June 1994 proposed rule (59 FR 32756 and 32758).

We mentioned in the proposed rule that we were analyzing commercial rent data to assess their suitability for use in constructing the rental indices. We have completed our analysis of commercial rent data from the Building Owners and Managers Association (BOMA), the General Services Administration (GSA), and the United States Postal Service (USPS). We did not use the BOMA and GSA data because of poor geographic coverage, especially outside of large metropolitan areas. That is, data were not widely and consistently available for all Medicare fee schedule areas. The USPS data have much better geographic coverage, but sample sizes in many fee schedule areas were often unacceptably small, which could cause erroneous results. Where data were available, all three sources of commercial data were highly correlated with and generally validated the HUD indices. USPS rents and HUD rents were highly correlated across States, with a correlation coefficient of 0.85. The HUD rents were highly correlated; coefficients ranged from 0.73 to 0.89 with USPS, GSA, and BOMA indices across 48 large metropolitan areas. We still believe that the HUD rental data are the best available data to construct the GPCI rental indices.

Comment: Commenters generally agreed with the use of more recent and comprehensive data in updating the GPCIs. They expressed concern, however, over the continued use of proxy data rather than actual physician cost data, particularly for physician work and office rents. Some commenters stated that we should use actual physician earnings rather than the earnings of other professional occupations for the work index. Others stated that we should have used only the earnings of professionals with advanced degrees, rather than the all-education sample. Other commenters expressed concern over the continued use of residential rather than commercial rents.

Response: In revising the GPCIs, we conducted an extensive search for alternative data sources as well as for more recent data. The search led us to conclude that the current GPCI proxies are still the best available data to measure practice cost variations among geographic areas. As stated in all previous discussions in proposed and final rules on the GPCI, the actual earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. That is, the use of actual physician earnings would be "circular." We used the all-education sample (which includes professionals with advanced degrees) rather than the advanced degree only sample, because its larger sample size makes it more accurate and the differences between the two were negligible in all but a few of the smallest localities. We believe the small advanced degree sample in these smallest localities may produce inaccurate results. As discussed in the paragraph preceding this comment, we believe that the HUD data are still the best data available for measuring rental differences among areas.

Comment: Some commenters from areas estimated to experience the largest decreases in payments under the revised GPCIs stated that the magnitude of the changes demonstrates that the GPCIs are inherently unstable and unreliable and contain significant methodological and data difficulties. They attribute the difficulties to the use of proxy data rather than actual physician cost data.

Response: We disagree. The revised GPCIs are based on census data that are 10 years more recent, HUD rental data that are 7 years more recent, and

malpractice data that are 6 years more recent than the data used to construct the current GPCIs. We believe the validity and stability of the GPCIs are underscored by the fact that, out of the 216 physician fee schedule areas, which are an inconsistent mix of large and small and urban and rural areas, no area's GAF increased or decreased by more than about 8 percent, with 75 percent of GAFs changing by less than 3 percent. It is not unreasonable to assume that the use of actual physician cost data would have resulted in changes of the same or larger magnitude over the same period of time.

Comment: Many commenters questioned how their GPCIs could decrease when their actual expenses have increased every year.

Response: The GPCIs measure area costs compared to the national average. As we explained in the June 1994 proposed rule (59 FR 32759), a decrease in an area GPCI does not mean that actual costs have decreased in that area. It means that costs in that area have declined compared to the national average. That is, costs in that area have not increased as fast as national average costs since the current GPCIs were computed.

Comment: Commenters stated that Medicare physician payments should be the same everywhere because physician effort and quality of services do not differ among areas. One commenter did not believe that the GPCIs, or any index, could accurately reflect area cost differences because of factors such as practice differences and supply and demand.

Response: Section 1848(e)(1)(A) of the Act requires that payments vary among fee schedule areas. It would be impossible for the GPCIs to exactly reflect cost differences for each individual practice. However, the GPCIs have been examined by government and private groups, and there is general agreement that the GPCIs are the best available measurement of area practice cost differences.

Comment: One commenter stated that the GPCIs should reflect only the differences in practice expense and malpractice expense and that there should be no recognition of area differences in the value of physician work.

Response: Section 1848 (e)(1)(A) of the Act requires that the GPCIs measure one-quarter of the differences among fee schedule areas in the relative value of physician work effort. It recognizes the full differences among areas in practice expense and malpractice costs.

Comment: Commenters questioned the GPCI assumption that the cost of medical equipment, supplies, and miscellaneous items are uniform everywhere, that is, has an index value of 1.000.

Response: We agree that price differences for medical equipment, supplies, and miscellaneous items may exist. However, such differences are more likely to be based on factors such as volume discounts than on geographic location. We could find no data demonstrating consistent area price differences for this component. Also, since this component represents only about 14 percent of the GPCI, a 10-percent variation in area price differences would yield about a 1-percent difference in payments.

Comment: Commenters from New York State complained that the use of 1990 through 1992 malpractice data does not reflect the situation in 1994 because 1990 through 1992 was a stable period for malpractice premiums in New York, while premiums have increased dramatically in 1993 and 1994. The commenters also objected to basing the malpractice GPCIs primarily on policies written by a single insurer, St. Paul Fire and Marine, which they state does not currently provide policies in New York State. The commenters suggested that we use premium data from Medical Liability Mutual of New York, which has the largest malpractice market share in the State.

Response: In calculating the proposed malpractice GPCIs, we used more recent premium data (1990 through 1992 versus 1985 and 1986 data) and more comprehensive premium data (more insurers and premiums for 20 versus 3 physician specialties). Thus, we believe the proposed malpractice GPCIs are vastly improved over the current malpractice GPCIs. The current malpractice GPCIs, not the proposed malpractice GPCIs, were based primarily on policies written by St. Paul Fire and Marine. The proposed New York malpractice GPCIs were based on premium data from insurers providing 80 percent of the malpractice insurance market in New York, including premium data from Medical Liability Mutual of New York. Because of the time required to collect and analyze data, it is not possible to be absolutely current. That is, a 1995 GPCI proposed in 1994 cannot be based on 1994 or 1995 data. The 1990 through 1992 malpractice data were the most recent data available when the revised GPCIs were developed. More recent malpractice premium trends will be reflected in the next GPCI revision.

Comment: One commenter expressed concern that the revised GPCIs would further exacerbate the problem of access to medical care in rural areas because GPCIs in urban areas increased, while those in rural areas decreased.

Response: We believe that the revised GPCIs have a broadly mixed effect, in large part because of the great variation in the composition of fee schedule payment areas. Some areas are a whole State, others are primarily urban or rural, and still others are a combination of urban and rural areas. It is an oversimplification to argue that revised urban GPCIs increased while rural GPCIs decreased. For example, while GPCIs in some urban areas—Rhode Island, Manhattan, Miami, and Houston—showed significant increases, GPCIs in other urban areas—Las Vegas, San Diego, Los Angeles, and Chicago—showed significant decreases. While some rural GPCIs—southern Illinois, rural Oregon, Montana, and Idaho—showed decreases, other rural areas—Maine, Vermont, New Hampshire, and rural Florida—showed significant increases. About 75 percent of all 216 fee schedule areas changed by less than 3 percent under the fully revised GPCIs.

Comment: Commenters from urban areas in two States, Arkansas and New Mexico, that currently have statewide payment areas, stated that costs were higher in their areas than in the rural areas of the State and that they should have a different GPCI from the rest of the State.

Response: Section 1848 (e)(1)(A)(i) of the Act requires that the GPCIs reflect practice cost differences among fee schedule areas. These fee schedule areas happen to be statewide areas and, thus, have statewide GPCIs. This is a locality issue rather than a GPCI issue. As stated in the locality section of the proposed rule (59 FR 32759), we are reviewing the existing payment locality configuration for possible changes sometime after 1996. In the meantime, the only locality changes we will consider are changes to a statewide locality in States currently having multiple payment areas.

Comment: One commenter stated that the GPCIs should recognize the effect of a gross receipts tax (GRT) in States such as Hawaii and New Mexico, which have a GRT on physician professional services.

Response: A State GRT on the professional services of physicians is not a resource cost in producing a physician's service and, thus, is not included in the GPCIs. Conceptually, there is little difference between State taxes on physicians' professional services and State taxes on the net income or earnings of professional corporations, partnerships, or sole proprietorships. The purpose of a State GRT is to raise revenue for the State. In

addition to being inconsistent with the statutory intent of measuring resource costs, increasing Medicare payments to reflect a State GRT would in effect be passing the State tax through to the Federal Medicare program. We do not believe that the Medicare Part B trust funds should be used to subsidize State tax measures.

Final Decision: Except for Iowa, the proposed GPCIs will be effective beginning in 1995. (As stated earlier, one-half of the effects of the revision will be effective in 1995 and one-half in 1996.) The GPCIs for Iowa are discussed below.

B. Payment Area (Locality) Change

In the June 1994 proposed rule (59 FR 32759), we proposed to convert Iowa to a statewide payment area on January 1, 1995. In the June 1991 proposed rule (56 FR 25832) and 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 change can be demonstrated." The Iowa Medical Society requested a statewide payment area and presented evidence that local organizations representing about 75 percent of total State medical society members, including organizations representing about 70 percent of members in areas expected to experience payment reductions under a statewide locality, supported a statewide payment area. The Iowa Medical Society membership represents about 75 percent of all Iowa physicians.

Proposing the conversion in the proposed rule provided an opportunity for all physicians in Iowa, both State medical society members and nonmembers, to comment on the change. The comments we received support our position that overwhelming support exists for a statewide locality in Iowa. Of the 1,625 comments received from Iowa physicians, 98 percent supported a statewide payment area. Support was unanimous among the 1,095 comments from Iowa physicians in winning areas. Of the 530 letters from physicians in losing areas, about 94 percent supported the change. We received only 34 comments from physicians opposing the change.

The new statewide payment area for Iowa means replacing the current seven area GPCIs with budget-neutral statewide GPCIs. The revised statewide GPCIs for Iowa can be found at Addenda D and E. These are the same statewide GPCIs that were published at Addenda E and F in the June 1994 proposed rule (50 FR 32789).

Comment: Commenters supported a statewide payment area because they believed that services and costs were the same in all areas and that equal payment rates would help improve access to care in underserved rural areas.

Response: We agree that there is no evidence that the quality of services is different in rural and urban areas. We also agree that equal payment rates may encourage physicians to practice in rural areas.

Comment: Some urban physicians in Iowa commented that their practice costs were 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 slightly higher in urban areas in Iowa. However, as previously mentioned, in responding to comments on the June 1991 proposed rule 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 exists among the physician community for the change. This support was demonstrated in Iowa.

Comment: On the general subject of localities, several commenters stated that the current locality structure is outdated and inconsistent and should be revised.

Response: We are funding a study of the physician fee schedule locality structure. We expect to have the results next year and will consider possible locality changes in the future.

Comment: Some commenters suggested that we establish clear criteria, such as an absolute numerical standard of the level of support among physicians in the State, to be met in order for us to convert localities to a statewide payment area. They requested an explanation of the decision process in the States that we converted.

Response: To be responsive to the physician community we stated that we would consider requests for a change to a statewide locality if there was overwhelming support for the change among physicians in both winning and losing areas. We did not set absolute numerical levels of support to be met because of the uniqueness of the current locality structure in each State. Some large populous, primarily urban, States have only two localities. On the other hand, some less populous, primarily rural, States have seven localities. We believe that setting an absolute numerical level of support would limit the discretion required for us to properly evaluate the request in each unique situation.

While not setting an absolute numerical standard, we have employed a consistent process in evaluating each request. Upon receiving a preliminary contact from a State medical society, we inform the society that at a minimum we require: (1) A formal request for the change from the State medical society, along with a copy of a recently adopted resolution requesting the change; (2) the number of licensed actively practicing physicians in the State and the number that are society members; (3) the number of society members in each local (county) society; and (4) letters from the local societies representing physicians in the losing areas indicating the level of support for the change. After evaluating this material, and, in some cases, contacting the medical society if more information is required, if we believe that the material demonstrates overwhelming support among both winning and losing physicians, we announce the proposed change in the **Federal Register**. If the public comments received demonstrate this overwhelming support, we announce the change in a final rule in the **Federal Register**.

Final Decision: Iowa will become a statewide payment area effective January 1, 1995.

C. Work RVUs—Refinement of Proposed RVUs (Includes Table 1—Refinement of Proposed RVUs)

In the June 1994 proposed rule (59 FR 32760), we proposed physician work RVUs for approximately 100 carrier-priced and non-Medicare CPT codes. For 35 of those codes, we received recommendations from the AMA Specialty Society Relative Value Update Committee (RUC) that were consistent with our proposed work RVUs. We received 37 substantive comments objecting to the proposed work RVUs associated with 23 CPT codes.

Although we did not include a work RVU for CPT code 30450 (rhinoplasty or revision of nose) in the proposed rule, we received comments on it. Since it is part of the "revision of nose" family of codes and we received a RUC recommendation, we included it in this refinement process. Since we did not propose a work RVU for this code, the work RVU will be considered interim for 1995.

We convened a multispecialty panel of physicians to assist us in reviewing the comments. The panel was moderated by our medical staff and consisted of the following groups:

• A clinician representing each of the specialties most identified with the procedures in question. The specialists on the panel were nominated by the specialty society that submitted the comments. Eleven specialty societies were represented on the panel.

• Primary care clinicians nominated by the American Academy of Family Practice (AAFP), the American Society of Internal Medicine (ASIM), the American Academy of Osteopathy, and the American Academy of Pediatrics.

• Medicare carrier medical directors (CMDs).

After reviewing the comments we received, we submitted comments on 24 codes for evaluation by the panel. The panel discussed the physician work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We assembled a set of reference services that included: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set listed approximately 120 services. Panelists were encouraged to make comparisons to these reference services whose work RVUs had not been challenged in the comment process. We 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.

The intent of the panel process is 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.

We analyzed the ratings of work for consistency among the groups represented on each panel. Generally, we used the statistical tests described in the November 1992 final notice (57 FR 55938) to determine if there was agreement among the groups of the panel and if the agreed-upon RVUs were significantly different from the proposed RVUs.

Our decision to convene multispecialty panels of physicians and to apply statistical tests 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 24 codes reviewed by our multispecialty panel, all of the requests were for increased work RVUs.

Of the 24 proposed work RVUs that were reviewed, approximately 87.5 percent (21 codes) were increased and approximately 12.5 percent (3) were not changed. We had to clarify the meaning of two of the codes reviewed before the panel members could rate the work. First, the repair of a protruding ear (CPT code 69300) is interpreted to represent the repair of a single ear. If both ears are repaired during the same operative session, CPT code 69300 should be reported with a bilateral modifier and payment will be made at 150 percent of the payment amount for repairing only one ear. Second, the descriptor for newborn resuscitation (CPT code 99440) is unclear because it refers to "high risk newborn." Some physicians have misinterpreted this code and used it to report the services provided to any newborn following a cesarean section. Rather, CPT code 99440 should be used to report only the care provided to infants requiring life support following delivery. Our interpretation of CPT code 99440, which was the basis of the panel members' rating of the work, is that newborn resuscitation means providing positive pressure ventilation and/or chest compressions in the presence of inadequate ventilation and/or cardiac output.

Table 1 lists the codes reviewed during the 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.

• *HCFA proposed work RVUs.* The work RVUs that appeared in Table 1 of the June 1994 proposed rule (59 FR 32760) 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.

• *1995 work RVUs.* This column contains the final RVUs for physician work. The 1995 RVUs shown have not been adjusted for budget neutrality.

The HCFA proposed RVUs for codes that do not appear in this table but did appear in Table 1 in the proposed rule are considered final. The RVUs for these codes will be rescaled to maintain budget neutrality.

TABLE 1.—REFINEMENT OF PROPOSED RVUS

HCPCS*	Description	HCFA proposed work RVUs	Requested work RVUs	1995 work RVU**
15775	Hair transplant punch grafts	4.00	5.31	4.00
15776	Hair transplant punch grafts	5.60	7.44	5.60
19396	Design custom breast implant	1.70	2.96	2.19
30400	Reconstruction of nose	8.85	9.87	9.34
30410	Reconstruction of nose	9.95	13.82	12.53
30420	Reconstruction of nose	12.76	16.62	15.57
30430	Revision of nose	5.60	7.40	6.80
30435	Revision of nose	9.65	12.24	11.35
30450	Revision of nose	13.43	18.51	18.26
31582	Revision of larynx	16.32	20.18	19.95
37788	Revascularization, penis	15.00	22.70	21.57
50320	Removal of donor kidney	16.16	22.37	21.46
54670	Repair testis injury	5.33	6.50	6.13
55870	Electroejaculation	0.30	3.95	2.61
69300	Revise external ear	5.50	6.91	6.43
92015	Refraction	0.38	0.53	0.38
92314	Prescription of contact lens	0.64	0.79	0.70

TABLE 1.—REFINEMENT OF PROPOSED RVUs—Continued

HCPCS*	Description	HCFA proposed work RVUs	Requested work RVUs	1995 work RVU**
92341	Fitting of spectacles	0.44	0.51	0.48
92342	Fitting of spectacles	0.51	0.59	0.54
92370	Repair & adjust spectacles	0.17	0.49	0.32
99431	Initial care, normal newborn	0.74	1.23	1.18
99432	Newborn care not in hospital	1.15	1.28	1.27
99433	Normal newborn care, hospital	0.44	0.64	0.63
99440	Newborn resuscitation	0.92	2.96	2.96

*All numeric CPT HCPCS Copyright 1994 American Medical Association.
**RVUs do not reflect adjustment for budget neutrality.

D. Separate Payment for Physician Care Plan Oversight Services

We proposed to allow separate payment for care plan oversight services furnished on or after January 1, 1995 for beneficiaries receiving Medicare-covered home health care services. We did not propose to pay separately for care plan oversight for beneficiaries in hospices, beneficiaries under the care of an HHA but not receiving covered HHA care, and beneficiaries residing in skilled nursing facilities (SNFs) and nursing facilities (NFs). We also stated that we would prohibit payment to a physician who has a significant ownership interest in, or a significant financial or contractual relationship with, an HHA (see § 424.22(d) regarding the limitations on certification and the establishment of a treatment plan for home health services).

We proposed to establish one level of payment when the care plan oversight services require at least 30 minutes in a 30-day period.

We stated that the physician work involved in HHA care plan oversight is similar to that described as hospital discharge day management (CPT code 99238); therefore, we proposed assigning the same level of RVUs to the code for care plan oversight. For 1994, CPT code 99238 is assigned 1.63 total RVUs (1.07 work RVUs, 0.52 practice expense RVUs, and 0.04 malpractice expense RVUs). We proposed to subject these services to the CF for nonsurgical services other than primary care.

[Hospice]

Comment: Many commenters expressed concern that the prospective rate paid to the hospice does not include payment to the beneficiary's attending physician for care plan oversight services. Numerous commenters, including physicians, hospice and visiting nurses, and hospice and medical organizations argued that the care plan oversight services furnished by the attending physician in a hospice setting are often greater than those required in the typical home care setting due to the deteriorating condition of hospice patients. The complex pain management required by many hospice patients and the undesirability of having these patients leave their homes for office visits were cited as examples of the need for separate payments for care plan oversight services.

Response: We agree that the attending physician for a beneficiary receiving care under the Medicare hospice benefit may furnish physician services that meet the requirements for care plan oversight services. In certain situations, the care requirements of patients receiving the hospice benefit are complex and require significant medical management furnished by the attending physician. We plan to allow separate payment for care plan oversight services when our other criteria for payment are met. We will not allow separate payment for care plan oversight services furnished by the hospice medical director or a physician who is employed by the hospice or who provides services under arrangements with the hospice (see § 418.304(c)) since payments for care plan oversight services furnished by those physicians are included in the prospective rates paid to the hospices.

[Skilled Nursing Facility (SNF)/Nursing Facility (NF)]

Comment: Several commenters expressed concern that the 1993 increase in work RVUs for the SNF and NF evaluation and management codes for new or established patients did not account for care plan oversight services. These commenters believed that the SNF and NF values were increased to incorporate the demands of required comprehensive reassessments and do not include the level of work and associated physician costs specified in the care plan oversight CPT codes.

Response: For a patient residing in an SNF or NF, a physician is required to perform a reassessment annually and after any episode when the patient's condition changes significantly. This requirement ensures that, as necessary, treatment plans are updated and care is coordinated with other providers. The evaluation and management codes for SNF and NF visits include payment for supervision services and were specifically increased in 1993 to account for physician work involved in developing and revising medical plans of care. We believe that the payments for the prework and postwork associated with the required and medically necessary periodic reassessments and visits provide adequate payment for the medical management of a patient. Therefore, we will not allow separate payment for care plan oversight services for patients residing in an SNF or NF.

[Beneficiaries Not Receiving Covered Home Health Services]

Comment: Several commenters recommended that we allow payment for care plan oversight services for all beneficiaries under the care of HHAs, including situations when Medicaid pays for the home health services. Further, several commenters believed that we should allow payment for care plan oversight services for beneficiaries receiving home intravenous therapy, parenteral and enteral feeding, and ventilator support, whether or not HHAs were involved in the care.

The commenters stated that many families furnish care to chronically ill beneficiaries under the direction of a physician without the services of an HHA. These commenters believed that increased physician involvement would benefit all Medicare beneficiaries. They also believed that physicians should be paid for furnishing care plan oversight services for all patients who need medical supervision.

Response: We agree with the commenters that active physician involvement in the care of patients is essential for ensuring quality care. We do not believe, however, that all circumstances in which physician

involvement is desired demonstrate a need for additional payment for care plan oversight services. Care plan oversight services for which we have determined separate payment is warranted include the physician supervision and management of complex or multidisciplinary care modalities involving regular physician development or revision. The Medicare beneficiaries who require this type of service are the most ill and demand the level of services indicated under the Medicare home health and hospice benefits. Therefore, we will not allow separate payment for care plan oversight for services furnished to beneficiaries not receiving Medicare-covered home health or hospice services.

We believe that care plan oversight services are distinct from routine follow-up services for patients receiving home intravenous therapy, parenteral and enteral feeding, ventilator support, and other sophisticated treatments. We do not believe that all patients who benefit from the use of new therapies and medical advances necessarily require extensive care plan oversight services. We do recognize, however, that some of these patients may require more intense services related to complex medical conditions. We believe that these beneficiaries are likely to be receiving covered home health services.

[Care Plan Oversight by Other Practitioners]

Comment: Some commenters believed that patients may require care plan oversight services that could be furnished by nurse practitioners and physician assistants. These commenters, however, expressed conflicting opinions as to which patients required physician care plan oversight services and which patients could be managed by nonphysician providers.

Response: Section 1861(m) of the Act provides coverage of home health services where those services are furnished under a plan of care established and periodically reviewed by a physician. Further, sections 1814(a)(2)(C) and 1835(a)(2)(A) of the Act require physicians to certify the need for home health services. Thus, while there may be some cases for which nurse practitioners or physician assistants are able to oversee the care of patients in the home, physicians are required by current law to perform certain functions. As a matter of equity we wish to provide adequate payment for services to those patients with complex conditions requiring significant medical decision-making for whom physicians are required to perform these services. We will continue to evaluate these comments in the context of our initiative to improve the Medicare home health benefit.

[Concerns About Fraud]

Comment: Some commenters expressed concern that limiting payment for care plan oversight services only for beneficiaries receiving covered HHA services would lead to inappropriate HHA referrals and fraudulent billing for care plan oversight services.

Response: We have no basis to believe that physicians would certify inappropriately the need for home health services and do not believe that our proposal would invite fraudulent billing. We believe that the professional integrity of physicians combined with postpayment monitoring and education will be sufficient to deter fraudulent referrals.

[Other Comments]

Comment: One commenter suggested that payments for physician home visits be increased instead of implementing separate payment for care plan oversight services. Another commenter maintained that reducing the often unneeded and duplicative administrative work that is required under current Medicare rules be investigated before implementing payment for physician care plan oversight. Another commenter recommended developing an alternative method of identifying beneficiaries who need an unusual amount of oversight through the use of a modifier or identifying diagnosis.

Response: We believe, in certain situations, patients receiving home health and hospice services require significant medical management that does not require face-to-face encounters with the physician. Increasing payments for home visits would not provide an adequate method of ensuring increased payments for physicians furnishing complex care plan oversight services during a month in which the physician does not make a visit to the patient's home. Furthermore, this alternative would increase payments for all home visits whether or not the patient required complex oversight services rather than compensating physicians for the level of services furnished.

Care plan oversight services for patients requiring complex or multidisciplinary care modalities involving regular physician development or revision necessitate a high level of decision-making and go beyond administrative functions. While we recognize the need to look for opportunities to streamline Medicare administrative requirements, we plan to provide payment for significant medical management services for which our past policy may not have provided adequate payment.

We believe that patients who require care plan oversight services have complex health needs. Often these patients require significant medical management services due to a variety of physical and psychosocial conditions that are not easily identified by any one diagnosis. We also do not believe that the use of a modifier would provide a more efficient method of payment for care plan oversight services.

[Physicians Eligible to Receive Payment]

Comment: Several commenters supported restricting payment for care plan oversight services to one physician per month. Other commenters maintained that there may be certain situations in which payment for care plan oversight services to more than one physician in a month would be appropriate.

Response: The conditions of participation for HHAs, set forth in § 484.18(b), state that the patient's plan of care is reviewed by the patient's attending physician. We believe that, in general, only one physician typically performs this role and is responsible for signing the HHA plan of care. Under the Medicare hospice benefit, the hospice medical director or physician designee *and* the patient's attending physician participate in the plan of care. However, only attending physician services, which are not considered hospice care, are paid directly through Medicare Part B. Services of a hospice medical director and all other hospice physician services are paid directly to the hospice through the Medicare hospice prospective payment system. Therefore, the hospice patient's designated attending physician is the single physician outside of the Medicare hospice benefit potentially participating in hospice care plan oversight services and, hence, eligible for payment for care plan oversight services under Medicare Part B. Finally, single physician involvement in care plan oversight services is consistent with the CPT definition of the care plan oversight code.

[Requirement That the Physician See the Patient]

Comment: A few commenters questioned the appropriateness of requiring that the physician billing for care plan oversight services be required to have seen the patient in the prior 6-month period and at 6-month intervals. Some commenters were concerned that this requirement was arbitrary and not necessary because physicians should decide the frequency of visits. Some

commenters expressed concern over situations in which the patient moved or traveled to another State or a physician was covering for the physician supervising the plan of care.

Response: Before proposing separate payment for care plan oversight, we expressed concern for the need to ensure that high quality care is delivered to beneficiaries receiving care in the home. We believe that the medical management of patients with complex health needs should be linked with a face-to-face evaluation of the patient. We do not believe that it is unreasonable to specify that a physician be required to see a patient within 6 months of establishing, or significantly revising, a plan of care. While we, in general, support the role of the physician in determining the frequency of visits, we believe that the patients for whom we plan to allow separate payment for care plan oversight have complex medical conditions requiring intensive treatments, frequent determinations of responses to therapies, and reassessments of plans of care.

Several commenters expressed concern that a face-to-face encounter would be required every 6 months. We believe that these commenters have misunderstood our proposal. We are not proposing periodic face-to-face encounters as a condition for payment for care plan oversight services although periodic face-to-face encounters could contribute to the delivery of high quality services. We plan to require a face-to-face encounter within 6 months of the first billing for care plan oversight services to indicate the active involvement of the physician in the medical decision-making required to develop or modify the plan of care.

With respect to the comments concerning patients who travel, we do not believe that, during the same 1-month period, patients generally would require 30 minutes of care plan oversight services from two physicians. Further, we do not believe that patients requiring covered home health or hospice services travel to a great extent, particularly those who require recurrent revisions in their treatment plans. In cases in which the patient traveled and required physician services involving significant medical decision-making, we believe that a physician, having never seen or not having seen a patient for a period of time exceeding 6 months, would schedule a face-to-face encounter in order to perform an accurate evaluation.

We believe the cases in which a covering physician may furnish medical supervision services to a patient for whom another physician bills for care plan oversight services are similar to traditional arrangements between physicians for cross-coverage. The covering physician may bill for services furnished to the extent that the appropriate criteria were met.

[Thirty-Day Period]

Comment: A number of commenters asked how the 30-day period covered by care plan oversight would be determined.

Response: We proposed to allow separate payment for physician care plan services involving 30 or more minutes of the physician's time in a 30-day period. We agree with the commenters' belief that a calendar month period would be easier to administer. Therefore, we plan to allow separate payment for physician care plan oversight services requiring at least 30 minutes per calendar month. Physicians may bill for services when they meet the requirements for payment.

[Interest in HHA]

Comment: One commenter stated that payments for care plan oversight services should not be denied to physicians who have ownership interest in HHAs other than the agency furnishing services to the physician's patients.

Response: We will not allow separate payment for care plan oversight services furnished by a physician to patients receiving services from a HHA with which the physician has a significant financial or contractual relationship. This policy is consistent with § 424.22(d), which prohibits a physician who has a significant ownership interest in, or a significant financial or contractual relationship with, an HHA that is furnishing the services from certifying or recertifying the need for home health services or from establishing or reviewing a plan of treatment. Given the strictures against the participation of such a physician in establishing a plan of treatment, it would be anomalous to pay the physician for care plan supervision.

[Conversion Factor (CF)]

Comment: A number of commenters opposed the application of the CF for nonsurgical services other than primary care to care plan oversight services. These commenters supported the use of the CF for primary care services and the inclusion of care plan oversight services in the primary care volume performance standard. They believed that primary care physicians are the most likely to furnish care plan oversight services to patients under Medicare's home health and hospice benefits. Further, the commenters maintained that care plan oversight services are most similar in work to primary care visits.

Response: We have reconsidered our proposal and agree that the CF for primary care should be used for care plan oversight services. Section 1842(i)(4) of the Act, as amended by section 4042(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), Public Law 100–203, enacted on December 22, 1987, and section 13511 of OBRA '93, defines primary care services as "office medical services, emergency department services, home medical services, skilled nursing, intermediate care, and long-term care medical services, or nursing home, boarding home, domiciliary, or custodial care medical services." We have considered payment for care plan oversight services to be bundled into medical visits as well as other services, and we are now establishing separate payment for them under certain conditions. Because we consider care plan oversight to be primarily bundled into those services that were cited by the Congress as primary care services, we believe that the separate payment for care plan oversight services should also be classified as primary care services.

[Use of Hospital Discharge Day RVUs for Care Plan Oversight]

Comment: Several commenters objected to our decision to decrease the RUC recommendations for work RVUs for care plan oversight. These commenters requested that we provide an explanation for the proposed RVUs for care plan oversight services. Further, these commenters were concerned that the type and amount of services associated with the hospital discharge day were not similar to care plan oversight services since the physician often must make complex care plan decisions based on new information from nonphysician health professionals without directly examining the patient.

Response: We proposed to assign 1.07 work RVUs to care plan oversight services (CPT code 99375) because we believe that the nature of the work involved in care plan oversight is comparable to the work of hospital discharge management (CPT code 99238) that involves the development of plans for home care of varying complexities that serve a variety of patients including those who have changing conditions. While we agree that the physician activities associated with discharging a patient from the hospital are not identical to the physician activities associated with care plan oversight, we do believe they are sufficiently comparable to warrant the

assignment of the same work RVUs to both services.

We also believe that the physician work in care plan oversight is comparable to the preservice and postservice work associated with evaluation and management services provided to established patients in the office setting. Consequently, we analyzed Harvard Phase III data on the intensity of work associated with this category of evaluation and management services to determine the reasonableness of our decision to assign 1.07 work RVUs to this service.

The Harvard data indicate that the intensity of preservice and postservice work equals 90 percent of the intensity of the intraservice work for evaluation and management services provided to established patients. When we revised the intraservice work of evaluation and management services for 1993 in our November 1992 final notice (57 FR 55951), we established the intraservice intensity at 0.03 work RVUs per minute for established patient visits. Using the Harvard data on preservice and postservice intensity, we arrived at 0.027 work RVUs per minute for preservice and postservice work for evaluation and management services.

Using our intensity value of 0.027 work RVUs per minute and our proposed work RVUs of 1.07 for care plan oversight (CPT code 99375), we are able to calculate, by dividing the work RVUs by the intensity (1.07/0.027), that 40 minutes of preservice and postservice work is associated with the proposed RVUs for this service. The care plan oversight code for which we will allow separate payment is used to report a minimum of 30 minutes of service in a 30-day period, and we believe that an assignment of work RVUs that corresponds to 40 minutes of service is appropriate. Therefore, we have assigned interim work RVUs of 1.07 that are reduced to 1.06 after application of the adjustment necessary to achieve budget neutrality as described elsewhere in this rule.

[Excluding Payment for Care Plan Oversight During the Same Month as Hospital Discharge]

Comment: A number of commenters opposed our not permitting payment for care plan oversight services during the same month that a physician bills for the hospital discharge day management (CPT code 99238). The commenters believed that the RVUs assigned to CPT code 99238 do not account for all the adjustments in the care plan that occur, sometimes daily, as unstable patients are managed at home. Further, the physician cannot predict all changes that may occur for 30 days following discharge, the time when the patient is the least stable and requires the most care plan oversight. The commenters believed that the work associated with a hospital discharge does not include care plan oversight services and, thus, is not included in the payment for CPT code 99238.

Response: As a result of our review of the comments on this issue, we have decided to allow payment for care plan oversight services for patients receiving covered home health and hospice services during the month following hospital discharge if the other conditions for payment are met. The physician must furnish at least 30 minutes of care plan oversight in that month beyond that which was furnished on the day of hospital discharge. We agree that physician involvement during the period of transition from care received in the hospital to services furnished in the home is important in facilitating continuity of care and improving outcomes.

[Conditions for Payment]

[Establishment of a HCPCS Code]

Comment: Several commenters opposed the establishment of a level 2 HCPCS code for care plan oversight services. These commenters were concerned that a HCPCS code would cause confusion and increase implementation costs. The commenters also believed it was unnecessary since there is an existing CPT code for the service. The commenters suggested that we issue coverage instructions to carriers rather than develop a HCPCS code. Further, the commenters believed that establishing a HCPCS code for care plan oversight services furnished to Medicare beneficiaries would undermine data integrity and comparability across many payers. Some of the commenters believed that the development of codes should remain the medical profession's responsibility, not ours, unless there is no suitable code.

Response: Our proposal to establish an alpha-numeric HCPCS code for care plan oversight, rather than to use the CPT codes, arose from the fact that the CPT codes include categories of patients who will not be included in our policy. Furthermore, the CPT includes two levels of code: CPT code 99375 describes care plan oversight requiring 30 to 60 minutes within a 30-day period, and CPT code 99376 describes care plan oversight requiring more than 60 minutes. Nevertheless, there are other instances in which Medicare policy is based on a different interpretation of a code than the interpretation indicated by the CPT, and we recognize the burden placed on physicians by existence of multiple codes with essentially the same definition. Therefore, we have decided to apply our policy to CPT code 99375 and will pursue a change in the definition of the CPT code that is consistent with our policy. If that change does not occur by 1996, we will establish an alpha-numeric procedure code.

[Payment for Telephone Calls]

Comment: Several commenters suggested that we allow payment for telephone calls to patients and family members under the care plan oversight code. Further, a number of commenters recommended that phone calls by nurses to relay decisions from physicians to HHAs be included as covered care plan oversight services.

Response: The care plan oversight services for which we will allow separate payment do not include telephone calls to patients and family members. The code definition identifies communication with other health care professionals involved in the patient's care as care plan oversight services. It has been our long-standing policy not to allow separate payment for telephone calls to patients and family members because payment for telephone calls is included in the payment for evaluation and management services. We will recognize for separate payment only the physician's communications to the health care professionals involved in the patient's care. Further, we have decided to define care plan oversight services as those covered activities performed by the responsible physician, and we plan to allow separate payment for care plan oversight services only to that physician.

[Budget Neutrality]

Comment: Several commenters did not believe that care plan oversight services have been bundled into existing services. The commenters suggested that care plan oversight be treated as a new service and, thus, not be subject to the $20 million budget neutrality limit. Other commenters opposed the reduction of RVUs across all services to pay for care plan oversight and maintain budget neutrality. These commenters argued that care plan oversight services associated with surgical procedures are covered in the global payment for these services and cannot be billed separately and, therefore, oppose applying budget neutrality reductions to surgical procedures. Other commenters believed that services that traditionally have never required care plan oversight were valued appropriately at their current

RVU assignments and that any reductions in these RVUs would be inappropriate.

Response: We do not consider medical management and supervision of complex patients to be a new service. Our proposal is to provide additional separate payment for services for which our current policy may not provide adequate payment. Medical management and coordinating care for patients has traditionally been furnished along with a variety of physician services including covered visits and procedures, and payment has been made through the preservice and postservice work components of these visits and procedures. Global surgical fees include payment for the necessary adjustments in therapy during the global period. As we stated in our June 1994 proposed rule, we will allow payment during the global surgical period for furnished care plan oversight services unrelated to the surgical procedure and identified by CPT modifier –24.

Although primary care physicians may be more likely to furnish care plan oversight services than physicians of certain other specialties, physicians are not prohibited from furnishing care plan oversight services because of the specialty area in which they practice. Therefore, we believe that payment for care plan oversight is an "unbundling" of services previously covered by payments for a wide variety of existing services and, thus, requires that budget neutrality adjustments apply to RVUs across all physician services.

Comment: Several commenters opposed RVU adjustments as a mechanism to preserve budget neutrality. These commenters suggested that the CFs be adjusted, instead, in order to maintain the integrity of the relative value system.

Response: These comments reflect the misunderstanding that RVUs are, in themselves, a measurement of a fixed quantity of work or other resources. RVUs are not units of measurement; they are ratios. When RVUs are adjusted across the board for budget neutrality purposes, the relativity between different services is maintained. The valuation of services is meaningful only when RVUs are combined with a CF. Thus, the changing of either RVUs or the CF produces the same effect on the valuation of services.

Section 1848(d)(1)(B) of the Act provides for establishing a budget-neutral CF for the 1992 physician fee schedule. Section 1848(d)(1)(A) of the Act, however, 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) of the Act. Section 1848(d)(3) of the Act sets forth the default update and does not authorize further adjustments for budget neutrality purposes.

For the 1995 fee schedule, we have estimated the net change in expenditures resulting from the assignment of RVUs for care plan oversight services to be approximately $310 million. Thus, a budget-neutrality adjustment of 0.90 percent is needed to comply with the statutory requirement that changes in RVUs not exceed $20 million. 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.

Comment: Several commenters suggested redistributing funding from a variety of home health programs to pay for care plan oversight services rather than adjusting only the physician fee schedule.

Response: Section 1848(c)(2)(B)(ii) of the Act requires that adjustments to RVUs for a year may not cause the amount of Medicare expenditures for physician services to differ by more than $20 million from the amount of expenditures that would have been made if revisions in payment policies or RVU adjustments had not been made. This section does not authorize us to offset Medicare expenditures for physician' services by lowering expenditures elsewhere in the program.

Comment: Several commenters expressed concern that we have overestimated the utilization frequency and potential budget impact of the new care plan oversight code.

Response: We believe that our utilization and cost estimates, which are based on covered home health and hospice claims data, are reasonable. We are considering the RVUs established for the care plan oversight services (CPT code 99375) to be "interim" for 3 years. If utilization of this service differs significantly from our estimates, we will make an additional adjustment to achieve budget neutrality. Further, estimates of changes in utilization had an insignificant effect on the adjustment necessary to achieve budget neutrality in 1995.

[Other Comment]

Comment: One commenter recommended that payment for care plan oversight services be given to the HHA, which could use the payments as a means of encouraging physicians to sign the care plans on time.

Response: We plan to recognize care plan oversight services as a physician service covered under Medicare Part B. In general, Medicare pays the provider only for services furnished by the provider (see § 424.51) and pays the physician for the services furnished by the physician. Medicare law sharply limits reassignment of claims to other than the individual entitled to payment (see section 1842(b)(6) of the Act and § 424.70) as recommended by the commenter. In addition, we would not permit separate payment for care plan oversight services to a physician who has a significant financial or contractual relationship with an HHA (see § 424.22(d)). Further, the purpose of allowing separate payment for care plan oversight services is to compensate physicians for the time they spend coordinating complex care among practitioners and integrating significant new information into the treatment plan, not to sign care plans for certification or recertification purposes. For these reasons, we cannot pay HHAs for care plan oversight services.

[Documentation Requirements]

Comment: Several commenters expressed concern that physicians not be held to a "stop watch" standard in recording the time associated with furnishing care plan oversight services and that physicians should not be required to make those extra efforts. These commenters claimed that it is unlikely that physicians will be able to time these activities exactly and that each oversight activity will require preparation time and follow-up time. Other commenters maintained that documentation of the precise time associated with a telephone call should only be required if the call is unusually extensive. A number of commenters suggested that the signed treatment plan be considered adequate documentation that care plan oversight services had been furnished. One commenter believed that HHAs should be prohibited from maintaining the documentation necessary for the physician to support a claim for care plan oversight services.

Response: We believe it is appropriate to require physicians to document and maintain a record of the care plan oversight services furnished and the duration of time spent on the services for which payment is claimed. We believe this documentation requirement is consistent with standard medical practice. Physicians can best describe the services furnished and the time spent by documenting them in the patient's record. We also believe that the nature of individualized plans of care for patients requiring complex medical management is not adaptable to a standardized report. Further, all covered home health services must be furnished

under a plan of treatment that is established and periodically reviewed by a physician (see § 409.42(d)). Thus, we have decided that a signed treatment plan is not sufficient documentation that significant complex medical management requiring the integration of new information into the plan of care or the adjustments in medical therapy was furnished by the physician.

We plan to work with the CMDs and their carrier advisory committees, which include representatives from medical specialty societies, in educating physicians on documentation requirements. We will require that the physician who furnishes the services document which services were furnished and the date and length of time associated with those services.

[Postpayment Monitoring]

Comment: Several commenters expressed concern that initial postpayment reviews should emphasize education on the proper use of the code and the conditions for which Medicare recognizes payment and should not result in denial of payment. These commenters requested that professional organizations be consulted in developing protocols for sample and focused medical reviews. Further, the commenters emphasized the need to recognize legitimate high users of care plan oversight, that is, physicians specializing in the care of the aged.

Response: We agree with commenters that the initial postpayment reviews should emphasize education on the proper use of the care plan oversight code and conditions for which Medicare will allow separate payment and should not ordinarily result in denials of payment. We also agree that certain physicians, by the nature of their practices and patient populations, may furnish care plan oversight services more frequently than other physicians. We plan to include mechanisms in the medical review guidelines to identify these providers. In addition, local medical review policy is developed with the participation of the carrier advisory committees.

[Beneficiary Liability]

Comment: We did not receive comments from beneficiaries on the beneficiary liability aspect of the proposal. Several other commenters, however, believed that any additional liability for coinsurance would be a burden on some beneficiaries. One commenter predicted that requiring coinsurance for physician care plan oversight services would cause patients to refuse home care altogether. Other commenters maintained that the benefits of increased physician involvement in care plan development and oversight would outweigh the burden of any additional coinsurance. These commenters agreed with our contention that there would not be an increase or decrease in overall beneficiary liability for coinsurance amounts.

Several commenters stated that beneficiaries may not understand that they would be liable for coinsurance for care plan oversight services. The major medical societies indicated a willingness to work with beneficiary groups and with us to ensure that beneficiaries are informed that physicians may bill and that Medicare will pay for care plan oversight services when the specified conditions are met.

Response: Section 1833 of the Act provides that Medicare pays 80 percent of the fee schedule amount for physician services. We believe that implementing separate payment for care plan oversight in a budget-neutral manner by reducing the RVUs for all other physician services would reduce coinsurance amounts for the other services and, therefore, not increase or decrease overall coinsurance liability. We recognize, however, that for some beneficiaries receiving Medicare-covered home health or hospice services, particularly those other than the approximately 75 percent who have some type of supplemental insurance that will cover the additional coinsurance amount, the required coinsurance for care plan oversight services will be approximately $12 for each month in which the care plan oversight service is allowed.

We are aware that beneficiaries may not realize that they will be liable for coinsurance for care plan oversight services. We will work with the HHA, hospice, and physician groups to encourage providers to inform beneficiaries that physicians may bill and that Medicare will pay for these services when the specified conditions are met.

Final Decision: We will allow separate payment for physician care plan oversight services under the following conditions:

(1) The services are furnished to beneficiaries receiving Medicare-covered home health and hospice services.

(2) The physician has furnished a service requiring a face-to-face encounter with the patient in the 6 months before the first billing for the service.

(3) The physician does not have a significant financial relationship with the home health agency, is not the medical director or employee of the hospice, and does not provide services under an arrangement with the hospice.

If the above conditions are met, we will do the following:

(1) Allow payment to one physician per month for recurrent physician oversight supervision of therapy involving 30 or more minutes of the physician's time per month.

(2) Allow payment for care plan oversight to a physician providing postsurgical care during the postoperative period only if the care plan oversight is documented to be unrelated to the surgery.

(3) Allow payment during the 30 days following discharge provided that the other conditions for payment are met.

(4) Allow payment under CPT code 99375 in accordance with the above rules. That is, for Medicare purposes, CPT code 99375 refers only to the services furnished to beneficiaries receiving Medicare-covered home health and hospice services requiring 30 or more minutes per month. We will not make additional payment for services beyond 60 minutes, and we will consider CPT code 99376 bundled for Medicare purposes.

(5) Base 1995 payment on 1.61 total RVUs (1.06 work RVUs, 0.51 practice expense RVUs, and 0.04 malpractice expense RVUs); the same as the 1995 payment for CPT code 99238.

E. Payment for Multiple Surgical Procedures

We proposed to revise our existing multiple surgery reduction policy for paying multiple surgical procedures performed on the same patient, on the same day, by the same surgeon. Under that policy, the procedure with the highest fee schedule payment is paid the lesser of the actual charge or 100 percent of the fee schedule amount. Payment for the second highest valued procedure is based on the lesser of the actual charge or 50 percent of the fee schedule amount. Payment for the third to fifth highest valued procedures is based on the lesser of the actual charges or 25 percent of the fee schedule amounts. Claims involving more than five procedures are priced by Medicare carriers on a "by report" basis.

Our proposal would revise the policy only for the third through the fifth surgical procedures. We would continue to pay the highest valued procedure at 100 percent and the second highest valued procedures at 50 percent. For the third through the fifth surgical procedures, we proposed to increase payment from 25 percent to 50 percent. Thus, the second through the fifth procedures would be based on the lesser of the actual charge or 50 percent of the

fee schedule amount. We proposed that surgical procedures beyond the fifth procedure would continue to be priced by Medicare carriers "by report" based on documentation of the services furnished.

[Budget Neutrality Issues]

Comment: Some commenters objected to our proposal to reduce any RVUs to ensure the budget neutrality of this change. One commenter questioned the statutory basis for making this policy change budget neutral because the authority for maintaining budget neutrality is found in the section of the law that addresses adjustments to RVUs and the commenter does not believe that the proposed change to the multiple surgery policy is a change to RVUs.

Response: We consider the multiple surgery reduction to be an adjustment to RVUs that is necessary to appropriately reflect the resources associated with combinations of surgeries performed on the same date. (We are using the word "date" instead of "day" to clarify which 24-hour period is subject to bundling.) Therefore, we consider changes to the multiple surgery reductions to be subject to the budget neutrality provisions of the law.

Specifically, the Harvard study, on which the proposed change is based, included an analysis of the relative value of the work involved in multiple services. Our application of percentage reductions to the fee schedule amounts for the services furnished was an expedient means of adjusting the RVUs for multiple services.

We could have made the multiple surgery adjustment by adjusting RVUs directly, but this alternative has serious disadvantages. For example, we could have reduced the RVUs for surgeries by the percentages supported by the Harvard study based on the number of times that each surgery was performed as a multiple surgery. This would average out the efficiency produced by multiple surgeries across all surgeries. However, this would, by definition, create anomalies in the scale of RVUs for work because the work RVUs for these surgeries would no longer represent the work in a service when it is the only service performed.

Alternatively, we could have implemented the multiple surgery reductions by adjusting the RVUs for each procedure performed by the appropriate percentage before applying the GPCIs and CF to create a fee schedule amount (similar to what we do for the site-of-service adjustment). This would be much more complex for us and for Medicare carriers to administer and confusing for physicians. Also, it would result in the same payments as our applying the reductions to the payment amounts.

In this particular case, the amount of adjustment attributable to the change in the multiple surgery policy that would be required to *all* RVUs is only 0.10 percent.

Comment: Some commenters supported the proposed change but objected to our proposal to reduce the RVUs for all procedures to the extent necessary to make it budget neutral. They argued that the multiple surgery reduction will benefit only surgeons and that primary care and nonsurgical specialties should not be adversely affected by an adjustment to RVUs for the services surgeons provide. The commenters indicated that this situation is not analogous to the rescaling of all RVUs to add separate payment for care plan oversight services in a budget neutral manner. They believed that surgical specialties also provide evaluation and management services and would be able to bill and be paid for care plan oversight if they furnish it.

Some commenters supported the proposed change and also supported our proposal to make it budget neutral by reducing all RVUs for all services by 0.10 percent.

Response: We have decided to apply the budget neutrality adjustment of 0.10 percent to all RVUs for the following reasons. The reduction of RVUs within only surgical services could result in distortions in the relative relationship of physician work RVUs for surgeries in relationship to other services. The multiple surgery reduction policy applies to most of the major surgeries and many of the minor surgeries. Since the amount of reduction would be greater if we rescaled only surgical procedures, we believe that such a rescaling carries considerable risk to the integrity of the scale. When we implemented the fee schedule, to avoid distortions in the scale for work RVUs, we chose to have a multiple surgery reduction rather than to incorporate the multiple surgery reduction in the RVUs for surgical services.

Reducing RVUs only within the surgical services would be inconsistent with our application of budget neutrality to care plan oversight services. In both cases, we have proposed a policy change that will result in increased payment for specified services that are already included in the fee schedule but that we believe are undervalued. While physicians who provide mostly primary care object to the application of budget neutrality to all RVUs for all services because of the 0.10 percent reduction due to the multiple surgery policy, we believe primary care physicians will benefit when they perform multiple minor procedures. Similarly, if surgeons provide care plan oversight services (that are not part of the routine post-operative global care related to a surgery), they also may bill and be paid for the care plan oversight services they furnish. For example, an orthopaedic surgeon who is the physician of record for a beneficiary with osteomyelitis who is receiving Medicare-covered home health care benefits could bill and be paid for care plan oversight if the surgeon's services meet the criteria for payment. [Relationship of multiple surgery policy to RVUs for codes that describe multiple surgeries]

Comment: A commenter stated that the multiple surgery policy we propose to change was used to establish values for some codes that describe multiple surgeries and that because we now have evidence that our policy underpaid the third through fifth procedures, we should reconstruct the RVUs for multiple surgery procedures based on the higher payment levels we propose for the third through fifth procedures.

Another commenter stated that although the use of a standard percent reduction is required when applying uniform payment policies, it does not mean that these averages should be applied when valuing an individual procedure code that, by the language of the code, involves multiple procedures. In these cases, neither we nor RUC should be bound by the multiple surgery rule and the average data on which it is based. The commenter maintained that, instead, work values should be assigned based on the best available data on the resource costs associated with the code in question.

Response: We agree that the work values for codes that describe multiple procedures should be based, when available, on the physician work described by the procedure code. Otherwise, we believe it is reasonable to value these codes in a manner consistent with our multiple surgery payment rules.

There have been a few rare cases in which we have used the multiple surgery reductions to assign RVUs to a procedure based on information regarding the work involved in the components of the procedure. These codes were subject to comment before they were made final; commenters had an opportunity at that time to challenge the interim value based on the relationship between the work involved in the service described by the code to the work involved in other physician services. As described elsewhere in this

final rule, for 1995, *all* physician work RVUs are subject to public comment as part of the 5 year refinement process. Therefore, commenters will have another opportunity to present evidence to demonstrate that the physician work values for any code are inappropriate in comparison to the work values for other services.

Final Decision: We will increase the payment for the third through fifth surgeries performed on the same patient on the same date by the same surgeon from 25 percent to 50 percent of the global payment. We will rescale RVUs for all services to ensure budget neutrality.

F. Application of Site-of-Service Payment Differential

In our June 1994 proposed rule, we proposed to update the list of procedures subject to the site-of-service payment differential using 1993 data to be effective for services furnished beginning January 1, 1995. To avert concern about the statistical validity of the data for low-volume procedures, we proposed to exclude any procedure performed fewer than 100 times annually. If the procedure is part of a "family" of codes that is otherwise on the site-of-service payment differential list, we proposed to include it even if the volume is less than the 100-procedure threshold. (The previous list excluded all procedures with volumes less than 1,000 in 1989.)

In the November 1991 final rule (56 FR 59595), we agreed that the site-of-service limitation should not be applied to services that were on the list of approved procedures for ambulatory surgical centers (ASCs) published in the **Federal Register**. Therefore, we proposed to add certain procedures to the list of services subject to the site-of-service payment differential that we had proposed for removal from the list of approved ASC procedures. The proposed notice listing the proposed deletions from the ASC list, "Proposed Additions to and Deletions from the Current List of Covered Procedures for Ambulatory Surgical Centers," was published in the **Federal Register** December 14, 1993 (58 FR 65357).

Comment: A number of commenters objected to the general amount of the payment for practice expenses. Many believed that the current payments for practice expenses are undervalued and that the actual practice costs should be used. Other commenters objected to the percentage reduction we apply to practice expense for services not performed in a physician's office, and others objected to the methodology used to calculate practice expenses in the November 1991 final rule (56 FR 59502). Some commenters requested a review of practice costs in different settings as a way to determine more accurately whether a site-of-service reduction should be imposed and to determine more accurately the percentage reduction. Some commenters believed that there is no difference in practice costs between the hospital site-of-service and the office site-of-service.

Response: Section 1848(c)(2)(C) of the Act sets forth the requirements for the payment for practice expenses. This section of the Act requires that we derive the practice expenses from average allowed charge data for CY 1991. The Social Security Act Amendments of 1994, Public Law 103–432), enacted on October 31, 1994, require us to determine practice expense components of RVUs according to the relative resources involved with furnishing the service. Until that system is implemented in January 1998, we are bound by the current requirements for payment for practice expenses.

Comment: Several commenters were concerned about the safety of performing services on the site-of-service payment differential list in their offices. As evidence, several commenters cited the fact that if anesthesia is used in some procedures, the procedures should not be performed in a physician's office. Other commenters believed that our policy to have a payment reduction based on the site of service would steer patients to have procedures performed in an inappropriate setting.

Response: We select the procedures on the site-of-service payment differential list based on the fact that they are already performed in a physician office more than 50 percent of the time. We used data from CY 1993 as the basis for determining whether a procedure met the 50 percent criterion. We recognize that procedures are not always performed in a physician office, and it is not the purpose of this policy to dictate where a physician should perform the service. We anticipate that physicians would consider the welfare of the beneficiary in selecting the site at which to perform the service.

Some of the commenters cited specific services that they believed could not be performed in physician offices at any time. Based on those comments and further review of our data, we have determined that the following six procedures are not physician office procedures: CPT codes 31040 (pterygomaxillary fossa surgery, any approach), 33415 (resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis), 33420 (valvotomy, mitral valve; closed heart), 40700 (plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral), 43420 (closure of esophagostomy or fistula; cervical approach), and 61000 (subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial). Therefore, we are removing them from the site-of-service payment differential list.

Comment: Several commenters believed that there are inconsistencies in the application of the site-of-service payment differential to individual codes within a family of similar services. They noted that, in some cases, one code in a family is subject to the site-of-service reduction and other codes in the family are not.

Response: In general, we agree that a consistent application of the site-of-service payment differential across families of similar services would reduce what appear to be anomalous payment policies. However, we do not believe that procedures, particularly high volume procedures, that are performed more than 50 percent of the time in a physician's office should be exempted from the list simply because other procedures in the family are not on the list. Nonetheless, we have addressed part of the problem of inconsistencies within a family of services by excluding some of the procedures performed fewer than 100 times during the year from the site-of-service payment differential list.

Comment: Several commenters objected to the inclusion of the following codes: CPT codes 95880 (cerebral aphasia testing) and 95881 (cerebral developmental testing) as inconsistent with our policy of exempting psychotherapy services from the site-of-service payment differential list.

Response: The commenters correctly stated that psychotherapy codes are excluded from the site-of-service list; however, the two codes listed are not psychotherapy codes. They are diagnostic tests. Therefore, we are retaining CPT codes 95880 and 95881 on the site-of-service list.

Comment: Commenters questioned specific codes that were proposed for inclusion on the site-of-service payment differential list. Many of the commenters referred to codes that are used as miscellaneous codes or codes for otherwise unidentified services, such as CPT codes 21499 (unlisted musculoskeletal procedure, head), 69949 (unlisted procedure, inner ear), 69979 (unlisted procedure, temporal bone, middle fossa approach), and 90749 (unlisted immunization procedure). A number of commenters

believed that carrier-priced codes, that is, codes that do not have nationally published RVUs, should not be subject to the site-of-service reduction.

Response: We agree with these commenters and are removing codes that do not have nationally published RVUs. We inadvertently included most of those codes in the proposed list of procedures subject to the site-of-service payment differential. We are, therefore, removing CPT codes 21499, 69949, 69979, and 90749 from the list.

Comment: One commenter objected to the deletion of the following CPT codes from the ASC list: CPT codes 11403, 11423, 11443 (excision of benign skin lesions); CPT codes 11603, 11623, 11643 (excision of malignant skin lesions); CPT code 12052 (layer of closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes, 2.6 cm to 5.0 cm); CPT code 45330 (sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)); and CPT code 65860 (severing adhesions of anterior segment, laser technique (separate procedure)).

Response: Our proposal concerned only the application of the site-of-service payment differential, not changes to the ASC list. As referenced earlier in this section, we published a separate notice on proposed additions and deletions of procedures on the ASC list in the December 14, 1993 proposed notice (58 FR 65357).

Final Decision: The site-of-service list for 1995 appears in Addendum F of this final rule. All additions to the list are identified by an asterisk.

G. Bundled Services

1. Generation and Interpretation of Automated Data (CPT Codes 78890 and 78891)

We proposed to bundle payment for CPT codes 78890 and 78891 into the payment for the primary procedure and assign a "B" status indicator to show that payment would be bundled into the payment for another service. We proposed to redistribute the RVUs associated with CPT codes 78890 and 78891 across all codes.

Comment: A number of commenters noted that payment for CPT codes 78890 and 78891 should not be allowed when the generation and interpretation of quantitative data is inherent in the primary procedure, such as myocardial perfusion imaging. However, they believed payment for these codes should be allowed when the procedure is nonquantitative. The commenters maintained that CPT codes clearly distinguish codes that include quantitative analysis work and codes that are nonquantitative. Further, the commenters argued that the work RVUs for primary procedures in which quantitative analysis is not always done do not include payment for the generation and interpretation of quantitative data.

Response: We do not agree that the CPT codes clearly distinguish between codes that include quantitative analysis and codes that do not. In fact, we believe that the lack of clarity in the CPT codes has contributed to the incorrect use of these codes in various parts of the country.

Several commenters identified CPT code 78460 (myocardial perfusion imaging) as being "quantitative." Thus, commenters believed the additional reporting of CPT code 78890 or 78891 would be inappropriate. However, CPT code 78460 and others like it are not defined as "quantitative." Rather, they are defined as "quantitative or qualitative." Thus, the commenters' belief that we should foreclose use of CPT codes 78890 and 78891 when a given study is quantitative cannot be implemented easily if the codes cited by the commenters describe quantitative or qualitative studies.

In response to commenters' concerns that bundling CPT codes 78890 and 78891 would fail to recognize the added work associated with the generation of automated data, we note that the work RVUs of these codes are only 0.05 and 0.10, respectively. We believe this amount of work is within the range of work associated with the payment for any of the primary procedures and a policy that would allow CPT codes 78890 and 78891 to be used with some codes but not others is not justified.

Comment: One commenter expressed concern that we did not make sufficient efforts to investigate and correct inappropriate billing practices before suggesting that payment for generating and interpreting quantitative data be bundled into payments for primary procedures.

Response: Medicare charge data show that the incorrect use of CPT codes 78890 and 78891 has led to inappropriate claims and duplicate payments to physicians. It is our responsibility to ensure that payments under the physician fee schedule are made for distinct physicians' services. In general, we do not allow separate payment for calculations or the use of computers to analyze data. Upon review of the comments received, we believe that there are sufficient reasons to bundle payment for CPT codes 78890 and 78891 into the payment for the primary procedure.

Final Decision: We will assign a "B" status indicator to CPT codes 78890 and 78891. Payment for these services will be bundled into payments for the primary procedure. We will redistribute the RVUs associated with CPT codes 78890 and 78891 across all other codes in the nuclear medicine section of the CPT Manual (CPT codes 78000 through 78999).

2. Noninvasive Ear or Pulse Oximetry (CPT Code 94760)

We proposed to bundle payment for CPT code 94760 into the payment for the larger procedure that required the pulse oximetry test and assign a "B" status indicator to show that payment would be bundled into the payment for another service. Because pulse oximetry may be performed in conjunction with a variety of physician services, we proposed to implement this in a budget-neutral manner by redistributing the current RVUs across all services.

Comment: Several commenters opposed the proposal not to allow separate payment for CPT code 94760 (noninvasive ear or pulse oximetry for oxygen saturation; single determination). These commenters argued that there are valid situations in which pulse oximetry is performed in a stand-alone fashion and not as part of a larger procedure.

Response: As a result of our review of the comments on this issue, we have decided not to implement this proposal. We agree that there are certain situations in which the measurement of oxygen saturation is required to demonstrate the need for covered medical therapies. In these cases, we recognize that noninvasive ear or pulse oximetry may not be furnished in addition to another service, such as an office visit or procedure. We believe, however, that noninvasive pulse oximetry is a simple monitoring test that is sometimes performed as part of a larger procedure. We may reconsider this proposal in the future.

Final Decision: We have decided to continue to allow separate payment for CPT code 94760 under the physician fee schedule.

H. RVUs for Doppler Echocardiography (CPT Code 93325)

As a result of comments received about the distribution of RVUs to the professional component (PC) that resulted from the 1993 refinement process, we proposed to redistribute the RVUs assigned to Doppler color flow velocity mapping (CPT code 93325). The result of our proposal would be an

increase in the practice expense and malpractice expense RVUs of the technical component of the code and a decrease in the practice expense RVUs of the professional component of the code.

Comment: Two Medicare carriers agreed with the proposal. Another carrier had no comment on the specific proposal but indicated that the RVUs for all echocardiography codes should be reviewed for consistency with other similar ultrasonography codes. The carrier pointed out that cardiac ultrasonography (echocardiographs) does not include Doppler color flow velocity mapping (CPT code 93325) (and, thus, separate billing for CPT code 93325 is permitted), while the CPT indicates that duplex scans include this service. The carrier suggested that the RVUs for CPT code 93325 be bundled into all the appropriate codes that would then be given a bundled (B) status indicator.

Response: We disagree with the suggestion for bundling the RVUs for CPT code 93325 into the echocardiography codes at this time because it would be contrary to the CPT codes and because echocardiography procedures may be performed without Doppler color flow velocity mapping. We understand the carrier's point about the technical component (TC) RVUs assigned to the two groups of procedure codes in that the assigned RVUs do not clearly reflect which codes include the Doppler technology; however, these RVUs were established from historical data in accordance with the statute. We believe that any changes in TCs generally must await statutory changes. The Social Security Act Amendments of 1994 require us to establish practice expense RVUs according to a resource-based methodology. This change will be effective for services performed on or after January 1, 1998.

Comment: Several commenters, including physician specialty organizations, objected to our proposal to redistribute a substantial portion of the practice expense and malpractice expense RVUs assigned to the PC of CPT code 93325 in 1993 and 1994 to the TC of the procedure in 1995. The AMA supported the views of the specialty groups. The commenters made the following observations:

- The proposal would result in a significant savings "windfall" for HCFA of from $7.4 to $9.4 million in 1995 because Medicare carriers do not make TC payments for services furnished in hospital inpatient settings.
- The PC payment would be inadequate to compensate physicians for the time, skill, and effort involved in the procedure.
- The proposed 0.04 practice expense RVUs do not compensate the physician for the cost of equipment, personnel, and supplies. The ratio between TC and PC should be 60/40.
- The majority of the malpractice expense RVUs should be assigned to the PC.
- There should be a 3-year transition to mitigate the effect of the reallocation.
- Any redistribution of practice expense RVUs should await implementation of a resource-based practice expense methodology.

Response: The circumstances pertaining to changes to the RVUs assigned to CPT code 93325 are unique. We do not believe that our proposal to correct a mistake should be used as an opportunity to attack the general methodology for calculating practice expense and malpractice expense RVUs. For 1992, CPT code 93325 was designated as a TC-only code, and the established fee schedule policy was that any physician work involved in CPT code 93325 was payable through the PC of the associated echocardiography procedure code.

As part of the 1992 RVU refinement process, we determined that CPT code 93325 required additional physician work, thus, 0.07 RVUs were established to recognize this work for the 1993 fee schedule. The decision reflected a determination that the 1992 policy should be modified to recognize that some, but not all, of the additional physician work associated with CPT code 93325 was payable through the associated echocardiography procedure code. Unfortunately, the practice expense and malpractice expense RVUs were distributed in the same way as would have been the case with other procedure codes that have a PC and a TC. We did not take into account that, in this unique situation, a very modest PC was created out of what previously had been a TC-only code. While the change had no effect on global (combined service) billings for procedures from physicians' offices, it had the significant, unintended effect of overpaying billers of the PC and underpaying billers of the TC.

We did not propose this change to achieve "windfall" savings. Rather, after having received no payment for the PC of this code in 1992, PC billers of this service received the "windfall" in 1993 and 1994 at the expense of freestanding TC billers. Further, we see no reason to transition an excessive past payment over 3 years; the TC billers whose payments were cut in half over the 2-year period did not receive a similar transition.

In response to the comment that the payment would be inadequate to compensate physicians for the time, skill, and effort involved in the procedure, we note that the practice expense and malpractice expense RVUs are not designed to provide payment for these factors. These are elements of physician work payable through the 0.07 work RVU component of CPT code 93325 and the element representing physician work in the associated echocardiography procedure code.

In response to the comment that the proposed practice expense RVUs would be insufficient to cover equipment, personnel, and supply costs, we maintain that, in the case of procedures having TCs, the payment for these elements are made through the TC, not the PC. These elements of cost *are* what the TC represents.

In response to the comment that the majority of the malpractice expense RVUs should be assigned to the PC, we note that suppliers also have liability insurance costs, and we believe that, given the circumstances under which the PC for this code was created, the appropriate approach is to relate the malpractice RVUs to the proportion the created physician work element bore to the TC.

Finally, with respect to the comment that any redistribution of practice expense RVUs should await implementation of a resource-based practice expense methodology, we believe that we may correct errors that we have made in calculating the components of the global service.

Final Decision: We are adopting our proposal to redistribute the RVUs for CPT code 93325 as described in the proposed rule (59 FR 32769) effective for services furnished beginning January 1, 1995.

I. Nuclear Medicine

Based on recommendations from the American College of Nuclear Physicians and The Society of Nuclear Medicine we proposed that CPT modifier −51 for multiple procedures be used when it is necessary to perform a whole body planar study before a SPECT study is performed, both to determine if tomography is needed and to deduce the region to be selectively imaged. This would result in full fee schedule payment for the procedure with the highest payment level and a 50-percent payment for the second procedure.

Comment: We received few comments on this proposal. The comments from individual physicians and physicians' organizations ranged from support of

the proposal to stating that the planar and SPECT studies involved different equipment that do not produce the type of savings usually associated with multiple procedures. The commenter making the latter point indicated that the PCs of these procedures could reflect some economy of scale but that payment of the full fee schedule amount was the preferred alternative to the proposed policy.

Response: Under the physician fee schedule policy, surgical services furnished on the same date are subject to a multiple procedure payment adjustment and the CPT codes to which this adjustment apply have a "1" indicator in the appropriate field of the physician fee schedule database. However, in the case of diagnostic tests, that field generally shows an indicator of "0," indicating that the multiple procedure adjustment does not apply, and Part B Medicare carriers generally pay in full for diagnostic tests performed on the same date as long as each test is medically necessary. If a carrier determined that a test was not medically necessary because it duplicated another test previously performed, the payment for the additional test would be denied in full.

As this proposal was presented to us, there was a need to clarify to Medicare carriers that these procedures did not necessarily duplicate one another when performed on the same date because there were valid medical reasons to perform both of these procedures one after the other. We agree with the suggestion and are adopting the proposal. Regarding the comment that there is more reason to apply this policy to only the PCs of these procedures because the TCs utilize different technologies, we note that, since approximately 90 percent of these procedures are performed in a hospital setting, only the professional component is billable to the carrier. Therefore, although we are applying this policy to global, PC, and TC billings, the major impact of the policy will be on PCs.

Comment: A Medicare carrier asked if the instructions implementing this proposal would require extensive system changes. The carrier indicated that if these services were assigned a multiple surgery indicator of "1" and the multiple procedure reduction applied when one service is billed with another procedure with the same indicator, application of the multiple surgery reduction would be relatively easy.

Response: Our policy will not require extensive systems changes. We will assign a multiple surgery indicator on our database as suggested by the commenter.

Final Decision: We are adopting the proposal for services furnished on or after January 1, 1995. We may wish to consider applying this "multiple procedure" policy to other diagnostic tests in the future.

J. End-Stage Renal Disease (ESRD)

1. Hospital Inpatient Dialysis on the Same Date as an Evaluation and Management Service

We proposed to pay for either an evaluation and management code or an inpatient dialysis code (CPT codes 90935 through 90947), but not both, on the same day. We proposed implementing the policy in a budget neutral manner by redistributing the payment for an evaluation and management service performed on the same day as dialysis into the payment for the dialysis service. We proposed to determine the current evaluation and management payment allowed when dialysis and an evaluation and management service are performed on the same day. We would make the appropriate adjustments to the work, practice expense, and malpractice expense RVUs to each of the four dialysis codes so that the payments remain budget neutral.

Comment: Most commenters objected to incorporating payment for evaluation and management services on the same day as inpatient dialysis into the payment for the dialysis. Most of these commenters misunderstood our proposal, believing that payment for the evaluation and management service would be eliminated altogether. Others believed that we contended that hospital visits are not necessary on the same day as dialysis. Some commenters indicated that inpatient dialysis is not an evaluation and management service but a procedure and, therefore, should not be bundled with other evaluation and management services. Many commenters described the complex medical details of a dialysis patient undergoing the dialysis process, yet characterized their own involvement as medical evaluation and decision-making. Others said that the other evaluation and management services are not related to the dialysis service. Commenters also indicated that without clear evidence of inappropriate billing of excessive, unnecessary hospital visits, the policy should not be changed. Others said that denying the nephrologists' hospital visits will only lead to concurrent care billing by other specialists.

Response: This proposal is consistent with the way other evaluation and management services for physicians are paid in that we allow payment for only one subsequent hospital visit code per date regardless of the number of actual encounters on that day. The RVUs for these codes were increased in recognition of the fact that some patients need more than one encounter per day. We are not eliminating payment for medically necessary physicians' services. We are simply paying for them in a different way by including these payments in the fee schedule amount for inpatient dialysis.

We do not agree that the physician's involvement during an inpatient dialysis is appropriately characterized as a procedure. The commenters who addressed this indicated that their work during dialysis was medical evaluation and decision-making. This follows our general policy of allowing payment for only one inpatient evaluation and management service furnished by the same physician on the same date of service.

Comment: Some commenters agreed that subsequent hospital visits furnished on the same day as inpatient dialysis should not be billed, but that the following services should be separately billable: an initial hospital visit, consultations, care furnished on the day of discharge, and all surgical procedures (for example, the insertion of a catheter) While most commenters did not agree with our proposal, they stated that if some of the evaluation and management services are bundled, we should at least maintain these particular services as separately billable.

Response: We agree with part of this comment and have decided to modify our proposal accordingly. We did not propose bundling surgical procedures and intend for them to remain separately billable.

Final Decision: As a result of our review of the comments on this issue, we have modified our proposal. Instead of bundling payment for all evaluation and management services performed on the same date as inpatient dialysis into the payment for the dialysis service, we will bundle payment for selected evaluation and management services. We will bundle payment for subsequent hospital visits (CPT codes 99231 through 99233) and follow-up inpatient consultations (CPT codes 99261 through 99263) into the fee schedule amounts for inpatient dialysis (CPT codes 90935 through 90947). We are implementing this proposal using the methodology described in the proposed rule (59 FR 32770). We increased the RVUs of the inpatient dialysis codes in proportion to

the dollars spent for these evaluation and management codes billed on behalf of the same patient on the same date by the same physician. The adjusted RVUs are as follows:

CPT code	Work	Practice expense	Mal-practice expense	Total
90935	1.22	1.49	0.1	2.81
90937	2.11	2.65	0.18	4.94
90945	1.28	1.27	0.08	2.63
90947	2.16	2.09	0.14	4.39

The practice expense RVUs for CPT code 90937 reflect the adjustment required by the section 13513 of OBRA '93 that 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.

Carriers will be instructed not to pay a physician for both dialysis and a subsequent hospital visit or a follow-up inpatient consultation on the same date of service. We will allow separate billing and payment for an initial hospital visit (CPT codes 99221 through 99223), an initial inpatient consultation (CPT codes 99251 through 99255), and a hospital discharge service (CPT code 99238) when billed on the same date as an inpatient dialysis service (CPT codes 90935 through 90947). We will continue to prohibit more than one inpatient dialysis service per date since the codes themselves recognize that some patients require repeat physician evaluations on a given date.

2. Payment for Outpatient ESRD-Related Services Under the Physician Fee Schedule

We proposed to include the monthly capitation payment (MCP) (CPT codes 90918 through 90921) under the physician fee schedule. We did not propose RVUs for these codes. Rather, we requested comments from nephrologists and other interested parties on the work RVU for this service and the basis for their recommendations. We also requested that RUC consider the MCP for purposes of recommending a work RVU. We proposed to base the practice expense and malpractice expense RVUs on current payment allowances by applying the nephrologists' practice expense shares to the current allowance. We proposed applying the nonsurgical update to these codes.

Comment: Most commenters agreed that the MCP should be included in the physician fee schedule, but supported the values recommended by RUC.

Response: HCFA's CMD panel considered the RUC recommendation and adjusted the RUC value to correspond to what the CMDs believed to be the amount of physician work for the typical chronic outpatient maintenance dialysis patient. A complete discussion of the development of RVUs for these codes appears in section V.

Comment: Some commenters stated that the bundle of services included in the MCP should be specifically defined before final RVUs for the MCP are assigned.

Response: Services included in the MCP are defined in § 414.314. This definition of services was first published in the Code of Federal Regulations (CFR) in the context of the former Alternate Reimbursement Method (ARM), which was the predecessor of the present MCP, implemented in 1983. This definition provides that all outpatient services related to the treatment of the patient's renal (ESRD) condition and any service furnished during a visit that was necessitated by the patient's renal condition are included in the MCP. The MCP is intended to be a global payment including all physicians' services related to the treatment of the patient's ESRD condition during a month.

Final Decision: We will pay for CPT codes 90918 through 90921 under the Medicare physician fee schedule for services performed on or after January 1, 1995, as we proposed in our June 1994 proposed rule. In addition, we will pay for CPT code 90922 under the physician fee schedule because it represents the daily equivalent of the monthly MCP codes. We are establishing the interim values that are discussed in Section V of this notice.

We will implement this proposal in a budget neutral manner and will apply the nonsurgical update to these codes. We will transition payment to the fee schedule over 2 years using a blend in 1995: 50 percent will be the full physician fee schedule amount and 50 percent will be the historical payment amount. In 1996, we will base payment on the full fee schedule amount.

K. Therapeutic Apheresis

We proposed to remove the physician work RVUs for therapeutic apheresis (CPT code 36520) and consider it an "incident-to" service on the fee schedule because we did not believe this service requires physician work but rather that it is performed by staff under the direction of a physician. Moreover, because this procedure is usually performed in a hospital by hospital staff, payment is part of the payment to the hospital. We proposed to assign the following RVUs for this "incident-to" service: practice expense—1.87; malpractice expense—0.12; total RVUs—1.99. Under our proposal, the code could be billed for the service only if it is performed in the office.

Comment: Several commenters expressed concern that the amount of physician work involved in treating patients receiving therapeutic apheresis was unrecognized by HCFA. Commenters gave the following examples of physician responsibilities associated with therapeutic apheresis:

- Physicians must evaluate the patient and the laboratory data to determine if the procedure is indicated, educate the patient regarding treatment, and obtain informed consent.
- Physicians are usually present during portions of the procedure to write orders, decide whether to continue treatment, and to adjust treatment parameters such as plasma flow, fluid replacement, and anticoagulation. These services are beyond the current scope of nursing practice.
- Physicians may be present for the entire procedure depending on the patient's condition, response to treatment, and whether other therapeutic apheresis team members are present. In settings in which the technical procedure is performed by a medical technician, the physician is in continuous attendance.
- The physician must be available to intervene in the event of complications.

• Physicians are responsible for the placement of the vascular access device and for establishing the plan for site and catheter care.

• Physicians must evaluate the patient after the treatment, document the procedure notes, and plan for subsequent care.

A number of commenters described the work of the physician as involving evaluation, management, and consultation. A few commenters noted that the physician work involved with therapeutic apheresis is similar to the work involved with inpatient dialysis.

Several commenters stated that the Medicare coverage rules require, for payment to be allowed for services provided in a nonhospital setting, that a physician be present during therapeutic apheresis to perform medical services and to respond to medical emergencies, that each patient be under the care of a physician, and that all nonphysician services be furnished under the direct, personal supervision of a physician. The respondents stated that these requirements demonstrated the physician work required with the procedure.

Response: As a result of the comments we received on this issue, we have decided not to remove the physician work RVUs for therapeutic apheresis. We agree with the commenters that therapeutic apheresis requires physician work. As described by the commenters, the services physicians furnish to patients receiving therapeutic apheresis are generally evaluation and management services. Thus, we believe that the policy on payment for therapeutic apheresis should be consistent with our payment policy for inpatient dialysis services. We do not believe payment should be made for both the therapeutic apheresis code and certain other evaluation and management codes on the same date.

Final Decision: As a result of our review of the comments on this issue, we have modified our proposed policy. We will continue to allow payment for physician work RVUs for therapeutic apheresis under Part B in the hospital and nonhospital settings. However, we will not permit payment for both therapeutic apheresis and certain evaluation and management codes on the same date. Specifically, we will not allow separate payment for CPT codes 99211 through 99215 (established patient office or other outpatient visits), 99231 through 99233 (subsequent hospital care) and 99261 through 99263 (follow-up inpatient consultations) on the same date that CPT code 36520 (therapeutic apheresis) is provided. However, physicians furnishing therapeutic apheresis services may choose to bill for the appropriate evaluation and management visit or consultation code indicating the level of services provided rather than billing for the therapeutic apheresis services. This will permit physicians to be paid for the level of service furnished. In addition, the time spent in therapeutic apheresis management may not be counted in determining the duration of time spent on critical care services (CPT codes 99291 and 99292). Further, we consider the code for therapeutic apheresis to include payment for all medical management services for the patient on that date and, therefore, we will allow payment for only one billing (a single unit) of CPT code 36520 for the same physician on the same date for the same patient.

Separate payment is allowed for physician services furnished to establish the required vascular access if performed by the physician and if the criteria for payment under the appropriate CPT code are satisfied. We will also allow separate billing for CPT codes 99221 through 99223 (an initial hospital visit), CPT codes 99241 through 99245 and 99251 through 99255 (initial consultations), and CPT code 99238 (a hospital discharge service) when billed on the same date as CPT code 36520 (therapeutic apheresis). Our revised policy is consistent with the policy for inpatient dialysis services described elsewhere in this final rule.

We will implement this policy in a budget-neutral manner by bundling the payment for certain evaluation and management services performed on the same date as therapeutic apheresis into the payment for the therapeutic apheresis service. We calculated the adjustment required by dividing the sum of the 1993 allowed charges for therapeutic apheresis and the appropriate evaluation and management codes billed in conjunction with therapeutic apheresis by the 1993 allowed charges for therapeutic apheresis. Using this methodology, the work, practice expense, and malpractice expense RVUs for therapeutic apheresis have been increased for 1995. The total 1995 RVUs for therapeutic apheresis are 3.78 (1.74 work RVUs, 1.92 practice expense RVUs, and 0.12 malpractice expense RVUs.)

III. OBRA '93 Provision—Payment for Antigens (Allergen Immunotherapy)

In the June 1994 proposed rule (59 FR 32770), we explained a number of steps that we proposed to take to bring payment for antigen services under the physician fee schedule. As a result of changes made in OBRA '93, effective for services furnished on or after January 1, 1995, antigen services must be paid for under the physician fee schedule.

One proposed change was to no longer recognize J codes (that is, level 2 HCPCS codes) for antigen services. The J codes are seldom used, primarily because most physicians use the appropriate CPT codes to report the services. We believe that we should simplify coding, and, therefore, billing, for antigen services by eliminating use of the J codes.

Another proposal that we announced was our plan to no longer recognize the "complete service" CPT codes. As we explained in the proposed rule (59 FR 32771), there are three types of CPT antigen codes. The first type includes the injection only codes (CPT codes 95115 and 95117). The second type includes the codes representing the antigen extract itself and the physician's professional service in creating that extract (CPT codes 95144 through 95149, 95165, and 95170). The third category includes the "complete service" codes (CPT codes 95120 through 95134), which represent both the injection(s) and the extract and its preparation. Some allergists performing both the injection and the extract/extract preparation services bill the components (that is, the injection services and the extract/extract preparation), while others furnishing both services simply bill the one complete service code. As we explained in the proposed rule (59 FR 32771), we believe that the use of the complete service codes should be eliminated. Only component billing should be used by allergists furnishing both services. In our judgment, accurate payment cannot be guaranteed under the complete service codes because they can represent more than one way to deliver antigen services, and those different methods of delivery have different resource costs.

We proposed accepting the RVUs that have been recommended to us by the Joint Council of Allergy and Immunology (JCAI) as listed in the June 1994 proposed rule (59 FR 32772).

Finally, we do not propose to make transition payments for antigen services. Instead, we plan to go to the full fee schedule amounts immediately. We made this proposal because there is wide variation in the way in which Medicare carriers currently pay for antigen services. Some pay by vial, with a vial representing 10 cc's for some and 7 cc's for others. Some pay by dose. Still others factor in concentrations of the antigen. As we stated in the proposed rule (59 FR 32772), we believe that there

should be a transition only when the units of service are the same, or at least approximately the same, under the old and new payment systems. Since we have no assurance that most carriers use the antigen definitions we are employing under the fee schedule, we propose no transition from our prior carrier payment amounts.

Comment: Some commenters objected to the elimination of the use of "complete service" codes (CPT codes 95120 through 95134). According to these commenters, the complete service codes are the only codes that accurately describe the provision of antigens through a treatment board. When a treatment board is used, according to the commenters, the various allergenic extracts are drawn directly from the bottle into the syringe for injection. Thus, no vial is created. This means that the treatment board allergists' use of component billing (that is, the injection code (CPT codes 95115 or 95117) plus the extract/extract preparation code (for example, CPT code 95165)) would not be technically accurate. This is because the extract/extract preparation codes are described in terms of vials and, as noted above, treatment board physicians do not create vials when they furnish antigen therapy.

One commenter suggested that if we pursue the elimination of the use of the complete codes, we should clarify that physicians may use the extract/extract preparation vial codes when using a treatment board, even though no vial is created.

Response: We continue to believe that use of the complete service codes will not permit accurate Medicare payment. Because it is possible for a complete service to equal an injection code plus a dose or doses from multiple or single dose vials, we cannot establish one accurate price for the complete service code. That inability stems from the fact that resource costs are higher for a dose from a single dose vial than from a multiple dose vial. This is evidenced in the per dose RVU differential between the single dose vial (CPT code 95144) and the multiple dose vial (CPT code 95165) extract/extract preparation codes. Therefore, we have decided to adopt our proposal to eliminate use of CPT codes 95120 through 95134. (We recognize that some commenters have stated that single dose vials (CPT code 95144) are not used by allergists who are also going to inject the antigen. Those allergists supposedly use only multiple dose vials. The language of the single dose vial code, however, does not limit the use of single dose vials to allergists who are not performing the injection service.)

Also, in general, we believe that it is best to have only one way to bill for a service. To have only one billing method, in terms of the appropriate codes to use, avoids confusion on the part of both carriers and physicians.

We agree with the commenter who suggested that, if we eliminate use of the complete service codes, we clarify that the allergists who use treatment boards, who formerly used the complete service codes, are to use the extract/extract preparation vial codes (for example, CPT codes 95145 through 95149, 95165, and 95170) even though they prepare no vials. They would also bill the appropriate injection code (CPT codes 95115 or 95117). Therefore, like all other allergists furnishing a complete service, they would bill for it on a component basis. We would not expect treatment board allergists to use extract/extract preparation CPT code 95144, the code representing single dose vials. They should bill the appropriate injection code plus CPT code 95165.

We will request changes to the CPT, effective January 1996, so that the language describing the extract/extract preparation codes clearly permits their use by allergists who use treatment boards. We will also seek a change in the descriptor for the single dose vial code (CPT code 95144). We will suggest that it be changed to reflect that it is a vial being injected by a physician other than the one who prepared the antigen.

Comment: One commenter believed that our proposed per dose pricing is inappropriate. The commenter pointed out that 1 cc can represent one dose for patient A, but two doses for patient B. She, therefore, recommended that we not use the CPT code and that we instead establish a HCPCS code to pay in a manner other than on the basis of doses. Pricing could be, for example, on a cc basis.

Response: We share the concern expressed by the commenter that doses, as the unit of service chosen for payment purposes, not be abused. To avoid confusion and disruption, however, we believe that we should adhere to the current codes' use of doses. We plan to monitor our payment for antigen services to determine whether there is a pattern of physicians inappropriately increasing the number of doses they furnish from a vial of extract and, therefore, ultimately increasing the number of doses for which they bill.

Final Decision: We have deleted the J codes for antigen services (J0220, J0230, J0240, J7010, and J7020). We will no longer recognize the complete service codes. The RVUs for CPT codes 95115, 95117, and 95144 through 95170 that we proposed have been appropriately adjusted for budget neutrality and appear in Addendum B of this final rule. Payment for these codes will be based on the full fee schedule amounts. For CPT codes 95144 through 95170, we will adhere to doses as the unit of service for payment purposes.

IV. Provisions of This Final Rule

The provisions of this final rule, for the most part, restate the provisions of the June 1994 proposed rule. This section lists all the provisions of this final rule and includes changes from the proposed rule. This final rule makes the following amendments to 42 CFR:

- Simplifies the authority citations for parts 410 and 414.
- Adds section 1881 of the Act to § 410.1 ("Basis and scope") as the authority for Medicare coverage for end-stage renal disease patients.
- Revises § 410.152(b)(4) ("Amounts of payment") to recognize that payment may be based on 80 percent of the payment amount computed on any other payment methodologies (for example, the physician fee schedule) than simply on a reasonable charge basis.
- Adds the definition of "antigens" under the definition of "physicians' services" under § 414.2 ("Definitions").
- Revises § 414.4 ("Fee schedule areas") by removing specific references to States identified as statewide fee schedule areas and clarifying that we will announce proposed and final changes in the **Federal Register**. This is a change from the proposed rule in which we identified Iowa as a statewide fee schedule area effective January 1, 1995.
- Adds new § 414.39 ("Special rules for payment of care plan oversight"). We changed the policy in the proposed rule to state that we will pay for care plan oversight services for beneficiaries receiving hospice services as well as home health services. Also, we decided to permit a physician to receive payment for services furnished during a calendar month period rather than for a 30-day period.
- Revises § 414.314 ("Monthly capitation payment method") by specifying in paragraph (c) ("Determination of payment amount") that the MCP is paid under the Medicare physician fee schedule described in part 414. Also, we are removing paragraph (d) ("Publication of payment amount") because the MCP rate will be published with all other physician services paid under the physician fee schedule.

In addition, the final rule differs from the proposed rule in that we have revised our proposed payment policies

as a result of public comments for the following physician services:

- We are not adopting our proposal to bundle payment for noninvasive ear or pulse oximetry into the payment for the larger procedure with which it is performed.
- Instead of bundling payment for all evaluation and management services performed on the same day as inpatient dialysis into the payment for the dialysis service, we will bundle payment for only selected evaluation and management services that are furnished on the same date inpatient dialysis is furnished. We are requiring that the services furnished on the same *date* (rather than *day*) be bundled to clarify which 24-hour period is subject to bundling.
- Instead of removing the physician work RVUs for therapeutic apheresis, we will pay physicians for either selected evaluation and management services or therapeutic apheresis, but not both, in inpatient and outpatient settings.

V. Refinement of RVUs for CY 1995 and Responses to Public Comments on Interim RVUs for 1994

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 CPT codes. (The CPT, which is published annually by the AMA, is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.) In section V.C., we discuss adjustments due to limitations on annual expenditures. We summarize changes for the 1995 physician fee schedule in section V.D. of this final rule. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1995.

B. Process for Establishing Work RVUs for the 1995 Fee Schedule

Our December 2, 1993 final rule on the 1994 physician fee schedule (58 FR 63626) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule apply to physician services furnished beginning January 1, 1994. 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 further public comment.

In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the December 1993 final rule and our establishment of the work RVUs for new and revised codes for the 1995 fee schedule.

1. Work RVU Refinements of Interim RVUs

a. Methodology (Includes table 2—work RVU refinements of interim and related RVUs). Although the RVUs in the December 1993 final rule were used to calculate 1994 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received approximately 35 substantive comments from 27 specialty societies on approximately 118 CPT codes with interim RVUs. We also received 37 recommendations from the RUC.

Only those RVUs that were identified in the December 1993 final rule as interim were subject to a comment period. We convened a multispecialty panel of physicians to assist us in the review of the 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 our 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. Ten specialty societies were represented on the panel.
- Primary care clinicians nominated by the AAFP, the ASIM, the American College of Physicians, the American Academy of Osteopathy, and the American Academy of Pediatrics.
- CMDs.

After eliminating the codes with final RVUs and certain codes that are discussed at the end of this section, we submitted comments on 27 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. 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 are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set listed approximately 120 services. Panelists were encouraged to make comparisons to reference services.

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

We then analyzed the ratings based on a presumption that the 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 interim RVUs published in Addendum C of the December 1993 final rule. We did not modify the RVUs unless there was clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the two remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final notice (57 FR 55938).

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 27 codes reviewed by our multispecialty panel, all of the requests were for increased values.

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.B.1.b. of this final

rule. Of the approximately 115 interim work RVUs that were reviewed, approximately 43 percent were increased, approximately 12 percent were decreased, and approximately 45 percent were not changed.

We received RUC recommendations for approximately 37 codes that appear in Table 2. We have accepted or increased 95 percent of these recommendations.

Table 2—work RVU refinements of interim and related RVUs. Table 2 lists the interim and related codes reviewed during the 1994 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.
- *1994 work RVUs.* The work RVUs that appeared in the December 1993 rule are shown for each reviewed code.
- *Requested work RVUs.* This column identifies the work RVUs requested by commenters including RUC recommendations. 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 RVUs shown have not been adjusted for budget neutrality. Some commenters did not take into account the fact that the interim RVUs had been rescaled and based their comments on the 1993 RVUs.
- *1995 work RVUs.* This column contains the final RVUs for physician work. The 1995 RVUs shown have not been adjusted for budget neutrality.
- *Basis for decision.* This column indicates whether:

—The recommendations of the refinement panel were the basis upon which we determined that the interim work RVUs published in the December 1993 final rule should be retained (indicator 1);
—A new value emerged from our analysis of the refinement panel ratings (indicator 2); or
—A new or retained value emerged from some other source (indicator 3). Codes with an indicator of 3 are discussed following Table 2.

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

HCPCS*	Description	1994 work RVU	Requested work RVU	1995 work RVU**	Basis for decision
15788	Chemical peel, face, epiderm	2.96	5.00	1.98	2
15789	Chemical peel, face, dermal	3.95	6.59	4.74	2
15792	Chemical peel, nonfacial	2.37	4.00	1.75	2
15793	Chemical peel, nonfacial	3.16	5.34	3.55	2
33200	Insertion of heart pacemaker	11.20	11.20	11.20	3
33206	Insertion of heart pacemaker	6.11	6.11	6.11	3
33208	Insertion of heart pacemaker	7.51	7.36	7.36	3
33210	Insertion of heart electrode	3.34	3.34	3.34	3
33211	Insertion of heart electrode	3.44	3.44	3.44	3
33212	Insertion of pulse generator	5.27	5.27	5.27	3
33213	Insertion of pulse generator	6.22	6.22	6.22	3
33214	Upgrade of pacemaker system	7.51	7.51	7.51	3
33216	Revision implanted electrode	5.13	5.13	5.13	3
33217	Insert/revise electrode	5.49	5.49	5.49	3
33218	Repair pacemaker electrodes	5.08	5.08	5.08	3
33220	Repair pacemaker electrodes	5.16	5.16	5.16	3
33222	Pacemaker aicd pocket	4.64	4.64	4.64	3
33223	Pacemaker aicd pocket	6.21	6.21	6.21	3
33233	Removal of pacemaker system	2.85	2.85	3.00	3
33234	Removal of pacemaker system	4.23	9.00	8.79	3
33235	Removal pacemaker electrode	5.62	10.25	10.04	3
33236	Remove electrode/thoracotomy	11.84	11.84	11.84	3
33237	Remove electrode/thoracotomy	12.83	12.83	12.83	3
33238	Remove electrode/thoracotomy	14.31	14.31	14.31	3
33240	Insert/replace pulse gener	7.28	7.28	7.28	3
33241	Remove pulse generator only	2.85	3.00	3.00	3
33242	Repair pulse generator /leads	5.92	5.92	5.92	3
33243	Remove generator/thoracotomy	21.71	21.71	21.71	3
33244	Remove generator	8.43	12.00	8.43	3
33247	Insert/replace leads	9.87	9.87	9.87	3
33249	Insert/replace leads/gener	12.97	12.97	12.97	3
37790	Penile venous occlusion	6.91	13.00	8.11	2
38102	Removal of spleen, total	4.85	7.00	4.85	3
43205	Esophagus endoscopy/ligation	3.81	4.10	3.83	3
43216	Esophagus endoscopy/lesion	2.83	2.76	2.43	3
43217	Esophagus endoscopy	2.83	2.86	2.93	3
43244	Upper GI endoscopy/ligation	4.62	4.68	4.64	3
43250	Upper GI endoscopy/tumor	3.63	3.58	3.24	3
43251	Operative upper GI endoscopy	3.63	3.68	3.74	3
43259	Endoscopic ultrasound exam	3.95	6.11	4.94	2
43458	Dilation of esophagus	1.03	3.09	3.09	2
43610	Excision of stomach lesion	10.22	13.00	10.22	3
43611	Excision of stomach lesion	12.57	16.00	12.57	3
44364	Small bowel endoscopy	4.18	4.22	4.27	3
44365	Small bowel endoscopy	4.07	4.12	3.77	3

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

HCPCS*	Description	1994 work RVU	Requested work RVU	1995 work RVU**	Basis for decision
44376	Small bowel endoscopy	5.43	7.19	5.75	2
44377	Small bowel endoscopy	5.73	7.50	6.05	2
44378	Small bowel endoscopy	7.48	8.50	7.80	2
44392	Colonoscopy & polypectomy	4.08	3.81	3.86	3
44394	Colonoscopy w/snare	4.08	4.42	4.48	3
44500	Intro, gastrointestinal tube	0.37	0.95	0.50	2
44615	Intestinal stricturoplasty	11.49	13.50	13.03	2
45308	Proctosigmoidoscopy	1.93	1.50	1.53	3
45309	Proctosigmoidoscopy	1.93	1.96	2.03	3
45315	Proctosigmoidoscopy	2.03	2.06	2.57	3
45333	Sigmoidoscopy & polypectomy	2.19	1.90	1.98	3
45338	Sigmoidoscopy	2.19	2.51	2.60	3
45384	Colonoscopy	5.25	4.71	4.75	3
45385	Colonoscopy, lesion removal	5.25	5.32	5.37	3
46610	Anoscopy; remove lesion	1.53	1.30	1.33	3
46611	Anoscopy	1.53	1.76	1.83	3
46612	Anoscopy; remove lesions	1.63	1.86	2.37	3
48150	Partial removal of pancreas	34.55	43.00	40.70	3
48152	Pancreatectomy	31.33	39.00	36.91	3
48153	Pancreatectomy	34.55	43.00	40.70	3
48154	Pancreatectomy	31.33	39.00	36.91	3
49495	Repair inguinal hernia, init	5.85	6.93	5.85	3
49496	Repair inguinal hernia, init	8.46	9.34	8.46	3
49500	Repair inguinal hernia	4.46	5.15	4.46	3
49501	Repair inguinal hernia, init	7.34	8.10	7.34	3
49507	Repair inguinal hernia	7.48	8.20	7.48	3
49521	Repair inguinal hernia, rec	9.53	10.50	9.53	3
49550	Repair femoral hernia	7.05	6.32	7.05	3
49553	Repair femoral hernia, init	7.48	9.87	7.48	3
49557	Repair femoral hernia, recur	8.83	10.58	8.83	3
49561	Repair incisional hernia	11.51	10.90	11.51	3
49565	Rerepair abdominal hernia	9.59	9.72	9.59	3
49566	Repair incisional hernia	11.51	11.80	11.51	3
49568	Hernia repair w/mesh	4.94	5.00	4.94	3
49572	Repair, epigastric hernia	5.41	7.25	5.41	3
49580	Repair umbilical hernia	3.28	5.00	3.28	3
49582	Repair umbilical hernia	5.19	7.92	5.19	3
49585	Repair umbilical hernia	5.00	5.07	5.00	3
49587	Repair umbilical hernia	6.00	8.44	6.00	3
54231	Dynamic cavernosometry	2.51	3.67	2.06	2
56620	Partial removal of vulva	6.76	———	6.74	3
56625	Complete removal of vulva	7.52	———	7.49	3
56630	Extensive vulva surgery	10.63	———	10.59	3
56631	Extensive vulva surgery	14.77	———	14.73	3
56632	Extensive vulva surgery	16.84	19.37	18.87	3
56633	Extensive vulva surgery	12.62	———	12.29	3
56634	Extensive vulva surgery	16.76	———	16.43	3
56637	Extensive vulva surgery	18.83	———	20.57	3
57454	Vagina examination and biopsy	1.28	1.56	1.28	3
58323	Sperm washing	0.19	0.30	0.23	2
61609	Transect, artery, sinus	7.90	10.00	10.00	2
61610	Transect, artery, sinus	23.69	35.00	30.00	2
61611	Transect, artery, sinus	5.92	7.50	7.50	2
61612	Transect, artery, sinus	17.77	33.00	28.19	2
74190	X-ray exam of peritoneum	0.32	1.00	0.49	2
74251	X-ray exam of small bowel	0.48	0.83	0.70	2
76075	Dual energy x-ray study	0.28	0.30	0.30	3
76975	Gi endoscopic ultrasound	0.82	1.02	0.82	1
93268	Ecg record/review	0.53	0.53	0.53	3
93539	Injection, cardiac cath	0.29	0.29	0.29	3
93540	Injection, cardiac cath	0.29	0.43	0.43	3
93724	Analyze pacemaker system	4.94	4.94	4.94	3
93731	Analyze pacemaker system	0.46	0.46	0.46	3
93732	Analyze pacemaker system	0.86	1.20	0.93	3
93733	Telephone analysis, pacemaker	0.17	0.17	0.17	3
93734	Analyze pacemaker system	0.38	0.38	0.38	3
93735	Analyze pacemaker system	0.51	0.75	0.75	3
93736	Telephone analysis, pacemaker	0.15	0.15	0.15	3
93737	Analyze cardio/defibrillator	0.45	0.45	0.45	3

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

HCPCS*	Description	1994 work RVU	Requested work RVU	1995 work RVU**	Basis for decision
93738	Analyze cardio/defibrillator	0.93	0.93	0.93	3
93922	Extremity study	0.22	0.41	0.25	3
93923	Extremity study	0.41	0.78	0.46	3
93924	Extremity study	0.45	0.85	0.51	3
95807	Sleep study	1.68	1.70	1.68	3
95808	Polysomnography, 1–3	2.75	2.71	2.68	3
95810	Polysomnography, 4 or more	2.75	3.61	3.57	3
96405	Intralesional chemo admin	0.53	1.09	0.53	1
96406	Intralesional chemo admin	0.81	1.20	0.81	1
99295	Neonatal critical care	14.96	18.42	16.21	2
99296	Neonatal critical care	7.46	9.93	7.48	2
99297	Neonatal critical care	3.71	5.00	3.88	2
99354	Prolonged service, office	1.15	2.33	1.53	3
99355	Prolonged service, office	0.38	1.20	1.53	3
99356	Prolonged service, inpatient	1.15	3.00	1.46	3
99357	Prolonged service, inpatient	0.38	1.50	1.46	3

*All numeric CPT HCPCS Copyright 1994 American Medical Association.
**RVUs do not reflect adjustment for budget neutrality.

b. Discussion of codes not reviewed by the panel (Includes Table 3—Prolonged Services). 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 work RVUs we have established for the codes are discussed below. The 1995 work RVUs mentioned in this discussion have not been adjusted for budget-neutrality purposes.

For the following CPT codes, we received RUC recommendations that support our interim work RVUs. We have made the interim work RVUs the final work RVUs:

CPT code	Description
33200	Insertion of heart pacemaker.
33206	Insertion of heart pacemaker.
33210	Insertion of heart electrode.
33211	Insertion of heart electrode.
33212	Insertion of pulse generator.
33213	Insertion of pulse generator.
33214	Upgrade of pacemaker system.
33216	Revision of implanted electrode.
33217	Insert/revise electrode.
33218	Repair of pacemaker electrode(s).
33220	Repair of pacemaker electrode(s).
33222	Pacemaker acid pocket.
33223	Pacemaker acid pocket.
33236	Remove electrode/thoracotomy.
33237	Remove electrode/thoracotomy.
33238	Remove electrode/thoracotomy.
33240	Insert/replace pulse generator.
33242	Repair pulse generator/leads.
33243	Remove generator/thoracotomy.
33247	Insert/replace leads.
33249	Insert/replace leads/generator.
93268	ECG record/review.
93539	Inject circulation assist.
93724	Analyze pacemaker system.
93731	Analyze pacemaker system.
93733	Telephone analysis, pacemaker.
93734	Analyze pacemaker system.
93736	Telephone analysis, pacemaker.
93737	Analyze cardio/defibrillator.
93738	Analyze cardio/defibrillator.

Insertion of heart pacemaker (CPT code 33208). We received a RUC recommendation of 7.36 RVUs, which we have accepted.

Removal of permanent pacemaker (CPT codes 33233 through 33235). We received RUC recommendations for CPT codes 33233, 33234, and 33235 of 2.85, 9.00, and 10.25 RVUs, respectively. The RUC valuations are based upon a vignette that gives a worst case scenario rather than an average case. We do agree, however, with the difference in work between CPT codes 33234 and 33235 of 1.25 RVUs as opposed to the American College of Cardiology (ACC) recommendation for CPT code 33235 as 10 percent more than CPT code 33234. As we noted last year, these three codes were derived from a single 1993 code, CPT code 33232. To be consistent, the volume-weighted average RVUs for the new codes should equal the RVUs for the old code, 4.95 on the 1994 scale. We calculated the 1994 RVUs for this family of codes based on ACC estimates of relative volumes of 5 percent for CPT code 33233 and our own estimates of 38 percent for CPT code 33234 and 57 percent for CPT code 33235. Our claims experience has been very different: 69 percent for CPT code 33233, 19 percent for CPT code 33234, and 12 percent for CPT code 33235. Given our belief that the RVUs for CPT code 33233 should be the same as the RVUs for CPT code 33241 (Removal of implantable cardioverter-defibrillator pulse generator only), we have established 3.00 RVUs for CPT code 33233. We have recalculated the RVUs for CPT codes 33234 and 33235 based on 1994 utilization data and have established 8.79 RVUs for CPT code 33234 and 10.04 RVUs for CPT code 33235.

Removal of implantable cardioverter-defibrillator pulse generator only (CPT code 33241). We received a RUC recommendation of 3.00 RVUs and have decided to accept the recommendation.

Removal of implantable cardioverter-defibrillator pulse generator and/or lead system; by other than thoracotomy (CPT code 33244). We received a RUC recommendation of 12.00 RVUs for this service, which involves a removal only. We believe that the recommendation is too high since CPT code 33247, which involves insertion and removal, is assigned 9.87 RVUs. We also believe that CPT code 33244 requires less work than CPT code 33236 (removal by thoracotomy), which is assigned 11.84 RVUs. We also believe that removal only requires less work than insertion only (CPT code 33249, which is assigned 12.97 RVUs). For these reasons, we are retaining 8.43 RVUs for CPT code 33244.

Splenectomy; total, en bloc, for extensive disease, in conjunction with other procedure (CPT code 38102).

Comment: A commenter agreed with our characterization of this service as equivalent to the intraoperative work of a stand-alone total splenectomy (CPT code 38100) but questioned our estimate that the intraoperative portion constituted 40 percent of the total work

of CPT code 38100. The commenter stated that preoperative and postoperative visits amount to 43 percent of the total work and argued that the intraoperative portion should therefore be 57 percent.

Response: The 57 percent figure cited by the commenter includes all of the nonvisit work, including dressing, scrubbing, and waiting before surgery, and the postoperative care on the day of surgery, as well as the work of opening and closing the abdomen. None of this work is included in CPT code 38102. We estimate that 30 percent of this 57 percent (17 percent of the total work of CPT code 38100) can be attributed to these other tasks; therefore, we arrive at the 40 percent figure used for our estimate. Therefore, we have decided to retain the current 4.85 RVUs for CPT code 38102.

Gastrointestinal endoscopy with band ligation of varices (CPT codes 43205 and 43244).

Comment: A commenter recommended a higher valuation for ligation of varices (CPT codes 43205 and 43244) than for injection sclerosis of varices (CPT codes 43204 and 43243). The interim RVUs assigned to ligation of varices were equivalent to the interim RVUs assigned to the injection sclerosis of varices.

Response: We reviewed the 1993 RUC recommendations, which were contradictory on this point, suggesting that CPT code 43205 have 0.20 RVUs more than the RVUs for CPT code 43204 but allowing for no differential between the RVUs for CPT code 43243 and CPT code 43244. Because we believe the increment should be equal in both pairs of codes, we took a volume-weighted average. Because CPT codes 43243 and 43244 are performed less than CPT codes 43204 and 43205, the increment is only 0.02 RVUs. Thus, we have modified the RVUs for CPT codes 43205 and 43244 (band ligation) and have increased their RVUs by 0.02 RVUs to 3.83 and 4.64, respectively.

Gastrointestinal endoscopy with removal of tumor(s), polyp(s), or other lesion(s) (CPT codes 43216, 43217, 43250, 43251, 44364, 44365, 44392, 44394, 45308, 45309, 45333, 45338, 45384, 45385, 46610, 46611, and 46612). These lesions may be removed by hot biopsy forceps or bipolar cautery (CPT codes 43216, 43250, 44365, 44392, 45308, 45333, 45384, and 46610) or snare technique (CPT codes 43217, 43251, 44364, 44394, 45309, 45338, 45385, and 46611). In the cases of proctosigmoidoscopy and anoscopy, there are codes that apply only to the removal of a single lesion (CPT codes 45308, 45309, 46610, and 46611); for multiple lesions, the same code is used for either technique (CPT codes 45315 and 46612).

Comment: Commenters disagreed with the two techniques (hot biopsy forceps or bipolar cautery, on the one hand, or snare technique, on the other hand) being given the same RVUs (2.83), stating that the snare technique involves more work.

Response: These two techniques were previously reported under the same CPT code. When the codes were split, we did not have adequate information on relative volumes to make a work-neutral revaluation, so we kept the RVUs the same. We also believe the RUC RVUs were inconsistent (a discussion of the RUC RVUs appears in our December 1993 final rule (58 FR 63668)), valuing the snare technique as 9 percent more work for esophagoscopy, upper gastrointestinal endoscopy, and small bowel endoscopy; 63 to 65 percent more work for regular colonoscopy, stomal colonoscopy, and sigmoidoscopy; and 58 percent more work for anoscopy and proctosigmoidoscopy. While the number of lesions removed may vary among these three classes and would justify different RVUs, the relative work of the two techniques should not vary.

Since we now have volume data available, we took a volume-weighted average of the RUC recommendations and valued the snare technique as 61.5 percent more than the technique using hot biopsy forceps or bipolar cautery. We used this finding to calculate RVUs for these codes in conjunction with three other assumptions: (1) The increase in work over the base (diagnostic) endoscopy code for a technique should be the same within each endoscopy class; (2) the increments for single lesion removal used in the anoscopy/proctosigmoidoscopy class should not be greater than the increases for the corresponding techniques in the other two classes; and (3) RVUs should be work-neutral within each class. These assumptions gave us the following RVUs: 1.01 RVUs for hot biopsy forceps or bipolar cautery and 1.63 RVUs for snare technique in the sigmoidoscopy/colonoscopy class, and 0.82 RVUs and 1.32 RVUs in the other classes. We have assigned the multiple lesion code in the anoscopy/proctosigmoidoscopy class 1.86 RVUs. These RVUs, when added to the RVUs for the corresponding diagnostic endoscopy, give the total RVUs for these services.

Stomach excision (CPT codes 43610 and 43611).

Comment: A commenter objected to adjusting the RVUs for these revised codes for "budget neutrality."

Response: The discussion of our RVUs for these codes as well as the new gastrectomy codes makes no mention of budget or work neutrality. The average RVUs for these families of codes are, in fact, higher than their predecessor codes. Therefore, we have retained 10.22 RVUs for CPT code 43610 and 12.57 RVUs for CPT code 43611.

Pancreatic surgery (CPT codes 48150 through 48154).

Comment: A commenter recommended a higher valuation of these procedures than they had been assigned based upon the complexity of intraoperative work and extensive preoperative care. One commenter suggested 43.00 RVUs for CPT code 48150.

Response: The single code for the Whipple procedure was replaced in 1994 by four codes. The procedure as described by the old code was considered by this year's refinement panel and revalued at 40.59 RVUs. Using the same ratios as the RUC recommendations, we changed the RVUs for the four new codes so their volume-weighted average would equal 40.59 RVUs. This resulted in the assignment of 40.70 RVUs to CPT codes 48150 and 48153, and 36.91 RVUs to CPT codes 48152 and 48154.

Hernia repair (CPT codes 49495 through 49587).

Comment: A commenter criticized adjustment of the RVUs for these services for "budget neutrality" and decried the predomination of budget considerations over clinical judgment. The commenter further stated that hernia procedures were, in general, undervalued and these and other general surgical procedures had been denied the opportunity to have their undervaluation corrected.

Response: The commenter has confused two different uses of the term "budget neutrality." The first use of the term refers to the budgetary impact of RVU changes and is corrected by the rescaling of work RVUs for the entire fee schedule, not by changing the RVUs for individual codes or groups of codes. The second use is the mistaken application of the term to the conservation of established work RVUs, which might be more properly called work neutrality. The purpose of work neutrality adjustments is to ensure that the RVUs for new codes are consistent with the RVUs for the codes they are replacing. In the case of the hernia codes, the RUC recommendations explicitly stated that the proposed RVUs were intended to be equivalent to the RVUs for the old codes. Our work neutrality calculations were a means of judging their success at meeting those

goals and of correcting any inconsistencies. We make work neutrality adjustments because we believe that it is generally inappropriate to use coding changes as an excuse to reopen discussion of valuations of existing services. To do so would arbitrarily favor services that are better suited for recoding.

We disagree that there has not been ample opportunity to consider the valuation of hernia procedures: They were discussed and generally increased in value in the 1992 refinement process.

Vulvectomy procedures (CPT codes 56620 through 56637).

Comment: A commenter disagreed with our valuation of the work of a bilateral lymphadenectomy as being only 50 percent greater than the additional work of a unilateral lymphadenectomy over the base procedure.

Response: We agree. In this case, if there is no preprocedure or postprocedure work and no duplication of approach and closure, the procedure for the second side is identical to the unilateral procedure. To make this correction, we have revised the RVUs of the entire vulvectomy family (CPT codes 56620 through 56637), so that the RVUs for these codes are consistent with the RVUs for the codes before the addition of CPT code 56632 in 1994 and the extensive revisions of the vulvectomy codes in 1993.

Colposcopy and biopsy (CPT code 57454).

Comment: A commenter agreed that the change in the wording of the descriptor was intended to be editorial but that surveys of physicians performing the procedure indicated that the work should be given a higher value.

Response: As we have stated in the past, we believe it is inappropriate to use coding changes as an excuse to reopen discussion of valuations of existing services. To do so would arbitrarily favor services that are better suited for recoding. Therefore, we have retained 1.28 RVUs.

Dual energy x-ray (DEXA) study (CPT code 76075).

Comment: Numerous commenters objected to the 0.28 RVUs assigned to this service.

Response: We received a RUC recommendation of 0.30 RVUs and have accepted the RUC recommendation. The RUC recommendation and our final RVUs are based on a complete DEXA study. By definition, a DEXA study includes one or more sites, and a study of multiple sites is reported with CPT code 76075 as a single unit of service. A DEXA study also includes the following: a discussion of the procedure with the patient and a review of clinical data (for example, patient history) and other pertinent radiologic studies; calibration and quality control (for example, measurement of photons) of the device and assurance that anatomic markings are appropriately displayed and are in proper position; and assurance that quantitative data are valid, and that interpretation of data, generation of the written report, and communication of the report to the referring physician and/or patient are completed.

Injection procedure during cardiac catheterization (CPT code 93540). We received a RUC recommendation of 0.43 RVUs, which we have accepted.

Analyze dual chamber pacemaker system (CPT code 93732). The interim RVUs for this code were 0.86. We received a RUC recommendation of 1.20 RVUs. We disagree with this recommendation because we believe that the work is comparable to the work of 0.93 RVUs involved in analyzing a cardioverter/defibrillator (CPT code 93738). Therefore, we have assigned the same value, 0.93 RVUs.

Additionally, there are four related codes, CPT codes 93733, 93736, 93737, and 93738, which were not subject to comment but for which the RUC recommended no change from their current RVUs. Therefore, we have retained 0.17 RVUs for CPT code 93733, 0.15 RVUs for CPT code 93736, 0.45 RVUs for CPT code 93737, and 0.93 RVUs for CPT code 93738.

Analyze pacemaker system (CPT code 93735). We received a RUC recommendation of 0.75 RVUs and have accepted it.

Non-invasive physiological studies of arteries (CPT codes 93922 through 93924).

Comment: Commenters requested reconsideration of the RUC recommendations for these codes. The RUC recommended 0.41 RVUs for CPT code 93922, 0.78 RVUs for CPT code 93923, and 0.85 RVUs for CPT code 93924.

Response: The 1994 RVUs for these codes reflect that these codes cover the exact range of services previously reported with deleted CPT codes 93920 and 93921. We adjusted the RUC recommendations to produce interim RVUs, which we expected would have the same average RVUs as the deleted codes. We now have reviewed actual claims experience with the new codes and have revised these RVUs accordingly, that is, to produce the same average RVUs as the deleted codes. We have assigned 0.25 RVUs to CPT code 93922, 0.46 RVUs to CPT code 93923, and 0.51 RVUs to CPT code 93924.

Sleep studies (CPT 95807 through 95810).

Comment: Commenters requested reconsideration of the RUC recommendations for these codes. The RUC recommended 1.70 RVUs for CPT code 95807, 2.71 RVUs for CPT code 95808, and 3.61 RVUs for CPT code 95810.

Response: Because we did not have reliable estimates of utilization, we did not accept the RUC recommendations as interim RVUs for CPT codes 95808 and 95810. Instead, we used the 2.79 RVUs of the predecessor CPT code 95828. On the basis of 1994 claims data, we recalculated the RVUs for CPT codes 95807, 95808, and 95810, using the RUC relationships adjusted so that the volume-weighted average of the three codes would equal the RVUs for CPT code 95828.

Prolonged services (CPT 99354 through 99357).

Comment: Commenters objected to the interim RVUs, preferring those recommended by the RUC, because those RVUs were based on a survey of 60 physicians by the ASIM and the AAFP with a response rate of 75 percent, which showed median RVUs of 1.59, 75th percentile RVUs of 1.85, and median intraservice time of 50 minutes.

Response: The survey methodology used to support the RUC recommendations is poorly suited to value this service for several reasons:

(1) Response bias. In the materials submitted to the RUC for these codes, the AAFP/ASIM survey for CPT code 99354 reported a response rate of 49 percent (46 of 94) with median RVUs of 2.33, 75th percentile RVUs of 2.70, and median intraservice time of 60 minutes. The RUC recommendation was 2.33 RVUs. The commenters reported that, when additional responses were received (the response rate increased to 75 percent), the median and 75th percentile RVUs and the median intraservice time fell substantially. This large reduction of reported RVUs with the receipt of additional responses in the 75 percent sample reported by the commenters indicates a substantial response bias, that is, those favoring higher RVUs were more motivated to respond, and suggests that a 100 percent response rate would produce further reductions.

(2) Difficulty in characterizing the service. The vignettes used in the surveys describe entire episodes of care that would be reported using both an ordinary evaluation and management code and prolonged services codes but the vignettes did not distinguish what portion of the work described is included in the basic evaluation and

management service. It is likely that many survey respondents valued the work and time of the entire episode rather than the portion that would be considered prolonged services.

Even if the vignettes were constructed in a way that made it easy to identify the work of prolonged services, the heterogeneity of services covered by the codes severely weakens the validity of vignette-based magnitude estimation surveys. Statistically, this method requires the mode and mean of RVUs to be interchangeable. The fee schedule RVUs are intended to equal the average (or mean) work of all patients described by a code. Because it is nearly impossible, cognitively, to recognize and weigh the work and relative frequency of the entire range of patients described by the code, a vignette describing a typical patient (the mode) is substituted. The relationship of mean and mode becomes weaker as the collection of services included in a code becomes more heterogeneous. Evaluation and management services are among the most heterogeneous. This is one reason why typical times are included in their descriptors to help distinguish levels of service and are not needed to distinguish different levels of, for example, intestinal resection. The prolonged services codes are even more heterogeneous than visit codes, covering wide ranges of time and levels of service. Attempting to measure the average work of these codes on the basis of a vignette is similar to trying to estimate the average work of a code for unlisted procedures in a given anatomic region (such as CPT code 45999 (Unlisted procedure, rectum)) by estimating the work of one of the procedures covered by that code.

(3) The vignettes used for CPT codes 99354 and 99356 describe the most difficult cases covered by the codes. The vignettes for CPT codes 99354 and 99356 are identical to those for CPT codes 99355 and 99357, respectively. In order for the episodes described to qualify for CPT codes 99355 or 99357, they must involve at least 75 minutes of face-to-face time beyond the typical time for the visit code used. Since CPT codes 99354 and 99356 describe encounters with anywhere between 30 and 74 minutes of face-to-face time beyond the typical time, the vignettes describe the longest possible encounters that these codes represent. For reasons delineated below, we believe that episodes qualifying for CPT codes 99354 or 99356 average not 74 minutes but 40 minutes, and only 3 percent will also qualify for CPT codes 99355 or 99357. Even if these figures are substantial underestimates, unless all prolonged services episodes qualify for CPT codes 99355 or 99357, the vignettes overstate the average work.

Even when better suited to circumstances, magnitude estimation surveys are not a gold standard; they serve as a basis for discussion because better data are seldom available. In this case, however, there is a good source of information: the National Ambulatory Medical Care Survey (NAMCS), conducted by the National Center for Health Statistics. This study used state-of-the-art sampling techniques to ensure accurate representation of the full range of ambulatory care in the U.S. Instead of relying upon physician opinion as to the average length of encounters, NAMCS recorded face-to-face time for 33,795 visits at the time of visit. These data, combined with Medicare claims data concerning the relative frequency of visit codes, form the basis for Table 3—Prolonged Services, which follows.

TABLE 3.—PROLONGED SERVICES

HCPCS*	Typical time	Proportion of all office visits	Probability of code qualifying as prolonged	Average time of episode	Time beyond typical	Probability of code qualifying for 99354 only	Average time of episode	Time beyond typical	Probability of code qualifying for 99355	Average time of episode	Time beyond typical	Probability of code qualifying for 99354 & 99355 x1	Average time of episode	Time beyond typical
99201	10	0.005	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA
99202	20	0.017	0.0002	53.90	33.90	0.0002	53.90	33.90	(**)	NA	NA	(**)	NA	NA
99203	30	0.020	0.0027	66.31	36.31	0.0026	66.25	36.25	(**)	NA	NA	(**)	NA	NA
99204	45	0.013	0.0216	81.29	36.29	0.0215	81.06	36.06	0.0001	132.81	87.81	0.0001	128.92	83.92
99205	60	0.009	0.0431	100.12	40.12	0.0414	98.32	38.32	0.0017	143.22	83.22	0.0016	139.67	79.67
99211	5	0.042	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA
99212	10	0.194	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA
99213	15	0.469	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA
99214	25	0.157	0.0010	60.58	35.58	0.0010	60.56	35.56	(**)	NA	NA	(**)	NA	NA
99215	40	0.034	0.0104	77.96	37.96	0.0103	77.58	37.58	0.0001	118.72	78.72	0.0001	117.79	77.79
99241	15	0.004	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA	(**)	NA	NA
99242	30	0.006	0.0027	66.31	36.31	0.0026	66.25	36.25	(**)	NA	NA	(**)	NA	NA
99243	40	0.010	0.0104	77.96	37.96	0.0103	77.58	37.58	0.0001	118.72	78.72	0.0001	117.79	77.79
99244	60	0.013	0.0431	100.12	40.12	0.0414	98.32	38.32	0.0017	143.22	83.22	0.0016	139.67	79.67
99245	80	0.006	0.0714	126.41	46.41	0.0674	123.63	43.63	0.0040	173.52	93.52	0.0034	163.14	83.14
Average	.....	.....	0.0023	93.96	39.84	0.0022	92.28	38.49	0.0001	151.79	86.56	0.0001	145.51	80.75

* All numeric CPT HCPCS copyright 1994 American Medical Association.
** Less than 1 in 20,000.

The NAMCS data also confirm our belief that many more visits will occur at the shorter end of time periods covered by the codes: 60 minute visits are 12 times more likely than 90 minute visits, which are twice as likely as 120 minute visits. This is a direct consequence of the laws of probability: If a service has a typical time, the length of any single visit is more likely to be closer to that typical time than further away from it.

Comment: Commenters also stated that the interim RVUs contradicted our position that work per unit time should increase in a linear fashion for evaluation and management services. Among other examples, they cited a level-five established patient office visit (typical time 40 minutes) that lasted 100 minutes. This episode would be valued at 2.68 RVUs or 0.027 RVUs per minute, rather than the 0.038 RVUs per minute (1.53 RVUs/40 minutes) for a typical visit.

Response: The phenomenon described by the commenters is not a consequence of the interim RVUs. It occurs any time the length of a visit deviates from the typical time. For example, a level-five established patient visit that lasted 65 minutes (which

would not qualify for CPT code 99354) would average 0.024 RVUs per minute (1.53 RVUs/65 minutes). If it lasted 30 minutes, the average would be 0.051 RVUs per minute (1.53 RVUs/30 minutes). We do not believe 100 minutes to be the typical time of an episode qualifying for CPT codes 99215 and 99354. According to the NAMCS data, of those episodes of CPT codes 99215 that qualify for CPT code 99354 (70 minutes or longer), more than 96 percent will be shorter than 100 minutes, and 72 percent will be less than 80 minutes. As shown in Table 3, the average time should be 77.58 minutes, which would give 0.035 RVUs per minute (2.68 RVUs/77.58 minutes).

By combining the times and RVUs for visit codes and prolonged services, the commenters imply that this is a single service, described by a combination of codes. This is one of two possible interpretations: The codes also can be treated as describing separate services. Assuming that visit codes and prolonged services codes describe separate services, a different analysis would be appropriate, looking only at the time included in the prolonged services code. According to the CPT, "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 times cited in the CPT visit codes are typical times, not maximum times. The 30 minutes beyond the typical time is not unpaid time; it is as much a part of the visit as the first minute of the "typical" time. In the 100 minute example cited by the commenters, 70 minutes of service (40 minutes time typical for CPT code 99212 plus 30 minutes beyond) would be attributed to CPT code 99215 and 30 minutes to CPT code 99354. The work per unit time for CPT code 99354 would then be 0.038 RVUs per minute (1.15 RVUs/30 minutes), which is what the commenters believed it should be. (While the work per unit time for CPT code 99215 in this instance would be low, its RVUs are not in dispute; it is assumed that episodes shorter than the typical time will also occur and the difference will average out.) The problem with this interpretation is that the episode described by the commenter, lasting 60 minutes beyond the typical time of the visit code, is not representative of the bulk of services qualifying as CPT code 99354. Referring again to Table 3, the average duration beyond the typical time for episodes qualifying for CPT code 99354 is 38.49 minutes. With 30 minutes of this time included in the visit code, the time covered by the prolonged services code averages 8.49 minutes. This results in a work per unit time of 0.135 RVUs per minute (1.15 RVUs/8.49 minutes), nearly 4 times what the commenters believed it should be. With this interpretation, the RVUs for CPT code 99354 should be lowered to 0.33 RVUs.

These comments indicate a need for us to make a clear choice between these interpretations. For the interim RVUs, we straddled the two interpretations by counting only 15 minutes of prolonged services as included in the visit code and making the apparently generous estimate of an average of 45 minutes beyond the typical time for CPT code 99354, rather than the 38.49 minutes we have developed from the data. We have decided to adopt the first interpretation for the final rule that the combination of a visit code and a prolonged services code describes a single service. This interpretation is consistent with the deliberations of the 1992 refinement panel that established the linearity of work per unit time for evaluation and management services. We made these relationships linear by increasing the RVUs for higher level codes, which had lower work per unit time, to the same intensity as lower level visits instead of adjusting all RVUs to some intermediate value. The result was an increase in the average RVUs. A major reason we did not make this adjustment work-neutral within the family of visit codes was the argument that the Harvard RVUs were based upon vignettes that did not adequately consider the possibility of prolonged services. As the higher level codes were more likely to include prolonged services, we increased the RVUs for these services. If we assume that the visit code and prolonged service code represent a single service, the adoption of the prolonged services codes changes the work described by the visit codes in the same way that the adoption of an add-on code changes the value of a surgical procedure that previously included cases with or without the add-on procedure. In principle, the visit codes should be adjusted for work-neutrality. At present, prolonged services are billed so rarely (about once in 4000 visits) that adjustments would be less than 0.01 RVUs. We expect this frequency to rise substantially as familiarity with these codes increases. While we could use NAMCS data to predict future utilization, we believe it is more equitable to wait and see what actually happens.

Another problem with linearity arises with CPT codes 99355 and 99357. Under the CPT coding scheme, these codes represent different amounts of work per unit time depending on whether one unit or more than one unit is billed. According to the NAMCS data (see Table 3), the average length beyond typical time of an episode billed under CPT code 99354 alone is 38.49 minutes. The average length of an episode billing CPT codes 99354 and 99355 × 1 is 80.75 minutes, a difference of 42.26 minutes of face-to-face time. The average length beyond typical time of an episode billing CPT codes 99354 and 99355 × 2 (not shown in Table 3) is 116.17 minutes, a difference of 35.42 minutes over CPT code 99355 × 1. This represents an average difference in work of almost 20 percent for the same RVUs. This phenomenon is not a result of the NAMCS data. If the midpoints of the time periods listed in the CPT are used instead as typical times, CPT code 99354 alone would represent 52 minutes of face-to-face time, CPT codes 99354 and 99355 × 1 would represent 89.5 minutes (a difference of 37.5 minutes), and CPT codes 99354 and 99355 × 2 would represent 119.5 minutes (a 30 minute difference). Here CPT code 99355 represents 25 percent more time the first time it is used. If a typical episode is instead considered to last 20 minutes more than the minimum, the times become 50, 95, and 125 minutes and the differences 45 and 30 minutes, or 50 percent. The problem is inherent in the coding scheme: The difference in average times represented by codes for two successive time periods depends on the time periods described by both codes.

Aside from the lack of linearity in the RVUs for CPT codes 99355 and 99357, we believe it becomes increasingly difficult to estimate and document face-to-face time as these episodes become longer. We are afraid this difficulty will result in excessive variability in how the codes are used and how they are reviewed by Medicare carriers. One possible solution to both the linearity and documentation problems would be to bundle CPT codes 99355 and 99357 into CPT codes 99354 and 99356, respectively. This would reduce the task of estimation and documentation to simply establishing that the episode involved more than 30 minutes of face-to-face time beyond the typical time for the visit code. As shown in Table 3, the average time of all prolonged services beyond the typical time is 39.84 minutes. This average is only slightly more than the average time of episodes qualifying for CPT code 99354 alone, because episodes qualifying for CPT code 99355 are far less frequent.

Based on our data, we have given the prolonged services codes the same

RVUs as visits with 40 minutes of face-to-face or floor time. For the outpatient setting (CPT codes 99354 and 99355), the RVUs are identical to those of CPT code 99215, which has 1.53 RVUs. For the inpatient setting (CPT codes 99356 and 99357), the RVUs are the average of CPT code 99221 (30 minute initial hospital visit) and CPT code 99322 (50 minute hospital visit) resulting in 1.46 RVUs. We will not make work neutrality adjustments at present but will review the situation when utilization has stabilized. We will also continue to closely monitor usage of CPT codes 99355 and 99357 and will consider measures such as bundling or requiring submission of documentation if the codes appear to be overused.

2. Establishment of Interim Work RVUs for New and Revised Codes for 1995

a. Methodology (Includes Table 4—American Medical Association (AMA) Specialty Society Relative Value Update Committee (RUC) Recommendations and HCFA's Decisions). The major aspect of establishing work RVUs for 1995 was related to the assignment of interim RVUs for all new and revised CPT codes. As described in our November 1992 notice on the 1993 fee schedule (57 FR 55938), we established a process, based on recommendations received from the American Medical Association (AMA) Specialty Society Relative Value Update Committee (RUC), for establishing interim RVUs for new and revised codes.

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

We received work RVU recommendations for approximately 330 new and revised codes from the RUC. Physician panels consisting of CMDs and our staff reviewed the RUC recommendations by comparing them to our reference set or to other comparable services on the fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received the RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases when we agreed with the RUC relationships, we revised the RVUs recommended by the RUC in order to achieve work neutrality within families of codes. For approximately 85 percent of the RUC recommendations, proposed RVUs were accepted or increased, and for approximately 13 percent, RVUs were decreased.

We also received 8 recommendations from specialty societies for new or revised codes for which the RUC did not provide a recommendation. The specialty society recommendations were also reviewed by the physician panels. For 100 percent of the specialty society recommendations, the proposed RVUs were accepted.

Table 4 is a listing of those codes that will be new or revised in 1995 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 the RUC. If no recommendation was received from the RUC, this column shows "no rec."
- *Specialty-recommended RVUs.* This column identifies work RVUs recommended by a specialty society.
- *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 4. An (a) in this column indicates that RVUs were not assigned. A (b) indicates that RVUs were assigned by HCFA. A (c) indicates that no work RVUs were assigned. An (x) indicates that this service is not paid under the physician fee schedule. A discussion follows the table in section V.B.2.b.
- *HCFA value.* This column contains the 1995 RVUs for physician work. The 1995 RVUs shown have not been adjusted for budget neutrality.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from a specialty society. In addition to the codes on the table, there were 158 revised codes that the RUC Advisory Committee determined did not need to be revalued either because the coding change was determined to be editorial in nature or the existing RVUs required no further review by the full RUC. We agreed that the RVUs for 145 of these codes should not be changed. Of the 13 codes which were revalued, 5 increased in value and 8 decreased in value. The following is a summary of our rationale for revising the RVUs for the 13 remaining codes:

Radical resection of sternum (CPT code 21630). CPT 1994 included two codes for radical resection of sternum. CPT code 21630 was used to report resection for tumor. CPT code 21633 was used to report resection for osteomyelitis. CPT code 21633 has been deleted, and CPT 1995 directs the reporting of CPT code 21630 in its place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two codes to determine the revised work RVUs of 15.95 for revised CPT code 21630.

Tendon sheath incision (CPT code 25000). CPT 1994 included two codes for tendon sheath incision. CPT code 25000 was used to report incision at radial styloid for deQuervain's disease. CPT code 25005 was used to report incision for other stenosing tenosynovitis. CPT code 25005 has been deleted, and CPT 1995 directs the reporting of CPT code 25000 in its place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two codes to determine the revised work RVUs of 3.24 for revised CPT code 25000.

Flexor origin slide, forearm and/or wrist (CPT code 25315) and flexor origin slide, forearm and/or wrist; with tendon(s) transfer (CPT code 25316).

CPT 1994 included four codes for flexor origin slides. Two CPT codes (25316 and 25315, respectively) were used to report slides for cerebral palsy (with or without tendon(s) transfer). Two CPT codes (25318 and 25317, respectively) were used to report slides for Volkmann contracture (with or without tendon(s) transfer). CPT codes 25318 and 25317 have been deleted, and CPT 1995 directs reporting of CPT codes 25316 or 25315 (for either cerebral palsy or Volkmann contracture) in their place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two pairs of codes to determine the revised work

RVUs of 11.62 for CPT code 25316 and 9.56 for CPT code 25315.

Pleurectomy (CPT code 32310). CPT 1994 included two codes for excision of chest lining. CPT code 32310 was used to report parietal (separate procedure). CPT code 32315 was used to report partial pleurectomy. CPT code 32315 has been deleted, and CPT 1995 directs the reporting of CPT code 32310 in its place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two codes to determine the revised work RVUs of 12.18 for revised CPT code 32310.

Mediastinotomy, transthoracic approach (CPT code 39010). CPT 1994 included two codes for mediastinotomy. CPT code 39010 was used to report a transthoracic approach to incision. CPT code 39020 was used to report a sternal split. CPT code 39020 has been deleted, and CPT 1995 directs the reporting of CPT code 39010 in its place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two codes to determine the revised work RVUs of 10.90 for revised CPT code 39010.

Non-invasive vascular diagnostic studies, duplex scans (CPT codes 93882, 93888, 93926, 93931, 93971, 93976, 93979). There are multiple codes in CPT 1994 for duplex scans depending on the anatomical location. For each location there are two codes: one for a complete bilateral study and one for a follow-up or limited study. In CPT 1995, the "follow-up or limited study" codes have been revised to read: "unilateral or limited study." The codes now explicitly equate unilateral studies with limited studies. We believe that the payment relationships between unilateral and complete studies in this group of codes should be the same as those between most unilateral and bilateral procedures throughout the fee schedule: A complete (bilateral) study should be valued at 150 percent of a unilateral or limited study. We adjusted RVUs for each pair of codes so that the volume-weighted average work, practice expense, and malpractice expense for each pair stay the same, but the RVUs for complete procedures are 50 percent greater than the corresponding limited procedures. Because of this decision, the codes for seven of the complete studies (CPT codes 93886, 93925, 93930, 93970, 93975, and 93978) have also been revised.

In addition to these 13 codes, there was a CPT revision not reviewed by the RUC Advisory Committee or the full RUC for which we believe a revision to the work RVUs is needed. That CPT code is 25447 (interposition arthroplasty). CPT 1994 included two codes for arthroplasty. CPT code 25447 was used to report repair of intercarpal or carpometacarpal joints. CPT code 26527 was used to report arthroplasty of the carpometacarpal joints. CPT code 26527 has been deleted, and CPT 1995 directs the reporting of CPT code 25447 in its place. To keep the effect of this coding change work-neutral, we calculated a frequency weighted average of the two codes to determine the revised work RVUs of 9.97 for CPT code 25447.

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
11920	Correct skin color defects	1.63		Agreed	1.63
11921	Correct skin color defects	1.95		Agreed	1.95
11922	Correct skin color defects	0.50		Agreed	0.50
11975	Insert contraceptive cap	1.50		Agreed	1.50
11976	Removal of contraceptive cap	1.80		Agreed	1.80
11977	Remove/reinsert contra cap	3.30		Decreased	2.55
# 19367	Breast reconstruction	25.00		Agreed	25.00
# 19368	Breast reconstruction	31.50		Agreed	31.50
# 19369	Breast reconstruction	29.00		Agreed	29.00
20802	Replantation, arm, complete	50.00		Decreased	40.00
20805	Replant forearm, complete	70.46		Decreased	48.95
20808	Replantation, hand, complete	76.08		Decreased	60.86
20816	Replantation digit, complete	33.00		Decreased	30.00
20822	Replantation digit, complete	30.03		Decreased	24.80
20824	Replantation thumb, complete	35.68		Decreased	30.00
20827	Replantation thumb, complete	31.22		Decreased	25.50
20838	Replantation, foot, complete	50.00		Decreased	40.00
20955	Microvascular fibula graft	38.00		Agreed	38.00
20969	Bone-skin graft	44.28		Decreased	42.55
20970	Bone-skin graft, pelvis	44.10		Decreased	41.68
20972	Bone-skin graft, metatarsal	44.22		Decreased	42.00
20973	Bone-skin graft, great toe	47.29		Decreased	44.80
25240	Partial removal of ulna	4.96		Agreed	4.96
25320	Repair/revise wrist joint	10.00		Agreed	10.00
# 25337	Reconstruct ulna/radioulnar	9.50		Decreased	9.20
# 25830	Fusion radioulnar jnt/ulna	9.50		Decreased	9.20
25915	Amputation of forearm	20.00		Decreased	16.79
26550	Construct thumb replacement	25.02		Decreased	21.00
26555	Positional change of finger	19.47		Decreased	16.34
26580	Repair hand deformity	17.71		Decreased	15.99
26585	Repair finger deformity	16.36		Decreased	13.73
26590	Repair finger deformity	21.00		Decreased	17.63
28360	Reconstruct cleft foot	12.63		Agreed	12.63
# 29445	Apply rigid leg cast	1.80		Agreed	1.80
# 31254	Revision of ethmoid sinus	4.70		Agreed	4.70
# 31255	Removal of ethmoid sinus	7.04		Agreed	7.04
# 31256	Exploration maxillary sinus	3.33		Agreed	3.33
# 31267	Endoscopy, maxillary sinus	5.52		Agreed	5.52

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
# 31276	Sinus surgical endoscopy	8.85		Decreased	7.50
32820	Reconstruct injured chest	20.00		Agreed	20.00
32850	Donor pneumonectomy	11.84		(x)	
32851	Lung transplant, single	35.53		Agreed	35.53
32852	Lung transplant w/bypass	37.51		Increased	38.53
32853	Lung transplant, double	44.42		Agreed	44.42
32854	Lung transplant w/bypass	49.35		Decreased	47.42
33245	Implant heart defibrillator	12.71		Agreed	12.71
33246	Implant heart defibrillator	19.49		Agreed	19.49
33320	Repair major blood vessel(s)	15.56		Agreed	15.56
# 33321	Repair major vessel	18.95		Agreed	18.95
33330	Insert major vessel graft	19.36		Agreed	19.36
# 33332	Insert major vessel graft	22.75		Agreed	22.75
33401	Valvuloplasty, open	22.70		Agreed	22.70
33403	Valvuloplasty, w/cp bypass	23.69		Agreed	23.69
33406	Replacement, aortic valve	31.58		Agreed	31.58
33413	Replacement, aortic valve	34.55		Agreed	34.55
33414	Repair, aortic valve	29.61		Agreed	29.61
33417	Repair of aortic valve	27.64		Agreed	27.64
33470	Revision of pulmonary valve	19.74		Agreed	19.74
33471	Valvotomy, pulmonary valve	21.37		Agreed	21.37
33472	Revision of pulmonary valve	21.14		Agreed	21.14
* 33475	Replacement, pulmonary valve	27.64		Agreed	27.64
33476	Revision of heart chamber	24.68		Agreed	24.68
33478	Revision of heart chamber	25.66		Agreed	25.66
33505	Repair artery w/tunnel	25.66		Agreed	25.66
33506	Repair artery, translocation	25.66		Agreed	25.66
# 33572	Open coronary endarterectomy	4.50		Agreed	4.50
33600	Closure of valve	28.62		Agreed	28.62
33602	Closure of valve	27.64		Agreed	27.64
33606	Anastomosis/artery-aorta	29.61		Agreed	29.61
33608	Repair anomaly w/conduit	30.35		Agreed	30.35
33610	Repair by enlargement	29.61		Agreed	29.61
33611	Repair double ventricle	31.58		Agreed	31.58
33612	Repair double ventricle	32.42		Agreed	32.42
33615	Repair (simple fontan)	30.84		Agreed	30.84
33617	Repair by modified fontan	32.57		Agreed	32.57
33619	Repair single ventricle	35.78		Agreed	35.78
33647	Repair heart septum defects	27.75		Agreed	27.75
33660	Repair of heart defects	24.68		Agreed	24.68
33665	Repair of heart defects	27.64		Agreed	27.64
33670	Repair of heart chambers	31.58		Agreed	31.58
33681	Repair heart septum defect	26.65		Agreed	26.65
33684	Repair heart septum defect	28.62		Agreed	28.62
33688	Repair heart septum defect	29.61		Agreed	29.61
33690	Reinforce pulmonary artery	18.51		Agreed	18.51
33692	Repair of heart defects	29.61		Agreed	29.61
33694	Repair of heart defects	30.60		Agreed	30.60
33696	Repair of heart defects	30.45		Agreed	30.45
33697	Repair of heart defects	32.57		Agreed	32.57
33698	Repair of heart defects	33.56		Agreed	33.56
33702	Repair of heart defects	25.66		Agreed	25.66
33710	Repair of heart defects	28.67		Agreed	28.67
33720	Repair of heart defect	25.66		Agreed	25.66
33722	Repair of heart defect	27.64		Agreed	27.64
33730	Repair heart-vein defect(s)	30.22		Agreed	30.22
33732	Repair heart-vein defect	27.39		Agreed	27.39
33735	Revision of heart chamber	20.19		Agreed	20.19
33736	Revision of heart chamber	22.70		Agreed	22.70
33737	Revision of heart chamber	20.73		Agreed	20.73
33750	Major vessel shunt	20.37		Agreed	20.37
33755	Major vessel shunt	20.73		Agreed	20.73
33762	Major vessel shunt	20.73		Agreed	20.73
33764	Major vessel shunt & graft	20.73		Agreed	20.73
33766	Major vessel shunt	21.71		Agreed	21.71
33767	Atrial septectomy/septostomy	23.69		Agreed	23.69
33770	Repair great vessels defect	32.32		Agreed	32.32
33771	Repair great vessels defect	33.56		Agreed	33.56
33774	Repair great vessels defect	29.61		Agreed	29.61

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
33775	Repair great vessels defect	30.84		Agreed	30.84
33776	Repair great vessels defect	32.57		Agreed	32.57
33777	Repair great vessels defect	32.08		Agreed	32.08
33778	Repair great vessels defect	34.55		Agreed	34.55
33779	Repair great vessels defect	34.79		Agreed	34.79
33780	Repair great vessels defect	35.53		Agreed	35.53
33781	Repair great vessels defect	35.04		Agreed	35.04
33786	Repair arterial trunk	33.56		Agreed	33.56
33788	Revision of pulmonary artery	25.66		Agreed	25.66
33802	Repair vessel defect	16.78		Agreed	16.78
33803	Repair vessel defect	18.75		Agreed	18.75
33813	Repair septal defect	19.74		Agreed	19.74
33814	Repair septal defect	24.68		Agreed	24.68
33820	Revise major vessel	15.79		Agreed	15.79
33822	Revise major vessel	16.78		Agreed	16.78
33824	Revise major vessel	18.75		Agreed	18.75
33840	Remove aorta constriction	19.74		Agreed	19.74
33845	Remove aorta constriction	21.22		Agreed	21.22
33851	Remove aorta constriction	20.23		Agreed	20.23
33852	Repair septal defect	22.70		Agreed	22.70
33853	Repair septal defect	30.60		Agreed	30.60
33917	Repair pulmonary artery	23.69		Agreed	23.69
33918	Repair pulmonary atresia	25.66		Agreed	25.66
33919	Repair pulmonary atresia	31.46		Agreed	31.46
33920	Repair pulmonary atresia	31.09		Agreed	31.09
33922	Transect pulmonary artery	22.70		Agreed	22.70
33930	Removal of donor heart/lung	14.31		(x)	
33935	Transplantation, heart/lung	57.50		Agreed	57.50
33940	Removal of donor heart	10.35		(x)	
33945	Transplantation of heart	40.00		Agreed	40.00
34501	Repair valve, femoral vein	9.82		Agreed	9.82
34510	Transposition of vein valve	11.88		Agreed	11.88
34520	Cross-over vein graft	12.47		Agreed	12.47
34530	Leg vein fusion	16.51		Agreed	16.51
35161	Repair defect of artery	17.64		Agreed	17.64
35162	Repair artery rupture	18.66		Agreed	18.66
35472	Repair arterial blockage	6.99		Agreed	6.99
35548	Artery bypass graft	20.35		Agreed	20.35
35549	Artery bypass graft	22.15		Agreed	22.15
35870	Repair vessel graft defect	20.85		Agreed	20.85
36835	Artery to vein shunt	6.61		Agreed	6.61
# 37209	Exchange arterial catheter	3.66		Decreased	1.50
41822	Excision of gum lesion	2.29		Agreed	2.29
41823	Excision of gum lesion	3.18		Agreed	3.18
41828	Excision of gum lesion	1.27		Agreed	1.27
41830	Removal of gum tissue	1.13		Agreed	1.13
41872	Repair gum	2.47		Agreed	2.47
41874	Repair tooth socket	2.97		Agreed	2.97
43100	Excision of esophagus lesion	8.56		Agreed	8.56
43101	Excision of esophagus lesion	15.28		Agreed	15.28
# 43107	Removal of esophagus	27.50		Agreed	27.50
# 43108	Removal of esophagus	33.00		Agreed	33.00
# 43112	Removal of esophagus	30.00		Agreed	30.00
# 43113	Removal of esophagus	34.00		Agreed	34.00
# 43116	Partial removal of esophagus	30.00		Agreed	30.00
# 43117	Partial removal of esophagus	28.79		Agreed	28.79
# 43118	Partial removal of esophagus	32.00		Agreed	32.00
# 43121	Partial removal of esophagus	28.00		Agreed	28.00
# 43122	Partial removal of esophagus	28.00		Agreed	28.00
# 43123	Partial removal of esophagus	32.00		Agreed	32.00
# 43124	Removal of esophagus	25.00		Agreed	25.00
# 43249	Esophagus endoscopy, dilation	2.93		Agreed	2.93
43320	Fuse esophagus & stomach	14.65		Agreed	14.65
# 43360	Gastrointestinal repair	26.35		Agreed	26.35
# 43361	Gastrointestinal repair	30.00		Agreed	30.00
# 43405	Ligate/staple esophagus	15.00		Agreed	15.00
43501	Surgical repair of stomach	14.00		Agreed	14.00
# 43502	Surgical repair of stomach	16.00		Agreed	16.00
43510	Surgical opening of stomach	9.37		Agreed	9.37

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
43842	Gastroplasty for obesity	11.99	.....	Increased	13.91
43843	Gastroplasty for obesity	11.99	.....	Increased	13.91
43846	Gastric bypass for obesity	12.90	.....	Increased	18.04
# 43847	Gastric bypass for obesity	14.32	.....	Increased	20.09
# 43848	Revision gastroplasty	15.00	.....	Increased	22.35
44120	Removal of small intestine	13.30	.....	Agreed	13.30
# 44121	Removal of small intestine	4.50	.....	Agreed	4.50
44125	Removal of small intestine	13.30	.....	Agreed	13.30
# 44139	Mobilization of colon	2.25	.....	Agreed	2.25
45110	Removal of rectum	21.92	.....	Agreed	21.92
45111	Partial removal of rectum	15.14	.....	Agreed	15.14
45112	Removal of rectum	24.29	.....	Agreed	24.29
# 45113	Partial proctectomy	24.96	.....	Agreed	24.96
45114	Partial removal of rectum	21.44	.....	Agreed	21.44
45120	Removal of rectum	23.03	.....	Agreed	23.03
45121	Removal of rectum and colon	25.24	.....	Agreed	25.24
# 45123	Partial proctectomy	13.42	.....	Agreed	13.42
45170	Excision of rectal lesion	9.50	.....	Agreed	9.50
# 45190	Destruction rectal tumor	8.00	.....	Agreed	8.00
# 45562	Exploration/repair of rectum	11.25	.....	Agreed	11.25
# 45563	Exploration/repair of rectum	17.75	.....	Agreed	17.75
47000	Needle biopsy of liver	1.92	.....	Agreed	1.92
47001	Needle biopsy, liver	1.92	.....	Agreed	1.92
# 47015	Inject/aspirate liver cyst	8.88	.....	Agreed	8.88
47133	Removal of donor liver	19.41	.....	(x)	-----
# 47134	Partial removal, donor liver	39.59	.....	Agreed	39.59
47135	Transplantation of liver	78.47	.....	Agreed	78.47
# 47136	Transplantation of liver	64.75	.....	Agreed	64.75
47420	Incision of bile duct	15.48	.....	Agreed	15.48
47460	Incise bile duct sphincter	14.57	.....	Agreed	14.57
47530	Revise, reinsert bile tube	5.47	.....	Agreed	5.47
# 47711	Excision of bile duct tumor	18.36	.....	Agreed	18.36
# 47712	Excision of bile duct tumor	24.00	.....	Agreed	24.00
# 47741	Fuse gallbladder & bowel	16.41	.....	Agreed	16.41
47760	Fuse bile ducts and bowel	20.15	.....	Agreed	20.15
47765	Fuse liver ducts & bowel	19.25	.....	Agreed	19.25
# 47785	Fuse bile ducts and bowel	24.68	.....	Agreed	24.68
# 47900	Suture bile duct injury	15.80	.....	Agreed	15.80
48550	Donor pancreatectomy	25.30	.....	(x)	-----
48554	Transplantallograft pancreas	34.55	.....	Agreed	34.55
48556	Removal, allograft pancreas	19.74	.....	Decreased	14.04
# 49422	Remove perm cannula/catheter	5.92	.....	Agreed	5.92
49425	Insert abdomen-venous drain	10.33	.....	Agreed	10.33
# 49428	Ligation of shunt	3.99	.....	Decreased	2.00
# 49429	Removal of shunt	6.42	.....	Agreed	6.42
50300	Removal of donor kidney	9.06	.....	(x)	-----
# 51784	Anal/urinary muscle study	1.55	.....	Agreed	1.55
# 52327	Cystoscopy, inject material	5.25	.....	Agreed	5.25
# 52647	Laser surgery of prostate	10.25	.....	Decreased	7.50
# 52648	Laser surgery of prostate	11.64	.....	Decreased	8.75
57520	Conization of cervix	3.45	.....	Increased	4.00
# 57522	Conization of cervix	3.30	.....	Agreed	3.30
58970	Retrieval of oocyte	3.57	.....	Agreed	3.57
58976	Transfer of embryo	3.87	.....	Agreed	3.87
59012	Fetal cord puncture, prenatal	3.49	.....	Agreed	3.49
59015	Chorion biopsy	2.22	.....	Agreed	2.22
59050	Fetal monitor w/report	No rec	0.90	Agreed	0.90
# 59051	Fetal monitor/interpret only	No rec	0.75	Agreed	0.75
# 59855	Abortion	5.80	.....	Decreased	4.80
# 59856	Abortion	7.24	.....	Agreed	7.24
# 59857	Abortion	8.81	.....	Agreed	8.81
# 60001	Aspirate/inject thyroid cyst	0.98	.....	Agreed	0.98
60100	Biopsy of thyroid	0.98	.....	Agreed	0.98
# 60210	Partial excision thyroid	10.63	.....	Agreed	10.63
# 60212	Partial thyroid excision	15.65	.....	Agreed	15.65
60220	Partial removal of thyroid	9.97	.....	Agreed	9.97
60260	Repeat thyroid surgery	14.65	.....	Agreed	14.65
60270	Removal of thyroid	16.62	.....	Agreed	16.62
# 60271	Removal of thyroid	14.32	.....	Agreed	14.32

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
# 60512	Autotransplant, parathyroid	4.50	.....	Agreed	4.50
60520	Removal of thymus gland	16.00	.....	Agreed	16.00
# 60521	Removal thymus gland	18.00	.....	Agreed	18.00
# 60522	Removal of thymus gland	22.00	.....	Agreed	22.00
61530	Removal of brain lesion	42.82	.....	Agreed	42.82
61559	Excision of skull/sutures	32.00	.....	Agreed	32.00
61564	Excision of skull tumor	33.00	.....	Agreed	33.00
# 64820	Remove sympathetic nerves	10.00	.....	Decreased	9.20
64872	Subsequent repair of nerve	2.01	.....	Agreed	2.01
64874	Repair & revise nerve	3.01	.....	Agreed	3.01
64876	Repair nerve; shorten bone	3.42	.....	Agreed	3.42
65125	Revise ocular implant	3.00	.....	Agreed	3.00
# 75900	Arterial catheter exchange	0.50	.....	Agreed	0.50
# 76093	Magnetic image, breast	1.94	.....	Decreased	1.65
# 76094	Magnetic image, both breasts	1.94	.....	Decreased	1.65
# 76936	Echo guide for artery repair	2.64	.....	Decreased	1.32
# 76941	Echo guide for transfusion	1.35	.....	Agreed	1.35
# 76945	Echo guide, villus sampling	0.68	.....	Agreed	0.68
90849	Special family therapy	0.60	.....	Agreed	0.60
90918	ESRD related services, month	13.27	.....	Decreased	9.88
90919	ESRD related services, month	9.13	.....	Decreased	7.21
90920	ESRD related services, month	6.64	.....	Decreased	5.93
90921	ESRD related services, month	5.24	.....	Decreased	3.09
90922	ESRD related services, day	0.17	.....	Decreased	0.10
# 92587	Evoked auditory test	No rec	0.13	Agreed	0.13
# 92588	Evoked auditory test	No rec	0.36	Agreed	0.36
# 92980	Insert intracoronary stent	15.00	.....	Agreed	15.00
# 92981	Insert intracoronary stent	4.22	.....	Agreed	4.22
93012	Transmission of ECG	No rec	0.00	Agreed	0.00
93014	Report on transmitted ECG	No rec	0.53	Agreed	0.53
# 93270	ECG recording	0.00	.....	Agreed	0.00
# 93271	ECG/monitoring and analysis	0.00	.....	Agreed	0.00
# 93272	ECG/review, interpret only	0.53	.....	Agreed	0.53
# 93350	Echo exam of heart	0.79	.....	Agreed	0.79
93641	Electrophysiology evaluation	8.60	.....	Decreased	6.00
# 93990	Doppler flow testing	No rec	.....	(b)	0.25
# 95812	Electroencephalogram (EEG)	1.75	.....	(b)	1.09
# 95813	Electroencephalogram (EEG)	No rec	.....	(b)	1.75
95816	Electroencephalogram (EEG)	1.09	.....	Agreed	1.09
95819	Electroencephalogram (EEG)	1.09	.....	Agreed	1.09
95822	Sleep electroencephalogram	1.09	.....	Agreed	1.09
95954	EEG monitoring/giving drugs	2.48	.....	Agreed	2.48
# 95957	EEG digital analysis	2.00	.....	Agreed	2.00
95961	Electrode stimulation, brain	3.00	.....	Agreed	3.00
95962	Electrode stimulation, brain	3.25	.....	Agreed	3.25
96913	Photochemotherapy, uv-a or b	1.54	.....	(c)	———
97010	Hot or cold packs therapy	0.11	.....	Agreed	0.11
97012	Mechanical traction therapy	0.25	.....	Agreed	0.25
97014	Electric stimulation therapy	0.18	.....	Agreed	0.18
97016	Vasopneumatic device therapy	0.25	.....	Decreased	0.18
97018	Paraffin bath therapy	0.15	.....	Decreased	0.11
97020	Microwave therapy	0.15	.....	Decreased	0.11
97022	Whirlpool therapy	0.25	.....	Agreed	0.25
97024	Diathermy treatment	0.15	.....	Decreased	0.11
97026	Infrared therapy	0.11	.....	Agreed	0.11
97028	Ultraviolet therapy	0.20	.....	Agreed	0.20
# 97032	Electrical stimulation	0.25	.....	Agreed	0.25
# 97033	Electric current therapy	0.26	.....	Agreed	0.26
# 97034	Contrast bath therapy	0.21	.....	Agreed	0.21
# 97035	Ultrasound therapy	0.21	.....	Agreed	0.21
# 97036	Hydrotherapy	0.28	.....	Increased	0.38
97110	Therapeutic exercises	0.45	.....	Agreed	0.45
97112	Neuromuscular reeducation	0.45	.....	Agreed	0.45
# 97113	Aquatic therapy/exercises	0.44	.....	Agreed	0.44
97116	Gait training therapy	0.40	.....	Agreed	0.40
97122	Manual traction therapy	0.45	.....	Agreed	0.45
97124	Massage therapy	0.35	.....	Agreed	0.35
# 97150	Group therapeutic procedures	No rec	.....	(b)	0.27
# 97265	Joint mobilization	No rec	.....	(b)	0.45

TABLE 4.—AMA RUC RECOMMENDATIONS AND HCFA'S DECISIONS—Continued

HCPCS*	Description	RUC recommended RVUs	Specialty recommended RVUs	HCFA decision	1995 work RVU**
97530	Therapeutic activities	0.44		Agreed	0.44
97545	Work hardening	1.70		(a)	
97546	Work hardening	0.70		(a)	
# 97750	Physical performance test	0.45		Agreed	0.45
# 97770	Cognitive skills development	0.44		Agreed	0.44
99360	Physician standby services	1.20		(x)	
99381	Preventive visit, new, infant	1.12		Increased	1.20
99382	Preventive visit, new, age 1–4	1.30		Increased	1.38
99383	Preventive visit, new, age 5–11	1.30		Increased	1.38
99384	Preventive visit, new, 12–17	1.49		Increased	1.55
99385	Preventive visit, new, 18–39	1.47		Increased	1.55
99386	Preventive visit, new, 40–64	1.65		Increased	1.90
99387	Preventive visit, new, 65 & over	1.95		Increased	2.08
99391	Preventive visit, est, infant	0.90		Increased	1.03
99392	Preventive visit, est, age 1–4	0.95		Increased	1.20
99393	Preventive visit, est, age 5–11	0.95		Increased	1.20
99394	Preventive visit, est, 12–17	1.20		Increased	1.38
99395	Preventive visit, est, 18–39	1.18		Increased	1.38
99396	Preventive visit, est, 40–64	1.38		Increased	1.55
99397	Preventive visit, est, 65 & over	1.50		Increased	1.73
99401	Preventive counseling, indiv	0.49		Agreed	0.49
99402	Preventive counseling, indiv	0.99		Agreed	0.99
99403	Preventive counseling, indiv	1.48		Agreed	1.48
99404	Preventive counseling, indiv	1.97		Agreed	1.97

(a) No RVUs assigned.
(b) RVUs assigned by HCFA.
(c) No work RVUs assigned.
(x) Not paid under the physician fee schedule.
* All numeric HCPCS CPT Copyright 1994 American Medical Association.
** RVUs do not reflect adjustment for budget neutrality.
# New codes.

b. Discussion of codes for which the RUC recommendations were not accepted (Includes Table 5—Preventive Medicine). 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.

Removal with reinsertion of contraceptive capsules (CPT code 11977). We received RUC recommendations for three CPT codes related to the insertion and removal of contraceptive capsules. We accepted the RUC recommendations of 1.50 RVUs for the insertion of capsules (CPT code 11975) and 1.80 RVUs for the removal of capsules (CPT code 11976). We rejected the RUC recommendation of 3.30 RVUs for the removal with insertion of contraceptive capsules (CPT code 11977), which represents the sum of the RVUs of CPT codes 11975 and 11976. We believe that the addition of RVUs is inappropriate since it fails to take into account the reduced work associated with multiple procedures. We have assigned 2.55 RVUs to CPT code 11977 in accordance with our usual multiple surgery reductions (the full value of CPT code 11976 (1.8 RVUs) plus 50 percent of the value of CPT code 11975 (1.5 x 0.5 = 0.75 RVUs) equals 2.55 RVUs.

(1) Microsurgery.

Replantation (arm, forearm, and hand) (CPT codes 20802 through 20808).

CPT code	RUC-recommended work RVUs
20802	50.00
20805	70.46
20808	76.08

We believe that the RUC recommendations are too high and that the median time estimate for CPT code 20802 is incorrect. The RUC used an intraoperative intensity of 4.50 RVUs per hour for all three codes. We decreased this intraoperative intensity and used an intensity level of 4.00 RVUs per hour for CPT code 20802, 4.15 RVUs per hour for CPT code 20805, and 4.30 RVUs per hour for CPT code 20808 to reflect the rank order of these three codes. The intraoperative times used for these codes also follow this rank order. They were 8, 10, and 12 hours, respectively. Using these intensities and times, we assigned the following RVUs to these codes:

CPT code	Assigned work RVUs
20802	40.00
20805	48.95
20808	60.86

Replantation (digit and thumb) (CPT codes 20816, 20822, 20824, and 20827).

CPT code	RUC-recommended work RVUs
20816	33.00
20822	30.03
20824	35.68
20827	31.22

Unlike CPT codes 20802 through 20808, these procedure codes are performed in situations that are less likely to be physiologically unstable.

Therefore, we decreased the intraoperative intensity from 4.20 RVUs per hour to 4.00 RVUs per hour. Using this intensity with the RUC survey median time, we assigned 30.00 RVUs to CPT code 20816, 24.80 RVUs to CPT code 20822, and 25.50 RVUs to CPT code 20827. We believe that the intensity of CPT code 20824 was slightly higher than the other codes in this group but that the postoperative intensity was less. We used an intensity of 4.10 RVUs per hour to assign 30.00 RVUs to this code.

Replantation (foot) (CPT code 20838). The RUC recommended 50.00 RVUs. We believe that the work involved in CPT code 20838 is the same as the work for CPT code 20802. Therefore, we assigned 40.00 RVUs to CPT code 20838.

Microvascular flaps (CPT codes 20955, 20969, 20970, 20972, and 20973).

CPT code	RUC-recommended work RVUs
20955	38.00
20969	44.28
20970	44.10
20972	44.22
20973	47.29

We used an intraoperative intensity of 3.80 RVUs per hour for CPT codes 20955 and 20969. For CPT code 20955, the intraoperative time estimate was 8 hours, resulting in 38.00 RVUs. We used the RUC survey times for CPT code 20969 except that we reduced the preoperative time to 100 minutes because we believed the preservice work description of CPT code 20969 was identical to CPT codes 20955 and 20970, both surveyed at 100 minutes. We also compared CPT code 20969 to CPT code 20802: CPT code 20969 is more likely to be performed on an elective basis, has more preoperative time, and is more intense. The assigned RVUs of 42.55 reflect these differences.

We believe that the intensity of CPT code 20970 is slightly higher because this code is more difficult and riskier than CPT code 20969, and, therefore, we used an intensity of 4.00 RVUs per hour to calculate the RVUs. Because the estimated time is 40 minutes shorter than CPT code 20969, we assigned 41.68 RVUs to CPT code 20970. We also used the same intensity level to assign 44.80 RVUs to CPT code 20973.

Using an intensity of 4.30 RVUs per hour for CPT code 20972, we assigned 42.00 RVUs to this code. This value maintains the rank order of CPT codes 20969, 20970, and 20972 that exists in the RUC-recommended RVUs.

(2) Hand Surgery.

Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint (CPT code 25337). The RUC recommended 9.50 RVUs. We agree with the RUC's key reference service for this code, CPT code 25312, which has 9.18 RVUs. However, we believe that CPT code 25337 is only slightly more work than the reference service. Therefore, we assigned 9.20 RVUs to CPT code 25337.

Distal radioulnar joint arthrodesis and segmental resection of ulna (CPT code 25830). The RUC recommended 9.50 RVUs. We believe that the work involved in this code is equal to the work of CPT code 25337. Therefore, we assigned 9.20 RVUs to CPT code 25830.

Krukenberg, digits (CPT codes 25915, 26550, 26555, 26585 and 26590).

CPT code	RUC-recommended work RVUs
25915	20.00
26550	25.02
26555	19.47
26585	16.36
26590	21.00

We agree with the RUC's use of CPT code 26550 as the base procedure for this group of codes. We believe, however, that it is overvalued. We used an intensity level of 4.00 RVUs per hour and assigned 21.00 RVUs to this code. We then used the RUC's rank order of the other codes in this group relative to the base procedure to assign RVUs to the other codes. The results follow:

CPT code	Assigned work RVUs
25915	16.79
26550	21.00
26555	16.34
26585	13.73
26590	17.63

Sympathectomy, digital arteries (CPT code 64820). The RUC recommended 10.00 RVUs. We agree with the reference service used by the RUC, CPT code 35207 (repair of one blood vessel). The intensity of the two services is approximately the same because the work on two vessels is similar to the anastomosis of a single vessel. Therefore, we used an intensity level of 3.90 RVUs per hour and assigned 9.20 RVUs to CPT code 64820.

(3) Orthopedic Surgery.

Repair of cleft hand (CPT code 26580). The RUC recommended 17.71 RVUs. Since we agreed with the RUC recommendation for repair of a cleft foot (CPT code 28360), we then applied the intensity of CPT code 28360 (4.00 RVUs per hour) to the RUC median survey times for CPT code 26580. As a result of this calculation, we assigned 15.99 RVUs to CPT code 26580.

(4) Endoscopic Sinus Surgery.

Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (CPT code 31276). The RUC recommended 8.85 RVUs. We believe these RVUs are too high and are inconsistent with the RVUs assigned to other sinus endoscopy codes. We used an intensity of 4.90 RVUs per hour, a level about equal to the intensity of CPT code 31255. From these calculations, we assigned 7.50 RVUs to CPT code 31276.

(5) Lung Transplant.

Lung transplant, with bypass (CPT codes 32852 and 32854). We agreed with the RUC-recommended RVUs for lung transplant (single or double) without bypass, but wanted to standardize the RVUs added for bypass for both codes. The RUC added 2.00 RVUs to the "without bypass" code for CPT code 32852 and 5.00 RVUs to the respective "without bypass" code for CPT code 32854. We believe that whether the lung transplant is single or double, the extra work associated with adding bypass is equal. We set this additional amount of work at 3.00 RVUs. Therefore, we assigned 38.53 RVUs to CPT code 32852 and 47.42 RVUs to CPT code 32854.

(6) General Surgery.

Exchange of a previously placed arterial catheter during thrombolytic therapy (CPT code 37209). The RUC recommended 3.66 RVUs for CPT code 37209 and 0.50 for CPT code 75900 (the radiological supervision and interpretation procedure). We believe the intensity of the intraoperative work is overestimated (6.30 RVUs per hour). We believe the intensity to be a little more than that for CPT code 36248 (catheter placement in an additional order of a vascular family), which is assigned 1.02 RVUs. Thus, we believe the total work for CPT codes 37209 and 75900 to be valued at 2.00 RVUs. Since we accepted the RUC-recommended 0.50 RVUs for CPT code 75900, we assigned 1.50 RVUs to CPT code 37209.

Gastric restrictive procedure, with gastric bypass for morbid obesity; with small bowel reconstruction to limit absorption (CPT code 43847). The RUC recommended 14.32 RVUs. We increased the RVUs to 20.09, based on an intraoperative intensity of 3.50 RVUs per hour, which are slightly less than

those of a repair of an abdominal aortic aneurysm.

To maintain the proper order relationship of this code to the rest of the codes in this family (CPT codes 43842, 43843, 43846, and 43848), we recalculated the work RVUs for CPT code 43842 to have the same intensity and raised its RVUs to 13.91. To be consistent with the RUC recommendations, we assigned the same 13.91 RVUs to CPT code 43843, valued CPT code 43846 between CPT code 43843 and CPT code 43847, and valued CPT code 43848 higher than CPT code 43847, as shown below:

CPT code	Assigned work RVUs
43842	13.91
43843	13.91
43846	18.04
43847	20.09
43848	22.35

Partial colectomy procedures (CPT codes 44139 through 44147). We agreed with the RUC recommendation of 2.25 RVUs for CPT code 44139 (mobilization of splenic flexure), which is only reported in conjunction with the appropriate partial colectomy code (CPT code 44140, 44141, 44143, 44144, 44145, 44146 or 44147). In order to maintain work neutrality within this family of codes, we reduced slightly the RVUs of the partial colectomy codes based on our current and projected utilization of the codes, including CPT code 44139.

Removal of transplanted pancreatic allograft (CPT code 48556). The RUC recommended 19.74 RVUs based on the use of CPT code 43635 as a reference procedure. We believe these RVUs are too high and disagree with the RUC's use of CPT code 43635 as a reference. We believe that this procedure is more closely related to CPT code 50370 (removal of transplanted homograft) but is approximately 25 percent more work. We, therefore, added 25 percent to the 11.23 RVUs assigned to CPT code 50370, resulting in 14.04 RVUs for CPT code 48556.

Ligation of peritoneal-venous shunt (CPT code 49428). The RUC recommended 3.99 RVUs. The specialty reported that this procedure is similar to CPT code 37700 (ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions). We disagree that this procedure is comparable in work and intensity to CPT code 37700. We believe this procedure is a little less work than a more comparable procedure, ligation of a temporal artery (CPT code 37609, with 2.30 RVUs). Therefore, we assigned 2.00 RVUs to CPT code 49428.

(7) Urology.

Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (CPT code 52647) and Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) (CPT code 52648). The RUC recommended 10.25 RVUs for CPT code 52647 and 11.64 for CPT code 52648, which are the same RVUs currently assigned to CPT code 52601 (transurethral resection of the prostate (TURP)). We disagree with these recommendations, believing that the reduction in postoperative work relative to a transurethral repair of the prostate (TURP) was underestimated and the intraoperative intensity was overvalued. Based on an intensity of 6.40 and the RUC survey of intraoperative time, we assigned 7.50 RVUs to CPT code 52647 (non-contact laser coagulation of prostate). Based on an intensity of 5.60 and the RUC survey of intraoperative time, we assigned 8.75 RVUs to CPT code 52648 (contact laser vaporization with or without transurethral resection of the prostate).

(8) Obstetrics and Gynecology.

Conization of cervix (CPT code 57520). The RUC proposed 3.35 RVUs for this code. We believe this service has been undervalued because it is significantly more work than CPT code 57522, a new code for which RUC recommended 3.30 RVUs and with which we agree. Therefore, we increased the RVUs for CPT code 57520 to 4.00.

Fetal monitoring during labor by consulting physician (CPT codes 59050 and 59051). We did not receive RUC recommendations for these codes, but we did receive recommendations from a specialty society, which we have accepted. These codes are used by consulting physicians to report their interpretations of fetal monitoring. CPT code 59050 is used when the consulting physician interprets a fetal monitoring strip and gives advice to the attending physician about any needed changes in the management of the labor. Often, subsequent monitoring strips will need to be interpreted. CPT code 59051 is used when the consulting physician interprets a fetal monitoring strip and determines that no change in management of the labor is needed. Neither code requires face-to-face contact with the patient since fetal monitoring strips may be faxed to a remote location for interpretation. If a consultation is provided and the requirements for Medicare coverage are met, the appropriate level of consultation code may be reported in addition to the fetal monitoring CPT code 59051. If the consulting physician takes over management of the case and subsequently performs the delivery, however, the fetal monitoring codes may not be reported separately since payment for the monitoring is included in the payment for delivery.

Induced abortion, by one or more vaginal suppositories (CPT code 59855). The RUC recommended 5.80 RVUs. We believe that the management of the patient and the length of stay are the same as for an amnioinjection, but the physician work in placing suppositories is less than the work in an amnioinjection, regardless of the number of suppositories needed. We established 4.80 RVUs for CPT code 59855 because the service is less work than CPT code 59850 (abortion by amnioinjection).

(9) Radiology.

Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral (CPT code 76093) and Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral (CPT code 76094). The RUC recommended 1.94 RVUs for both the unilateral and bilateral magnetic resonance imaging (MRI) of the breast. We disagree with the amount of time described for these procedures (median time of 50 minutes). We believe that this time more likely reflects the time to take the images than the time spent interpreting the images. We believe the work associated with preservice activities and postservice work to be somewhat greater than that for CPT code 71550 (MRI of the chest), which has 1.62 RVUs, and less than that for a level-four office visit (CPT code 99205), which has 1.73 RVUs. Therefore, we assigned 1.65 RVUs to both procedures.

Ultrasound guided compression repair of arterial pseudo-aneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) (CPT code 76936). The RUC recommended 2.64 RVUs. We disagree. We believe that while the procedure takes 20 to 40 minutes, the intensity is considerably less than is reflected in an RVU recommendation of 2.64 RVUs. We believe the work is similar to a level-

three subsequent hospital visit, which has a time of 35 minutes and an assignment of 1.26 RVUs. We therefore assigned 1.32 RVUs to CPT code 76936.

(10) Nephrology.

ESRD-related services, month (CPT code 90921). The recommendations for the assignment of RVUs from the Renal Physicians Association (RPA) to the RUC and from the RUC to us follow:

CPT code	RPA-recommended work RVUs	RUC-recommended work RVUs
90921:		
Facility	6.92	5.69
Home	5.00	2.68
Weighted Average	6.24	5.24

Since the same MCP is paid for services to home dialysis patients as for services to facility patients, these two values are therefore combined in proportion to the percentages of the dialysis population that dialyzes at home (18 percent) and in a facility (82 percent) resulting in a recommended weighted 6.24 RVUs. The physicians surveyed by the RPA reported a total physician work time of 120 minutes per month for facility dialysis and 90 minutes per month for home dialysis.

The RUC evaluated the RPA RVUs using a "building block" approach, using the values of the "office, established patient" visit codes. The RUC recommended the following mix of "office, established patient" visits as most appropriately representing the monthly work in treating a typical dialysis patient:

Facility hemodialysis—

1.5×CPT code 99214 (established patient office visit, 25 minutes)+4×CPT code 99213 (established patient office visit, 15 minutes)+1×CPT code 99215 (established patient office visit, 40 minutes)+0.50 (case management)=5.69 RVUs.

Home peritoneal dialysis—

1.5×CPT code 99214 (established patient office visit, 25 minutes)+1/6×CPT code 99215 (established patient office visit, 40 minutes)+1.00 (case management)=2.68 RVUs.

Combining these two RVUs and weighting by the respective percentages of the population in the facility and in the home resulted in a combined recommended 5.24 RVUs. The RUC considered its recommendation to be "interim."

We convened a panel of our CMDs to review the recommended RVUs. We included a representative from the RUC in the panel discussion. In evaluating this service, we used the RUC's overall approach of using different office visit codes as "building blocks" for the MCP, but we adjusted the mix of the visits used by the RUC. We believe that the following mix of visit code "building blocks" most appropriately represents the typical mix of encounters with the ESRD patient who is dialyzed in a dialysis facility and accounts for the service intensity and complexity of decision-making and the preservice and postservice work for a month's care of a typical dialysis patient.

The results follow for CPT code 90921:

4×CPT code 99212 (established patient office visit, 10 minutes)+2×CPT code 99214 (established patient office visit, 25 minutes)=4×0.38+2×0.95=1.52+1.9=3.42 RVUs. These are the RVUs for facility hemodialysis.

To establish RVUs for treating a home dialysis patient, we used the ratio of work for a home patient versus a facility patient from the RUC's recommended RVUs: 2.68/5.69=0.47. Substituting this value in the formula:

0.82×3.42+0.18×{0.47×3.42}=3.09 RVUs.

Where, 0.82=percentage of facility dialysis population

3.42=RVUs for facility dialysis

0.18=percentage of home dialysis population

0.47=ratio of work for home versus facility dialysis.

Thus, we have assigned 3.09 RVUs to CPT code 90921.

ESRD-related services, month (CPT codes 90918 through 90920). For the three codes used to identify MCP services for pediatric patients, we received the following recommendations from the RUC:

CPT code	RUC-recommended RVUs
90918	13.27
90919	9.13
90920	6.64

Following the same "building block" methodology described above, we arrived at the following results:

For CPT code 90918:

16×CPT code 99212 (established patient office visit, 10 minutes)+4 x CPT code 99214 (established patient office visit, 25 minutes)=16x0.38+4x0.95=6.08+3.8=9.88 RVUs.

For CPT code 90919:

12×CPT code 99212 (established patient office visit, 10 minutes)+2×CPT code 99214 (established patient office visit, 25 minutes)=12x0.38+2x0.95=4.56+1.9=6.46 RVUs.

For CPT code 90920:

8×CPT code 99212 (established patient office visit, 10 minutes)+2×CPT code 99214 (established patient office visit, 25 minutes)=8x0.38+2x0.95=3.04+1.9=4.94 RVUs.

However, the RVUs for these codes are disproportionate to the RVUs that resulted from the survey performed by the pediatric nephrologists. We believe that the relationship between the RVUs resulting from a single surveyed group are reliable even when the absolute values are questionable. Therefore, we decided to adjust the two lower-valued pediatric codes (CPT codes 90919 and 90920) to be in proportion to the RVUs for CPT code 90918 by using the relationship between the RVUs resulting from the pediatric nephrologists' survey. The surveyed RVUs are:

CPT code 90918=18.71 RVUs

CPT code 90919=13.68 RVUs; RVUs=13.68/18.71=0.73

CPT code 90920=11.28 RVUs; RVUs=11.28/18.71=0.60

Applying these relative values to the RVUs for CPT code 90918:

CPT code 90919=0.73xCPT code 90918=0.73x9.88=7.21 RVUs.

CPT code 90920=0.60xCPT code 90918=0.60x9.88=5.93 RVUs.

The pediatric dialysis codes were not explicitly weighted by a factor for facility and home dialysis patients because the difference in physician work between the two therapies for these patients is not significant.

Thus, we assigned the following RVUs to these codes:

CPT code	Assigned work RVUs
90918	9.88
90919	7.21
90920	5.93

ESRD-related services, daily (CPT code 90922).

The RUC recommended 0.17 RVUs. The overwhelming majority of MCP patients are adults. Therefore, for CPT code 90922, we based our assignment of 0.10 RVUs on 1/30 (per day) of the RVUs for CPT code 90921. For the pediatric patients, physicians must bill the appropriate monthly code (CPT codes 90918 through 90920) with the

modifier -52 and units that represent the number of days.

Cardiography (CPT codes 93012, 93014, 93268, 93270, 93271, and HCPCS codes G0004 through G0007, G0015 and G0016).

In CPT 1994, the descriptor for CPT code 93268 read "Patient demand single or multiple event recording with presymptom or postsymptom memory loop, includes transmission, physician review and interpretation, per 30 day period of time." The 0.53 work RVUs assigned to this code were based on a RUC recommendation. Subsequent to the publication of last year's final rule, we established a temporary code, G0003, for the reporting of patient demand event recording with 24 hour attended monitoring.

In CPT 1995, the patient demand event recording CPT code 93268 has been revised, and several new codes have been added. CPT code 93268 will now be used to report only event recordings performed with presymptom memory loops. Postsymptom recordings will now be reported with CPT codes 93012 and 93014, which have been revised to describe a 30 day period of time. We did not receive RUC recommendations for these codes. However, we received recommendations from a specialty society of 0.00 RVUs for CPT code 93012 and 0.53 RVUs for CPT code 93014. We have accepted these recommendations. Two new codes, CPT codes 93270 and 93271, have been added for reporting the two separate technical components of event recording with presymptom memory loops (recording including hook-up and monitoring including the receipt of transmissions). In light of these CPT changes, we have issued six new temporary codes that will be used to report patient demand event recordings with 24 hour attended monitoring. The new codes are:

HCPCS code	Description
G0004	Patient demand single or multiple event recording with presymptom memory loop and 24 hour attended monitoring, per 30 day period; includes transmission, physician review and interpretation.
G0005	Patient demand single or multiple event recording with presymptom memory loop and 24 hour attended monitoring, per 30 day period; recording (includes hook-up, recording and disconnection)).
G0006	Patient demand single or multiple event recording with presymptom memory loop and 24 hour attended monitoring, per 30 day period; 24 hour attended monitoring, receipt of transmissions, and analysis.
G0007	Patient demand single or multiple event recording with presymptom memory loop and 24 hour attended monitoring, per 30 day period; physician review and interpretation only.
G0015	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; tracing only.
G0016	Post-symptom telephonic transmission of electrocardiogram rhythm strip(s) and 24 hour attended monitoring, per 30 day period; physician review and interpretation only.

(11) Intracardiac electrophysiological procedures. *Electrophysiologic evaluation of a cardioverter-defibrillator leads and pulse generator (CPT code 93641).*

We received a RUC recommendation of 8.60 RVUs, which is more than 5.00 RVUs higher than the evaluation of the leads only (CPT code 93640), which is assigned 3.56 RVUs. We believe this difference is too great and have decreased the RVUs for CPT code 93641 to 6.00. This value is more than the work of 1.5 hours of critical care, which is valued at 5.54 RVUs (CPT codes 99291 and 99292).

Duplex scan of hemodialysis access (CPT code 93990). This code was not reviewed by the RUC because the code was developed after the close of the RUC review cycle. We have assigned 0.25 RVUs to this code, which we believe involves slightly less work than the 0.31 RVUs assigned to CPT code 93931, which is used to report a unilateral duplex scan of the upper extremity arteries. We have assigned 2.68 RVUs to the technical component of CPT code 93990 based on the RVUs assigned to the technical component of CPT code 93926, which is used to report a unilateral duplex scan of the lower extremity arteries. CPT code 93990 is the only code to be used for reporting a duplex scan of hemodialysis access since, by definition, it includes arterial inflow, body of access, and venous outflow. Therefore, it would be incorrect to report duplex scans of arteries or veins in addition to CPT code 93990. The clinical indications for this procedure are not well established, and it is prone to overutilization. We are in the process of developing medical review policy for this technology and welcome comments on this subject.

(12) Neurology.

Electroencephalogram (EEG) extended monitoring (CPT codes 95812 and 95813).

The RUC recommended 1.75 RVUs for CPT code 95812, which is used to report extended EEG monitoring up to 1 hour, and did not recommend RVUs for CPT code 95813, which is used to report extended EEG monitoring greater than 1 hour. We believe these codes have both a technical and a professional component. In the hospital setting, the physician review and interpretation of the EEG tracings associated with up to 1 hour of extended monitoring should be reported with CPT code 95812 and modifier −26. To report the review and interpretation of greater than 1 hour of extended monitoring, CPT code 95813 and modifier −26 should be used. CPT code 95813 should not be reported in addition to CPT code 95812, and it should not be reported more than once on a given date of service regardless of the number of hours of monitoring.

We believe the RUC recommendation of 1.75 RVUs for CPT code 95812 is too high. We believe the physician work is comparable to the work involved in the review and interpretation of a full EEG (CPT code 95819) and have assigned the same RVUs (1.09) to CPT code 95812. For extended monitoring greater than 1 hour (CPT code 95813), we do not believe there is a direct correlation between the duration of monitoring and the amount of physician work since prolonged periods of time on monitoring may pass with no need for physician review and interpretation. Consequently, we do not believe that information on the typical duration of extended monitoring is critical to the assignment of RVUs. We recognize that the work will be greater than that associated with an EEG but do not believe that it is much more than a level-four office visit with a new patient (CPT code 99204 with 1.73 work RVUs), which typically requires 45 minutes of face-to-face time with the patient. Therefore, we have assigned 1.75 RVUs to CPT code 95813.

(13) Dermatology.

Photochemotherapy (CPT code 96913).

The RUC recommended 1.54 RVUs and a global period of 10 days to CPT code 96913 (Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)). We have not assigned any work RVUs to this service because it is

not clear that photochemotherapy requires any physician work beyond that already described by existing evaluation and management codes. We have assigned practice expense and malpractice expense RVUs based on historic charges for this code so that it will no longer be carrier-priced. We have categorized this service as an "incident to" code, which means that it is covered incident to a physician's service when it is furnished by auxiliary personnel employed by the physician and working under his or her direct supervision. Payment may not be made for this service when it is furnished to hospital inpatients or patients in a hospital outpatient department. Physicians may bill for evaluation and management services in those settings.

(14) Physical medicine. The CPT codes for physical medicine services have been substantially revised for 1995, and the codes have been organized into a number of categories: supervised modalities, constant attendance modalities, therapeutic procedures, and other procedures. These revised codes were forwarded to the RUC's Health Care Professional Advisory Committee (HCPAC) for evaluation of the work in the services represented by the new codes. The HCPAC is a multi-disciplinary committee of nonphysician practitioners, which includes, but is not limited to, representatives of the American Physical Therapy Association and the American Occupational Therapy Association, both of which had recommended RVUs for these new and revised codes. The HCPAC reviewed the work in these services in the context of the work in other services on the relative value scale and provided us with recommended RVUs for them. These RVUs are shown as the RUC-recommended RVUs in Table 4.

The work RVUs for physical medicine services that were included in the Medicare fee schedule for 1992, 1993, and 1994 were based on historic charges rather than the work in furnishing the service. Therefore, the work RVUs established for these codes for 1995 represents the first time that the work RVUs for these codes have been based on the work associated with furnishing the service.

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

The HCPAC provided recommended RVUs for 26 of the 28 new or revised codes. Of the 26 codes for which the HCPAC provided recommended RVUs, we agreed with or increased the RVUs for 20 codes (about 76 percent), mostly therapeutic or other procedures. We decreased the work RVUs for 6 codes (about 22 percent), all of which were modalities that do not require the constant attendance of a professional. Two of the codes for which the HCPAC provided recommended RVUs we set as carrier-priced, as explained below.

Application of a modality to one or more areas; vasopneumatic devices (CPT code 97016). The RUC recommended 0.25 RVUs. We believe that the work in the procedure is overstated. We think that the typical service described by this code is most like the work in CPT code 97014 (unattended E stim); we believe that neither volume measurements nor blood pressure checks are routinely a part of the service. Therefore, we reduced the RVUs to 0.18, the same RVUs assigned to CPT code 97014.

Application of a modality to one or more areas; paraffin bath (CPT code 97018). The RUC recommended 0.15 RVUs. We believe that this service is similar to CPT 97010 (application of hot or cold packs) since it requires use of heat, like hot packs, to loosen the joint before a therapeutic procedure. We reduced the RVUs to 0.11.

Application of a modality to one or more areas; microwave (CPT code 97020). The RUC recommended 0.15 RVUs. We believe the work is comparable to the work of CPT code 97010 (application of hot or cold packs). Therefore, we assigned 0.11 RVUs to CPT code 97020.

Application of a modality to one or more areas; diathermy (CPT code 97024). The RUC recommended 0.15 RVUs. We believe that the work is equivalent to the work of hot/cold packs. Therefore, we assigned 0.11 RVUs to CPT code 97024.

Application of a modality to one or more areas; Hubbard tank (CPT code 97036). The RUC recommended 0.28 RVUs. We believe this value is too low. We believe that the work involved in this service is similar to the work in CPT code 99212 (established patient office visit) and 150 percent of the work in CPT code 97022 (whirlpool), for which the RUC recommended 0.25 RVUs. CPT code 97036 is used to report services to patients who are sick, difficult to manage in the tank, with a broad range of problems that are often systemic or cardiovascular. We assigned 0.38 RVUs to CPT code 97036, the same RVUs as for CPT code 99212.

Therapeutic procedure(s), group (2 or more individuals) (CPT code 97150). The RUC recommended that this code be priced by carriers. We believe this code is likely to be used with such frequency that leaving pricing to the carriers would be inappropriate. We have assigned RVUs based on the assumption that the typical group includes five individuals and that the typical group session is of 45 minutes duration. The calculations we made follow. First, we used the RVUs of CPT code 97110, which has 0.45 RVUs for each 15 minutes. We multiplied this value by 3 to determine the RVUs of a 45 minute session. We then divided this by 5 to determine the amount of work that can be attributed to one individual in the group. The result of this calculation is 0.27 RVUs.

Joint mobilization, one or more areas (peripheral or spinal) (CPT code 97265). The RUC did not make a recommendation. We assigned 0.45 RVUs because we believe the work represented by this code is comparable to the work in CPT code 97250 (myofascial release).

Work hardening/conditioning (CPT codes 97545 and 97546).

CPT code	RUC-recommended RVUs
97545	1.70
97546	0.70

We reviewed the RUC recommendations and have decided to defer assigning RVUs for these codes until there is a better definition of the services. It is not clear whether the time specified in the codes (CPT code 97545 is for the initial 2 hours, and CPT code 97546 is for each additional hour) describes the time of the patient or the practitioner. We believe it is possible for a physical therapist (PT) to do work hardening for four patients simultaneously, rotating from patient to patient located within the same room. Moreover, we believe that there is more work (that is, higher intensity and more one-on-one attention) in the first 2 or

more hours of service, not the initial 2 hours of care in a day, as these codes are defined. We believe that the intensity and amount of work drops off quickly early in the process and that it would be impossible to value the services correctly under its current definition. While Medicare rarely pays for these services, some workers compensation programs base payment on Medicare RVUs, and, to avoid establishing inappropriate RVUs, we will keep these codes carrier-priced.

Physician standby services (CPT code 99360). The RUC recommended work RVUs for this code, and we agreed with that recommendation. Under Medicare rules, however, physician standby services are considered to be hospital services and are not payable under the physician fee schedule (58 FR 63642). Therefore, we are not assigning RVUs to CPT code 99360.

(15) *Preventive Medicine (CPT codes 99381 through 99397).* Initially we received recommendations for the 14 preventive medicine codes from the November 1993 RUC meeting (see Table 5—Preventive Medicine, which follows).

TABLE 5.—PREVENTIVE MEDICINE

HCPCS*	Harvard value	RUC 11/93	CMDs 1/94	CMDs with counselling	RUC 5/94	1995 work RVU**
99381	0.63	1.14	0.70	1.20	1.12	1.20
99382	0.83	1.17	0.88	1.38	1.30	1.38
99383	0.65	1.18	0.88	1.38	1.30	1.38
99384	0.78	1.38	1.05	1.55	1.49	1.55
99385	0.93	1.41	1.05	1.55	1.47	1.55
99386	1.14	1.58	1.40	1.90	1.65	1.90
99387	1.57	1.75	1.58	2.08	1.95	2.08
99391	0.69	0.78	0.53	1.03	0.90	1.03
99392	0.68	0.84	0.63	1.13	0.95	1.20
99393	0.67	0.84	0.70	1.20	0.95	1.20
99394	0.77	0.95	0.88	1.38	1.20	1.38
99395	0.85	0.95	0.88	1.38	1.18	1.38
99396	1.20	1.09	1.05	1.55	1.38	1.55
99397	1.12	1.20	1.23	1.73	1.50	1.73

* All numeric CPT HCPCS Copyright 1994 American Medical Association.
** RVUs do not reflect adjustment for budget neutrality.

We reviewed these RVUs with a panel of CMDs at a January 1994 meeting. We believe that the RUC-recommended RVUs for the new patient codes (CPT codes 99381 through 99387) and the established patient codes (CPT codes 99391 through 99397) were too high when compared to other evaluation and management services.

Specifically, we had several reservations. First, we did not agree with the RUC's conclusion that the work of the preventive medicine services is equivalent to the work of other evaluation and management services. That conclusion seemed to have been based on an assumption that the preventive medicine services require less technical skill and physical effort but more mental effort than other evaluation and management services. We did not believe that more mental effort and judgment are required since the preventive medicine codes, as structured at that time, described only the obtaining of a history and the performance of an examination of a healthy patient. Further, the codes explicitly excluded counseling, which at that time was reported with other codes. The evaluation and management codes, on the other hand, describe the obtaining of a history and the performance of an examination of a sick patient and explicitly include counseling.

Second, the clinical judgment of our CMDs that the November 1993 RUC recommendations were too high was supported by an analysis of the intensity (work divided by time) of the RUC recommendations. In reviewing the preventive medicine codes, we looked to the RVUs and typical times of CPT codes for an office visit for a new patient and an office visit for an established patient. Those RVUs and the typical face-to-face times that are specified in each of the codes were compared to the RUC recommendations and the RUC survey data on intraservice time (that is, face-to-face time) for the preventive medicine codes. Based on this comparison, the intensity of the preventive medicine codes exceeded that of the other evaluation and management codes.

Third, empirical Harvard data supported a conclusion that the intensity (work divided by time) of these services is less than that of other evaluation and management services.

In light of the expected revisions to the codes by the CPT Editorial Panel, we informed the RUC of our concerns and decided to wait for the RUC's recommendations for the revised codes before publishing our interim RVUs. In May of 1994, we received the RUC recommendations for the revised preventive medicine codes. These codes had been revised to explicitly incorporate counseling and risk factor reduction into the visit service. The problems of intensity we noted with the earlier RUC recommendations persisted. Therefore, we decided to value the preventive medicine codes by adding 0.50 RVUs to each of the values we had calculated for the codes when they explicitly excluded counseling. (See Table 5.) This value of 0.50 RVUs is equivalent to the RUC-recommended RVUs for CPT code 99401, which is used to report 15 minutes of counseling. These calculations result in slightly higher RVUs than the RVUs recommended by the RUC. We also increased the RVUs for CPT code 99392 to 1.20 so that they would be consistent with the RUC recommendation that the work of CPT code 99392 and the work of CPT code 99393 are equivalent.

(16) Cadaver Donor Organ Retrieval.

CPT code	Description
32850	Donor pneumonectomy(ies) with preparation and maintenance of allograft (cadaver).
33930	Donor cardiectomy-pneumonectomy, with preparation and maintenance of allograft.
33940	Donor cardiectomy, with preparation and maintenance of allograft.
47133	Donor hepatectomy, with preparation and maintenance of homograft.

CPT code	Description
48550	Donor pancreatectomy, with preparation and maintenance of allograft from cadaver donor, with or without duodenal segment for transplantation.
50300	Donor nephrectomy, with preparation and maintenance of homograft; from cadaver donor, unilateral or bilateral.

We reviewed the RUC recommendation for these cadaver donor codes as a group with representatives of the RUC, our CMDs, and representatives of the specialty societies involved with transplant surgery. We have concluded that the assignment of RVUs to these codes could lead to inequitable payment to some physicians because of the marked variations in time associated with organ acquisitions. Therefore, payment for these services will not be made under the physician fee schedule. Rather, the services furnished by a surgeon who retrieves a cadaveric donor organ that is intended for a Medicare-covered transplant will continue to be paid outside the hospital prospective payment system at 100 percent of the reasonable cost under part A on a retrospective basis, as set forth at 42 CFR 412.100. These costs are included in the organ acquisition charge of the Certified Transplant Center or the Independent Organ Procurement Organization.

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 1995, and revisions to certain payment policies. To conduct this analysis, we used utilization data from 1993 National Claims History data, which we updated to reflect 1994 and 1995 coding changes. For new or revised codes in 1994 and 1995, 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 the 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 physician services. We examined the combined effect of all of the 1995 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.

We have estimated the net increase in program costs in CY 1995 resulting from the adjustments to RVUs to be approximately $35 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 $350 million in 1995, thus resulting in a total $385 million in additional expenditures because of these changes. This figure requires a reduction of 1.1 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 1.1 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.

D. Summary of Changes for the 1995 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. 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, 1995.

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 RVUs 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 February 6, 1995. Comments must include the appropriate CPT code (for example, CPT code 90918) and the suggested RVUs (for example, 1.23 RVUs). Unless otherwise specified, we will assume all suggested RVUs are on the 1995 scale. Failure to provide this information may result in our inability to evaluate the comments adequately.

VI. Five-Year Refinement of RVUs

A. Proposed Process for Refinement of Work RVUs

Section 1848(c)(2)(B)(i) of the Act requires that we review all RVUs no less often than every 5 years. Since we implemented the physician fee schedule effective for services furnished beginning January 1, 1992, we are initiating the 5-year refinement of RVUs that will be effective for services furnished beginning January 1, 1997.

As the basis for beginning our 5-year refinement of work RVUs, we are requesting public comments on all work RVUs for all services in the 1995 physician fee schedule. We believe this fee schedule is essentially complete since we have now published RVUs for hundreds of services that were previously carrier-priced. In addition, we have published RVUs for many commonly furnished services that are not covered by Medicare but are covered by other payers. Finally, as discussed below, RVUs for all pediatric services are now included in this fee schedule. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m., February 6, 1995. Mail written comments related to the 5-year refinement process (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–789–FC (5–Year Refinement), P.O. Box 26688, Baltimore, MD 21207. Comments must include the appropriate CPT code (for example, CPT code 90918) and the suggested RVUs (for example, 11.00 RVUs). Unless otherwise specified, we will assume all suggested RVUs are on the 1995 scale. Failure to provide this information may result in our inability to evaluate the comments adequately. We will consider comments on all work RVUs in the development of a proposed rule, which we intend to publish in 1996. In the proposed rule, we will propose the revisions to work RVUs that we believe need to be made. After review and analysis of comments on the proposed rule, as described in sections V.B. and V.C. of this final rule, we will issue the results of the 5-year refinement in a final rule.

We propose to share some of the comments we receive on all 1995 RVUs with the RUC, which currently makes recommendations to us on the assignment of RVUs to new and revised CPT codes and has offered to advise us on the assignment of RVUs to procedures for which we receive substantive comments. We believe that the RUC's perspective will be helpful

because of the RUC's experience in recommending RVUs for the codes that have been added to, or revised by, the CPT since we implemented the physician fee schedule in 1992. Furthermore, the RUC, by virtue of its multispecialty membership and consultation with approximately 65 specialty societies, involves the family of medicine in the refinement process. We emphasize, however, that we retain the responsibility for analyzing the comments on the 1995 physician fee schedule, developing the proposed rule for 1996, evaluating the comments on the proposed rule, and deciding whether to revise RVUs. We are not delegating this responsibility to the RUC or any other organization.

B. Scope of the 5-Year Refinement

We have made several preliminary decisions about the scope of the 5-year refinement and issues on which we are requesting public comment:

All work RVUs are subject to comment and an in-depth consideration of the comments as part of the 5-year refinement. We are particularly interested in receiving comments on physician services for which medical practice has changed since the Harvard surveys were performed from 1988 through 1990, but for which there have been no code changes and, therefore, no reconsideration of whether the work RVUs continue to be accurate.

We are aware that the Social Security Act Amendments of 1994 require the development of RVUs for the full range of pediatric services. These amendments also call for a study of the RVUs for pediatric services to determine whether there are significant variations in the resources used in furnishing similar services to different populations.

We believe that the development of RVUs for the full range of pediatric services is essentially complete. In November 1991, we solicited public comment on interim RVUs for many of the codes in the CPT that relate directly to pediatric services. In November 1992, we published final RVUs for those codes including 48 pediatric surgical and urologic services that had been the subject of a Harvard study conducted for the American Pediatric Surgical Association. In 1994, the CPT published a complete revision of the congenital heart procedures. RVUs recommended by the RUC for those services have been accepted and are published in this final rule. In 1994, CPT also revised the hernia repair codes to recognize the differences in the procedures when performed on infants and children. RVUs have also been assigned to those services. Finally, with this final rule, we have published interim RVUs for well-baby visits and other preventive medicine services that are not covered by Medicare. Through public notice and comment, and with the assistance of the RUC, we have now reviewed and assigned RVUs to every pediatric service described in the CPT.

As for determining whether there are significant variations in the resources used in furnishing similar services to children and adults, we propose to use the 5-year refinement process described in section VI. of this final rule as the mechanism for addressing this question. If there are pediatric services not described in CPT 1995, they should be brought to our attention and referred to the CPT for consideration. If there are existing CPT codes that are used to report services furnished to both children and adults and there is a significant difference in the work based on the patient's age, those codes should be identified and commented on in the manner described in section VI. of this final rule. Substantive comments on work will be referred to the RUC for its consideration. If additional codes are needed, the service in question will be forwarded to the CPT for consideration.

For several reasons, we believe that the identification of potentially misvalued services through this final rule and the development of new CPT codes (if necessary) is preferable to the use of an age-related modifier that would be applied to all procedures. First, the RVUs assigned to a given code are based on the typical or average case. There are some cases that require more work and some that require less. The routine use of a modifier to identify those cases that require more work suggests that the RVUs for the unmodified code should be reduced since the typical or average case would now require less work. Second, we are not convinced that the work associated with pediatric services is consistently greater than the work associated with the same services furnished to adults. In fact, we believe there may be instances when the work is actually less. Third, the use of a modifier would create claims processing difficulties for us, and, for some other payers, simply could not be implemented.

Practice expense and malpractice expense RVUs will not be subject to comment and will not be recalculated as a part of the 5-year refinement. Section 1848(c)(2)(C) of the Act requires that the practice expense and malpractice expense RVUs be calculated based upon 1991 allowed charges and practice expense and malpractice expense shares for the specialties that furnish the services. When we calculated the practice expense and malpractice expense RVUs, we aged 1989 actual charges forward to approximate 1991 actual charges, and we used the specialty practice shares from the AMA's Socioeconomic Survey of practice expenses by specialty. We have reviewed the practice expense and malpractice expense RVUs, and we believe that we estimated the 1991 average allowed charges accurately and that the specialty shares have not changed significantly. Therefore, we believe that recalculation of the practice expense and malpractice expense RVUs would not produce significantly different results.

C. Nature and Format of Comments on Work RVUs

While we welcome any written public comments, we have found from past experience that the most useful comments have followed a particular pattern: They include the CPT code, a clinical description of the service, and a discussion of how the work of that service is analogous to one or more reference services. The use of one or more reference services is of fundamental importance because the relative value of the work in a physician service exists only in comparison with the physician work in another service.

The reference services cited should be commonly performed services with established work RVUs and also fairly well understood outside of their specialty. We have included a list of suggested reference services in Addendum G. We believe that the RVUs assigned to these services represent good benchmarks to serve as the basis for comparison with the work represented by other codes. However, the inclusion of these services in the reference set does not preclude the public from commenting on the RVUs assigned to these services.

If none of the services in the reference set is a suitable reference, we recommend choosing another service from the physician fee schedule and explaining why it is a better reference procedure.

Physician work has two components: time and intensity. The clinical analogy for many services can be strengthened by dividing the service into the following three time segments and comparing them with the respective segments of the reference services:

- Preservice work—Work performed before the actual procedure such as review of records, solicitation of informed consent, and preparation of equipment. Time spent by the physician dressing, scrubbing, and waiting for the patient should be identified. Preservice

work also includes the time spent scrubbing, positioning, or otherwise preparing the patient. For surgical procedures with global periods, commenters should include estimates of the number, time, and type of visits from the day before surgery until the time the patient enters the operating room. The visit when the physician decides to operate and the visits preceding it should not be included in the estimate of preservice work since these services are not included in the Medicare definition of global period.

• Intraservice work—The actual performance of the procedure. For evaluation and management services, this would be described as "face to face" time in the office setting and "unit/floor" time in the inpatient setting. For surgical procedures, the customary term would be "skin-to-skin" or its equivalent for those procedures not beginning with incisions.

• Postservice work—Analysis of data collected from the encounter, preparation of a report, and communication of the results. For procedures with global periods, commenters should identify the time spent by the physician with the patient after the procedure on the same day and whether the patient typically goes home, to an ordinary hospital bed, or to the intensive care unit. Commenters should describe the number, time, and type of physician visits from the day after the procedure until the end of the global period. They should also distinguish inpatient from outpatient visits.

In making these estimations, we encourage detailed clinical information such as data derived from operating logs, operative reports, and medical charts concerning the length of service, the amount of work performed before and after the service, and the length of stay in the hospital. The usefulness of these data is greatly increased if the data are presented with comparable data for reference services and evidence that justifies that the data presented are nationally representative of the average work involved in furnishing the service. One common mistake commenters make is to provide data that are not demonstrated to be representative of national practices. Another common mistake is to present a lengthy and elaborate description of the work in the service, but to omit, or to provide an incomplete description of, the comparability of the work in the service to the work in the reference procedure or procedures identified.

Intensity of the work in the service is best compared by breaking the intensity into the following elements:

• Mental effort and judgment—Commenters should compare the service in question with a reference service as to the amount of clinical data that needs to be considered, the fund of knowledge required, the range of possible decisions, the number of factors considered in making a decision, and the degree of complexity of the interaction of these factors.

• Technical skill and physical effort—One useful measure of skill is the point in training when a resident is expected to be able to perform the procedure. Physical effort can be compared by dividing services into tasks and making the direct comparison of tasks. In making the comparison, it is necessary to show that the differences in physician effort are not reflected accurately by differences in the time involved; if they are, considerations of physician effort amount to double counting of physician work in the service.

• Psychological stress—Two kinds of psychological stress are usually associated with physician work. The first is the pressure involved when the outcome is heavily dependent upon skill and judgment and a mistake has serious consequences. The second is related to unpleasant conditions connected with the work that are not affected by skill or judgment. These circumstances would include situations with high rates of mortality or morbidity regardless of the physician's skill or judgment, difficult patients or families, or physician physical discomfort. Of the two forms of stress, only the former is fully accepted as an aspect of work; many consider the latter to be a highly variable function of physician personality.

Intensity often varies significantly in the course of furnishing a service. One common mistake commenters make is to "anchor" the value of the service to a point of maximum intensity during the service as the basis for comparing services. It is unlikely that the maximum intensity is an accurate reflection of the average intensity of a service; a lengthy procedure that is simple except for a few moments of extreme intensity is probably less work than one of equal length during which a fairly high level of intensity is maintained throughout.

D. Including Anesthesia Services Under the 5 Year Refinement (Includes Table 6—Anesthesia Codes and Imputed RVUs)

Under the physician fee schedule, the allowance for an anesthesia service is based on the sum of base units and time units multiplied by an anesthesia-specific CF. The base units we use for determining payment for physician anesthesia services have remained the same since 1992. These base unit values were established in 1989 when we implemented the uniform relative value guide. These base unit values, are, with few exceptions, based upon the base unit values in the 1988 Relative Value Guide of the American Society of Anesthesiology (ASA). There have been only a few anesthesia coding revisions since 1992, and, for these codes, we have accepted the ASA's base unit values.

Unlike other physician services, the anesthesia codes do not have assigned work, practice expense, and malpractice expense RVUs. Although anesthesia services do not have distinct work RVUs, we are deriving work RVUs per anesthesia service (code) so that comparisons can be made among other anesthesia services and, to the extent possible, other medical and surgical services paid under the physician fee schedule.

While we are providing anesthesia work RVUs for comparative purposes, we have no intent to alter the payment methodology for anesthesia services under the physician fee schedule. As required by section 1842(b)(13)(A), we will base allowances for anesthesia services on allowable base and time units and the anesthesia CF. We will include anesthesia services with all other physician services to determine the nature of the overall budget neutrality adjustment. This adjustment factor will be applied to the anesthesia CF.

On the basis of 1993 national anesthesia claims data for anesthesia services personally performed by anesthesiologists, we computed an average time unit value per anesthesia code. The sum of the code-specific base unit and the average time unit was multiplied by the national average anesthesia CF to calculate a national average allowance per anesthesia code.

We made the following additional adjustments to the anesthesia allowance to arrive at the anesthesia work RVUs per code. We divided the national average anesthesia allowance per code by the national surgical CF. The resulting amount, the estimated total RVUs per anesthesia code, was

multiplied by the anesthesia specialty share for mean net income, or 69.5 percent, to derive the anesthesia work RVUs.

For example, cataract anesthesia (CPT code 00142) has a uniform base unit value of 4 units and an average time unit of 4.74 units. The 1994 national anesthesia CF is $15.32. The 1994 national surgical CF is $39.45. The anesthesia specialty share for work is 0.695. The work RVUs for this code are 2.36 units or [(8.74 units x $15.32)/($39.45)] x 0.695.

We have listed in Table 6—Anesthesia Codes and Imputed RVUs, which follows, the imputed work RVUs for each of the anesthesia codes. (Work RVUs were not computed for CPT codes 00103 and 00215 as these represent new codes for 1994.)

The imputed work RVUs for anesthesia codes, such as cataract anesthesia and bypass surgery, should prove useful to physicians for making comparisons. We realize, however, that some anesthesia codes, such as those used to report lower abdominal or upper abdominal anesthesia services, encompass such a large class of unrelated surgical codes that the average time unit for these codes may not be a meaningful value.

We are currently conducting a similar type of analysis to arrive at the anesthesia work RVUs by surgical code. We intend to share the results of this analysis with the RUC.

TABLE 6.—ANESTHESIA CODES AND IMPUTED RVUS

HCPCS*	Description	Base unit	Time unit	Imputed work RVUs
00100	Anesth, skin surgery	5	7.26	3.31
00102	Anesth, repair of cleft lip	6	8.53	3.92
00104	Anesth for electroshock	4	1.55	1.50
00120	Anesthesia for ear surgery	5	8.11	3.54
00124	Anesthesia for ear exam	4	3.62	2.06
00126	Anesth, tympanotomy	4	3.49	2.02
00140	Anesth, procedures on eye	5	5.87	2.93
00142	Anesthesia for lens surgery	4	4.74	2.36
00144	Anesth, corneal transplant	6	7.91	3.75
00145	Anesth, vitrectomy	6	8.93	4.03
00147	Anesth, iridectomy	4	5.94	2.68
00148	Anesthesia for eye exam	4	5.53	2.57
00160	Anesth, nose, sinus surgery	5	7.05	3.25
00162	Anesth, nose, sinus surgery	7	9.32	4.40
00164	Anesth, biopsy of nose	4	5.68	2.61
00170	Anesth, procedure on mouth	5	6.11	3.00
00172	Anesth, cleft palate repair	6	8.74	3.98
00174	Anesth, pharyngeal surgery	6	6.62	3.41
00176	Anesth, pharyngeal surgery	7	20.52	7.43
00190	Anesth, facial bone surgery	5	9.67	3.96
00192	Anesth, facial bone surgery	7	18.46	6.87
00210	Anesth, open head surgery	11	15.20	7.07
00212	Anesth, skull drainage	5	6.38	3.07
00214	Anesth, skull drainage	9	7.82	4.54
00216	Anesth, head vessel surgery	15	21.05	9.73
00218	Anesth, special head surgery	13	14.48	7.42
00220	Anesth, spinal fluid shunt	10	8.76	5.06
00222	Anesth, head nerve surgery	6	5.93	3.22
00300	Anesth, skin surgery, neck	5	6.54	3.11
00320	Anesth, neck organ surgery	6	6.50	3.37
00322	Anesth, biopsy of thyroid	3	6.97	2.69
00350	Anesth, neck vessel surgery	10	10.98	5.66
00352	Anesth, neck vessel surgery	5	4.89	2.67
00400	Anesth, chest skin surgery	3	5.03	2.17
00402	Anesth, surgery of breast	5	10.87	4.28
00404	Anesth, surgery of breast	5	8.80	3.72
00406	Anesth, surgery of breast	13	9.11	5.97
00410	Anesth, correct heart rhythm	4	2.03	1.63
00420	Anesth, skin surgery, back	5	6.27	3.04
00450	Anesth, surgery of shoulder	5	6.74	3.17
00452	Anesth, surgery of shoulder	6	10.14	4.36
00454	Anesth, collarbone biopsy	3	5.81	2.38
00470	Anesth, removal of rib	6	8.24	3.84
00472	Anesth, chest wall repair	10	11.39	5.77
00474	Anesth, surgery of rib(s)	13	12.75	6.95
00500	Anesth, esophageal surgery	15	21.13	9.75
00520	Anesth, chest procedure	6	5.32	3.06
00522	Anesth, chest lining biopsy	4	5.44	2.55
00524	Anesth, chest drainage	4	4.36	2.26
00528	Anesth, chest partition view	8	7.39	4.15
00530	Anesth, pacemaker insertion	4	6.92	2.95
00532	Anesth, vascular access	4	4.97	2.42
00540	Anesth, cardioverter/defib	13	12.99	7.01
00542	Anesth, chest surgery	15	13.32	7.64
00544	Anesth, release of lung	15	14.00	7.83

TABLE 6.—ANESTHESIA CODES AND IMPUTED RVUs—Continued

HCPCS*	Description	Base unit	Time unit	Imputed work RVUs
00546	Anesth, chest lining removal	15	15.59	8.26
00548	Anesth, lung, chest wall surg	15	14.86	8.06
00560	Anesth, trachea, bronchi surg	15	10.89	6.99
00562	Anesth, open heart surgery	20	22.27	11.41
00580	Anesth, open heart surgery	20	27.01	12.69
00600	Anesth, heart/lung transplant	10	14.31	6.56
00604	Anesth, spine, cord surgery	13	13.44	7.14
00620	Anesth, surgery of vertebra	10	15.34	6.84
00622	Anesth, spine, cord surgery	13	10.08	6.23
00630	Anesth, removal of nerves	8	11.30	5.21
00632	Anesth, spine, cord surgery	7	7.95	4.03
00634	Anesth, removal of nerves	10	1.92	3.22
00670	Anesth for chemonucleolysis	13	21.82	9.40
00700	Anesth, spine, cord surgery	3	5.99	2.43
00702	Anesth, abdominal wall surg	4	7.67	3.15
00730	Anesth, for liver biopsy	5	6.94	3.22
00740	Anesth, abdominal wall surg	5	3.29	2.24
00750	Anesth, gi visualization	4	6.62	2.87
00752	Anesth, repair of hernia	6	7.45	3.63
00754	Anesth, repair of hernia	7	9.12	4.35
00756	Anesth, repair of hernia	7	11.55	5.01
00770	Anesth, repair of hernia	15	18.01	8.91
00790	Anesth, blood vessel repair	7	9.88	4.56
00792	Anesth, surg upper abdomen	13	19.03	8.64
00794	Anesth, part liver removal	8	23.85	8.60
00796	Anesth, pancreas removal	30	41.76	19.37
00800	Anesth, for liver transplant	3	5.88	2.40
00802	Anesth, abdominal wall surg	5	10.47	4.18
00806	Anesth, fat layer removal	6	8.28	3.85
00810	Anesth, intestine endoscopy	6	3.74	2.63
00820	Anesth, abdominal wall surg	5	6.56	3.12
00830	Anesth, repair of hernia	4	6.69	2.89
00832	Anesth, repair of hernia	6	7.55	3.66
00840	Anesth, surg lower abdomen	6	10.27	4.39
00842	Anesth, amniocentesis	4	7.45	3.09
00844	Anesth, pelvis surgery	7	14.94	5.92
00846	Anesth, hysterectomy	8	13.06	5.68
00848	Anesth, pelvic organ surg	8	19.41	7.40
00850	Anesth, cesarean section	7	7.15	3.82
00855	Anesth, hysterectomy	8	11.61	5.29
00857	Analgesia, labor & c-section	7	10.33	4.68
00860	Anesth, surgery of abdomen	6	10.22	4.38
00862	Anesth, kidney, ureter surg	7	13.01	5.40
00864	Anesth, removal of bladder	8	24.43	8.75
00866	Anesth, removal of adrenal	10	14.86	6.71
00868	Anesth, kidney transplant	10	18.32	7.64
00870	Anesth, bladder stone surg	5	6.79	3.18
00872	Anesth, kidney stone destruct	7	6.77	3.72
00873	Anesth, kidney stone destruct	5	6.63	3.14
00880	Anesth, abdomen vessel surg	15	18.84	9.13
00882	Anesth, major vein ligation	10	5.81	4.27
00884	Anesth, major vein revision	5	5.58	2.86
00900	Anesth, perineal procedure	3	5.02	2.16
00902	Anesth, anorectal surgery	4	4.49	2.29
00904	Anesth, perineal surgery	7	15.41	6.05
00906	Anesth, removal of vulva	4	7.78	3.18
00908	Anesth, removal of prostate	6	13.65	5.30
00910	Anesth, bladder surgery	3	4.19	1.94
00912	Anesth, bladder tumor surg	5	4.85	2.66
00914	Anesth, removal of prostate	5	6.31	3.05
00916	Anesth, bleeding control	5	5.57	2.85
00918	Anesth, stone removal	5	6.01	2.97
00920	Anesth, genitalia surgery	3	5.26	2.23
00922	Anesth, sperm duct surgery	6	6.36	3.34
00924	Anesth, testis exploration	4	5.22	2.49
00926	Anesth, removal of testis	4	5.14	2.47
00928	Anesth, removal of testis	6	6.63	3.41
00930	Anesth, testis suspension	4	5.41	2.54
00932	Anesth, amputation of penis	4	8.57	3.39
00934	Anesth, penis, nodes removal	6	13.73	5.33

TABLE 6.—ANESTHESIA CODES AND IMPUTED RVUs—Continued

HCPCS*	Description	Base unit	Time unit	Imputed work RVUs
00936	Anesth, penis, nodes removal	8	15.15	6.25
00938	Anesth, insert penis device	4	9.43	3.62
00940	Anesth, vaginal procedures	3	3.78	1.83
00942	Anesth, surgery on vagina	4	7.93	3.22
00944	Anesth, vaginal hysterectomy	6	10.16	4.36
00946	Anesth, vaginal delivery	5	11.28	4.39
00948	Anesth, repair of cervix	4	4.28	2.23
00950	Anesth, vaginal endoscopy	5	4.83	2.65
00952	Anesth, uterine endoscopy	4	3.95	2.15
00955	Analgesia, vaginal delivery	5	15.56	5.55
01000	Anesth, skin surgery, pelvis	3	6.17	2.47
01110	Anesth, skin surgery, pelvis	5	7.05	3.25
01120	Anesth, pelvis surgery	6	8.38	3.88
01130	Anesth, body cast procedure	3	5.81	2.38
01140	Anesth, amputation at pelvis	15	16.21	8.42
01150	Anesth, pelvic tumor surgery	8	15.54	6.35
01160	Anesth, pelvis procedure	4	6.34	2.79
00170	Anesth, pelvis surgery	8	10.39	4.96
01180	Anesth, pelvis nerve removal	3	7.70	2.89
01190	Anesth, pelvis nerve removal	4	5.72	2.62
01200	Anesth, hip joint procedure	4	4.22	2.22
01202	Anesth, arthroscopy of hip	4	8.83	3.46
01210	Anesth, hip joint surgery	6	8.54	3.92
01212	Anesth, hip disarticulation	10	11.20	5.72
01214	Anesth, replacement of hip	10	12.45	6.06
01220	Anesth, procedure on femur	4	6.55	2.85
01230	Anesth, surgery of femur	6	8.51	3.92
01232	Anesth, amputation of femur	5	6.97	3.23
01234	Anesth, radical femur surg	8	10.09	4.88
01240	Anesth, upper leg skin surg	3	5.82	2.38
01250	Anesth, upper leg surgery	4	6.35	2.79
01260	Anesth, upper leg veins surg	3	8.79	3.18
01270	Anesth, thigh arteries surg	8	15.31	6.29
01272	Anesth, femoral artery surg	4	7.55	3.12
01274	Anesth, femoral embolectomy	6	9.29	4.13
01300	Anesth, skin surgery, knee	3	5.66	2.34
01320	Anesth, knee area surgery	4	6.71	2.89
01340	Anesth, knee area procedure	4	7.33	3.06
01360	Anesth, knee area surgery	5	10.45	4.17
01380	Anesth, knee joint procedure	3	3.23	1.68
01382	Anesth, knee arthroscopy	3	6.08	2.45
01390	Anesth, knee area procedure	3	6.00	2.43
01392	Anesth, knee area surgery	4	8.83	3.46
01400	Anesth, knee joint surgery	4	7.65	3.14
01402	Anesth, replacement of knee	7	11.58	5.01
01404	Anesth, amputation at knee	5	7.22	3.30
01420	Anesth, knee joint casting	3	6.31	2.51
01430	Anesth, knee veins surgery	3	12.92	4.30
01432	Anesth, knee vessel surg	5	9.49	3.91
01440	Anesth, knee arteries surg	5	12.62	4.76
01442	Anesth, knee artery surg	8	13.36	5.76
01444	Anesth, knee artery repair	8	16.95	6.73
01460	Anesth, lower leg skin surg	3	5.29	2.24
01462	Anesth, lower leg procedure	3	5.45	2.28
01464	Anesth, ankle arthroscopy	3	7.91	2.94
01470	Anesth, lower leg surgery	3	5.82	2.38
01472	Anesth, achilles tendon surg	5	8.07	3.53
01474	Anesth, lower leg surgery	5	8.69	3.69
01480	Anesth, lower leg bone surg	3	7.10	2.73
01482	Anesth, radical leg surgery	4	7.07	2.99
01484	Anesth, lower leg revision	4	8.80	3.45
01486	Anesth, ankle replacement	7	11.48	4.99
01490	Anesth, lower leg casting	3	5.28	2.23
01500	Anesth, leg arteries surg	8	15.19	6.26
01502	Anesth, lowerleg embolectomy	6	9.69	4.23
01520	Anesth, lower leg vein surg	3	8.88	3.21
01522	Anesth, lower leg vein surg	5	8.24	3.57
01600	Anesth, shoulder skin surg	3	5.60	2.32
01610	Anesth, surgery of shoulder	5	7.88	3.48
01620	Anesth, shoulder procedure	4	4.03	2.17

TABLE 6.—ANESTHESIA CODES AND IMPUTED RVUs—Continued

HCPCS*	Description	Base unit	Time unit	Imputed work RVUs
01622	Anesth, shoulder arthroscopy	4	9.10	3.54
01630	Anesth, surgery of shoulder	5	9.17	3.82
01632	Anesth, surgery of shoulder	6	10.85	4.55
01634	Anesth, shoulder joint amput	9	11.49	5.53
01636	Anesth, forequarter amput	15	10.53	6.89
01638	Anesth, shoulder replacement	10	13.28	6.28
01650	Anesth, shoulder artery surg	6	8.44	3.90
01652	Anesth, shoulder vessel surg	10	10.49	5.53
01654	Anesth, shoulder vessel surg	8	13.32	5.75
01656	Anesth, arm-leg vessel surg	10	17.67	7.47
01670	Anesth, shoulder vein surg	4	5.98	2.69
01680	Anesth, shoulder casting	3	5.04	2.17
01682	Anesth, airplane cast	4	6.93	2.95
01700	Anesth, elbow area skin surg	3	5.60	2.32
01710	Anesth, elbow area surgery	3	5.83	2.38
01712	Anesth, upper arm tendon surg	5	6.47	3.10
01714	Anesth, upper arm tendon surg	5	9.46	3.90
01716	Anesth, biceps tendon repair	5	7.93	3.49
01730	Anesth, upper arm procedure	3	5.46	2.28
01732	Anesth, elbow arthroscopy	3	7.99	2.97
01740	Anesth, upper arm surgery	4	8.42	3.35
01742	Anesth, humerus surgery	5	9.48	3.91
01744	Anesth, humerus repair	5	12.16	4.63
01756	Anesth, radical humerus surg	6	10.89	4.56
01758	Anesth, humeral lesion surg	5	6.92	3.22
01760	Anesth, elbow replacement	7	15.83	6.16
01770	Anesth, upper arm artery surg	8	9.30	4.67
01772	Anesth, upper arm embolectomy	6	7.52	3.65
01780	Anesth, upper arm vein surg	3	6.25	2.50
01782	Anesth, upper arm vein repair	4	9.36	3.61
01784	Anesth, av fistula repair	6	8.50	3.91
01800	Anesth, lower arm skin surg	3	5.57	2.31
01810	Anesth, lower arm surgery	3	5.26	2.23
01820	Anesth, lower arm procedure	3	4.85	2.12
01830	Anesth, lower arm surgery	3	7.69	2.89
01832	Anesth, wrist replacement	6	10.03	4.33
01840	Anesth, lower arm artery surg	6	8.25	3.85
01842	Anesth, lower arm embolectomy	6	7.00	3.51
01844	Anesth, vascular shunt surg	6	8.50	3.91
01850	Anesth, lower arm vein surg	3	5.93	2.41
01852	Anesth, lower arm vein repair	4	5.60	2.59
01860	Anesth, lower arm casting	3	4.47	2.02
01900	Anesth, uterus/tube inject	3	5.15	2.20
01902	Anesth, burr holes, skull	9	7.15	4.36
01904	Anesth, skull x-ray inject	7	3.02	2.70
01906	Anesth, lumbar myelography	5	4.85	2.66
01908	Anesth, cervical myelography	5	5.28	2.77
01910	Anesth, skull myelography	9	4.48	3.64
01912	Anesth, lumbar discography	5	3.66	2.34
01914	Anesth, cervical discography	6	3.99	2.70
01916	Anesth, head arteriogram	5	6.95	3.23
01918	Anesth, limb arteriogram	5	4.72	2.62
01920	Anesth, catheterize heart	7	5.19	3.29
01921	Anesth, vessel surgery	7	5.73	3.44
01922	Anesth, cat or MRI scan	7	6.05	3.52
01990	Support for organ donor	7	0.12	1.92
01995	Regional anesthesia, limb	5	0.10	1.38
01996	Manage daily drug therapy	3	0.00	0.81

*All numeric CPT HCPCS Copyright 1994 American Medical Association.

VII. Collection of Information Requirements

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

VIII. Response to Comments

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

with a subsequent document, we will respond to the comments in the preamble to that document.

IX. Regulatory Impact Analysis

A. Introduction

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

This final rule will not have a significant economic impact on a substantial number of small entities. Nevertheless, we are preparing a regulatory flexibility 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. In addition, physicians who are paid by private insurers for non-Medicare services will be affected to the extent that they are paid by private insurers that choose to use the RVUs. However, with few exceptions, we expect that the impact on individual medical practitioners will be limited.

Issues discussed in sections B (Effects of implementing proposed policy changes) and C (OBRA '93 provision for payment of antigens) will have no impact on Medicare program expenditures because the effects of these changes have been neutralized in the establishment of RVUs for 1995. 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 that would have been made if these adjustments had not been made. We refer to this as the budget-neutrality requirement.

We have estimated the net increase in program costs in CY 1995 resulting from the adjustments to RVUs to be approximately $35 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 $350 million, thus resulting in a total of $385 million in additional expenditures because of these changes. This figure requires a reduction of 1.1 percent in the RVUs for all services to comply with the statutory limitation on increases in expenditures. Although a $20 million tolerance is permitted under the law, this 1.1 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 accordance with the provisions of Executive Order 12866, this final rule was reviewed by the Office of Management and Budget.

B. Effects of Implementing Specific Proposals for CY 1995

1. GPCI Changes

The revised GPCIs will be implemented in a budget-neutral manner. They will not change the total national physician fee schedule payments that would have been made in 1995 had the current GPCIs been retained. The final revised GPCIs for 1995 and 1996, found at Addenda D and E respectively of this final rule, will merely redistribute payments among fee schedule payment areas. Except for Iowa, which was converted from seven payment areas to a single statewide locality and now has statewide GPCIs, the GPCIs are unchanged from those listed in Addenda C and B in the proposed rule (59 FR 32779).

The overall redistributive effects of the GPCI changes on payment areas were contained in Addendum D of the proposed rule (59 FR 32786). The effect on individual physicians within these areas will vary from general area effects because of volume and mix of services.

2. Payment Area (Locality) Change

The change to convert Iowa to a statewide payment area effective January 1, 1995, will be made on a budget-neutral basis within the State. However, some modest redistribution in payments could occur within the State. From our past experience, redistribution of 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 this redistribution to be generally in the range of 1 to 3 percent. These estimates represent aggregate effects among the areas of the State. The effect on individual physicians will vary depending on factors such as the mix and volume of their services to Medicare beneficiaries.

3. Separate Payment for Physician Care Plan Oversight Services

Under certain conditions, we will allow separate payment for physician care plan oversight services furnished on or after January 1, 1995 to beneficiaries receiving Medicare-covered home health care and hospice services. We will establish a fee schedule payment amount based on 1.61 RVUs, which, after applying the primary care CF of $36.38, results in a payment amount of approximately $60. This service may be billed only once per month.

Studies based on Medicare HHA and hospice utilization data indicate that payment for this service could be allowed for approximately 5.25 million claims and will result in incurred Medicare expenditures of approximately $310 million for CY 1995. Thus, we estimate that a reduction of approximately 0.9 percent in the RVUs for other services will be required to offset this amount to retain budget neutrality in 1995.

The RVUs established for CPT code 99375, care plan oversight, will be an "interim" value for 3 years, during which time we will make additional adjustments to ensure that separate payment for care plan oversight services will not result in an increase in Medicare expenditures for those years. Under our current utilization cost projections, separate payment for care plan oversight services will still result in a small increase ($15 million) for 1998 through 1999. We believe that this increase in expenditures will be offset by savings resulting from the inclusion of outpatient clinical laboratory services in the MVPS definition of physician services as published elsewhere in this **Federal Register** issue.

We believe the majority of beneficiaries will not sustain any significant change in coinsurance liabilities or out-of-pocket costs. Because we are making this a budget-neutral change by reducing the RVUs for all other physician services, we will not be increasing or decreasing overall coinsurance liability. We recognize, however, that for some beneficiaries, particularly the approximately 25 percent who have no supplemental insurance that will cover the additional coinsurance amount, the required coinsurance for these services will be approximately $12 for each month in which their physician is paid for care plan oversight services. Approximately 10 percent of all beneficiaries receive services from nonparticipating physicians. These beneficiaries will be liable for any amount that exceeds the

Medicare-approved amount up to the limiting charge for this service that is 115 percent of the fee schedule amount for nonparticipating physicians. All physicians may be impacted by separate payment for care plan oversight services because RVUs for all services paid under the physician fee schedule will be reduced to maintain budget neutrality. To the extent that they do not meet the conditions for payment for care plan oversight services, certain physicians may experience a greater impact from the minor reduction in the RVUs for other physician services as a result of the adjustments necessary to maintain budget neutrality.

4. Payment for Multiple Surgical Procedures

We are revising only the standard multiple surgery policy that requires carriers to rank the procedures by payment amount and base payment on the highest priced procedure at the lesser of the actual charges or 100 percent of the fee schedule amount; the second procedure at 50 percent; the third, fourth, and fifth procedures at 25 percent; and procedures subsequent to the fifth procedure "by report" based on documentation of the services furnished. We are not changing the special multiple surgery policies for dermatology and endoscopy.

As revised, we will pay the lesser of the actual charge or 50 percent for the second through fifth procedures. Procedures performed after the fifth procedure will continue to be paid "by report" based on documentation of the services furnished. Under this change, the standard multiple surgery policy will be the same as the current policy that applies to multiple dermatology procedures. This change in payment policy will simplify carrier payment procedures because we will have two, rather than three, multiple surgery policies.

Preliminary studies of 1992 utilization and cost data indicate that this change to the 100/50/50/50/50 percent payment policy would result in increased 1995 Medicare payments of approximately $35 million, were it not for the budget-neutrality adjustment to all RVUs. Our estimate is that this change will require a reduction in all RVUs of about 0.1 percent. Given the increase in the CFs for all services, we do not believe that physicians will see a reduction in payment as a result of this payment policy change.

Beneficiary liability for payment of the third through fifth services will increase because the beneficiaries' coinsurance payment equals 20 percent of the Medicare payment. Physicians who perform multiple procedures on the same date for a patient that are now paid on the basis of the lesser of the actual charge or 25 percent of the fee schedule payment for the third through fifth procedures will be paid twice as much for the third through fifth procedures. Therefore, the beneficiaries' coinsurance will also increase. In addition, the amount that nonparticipating physicians may bill over the fee schedule amount if they do not accept assignment will also increase because the limiting charge is a percent of the fee schedule amount. However, beneficiary liability for other services will be reduced slightly as a result of slightly lower payments for the other services.

5. Application of Site-of-Service Payment Differential

We apply a payment differential to services that are routinely furnished in physicians' offices if they are furnished outside the office. We have revised the list of surgical procedures subject to the site-of-service differential using 1993 data. The revised list will be effective for services furnished beginning January 1, 1995. To avoid any concern about the statistical validity of the data for low-volume procedures, we will exclude any procedure performed fewer than 100 times a year unless the procedure is part of a "family" of codes that meets the requirements to be on the site-of-service list. We will add approximately 225 codes and remove 12 codes from the site-of-service list based on 1993 data and criteria. Were it not for budget-neutrality adjustments, we estimate that these additions to the list would have resulted in a $12 million reduction in Medicare payments in 1995.

6. Bundled Services

Bundling of payment for CPT codes 78890 and 78891 (Generation and interpretation of automated data) in the nuclear medicine series of the CPT will mean that physicians who are currently billing for and receiving separate payment for the services may no longer do so. These two codes are billed in addition to a primary procedure, but in CY 1992, CPT codes 78890 and 78891 were billed in combination with another procedure only 12.7 and 2.5 percent of the time, respectively. These data indicate that these codes are being reported incorrectly. We will bundle the payment for these codes into the payments for the primary procedure in a budget-neutral manner by redistributing the RVUs currently assigned to CPT codes 78890 and 78891 across all other codes in the nuclear medicine series of the CPT. The Medicare payment for these services in CY 1992 was $1.6 million for approximately 38,000 services. The effect of this change on individual physicians will be minimal.

7. RVUs for Doppler Echocardiography (CPT Code 93325)

We are redistributing the RVUs assigned to CPT code 99325, which will approximately double the fee schedule payment amount for the TC of CPT code 93325 if the service is furnished in nonhospital settings. Payment for the PC of the services furnished in settings such as hospitals, in which the PC only is billed, will be reduced by more than 90 percent. Global payments for procedures furnished in physicians' offices and other nonhospital settings will be unaffected by adoption of this policy.

8. Nuclear Medicine

Many carriers currently do not pay for the second procedure of certain multiple diagnostic nuclear medicine procedures. Under this final rule, carriers will pay the full fee schedule payment for the procedure with the highest payment and 50 percent of the fee schedule amount for the second procedure. We believe that the overall effect of this policy will be minimal considering the low number of multiple procedures of this type performed. Those carriers that currently pay in full for the second procedure will reduce payments for multiple nuclear procedures. Conversely, there will be a slight increase in payments by carriers that are not paying for the second procedure.

9. End-Stage Renal Disease (ESRD)

a. Hospital inpatient dialysis on the same date as an evaluation and management service. We are bundling payment for certain subsequent evaluation and management hospital visits (CPT codes 99231 through 99233) and subsequent consultations (CPT codes 99261 through 99263) performed on the same date as inpatient dialysis into the payment for dialysis services (CPT codes 90935 through 90947). We will continue to allow separate billing and payment for an initial hospital visit, an initial consultation, and a discharge service on the same date as an inpatient dialysis service.

According to CY 1992 data, subsequent hospital visits and subsequent consultations were furnished on the same date as dialysis services approximately 168,000 times and payment for these services approximated $8.7 million. This change will be implemented in a budget-neutral

manner because the RVUs for these evaluation and management codes that are being bundled will be redistributed across the four dialysis codes. This change will increase payments for the four dialysis services.

b. Payment for outpatient ESRD-related services under the physician fee schedule. We will pay for the monthly capitation payment (MCP, CPT codes 90918 through 90922) under the Medicare physician fee schedule. The RVUs for these codes will be "interim" for 1995. We will implement this proposal in a budget neutral manner and will apply the nonsurgical update to these codes. We will transition payment to the fee schedule over 2 years using a blend in 1995: 50 percent of the full fee schedule amount and 50 percent of the historical payment amount. In 1996, we will base payment on the full fee schedule amount.

We estimate that payment for the MCP under the Medicare physician fee schedule will result in a $22 million increase in Medicare expenditures from 1996 to 1999. We believe that this increase will be offset by savings resulting from the inclusion of outpatient clinical laboratory services in the MVPS definition of physician services published elsewhere in this **Federal Register** issue.

10. Therapeutic Apheresis

We proposed redesignating therapeutic apheresis (CPT code 36520) as an "incident-to" service and allowing payment only when the service is performed in an office setting. We have modified our proposed policy. We will continue to allow payment for physician work RVUs for CPT code 36520 in hospital and nonhospital settings. We will not make separate payment for therapeutic apheresis and for some evaluation and management procedures if they are billed on the same date. A full discussion of which evaluation and management codes are not covered on the same date as therapeutic apheresis can be found in section II.K. of this preamble. Because we have bundled the payment and redistributed the RVUs for those evaluation and management codes into the therapeutic apheresis code, the overall impact of this policy change is budget neutral for CY 1995. We do not anticipate that this policy will have an impact on hospitals. Because of the limited number of services and the increase in RVUs for therapeutic apheresis, we believe the impact on physicians will be minimal.

C. OBRA '93 Provision—Payment for Antigens (Allergen Immunotherapy)

Effective for services furnished beginning January 1, 1995, we will eliminate the use of HCPCS antigen J codes and require all physicians to bill for allergy therapy services using CPT codes 95115, 95117, 95144 through 95149, 95165, and 95170. In addition, we will no longer permit payment under the CPT allergy complete service codes (CPT codes 95120 through 95134) that are used by approximately half of the allergists.

Because of the variations in the current payment system, we were not able to precisely relate current frequencies to those that will occur under the fee schedule. We were not able to ensure budget neutrality within the antigen category. We believe, however, that the revised RVUs we are assigning are reasonable and we have no basis for concluding that they will result in a significant change in expenditures.

D. Refinement of RVUs for CY 1995

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 would have added an estimated $35 million to projected CY 1995 expenditures. Since we must implement certain revisions to the fee schedule in a budget-neutral manner, it is necessary to reduce all RVUs by 0.1 percent to account for the refinement of RVUs on existing codes and the addition of new codes.

E. 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 not change payments to hospitals under Part A, nor do we 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 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, 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 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

A. Part 410 is amended as set forth below:

1. The authority citation for part 410 is revised to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and1395hh).

2. In § 410.1, paragraph (a) is amended by adding a sentence at the end of the paragraph to read as follows:

§ 410.1 Basis and scope.

(a) *Statutory basis.* * * * Section 1881 provides for Medicare coverage for end stage renal disease patients.

* * * * *

Subpart E—Payment of SMI Benefits

3. In § 410.152, the introductory text of paragraph (b) is republished and paragraph (b)(4) is revised to read as follows:

§ 410.152 Amounts of payment.

* * * * *

(b) *Basic rules for payment.* Except as specified in paragraphs (c) through (h) of this section, Medicare Part B pays the following amounts:

* * * * *

(4) For services furnished by a person or an entity other than those specified in paragraphs (b)(1) through (b)(3) of this section, 80 percent of the reasonable charges or 80 percent of the payment amount computed on any other payment basis for the services.

* * * * *

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 and 1871 of the Social Security Act as amended (42 U.S.C. 1302 and 1395hh).

2. In § 414.2, in the definition of "*Physicians' services,*" the introductory text is republished and a new paragraph (6) is added to read as follows:

§ 414.2 Definitions.

* * * * *

Physicians' services means the following services to the extent that they are covered by Medicare:

* * * * *

(6) Antigens, as described in section 1861(s)(2)(G) of the Act.

3. Section 414.4 is revised to read as follows:

§ 414.4 Fee schedule areas.

(a) *General.* HCFA establishes physician fee schedule areas that generally conform to the geographic localities in existence before January 1, 1992.

(b) *Changes.* HCFA announces proposed changes to fee schedule areas in the **Federal Register** and provides an opportunity for public comment. After considering public comments, HCFA publishes the final changes in the **Federal Register**.

4. A new § 414.39 is added to read as follows:

§ 414.39 Special rules for payment of care plan oversight.

(a) *General.* Except as specified in paragraph (b) of this section, payment for care plan oversight is included in the payment for visits and other services under the physician fee schedule.

(b) *Exception.* Separate payment is made under the following conditions for physician care plan oversight services furnished to beneficiaries who receive HHA and hospice services that are covered by Medicare:

(1) The care plan oversight services require recurrent physician supervision of therapy involving 30 or more minutes of the physician's time per month.

(2) Payment is made to only one physician per patient for services furnished during a calendar month period. The physician must have furnished a service requiring a face-to-face encounter with the patient at least once during the 6-month period before the month for which care plan oversight payment is first billed. The physician may not have a significant financial or contractual relationship with the HHA in accordance with § 424.22(d) of this chapter. The physician may not be the medical director or employee of the HHA or hospice and may not furnish services under an arrangement with the hospice.

(3) If a physician furnishes care plan oversight services during a postoperative period, payment for care plan oversight services is made if the services are documented in the patient's medical record as unrelated to the surgery.

5. In § 414.314, paragraph (d) is removed and paragraph (c) is revised to read as follows:

§ 414.314 Monthly capitation payment method.

* * * * *

(c) *Determination of payment amount.* The amount of payment for the MCP is determined under the Medicare physician fee schedule described in this part 414.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 4, 1994.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 14, 1994.

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 G

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 1995. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services included in the physician fee schedule. Addendum C provides interim RVUs and related information for codes that are subject to comment. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs for 1995 listed in Addendum D of this final rule. In applying the formula, use a CF of $39.447 for services designated as surgical, a CF of $36.382 for primary care services, and a CF of $34.616 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 D lists the GPCIs for 1995.

Addendum E lists the GPCIs for 1996.

Addendum F lists the procedure codes subject to the site-of-service differential.

Addendum G lists the reference set.

Addendum B—1995 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1995

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 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 is always bundled into payment for other

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

C=Carrier-priced 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.

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 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.

H=Deleted modifier. This code had TC and PC components in 1994. For 1995, these components are deleted.

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

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

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

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

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

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

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

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

5. *Work RVUs.* These are the RVUs for the physician work for this service for 1995. Codes that are not used for Medicare payment are identified with a "#."

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1995. 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 1995.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1995.

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 1995 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 1995 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
10040	.....	A	Acne surgery	1.34	0.32	0.03	1.69	010	S
10060	.....	A	Drainage of skin abscess	1.12	0.44	0.04	1.60	010	S
10061	.....	A	Drainage of skin abscess	2.48	0.64	0.06	3.18	010	S
10080	.....	A	Drainage of pilonidal cyst	1.62	0.50	0.05	2.17	010	N
10081	.....	A	Drainage of pilonidal cyst	2.40	1.11	0.16	3.67	010	S
10120	.....	A	Remove foreign body	1.19	0.46	0.05	1.70	010	S
10121	.....	A	Remove foreign body	2.64	1.00	0.12	3.76	010	S
10140	.....	A	Drainage of hematoma/fluid	1.48	0.48	0.05	2.01	010	S
10160	.....	A	Puncture drainage of lesion	1.15	0.38	0.05	1.58	010	S
10180	.....	A	Complex drainage, wound	2.20	1.05	0.18	3.43	010	S
11000	.....	A	Surgical cleansing of skin	0.91	0.40	0.04	1.35	000	S
11001	.....	A	Additional cleansing of skin	0.45	0.26	0.02	0.73	ZZZ	S
11040	.....	A	Surgical cleansing, abrasion	0.50	0.40	0.04	0.94	000	S
11041	.....	A	Surgical cleansing of skin	0.82	0.56	0.06	1.44	000	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
11042	.....	A	Cleansing of skin/tissue	1.12	0.65	0.08	1.85	000	S
11043	.....	A	Cleansing of tissue/muscle	1.83	1.81	0.34	3.98	010	S
11044	.....	A	Cleansing tissue/muscle/bone	2.28	2.82	0.49	5.59	010	S
11050	.....	A	Trim skin lesion	0.43	0.37	0.03	0.83	000	S
11051	.....	A	Trim 2 to 4 skin lesions	0.66	0.50	0.05	1.21	000	S
11052	.....	A	Trim over 4 skin lesions	0.86	0.41	0.04	1.31	000	S
11100	.....	A	Biopsy of skin lesion	0.81	0.51	0.04	1.36	000	S
11101	.....	A	Biopsy, each added lesion	0.41	0.29	0.02	0.72	ZZZ	S
11200	.....	A	Removal of skin tags	0.69	0.43	0.04	1.16	010	S
11201	.....	A	Removal of added skin tags	0.26	0.17	0.02	0.45	ZZZ	S
11300	.....	A	Shave skin lesion	0.51	0.53	0.05	1.09	000	S
11301	.....	A	Shave skin lesion	0.85	0.67	0.06	1.58	000	S
11302	.....	A	Shave skin lesion	1.05	0.89	0.09	2.03	000	S
11303	.....	A	Shave skin lesion	1.24	1.36	0.17	2.77	000	S
11305	.....	A	Shave skin lesion	0.67	0.52	0.05	1.24	000	S
11306	.....	A	Shave skin lesion	0.99	0.71	0.07	1.77	000	S
11307	.....	A	Shave skin lesion	1.14	0.94	0.10	2.18	000	S
11308	.....	A	Shave skin lesion	1.41	1.40	0.17	2.98	000	S
11310	.....	A	Shave skin lesion	0.73	0.69	0.06	1.48	000	S
11311	.....	A	Shave skin lesion	1.05	0.85	0.08	1.98	000	S
11312	.....	A	Shave skin lesion	1.20	1.12	0.11	2.43	000	S
11313	.....	A	Shave skin lesion	1.62	1.49	0.15	3.26	000	S
11400	.....	A	Removal of skin lesion	0.86	0.53	0.05	1.44	010	S
11401	.....	A	Removal of skin lesion	1.27	0.67	0.06	2.00	010	S
11402	.....	A	Removal of skin lesion	1.56	0.89	0.09	2.54	010	S
11403	.....	A	Removal of skin lesion	1.87	1.17	0.13	3.17	010	S
11404	.....	A	Removal of skin lesion	2.15	1.38	0.17	3.70	010	S
11406	.....	A	Removal of skin lesion	2.71	1.88	0.33	4.92	010	S
11420	.....	A	Removal of skin lesion	1.01	0.52	0.05	1.58	010	S
11421	.....	A	Removal of skin lesion	1.48	0.71	0.07	2.26	010	S
11422	.....	A	Removal of skin lesion	1.71	0.94	0.10	2.75	010	S
11423	.....	A	Removal of skin lesion	2.12	1.31	0.15	3.58	010	S
11424	.....	A	Removal of skin lesion	2.57	1.39	0.16	4.12	010	S
11426	.....	A	Removal of skin lesion	3.73	1.83	0.29	5.85	010	S
11440	.....	A	Removal of skin lesion	1.10	0.69	0.06	1.85	010	S
11441	.....	A	Removal of skin lesion	1.56	0.85	0.08	2.49	010	S
11442	.....	A	Removal of skin lesion	1.82	1.12	0.11	3.05	010	S
11443	.....	A	Removal of skin lesion	2.44	1.45	0.15	4.04	010	S
11444	.....	A	Removal of skin lesion	3.37	1.47	0.14	4.98	010	S
11446	.....	A	Removal of skin lesion	4.44	1.78	0.18	6.40	010	S
11450	.....	A	Removal, sweat gland lesion	2.58	2.68	0.44	5.70	090	S
11451	.....	A	Removal, sweat gland lesion	3.80	2.90	0.46	7.16	090	S
11462	.....	A	Removal, sweat gland lesion	2.36	2.41	0.36	5.13	090	S
11463	.....	A	Removal, sweat gland lesion	3.80	2.00	0.34	6.14	090	S
11470	.....	A	Removal, sweat gland lesion	3.10	2.78	0.45	6.33	090	S
11471	.....	A	Removal, sweat gland lesion	4.26	2.46	0.48	7.20	090	S
11600	.....	A	Removal of skin lesion	1.36	1.13	0.10	2.59	010	S
11601	.....	A	Removal of skin lesion	1.88	1.39	0.12	3.39	010	S
11602	.....	A	Removal of skin lesion	2.04	1.82	0.16	4.02	010	S
11603	.....	A	Removal of skin lesion	2.30	2.25	0.21	4.76	010	S
11604	.....	A	Removal of skin lesion	2.53	2.59	0.26	5.38	010	S
11606	.....	A	Removal of skin lesion	3.38	3.11	0.49	6.98	010	S
11620	.....	A	Removal of skin lesion	1.29	1.34	0.12	2.75	010	S
11621	.....	A	Removal of skin lesion	1.92	1.75	0.16	3.83	010	S
11622	.....	A	Removal of skin lesion	2.29	2.20	0.19	4.68	010	S
11623	.....	A	Removal of skin lesion	2.88	2.58	0.25	5.71	010	S
11624	.....	A	Removal of skin lesion	3.38	3.21	0.32	6.91	010	S
11626	.....	A	Removal of skin lesion	4.20	3.41	0.51	8.12	010	S
11640	.....	A	Removal of skin lesion	1.48	1.65	0.15	3.28	010	S
11641	.....	A	Removal of skin lesion	2.39	2.09	0.18	4.66	010	S
11642	.....	A	Removal of skin lesion	2.88	2.57	0.23	5.68	010	S
11643	.....	A	Removal of skin lesion	3.45	3.01	0.28	6.74	010	S
11644	.....	A	Removal of skin lesion	4.50	3.51	0.33	8.34	010	S
11646	.....	A	Removal of skin lesion	5.85	4.32	0.60	10.77	010	S
11700	.....	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

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
11711	.....	A	Scraping of additional nails	0.20	0.19	0.02	0.41	ZZZ	S
11730	.....	A	Removal of nail plate	1.13	0.45	0.04	1.62	000	S
11731	.....	A	Removal of second nail plate	0.55	0.51	0.05	1.11	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	1.66	2.10	0.19	3.95	010	S
11752	.....	A	Remove nail bed/finger tip	2.37	2.82	0.36	5.55	010	S
11755	.....	A	Biopsy, nail unit	1.31	0.99	0.12	2.42	000	S
11760	.....	A	Reconstruction of nail bed	1.53	0.93	0.09	2.55	010	S
11762	.....	A	Reconstruction of nail bed	2.84	2.57	0.24	5.65	010	S
11765	.....	A	Excision of nail fold, toe	0.64	0.51	0.05	1.20	010	S
11770	.....	A	Removal of pilonidal lesion	2.56	2.67	0.44	5.67	010	S
11771	.....	A	Removal of pilonidal lesion	5.15	4.52	0.92	10.59	090	S
11772	.....	A	Removal of pilonidal lesion	6.36	4.82	1.01	12.19	090	S
11900	.....	A	Injection into skin lesions	0.52	0.25	0.02	0.79	000	S
11901	.....	A	Added skin lesion injections	0.80	0.41	0.03	1.24	000	S
11920	.....	R	Correct skin color defects	1.61	1.18	0.23	3.02	000	S
11921	.....	R	Correct skin color defects	1.93	1.40	0.28	3.61	000	S
11922	.....	R	Correct skin color defects	0.49	0.36	0.07	0.92	ZZZ	S
11950	.....	R	Therapy for contour defects	0.84	1.19	0.11	2.14	000	S
11951	.....	R	Therapy for contour defects	1.19	1.19	0.11	2.49	000	S
11952	.....	R	Therapy for contour defects	1.69	1.19	0.11	2.99	000	S
11954	.....	R	Therapy for contour defects	1.85	1.19	0.11	3.15	000	S
11960	.....	A	Insert tissue expander(s)	6.04	*7.73	1.48	15.25	090	S
11970	.....	A	Replace tissue expander	6.65	*8.51	1.61	16.77	090	S
11971	.....	A	Remove tissue expander(s)	1.51	*3.11	0.82	5.44	090	S
11975	.....	N	Insert contraceptive cap	#1.48	1.06	0.25	2.79	XXX	O
11976	.....	R	Removal of contraceptive cap	1.78	1.28	0.30	3.36	XXX	N
11977	.....	N	Remove/reinsert contra cap	#2.52	1.80	0.42	4.74	XXX	O
12001	.....	A	Repair superficial wound(s)	1.65	0.57	0.05	2.27	010	N
12002	.....	A	Repair superficial wound(s)	1.81	0.79	0.07	2.67	010	N
12004	.....	A	Repair superficial wound(s)	2.19	1.14	0.10	3.43	010	N
12005	.....	A	Repair superficial wound(s)	2.81	1.47	0.14	4.42	010	N
12006	.....	A	Repair superficial wound(s)	3.62	1.78	0.19	5.59	010	N
12007	.....	A	Repair superficial wound(s)	4.07	1.80	0.19	6.06	010	S
12011	.....	A	Repair superficial wound(s)	1.71	0.74	0.06	2.51	010	N
12013	.....	A	Repair superficial wound(s)	1.94	1.03	0.08	3.05	010	N
12014	.....	A	Repair superficial wound(s)	2.41	1.19	0.10	3.70	010	N
12015	.....	A	Repair superficial wound(s)	3.14	1.62	0.14	4.90	010	N
12016	.....	A	Repair superficial wound(s)	3.88	2.26	0.19	6.33	010	N
12017	.....	A	Repair superficial wound(s)	4.66	3.36	0.31	8.33	010	N
12018	.....	A	Repair superficial wound(s)	5.48	5.15	0.48	11.11	010	S
12020	.....	A	Closure of split wound	2.57	1.19	0.18	3.94	010	S
12021	.....	A	Closure of split wound	1.79	0.62	0.11	2.52	010	S
12031	.....	A	Layer closure of wound(s)	2.10	0.72	0.07	2.89	010	S
12032	.....	A	Layer closure of wound(s)	2.42	1.05	0.10	3.57	010	S
12034	.....	A	Layer closure of wound(s)	2.87	1.47	0.15	4.49	010	S
12035	.....	A	Layer closure of wound(s)	3.38	1.92	0.23	5.53	010	S
12036	.....	A	Layer closure of wound(s)	4.00	2.32	0.37	6.69	010	S
12037	.....	A	Layer closure of wound(s)	4.62	3.09	0.48	8.19	010	S
12041	.....	A	Layer closure of wound(s)	2.32	0.84	0.08	3.24	010	N
12042	.....	A	Layer closure of wound(s)	2.69	1.17	0.12	3.98	010	N
12044	.....	A	Layer closure of wound(s)	3.09	1.62	0.17	4.88	010	N
12045	.....	A	Layer closure of wound(s)	3.59	2.13	0.23	5.95	010	N
12046	.....	A	Layer closure of wound(s)	4.20	2.82	0.37	7.39	010	S
12047	.....	A	Layer closure of wound(s)	4.60	4.02	0.56	9.18	010	N
12051	.....	A	Layer closure of wound(s)	2.42	1.01	0.10	3.53	010	S
12052	.....	A	Layer closure of wound(s)	2.72	1.47	0.14	4.33	010	S
12053	.....	A	Layer closure of wound(s)	3.07	1.76	0.17	5.00	010	S
12054	.....	A	Layer closure of wound(s)	3.41	2.60	0.25	6.26	010	S
12055	.....	A	Layer closure of wound(s)	4.38	3.24	0.37	7.99	010	S
12056	.....	A	Layer closure of wound(s)	5.19	4.74	0.52	10.45	010	S
12057	.....	A	Layer closure of wound(s)	5.91	5.57	0.48	11.96	010	S
13100	.....	A	Repair of wound or lesion	3.07	1.14	0.13	4.34	010	S
13101	.....	A	Repair of wound or lesion	3.87	2.08	0.21	6.16	010	S
13120	.....	A	Repair of wound or lesion	3.25	1.35	0.17	4.77	010	S
13121	.....	A	Repair of wound or lesion	4.28	2.65	0.33	7.26	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
13131		A	Repair of wound or lesion	3.74	1.98	0.23	5.95	010	S
13132		A	Repair of wound or lesion	4.21	4.57	0.44	9.22	010	S
13150		A	Repair of wound or lesion	3.76	1.76	0.23	5.75	010	S
13151		A	Repair of wound or lesion	4.40	2.45	0.35	7.20	010	S
13152		A	Repair of wound or lesion	6.28	5.13	0.68	12.09	010	S
13160		A	Late closure of wound	9.53	3.33	0.58	13.44	090	S
13300		A	Repair of wound or lesion	5.11	5.71	0.86	11.68	010	S
14000		A	Skin tissue rearrangement	5.43	3.41	0.38	9.22	090	S
14001		A	Skin tissue rearrangement	7.78	4.75	0.76	13.29	090	S
14020		A	Skin tissue rearrangement	6.08	4.90	0.49	11.47	090	S
14021		A	Skin tissue rearrangement	9.37	6.21	0.94	16.52	090	S
14040		A	Skin tissue rearrangement	7.18	6.77	0.65	14.60	090	S
14041		A	Skin tissue rearrangement	10.74	7.88	1.02	19.64	090	S
14060		A	Skin tissue rearrangement	8.05	7.75	1.04	16.84	090	S
14061		A	Skin tissue rearrangement	11.42	10.49	1.27	23.18	090	S
14300		A	Skin tissue rearrangement	10.76	11.31	1.84	23.91	090	S
14350		A	Skin tissue rearrangement	9.05	6.07	1.05	16.17	090	S
15000		A	Skin graft procedure	1.95	*2.55	0.53	5.03	ZZZ	S
15050		A	Skin pinch graft procedure	3.90	1.79	0.30	5.99	090	S
15100		A	Skin split graft procedure	8.05	4.54	0.89	13.48	090	S
15101		A	Skin split graft procedure	1.72	1.59	0.33	3.64	ZZZ	S
15120		A	Skin split graft procedure	9.14	6.05	0.94	16.13	090	S
15121		A	Skin split graft procedure	2.67	2.91	0.53	6.11	ZZZ	S
15200		A	Skin full graft procedure	7.46	4.13	0.69	12.28	090	S
15201		A	Skin full graft procedure	1.32	*2.06	0.50	3.88	ZZZ	S
15220		A	Skin full graft procedure	7.42	4.84	0.85	13.11	090	S
15221		A	Skin full graft procedure	1.19	*1.99	0.50	3.68	ZZZ	S
15240		A	Skin full graft procedure	8.30	6.10	1.03	15.43	090	S
15241		A	Skin full graft procedure	1.86	*2.64	0.58	5.08	ZZZ	S
15260		A	Skin full graft procedure	9.56	7.46	0.99	18.01	090	S
15261		A	Skin full graft procedure	2.23	*3.34	0.60	6.17	ZZZ	S
15350		A	Skin homograft procedure	3.89	2.15	0.42	6.46	090	S
15400		A	Skin heterograft procedure	4.91	1.06	0.17	6.14	090	S
15570		A	Form skin pedicle flap	3.75	*7.26	2.08	13.09	090	S
15572		A	Form skin pedicle flap	3.80	*6.95	1.86	12.61	090	S
15574		A	Form skin pedicle flap	3.85	*6.95	1.66	12.46	090	S
15576		A	Form skin pedicle flap	4.27	3.12	0.60	7.99	090	S
15580		A	Attach skin pedicle graft	3.30	*5.32	1.30	9.92	090	S
15600		A	Skin graft procedure	1.70	*3.31	0.88	5.89	090	S
15610		A	Skin graft procedure	2.21	*3.19	0.80	6.20	090	S
15620		A	Skin graft procedure	2.69	*3.96	0.86	7.51	090	S
15625		A	Skin graft procedure	1.81	*3.04	0.78	5.63	090	S
15630		A	Skin graft procedure	3.02	*4.26	0.90	8.18	090	S
15650		A	Transfer skin pedicle flap	3.61	*4.62	0.93	9.16	090	S
15732		A	Muscle-skin graft, head/neck	12.10	*15.79	3.46	31.35	090	S
15734		A	Muscle-skin graft, trunk	16.52	19.01	3.24	38.77	090	S
15736		A	Muscle-skin graft, arm	15.26	16.21	3.02	34.49	090	S
15738		A	Muscle-skin graft, leg	10.07	*13.60	3.29	26.96	090	S
15740		A	Island pedicle flap graft	9.45	10.39	1.62	21.46	090	S
15750		A	Neurovascular pedicle graft	10.61	11.96	2.03	24.60	090	S
15755		A	Microvascular flap graft	28.33	30.09	5.33	63.75	090	S
15760		A	Composite skin graft	8.28	7.29	1.11	16.68	090	S
15770		A	Derma-fat-fascia graft	6.85	7.46	0.95	15.26	090	S
15775		R	Hair transplant punch grafts	3.96	2.88	0.56	7.40	000	S
15776		R	Hair transplant punch grafts	5.54	4.03	0.79	10.36	000	S
15780		A	Abrasion treatment of skin	6.73	1.53	0.13	8.39	090	S
15781		A	Abrasion treatment of skin	4.67	3.77	0.39	8.83	090	S
15782		A	Abrasion treatment of skin	4.19	1.19	0.13	5.51	090	S
15783		A	Abrasion treatment of skin	4.16	1.85	0.19	6.20	090	S
15786		A	Abrasion treatment of lesion	1.98	0.62	0.06	2.66	010	S
15787		A	Abrasion, added skin lesions	0.33	0.23	0.03	0.59	ZZZ	S
15788		A	Chemical peel, face, epiderm	1.96	1.48	0.12	3.56	090	S
15789		A	Chemical peel, face, dermal	4.69	1.48	0.12	6.29	090	S
15792		A	Chemical peel, nonfacial	1.73	0.50	0.05	2.28	090	S
15793		A	Chemical peel, nonfacial	3.51	0.50	0.05	4.06	090	S
15810		A	Salabrasion	4.49	3.80	0.29	8.58	090	S
15811		A	Salabrasion	5.14	3.74	0.73	9.61	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
15819	.....	A	Plastic surgery, neck	8.87	8.01	0.87	17.75	090	S
15820	.....	A	Revision of lower eyelid	4.80	*6.14	0.64	11.58	090	S
15821	.....	A	Revision of lower eyelid	5.37	*6.87	0.68	12.92	090	S
15822	.....	A	Revision of upper eyelid	4.27	*5.73	0.56	10.56	090	S
15823	.....	A	Revision of upper eyelid	6.65	7.71	0.61	14.97	090	S
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	XXX	S
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	XXX	S
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	XXX	S
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	XXX	S
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	XXX	S
15831	.....	A	Excise excessive skin tissue	11.66	9.84	2.01	23.51	090	S
15832	.....	A	Excise excessive skin tissue	10.97	8.29	1.33	20.59	090	S
15833	.....	A	Excise excessive skin tissue	10.02	6.22	1.12	17.36	090	S
15834	.....	A	Excise excessive skin tissue	10.16	7.18	1.22	18.56	090	S
15835	.....	A	Excise excessive skin tissue	10.98	7.00	1.22	19.20	090	S
15836	.....	A	Excise excessive skin tissue	8.83	5.80	1.10	15.73	090	S
15837	.....	A	Excise excessive skin tissue	8.08	5.97	0.85	14.90	090	S
15838	.....	A	Excise excessive skin tissue	6.78	5.88	0.73	13.39	090	S
15839	.....	A	Excise excessive skin tissue	8.92	2.44	0.46	11.82	090	S
15840	.....	A	Graft for face nerve palsy	12.26	15.54	2.28	30.08	090	S
15841	.....	A	Graft for face nerve palsy	21.53	16.87	2.76	41.16	090	S
15842	.....	A	Graft for face nerve palsy	35.98	29.00	2.68	67.66	090	S
15845	.....	A	Skin and muscle repair, face	11.80	*15.10	2.54	29.44	090	S
15850	.....	B	Removal of sutures	#0.78	0.36	0.04	1.18	XXX	O
15851	.....	A	Removal of sutures	0.86	0.30	0.03	1.19	000	N
15852	.....	A	Dressing change, not for burn	0.86	0.44	0.07	1.37	000	N
15860	.....	A	Test for blood flow in graft	1.95	1.35	0.25	3.55	000	S
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15920	.....	A	Removal of tail bone ulcer	7.37	2.95	0.63	10.95	090	S
15922	.....	A	Removal of tail bone ulcer	9.17	5.98	1.19	16.34	090	S
15931	.....	A	Remove sacrum pressure sore	8.13	2.93	0.55	11.61	090	S
15933	.....	A	Remove sacrum pressure sore	9.64	6.92	1.43	17.99	090	S
15934	.....	A	Remove sacrum pressure sore	11.40	7.46	1.50	20.36	090	S
15935	.....	A	Remove sacrum pressure sore	13.05	11.24	2.27	26.56	090	S
15936	.....	A	Remove sacrum pressure sore	11.31	10.27	2.05	23.63	090	S
15937	.....	A	Remove sacrum pressure sore	12.98	13.47	2.67	29.12	090	S
15940	.....	A	Removal of pressure sore	8.19	3.55	0.73	12.47	090	S
15941	.....	A	Removal of pressure sore	10.15	7.05	1.39	18.59	090	S
15944	.....	A	Removal of pressure sore	10.18	9.26	1.82	21.26	090	S
15945	.....	A	Removal of pressure sore	11.32	11.14	2.09	24.55	090	S
15946	.....	A	Removal of pressure sore	19.81	16.61	3.24	39.66	090	S
15950	.....	A	Remove thigh pressure sore	6.79	3.01	0.58	10.38	090	S
15951	.....	A	Remove thigh pressure sore	9.57	7.65	1.58	18.80	090	S
15952	.....	A	Remove thigh pressure sore	10.18	7.13	1.37	18.68	090	S
15953	.....	A	Remove thigh pressure sore	11.39	9.08	1.87	22.34	090	S
15956	.....	A	Remove thigh pressure sore	13.93	17.17	3.39	34.49	090	S
15958	.....	A	Remove thigh pressure sore	13.89	*17.77	3.76	35.42	090	S
15999	.....	C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY	S
16000	.....	A	Initial treatment of burn(s)	0.89	0.35	0.03	1.27	000	N
16010	.....	A	Treatment of burn(s)	0.87	0.32	0.03	1.22	000	N
16015	.....	A	Treatment of burn(s)	2.35	2.04	0.38	4.77	000	S
16020	.....	A	Treatment of burn(s)	0.80	0.34	0.03	1.17	000	N
16025	.....	A	Treatment of burn(s)	1.85	0.45	0.05	2.35	000	S
16030	.....	A	Treatment of burn(s)	2.08	0.52	0.08	2.68	000	S
16035	.....	A	Incision of burn scab	4.53	1.88	0.34	6.75	090	S
16040	.....	A	Burn wound excision	1.02	*2.10	0.53	3.65	000	S
16041	.....	A	Burn wound excision	2.70	3.16	0.53	6.39	000	S
16042	.....	A	Burn wound excision	2.35	*3.02	0.53	5.90	000	S
17000	.....	A	Destroy benign/premal lesion	0.64	0.42	0.03	1.09	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)	1.01	0.48	0.04	1.53	010	S
17100	.....	A	Destruction of skin lesion	0.53	0.37	0.03	0.93	010	S
17101	.....	A	Destruction of 2nd lesion	0.11	0.18	0.02	0.31	ZZZ	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
17102	.....	A	Destruction of add'l lesions	0.11	0.08	0.01	0.20	ZZZ	S
17104	.....	A	Destruction of skin lesions	2.01	0.07	0.01	2.09	010	S
17105	.....	A	Destruction of skin lesions	0.76	0.31	0.03	1.10	010	S
17106	.....	A	Destruction of skin lesions	4.54	1.93	0.18	6.65	090	S
17107	.....	A	Destruction of skin lesions	9.06	3.70	0.39	13.15	090	S
17108	.....	A	Destruction of skin lesions	13.10	9.32	0.69	23.11	090	S
17110	.....	A	Destruction of skin lesions	0.55	0.40	0.03	0.98	010	S
17200	.....	A	Electrocautery of skin tags	0.59	0.41	0.04	1.04	010	S
17201	.....	A	Electrocautery added lesions	0.38	0.15	0.01	0.54	ZZZ	S
17250	.....	A	Chemical cautery, tissue	0.50	0.34	0.04	0.88	000	S
17260	.....	A	Destruction of skin lesions	0.86	1.13	0.10	2.09	010	S
17261	.....	A	Destruction of skin lesions	1.12	1.39	0.12	2.63	010	S
17262	.....	A	Destruction of skin lesions	1.53	1.82	0.16	3.51	010	S
17263	.....	A	Destruction of skin lesions	1.74	2.25	0.21	4.20	010	S
17264	.....	A	Destruction of skin lesions	1.89	2.59	0.26	4.74	010	S
17266	.....	A	Destruction of skin lesions	2.29	3.11	0.49	5.89	010	S
17270	.....	A	Destruction of skin lesions	1.27	1.34	0.12	2.73	010	S
17271	.....	A	Destruction of skin lesions	1.44	1.75	0.16	3.35	010	S
17272	.....	A	Destruction of skin lesions	1.72	2.20	0.19	4.11	010	S
17273	.....	A	Destruction of skin lesions	2.00	2.58	0.25	4.83	010	S
17274	.....	A	Destruction of skin lesions	2.54	3.21	0.32	6.07	010	S
17276	.....	A	Destruction of skin lesions	3.15	3.41	0.51	7.07	010	S
17280	.....	A	Destruction of skin lesions	1.12	1.65	0.15	2.92	010	S
17281	.....	A	Destruction of skin lesions	1.67	2.09	0.18	3.94	010	S
17282	.....	A	Destruction of skin lesions	1.99	2.57	0.23	4.79	010	S
17283	.....	A	Destruction of skin lesions	2.59	3.01	0.28	5.88	010	S
17284	.....	A	Destruction of skin lesions	3.16	3.51	0.33	7.00	010	S
17286	.....	A	Destruction of skin lesions	4.39	4.32	0.60	9.31	010	S
17304	.....	A	Chemosurgery of skin lesion	7.60	4.02	0.31	11.93	000	S
17305	.....	A	2nd stage chemosurgery	2.85	2.26	0.17	5.28	000	S
17306	.....	A	3rd stage chemosurgery	2.85	1.40	0.11	4.36	000	S
17307	.....	A	Followup skin lesion therapy	2.85	1.47	0.12	4.44	000	S
17310	.....	A	Extensive skin chemosurgery	0.95	0.13	0.01	1.09	000	S
17340	.....	A	Cryotherapy of skin	0.73	0.28	0.02	1.03	010	S
17360	.....	A	Skin peel therapy	1.40	0.27	0.02	1.69	010	S
17380	.....	R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	XXX	S
17999	.....	C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY	S
19000	.....	A	Drainage of breast lesion	0.84	0.38	0.07	1.29	000	S
19001	.....	A	Drain added breast lesion	0.42	0.24	0.05	0.71	ZZZ	S
19020	.....	A	Incision of breast lesion	3.37	1.40	0.28	5.05	090	S
19030	.....	A	Injection for breast x-ray	1.53	0.49	0.04	2.06	000	N
19100	.....	A	Biopsy of breast	1.27	0.64	0.13	2.04	000	S
19101	.....	A	Biopsy of breast	3.13	2.34	0.45	5.92	010	S
19110	.....	A	Nipple exploration	4.15	2.46	0.51	7.12	090	S
19112	.....	A	Excise breast duct fistula	3.52	2.34	0.35	6.21	090	S
19120	.....	A	Removal of breast lesion	4.84	2.90	0.60	8.34	090	S
19125	.....	A	Excision, breast lesion	5.85	2.90	0.60	9.35	000	S
19126	.....	A	Excision, add'l breast lesion	2.93	1.45	0.31	4.69	ZZZ	S
19140	.....	A	Removal of breast tissue	4.90	4.29	0.91	10.10	090	S
19160	.....	A	Removal of breast tissue	6.65	4.13	0.88	11.66	090	S
19162	.....	A	Remove breast tissue, nodes	12.81	9.38	1.96	24.15	090	S
19180	.....	A	Removal of breast	8.15	5.61	1.17	14.93	090	S
19182	.....	A	Removal of breast	7.28	6.07	1.27	14.62	090	S
19200	.....	A	Removal of breast	14.23	10.22	2.15	26.60	090	S
19220	.....	A	Removal of breast	14.23	10.73	2.38	27.34	090	S
19240	.....	A	Removal of breast	14.71	9.44	1.99	26.14	090	S
19260	.....	A	Removal of chest wall lesion	13.91	5.05	1.04	20.00	090	S
19271	.....	A	Revision of chest wall	17.07	13.95	2.77	33.79	090	S
19272	.....	A	Extensive chest wall surgery	19.47	12.60	2.56	34.63	090	S
19290	.....	A	Place needle wire, breast	1.27	0.44	0.07	1.78	000	S
19291	.....	A	Place needle wire, breast	0.63	0.25	0.04	0.92	ZZZ	S
19316	.....	A	Suspension of breast	10.07	12.84	2.43	25.34	090	S
19318	.....	A	Reduction of large breast	11.08	*14.18	3.23	28.49	090	S
19324	.....	A	Enlarge breast	5.55	3.29	0.67	9.51	090	S
19325	.....	A	Enlarge breast with implant	8.05	5.87	1.13	15.05	090	S
19328	.....	A	Removal of breast implant	5.32	3.76	0.73	9.81	090	S
19330	.....	A	Removal of implant material	7.18	3.88	0.75	11.81	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
19340		A	Immediate breast prosthesis	6.33	*8.61	2.06	17.00	ZZZ	S
19342		A	Delayed breast prosthesis	10.64	10.81	2.03	23.48	090	S
19350		A	Breast reconstruction	8.21	7.08	1.38	16.67	090	S
19355		A	Correct inverted nipple(s)	7.27	4.93	1.00	13.20	090	S
19357		A	Breast reconstruction	16.72	12.15	2.37	31.24	090	S
19361		A	Breast reconstruction	17.82	20.13	3.88	41.83	090	S
19362		D	Breast reconstruction	0.00	0.00	0.00	0.00	090	S
19364		A	Breast reconstruction	27.60	16.68	3.58	47.86	090	S
19366		A	Breast reconstruction	19.84	16.40	3.18	39.42	090	S
19367		A	Breast reconstruction	24.73	20.13	3.88	48.74	090	S
19368		A	Breast reconstruction	31.15	20.13	3.88	55.16	090	S
19369		A	Breast reconstruction	28.68	20.13	3.88	52.69	090	S
19370		A	Surgery of breast capsule	7.59	6.17	1.19	14.95	090	S
19371		A	Removal of breast capsule	8.84	7.91	1.54	18.29	090	S
19380		A	Revise breast reconstruction	8.63	8.11	1.57	18.31	090	S
19396		A	Design custom breast implant	2.17	1.57	0.31	4.05	000	S
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY	S
20000		A	Incision of abscess	1.85	0.85	0.08	2.78	010	S
20005		A	Incision of deep abscess	3.02	1.83	0.28	5.13	010	S
20200		A	Muscle biopsy	1.46	1.12	0.18	2.76	000	S
20205		A	Deep muscle biopsy	2.35	1.88	0.33	4.56	000	S
20206		A	Needle biopsy, muscle	0.99	0.96	0.14	2.09	000	S
20220		A	Bone biopsy, trocar/needle	1.27	1.31	0.09	2.67	000	N
20225		A	Bone biopsy, trocar/needle	1.87	*2.39	0.28	4.54	000	N
20240		A	Bone biopsy, excisional	3.07	1.88	0.18	5.13	010	S
20245		A	Bone biopsy, excisional	3.68	3.58	0.44	7.70	010	S
20250		A	Open bone biopsy	4.63	5.07	0.76	10.46	010	S
20251		A	Open bone biopsy	5.16	5.84	0.92	11.92	010	S
20500		A	Injection of sinus tract	1.18	0.36	0.04	1.58	010	N
20501		A	Inject sinus tract for x-ray	0.76	0.30	0.02	1.08	000	N
20520		A	Removal of foreign body	1.80	0.71	0.08	2.59	010	S
20525		A	Removal of foreign body	3.23	2.23	0.33	5.79	010	S
20550		A	Inj tendon/ligament/cyst	0.86	0.38	0.04	1.28	000	N
20600		A	Drain/inject joint/bursa	0.66	0.47	0.05	1.18	000	S
20605		A	Drain/inject joint/bursa	0.68	0.45	0.05	1.18	000	S
20610		A	Drain/inject joint/bursa	0.79	0.45	0.05	1.29	000	N
20615		A	Treatment of bone cyst	2.23	0.49	0.06	2.78	010	N
20650		A	Insert and remove bone pin	2.07	1.08	0.14	3.29	010	S
20660		A	Apply, remove fixation device	2.51	1.56	0.21	4.28	000	S
20661		A	Application of head brace	4.27	3.82	0.65	8.74	090	S
20662		A	Application of pelvis brace	5.52	6.54	1.03	13.09	090	S
20663		A	Application of thigh brace	4.88	4.64	0.76	10.28	090	S
20665		A	Removal of fixation device	1.26	0.50	0.07	1.83	010	S
20670		A	Removal of support implant	1.69	0.74	0.11	2.54	010	S
20680		A	Removal of support implant	3.25	3.33	0.51	7.09	090	S
20690		A	Apply bone fixation device	3.52	3.66	0.58	7.76	ZZZ	S
20692		A	Apply bone fixation device	6.41	5.51	0.89	12.81	ZZZ	S
20693		A	Adjust bone fixation device	5.42	2.49	0.42	8.33	090	S
20694		A	Remove bone fixation device	3.81	2.60	0.41	6.82	090	S
20802		A	Replantation, arm, complete	39.56	37.72	6.17	83.45	090	S
20804		C	Replantation, arm, partial	0.00	0.00	0.00	0.00	090	S
20805		A	Replant forearm, complete	48.41	46.17	7.56	102.14	090	S
20806		C	Replantation, forearm, partial	0.00	0.00	0.00	0.00	090	S
20808		A	Replantation, hand, complete	60.19	57.40	9.40	126.99	090	S
20812		C	Replantation, hand, partial	0.00	0.00	0.00	0.00	090	S
20816		A	Replantation digit, complete	29.67	28.30	4.63	62.60	090	S
20820		C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20822		A	Replantation digit, complete	24.53	23.39	3.83	51.75	090	S
20823		C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20824		A	Replantation thumb, complete	29.67	28.30	4.63	62.60	090	S
20826		C	Replantation, thumb, partial	0.00	0.00	0.00	0.00	090	S
20827		A	Replantation thumb, complete	25.22	24.05	3.94	53.21	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		A	Replantation, foot, complete	39.56	37.72	6.17	83.45	090	S
20840		C	Replantation, foot, partial	0.00	0.00	0.00	0.00	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
20900		A	Removal of bone for graft	5.03	2.80	0.45	8.28	090	S
20902		A	Removal of bone for graft	6.74	4.95	0.80	12.49	090	S
20910		A	Remove cartilage for graft	5.03	0.79	0.09	5.91	090	S
20912		A	Remove cartilage for graft	6.04	4.62	0.64	11.30	090	S
20920		A	Removal of fascia for graft	4.87	3.93	0.50	9.30	090	S
20922		A	Removal of fascia for graft	6.04	4.39	0.71	11.14	090	S
20924		A	Removal of tendon for graft	6.04	5.45	0.85	12.34	090	S
20926		A	Removal of tissue for graft	5.03	2.59	0.39	8.01	090	S
20950		A	Record fluid pressure, muscle	1.26	1.09	0.17	2.52	000	S
20955		A	Microvascular fibula graft	37.58	35.84	5.86	79.28	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		A	Bone-skin graft	42.08	40.13	6.57	88.78	090	S
20970		A	Bone-skin graft, pelvis	41.22	39.31	6.44	86.97	090	S
20971		C	Bone-skin graft, rib	0.00	0.00	0.00	0.00	090	S
20972		A	Bone-skin graft, metatarsal	41.54	39.61	6.49	87.64	090	S
20973		A	Bone-skin graft, great toe	44.31	42.25	6.91	93.47	090	S
20974		A	Electrical bone stimulation	0.62	3.42	0.53	4.57	ZZZ	S
20975		A	Electrical bone stimulation	2.60	*3.33	0.56	6.49	ZZZ	S
20999		C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY	S
21010		A	Incision of jaw joint	9.06	10.24	0.93	20.23	090	S
21015		A	Resection of facial tumor	4.94	*6.32	1.13	12.39	090	S
21025		A	Excision of bone, lower jaw	5.03	4.14	0.38	9.55	090	S
21026		A	Excision of facial bone(s)	4.53	3.14	0.28	7.95	090	S
21029		A	Contour of face bone lesion	7.21	*9.23	0.78	17.22	090	S
21030		A	Removal of face bone lesion	7.05	3.35	0.29	10.69	090	S
21031		A	Remove exostosis, mandible	2.01	3.68	0.32	6.01	090	S
21032		A	Remove exostosis, maxilla	4.27	3.88	0.35	8.50	090	S
21034		A	Removal of face bone lesion	15.11	6.98	0.89	22.98	090	S
21040		A	Removal of jaw bone lesion	2.01	2.76	0.24	5.01	090	S
21041		A	Removal of jaw bone lesion	5.03	5.76	0.50	11.29	090	S
21044		A	Removal of jaw bone lesion	11.08	9.55	1.11	21.74	090	S
21045		A	Extensive jaw surgery	15.11	13.83	1.58	30.52	090	S
21050		A	Removal of jaw joint	10.07	12.33	1.08	23.48	090	S
21060		A	Remove jaw joint cartilage	9.56	11.59	1.04	22.19	090	S
21070		A	Remove coronoid process	7.66	6.81	0.82	15.29	090	S
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
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	4.04	1.06	0.11	5.21	090	S
21110		A	Interdental fixation	5.03	5.53	0.46	11.02	090	S
21116		A	Injection, jaw joint x-ray	0.81	0.73	0.06	1.60	000	S
21120		A	Reconstruction of chin	4.75	3.59	0.42	8.76	090	S
21121		A	Reconstruction of chin	7.46	5.65	0.66	13.77	090	S
21122		A	Reconstruction of chin	8.21	6.23	0.73	15.17	090	S
21123		A	Reconstruction of chin	10.74	8.14	0.95	19.83	090	S
21125		A	Augmentation lower jaw bone	6.22	4.72	0.54	11.48	090	S
21127		A	Augmentation lower jaw bone	10.43	7.91	0.92	19.26	090	S
21137		A	Reduction of forehead	9.40	7.11	0.83	17.34	090	S
21138		A	Reduction of forehead	11.72	8.86	1.04	21.62	090	S
21139		A	Reduction of forehead	14.06	10.64	1.25	25.95	090	S
21144		A	Reconstruct midface, lefort	16.92	12.84	1.50	31.26	090	S
21145		A	Reconstruct midface, lefort	18.92	14.34	1.68	34.94	090	S
21146		A	Reconstruct midface, lefort	19.58	14.84	1.74	36.16	090	S
21147		A	Reconstruct midface, lefort	20.30	15.40	1.81	37.51	090	S
21150		A	Reconstruct midface, lefort	24.41	18.46	2.17	45.04	090	S
21151		A	Reconstruct midface, lefort	27.34	20.68	2.42	50.44	090	S
21154		A	Reconstruct midface, lefort	29.28	22.15	2.59	54.02	090	S
21155		A	Reconstruct midface, lefort	33.19	25.11	2.94	61.24	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
21159		A	Reconstruct midface, lefort	40.99	31.02	3.63	75.64	090	S
21160		A	Reconstruct midface, lefort	44.90	33.96	3.98	82.84	090	S
21172		A	Reconstruct orbit/forehead	26.84	20.30	2.37	49.51	090	S
21175		A	Reconstruct orbit/forehead	32.21	24.37	2.85	59.43	090	S
21179		A	Reconstruct entire forehead	21.47	16.24	1.90	39.61	090	S
21180		A	Reconstruct entire forehead	24.41	18.46	2.17	45.04	090	S
21181		A	Contour cranial bone lesion	9.40	7.11	0.83	17.34	090	S
21182		A	Reconstruct cranial bone	31.23	23.63	2.77	57.63	090	S
21183		A	Reconstruct cranial bone	34.17	25.85	3.03	63.05	090	S
21184		A	Reconstruct cranial bone	37.10	28.06	3.28	68.44	090	S
21188		A	Reconstruction of midface	21.47	16.24	1.90	39.61	090	S
21193		A	Reconstruct lower jaw bone	16.23	12.31	1.44	29.98	090	S
21194		A	Reconstruct lower jaw bone	18.81	14.26	1.67	34.74	090	S
21195		A	Reconstruct lower jaw bone	16.27	12.34	1.44	30.05	090	S
21196		A	Reconstruct lower jaw bone	17.94	13.61	1.58	33.13	090	S
21198		A	Reconstruct lower jaw bone	13.36	14.82	1.74	29.92	090	S
21206		A	Reconstruct upper jaw bone	13.36	10.14	1.19	24.69	090	S
21208		A	Augmentation of facial bones	9.56	11.26	1.07	21.89	090	S
21209		A	Reduction of facial bones	6.28	4.59	0.76	11.63	090	S
21210		A	Face bone graft	9.56	*12.24	1.29	23.09	090	S
21215		A	Lower jaw bone graft	10.07	*12.89	1.42	24.38	090	S
21230		A	Rib cartilage graft	10.07	10.37	1.69	22.13	090	S
21235		A	Ear cartilage graft	6.28	*8.04	1.09	15.41	090	S
21240		A	Reconstruction of jaw joint	13.10	*18.35	2.09	33.54	090	S
21242		A	Reconstruction of jaw joint	12.10	*19.01	2.25	33.36	090	S
21243		A	Reconstruction of jaw joint	18.98	14.40	1.68	35.06	090	S
21244		A	Reconstruction of lower jaw	11.08	*15.10	1.93	28.11	090	S
21245		A	Reconstruction of jaw	11.08	11.47	1.31	23.86	090	S
21246		A	Reconstruction of jaw	11.65	8.83	1.04	21.52	090	S
21247		A	Reconstruct lower jaw bone	21.15	*27.08	2.27	50.50	090	S
21248		A	Reconstruction of jaw	11.08	*16.29	1.75	29.12	090	S
21249		A	Reconstruction of jaw	17.12	*29.08	3.29	49.49	090	S
21255		A	Reconstruct lower jaw bone	15.63	*20.00	1.68	37.31	090	S
21256		A	Reconstruction of orbit	15.13	*19.36	1.63	36.12	090	S
21260		A	Revise eye sockets	15.44	*19.76	1.66	36.86	090	S
21261		A	Revise eye sockets	29.43	17.78	1.65	48.86	090	S
21263		A	Revise eye sockets	26.56	*34.00	2.86	63.42	090	S
21267		A	Revise eye sockets	17.66	14.61	2.13	34.40	090	S
21268		A	Revise eye sockets	22.88	15.35	3.13	41.36	090	S
21270		A	Augmentation cheek bone	12.10	9.60	1.41	23.11	090	S
21275		A	Revision orbitofacial bones	10.50	8.95	1.26	20.71	090	S
21280		A	Revision of eyelid	5.64	7.19	0.61	13.44	090	S
21282		A	Revision of eyelid	3.26	*5.80	0.79	9.85	090	S
21295		A	Revision of jaw muscle/bone	1.43	0.96	0.13	2.52	090	S
21296		A	Revision of jaw muscle/bone	3.97	3.62	0.22	7.81	090	S
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY	S
21300		A	Treatment of skull fracture	0.72	*1.05	0.11	1.88	000	S
21310		A	Treatment of nose fracture	0.58	*0.76	0.09	1.43	000	N
21315		A	Treatment of nose fracture	1.41	1.81	0.21	3.43	010	S
21320		A	Treatment of nose fracture	1.82	*2.33	0.34	4.49	010	S
21325		A	Repair of nose fracture	3.52	4.09	0.52	8.13	090	S
21330		A	Repair of nose fracture	5.03	*6.45	0.86	12.34	090	S
21335	*	A	Repair of nose fracture	8.05	*10.50	1.56	20.11	090	S
21336		A	Repair nasal septal fracture	5.35	4.09	0.52	9.96	090	S
21337		A	Repair nasal septal fracture	2.52	2.82	0.38	5.72	090	S
21338		A	Repair nasoethmoid fracture	6.04	5.01	0.66	11.71	090	S
21339		A	Repair nasoethmoid fracture	7.56	7.09	0.70	15.35	090	S
21340		A	Repair of nose fracture	10.07	8.91	1.04	20.02	090	S
21343		A	Repair of sinus fracture	12.10	9.17	1.08	22.35	090	S
21344		A	Repair of sinus fracture	18.43	9.17	1.08	28.68	090	S
21345		A	Repair of nose/jaw fracture	7.63	7.90	0.81	16.34	090	S
21346		A	Repair of nose/jaw fracture	9.92	9.40	1.04	20.36	090	S
21347		A	Repair of nose/jaw fracture	11.86	10.36	1.36	23.58	090	S
21348		A	Repair of nose/jaw fracture	15.60	11.34	2.22	29.16	090	S
21355		A	Repair cheek bone fracture	3.52	1.56	0.17	5.25	010	S
21356		A	Repair cheek bone fracture	3.88	*5.58	0.89	10.35	010	S
21360		A	Repair cheek bone fracture	6.04	7.28	0.89	14.21	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
21365	.....	A	Repair cheek bone fracture	13.97	12.35	1.63	27.95	090	S
21366	.....	A	Repair cheek bone fracture	16.61	12.08	2.36	31.05	090	S
21385	.....	A	Repair eye socket fracture	8.56	9.59	1.13	19.28	090	S
21386	.....	A	Repair eye socket fracture	8.56	9.07	1.25	18.88	090	S
21387	.....	A	Repair eye socket fracture	9.07	7.45	0.96	17.48	090	S
21390	.....	A	Repair eye socket fracture	9.47	11.89	1.37	22.73	090	S
21395	.....	A	Repair eye socket fracture	11.85	9.63	1.37	22.85	090	S
21400	.....	A	Treat eye socket fracture	1.31	*1.67	0.17	3.15	090	N
21401	.....	A	Repair eye socket fracture	3.05	2.58	0.32	5.95	090	S
21406	.....	A	Repair eye socket fracture	6.55	5.21	0.74	12.50	090	S
21407	.....	A	Repair eye socket fracture	8.05	7.09	0.78	15.92	090	S
21408	.....	A	Repair eye socket fracture	11.57	8.49	0.99	21.05	090	S
21421	.....	A	Treat mouth roof fracture	4.80	*6.14	0.62	11.56	090	S
21422	.....	A	Repair mouth roof fracture	7.78	9.80	1.19	18.77	090	S
21423	.....	A	Repair mouth roof fracture	9.72	9.80	1.19	20.71	090	S
21431	.....	A	Treat craniofacial fracture	6.59	6.02	0.71	13.32	090	S
21432	.....	A	Repair craniofacial fracture	8.05	6.76	0.84	15.65	090	S
21433	.....	A	Repair craniofacial fracture	23.69	17.96	2.10	43.75	090	S
21435	.....	A	Repair craniofacial fracture	16.12	13.25	1.88	31.25	090	S
21436	.....	A	Repair craniofacial fracture	26.21	14.65	2.08	42.94	090	S
21440	.....	A	Repair dental ridge fracture	2.52	3.07	0.28	5.87	090	S
21445	.....	A	Repair dental ridge fracture	5.03	6.11	0.56	11.70	090	S
21450	.....	A	Treat lower jaw fracture	2.78	2.84	0.26	5.88	090	S
21451	.....	A	Treat lower jaw fracture	4.55	*6.05	0.74	11.34	090	S
21452	.....	A	Treat lower jaw fracture	1.85	1.39	0.17	3.41	090	S
21453	.....	A	Treat lower jaw fracture	5.18	*6.64	0.55	12.37	090	S
21454	.....	A	Treat lower jaw fracture	6.04	*10.34	1.42	17.80	090	S
21461	.....	A	Repair lower jaw fracture	7.56	*10.12	1.30	18.98	090	S
21462	.....	A	Repair lower jaw fracture	9.15	*11.71	1.34	22.20	090	S
21465	.....	A	Repair lower jaw fracture	11.13	8.44	0.99	20.56	090	S
21470	.....	A	Repair lower jaw fracture	14.19	17.13	1.74	33.06	090	S
21480	.....	A	Reset dislocated jaw	0.61	*0.83	0.09	1.53	000	S
21485	.....	A	Reset dislocated jaw	3.73	2.19	0.20	6.12	090	S
21490	.....	A	Repair dislocated jaw	11.08	6.31	0.52	17.91	090	S
21493	.....	A	Treat hyoid bone fracture	1.19	*1.52	0.13	2.84	090	S
21494	.....	A	Repair hyoid bone fracture	5.87	*7.52	0.63	14.02	090	S
21495	.....	A	Repair hyoid bone fracture	5.32	4.82	0.51	10.65	090	S
21497	.....	A	Interdental wiring	3.61	3.97	0.38	7.96	090	S
21499	.....	C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21501	.....	A	Drain neck/chest lesion	3.52	1.82	0.26	5.60	090	S
21502	.....	A	Drain chest lesion	6.44	4.22	0.75	11.41	090	S
21510	.....	A	Drainage of bone lesion	5.03	3.82	0.50	9.35	090	S
21550	.....	A	Biopsy of neck/chest	2.01	0.85	0.12	2.98	010	S
21555	.....	A	Remove lesion neck/chest	4.09	1.60	0.25	5.94	090	S
21556	.....	A	Remove lesion neck/chest	5.28	3.80	0.64	9.72	090	S
21557	.....	A	Remove tumor, neck or chest	8.56	8.50	1.41	18.47	090	S
21600	.....	A	Partial removal of rib	6.27	4.50	0.88	11.65	090	S
21610	.....	A	Partial removal of rib	8.54	5.17	0.76	14.47	090	S
21615	.....	A	Removal of rib	9.03	10.13	1.96	21.12	090	S
21616	.....	A	Removal of rib and nerves	11.11	7.26	1.50	19.87	090	S
21620	.....	A	Partial removal of sternum	6.04	6.85	1.23	14.12	090	S
21627	.....	A	Sternal debridement	6.06	5.03	0.90	11.99	090	S
21630	.....	A	Extensive sternum surgery	15.77	12.89	2.40	31.06	090	S
21632	.....	A	Extensive sternum surgery	16.62	11.54	2.22	30.38	090	S
21633	.....	D	Extensive sternum surgery	0.00	0.00	0.00	0.00	090	S
21700	.....	A	Revision of neck muscle	5.84	4.16	0.50	10.50	090	S
21705	.....	A	Revision of neck muscle/rib	9.03	4.85	0.96	14.84	090	S
21720	.....	A	Revision of neck muscle	5.44	3.84	0.52	9.80	090	S
21725	.....	A	Revision of neck muscle	6.55	4.84	0.74	12.13	090	S
21740	.....	A	Reconstruction of sternum	15.42	8.99	1.64	26.05	090	S
21750	.....	A	Repair of sternum separation	10.07	7.33	1.43	18.83	090	S
21800	.....	A	Treatment of rib fracture	0.91	0.77	0.07	1.75	090	N
21805	.....	A	Treatment of rib fracture	2.62	1.35	0.17	4.14	090	S
21810	.....	A	Treatment of rib fracture(s)	6.68	7.33	0.61	14.62	090	N
21820	.....	A	Treat sternum fracture	1.20	1.36	0.17	2.73	090	S
21825	.....	A	Repair sternum fracture	6.82	6.90	1.12	14.84	090	S
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
21920		A	Biopsy soft tissue of back	2.01	0.79	0.11	2.91	010	S
21925		A	Biopsy soft tissue of back	4.23	1.95	0.32	6.50	090	S
21930		A	Remove lesion, back or flank	6.55	2.72	0.49	9.76	090	S
21935		A	Remove tumor of back	17.12	6.59	1.30	25.01	090	S
22100		A	Remove part of neck vertebra	8.19	6.37	0.83	15.39	090	S
22101		A	Remove part, thorax vertebra	8.19	6.57	1.19	15.95	090	S
22102		A	Remove part, lumbar vertebra	8.78	4.38	0.62	13.78	090	S
22105		A	Remove part of neck vertebra	13.02	10.77	1.72	25.51	090	S
22106		A	Remove part, thorax vertebra	11.59	9.24	1.53	22.36	090	S
22107		A	Remove part, lumbar vertebra	11.59	4.90	0.84	17.33	090	S
22110		A	Remove part of neck vertebra	11.59	9.72	1.64	22.95	090	S
22112		A	Remove part, thorax vertebra	11.59	9.90	1.63	23.12	090	S
22114		A	Remove part, lumbar vertebra	11.59	7.25	1.17	20.01	090	S
22140		A	Reconstruct neck spine	22.19	16.92	2.73	41.84	090	S
22141		A	Reconstruct thorax spine	25.44	17.22	2.78	45.44	090	S
22142		A	Reconstruct lumbar spine	25.44	21.57	3.20	50.21	090	S
22145		A	Reconstruct vertebra(e)	6.71	6.85	1.09	14.65	ZZZ	S
22148		A	Harvesting bone graft	3.02	*3.90	0.82	7.74	ZZZ	S
22150		A	Reconstruct neck spine	22.15	17.55	2.76	42.46	090	S
22151		A	Reconstruct thorax spine	22.15	17.64	3.24	43.03	090	S
22152		A	Reconstruct lumbar spine	22.15	18.34	3.25	43.74	090	S
22210		A	Revision of neck spine	22.51	13.83	2.43	38.77	090	S
22212		A	Revision of thorax spine	18.14	17.29	2.83	38.26	090	S
22214		A	Revision of lumbar spine	18.14	15.11	2.68	35.93	090	S
22220		A	Revision of neck spine	20.15	16.64	2.63	39.42	090	S
22222		A	Revision of thorax spine	20.15	13.61	1.58	35.34	090	S
22224		A	Revision of lumbar spine	20.15	14.68	2.66	37.49	090	S
22230		A	Additional revision of spine	6.04	5.07	0.89	12.00	ZZZ	S
22305		A	Treat spine process fracture	1.86	*2.38	0.37	4.61	090	S
22310		A	Treat spine fracture	1.86	*3.19	0.69	5.74	090	S
22315		A	Treat spine fracture	8.36	5.51	0.86	14.73	090	S
22325		A	Repair of spine fracture	17.19	8.32	1.34	26.85	090	S
22326		A	Repair neck spine fracture	18.43	15.93	2.74	37.10	090	S
22327		A	Repair thorax spine fracture	17.56	15.95	2.35	35.86	090	S
22505		A	Manipulation of spine	1.77	1.31	0.17	3.25	010	N
22548		A	Neck spine fusion	24.08	22.74	3.82	50.64	090	S
22554		A	Neck spine fusion	18.14	19.81	3.52	41.47	090	S
22556		A	Thorax spine fusion	23.17	21.68	3.58	48.43	090	S
22558		A	Lumbar spine fusion	22.12	20.17	3.38	45.67	090	S
22585		A	Additional spinal fusion	5.53	5.40	0.93	11.86	ZZZ	S
22590		A	Spine & skull spinal fusion	18.96	21.57	3.44	43.97	090	S
22595		A	Neck spinal fusion	19.24	22.46	3.87	45.57	090	S
22600		A	Neck spine fusion	18.05	19.36	3.32	40.73	090	S
22610		A	Thorax spine fusion	15.11	17.87	2.75	35.73	090	S
22612		A	Lumbar spine fusion	22.25	19.22	3.09	44.56	090	S
22625		A	Lumbar spine fusion	19.91	21.93	3.56	45.40	090	S
22630		A	Lumbar spine fusion	20.93	18.44	3.15	42.52	090	S
22650		A	Additional spinal fusion	6.44	5.65	0.92	13.01	ZZZ	S
22800		A	Fusion of spine	16.92	*21.66	3.58	42.16	090	S
22802		A	Fusion of spine	31.31	28.32	4.61	64.24	090	S
22810		A	Fusion of spine	29.00	18.41	3.15	50.56	090	S
22812		A	Fusion of spine	27.20	25.93	4.24	57.37	090	S
22820		A	Harvesting of bone	2.79	*3.64	0.74	7.17	ZZZ	S
22830		A	Exploration of spinal fusion	10.22	*13.07	2.18	25.47	090	S
22840		A	Insert spine fixation device	12.54	*17.61	3.63	33.78	000	S
22842		A	Insert spine fixation device	14.42	*19.62	4.02	38.06	000	S
22845		A	Insert spine fixation device	12.48	*15.97	3.27	31.72	000	S
22849		A	Reinsert spinal fixation	12.86	11.76	1.97	26.59	090	S
22850		A	Remove spine fixation device	8.98	9.17	1.50	19.65	090	S
22852		A	Remove spine fixation device	8.40	9.80	1.57	19.77	090	S
22855		A	Remove spine fixation device	9.10	7.46	1.25	17.81	090	S
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
22900		A	Remove abdominal wall lesion	6.56	3.03	0.60	10.19	090	S
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23000		A	Removal of calcium deposits	4.12	3.24	0.47	7.83	090	S
23020		A	Release shoulder joint	8.25	7.27	1.09	16.61	090	S
23030		A	Drain shoulder lesion	3.16	2.16	0.35	5.67	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
23031	.....	A	Drain shoulder bursa	2.69	0.50	0.05	3.24	010	S
23035	.....	A	Drain shoulder bone lesion	7.80	6.22	1.04	15.06	090	S
23040	.....	A	Exploratory shoulder surgery	8.39	9.27	1.47	19.13	090	S
23044	.....	A	Exploratory shoulder surgery	6.40	6.91	1.18	14.49	090	S
23065	.....	A	Biopsy shoulder tissues	2.24	0.66	0.09	2.99	010	S
23066	.....	A	Biopsy shoulder tissues	4.01	1.18	0.10	5.29	090	S
23075	.....	A	Removal of shoulder lesion	2.34	1.68	0.29	4.31	010	S
23076	.....	A	Removal of shoulder lesion	7.12	3.54	0.65	11.31	090	S
23077	.....	A	Remove tumor of shoulder	14.65	7.38	1.38	23.41	090	S
23100	.....	A	Biopsy of shoulder joint	5.63	*7.20	1.24	14.07	090	S
23101	.....	A	Shoulder joint surgery	5.21	*6.68	1.21	13.10	090	S
23105	.....	A	Remove shoulder joint lining	7.74	*9.91	1.73	19.38	090	S
23106	.....	A	Incision of collarbone joint	5.56	4.75	0.80	11.11	090	S
23107	.....	A	Explore, treat shoulder joint	8.13	9.59	1.60	19.32	090	S
23120	.....	A	Partial removal, collarbone	6.65	4.61	0.74	12.00	090	S
23125	.....	A	Removal of collarbone	8.90	8.49	1.27	18.66	090	S
23130	.....	A	Partial removal, shoulderbone	7.10	7.05	1.14	15.29	090	S
23140	.....	A	Removal of bone lesion	6.43	4.16	0.73	11.32	090	S
23145	.....	A	Removal of bone lesion	8.54	8.13	1.33	18.00	090	S
23146	.....	A	Removal of bone lesion	7.34	5.23	1.01	13.58	090	S
23150	.....	A	Removal of humerus lesion	7.80	6.64	1.01	15.45	090	S
23155	.....	A	Removal of humerus lesion	9.58	8.80	1.37	19.75	090	S
23156	.....	A	Removal of humerus lesion	8.00	7.64	1.25	16.89	090	S
23170	.....	A	Remove collarbone lesion	6.27	4.81	0.78	11.86	090	S
23172	.....	A	Remove shoulder blade lesion	6.24	5.16	0.73	12.13	090	S
23174	.....	A	Remove humerus lesion	8.71	8.55	1.21	18.47	090	S
23180	.....	A	Remove collarbone lesion	7.82	4.30	0.67	12.79	090	S
23182	.....	A	Remove shoulderblade lesion	7.44	6.57	1.13	15.14	090	S
23184	.....	A	Remove humerus lesion	8.61	8.83	1.48	18.92	090	S
23190	.....	A	Partial removal of scapula	6.78	6.07	0.98	13.83	090	S
23195	.....	A	Removal of head of humerus	9.00	8.91	1.45	19.36	090	S
23200	.....	A	Removal of collarbone	11.05	9.17	1.26	21.48	090	S
23210	.....	A	Removal of shoulderblade	11.39	9.01	1.41	21.81	090	S
23220	.....	A	Partial removal of humerus	13.31	12.05	2.03	27.39	090	S
23221	.....	A	Partial removal of humerus	16.62	18.13	1.19	35.94	090	S
23222	.....	A	Partial removal of humerus	16.64	15.02	2.30	33.96	090	S
23330	.....	A	Remove shoulder foreign body	1.80	0.55	0.07	2.42	010	S
23331	.....	A	Remove shoulder foreign body	6.89	2.26	0.38	9.53	090	S
23332	.....	A	Remove shoulder foreign body	10.59	9.72	1.57	21.88	090	S
23350	.....	A	Injection for shoulder x-ray	1.00	0.52	0.05	1.57	000	N
23395	.....	A	Muscle transfer, shoulder/arm	12.42	11.13	1.84	25.39	090	S
23397	.....	A	Muscle transfers	15.23	13.97	2.34	31.54	090	S
23400	.....	A	Fixation of shoulderblade	12.96	9.84	1.68	24.48	090	S
23405	.....	A	Incision of tendon & muscle	7.97	7.49	0.99	16.45	090	S
23406	.....	A	Incise tendon(s) & muscle(s)	10.33	9.41	1.58	21.32	090	S
23410	.....	A	Repair of tendon(s)	11.90	10.94	1.75	24.59	090	S
23412	.....	A	Repair of tendon(s)	12.69	13.37	2.16	28.22	090	S
23415	.....	A	Release of shoulder ligament	9.51	5.18	0.83	15.52	090	S
23420	.....	A	Repair of shoulder	12.60	14.68	2.34	29.62	090	S
23430	.....	A	Repair biceps tendon	9.56	7.34	1.19	18.09	090	S
23440	.....	A	Removal/transplant tendon	10.08	7.17	1.17	18.42	090	S
23450	.....	A	Repair shoulder capsule	12.85	12.75	2.04	27.64	090	S
23455	.....	A	Repair shoulder capsule	13.82	15.56	2.50	31.88	090	S
23460	.....	A	Repair shoulder capsule	14.66	14.07	2.24	30.97	090	S
23462	.....	A	Repair shoulder capsule	14.62	15.13	2.48	32.23	090	S
23465	.....	A	Repair shoulder capsule	15.14	14.15	2.27	31.56	090	S
23466	.....	A	Repair shoulder capsule	13.65	16.53	2.67	32.85	090	S
23470	.....	A	Reconstruct shoulder joint	16.12	16.76	2.65	35.53	090	S
23472	.....	A	Reconstruct shoulder joint	16.09	*23.33	4.89	44.31	090	S
23480	.....	A	Revision of collarbone	10.56	6.59	1.02	18.17	090	S
23485	.....	A	Revision of collarbone	12.68	11.35	1.87	25.90	090	S
23490	.....	A	Reinforce clavicle	11.31	9.98	0.80	22.09	090	S
23491	.....	A	Reinforce shoulder bones	13.63	12.70	2.11	28.44	090	S
23500	.....	A	Treat clavicle fracture	1.95	1.65	0.21	3.81	090	S
23505	.....	A	Treat clavicle fracture	3.54	2.57	0.38	6.49	090	S
23515	.....	A	Repair clavicle fracture	7.01	6.93	1.12	15.06	090	S
23520	.....	A	Treat clavicle dislocation	2.03	1.38	0.19	3.60	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
23525		A	Treat clavicle dislocation	3.40	1.98	0.27	5.65	090	S
23530		A	Repair clavicle dislocation	7.02	6.58	0.91	14.51	090	S
23532		A	Repair clavicle dislocation	7.59	7.23	1.19	16.01	090	S
23540		A	Treat clavicle dislocation	2.10	1.55	0.19	3.84	090	S
23545		A	Treat clavicle dislocation	3.07	1.98	0.29	5.34	090	S
23550		A	Repair clavicle dislocation	6.65	*8.51	1.46	16.62	090	S
23552		A	Repair clavicle dislocation	7.83	7.29	1.17	16.29	090	S
23570		A	Treat shoulderblade fracture	2.10	1.70	0.25	4.05	090	S
23575		A	Treat shoulderblade fracture	3.88	2.75	0.43	7.06	090	S
23585		A	Repair scapula fracture	8.41	7.70	1.29	17.40	090	S
23600		A	Treat humerus fracture	2.75	2.90	0.43	6.08	090	S
23605		A	Treat humerus fracture	4.56	4.76	0.76	10.08	090	S
23615		A	Repair humerus fracture	8.38	*10.72	1.78	20.88	090	S
23616		A	Repair humerus fracture	19.88	22.32	3.54	45.74	090	S
23620		A	Treat humerus fracture	2.25	*2.88	0.46	5.59	090	S
23625		A	Treat humerus fracture	3.64	3.82	0.60	8.06	090	S
23630		A	Repair humerus fracture	6.89	8.82	1.40	17.11	090	S
23650		A	Treat shoulder dislocation	3.24	2.10	0.24	5.58	090	S
23655		A	Treat shoulder dislocation	4.26	2.93	0.44	7.63	090	S
23660		A	Repair shoulder dislocation	7.09	9.07	1.40	17.56	090	S
23665		A	Treat dislocation/fracture	4.16	3.35	0.51	8.02	090	S
23670		A	Repair dislocation/fracture	7.44	*9.52	1.85	18.81	090	S
23675		A	Treat dislocation/fracture	5.60	3.93	0.61	10.14	090	S
23680		A	Repair dislocation/fracture	9.44	*12.09	2.13	23.66	090	S
23700		A	Fixation of shoulder	2.47	2.09	0.34	4.90	010	S
23800		A	Fusion of shoulder joint	13.32	16.35	2.63	32.30	090	S
23802		A	Fusion of shoulder joint	14.67	14.07	2.24	30.98	090	S
23900		A	Amputation of arm & girdle	18.40	12.57	2.40	33.37	090	S
23920		A	Amputation at shoulder joint	13.60	13.85	2.54	29.99	090	S
23921		A	Amputation follow-up surgery	5.03	4.27	0.74	10.04	090	S
23929		C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23930		A	Drainage of arm lesion	2.78	1.61	0.24	4.63	010	S
23931		A	Drainage of arm bursa	1.63	0.75	0.11	2.49	010	S
23935		A	Drain arm/elbow bone lesion	5.56	4.69	0.78	11.03	090	S
24000		A	Exploratory elbow surgery	5.32	*7.10	1.44	13.86	090	S
24006		A	Release elbow joint	8.70	7.14	1.17	17.01	090	S
24065		A	Biopsy arm/elbow soft tissue	2.03	0.79	0.10	2.92	010	S
24066		A	Biopsy arm/elbow soft tissue	4.95	2.71	0.41	8.07	090	S
24075		A	Remove arm/elbow lesion	3.79	1.98	0.35	6.12	090	S
24076		A	Remove arm/elbow lesion	6.01	3.68	0.67	10.36	090	S
24077		A	Remove tumor of arm/elbow	11.18	9.79	1.87	22.84	090	S
24100		A	Biopsy elbow joint lining	4.67	4.23	0.69	9.59	090	S
24101		A	Explore/treat elbow joint	5.84	*7.47	1.41	14.72	090	S
24102		A	Remove elbow joint lining	7.57	*9.68	1.81	19.06	090	S
24105		A	Removal of elbow bursa	3.43	3.77	0.63	7.83	090	S
24110		A	Remove humerus lesion	7.08	7.69	1.22	15.99	090	S
24115		A	Remove/graft bone lesion	8.88	7.68	1.33	17.89	090	S
24116		A	Remove/graft bone lesion	11.13	9.72	1.47	22.32	090	S
24120		A	Remove elbow lesion	6.36	6.02	0.98	13.36	090	S
24125		A	Remove/graft bone lesion	7.40	5.79	0.61	13.80	090	S
24126		A	Remove/graft bone lesion	7.76	7.40	1.21	16.37	090	S
24130		A	Removal of head of radius	5.96	6.72	1.08	13.76	090	S
24134		A	Removal of arm bone lesion	8.98	8.69	1.24	18.91	090	S
24136		A	Remove radius bone lesion	7.33	8.78	0.92	17.03	090	S
24138		A	Remove elbow bone lesion	7.36	6.39	1.06	14.81	090	S
24140		A	Partial removal of arm bone	8.56	8.77	1.45	18.78	090	S
24145		A	Partial removal of radius	7.12	6.38	1.03	14.53	090	S
24147		A	Partial removal of elbow	7.00	6.61	1.08	14.69	090	S
24150		A	Extensive humerus surgery	12.43	14.08	2.24	28.75	090	S
24151		A	Extensive humerus surgery	14.65	13.83	2.11	30.59	090	S
24152		A	Extensive radius surgery	9.51	6.80	1.16	17.47	090	S
24153		A	Extensive radius surgery	10.96	10.44	1.71	23.11	090	S
24155		A	Removal of elbow joint	11.11	10.75	1.72	23.58	090	S
24160		A	Remove elbow joint implant	7.43	4.84	0.80	13.07	090	S
24164		A	Remove radius head implant	5.79	5.53	0.90	12.22	090	S
24200		A	Removal of arm foreign body	1.71	0.56	0.06	2.33	010	N
24201		A	Removal of arm foreign body	4.30	3.06	0.49	7.85	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
24220		A	Injection for elbow x-ray	1.31	0.51	0.05	1.87	000	N
24301		A	Muscle/tendon transfer	9.78	7.90	1.23	18.91	090	S
24305		A	Arm tendon lengthening	7.16	3.08	0.29	10.53	090	S
24310		A	Revision of arm tendon	5.72	2.95	0.48	9.15	090	S
24320		A	Repair of arm tendon	10.01	9.20	1.29	20.50	090	S
24330		A	Revision of arm muscles	9.18	8.74	1.43	19.35	090	S
24331		A	Revision of arm muscles	10.10	9.62	1.57	21.29	090	S
24340		A	Repair of biceps tendon	7.58	7.00	1.13	15.71	090	S
24342		A	Repair of ruptured tendon	10.13	10.38	1.76	22.27	090	S
24350		A	Repair of tennis elbow	5.05	4.23	0.69	9.97	090	S
24351		A	Repair of tennis elbow	5.73	4.57	0.73	11.03	090	S
24352		A	Repair of tennis elbow	6.14	5.69	0.93	12.76	090	S
24354		A	Repair of tennis elbow	6.19	5.61	0.94	12.74	090	S
24356		A	Revision of tennis elbow	6.39	7.28	1.18	14.85	090	S
24360		A	Reconstruct elbow joint	11.76	*15.05	2.47	29.28	090	S
24361		A	Reconstruct elbow joint	13.50	13.13	2.00	28.63	090	S
24362		A	Reconstruct elbow joint	14.41	13.14	0.80	28.35	090	S
24363		A	Replace elbow joint	17.66	*22.61	4.13	44.40	090	S
24365		A	Reconstruct head of radius	7.93	7.52	1.19	16.64	090	S
24366		A	Reconstruct head of radius	8.67	11.05	1.80	21.52	090	S
24400		A	Revision of humerus	10.55	8.43	1.37	20.35	090	S
24410		A	Revision of humerus	14.28	14.04	2.06	30.38	090	S
24420		A	Revision of humerus	12.90	12.30	2.01	27.21	090	S
24430		A	Repair of humerus	12.26	14.66	2.34	29.26	090	S
24435		A	Repair humerus with graft	12.19	*15.61	2.84	30.64	090	S
24470		A	Revision of elbow joint	8.32	7.92	1.30	17.54	090	S
24495		A	Decompression of forearm	7.59	5.75	1.10	14.44	090	S
24498		A	Reinforce humerus	11.30	10.37	1.62	23.29	090	S
24500		A	Treat humerus fracture	3.01	2.54	0.36	5.91	090	S
24505		A	Treat humerus fracture	4.83	4.50	0.71	10.04	090	S
24515		A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24516		A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24530		A	Treat humerus fracture	3.30	2.73	0.42	6.45	090	S
24535		A	Treat humerus fracture	6.51	4.85	0.78	12.14	090	S
24538		A	Treat humerus fracture	8.85	7.98	1.26	18.09	090	S
24545		A	Repair humerus fracture	9.65	9.97	1.59	21.21	090	S
24546		A	Repair humerus fracture	14.66	9.97	1.59	26.22	090	S
24560		A	Treat humerus fracture	2.62	2.16	0.30	5.08	090	S
24565		A	Treat humerus fracture	5.22	3.45	0.54	9.21	090	S
24566		A	Treat humerus fracture	7.17	6.06	0.96	14.19	090	S
24575		A	Repair humerus fracture	9.91	7.79	1.24	18.94	090	S
24576		A	Treat humerus fracture	2.66	2.16	0.33	5.15	090	S
24577		A	Treat humerus fracture	5.45	4.00	0.61	10.06	090	S
24579		A	Repair humerus fracture	10.85	8.37	1.35	20.57	090	S
24582		A	Treat humerus fracture	7.83	6.62	1.06	15.51	090	S
24586		A	Repair elbow fracture	14.37	14.72	2.36	31.45	090	S
24587		A	Repair elbow fracture	14.26	13.72	2.17	30.15	090	S
24600		A	Treat elbow dislocation	4.08	1.95	0.26	6.29	090	S
24605		A	Treat elbow dislocation	5.08	2.29	0.37	7.74	090	S
24615		A	Repair elbow dislocation	8.76	9.29	1.48	19.53	090	S
24620		A	Treat elbow fracture	6.62	3.78	0.57	10.97	090	S
24635		A	Repair elbow fracture	12.42	11.06	1.78	25.26	090	S
24640		A	Treat elbow dislocation	1.15	1.01	0.08	2.24	010	N
24650		A	Treat radius fracture	2.01	2.25	0.33	4.59	090	S
24655		A	Treat radius fracture	4.17	3.01	0.45	7.63	090	S
24665		A	Repair radius fracture	7.69	7.13	1.14	15.96	090	S
24666		A	Repair radius fracture	8.87	10.27	1.60	20.74	090	S
24670		A	Treatment of ulna fracture	2.39	1.95	0.27	4.61	090	S
24675		A	Treatment of ulna fracture	4.52	3.51	0.54	8.57	090	S
24685		A	Repair ulna fracture	8.34	8.40	1.34	18.08	090	S
24800		A	Fusion of elbow joint	10.75	10.59	1.55	22.89	090	S
24802		A	Fusion/graft of elbow joint	12.79	12.18	1.99	26.96	090	S
24900		A	Amputation of upper arm	8.76	7.68	1.39	17.83	090	S
24920		A	Amputation of upper arm	8.69	6.78	1.19	16.66	090	S
24925		A	Amputation follow-up surgery	6.61	6.27	0.75	13.63	090	S
24930		A	Amputation follow-up surgery	9.40	8.16	1.17	18.73	090	S
24931		A	Amputate upper arm & implant	11.71	11.17	1.84	24.72	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
24935		A	Revision of amputation	14.37	13.70	2.24	30.31	090	S
24940		C	Revision of upper arm	0.00	0.00	0.00	0.00	090	S
24999		C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY	S
25000		A	Incision of tendon sheath	3.20	3.94	0.62	7.76	090	S
25005		D	Incision of tendon sheath	0.00	0.00	0.00	0.00	090	S
25020		A	Decompression of forearm	5.55	4.35	0.77	10.67	090	S
25023		A	Decompression of forearm	11.80	5.44	0.94	18.18	090	S
25028		A	Drainage of forearm lesion	4.88	2.06	0.36	7.30	090	S
25031		A	Drainage of forearm bursa	3.90	0.66	0.09	4.65	090	S
25035		A	Treat forearm bone lesion	6.83	6.30	1.01	14.14	090	S
25040		A	Explore/treat wrist joint	6.61	5.69	0.90	13.20	090	S
25065		A	Biopsy forearm soft tissues	2.39	0.75	0.09	3.23	010	S
25066		A	Biopsy forearm soft tissues	3.87	1.54	0.22	5.63	090	S
25075		A	Removal of forearm lesion	3.61	2.19	0.37	6.17	090	S
25076		A	Removal of forearm lesion	4.77	3.77	0.67	9.21	090	S
25077		A	Remove tumor, forearm/wrist	9.25	8.48	1.67	19.40	090	S
25085		A	Incision of wrist capsule	5.13	4.62	0.71	10.46	090	S
25100		A	Biopsy of wrist joint	3.66	*4.69	0.79	9.14	090	S
25101		A	Explore/treat wrist joint	4.43	5.61	0.98	11.02	090	S
25105		A	Remove wrist joint lining	5.56	*7.11	1.19	13.86	090	S
25107		A	Remove wrist joint cartilage	5.89	5.28	0.89	12.06	090	S
25110		A	Remove wrist tendon lesion	3.79	2.80	0.46	7.05	090	S
25111		A	Remove wrist tendon lesion	3.24	3.22	0.55	7.01	090	S
25112		A	Reremove wrist tendon lesion	4.38	3.72	0.66	8.76	090	S
25115		A	Remove wrist/forearm lesion	6.26	7.14	1.23	14.63	090	S
25116		A	Remove wrist/forearm lesion	6.44	8.17	1.38	15.99	090	S
25118		A	Excise wrist tendon sheath	4.11	*5.26	1.02	10.39	090	S
25119		A	Partial removal of ulna	5.64	*7.22	1.32	14.18	090	S
25120		A	Removal of forearm lesion	5.70	6.53	1.14	13.37	090	S
25125		A	Remove/graft forearm lesion	7.06	6.84	1.04	14.94	090	S
25126		A	Remove/graft forearm lesion	7.13	6.80	1.12	15.05	090	S
25130		A	Removal of wrist lesion	5.08	4.21	0.67	9.96	090	S
25135		A	Remove & graft wrist lesion	6.58	5.46	0.97	13.01	090	S
25136		A	Remove & graft wrist lesion	5.68	4.74	0.85	11.27	090	S
25145		A	Remove forearm bone lesion	5.97	5.95	0.75	12.67	090	S
25150		A	Partial removal of ulna	6.56	6.67	1.12	14.35	090	S
25151		A	Partial removal of radius	6.86	5.75	1.02	13.63	090	S
25170		A	Extensive forearm surgery	10.45	9.79	1.51	21.75	090	S
25210		A	Removal of wrist bone	5.55	4.88	0.80	11.23	090	S
25215		A	Removal of wrist bones	7.40	8.68	1.42	17.50	090	S
25230		A	Partial removal of radius	4.86	5.57	0.85	11.28	090	S
25240		A	Partial removal of ulna	4.91	5.30	0.86	11.07	090	S
25246		A	Injection for wrist x-ray	1.45	0.50	0.05	2.00	000	N
25248		A	Remove forearm foreign body	4.96	2.18	0.37	7.51	090	S
25250		A	Removal of wrist prosthesis	6.31	5.63	0.91	12.85	090	S
25251		A	Removal of wrist prosthesis	9.08	8.25	1.39	18.72	090	S
25260		A	Repair forearm tendon/muscle	7.33	4.61	0.78	12.72	090	S
25263		A	Repair forearm tendon/muscle	7.37	5.77	1.03	14.17	090	S
25265		A	Repair forearm tendon/muscle	9.54	7.93	1.41	18.88	090	S
25270		A	Repair forearm tendon/muscle	5.71	3.36	0.55	9.62	090	S
25272		A	Repair forearm tendon/muscle	6.75	3.44	0.54	10.73	090	S
25274		A	Repair forearm tendon/muscle	8.44	6.62	1.13	16.19	090	S
25280		A	Revise wrist/forearm tendon	6.82	4.22	0.69	11.73	090	S
25290		A	Incise wrist/forearm tendon	5.03	2.47	0.41	7.91	090	S
25295		A	Release wrist/forearm tendon	6.26	3.05	0.52	9.83	090	S
25300		A	Fusion of tendons at wrist	8.46	7.36	1.19	17.01	090	S
25301		A	Fusion of tendons at wrist	8.09	6.77	1.18	16.04	090	S
25310		A	Transplant forearm tendon	7.68	7.14	1.17	15.99	090	S
25312		A	Transplant forearm tendon	9.08	7.63	1.31	18.02	090	S
25315		A	Revise palsy hand tendon(s)	9.45	8.06	1.34	18.85	090	S
25316		A	Revise palsy hand tendon(s)	11.49	10.58	1.78	23.85	090	S
25317		D	Revise hand contracture	0.00	0.00	0.00	0.00	090	S
25318		D	Revise hand contracture	0.00	0.00	0.00	0.00	090	S
25320		A	Repair/revise wrist joint	9.89	8.60	1.45	19.94	090	S
25330		A	Revise wrist joint	10.85	9.23	1.50	21.58	090	S
25331		A	Revise wrist joint	12.60	14.66	2.40	29.66	090	S
25332		A	Revise wrist joint	10.83	9.98	1.61	22.42	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
25335	.....	A	Realignment of hand	12.11	11.41	1.56	25.08	090	S
25337	.....	A	Reconstruct ulna/radioulnar	9.10	8.60	1.45	19.15	090	S
25350	.....	A	Revision of radius	8.23	7.61	1.26	17.10	090	S
25355	.....	A	Revision of radius	9.55	9.12	1.49	20.16	090	S
25360	.....	A	Revision of ulna	7.88	6.41	0.99	15.28	090	S
25365	.....	A	Revise radius & ulna	11.63	10.31	1.57	23.51	090	S
25370	.....	A	Revise radius or ulna	12.34	11.76	1.92	26.02	090	S
25375	.....	A	Revise radius & ulna	12.27	13.38	0.87	26.52	090	S
25390	.....	A	Shorten radius/ulna	9.85	8.82	1.50	20.17	090	S
25391	.....	A	Lengthen radius/ulna	12.75	11.25	1.93	25.93	090	S
25392	.....	A	Shorten radius & ulna	13.05	12.44	2.04	27.53	090	S
25393	.....	A	Lengthen radius & ulna	14.90	14.21	2.32	31.43	090	S
25400	.....	A	Repair radius or ulna	10.30	10.78	1.75	22.83	090	S
25405	.....	A	Repair/graft radius or ulna	13.48	12.42	2.02	27.92	090	S
25415	.....	A	Repair radius & ulna	12.64	11.42	1.92	25.98	090	S
25420	.....	A	Repair/graft radius & ulna	15.34	14.70	2.28	32.32	090	S
25425	.....	A	Repair/graft radius or ulna	12.44	12.02	1.87	26.33	090	S
25426	.....	A	Repair/graft radius & ulna	14.92	11.72	2.13	28.77	090	S
25440	.....	A	Repair/graft wrist bone	9.95	9.05	1.50	20.50	090	S
25441	.....	A	Reconstruct wrist joint	12.26	11.36	1.89	25.51	090	S
25442	.....	A	Reconstruct wrist joint	10.34	7.06	1.22	18.62	090	S
25443	.....	A	Reconstruct wrist joint	9.88	9.38	1.52	20.78	090	S
25444	.....	A	Reconstruct wrist joint	10.64	10.14	1.66	22.44	090	S
25445	.....	A	Reconstruct wrist joint	9.27	10.36	1.72	21.35	090	S
25446	.....	A	Wrist replacement	15.52	*19.86	3.49	38.87	090	S
25447	.....	A	Repair wrist joint(s)	9.86	9.65	1.56	21.07	090	S
25449	.....	A	Remove wrist joint implant	13.78	7.84	1.16	22.78	090	S
25450	.....	A	Revision of wrist joint	7.67	7.31	1.19	16.17	090	S
25455	.....	A	Revision of wrist joint	9.15	8.71	1.42	19.28	090	S
25490	.....	A	Reinforce radius	9.12	8.69	1.42	19.23	090	S
25491	.....	A	Reinforce ulna	9.54	9.10	1.49	20.13	090	S
25492	.....	A	Reinforce radius and ulna	11.75	11.20	1.84	24.79	090	S
25500	.....	A	Treat fracture of radius	2.30	2.33	0.29	4.92	090	S
25505	.....	A	Treat fracture of radius	4.96	3.57	0.51	9.04	090	S
25515	.....	A	Repair fracture of radius	8.63	7.63	1.22	17.48	090	S
25520	.....	A	Repair fracture of radius	6.01	5.74	0.94	12.69	090	S
25525	.....	A	Repair fracture of radius	11.69	11.15	1.83	24.67	090	S
25526	.....	A	Repair fracture of radius	12.43	11.85	1.94	26.22	090	S
25530	.....	A	Treat fracture of ulna	1.94	2.44	0.35	4.73	090	S
25535	.....	A	Treat fracture of ulna	4.91	3.57	0.54	9.02	090	S
25545	.....	A	Repair fracture of ulna	8.35	7.58	1.20	17.13	090	S
25560	.....	A	Treat fracture radius & ulna	2.29	2.27	0.27	4.83	090	S
25565	.....	A	Treat fracture radius & ulna	5.29	4.66	0.70	10.65	090	S
25574	.....	A	Treat fracture radius & ulna	6.03	*8.37	1.73	16.13	090	S
25575	.....	A	Repair fracture radius/ulna	9.47	10.70	1.73	21.90	090	S
25600	.....	A	Treat fracture radius/ulna	2.48	2.84	0.42	5.74	090	S
25605	.....	A	Treat fracture radius/ulna	5.36	3.95	0.61	9.92	090	S
25611	.....	A	Repair fracture radius/ulna	7.11	6.01	0.97	14.09	090	S
25620	.....	A	Repair fracture radius/ulna	8.15	7.13	1.14	16.42	090	S
25622	.....	A	Treat wrist bone fracture	2.43	2.28	0.33	5.04	090	S
25624	.....	A	Treat wrist bone fracture	4.28	3.67	0.57	8.52	090	S
25628	.....	A	Repair wrist bone fracture	7.81	7.13	1.16	16.10	090	S
25630	.....	A	Treat wrist bone fracture	2.73	2.19	0.30	5.22	090	S
25635	.....	A	Treat wrist bone fracture	4.16	3.36	0.50	8.02	090	S
25645	.....	A	Repair wrist bone fracture	6.85	6.68	0.95	14.48	090	S
25650	.....	A	Repair wrist bone fracture	2.87	2.66	0.36	5.89	090	S
25660	.....	A	Treat wrist dislocation	4.53	1.82	0.26	6.61	090	S
25670	.....	A	Repair wrist dislocation	7.52	7.08	1.12	15.72	090	S
25675	.....	A	Treat wrist dislocation	4.44	2.28	0.34	7.06	090	S
25676	.....	A	Repair wrist dislocation	7.55	7.32	1.11	15.98	090	S
25680	.....	A	Treat wrist fracture	5.63	2.44	0.36	8.43	090	S
25685	.....	A	Repair wrist fracture	9.23	8.79	1.44	19.46	090	S
25690	.....	A	Treat wrist dislocation	5.16	4.89	0.73	10.78	090	S
25695	.....	A	Repair wrist dislocation	7.94	7.04	1.17	16.15	090	S
25800	.....	A	Fusion of wrist joint	9.21	10.94	1.80	21.95	090	S
25805	.....	A	Fusion/graft of wrist joint	10.57	12.85	2.09	25.51	090	S
25810	.....	A	Fusion/graft of wrist joint	9.79	*12.53	2.06	24.38	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
25820	.....	A	Fusion of hand bones	7.14	8.91	1.48	17.53	090	S
25825	.....	A	Fusion hand bones with graft	8.60	*11.02	1.99	21.61	090	S
25830	.....	A	Fusion radioulnar jnt/ulna	9.10	8.60	1.45	19.15	090	S
25900	.....	A	Amputation of forearm	8.15	7.08	1.31	16.54	090	S
25905	.....	A	Amputation of forearm	8.40	7.11	1.15	16.66	090	S
25907	.....	A	Amputation follow-up surgery	7.27	5.74	1.00	14.01	090	S
25909	.....	A	Amputation follow-up surgery	8.37	5.55	1.06	14.98	090	S
25915	.....	A	Amputation of forearm	16.61	15.83	2.59	35.03	090	S
25920	.....	A	Amputate hand at wrist	8.09	7.00	1.20	16.29	090	S
25922	.....	A	Amputate hand at wrist	6.96	5.55	1.02	13.53	090	S
25924	.....	A	Amputation follow-up surgery	7.87	7.50	1.22	16.59	090	S
25927	.....	A	Amputation of hand	8.27	6.29	1.22	15.78	090	S
25929	.....	A	Amputation follow-up surgery	7.13	4.74	0.96	12.83	090	S
25931	.....	A	Amputation follow-up surgery	7.35	4.54	0.90	12.79	090	S
25999	.....	C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY	S
26010	.....	A	Drainage of finger abscess	1.49	0.48	0.05	2.02	010	N
26011	.....	A	Drainage of finger abscess	2.14	1.54	0.24	3.92	010	S
26020	.....	A	Drain hand tendon sheath	4.01	3.72	0.63	8.36	090	S
26025	.....	A	Drainage of palm bursa	4.32	4.51	0.76	9.59	090	S
26030	.....	A	Drainage of palm bursa(s)	5.36	5.73	0.98	12.07	090	S
26034	.....	A	Treat hand bone lesion	5.59	4.23	0.71	10.53	090	S
26035	.....	A	Decompress fingers/hand	8.38	5.17	0.86	14.41	090	S
26037	.....	A	Decompress fingers/hand	6.68	6.37	1.05	14.10	090	S
26040	.....	A	Release palm contracture	3.09	2.86	0.49	6.44	090	S
26045	.....	A	Release palm contracture	5.27	4.83	0.81	10.91	090	S
26055	.....	A	Incise finger tendon sheath	2.56	*3.28	0.56	6.40	090	S
26060	.....	A	Incision of finger tendon	2.71	1.13	0.17	4.01	090	S
26070	.....	A	Explore/treat hand joint	3.34	2.76	0.42	6.52	090	S
26075	.....	A	Explore/treat finger joint	3.44	3.78	0.62	7.84	090	S
26080	.....	A	Explore/treat finger joint	3.78	3.14	0.51	7.43	090	S
26100	.....	A	Biopsy hand joint lining	3.54	2.99	0.45	6.98	090	S
26105	.....	A	Biopsy finger joint lining	3.58	4.17	0.67	8.42	090	S
26110	.....	A	Biopsy finger joint lining	3.40	2.93	0.50	6.83	090	S
26115	.....	A	Removal of hand lesion	3.68	2.01	0.34	6.03	090	S
26116	.....	A	Removal of hand lesion	5.19	3.71	0.62	9.52	090	S
26117	.....	A	Remove tumor, hand/finger	8.24	5.07	0.91	14.22	090	S
26121	.....	A	Release palm contracture	7.34	*9.40	1.61	18.35	090	S
26123	.....	A	Release palm contracture	8.64	9.10	1.53	19.27	090	S
26125	.....	A	Release palm contracture	4.61	2.62	0.45	7.68	ZZZ	S
26130	.....	A	Remove wrist joint lining	5.13	5.01	0.86	11.00	090	S
26135	.....	A	Revise finger joint, each	6.67	4.86	0.82	12.35	090	S
26140	.....	A	Revise finger joint, each	5.88	4.40	0.75	11.03	090	S
26145	.....	A	Tendon excision, palm/finger	6.03	4.71	0.80	11.54	090	S
26160	.....	A	Remove tendon sheath lesion	3.00	2.32	0.40	5.72	090	S
26170	.....	A	Removal of palm tendon, each	4.62	2.83	0.45	7.90	090	S
26180	.....	A	Removal of finger tendon	5.00	4.01	0.71	9.72	090	S
26200	.....	A	Remove hand bone lesion	5.25	4.48	0.72	10.45	090	S
26205	.....	A	Remove/graft bone lesion	7.24	6.40	1.03	14.67	090	S
26210	.....	A	Removal of finger lesion	4.97	3.90	0.64	9.51	090	S
26215	.....	A	Remove/graft finger lesion	6.81	5.55	0.94	13.30	090	S
26230	.....	A	Partial removal of hand bone	5.96	4.26	0.69	10.91	090	S
26235	.....	A	Partial removal, finger bone	5.82	4.17	0.71	10.70	090	S
26236	.....	A	Partial removal, finger bone	4.95	3.86	0.66	9.47	090	S
26250	.....	A	Extensive hand surgery	7.26	6.00	1.07	14.33	090	S
26255	.....	A	Extensive hand surgery	11.66	8.94	1.54	22.14	090	S
26260	.....	A	Extensive finger surgery	6.74	5.73	0.97	13.44	090	S
26261	.....	A	Extensive finger surgery	8.54	7.70	1.31	17.55	090	S
26262	.....	A	Partial removal of finger	5.41	4.75	0.76	10.92	090	S
26320	.....	A	Removal of implant from hand	3.74	3.54	0.57	7.85	090	S
26350	.....	A	Repair finger/hand tendon	5.76	5.74	0.99	12.49	090	S
26352	.....	A	Repair/graft hand tendon	7.26	6.60	1.10	14.96	090	S
26356	.....	A	Repair finger/hand tendon	7.05	7.21	1.24	15.50	090	S
26357	.....	A	Repair finger/hand tendon	8.16	6.58	1.19	15.93	090	S
26358	.....	A	Repair/graft hand tendon	8.69	7.40	1.27	17.36	090	S
26370	.....	A	Repair finger/hand tendon	6.71	6.71	1.13	14.55	090	S
26372	.....	A	Repair/graft hand tendon	8.27	6.39	1.15	15.81	090	S
26373	.....	A	Repair finger/hand tendon	7.67	6.85	1.11	15.63	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
26390	.....	A	Revise hand/finger tendon	8.73	7.95	1.23	17.91	090	S
26392	.....	A	Repair/graft hand tendon	9.77	8.61	1.26	19.64	090	S
26410	.....	A	Repair hand tendon	4.37	3.29	0.51	8.17	090	S
26412	.....	A	Repair/graft hand tendon	5.91	6.01	0.97	12.89	090	S
26415	.....	A	Excision, hand/finger tendon	8.05	6.75	0.90	15.70	090	S
26416	.....	A	Graft hand or finger tendon	9.06	8.64	1.41	19.11	090	S
26418	.....	A	Repair finger tendon	4.02	3.58	0.59	8.19	090	S
26420	.....	A	Repair/graft finger tendon	6.37	5.68	0.96	13.01	090	S
26426	.....	A	Repair finger/hand tendon	5.86	6.31	1.07	13.24	090	S
26428	.....	A	Repair/graft finger tendon	6.90	5.50	1.00	13.40	090	S
26432	.....	A	Repair finger tendon	3.87	3.15	0.51	7.53	090	S
26433	.....	A	Repair finger tendon	4.41	3.94	0.66	9.01	090	S
26434	.....	A	Repair/graft finger tendon	5.80	4.95	0.84	11.59	090	S
26437	.....	A	Realignment of tendons	5.53	4.05	0.68	10.26	090	S
26440	.....	A	Release palm/finger tendon	4.76	3.57	0.59	8.92	090	S
26442	.....	A	Release palm & finger tendon	6.10	3.37	0.59	10.06	090	S
26445	.....	A	Release hand/finger tendon	4.16	3.25	0.54	7.95	090	S
26449	.....	A	Release forearm/hand tendon	6.39	5.57	0.96	12.92	090	S
26450	.....	A	Incision of palm tendon	3.54	2.28	0.36	6.18	090	S
26455	.....	A	Incision of finger tendon	3.51	1.89	0.33	5.73	090	S
26460	.....	A	Incise hand/finger tendon	3.33	1.72	0.30	5.35	090	S
26471	.....	A	Fusion of finger tendons	5.55	4.15	0.67	10.37	090	S
26474	.....	A	Fusion of finger tendons	5.14	4.61	0.75	10.50	090	S
26476	.....	A	Tendon lengthening	5.00	2.89	0.27	8.16	090	S
26477	.....	A	Tendon shortening	4.97	3.99	0.73	9.69	090	S
26478	.....	A	Lengthening of hand tendon	5.62	4.30	0.72	10.64	090	S
26479	.....	A	Shortening of hand tendon	5.56	5.29	0.86	11.71	090	S
26480	.....	A	Transplant hand tendon	6.49	6.53	1.11	14.13	090	S
26483	.....	A	Transplant/graft hand tendon #	7.87	8.50	1.40	17.77	090	S
26485	.....	A	Transplant palm tendon	7.28	6.50	1.08	14.86	090	S
26489	.....	A	Transplant/graft palm tendon	9.00	3.40	0.51	12.91	090	S
26490	.....	A	Revise thumb tendon	7.99	7.80	1.28	17.07	090	S
26492	.....	A	Tendon transfer with graft	9.17	8.75	1.21	19.13	090	S
26494	.....	A	Hand tendon/muscle transfer	8.05	7.28	1.23	16.56	090	S
26496	.....	A	Revise thumb tendon	9.17	8.73	1.53	19.43	090	S
26497	.....	A	Finger tendon transfer	9.15	8.02	1.38	18.55	090	S
26498	.....	A	Finger tendon transfer	13.55	11.78	2.04	27.37	090	S
26499	.....	A	Revision of finger	8.56	7.75	1.25	17.56	090	S
26500	.....	A	Hand tendon reconstruction	5.67	3.49	0.60	9.76	090	S
26502	.....	A	Hand tendon reconstruction	6.74	5.27	0.95	12.96	090	S
26504	.....	A	Hand tendon reconstruction	7.05	6.72	1.11	14.88	090	S
26508	.....	A	Release thumb contracture	5.61	4.15	0.72	10.48	090	S
26510	.....	A	Thumb tendon transfer	5.03	4.15	0.68	9.86	090	S
26516	.....	A	Fusion of knuckle joint	6.75	4.16	0.67	11.58	090	S
26517	.....	A	Fusion of knuckle joints	8.34	7.07	1.23	16.64	090	S
26518	.....	A	Fusion of knuckle joints	8.53	6.51	1.22	16.26	090	S
26520	.....	A	Release knuckle contracture	5.01	4.48	0.71	10.20	090	S
26525	.....	A	Release finger contracture	5.04	3.64	0.62	9.30	090	S
26527	.....	D	Revise wrist joint	0.00	0.00	0.00	0.00	090	S
26530	.....	A	Revise knuckle joint	6.38	5.16	0.85	12.39	090	S
26531	.....	A	Revise knuckle with implant	7.57	6.65	1.11	15.33	090	S
26535	.....	A	Revise finger joint	4.95	4.84	0.58	10.37	090	S
26536	.....	A	Revise/implant finger joint	6.06	7.21	1.19	14.46	090	S
26540	.....	A	Repair hand joint	6.03	6.64	1.12	13.79	090	S
26541	.....	A	Repair hand joint with graft	8.20	8.94	1.47	18.61	090	S
26542	.....	A	Repair hand joint with graft	6.38	5.67	0.97	13.02	090	S
26545	.....	A	Reconstruct finger joint	6.50	5.27	0.94	12.71	090	S
26548	.....	A	Reconstruct finger joint	7.61	5.79	1.00	14.40	090	S
26550	.....	A	Construct thumb replacement	20.77	19.81	3.24	43.82	090	S
26552	.....	C	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26555	.....	A	Positional change of finger	16.16	15.41	2.52	34.09	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	5.23	4.65	0.66	10.54	090	S
26561	.....	A	Repair of web finger	10.50	8.89	1.56	20.95	090	S
26562	.....	A	Repair of web finger	9.23	10.97	0.82	21.02	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
26565	.....	A	Correct metacarpal flaw	6.45	5.82	0.85	13.12	090	S
26567	.....	A	Correct finger deformity	6.53	4.28	0.67	11.48	090	S
26568	.....	A	Lengthen metacarpal/finger	8.66	8.45	1.06	18.17	090	S
26580	.....	A	Repair hand deformity	15.81	15.08	2.47	33.36	090	S
26585	.....	A	Repair finger deformity	13.58	12.95	2.12	28.65	090	S
26587	.....	C	Reconstruct extra finger	0.00	0.00	0.00	0.00	090	S
26590	.....	A	Repair finger deformity	17.44	16.63	2.72	36.79	090	S
26591	.....	A	Repair muscles of hand	2.90	2.29	0.39	5.58	090	S
26593	.....	A	Release muscles of hand	4.89	4.12	0.70	9.71	090	S
26596	.....	A	Excision constricting tissue	8.64	8.24	1.35	18.23	090	S
26597	.....	A	Release of scar contracture	9.37	8.02	1.37	18.76	090	S
26600	.....	A	Treat metacarpal fracture	1.81	1.54	0.22	3.57	090	S
26605	.....	A	Treat metacarpal fracture	2.67	2.29	0.36	5.32	090	S
26607	.....	A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26608	.....	A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26615	.....	A	Repair metacarpal fracture	5.18	4.87	0.80	10.85	090	S
26641	.....	A	Treat thumb dislocation	3.74	1.11	0.14	4.99	090	S
26645	.....	A	Treat thumb fracture	4.23	2.20	0.33	6.76	090	S
26650	.....	A	Repair thumb fracture	5.49	4.01	0.64	10.14	090	S
26665	.....	A	Repair thumb fracture	7.14	6.39	1.09	14.62	090	S
26670	.....	A	Treat hand dislocation	3.54	0.96	0.10	4.60	090	S
26675	.....	A	Treat hand dislocation	4.44	4.34	0.60	9.38	090	S
26676	.....	A	Pin hand dislocation	5.29	4.86	0.67	10.82	090	S
26685	.....	A	Repair hand dislocation	6.54	5.76	0.91	13.21	090	S
26686	.....	A	Repair hand dislocation	7.48	6.31	1.04	14.83	090	S
26700	.....	A	Treat knuckle dislocation	3.54	0.88	0.10	4.52	090	S
26705	.....	A	Treat knuckle dislocation	3.99	1.78	0.27	6.04	090	S
26706	.....	A	Pin knuckle dislocation	4.92	4.68	0.75	10.35	090	S
26715	.....	A	Repair knuckle dislocation	5.48	4.13	0.66	10.27	090	S
26720	.....	A	Treat finger fracture, each	1.56	1.10	0.15	2.81	090	S
26725	.....	A	Treat finger fracture, each	3.18	1.54	0.23	4.95	090	S
26727	.....	A	Treat finger fracture, each	4.92	2.45	0.38	7.75	090	S
26735	.....	A	Repair finger fracture, each	5.72	3.73	0.61	10.06	090	S
26740	.....	A	Treat finger fracture, each	1.81	1.16	0.16	3.13	090	S
26742	.....	A	Treat finger fracture, each	3.70	1.98	0.32	6.00	090	S
26746	.....	A	Repair finger fracture, each	5.55	4.75	0.80	11.10	090	S
26750	.....	A	Treat finger fracture, each	1.60	0.83	0.10	2.53	090	S
26755	.....	A	Treat finger fracture, each	2.97	1.08	0.15	4.20	090	S
26756	.....	A	Pin finger fracture, each	4.19	1.90	0.33	6.42	090	S
26765	.....	A	Repair finger fracture, each	4.04	2.66	0.45	7.15	090	S
26770	.....	A	Treat finger dislocation	2.89	0.76	0.08	3.73	090	S
26775	.....	A	Treat finger dislocation	3.51	1.13	0.17	4.81	090	S
26776	.....	A	Pin finger dislocation	4.60	2.08	0.35	7.03	090	S
26785	.....	A	Repair finger dislocation	4.08	2.97	0.48	7.53	090	S
26820	.....	A	Thumb fusion with graft	7.84	6.65	1.05	15.54	090	S
26841	.....	A	Fusion of thumb	6.79	6.17	1.00	13.96	090	S
26842	.....	A	Thumb fusion with graft	7.75	8.58	1.37	17.70	090	S
26843	.....	A	Fusion of hand joint	7.21	6.37	1.10	14.68	090	S
26844	.....	A	Fusion/graft of hand joint	8.24	7.35	1.19	16.78	090	S
26850	.....	A	Fusion of knuckle	6.57	4.63	0.76	11.96	090	S
26852	.....	A	Fusion of knuckle with graft	7.97	5.72	1.00	14.69	090	S
26860	.....	A	Fusion of finger joint	4.49	4.30	0.68	9.47	090	S
26861	.....	A	Fusion of finger joint, added	1.74	*2.23	0.43	4.40	ZZZ	S
26862	.....	A	Fusion/graft of finger joint	7.06	5.16	0.85	13.07	090	S
26863	.....	A	Fuse/graft added joint	3.90	3.37	0.57	7.84	ZZZ	S
26910	.....	A	Amputate metacarpal bone	7.18	5.16	0.93	13.27	090	S
26951	.....	A	Amputation of finger/thumb	4.41	2.87	0.49	7.77	090	S
26952	.....	A	Amputation of finger/thumb	6.02	4.00	0.69	10.71	090	S
26989	.....	C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY	S
26990	.....	A	Drainage of pelvis lesion	6.76	3.10	0.51	10.37	090	S
26991	.....	A	Drainage of pelvis bursa	6.05	1.81	0.29	8.15	090	S
26992	.....	A	Drainage of bone lesion	13.97	6.38	1.05	21.40	090	S
27000	.....	A	Incision of hip tendon	5.27	1.85	0.24	7.36	090	S
27001	.....	A	Incision of hip tendon	7.70	2.34	0.38	10.42	090	S
27003	.....	A	Incision of hip tendon	6.53	6.77	1.08	14.38	090	S
27005	.....	A	Incision of hip tendon	9.00	3.37	0.54	12.91	090	S
27006	.....	A	Incision of hip tendons	9.50	4.64	0.77	14.91	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
27025		A	Incision of hip/thigh fascia	10.16	6.12	1.02	17.30	090	S
27030		A	Drainage of hip joint	12.09	11.42	1.86	25.37	090	S
27033		A	Exploration of hip joint	12.38	11.52	1.85	25.75	090	S
27035		A	Denervation of hip joint	15.72	11.86	2.21	29.79	090	S
27040		A	Biopsy of soft tissues	3.26	0.72	0.11	4.09	010	N
27041		A	Biopsy of soft tissues	9.36	2.67	0.44	12.47	090	S
27047		A	Remove hip/pelvis lesion	7.16	1.89	0.32	9.37	090	S
27048		A	Remove hip/pelvis lesion	5.70	4.33	0.82	10.85	090	S
27049		A	Remove tumor, hip/pelvis	12.52	10.14	1.87	24.53	090	S
27050		A	Biopsy of sacroiliac joint	3.73	*4.78	0.90	9.41	090	S
27052		A	Biopsy of hip joint	5.45	*7.78	1.59	14.82	090	S
27054		A	Removal of hip joint lining	7.60	*10.74	2.26	20.60	090	S
27060		A	Removal of ischial bursa	4.73	3.93	0.68	9.34	090	S
27062		A	Remove femur lesion/bursa	4.74	4.23	0.70	9.67	090	S
27065		A	Removal of hip bone lesion	4.98	5.59	0.90	11.47	090	S
27066		A	Removal of hip bone lesion	9.17	7.90	1.30	18.37	090	S
27067		A	Remove/graft hip bone lesion	12.64	11.63	1.93	26.20	090	S
27070		A	Partial removal of hip bone	9.58	7.41	1.21	18.20	090	S
27071		A	Partial removal of hip bone	10.23	8.50	1.45	20.18	090	S
27075		A	Extensive hip surgery	15.85	13.54	2.32	31.71	090	S
27076		A	Extensive hip surgery	17.93	16.37	2.61	36.91	090	S
27077		A	Extensive hip surgery	21.29	18.98	3.24	43.51	090	S
27078		A	Extensive hip surgery	11.86	9.20	1.67	22.73	090	S
27079		A	Extensive hip surgery	12.11	8.64	1.66	22.41	090	S
27080		A	Removal of tail bone	5.63	4.78	0.87	11.28	090	S
27086		A	Remove hip foreign body	1.82	0.58	0.07	2.47	010	S
27087		A	Remove hip foreign body	8.01	3.62	0.60	12.23	090	S
27090		A	Removal of hip prosthesis	12.00	9.09	1.46	22.55	090	S
27091		A	Removal of hip prosthesis	20.48	19.81	3.16	43.45	090	S
27093		A	Injection for hip x-ray	1.30	0.82	0.11	2.23	000	S
27095		A	Injection for hip x-ray	1.50	0.93	0.13	2.56	000	N
27097		A	Revision of hip tendon	8.08	7.71	1.26	17.05	090	S
27098		A	Transfer tendon to pelvis	8.08	7.71	1.26	17.05	090	S
27100		A	Transfer of abdominal muscle	10.57	7.68	1.42	19.67	090	S
27105		A	Transfer of spinal muscle	11.26	5.89	1.36	18.51	090	S
27110		A	Transfer of iliopsoas muscle	12.49	10.61	1.86	24.96	090	S
27111		A	Transfer of iliopsoas muscle	11.44	11.63	1.65	24.72	090	S
27120		A	Reconstruction of hip socket	16.43	18.10	2.95	37.48	090	S
27122		A	Reconstruction of hip socket	13.56	*17.36	2.94	33.86	090	S
27125		A	Partial hip replacement	13.21	*16.91	3.01	33.13	090	S
27130		A	Total hip replacement	18.68	*23.91	4.58	47.17	090	S
27132		A	Total hip replacement	21.44	*27.44	5.09	53.97	090	S
27134		A	Revise hip joint replacement	24.54	*31.41	5.96	61.91	090	S
27137		A	Revise hip joint replacement	18.67	*24.31	4.82	47.80	090	S
27138		A	Revise hip joint replacement	18.93	*24.23	4.58	47.74	090	S
27140		A	Transplant of femur ridge	11.43	11.05	1.71	24.19	090	S
27146		A	Incision of hip bone	13.72	10.88	1.35	25.95	090	S
27147		A	Revision of hip bone	17.58	16.97	2.76	37.31	090	S
27151		A	Incision of hip bones	18.58	17.71	2.90	39.19	090	S
27156		A	Revision of hip bones	20.16	18.32	3.08	41.56	090	S
27158		A	Revision of pelvis	18.10	14.42	2.64	35.16	090	S
27161		A	Incision of neck of femur	15.20	14.31	2.31	31.82	090	S
27165		A	Incision/fixation of femur	16.20	16.76	2.63	35.59	090	S
27170		A	Repair/graft femur head/neck	14.90	16.41	2.65	33.96	090	S
27175		A	Treat slipped epiphysis	7.24	1.18	0.18	8.60	090	S
27176		A	Treat slipped epiphysis	10.89	10.39	1.70	22.98	090	S
27177		A	Repair slipped epiphysis	13.76	12.39	2.05	28.20	090	S
27178		A	Repair slipped epiphysis	10.76	10.46	1.55	22.77	090	S
27179		A	Revise head/neck of femur	11.69	11.15	1.83	24.67	090	S
27181		A	Repair slipped epiphysis	13.80	13.14	2.16	29.10	090	S
27185		A	Revision of femur epiphysis	8.30	2.77	0.87	11.94	090	S
27187		A	Reinforce hip bones	12.57	*16.09	2.76	31.42	090	S
27193		A	Treat pelvic ring fracture	4.64	2.41	0.39	7.44	090	S
27194		A	Treat pelvic ring fracture	8.73	3.90	0.50	13.13	090	S
27200		A	Treat tail bone fracture	1.76	1.49	0.17	3.42	090	S
27202		A	Repair tail bone fracture	6.52	6.15	0.89	13.56	090	S
27215		A	Pelvic fracture(s) treatment	9.39	*12.02	2.33	23.74	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
27216	.....	A	Treat pelvic ring fracture	14.20	4.30	0.66	19.16	090	S
27217	.....	A	Treat pelvic ring fracture	13.19	14.55	2.33	30.07	090	S
27218	.....	A	Treat pelvic ring fracture	18.83	14.55	2.33	35.71	090	S
27220	.....	A	Treat hip socket fracture	5.26	4.26	0.64	10.16	090	S
27222	.....	A	Treat hip socket fracture	10.95	6.37	1.03	18.35	090	S
27226	.....	A	Treat hip wall fracture	13.93	15.78	2.52	32.23	090	S
27227	.....	A	Treat hip fracture(s)	15.39	*19.70	3.20	38.29	090	S
27228	.....	A	Treat hip fracture(s)	17.90	19.95	3.20	41.05	090	S
27230	.....	A	Treat fracture of thigh	4.95	3.30	0.41	8.66	090	S
27232	.....	A	Treat fracture of thigh	9.32	8.98	1.46	19.76	090	S
27235	.....	A	Repair of thigh fracture	11.02	*14.10	2.60	27.72	090	S
27236	.....	A	Repair of thigh fracture	14.14	16.91	2.71	33.76	090	S
27238	.....	A	Treatment of thigh fracture	5.06	4.91	0.71	10.68	090	S
27240	.....	A	Treatment of thigh fracture	10.86	9.70	1.53	22.09	090	S
27244	.....	A	Repair of thigh fracture	14.35	16.30	2.62	33.27	090	S
27245	.....	A	Repair of thigh fracture	18.72	16.30	2.62	37.64	090	S
27246	.....	A	Treatment of thigh fracture	4.36	3.87	0.60	8.83	090	S
27248	.....	A	Repair of thigh fracture	9.73	*12.46	2.11	24.30	090	S
27250	.....	A	Treat hip dislocation	6.31	3.19	0.45	9.95	090	S
27252	.....	A	Treat hip dislocation	9.47	4.34	0.68	14.49	090	S
27253	.....	A	Repair of hip dislocation	11.98	13.14	2.11	27.23	090	S
27254	.....	A	Repair of hip dislocation	17.29	13.47	2.27	33.03	090	S
27256	.....	A	Treatment of hip dislocation	3.72	1.88	0.31	5.91	010	S
27257	.....	A	Treatment of hip dislocation	4.82	4.62	0.73	10.17	010	S
27258	.....	A	Repair of hip dislocation	14.40	13.73	2.25	30.38	090	S
27259	.....	A	Repair of hip dislocation	18.03	17.20	2.82	38.05	090	S
27265	.....	A	Treatment of hip dislocation	5.58	3.46	0.54	9.58	090	S
27266	.....	A	Treatment of hip dislocation	7.73	4.45	0.71	12.89	090	S
27275	.....	A	Manipulation of hip joint	2.00	1.88	0.30	4.18	010	S
27280	.....	A	Fusion of sacroiliac joint	11.81	10.06	1.77	23.64	090	S
27282	.....	A	Fusion of pubic bones	10.57	9.01	1.69	21.27	090	S
27284	.....	A	Fusion of hip joint	15.62	14.50	2.40	32.52	090	S
27286	.....	A	Fusion of hip joint	15.65	15.20	2.26	33.11	090	S
27290	.....	A	Amputation of leg at hip	21.68	25.40	4.70	51.78	090	S
27295	.....	A	Amputation of leg at hip	17.32	16.54	2.95	36.81	090	S
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY	S
27301	.....	A	Drain thigh/knee lesion	5.96	2.46	0.40	8.82	090	S
27303	.....	A	Drainage of bone lesion	7.69	5.86	0.96	14.51	090	S
27305	.....	A	Incise thigh tendon & fascia	5.42	3.80	0.68	9.90	090	S
27306	.....	A	Incision of thigh tendon	4.27	1.99	0.32	6.58	090	S
27307	.....	A	Incision of thigh tendons	5.30	3.01	0.48	8.79	090	S
27310	.....	A	Exploration of knee joint	8.26	9.60	1.51	19.37	090	S
27315	.....	A	Partial removal, thigh nerve	6.51	5.38	0.96	12.85	090	S
27320	.....	A	Partial removal, thigh nerve	5.90	5.18	0.73	11.81	090	S
27323	.....	A	Biopsy thigh soft tissues	2.67	0.91	0.13	3.71	010	S
27324	.....	A	Biopsy thigh soft tissues	4.53	2.63	0.45	7.61	090	S
27327	.....	A	Removal of thigh lesion	4.32	2.29	0.40	7.01	090	S
27328	.....	A	Removal of thigh lesion	5.31	4.07	0.73	10.11	090	S
27329	.....	A	Remove tumor, thigh/knee	11.74	11.69	2.14	25.57	090	S
27330	.....	A	Biopsy knee joint lining	4.71	*6.29	1.19	12.19	090	S
27331	.....	A	Explore/treat knee joint	5.51	*7.45	1.49	14.45	090	S
27332	.....	A	Removal of knee cartilage	7.85	*10.05	1.73	19.63	090	S
27333	.....	A	Removal of knee cartilage	6.81	*11.23	2.52	20.56	090	S
27334	.....	A	Remove knee joint lining	7.95	*10.18	1.77	19.90	090	S
27335	.....	A	Remove knee joint lining	9.19	*11.76	2.05	23.00	090	S
27340	.....	A	Removal of kneecap bursa	3.92	3.85	0.62	8.39	090	S
27345	.....	A	Removal of knee cyst	5.63	5.63	0.95	12.21	090	S
27350	.....	A	Removal of kneecap	7.42	*9.49	1.54	18.45	090	S
27355	.....	A	Remove femur lesion	7.06	7.58	1.23	15.87	090	S
27356	.....	A	Remove femur lesion/graft	8.60	8.20	1.34	18.14	090	S
27357	.....	A	Remove femur lesion/graft	9.63	8.80	1.43	19.86	090	S
27358	.....	A	Remove femur lesion/fixation	4.74	4.55	0.72	10.01	ZZZ	S
27360	.....	A	Partial removal leg bone(s)	9.23	8.56	1.40	19.19	090	S
27365	.....	A	Extensive leg surgery	13.84	13.94	2.43	30.21	090	S
27370	.....	A	Injection for knee x-ray	0.96	0.60	0.05	1.61	000	N
27372	.....	A	Removal of foreign body	4.81	3.42	0.54	8.77	090	S
27380	.....	A	Repair of kneecap tendon	6.63	7.94	1.29	15.86	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
27381	.....	A	Repair/graft kneecap tendon	9.66	11.27	1.82	22.75	090	S
27385	.....	A	Repair of thigh muscle	7.17	8.84	1.42	17.43	090	S
27386	.....	A	Repair/graft of thigh muscle	9.72	*12.44	2.02	24.18	090	S
27390	.....	A	Incision of thigh tendon	4.89	4.36	0.71	9.96	090	S
27391	.....	A	Incision of thigh tendons	6.67	5.42	0.90	12.99	090	S
27392	.....	A	Incision of thigh tendons	8.52	7.67	1.28	17.47	090	S
27393	.....	A	Lengthening of thigh tendon	5.95	5.67	0.93	12.55	090	S
27394	.....	A	Lengthening of thigh tendons	7.97	5.73	0.94	14.64	090	S
27395	.....	A	Lengthening of thigh tendons	10.96	10.48	1.65	23.09	090	S
27396	.....	A	Transplant of thigh tendon	7.33	7.06	1.11	15.50	090	S
27397	.....	A	Transplants of thigh tendons	9.33	8.88	1.45	19.66	090	S
27400	.....	A	Revise thigh muscles/tendons	8.47	7.89	1.24	17.60	090	S
27403	.....	A	Repair of knee cartilage	7.80	8.79	1.44	18.03	090	S
27405	.....	A	Repair of knee ligament	7.97	10.17	1.67	19.81	090	S
27407	.....	A	Repair of knee ligament	9.44	8.87	1.42	19.73	090	S
27409	.....	A	Repair of knee ligaments	11.80	*15.10	2.48	29.38	090	S
27418	.....	A	Repair degenerated kneecap	9.82	12.23	1.85	23.90	090	S
27420	.....	A	Revision of unstable kneecap	9.15	10.99	1.74	21.88	090	S
27422	.....	A	Revision of unstable kneecap	9.10	11.45	1.83	22.38	090	S
27424	.....	A	Revision/removal of kneecap	9.13	*11.68	1.89	22.70	090	S
27425	.....	A	Lateral retinacular release	5.04	*6.46	1.08	12.58	090	S
27427	.....	A	Reconstruction, knee	8.68	*11.39	2.25	22.32	090	S
27428	.....	A	Reconstruction, knee	10.68	*13.67	2.71	27.06	090	S
27429	.....	A	Reconstruction, knee	11.86	11.27	1.83	24.96	090	S
27430	.....	A	Revision of thigh muscles	8.92	9.36	1.50	19.78	090	S
27435	.....	A	Incision of knee joint	8.74	7.03	1.13	16.90	090	S
27437	.....	A	Revise kneecap	7.74	*9.91	1.55	19.20	090	S
27438	.....	A	Revise kneecap with implant	10.29	13.13	2.14	25.56	090	S
27440	.....	A	Revision of knee joint	9.49	11.83	2.10	23.42	090	S
27441	.....	A	Revision of knee joint	9.81	9.14	1.51	20.46	090	S
27442	.....	A	Revision of knee joint	11.14	*14.98	3.05	29.17	090	S
27443	.....	A	Revision of knee joint	10.18	*15.27	3.34	28.79	090	S
27445	.....	A	Revision of knee joint	16.39	*22.34	4.21	42.94	090	S
27446	.....	A	Revision of knee joint	15.03	*19.79	3.87	38.69	090	S
27447	.....	A	Total knee replacement	19.69	*25.31	4.95	49.95	090	S
27448	.....	A	Incision of thigh	10.25	12.87	2.09	25.21	090	S
27450	.....	A	Incision of thigh	13.08	14.84	2.36	30.28	090	S
27454	.....	A	Realignment of thigh bone	12.26	*15.70	2.82	30.78	090	S
27455	.....	A	Realignment of knee	12.01	12.01	1.95	25.97	090	S
27457	.....	A	Realignment of knee	12.60	13.30	2.14	28.04	090	S
27465	.....	A	Shortening of thigh bone	12.84	12.24	2.00	27.08	090	S
27466	.....	A	Lengthening of thigh bone	15.08	13.43	2.27	30.78	090	S
27468	.....	A	Shorten/lengthen thighs	17.65	16.84	2.75	37.24	090	S
27470	.....	A	Repair of thigh	14.82	16.67	2.60	34.09	090	S
27472	.....	A	Repair/graft of thigh	16.40	19.87	3.16	39.43	090	S
27475	.....	A	Surgery to stop leg growth	8.11	7.74	1.27	17.12	090	S
27477	.....	A	Surgery to stop leg growth	9.32	*12.87	2.57	24.76	090	S
27479	.....	A	Surgery to stop leg growth	12.18	11.63	1.89	25.70	090	S
27485	.....	A	Surgery to stop leg growth	8.31	7.91	1.30	17.52	090	S
27486	.....	A	Revise knee joint replace	16.63	*21.74	4.26	42.63	090	S
27487	.....	A	Revise knee joint replace	21.69	*29.50	5.97	57.16	090	S
27488	.....	A	Removal of knee prosthesis	14.48	16.16	2.58	33.22	090	S
27495	.....	A	Reinforce thigh	14.26	17.63	2.82	34.71	090	S
27496	.....	A	Decompression of thigh/knee	4.75	4.53	0.74	10.02	090	S
27497	.....	A	Decompression of thigh/knee	5.81	5.55	0.91	12.27	090	S
27498	.....	A	Decompression of thigh/knee	6.63	6.32	1.04	13.99	090	S
27499	.....	A	Decompression of thigh/knee	7.64	7.28	1.19	16.11	090	S
27500	.....	A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27501	.....	A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27502	.....	A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27503	.....	A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27506	.....	A	Repair of thigh fracture	15.93	16.02	2.56	34.51	090	S
27507	.....	A	Treatment of thigh fracture	12.85	16.02	2.56	31.43	090	S
27508	.....	A	Treatment of thigh fracture	5.21	4.22	0.65	10.08	090	S
27509	.....	A	Treatment of thigh fracture	6.77	4.22	0.65	11.64	090	S
27510	.....	A	Treatment of thigh fracture	8.19	6.82	1.09	16.10	090	S
27511	.....	A	Treatment of thigh fracture	12.50	*16.00	2.56	31.06	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
27513		A	Treatment of thigh fracture	16.78	16.02	2.56	35.36	090	S
27514		A	Repair of thigh fracture	15.98	15.76	2.53	34.27	090	S
27516		A	Repair of thigh growth plate	4.92	4.82	0.71	10.45	090	S
27517		A	Repair of thigh growth plate	8.20	7.82	1.28	17.30	090	S
27519		A	Repair of thigh growth plate	13.82	12.68	2.05	28.55	090	S
27520		A	Treat kneecap fracture	2.68	3.04	0.45	6.17	090	S
27524		A	Repair of kneecap fracture	9.38	10.34	1.65	21.37	090	S
27530		A	Treatment of knee fracture	3.23	3.40	0.51	7.14	090	S
27532		A	Treatment of knee fracture	6.81	5.68	0.91	13.40	090	S
27535		A	Treatment of knee fracture	10.36	11.69	1.88	23.93	090	S
27536		A	Repair of knee fracture	14.51	11.69	1.88	28.08	090	S
27538		A	Treat knee fracture(s)	4.64	3.37	0.51	8.52	090	S
27540		A	Repair of knee fracture	12.38	10.95	1.74	25.07	090	S
27550		A	Treat knee dislocation	5.53	2.57	0.36	8.46	090	S
27552		A	Treat knee dislocation	7.39	3.43	0.53	11.35	090	S
27556		A	Repair of knee dislocation	13.47	12.48	1.95	27.90	090	S
27557		A	Repair of knee dislocation	15.80	14.60	2.43	32.83	090	S
27558		A	Repair of knee dislocation	16.75	14.60	2.43	33.78	090	S
27560		A	Treat kneecap dislocation	3.64	1.43	0.16	5.23	090	S
27562		A	Treat kneecap dislocation	5.48	5.18	0.76	11.42	090	S
27566		A	Repair kneecap dislocation	11.48	10.58	1.67	23.73	090	S
27570		A	Fixation of knee joint	1.69	1.72	0.28	3.69	010	S
27580		A	Fusion of knee	12.26	*15.70	2.56	30.52	090	S
27590		A	Amputate leg at thigh	10.24	9.11	1.80	21.15	090	S
27591		A	Amputate leg at thigh	11.09	11.77	2.11	24.97	090	S
27592		A	Amputate leg at thigh	8.75	8.11	1.61	18.47	090	S
27594		A	Amputation follow-up surgery	6.30	3.65	0.68	10.63	090	S
27596		A	Amputation follow-up surgery	9.63	7.37	1.42	18.42	090	S
27598		A	Amputate lower leg at knee	9.56	10.04	1.78	21.38	090	S
27599		C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY	S
27600		A	Decompression of lower leg	5.02	3.39	0.64	9.05	090	S
27601		A	Decompression of lower leg	4.98	3.38	0.67	9.03	090	S
27602		A	Decompression of lower leg	6.63	4.05	0.77	11.45	090	S
27603		A	Drain lower leg lesion	4.41	2.38	0.41	7.20	090	S
27604		A	Drain lower leg bursa	4.23	1.02	0.14	5.39	090	S
27605		A	Incision of achilles tendon	2.82	1.18	0.14	4.14	010	S
27606		A	Incision of achilles tendon	3.87	2.12	0.35	6.34	010	S
27607		A	Treat lower leg bone lesion	7.05	6.01	0.98	14.04	090	S
27610		A	Explore/treat ankle joint	7.27	7.43	1.13	15.83	090	S
27612		A	Exploration of ankle joint	6.23	*7.97	1.30	15.50	090	S
27613		A	Biopsy lower leg soft tissue	2.12	0.67	0.10	2.89	010	S
27614		A	Biopsy lower leg soft tissue	5.29	2.26	0.38	7.93	090	S
27615		A	Remove tumor, lower leg	11.79	8.23	1.42	21.44	090	S
27618		A	Remove lower leg lesion	4.94	2.10	0.32	7.36	090	S
27619		A	Remove lower leg lesion	7.98	4.13	0.67	12.78	090	S
27620		A	Explore, treat ankle joint	5.69	6.03	0.96	12.68	090	S
27625		A	Remove ankle joint lining	7.88	8.71	1.27	17.86	090	S
27626		A	Remove ankle joint lining	8.49	*10.86	1.25	20.60	090	S
27630		A	Removal of tendon lesion	4.65	3.10	0.46	8.21	090	S
27635		A	Remove lower leg bone lesion	7.29	8.04	1.27	16.60	090	S
27637		A	Remove/graft leg bone lesion	9.14	8.47	1.40	19.01	090	S
27638		A	Remove/graft leg bone lesion	9.89	9.15	1.52	20.56	090	S
27640		A	Partial removal of tibia	10.21	9.81	1.57	21.59	090	S
27641		A	Partial removal of fibula	8.36	7.13	1.18	16.67	090	S
27645		A	Extensive lower leg surgery	13.14	11.64	1.98	26.76	090	S
27646		A	Extensive lower leg surgery	11.69	10.75	1.71	24.15	090	S
27647		A	Extensive ankle/heel surgery	11.21	9.95	1.35	22.51	090	S
27648		A	Injection for ankle x-ray	0.96	0.52	0.05	1.53	000	N
27650		A	Repair achilles tendon	9.07	8.98	1.41	19.46	090	S
27652		A	Repair/graft achilles tendon	9.62	10.41	1.56	21.59	090	S
27654		A	Repair of achilles tendon	9.34	10.93	1.65	21.92	090	S
27656		A	Repair leg fascia defect	4.31	3.18	0.54	8.03	090	S
27658		A	Repair of leg tendon, each	4.61	4.02	0.60	9.23	090	S
27659		A	Repair of leg tendon, each	6.28	5.87	0.86	13.01	090	S
27664		A	Repair of leg tendon, each	4.33	3.41	0.52	8.26	090	S
27665		A	Repair of leg tendon, each	5.11	4.95	0.76	10.82	090	S
27675		A	Repair lower leg tendons	6.78	6.40	0.94	14.12	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
27676		A	Repair lower leg tendons	7.87	7.56	1.14	16.57	090	S
27680		A	Release of lower leg tendon	5.37	4.12	0.61	10.10	090	S
27681		A	Release of lower leg tendons	6.36	5.97	0.86	13.19	090	S
27685		A	Revision of lower leg tendon	6.08	3.83	0.41	10.32	090	S
27686		A	Revise lower leg tendons	6.93	6.56	0.90	14.39	090	S
27687		A	Revision of calf tendon	5.84	5.45	0.76	12.05	090	S
27690		A	Revise lower leg tendon	8.09	6.74	0.88	15.71	090	S
27691		A	Revise lower leg tendon	9.25	7.89	1.23	18.37	090	S
27692		A	Revise additional leg tendon	1.87	2.03	0.29	4.19	ZZZ	S
27695		A	Repair of ankle ligament	6.09	*7.79	1.32	15.20	090	S
27696		A	Repair of ankle ligaments	7.72	7.06	1.16	15.94	090	S
27698		A	Repair of ankle ligament	8.87	*11.35	1.86	22.08	090	S
27700		A	Revision of ankle joint	8.67	*11.11	1.51	21.29	090	S
27702		A	Reconstruct ankle joint	12.64	*18.57	3.99	35.20	090	S
27703		A	Reconstruction, ankle joint	14.49	13.82	2.25	30.56	090	S
27704		A	Removal of ankle implant	7.20	5.84	0.98	14.02	090	S
27705		A	Incision of tibia	9.63	10.74	1.76	22.13	090	S
27707		A	Incision of fibula	3.71	*4.75	0.79	9.25	090	S
27709		A	Incision of tibia & fibula	9.14	*11.70	2.14	22.98	090	S
27712		A	Realignment of lower leg	11.81	10.99	1.63	24.43	090	S
27715		A	Revision of lower leg	12.97	12.61	1.88	27.46	090	S
27720		A	Repair of tibia	10.95	13.97	2.25	27.17	090	S
27722		A	Repair/graft of tibia	10.92	10.50	1.64	23.06	090	S
27724		A	Repair/graft of tibia	12.11	*15.50	2.87	30.48	090	S
27725		A	Repair of lower leg	11.04	10.43	1.53	23.00	090	S
27727		A	Repair of lower leg	12.89	9.38	1.84	24.11	090	S
27730		A	Repair of tibia epiphysis	6.88	3.59	0.84	11.31	090	S
27732		A	Repair of fibula epiphysis	5.06	4.84	0.79	10.69	090	S
27734		A	Repair lower leg epiphyses	7.89	7.54	1.23	16.66	090	S
27740		A	Repair of leg epiphyses	8.75	8.36	1.36	18.47	090	S
27742		A	Repair of leg epiphyses	9.72	9.29	1.52	20.53	090	S
27745		A	Reinforce tibia	9.39	8.97	1.39	19.75	090	S
27750		A	Treatment of tibia fracture	2.90	3.45	0.50	6.85	090	S
27752		A	Treatment of tibia fracture	5.16	5.09	0.81	11.06	090	S
27756		A	Repair of tibia fracture	5.84	*8.21	1.70	15.75	090	S
27758		A	Repair of tibia fracture	10.51	*13.46	2.22	26.19	090	S
27759		A	Repair of tibia fracture	12.60	13.74	2.22	28.56	090	S
27760		A	Treatment of ankle fracture	2.81	2.58	0.37	5.76	090	S
27762		A	Treatment of ankle fracture	4.80	3.36	0.50	8.66	090	S
27766		A	Repair of ankle fracture	7.61	7.87	1.26	16.74	090	S
27780		A	Treatment of fibula fracture	2.47	1.97	0.26	4.70	090	S
27781		A	Treatment of fibula fracture	4.20	3.29	0.49	7.98	090	S
27784		A	Repair of fibula fracture	6.45	5.59	0.87	12.91	090	S
27786		A	Treatment of ankle fracture	2.66	2.52	0.38	5.56	090	S
27788		A	Treatment of ankle fracture	4.25	3.27	0.50	8.02	090	S
27792		A	Repair of ankle fracture	7.04	7.38	1.17	15.59	090	S
27808		A	Treatment of ankle fracture	2.63	2.79	0.39	5.81	090	S
27810		A	Treatment of ankle fracture	4.82	5.05	0.80	10.67	090	S
27814		A	Repair of ankle fracture	9.87	10.00	1.60	21.47	090	S
27816		A	Treatment of ankle fracture	2.71	*3.47	0.55	6.73	090	S
27818		A	Treatment of ankle fracture	5.08	*6.51	1.06	12.65	090	S
27822		A	Repair of ankle fracture	8.39	*10.73	1.88	21.00	090	S
27823		A	Repair of ankle fracture	10.90	12.79	2.05	25.74	090	S
27824		A	Treat lower leg fracture	2.71	*3.47	0.55	6.73	090	S
27825		A	Treat lower leg fracture	5.08	*6.51	1.06	12.65	090	S
27826		A	Treat lower leg fracture	7.43	*9.57	1.88	18.88	090	S
27827		A	Treat lower leg fracture	9.90	11.71	1.88	23.49	090	S
27828		A	Treat lower leg fracture	12.33	12.79	2.05	27.17	090	S
27829		A	Treat lower leg joint	4.87	*6.74	1.37	12.98	090	S
27830		A	Treat lower leg dislocation	3.50	3.25	0.46	7.21	090	S
27831		A	Treat lower leg dislocation	4.27	3.98	0.59	8.84	090	S
27832		A	Repair lower leg dislocation	5.96	5.70	0.89	12.55	090	S
27840		A	Treat ankle dislocation	4.27	1.87	0.21	6.35	090	S
27842		A	Treat ankle dislocation	5.72	2.22	0.34	8.28	090	S
27846		A	Repair ankle dislocation	9.04	8.59	1.37	19.00	090	S
27848		A	Repair ankle dislocation	10.45	8.36	1.32	20.13	090	S
27860		A	Fixation of ankle joint	2.29	1.39	0.23	3.91	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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 [2]	Practice expense RVUs [3]	Malpractice RVUs	Total	Global period	Update
27870	.....	A	Fusion of ankle joint	10.42	*13.34	2.22	25.98	090	S
27871	.....	A	Fusion of tibiofibular joint	8.55	7.79	1.21	17.55	090	S
27880	.....	A	Amputation of lower leg	10.69	8.36	1.60	20.65	090	S
27881	.....	A	Amputation of lower leg	10.89	10.82	1.87	23.58	090	S
27882	.....	A	Amputation of lower leg	7.80	7.36	1.42	16.58	090	S
27884	.....	A	Amputation follow-up surgery	7.40	3.37	0.61	11.38	090	S
27886	.....	A	Amputation follow-up surgery	8.35	7.17	1.34	16.86	090	S
27888	.....	A	Amputation of foot at ankle	8.70	9.49	1.65	19.84	090	S
27889	.....	A	Amputation of foot at ankle	8.82	8.43	1.55	18.80	090	S
27892	.....	A	Decompression of leg	6.03	3.39	0.64	10.06	090	S
27893	.....	A	Decompression of leg	5.99	3.38	0.67	10.04	090	S
27894	.....	A	Decompression of leg	7.64	4.05	0.77	12.46	090	S
27899	.....	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
28001	.....	A	Drainage of bursa of foot	2.68	0.52	0.05	3.25	010	S
28002	.....	A	Treatment of foot infection	3.76	2.25	0.33	6.34	010	S
28003	.....	A	Treatment of foot infection	7.49	3.50	0.59	11.58	090	S
28005	.....	A	Treat foot bone lesion	7.65	4.08	0.61	12.34	090	S
28008	.....	A	Incision of foot fascia	4.19	2.68	0.29	7.16	090	S
28010	.....	A	Incision of toe tendon	2.97	3.62	0.33	6.92	090	S
28011	.....	A	Incision of toe tendons	3.99	1.77	0.19	5.95	090	S
28020	.....	A	Exploration of a foot joint	4.75	4.40	0.56	9.71	090	S
28022	.....	A	Exploration of a foot joint	4.41	2.74	0.31	7.46	090	S
28024	.....	A	Exploration of a toe joint	4.12	2.39	0.24	6.75	090	S
28030	.....	A	Removal of foot nerve	5.78	3.93	0.42	10.13	090	S
28035	.....	A	Decompression of tibia nerve	4.83	*6.18	0.90	11.91	090	S
28043	.....	A	Excision of foot lesion	3.41	1.73	0.20	5.34	090	S
28045	.....	A	Excision of foot lesion	4.46	3.99	0.46	8.91	090	S
28046	.....	A	Resection of tumor, foot	9.41	5.35	0.79	15.55	090	S
28050	.....	A	Biopsy of foot joint lining	3.99	3.84	0.53	8.36	090	S
28052	.....	A	Biopsy of foot joint lining	3.70	3.82	0.43	7.95	090	S
28054	.....	A	Biopsy of toe joint lining	3.21	2.24	0.28	5.73	090	S
28060	.....	A	Partial removal foot fascia	5.05	4.22	0.53	9.80	090	S
28062	.....	A	Removal of foot fascia	6.23	7.06	0.86	14.15	090	S
28070	.....	A	Removal of foot joint lining	4.73	4.48	0.48	9.69	090	S
28072	.....	A	Removal of foot joint lining	4.32	3.21	0.42	7.95	090	S
28080	.....	A	Removal of foot lesion	3.18	*4.07	0.45	7.70	090	S
28086	.....	A	Excise foot tendon sheath	4.52	3.12	0.46	8.10	090	S
28088	.....	A	Excise foot tendon sheath	3.62	3.62	0.40	7.64	090	S
28090	.....	A	Removal of foot lesion	4.26	3.02	0.29	7.57	090	S
28092	.....	A	Removal of toe lesions	3.49	2.03	0.25	5.77	090	S
28100	.....	A	Removal of ankle/heel lesion	5.37	4.58	0.56	10.51	090	S
28102	.....	A	Remove/graft foot lesion	7.31	6.84	0.85	15.00	090	S
28103	.....	A	Remove/graft foot lesion	6.10	5.61	0.69	12.40	090	S
28104	.....	A	Removal of foot lesion	4.86	4.33	0.49	9.68	090	S
28106	.....	A	Remove/graft foot lesion	6.74	6.42	0.79	13.95	090	S
28107	.....	A	Remove/graft foot lesion	5.16	4.86	0.48	10.50	090	S
28108	.....	A	Removal of toe lesions	4.01	4.20	0.38	8.59	090	S
28110	.....	A	Part removal of metatarsal	3.82	3.48	0.39	7.69	090	S
28111	.....	A	Part removal of metatarsal	4.64	5.04	0.65	10.33	090	S
28112	.....	A	Part removal of metatarsal	4.23	3.96	0.45	8.64	090	S
28113	.....	A	Part removal of metatarsal	4.09	4.44	0.48	9.01	090	S
28114	.....	A	Removal of metatarsal heads	7.16	*9.17	1.42	17.75	090	S
28116	.....	A	Revision of foot	6.17	5.48	0.57	12.22	090	S
28118	.....	A	Removal of heel bone	5.56	5.71	0.66	11.93	090	S
28119	.....	A	Removal of heel spur	5.10	5.44	0.57	11.11	090	S
28120	.....	A	Part removal of ankle/heel	4.81	5.04	0.67	10.52	090	S
28122	.....	A	Partial removal of foot bone	6.62	4.48	0.54	11.64	090	S
28124	.....	A	Partial removal of toe	4.39	4.11	0.37	8.87	090	S
28126	.....	A	Partial removal of toe	3.39	3.98	0.36	7.73	090	S
28130	.....	A	Removal of ankle bone	7.33	7.03	0.88	15.24	090	S
28140	.....	A	Removal of metatarsal	6.45	4.93	0.62	12.00	090	S
28150	.....	A	Removal of toe	3.83	3.29	0.38	7.50	090	S
28153	.....	A	Partial removal of toe	3.40	3.99	0.36	7.75	090	S
28160	.....	A	Partial removal of toe	3.59	4.12	0.38	8.09	090	S
28171	.....	A	Extensive foot surgery	8.98	7.99	0.88	17.85	090	S
28173	.....	A	Extensive foot surgery	8.18	5.74	0.74	14.66	090	S
28175	.....	A	Extensive foot surgery	5.59	5.38	0.58	11.55	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
28190		A	Removal of foot foreign body	1.91	0.52	0.05	2.48	010	S
28192		A	Removal of foot foreign body	4.49	1.95	0.24	6.68	090	S
28193		A	Removal of foot foreign body	5.44	2.38	0.30	8.12	090	S
28200		A	Repair of foot tendon	4.45	5.06	0.50	10.01	090	S
28202		A	Repair/graft of foot tendon	6.38	5.82	0.77	12.97	090	S
28208		A	Repair of foot tendon	4.11	2.81	0.28	7.20	090	S
28210		A	Repair/graft of foot tendon	5.95	5.60	0.60	12.15	090	S
28220		A	Release of foot tendon	4.27	3.87	0.43	8.57	090	S
28222		A	Release of foot tendons	5.36	6.40	0.63	12.39	090	S
28225		A	Release of foot tendon	3.42	2.37	0.25	6.04	090	S
28226		A	Release of foot tendons	4.27	3.38	0.40	8.05	090	S
28230		A	Incision of foot tendon(s)	4.00	2.43	0.22	6.65	090	S
28232		A	Incision of toe tendon	3.26	1.60	0.15	5.01	090	S
28234		A	Incision of foot tendon	3.19	1.53	0.14	4.86	090	S
28236		A	Transfer of foot tendon	8.01	7.52	1.09	16.62	090	S
28238		A	Revision of foot tendon	7.27	7.23	0.85	15.35	090	S
28240		A	Release of big toe	4.12	2.13	0.23	6.48	090	S
28250		A	Revision of foot fascia	5.66	4.46	0.50	10.62	090	S
28260		A	Release of midfoot joint	7.50	4.43	0.48	12.41	090	S
28261		A	Revision of foot tendon	8.92	5.91	0.58	15.41	090	S
28262		A	Revision of foot and ankle	12.19	11.91	1.44	25.54	090	S
28264		A	Release of midfoot joint	9.80	9.56	1.17	20.53	090	S
28270		A	Release of foot contracture	4.58	2.63	0.23	7.44	090	S
28272		A	Release of toe joint, each	3.67	2.04	0.18	5.89	090	S
28280		A	Fusion of toes	4.93	2.22	0.30	7.45	090	S
28285		A	Repair of hammertoe	4.41	4.37	0.39	9.17	090	S
28286		A	Repair of hammertoe	4.41	3.58	0.38	8.37	090	S
28288		A	Partial removal of foot bone	3.73	3.75	0.43	7.91	090	S
28290		A	Correction of bunion	5.37	5.36	0.63	11.36	090	S
28292		A	Correction of bunion	6.24	7.05	0.74	14.03	090	S
28293		A	Correction of bunion	8.25	9.55	0.98	18.78	090	S
28294		A	Correction of bunion	8.14	9.16	0.86	18.16	090	S
28296		A	Correction of bunion	8.69	8.81	0.98	18.48	090	S
28297		A	Correction of bunion	8.69	9.02	1.05	18.76	090	S
28298		A	Correction of bunion	7.52	8.89	0.79	17.20	090	S
28299		A	Correction of bunion	8.46	10.14	1.08	19.68	090	S
28300		A	Incision of heel bone	9.12	6.52	0.79	16.43	090	S
28302		A	Incision of ankle bone	9.13	8.89	1.12	19.14	090	S
28304		A	Incision of midfoot bones	8.67	6.44	0.70	15.81	090	S
28305		A	Incise/graft midfoot bones	9.99	9.85	1.03	20.87	090	S
28306		A	Incision of metatarsal	5.71	4.57	0.47	10.75	090	S
28307		A	Incision of metatarsal	6.04	5.87	0.76	12.67	090	S
28308		A	Incision of metatarsal	5.09	5.71	0.50	11.30	090	S
28309		A	Incision of metatarsals	8.83	6.87	1.00	16.70	090	S
28310		A	Revision of big toe	5.06	4.17	0.42	9.65	090	S
28312		A	Revision of toe	4.29	4.56	0.45	9.30	090	S
28313		A	Repair deformity of toe	4.75	2.57	0.31	7.63	090	S
28315		A	Removal of sesamoid bone	4.60	4.24	0.41	9.25	090	S
28320		A	Repair of foot bones	8.76	8.69	1.03	18.48	090	S
28322		A	Repair of metatarsals	8.03	4.67	0.52	13.22	090	S
28340		A	Resect enlarged toe tissue	6.58	6.34	0.91	13.83	090	S
28341		A	Resect enlarged toe	7.86	7.66	0.96	16.48	090	S
28344		A	Repair extra toe(s)	3.89	3.70	0.60	8.19	090	S
28345		A	Repair webbed toe(s)	5.52	5.34	0.73	11.59	090	S
28360		A	Reconstruct cleft foot	12.49	11.91	1.95	26.35	090	S
28400		A	Treatment of heel fracture	2.01	*2.57#	0.40	4.98	090	S
28405		A	Treatment of heel fracture	4.28	3.90	0.58	8.76	090	S
28406		A	Treatment of heel fracture	5.82	6.09	0.93	12.84	090	S
28415		A	Repair of heel fracture	13.28	9.02	1.39	23.69	090	S
28420		A	Repair/graft heel fracture	15.80	10.89	1.63	28.32	090	S
28430		A	Treatment of ankle fracture	1.96	2.45	0.35	4.76	090	S
28435		A	Treatment of ankle fracture	3.25	3.36	0.50	7.11	090	S
28436		A	Treatment of ankle fracture	4.40	4.19	0.68	9.27	090	S
28445		A	Repair of ankle fracture	8.78	8.80	1.40	18.98	090	S
28450		A	Treat midfoot fracture, each	1.77	1.87	0.25	3.89	090	S
28455		A	Treat midfoot fracture, each	2.94	2.54	0.34	5.82	090	S
28456		A	Repair midfoot fracture	2.39	2.27	0.38	5.04	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
28465	.....	A	Repair midfoot fracture, each	6.55	5.54	0.81	12.90	090	S
28470	.....	A	Treat metatarsal fracture	1.76	1.80	0.23	3.79	090	S
28475	.....	A	Treat metatarsal fracture	2.74	2.34	0.30	5.38	090	S
28476	.....	A	Repair metatarsal fracture	3.15	3.37	0.45	6.97	090	S
28485	.....	A	Repair metatarsal fracture	5.31	4.68	0.60	10.59	090	S
28490	.....	A	Treat big toe fracture	1.01	0.90	0.10	2.01	090	S
28495	.....	A	Treat big toe fracture	1.48	1.12	0.13	2.73	090	S
28496	.....	A	Repair big toe fracture	2.18	2.07	0.31	4.56	090	S
28505	.....	A	Repair big toe fracture	3.55	2.99	0.43	6.97	090	S
28510	.....	A	Treatment of toe fracture	1.01	0.89	0.09	1.99	090	S
28515	.....	A	Treatment of toe fracture	1.36	1.12	0.11	2.59	090	S
28525	.....	A	Repair of toe fracture	3.08	2.06	0.29	5.43	090	S
28530	.....	A	Treat sesamoid bone fracture	1.01	1.00	0.10	2.11	090	S
28531	.....	A	Treat sesamoid bone fracture	2.01	1.91	0.32	4.24	090	S
28540	.....	A	Treat foot dislocation	1.89	0.60	0.06	2.55	090	S
28545	.....	A	Treat foot dislocation	2.19	1.31	0.14	3.64	090	S
28546	.....	A	Treat foot dislocation	2.89	2.74	0.45	6.08	090	S
28555	.....	A	Repair foot dislocation	5.84	5.58	0.73	12.15	090	S
28570	.....	A	Treat foot dislocation	1.56	1.59	0.17	3.32	090	S
28575	.....	A	Treat foot dislocation	2.91	2.77	0.42	6.10	090	S
28576	.....	A	Treat foot dislocation	3.75	2.77	0.42	6.94	090	S
28585	.....	A	Repair foot dislocation	7.46	4.96	0.55	12.97	090	S
28600	.....	A	Treat foot dislocation	1.76	0.68	0.08	2.52	090	S
28605	.....	A	Treat foot dislocation	2.42	2.26	0.34	5.02	090	S
28606	.....	A	Treat foot dislocation	4.48	3.49	0.55	8.52	090	S
28615	.....	A	Repair foot dislocation	5.12	4.96	0.78	10.86	090	S
28630	.....	A	Treat toe dislocation	1.65	1.03	0.11	2.79	010	S
28635	.....	A	Treat toe dislocation	1.86	1.45	0.18	3.49	010	S
28636	.....	A	Treat toe dislocation	2.67	2.56	0.42	5.65	010	S
28645	.....	A	Repair toe dislocation	3.96	3.24	0.38	7.58	090	S
28660	.....	A	Treat toe dislocation	1.18	0.63	0.06	1.87	010	S
28665	.....	A	Treat toe dislocation	1.87	0.98	0.11	2.96	010	S
28666	.....	A	Treat toe dislocation	2.56	2.44	0.40	5.40	010	S
28675	.....	A	Repair of toe dislocation	2.68	3.00	0.41	6.09	090	S
28705	.....	A	Fusion of foot bones	14.23	15.11	2.35	31.69	090	S
28715	.....	A	Fusion of foot bones	12.18	12.33	1.89	26.40	090	S
28725	.....	A	Fusion of foot bones	10.86	9.44	1.44	21.74	090	S
28730	.....	A	Fusion of foot bones	9.91	9.00	1.33	20.24	090	S
28735	.....	A	Fusion of foot bones	10.07	9.76	1.37	21.20	090	S
28737	.....	A	Revision of foot bones	8.89	8.87	1.13	18.89	090	S
28740	.....	A	Fusion of foot bones	6.20	5.14	0.72	12.06	090	S
28750	.....	A	Fusion of big toe joint	4.77	5.32	0.82	10.91	090	S
28755	.....	A	Fusion of big toe joint	4.48	3.69	0.45	8.62	090	S
28760	.....	A	Fusion of big toe joint	5.47	5.40	0.65	11.52	090	S
28800	.....	A	Amputation of midfoot	7.37	6.65	1.19	15.21	090	S
28805	.....	A	Amputation thru metatarsal	7.55	6.32	1.21	15.08	090	S
28810	.....	A	Amputation toe & metatarsal	5.53	3.91	0.75	10.19	090	S
28820	.....	A	Amputation of toe	3.56	2.58	0.46	6.60	090	S
28825	.....	A	Partial amputation of toe	3.13	2.40	0.41	5.94	090	S
28899	.....	C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY	S
29000	.....	A	Application of body cast	2.25	1.85	0.21	4.31	000	S
29010	.....	A	Application of body cast	2.06	2.33	0.34	4.73	000	S
29015	.....	A	Application of body cast	2.41	2.33	0.33	5.07	000	S
29020	.....	A	Application of body cast	2.11	1.82	0.23	4.16	000	S
29025	.....	A	Application of body cast	2.40	0.75	0.14	3.29	000	S
29035	.....	A	Application of body cast	1.77	1.95	0.32	4.04	000	S
29040	.....	A	Application of body cast	2.22	2.02	0.30	4.54	000	S
29044	.....	A	Application of body cast	2.12	2.09	0.34	4.55	000	S
29046	.....	A	Application of body cast	2.41	2.23	0.36	5.00	000	S
29049	.....	A	Application of shoulder cast	0.89	0.42	0.06	1.37	000	S
29055	.....	A	Application of shoulder cast	1.78	1.20	0.17	3.15	000	S
29058	.....	A	Application of shoulder cast	1.31	0.65	0.09	2.05	000	S
29065	.....	A	Application of long arm cast	0.87	0.80	0.13	1.80	000	S
29075	.....	A	Application of forearm cast	0.77	0.61	0.10	1.48	000	S
29085	.....	A	Apply hand/wrist cast	0.87	0.50	0.08	1.45	000	S
29105	.....	A	Apply long arm splint	0.87	0.50	0.08	1.45	000	S
29125	.....	A	Apply forearm splint	0.59	0.37	0.05	1.01	000	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
29126		A	Apply forearm splint	0.77	0.40	0.06	1.23	000	S
29130		A	Application of finger splint	0.50	0.17	0.02	0.69	000	S
29131		A	Application of finger splint	0.55	0.39	0.06	1.00	000	S
29200		A	Strapping of chest	0.65	0.27	0.03	0.95	000	N
29220		A	Strapping of low back	0.64	0.38	0.05	1.07	000	S
29240		A	Strapping of shoulder	0.71	0.27	0.03	1.01	000	S
29260		A	Strapping of elbow or wrist	0.55	0.23	0.03	0.81	000	S
29280		A	Strapping of hand or finger	0.51	0.21	0.02	0.74	000	S
29305		A	Application of hip cast	2.03	1.88	0.31	4.22	000	S
29325		A	Application of hip casts	2.32	1.94	0.28	4.54	000	S
29345		A	Application of long leg cast	1.40	1.02	0.16	2.58	000	S
29355		A	Application of long leg cast	1.53	1.10	0.17	2.80	000	S
29358		A	Apply long leg cast brace	1.43	*1.84	0.33	3.60	000	S
29365		A	Application of long leg cast	1.18	0.86	0.14	2.18	000	S
29405		A	Apply short leg cast	0.86	0.79	0.12	1.77	000	S
29425		A	Apply short leg cast	1.01	0.97	0.14	2.12	000	S
29435		A	Apply short leg cast	1.18	1.18	0.18	2.54	000	S
29440		A	Addition of walker to cast	0.57	0.23	0.03	0.83	000	S
29445		A	Apply rigid leg cast	1.78	1.70	0.28	3.76	000	S
29450		A	Application of leg cast	1.02	0.39	0.04	1.45	000	S
29505		A	Application long leg splint	0.69	0.57	0.07	1.33	000	S
29515		A	Application lower leg splint	0.73	0.47	0.06	1.26	000	S
29520		A	Strapping of hip	0.54	0.36	0.03	0.93	000	S
29530		A	Strapping of knee	0.57	0.35	0.05	0.97	000	S
29540		A	Strapping of ankle	0.51	0.30	0.03	0.84	000	S
29550		A	Strapping of toes	0.47	0.28	0.03	0.78	000	S
29580		A	Application of paste boot	0.57	0.79	0.04	1.40	000	S
29590		A	Application of foot splint	0.76	0.28	0.03	1.07	000	S
29700		A	Removal/revision of cast	0.88	0.32	0.05	1.25	000	S
29705		A	Removal/revision of cast	1.12	0.35	0.05	1.52	000	S
29710		A	Removal/revision of cast	1.34	0.45	0.07	1.86	000	S
29715		A	Removal/revision of cast	0.94	0.86	0.12	1.92	000	S
29720		A	Repair of body cast	0.68	0.23	0.04	0.95	000	S
29730		A	Windowing of cast	0.75	0.26	0.04	1.05	000	S
29740		A	Wedging of cast	1.12	0.38	0.06	1.56	000	S
29750		A	Wedging of clubfoot cast	1.26	0.50	0.07	1.83	000	S
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY	S
29800		A	Jaw arthroscopy/surgery	5.28	4.01	0.46	9.75	090	S
29804		A	Jaw arthroscopy/surgery	7.99	*11.75	1.46	21.20	090	S
29815		A	Shoulder arthroscopy	5.74	4.84	0.76	11.34	090	S
29819		A	Shoulder arthroscopy/surgery	7.33	*9.38	1.73	18.44	090	S
29820		A	Shoulder arthroscopy/surgery	6.81	*8.72	1.73	17.26	090	S
29821		A	Shoulder arthroscopy/surgery	7.43	*10.36	2.13	19.92	090	S
29822		A	Shoulder arthroscopy/surgery	7.14	*9.14	1.74	18.02	090	S
29823		A	Shoulder arthroscopy/surgery	7.86	*11.10	2.32	21.28	090	S
29825		A	Shoulder arthroscopy/surgery	7.33	*10.00	2.05	19.38	090	S
29826		A	Shoulder arthroscopy/surgery	8.70	*11.44	2.31	22.45	090	S
29830		A	Elbow arthroscopy	5.63	5.32	0.83	11.78	090	S
29834		A	Elbow arthroscopy/surgery	6.13	5.84	0.96	12.93	090	S
29835		A	Elbow arthroscopy/surgery	6.33	6.03	0.99	13.35	090	S
29836		A	Elbow arthroscopy/surgery	7.37	7.03	1.15	15.55	090	S
29837		A	Elbow arthroscopy/surgery	6.72	6.40	1.06	14.18	090	S
29838		A	Elbow arthroscopy/surgery	7.42	7.05	1.14	15.61	090	S
29840		A	Wrist arthroscopy	5.39	3.29	0.54	9.22	090	S
29843		A	Wrist arthroscopy/surgery	5.86	5.60	0.91	12.37	090	S
29844		A	Wrist arthroscopy/surgery	6.22	5.59	0.95	12.76	090	S
29845		A	Wrist arthroscopy/surgery	7.34	7.00	1.15	15.49	090	S
29846		A	Wrist arthroscopy/surgery	6.60	*9.44	2.20	18.24	090	S
29847		A	Wrist arthroscopy/surgery	6.93	6.78	0.97	14.68	090	S
29848		A	Wrist arthroscopy/surgery	4.04	3.85	0.62	8.51	090	S
29850		A	Knee arthroscopy/surgery	7.96	*10.19	1.74	19.89	090	S
29851		A	Knee arthroscopy/surgery	12.38	10.95	1.74	25.07	090	S
29855		A	Tibial arthroscopy/surgery	9.48	11.69	1.88	23.05	090	S
29856		A	Tibial arthroscopy/surgery	13.28	11.69	1.88	26.85	090	S
29870		A	Knee arthroscopy, diagnostic	4.94	4.02	0.64	9.60	090	S
29871		A	Knee arthroscopy/drainage	6.29	6.77	0.96	14.02	090	S
29874		A	Knee arthroscopy/surgery	6.79	*8.69	1.52	17.00	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
29875	.....	A	Knee arthroscopy/surgery	6.16	*8.10	1.61	15.87	090	S
29876	.....	A	Knee arthroscopy/surgery	7.51	*9.78	1.95	19.24	090	S
29877	.....	A	Knee arthroscopy/surgery	7.05	*9.13	1.81	17.99	090	S
29879	.....	A	Knee arthroscopy/surgery	7.63	*10.55	2.19	20.37	090	S
29880	.....	A	Knee arthroscopy/surgery	8.09	*10.95	2.22	21.26	090	S
29881	.....	A	Knee arthroscopy/surgery	7.46	*9.54	1.82	18.82	090	S
29882	.....	A	Knee arthroscopy/surgery	8.24	*10.54	1.90	20.68	090	S
29883	.....	A	Knee arthroscopy/surgery	9.00	*13.07	2.80	24.87	090	S
29884	.....	A	Knee arthroscopy/surgery	6.92	*8.86	1.56	17.34	090	S
29885	.....	A	Knee arthroscopy/surgery	8.63	8.23	1.35	18.21	090	S
29886	.....	A	Knee arthroscopy/surgery	7.13	6.80	1.12	15.05	090	S
29887	.....	A	Knee arthroscopy/surgery	8.58	10.52	1.71	20.81	090	S
29888	.....	A	Knee arthroscopy/surgery	13.28	*17.00	3.18	33.46	090	S
29889	.....	A	Knee arthroscopy/surgery	10.76	10.26	1.68	22.70	090	S
29894	.....	A	Ankle arthroscopy/surgery	6.95	*8.90	1.47	17.32	090	S
29895	.....	A	Ankle arthroscopy/surgery	6.73	*8.60	1.51	16.84	090	S
29897	.....	A	Ankle arthroscopy/surgery	6.92	*8.90	1.77	17.59	090	S
29898	.....	A	Ankle arthroscopy/surgery	8.03	*10.28	1.91	20.22	090	S
29909	.....	C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY	S
30000	.....	A	Drainage of nose lesion	1.38	0.58	0.05	2.01	010	S
30020	.....	A	Drainage of nose lesion	1.38	0.60	0.06	2.04	010	S
30100	.....	A	Intranasal biopsy	0.94	0.69	0.08	1.71	000	S
30110	.....	A	Removal of nose polyp(s)	1.58	1.29	0.14	3.01	010	S
30115	.....	A	Removal of nose polyp(s)	4.25	2.81	0.30	7.36	090	S
30117	.....	A	Removal of intranasal lesion	3.06	2.84	0.31	6.21	090	S
30118	.....	A	Removal of intranasal lesion	9.23	8.01	0.92	18.16	090	S
30120	.....	A	Revision of nose	5.14	*6.59	1.00	12.73	090	S
30124	.....	A	Removal of nose lesion	3.00	1.34	0.16	4.50	090	S
30125	.....	A	Removal of nose lesion	6.79	5.55	0.73	13.07	090	S
30130	.....	A	Removal of turbinate bones	3.17	1.67	0.17	5.01	090	S
30140	.....	A	Removal of turbinate bones	3.28	3.04	0.34	6.66	090	S
30150	.....	A	Partial removal of nose	8.48	7.92	1.07	17.47	090	S
30160	.....	A	Removal of nose	8.92	*11.42	1.73	22.07	090	S
30200	.....	A	Injection treatment of nose	0.78	0.37	0.04	1.19	000	S
30210	.....	A	Nasal sinus therapy	1.03	0.26	0.03	1.32	010	S
30220	.....	A	Insert nasal septal button	1.49	1.51	0.16	3.16	010	S
30300	.....	A	Remove nasal foreign body	0.99	0.46	0.05	1.50	010	S
30310	.....	A	Remove nasal foreign body	1.91	1.62	0.18	3.71	010	S
30320	.....	A	Remove nasal foreign body	4.39	4.29	0.43	9.11	090	S
30400	.....	R	Reconstruction of nose	9.24	9.97	1.36	20.57	090	S
30410	.....	R	Reconstruction of nose	12.39	14.54	2.01	28.94	090	S
30420	.....	R	Reconstruction of nose	15.40	17.78	2.22	35.40	090	S
30430	.....	R	Revision of nose	6.73	6.09	0.66	13.48	090	S
30435	.....	R	Revision of nose	11.23	10.17	1.10	22.50	090	S
30450	.....	R	Revision of nose	18.06	11.24	0.91	30.21	090	S
30460	.....	A	Revision of nose	9.48	8.58	0.93	18.99	090	S
30462	.....	A	Revision of nose	18.98	17.16	1.87	38.01	090	S
30520	.....	A	Repair of nasal septum	5.55	*7.13	0.96	13.64	090	S
30540	.....	A	Repair nasal defect	7.46	6.63	0.70	14.79	090	S
30545	.....	A	Repair nasal defect	10.89	10.83	0.93	22.65	090	S
30560	.....	A	Release of nasal adhesions	1.21	0.55	0.06	1.82	010	S
30580	.....	A	Repair upper jaw fistula	6.49	6.24	0.57	13.30	090	S
30600	.....	A	Repair mouth/nose fistula	5.87	3.77	0.36	10.00	090	S
30620	.....	A	Intranasal reconstruction	5.55	*7.61	1.10	14.26	090	S
30630	.....	A	Repair nasal septum defect	6.83	6.24	0.71	13.78	090	S
30801	.....	A	Cauterization inner nose	1.02	0.47	0.05	1.54	010	S
30802	.....	A	Cauterization inner nose	1.98	0.94	0.11	3.03	010	S
30901	.....	A	Control of nosebleed	1.21	0.56	0.06	1.83	000	S
30903	.....	A	Control of nosebleed	1.54	0.85	0.08	2.47	000	S
30905	.....	A	Control of nosebleed	1.97	1.79	0.17	3.93	000	S
30906	.....	A	Repeat control of nosebleed	2.45	1.08	0.11	3.64	000	S
30915	.....	A	Ligation nasal sinus artery	6.72	4.95	0.52	12.19	090	S
30920	.....	A	Ligation upper jaw artery	7.46	*9.85	1.32	18.63	090	S
30930	.....	A	Therapy fracture of nose	1.21	0.71	0.08	2.00	010	S
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY	N
31000	.....	A	Irrigation maxillary sinus	1.10	0.43	0.05	1.58	010	S
31002	.....	A	Irrigation sphenoid sinus	1.86	0.46	0.05	2.37	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
31020		A	Exploration maxillary sinus	2.81	2.66	0.29	5.76	090	S
31030		A	Exploration maxillary sinus	5.60	*7.16	0.86	13.62	090	S
31032		A	Explore sinus,remove polyps	6.22	*7.96	0.99	15.17	090	S
31040		A	Exploration behind upper jaw	8.83	7.98	0.86	17.67	090	S
31050		A	Exploration sphenoid sinus	5.07	5.96	0.64	11.67	090	S
31051		A	Sphenoid sinus surgery	6.85	8.12	0.85	15.82	090	S
31070		A	Exploration of frontal sinus	4.04	4.69	0.50	9.23	090	S
31071		D	Exploration of frontal sinus	0.00	0.00	0.00	0.00	090	S
31075		A	Exploration of frontal sinus	8.57	10.51	1.10	20.18	090	S
31080		A	Removal of frontal sinus	10.73	9.21	1.12	21.06	090	S
31081		A	Removal of frontal sinus	11.93	10.32	1.30	23.55	090	S
31084		A	Removal of frontal sinus	12.69	14.79	1.62	29.10	090	S
31085		A	Removal of frontal sinus	13.38	15.65	1.76	30.79	090	S
31086		A	Removal of frontal sinus	11.98	10.87	1.15	24.00	090	S
31087		A	Removal of frontal sinus	12.14	10.39	1.33	23.86	090	S
31090		A	Exploration of sinuses	8.65	*13.98	2.12	24.75	090	S
31200		A	Removal of ethmoid sinus	4.68	4.62	0.48	9.78	090	S
31201		A	Removal of ethmoid sinus	7.91	7.01	0.75	15.67	090	S
31205		A	Removal of ethmoid sinus	9.65	8.03	0.81	18.49	090	S
31225		A	Removal of upper jaw	15.19	*19.44	2.37	37.00	090	S
31230		A	Removal of upper jaw	21.06	21.74	2.48	45.28	090	S
31231		A	Nasal endoscopy, dx	0.73	1.37	0.15	2.25	000	S
31233		A	Nasal/sinus endoscopy, dx	1.56	*2.00	0.31	3.87	000	S
31235		A	Nasal/sinus endoscopy, dx	2.74	0.96	0.10	3.80	000	S
31237		A	Nasal/sinus endoscopy, surg	1.88	*2.40	0.37	4.65	000	S
31238		A	Nasal/sinus endoscopy, surg	3.26	*4.17	0.45	7.88	000	S
31239		A	Nasal/sinus endoscopy, surg	8.50	*10.88	1.18	20.56	010	S
31240		A	Nasal/sinus endoscopy, surg	2.61	*3.34	0.37	6.32	000	S
31245		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31246		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31247		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31248		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31249		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31250		D	Nasal endoscopy, diagnostic	0.00	0.00	0.00	0.00	000	S
31251		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31252		D	Nasal endoscopy, polypectomy	0.00	0.00	0.00	0.00	000	S
31254		A	Revision of ethmoid sinus	4.65	*5.95	0.69	11.29	000	S
31255		A	Removal of ethmoid sinus	6.96	*8.91	1.14	17.01	000	S
31256		A	Exploration maxillary sinus	3.29	3.77	0.41	7.47	000	S
31258		D	Nasal endoscopy, surgical	0.00	0.00	0.00	0.00	000	S
31260		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	S
31261		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31262		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31263		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	S
31264		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31265		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	S
31266		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31267		A	Endoscopy, maxillary sinus	5.46	5.23	0.81	11.50	000	S
31268		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	S
31269		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31270		D	Endoscopy, sphenoid sinus	0.00	0.00	0.00	0.00	000	S
31271		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31275		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	S
31276		A	Sinus surgical endoscopy	7.42	6.72	0.73	14.87	000	S
31277		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	S
31280		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31281		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31282		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31283		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31284		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31285		D	Endoscopy, combined sinuses	0.00	0.00	0.00	0.00	000	S
31286		D	Nasal/sinus endoscopy, surg	0.00	0.00	0.00	0.00	000	S
31287		A	Nasal/sinus endoscopy, surg	3.92	*5.01	0.65	9.58	000	S
31288		A	Nasal/sinus endoscopy, surg	4.58	*5.86	0.78	11.22	000	S
31290		A	Nasal/sinus endoscopy, surg	12.87	*16.47	1.80	31.14	010	S
31291		A	Nasal/sinus endoscopy, surg	13.52	*17.31	1.88	32.71	010	S
31292		A	Nasal/sinus endoscopy, surg	10.45	*13.38	1.45	25.28	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
31293	.....	A	Nasal/sinus endoscopy, surg	11.43	*14.64	1.59	27.66	010	S
31294	.....	A	Nasal/sinus endoscopy, surg	13.06	*16.72	1.83	31.61	010	S
31299	.....	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31300	.....	A	Removal of larynx lesion	13.28	11.58	1.28	26.14	090	S
31320	.....	A	Diagnostic incision larynx	4.54	3.87	0.48	8.89	090	S
31360	.....	A	Removal of larynx	15.19	19.36	2.19	36.74	090	S
31365	.....	A	Removal of larynx	21.83	27.14	3.10	52.07	090	S
31367	.....	A	Partial removal of larynx	18.98	17.22	1.88	38.08	090	S
31368	.....	A	Partial removal of larynx	23.72	26.76	3.06	53.54	090	S
31370	.....	A	Partial removal of larynx	18.50	17.18	1.88	37.56	090	S
31375	.....	A	Partial removal of larynx	18.50	14.84	1.56	34.90	090	S
31380	.....	A	Partial removal of larynx	18.50	17.27	1.88	37.65	090	S
31382	.....	A	Partial removal of larynx	18.50	16.06	1.78	36.34	090	S
31390	.....	A	Removal of larynx & pharynx	21.15	*28.01	4.05	53.21	090	S
31395	.....	A	Reconstruct larynx & pharynx	26.19	*33.52	4.42	64.13	090	S
31400	.....	A	Revision of larynx	9.06	7.81	0.91	17.78	090	S
31420	.....	A	Removal of epiglottis	9.06	8.08	0.84	17.98	090	S
31500	.....	A	Insert emergency airway	2.33	1.14	0.14	3.61	000	N
31502	.....	A	Change of windpipe airway	0.65	0.58	0.07	1.30	000	S
31505	.....	A	Diagnostic laryngoscopy	0.61	0.43	0.05	1.09	000	S
31510	.....	A	Laryngoscopy with biopsy	1.92	0.55	0.07	2.54	000	S
31511	.....	A	Remove foreign body, larynx	2.16	0.96	0.10	3.22	000	S
31512	.....	A	Removal of larynx lesion	2.07	1.79	0.20	4.06	000	S
31513	.....	A	Injection into vocal cord	2.10	*2.78	0.38	5.26	000	S
31515	.....	A	Laryngoscopy for aspiration	1.80	1.13	0.14	3.07	000	S
31520	.....	A	Diagnostic laryngoscopy	2.56	1.64	0.18	4.38	000	S
31525	.....	A	Diagnostic laryngoscopy	2.63	2.20	0.23	5.06	000	S
31526	.....	A	Diagnostic laryngoscopy	2.57	*3.29	0.38	6.24	000	S
31527	.....	A	Laryngoscopy for treatment	3.27	2.99	0.30	6.56	000	S
31528	.....	A	Laryngoscopy and dilatation	2.37	2.66	0.30	5.33	000	S
31529	.....	A	Laryngoscopy and dilatation	2.68	2.46	0.25	5.39	000	S
31530	.....	A	Operative laryngoscopy	3.39	3.63	0.39	7.41	000	S
31531	.....	A	Operative laryngoscopy	3.73	*4.78	0.60	9.11	000	S
31535	.....	A	Operative laryngoscopy	3.16	4.01	0.45	7.62	000	S
31536	.....	A	Operative laryngoscopy	3.17	*4.37	0.59	8.13	000	S
31540	.....	A	Operative laryngoscopy	4.13	*5.29	0.61	10.03	000	S
31541	.....	A	Operative laryngoscopy	3.56	*5.24	0.75	9.55	000	S
31560	.....	A	Operative laryngoscopy	5.46	4.99	0.51	10.96	000	S
31561	.....	A	Operative laryngoscopy	4.90	*7.48	1.08	13.46	000	S
31570	.....	A	Laryngoscopy with injection	3.87	*4.95	0.60	9.42	000	S
31571	.....	A	Laryngoscopy with injection	3.52	*4.96	0.69	9.17	000	S
31575	.....	A	Diagnostic laryngoscopy	1.10	1.56	0.17	2.83	000	S
31576	.....	A	Laryngoscopy with biopsy	1.97	*2.52	0.33	4.82	000	S
31577	.....	A	Remove foreign body, larynx	2.47	*3.16	0.37	6.00	000	S
31578	.....	A	Removal of larynx lesion	2.84	*3.73	0.48	7.05	000	S
31579	.....	A	Diagnostic laryngoscopy	2.26	2.33	0.26	4.85	000	S
31580	.....	A	Revision of larynx	11.01	*14.09	1.63	26.73	090	S
31582	.....	A	Revision of larynx	19.73	17.87	1.94	39.54	090	S
31584	.....	A	Repair of larynx fracture	18.50	12.72	1.34	32.56	090	S
31585	.....	A	Repair of larynx fracture	4.40	3.77	0.40	8.57	090	S
31586	.....	A	Repair of larynx fracture	7.24	6.55	0.71	14.50	090	S
31587	.....	A	Revision of larynx	7.98	7.21	0.79	15.98	090	S
31588	.....	A	Revision of larynx	11.82	10.70	1.16	23.68	090	S
31590	.....	A	Reinnervate larynx	6.36	5.76	0.62	12.74	090	S
31595	.....	A	Larynx nerve surgery	7.58	6.84	0.74	15.16	090	S
31599	.....	C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31600	.....	A	Incision of windpipe	3.62	4.04	0.65	8.31	000	S
31601	.....	A	Incision of windpipe	4.45	5.03	0.66	10.14	000	S
31603	.....	A	Incision of windpipe	4.15	4.23	0.66	9.04	000	S
31605	.....	A	Incision of windpipe	3.58	4.19	0.50	8.27	000	S
31610	.....	A	Incision of windpipe	7.87	6.67	0.92	15.46	090	S
31611	.....	A	Surgery/speech prosthesis	5.03	*7.23	1.04	13.30	090	S
31612	.....	A	Puncture/clear windpipe	0.91	1.17	0.12	2.20	000	S
31613	.....	A	Repair windpipe opening	4.24	2.21	0.28	6.73	090	S
31614	.....	A	Repair windpipe opening	6.11	6.74	0.73	13.58	090	S
31615	.....	A	Visualization of windpipe	2.09	1.95	0.22	4.26	000	S
31622	.....	A	Diagnostic bronchoscopy	2.80	3.57	0.34	6.71	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
31625	.....	A	Bronchoscopy with biopsy	3.37	3.83	0.35	7.55	000	N
31628	.....	A	Bronchoscopy with biopsy	3.81	*4.88	0.38	9.07	000	N
31629	.....	A	Bronchoscopy with biopsy	3.37	*4.31	0.34	8.02	000	N
31630	.....	A	Bronchoscopy with repair	3.82	3.72	0.50	8.04	000	S
31631	.....	A	Bronchoscopy with dilation	4.37	3.94	0.48	8.79	000	N
31635	.....	A	Remove foreign body, airway	3.68	4.53	0.53	8.74	000	S
31640	.....	A	Bronchoscopy & remove lesion	4.94	5.02	0.67	10.63	000	S
31641	.....	A	Bronchoscopy, treat blockage	5.03	*6.49	0.85	12.37	000	N
31645	.....	A	Bronchoscopy, clear airways	3.16	3.62	0.30	7.08	000	N
31646	.....	A	Bronchoscopy, reclear airways	2.72	3.06	0.27	6.05	000	N
31656	.....	A	Bronchoscopy, inject for x-ray	2.17	*2.77	0.31	5.25	000	N
31659	.....	D	Bronchoscopic procedures	0.00	0.00	0.00	0.00	000	N
31700	.....	A	Insertion of airway catheter	1.34	1.38	0.17	2.89	000	N
31708	.....	A	Instill airway contrast dye	1.41	0.77	0.09	2.27	000	N
31710	.....	A	Insertion of airway catheter	1.30	0.90	0.12	2.32	000	N
31715	.....	A	Injection for bronchus x-ray	1.11	0.48	0.04	1.63	000	N
31717	.....	A	Bronchial brush biopsy	2.12	0.73	0.06	2.91	000	N
31720	.....	A	Clearance of airways	1.06	0.74	0.09	1.89	000	N
31725	.....	A	Clearance of airways	1.96	1.41	0.15	3.52	000	N
31730	.....	A	Intro windpipe wire/tube	2.85	2.47	0.23	5.55	000	N
31750	.....	A	Repair of windpipe	9.05	8.88	1.09	19.02	090	S
31755	.....	A	Repair of windpipe	14.69	13.30	1.44	29.43	090	S
31760	.....	A	Repair of windpipe	20.89	10.92	2.55	34.36	090	S
31766	.....	A	Reconstruction of windpipe	28.82	18.40	1.12	48.34	090	S
31770	.....	A	Repair/graft of bronchus	21.15	15.07	2.08	38.30	090	S
31775	.....	A	Reconstruct bronchus	22.15	16.37	1.92	40.44	090	S
31780	.....	A	Reconstruct windpipe	16.14	17.33	2.08	35.55	090	S
31781	.....	A	Reconstruct windpipe	22.22	16.86	1.96	41.04	090	S
31785	.....	A	Remove windpipe lesion	16.14	8.92	1.17	26.23	090	S
31786	.....	A	Remove windpipe lesion	22.54	13.30	2.24	38.08	090	S
31800	.....	A	Repair of windpipe injury	6.77	4.90	0.76	12.43	090	S
31805	.....	A	Repair of windpipe injury	12.59	9.82	1.41	23.82	090	S
31820	.....	A	Closure of windpipe lesion	4.10	3.58	0.46	8.14	090	S
31825	.....	A	Repair of windpipe defect	6.31	5.00	0.58	11.89	090	S
31830	.....	A	Revise windpipe scar	4.26	3.66	0.42	8.34	090	S
31899	.....	C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY	S
32000	.....	A	Drainage of chest	1.54	0.90	0.08	2.52	000	N
32002	.....	A	Treatment of collapsed lung	2.19	1.34	0.22	3.75	000	N
32005	.....	A	Treat lung lining chemically	2.19	1.09	0.15	3.43	000	S
32020	.....	A	Insertion of chest tube	3.98	2.63	0.43	7.04	000	S
32035	.....	A	Exploration of chest	6.55	6.76	1.25	14.56	090	S
32036	.....	A	Exploration of chest	7.56	7.13	1.32	16.01	090	S
32095	.....	A	Biopsy through chest wall	7.13	8.25	1.45	16.83	090	S
32100	.....	A	Exploration/biopsy of chest	10.07	11.24	2.10	23.41	090	S
32110	.....	A	Explore/repair chest	11.76	11.51	2.01	25.28	090	S
32120	.....	A	Re-exploration of chest	9.62	9.45	1.72	20.79	090	S
32124	.....	A	Explore chest, free adhesions	10.93	10.94	2.21	24.08	090	S
32140	.....	A	Removal of lung lesion(s)	12.14	12.37	2.42	26.93	090	S
32141	.....	A	Remove/treat lung lesions	12.14	13.42	2.53	28.09	090	S
32150	.....	A	Removal of lung lesion(s)	12.42	10.34	2.01	24.77	090	S
32151	.....	A	Remove lung foreign body	12.42	9.15	1.37	22.94	090	S
32160	.....	A	Open chest heart massage	7.13	*9.13	1.52	17.78	090	S
32200	.....	A	Drainage of lung lesion	13.10	6.89	0.93	20.92	090	S
32215	.....	A	Treat chest lining	10.07	7.62	1.28	18.97	090	S
32220	.....	A	Release of lung	17.62	15.81	3.01	36.44	090	S
32225	.....	A	Partial release of lung	12.10	11.84	2.28	26.22	090	S
32310	.....	A	Removal of chest lining	12.05	11.64	2.10	25.79	090	S
32315	.....	D	Partial removal chest lining	0.00	0.00	0.00	0.00	090	S
32320	.....	A	Free/remove chest lining	19.15	18.10	3.40	40.65	090	S
32400	.....	A	Needle biopsy chest lining	1.76	1.48	0.12	3.36	000	N
32402	.....	A	Open biopsy chest lining	6.55	7.58	1.34	15.47	090	S
32405	.....	A	Biopsy, lung or mediastinum	1.93	2.12	0.18	4.23	000	N
32420	.....	A	Puncture/clear lung	2.18	1.50	0.13	3.81	000	N
32440	.....	A	Removal of lung	19.15	18.56	3.55	41.26	090	S
32442	.....	A	Sleeve pneumonectomy	24.68	17.94	3.50	46.12	090	S
32445	.....	A	Removal of lung	23.37	20.46	3.88	47.71	090	S
32480	.....	A	Partial removal of lung	16.84	17 15	3.23	37.22	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
32482	.....	A	Bilobectomy	18.54	17.15	3.23	38.92	090	S
32484	.....	A	Segmentectomy	19.52	17.15	3.23	39.90	090	S
32485	.....	A	Partial removal of lung	21.53	21.46	3.93	46.92	090	S
32486	.....	A	Sleeve lobectomy	22.75	16.54	3.23	42.52	090	S
32488	.....	A	Completion pneumonectomy	24.41	17.74	3.46	45.61	090	S
32500	.....	A	Partial removal of lung	13.10	13.47	2.56	29.13	090	S
32520	.....	A	Remove lung & revise chest	19.42	20.67	3.93	44.02	090	S
32522	.....	A	Remove lung & revise chest	21.94	21.90	4.19	48.03	090	S
32525	.....	A	Remove lung & revise chest	24.33	23.50	4.61	52.44	090	S
32540	.....	A	Removal of lung lesion	13.31	11.67	2.05	27.03	090	S
32601	.....	A	Thoracoscopy, diagnostic	5.46	3.47	0.57	9.50	000	S
32602	.....	A	Thoracoscopy, diagnostic	5.96	3.87	0.64	10.47	000	S
32603	.....	A	Thoracoscopy, diagnostic	7.81	3.47	0.57	11.85	000	S
32604	.....	A	Thoracoscopy, diagnostic	8.78	3.87	0.64	13.29	000	S
32605	.....	A	Thoracoscopy, diagnostic	6.93	3.47	0.57	10.97	000	S
32606	.....	A	Thoracoscopy, diagnostic	8.40	3.87	0.64	12.91	000	S
32650	.....	A	Thoracoscopy, surgical	10.07	7.62	1.28	18.97	090	S
32651	.....	A	Thoracoscopy, surgical	12.10	11.84	2.28	26.22	090	S
32652	.....	A	Thoracoscopy, surgical	17.62	15.81	3.01	36.44	090	S
32653	.....	A	Thoracoscopy, surgical	12.42	10.34	2.01	24.77	090	S
32654	.....	A	Thoracoscopy, surgical	11.76	11.51	2.01	25.28	090	S
32655	.....	A	Thoracoscopy, surgical	12.42	13.42	2.53	28.37	090	S
32656	.....	A	Thoracoscopy, surgical	12.10	13.36	2.36	27.82	090	S
32657	.....	A	Thoracoscopy, surgical	13.10	13.47	2.56	29.13	090	S
32658	.....	A	Thoracoscopy, surgical	11.08	13.26	2.52	26.86	090	S
32659	.....	A	Thoracoscopy, surgical	10.91	*13.96	2.61	27.48	090	S
32660	.....	A	Thoracoscopy, surgical	16.62	19.93	3.56	40.11	090	S
32661	.....	A	Thoracoscopy, surgical	12.70	9.25	1.47	23.42	090	S
32662	.....	A	Thoracoscopy, surgical	15.76	14.55	2.74	33.05	090	S
32663	.....	A	Thoracoscopy, surgical	17.43	17.15	3.23	37.81	090	S
32664	.....	A	Thoracoscopy, surgical	13.65	10.55	2.04	26.24	090	S
32665	.....	A	Thoracoscopy, surgical	14.73	14.33	2.64	31.70	090	S
32800	.....	A	Repair lung hernia	12.10	8.28	1.58	21.96	090	S
32810	.....	A	Close chest after drainage	11.59	6.50	1.19	19.28	090	S
32815	.....	A	Close bronchial fistula	21.36	15.22	2.62	39.20	090	S
32820	.....	A	Reconstruct injured chest	19.78	19.01	3.24	42.03	090	S
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851	.....	A	Lung transplant, single	35.14	25.55	4.99	65.68	090	S
32852	.....	A	Lung transplant w/bypass	38.11	27.71	5.41	71.23	090	S
32853	.....	A	Lung transplant, double	43.93	31.94	6.24	82.11	090	S
32854	.....	A	Lung transplant w/bypass	46.90	34.10	6.67	87.67	090	S
32900	.....	A	Removal of rib(s)	18.14	8.47	1.63	28.24	090	S
32905	.....	A	Revise & repair chest wall	19.15	12.74	2.60	34.49	090	S
32906	.....	A	Revise & repair chest wall	25.17	15.42	2.92	43.51	090	S
32940	.....	A	Revision of lung	18.14	11.37	1.75	31.26	090	S
32960	.....	A	Therapeutic pneumothorax	1.84	0.93	0.13	2.90	000	N
32999	.....	C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
33010	.....	A	Drainage of heart sac	2.24	1.54	0.14	3.92	000	N
33011	.....	A	Repeat drainage of heart sac	2.24	1.11	0.12	3.47	000	N
33015	.....	A	Incision of heart sac	5.64	4.26	0.62	10.52	090	S
33020	.....	A	Incision of heart sac	11.08	13.26	2.52	26.86	090	S
33025	.....	A	Incision of heart sac	10.91	*13.96	2.61	27.48	090	S
33030	.....	A	Partial removal of heart sac	16.62	21.02	3.92	41.56	090	S
33031	.....	A	Partial removal of heart sac	19.64	13.25	2.50	35.39	090	S
33050	.....	A	Removal of heart sac lesion	12.70	9.25	1.47	23.42	090	S
33100	.....	D	Removal of heart sac	0.00	0.00	0.00	0.00	090	S
33120	.....	A	Removal of heart lesion	22.57	*28.89	5.17	56.63	090	S
33130	.....	A	Removal of heart lesion	19.53	13.50	2.22	35.25	090	S
33200	.....	A	Insertion of heart pacemaker	11.08	12.27	1.90	25.25	090	S
33201	.....	A	Insertion of heart pacemaker	8.93	11.19	1.67	21.79	090	S
33206	.....	A	Insertion of heart pacemaker	6.04	*7.73	1.34	15.11	090	S
33207	.....	A	Insertion of heart pacemaker	7.28	9.01	1.33	17.62	090	S
33208	.....	A	Insertion of heart pacemaker	7.28	*9.50	1.54	18.32	090	N
33210	.....	A	Insertion of heart electrode	3.30	3.30	0.27	6.87	000	N
33211	.....	A	Insertion of heart electrode	3.40	3.30	0.27	6.97	000	N
33212	.....	A	Insertion of pulse generator	5.21	5.38	0.88	11.47	090	S
33213	.....	A	Insertion of pulse generator	6.15	5.38	0.88	12.41	090	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
33214	.....	A	Upgrade of pacemaker system	7.43	5.40	1.06	13.89	090	N
33216	.....	A	Revision implanted electrode	5.07	5.02	0.55	10.64	090	N
33217	.....	A	Insert/revise electrode	5.43	5.02	0.55	11.00	090	N
33218	.....	A	Repair pacemaker electrodes	5.02	4.59	0.62	10.23	090	S
33220	.....	A	Repair pacemaker electrode	5.10	4.59	0.62	10.31	090	N
33222	.....	A	Pacemaker aicd pocket	4.59	5.70	1.01	11.30	090	S
33223	.....	A	Pacemaker aicd pocket	6.14	5.70	1.01	12.85	090	S
33233	.....	A	Removal of pacemaker system	2.97	2.64	0.05	5.66	090	N
33234	.....	A	Removal of pacemaker system	8.69	4.74	0.38	13.81	090	S
33235	.....	A	Removal pacemaker electrode	9.93	5.21	0.55	15.69	090	N
33236	.....	A	Remove electrode/thoracotomy	11.71	3.98	0.62	16.31	090	S
33237	.....	A	Remove electrode/thoracotomy	12.69	9.60	1.13	23.42	090	S
33238	.....	A	Remove electrode/thoracotomy	14.15	10.29	2.01	26.45	090	S
33240	.....	A	Insert/replace pulse gener	7.20	5.38	0.88	13.46	090	S
33241	.....	A	Remove pulse generator only	2.97	2.16	0.43	5.56	090	S
33242	.....	A	Repair pulse generator/leads	5.85	*7.50	1.54	14.89	090	S
33243	.....	A	Remove generator/thoracotomy	21.47	9.02	1.54	32.03	090	S
33244	.....	A	Remove generator	8.34	9.02	1.54	18.90	090	S
33245	.....	A	Implant heart defibrillator	12.57	*16.09	2.36	31.02	090	S
33246	.....	A	Implant heart defibrillator	19.28	20.79	3.19	43.26	090	S
33247	.....	A	Insert/replace leads	9.36	*13.24	2.36	25.06	090	N
33249	.....	A	Insert/replace leads/gener	12.83	*16.81	3.19	32.83	090	S
33250	.....	A	Ablate heart dysrhythm focus	19.54	11.56	0.86	31.96	090	S
33251	.....	A	Ablate heart dysrhythm focus	22.57	16.41	3.21	42.19	090	S
33260	.....	A	Ablate heart dysrhythm focus	16.19	11.77	2.29	30.25	090	S
33261	.....	A	Ablate heart dysrhythm focus	22.57	13.96	2.73	39.26	090	S
33300	.....	A	Repair of heart wound	16.19	14.36	2.60	33.15	090	S
33305	.....	A	Repair of heart wound	19.22	17.40	3.07	39.69	090	S
33310	.....	A	Exploratory heart surgery	17.12	11.28	1.93	30.33	090	S
33315	.....	A	Exploratory heart surgery	20.15	14.48	2.57	37.20	090	S
33320	.....	A	Repair major blood vessel(s)	15.39	14.14	2.51	32.04	090	S
33321	.....	A	Repair major vessel	18.74	21.75	3.61	44.10	090	S
33322	.....	A	Repair major blood vessel(s)	18.40	21.75	3.61	43.76	090	S
33330	.....	A	Insert major vessel graft	19.15	12.67	1.93	33.75	090	S
33332	.....	A	Insert major vessel graft	22.50	15.07	2.39	39.96	090	S
33335	.....	A	Insert major vessel graft	27.66	15.07	2.39	45.12	090	S
33350	.....	C	Repair major blood vessel(s)	0.00	0.00	0.00	0.00	090	S
33400	.....	A	Repair of aortic valve	23.16	26.21	2.83	52.20	090	S
33401	.....	A	Valvuloplasty, open	22.45	26.21	2.83	51.49	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.43	26.21	2.83	52.47	090	S
33404	.....	A	Prepare heart-aorta conduit	26.62	31.25	5.59	63.46	090	S
33405	.....	A	Replacement of aortic valve	28.47	30.48	5.33	64.28	090	S
33406	.....	A	Replacement, aortic valve	31.23	38.65	7.45	77.33	090	S
33411	.....	A	Replacement of aortic valve	30.37	38.65	7.45	76.47	090	S
33412	.....	A	Replacement of aortic valve	32.26	38.65	7.45	78.36	090	S
33413	.....	A	Replacement, aortic valve	34.17	41.09	7.23	82.49	090	S
33414	.....	A	Repair, aortic valve	29.28	38.65	7.45	75.38	090	S
33415	.....	A	Revision, subvalvular tissue	25.02	30.48	5.33	60.83	090	S
33416	.....	A	Revise ventricle muscle	28.20	28.14	4.99	61.33	090	S
33417	.....	A	Repair of aortic valve	27.34	34.71	6.18	68.23	090	S
33420	.....	A	Revision of mitral valve	20.69	19.82	2.45	42.96	090	S
33422	.....	A	Revision of mitral valve	23.72	*30.35	6.45	60.52	090	S
33425	.....	A	Repair of mitral valve	25.57	31.27	5.42	62.26	090	S
33426	.....	A	Repair of mitral valve	26.07	31.96	5.80	63.83	090	S
33427	.....	A	Repair of mitral valve	32.07	34.71	6.30	73.08	090	S
33430	.....	A	Replacement of mitral valve	29.42	34.85	6.11	70.38	090	S
33460	.....	A	Revision of tricuspid valve	21.60	26.07	4.73	52.40	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.16	32.67	5.95	62.78	090	S
33464	.....	A	Valvuloplasty, tricuspid	25.87	32.67	5.95	64.49	090	S
33465	.....	A	Replace tricuspid valve	26.57	32.67	5.95	65.19	090	S
33468	.....	A	Revision of tricuspid valve	28.20	34.71	6.30	69.21	090	S
33470	.....	A	Revision of pulmonary valve	19.52	19.82	2.45	41.79	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.13	26.21	2.83	50.17	090	S
33472	.....	A	Revision of pulmonary valve	20.91	*30.64	2.83	54.38	090	S
33474	.....	A	Revision of pulmonary valve	20.91	*30.64	2.83	54.38	090	S
33475	.....	A	Replacement, pulmonary valve	27.34	34.85	6.11	68.30	090	S
33476	.....	A	Revision of heart chamber	24.41	28.14	4.99	57.54	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
33478	.....	A	Revision of heart chamber	25.38	31.27	5.42	62.07	090	S
33500	.....	A	Repair heart vessel fistula	23.91	29.55	5.20	58.66	090	S
33501	.....	A	Repair heart vessel fistula	16.14	14.14	2.51	32.79	090	S
33502	.....	A	Coronary artery correction	19.80	14.14	2.51	36.45	090	S
33503	.....	A	Coronary artery graft	20.15	29.55	5.20	54.90	090	S
33504	.....	A	Coronary artery graft	23.16	29.55	5.20	57.91	090	S
33505	.....	A	Repair artery w/tunnel	25.38	34.24	6.03	65.65	090	S
33506	.....	A	Repair artery, translocation	25.38	34.24	6.03	65.65	090	S
33510	.....	A	CABG, vein, single	23.29	29.55	5.20	58.04	090	S
33511	.....	A	CABG, vein, two	25.57	32.44	5.71	63.72	090	S
33512	.....	A	CABG, vein, three	27.84	35.33	6.22	69.39	090	S
33513	.....	A	CABG, vein, four	30.12	38.21	6.73	75.06	090	S
33514	.....	A	CABG, vein, five	32.39	41.09	7.23	80.71	090	S
33516	.....	A	CABG, vein, six †	34.66	43.97	7.74	86.37	090	S
33517	.....	A	CABG, artery-vein, single	2.27	2.89	0.50	5.66	090	S
33518	.....	A	CABG, artery-vein, two	4.55	5.77	1.02	11.34	090	S
33519	.....	A	CABG, artery-vein, three	6.82	8.65	1.52	16.99	090	S
33521	.....	A	CABG, artery-vein, four	9.10	11.54	2.03	22.67	090	S
33522	.....	A	CABG, artery-vein, five	11.37	14.43	2.54	28.34	090	S
33523	.....	A	CABG, artery-vein, six †	13.65	17.32	3.05	34.02	090	S
33530	.....	A	Coronary artery, bypass/reop	5.86	*8.87	2.18	16.91	ZZZ	S
33533	.....	A	CABG, arterial, single	24.00	30.45	5.36	59.81	090	S
33534	.....	A	CABG, arterial, two	26.99	34.24	6.03	67.26	090	S
33535	.....	A	CABG, arterial, three	29.98	38.03	6.70	74.71	090	S
33536	.....	A	CABG, arterial, four †	32.96	41.82	7.37	82.15	090	S
33542	.....	A	Removal of heart lesion	26.57	30.73	5.53	62.83	090	S
33545	.....	A	Repair of heart damage	33.96	34.92	6.28	75.16	090	S
33570	.....	D	Revise coronary circulation	0.00	0.00	0.00	0.00	090	S
33572	.....	A	Open coronary endarterectomy	4.45	3.23	0.63	8.31	ZZZ	S
33575	.....	D	Revise coronary circulation	0.00	0.00	0.00	0.00	090	S
33600	.....	A	Closure of valve	28.31	34.85	6.11	69.27	090	S
33602	.....	A	Closure of valve	27.34	30.48	5.33	63.15	090	S
33606	.....	A	Anastomosis/artery-aorta	29.28	38.65	7.45	75.38	090	S
33608	.....	A	Repair anomaly w/conduit	30.02	38.65	7.45	76.12	090	S
33610	.....	A	Repair by enlargement	29.28	38.65	7.45	75.38	090	S
33611	.....	A	Repair double ventricle	31.23	38.65	7.45	77.33	090	S
33612	.....	A	Repair double ventricle	32.06	38.65	7.45	78.16	090	S
33615	.....	A	Repair (simple fontan)	30.50	38.65	7.45	76.60	090	S
33617	.....	A	Repair by modified fontan	32.21	38.65	7.45	78.31	090	S
33619	.....	A	Repair single ventricle	35.39	44.30	8.04	87.73	090	S
33641	.....	A	Repair heart septum defect	19.93	*25.51	4.87	50.31	090	S
33645	.....	A	Revision of heart veins	22.78	27.61	4.87	55.26	090	S
33647	.....	A	Repair heart septum defects	27.44	34.92	6.28	68.64	090	S
33660	.....	A	Repair of heart defects	24.41	31.27	5.42	61.10	090	S
33665	.....	A	Repair of heart defects	27.34	31.27	5.42	64.03	090	S
33670	.....	A	Repair of heart chambers	31.23	38.65	7.45	77.33	090	S
33681	.....	A	Repair heart septum defect	26.36	34.92	6.28	67.56	090	S
33684	.....	A	Repair heart septum defect	28.31	34.92	6.28	69.51	090	S
33688	.....	A	Repair heart septum defect	29.28	34.92	6.28	70.48	090	S
33690	.....	A	Reinforce pulmonary artery	18.31	22.10	4.29	44.70	090	S
33692	.....	A	Repair of heart defects	29.28	38.65	7.45	75.38	090	S
33694	.....	A	Repair of heart defects	30.26	38.65	7.45	76.36	090	S
33696	.....	A	Repair of heart defects	30.12	38.65	7.45	76.22	090	S
33697	.....	A	Repair of heart defects	32.21	38.65	7.45	78.31	090	S
33698	.....	A	Repair of heart defects	33.19	38.65	7.45	79.29	090	S
33702	.....	A	Repair of heart defects	25.38	30.48	5.33	61.19	090	S
33710	.....	A	Repair of heart defects	28.35	34.92	6.28	69.55	090	S
33720	.....	A	Repair of heart defect	25.38	30.48	5.33	61.19	090	S
33722	.....	A	Repair of heart defect	27.34	30.48	5.33	63.15	090	S
33730	.....	A	Repair heart-vein defect(s)	29.89	38.65	7.45	75.99	090	S
33732	.....	A	Repair heart-vein defect	27.09	31.27	5.42	63.78	090	S
33735	.....	A	Revision of heart chamber	19.97	25.69	4.87	50.53	090	S
33736	.....	A	Revision of heart chamber	22.45	25.69	4.87	53.01	090	S
33737	.....	A	Revision of heart chamber	20.50	25.69	4.87	51.06	090	S
33750	.....	A	Major vessel shunt	20.15	22.10	4.29	46.54	090	S
33755	.....	A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33762	.....	A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
33764		A	Major vessel shunt & graft	20.50	22.10	4.29	46.89	090	S
33766		A	Major vessel shunt	21.47	22.10	4.29	47.86	090	S
33767		A	Atrial septectomy/septostomy	23.43	25.69	4.87	53.99	090	S
33770		A	Repair great vessels defect	31.96	38.65	7.45	78.06	090	S
33771		A	Repair great vessels defect	33.19	38.65	7.45	79.29	090	S
33774		A	Repair great vessels defect	29.28	31.27	5.42	65.97	090	S
33775		A	Repair great vessels defect	30.50	31.27	5.42	67.19	090	S
33776		A	Repair great vessels defect	32.21	34.92	6.28	73.41	090	S
33777		A	Repair great vessels defect	31.73	31.27	5.42	68.42	090	S
33778		A	Repair great vessels defect	34.17	41.82	7.37	83.36	090	S
33779		A	Repair great vessels defect	34.41	41.82	7.37	83.60	090	S
33780		A	Repair great vessels defect	35.14	41.82	7.37	84.33	090	S
33781		A	Repair great vessels defect	34.65	41.82	7.37	83.84	090	S
33786		A	Repair arterial trunk	33.19	38.65	7.45	79.29	090	S
33788		A	Revision of pulmonary artery	25.38	29.55	5.20	60.13	090	S
33800		A	Aortic suspension	15.18	14.14	2.51	31.83	090	S
33802		A	Repair vessel defect	16.60	22.10	4.29	42.99	090	S
33803		A	Repair vessel defect	18.54	22.10	4.29	44.93	090	S
33813		A	Repair septal defect	19.52	22.10	4.29	45.91	090	S
33814		A	Repair septal defect	24.41	30.48	5.33	60.22	090	S
33820		A	Revise major vessel	15.62	22.10	4.29	42.01	090	S
33822		A	Revise major vessel	16.60	22.10	4.29	42.99	090	S
33824		A	Revise major vessel	18.54	22.10	4.29	44.93	090	S
33840		A	Remove aorta constriction	19.52	31.25	5.59	56.36	090	S
33845		A	Remove aorta constriction	20.99	31.25	5.59	57.83	090	S
33851		A	Remove aorta constriction	20.01	31.25	5.59	56.85	090	S
33852		A	Repair septal defect	22.45	31.25	5.59	59.29	090	S
33853		A	Repair septal defect	30.26	38.65	7.45	76.36	090	S
33860		A	Ascending aorta graft	31.23	34.71	6.18	72.12	090	S
33861		A	Ascending aorta graft	33.19	34.71	6.18	74.08	090	S
33863		A	Ascending aorta graft	35.14	34.71	6.18	76.03	090	S
33870		A	Transverse aortic arch graft	37.74	44.30	8.04	90.08	090	S
33875		A	Thoracic aorta graft	26.94	31.25	5.59	63.78	090	S
33877		A	Thoracoabdominal graft	40.29	44.11	8.38	92.78	090	S
33910		A	Remove lung artery emboli	21.86	14.65	2.77	39.28	090	S
33915		A	Remove lung artery emboli	18.84	12.02	2.22	33.08	090	S
33916		A	Surgery of great vessel	24.17	17.57	3.43	45.17	090	S
33917		A	Repair pulmonary artery	23.43	34.71	6.30	64.44	090	S
33918		A	Repair pulmonary atresia	25.38	29.55	5.20	60.13	090	S
33919		A	Repair pulmonary atresia	31.11	38.65	7.45	77.21	090	S
33920		A	Repair pulmonary atresia	30.75	38.65	7.45	76.85	090	S
33922		A	Transect pulmonary artery	22.45	26.21	2.83	51.49	090	S
33930		X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX	O
33935		R	Transplantation, heart/lung	56.87	64.80	11.05	132.72	090	S
33940		X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX	O
33945		R	Transplantation of heart	39.56	64.80	11.05	115.41	090	S
33960		A	External circulation assist	19.36	7.01	0.94	27.31	XXX	S
33961		A	External circulation assist	10.93	7.01	0.94	18.88	XXX	S
33970		A	Aortic circulation assist	8.05	7.54	1.00	16.59	000	S
33971		A	Aortic circulation assist	4.04	*5.16	0.91	10.11	090	S
33973		A	Insert balloon device	9.76	7.54	1.00	18.30	000	S
33974		A	Remove intra-aortic balloon	12.69	5.56	0.91	19.16	090	S
33975		A	Implant ventricular device	19.52	14.19	2.77	36.48	090	S
33976		A	Implant ventricular device	26.60	19.33	3.78	49.71	090	S
33977		A	Remove ventricular device	17.08	12.41	2.43	31.92	090	S
33978		A	Remove ventricular device	19.52	14.19	2.77	36.48	090	S
33999		C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY	S
34001		A	Removal of artery clot	11.69	9.58	1.87	23.14	090	S
34051		A	Removal of artery clot	13.62	8.81	1.59	24.02	090	S
34101		A	Removal of artery clot	8.73	8.34	1.71	18.78	090	S
34111		A	Removal of arm artery clot	7.18	7.59	1.59	16.36	090	S
34151		A	Removal of artery clot	15.23	11.96	2.39	29.58	090	S
34201		A	Removal of artery clot	8.04	8.90	1.78	18.72	090	S
34203		A	Removal of leg artery clot	11.06	8.63	1.72	21.41	090	S
34401		A	Removal of vein clot	11.64	8.07	1.39	21.10	090	S
34421		A	Removal of vein clot	8.89	7.45	1.51	17.85	090	S
34451		A	Removal of vein clot	13.13	10.69	2.14	25.96	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
34471	.....	A	Removal of vein clot	9.12	3.51	0.55	13.18	090	S
34490	.....	A	Removal of vein clot	6.51	7.27	1.54	15.32	090	S
34501	.....	A	Repair valve, femoral vein	9.71	7.35	0.86	17.92	090	S
34502	.....	A	Reconstruct, vena cava	25.65	18.65	3.64	47.94	090	S
34510	.....	A	Transposition of vein valve	11.75	8.89	1.04	21.68	090	S
34520	.....	A	Cross-over vein graft	12.33	9.33	1.09	22.75	090	S
34530	.....	A	Leg vein fusion	16.33	12.35	1.44	30.12	090	S
35001	.....	A	Repair defect of artery	18.14	15.90	3.18	37.22	090	S
35002	.....	A	Repair artery rupture, neck	19.43	12.64	2.41	34.48	090	S
35005	.....	A	Repair defect of artery	16.62	10.28	2.19	29.09	090	S
35011	.....	A	Repair defect of artery	10.43	*13.35	2.76	26.54	090	S
35013	.....	A	Repair artery rupture, arm	15.96	14.70	3.03	33.69	090	S
35021	.....	A	Repair defect of artery	17.62	18.13	3.06	38.81	090	S
35022	.....	A	Repair artery rupture, chest	21.15	14.78	2.80	38.73	090	S
35045	.....	A	Repair defect of arm artery	9.98	12.35	2.50	24.83	090	S
35081	.....	A	Repair defect of artery	22.15	21.45	4.18	47.78	090	S
35082	.....	A	Repair artery rupture, aorta	28.82	22.91	4.59	56.32	090	S
35091	.....	A	Repair defect of artery	28.10	22.67	4.25	55.02	090	S
35092	.....	A	Repair artery rupture, aorta	36.06	26.27	5.21	67.54	090	S
35102	.....	A	Repair defect of artery	23.44	22.15	4.32	49.91	090	S
35103	.....	A	Repair artery rupture, groin	31.31	26.16	5.21	62.68	090	S
35111	.....	A	Repair defect of artery	15.12	17.60	3.70	36.42	090	S
35112	.....	A	Repair artery rupture, spleen	17.38	10.45	2.22	30.05	090	S
35121	.....	A	Repair defect of artery	24.68	19.12	3.66	47.46	090	S
35122	.....	A	Repair artery rupture, belly	32.08	17.92	3.96	53.96	090	S
35131	.....	A	Repair defect of artery	17.00	15.88	3.15	36.03	090	S
35132	.....	A	Repair artery rupture, groin	20.40	18.68	3.58	42.66	090	S
35141	.....	A	Repair defect of artery	13.28	14.70	2.88	30.86	090	S
35142	.....	A	Repair artery rupture, thigh	14.62	16.10	3.24	33.96	090	S
35151	.....	A	Repair defect of artery	15.76	15.36	2.94	34.06	090	S
35152	.....	A	Repair artery rupture, knee	15.46	9.27	1.95	26.68	090	S
35161	.....	A	Repair defect of artery	17.45	15.88	3.15	36.48	090	S
35162	.....	A	Repair artery rupture	18.45	18.68	3.58	40.71	090	S
35180	.....	A	Repair blood vessel lesion	12.16	7.37	1.48	21.01	090	S
35182	.....	A	Repair blood vessel lesion	16.12	10.65	1.61	28.38	090	S
35184	.....	A	Repair blood vessel lesion	10.79	9.73	1.96	22.48	090	S
35188	.....	A	Repair blood vessel lesion	13.10	8.11	1.59	22.80	090	S
35189	.....	A	Repair blood vessel lesion	17.12	11.33	2.21	30.66	090	S
35190	.....	A	Repair blood vessel lesion	11.79	10.34	2.14	24.27	090	S
35201	.....	A	Repair blood vessel lesion	8.90	10.07	1.94	20.91	090	S
35206	.....	A	Repair blood vessel lesion	8.49	10.15	2.03	20.67	090	S
35207	.....	A	Repair blood vessel lesion	9.06	10.80	1.93	21.79	090	S
35211	.....	A	Repair blood vessel lesion	20.15	13.38	2.59	36.12	090	S
35216	.....	A	Repair blood vessel lesion	17.12	10.68	2.08	29.88	090	S
35221	.....	A	Repair blood vessel lesion	15.11	11.09	2.20	28.40	090	S
35226	.....	A	Repair blood vessel lesion	8.17	10.28	1.95	20.40	090	S
35231	.....	A	Repair blood vessel lesion	10.76	*13.78	2.91	27.45	090	S
35236	.....	A	Repair blood vessel lesion	9.39	*12.02	2.56	23.97	090	S
35241	.....	A	Repair blood vessel lesion	21.15	13.49	2.60	37.24	090	S
35246	.....	A	Repair blood vessel lesion	18.14	16.95	2.15	37.24	090	S
35251	.....	A	Repair blood vessel lesion	16.12	9.59	1.88	27.59	090	S
35256	.....	A	Repair blood vessel lesion	10.14	12.40	2.39	24.93	090	S
35261	.....	A	Repair blood vessel lesion	10.39	13.16	2.66	26.21	090	S
35266	.....	A	Repair blood vessel lesion	9.06	*11.59	2.41	23.06	090	S
35271	.....	A	Repair blood vessel lesion	20.15	12.53	2.56	35.24	090	S
35276	.....	A	Repair blood vessel lesion	17.12	10.85	2.26	30.23	090	S
35281	.....	A	Repair blood vessel lesion	15.11	17.28	3.37	35.76	090	S
35286	.....	A	Repair blood vessel lesion	10.78	11.71	2.33	24.82	090	S
35301	.....	A	Rechanneling of artery	15.95	14.46	2.81	33.22	090	S
35311	.....	A	Rechanneling of artery	22.61	22.06	4.61	49.28	090	S
35321	.....	A	Rechanneling of artery	11.08	12.96	2.69	26.73	090	S
35331	.....	A	Rechanneling of artery	22.15	13.34	2.66	38.15	090	S
35341	.....	A	Rechanneling of artery	23.67	17.37	3.53	44.57	090	S
35351	.....	A	Rechanneling of artery	19.15	14.95	2.97	37.07	090	S
35355	.....	A	Rechanneling of artery	15.11	15.42	2.99	33.52	090	S
35361	.....	A	Rechanneling of artery	22.15	19.37	3.88	45.40	090	S
35363	.....	A	Rechanneling of artery	23.16	22.77	4.40	50.33	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
35371	.....	A	Rechanneling of artery	10.49	12.51	2.50	25.50	090	S
35372	.....	A	Rechanneling of artery	12.28	11.20	2.28	25.76	090	S
35381	.....	A	Rechanneling of artery	14.50	13.67	2.71	30.88	090	S
35390	.....	A	Reoperation, carotid	3.19	1.67	0.39	5.25	ZZZ	S
35450	.....	A	Repair arterial blockage	10.07	*12.89	1.38	24.34	000	N
35452	.....	A	Repair arterial blockage	6.91	4.35	0.61	11.87	000	S
35454	.....	A	Repair arterial blockage	6.04	*7.73	1.53	15.30	000	S
35456	.....	A	Repair arterial blockage	7.35	*9.41	1.69	18.45	000	S
35458	.....	A	Repair arterial blockage	9.49	10.13	1.83	21.45	000	S
35459	.....	A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	S
35460	.....	A	Repair venous blockage	6.04	3.16	0.74	9.94	000	S
35470	.....	A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	N
35471	.....	A	Repair arterial blockage	10.07	*12.89	1.38	24.34	000	N
35472	.....	A	Repair arterial blockage	6.91	3.61	0.85	11.37	000	N
35473	.....	A	Repair arterial blockage	6.04	*7.73	1.53	15.30	000	N
35474	.....	A	Repair arterial blockage	7.36	*9.42	1.69	18.47	000	N
35475	.....	R	Repair arterial blockage	9.49	10.13	1.83	21.45	000	N
35476	.....	A	Repair venous blockage	6.04	3.16	0.74	9.94	000	N
35480	.....	A	Atherectomy, open	11.08	13.43	1.38	25.89	000	S
35481	.....	A	Atherectomy, open	7.61	4.35	0.61	12.57	000	S
35482	.....	A	Atherectomy, open	6.65	*8.51	1.53	16.69	000	S
35483	.....	A	Atherectomy, open	8.10	*10.36	1.69	20.15	000	S
35484	.....	A	Atherectomy, open	10.44	10.13	1.83	22.40	000	S
35485	.....	A	Atherectomy, open	9.49	4.52	1.06	15.07	000	S
35490	.....	A	Atherectomy, percutaneous	11.08	13.43	1.38	25.89	000	N
35491	.....	A	Atherectomy, percutaneous	7.61	4.35	0.61	12.57	000	N
35492	.....	A	Atherectomy, percutaneous	6.65	*8.51	1.53	16.69	000	N
35493	.....	A	Atherectomy, percutaneous	8.10	*10.36	1.69	20.15	000	N
35494	.....	A	Atherectomy, percutaneous	10.44	10.13	1.83	22.40	000	N
35495	.....	A	Atherectomy, percutaneous	9.49	4.52	1.06	15.07	000	N
35501	.....	A	Artery bypass graft	18.23	19.35	3.49	41.07	090	S
35506	.....	A	Artery bypass graft	18.23	19.17	3.64	41.04	090	S
35507	.....	A	Artery bypass graft	18.23	17.92	3.61	39.76	090	S
35508	.....	A	Artery bypass graft	17.21	18.11	3.43	38.75	090	S
35509	.....	A	Artery bypass graft	16.70	18.90	3.92	39.52	090	S
35511	.....	A	Artery bypass graft	15.39	10.40	1.92	27.71	090	S
35515	.....	A	Artery bypass graft	17.21	11.25	2.01	30.47	090	S
35516	.....	A	Artery bypass graft	14.88	17.37	3.54	35.79	090	S
35518	.....	A	Artery bypass graft	14.05	17.47	3.38	34.90	090	S
35521	.....	A	Artery bypass graft	14.80	17.53	3.34	35.67	090	S
35526	.....	A	Artery bypass graft	18.63	12.95	2.44	34.02	090	S
35531	.....	A	Artery bypass graft	24.17	20.25	3.90	48.32	090	S
35533	.....	A	Artery bypass graft	19.15	21.04	4.43	44.62	090	S
35536	.....	A	Artery bypass graft	21.65	21.37	4.17	47.19	090	S
35541	.....	A	Artery bypass graft	24.17	19.55	3.65	47.37	090	S
35546	.....	A	Artery bypass graft	24.17	21.39	4.26	49.82	090	S
35548	.....	A	Artery bypass graft	20.13	19.55	3.65	43.33	090	S
35549	.....	A	Artery bypass graft	21.91	21.39	4.26	47.56	090	S
35551	.....	A	Artery bypass graft	25.17	19.25	3.87	48.29	090	S
35556	.....	A	Artery bypass graft	15.47	18.71	3.71	37.89	090	S
35558	.....	A	Artery bypass graft	12.82	*16.41	3.23	32.46	090	S
35560	.....	A	Artery bypass graft	22.12	20.22	3.93	46.27	090	S
35563	.....	A	Artery bypass graft	13.83	8.32	1.70	23.85	090	S
35565	.....	A	Artery bypass graft	13.83	*17.69	3.51	35.03	090	S
35566	.....	A	Artery bypass graft	20.21	20.62	4.08	44.91	090	S
35571	.....	A	Artery bypass graft	16.66	19.36	3.87	39.89	090	S
35582	.....	A	Vein bypass graft	25.69	23.74	4.89	54.32	090	S
35583	.....	A	Vein bypass graft	15.97	*20.44	4.13	40.54	090	S
35585	.....	A	Vein bypass graft	19.05	22.95	4.63	46.63	090	S
35587	.....	A	Vein bypass graft	17.07	21.51	4.13	42.71	090	S
35601	.....	A	Artery bypass graft	16.19	18.83	3.33	38.35	090	S
35606	.....	A	Artery bypass graft	17.40	17.55	3.51	38.46	090	S
35612	.....	A	Artery bypass graft	14.39	16.75	3.30	34.44	090	S
35616	.....	A	Artery bypass graft	14.39	16.79	3.42	34.60	090	S
35621	.....	A	Artery bypass graft	13.23	*16.94	3.80	33.97	090	S
35623	.....	A	Bypass graft, not vein	15.42	8.06	1.88	25.36	090	S
35626	.....	A	Artery bypass graft	22.26	20.51	4.08	46.85	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
35631	.....	A	Artery bypass graft	23.16	17.87	3.57	44.60	090	S
35636	.....	A	Artery bypass graft	21.15	13.50	2.45	37.10	090	S
35641	.....	A	Artery bypass graft	22.67	20.56	4.08	47:31	090	S
35642	.....	A	Artery bypass graft	16.70	10.33	2.20	29.23	090	S
35645	.....	A	Artery bypass graft	16.19	11.15	2.05	29.39	090	S
35646	.....	A	Artery bypass graft	24.00	23.78	4.73	52.51	090	S
35650	.....	A	Artery bypass graft	13.05	*16.71	3.56	33.32	090	S
35651	.....	A	Artery bypass graft	23.67	24.09	4.69	52.45	090	S
35654	.....	A	Artery bypass graft	17.62	22.10	4.42	44.14	090	S
35656	.....	A	Artery bypass graft	13.86	*17.73	3.60	35.19	090	S
35661	.....	A	Artery bypass graft	11.81	*15.11	3.30	30.22	090	S
35663	.....	A	Artery bypass graft	12.82	*16.41	3.80	33.03	090	S
35665	.....	A	Artery bypass graft	14.05	17.79	3.57	35.41	090	S
35666	.....	A	Artery bypass graft	15.97	20.06	4.00	40.03	090	S
35671	.....	A	Artery bypass graft	12.18	*16.61	4.08	32.87	090	S
35681	.....	A	Artery bypass graft	8.05	*12.79	3.52	24.36	ZZZ	S
35691	.....	A	Arterial transposition	16.70	19.62	3.81	40.13	090	S
35693	.....	A	Arterial transposition	14.01	9.40	1.91	25.32	090	S
35694	.....	A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35695	.....	A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35700	.....	A	Reoperation, bypass graft	3.08	1.61	0.38	5.07	ZZZ	S
35701	.....	A	Exploration, carotid artery	4.54	*5.82	1.25	11.61	090	S
35721	.....	A	Exploration, femoral artery	4.54	5.56	1.11	11.21	090	S
35741	.....	A	Exploration popliteal artery	4.54	5.73	1.15	11.42	090	S
35761	.....	A	Exploration of artery/vein	4.54	5.81	1.14	11.49	090	S
35800	.....	A	Explore neck vessels	6.04	5.28	0.97	12.29	090	S
35820	.....	A	Explore chest vessels	11.64	7.92	1.43	20.99	090	S
35840	.....	A	Explore abdominal vessels	8.63	7.23	1.44	17.30	090	S
35860	.....	A	Explore limb vessels	4.54	5.81	1.15	11.50	090	S
35870	.....	A	Repair vessel graft defect	20.35	10.64	2.47	33.46	090	S
35875	.....	A	Removal of clot in graft	9.07	8.21	1.65	18.93	090	S
35876	.....	A	Removal of clot in graft	12.91	8.21	1.65	22.77	090	S
35901	.....	A	Excision, graft, neck	7.25	7.18	1.46	15.89	090	S
35903	.....	A	Excision, graft, extremity	8.63	7.18	1.46	17.27	090	S
35905	.....	A	Excision, graft, thorax	16.89	7.18	1.46	25.53	090	S
35907	.....	A	Excision, graft, abdomen	17.68	7.18	1.46	26.32	090	S
36000	.....	A	Place needle in vein	0.18	*0.32	0.04	0.54	XXX	N
36005	.....	A	Injection, venography	0.95	0.47	0.04	1.46	000	N
36010	.....	A	Place catheter in vein	2.43	2.11	0.31	4.85	XXX	N
36011	.....	A	Place catheter in vein	3.14	1.90	0.22	5.26	XXX	N
36012	.....	A	Place catheter in vein	3.52	2.67	0.32	6.51	XXX	N
36013	.....	A	Place catheter in artery	2.52	2.11	0.31	4.94	XXX	N
36014	.....	A	Place catheter in artery	3.02	2.28	0.27	5.57	XXX	N
36015	.....	A	Place catheter in artery	3.52	2.67	0.32	6.51	XXX	N
36100	.....	A	Establish access to artery	3.02	2.59	0.32	5.93	XXX	N
36120	.....	A	Establish access to artery	2.01	2.32	0.30	4.63	XXX	N
36140	.....	A	Establish access to artery	2.01	1.41	0.24	3.66	XXX	N
36145	.....	A	Artery to vein shunt	2.01	*2.65	0.49	5.15	XXX	N
36160	.....	A	Establish access to aorta	2.52	2.32	0.35	5.19	XXX	S
36200	.....	A	Place catheter in aorta	3.02	2.73	0.28	6.03	XXX	N
36215	.....	A	Place catheter in artery	4.47	2.78	0.23	7.48	XXX	N
36216	.....	A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36217	.....	A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36218	.....	A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36245	.....	A	Place catheter in artery	5.07	3.15	0.26	8.48	XXX	N
36246	.....	A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36247	.....	A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36248	.....	A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36260	.....	A	Insertion of infusion pump	9.27	6.74	1.41	17.42	090	S
36261	.....	A	Revision of infusion pump	5.04	2.23	0.42	7.69	090	S
36262	.....	A	Removal of infusion pump	3.70	1.93	0.40	6.03	090	S
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY	N
36400	.....	A	Drawing blood	0.18	0.09	0.01	0.28	XXX	N
36405	.....	A	Drawing blood	0.18	0.45	0.03	0.66	XXX	N
36406	.....	A	Drawing blood	0.18	0.16	0.01	0.35	XXX	S
36410	.....	A	Drawing blood	0.18	0.22	0.02	0.42	XXX	N
36415	.....	G	Drawing blood	0.00	0.00	0.00	0.00	XXX	O

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
36420		A	Establish access to vein	1.01	0.51	0.05	1.57	XXX	N
36425		A	Establish access to vein	0.76	0.08	0.01	0.85	XXX	N
36430		A	Blood transfusion service	0.00	0.96	0.07	1.03	XXX	N
36440		A	Blood transfusion service	1.03	0.94	0.07	2.04	XXX	S
36450		A	Exchange transfusion service	2.23	1.88	0.18	4.29	XXX	N
36455		A	Exchange transfusion service	2.43	2.27	0.22	4.92	XXX	N
36460		A	Transfusion service, fetal	6.59	4.71	1.09	12.39	XXX	N
36468		R	Injection(s);spider veins	0.00	0.00	0.00	0.00	XXX	S
36469		R	Injection(s);spider veins	0.00	0.00	0.00	0.00	XXX	S
36470		A	Injection therapy of vein	1.02	0.27	0.04	1.33	010	S
36471		A	Injection therapy of veins	1.49	0.39	0.05	1.93	010	S
36481		A	Insertion of catheter, vein	6.99	5.30	0.61	12.90	000	S
36488		A	Insertion of catheter, vein	1.35	0.97	0.14	2.46	000	N
36489		A	Insertion of catheter, vein	1.22	1.12	0.17	2.51	000	N
36490		A	Insertion of catheter, vein	1.67	1.38	0.20	3.25	000	N
36491		A	Insertion of catheter, vein	1.43	1.71	0.32	3.46	000	N
36493		A	Repositioning of cvc	1.21	0.63	0.16	2.00	000	N
36500		A	Insertion of catheter, vein	3.52	0.08	0.01	3.61	000	N
36510		A	Insertion of catheter, vein	1.09	0.34	0.02	1.45	000	N
36520		A	Plasma and/or cell exchange	1.74	1.92	0.12	3.78	000	N
36522		A	Photopheresis	1.67	*3.31	0.37	5.35	ZZZ	S
36530		R	Insertion of infusion pump	4.83	4.82	1.02	10.67	010	S
36531		R	Revision of infusion pump	4.80	4.37	0.27	9.44	010	S
36532		R	Removal of infusion pump	3.23	1.77	0.37	5.37	010	S
36533		A	Insertion of access port	3.82	4.29	0.85	8.96	010	S
36534		A	Revision of access port	3.79	3.46	0.21	7.46	010	S
36535		A	Removal of access port	2.22	1.81	0.38	4.41	010	S
36600		A	Withdrawal of arterial blood	0.32	0.28	0.02	0.62	XXX	N
36620		A	Insertion catheter, artery	1.15	0.66	0.14	1.95	000	N
36625		A	Insertion catheter, artery	2.11	0.86	0.18	3.15	000	N
36640		A	Insertion catheter, artery	2.10	2.32	0.40	4.82	000	N
36660		A	Insertion catheter, artery	1.40	0.49	0.04	1.93	000	N
36680		A	Insert needle, bone cavity	1.20	1.24	0.10	2.54	000	N
36800		A	Insertion of cannula	2.43	2.22	0.28	4.93	000	N
36810		A	Insertion of cannula	3.97	4.85	0.74	9.56	000	S
36815		A	Insertion of cannula	2.62	*3.35	0.70	6.67	000	S
36821		A	Artery-vein fusion	8.39	7.24	1.46	17.09	090	S
36822		A	Insertion of cannula(s)	5.03	5.60	0.77	11.40	090	S
36825		A	Artery-vein graft	9.36	11.20	2.21	22.77	090	S
36830		A	Artery-vein graft	7.78	*9.96	2.36	20.10	090	S
36832		A	Revise artery-vein fistula	5.84	*8.47	2.38	16.69	090	S
36834		A	Repair A-V aneurysm	9.32	7.80	1.66	18.78	090	S
36835		A	Artery to vein shunt	6.54	3.42	0.79	10.75	090	S
36840		D	Insert mandril	0.00	0.00	0.00	0.00	090	S
36845		D	Fusion with mandril	0.00	0.00	0.00	0.00	090	S
36860		A	Cannula declotting	2.01	2.57	0.43	5.01	000	N
36861		A	Cannula declotting	2.52	*3.71	1.01	7.24	000	S
37140		A	Revision of circulation	22.15	16.29	3.34	41.78	090	S
37145		A	Revision of circulation	23.16	17.13	1.72	42.01	090	S
37160		A	Revision of circulation	20.15	17.74	3.79	41.68	090	S
37180		A	Revision of circulation	23.16	14.19	2.76	40.11	090	S
37181		A	Splice spleen/kidney veins	25.17	16.41	3.52	45.10	090	S
37190		D	Repair of circulation defect	0.00	0.00	0.00	0.00	090	S
37200		A	Transcatheter biopsy	4.56	1.59	0.13	6.28	000	N
37201		A	Transcatheter therapy infuse	7.25	5.50	0.64	13.39	000	N
37202		A	Transcatheter therapy infuse	5.68	4.30	0.50	10.48	000	N
37203		A	Transcatheter retrieval	5.03	3.82	0.45	9.30	000	N
37204		A	Transcatheter occlusion	18.14	13.76	1.60	33.50	000	N
37205		A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37206		A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37207		A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37208		A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37209		A	Exchange arterial catheter	1.48	0.92	0.08	2.48	000	N
37565		A	Ligation of neck vein	3.90	3.79	0.74	8.43	090	S
37600		A	Ligation of neck artery	3.90	*5.10	0.80	9.80	090	S
37605		A	Ligation of neck artery	4.63	5.56	1.04	11.23	090	S
37606		A	Ligation of neck artery	4.63	*5.92	0.72	11.27	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
37607	.....	A	Ligation of fistula	5.84	3.06	0.71	9.61	090	S
37609	.....	A	Temporal artery procedure	2.27	2.22	0.38	4.87	010	S
37615	.....	A	Ligation of neck artery	4.39	*5.64	1.11	11.14	090	S
37616	.....	A	Ligation of chest artery	14.69	4.21	0.83	19.73	090	S
37617	.....	A	Ligation of abdomen artery	14.19	8.00	1.54	23.73	090	S
37618	.....	A	Ligation of extremity artery	3.90	*4.98	1.06	9.94	090	S
37620	.....	A	Revision of major vein	9.24	8.81	1.48	19.53	090	S
37650	.....	A	Revision of major vein	4.39	4.02	0.52	8.93	090	S
37660	.....	A	Revision of major vein	9.65	5.75	1.07	16.47	090	S
37700	.....	A	Revise leg vein	3.52	3.64	0.73	7.89	090	S
37720	.....	A	Removal of leg vein	5.22	5.11	1.04	11.37	090	S
37730	.....	A	Removal of leg veins	6.63	6.95	1.40	14.98	090	S
37735	.....	A	Removal of leg veins/lesion	9.90	8.34	1.68	19.92	090	S
37760	.....	A	Revision of leg veins	9.90	7.48	1.52	18.90	090	S
37780	.....	A	Revision of leg vein	3.52	1.89	0.35	5.76	090	S
37785	.....	A	Revise secondary varicosity	3.56	0.98	0.18	4.72	090	S
37788	.....	A	Revascularization, penis	21.33	15.14	1.48	37.95	090	S
37790	.....	A	Penile venous occlusion	8.02	5.70	0.55	14.27	090	S
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY	S
38100	.....	A	Removal of spleen, total	11.99	8.55	1.81	22.35	090	S
38101	.....	A	Removal of spleen, partial	12.59	6.99	1.51	21.09	090	S
38102	.....	A	Removal of spleen, total	4.80	2.51	0.58	7.89	ZZZ	S
38115	.....	A	Repair of ruptured spleen	12.59	7.64	1.49	21.72	090	S
38200	.....	A	Injection for spleen x-ray	2.64	1.71	0.15	4.50	000	S
38230	.....	A	Bone marrow collection	3.16	2.78	0.21	6.15	010	N
38240	.....	A	Bone marrow transplantation	2.24	2.08	0.14	4.46	XXX	N
38241	.....	A	Bone marrow transplantation	2.24	2.04	0.13	4.41	XXX	N
38300	.....	A	Drainage lymph node lesion	1.48	0.58	0.10	2.16	010	S
38305	.....	A	Drainage lymph node lesion	4.24	1.96	0.36	6.56	090	S
38308	.....	A	Incision of lymph channels	4.55	3.37	0.45	8.37	090	S
38380	.....	A	Thoracic duct procedure	6.53	4.44	0.76	11.73	090	S
38381	.....	A	Thoracic duct procedure	12.10	7.56	1.50	21.16	090	S
38382	.....	A	Thoracic duct procedure	9.24	4.84	1.13	15.21	090	S
38500	.....	A	Biopsy/removal, lymph node(s)	2.83	1.59	0.31	4.73	010	S
38505	.....	A	Needle biopsy, lymph node(s)	1.14	1.12	0.17	2.43	000	S
38510	.....	A	Biopsy/removal, lymph node(s)	3.90	2.54	0.45	6.89	090	S
38520	.....	A	Biopsy/removal, lymph node(s)	4.86	2.99	0.56	8.41	090	S
38525	.....	A	Biopsy/removal, lymph node(s)	4.37	2.59	0.53	7.49	090	S
38530	.....	A	Biopsy/removal, lymph node(s)	5.82	3.17	0.65	9.64	090	S
38542	.....	A	Explore deep node(s), neck	5.41	4.26	0.59	10.26	090	S
38550	.....	A	Removal neck/armpit lesion	6.42	3.23	0.63	10.28	090	S
38555	.....	A	Removal neck/armpit lesion	13.05	7.27	1.38	21.70	090	S
38562	.....	A	Removal, pelvic lymph nodes	9.65	6.88	1.20	17.73	090	S
38564	.....	A	Removal, abdomen lymph nodes	10.00	7.39	1.51	18.90	090	S
38700	.....	A	Removal of lymph nodes, neck	7.56	9.64	1.31	18.51	090	S
38720	.....	A	Removal of lymph nodes, neck	12.29	*15.73	2.04	30.06	090	S
38724	.....	A	Removal of lymph nodes, neck	13.22	14.36	2.00	29.58	090	S
38740	.....	A	Remove armpit lymph nodes	6.28	4.72	1.00	12.00	090	S
38745	.....	A	Remove armpits lymph nodes	8.08	8.28	1.76	18.12	090	S
38746	.....	A	Remove thoracic lymph nodes	4.39	2.29	0.53	7.21	ZZZ	S
38747	.....	A	Remove abdominal lymph nodes	4.89	2.56	0.59	8.04	ZZZ	S
38760	.....	A	Remove groin lymph nodes	8.19	6.63	1.35	16.17	090	S
38765	.....	A	Remove groin lymph nodes	14.98	12.67	2.42	30.07	090	S
38770	.....	A	Remove pelvis lymph nodes	12.10	15.40	1.73	29.23	090	S
38780	.....	A	Remove abdomen lymph nodes	15.17	16.06	3.13	34.36	090	S
38790	.....	A	Injection for lymphatic xray	1.29	*1.82	0.19	3.30	000	N
38794	.....	A	Access thoracic lymph duct	4.05	2.84	0.38	7.27	090	S
38999	.....	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY	S
39000	.....	A	Exploration of chest	5.03	6.05	1.08	12.16	090	S
39010	.....	A	Exploration of chest	10.78	11.46	2.08	24.32	090	S
39020	.....	D	Exploration of chest	0.00	0.00	0.00	0.00	090	S
39200	.....	A	Removal chest lesion	12.40	11.58	2.14	26.12	090	S
39220	.....	A	Removal chest lesion	16.16	14.94	2.83	33.93	090	S
39400	.....	A	Visualization of chest	5.11	5.12	0.95	11.18	010	S
39499	.....	C	Chest procedure	0.00	0.00	0.00	0.00	YYY	S
39501	.....	A	Repair diaphragm laceration	12.10	10.66	2.10	24.86	090	S
39502	.....	A	Repair paraesophageal hernia	15.18	11.93	2.45	29.56	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
39503	.....	A	Repair of diaphragm hernia	33.22	25.18	2.94	61.34	090	S
39520	.....	A	Repair of diaphragm hernia	15.18	12.53	2.46	30.17	090	S
39530	.....	A	Repair of diaphragm hernia	14.22	14.06	2.71	30.99	090	S
39531	.....	A	Repair of diaphragm hernia	15.23	10.00	1.80	27.03	090	S
39540	.....	A	Repair of diaphragm hernia	12.10	11.98	2.51	26.59	090	S
39541	.....	A	Repair of diaphragm hernia	13.10	12.16	2.37	27.63	090	S
39545	.....	A	Revision of diaphragm	12.10	7.90	1.31	21.31	090	S
39547	.....	D	Revision of diaphragm	0.00	0.00	0.00	0.00	090	S
39599	.....	C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40490	.....	A	Biopsy of lip	1.22	0.74	0.07	2.03	000	S
40500	.....	A	Partial excision of lip	4.08	*5.51	0.94	10.53	090	S
40510	.....	A	Partial excision of lip	4.57	*5.84	0.83	11.24	090	S
40520	.....	A	Partial excision of lip	4.54	4.50	0.68	9.72	090	S
40525	.....	A	Reconstruct lip with flap	7.26	*9.30	1.43	17.99	090	S
40527	.....	A	Reconstruct lip with flap	8.71	*11.16	1.65	21.52	090	S
40530	.....	A	Partial removal of lip	5.14	5.10	0.74	10.98	090	S
40650	.....	A	Repair lip	3.49	*4.47	0.65	8.61	090	S
40652	.....	A	Repair lip	4.08	*5.23	0.79	10.10	090	S
40654	.....	A	Repair lip	5.13	*6.57	1.00	12.70	090	S
40700	.....	A	Repair cleft lip/nasal	12.04	8.46	1.28	21.78	090	S
40701	.....	A	Repair cleft lip/nasal	15.10	*19.33	1.62	36.05	090	S
40702	.....	A	Repair cleft lip/nasal	12.34	9.37	1.10	22.81	090	S
40720	.....	A	Repair cleft lip/nasal	12.91	9.59	1.79	24.29	090	S
40761	.....	A	Repair cleft lip/nasal	14.00	10.84	1.74	26.58	090	S
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40800	.....	A	Drainage of mouth lesion	1.12	0.74	0.07	1.93	010	S
40801	.....	A	Drainage of mouth lesion	2.48	1.70	0.16	4.34	010	S
40804	.....	A	Removal foreign body, mouth	1.19	0.58	0.06	1.83	010	S
40805	.....	A	Removal foreign body, mouth	2.64	2.50	0.30	5.44	010	S
40806	.....	A	Incision of lip fold	0.31	0.36	0.03	0.70	000	S
40808	.....	A	Biopsy of mouth lesion	0.91	0.76	0.08	1.75	010	S
40810	.....	A	Excision of mouth lesion	1.26	1.18	0.11	2.55	010	S
40812	.....	A	Excise/repair mouth lesion	2.26	1.50	0.14	3.90	010	S
40814	.....	A	Excise/repair mouth lesion	3.27	3.23	0.32	6.82	090	S
40816	.....	A	Excision of mouth lesion	3.52	3.22	0.33	7.07	090	S
40818	.....	A	Excise oral mucosa for graft	2.26	2.25	0.20	4.71	090	S
40819	.....	A	Excise lip or cheek fold	2.26	1.23	0.14	3.63	090	S
40820	.....	A	Treatment of mouth lesion	1.23	0.53	0.06	1.82	010	S
40830	.....	A	Repair mouth laceration	1.71	0.67	0.07	2.45	010	S
40831	.....	A	Repair mouth laceration	2.41	1.94	0.21	4.56	010	S
40840	.....	R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40842	.....	R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40843	.....	R	Reconstruction of mouth	11.63	8.80	1.03	21.46	090	S
40844	.....	R	Reconstruction of mouth	15.37	11.63	1.36	28.36	090	S
40845	.....	R	Reconstruction of mouth	17.94	23.99	1.93	43.86	090	S
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY	S
41000	.....	A	Drainage of mouth lesion	1.25	0.76	0.08	2.09	010	S
41005	.....	A	Drainage of mouth lesion	1.21	0.62	0.07	1.90	010	S
41006	.....	A	Drainage of mouth lesion	3.03	1.01	0.11	4.15	090	S
41007	.....	A	Drainage of mouth lesion	2.89	2.90	0.30	6.09	090	S
41008	.....	A	Drainage of mouth lesion	3.16	1.06	0.11	4.33	090	S
41009	.....	A	Drainage of mouth lesion	3.35	3.31	0.34	7.00	090	S
41010	.....	A	Incision of tongue fold	1.19	0.37	0.04	1.60	010	S
41015	.....	A	Drainage of mouth lesion	3.72	0.87	0.10	4.69	090	S
41016	.....	A	Drainage of mouth lesion	3.72	3.69	0.38	7.79	090	S
41017	.....	A	Drainage of mouth lesion	3.72	1.40	0.14	5.26	090	S
41018	.....	A	Drainage of mouth lesion	4.75	3.93	0.38	9.06	090	S
41100	.....	A	Biopsy of tongue	1.58	0.80	0.08	2.46	010	S
41105	.....	A	Biopsy of tongue	1.37	1.03	0.12	2.52	010	S
41108	.....	A	Biopsy of floor of mouth	1.00	0.85	0.09	1.94	010	S
41110	.....	A	Excision of tongue lesion	1.46	1.30	0.15	2.91	010	S
41112	.....	A	Excision of tongue lesion	2.63	2.39	0.23	5.25	090	S
41113	.....	A	Excision of tongue lesion	3.09	3.41	0.37	6.87	090	S
41114	.....	A	Excision of tongue lesion	7.88	6.39	0.73	15.00	090	S
41115	.....	A	Excision of tongue fold	1.69	1.78	0.17	3.64	010	S
41116	.....	A	Excision of mouth lesion	2.36	2.49	0.27	5.12	090	S
41120	.....	A	Partial removal of tongue	8.83	7.28	0.88	16.99	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
41130	.....	A	Partial removal of tongue	10.27	9.06	1.14	20.47	090	S
41135	.....	A	Tongue and neck surgery	14.29	*18.30	2.64	35.23	090	S
41140	.....	A	Removal of tongue	23.46	18.89	2.45	44.80	090	S
41145	.....	A	Tongue removal; neck surgery	27.58	22.79	2.95	53.32	090	S
41150	.....	A	Tongue, mouth, jaw surgery	19.36	18.96	2.46	40.78	090	S
41153	.....	A	Tongue, mouth, neck surgery	21.18	25.00	3.03	49.21	090	S
41155	.....	A	Tongue, jaw, & neck surgery	23.40	*29.95	3.75	57.10	090	S
41250	.....	A	Repair tongue laceration	1.86	1.07	0.11	3.04	010	S
41251	.....	A	Repair tongue laceration	2.22	2.07	0.21	4.50	010	S
41252	.....	A	Repair tongue laceration	2.92	2.35	0.26	5.53	010	S
41500	.....	A	Fixation of tongue	3.50	3.29	0.26	7.05	090	S
41510	.....	A	Tongue to lip surgery	3.32	2.53	0.45	6.30	090	S
41520	.....	A	Reconstruction, tongue fold	2.63	2.88	0.28	5.79	090	S
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY	S
41800	.....	A	Drainage of gum lesion	1.12	0.69	0.07	1.88	010	S
41805	.....	A	Removal foreign body, gum	1.19	0.84	0.08	2.11	010	S
41806	.....	A	Removal foreign body, jawbone	2.64	1.64	0.15	4.43	010	S
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	XXX	S
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	XXX	S
41822	.....	R	Excision of gum lesion	2.26	3.03	0.25	5.54	010	S
41823	.....	R	Excision of gum lesion	3.15	4.20	0.34	7.69	090	S
41825	.....	A	Excision of gum lesion	1.26	1.49	0.14	2.89	010	S
41826	.....	A	Excision of gum lesion	2.26	2.07	0.18	4.51	010	S
41827	.....	A	Excision of gum lesion	3.27	3.78	0.38	7.43	090	S
41828	.....	R	Excision of gum lesion	1.26	1.68	0.14	3.08	010	S
41830	.....	R	Removal of gum tissue	1.12	1.49	0.12	2.73	010	S
41850	.....	R	Treatment of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41870	.....	R	Gum graft	0.00	0.00	0.00	0.00	XXX	S
41872	.....	R	Repair gum	2.44	3.26	0.27	5.97	090	S
41874	.....	R	Repair tooth socket	2.94	3.93	0.32	7.19	090	S
41899	.....	C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42000	.....	A	Drainage mouth roof lesion	1.18	0.62	0.06	1.86	010	S
42100	.....	A	Biopsy roof of mouth	1.26	0.79	0.08	2.13	010	S
42104	.....	A	Excision lesion, mouth roof	1.59	1.62	0.17	3.38	010	S
42106	.....	A	Excision lesion, mouth roof	2.63	2.22	0.21	5.06	010	S
42107	.....	A	Excision lesion, mouth roof	4.20	4.91	0.50	9.61	090	S
42120	.....	A	Remove palate/lesion	5.39	*6.93	1.01	13.33	090	S
42140	.....	A	Excision of uvula	1.54	1.35	0.15	3.04	090	S
42145	.....	A	Repair, palate, pharynx/uvula	7.04	*10.33	1.45	18.82	090	S
42160	.....	A	Treatment mouth roof lesion	1.75	1.53	0.16	3.44	010	S
42180	.....	A	Repair palate	2.45	2.24	0.26	4.95	010	S
42182	.....	A	Repair palate	3.78	3.47	0.38	7.63	010	S
42200	.....	A	Reconstruct cleft palate	9.48	7.19	0.85	17.52	090	S
42205	.....	A	Reconstruct cleft palate	8.96	10.82	0.79	20.57	090	S
42210	.....	A	Reconstruct cleft palate	10.02	12.51	0.95	23.48	090	S
42215	.....	A	Reconstruct cleft palate	8.42	7.68	0.86	16.96	090	S
42220	.....	A	Reconstruct cleft palate	6.65	5.40	0.81	12.86	090	S
42225	.....	A	Reconstruct cleft palate	9.08	6.90	1.08	17.06	090	S
42226	.....	A	Lengthening of palate	9.42	7.89	0.86	18.17	090	S
42227	.....	A	Lengthening of palate	8.89	7.41	0.38	16.68	090	S
42235	.....	A	Repair palate	7.50	5.55	0.49	13.54	090	S
42260	.....	A	Repair nose to lip fistula	4.17	3.98	0.44	8.59	090	S
42280	.....	A	Preparation, palate mold	1.49	1.99	0.17	3.65	010	S
42281	.....	A	Insertion, palate prosthesis	1.77	1.47	0.15	3.39	010	S
42299	.....	C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY	S
42300	.....	A	Drainage of salivary gland	1.88	0.96	0.12	2.96	010	S
42305	.....	A	Drainage of salivary gland	5.59	2.18	0.27	8.04	090	S
42310	.....	A	Drainage of salivary gland	1.51	1.03	0.12	2.66	010	S
42320	.....	A	Drainage of salivary gland	2.30	1.83	0.22	4.35	010	S
42325	.....	A	Create salivary cyst drain	2.65	2.12	0.20	4.97	090	S
42326	.....	A	Create salivary cyst drain	3.65	4.34	0.33	8.32	090	S
42330	.....	A	Removal of salivary stone	2.16	1.10	0.12	3.38	010	S
42335	.....	A	Removal of salivary stone	3.21	2.47	0.27	5.95	090	S
42340	.....	A	Removal of salivary stone	4.47	4.25	0.45	9.17	090	S
42400	.....	A	Biopsy of salivary gland	0.78	0.79	0.10	1.67	000	S
42405	.....	A	Biopsy of salivary gland	3.24	1.54	0.19	4.97	010	S
42408	.....	A	Excision of salivary cyst	4.41	3.24	0.38	8.03	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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 [2]	Practice expense RVUs [3]	Mal-practice RVUs	Total	Global period	Update
42409	.....	A	Drainage of salivary cyst	2.71	2.81	0.30	5.82	090	S
42410	.....	A	Excise parotid gland/lesion	8.88	5.94	0.92	15.74	090	S
42415	.....	A	Excise parotid gland/lesion	16.12	12.68	1.68	30.48	090	S
42420	.....	A	Excise parotid gland/lesion	18.63	14.82	1.87	35.32	090	S
42425	.....	A	Excise parotid gland/lesion	12.36	11.10	1.43	24.89	090	S
42426	.....	A	Excise parotid gland/lesion	19.88	24.12	3.21	47.21	090	S
42440	.....	A	Excision submaxillary gland	6.61	7.98	0.99	15.58	090	S
42450	.....	A	Excision sublingual gland	4.38	3.42	0.35	8.15	090	S
42500	.....	A	Repair salivary duct	4.06	4.61	0.50	9.17	090	S
42505	.....	A	Repair salivary duct	5.92	7.34	0.86	14.12	090	S
42507	.....	A	Parotid duct diversion	5.96	4.65	0.67	11.28	090	S
42508	.....	A	Parotid duct diversion	8.64	7.61	0.94	17.19	090	S
42509	.....	A	Parotid duct diversion	11.08	7.31	1.23	19.62	090	S
42510	.....	A	Parotid duct diversion	7.71	7.65	0.84	16.20	090	S
42550	.....	A	Injection for salivary x-ray	1.25	0.44	0.04	1.73	000	N
42600	.....	A	Closure of salivary fistula	4.58	3.89	0.46	8.93	090	*S
42650	.....	A	Dilation of salivary duct	0.77	0.39	0.04	1.20	000	S
42660	.....	A	Dilation of salivary duct	1.13	0.50	0.06	1.69	000	S
42665	.....	A	Ligation of salivary duct	2.43	2.04	0.25	4.72	090	S
42699	.....	C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42700	.....	A	Drainage of tonsil abscess	1.57	0.85	0.10	2.52	010	S
42720	.....	A	Drainage of throat abscess	2.61	1.89	0.22	4.72	010	S
42725	.....	A	Drainage of throat abscess	7.60	4.45	0.53	12.58	090	S
42800	.....	A	Biopsy of throat	1.34	0.74	0.08	2.16	010	S
42802	.....	A	Biopsy of throat	1.49	1.02	0.12	2.63	010	S
42804	.....	A	Biopsy of upper nose/throat	1.19	1.09	0.13	2.41	010	S
42806	.....	A	Biopsy of upper nose/throat	1.53	1.40	0.16	3.09	010	S
42808	.....	A	Excise pharynx lesion	2.25	2.52	0.29	5.06	010	S
42809	.....	A	Remove pharynx foreign body	1.76	0.82	0.08	2.66	010	S
42810	.....	A	Excision of neck cyst	3.20	3.14	0.47	6.81	090	S
42815	.....	A	Excision of neck cyst	6.75	8.47	1.12	16.34	090	S
42820	.....	A	Remove tonsils and adenoids	3.59	3.15	0.32	7.06	090	S
42821	.....	A	Remove tonsils and adenoids	4.10	3.93	0.46	8.49	090	S
42825	.....	A	Removal of tonsils	3.21	2.64	0.33	6.18	090	S
42826	.....	A	Removal of tonsils	3.19	3.86	0.43	7.48	090	S
42830	.....	A	Removal of adenoids	2.49	1.86	0.27	4.62	090	S
42831	.....	A	Removal of adenoids	2.61	2.36	0.25	5.22	090	S
42835	.....	A	Removal of adenoids	2.22	1.86	0.10	4.18	090	S
42836	.....	A	Removal of adenoids	3.10	2.79	0.31	6.20	090	S
42842	.....	A	Extensive surgery of throat	8.13	6.69	0.73	15.55	090	S
42844	.....	A	Extensive surgery of throat	12.73	10.85	1.27	24.85	090	S
42845	.....	A	Extensive surgery of throat	21.88	18.62	2.22	42.72	090	S
42860	.....	A	Excision of tonsil tags	2.14	1.89	0.21	4.24	090	S
42870	.....	A	Excision of lingual tonsil	5.16	2.32	0.26	7.74	090	S
42880	.....	A	Excise nose/throat lesion	6.01	4.62	0.52	11.15	090	S
42890	.....	A	Partial removal of pharynx	11.67	8.99	1.03	21.69	090	S
42892	.....	A	Revision of pharyngeal walls	13.94	10.92	1.27	26.13	090	S
42894	.....	A	Revision of pharyngeal walls	20.68	16.06	1.83	38.57	090	S
42900	.....	A	Repair throat wound	4.98	4.26	0.48	9.72	010	S
42950	.....	A	Reconstruction of throat	7.70	9.86	1.10	18.66	090	S
42953	.....	A	Repair throat, esophagus	8.21	6.34	0.93	15.48	090	S
42955	.....	A	Surgical opening of throat	6.50	3.32	0.43	10.25	090	S
42960	.....	A	Control throat bleeding	2.28	1.08	0.12	3.48	010	S
42961	.....	A	Control throat bleeding	5.18	1.75	0.19	7.12	090	S
42962	.....	A	Control throat bleeding	6.64	5.98	0.68	13.30	090	S
42970	.....	A	Control nose/throat bleeding	4.78	1.03	0.10	5.91	090	N
42971	.....	A	Control nose/throat bleeding	5.56	2.90	0.34	8.80	090	S
42972	.....	A	Control nose/throat bleeding	6.55	4.55	0.73	11.83	090	S
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY	S
43000	.....	D	Incision of esophagus	0.00	0.00	0.00	0.00	090	S
43020	.....	A	Incision of esophagus	7.72	6.58	0.71	15.01	090	S
43030	.....	A	Throat muscle surgery	7.15	*9.15	1.21	17.51	090	S
43040	.....	D	Incision of esophagus	0.00	0.00	0.00	0.00	090	S
43045	.....	A	Incision of esophagus	18.83	12.45	2.36	33.64	090	S
43100	.....	A	Excision of esophagus lesion	8.47	6.19	0.95	15.61	090	S
43101	.....	A	Excision of esophagus lesion	15.11	9.48	1.88	26.47	090	S
43105	.....	D	Removal of upper esophagus	0.00	0.00	0.00	0.00	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
43106	.....	D	Removal of upper esophagus	0.00	0.00	0.00	0.00	090	S
43107	.....	A	Removal of esophagus	27.20	22.50	4.42	54.12	090	S
43108	.....	A	Removal of esophagus	32.64	25.27	4.77	62.68	090	S
43110	.....	D	Partial removal of esophagus	0.00	0.00	0.00	0.00	090	S
43111	.....	D	Partial removal of esophagus	0.00	0.00	0.00	0.00	090	S
43112	.....	A	Removal of esophagus	29.67	21.65	4.22	55.54	090	S
43113	.....	A	Removal of esophagus	33.63	25.27	4.77	63.67	090	S
43115	.....	D	Partial removal of esophagus	0.00	0.00	0.00	0.00	090	S
43116	.....	A	Partial removal of esophagus	29.67	25.27	4.77	59.71	090	S
43117	.....	A	Partial removal of esophagus	28.47	25.27	4.77	58.51	090	S
43118	.....	A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43119	.....	D	Removal of esophagus	0.00	0.00	0.00	0.00	090	S
43120	.....	D	Remove esophagus & stomach	0.00	0.00	0.00	0.00	090	S
43121	.....	A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43122	.....	A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43123	.....	A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43124	.....	A	Removal of esophagus	24.73	22.50	4.42	51.65	090	S
43130	.....	A	Removal of esophagus pouch	10.68	10.51	1.60	22.79	090	S
43135	.....	A	Removal of esophagus pouch	15.11	11.72	2.17	29.00	090	S
43200	.....	A	Esophagus endoscopy	1.59	*2.13	0.26	3.98	000	S
43202	.....	A	Esophagus endoscopy, biopsy	1.89	*2.57	0.31	4.77	000	N
43204	.....	A	Esophagus endoscopy & inject	3.77	*4.83	0.36	8.96	000	N
43205	.....	A	Escphagus endoscopy/ligation	3.79	2.70	0.18	6.67	000	N
43215	.....	A	Esophagus endoscopy	2.60	*3.47	0.46	6.53	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.40	*3.64	0.37	6.41	000	N
43217	.....	A	Esophagus endoscopy	2.90	*3.64	0.37	6.91	000	N
43219	.....	A	Esophagus endoscopy	2.80	*3.58	0.34	6.72	000	N
43220	.....	A	Esophagus endoscopy, dilation	2.10	*2.68	0.27	5.05	000	N
43226	.....	A	Esophagus endoscopy, dilation	2.34	*3.08	0.26	5.68	000	N
43227	.....	A	Esophagus endoscopy, repair	3.60	*4.61	0.34	8.55	000	N
43228	.....	A	Esophagus endoscopy, ablation	3.77	4.79	0.38	8.94	000	N
43234	.....	A	Upper GI endoscopy, exam	2.01	*2.57	0.30	4.88	000	N
43235	.....	A	Upper GI endoscopy, diagnosis	2.39	*3.07	0.29	5.75	000	N
43239	.....	A	Upper GI endoscopy, biopsy	2.69	*3.45	0.33	6.47	000	N
43241	.....	A	Upper GI endoscopy with tube	2.59	*3.61	0.38	6.58	000	N
43243	.....	A	Upper GI endoscopy & inject	4.57	5.63	0.39	10.59	000	N
43244	.....	A	Upper GI endoscopy/ligation	4.59	3.47	0.41	8.47	000	N
43245	.....	A	Operative upper GI endoscopy	3.39	*4.34	0.40	8.13	000	N
43246	.....	A	Place gastrostomy tube	4.33	*5.55	0.51	10.39	000	N
43247	.....	A	Operative upper GI endoscopy	3.39	*4.34	0.38	8.11	000	N
43248	.....	A	Upper GI endoscopy/guidewire	3.15	*4.03	0.35	7.53	000	N
43249	.....	A	Esophagus endoscopy, dilation	2.90	3.73	0.30	6.93	000	N
43250	.....	A	Upper GI endoscopy/tumor	3.20	*4.60	0.43	8.23	000	N
43251	.....	A	Operative upper GI endoscopy	3.70	*4.60	0.43	8.73	000	N
43255	.....	A	Operative upper GI endoscopy	4.40	5.63	0.38	10.41	000	N
43258	.....	A	Operative upper GI endoscopy	4.55	5.41	0.38	10.34	000	N
43259	.....	A	Endoscopic ultrasound exam	4.89	4.02	0.35	9.26	000	N
43260	.....	A	Endoscopy, bile duct/pancreas	5.96	5.98	0.39	12.33	000	N
43261	.....	A	Endoscopy, bile duct/pancreas	6.27	5.98	0.39	12.64	000	N
43262	.....	A	Endoscopy, bile duct/pancreas	7.39	9.00	0.58	16.97	000	N
43263	.....	A	Endoscopy, bile duct/pancreas	6.19	5.83	0.38	12.40	000	N
43264	.....	A	Endoscopy, bile duct/pancreas	8.90	8.92	0.61	18.43	000	N
43265	.....	A	Endoscopy, bile duct/pancreas	8.90	6.82	0.49	16.21	000	N
43267	.....	A	Endoscopy, bile duct/pancreas	7.39	7.41	0.48	15.28	000	N
43268	.....	A	Endoscopy, bile duct/pancreas	7.39	8.72	0.56	16.67	000	N
43269	.....	A	Endoscopy, bile duct/pancreas	6.04	7.35	0.51	13.90	000	N
43271	.....	A	Endoscopy, bile duct/pancreas	7.39	7.63	0.50	15.52	000	N
43272	.....	A	Endoscopy, bile duct/pancreas	7.39	5.60	0.42	13.41	000	N
43300	.....	A	Repair of esophagus	8.72	*11.17	1.70	21.59	090	S
43305	.....	A	Repair esophagus and fistula	16.14	13.71	1.78	31.63	090	S
43310	.....	A	Repair of esophagus	24.20	16.99	3.23	44.42	090	S
43312	.....	A	Repair esophagus and fistula	27.26	13.72	2.30	43.28	090	S
43320	.....	A	Fuse esophagus & stomach	14.49	11.68	2.05	28.22	090	S
43321	.....	D	Fuse esophagus & stomach	0.00	0.00	0.00	0.00	090	S
43324	.....	A	Revise esophagus & stomach	15.18	11.88	2.53	29.59	090	S
43325	.....	A	Revise esophagus & stomach	14.63	11.61	2.29	28.53	090	S
43326	.....	A	Revise esophagus & stomach	14.37	7.52	1.75	23.64	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
43330	.....	A	Repair of esophagus	14.27	11.36	2.39	28.02	090	S
43331	.....	A	Repair of esophagus	14.73	14.33	2.64	31.70	090	S
43340	.....	A	Fuse esophagus & intestine	14.16	12.44	2.52	29.12	090	S
43341	.....	A	Fuse esophagus & intestine	15.26	9.90	1.56	26.72	090	S
43350	.....	A	Surgical opening, esophagus	11.25	7.88	1.15	20.28	090	S
43351	.....	A	Surgical opening, esophagus	13.42	8.77	1.53	23.72	090	S
43352	.....	A	Surgical opening, esophagus	10.92	8.86	1.47	21.25	090	S
43360	.....	A	Gastrointestinal repair	26.06	21.36	4.19	51.61	090	S
43361	.....	A	Gastrointestinal repair	29.67	25.27	4.77	59.71	090	S
43400	.....	A	Ligate esophagus veins	15.55	10.82	1.63	28.00	090	S
43401	.....	A	Esophagus surgery for veins	16.26	9.59	1.93	27.78	090	S
43405	.....	A	Ligate/staple esophagus	14.84	14.33	2.64	31.81	090	S
43410	.....	A	Repair esophagus wound	9.61	8.90	1.54	20.05	090	S
43415	.....	A	Repair esophagus wound	15.86	12.74	2.52	31.12	090	S
43420	.....	A	Repair esophagus opening	10.19	5.88	0.78	16.85	090	S
43425	.....	A	Repair esophagus opening	15.58	9.94	1.71	27.23	090	S
43450	.....	A	Dilate esophagus	1.38	0.68	0.05	2.11	000	N
43453	.....	A	Dilate esophagus	1.51	1.51	0.11	3.13	000	N
43456	.....	A	Dilate esophagus	3.52	2.47	0.24	6.23	000	N
43458	.....	A	Dilation of esophagus	3.06	*2.02	0.27	5.35	000	N
43460	.....	A	Pressure treatment esophagus	3.80	1.67	0.15	5.62	000	N
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY	N
43500	.....	A	Surgical opening of stomach	7.60	6.13	1.20	14.93	090	S
43501	.....	A	Surgical repair of stomach	13.85	8.58	1.83	24.26	090	S
43502	.....	A	Surgical repair of stomach	15.82	8.58	1.83	26.23	090	S
43510	.....	A	Surgical opening of stomach	9.27	8.29	0.94	18.50	090	N
43520	.....	A	Incision of pyloric muscle	7.00	4.48	0.87	12.35	090	S
43600	.....	A	Biopsy of stomach	1.91	0.50	0.05	2.46	000	N
43605	.....	A	Biopsy of stomach	8.23	5.91	1.29	15.43	090	S
43610	.....	A	Excision of stomach lesion	10.11	8.17	1.71	19.99	090	S
43611	.....	A	Excision of stomach lesion	12.43	8.17	1.71	22.31	090	S
43620	.....	A	Removal of stomach	21.03	15.38	3.19	39.60	090	S
43621	.....	A	Removal of stomach	21.47	15.38	3.19	40.04	090	S
43622	.....	A	Removal of stomach	22.82	15.38	3.19	41.39	090	S
43631	.....	A	Removal of stomach, partial	18.10	12.42	2.66	33.18	090	S
43632	.....	A	Removal stomach, partial	18.10	12.42	2.66	33.18	090	S
43633	.....	A	Removal stomach, partial	18.54	12.42	2.66	33.62	090	S
43634	.....	A	Removal stomach, partial	19.89	20.83	4.57	45.29	090	S
43635	.....	A	Partial removal of stomach	2.06	1.08	0.26	3.40	ZZZ	S
43638	.....	A	Partial removal of stomach	20.15	12.75	2.73	35.63	090	S
43639	.....	A	Removal stomach, partial	20.64	12.75	2.73	36.12	090	S
43640	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.19	25.81	090	S
43641	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.18	25.80	090	S
43750	.....	A	Place gastrostomy tube	5.71	4.35	0.56	10.62	010	N
43760	.....	A	Change gastrostomy tube	1.10	0.69	0.09	1.88	000	N
43761	.....	A	Reposition gastrostomy tube	2.01	1.06	0.25	3.32	000	N
43800	.....	A	Reconstruction of pylorus	9.41	6.85	1.47	17.73	090	S
43810	.....	A	Fusion of stomach and bowel	10.08	7.64	1.53	19.25	090	S
43820	.....	A	Fusion of stomach and bowel	10.43	8.29	1.75	20.47	090	S
43825	.....	A	Fusion of stomach and bowel	13.28	11.08	2.30	26.66	090	S
43830	.....	A	Place gastrostomy tube	4.84	*6.19	1.19	12.22	090	S
43831	.....	A	Place gastrostomy tube	6.41	5.20	0.93	12.54	090	S
43832	.....	A	Place gastrostomy tube	10.68	7.95	1.36	19.99	090	S
43840	.....	A	Repair of stomach lesion	10.45	7.84	1.66	19.95	090	S
43842	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43843	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43844	.....	D	Gastric bypass for obesity	0.00	0.00	0.00	0.00	090	S
43846	.....	A	Gastric bypass for obesity	17.84	14.80	3.30	35.94	090	S
43847	.....	A	Gastric bypass for obesity	19.87	9.67	1.13	30.67	090	S
43848	.....	A	Revision gastroplasty	22.10	14.80	3.30	40.20	090	S
43850	.....	A	Revise stomach-bowel fusion	18.14	11.64	2.25	32.03	090	S
43855	.....	A	Revise stomach-bowel fusion	19.15	10.44	2.28	31.87	090	S
43860	.....	A	Revise stomach-bowel fusion	18.14	11.46	2.51	32.11	090	S
43865	.....	A	Revise stomach-bowel fusion	19.15	13.39	2.98	35.52	090	S
43870	.....	A	Repair stomach opening	6.56	5.77	1.14	13.47	090	S
43880	.....	A	Repair stomach-bowel fistula	18.14	8.25	1.76	28.15	090	S
43885	.....	D	Revise stomach placement	0.00	0.00	0.00	0.00	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY	N
44005		A	Freeing of bowel adhesion	12.52	8.28	1.75	22.55	090	S
44010		A	Incision of small bowel	9.24	6.91	1.42	17.57	090	S
44015		A	Insert needle catheter, bowel	2.62	3.22	0.45	6.29	ZZZ	S
44020		A	Exploration of small bowel	10.69	7.81	1.65	20.15	090	S
44021		A	Decompress small bowel	10.83	7.00	1.48	19.31	090	S
44025		A	Incision of large bowel	11.07	7.74	1.61	20.42	090	S
44040		D	Exteriorization of bowel	0.00	0.00	0.00	0.00	090	S
44050		A	Reduce bowel obstruction	10.05	7.77	1.64	19.46	090	S
44055		A	Correct malrotation of bowel	11.92	7.66	1.60	21.18	090	S
44100		A	Biopsy of bowel	2.01	1.38	0.13	3.52	000	N
44110		A	Excision of bowel lesion(s)	9.01	7.67	1.58	18.26	090	S
44111		A	Excision of bowel lesion(s)	11.05	9.67	2.14	22.86	090	S
44120		A	Removal of small intestine	13.15	9.46	2.02	24.63	090	S
44121		A	Removal of small intestine	4.45	2.32	0.54	7.31	ZZZ	S
44125		A	Removal of small intestine	13.15	10.75	2.28	26.18	090	S
44130		A	Bowel to bowel fusion	11.09	8.67	1.86	21.62	090	S
44139		A	Mobilization of colon	2.23	1.17	0.27	3.67	ZZZ	S
44140		A	Partial removal of colon	16.97	11.37	2.40	30.74	090	S
44141		A	Partial removal of colon	17.36	11.86	2.55	31.77	090	S
44143		A	Partial removal of colon	15.00	12.26	2.62	29.88	090	S
44144		A	Partial removal of colon	15.00	12.06	2.53	29.59	090	S
44145		A	Partial removal of colon	21.29	13.25	2.78	37.32	090	S
44146		A	Partial removal of colon	22.22	14.98	3.14	40.34	090	S
44147		A	Partial removal of colon	16.23	15.34	3.30	34.87	090	S
44150		A	Removal of colon	19.04	14.84	3.17	37.05	090	S
44151		A	Removal of colon/ileostomy	17.95	10.21	2.22	30.38	090	S
44152		A	Removal of colon/ileostomy	22.98	15.44	3.36	41.78	090	S
44153		A	Removal of colon/ileostomy	24.69	19.35	3.63	47.67	090	S
44155		A	Removal of colon	22.09	16.65	3.50	42.24	090	S
44156		A	Removal of colon/ileostomy	20.48	11.40	2.52	34.40	090	S
44160		A	Removal of colon	14.09	12.44	2.68	29.21	090	S
44300		A	Open bowel to skin	7.77	6.03	1.29	15.09	090	S
44310		A	Ileostomy/jejunostomy	10.07	7.88	1.66	19.61	090	S
44312		A	Revision of ileostomy	5.34	3.08	0.45	8.87	090	S
44314		A	Revision of ileostomy	9.77	6.68	1.21	17.66	090	S
44316		A	Devise bowel pouch	13.59	9.64	1.43	24.66	090	S
44320		A	Colostomy	11.39	7.46	1.57	20.42	090	S
44322		A	Colostomy with biopsies	10.31	9.07	1.88	21.26	090	S
44340		A	Revision of colostomy	4.92	1.68	0.35	6.95	090	S
44345		A	Revision of colostomy	10.05	4.84	1.03	15.92	090	S
44346		A	Revision of colostomy	11.13	6.65	1.38	19.16	090	S
44360		A	Small bowel endoscopy	2.92	*3.74	0.32	6.98	000	N
44361		A	Small bowel endoscopy, biopsy	3.23	*4.14	0.34	7.71	000	N
44363		A	Small bowel endoscopy	3.94	2.99	0.36	7.29	000	N
44364		A	Small bowel endoscopy	4.22	4.73	0.72	9.67	000	N
44365		A	Small bowel endoscopy	3.73	4.73	0.72	9.18	000	N
44366		A	Small bowel endoscopy	4.97	5.86	0.45	11.28	000	N
44369		A	Small bowel endoscopy	5.09	*6.52	0.50	12.11	000	N
44372		A	Small bowel endoscopy	4.97	5.83	0.67	11.47	000	N
44373		A	Small bowel endoscopy	3.94	*5.03	0.50	9.47	000	N
44376		A	Small bowel endoscopy	5.69	4.05	0.26	10.00	000	N
44377		A	Small bowel endoscopy	5.98	4.26	0.28	10.52	000	N
44378		A	Small bowel endoscopy	7.71	5.27	0.35	13.33	000	N
44380		A	Small bowel endoscopy	1.51	*1.97	0.22	3.70	000	N
44382		A	Small bowel endoscopy	1.82	*2.54	0.29	4.65	000	N
44385		A	Endoscopy of bowel pouch	1.82	*2.44	0.34	4.60	000	S
44386		A	Endoscopy, bowel pouch, biopsy	2.12	1.54	0.15	3.81	000	N
44388		A	Colon endoscopy	2.82	*3.61	0.50	6.93	000	S
44389		A	Colonoscopy with biopsy	3.13	*4.00	0.45	7.58	000	N
44390		A	Colonoscopy for foreign body	3.83	2.63	0.28	6.74	000	N
44391		A	Colonoscopy for bleeding	4.32	5.26	0.53	10.11	000	N
44392		A	Colonoscopy & polypectomy	3.82	*5.16	0.70	9.68	000	N
44393		A	Colonoscopy, lesion removal	4.84	5.41	0.70	10.95	000	N
44394		A	Colonoscopy w/snare	4.43	*5.16	0.70	10.29	000	N
44500		A	Intro, gastrointestinal tube	0.49	0.36	0.02	0.87	000	N
44602		A	Suture, small intestine	9.72	7.65	1.62	18.99	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
44603	.....	A	Suture, small intestine	12.94	9.09	1.96	23.99	090	S
44604	.....	A	Suture, large intestine	12.94	7.87	1.67	22.48	090	S
44605	.....	A	Repair of bowel lesion	13.91	9.37	2.02	25.30	090	S
44615	.....	A	Intestinal stricturoplasty	12.89	6.74	1.57	21.20	090	S
44620	.....	A	Repair bowel opening	9.65	5.97	1.26	16.88	090	S
44625	.....	A	Repair bowel opening	12.10	9.58	*2.03	23.71	090	S
44640	.....	A	Repair bowel-skin fistula	13.34	6.54	1.35	21.23	090	S
44650	.....	A	Repair bowel fistula	13.76	7.33	1.46	22.55	090	S
44660	.....	A	Repair bowel-bladder fistula	13.14	8.34	1.21	22.69	090	S
44661	.....	A	Repair bowel-bladder fistula	15.44	13.94	2.52	31.90	090	S
44680	.....	A	Surgical revision, intestine	12.41	9.71	2.14	24.26	090	S
44799	.....	C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44800	.....	A	Excision of bowel pouch	10.12	5.24	1.08	16.44	090	S
44820	.....	A	Excision of mesentery lesion	9.31	5.80	1.21	16.32	090	S
44850	.....	A	Repair of mesentery	8.64	5.60	1.18	15.42	090	S
44899	.....	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44900	.....	A	Drainage of appendix abscess	7.86	4.28	0.88	13.02	090	S
44950	.....	A	Appendectomy	6.06	4.89	1.01	11.96	090	S
44955	.....	A	Appendectomy	1.53	*2.25	0.60	4.38	ZZZ	S
44960	.....	A	Appendectomy	9.78	5.89	1.24	16.91	090	S
45000	.....	A	Drainage of pelvic abscess	4.28	1.59	0.24	6.11	090	S
45005	.....	A	Drainage of rectal abscess	1.96	1.29	0.21	3.46	010	S
45020	.....	A	Drainage of rectal abscess	4.40	2.61	0.51	7.52	090	S
45100	.....	A	Biopsy of rectum	3.38	1.88	0.35	5.61	090	S
45108	.....	A	Removal of anorectal lesion	4.28	2.66	0.53	7.47	090	S
45110	.....	A	Removal of rectum	21.68	16.32	3.43	41.43	090	S
45111	.....	A	Partial removal of rectum	14.97	11.77	2.49	29.23	090	S
45112	.....	A	Removal of rectum	24.02	16.06	3.36	43.44	090	S
45113	.....	A	Partial proctectomy	24.69	16.06	3.36	44.11	090	S
45114	.....	A	Partial removal of rectum	21.20	15.39	3.24	39.83	090	S
45116	.....	A	Partial removal of rectum	19.09	10.77	2.34	32.20	090	S
45120	.....	A	Removal of rectum	22.78	16.39	3.54	42.71	090	S
45121	.....	A	Removal of rectum and colon	24.96	10.79	2.01	37.76	090	S
45123	.....	A	Partial proctectomy	13.27	11.77	2.49	27.53	090	S
45130	.....	A	Excision of rectal prolapse	13.03	8.92	1.79	23.74	090	S
45135	.....	A	Excision of rectal prolapse	15.36	15.95	3.50	34.81	090	S
45150	.....	A	Excision of rectal stricture	5.26	3.38	0.63	9.27	090	S
45160	.....	A	Excision of rectal lesion	12.34	7.46	1.56	21.36	090	S
45170	.....	A	Excision of rectal lesion	9.40	4.62	0.96	14.98	090	S
45180	.....	D	Removal of rectal lesion	0.00	0.00	0.00	0.00	090	S
45190	.....	A	Destruction rectal tumor	7.91	5.09	1.06	14.06	090	S
45300	.....	A	Proctosigmoidoscopy	0.70	0.55	0.07	1.32	000	S
45303	.....	A	Proctosigmoidoscopy	0.50	*0.65	0.12	1.27	000	S
45305	.....	A	Proctosigmoidoscopy; biopsy	1.01	0.84	0.14	1.99	000	S
45307	.....	A	Proctosigmoidoscopy	1.71	1.27	0.18	3.16	000	S
45308	.....	A	Proctosigmoidoscopy	1.51	1.13	0.20	2.84	000	S
45309	.....	A	Proctosigmoidoscopy	2.01	1.13	0.20	3.34	000	S
45315	.....	A	Proctosigmoidoscopy	2.54	1.19	0.18	3.91	000	S
45317	.....	A	Proctosigmoidoscopy	2.73	1.26	0.19	4.18	000	S
45320	.....	A	Proctosigmoidoscopy	2.88	1.87	0.34	5.09	000	S
45321	.....	A	Proctosigmoidoscopy	2.12	1.47	0.27	3.86	000	S
45330	.....	A	Sigmoidoscopy, diagnostic	0.96	*1.23	0.12	2.31	000	N
45331	.....	A	Sigmoidoscopy and biopsy	1.26	*1.61	0.15	3.02	000	N
45332	.....	A	Sigmoidoscopy	1.96	1.76	0.16	3.88	000	N
45333	.....	A	Sigmoidoscopy & polypectomy	1.96	2.24	0.26	4.46	000	N
45334	.....	A	Sigmoidoscopy for bleeding	2.99	2.71	0.23	5.93	000	N
45337	.....	A	Sigmoidoscopy, decompression	2.36	*3.03	0.38	5.77	000	N
45338	.....	A	Sigmoidoscopy	2.57	2.24	0.26	5.07	000	N
45339	.....	A	Sigmoidoscopy	3.14	3.24	0.31	6.69	000	N
45355	.....	A	Surgical colonoscopy	3.52	1.17	0.10	4.79	000	N
45378	.....	A	Diagnostic colonoscopy	3.70	4.13	0.39	8.22	000	N
45379	.....	A	Colonoscopy	4.72	5.33	0.45	10.50	000	N
45380	.....	A	Colonoscopy and biopsy	4.01	4.79	0.40	9.20	000	N
45382	.....	A	Colonoscopy, control bleeding	5.73	5.87	0.41	12.01	000	N
45383	.....	A	Colonoscopy, lesion removal	5.87	5.92	0.50	12.29	000	N
45384	.....	A	Colonoscopy	4.70	*6.65	0.58	11.93	000	N
45385	.....	A	Colonoscopy, lesion removal	5.31	*6.65	0.58	12.54	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
45500		A	Repair of rectum	6.59	5.95	1.21	13.75	090	S
45505		A	Repair of rectum	5.54	6.29	1.23	13.06	090	S
45520		A	Treatment of rectal prolapse	0.55	0.61	0.10	1.26	000	N
45540		A	Correct rectal prolapse	11.98	9.89	2.10	23.97	090	S
45541		A	Correct rectal prolapse	9.79	10.17	2.04	22.00	090	S
45550		A	Repair rectum; remove sigmoid	13.38	11.49	2.38	27.25	090	S
45560		A	Repair of rectocele	7.48	4.79	0.98	13.25	090	S
45562		A	Exploration/repair of rectum	11.13	8.09	1.58	20.80	090	S
45563		A	Exploration/repair of rectum	17.55	12.77	2.49	32.81	090	S
45800		A	Repair rectumbladder fistula	12.75	9.82	1.45	24.02	090	S
45805		A	Repair fistula; colostomy	15.08	12.32	2.39	29.79	090	S
45820		A	Repair rectourethral fistula	13.31	8.98	1.23	23.52	090	S
45825		A	Repair fistula; colostomy	15.45	9.87	1.66	26.98	090	S
45900		A	Reduction of rectal prolapse	1.68	0.58	0.11	2.37	010	S
45905		A	Dilation of anal sphincter	1.51	0.71	0.12	2.34	010	S
45910		A	Dilation of rectal narrowing	1.86	0.87	0.13	2.86	010	S
45915		A	Remove rectal obstruction	2.09	0.78	0.09	2.96	010	N
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY	N
46030		A	Removal of rectal marker	1.20	0.40	0.07	1.67	010	S
46040		A	Incision of rectal abscess	4.90	1.69	0.34	6.93	090	S
46045		A	Incision of rectal abscess	3.91	1.85	0.38	6.14	090	S
46050		A	Incision of anal abscess	1.14	0.60	0.11	1.85	010	S
46060		A	Incision of rectal abscess	5.03	5.35	1.12	11.50	090	S
46070		A	Incision of anal septum	2.63	1.37	0.33	4.33	090	S
46080		A	Incision of anal sphincter	2.35	2.13	0.43	4.91	010	S
46083		A	Incise external hemorrhoid	1.35	0.63	0.08	2.06	010	N
46200		A	Removal of anal fissure	3.02	3.29	0.66	6.97	090	S
46210		A	Removal of anal crypt	2.52	0.77	0.14	3.43	090	S
46211		A	Removal of anal crypts	4.07	1.90	0.38	6.35	090	S
46220		A	Removal of anal tab	1.51	0.63	0.12	2.26	010	S
46221		A	Ligation of hemorrhoid(s)	1.38	0.66	0.14	2.18	010	S
46230		A	Removal of anal tabs	2.52	0.83	0.12	3.47	010	S
46250		A	Hemorrhoidectomy	4.29	2.84	0.52	7.65	090	S
46255		A	Hemorrhoidectomy	4.95	4.72	0.85	10.52	090	S
46257		A	Remove hemorrhoids & fissure	5.87	5.23	1.08	12.18	090	S
46258		A	Remove hemorrhoids & fistula	6.26	5.87	1.22	13.35	090	S
46260		A	Hemorrhoidectomy	6.70	6.07	1.25	14.02	090	S
46261		A	Remove hemorrhoids & fissure	6.54	6.62	1.34	14.50	090	S
46262		A	Remove hemorrhoids & fistula	6.77	6.72	1.39	14.88	090	S
46270		A	Removal of anal fistula	3.51	1.87	0.37	5.75	090	S
46275		A	Removal of anal fistula	4.35	5.50	1.13	10.98	090	S
46280		A	Removal of anal fistula	5.63	6.08	1.24	12.95	090	S
46281		D	Closure of anal fistula	0.00	0.00	0.00	0.00	090	S
46285		A	Removal of anal fistula	3.88	2.28	0.43	6.59	090	S
46288		A	Repair anal fistula	6.83	3.57	0.83	11.23	090	S
46320		A	Removal of hemorrhoid clot	1.58	0.70	0.11	2.39	010	S
46500		A	Injection into hemorrhoids	1.53	0.32	0.06	1.91	010	S
46600		A	Diagnostic anoscopy	0.50	0.28	0.03	0.81	000	N
46604		A	Anoscopy and dilation	1.31	0.38	0.06	1.75	000	S
46606		A	Anoscopy and biopsy	0.81	0.36	0.06	1.23	000	S
46608		A	Anoscopy; remove foreign body	1.51	1.07	0.12	2.70	000	N
46610		A	Anoscopy; remove lesion	1.32	0.85	0.15	2.32	000	S
46611		A	Anoscopy	1.81	0.85	0.15	2.81	000	S
46612		A	Anoscopy; remove lesions	2.34	1.39	0.20	3.93	000	S
46614		A	Anoscopy; control bleeding	2.01	1.55	0.25	3.81	000	S
46615		A	Anoscopy	2.68	1.55	0.25	4.48	000	S
46700		A	Repair of anal stricture	6.40	6.14	1.24	13.78	090	S
46705		A	Repair of anal stricture	6.38	3.60	0.77	10.75	090	S
46715		A	Repair of anovaginal fistula	6.73	3.51	0.82	11.06	090	S
46716		A	Repair of anovaginal fistula	11.58	6.05	1.40	19.03	090	S
46730		A	Construction of absent anus	20.54	10.74	2.50	33.78	090	S
46735		A	Construction of absent anus	24.91	13.04	3.04	40.99	090	S
46740		A	Construction of absent anus	22.08	11.55	2.68	36.31	090	S
46742		A	Repair, imperforated anus	27.82	19.75	1.93	49.50	090	S
46744		A	Repair, cloacal anomaly	31.23	22.17	2.17	55.57	090	S
46746		A	Repair, cloacal anomaly	34.17	24.26	2.37	60.80	090	S
46748		A	Repair, cloacal anomaly	38.07	27.03	2.64	67.74	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
46750	.....	A	Repair of anal sphincter	7.35	6.00	1.22	14.57	090	S
46751	.....	A	Repair of anal sphincter	7.78	4.07	0.95	12.80	090	S
46753	.....	A	Reconstruction of anus	6.04	4.89	1.02	11.95	090	S
46754	.....	A	Removal of suture from anus	1.51	1.48	0.30	3.29	010	S
46760	.....	A	Repair of anal sphincter	10.61	6.80	1.41	18.82	090	S
46761	.....	A	Repair of anal sphincter	10.16	6.83	1.35	18.34	090	S
46762	.....	A	Implant artificial sphincter	9.26	5.72	1.21	16.19	090	S
46900	.....	A	Destruction, anal lesion(s)	1.81	0.39	0.06	2.26	010	S
46910	.....	A	Destruction, anal lesion(s)	1.81	0.64	0.08	2.53	010	S
46916	.....	A	Cryosurgery, anal lesion(s)	1.81	0.67	0.06	2.54	010	S
46917	.....	A	Laser surgery, anal lesion(s)	1.81	1.94	0.31	4.06	010	S
46922	.....	A	Excision of anal lesion(s)	1.81	1.28	0.23	3.32	010	S
46924	.....	A	Destruction, anal lesion(s)	2.71	2.56	0.46	5.73	010	S
46934	.....	A	Destruction of hemorrhoids	3.84	1.19	0.17	5.20	090	N
46935	.....	A	Destruction of hemorrhoids	2.40	1.62	0.22	4.24	010	N
46936	.....	A	Destruction of hemorrhoids	4.17	2.29	0.24	6.70	090	N
46937	.....	A	Cryotherapy of rectal lesion	2.66	2.35	0.45	5.46	010	S
46938	.....	A	Cryotherapy of rectal lesion	4.42	2.50	0.52	7.44	090	S
46940	.....	A	Treatment of anal fissure	2.29	0.51	0.09	2.89	010	S
46942	.....	A	Treatment of anal fissure	2.01	0.46	0.08	2.55	010	S
46945	.....	A	Ligation of hemorrhoids	3.06	0.63	0.12	3.81	090	S
46946	.....	A	Ligation of hemorrhoids	4.04	0.94	0.17	5.15	090	S
46999	.....	C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47000	.....	A	Needle biopsy of liver	1.90	1.40	0.13	3.43	000	N
47001	.....	A	Needle biopsy, liver	1.90	1.40	0.13	3.43	ZZZ	S
47010	.....	A	Drainage of liver lesion	8.75	6.75	1.13	16.63	090	S
47015	.....	A	Inject/aspirate liver cyst	8.78	6.75	1.13	16.66	090	S
47100	.....	A	Wedge biopsy of liver	6.75	3.29	0.67	10.71	090	S
47120	.....	A	Partial removal of liver	19.99	12.00	2.48	34.47	090	S
47122	.....	A	Extensive removal of liver	32.54	17.58	3.59	53.71	090	S
47125	.....	A	Partial removal of liver	28.68	17.43	3.61	49.72	090	S
47130	.....	A	Partial removal of liver	31.56	19.19	3.89	54.64	090	S
47133	.....	X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX	O
47134	.....	R	Partial removal, donor liver	39.15	20.48	4.77	64.40	XXX	S
47135	.....	R	Transplantation of liver	77.61	54.48	8.49	140.58	090	S
47136	.....	R	Transplantation of liver	64.04	33.50	7.79	105.33	090	S
47300	.....	A	Surgery for liver lesion	8.75	7.67	1.59	18.01	090	S
47350	.....	A	Repair liver wound	11.29	7.46	1.49	20.24	090	S
47355	.....	A	Repair liver wound	12.18	7.18	1.35	20.71	090	S
47360	.....	A	Repair liver wound	15.34	10.93	2.18	28.45	090	S
47399	.....	C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47400	.....	A	Incision of liver duct	18.90	8.53	1.36	28.79	090	S
47420	.....	A	Incision of bile duct	15.31	9.48	1.99	26.78	090	S
47425	.....	A	Incision of bile duct	14.79	11.71	2.45	28.95	090	S
47440	.....	D	Incision of bile duct	0.00	0.00	0.00	0.00	090	S
47460	.....	A	Incise bile duct sphincter	14.41	15.54	1.82	31.77	090	N
47480	.....	A	Incision of gallbladder	8.05	7.60	1.59	17.24	090	S
47490	.....	A	Incision of gallbladder	6.04	3.57	0.38	9.99	090	N
47500	.....	A	Injection for liver x-rays	1.96	1.51	0.14	3.61	000	N
47505	.....	A	Injection for liver x-rays	0.76	*1.14	0.14	2.04	000	N
47510	.....	A	Insert catheter, bile duct	7.39	2.87	0.25	10.51	090	N
47511	.....	A	Insert bile duct drain	9.91	2.87	0.25	13.03	090	N
47525	.....	A	Change bile duct catheter	5.41	1.59	0.16	7.16	010	N
47530	.....	A	Revise, reinsert bile tube	5.41	1.51	0.19	7.11	090	N
47550	.....	A	Bile duct endoscopy	3.02	1.56	0.35	4.93	000	S
47552	.....	A	Biliary endoscopy, thru skin	6.04	1.36	0.21	7.61	000	S
47553	.....	A	Biliary endoscopy, thru skin	6.35	3.80	0.62	10.77	000	N
47554	.....	A	Biliary endoscopy, thru skin	9.06	3.93	0.67	13.66	000	S
47555	.....	A	Biliary endoscopy, thru skin	7.56	2.63	0.30	10.49	000	N
47556	.....	A	Biliary endoscopy, thru skin	8.56	2.63	0.30	11.49	000	N
47600	.....	A	Removal of gallbladder	10.68	7.53	1.58	19.79	090	S
47605	.....	A	Removal of gallbladder	11.53	8.14	1.75	21.42	090	S
47610	.....	A	Removal of gallbladder	13.86	9.37	2.00	25.23	090	S
47612	.....	A	Removal of gallbladder	14.75	14.23	3.05	32.03	090	S
47620	.....	A	Removal of gallbladder	15.79	11.23	2.36	29.38	090	S
47630	.....	A	Remove bile duct stone	8.31	3.75	0.40	12.46	090	N
47700	.....	A	Exploration of bile ducts	13.75	7.63	1.58	22.96	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
47701		A	Bile duct revision	26.57	8.21	1.90	36.68	090	S
47710		D	Excision of bile duct tumor	0.00	0.00	0.00	0.00	090	S
47711		A	Excision of bile duct tumor	18.16	12.06	2.46	32.68	090	S
47712		A	Excision of bile duct tumor	23.74	12.06	2.46	38.26	090	S
47715		A	Excision of bile duct cyst	14.50	8.22	1.71	24.43	090	S
47716		A	Fusion of bile duct cyst	12.53	6.56	1.53	20.62	090	S
47720		A	Fuse gallbladder & bowel	11.90	9.16	1.93	22.99	090	S
47721		A	Fuse upper gi structures	14.41	11.42	2.47	28.30	090	S
47740		A	Fuse gallbladder & bowel	13.93	10.21	2.14	26.28	090	S
47741		A	Fuse gallbladder & bowel	16.23	14.35	3.02	33.60	090	S
47760		A	Fuse bile ducts and bowel	19.93	11.61	2.53	34.07	090	S
47765		A	Fuse liver ducts & bowel	19.04	14.61	2.97	36.62	090	S
47780		A	Fuse bile ducts and bowel	20.40	13.07	2.73	36.20	090	S
47785		A	Fuse bile ducts and bowel	24.41	13.07	2.73	40.21	090	S
47800		A	Reconstruction of bile ducts	17.71	13.22	2.43	33.36	090	S
47801		A	Placement, bile duct support	11.28	5.48	0.81	17.57	090	S
47802		A	Fuse liver duct & intestine	16.01	10.27	1.75	28.03	090	S
47900		A	Suture bile duct injury	15.63	13.22	2.43	31.28	090	S
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY	S
48000		A	Drainage of abdomen	13.10	7.05	1.40	21.55	090	S
48001		A	Placement of drain, pancreas	15.54	8.13	1.89	25.56	090	S
48005		A	Resect/debride pancreas	17.57	9.19	2.14	28.90	090	S
48020		A	Removal of pancreatic stone	12.98	6.78	1.57	21.33	090	S
48100		A	Biopsy of pancreas	10.19	4.21	0.79	15.19	090	S
48102		A	Needle biopsy, pancreas	4.43	2.41	0.25	7.09	010	N
48120		A	Removal of pancreas lesion	12.79	9.72	2.07	24.58	090	S
48140		A	Partial removal of pancreas	18.27	13.29	2.83	34.39	090	S
48145		A	Partial removal of pancreas	19.09	15.71	3.16	37.96	090	S
48146		A	Pancreatectomy	21.73	16.49	1.92	40.14	090	S
48148		A	Removal of pancreatic duct	14.41	8.23	1.68	24.32	090	S
48150		A	Partial removal of pancreas	40.25	22.54	4.75	67.54	090	S
48152		A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48153		A	Pancreatectomy	40.25	22.54	4.75	67.54	090	S
48154		A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48155		A	Removal of pancreas	19.43	20.40	4.26	44.09	090	S
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	XXX	O
48180		A	Fuse pancreas and bowel	20.88	12.60	2.63	36.11	090	S
48400		A	Injection, intraoperative	1.95	1.03	0.24	3.22	ZZZ	N
48500		A	Surgery of pancreas cyst	12.04	8.53	1.66	22.23	090	S
48510		A	Drain pancreatic pseudocyst	11.22	7.54	1.44	20.20	090	S
48520		A	Fuse pancreas cyst and bowel	12.97	11.30	2.43	26.70	090	S
48540		A	Fuse pancreas cyst and bowel	15.77	12.66	2.65	31.08	090	S
48545		A	Pancreatorrhaphy	14.65	7.66	1.79	24.10	090	S
48547		A	Duodenal exclusion	21.18	11.08	2.58	34.84	090	S
48550		N	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX	O
48554		N	Transplantallograft pancreas	#34.17	17.87	4.16	56.20	XXX	O
48556		A	Removal, allograft pancreas	13.89	7.26	1.69	22.84	090	S
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY	S
49000		A	Exploration of abdomen	8.99	6.79	1.40	17.18	090	S
49002		A	Reopening of abdomen	9.40	6.05	1.21	16.66	090	S
49010		A	Exploration behind abdomen	11.19	6.95	1.31	19.45	090	S
49020		A	Drain abdominal abscess	9.06	4.82	0.91	14.79	090	S
49040		A	Drain abdominal abscess	8.74	6.54	1.27	16.55	090	S
49060		A	Drain abdominal abscess	10.55	5.54	1.01	17.10	090	S
49080		A	Puncture, peritoneal cavity	1.35	0.87	0.08	2.30	000	N
49081		A	Removal of abdominal fluid	1.26	0.75	0.07	2.08	000	N
49085		A	Remove abdomen foreign body	7.91	3.46	0.67	12.04	090	S
49180		A	Biopsy, abdominal mass	1.49	1.82	0.20	3.51	000	N
49200		A	Removal of abdominal lesion	9.19	8.38	1.70	19.27	090	S
49201		A	Removal of abdominal lesion	13.60	12.10	2.50	28.20	090	S
49215		A	Excise sacral spine tumor	21.05	8.50	1.59	31.14	090	S
49220		A	Multiple surgery, abdomen	13.66	12.30	2.53	28.49	090	S
49250		A	Excision of umbilicus	7.42	4.52	0.96	12.90	090	S
49255		A	Removal of omentum	4.04	*5.16	1.15	10.35	090	S
49400		A	Air injection into abdomen	1.88	1.12	0.17	3.17	000	S
49420		A	Insert abdominal drain	2.22	1.58	0.20	4.00	000	S
49421		A	Insert abdominal drain	4.89	4.14	0.81	9.84	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
49422	.....	A	Remove perm cannula/catheter	5.85	4.14	0.81	10.80	010	S
49425	.....	A	Insert abdomen-venous drain	10.22	8.48	1.78	20.48	090	S
49426	.....	A	Revise abdomen-venous shunt	8.57	5.39	1.07	15.03	090	S
49427	.....	A	Injection, abdominal shunt	0.89	0.49	0.03	1.41	000	N
49428	.....	A	Ligation of shunt	1.98	1.04	0.24	3.26	010	S
49429	.....	A	Removal of shunt	6.35	3.32	0.77	10.44	010	S
49495	.....	A	Repair inguinal hernia, init	5.79	4.98	0.95	11.72	090	S
49496	.....	A	Repair inguinal hernia, init	8.37	5.04	1.08	14.49	090	S
49500	.....	A	Repair inguinal hernia	4.41	4.98	0.95	10.34	090	S
49501	.....	A	Repair inguinal hernia, init	7.26	5.04	1.08	13.38	090	S
49505	.....	A	Repair inguinal hernia	6.17	4.51	0.94	11.62	090	S
49507	.....	A	Repair, inguinal hernia	7.40	5.04	1.08	13.52	090	S
49520	.....	A	Rerepair inguinal hernia	7.87	5.22	1.11	14.20	090	S
49521	.....	A	Repair inguinal hernia, rec	9.43	5.04	1.08	15.55	090	S
49525	.....	A	Repair inguinal hernia	6.97	5.55	1.16	13.68	090	S
49540	.....	A	Repair lumbar hernia	7.91	5.20	1.12	14.23	090	S
49550	.....	A	Repair femoral hernia	6.97	4.61	0.97	12.55	090	S
49553	.....	A	Repair femoral hernia, init	7.40	4.61	0.97	12.98	090	S
49555	.....	A	Repair femoral hernia	7.29	6.07	1.26	14.62	090	S
49557	.....	A	Repair femoral hernia, recur	8.73	6.07	1.26	16.06	090	S
49560	.....	A	Repair abdominal hernia	9.48	5.65	1.19	16.32	090	S
49561	.....	A	Repair incisional hernia	11.38	5.65	1.19	18.22	090	S
49565	.....	A	Rerepair abdominal hernia	9.48	6.41	1.35	17.24	090	S
49566	.....	A	Repair incisional hernia	11.38	6.41	1.35	19.14	090	S
49568	.....	A	Hernia repair w/mesh	4.89	2.56	0.59	8.04	ZZZ	S
49570	.....	A	Repair epigastric hernia	4.46	4.38	0.91	9.75	090	S
49572	.....	A	Repair, epigastric hernia	5.35	5.60	1.18	12.13	090	S
49580	.....	A	Repair umbilical hernia	3.24	*4.15	0.94	8.33	090	S
49582	.....	A	Repair umbilical hernia	5.13	4.61	0.94	10.68	090	S
49585	.....	A	Repair umbilical hernia	4.95	4.41	0.91	10.27	090	S
49587	.....	A	Repair umbilical hernia	5.93	4.41	0.91	11.25	090	S
49590	.....	A	Repair abdominal hernia	6.55	5.63	1.22	13.40	090	S
49600	.....	A	Repair umbilical lesion	9.48	5.26	0.77	15.51	090	S
49605	.....	A	Repair umbilical lesion	21.92	8.57	1.77	32.26	090	S
49606	.....	A	Repair umbilical lesion	17.93	8.31	0.96	27.20	090	S
49610	.....	A	Repair umbilical lesion	9.83	5.48	1.27	16.58	090	S
49611	.....	A	Repair umbilical lesion	8.25	9.00	0.58	17.83	090	S
49900	.....	A	Repair of abdominal wall	4.54	3.66	0.75	8.95	090	S
49905	.....	A	Omental flap	6.55	3.42	0.80	10.77	ZZZ	S
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
50010	.....	A	Exploration of kidney	10.07	9.55	1.13	20.75	090	S
50020	.....	A	Drainage of kidney abscess	12.41	6.80	0.85	20.06	090	S
50040	.....	A	Drainage of kidney	13.80	7.18	0.62	21.60	090	N
50045	.....	A	Exploration of kidney	14.48	9.81	0.89	25.18	090	S
50060	.....	A	Removal of kidney stone	18.00	12.25	1.21	31.46	090	S
50065	.....	A	Incision of kidney	19.62	13.93	1.35	34.90	090	S
50070	.....	A	Incision of kidney	19.15	12.87	1.35	33.37	090	S
50075	.....	A	Removal of kidney stone	24.05	16.87	1.62	42.54	090	S
50080	.....	A	Removal of kidney stone	13.98	12.20	1.15	27.33	090	S
50081	.....	A	Removal of kidney stone	20.58	14.96	1.44	36.98	090	S
50100	.....	A	Revise kidney blood vessels	15.11	10.34	1.35	26.80	090	S
50120	.....	A	Exploration of kidney	15.00	10.91	1.24	27.15	090	S
50125	.....	A	Explore and drain kidney	15.61	10.95	1.06	27.62	090	S
50130	.....	A	Removal of kidney stone	16.12	12.80	1.26	30.18	090	S
50135	.....	A	Exploration of kidney	18.14	17.05	1.63	36.82	090	S
50200	.....	A	Biopsy of kidney	2.63	2.61	0.22	5.46	000	N
50205	.....	A	Biopsy of kidney	12.69	5.64	0.69	19.02	090	S
50220	.....	A	Removal of kidney	15.98	13.31	1.43	30.72	090	S
50225	.....	A	Removal of kidney	18.93	16.52	1.70	37.15	090	S
50230	.....	A	Removal of kidney	20.56	18.40	1.84	40.80	090	S
50234	.....	A	Removal of kidney & ureter	21.11	16.65	1.65	39.41	090	S
50236	.....	A	Removal of kidney & ureter	23.33	17.74	1.74	42.81	090	S
50240	.....	A	Partial removal of kidney	20.24	16.00	1.70	37.94	090	S
50280	.....	A	Removal of kidney lesion	14.63	10.86	1.16	26.65	090	S
50290	.....	A	Removal of kidney lesion	13.69	8.87	1.19	23.75	090	S
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	O
50320	.....	A	Removal of donor kidney	21.22	16.49	2.40	40.11	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
50340	.....	A	Removal of kidney	10.73	12.49	2.24	25.46	090	S
50360	.....	A	Transplantation of kidney	27.05	24.45	4.24	55.74	090	S
50365	.....	A	Transplantation of kidney	32.54	30.71	3.89	67.14	090	S
50370	.....	A	Remove transplanted kidney	11.11	11.08	1.92	24.11	090	S
50380	.....	A	Reimplantation of kidney	16.49	10.12	1.71	28.32	090	S
50390	.....	A	Drainage of kidney lesion	3.24	1.69	0.15	5.08	000	N
50392	.....	A	Insert kidney drain	5.59	2.36	0.20	8.15	000	N
50393	.....	A	Insert ureteral tube	6.88	3.01	0.26	10.15	000	N
50394	.....	A	Injection for kidney x-ray	0.76	0.55	0.05	1.36	000	N
50395	.....	A	Create passage to kidney	5.15	3.33	0.29	8.77	000	N
50396	.....	A	Measure kidney pressure	2.09	0.50	0.05	2.64	000	N
50398	.....	A	Change kidney tube	1.46	0.53	0.05	2.04	000	S
50400	.....	A	Revision of kidney/ureter	18.07	13.66	1.36	33.09	090	S
50405	.....	A	Revision of kidney/ureter	22.45	17.29	1.74	41.48	090	S
50500	.....	A	Repair of kidney wound	18.27	12.46	1.64	32.37	090	S
50520	.....	A	Close kidney-skin fistula	15.93	10.34	1.50	27.77	090	S
50525	.....	A	Repair renal-abdomen fistula	20.59	12.61	1.99	35.19	090	S
50526	.....	A	Repair renal-abdomen fistula	22.15	7.39	2.32	31.86	090	S
50540	.....	A	Revision of horseshoe kidney	19.15	13.41	1.54	34.10	090	S
50551	.....	A	Kidney endoscopy	5.60	2.19	0.21	8.00	000	S
50553	.....	A	Kidney endoscopy	5.99	1.66	0.17	7.82	000	S
50555	.....	A	Kidney endoscopy & biopsy	6.53	4.70	0.45	11.68	000	S
50557	.....	A	Kidney endoscopy & treatment	6.62	4.71	0.49	11.82	000	S
50559	.....	A	Renal endoscopy; radiotracer	6.78	1.34	0.14	8.26	000	S
50561	.....	A	Kidney endoscopy & treatment	7.59	5.12	0.49	13.20	000	S
50570	.....	A	Kidney endoscopy	9.54	1.45	0.14	11.13	000	S
50572	.....	A	Kidney endoscopy	10.35	7.25	0.75	18.35	000	S
50574	.....	A	Kidney endoscopy & biopsy	11.02	7.08	0.64	18.74	000	S
50575	.....	A	Kidney endoscopy	13.98	9.93	0.97	24.88	000	S
50576	.....	A	Kidney endoscopy & treatment	10.99	8.69	0.77	20.45	000	S
50578	.....	A	Renal endoscopy; radiotracer	11.35	3.79	1.19	16.33	000	S
50580	.....	A	Kidney endoscopy & treatment	11.86	3.58	0.35	15.79	000	S
50590	.....	A	Fragmenting of kidney stone	9.62	10.11	0.97	20.70	090	S
50600	.....	A	Exploration of ureter	14.78	9.69	1.01	25.48	090	S
50605	.....	A	Insert ureteral support	14.40	6.11	0.60	21.11	090	S
50610	.....	A	Removal of ureter stone	14.86	11.77	1.17	27.80	090	S
50620	.....	A	Removal of ureter stone	14.17	11.49	1.16	26.82	090	S
50630	.....	A	Removal of ureter stone	13.95	12.71	1.25	27.91	090	S
50650	.....	A	Removal of ureter	16.37	12.07	1.21	29.65	090	S
50660	.....	A	Removal of ureter	18.44	12.49	1.53	32.46	090	S
50684	.....	A	Injection for ureter x-ray	0.76	0.49	0.05	1.30	000	S
50686	.....	A	Measure ureter pressure	1.51	0.37	0.04	1.92	000	S
50688	.....	A	Change of ureter tube	1.14	0.39	0.04	1.57	010	S
50690	.....	A	Injection for ureter x-ray	1.16	0.32	0.03	1.51	000	S
50700	.....	A	Revision of ureter	14.10	12.57	1.29	27.96	090	S
50715	.....	A	Release of ureter	17.60	11.24	1.49	30.33	090	S
50722	.....	A	Release of ureter	15.11	10.32	1.97	27.40	090	S
50725	.....	A	Release/revise ureter	17.12	12.05	1.75	30.92	090	S
50727	.....	A	Revise ureter	7.57	5.37	0.51	13.45	090	S
50728	.....	A	Revise ureter	11.13	7.90	0.77	19.80	090	S
50740	.....	A	Fusion of ureter & kidney	17.12	13.03	1.88	32.03	090	S
50750	.....	A	Fusion of ureter & kidney	18.14	14.04	1.26	33.44	090	S
50760	.....	A	Fusion of ureters	17.12	13.47	1.48	32.07	090	S
50770	.....	A	Splicing of ureters	18.14	15.23	1.53	34.90	090	S
50780	.....	A	Reimplant ureter in bladder	17.12	13.78	1.46	32.36	090	S
50782	.....	A	Reimplant ureter in bladder	18.23	13.78	1.46	33.47	090	S
50783	.....	A	Reimplant ureter in bladder	19.17	13.78	1.46	34.41	090	S
50785	.....	A	Reimplant ureter in bladder	19.15	15.42	1.80	36.37	090	S
50800	.....	A	Implant ureter in bowel	13.10	14.67	1.51	29.28	090	S
50810	.....	A	Fusion of ureter & bowel	18.14	12.57	1.75	32.46	090	S
50815	.....	A	Urine shunt to bowel	18.14	19.76	2.75	40.65	090	S
50820	.....	A	Construct bowel bladder	20.15	18.97	2.50	41.62	090	S
50825	.....	A	Construct bowel bladder	26.19	30.54	3.33	60.06	090	S
50830	.....	A	Revise urine flow	29.29	20.93	2.27	52.49	090	S
50840	.....	A	Replace ureter by bowel	18.14	13.32	1.35	32.81	090	S
50845	.....	A	Appendico-vesicostomy	19.52	13.87	1.35	34.74	090	S
50860	.....	A	Transplant ureter to skin	13.99	10.92	1.16	26.07	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
50900	.....	A	Repair of ureter	12.58	9.98	1.15	23.71	090	S
50920	.....	A	Closure ureter/skin fistula	13.22	9.52	0.99	23.73	090	S
50930	.....	A	Closure ureter/bowel fistula	17.61	12.50	1.22	31.33	090	S
50940	.....	A	Release of ureter	13.47	9.90	0.95	24.32	090	S
50951	.....	A	Endoscopy of ureter	5.84	1.67	0.17	7.68	000	S
50953	.....	A	Endoscopy of ureter	6.24	1.66	0.16	8.06	000	S
50955	.....	A	Ureter endoscopy & biopsy	6.75	2.55	0.25	9.55	000	S
50957	.....	A	Ureter endoscopy & treatment	6.79	2.50	0.25	9.54	000	S
50959	.....	A	Ureter endoscopy & tracer	4.40	3.38	0.29	8.07	000	S
50961	.....	A	Ureter endoscopy & treatment	6.05	2.62	0.26	8.93	000	S
50970	.....	A	Ureter endoscopy	7.14	5.17	0.52	12.83	000	S
50972	.....	A	Ureter endoscopy & catheter	6.89	1.54	0.16	8.59	000	S
50974	.....	A	Ureter endoscopy & biopsy	9.17	7.01	0.65	16.83	000	S
50976	.....	A	Ureter endoscopy & treatment	9.04	6.41	0.62	16.07	000	S
50978	.....	A	Ureter endoscopy & tracer	5.10	4.05	0.48	9.63	000	S
50980	.....	A	Ureter endoscopy & treatment	6.85	3.13	0.30	10.28	000	S
51000	.....	A	Drainage of bladder	0.78	0.48	0.05	1.31	000	S
51005	.....	A	Drainage of bladder	1.02	0.46	0.04	1.52	000	S
51010	.....	A	Drainage of bladder	2.54	0.97	0.11	3.62	010	S
51020	.....	A	Incise & treat bladder	6.04	6.85	0.71	13.60	090	S
51030	.....	A	Incise & treat bladder	6.04	4.53	0.43	11.00	090	S
51040	.....	A	Incise & drain bladder	4.08	*5.70	0.75	10.53	090	S
51045	.....	A	Incise bladder, drain ureter	6.04	4.96	0.50	11.50	090	S
51050	.....	A	Removal of bladder stone	6.04	7.12	0.70	13.86	090	S
51060	.....	A	Removal of ureter stone	8.05	*10.31	1.19	19.55	090	S
51065	.....	A	Removal of ureter stone	8.05	7.08	0.71	15.84	090	S
51080	.....	A	Drainage of bladder abscess	5.41	5.18	0.57	11.16	090	S
51500	.....	A	Removal of bladder cyst	9.54	6.86	1.21	17.61	090	S
51520	.....	A	Removal of bladder lesion	8.69	8.53	0.87	18.09	090	S
51525	.....	A	Removal of bladder lesion	12.78	10.67	1.06	24.51	090	S
51530	.....	A	Removal of bladder lesion	11.32	9.25	1.02	21.59	090	S
51535	.....	A	Repair of ureter lesion	11.51	7.68	1.14	20.33	090	S
51550	.....	A	Partial removal of bladder	14.34	10.71	1.17	26.22	090	S
51555	.....	A	Partial removal of bladder	19.60	12.26	1.31	33.17	090	S
51565	.....	A	Revise bladder & ureter(s)	20.01	15.84	1.67	37.52	090	S
51570	.....	A	Removal of bladder	22.16	15.66	1.62	39.44	090	S
51575	.....	A	Removal of bladder & nodes	27.93	22.87	2.25	53.05	090	S
51580	.....	A	Remove bladder; revise tract	28.20	19.95	2.04	50.19	090	S
51585	.....	A	Removal of bladder & nodes	32.22	25.12	2.42	59.76	090	S
51590	.....	A	Remove bladder; revise tract	30.21	24.52	2.56	57.29	090	S
51595	.....	A	Remove bladder; revise tract	34.25	33.80	3.34	71.39	090	S
51596	.....	A	Remove bladder, create pouch	36.27	34.89	3.45	74.61	090	S
51597	.....	A	Removal of pelvic structures	35.27	30.63	4.31	70.21	090	S
51600	.....	A	Injection for bladder x-ray	0.88	0.28	0.03	1.19	000	S
51605	.....	A	Preparation for bladder xray	1.13	0.30	0.03	1.46	000	S
51610	.....	A	Injection for bladder x-ray	1.59	0.27	0.02	1.88	000	S
51700	.....	A	Irrigation of bladder	0.88	0.22	0.02	1.12	000	S
51705	.....	A	Change of bladder tube	0.99	0.38	0.04	1.41	010	S
51710	.....	A	Change of bladder tube	1.46	0.57	0.06	2.09	010	S
51715	.....	A	Endoscopic injection/implant	3.74	2.65	0.27	6.66	000	S
51720	.....	A	Treatment of bladder lesion	1.96	0.45	0.05	2.46	000	S
51725	.....	A	Simple cystometrogram	1.51	1.01	0.11	2.63	000	S
51725	26	A	Simple cystometrogram	1.51	0.63	0.07	2.21	000	S
51725	TC	A	Simple cystometrogram	0.00	0.38	0.04	0.42	000	S
51726	.....	A	Complex cystometrogram	1.71	1.29	0.13	3.13	000	S
51726	26	A	Complex cystometrogram	1.71	0.81	0.08	2.60	000	S
51726	TC	A	Complex cystometrogram	0.00	0.48	0.05	0.53	000	S
51736	.....	A	Urine flow measurement	0.84	0.41	0.04	1.29	000	S
51736	26	A	Urine flow measurement	0.84	0.26	0.03	1.13	000	S
51736	TC	A	Urine flow measurement	0.00	0.15	0.01	0.16	000	S
51741	.....	A	Electro-uroflowmetry, first	1.57	0.56	0.06	2.19	000	S
51741	26	A	Electro-uroflowmetry, first	1.57	0.35	0.04	1.96	000	S
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.02	0.23	000	S
51772	.....	A	Urethra pressure profile	1.61	0.94	0.11	2.66	000	S
51772	26	A	Urethra pressure profile	1.61	0.52	0.06	2.19	000	S
51772	TC	A	Urethra pressure profile	0.00	0.42	0.05	0.47	000	S
51784	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
51784	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51784	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51785	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51792	.....	A	Urinary reflex study	1.10	1.93	0.20	3.23	000	S
51792	26	A	Urinary reflex study	1.10	0.59	0.06	1.75	000	S
51792	TC	A	Urinary reflex study	0.00	1.34	0.14	1.48	000	S
51795	.....	A	Urine voiding pressure study	1.53	1.44	0.16	3.13	000	S
51795	26	A	Urine voiding pressure study	1.53	0.57	0.06	2.16	000	S
51795	TC	A	Urine voiding pressure study	0.00	0.87	0.10	0.97	000	S
51797	.....	A	Intraabdominal pressure test	1.60	0.96	0.10	2.66	000	S
51797	26	A	Intraabdominal pressure test	1.60	0.51	0.05	2.16	000	S
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.05	0.50	000	S
51800	.....	A	Revision of bladder/urethra	16.31	12.02	1.47	29.80	090	S
51820	.....	A	Revision of urinary tract	16.67	7.39	1.32	25.38	090	S
51840	.....	A	Attach bladder/urethra	9.78	9.22	1.26	20.26	090	S
51841	.....	A	Attach bladder/urethra	12.10	11.01	1.48	24.59	090	S
51845	.....	A	Repair bladder neck	9.06	10.71	1.09	20.86	090	S
51860	.....	A	Repair of bladder wound	11.17	7.62	0.91	19.70	090	S
51865	.....	A	Repair of bladder wound	13.99	10.96	1.27	26.22	090	S
51880	.....	A	Repair of bladder opening	7.21	4.96	0.52	12.69	090	S
51900	.....	A	Repair bladder/vagina lesion	11.67	11.65	1.41	24.73	090	S
51920	.....	A	Close bladder-uterus fistula	10.57	7.51	0.73	18.81	090	S
51925	.....	A	Hysterectomy/bladder repair	14.10	10.07	2.33	26.50	090	S
51940	.....	A	Correction of bladder defect	25.00	18.95	2.22	46.17	090	S
51960	.....	A	Revision of bladder & bowel	21.15	21.40	2.27	44.82	090	S
51980	.....	A	Construct bladder opening	10.43	7.46	0.75	18.64	090	S
52000	.....	A	Cystoscopy	2.01	1.33	0.14	3.48	000	S
52005	.....	A	Cystoscopy & ureter catheter	2.37	2.20	0.22	4.79	000	S
52007	.....	A	Cystoscopy and biopsy	3.02	2.82	0.28	6.12	000	S
52010	.....	A	Cystoscopy & duct catheter	3.02	1.90	0.20	5.12	000	S
52204	.....	A	Cystoscopy	2.37	2.38	0.24	4.99	000	S
52214	.....	A	Cystoscopy and treatment	3.71	2.80	0.28	6.79	000	S
52224	.....	A	Cystoscopy and treatment	3.14	2.90	0.29	6.33	000	S
52234	.....	A	Cystoscopy and treatment	4.63	4.71	0.45	9.79	000	S
52235	.....	A	Cystoscopy and treatment	5.45	*6.97	0.81	13.23	000	S
52240	.....	A	Cystoscopy and treatment	9.72	10.65	1.04	21.41	000	S
52250	.....	A	Cystoscopy & radiotracer	4.50	2.86	0.29	7.65	000	S
52260	.....	A	Cystoscopy & treatment	3.92	2.11	0.22	6.25	000	S
52265	.....	A	Cystoscopy & treatment	2.94	1.35	0.14	4.43	000	S
52270	.....	A	Cystoscopy & revise urethra	3.84	3.47	0.35	7.66	000	S
52275	.....	A	Cystoscopy & revise urethra	4.70	3.42	0.34	8.46	000	S
52276	.....	A	Cystoscopy and treatment	3.93	4.58	0.45	8.96	000	S
52277	.....	A	Cystoscopy and treatment	6.17	4.82	0.47	11.46	000	S
52281	.....	A	Cystoscopy and treatment	2.80	2.31	0.23	5.34	000	S
52283	.....	A	Cystoscopy and treatment	3.74	1.51	0.15	5.40	000	S
52285	.....	A	Cystoscopy and treatment	3.61	2.94	0.30	6.85	000	S
52290	.....	A	Cystoscopy and treatment	4.59	2.34	0.24	7.17	000	S
52300	.....	A	Cystoscopy and treatment	5.35	3.47	0.36	9.18	000	S
52305	.....	A	Cystoscopy and treatment	5.31	3.50	0.35	9.16	000	S
52310	.....	A	Cystoscopy and treatment	2.81	2.99	0.30	6.10	000	S
52315	.....	A	Cystoscopy and treatment	5.21	4.07	0.40	9.68	000	S
52317	.....	A	Remove bladder stone	6.72	6.19	0.59	13.50	000	S
52318	.....	A	Remove bladder stone	9.19	7.88	0.77	17.84	000	S
52320	.....	A	Cystoscopy and treatment	4.70	4.86	0.47	10.03	000	S
52325	.....	A	Cystoscopy, stone removal	6.16	7.01	0.68	13.85	000	S
52327	.....	A	Cystoscopy, inject material	5.19	3.69	0.36	9.24	000	S
52330	.....	A	Cystoscopy and treatment	5.04	3.47	0.35	8.86	000	S
52332	.....	A	Cystoscopy and treatment	2.83	3.21	0.32	6.36	000	S
52334	.....	A	Create passage to kidney	4.83	3.33	0.34	8.50	000	S
52335	.....	A	Endoscopy of urinary tract	5.86	4.69	0.45	11.00	000	S
52336	.....	A	Cystoscopy, stone removal	6.88	*8.81	0.99	16.68	000	S
52337	.....	A	Cystoscopy, stone removal	7.97	*10.21	1.08	19.26	000	S
52338	.....	A	Cystoscopy and treatment	7.34	5.92	0.57	13.83	000	S
52339	.....	A	Cystoscopy and treatment	8.82	5.92	0.57	15.31	000	S
52340	.....	A	Cystoscopy and treatment	7.76	5.15	0.50	13.41	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
52450		A	Incision of prostate	7.05	4.99	0.49	12.53	090	S
52500		A	Revision of bladder neck	7.82	7.44	0.72	15.98	090	S
52510		A	Dilation prostatic urethra	6.04	7.64	0.74	14.42	090	S
52601		A	Prostatectomy (TURP)	11.51	11.87	1.16	24.54	090	S
52606		A	Control postop bleeding	7.51	3.32	0.33	11.16	090	S
52612		A	Prostatectomy, first stage	7.05	*9.03	0.99	17.07	090	S
52614		A	Prostatectomy, second stage	6.04	7.09	0.68	13.81	090	S
52620		A	Remove residual prostate	6.04	5.33	0.51	11.88	090	S
52630		A	Remove prostate regrowth	6.55	*9.01	1.13	16.69	090	S
52640		A	Relieve bladder contracture	6.04	6.43	0.62	13.09	090	S
52647		A	Laser surgery of prostate	7.42	11.87	1.16	20.45	090	S
52648		A	Laser surgery of prostate	8.65	11.87	1.16	21.68	090	S
52650		D	Prostatectomy	0.00	0.00	0.00	0.00	090	S
52700		A	Drainage of prostate abscess	6.31	3.30	0.34	9.95	090	S
53000		A	Incision of urethra	2.01	1.76	0.17	3.94	010	S
53010		A	Incision of urethra	3.02	3.52	0.37	6.91	090	S
53020		A	Incision of urethra	1.77	0.82	0.09	2.68	000	S
53025		A	Incision of urethra	1.13	0.80	0.08	2.01	000	S
53040		A	Drainage of urethra abscess	6.01	1.85	0.19	8.05	090	S
53060		A	Drainage of urethra abscess	2.58	0.51	0.07	3.16	010	S
53080		A	Drainage of urinary leakage	5.87	3.98	0.45	10.30	090	S
53085		A	Drainage of urinary leakage	9.67	6.75	0.70	17.12	090	S
53200		A	Biopsy of urethra	2.59	1.10	0.12	3.81	000	S
53210		A	Removal of urethra	11.71	6.64	0.67	19.02	090	S
53215		A	Removal of urethra	14.59	10.00	0.96	25.55	090	S
53220		A	Treatment of urethra lesion	6.58	4.77	0.49	11.84	090	S
53230		A	Removal of urethra lesion	9.04	7.93	0.79	17.76	090	S
53235		A	Removal of urethra lesion	9.60	5.02	0.49	15.11	090	N
53240		A	Surgery for urethra pouch	6.03	4.33	0.45	10.81	090	S
53250		A	Removal of urethra gland	5.69	4.05	0.40	10.14	090	S
53260		A	Treatment of urethra lesion	2.93	1.12	0.16	4.21	010	S
53265		A	Treatment of urethra lesion	3.07	1.88	0.22	5.17	010	S
53270		A	Removal of urethra gland	2.93	0.84	0.18	3.95	010	S
53275		A	Repair of urethra defect	4.37	2.37	0.25	6.99	010	S
53400		A	Revise urethra, 1st stage	11.79	7.47	0.76	20.02	090	S
53405		A	Revise urethra, 2nd stage	13.70	10.38	1.21	25.29	090	S
53410		A	Reconstruction of urethra	15.59	8.56	0.84	24.99	090	S
53415		A	Reconstruction of urethra	18.50	11.87	1.15	31.52	090	S
53420		A	Reconstruct urethra, stage 1	13.28	10.88	1.05	25.21	090	S
53425		A	Reconstruct urethra, stage 2	15.18	9.25	0.88	25.31	090	S
53430		A	Reconstruction of urethra	15.54	7.16	0.76	23.46	090	S
53440		A	Correct bladder function	11.49	13.14	1.39	26.02	090	S
53442		A	Remove perineal prosthesis	7.67	5.84	0.67	14.18	090	S
53443		A	Reconstruction of urethra	18.98	10.03	1.07	30.08	090	S
53445		A	Correct urine flow control	13.15	*16.83	2.03	32.01	090	S
53447		A	Remove artificial sphincter	12.37	9.16	0.89	22.42	090	S
53449		A	Correct artificial sphincter	9.16	8.41	0.82	18.39	090	S
53450		A	Revision of urethra	5.72	2.74	0.27	8.73	090	S
53460		A	Revision of urethra	6.70	2.44	0.25	9.39	090	S
53502		A	Repair of urethra injury	7.21	4.97	0.56	12.74	090	S
53505		A	Repair of urethra injury	7.21	5.18	0.51	12.90	090	S
53510		A	Repair of urethra injury	9.57	6.98	0.66	17.21	090	S
53515		A	Repair of urethra injury	12.71	9.03	0.88	22.62	090	S
53520		A	Repair of urethra defect	8.21	5.89	0.56	14.66	090	S
53600		A	Dilate urethra stricture	1.21	0.33	0.03	1.57	000	S
53601		A	Dilate urethra stricture	0.98	0.29	0.03	1.30	000	S
53605		A	Dilate urethra stricture	1.28	0.46	0.05	1.79	000	S
53620		A	Dilate urethra stricture	1.62	0.47	0.05	2.14	000	S
53621		A	Dilate urethra stricture	1.35	0.38	0.04	1.77	000	S
53640		A	Relieve bladder retention	1.59	0.57	0.06	2.22	000	S
53660		A	Dilation of urethra	0.71	0.28	0.03	1.02	000	S
53661		A	Dilation of urethra	0.72	0.25	0.03	1.00	000	S
53665		A	Dilation of urethra	0.76	0.36	0.04	1.16	000	S
53670		A	Insert urinary catheter	0.50	0.22	0.02	0.74	000	S
53675		A	Insert urinary catheter	1.47	0.47	0.05	1.99	000	S
53800		D	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	O
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
54000	.....	A	Slitting of prepuce	1.49	0.63	0.07	2.19	010	S
54001	.....	A	Slitting of prepuce	2.14	0.84	0.09	3.07	010	S
54015	.....	A	Drain penis lesion	5.16	0.83	0.09	6.08	010	S
54050	.....	A	Destruction, penis lesion(s)	1.19	0.38	0.03	1.60	010	S
54055	.....	A	Destruction, penis lesion(s)	1.19	0.61	0.06	1.86	010	S
54056	.....	A	Cryosurgery, penis lesion(s)	1.19	0.53	0.04	1.76	010	S
54057	.....	A	Laser surg, penis lesion(s)	1.19	*1.61	0.21	3.01	010	S
54060	.....	A	Excision of penis lesion(s)	1.88	1.17	0.12	3.17	010	S
54065	.....	A	Destruction, penis lesion(s)	2.37	2.47	0.25	5.09	010	S
54100	.....	A	Biopsy of penis	1.90	0.65	0.07	2.62	000	S
54105	.....	A	Biopsy of penis	3.45	1.01	0.11	4.57	010	S
54110	.....	A	Treatment of penis lesion	9.66	6.03	0.61	16.30	090	S
54111	.....	A	Treat penis lesion, graft	13.03	9.18	0.97	23.18	090	S
54112	.....	A	Treat penis lesion, graft	*15.14	10.84	1.14	27.12	090	S
54115	.....	A	Treatment of penis lesion	5.68	4.18	0.44	10.30	090	S
54120	.....	A	Partial removal of penis	9.24	6.47	0.62	16.33	090	S
54125	.....	A	Removal of penis	12.80	11.56	1.17	25.53	090	S
54130	.....	A	Remove penis & nodes	18.92	14.66	1.32	34.90	090	S
54135	.....	A	Remove penis & nodes	25.01	17.75	1.74	44.50	090	S
54150	.....	A	Circumcision	1.78	0.54	0.05	2.37	010	S
54152	.....	A	Circumcision	2.26	1.82	0.20	4.28	010	S
54160	.....	A	Circumcision	2.43	1.66	0.21	4.30	010	S
54161	.....	A	Circumcision	3.22	2.17	0.23	5.62	010	S
54200	.....	A	Treatment of penis lesion	1.01	0.32	0.03	1.36	010	S
54205	.....	A	Treatment of penis lesion	7.20	5.11	0.50	12.81	090	S
54220	.....	A	Treatment of penis lesion	2.42	1.58	0.17	4.17	000	S
54230	.....	A	Prepare penis study	1.34	1.34	0.13	2.81	000	S
54231	.....	A	Dynamic cavernosometry	2.04	1.44	0.14	3.62	000	S
54235	.....	A	Penile injection	1.19	0.43	0.04	1.66	000	S
54240	.....	A	Penis study	1.31	0.99	0.12	2.42	000	S
54240	26	A	Penis study	1.31	0.51	0.06	1.88	000	S
54240	TC	A	Penis study	0.00	0.48	0.06	0.54	000	S
54250	.....	A	Penis study	2.22	0.80	0.08	3.10	000	S
54250	26	A	Penis study	2.22	0.50	0.05	2.77	000	S
54250	TC	A	Penis study	0.00	0.30	0.03	0.33	000	S
54300	.....	A	Revision of penis	10.05	6.88	0.87	17.80	090	S
54304	.....	A	Revision of penis	12.13	8.66	0.90	21.69	090	S
54308	.....	A	Reconstruction of urethra	11.58	5.84	0.74	18.16	090	S
54312	.....	A	Reconstruction of urethra	13.16	9.37	0.91	23.44	090	S
54316	.....	A	Reconstruction of urethra	15.97	11.34	1.12	28.43	090	S
54318	.....	A	Reconstruction of urethra	10.47	7.53	1.11	19.11	090	S
54322	.....	A	Reconstruction of urethra	12.34	7.61	0.74	20.69	090	S
54324	.....	A	Reconstruction of urethra	15.46	10.98	1.08	27.52	090	S
54326	.....	A	Reconstruction of urethra	14.81	10.51	1.03	26.35	090	S
54328	.....	A	Revise penis, urethra	14.80	10.72	1.24	26.76	090	S
54332	.....	A	Revise penis, urethra	16.17	12.52	1.13	29.82	090	S
54336	.....	A	Revise penis, urethra	18.95	18.79	1.40	39.14	090	S
54340	.....	A	Secondary urethral surgery	8.55	6.07	0.59	15.21	090	S
54344	.....	A	Secondary urethral surgery	15.22	16.61	1.10	32.93	090	S
54348	.....	A	Secondary urethral surgery	16.37	11.62	1.14	29.13	090	S
54352	.....	A	Reconstruct urethra, penis	23.84	16.18	1.49	41.51	090	S
54360	.....	A	Penis plastic surgery	11.39	7.02	0.73	19.14	090	S
54380	.....	A	Repair penis	12.59	9.42	0.75	22.76	090	S
54385	.....	A	Repair penis	14.75	10.46	0.89	26.10	090	S
54390	.....	A	Repair penis and bladder	20.97	13.57	1.58	36.12	090	S
54400	.....	A	Insert semi-rigid prosthesis	8.58	*10.99	1.27	20.84	090	S
54401	.....	A	Insert self-contd prosthesis	9.67	*13.76	1.73	25.16	090	S
54402	.....	A	Remove penis prosthesis	8.67	6.00	0.58	15.25	090	S
54405	.....	A	Insert multi-comp prosthesis	12.63	*17.10	2.10	31.83	090	S
54407	.....	A	Remove multi-comp prosthesis	12.61	11.22	1.10	24.93	090	S
54409	.....	A	Revise penis prosthesis	11.53	8.97	0.87	21.37	090	S
54420	.....	A	Revision of penis	10.75	7.74	0.87	19.36	090	S
54430	.....	A	Revision of penis	9.55	6.99	0.69	17.23	090	S
54435	.....	A	Revision of penis	5.63	4.15	0.39	10.17	090	S
54440	.....	C	Repair of penis	0.00	0.00	0.00	0.00	090	S
54450	.....	A	Preputial stretching	1.12	0.68	0.07	1.87	000	S
54500	.....	A	Biopsy of testis	1.31	0.44	0.05	1.80	000	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
54505	.....	A	Biopsy of testis	3.41	1.86	0.22	5.49	010	S
54510	.....	A	Removal of testis lesion	5.24	3.03	0.38	8.65	090	S
54520	.....	A	Removal of testis	4.93	5.31	0.52	10.76	090	S
54530	.....	A	Removal of testis	8.04	7.32	0.77	16.13	090	S
54535	.....	A	Extensive testis surgery	11.43	8.54	1.02	20.99	090	S
54550	.....	A	Exploration for testis	7.36	5.25	0.61	13.22	090	S
54560	.....	A	Exploration for testis	10.46	7.23	0.81	18.50	090	S
54600	.....	A	Reduce testis torsion	6.59	4.62	0.48	11.69	090	S
54620	.....	A	Suspension of testis	4.69	3.32	0.33	8.34	010	S
54640	.....	A	Suspension of testis	6.55	7.82	0.91	15.28	090	S
54650	.....	A	Orchiopexy (Fowler-Stephens)	10.93	7.82	0.91	19.66	090	S
54660	.....	A	Revision of testis	4.80	3.40	0.34	8.54	090	S
54670	.....	A	Repair testis injury	6.06	4.30	0.43	10.79	090	S
54680	.....	A	Relocation of testis(es)	11.53	8.19	0.80	20.52	090	S
54700	.....	A	Drainage of scrotum	3.38	0.90	0.11	4.39	010	S
54800	.....	A	Biopsy of epididymis	2.33	1.97	0.19	4.49	000	S
54820	.....	A	Exploration of epididymis	4.72	2.62	0.29	7.63	090	S
54830	.....	A	Remove epididymis lesion	5.07	3.51	0.39	8.97	090	S
54840	.....	A	Remove epididymis lesion	5.01	4.84	0.48	10.33	090	S
54860	.....	A	Removal of epididymis	6.01	5.17	0.50	11.68	090	S
54861	.....	A	Removal of epididymis	8.54	7.30	0.72	16.56	090	S
54900	.....	A	Fusion of spermatic ducts	12.61	8.95	0.87	22.43	090	S
54901	.....	A	Fusion of spermatic ducts	17.30	12.29	1.20	30.79	090	S
55000	.....	A	Drainage of hydrocele	1.43	0.40	0.04	1.87	000	S
55040	.....	A	Removal of hydrocele	5.15	4.88	0.55	10.58	090	S
55041	.....	A	Removal of hydroceles	7.38	7.47	0.81	15.66	090	S
55060	.....	A	Repair of hydrocele	5.21	4.13	0.50	9.84	090	S
55100	.....	A	Drainage of scrotum abscess	2.03	0.63	0.07	2.73	010	S
55110	.....	A	Explore scrotum	5.28	3.48	0.37	9.13	090	S
55120	.....	A	Removal of scrotum lesion	4.78	1.79	0.21	6.78	090	S
55150	.....	A	Removal of scrotum	6.62	5.45	0.57	12.64	090	S
55175	.....	A	Revision of scrotum	4.93	4.49	0.48	9.90	090	S
55180	.....	A	Revision of scrotum	10.07	6.83	0.82	17.72	090	S
55200	.....	A	Incision of sperm duct	4.14	1.97	0.20	6.31	090	S
55250	.....	A	Removal of sperm duct(s)	3.21	2.63	0.28	6.12	090	S
55300	.....	A	Preparation, sperm duct x-ray	3.51	2.71	0.27	6.49	000	S
55400	.....	A	Repair of sperm duct	8.25	6.56	0.62	15.43	090	S
55450	.....	A	Ligation of sperm duct	3.91	2.61	0.32	6.84	010	S
55500	.....	A	Removal of hydrocele	5.28	4.32	0.50	10.10	090	S
55520	.....	A	Removal of sperm cord lesion	5.72	3.12	0.51	9.35	090	S
55530	.....	A	Revise spermatic cord veins	5.45	5.20	0.60	11.25	090	S
55535	.....	A	Revise spermatic cord veins	6.25	4.40	0.45	11.10	090	S
55540	.....	A	Revise hernia & sperm veins	7.25	4.54	0.91	12.70	090	S
55600	.....	A	Incise sperm duct pouch	6.07	4.31	0.55	10.93	090	S
55605	.....	A	Incise sperm duct pouch	7.60	5.60	0.59	13.79	090	S
55650	.....	A	Remove sperm duct pouch	11.26	7.22	0.76	19.24	090	S
55680	.....	A	Remove sperm pouch lesion	4.82	4.43	0.38	9.63	090	S
55700	.....	A	Biopsy of prostate	1.57	1.50	0.15	3.22	000	S
55705	.....	A	Biopsy of prostate	4.41	3.37	0.34	8.12	010	S
55720	.....	A	Drainage of prostate abscess	7.54	3.51	0.37	11.42	090	S
55725	.....	A	Drainage of prostate abscess	7.70	5.62	0.54	13.86	090	S
55801	.....	A	Removal of prostate	16.25	12.76	1.44	30.45	090	S
55810	.....	A	Extensive prostate surgery	21.21	17.88	1.77	40.86	090	S
55812	.....	A	Extensive prostate surgery	25.65	17.68	1.94	45.27	090	S
55815	.....	A	Extensive prostate surgery	28.47	25.20	2.42	56.09	090	S
55821	.....	A	Removal of prostate	13.00	13.59	1.35	27.94	090	S
55831	.....	A	Removal of prostate	14.30	14.56	1.44	30.30	090	S
55840	.....	A	Extensive prostate surgery	21.21	16.60	1.61	39.42	090	S
55842	.....	A	Extensive prostate surgery	22.70	19.16	1.88	43.74	090	S
55845	.....	A	Extensive prostate surgery	26.73	25.10	2.44	54.27	090	S
55860	.....	A	Surgical exposure, prostate	13.33	7.13	0.70	21.16	090	S
55862	.....	A	Extensive prostate surgery	17.09	11.69	1.20	29.98	090	S
55865	.....	A	Extensive prostate surgery	21.65	24.52	2.39	48.56	090	S
55870	.....	A	Electroejaculation	2.58	1.83	0.18	4.59	000	N
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
55970	.....	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	XXX	O
55980	.....	N	Sex transformation, F to M	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
56300		A	Pelvis laparoscopy, dx	3.58	*4.58	1.03	9.19	010	S
56301		A	Laparoscopy; tubal cautery	3.68	*4.95	1.28	9.91	010	S
56302		A	Laparoscopy; tubal block	4.11	*5.26	1.32	10.69	010	S
56303		A	Laparoscopy; excise lesions	5.69	5.53	1.16	12.38	010	S
56304		A	Laparoscopy; lysis	4.37	*5.60	1.20	11.17	010	S
56305		A	Pelvic laparoscopy; biopsy	3.80	*4.87	0.95	9.62	010	S
56306		A	Laparoscopy; aspiration	3.80	*4.87	1.18	9.85	010	S
56307		A	Laparoscopy; remove adnexa	5.60	*7.16	1.60	14.36	010	S
56308		A	Laparoscopy; hysterectomy	13.87	9.39	2.07	25.33	010	S
56309		A	Laparoscopy; remove myoma	5.60	4.76	1.03	11.39	010	S
56311		A	Laparoscopic lymph node biop	8.93	6.38	1.47	16.78	010	S
56312		A	Laparoscopic lymphadenectomy	12.06	8.56	0.84	21.46	010	S
56313		A	Laparoscopic lymphadenectomy	14.00	10.01	2.31	26.32	010	S
56315		A	Laparoscopic appendectomy	6.06	4.89	1.01	11.96	090	S
56316		A	Laparoscopic hernia repair	6.17	4.51	0.94	11.62	090	S
56317		A	Laparoscopic hernia repair	7.87	5.22	1.11	14.20	090	S
56320		A	Laparoscopy, spermatic veins	6.25	4.40	0.45	11.10	090	S
56322		A	Laparoscopy, vagus nerves	9.70	5.07	1.18	15.95	090	S
56323		A	Laparoscopy, vagus nerves	11.65	6.09	1.41	19.15	090	S
56324		A	Laparoscopy, cholecystoenter	11.90	9.16	1.93	22.99	090	S
56340		A	Laparoscopic cholecystectomy	10.68	7.99	1.74	20.41	090	S
56341		A	Laparoscopic cholecystectomy	11.53	8.43	1.84	21.80	090	S
56342		A	Laparoscopic cholecystectomy	13.86	9.37	2.00	25.23	090	S
56350		A	Hysteroscopy; diagnostic	2.39	1.99	0.44	4.82	000	S
56351		A	Hysteroscopy; biopsy	2.85	1.99	0.44	5.28	000	S
56352		A	Hysteroscopy; lysis	3.14	3.77	0.85	7.76	000	S
56353		A	Hysteroscopy; resect septum	3.51	3.77	0.85	8.13	000	S
56354		A	Hysteroscopy; remove myoma	3.85	*4.93	1.30	10.08	000	S
56355		A	Hysteroscopy; remove impact	3.09	1.99	0.44	5.52	000	S
56356		A	Hysteroscopy; ablation	3.43	*5.04	1.49	9.96	000	S
56360		A	Peritoneoscopy	4.04	3.80	0.43	8.27	000	S
56361		A	Peritoneoscopy w/biopsy	4.32	4.93	0.49	9.74	000	S
56362		A	Peritoneoscopy w/cholangio	4.89	2.77	0.19	7.85	000	S
56363		A	Peritoneoscopy w/biopsy	5.18	3.93	0.45	9.56	000	S
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56405		A	I & D of vulva/perineum	1.39	0.76	0.15	2.30	010	S
56420		A	Drainage of gland abscess	1.34	0.80	0.13	2.27	010	S
56440		A	Surgery for vulva lesion	2.79	2.63	0.52	5.94	010	S
56441		A	Lysis of labial lesion(s)	1.92	1.65	0.30	3.87	010	S
56501		A	Destruction, vulva lesion(s)	1.48	0.54	0.11	2.13	010	S
56515		A	Destruction, vulva lesion(s)	1.85	*2.46	0.66	4.97	010	S
56605		A	Biopsy of vulva/perineum	0.86	0.68	0.15	1.69	000	S
56606		A	Biopsy of vulva/perineum	0.43	0.35	0.08	0.86	000	S
56620		A	Partial removal of vulva	6.67	6.47	1.40	14.54	090	S
56625		A	Complete removal of vulva	7.41	*9.52	2.13	19.06	090	S
56630		A	Extensive vulva surgery	10.47	*13.46	3.28	27.21	090	S
56631		A	Extensive vulva surgery	14.57	*18.70	4.51	37.78	090	S
56632		A	Extensive vulva surgery	18.66	*21.32	4.51	44.49	090	S
56633		A	Extensive vulva surgery	12.15	*15.97	3.28	31.40	090	S
56634		A	Extensive vulva surgery	16.25	*21.21	4.51	41.97	090	S
56637		A	Extensive vulva surgery	20.34	21.42	4.51	46.27	090	S
56640		A	Extensive vulva surgery	20.09	19.95	4.36	44.40	090	S
56700		A	Partial removal of hymen	2.42	1.82	0.35	4.59	010	S
56720		A	Incision of hymen	0.68	0.48	0.11	1.27	000	S
56740		A	Remove vagina gland lesion	3.60	2.87	0.55	7.02	010	S
56800		A	Repair of vagina	3.73	2.92	0.57	7.22	010	S
56805		A	Repair clitoris	15.49	11.75	1.37	28.61	090	S
56810		A	Repair of perineum	3.97	2.62	0.51	7.10	010	S
57000		A	Exploration of vagina	2.92	2.03	0.35	5.30	010	S
57010		A	Drainage of pelvic abscess	5.41	2.65	0.51	8.57	090	S
57020		A	Drainage of pelvic fluid	1.50	0.65	0.14	2.29	000	S
57061		A	Destruction vagina lesion(s)	1.20	0.82	0.17	2.19	010	S
57065		A	Destruction vagina lesion(s)	2.56	*3.28	0.74	6.58	010	S
57100		A	Biopsy of vagina	0.97	0.62	0.13	1.72	000	S
57105		A	Biopsy of vagina	1.64	1.57	0.33	3.54	010	S
57108		A	Partial removal of vagina	5.69	5.28	1.10	12.07	090	S
57110		A	Removal of vagina	13.48	7.88	1.76	23.12	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
57120		A	Closure of vagina	6.73	6.99	1.51	15.23	090	S
57130		A	Remove vagina lesion	2.40	2.62	0.55	5.57	010	S
57135		A	Remove vagina lesion	2.64	1.93	0.38	4.95	010	S
57150		A	Treat vagina infection	0.94	0.19	0.04	1.17	000	S
57160		A	Insertion of pessary	0.89	0.25	0.05	1.19	000	S
57170		A	Fitting of diaphragm/cap	0.91	0.32	0.06	1.29	000	S
57180		A	Treat vaginal bleeding	1.53	0.55	0.11	2.19	010	S
57200		A	Repair of vagina	3.68	2.71	0.60	6.99	090	S
57210		A	Repair vagina/perineum	4.73	3.27	0.65	8.65	090	S
57220		A	Revision of urethra	3.87	4.44	0.80	9.11	090	S
57230		A	Repair of urethral lesion	5.07	3.84	0.64	9.55	090	S
57240		A	Repair bladder & vagina	5.39	*6.90	1.60	13.89	090	S
57250		A	Repair rectum & vagina	4.96	*6.40	1.69	13.05	090	S
57260		A	Repair of vagina	7.59	8.65	1.88	18.12	090	S
57265		A	Extensive repair of vagina	7.36	*9.42	2.11	18.89	090	S
57268		A	Repair of bowel bulge	6.14	7.02	1.50	14.66	090	S
57270		A	Repair of bowel pouch	7.36	6.83	1.44	15.63	090	S
57280		A	Suspension of vagina	8.35	8.53	1.85	18.73	090	S
57282		A	Repair of vaginal prolapse	8.06	8.72	1.89	18.67	090	S
57288		A	Repair bladder defect	12.34	10.72	1.36	24.42	090	S
57289		A	Repair bladder & vagina	6.40	*8.19	1.13	15.72	090	S
57291		A	Construction of vagina	7.46	5.35	1.19	14.00	090	S
57292		A	Construct vagina with graft	12.34	6.55	1.38	20.27	090	S
57300		A	Repair rectum-vagina fistula	6.81	7.91	1.66	16.38	090	S
57305		A	Repair rectum-vagina fistula	8.69	7.55	1.56	17.80	090	S
57307		A	Fistula repair & colostomy	10.05	6.11	1.28	17.44	090	S
57310		A	Repair urethrovaginal lesion	6.10	4.32	0.48	10.90	090	S
57311		A	Repair urethrovaginal lesion	7.23	5.58	0.41	13.22	090	S
57320		A	Repair bladder-vagina lesion	7.33	*9.38	1.35	18.06	090	S
57330		A	Repair bladder-vagina lesion	11.67	8.29	0.81	20.77	090	S
57335		A	Repair vagina	9.11	6.91	0.81	16.83	090	S
57400		A	Dilation of vagina	0.83	0.33	0.06	1.22	000	S
57410		A	Pelvic examination	0.59	0.36	0.05	1.00	000	S
57415		A	Removal vaginal foreign body	0.91	0.36	0.05	1.32	010	S
57452		A	Examination of vagina	0.99	0.65	0.14	1.78	000	S
57454		A	Vagina examination & biopsy	1.27	1.21	0.26	2.74	000	S
57460		A	Cervix excision	2.83	2.02	0.46	5.31	000	S
57500		A	Biopsy of cervix	0.97	0.57	0.12	1.66	000	S
57505		A	Endocervical curettage	1.09	0.63	0.13	1.85	010	S
57510		A	Cauterization of cervix	1.85	0.52	0.09	2.46	010	S
57511		A	Cryocautery of cervix	1.85	0.85	0.17	2.87	010	S
57513		A	Laser surgery of cervix	1.85	*2.47	0.67	4.99	010	S
57520		A	Conization of cervix	3.96	3.45	0.73	8.14	090	S
57522		A	Conization of cervix	3.26	3.45	0.73	7.44	090	S
57530		A	Removal of cervix	4.42	3.61	0.78	8.81	090	S
57540		A	Removal of residual cervix	6.01	6.74	1.51	14.26	090	S
57545		A	Remove cervix, repair pelvis	6.63	4.58	1.03	12.24	090	S
57550		A	Removal of residual cervix	4.91	*6.28	1.54	12.73	090	S
57555		A	Remove cervix, repair vagina	8.14	10.10	2.17	20.41	090	S
57556		A	Remove cervix, repair bowel	7.56	9.44	1.92	18.92	090	S
57700		A	Revision of cervix	3.30	2.39	0.34	6.03	090	S
57720		A	Revision of cervix	3.87	2.76	0.50	7.13	090	S
57800		A	Dilation of cervical canal	0.77	0.48	0.10	1.35	000	S
57820		A	D&c of residual cervix	1.62	*2.08	0.46	4.16	010	S
58100		A	Biopsy of uterus lining	0.71	0.66	0.14	1.51	000	S
58120		A	Dilation and curettage (D&C)	2.45	2.70	0.56	5.71	010	S
58140		A	Removal of uterus lesion	7.61	8.33	1.71	17.65	090	S
58145		A	Removal of uterus lesion	7.36	8.24	1.54	17.14	090	S
58150		A	Total hysterectomy	13.00	9.57	2.08	24.65	090	S
58152		A	Total hysterectomy	14.10	11.99	2.59	28.68	090	S
58180		A	Partial hysterectomy	9.06	9.76	2.11	20.93	090	S
58200		A	Extensive hysterectomy	20.34	12.98	2.80	36.12	090	S
58210		A	Extensive hysterectomy	23.97	17.77	3.87	45.61	090	S
58240		A	Removal of pelvis contents	28.79	28.73	6.15	63.67	090	S
58260		A	Vaginal hysterectomy	11.39	9.39	2.07	22.85	090	S
58262		A	Vaginal hysterectomy	13.06	9.39	2.07	24.52	090	S
58263		A	Vaginal hysterectomy	14.27	10.32	2.22	26.81	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
58267	.....	A	Hysterectomy & vagina repair	13.94	11.53	2.46	27.93	090	S
58270	.....	A	Hysterectomy & vagina repair	12.60	10.32	2.22	25.14	090	S
58275	.....	A	Hysterectomy, revise vagina	13.99	11.02	2.32	27.33	090	S
58280	.....	A	Hysterectomy, revise vagina	14.35	10.50	2.30	27.15	090	S
58285	.....	A	Extensive hysterectomy	17.45	11.60	2.70	31.75	090	S
58300	.....	N	Insert intrauterine device	#1.01	0.77	0.13	1.91	XXX	O
58301	.....	A	Remove intrauterine device	0.73	0.45	0.08	1.26	000	S
58321	.....	A	Artificial insemination	0.92	0.71	0.15	1.78	000	S
58322	.....	A	Artificial insemination	1.10	0.71	0.15	1.96	000	S
58323	.....	A	Sperm washing	0.23	0.16	0.04	0.43	000	S
58340	.....	A	Inject for uterus/tube x-ray	0.88	0.57	0.08	1.53	000	S
58345	.....	A	Reopen fallopian tube	4.61	3.49	0.41	8.51	010	S
58350	.....	A	Reopen fallopian tube	0.96	0.69	0.16	1.81	010	S
58400	.....	A	Suspension of uterus	5.66	5.64	1.16	12.46	090	S
58410	.....	A	Suspension of uterus	6.78	5.53	0.84	13.15	090	S
58520	.....	A	Repair of ruptured uterus	6.35	4.24	0.99	11.58	090	S
58540	.....	A	Revision of uterus	8.58	6.13	1.42	16.13	090	S
58600	.....	A	Division of fallopian tube	3.74	*5.36	1.38	10.48	090	S
58605	.....	A	Division of fallopian tube	3.29	*4.21	1.01	8.51	090	S
58611	.....	A	Ligate oviduct(s)	0.63	0.47	0.10	1.20	ZZZ	S
58615	.....	A	Occlude fallopian tube(s)	3.85	2.91	0.35	7.11	010	S
58700	.....	A	Removal of fallopian tube	5.92	6.33	1.31	13.56	090	S
58720	.....	A	Removal of ovary/tube(s)	6.20	7.50	1.63	15.33	090	S
58740	.....	A	Revise fallopian tube(s)	5.28	*6.94	1.88	14.10	090	S
58750	.....	A	Repair oviduct(s)	8.82	6.31	1.46	16.59	090	S
58752	.....	A	Revise ovarian tube(s)	7.94	6.74	0.93	15.61	090	S
58760	.....	A	Remove tubal obstruction	7.16	5.11	1.19	13.46	090	S
58770	.....	A	Create new tubal opening	6.96	5.28	1.11	13.35	090	S
58800	.....	A	Drainage of ovarian cyst(s)	3.77	2.68	0.53	6.98	090	S
58805	.....	A	Drainage of ovarian cyst(s)	5.44	6.38	1.36	13.18	090	S
58820	.....	A	Drainage of ovarian abscess	3.96	2.76	0.49	7.21	090	S
58822	.....	A	Drainage of ovarian abscess	6.18	3.55	0.81	10.54	090	S
58825	.....	A	Transposition, ovary(s)	5.63	4.03	0.93	10.59	090	S
58900	.....	A	Biopsy of ovary(s)	5.49	5.19	1.07	11.75	090	S
58920	.....	A	Partial removal of ovary(s)	6.28	6.78	1.41	14.47	090	S
58925	.....	A	Removal of ovarian cyst(s)	6.40	6.56	1.38	14.34	090	S
58940	.....	A	Removal of ovary(s)	6.54	6.49	1.33	14.36	090	S
58943	.....	A	Removal of ovary(s)	17.49	12.11	2.63	32.23	090	S
58950	.....	A	Resect ovarian malignancy	14.10	11.24	2.38	27.72	090	S
58951	.....	A	Resect ovarian malignancy	20.34	18.34	3.93	42.61	090	S
58952	.....	A	Resect ovarian malignancy	21.35	18.11	3.92	43.38	090	S
58960	.....	A	Exploration of abdomen	10.14	*12.98	2.95	26.07	090	S
58970	.....	A	Retrieval of oocyte	3.53	2.52	0.58	6.63	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	.....	A	Transfer of embryo	3.83	2.73	0.63	7.19	000	N
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
59000	.....	A	Amniocentesis	1.30	0.97	0.18	2.45	000	S
59012	.....	A	Fetal cord puncture, prenatal	3.45	2.62	0.31	6.38	000	S
59015	.....	A	Chorion biopsy	2.20	1.20	0.10	3.50	000	S
59020	.....	A	Fetal contract stress test	0.66	*1.35	0.29	2.30	000	S
59020	26	A	Fetal contract stress test	0.66	*0.85	0.19	1.70	000	S
59020	TC	A	Fetal contract stress test	0.00	0.50	0.10	0.60	000	S
59025	.....	A	Fetal non-stress test	0.53	0.61	0.12	1.26	000	S
59025	26	A	Fetal non-stress test	0.53	0.39	0.08	1.00	000	S
59025	TC	A	Fetal non-stress test	0.00	0.22	0.04	0.26	000	S
59030	.....	A	Fetal scalp blood sample	1.99	1.58	0.21	3.78	000	S
59050	.....	A	Fetal monitor w/report	0.89	0.81	0.15	1.85	XXX	S
59051	.....	A	Fetal monitor/interpret onl	0.74	0.81	0.15	1.70	XXX	N
59100	.....	A	Remove uterus lesion	5.96	4.14	0.96	11.06	090	S
59120	.....	A	Treat ectopic pregnancy	7.11	7.86	1.50	16.47	090	S
59121	.....	A	Treat ectopic pregnancy	6.99	5.38	1.07	13.44	090	S
59130	.....	A	Treat ectopic pregnancy	7.88	5.96	0.70	14.54	090	S
59135	.....	A	Treat ectopic pregnancy	13.00	9.85	1.15	24.00	090	S
59136	.....	A	Treat ectopic pregnancy	8.69	6.22	1.44	16.35	090	S
59140	.....	A	Treat ectopic pregnancy	5.09	4.66	0.29	10.04	090	S
59150	.....	A	Treat ectopic pregnancy	6.34	4.53	1.05	11.92	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
59151	.....	A	Treat ectopic pregnancy	7.24	8.61	0.64	16.49	090	S
59160	.....	A	D&C after delivery	2.66	2.93	0.52	6.11	010	S
59200	.....	A	Insert cervical dilator	0.79	0.54	0.11	1.44	000	S
59300	.....	A	Episiotomy or vaginal repair	2.41	0.99	0.10	3.50	000	S
59320	.....	A	Revision of cervix	2.48	1.78	0.41	4.67	000	S
59325	.....	A	Revision of cervix	4.07	2.89	0.29	7.25	000	S
59350	.....	A	Repair of uterus	4.95	3.54	0.82	9.31	000	S
59400	.....	A	Obstetrical care	20.99	14.99	3.47	39.45	MMM	S
59409	.....	A	Obstetrical care	13.28	9.48	2.20	24.96	MMM	S
59410	.....	A	Obstetrical care	14.44	10.31	2.39	27.14	MMM	S
59412	.....	A	Antepartum manipulation	1.71	1.22	0.29	3.22	MMM	S
59414	.....	A	Deliver placenta	1.61	1.15	0.27	3.03	MMM	S
59425	.....	A	Antepartum care only	4.04	2.88	0.66	7.58	MMM	S
59426	.....	A	Antepartum care only	6.91	4.94	1.14	12.99	MMM	S
59430	.....	A	Care after delivery	2.01	0.38	0.07	2.46	MMM	S
59510	.....	A	Cesarean delivery	23.67	16.90	3.92	44.49	MMM	S
59514	.....	A	Cesarean delivery only	15.39	10.99	2.55	28.93	MMM	S
59515	.....	A	Cesarean delivery	16.55	11.82	2.73	31.10	MMM	S
59525	.....	A	Remove uterus after cesarean	8.54	3.81	0.88	13.23	MMM	S
59812	.....	A	Treatment of miscarriage	3.10	3.61	0.77	7.48	090	S
59820	.....	A	Care of miscarriage	3.73	3.75	0.77	8.25	090	S
59821	.....	A	Treatment of miscarriage	4.26	2.72	0.62	7.60	090	S
59830	.....	A	Treat uterus infection	5.96	4.53	0.52	11.01	090	S
59840	.....	A	Abortion	2.91	3.22	0.69	6.82	010	S
59841	.....	A	Abortion	3.24	3.75	0.76	7.75	010	S
59850	.....	A	Abortion	5.46	4.00	0.85	10.31	090	S
59851	.....	A	Abortion	5.62	4.28	0.88	10.78	090	S
59852	.....	A	Abortion	7.70	5.51	1.27	14.48	090	S
59855	.....	A	Abortion	4.75	3.39	0.78	8.92	090	S
59856	.....	A	Abortion	7.16	5.11	1.19	13.46	090	S
59857	.....	A	Abortion	8.71	6.22	1.44	16.37	090	S
59870	.....	A	Evacuate mole of uterus	4.08	2.91	0.67	7.66	090	S
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY	S
60000	.....	A	Drain thyroid/tongue cyst	1.71	0.60	0.09	2.40	010	N
60001	.....	A	Aspirate/inject thyroid cyst	0.97	1.05	0.12	2.14	000	N
60100	.....	A	Biopsy of thyroid	0.97	1.05	0.12	2.14	000	N
60200	.....	A	Remove thyroid lesion	8.83	6.02	1.04	15.89	090	S
60210	.....	A	Partial excision thyroid	10.51	8.68	1.65	20.84	090	S
60212	.....	A	Partial thyroid excision	15.48	9.04	1.74	26.26	090	S
60220	.....	A	Partial removal of thyroid	9.86	8.54	1.61	20.01	090	S
60225	.....	A	Partial removal of thyroid	11.65	10.49	1.92	24.06	090	S
60240	.....	A	Removal of thyroid	15.66	10.58	1.96	28.20	090	S
60245	.....	D	Partial removal of thyroid	0.00	0.00	0.00	0.00	090	S
60246	.....	D	Partial removal of thyroid	0.00	0.00	0.00	0.00	090	S
60252	.....	A	Removal of thyroid	15.40	13.65	2.55	31.60	090	S
60254	.....	A	Extensive thyroid surgery	16.68	19.21	3.08	38.97	090	S
60260	.....	A	Repeat thyroid surgery	14.49	3.14	0.34	17.97	090	S
60270	.....	A	Removal of thyroid	16.44	13.97	2.54	32.95	090	S
60271	.....	A	Removal of thyroid	14.16	12.14	2.25	28.55	090	S
60280	.....	A	Remove thyroid duct lesion	5.55	*7.10	1.11	13.76	090	S
60281	.....	A	Remove thyroid duct lesion	8.00	5.04	0.95	13.99	090	S
60500	.....	A	Explore parathyroid glands	15.40	11.36	2.31	29.07	090	S
60502	.....	A	Re-explore parathyroids	19.25	11.39	2.33	32.97	090	S
60505	.....	A	Explore parathyroid glands	19.93	13.14	2.56	35.63	090	S
60512	.....	A	Autotransplant, parathyroid	4.45	2.32	0.54	7.31	ZZZ	S
60520	.....	A	Removal of thymus gland	15.82	13.54	2.46	31.82	090	S
60521	.....	A	Removal thymus gland	17.80	13.54	2.46	33.80	090	S
60522	.....	A	Removal of thymus gland	21.76	13.54	2.46	37.76	090	S
60540	.....	A	Explore adrenal gland	15.72	12.05	2.08	29.85	090	S
60545	.....	A	Explore adrenal gland	18.51	14.27	2.34	35.12	090	S
60600	.....	A	Remove carotid body lesion	16.13	11.46	1.88	29.47	090	S
60605	.....	A	Remove carotid body lesion	18.20	10.71	2.21	31.12	090	S
60699	.....	C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
61000	.....	A	Remove cranial cavity fluid	1.58	1.07	0.17	2.82	000	S
61001	.....	A	Remove cranial cavity fluid	1.49	0.88	0.17	2.54	000	S
61020	.....	A	Remove brain cavity fluid	1.51	1.26	0.20	2.97	000	S
61026	.....	A	Injection into brain canal	1.69	2.03	0.22	3.94	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
61050	.....	A	Remove brain canal fluid	1.51	1.23	0.15	2.89	000	N
61055	.....	A	Injection into brain canal	2.10	1.88	0.19	4.17	000	N
61070	.....	A	Brain canal shunt procedure	0.89	0.49	0.03	1.41	000	N
61105	.....	A	Drill skull for examination	8.19	6.89	1.24	16.32	090	S
61106	.....	A	Drill skull for exam/surgery	7.35	6.15	1.15	14.65	ZZZ	S
61107	.....	A	Drill skull for implantation	4.35	*5.68	1.26	11.29	000	S
61108	.....	A	Drill skull for drainage	10.80	12.05	2.22	25.07	090	S
61120	.....	A	Pierce skull for examination	9.31	5.95	1.08	16.34	090	S
61130	.....	A	Pierce skull, exam/surgery	6.37	4.95	0.96	12.28	ZZZ	S
61140	.....	A	Pierce skull for biopsy	14.84	14.13	2.56	31.53	090	S
61150	.....	A	Pierce skull for drainage	16.37	14.65	2.63	33.65	090	S
61151	.....	A	Pierce skull for drainage	11.40	2.13	0.37	13.90	090	S
61154	.....	A	Pierce skull, remove clot	13.67	*17.50	3.27	34.44	090	S
61156	.....	A	Pierce skull for drainage	15.23	16.19	3.05	34.47	090	S
61210	.....	A	Pierce skull; implant device	4.72	*6.54	1.53	12.79	000	S
61215	.....	A	Insert brain-fluid device	10.05	9.00	1.63	20.68	090	S
61250	.....	A	Pierce skull & explore	11.03	8.03	1.44	20.50	090	S
61253	.....	A	Pierce skull & explore	13.00	9.62	1.69	24.31	090	S
61304	.....	A	Open skull for exploration	20.63	26.03	4.78	51.44	090	S
61305	.....	A	Open skull for exploration	24.77	29.11	5.05	58.93	090	S
61312	.....	A	Open skull for drainage	20.54	24.13	4.46	49.13	090	S
61313	.....	A	Open skull for drainage	20.54	24.04	4.38	48.96	090	S
61314	.....	A	Open skull for drainage	22.78	25.62	4.68	53.08	090	S
61315	.....	A	Open skull for drainage	25.91	24.41	4.47	54.79	090	S
61320	.....	A	Open skull for drainage	23.90	18.70	3.41	46.01	090	S
61321	.....	A	Open skull for drainage	26.66	19.83	3.54	50.03	090	S
61330	.....	A	Decompress eye socket	15.65	12.97	1.22	29.84	090	S
61332	.....	A	Explore/biopsy eye socket	26.08	20.72	2.76	49.56	090	S
61333	.....	A	Explore orbit; remove lesion	26.75	20.46	3.26	50.47	090	S
61334	.....	A	Explore orbit; remove object	17.07	14.65	1.82	33.54	090	S
61340	.....	A	Relieve cranial pressure	11.56	*14.80	2.54	28.90	090	S
61343	.....	A	Incise skull, pressure relief	27.87	30.05	5.28	63.20	090	S
61345	.....	A	Relieve cranial pressure	25.36	19.18	3.45	47.99	090	S
61440	.....	A	Incise skull for surgery	24.79	20.75	3.00	48.54	090	S
61450	.....	A	Incise skull for surgery	24.29	20.43	3.43	48.15	090	S
61458	.....	A	Incise skull for brain wound	25.97	27.28	4.87	58.12	090	S
61460	.....	A	Incise skull for surgery	26.75	25.05	3.98	55.78	090	S
61470	.....	A	Incise skull for surgery	20.79	13.86	2.53	37.18	090	S
61480	.....	A	Incise skull for surgery	16.77	15.07	1.78	33.62	090	S
61490	.....	A	Incise skull for surgery	15.63	11.72	2.16	29.51	090	S
61500	.....	A	Removal of skull lesion	16.93	20.07	3.58	40.58	090	S
61501	.....	A	Remove infected skull bone	13.59	*17.40	3.33	34.32	090	S
61510	.....	A	Removal of brain lesion	23.39	27.04	4.90	55.33	090	S
61512	.....	A	Remove brain lining lesion	24.26	29.02	5.28	58.56	090	S
61514	.....	A	Removal of brain abscess	23.49	25.52	4.74	53.75	090	S
61516	.....	A	Removal of brain lesion	22.84	26.48	4.57	53.89	090	S
61518	.....	A	Removal of brain lesion	32.27	30.02	5.46	67.75	090	S
61519	.....	A	Remove brain lining lesion	33.84	31.22	5.77	70.83	090	S
61520	.....	A	Removal of brain lesion	38.35	33.85	5.89	78.09	090	S
61521	.....	A	Removal of brain lesion	39.48	32.97	5.85	78.30	090	S
61522	.....	A	Removal of brain abscess	27.55	19.96	3.79	51.30	090	S
61524	.....	A	Removal of brain lesion	26.02	27.45	5.15	58.62	090	S
61526	.....	A	Removal of brain lesion	29.71	34.01	4.79	68.51	090	S
61530	.....	A	Removal of brain lesion	42.35	34.01	4.79	81.15	090	S
61531	.....	A	Implant brain electrodes	20.50	14.98	1.75	37.23	090	S
61533	.....	A	Implant brain electrodes	23.41	17.02	3.33	43.76	090	S
61534	.....	A	Removal of brain lesion	19.13	6.38	2.01	27.52	090	S
61535	.....	A	Remove brain electrodes	10.23	7.66	1.25	19.14	090	S
61536	.....	A	Removal of brain lesion	29.43	21.96	3.99	55.38	090	S
61538	.....	A	Removal of brain tissue	28.05	29.08	4.97	62.10	090	S
61539	.....	A	Removal of brain tissue	30.05	22.96	4.07	57.08	090	S
61541	.....	A	Incision of brain tissue	26.95	19.80	3.78	50.53	090	S
61542	.....	A	Removal of brain tissue	27.39	19.91	3.90	51.20	090	S
61543	.....	A	Removal of brain tissue	20.62	17.24	2.49	40.35	090	S
61544	.....	A	Remove & treat brain lesion	23.71	28.19	2.11	54.01	090	S
61545	.....	A	Excision of brain tumor	34.50	25.66	4.80	64.96	090	S
61546	.....	A	Removal of pituitary gland	29.33	27.01	4.78	61.12	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] * Indicates RVUs are not used for Medicare payment

[3] 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
61548	.....	A	Removal of pituitary gland	20.15	24.78	4.03	48.96	090	S
61550	.....	A	Release of skull seams	14.24	11.81	1.11	27.16	090	S
61552	.....	A	Release of skull seams	19.02	13.83	2.70	35.55	090	S
61556	.....	A	Incise skull/sutures	21.35	15.53	3.04	39.92	090	S
61557	.....	A	Incise skull/sutures	21.47	15.62	3.05	40.14	090	S
61558	.....	A	Excision of skull/sutures	24.41	17.74	3.47	45.62	090	S
61559	.....	A	Excision of skull/sutures	31.65	23.01	4.50	59.16	090	S
61563	.....	A	Excision of skull tumor	25.87	18.81	3.68	48.36	090	S
61564	.....	A	Excision of skull tumor	32.64	23.73	4.64	61.01	090	S
61570	.....	A	Remove brain foreign body	22.89	16.49	3.06	42.44	090	S
61571	.....	A	Incise skull for brain wound	24.55	18.32	3.21	46.08	090	S
61575	.....	A	Skull base/brainstem surgery	32.33	32.99	5.05	70.37	090	S
61576	.....	A	Skull base/brainstem surgery	33.82	28.23	3.91	65.96	090	S
61580	.....	A	Craniofacial approach, skull	28.90	21.01	4.10	54.01	090	S
61581	.....	A	Craniofacial approach, skull	32.80	23.84	4.66	61.30	090	S
61582	.....	A	Craniofacial approach, skull	29.77	21.65	4.22	55.64	090	S
61583	.....	A	Craniofacial approach, skull	33.97	24.70	4.83	63.50	090	S
61584	.....	A	Orbitocranial approach/skull	32.89	23.91	4.68	61.48	090	S
61585	.....	A	Orbitocranial approach/skull	36.80	26.75	5.23	68.78	090	S
61590	.....	A	Infratemporal approach/skull	40.02	29.10	5.68	74.80	090	S
61591	.....	A	Infratemporal approach/skull	41.97	30.52	5.96	78.45	090	S
61592	.....	A	Orbitocranial approach/skull	38.07	27.68	5.41	71.16	090	S
61595	.....	A	Transtemporal approach/skull	28.12	20.44	4.00	52.56	090	S
61596	.....	A	Transcochlear approach/skull	34.17	24.84	4.86	63.87	090	S
61597	.....	A	Transcondylar approach/skull	36.12	26.26	5.13	67.51	090	S
61598	.....	A	Transpetrosal approach/skull	31.83	23.13	4.52	59.48	090	S
61600	.....	A	Resect/excise cranial lesion	24.41	17.74	3.46	45.61	090	S
61601	.....	A	Resect/excise cranial lesion	26.16	19.03	3.72	48.91	090	S
61605	.....	A	Resect/excise cranial lesion	27.62	20.09	3.93	51.64	090	S
61606	.....	A	Resect/excise cranial lesion	37.00	26.90	5.25	69.15	090	S
61607	.....	A	Resect/excise cranial lesion	34.56	25.13	4.91	64.60	090	S
61608	.....	A	Resect/excise cranial lesion	40.21	29.24	5.71	75.16	090	S
61609	.....	A	Transect, artery, sinus	9.89	7.19	1.40	18.48	ZZZ	S
61610	.....	A	Transect, artery, sinus	29.67	21.57	4.21	55.45	ZZZ	S
61611	.....	A	Transect, artery, sinus	7.42	5.39	1.06	13.87	ZZZ	S
61612	.....	A	Transect, artery, sinus	27.88	20.27	3.96	52.11	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.43	28.67	5.61	73.71	090	S
61615	.....	A	Resect/excise lesion, skull	30.36	22.07	4.31	56.74	090	S
61616	.....	A	Resect/excise lesion, skull	41.29	30.03	5.86	77.18	090	S
61618	.....	A	Repair dura	15.62	11.35	2.22	29.19	090	S
61619	.....	A	Repair dura	19.52	14.19	2.77	36.48	090	S
61624	.....	A	Occlusion/embolization cath	20.15	15.28	1.79	37.22	000	N
61626	.....	A	Occlusion/embolization cath	16.62	12.60	1.47	30.69	000	N
61680	.....	A	Intracranial vessel surgery	36.45	31.06	5.79	73.30	090	S
61682	.....	A	Intracranial vessel surgery	42.21	35.31	6.36	83.88	090	S
61684	.....	A	Intracranial vessel surgery	39.25	29.76	3.47	72.48	090	S
61686	.....	A	Intracranial vessel surgery	47.45	35.98	4.20	87.63	090	S
61690	.....	A	Intracranial vessel surgery	33.82	27.46	4.09	65.37	090	S
61692	.....	A	Intracranial vessel surgery	37.96	28.79	3.36	70.11	090	S
61700	.....	A	Inner skull vessel surgery	34.83	31.69	5.67	72.19	090	S
61702	.....	A	Inner skull vessel surgery	39.20	36.31	6.61	82.12	090	S
61703	.....	A	Clamp neck artery	16.27	12.21	2.24	30.72	090	S
61705	.....	A	Revise circulation to head	34.49	30.41	5.25	70.15	090	S
61708	.....	A	Revise circulation to head	33.59	25.20	2.32	61.11	090	S
61710	.....	A	Revise circulation to head	28.14	16.63	1.75	46.52	090	S
61711	.....	A	Fusion of skull arteries	34.62	33.04	6.20	73.86	090	S
61712	.....	A	Skull or spine microsurgery	3.49	*4.47	0.93	8.89	ZZZ	S
61720	.....	A	Incise skull/brain surgery	15.85	*20.36	4.05	40.26	090	S
61735	.....	A	Incise skull/brain surgery	17.08	12.96	1.51	31.55	090	S
61750	.....	A	Incise skull; brain biopsy	10.03	*17.04	4.31	31.38	090	S
61751	.....	A	Brain biopsy with cat scan	15.18	*20.24	4.44	39.86	090	S
61760	.....	A	Implant brain electrodes	24.83	14.98	1.75	41.56	090	S
61770	.....	A	Incise skull for treatment	15.14	*19.38	3.43	37.95	090	S
61790	.....	A	Treat trigeminal nerve	10.31	*13.76	3.03	27.10	090	S
61791	.....	A	Treat trigeminal tract	7.29	*12.26	3.16	22.71	090	S
61793	.....	A	Focus radiation beam	16.70	21.35	1.96	40.01	090	S
61795	.....	A	Brain surgery using computer	4.04	*6.45	1.55	12.04	000	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association
[2] # Indicates RVUs are not used for Medicare payment
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
61850	.....	A	Implant neuroelectrodes	15.98	11.63	2.26	29.87	090	S
61855	.....	A	Implant neuroelectrodes	12.94	10.39	1.47	24.80	090	S
61860	.....	A	Implant neuroelectrodes	11.20	8.14	1.59	20.93	090	S
61865	.....	A	Implant neuroelectrodes	21.70	15.78	3.09	40.57	090	S
61870	.....	A	Implant neuroelectrodes	5.77	4.19	0.82	10.78	090	S
61875	.....	A	Implant neuroelectrodes	9.20	6.69	1.31	17.20	090	S
61880	.....	A	Revise/remove neuroelectrode	5.72	4.79	0.66	11.17	090	S
61885	.....	A	Implant neuroreceiver	2.35	1.96	0.29	4.60	090	S
61888	.....	A	Revise/remove neuroreceiver	3.10	2.25	0.44	5.79	010	S
62000	.....	A	Repair of skull fracture	11.26	5.73	0.95	17.94	090	S
62005	.....	A	Repair of skull fracture	14.84	11.08	1.97	27.89	090	S
62010	.....	A	Treatment of head injury	18.43	19.20	3.39	41.02	090	S
62100	.....	A	Repair brain fluid leakage	20.78	21.62	3.72	46.12	090	S
62115	.....	A	Reduction of skull defect	20.50	15.51	1.82	37.83	090	S
62116	.....	A	Reduction of skull defect	22.45	16.98	1.99	41.42	090	S
62117	.....	A	Reduction of skull defect	25.38	19.20	2.25	46.83	090	S
62120	.....	A	Repair skull cavity lesion	22.34	16.90	1.98	41.22	090	S
62121	.....	A	Incise skull repair	20.25	17.51	3.41	41.17	090	S
62140	.....	A	Repair of skull defect	12.63	13.43	2.39	28.45	090	S
62141	.....	A	Repair of skull defect	13.90	17.73	3.28	34.91	090	S
62142	.....	A	Remove skull plate/flap	9.91	*12.69	2.64	25.24	090	S
62143	.....	A	Replace skull plate/flap	12.11	9.17	1.65	22.93	090	S
62145	.....	A	Repair of skull & brain	17.68	13.16	2.29	33.13	090	S
62146	.....	A	Repair of skull with graft	15.11	10.99	2.15	28.25	090	S
62147	.....	A	Repair of skull with graft	18.14	13.17	2.57	33.88	090	S
62180	.....	A	Establish brain cavity shunt	12.72	14.21	2.70	29.63	090	S
62190	.....	A	Establish brain cavity shunt	10.13	*13.26	3.21	26.60	090	S
62192	.....	A	Establish brain cavity shunt	11.31	*14.48	2.74	28.53	090	S
62194	.....	A	Replace/irrigate catheter	2.81	1.88	0.29	4.98	010	N
62200	.....	A	Establish brain cavity shunt	13.24	*16.95	3.09	33.28	090	S
62201	.....	A	Establish brain cavity shunt	12.10	8.78	1.72	22.60	090	S
62220	.....	A	Establish brain cavity shunt	12.06	*15.43	3.12	30.61	090	S
62223	.....	A	Establish brain cavity shunt	12.81	*16.40	3.02	32.23	090	S
62225	.....	A	Replace/irrigate catheter	4.71	4.80	0.58	10.09	090	S
62230	.....	A	Replace/revise brain shunt	9.71	9.83	1.82	21.36	090	S
62256	.....	A	Remove brain cavity shunt	5.90	6.38	1.17	13.45	090	S
62258	.....	A	Replace brain cavity shunt	13.60	14.78	2.55	30.93	090	S
62268	.....	A	Drain spinal cord cyst	3.87	*2.98	0.36	7.21	000	N
62269	.....	A	Needle biopsy spinal cord	4.07	1.75	0.28	6.10	000	N
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.71	0.06	1.90	000	N
62272	.....	A	Drain spinal fluid	1.35	1.01	0.12	2.48	000	N
62273	.....	A	Treat lumbar spine lesion	2.15	1.12	0.26	3.53	000	N
62274	.....	A	Inject spinal anesthetic	1.78	0.74	0.17	2.69	000	N
62275	.....	A	Inject spinal anesthetic	1.79	0.59	0.19	2.57	000	N
62276	.....	A	Inject spinal anesthetic	2.04	1.23	0.23	3.50	000	N
62277	.....	A	Inject spinal anesthetic	2.15	0.84	0.23	3.22	000	N
62278	.....	A	Inject spinal anesthetic	1.51	0.98	0.26	2.75	000	N
62279	.....	A	Inject spinal anesthetic	1.58	0.82	0.24	2.64	000	N
62280	.....	A	Treat spinal cord lesion	2.58	0.71	0.14	3.43	010	N
62281	.....	A	Treat spinal cord lesion	2.61	0.87	0.28	3.76	010	N
62282	.....	A	Treat spinal canal lesion	2.28	1.70	0.40	4.38	010	N
62284	.....	A	Injection for myelogram	1.54	*1.98	0.34	3.86	000	S
62287	.....	A	Percutaneous diskectomy	4.13	*9.79	2.65	16.57	090	S
62288	.....	A	Injection into spinal canal	1.74	1.12	0.24	3.10	000	N
62289	.....	A	Injection into spinal canal	1.64	1.07	0.29	3.00	000	N
62290	.....	A	Inject for spine disk x-ray	3.58	1.86	0.24	5.68	000	N
62291	.....	A	Inject for spine disk x-ray	2.91	1.78	0.39	5.08	000	N
62292	.....	A	Injection into disk lesion	7.00	*9.90	2.13	19.03	090	S
62294	.....	A	Injection into spinal artery	8.05	5.84	0.68	14.57	090	S
62298	.....	A	Injection into spinal canal	2.20	1.04	0.13	3.37	000	N
63001	.....	A	Removal of spinal lamina	14.50	*18.55	3.42	36.47	090	S
63003	.....	A	Removal of spinal lamina	14.63	17.93	3.23	35.79	090	S
63005	.....	A	Removal of spinal lamina	13.53	*17.32	3.10	33.95	090	S
63011	.....	A	Removal of spinal lamina	11.11	9.99	1.87	22.97	090	S
63012	.....	A	Removal of spinal lamina	14.21	18.07	3.15	35.43	090	S
63015	.....	A	Removal of spinal lamina	16.59	*21.23	4.18	42.00	090	S
63016	.....	A	Removal of spinal lamina	17.43	*22.30	4.11	43.84	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
63017		A	Removal of spinal lamina	15.85	*20.29	4.00	40.14	090	S
63020		A	Neck spine disk surgery	12.53	*16.04	3.38	31.95	090	S
63030		A	Low back disk surgery	12.11	*15.50	2.81	30.42	090	S
63035		A	Added spinal disk surgery	3.15	*4.04	0.76	7.95	ZZZ	S
63040		A	Neck spine disk surgery	17.56	*22.48	4.30	44.34	090	S
63042		A	Low back disk surgery	17.27	*22.10	4.38	43.75	090	S
63045		A	Removal of spinal lamina	15.31	*19.75	4.38	39.44	090	S
63046		A	Removal of spinal lamina	14.61	*19.75	4.58	38.94	090	S
63047		A	Removal of spinal lamina	12.76	*19.32	4.48	36.56	090	S
63048		A	Removal of spinal lamina	3.26	*4.54	1.03	8.83	ZZZ	S
63055		A	Decompress spinal cord	20.67	23.73	4.18	48.58	090	S
63056		A	Decompress spinal cord	19.11	21.84	3.76	44.71	090	S
63057		A	Decompress spinal cord	3.00	*4.10	0.85	7.95	ZZZ	S
63064		A	Decompress spinal cord	23.23	23.83	4.09	51.15	090	S
63066		A	Decompress spinal cord	3.26	2.48	0.45	6.19	ZZZ	S
63075		A	Neck spine disk surgery	19.77	17.57	3.21	40.55	090	S
63076		A	Neck spine disk surgery	4.05	*5.19	0.97	10.21	ZZZ	S
63077		A	Spine disk surgery, thorax	20.25	18.42	3.17	41.84	090	S
63078		A	Spine disk surgery, thorax	3.28	2.61	0.45	6.34	ZZZ	S
63081		A	Removal of vertebral body	22.08	26.26	4.50	52.84	090	S
63082		A	Removal of vertebral body	4.37	*5.79	1.22	11.38	ZZZ	S
63085		A	Removal of vertebral body	25.07	27.39	4.69	57.15	090	S
63086		A	Removal of vertebral body	3.19	*4.59	1.07	8.85	ZZZ	S
63087		A	Removal of vertebral body	27.56	28.25	4.85	60.66	090	S
63088		A	Removal of vertebral body	4.33	*5.67	1.18	11.18	ZZZ	S
63090		A	Removal of vertebral body	26.20	29.22	4.92	60.34	090	S
63091		A	Removal of vertebral body	3.03	2.73	0.46	6.22	ZZZ	S
63170		A	Incise spinal cord tract(s)	18.18	18.88	3.28	40.34	090	S
63172		A	Drainage of spinal cyst	16.19	*20.72	4.26	41.17	090	S
63173		A	Drainage of spinal cyst	20.40	15.47	1.81	37.68	090	S
63180		A	Revise spinal cord ligaments	16.75	11.61	2.05	30.41	090	S
63182		A	Revise spinal cord ligaments	18.91	16.44	2.21	37.56	090	S
63185		A	Incise spinal column/nerves	13.85	15.55	2.93	32.33	090	S
63190		A	Incise spinal column/nerves	16.26	*20.81	3.91	40.98	090	S
63191		A	Incise spinal column/nerves	16.42	13.04	2.21	31.67	090	S
63194		A	Incise spinal column & cord	17.53	13.02	2.33	32.88	090	S
63195		A	Incise spinal column & cord	17.16	13.86	2.11	33.13	090	S
63196		A	Incise spinal column & cord	20.57	15.59	1.83	37.99	090	S
63197		A	Incise spinal column & cord	19.38	14.36	2.62	36.36	090	S
63198		A	Incise spinal column & cord	22.45	16.32	3.19	41.96	090	S
63199		A	Incise spinal column & cord	23.89	21.40	2.61	47.90	090	S
63200		A	Release of spinal cord	17.66	12.49	1.83	31.98	090	S
63250		A	Revise spinal cord vessels	38.67	27.99	5.22	71.88	090	S
63251		A	Revise spinal cord vessels	38.86	22.74	4.32	65.92	090	S
63252		A	Revise spinal cord vessels	38.85	28.25	5.52	72.62	090	S
63265		A	Excise intraspinal lesion	20.04	22.01	3.90	45.95	090	S
63266		A	Excise intraspinal lesion	20.65	24.76	4.43	49.84	090	S
63267		A	Excise intraspinal lesion	16.70	*21.38	4.20	42.28	090	S
63268		A	Excise intraspinal lesion	17.27	12.56	2.46	32.29	090	S
63270		A	Excise intraspinal lesion	24.84	18.14	3.42	46.40	090	S
63271		A	Excise intraspinal lesion	24.96	26.60	4.79	56.35	090	S
63272		A	Excise intraspinal lesion	23.69	23.15	4.26	51.10	090	S
63273		A	Excise intraspinal lesion	22.66	17.56	3.12	43.34	090	S
63275		A	Biopsy/excise spinal tumor	22.05	27.82	5.09	54.96	090	S
63276		A	Biopsy/excise spinal tumor	21.76	25.31	4.62	51.69	090	S
63277		A	Biopsy/excise spinal tumor	19.51	23.75	4.25	47.51	090	S
63278		A	Biopsy/excise spinal tumor	19.24	23.34	4.32	46.90	090	S
63280		A	Biopsy/excise spinal tumor	26.72	28.08	4.99	59.79	090	S
63281		A	Biopsy/excise spinal tumor	26.42	27.67	4.96	59.05	090	S
63282		A	Biopsy/excise spinal tumor	24.96	24.11	4.44	53.51	090	S
63283		A	Biopsy/excise spinal tumor	23.57	18.77	3.44	45.78	090	S
63285		A	Biopsy/excise spinal tumor	34.24	24.49	4.49	63.22	090	S
63286		A	Biopsy/excise spinal tumor	33.94	28.76	4.92	67.62	090	S
63287		A	Biopsy/excise spinal tumor	34.43	25.72	4.53	64.68	090	S
63290		A	Biopsy/excise spinal tumor	35.04	27.16	4.65	66.85	090	S
63300		A	Removal of vertebral body	22.78	17.27	2.02	42.07	090	S
63301		A	Removal of vertebral body	25.08	18.45	3.58	47.11	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
63302	.....	A	Removal of vertebral body	25.60	21.36	3.02	49.98	090	S
63303	.....	A	Removal of vertebral body	28.47	18.50	3.39	50.36	090	S
63304	.....	A	Removal of vertebral body	28.10	21.31	2.49	51.90	090	S
63305	.....	A	Removal of vertebral body	29.42	22.49	3.75	55.66	090	S
63306	.....	A	Removal of vertebral body	30.01	22.76	2.65	55.42	090	S
63307	.....	A	Removal of vertebral body	29.42	24.42	2.98	56.82	090	S
63308	.....	A	Removal of vertebral body	5.25	4.05	0.73	10.03	ZZZ	S
63600	.....	A	Remove spinal cord lesion	13.08	10.70	2.63	26.41	090	N
63610	.....	A	Stimulation of spinal cord	8.73	6.73	2.06	17.52	000	N
63615	.....	A	Remove lesion of spinal cord	15.40	11.55	2.03	28.98	090	S
63650	.....	A	Implant neuroelectrodes	5.99	*8.05	2.13	16.17	090	S
63655	.....	A	Implant neuroelectrodes	8.95	*14.90	3.64	27.49	090	S
63660	.....	A	Revise/remove neuroelectrode	5.54	*7.09	1.56	14.19	090	S
63685	.....	A	Implant neuroreceiver	6.29	7.40	1.46	15.15	090	S
63688	.....	A	Revise/remove neuroreceiver	4.77	*6.10	1.26	12.13	090	S
63690	.....	A	Analysis of neuroreceiver	0.45	*0.65	0.12	1.22	XXX	N
63691	.....	A	Analysis of neuroreceiver	0.65	0.41	0.11	1.17	XXX	N
63700	.....	A	Repair of spinal herniation	15.62	11.35	2.22	29.19	090	S
63702	.....	A	Repair of spinal herniation	17.57	12.78	2.49	32.84	090	S
63704	.....	A	Repair of spinal herniation	19.52	14.19	2.77	36.48	090	S
63706	.....	A	Repair of spinal herniation	22.45	16.33	3.18	41.96	090	S
63707	.....	A	Repair spinal fluid leakage	10.14	*12.98	2.56	25.68	090	S
63709	.....	A	Repair spinal fluid leakage	13.26	*16.97	3.30	33.53	090	S
63710	.....	A	Graft repair of spine defect	13.01	9.75	1.58	24.34	090	S
63740	.....	A	Install spinal shunt	10.43	*13.35	2.99	26.77	090	S
63741	.....	A	Install spinal shunt	7.13	*9.92	2.39	19.44	090	S
63744	.....	A	Revision of spinal shunt	6.83	8.15	1.68	16.66	090	S
63746	.....	A	Removal of spinal shunt	5.60	5.52	1.08	12.20	090	S
63750	.....	A	Insert spinal canal catheter	7.23	*11.24	3.03	21.50	090	S
63780	.....	A	Insert spinal canal catheter	6.22	1.93	0.55	8.70	090	N
64400	.....	A	Injection for nerve block	1.11	0.48	0.05	1.64	000	N
64402	.....	A	Injection for nerve block	1.25	0.62	0.09	1.96	000	S
64405	.....	A	Injection for nerve block	1.32	0.64	0.07	2.03	000	N
64408	.....	A	Injection for nerve block	1.41	1.04	0.11	2.56	000	N
64410	.....	A	Injection for nerve block	1.43	0.71	0.15	2.29	000	N
64412	.....	A	Injection for nerve block	1.18	0.62	0.08	1.88	000	N
64413	.....	A	Injection for nerve block	1.40	0.74	0.08	2.22	000	N
64415	.....	A	Injection for nerve block	1.48	0.26	0.07	1.81	000	N
64417	.....	A	Injection for nerve block	1.44	0.63	0.15	2.22	000	N
64418	.....	A	Injection for nerve block	1.32	0.85	0.10	2.27	000	N
64420	.....	A	Injection for nerve block	1.18	0.64	0.07	1.89	000	N
64421	.....	A	Injection for nerve block	1.68	0.83	0.17	2.68	000	N
64425	.....	A	Injection for nerve block	1.75	0.57	0.10	2.42	000	N
64430	.....	A	Injection for nerve block	1.46	0.70	0.12	2.28	000	S
64435	.....	A	Injection for nerve block	1.45	0.47	0.09	2.01	000	S
64440	.....	A	Injection for nerve block	1.34	0.79	0.09	2.22	000	N
64441	.....	A	Injection for nerve block	1.79	1.01	0.12	2.92	000	N
64442	.....	A	Injection for nerve block	1.41	1.19	0.16	2.76	000	N
64443	.....	A	Injection for nerve block	1.35	0.63	0.12	2.10	ZZZ	N
64445	.....	A	Injection for nerve block	1.48	0.49	0.06	2.03	000	N
64450	.....	A	Injection for nerve block	1.27	0.53	0.05	1.85	000	S
64505	.....	A	Injection for nerve block	1.36	0.62	0.06	2.04	000	N
64508	.....	A	Injection for nerve block	1.12	1.04	0.08	2.24	000	N
64510	.....	A	Injection for nerve block	1.22	0.71	0.18	2.11	000	N
64520	.....	A	Injection for nerve block	1.35	0.72	0.17	2.24	000	N
64530	.....	A	Injection for nerve block	1.58	1.17	0.28	3.03	000	N
64550	.....	A	Apply neurostimulator	0.18	0.44	0.04	0.66	000	N
64553	.....	A	Implant neuroelectrodes	2.26	1.02	0.10	3.38	010	N
64555	.....	A	Implant neuroelectrodes	2.22	0.42	0.10	2.74	010	N
64560	.....	A	Implant neuroelectrodes	2.31	1.45	0.24	4.00	010	S
64565	.....	A	Implant neuroelectrodes	1.71	0.76	0.08	2.55	010	N
64573	.....	A	Implant neuroelectrodes	4.35	3.16	0.61	8.12	090	S
64575	.....	A	Implant neuroelectrodes	4.27	3.07	0.40	7.74	090	S
64577	.....	A	Implant neuroelectrodes	4.54	2.76	0.45	7.75	090	S
64580	.....	A	Implant neuroelectrodes	4.04	2.91	0.20	7.15	090	S
64585	.....	A	Revise/remove neuroelectrode	2.01	0.97	0.09	3.07	010	S
64590	.....	A	Implant neuroreceiver	2.35	1.84	0.35	4.54	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
64595		A	Revise/remove neuroreceiver	1.68	1.12	0.21	3.01	010	S
64600		A	Injection treatment of nerve	3.40	1.69	0.17	5.26	010	N
64605		A	Injection treatment of nerve	5.56	1.56	0.33	7.45	010	N
64610		A	Injection treatment of nerve	7.11	7.26	1.35	15.72	010	N
64612		A	Destroy nerve, face muscle	1.91	1.45	0.17	3.53	010	S
64613		A	Destroy nerve, spine muscle	1.91	1.45	0.17	3.53	010	S
64620		A	Injection treatment of nerve	2.79	1.00	0.19	3.98	010	N
64622		A	Injection treatment of nerve	2.95	1.82	0.35	5.12	010	N
64623		A	Injection treatment of nerve	0.99	0.85	0.17	2.01	ZZZ	N
64630		A	Injection treatment of nerve	2.95	1.74	0.38	5.07	010	N
64640		A	Injection treatment of nerve	2.49	0.92	0.09	3.50	010	N
64680		A	Injection treatment of nerve	2.57	1.55	0.41	4.53	010	N
64702		A	Revise finger/toe nerve	4.02	4.22	0.70	8.94	090	S
64704		A	Revise hand/foot nerve	4.44	5.38	0.74	10.56	090	S
64708		A	Revise arm/leg nerve	5.71	*7.31	1.26	14.28	090	S
64712		A	Revision of sciatic nerve	7.18	*9.19	1.68	18.05	090	S
64713		A	Revision of arm nerve(s)	10.34	9.40	1.72	21.46	090	S
64714		A	Revise low back nerve(s)	9.87	6.13	1.41	17.41	090	S
64716		A	Revision of cranial nerve	5.80	4.83	0.67	11.30	090	S
64718		A	Revise ulnar nerve at elbow	5.48	6.72	1.13	13.33	090	S
64719		A	Revise ulnar nerve at wrist	4.72	4.95	0.85	10.52	090	S
64721		A	Carpal tunnel surgery	3.99	4.90	0.83	9.72	090	S
64722		A	Relieve pressure on nerve(s)	4.46	*5.71	1.11	11.28	090	S
64726		A	Release foot/toe nerve	3.97	0.72	0.07	4.76	090	S
64727		A	Internal nerve revision	3.10	3.24	0.55	6.89	ZZZ	S
64732		A	Incision of brow nerve	4.15	4.31	0.72	9.18	090	S
64734		A	Incision of cheek nerve	4.62	4.61	0.67	9.90	090	S
64736		A	Incision of chin nerve	4.40	4.46	0.42	9.28	090	S
64738		A	Incision of jaw nerve	5.42	5.07	0.61	11.10	090	S
64740		A	Incision of tongue nerve	5.28	5.18	0.62	11.08	090	S
64742		A	Incision of facial nerve	5.91	5.00	0.44	11.35	090	S
64744		A	Incise nerve, back of head	4.87	6.10	1.10	12.07	090	S
64746		A	Incise diaphragm nerve	5.62	3.77	0.77	10.16	090	S
64752		A	Incision of vagus nerve	6.64	3.93	0.85	11.42	090	S
64755		A	Incision of stomach nerves	13.10	10.47	2.27	25.84	090	S
64760		A	Incision of vagus nerve	6.54	6.65	1.50	14.69	090	S
64761		A	Incision of pelvis nerve	6.10	4.66	0.50	11.26	090	S
64763		A	Incise hip/thigh nerve	6.72	4.80	0.92	12.44	090	S
64766		A	Incise hip/thigh nerve	8.31	6.67	1.20	16.18	090	S
64771		A	Sever cranial nerve	6.99	6.42	0.73	14.14	090	S
64772		A	Incision of spinal nerve	6.79	6.77	1.30	14.86	090	S
64774		A	Remove skin nerve lesion	4.86	2.74	0.45	8.05	090	S
64776		A	Remove digit nerve lesion	4.86	2.78	0.41	8.05	090	S
64778		A	Added digit nerve surgery	3.11	2.73	0.43	6.27	ZZZ	S
64782		A	Remove limb nerve lesion	5.81	4.70	0.46	10.97	090	S
64783		A	Added limb nerve surgery	3.72	3.26	0.47	7.45	ZZZ	S
64784		A	Remove nerve lesion	9.46	5.64	0.96	16.06	090	S
64786		A	Remove sciatic nerve lesion	15.10	12.66	2.14	29.90	090	S
64787		A	Implant nerve end	4.30	3.47	0.60	8.37	ZZZ	S
64788		A	Remove skin nerve lesion	4.30	3.63	0.50	8.43	090	S
64790		A	Removal of nerve lesion	10.95	7.11	1.22	19.28	090	S
64792		A	Removal of nerve lesion	14.40	8.99	1.66	25.05	090	S
64795		A	Biopsy of nerve	3.01	2.38	0.39	5.78	000	S
64802		A	Remove sympathetic nerves	8.22	5.40	1.10	14.72	090	S
64804		A	Remove sympathetic nerves	13.65	12.77	2.44	28.86	090	S
64809		A	Remove sympathetic nerves	12.79	10.55	2.04	25.38	090	S
64818		A	Remove sympathetic nerves	9.42	8.57	1.72	19.71	090	S
64820		A	Remove sympathetic nerves	9.10	6.62	1.30	17.02	090	S
64830		A	Microrepair of nerve	3.10	2.01	0.38	5.49	ZZZ	S
64831		A	Repair of digit nerve	8.84	3.38	0.56	12.78	090	S
64832		A	Repair additional nerve	5.66	1.40	0.24	7.30	ZZZ	S
64834		A	Repair of hand or foot nerve	9.77	3.50	0.56	13.83	090	S
64835		A	Repair of hand or foot nerve	10.47	5.96	1.03	17.46	090	S
64836		A	Repair of hand or foot nerve	10.47	6.70	1.22	18.39	090	S
64837		A	Repair additional nerve	6.26	4.45	0.85	11.56	ZZZ	S
64840		A	Repair of leg nerve	12.43	10.35	0.53	23.31	090	S
64856		A	Repair/transpose nerve	12.81	8.21	1.46	22.48	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
64857	.....	A	Repair arm/leg nerve	13.43	9.53	1.54	24.50	090	S
64858	.....	A	Repair sciatic nerve	15.43	10.98	2.11	28.52	090	S
64859	.....	A	Additional nerve surgery	4.26	3.50	0.58	8.34	ZZZ	S
64861	.....	A	Repair of arm nerves	17.94	13.42	1.38	32.74	090	S
64862	.....	A	Repair of low back nerves	18.14	21.56	1.61	41.31	090	S
64864	.....	A	Repair of facial nerve	11.87	7.86	1.16	20.89	090	S
64865	.....	A	Repair of facial nerve	14.70	12.34	1.50	28.54	090	S
64866	.....	A	Fusion of facial/other nerve	14.94	11.19	1.84	27.97	090	S
64868	.....	A	Fusion of facial/other nerve	13.36	11.19	1.47	26.02	090	S
64870	.....	A	Fusion of facial/other nerve	15.19	13.91	1.70	30.80	090	S
64872	.....	A	Subsequent repair of nerve	1.99	1.44	0.29	3.72	ZZZ	S
64874	.....	A	Repair & revise nerve	2.98	2.17	0.43	5.58	ZZZ	S
64876	.....	A	Repair nerve; shorten bone	3.38	2.46	0.48	6.32	ZZZ	N
64885	.....	A	Nerve graft, head or neck	16.73	12.69	1.48	30.90	090	S
64886	.....	A	Nerve graft, head or neck	19.95	15.13	1.77	36.85	090	S
64890	.....	A	Nerve graft, hand or foot	14.35	12.26	2.12	28.73	090	S
64891	.....	A	Nerve graft, hand or foot	15.21	10.42	1.73	27.36	090	S
64892	.....	A	Nerve graft, arm or leg	13.85	11.04	1.69	26.58	090	S
64893	.....	A	Nerve graft, arm or leg	14.61	13.93	2.27	30.81	090	S
64895	.....	A	Nerve graft, hand or foot	18.39	13.16	2.55	34.10	090	S
64896	.....	A	Nerve graft, hand or foot	19.38	17.53	1.90	38.81	090	S
64897	.....	A	Nerve graft, arm or leg	17.38	12.63	2.47	32.48	090	S
64898	.....	A	Nerve graft, arm or leg	18.39	14.40	2.35	35.14	090	S
64901	.....	A	Additional nerve graft	10.22	10.16	0.87	21.25	ZZZ	S
64902	.....	A	Additional nerve graft	11.83	11.92	0.99	24.74	ZZZ	S
64905	.....	A	Nerve pedicle transfer	13.22	9.40	0.70	23.32	090	S
64907	.....	A	Nerve pedicle transfer	17.90	13.02	2.55	33.47	090	S
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY	N
65091	.....	A	Revise eye	6.10	*7.81	0.45	14.36	090	S
65093	.....	A	Revise eye with implant	6.47	*8.28	0.52	15.27	090	S
65101	.....	A	Removal of eye	6.52	*8.35	0.47	15.34	090	S
65103	.....	A	Remove eye/insert implant	7.06	*9.04	0.50	16.60	090	S
65105	.....	A	Remove eye/attach implant	7.82	*10.01	0.55	18.38	090	S
65110	.....	A	Removal of eye	13.18	15.99	1.14	30.31	090	S
65112	.....	A	Remove eye, revise socket	15.44	12.16	1.09	28.69	090	S
65114	.....	A	Remove eye, revise socket	16.59	13.07	1.65	31.31	090	S
65125	.....	A	Revise ocular implant	2.97	2.47	0.13	5.57	090	S
65130	.....	A	Insert ocular implant	6.75	*8.64	0.50	15.89	090	S
65135	.....	A	Insert ocular implant	6.93	5.42	0.35	12.70	090	S
65140	.....	A	Attach ocular implant	7.46	6.22	0.33	14.01	090	S
65150	.....	A	Revise ocular implant	5.97	*8.44	0.56	14.97	090	S
65155	.....	A	Reinsert ocular implant	8.21	*11.11	0.90	20.22	090	S
65175	.....	A	Removal of ocular implant	5.93	7.49	0.40	13.82	090	S
65205	.....	A	Remove foreign body from eye	0.78	0.37	0.02	1.17	000	S
65210	.....	A	Remove foreign body from eye	0.84	0.46	0.03	1.33	000	S
65220	.....	A	Remove foreign body from eye	0.71	0.52	0.04	1.27	000	N
65222	.....	A	Remove foreign body from eye	0.93	0.57	0.03	1.53	000	S
65235	.....	A	Remove foreign body from eye	7.12	5.61	0.30	13.03	090	S
65260	.....	A	Remove foreign body from eye	10.35	8.63	0.45	19.43	090	S
65265	.....	A	Remove foreign body from eye	12.04	10.04	0.51	22.59	090	S
65270	.....	A	Repair of eye wound	1.85	1.17	0.07	3.09	010	S
65272	.....	A	Repair of eye wound	3.57	1.64	0.10	5.31	090	S
65273	.....	A	Repair of eye wound	3.89	3.22	0.21	7.32	090	S
65275	.....	A	Repair of eye wound	5.04	0.66	0.04	5.74	090	S
65280	.....	A	Repair of eye wound	7.10	*9.09	0.49	16.68	090	S
65285	.....	A	Repair of eye wound	12.06	12.26	0.64	24.96	090	S
65286	.....	A	Repair of eye wound	5.16	4.79	0.25	10.20	090	S
65290	.....	A	Repair of eye socket wound	5.06	6.20	0.37	11.63	090	S
65400	.....	A	Removal of eye lesion	5.61	6.46	0.35	12.42	090	S
65410	.....	A	Biopsy of cornea	1.47	1.59	0.11	3.17	000	S
65420	.....	A	Removal of eye lesion	3.97	4.28	0.23	8.48	090	S
65426	.....	A	Removal of eye lesion	5.05	*6.47	0.38	11.90	090	S
65430	.....	A	Corneal smear	0.87	0.54	0.03	1.44	000	S
65435	.....	A	Curette/treat cornea	0.92	0.77	0.04	1.73	000	S
65436	.....	A	Curette/treat cornea	3.99	1.53	0.08	5.60	090	S
65450	.....	A	Treatment of corneal lesion	3.07	3.28	0.17	6.52	090	S
65600	.....	A	Revision of cornea	3.15	2.62	0.14	5.91	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
65710		A	Corneal transplant	9.52	*15.38	1.13	26.03	090	S
65730		A	Corneal transplant	11.83	*18.27	1.29	31.39	090	S
65750		A	Corneal transplant	12.58	*19.00	1.33	32.91	090	S
65755		A	Corneal transplant	12.58	*19.52	1.39	33.49	090	S
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	O
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	O
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX	O
65770		A	Revise cornea with implant	16.56	13.81	0.71	31.08	090	S
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX	O
65772		A	Correction of astigmatism	4.04	*5.16	0.31	9.51	090	S
65775		A	Correction of astigmatism	5.44	*7.62	0.50	13.56	090	S
65800		A	Drainage of eye	1.91	1.72	0.10	3.73	000	S
65805		A	Drainage of eye	1.91	1.81	0.10	3.82	000	S
65810		A	Drainage of eye	4.57	5.45	0.30	10.32	090	S
65815		A	Drainage of eye	4.75	4.49	0.24	9.48	090	S
65820		A	Relieve inner eye pressure	7.60	9.54	0.51	17.65	090	S
65850		A	Incision of eye	10.18	*13.03	0.69	23.90	090	S
65855		A	Laser surgery of eye	4.65	*7.38	0.52	12.55	090	S
65860		A	Incise inner eye adhesions	3.37	*5.12	0.37	8.86	090	S
65865		A	Incise inner eye adhesions	5.42	*6.93	0.41	12.76	090	S
65870		A	Incise inner eye adhesions	5.92	5.86	0.31	12.09	090	S
65875		A	Incise inner eye adhesions	6.14	6.28	0.34	12.76	090	S
65880		A	Incise inner eye adhesions	6.69	6.85	0.37	13.91	090	S
65900		A	Remove eye lesion	10.43	7.91	0.92	19.26	090	S
65920		A	Remove implant from eye	7.90	8.36	0.44	16.70	090	S
65930		A	Remove blood clot from eye	7.03	7.68	0.41	15.12	090	S
66020		A	Injection treatment of eye	1.54	*2.02	0.14	3.70	010	S
66030		A	Injection treatment of eye	1.20	0.54	0.03	1.77	010	S
66130		A	Remove eye lesion	7.54	5.28	0.28	13.10	090	S
66150		A	Glaucoma surgery	7.60	*9.72	0.59	17.91	090	S
66155		A	Glaucoma surgery	7.48	*9.57	0.50	17.55	090	S
66160		A	Glaucoma surgery	9.47	10.77	0.55	20.79	090	S
66165		A	Glaucoma surgery	7.31	*9.36	0.57	17.24	090	S
66170		A	Glaucoma surgery	11.31	12.15	0.63	24.09	090	S
66172		A	Incision of eye	13.67	12.15	0.63	26.45	090	S
66180		A	Implant eye shunt	12.63	*16.17	1.03	29.83	090	S
66185		A	Revise eye shunt	7.69	*9.85	0.58	18.12	090	S
66220		A	Repair eye lesion	7.32	5.95	0.34	13.61	090	S
66225		A	Repair/graft eye lesion	10.55	*13.64	0.86	25.05	090	S
66250		A	Follow-up surgery of eye	5.63	*7.20	0.38	13.21	090	S
66500		A	Incision of iris	3.58	*4.58	0.27	8.43	090	S
66505		A	Incision of iris	3.93	3.27	0.17	7.37	090	S
66600		A	Remove iris and lesion	8.23	9.36	0.51	18.10	090	S
66605		A	Removal of iris	12.34	11.87	0.67	24.88	090	S
66625		A	Removal of iris	4.95	*7.10	0.48	12.53	090	S
66630		A	Removal of iris	5.81	*7.43	0.45	13.69	090	S
66635		A	Removal of iris	5.90	*7.72	0.49	14.11	090	S
66680		A	Repair iris and ciliary body	5.14	6.42	0.35	11.91	090	S
66682		A	Repair iris and ciliary body	5.86	7.33	0.38	13.57	090	S
66700		A	Destruction, ciliary body	4.55	*5.83	0.35	10.73	090	S
66710		A	Destruction, ciliary body	4.55	*6.08	0.41	11.04	090	S
66720		A	Destruction, ciliary body	4.55	*5.83	0.38	10.76	090	S
66740		A	Destruction, ciliary body	4.55	*6.01	0.39	10.95	090	S
66761		A	Revision of iris	3.77	*6.46	0.47	10.70	090	S
66762		A	Revision of iris	4.33	*7.53	0.55	12.41	090	S
66770		A	Removal of inner eye lesion	4.88	*6.79	0.45	12.12	090	S
66820		A	Incision, secondary cataract	3.76	*4.81	0.29	8.86	090	S
66821		A	After cataract laser surgery	2.78	*4.83	0.37	7.98	090	S
66825		A	Reposition intraocular lens	7.73	7.33	0.38	15.44	090	S
66830		A	Removal of lens lesion	7.80	7.67	0.40	15.87	090	S
66840		A	Removal of lens material	7.51	*9.61	0.54	17.66	090	S
66850		A	Removal of lens material	8.66	*11.09	0.70	20.45	090	S
66852		A	Removal of lens material	9.52	*13.23	0.90	23.65	090	S
66920		A	Extraction of lens	8.46	*10.82	0.60	19.88	090	S
66930		A	Extraction of lens	9.73	10.49	0.57	20.79	090	S
66940		A	Extraction of lens	8.48	*10.85	0.62	19.95	090	S
66983		A	Remove cataract, insert lens	8.54	*13.20	0.95	22.69	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
66984	.....	A	Remove cataract, insert lens	9.89	*13.93	0.94	24.76	090	S
66985	.....	A	Insert lens prosthesis	7.89	*10.10	0.63	18.62	090	S
66986	.....	A	Exchange lens prosthesis	11.78	12.20	0.63	24.61	090	S
66999	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67005	.....	A	Partial removal of eye fluid	6.63	*13.93	1.13	21.69	090	S
67010	.....	A	Partial removal of eye fluid	6.67	*13.28	1.04	20.99	090	S
67015	.....	A	Release of eye fluid	6.69	6.45	0.35	13.49	090	S
67025	.....	A	Replace eye fluid	6.44	6.75	0.36	13.55	090	S
67028	.....	A	Injection eye drug	2.52	*3.22	0.18	5.92	000	S
67030	.....	A	Incise inner eye strands	4.44	*7.06	0.50	12.00	090	S
67031	.....	A	Laser surgery, eye strands	3.42	*8.88	0.75	13.05	090	S
67036	.....	A	Removal of inner eye fluid	11.33	*19.99	1.49	32.81	090	S
67038	.....	A	Strip retinal membrane	20.20	*27.25	1.80	49.25	090	S
67039	.....	A	Laser treatment of retina	13.60	*22.84	1.68	38.12	090	S
67040	.....	A	Laser treatment of retina	16.26	*24.86	1.75	42.87	090	S
67101	.....	A	Repair detached retina	7.02	*9.83	0.66	17.51	090	S
67105	.....	A	Repair detached retina	7.06	*11.22	0.80	19.08	090	S
67107	.....	A	Repair detached retina	13.99	*17.91	1.10	33.00	090	S
67108	.....	A	Repair detached retina	19.90	*26.71	1.76	48.37	090	S
67109	.....	A	Repair detached retina	11.51	*16.40	1.12	29.03	090	S
67110	.....	A	Repair detached retina	8.14	*13.06	0.97	22.17	090	S
67112	.....	A	Re-repair detached retina	16.15	16.51	0.86	33.52	090	S
67115	.....	A	Release encircling material	4.64	*6.36	0.44	11.44	090	S
67120	.....	A	Remove eye implant material	5.63	7.15	0.38	13.16	090	S
67121	.....	A	Remove eye implant material	10.17	9.42	0.49	20.08	090	S
67141	.....	A	Treatment of retina	4.90	*7.09	0.48	12.47	090	S
67145	.....	A	Treatment of retina	5.07	*7.23	0.49	12.79	090	S
67208	.....	A	Treatment of retinal lesion	6.40	*8.28	0.52	15.20	090	S
67210	.....	A	Treatment of retinal lesion	9.48	9.02	0.47	18.97	090	S
67218	.....	A	Treatment of retinal lesion	12.73	13.31	0.70	26.74	090	S
67227	.....	A	Treatment of retinal lesion	6.28	*8.11	0.51	14.90	090	S
67228	.....	A	Treatment of retinal lesion	12.39	9.39	0.48	22.26	090	S
67250	.....	A	Reinforce eye wall	8.36	6.99	0.40	15.75	090	S
67255	.....	A	Reinforce/graft eye wall	8.39	*12.60	0.87	21.86	090	S
67299	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67311	.....	A	Revise eye muscle	6.30	*8.06	0.47	14.83	090	S
67312	.....	A	Revise two eye muscles	7.55	*9.66	0.53	17.74	090	S
67314	.....	A	Revise eye muscle	7.12	*9.18	0.58	16.88	090	S
67316	.....	A	Revise two eye muscles	8.02	*10.34	0.67	19.03	090	S
67318	.....	A	Revise eye muscle(s)	7.45	6.21	0.33	13.99	090	S
67320	.....	A	Revise eye muscle(s)	8.26	*10.57	0.69	19.52	090	S
67331	.....	A	Eye surgery follow-up	7.72	*9.89	0.54	18.15	090	S
67332	.....	A	Rerevise eye muscles	8.59	*11.00	0.58	20.17	090	S
67334	.....	A	Revise eye muscle w/suture	7.56	6.30	0.33	14.19	090	S
67335	.....	A	Eye suture during surgery	2.49	*5.28	0.43	8.20	ZZZ	S
67340	.....	A	Revise eye muscle	9.45	7.88	0.41	17.74	090	S
67343	.....	A	Release eye tissue	7.00	5.83	0.31	13.14	090	S
67345	.....	A	Destroy nerve of eye muscle	2.91	2.22	0.26	5.39	010	S
67350	.....	A	Biopsy eye muscle	2.87	2.39	0.13	5.39	000	S
67399	.....	C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67400	.....	A	Explore/biopsy eye socket	9.20	10.91	0.62	20.73	090	S
67405	.....	A	Explore/drain eye socket	7.42	*9.49	0.67	17.58	090	S
67412	.....	A	Explore/treat eye socket	9.14	*11.70	0.67	21.51	090	S
67413	.....	A	Explore/treat eye socket	9.75	8.09	0.57	18.41	090	S
67414	.....	A	Explore/decompress eye socket	10.07	8.39	0.44	18.90	090	S
67415	.....	A	Aspiration orbital contents	1.76	2.02	0.12	3.90	000	S
67420	.....	A	Explore/treat eye socket	13.36	16.78	1.11	31.25	090	S
67430	.....	A	Explore/treat eye socket	12.79	10.65	0.54	23.98	090	S
67440	.....	A	Explore/drain eye socket	12.43	*15.91	0.97	29.31	090	S
67445	.....	A	Explore/decompress eye socket	13.36	11.13	0.57	25.06	090	S
67450	.....	A	Explore/biopsy eye socket	12.80	15.29	0.87	28.96	090	S
67500	.....	A	Inject/treat eye socket	0.79	0.73	0.06	1.58	000	S
67505	.....	A	Inject/treat eye socket	0.82	1.04	0.06	1.92	000	S
67515	.....	A	Inject/treat eye socket	0.61	0.56	0.03	1.20	000	S
67550	.....	A	Insert eye socket implant	9.69	9.62	0.70	20.01	090	S
67560	.....	A	Revise eye socket implant	10.10	8.30	0.48	18.88	090	S
67570	.....	A	Decompress optic nerve	12.52	7.56	0.39	20.47	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
67599	.....	C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67700	.....	A	Drainage of eyelid abscess	1.30	0.49	0.03	1.82	010	S
67710	.....	A	Incision of eyelid	0.97	1.01	0.06	2.04	010	S
67715	.....	A	Incision of eyelid fold	1.17	*1.49	0.09	2.75	010	S
67800	.....	A	Remove eyelid lesion	1.35	0.94	0.05	2.34	010	S
67801	.....	A	Remove eyelid lesions	1.85	1.39	0.08	3.32	010	S
67805	.....	A	Remove eyelid lesions	2.17	1.38	0.08	3.63	010	S
67808	.....	A	Remove eyelid lesion(s)	3.55	2.13	0.13	5.81	090	S
67810	.....	A	Biopsy of eyelid	1.48	0.81	0.05	2.34	000	S
67820	.....	A	Revise eyelashes	0.89	0.38	0.02	1.29	000	S
67825	.....	A	Revise eyelashes	1.33	0.90	0.05	2.28	010	S
67830	.....	A	Revise eyelashes	1.65	*2.36	0.17	4.18	010	S
67835	.....	A	Revise eyelashes	5.41	*6.95	0.45	12.81	090	S
67840	.....	A	Remove eyelid lesion	1.99	1.22	0.07	3.28	010	S
67850	.....	A	Treat eyelid lesion	1.64	0.82	0.05	2.51	010	S
67875	.....	A	Closure of eyelid by suture	1.35	*1.72	0.13	3.20	000	S
67880	.....	A	Revision of eyelid	3.55	3.94	0.23	7.72	090	S
67882	.....	A	Revision of eyelid	4.77	*6.10	0.37	11.24	090	S
67900	.....	A	Repair brow defect	4.54	3.78	0.20	8.52	090	S
67901	.....	A	Repair eyelid defect	6.82	*8.73	0.64	16.19	090	S
67902	.....	A	Repair eyelid defect	6.88	*8.81	0.72	16.41	090	S
67903	.....	A	Repair eyelid defect	6.22	*9.25	0.73	16.20	090	S
67904	.....	A	Repair eyelid defect	5.96	*8.98	0.71	15.65	090	S
67906	.....	A	Repair eyelid defect	6.64	5.46	0.36	12.46	090	S
67908	.....	A	Repair eyelid defect	4.95	*7.52	0.54	13.01	090	S
67909	.....	A	Revise eyelid defect	5.22	*6.69	0.48	12.39	090	S
67911	.....	A	Revise eyelid defect	5.09	*8.06	0.79	13.94	090	S
67914	.....	A	Repair eyelid defect	3.60	*5.17	0.39	9.16	090	S
67915	.....	A	Repair eyelid defect	3.10	1.25	0.07	4.42	090	S
67916	.....	A	Repair eyelid defect	5.13	6.50	0.38	12.01	090	S
67917	.....	A	Repair eyelid defect	5.84	*7.48	0.47	13.79	090	S
67921	.....	A	Repair eyelid defect	3.32	3.82	0.20	7.34	090	S
67922	.....	A	Repair eyelid defect	2.98	1.19	0.07	4.24	090	S
67923	.....	A	Repair eyelid defect	5.70	6.88	0.38	12.96	090	S
67924	.....	A	Repair eyelid defect	5.64	*7.22	0.43	13.29	090	S
67930	.....	A	Repair eyelid wound	3.56	1.27	0.08	4.91	010	S
67935	.....	A	Repair eyelid wound	6.07	3.79	0.24	10.10	090	S
67938	.....	A	Remove eyelid foreign body	1.28	0.52	0.03	1.83	010	S
67950	.....	A	Revision of eyelid	5.64	*7.22	0.45	13.31	090	S
67961	.....	A	Revision of eyelid	5.51	*7.05	0.50	13.06	090	S
67966	.....	A	Revision of eyelid	6.39	*8.37	0.66	15.42	090	S
67971	.....	A	Reconstruction of eyelid	9.56	10.68	0.64	20.88	090	S
67973	.....	A	Reconstruction of eyelid	12.59	13.54	0.91	27.04	090	S
67974	.....	A	Reconstruction of eyelid	12.56	14.07	0.87	27.50	090	S
67975	.....	A	Reconstruction of eyelid	8.90	4.15	0.24	13.29	090	S
67999	.....	C	Eyelid surgery procedure	0.00	0.00	0.00	0.00	YYY	S
68020	.....	A	Incise/drain eyelid lining	1.32	0.51	0.03	1.86	010	S
68040	.....	A	Treatment of eyelid lesions	0.85	0.45	0.02	1.32	000	S
68100	.....	A	Biopsy of eyelid lining	1.35	0.99	0.06	2.40	000	S
68110	.....	A	Remove eyelid lining lesion	1.72	1.24	0.07	3.03	010	S
68115	.....	A	Remove eyelid lining lesion	2.31	1.93	0.11	4.35	010	S
68130	.....	A	Remove eyelid lining lesion	4.75	4.09	0.22	9.06	090	S
68135	.....	A	Remove eyelid lining lesion	1.79	0.74	0.04	2.57	010	S
68200	.....	A	Treat eyelid by injection	0.49	0.52	0.03	1.04	000	S
68320	.....	A	Revise/graft eyelid lining	4.97	*6.37	0.42	11.76	090	S
68325	.....	A	Revise/graft eyelid lining	6.96	*8.91	0.62	16.49	090	S
68326	.....	A	Revise/graft eyelid lining	6.75	8.62	0.49	15.86	090	S
68328	.....	A	Revise/graft eyelid lining	7.78	*9.96	0.82	18.56	090	S
68330	.....	A	Revise eyelid lining	4.53	*5.80	0.35	10.68	090	S
68335	.....	A	Revise/graft eyelid lining	6.79	*9.14	0.68	16.61	090	S
68340	.....	A	Separate eyelid adhesions	3.92	3.14	0.17	7.23	090	S
68360	.....	A	Revise eyelid lining	4.12	*5.28	0.33	9.73	090	S
68362	.....	A	Revise eyelid lining	6.94	8.01	0.42	15.37	090	S
68399	.....	C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY	S
68400	.....	A	Incise/drain tear gland	1.64	1.00	0.06	2.70	010	S
68420	.....	A	Incise/drain tear sac	2.25	1.02	0.06	3.33	010	S
68440	.....	A	Incise tear duct opening	0.89	0.76	0.04	1.69	010	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
68500		A	Removal of tear gland	10.47	7.61	0.75	18.83	090	S
68505		A	Partial removal tear gland	10.39	8.69	0.49	19.57	090	S
68510		A	Biopsy of tear gland	4.61	3.69	0.28	8.58	000	S
68520		A	Removal of tear sac	7.11	*9.10	0.51	16.72	090	S
68525		A	Biopsy of tear sac	4.43	3.68	0.23	8.34	000	S
68530		A	Clearance of tear duct	3.61	2.85	0.17	6.63	010	S
68540		A	Remove tear gland lesion	10.10	8.31	0.50	18.91	090	S
68550		A	Remove tear gland lesion	12.66	11.34	0.74	24.74	090	S
68700		A	Repair tear ducts	6.20	2.69	0.15	9.04	090	S
68705		A	Revise tear duct opening	2.01	1.02	0.05	3.08	010	S
68720		A	Create tear sac drain	7.68	*10.20	0.74	18.62	090	S
68745		A	Create tear duct drain	8.23	6.56	0.45	15.24	090	S
68750		A	Create tear duct drain	8.21	*11.49	0.83	20.53	090	S
68760		A	Close tear duct opening	1.68	0.92	0.04	2.64	010	S
68761		A	Close tear duct opening	1.31	0.92	0.04	2.27	010	S
68770		A	Close tear system fistula	6.62	4.24	0.23	11.09	090	S
68800		A	Dilate tear duct opening(s)	1.11	0.42	0.02	1.55	010	S
68820		A	Explore tear duct system	1.47	0.55	0.03	2.05	010	S
68825		A	Explore tear duct system	1.53	1.49	0.09	3.11	010	S
68830		A	Reopen tear duct channel	2.12	1.93	0.10	4.15	010	S
68840		A	Explore/irrigate tear ducts	1.22	0.49	0.03	1.74	010	S
68850		A	Injection for tear sac x-ray	0.80	0.51	0.04	1.35	000	S
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY	S
69000		A	Drain external ear lesion	1.40	0.35	0.03	1.78	010	S
69005		A	Drain external ear lesion	2.06	1.16	0.13	3.35	010	S
69020		A	Drain outer ear canal lesion	1.43	0.45	0.04	1.92	010	S
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX	O
69100		A	Biopsy of external ear	0.76	0.66	0.07	1.49	000	S
69105		A	Biopsy of external ear canal	0.85	0.80	0.09	1.74	000	S
69110		A	Partial removal external ear	3.34	2.63	0.37	6.34	090	S
69120		A	Removal of external ear	3.95	0.78	0.07	4.80	090	S
69140		A	Remove ear canal lesion(s)	7.68	8.00	0.88	16.56	090	S
69145		A	Remove ear canal lesion(s)	2.54	2.51	0.28	5.33	090	S
69150		A	Extensive ear canal surgery	13.01	10.46	1.25	24.72	090	S
69155		A	Extensive ear/neck surgery	17.03	15.92	1.61	34.56	090	S
69200		A	Clear outer ear canal	0.77	0.42	0.04	1.23	000	N
69205		A	Clear outer ear canal	1.15	1.07	0.11	2.33	010	S
69210		A	Remove impacted ear wax	0.61	0.23	0.02	0.86	000	N
69220		A	Clean out mastoid cavity	0.83	0.50	0.05	1.38	000	S
69222		A	Clean out mastoid cavity	1.35	0.74	0.08	2.17	010	S
69300		R	Revise external ear	6.36	5.30	0.28	11.94	YYY	S
69310		A	Rebuild outer ear canal	10.59	9.84	1.08	21.51	090	S
69320		A	Rebuild outer ear canal	16.60	14.65	1.66	32.91	090	S
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69400		A	Inflate middle ear canal	0.83	0.45	0.05	1.33	000	S
69401		A	Inflate middle ear canal	0.63	0.25	0.03	0.91	000	S
69405		A	Catheterize middle ear canal	2.58	0.48	0.04	3.10	010	S
69410		A	Inset middle ear baffle	0.33	0.60	0.07	1.00	000	S
69420		A	Incision of eardrum	1.28	0.69	0.08	2.05	010	S
69421		A	Incision of eardrum	1.68	1.14	0.13	2.95	010	S
69424		A	Remove ventilating tube	0.85	0.60	0.06	1.51	000	S
69433		A	Create eardrum opening	1.47	1.33	0.15	2.95	010	S
69436		A	Create eardrum opening	1.91	2.13	0.23	4.27	010	S
69440		A	Exploration of middle ear	7.31	8.69	0.93	16.93	090	S
69450		A	Eardrum revision	5.44	*8.08	1.15	14.67	090	S
69501		A	Mastoidectomy	8.81	10.90	1.17	20.88	090	S
69502		A	Mastoidectomy	11.96	13.36	1.45	26.77	090	S
69505		A	Remove mastoid structures	12.57	*16.09	1.79	30.45	090	S
69511		A	Extensive mastoid surgery	13.10	*16.77	1.84	31.71	090	S
69530		A	Extensive mastoid surgery	18.04	16.71	1.72	36.47	090	S
69535		A	Remove part of temporal bone	34.50	25.27	2.85	62.62	090	S
69540		A	Remove ear lesion	1.15	1.27	0.14	2.56	010	S
69550		A	Remove ear lesion	10.70	*14.51	2.00	27.21	090	S
69552		A	Remove ear lesion	18.84	16.73	1.86	37.43	090	S
69554		A	Remove ear lesion	25.78	22.87	2.63	51.28	090	S
69601		A	Mastoid surgery revision	12.79	14.02	1.55	28.36	090	S
69602		A	Mastoid surgery revision	13.16	16.27	1.75	31.18	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
69603		A	Mastoid surgery revision	13.60	17.34	1.88	32.82	090	S
69604		A	Mastoid surgery revision	13.60	*19.70	2.70	36.00	090	S
69605		A	Mastoid surgery revision	18.04	14.95	1.86	34.85	090	S
69610		A	Repair of eardrum	4.38	0.93	0.10	5.41	010	S
69620		A	Repair of eardrum	5.74	*8.33	1.16	15.23	090	S
69631		A	Repair eardrum structures	9.55	*12.32	1.61	23.48	090	S
69632		A	Rebuild eardrum structures	12.41	*15.88	1.73	30.02	090	S
69633		A	Rebuild eardrum structures	11.76	*15.05	1.78	28.59	090	S
69635		A	Repair eardrum structures	13.02	*16.65	1.91	31.58	090	S
69636		A	Rebuild eardrum structures	14.88	*19.05	2.11	36.04	090	S
69637		A	Rebuild eardrum structures	14.77	*18.90	2.22	35.89	090	S
69641		A	Revise middle ear & mastoid	12.29	*15.73	1.87	29.89	090	S
69642		A	Revise middle ear & mastoid	16.37	20.62	2.21	39.20	090	S
69643		A	Revise middle ear & mastoid	14.81	*18.95	2.51	36.27	090	S
69644		A	Revise middle ear & mastoid	16.46	*21.07	2.70	40.23	090	S
69645		A	Revise middle ear & mastoid	15.80	*20.23	2.51	38.54	090	S
69646		A	Revise middle ear & mastoid	17.35	21.97	2.40	41.72	090	S
69650		A	Release middle ear bone	9.40	*12.03	1.33	22.76	090	S
69660		A	Revise middle ear bone	11.64	*14.90	1.82	28.36	090	S
69661		A	Revise middle ear bone	15.32	18.44	1.93	35.69	090	S
69662		A	Revise middle ear bone	15.04	18.02	1.94	35.00	090	S
69666		A	Repair middle ear structures	9.38	*12.71	1.77	23.86	090	S
69667		A	Repair middle ear structures	9.39	*12.55	1.66	23.60	090	S
69670		A	Remove mastoid air cells	11.05	10.18	1.08	22.31	090	S
69676		A	Remove middle ear nerve	9.23	8.53	0.86	18.62	090	S
69700		A	Close mastoid fistula	7.97	7.86	0.84	16.67	090	S
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX	C
69711		A	Remove/repair hearing aid	10.13	8.44	0.44	19.01	090	S
69720		A	Release facial nerve	13.80	*17.66	2.27	33.73	090	S
69725		A	Release facial nerve	18.98	14.65	1.51	35.14	090	S
69740		A	Repair facial nerve	15.39	11.83	1.69	28.91	090	S
69745		A	Repair facial nerve	16.10	15.95	1.53	33.58	090	S
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69801		A	Incise inner ear	8.19	*12.38	1.84	22.41	090	S
69802		A	Incise inner ear	12.44	11.24	1.22	24.90	090	S
69805		A	Explore inner ear	10.27	*14.53	2.00	26.80	090	S
69806		A	Explore inner ear	11.82	*17.45	2.54	31.81	090	S
69820		A	Establish inner ear window	10.14	8.85	1.00	19.99	090	S
69840		A	Revise inner ear window	10.06	8.49	0.51	19.06	090	S
69905		A	Remove inner ear	10.70	*14.55	2.07	27.32	090	S
69910		A	Remove inner ear & mastoid	13.10	*18.00	2.34	33.44	090	S
69915		A	Incise inner ear nerve	19.89	17.71	2.02	39.62	090	S
69930		A	Implant cochlear device	14.00	*23.12	3.34	40.46	090	S
69949		C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69950		A	Incise inner ear nerve	21.15	17.99	2.31	41.45	090	S
69955		A	Release facial nerve	22.12	20.28	2.25	44.65	090	S
69960		A	Release inner ear canal	19.75	17.85	1.93	39.53	090	S
69970		A	Remove inner ear lesion	22.30	19.69	2.26	44.25	090	S
69979		C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY	S
70010		A	Contrast x-ray of brain	1.19	4.65	0.34	6.18	XXX	N
70010	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70010	TC	A	Contrast x-ray of brain	0.00	4.13	0.26	4.39	XXX	N
70015		A	Contrast x-ray of brain	1.19	1.81	0.17	3.17	XXX	N
70015	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70015	TC	A	Contrast x-ray of brain	0.00	1.29	0.09	1.38	XXX	N
70030		A	X-ray eye for foreign body	0.17	0.48	0.04	0.69	XXX	N
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.01	0.26	XXX	N
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.03	0.43	XXX	N
70100		A	X-ray exam of jaw	0.18	0.59	0.04	0.81	XXX	N
70100	26	A	X-ray exam of jaw	0.18	0.09	0.01	0.28	XXX	N
70100	TC	A	X-ray exam of jaw	0.00	0.50	0.03	0.53	XXX	N
70110		A	X-ray exam of jaw	0.25	0.71	0.06	1.02	XXX	N
70110	26	A	X-ray exam of jaw	0.25	0.12	0.02	0.39	XXX	N
70110	TC	A	X-ray exam of jaw	0.00	0.59	0.04	0.63	XXX	N
70120		A	X-ray exam of mastoids	0.18	0.68	0.05	0.91	XXX	N
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.01	0.28	XXX	N
70120	TC	A	X-ray exam of mastoids	0.00	0.59	0.04	0.63	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
70130	.....	A	X-ray exam of mastoids	0.34	0.91	0.07	1.32	XXX	N
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.02	0.52	XXX	N
70130	TC	A	X-ray exam of mastoids	0.00	0.75	0.05	0.80	XXX	N
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.07	1.27	XXX	N
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.02	0.52	XXX	N
70134	TC	A	X-ray exam of middle ear	0.00	0.70	0.05	0.75	XXX	N
70140	.....	A	X-ray exam of facial bones	0.19	0.68	0.05	0.92	XXX	N
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.01	0.29	XXX	N
70140	TC	A	X-ray exam of facial bones	0.00	0.59	0.04	0.63	XXX	N
70150	.....	A	X-ray exam of facial bones	0.26	0.87	0.07	1.20	XXX	N
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.02	0.40	XXX	N
70150	TC	A	X-ray exam of facial bones	0.00	0.75	0.05	0.80	XXX	N
70160	.....	A	X-ray exam of nasal bones	0.17	0.58	0.04	0.79	XXX	N
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.01	0.26	XXX	N
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	0.03	0.53	XXX	N
70170	.....	A	X-ray exam of tear duct	0.30	1.04	0.08	1.42	XXX	N
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.02	0.46	XXX	N
70170	TC	A	X-ray exam of tear duct	0.00	0.90	0.06	0.96	XXX	N
70190	.....	A	X-ray exam of eye sockets	0.21	0.69	0.05	0.95	XXX	N
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.01	0.32	XXX	N
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.04	0.63	XXX	N
70200	.....	A	X-ray exam of eye sockets	0.28	0.88	0.07	1.23	XXX	N
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.02	0.43	XXX	N
70200	TC	A	X-ray exam of eye sockets	0.00	0.75	0.05	0.80	XXX	N
70210	.....	A	X-ray exam of sinuses	0.17	0.67	0.05	0.89	XXX	N
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.01	0.26	XXX	N
70210	TC	A	X-ray exam of sinuses	0.00	0.59	0.04	0.63	XXX	N
70220	.....	A	X-ray exam of sinuses	0.25	0.87	0.07	1.19	XXX	N
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.02	0.39	XXX	N
70220	TC	A	X-ray exam of sinuses	0.00	0.75	0.05	0.80	XXX	N
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.04	0.72	XXX	N
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.01	0.29	XXX	N
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.03	0.43	XXX	N
70250	.....	A	X-ray exam of skull	0.24	0.70	0.06	1.00	XXX	N
70250	26	A	X-ray exam of skull	0.24	0.11	0.02	0.37	XXX	N
70250	TC	A	X-ray exam of skull	0.00	0.59	0.04	0.63	XXX	N
70260	.....	A	X-ray exam of skull	0.34	1.01	0.08	1.43	XXX	N
70260	26	A	X-ray exam of skull	0.34	0.16	0.02	0.52	XXX	N
70260	TC	A	X-ray exam of skull	0.00	0.85	0.06	0.91	XXX	N
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.03	0.43	XXX	N
70300	26	A	X-ray exam of teeth	0.10	0.05	0.01	0.16	XXX	N
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.02	0.27	XXX	N
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.04	0.67	XXX	N
70310	26	A	X-ray exam of teeth	0.16	0.07	0.01	0.24	XXX	N
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.03	0.43	XXX	N
70320	.....	A	Full mouth x-ray of teeth	0.22	0.85	0.07	1.14	XXX	N
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.02	0.34	XXX	N
70320	TC	A	Full mouth x-ray of teeth	0.00	0.75	0.05	0.80	XXX	N
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.04	0.78	XXX	N
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.01	0.28	XXX	N
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	0.03	0.50	XXX	N
70330	.....	A	X-ray exam of jaw joints	0.24	0.91	0.07	1.22	XXX	N
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.02	0.37	XXX	N
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	0.05	0.85	XXX	N
70332	.....	A	X-ray exam of jaw joint	0.54	2.25	0.17	2.96	XXX	N
70332	26	A	X-ray exam of jaw joint	0.54	0.25	0.04	0.83	XXX	N
70332	TC	A	X-ray exam of jaw joint	0.00	2.00	0.13	2.13	XXX	N
70336	.....	A	Magnetic image jaw joint	0.95	11.11	0.73	12.79	XXX	N
70336	26	A	Magnetic image jaw joint	0.95	0.43	0.06	1.44	XXX	N
70336	TC	A	Magnetic image jaw joint	0.00	10.68	0.67	11.35	XXX	N
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.03	0.64	XXX	N
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.01	0.26	XXX	N
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.02	0.38	XXX	N
70355	.....	A	Panoramic x-ray of jaws	0.20	0.63	0.05	0.88	XXX	N
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.01	0.30	XXX	N
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	0.04	0.58	XXX	N
70360	.....	A	X-ray exam of neck	0.17	0.48	0.04	0.69	XXX	N

[1] A numeric CPT HCPCS Copyright 1994 American Medical Association
[2] # indicates RVUs are not used for Medicare payment
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
70360	26	A	X-ray exam of neck	0.17	0.08	0.01	0.26	XXX	N
70360	TC	A	X-ray exam of neck	0.00	0.40	0.03	0.43	XXX	N
70370		A	Throat x-ray & fluoroscopy	0.32	1.39	0.10	1.81	XXX	N
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.02	0.49	XXX	N
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	0.08	1.32	XXX	N
70371		A	Speech evaluation, complex	0.84	2.38	0.19	3.41	XXX	N
70371	26	A	Speech evaluation, complex	0.84	0.38	0.06	1.28	XXX	N
70371	TC	A	Speech evaluation, complex	0.00	2.00	0.13	2.13	XXX	N
70373		A	Contrast x-ray of larynx	0.44	1.90	0.14	2.48	XXX	N
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.03	0.67	XXX	N
70373	TC	A	Contrast x-ray of larynx	0.00	1.70	0.11	1.81	XXX	N
70380		A	X-ray exam of salivary gland	0.17	0.72	0.05	0.94	XXX	N
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.01	0.26	XXX	N
70380	TC	A	X-ray exam of salivary gland	0.00	0.64	0.04	0.68	XXX	N
70390		A	X-ray exam of salivary duct	0.38	1.87	0.14	2.39	XXX	N
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.03	0.58	XXX	N
70390	TC	A	X-ray exam of salivary duct	0.00	1.70	0.11	1.81	XXX	N
70450		A	CAT scan of head or brain	0.85	4.88	0.35	6.08	XXX	N
70450	26	A	CAT scan of head or brain	0.85	0.38	0.06	1.29	XXX	N
70450	TC	A	CAT scan of head or brain	0.00	4.50	0.29	4.79	XXX	N
70460		A	Contrast CAT scan of head	1.13	5.89	0.43	7.45	XXX	N
70460	26	A	Contrast CAT scan of head	1.13	0.50	0.08	1.71	XXX	N
70460	TC	A	Contrast CAT scan of head	0.00	5.39	0.35	5.74	XXX	N
70470		A	Contrast CAT scans of head	1.27	7.30	0.52	9.09	XXX	N
70470	26	A	Contrast CAT scans of head	1.27	0.56	0.09	1.92	XXX	N
70470	TC	A	Contrast CAT scans of head	0.00	5.74	0.43	7.17	XXX	N
70480		A	CAT scan of skull	1.28	5.07	0.38	6.73	XXX	N
70480	26	A	CAT scan of skull	1.28	0.57	0.09	1.94	XXX	N
70480	TC	A	CAT scan of skull	0.00	4.50	0.29	4.79	XXX	N
70481		A	Contrast CAT scan of skull	1.38	6.00	0.44	7.82	XXX	N
70481	26	A	Contrast CAT scan of skull	1.38	0.61	0.09	2.08	XXX	N
70481	TC	A	Contrast CAT scan of skull	0.00	5.39	0.35	5.74	XXX	N
70482		A	Contrast CAT scans of skull	1.45	7.38	0.53	9.36	XXX	N
70482	26	A	Contrast CAT scans of skull	1.45	0.64	0.10	2.19	XXX	N
70482	TC	A	Contrast CAT scans of skull	0.00	5.74	0.43	7.17	XXX	N
70486		A	CAT scan of face, jaw	1.14	5.00	0.37	6.51	XXX	N
70486	26	A	CAT scan of face, jaw	1.14	0.50	0.08	1.72	XXX	N
70486	TC	A	CAT scan of face, jaw	0.00	4.50	0.29	4.79	XXX	N
70487		A	Contrast CAT scan, face/jaw	1.30	5.96	0.44	7.70	XXX	N
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.57	0.09	1.96	XXX	N
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.39	0.35	5.74	XXX	N
70488		A	Contrast CAT scans face/jaw	1.42	7.37	0.53	9.32	XXX	N
70488	26	A	Contrast CAT scans face/jaw	1.42	0.63	0.10	2.15	XXX	N
70488	TC	A	Contrast CAT scans face/jaw	0.00	6.74	0.43	7.17	XXX	N
70490		A	CAT scan of neck tissue	1.28	5.07	0.38	6.73	XXX	N
70490	26	A	CAT scan of neck tissue	1.28	0.57	0.09	1.94	XXX	N
70490	TC	A	CAT scan of neck tissue	0.00	4.50	0.29	4.79	XXX	N
70491		A	Contrast CAT of neck tissue	1.38	6.00	0.44	7.82	XXX	N
70491	26	A	Contrast CAT of neck tissue	1.38	0.61	0.09	2.08	XXX	N
70491	TC	A	Contrast CAT of neck tissue	0.00	5.39	0.35	5.74	XXX	N
70492		A	Contrast CAT of neck tissue	1.45	7.38	0.53	9.36	XXX	N
70492	26	A	Contrast CAT of neck tissue	1.45	0.64	0.10	2.19	XXX	N
70492	TC	A	Contrast CAT of neck tissue	0.00	6.74	0.43	7.17	XXX	N
70540		A	Magnetic image, face, neck	1.48	11.34	0.77	13.59	XXX	N
70540	25	A	Magnetic image, face, neck	1.48	0.66	0.10	2.24	XXX	N
70540	TC	A	Magnetic image, face, neck	0.00	10.68	0.67	11.35	XXX	N
70541		A	Magnetic image, head (MRA)	1.81	11.34	0.77	13.92	XXX	N
70541	26	A	Magnetic image, head (MRA)	1.81	0.66	0.10	2.57	XXX	N
70541	TC	A	Magnetic image, head (MRA)	0.00	10.68	0.67	11.35	XXX	N
70551		A	Magnetic image, brain (MRI)	1.48	11.34	0.77	13.59	XXX	N
70551	26	A	Magnetic image, brain (MRI)	1.48	0.66	0.10	2.24	XXX	N
70551	TC	A	Magnetic image, brain (MRI)	0.00	10.68	0.67	11.35	XXX	N
70552		A	Magnetic image, brain (MRI)	1.78	13.61	0.93	16.32	XXX	N
70552	26	A	Magnetic image, brain (MRI)	1.78	0.80	0.12	2.70	XXX	N
70552	TC	A	Magnetic image, brain (MRI)	0.00	12.81	0.81	13.62	XXX	N
70553		A	Magnetic image, brain	2.36	24.79	1.65	28.80	XXX	N
70553	26	A	Magnetic image, brain	2.36	1.07	0.16	3.59	XXX	N

[1] Numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] Indicates RVUs are not used for Medicare payment.
[3] 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
70553	TC	A	Magnetic image, brain	0.00	23.72	1.49	25.21	XXX	N
71010	.....	A	Chest x-ray	0.18	0.53	0.04	0.75	XXX	N
71010	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71010	TC	A	Chest x-ray	0.00	0.45	0.03	0.48	XXX	N
71015	.....	A	X-ray exam of chest	0.21	0.60	0.04	0.85	XXX	N
71015	26	A	X-ray exam of chest	0.21	0.10	0.01	0.32	XXX	N
71015	TC	A	X-ray exam of chest	0.00	0.50	0.03	0.53	XXX	N
71020	.....	A	Chest x-ray	0.22	0.69	0.05	0.96	XXX	N
71020	26	A	Chest x-ray	0.22	0.10	0.01	0.33	XXX	N
71020	TC	A	Chest x-ray	0.00	0.59	0.04	0.63	XXX	N
71021	.....	A	Chest x-ray	0.27	0.82	0.07	1.16	XXX	N
71021	26	A	Chest x-ray	0.27	0.12	0.02	0.41	XXX	N
71021	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71022	.....	A	Chest x-ray	0.31	0.84	0.07	1.22	XXX	N
71022	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71022	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.92	0.08	1.38	XXX	N
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.03	0.58	XXX	N
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.75	0.05	0.80	XXX	N
71030	.....	A	Chest x-ray	0.31	0.89	0.07	1.27	XXX	N
71030	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71030	TC	A	Chest x-ray	0.00	0.75	0.05	0.80	XXX	N
71034	.....	A	Chest x-ray & fluoroscopy	0.46	1.58	0.12	2.16	XXX	N
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.21	0.03	0.70	XXX	N
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.37	0.09	1.46	XXX	N
71035	.....	A	Chest x-ray	0.18	0.58	0.04	0.80	XXX	N
71035	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71035	TC	A	Chest x-ray	0.00	0.50	0.03	0.53	XXX	N
71036	.....	A	X-ray guidance for biopsy	0.54	1.75	0.14	2.43	XXX	N
71036	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71036	TC	A	X-ray guidance for biopsy	0.00	1.50	0.10	1.60	XXX	N
71038	.....	A	X-ray guidance for biopsy	0.54	1.85	0.15	2.54	XXX	N
71038	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71038	TC	A	X-ray guidance for biopsy	0.00	1.60	0.11	1.71	XXX	N
71040	.....	A	Contrast x-ray of bronchi	0.58	1.66	0.13	2.37	XXX	N
71040	26	A	Contrast x-ray of bronchi	0.58	0.27	0.04	0.89	XXX	N
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	0.09	1.48	XXX	N
71060	.....	A	Contrast x-ray of bronchi	0.74	2.44	0.19	3.37	XXX	N
71060	26	A	Contrast x-ray of bronchi	0.74	0.34	0.05	1.13	XXX	N
71060	TC	A	Contrast x-ray of bronchi	0.00	2.10	0.14	2.24	XXX	N
71090	.....	A	X-ray & pacemaker insertion	0.54	1.85	0.15	2.54	XXX	N
71090	26	A	X-ray & pacemaker insertion	0.54	0.25	0.04	0.83	XXX	N
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	0.11	1.71	XXX	N
71100	.....	A	X-ray exam of ribs	0.22	0.64	0.06	0.92	XXX	N
71100	26	A	X-ray exam of ribs	0.22	0.10	0.02	0.34	XXX	N
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.04	0.58	XXX	N
71101	.....	A	X-ray exam of ribs, chest	0.27	0.77	0.06	1.10	XXX	N
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.02	0.42	XXX	N
71101	TC	A	X-ray exam of ribs, chest	0.00	0.64	0.04	0.68	XXX	N
71110	.....	A	X-ray exam of ribs	0.27	0.88	0.07	1.22	XXX	N
71110	26	A	X-ray exam of ribs	0.27	0.13	0.02	0.42	XXX	N
71110	TC	A	X-ray exam of ribs	0.00	0.75	0.05	0.80	XXX	N
71111	.....	A	X-ray exam of ribs, chest	0.32	1.00	0.08	1.40	XXX	N
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.02	0.49	XXX	N
71111	TC	A	X-ray exam of ribs, chest	0.00	0.85	0.06	0.91	XXX	N
71120	.....	A	X-ray exam of breastbone	0.20	0.71	0.05	0.96	XXX	N
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.01	0.30	XXX	N
71120	TC	A	X-ray exam of breastbone	0.00	0.62	0.04	0.66	XXX	N
71130	.....	A	X-ray exam of breastbone	0.22	0.77	0.05	1.04	XXX	N
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.01	0.33	XXX	N
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.04	0.71	XXX	N
71250	.....	A	Cat scan of chest	1.16	6.14	0.44	7.74	XXX	N
71250	26	A	Cat scan of chest	1.16	0.51	0.08	1.75	XXX	N
71250	TC	A	Cat scan of chest	0.00	5.63	0.36	5.99	XXX	N
71260	.....	A	Contrast CAT scan of chest	1.24	7.29	0.51	9.04	XXX	N
71260	26	A	Contrast CAT scan of chest	1.24	0.55	0.08	1.87	XXX	N
71260	TC	A	Contrast CAT scan of chest	0.00	6.74	0.43	7.17	XXX	N

All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
71270	.....	A	Contrast CAT scans of chest	1.38	9.04	0.61	11.03	XXX	N
71270	26	A	Contrast CAT scans of chest	1.38	0.61	0.09	2.08	XXX	N
71270	TC	A	Contrast CAT scans of chest	0.00	8.43	0.52	8.95	XXX	N
71550	.....	A	Magnetic image, chest	1.60	11.40	0.78	13.78	XXX	N
71550	26	A	Magnetic image, chest	1.60	0.72	0.11	2.43	XXX	N
71550	TC	A	Magnetic image, chest	0.00	10.68	0.67	11.35	XXX	N
71555	.....	A	Magnetic imaging/chest (MRA)	1.81	11.40	0.78	13.99	XXX	N
71555	26	A	Magnetic imaging/chest (MRA)	1.81	0.72	0.11	2.64	XXX	N
71555	TC	A	Magnetic imaging/chest (MRA)	0.00	10.68	0.67	11.35	XXX	N
72010	.....	A	X-ray exam of spine	0.45	1.18	0.09	1.72	XXX	N
72010	26	A	X-ray exam of spine	0.45	0.20	0.03	0.68	XXX	N
72010	TC	A	X-ray exam of spine	0.00	0.98	0.06	1.04	XXX	N
72020	.....	A	X-ray exam of spine	0.15	0.47	0.04	0.66	XXX	N
72020	26	A	X-ray exam of spine	0.15	0.07	0.01	0.23	XXX	N
72020	TC	A	X-ray exam of spine	0.00	0.40	0.03	0.43	XXX	N
72040	.....	A	X-ray exam of neck spine	0.22	0.67	0.05	0.94	XXX	N
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.01	0.33	XXX	N
72040	TC	A	X-ray exam of neck spine	0.00	0.57	0.04	0.61	XXX	N
72050	.....	A	X-ray exam of neck spine	0.31	0.99	0.08	1.38	XXX	N
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.02	0.47	XXX	N
72050	TC	A	X-ray exam of neck spine	0.00	0.85	0.06	0.91	XXX	N
72052	.....	A	X-ray exam of neck spine	0.36	1.25	0.09	1.70	XXX	N
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.02	0.55	XXX	N
72052	TC	A	X-ray exam of neck spine	0.00	1.08	0.07	1.15	XXX	N
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.04	0.83	XXX	N
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	0.03	0.50	XXX	N
72070	.....	A	X-ray exam of thorax spine	0.22	0.72	0.05	0.99	XXX	N
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.01	0.33	XXX	N
72070	TC	A	X-ray exam of thorax spine	0.00	0.62	0.04	0.66	XXX	N
72072	.....	A	X-ray exam of thoracic spine	0.22	0.80	0.06	1.08	XXX	N
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	0.05	0.75	XXX	N
72074	.....	A	X-ray exam of thoracic spine	0.22	0.97	0.07	1.26	XXX	N
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.06	0.93	XXX	N
72080	.....	A	X-ray exam of trunk spine	0.22	0.74	0.05	1.01	XXX	N
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72080	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.06	1.11	XXX	N
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.02	0.43	XXX	N
72090	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72100	.....	A	X-ray exam of lower spine	0.22	0.74	0.05	1.01	XXX	N
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72100	TC	A	X-ray exam of lower spine	0.00	0.64	0.04	0.68	XXX	N
72110	.....	A	X-ray exam of lower spine	0.31	1.01	0.08	1.40	XXX	N
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.02	0.47	XXX	N
72110	TC	A	X-ray exam of lower spine	0.00	0.87	0.06	0.93	XXX	N
72114	.....	A	X-ray exam of lower spine	0.36	1.30	0.09	1.75	XXX	N
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.02	0.55	XXX	N
72114	TC	A	X-ray exam of lower spine	0.00	1.13	0.07	1.20	XXX	N
72120	.....	A	X-ray exam of lower spine	0.22	0.95	0.07	1.24	XXX	N
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72120	TC	A	X-ray exam of lower spine	0.00	0.85	0.06	0.91	XXX	N
72125	.....	A	CAT scan of neck spine	1.16	6.14	0.44	7.74	XXX	N
72125	26	A	CAT scan of neck spine	1.16	0.51	0.08	1.75	XXX	N
72125	TC	A	CAT scan of neck spine	0.00	5.63	0.36	5.99	XXX	N
72126	.....	A	Contrast CAT scan of neck	1.22	7.27	0.51	9.00	XXX	N
72126	26	A	Contrast CAT scan of neck	1.22	0.53	0.08	1.83	XXX	N
72126	TC	A	Contrast CAT scan of neck	0.00	6.74	0.43	7.17	XXX	N
72127	.....	A	Contrast CAT scans of neck	1.27	8.99	0.61	10.87	XXX	N
72127	26	A	Contrast CAT scans of neck	1.27	0.56	0.09	1.92	XXX	N
72127	TC	A	Contrast CAT scans of neck	0.00	8.43	0.52	8.95	XXX	N
72128	.....	A	CAT scan of thorax spine	1.16	6.14	0.44	7.74	XXX	N
72128	26	A	CAT scan of thorax spine	1.16	0.51	0.08	1.75	XXX	N
72128	TC	A	CAT scan of thorax spine	0.00	5.63	0.36	5.99	XXX	N
72129	.....	A	Contrast CAT scan of thorax	1.22	7.27	0.51	9.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
72129	26	A	Contrast CAT scan of thorax	1.22	0.53	0.08	1.83	XXX	N
72129	TC	A	Contrast CAT scan of thorax	0.00	6.74	0.43	7.17	XXX	N
72130	.....	A	Contrast CAT scans of thorax	1.27	8.99	0.61	10.87	XXX	N
72130	26	A	Contrast CAT scans of thorax	1.27	0.56	0.09	1.92	XXX	N
72130	TC	A	Contrast CAT scans of thorax	0.00	8.43	0.52	8.95	XXX	N
72131	.....	A	CAT scan of lower spine	1.16	6.14	0.44	7.74	XXX	N
72131	26	A	CAT scan of lower spine	1.16	0.51	0.08	1.75	XXX	N
72131	TC	A	CAT scan of lower spine	0.00	5.63	0.36	5.99	XXX	N
72132	.....	A	Contrast CAT of lower spine	1.22	7.27	0.51	9.00	XXX	N
72132	26	A	Contrast CAT of lower spine	1.22	0.53	0.08	1.83	XXX	N
72132	TC	A	Contrast CAT of lower spine	0.00	6.74	0.43	7.17	XXX	N
72133	.....	A	Contrast CAT scans, low spine	1.27	8.99	0.61	10.87	XXX	N
72133	26	A	Contrast CAT scans, low spine	1.27	0.56	0.09	1.92	XXX	N
72133	TC	A	Contrast CAT scans, low spine	0.00	8.43	0.52	8.95	XXX	N
72141	.....	A	Magnetic image, neck spine	1.60	11.40	0.78	13.78	XXX	N
72141	26	A	Magnetic image, neck spine	1.60	0.72	0.11	2.43	XXX	N
72141	TC	A	Magnetic image, neck spine	0.00	10.68	0.67	11.35	XXX	N
72142	.....	A	Magnetic image, neck spine	1.92	13.67	0.94	16.53	XXX	N
72142	26	A	Magnetic image, neck spine	1.92	0.86	0.13	2.91	XXX	N
72142	TC	A	Magnetic image, neck spine	0.00	12.81	0.81	13.62	XXX	N
72146	.....	A	Magnetic image, chest spine	1.60	12.58	0.85	15.03	XXX	N
72146	26	A	Magnetic image, chest spine	1.60	0.72	0.11	2.43	XXX	N
72146	TC	A	Magnetic image, chest spine	0.00	11.86	0.74	12.60	XXX	N
72147	.....	A	Magnetic image, chest spine	1.92	13.67	0.94	16.53	XXX	N
72147	26	A	Magnetic image, chest spine	1.92	0.86	0.13	2.91	XXX	N
72147	TC	A	Magnetic image, chest spine	0.00	12.81	0.81	13.62	XXX	N
72148	.....	A	Magnetic image, lumbar spine	1.48	12.52	0.84	14.84	XXX	N
72148	26	A	Magnetic image, lumbar spine	1.48	0.66	0.10	2.24	XXX	N
72148	TC	A	Magnetic image, lumbar spine	0.00	11.86	0.74	12.60	XXX	N
72149	.....	A	Magnetic image, lumbar spine	1.78	13.61	0.93	16.32	XXX	N
72149	26	A	Magnetic image, lumbar spine	1.78	0.80	0.12	2.70	XXX	N
72149	TC	A	Magnetic image, lumbar spine	0.00	12.81	0.81	13.62	XXX	N
72156	.....	A	Magnetic image, neck spine	2.57	24.87	1.66	29.10	XXX	N
72156	26	A	Magnetic image, neck spine	2.57	1.15	0.17	3.89	XXX	N
72156	TC	A	Magnetic image, neck spine	0.00	23.72	1.49	25.21	XXX	N
72157	.....	A	Magnetic image, chest spine	2.57	24.87	1.66	29.10	XXX	N
72157	26	A	Magnetic image, chest spine	2.57	1.15	0.17	3.89	XXX	N
72157	TC	A	Magnetic image, chest spine	0.00	23.72	1.49	25.21	XXX	N
72158	.....	A	Magnetic image, lumbar spine	2.36	24.79	1.65	28.80	XXX	N
72158	26	A	Magnetic image, lumbar spine	2.36	1.07	0.16	3.59	XXX	N
72158	TC	A	Magnetic image, lumbar spine	0.00	23.72	1.49	25.21	XXX	N
72159	.....	A	Magnetic imaging/spine (MRA)	1.80	12.52	0.84	15.16	XXX	N
72159	26	A	Magnetic imaging/spine (MRA)	1.80	0.66	0.10	2.56	XXX	N
72159	TC	A	Magnetic imaging/spine (MRA)	0.00	11.86	0.74	12.60	XXX	N
72170	.....	A	X-ray exam of pelvis	0.17	0.57	0.04	0.78	XXX	N
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.01	0.25	XXX	N
72170	TC	A	X-ray exam of pelvis	0.00	0.50	0.03	0.53	XXX	N
72190	.....	A	X-ray exam of pelvis	0.21	0.74	0.05	1.00	XXX	N
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.01	0.32	XXX	N
72190	TC	A	X-ray exam of pelvis	0.00	0.64	0.04	0.68	XXX	N
72192	.....	A	CAT scan of pelvis	1.09	6.11	0.43	7.63	XXX	N
72192	26	A	CAT scan of pelvis	1.09	0.48	0.07	1.64	XXX	N
72192	TC	A	CAT scan of pelvis	0.00	5.63	0.36	5.99	XXX	N
72193	.....	A	Contrast CAT scan of pelvis	1.16	7.03	0.49	8.68	XXX	N
72193	26	A	Contrast CAT scan of pelvis	1.16	0.51	0.08	1.75	XXX	N
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.52	0.41	6.93	XXX	N
72194	.....	A	Contrast CAT scans of pelvis	1.22	8.62	0.58	10.42	XXX	N
72194	26	A	Contrast CAT scans of pelvis	1.22	0.53	0.08	1.83	XXX	N
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.09	0.50	8.59	XXX	N
72196	.....	A	Magnetic image, pelvis	1.60	11.40	0.78	13.78	XXX	N
72196	26	A	Magnetic image, pelvis	1.60	0.72	0.11	2.43	XXX	N
72196	TC	A	Magnetic image, pelvis	0.00	10.68	0.67	11.35	XXX	N
72198	.....	A	Magnetic imaging/pelvis(MRA)	1.80	11.40	0.78	13.98	XXX	N
72198	26	A	Magnetic imaging/pelvis(MRA)	1.80	0.72	0.11	2.63	XXX	N
72198	TC	A	Magnetic imaging/pelvis(MRA)	0.00	10.68	0.67	11.35	XXX	N
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.58	0.04	0.79	XXX	N
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.01	0.26	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	0.03	0.53	XXX	N
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.68	0.05	0.92	XXX	N
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.01	0.29	XXX	N
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	0.04	0.63	XXX	N
72220	.....	A	X-ray exam of tailbone	0.17	0.62	0.05	0.84	XXX	N
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.01	0.26	XXX	N
72220	TC	A	X-ray exam of tailbone	0.00	0.54	0.04	0.58	XXX	N
72240	.....	A	Contrast x-ray of neck spine	0.91	4.93	0.35	6.19	XXX	N
72240	26	A	Contrast x-ray of neck spine	0.91	0.41	0.06	1.38	XXX	N
72240	TC	A	Contrast x-ray of neck spine	0.00	4.52	0.29	4.81	XXX	N
72255	.....	A	Contrast x-ray thorax spine	0.91	4.54	0.32	5.77	XXX	N
72255	26	A	Contrast x-ray thorax spine	0.91	0.41	0.06	1.38	XXX	N
72255	TC	A	Contrast x-ray thorax spine	0.00	4.13	0.26	4.39	XXX	N
72265	.....	A	Contrast x-ray lower spine	0.83	4.26	0.31	5.40	XXX	N
72265	26	A	Contrast x-ray lower spine	0.83	0.38	0.06	1.27	XXX	N
72265	TC	A	Contrast x-ray lower spine	0.00	3.88	0.25	4.13	XXX	N
72270	.....	A	Contrast x-ray of spine	1.33	6.40	0.46	8.19	XXX	N
72270	26	A	Contrast x-ray of spine	1.33	0.59	0.09	2.01	XXX	N
72270	TC	A	Contrast x-ray of spine	0.00	5.81	0.37	6.18	XXX	N
72285	.....	A	X-ray of neck spine disk	0.83	8.37	0.56	9.76	XXX	N
72285	26	A	X-ray of neck spine disk	0.83	0.38	0.06	1.27	XXX	N
72285	TC	A	X-ray of neck spine disk	0.00	7.99	0.50	8.49	XXX	N
72295	.....	A	X-ray of lower spine disk	0.83	7.87	0.52	9.22	XXX	N
72295	26	A	X-ray of lower spine disk	0.83	0.38	0.06	1.27	XXX	N
72295	TC	A	X-ray of lower spine disk	0.00	7.49	0.46	7.95	XXX	N
73000	.....	A	X-ray exam of collarbone	0.16	0.57	0.04	0.77	XXX	N
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.01	0.24	XXX	N
73000	TC	A	X-ray exam of collarbone	0.00	0.50	0.03	0.53	XXX	N
73010	.....	A	X-ray exam of shoulder blade	0.17	0.58	0.04	0.79	XXX	N
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.01	0.26	XXX	N
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	0.03	0.53	XXX	N
73020	.....	A	X-ray exam of shoulder	0.15	0.52	0.04	0.71	XXX	N
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.01	0.23	XXX	N
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.03	0.48	XXX	N
73030	.....	A	X-ray exam of shoulder	0.18	0.62	0.05	0.85	XXX	N
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.01	0.27	XXX	N
73030	TC	A	X-ray exam of shoulder	0.00	0.54	0.04	0.58	XXX	N
73040	.....	A	Contrast x-ray of shoulder	0.54	2.25	0.17	2.96	XXX	N
73040	26	A	Contrast x-ray of shoulder	0.54	0.25	0.04	0.83	XXX	N
73040	TC	A	Contrast x-ray of shoulder	0.00	2.00	0.13	2.13	XXX	N
73050	.....	A	X-ray exam of shoulders	0.20	0.73	0.05	0.98	XXX	N
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.01	0.30	XXX	N
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.04	0.68	XXX	N
73060	.....	A	X-ray exam of humerus	0.17	0.62	0.05	0.84	XXX	N
73060	26	A	X-ray exam of humerus	0.17	0.08	0.01	0.26	XXX	N
73060	TC	A	X-ray exam of humerus	0.00	0.54	0.04	0.58	XXX	N
73070	.....	A	X-ray exam of elbow	0.15	0.57	0.04	0.76	XXX	N
73070	26	A	X-ray exam of elbow	0.15	0.07	0.01	0.23	XXX	N
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.03	0.53	XXX	N
73080	.....	A	X-ray exam of elbow	0.17	0.62	0.05	0.84	XXX	N
73080	26	A	X-ray exam of elbow	0.17	0.08	0.01	0.26	XXX	N
73080	TC	A	X-ray exam of elbow	0.00	0.54	0.04	0.58	XXX	N
73085	.....	A	Contrast x-ray of elbow	0.54	2.25	0.17	2.96	XXX	N
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.04	0.83	XXX	N
73085	TC	A	Contrast x-ray of elbow	0.00	2.00	0.13	2.13	XXX	N
73090	.....	A	X-ray exam of forearm	0.16	0.57	0.04	0.77	XXX	N
73090	26	A	X-ray exam of forearm	0.16	0.07	0.01	0.24	XXX	N
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.03	0.53	XXX	N
73092	.....	A	X-ray exam of arm, infant	0.16	0.54	0.04	0.74	XXX	N
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.01	0.24	XXX	N
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	0.03	0.50	XXX	N
73100	.....	A	X-ray exam of wrist	0.16	0.54	0.04	0.74	XXX	N
73100	26	A	X-ray exam of wrist	0.16	0.07	0.01	0.24	XXX	N
73100	TC	A	X-ray exam of wrist	0.00	0.47	0.03	0.50	XXX	N
73110	.....	A	X-ray exam of wrist	0.17	0.59	0.04	0.80	XXX	N
73110	26	A	X-ray exam of wrist	0.17	0.08	0.01	0.26	XXX	N
73110	TC	A	X-ray exam of wrist	0.00	0.51	0.03	0.54	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
73115	.....	A	Contrast x-ray of wrist	0.54	1.75	0.14	2.43	XXX	N
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.04	0.83	XXX	N
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	0.10	1.60	XXX	N
73120	.....	A	X-ray exam of hand	0.16	0.54	0.04	0.74	XXX	N
73120	26	A	X-ray exam of hand	0.16	0.07	0.01	0.24	XXX	N
73120	TC	A	X-ray exam of hand	0.00	0.47	0.03	0.50	XXX	N
73130	.....	A	X-ray exam of hand	0.17	0.59	0.04	0.80	XXX	N
73130	26	A	X-ray exam of hand	0.17	0.08	0.01	0.26	XXX	N
73130	TC	A	X-ray exam of hand	0.00	0.51	0.03	0.54	XXX	N
73140	.....	A	X-ray exam of finger(s)	0.13	0.46	0.04	0.63	XXX	N
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.01	0.20	XXX	N
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.03	0.43	XXX	N
73200	.....	A	CAT scan of arm	1.09	5.21	0.37	6.67	XXX	N
73200	26	A	CAT scan of arm	1.09	0.48	0.07	1.64	XXX	N
73200	TC	A	CAT scan of arm	0.00	4.73	0.30	5.03	XXX	N
73201	.....	A	Contrast CAT scan of arm	1.16	6.14	0.44	7.74	XXX	N
73201	26	A	Contrast CAT scan of arm	1.16	0.51	0.08	1.75	XXX	N
73201	TC	A	Contrast CAT scan of arm	0.00	5.63	0.36	5.99	XXX	N
73202	.....	A	Contrast CAT scans of arm	1.22	7.61	0.53	9.36	XXX	N
73202	26	A	Contrast CAT scans of arm	1.22	0.53	0.08	1.83	XXX	N
73202	TC	A	Contrast CAT scans of arm	0.00	7.08	0.45	7.53	XXX	N
73220	.....	A	Magnetic image, arm, hand	1.48	11.34	0.77	13.59	XXX	N
73220	26	A	Magnetic image, arm, hand	1.48	0.66	0.10	2.24	XXX	N
73220	TC	A	Magnetic image, arm, hand	0.00	10.68	0.67	11.35	XXX	N
73221	.....	A	Magnetic image, joint of arm	0.95	11.11	0.73	12.79	XXX	N
73221	26	A	Magnetic image, joint of arm	0.95	0.43	0.06	1.44	XXX	N
73221	TC	A	Magnetic image, joint of arm	0.00	10.68	0.67	11.35	XXX	N
73225	.....	A	Magnetic imaging/upper (MRA)	1.73	11.34	0.77	13.84	XXX	N
73225	26	A	Magnetic imaging/upper (MRA)	1.73	0.66	0.10	2.49	XXX	N
73225	TC	A	Magnetic imaging/upper (MRA)	0.00	10.63	0.67	11.35	XXX	N
73500	.....	A	X-ray exam of hip	0.17	0.53	0.04	0.74	XXX	N
73500	26	A	X-ray exam of hip	0.17	0.08	0.01	0.26	XXX	N
73500	TC	A	X-ray exam of hip	0.00	0.45	0.03	0.48	XXX	N
73510	.....	A	X-ray exam of hip	0.21	0.64	0.05	0.90	XXX	N
73510	26	A	X-ray exam of hip	0.21	0.10	0.01	0.32	XXX	N
73510	TC	A	X-ray exam of hip	0.00	0.54	0.04	0.58	XXX	N
73520	.....	A	X-ray exam of hips	0.26	0.76	0.06	1.08	XXX	N
73520	26	A	X-ray exam of hips	0.26	0.12	0.02	0.40	XXX	N
73520	TC	A	X-ray exam of hips	0.00	0.64	0.04	0.68	XXX	N
73525	.....	A	Contrast x-ray of hip	0.54	2.25	0.17	2.96	XXX	N
73525	26	A	Contrast x-ray of hip	0.54	0.25	0.04	0.83	XXX	N
73525	TC	A	Contrast x-ray of hip	0.00	2.00	0.13	2.13	XXX	N
73530	.....	A	X-ray exam of hip	0.29	0.63	0.05	0.97	XXX	N
73530	26	A	X-ray exam of hip	0.29	0.13	0.02	0.44	XXX	N
73530	TC	A	X-ray exam of hip	0.00	0.50	0.03	0.53	XXX	N
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.64	0.05	0.89	XXX	N
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.01	0.31	XXX	N
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	0.04	0.58	XXX	N
73550	.....	A	X-ray exam of thigh	0.17	0.62	0.05	0.84	XXX	N
73550	26	A	X-ray exam of thigh	0.17	0.08	0.01	0.26	XXX	N
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.04	0.58	XXX	N
73560	.....	A	X-ray exam of knee	0.17	0.57	0.04	0.78	XXX	N
73560	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73560	TC	A	X-ray exam of knee	0.00	0.50	0.03	0.53	XXX	N
73562	.....	A	X-ray exam of knee	0.18	0.63	0.05	0.86	XXX	N
73562	26	A	X-ray exam of knee	0.18	0.09	0.01	0.28	XXX	N
73562	TC	A	X-ray exam of knee	0.00	0.54	0.04	0.58	XXX	N
73564	.....	A	X-ray exam of knee	0.22	0.69	0.06	0.97	XXX	N
73564	26	A	X-ray exam of knee	0.22	0.10	0.02	0.34	XXX	N
73564	TC	A	X-ray exam of knee	0.00	0.59	0.04	0.63	XXX	N
73565	.....	A	X-ray exam of knee	0.17	0.54	0.04	0.75	XXX	N
73565	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73565	TC	A	X-ray exam of knee	0.00	0.47	0.03	0.50	XXX	N
73580	.....	A	Contrast x-ray of knee joint	0.54	2.75	0.21	3.50	XXX	N
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.04	0.83	XXX	N
73580	TC	A	Contrast x-ray of knee joint	0.00	2.50	0.17	2.67	XXX	N
73590	.....	A	X-ray exam of lower leg	0.17	0.57	0.04	0.78	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.01	0.25	XXX	N
73590	TC	A	X-ray exam of lower leg	0.00	0.50	0.03	0.53	XXX	N
73592	.....	A	X-ray exam of leg, infant	0.16	0.54	0.04	0.74	XXX	N
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.01	0.24	XXX	N
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	0.03	0.50	XXX	N
73600	.....	A	X-ray exam of ankle	0.16	0.54	0.04	0.74	XXX	N
73600	26	A	X-ray exam of ankle	0.16	0.07	0.01	0.24	XXX	N
73600	TC	A	X-ray exam of ankle	0.00	0.47	0.03	0.50	XXX	N
73610	.....	A	X-ray exam of ankle	0.17	0.59	0.04	0.80	XXX	N
73610	26	A	X-ray exam of ankle	0.17	0.08	0.01	0.26	XXX	N
73610	TC	A	X-ray exam of ankle	0.00	0.51	0.03	0.54	XXX	N
73615	.....	A	Contrast x-ray of ankle	0.54	2.25	0.17	2.96	XXX	N
73615	26	A	Contrast x-ray of ankle	0.54	0.25	0.04	0.83	XXX	N
73615	TC	A	Contrast x-ray of ankle	0.00	2.00	0.13	2.13	XXX	N
73620	.....	A	X-ray exam of foot	0.16	0.54	0.04	0.74	XXX	N
73620	26	A	X-ray exam of foot	0.16	0.07	0.01	0.24	XXX	N
73620	TC	A	X-ray exam of foot	0.00	0.47	0.03	0.50	XXX	N
73630	.....	A	X-ray exam of foot	0.17	0.59	0.04	0.80	XXX	N
73630	26	A	X-ray exam of foot	0.17	0.08	0.01	0.26	XXX	N
73630	TC	A	X-ray exam of foot	0.00	0.51	0.03	0.54	XXX	N
73650	.....	A	X-ray exam of heel	0.16	0.52	0.04	0.72	XXX	N
73650	26	A	X-ray exam of heel	0.16	0.07	0.01	0.24	XXX	N
73650	TC	A	X-ray exam of heel	0.00	0.45	0.03	0.48	XXX	N
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.04	0.63	XXX	N
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.01	0.20	XXX	N
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.03	0.43	XXX	N
73700	.....	A	CAT scan of leg	1.09	5.21	0.37	6.67	XXX	N
73700	26	A	CAT scan of leg	1.09	0.48	0.07	1.64	XXX	N
73700	TC	A	CAT scan of leg	0.00	4.73	0.30	5.03	XXX	N
73701	.....	A	Contrast CAT scan of leg	1.16	6.14	0.44	7.74	XXX	N
73701	26	A	Contrast CAT scan of leg	1.16	0.51	0.08	1.75	XXX	N
73701	TC	A	Contrast CAT scan of leg	0.00	5.63	0.36	5.99	XXX	N
73702	.....	A	Contrast CAT scans of leg	1.22	7.61	0.53	9.36	XXX	N
73702	26	A	Contrast CAT scans of leg	1.22	0.53	0.08	1.83	XXX	N
73702	TC	A	Contrast CAT scans of leg	0.00	7.08	0.45	7.53	XXX	N
73720	.....	A	Magnetic image, leg, foot	1.48	11.34	0.77	13.59	XXX	N
73720	26	A	Magnetic image, leg, foot	1.48	0.66	0.10	2.24	XXX	N
73720	TC	A	Magnetic image, leg, foot	0.00	10.68	0.67	11.35	XXX	N
73721	.....	A	Magnetic image, joint of leg	0.95	11.11	0.73	12.79	XXX	N
73721	26	A	Magnetic image, joint of leg	0.95	0.43	0.06	1.44	XXX	N
73721	TC	A	Magnetic image, joint of leg	0.00	10.68	0.67	11.35	XXX	N
73725	.....	A	Magnetic imaging/lower (MRA)	1.82	11.34	0.77	13.93	XXX	N
73725	26	A	Magnetic imaging/lower (MRA)	1.82	0.66	0.10	2.58	XXX	N
73725	TC	A	Magnetic imaging/lower (MRA)	0.00	10.68	0.67	11.35	XXX	N
74000	.....	A	X-ray exam of abdomen	0.18	0.58	0.04	0.80	XXX	N
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.01	0.27	XXX	N
74000	TC	A	X-ray exam of abdomen	0.00	0.50	0.03	0.53	XXX	N
74010	.....	A	X-ray exam of abdomen	0.23	0.65	0.06	0.94	XXX	N
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.02	0.36	XXX	N
74010	TC	A	X-ray exam of abdomen	0.00	0.54	0.04	0.58	XXX	N
74020	.....	A	X-ray exam of abdomen	0.27	0.72	0.06	1.05	XXX	N
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.02	0.42	XXX	N
74020	TC	A	X-ray exam of abdomen	0.00	0.59	0.04	0.63	XXX	N
74022	.....	A	X-ray exam series, abdomen	0.32	0.85	0.07	1.24	XXX	N
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.02	0.49	XXX	N
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	0.05	0.75	XXX	N
74150	.....	A	CAT scan of abdomen	1.19	5.91	0.43	7.53	XXX	N
74150	26	A	CAT scan of abdomen	1.19	0.52	0.08	1.79	XXX	N
74150	TC	A	CAT scan of abdomen	0.00	5.39	0.35	5.74	XXX	N
74160	.....	A	Contrast CAT scan of abdomen	1.27	7.08	0.50	8.85	XXX	N
74160	26	A	Contrast CAT scan of abdomen	1.27	0.56	0.09	1.92	XXX	N
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.52	0.41	6.93	XXX	N
74170	.....	A	Contrast CAT scans, abdomen	1.40	8.71	0.60	10.71	XXX	N
74170	26	A	Contrast CAT scans, abdomen	1.40	0.62	0.10	2.12	XXX	N
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.09	0.50	8.59	XXX	N
74181	.....	A	Magnetic image, abdomen (MRI)	1.60	11.40	0.78	13.78	XXX	N
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.72	0.11	2.43	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	10.68	0.67	11.35	XXX	N
74185	.....	A	Magnetic image/abdomen (MRA)	1.80	11.40	0.78	13.98	XXX	N
74185	26	A	Magnetic image/abdomen (MRA)	1.80	0.72	0.11	2.63	XXX	N
74185	TC	A	Magnetic image/abdomen (MRA)	0.00	10.68	0.67	11.35	XXX	N
74190	.....	A	X-ray exam of peritoneum	0.48	1.37	0.10	1.95	XXX	N
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.02	0.63	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	0.08	1.32	XXX	N
74210	.....	A	Contrast x-ray exam of throat	0.36	1.29	0.09	1.74	XXX	N
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.02	0.54	XXX	N
74210	TC	A	Contrast x-ray exam of throat	0.00	1.13	0.07	1.20	XXX	N
74220	.....	A	Contrast x-ray exam, esophagus	0.46	1.34	0.10	1.90	XXX	N
74220	26	A	Contrast x-ray exam, esophagus	0.46	0.21	0.03	0.70	XXX	N
74220	TC	A	Contrast x-ray exam, esophagus	0.00	1.13	0.07	1.20	XXX	N
74230	.....	A	Cinema x-ray throat/esophagus	0.53	1.49	0.12	2.14	XXX	N
74230	26	A	Cinema x-ray throat/esophagus	0.53	0.25	0.04	0.82	XXX	N
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.24	0.08	1.32	XXX	N
74235	.....	A	Remove esophagus obstruction	1.19	3.02	0.25	4.46	XXX	N
74235	26	A	Remove esophagus obstruction	1.19	0.52	0.08	1.79	XXX	N
74235	TC	A	Remove esophagus obstruction	0.00	2.50	0.17	2.67	XXX	N
74240	.....	A	X-ray exam upper GI tract	0.69	1.71	0.14	2.54	XXX	N
74240	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74240	TC	A	X-ray exam upper GI tract	0.00	1.39	0.09	1.48	XXX	N
74241	.....	A	X-ray exam upper GI tract	0.69	1.74	0.14	2.57	XXX	N
74241	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74241	TC	A	X-ray exam upper GI tract	0.00	1.42	0.09	1.51	XXX	N
74245	.....	A	X-ray exam upper GI tract	0.91	2.68	0.21	3.80	XXX	N
74245	26	A	X-ray exam upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74245	TC	A	X-ray exam upper GI tract	0.00	2.27	0.15	2.42	XXX	N
74246	.....	A	Contrast x-ray upper GI tract	0.69	1.89	0.15	2.73	XXX	N
74246	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74246	TC	A	Contrast x-ray upper GI tract	0.00	1.57	0.10	1.67	XXX	N
74247	.....	A	Contrast x-ray upper GI tract	0.69	1.92	0.16	2.77	XXX	N
74247	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74247	TC	A	Contrast x-ray upper GI tract	0.00	1.60	0.11	1.71	XXX	N
74249	.....	A	Contrast x-ray upper GI tract	0.91	2.86	0.22	3.99	XXX	N
74249	26	A	Contrast x-ray upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74249	TC	A	Contrast x-ray upper GI tract	0.00	2.45	0.16	2.61	XXX	N
74250	.....	A	X-ray exam of small bowel	0.47	1.45	0.11	2.03	XXX	N
74250	26	A	X-ray exam of small bowel	0.47	0.21	0.03	0.71	XXX	N
74250	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74251	.....	A	X-ray exam of small bowel	0.69	1.45	0.11	2.25	XXX	N
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.03	0.93	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74260	.....	A	X-ray exam of small bowel	0.50	1.65	0.12	2.27	XXX	N
74260	26	A	X-ray exam of small bowel	0.50	0.23	0.03	0.76	XXX	N
74260	TC	A	X-ray exam of small bowel	0.00	1.42	0.09	1.51	XXX	N
74270	.....	A	Contrast x-ray exam of colon	0.69	1.94	0.16	2.79	XXX	N
74270	26	A	Contrast x-ray exam of colon	0.69	0.32	0.05	1.06	XXX	N
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	0.11	1.73	XXX	N
74280	.....	A	Contrast x-ray exam of colon	0.99	2.58	0.21	3.78	XXX	N
74280	26	A	Contrast x-ray exam of colon	0.99	0.45	0.07	1.51	XXX	N
74280	TC	A	Contrast x-ray exam of colon	0.00	2.13	0.14	2.27	XXX	N
74283	.....	A	Contrast x-ray exam of colon	2.02	3.34	0.30	5.66	XXX	N
74283	26	A	Contrast x-ray exam of colon	2.02	0.90	0.14	3.06	XXX	N
74283	TC	A	Contrast x-ray exam of colon	0.00	2.44	0.16	2.60	XXX	N
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.85	0.07	1.24	XXX	N
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.02	0.49	XXX	N
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	0.05	0.75	XXX	N
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.49	0.04	0.73	XXX	N
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.01	0.30	XXX	N
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.03	0.43	XXX	N
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.02	0.55	XXX	N
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.01	0.32	XXX	N
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
74305		A	X-ray bile ducts, pancreas	0.42	0.94	0.08	1.44	XXX	N
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.03	0.64	XXX	N
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.75	0.05	0.80	XXX	N
74320		A	Contrast x-ray of bile ducts	0.54	3.25	0.23	4.02	XXX	N
74320	26	A	Contrast x-ray of bile ducts	0.54	0.25	0.04	0.83	XXX	N
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.00	0.19	3.19	XXX	N
74327		A	X-ray for bile stone removal	0.70	2.00	0.16	2.86	XXX	N
74327	26	A	X-ray for bile stone removal	0.70	0.32	0.05	1.07	XXX	N
74327	TC	A	X-ray for bile stone removal	0.00	1.68	0.11	1.79	XXX	N
74328		A	X-ray for bile duct endoscopy	0.70	3.32	0.24	4.26	XXX	N
74328	26	A	X-ray for bile duct endoscopy	0.70	0.32	0.05	1.07	XXX	N
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.00	0.19	3.19	XXX	N
74329		A	X-ray for pancreas endoscopy	0.70	3.32	0.24	4.26	XXX	N
74329	26	A	X-ray for pancreas endoscopy	0.70	0.32	0.05	1.07	XXX	N
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74330		A	X-ray, bile/pancreas endoscopy	0.70	3.32	0.24	4.26	XXX	N
74330	26	A	X-ray, bile/pancreas endoscopy	0.70	0.32	0.05	1.07	XXX	N
74330	TC	A	X-ray, bile/pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74340		A	X-ray guide for GI tube	0.54	2.75	0.21	3.50	XXX	N
74340	26	A	X-ray guide for GI tube	0.54	0.25	0.04	0.83	XXX	N
74340	TC	A	X-ray guide for GI tube	0.00	2.50	0.17	2.67	XXX	N
74350		A	X-ray guide, stomach tube	0.76	3.35	0.24	4.35	XXX	N
74350	26	A	X-ray guide, stomach tube	0.76	0.35	0.05	1.16	XXX	N
74350	TC	A	X-ray guide, stomach tube	0.00	3.00	0.19	3.19	XXX	N
74355		A	X-ray guide, intestinal tube	0.76	2.85	0.22	3.83	XXX	N
74355	26	A	X-ray guide, intestinal tube	0.76	0.35	0.05	1.16	XXX	N
74355	TC	A	X-ray guide, intestinal tube	0.00	2.50	0.17	2.67	XXX	N
74360		A	X-ray guide, GI dilation	0.54	3.25	0.23	4.02	XXX	N
74360	26	A	X-ray guide, GI dilation	0.54	0.25	0.04	0.83	XXX	N
74360	TC	A	X-ray guide, GI dilation	0.00	3.00	0.19	3.19	XXX	N
74363		A	X-ray, bile duct dilation	0.88	6.21	0.43	7.52	XXX	N
74363	26	A	X-ray, bile duct dilation	0.88	0.40	0.06	1.34	XXX	N
74363	TC	A	X-ray, bile duct dilation	0.00	5.81	0.37	6.18	XXX	N
74400		A	Contrast x-ray urinary tract	0.49	1.82	0.14	2.45	XXX	N
74400	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74400	TC	A	Contrast x-ray urinary tract	0.00	1.60	0.11	1.71	XXX	N
74405		A	Contrast x-ray urinary tract	0.49	2.11	0.16	2.76	XXX	N
74405	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74405	TC	A	Contrast x-ray urinary tract	0.00	1.89	0.13	2.02	XXX	N
74410		A	Contrast x-ray urinary tract	0.49	2.08	0.15	2.72	XXX	N
74410	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74410	TC	A	Contrast x-ray urinary tract	0.00	1.86	0.12	1.98	XXX	N
74415		A	Contrast x-ray urinary tract	0.49	2.24	0.16	2.89	XXX	N
74415	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74415	TC	A	Contrast x-ray urinary tract	0.00	2.02	0.13	2.15	XXX	N
74420		A	Contrast x-ray urinary tract	0.36	2.66	0.19	3.21	XXX	N
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74420	TC	A	Contrast x-ray urinary tract	0.00	2.50	0.17	2.67	XXX	N
74425		A	Contrast x-ray urinary tract	0.36	1.40	0.10	1.86	XXX	N
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74425	TC	A	Contrast x-ray urinary tract	0.00	1.24	0.08	1.32	XXX	N
74430		A	Contrast x-ray of bladder	0.32	1.15	0.09	1.56	XXX	N
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.02	0.49	XXX	N
74430	TC	A	Contrast x-ray of bladder	0.00	1.00	0.07	1.07	XXX	N
74440		A	X-ray exam male genital tract	0.38	1.25	0.10	1.73	XXX	N
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.03	0.58	XXX	N
74440	TC	A	X-ray exam male genital tract	0.00	1.08	0.07	1.15	XXX	N
74445		A	X-ray exam of penis	1.14	1.58	0.15	2.87	XXX	N
74445	26	A	X-ray exam of penis	1.14	0.50	0.08	1.72	XXX	N
74445	TC	A	X-ray exam of penis	0.00	1.08	0.07	1.15	XXX	N
74450		A	X-ray exam urethra/bladder	0.33	1.54	0.11	1.98	XXX	N
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74450	TC	A	X-ray exam urethra/bladder	0.00	1.39	0.09	1.48	XXX	N
74455		A	X-ray exam urethra/bladder	0.33	1.65	0.12	2.10	XXX	N
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74455	TC	A	X-ray exam urethra/bladder	0.00	1.50	0.10	1.60	XXX	N
74470		A	X-ray exam of kidney lesion	0.54	1.44	0.12	2.10	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
74470	26	A	X-ray exam of kidney lesion	0.54	0.25	0.04	0.83	XXX	N
74470	TC	A	X-ray exam of kidney lesion	0.00	1.19	0.08	1.27	XXX	N
74475	.....	A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74475	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74475	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74480	.....	A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74480	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74480	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74485	.....	A	X-ray guide, GU dilation	0.54	3.25	0.23	4.02	XXX	N
74485	26	A	X-ray guide, GU dilation	0.54	0.25	0.04	0.83	XXX	N
74485	TC	A	X-ray guide, GU dilation	0.00	3.00	0.19	3.19	XXX	N
74710	.....	A	X-ray measurement of pelvis	0.34	1.16	0.09	1.59	XXX	N
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.02	0.52	XXX	N
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	0.07	1.07	XXX	N
74740	.....	A	X-ray female genital tract	0.38	1.41	0.11	1.90	XXX	N
74740	26	A	X-ray female genital tract	0.38	0.17	0.03	0.58	XXX	N
74740	TC	A	X-ray female genital tract	0.00	1.24	0.08	1.32	XXX	N
74742	.....	A	X-ray fallopian tube	0.61	3.25	0.23	4.09	XXX	N
74742	26	A	X-ray fallopian tube	0.61	0.25	0.04	0.90	XXX	N
74742	TC	A	X-ray fallopian tube	0.00	3.00	0.19	3.19	XXX	N
74775	.....	A	X-ray exam of perineum	0.62	1.68	0.13	2.43	XXX	N
74775	26	A	X-ray exam of perineum	0.62	0.29	0.04	0.95	XXX	N
74775	TC	A	X-ray exam of perineum	0.00	1.39	0.09	1.48	XXX	N
75552	.....	A	Magnetic image, myocardium	1.60	11.40	0.78	13.78	XXX	N
75552	26	A	Magnetic image, myocardium	1.60	0.72	0.11	2.43	XXX	N
75552	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75553	.....	A	Magnetic image, myocardium	2.00	11.40	0.78	14.18	XXX	N
75553	26	A	Magnetic image, myocardium	2.00	0.72	0.11	2.83	XXX	N
75553	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75554	.....	A	Cardiac MRI/function	1.83	11.40	0.78	14.01	XXX	N
75554	26	A	Cardiac MRI/function	1.83	0.72	0.11	2.66	XXX	N
75554	TC	A	Cardiac MRI/function	0.00	10.68	0.67	11.35	XXX	N
75555	.....	A	Cardiac MRI/limited study	1.74	11.40	0.78	13.92	XXX	N
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.11	2.57	XXX	N
75555	TC	A	Cardiac MRI/limited study	0.00	10.68	0.67	11.35	XXX	N
75556	.....	N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	XXX	0
75600	.....	A	Contrast x-ray exam of aorta	0.49	12.23	0.78	13.50	XXX	N
75600	26	A	Contrast x-ray exam of aorta	0.49	0.22	0.03	0.74	XXX	N
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75605	.....	A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75605	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75625	.....	A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75625	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75630	.....	A	X-ray aorta, leg arteries	1.31	13.09	0.88	15.28	XXX	N
75630	26	A	X-ray aorta, leg arteries	1.31	0.58	0.09	1.98	XXX	N
75630	TC	A	X-ray aorta, leg arteries	0.00	12.51	0.79	13.30	XXX	N
75650	.....	A	Artery x-rays, head & neck	1.49	12.67	0.85	15.01	XXX	N
75650	26	A	Artery x-rays, head & neck	1.49	0.66	0.10	2.25	XXX	N
75650	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75658	.....	A	X-ray exam of arm arteries	1.31	12.59	0.84	14.74	XXX	N
75658	26	A	X-ray exam of arm arteries	1.31	0.58	0.09	1.98	XXX	N
75658	TC	A	X-ray exam of arm arteries	0.00	12.01	0.75	12.76	XXX	N
75660	.....	A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75660	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75660	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75662	.....	A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N
75662	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75662	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75665	.....	A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75665	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75665	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75671	.....	A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N
75671	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75671	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75676	.....	A	Artery x-rays, neck	1.31	12.59	0.84	14.74	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
75676	26	A	Artery x-rays, neck	1.31	0.58	0.09	1.98	XXX	N
75676	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75680	.....	A	Artery x-rays, neck	1.66	12.75	0.86	15.27	XXX	N
75680	26	A	Artery x-rays, neck	1.66	0.74	0.11	2.51	XXX	N
75680	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75685	.....	A	Artery x-rays, spine	1.31	12.59	0.84	14.74	XXX	N
75685	26	A	Artery x-rays, spine	1.31	0.58	0.09	1.98	XXX	N
75685	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75705	.....	A	Artery x-rays, spine	2.18	12.99	0.90	16.07	XXX	N
75705	26	A	Artery x-rays, spine	2.18	0.98	0.15	3.31	XXX	N
75705	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75710	.....	A	Artery x-rays, arm/leg	1.14	12.51	0.83	14.48	XXX	N
75710	26	A	Artery x-rays, arm/leg	1.14	0.50	0.08	1.72	XXX	N
75710	TC	A	Artery x-rays, arm/leg	0.00	12.01	0.75	12.76	XXX	N
75716	.....	A	Artery x-rays, arms/legs	1.31	12.59	0.84	14.74	XXX	N
75716	26	A	Artery x-rays, arms/legs	1.31	0.58	0.09	1.98	XXX	N
75716	TC	A	Artery x-rays, arms/legs	0.00	12.01	0.75	12.76	XXX	N
75722	.....	A	Artery x-rays, kidney	1.14	12.51	0.83	14.48	XXX	N
75722	26	A	Artery x-rays, kidney	1.14	0.50	0.08	1.72	XXX	N
75722	TC	A	Artery x-rays, kidney	0.00	12.01	0.75	12.76	XXX	N
75724	.....	A	Artery x-rays, kidneys	1.49	12.67	0.85	15.01	XXX	N
75724	26	A	Artery x-rays, kidneys	1.49	0.66	0.10	2.25	XXX	N
75724	TC	A	Artery x-rays, kidneys	0.00	12.01	0.75	12.76	XXX	N
75726	.....	A	Artery x-rays, abdomen	1.14	12.51	0.83	14.48	XXX	N
75726	26	A	Artery x-rays, abdomen	1.14	0.50	0.08	1.72	XXX	N
75726	TC	A	Artery x-rays, abdomen	0.00	12.01	0.75	12.76	XXX	N
75731	.....	A	Artery x-rays, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75733	.....	A	Artery x-rays, adrenal glands	1.31	12.59	0.84	14.74	XXX	N
75733	26	A	Artery x-rays, adrenal glands	1.31	0.58	0.09	1.98	XXX	N
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75736	.....	A	Artery x-rays, pelvis	1.14	12.51	0.83	14.48	XXX	N
75736	26	A	Artery x-rays, pelvis	1.14	0.50	0.08	1.72	XXX	N
75736	TC	A	Artery x-rays, pelvis	0.00	12.01	0.75	12.76	XXX	N
75741	.....	A	Artery x-rays, lung	1.31	12.59	0.84	14.74	XXX	N
75741	26	A	Artery x-rays, lung	1.31	0.58	0.09	1.98	XXX	N
75741	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75743	.....	A	Artery x-rays, lungs	1.66	12.75	0.86	15.27	XXX	N
75743	26	A	Artery x-rays, lungs	1.66	0.74	0.11	2.51	XXX	N
75743	TC	A	Artery x-rays, lungs	0.00	12.01	0.75	12.76	XXX	N
75746	.....	A	Artery x-rays, lung	1.14	12.51	0.83	14.48	XXX	N
75746	26	A	Artery x-rays, lung	1.14	0.50	0.08	1.72	XXX	N
75746	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75756	.....	A	Artery x-rays, chest	1.14	12.51	0.83	14.48	XXX	N
75756	26	A	Artery x-rays, chest	1.14	0.50	0.08	1.72	XXX	N
75756	TC	A	Artery x-rays, chest	0.00	12.01	0.75	12.76	XXX	N
75774	.....	A	Artery x-ray, each vessel	0.36	12.17	0.77	13.30	XXX	N
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.02	0.54	XXX	N
75774	TC	A	Artery x-ray, each vessel	0.00	12.01	0.75	12.76	XXX	N
75790	.....	A	Visualize A-V shunt	1.84	2.12	0.21	4.17	XXX	N
75790	26	A	Visualize A-V shunt	1.84	0.83	0.12	2.79	XXX	N
75790	TC	A	Visualize A-V shunt	0.00	1.29	0.09	1.38	XXX	N
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	5.53	0.38	6.72	XXX	N
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.37	0.05	1.23	XXX	N
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.16	0.33	5.49	XXX	N
75803	.....	A	Lymph vessel x-ray, arms/legs	1.17	5.67	0.41	7.25	XXX	N
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.51	0.08	1.76	XXX	N
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	5.16	0.33	5.49	XXX	N
75805	.....	A	Lymph vessel x-ray, trunk	0.81	6.18	0.42	7.41	XXX	N
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.37	0.05	1.23	XXX	N
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75807	.....	A	Lymph vessel x-ray, trunk	1.17	6.32	0.45	7.94	XXX	N
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.51	0.08	1.76	XXX	N
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.94	0.08	1.49	XXX	N
75809	26	A	Nonvascular shunt, x-ray	0.47	0.19	0.03	0.69	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.75	0.05	0.80	XXX	N
75810	.....	A	Vein x-ray, spleen/liver	1.14	12.51	0.83	14.48	XXX	N
75810	26	A	Vein x-ray, spleen/liver	1.14	0.50	0.08	1.72	XXX	N
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.01	0.75	12.76	XXX	N
75820	.....	A	Vein x-ray, arm/leg	0.70	1.22	0.11	2.03	XXX	N
75820	26	A	Vein x-ray, arm/leg	0.70	0.32	0.05	1.07	XXX	N
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	0.06	0.96	XXX	N
75822	.....	A	Vein x-ray, arms/legs	1.06	1.88	0.16	3.10	XXX	N
75822	26	A	Vein x-ray, arms/legs	1.06	0.47	0.07	1.60	XXX	N
75822	TC	A	Vein x-ray, arms/legs	0.00	1.41	0.09	1.50	XXX	N
75825	.....	A	Vein x-ray, trunk	1.14	12.51	0.83	14.48	XXX	N
75825	26	A	Vein x-ray, trunk	1.14	0.50	0.08	1.72	XXX	N
75825	TC	A	Vein x-ray, trunk	0.00	12.01	0.75	12.76	XXX	N
75827	.....	A	Vein x-ray, chest	1.14	12.51	0.83	14.48	XXX	N
75827	26	A	Vein x-ray, chest	1.14	0.50	0.08	1.72	XXX	N
75827	TC	A	Vein x-ray, chest	0.00	12.01	0.75	12.76	XXX	N
75831	.....	A	Vein x-ray, kidney	1.14	12.51	0.83	14.48	XXX	N
75831	26	A	Vein x-ray, kidney	1.14	0.50	0.08	1.72	XXX	N
75831	TC	A	Vein x-ray, kidney	0.00	12.01	0.75	12.76	XXX	N
75833	.....	A	Vein x-ray, kidneys	1.49	12.67	0.85	15.01	XXX	N
75833	26	A	Vein x-ray, kidneys	1.49	0.66	0.10	2.25	XXX	N
75833	TC	A	Vein x-ray, kidneys	0.00	12.01	0.75	12.76	XXX	N
75840	.....	A	Vein x-ray, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75840	26	A	Vein x-ray, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75842	.....	A	Vein x-ray, adrenal glands	1.49	12.67	0.85	15.01	XXX	N
75842	26	A	Vein x-ray, adrenal glands	1.49	0.66	0.10	2.25	XXX	N
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75860	.....	A	Vein x-ray, neck	1.14	12.51	0.83	14.48	XXX	N
75860	26	A	Vein x-ray, neck	1.14	0.50	0.08	1.72	XXX	N
75860	TC	A	Vein x-ray, neck	0.00	12.01	0.75	12.76	XXX	N
75870	.....	A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75870	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75870	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75872	.....	A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75872	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75872	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75880	.....	A	Vein x-ray, eye socket	0.70	1.22	0.11	2.03	XXX	N
75880	26	A	Vein x-ray, eye socket	0.70	0.32	0.05	1.07	XXX	N
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	0.06	0.96	XXX	N
75885	.....	A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75885	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75885	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75887	.....	A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75887	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75887	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75889	.....	A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75889	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75889	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75891	.....	A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75891	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75891	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75893	.....	A	Venous sampling by catheter	0.54	12.26	0.79	13.59	XXX	N
75893	26	A	Venous sampling by catheter	0.54	0.25	0.04	0.83	XXX	N
75893	TC	A	Venous sampling by catheter	0.00	12.01	0.75	12.76	XXX	N
75894	.....	A	X-rays, transcatheter therapy	1.31	23.58	1.53	26.42	XXX	N
75894	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75894	TC	A	X-rays, transcatheter therapy	0.00	23.00	1.44	24.44	XXX	N
75896	.....	A	X-rays, transcatheter therapy	1.31	20.58	1.34	23.23	XXX	N
75896	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75896	TC	A	X-rays, transcatheter therapy	0.00	20.00	1.25	21.25	XXX	N
75898	.....	A	Follow-up angiogram	1.65	1.74	0.18	3.57	XXX	N
75898	26	A	Follow-up angiogram	1.65	0.74	0.11	2.50	XXX	N
75898	TC	A	Follow-up angiogram	0.00	1.00	0.07	1.07	XXX	N
75900	.....	A	Arterial catheter exchange	0.49	20.22	1.29	22.00	XXX	N
75900	26	A	Arterial catheter exchange	0.49	0.23	0.03	0.75	XXX	N
75900	TC	A	Arterial catheter exchange	0.00	19.99	1.26	21.25	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] ! 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
75940	.....	A	X-ray placement, vein filter	0.54	12.26	0.79	13.59	XXX	N
75940	26	A	X-ray placement, vein filter	0.54	0.25	0.04	0.83	XXX	N
75940	TC	A	X-ray placement, vein filter	0.00	12.01	0.75	12.76	XXX	N
75960	.....	A	Transcatheter intro, stent	0.82	14.57	0.94	16.33	XXX	N
75960	26	A	Transcatheter intro, stent	0.82	0.37	0.06	1.25	XXX	N
75960	TC	A	Transcatheter intro, stent	0.00	14.20	0.88	15.08	XXX	N
75961	.....	A	Retrieval, broken catheter	4.25	11.91	0.90	17.06	XXX	N
75961	26	A	Retrieval, broken catheter	4.25	1.90	0.28	6.43	XXX	N
75961	TC	A	Retrieval, broken catheter	0.00	10.01	0.62	10.63	XXX	N
75962	.....	A	Repair arterial blockage	0.54	15.25	0.98	16.77	XXX	N
75962	26	A	Repair arterial blockage	0.54	0.25	0.04	0.83	XXX	N
75962	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75964	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75964	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75964	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75966	.....	A	Repair arterial blockage	1.31	15.58	1.03	17.92	XXX	N
75966	26	A	Repair arterial blockage	1.31	0.58	0.09	1.98	XXX	N
75966	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75968	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75968	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75968	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75970	.....	A	Vascular biopsy	0.83	11.38	0.75	12.96	XXX	N
75970	26	A	Vascular biopsy	0.83	0.38	0.06	1.27	XXX	N
75970	TC	A	Vascular biopsy	0.00	11.00	0.69	11.69	XXX	N
75978	.....	A	Repair venous blockage	0.54	15.48	0.98	17.00	XXX	N
75978	26	A	Repair venous blockage	0.54	0.48	0.04	1.06	XXX	N
75978	TC	A	Repair venous blockage	0.00	15.00	0.94	15.94	XXX	N
75980	.....	A	Contrast x-ray exam bile duct	1.44	5.80	0.43	7.67	XXX	N
75980	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75980	TC	A	Contrast x-ray exam bile duct	0.00	5.16	0.33	5.49	XXX	N
75982	.....	A	Contrast x-ray exam bile duct	1.44	6.45	0.47	8.36	XXX	N
75982	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75982	TC	A	Contrast x-ray exam bile duct	0.00	5.81	0.37	6.18	XXX	N
75984	.....	A	X-ray control catheter change	0.72	2.19	0.17	3.08	XXX	N
75984	26	A	X-ray control catheter change	0.72	0.33	0.05	1.10	XXX	N
75984	TC	A	X-ray control catheter change	0.00	1.86	0.12	1.98	XXX	N
75989	.....	A	Abscess drainage under x-ray	1.19	3.52	0.27	4.98	XXX	N
75989	26	A	Abscess drainage under x-ray	1.19	0.52	0.08	1.79	XXX	N
75989	TC	A	Abscess drainage under x-ray	0.00	3.00	0.19	3.19	XXX	N
75992	.....	A	Atherectomy, x-ray exam	0.54	15.25	0.98	16.77	XXX	N
75992	26	A	Atherectomy, x-ray exam	0.54	0.25	0.04	0.83	XXX	N
75992	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75993	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75993	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
75994	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75994	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75994	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75995	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75995	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75995	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75996	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75996	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
76000	.....	A	Fluoroscope examination	0.17	1.31	0.09	1.57	XXX	N
76000	26	A	Fluoroscope examination	0.17	0.07	0.01	0.25	XXX	N
76000	TC	A	Fluoroscope examination	0.00	1.24	0.08	1.32	XXX	N
76001	.....	A	Fluoroscope exam, extensive	0.67	2.81	0.22	3.70	XXX	N
76001	26	A	Fluoroscope exam, extensive	0.67	0.31	0.05	1.03	XXX	N
76001	TC	A	Fluoroscope exam, extensive	0.00	2.50	0.17	2.67	XXX	N
76003	.....	A	Needle localization by x-ray	0.54	1.49	0.12	2.15	XXX	N
76003	26	A	Needle localization by x-ray	0.54	0.25	0.04	0.83	XXX	N
76003	TC	A	Needle localization by x-ray	0.00	1.24	0.08	1.32	XXX	N
76010	.....	A	X-ray, nose to rectum	0.18	0.58	0.04	0.80	XXX	N
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.01	0.27	XXX	N
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.03	0.53	XXX	N
76020	.....	A	X-rays for bone age	0.19	0.59	0.04	0.82	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
76020	26	A	X-rays for bone age	0.19	0.09	0.01	0.29	XXX	N
76020	TC	A	X-rays for bone age	0.00	0.50	0.03	0.53	XXX	N
76040	.....	A	X-rays, bone evaluation	0.27	0.88	0.07	1.22	XXX	N
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.02	0.42	XXX	N
76040	TC	A	X-rays, bone evaluation	0.00	0.75	0.05	0.80	XXX	N
76061	.....	A	X-rays, bone survey	0.45	1.15	0.09	1.69	XXX	N
76061	26	A	X-rays, bone survey	0.45	0.20	0.03	0.68	XXX	N
76061	TC	A	X-rays, bone survey	0.00	0.95	0.06	1.01	XXX	N
76062	.....	A	X-rays, bone survey	0.54	1.62	0.13	2.29	XXX	N
76062	26	A	X-rays, bone survey	0.54	0.25	0.04	0.83	XXX	N
76062	TC	A	X-rays, bone survey	0.00	1.37	0.09	1.46	XXX	N
76065	.....	A	X-rays, bone evaluation	0.28	0.83	0.07	1.18	XXX	N
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.02	0.43	XXX	N
76065	TC	A	X-rays, bone evaluation	0.00	0.70	0.05	0.75	XXX	N
76066	.....	A	Joint(s) survey, single film	0.31	1.20	0.09	1.60	XXX	N
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.02	0.47	XXX	N
76066	TC	A	Joint(s) survey, single film	0.00	1.06	0.07	1.13	XXX	N
76070	.....	A	CT scan, bone density study	0.25	2.93	0.20	3.38	XXX	N
76070	26	A	CT scan, bone density study	0.25	0.12	0.02	0.39	XXX	N
76070	TC	A	CT scan, bone density study	0.00	2.81	0.18	2.99	XXX	N
76075	.....	A	Dual energy x-ray study	0.30	3.07	0.21	3.58	XXX	N
76075	26	A	Dual energy x-ray study	0.30	0.12	0.02	0.44	XXX	N
76075	TC	A	Dual energy x-ray study	0.00	2.95	0.19	3.14	XXX	N
76080	.....	A	X-ray exam of fistula	0.54	1.25	0.11	1.90	XXX	N
76080	26	A	X-ray exam of fistula	0.54	0.25	0.04	0.83	XXX	N
76080	TC	A	X-ray exam of fistula	0.00	1.00	0.07	1.07	XXX	N
76086	.....	A	X-ray of mammary duct	0.36	2.67	0.19	3.22	XXX	N
76086	26	A	X-ray of mammary duct	0.36	0.17	0.02	0.55	XXX	N
76086	TC	A	X-ray of mammary duct	0.00	2.50	0.17	2.67	XXX	N
76088	.....	A	X-ray of mammary ducts	0.45	3.69	0.25	4.39	XXX	N
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.03	0.68	XXX	N
76088	TC	A	X-ray of mammary ducts	0.00	3.49	0.22	3.71	XXX	N
76090	.....	A	Mammogram, one breast	0.25	1.12	0.09	1.46	XXX	N
76090	26	A	Mammogram, one breast	0.25	0.12	0.02	0.39	XXX	N
76090	TC	A	Mammogram, one breast	0.00	1.00	0.07	1.07	XXX	N
76091	.....	A	Mammogram, both breasts	0.41	1.42	0.11	1.94	XXX	N
76091	26	A	Mammogram, both breasts	0.41	0.18	0.03	0.62	XXX	N
76091	TC	A	Mammogram, both breasts	0.00	1.24	0.08	1.32	XXX	N
76092	.....	X	Mammogram, screening	0.00	0.00	0.00	0.00	XXX	O
76093	.....	A	Magnetic image, breast	1.63	17.52	1.16	20.31	XXX	N
76093	26	A	Magnetic image, breast	1.63	0.72	0.11	2.46	XXX	N
76093	TC	A	Magnetic image, breast	0.00	16.80	1.05	17.85	XXX	N
76094	.....	A	Magnetic image, both breasts	1.63	23.51	1.53	26.67	XXX	N
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.11	2.46	XXX	N
76094	TC	A	Magnetic image, both breasts	0.00	22.79	1.42	24.21	XXX	N
76095	.....	A	Stereotactic breast biopsy	1.59	7.54	0.54	9.67	XXX	N
76095	26	A	Stereotactic breast biopsy	1.59	0.71	0.11	2.41	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.83	0.43	7.26	XXX	N
76096	.....	A	X-ray of needle wire, breast	0.56	1.50	0.12	2.18	XXX	N
76096	26	A	X-ray of needle wire, breast	0.56	0.26	0.04	0.86	XXX	N
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	0.08	1.32	XXX	N
76098	.....	A	X-ray exam, breast specimen	0.16	0.47	0.04	0.67	XXX	N
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.01	0.24	XXX	N
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.03	0.43	XXX	N
76100	.....	A	X-ray exam of body section	0.58	1.46	0.12	2.16	XXX	N
76100	26	A	X-ray exam of body section	0.58	0.27	0.04	0.89	XXX	N
76100	TC	A	X-ray exam of body section	0.00	1.19	0.08	1.27	XXX	N
76101	.....	A	Complex body section x-ray	0.58	1.62	0.13	2.33	XXX	N
76101	26	A	Complex body section x-ray	0.58	0.27	0.04	0.89	XXX	N
76101	TC	A	Complex body section x-ray	0.00	1.35	0.09	1.44	XXX	N
76102	.....	A	Complex body section x-rays	0.58	1.92	0.15	2.65	XXX	N
76102	26	A	Complex body section x-rays	0.58	0.27	0.04	0.89	XXX	N
76102	TC	A	Complex body section x-rays	0.00	1.65	0.11	1.76	XXX	N
76120	.....	A	Cinematic x-rays	0.38	1.17	0.10	1.65	XXX	N
76120	26	A	Cinematic x-rays	0.38	0.17	0.03	0.58	XXX	N
76120	TC	A	Cinematic x-rays	0.00	1.00	0.07	1.07	XXX	N
76125	.....	A	Cinematic x-rays	0.27	0.87	0.07	1.21	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
76125	26	A	Cinematic x-rays	0.27	0.12	0.02	0.41	XXX	N
76125	TC	A	Cinematic x-rays	0.00	0.75	0.05	0.80	XXX	N
76140	.....	G	X-ray consultation	0.00	0.00	0.00	0.00	XXX	O
76150	.....	A	X-ray exam, dry process	0.00	0.40	0.03	0.43	XXX	N
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76355	.....	A	CAT scan for localization	1.21	8.40	0.57	10.18	XXX	N
76355	26	A	CAT scan for localization	1.21	0.53	0.08	1.82	XXX	N
76355	TC	A	CAT scan for localization	0.00	7.87	0.49	8.36	XXX	N
76360	.....	A	CAT scan for needle biopsy	1.16	8.37	0.57	10.10	XXX	N
76360	26	A	CAT scan for needle biopsy	1.16	0.50	0.08	1.74	XXX	N
76360	TC	A	CAT scan for needle biopsy	0.00	7.87	0.49	8.36	XXX	N
76365	.....	A	CAT scan for cyst aspiration	1.16	8.37	0.57	10.10	XXX	N
76365	26	A	CAT scan for cyst aspiration	1.16	0.50	0.08	1.74	XXX	N
76365	TC	A	CAT scan for cyst aspiration	0.00	7.87	0.49	8.36	XXX	N
76370	.....	A	CAT scan for therapy guide	0.85	3.19	0.24	4.28	XXX	N
76370	26	A	CAT scan for therapy guide	0.85	0.38	0.06	1.29	XXX	N
76370	TC	A	CAT scan for therapy guide	0.00	2.81	0.18	2.99	XXX	N
76375	.....	A	CAT scans, other planes	0.16	3.44	0.22	3.82	XXX	N
76375	26	A	CAT scans, other planes	0.16	0.07	0.01	0.24	XXX	N
76375	TC	A	CAT scans, other planes	0.00	3.37	0.21	3.58	XXX	N
76380	.....	A	CAT scan follow-up study	0.98	3.78	0.28	5.04	XXX	N
76380	26	A	CAT scan follow-up study	0.98	0.44	0.07	1.49	XXX	N
76380	TC	A	CAT scan follow-up study	0.00	3.34	0.21	3.55	XXX	N
76400	.....	A	Magnetic image, bone marrow	1.60	11.40	0.78	13.78	XXX	N
76400	26	A	Magnetic image, bone marrow	1.60	0.72	0.11	2.43	XXX	N
76400	TC	A	Magnetic image, bone marrow	0.00	10.68	0.67	11.35	XXX	N
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76506	.....	A	Echo exam of head	0.63	1.64	0.13	2.40	XXX	N
76506	26	A	Echo exam of head	0.63	0.29	0.04	0.96	XXX	N
76506	TC	A	Echo exam of head	0.00	1.35	0.09	1.44	XXX	N
76511	.....	A	Echo exam of eye	0.94	1.44	0.12	2.50	XXX	N
76511	26	A	Echo exam of eye	0.94	0.25	0.04	1.23	XXX	N
76511	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76512	.....	A	Echo exam of eye	0.66	1.75	0.15	2.56	XXX	N
76512	26	A	Echo exam of eye	0.66	0.30	0.05	1.01	XXX	N
76512	TC	A	Echo exam of eye	0.00	1.45	0.10	1.55	XXX	N
76513	.....	A	Echo exam of eye, water bath	0.66	1.75	0.15	2.56	XXX	N
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.05	1.01	XXX	N
76513	TC	A	Echo exam of eye, water bath	0.00	1.45	0.10	1.55	XXX	N
76516	.....	A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76516	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76516	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76519	.....	A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76519	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76519	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76529	.....	A	Echo exam of eye	0.57	1.56	0.13	2.26	XXX	N
76529	26	A	Echo exam of eye	0.57	0.26	0.04	0.87	XXX	N
76529	TC	A	Echo exam of eye	0.00	1.30	0.09	1.39	XXX	N
76536	.....	A	Echo exam of head and neck	0.56	1.61	0.13	2.30	XXX	N
76536	26	A	Echo exam of head and neck	0.56	0.26	0.04	0.86	XXX	N
76536	TC	A	Echo exam of head and neck	0.00	1.35	0.09	1.44	XXX	N
76604	.....	A	Echo exam of chest	0.55	1.50	0.12	2.17	XXX	N
76604	26	A	Echo exam of chest	0.55	0.26	0.04	0.85	XXX	N
76604	TC	A	Echo exam of chest	0.00	1.24	0.08	1.32	XXX	N
76645	.....	A	Echo exam of breast	0.54	1.25	0.11	1.90	XXX	N
76645	26	A	Echo exam of breast	0.54	0.25	0.04	0.83	XXX	N
76645	TC	A	Echo exam of breast	0.00	1.00	0.07	1.07	XXX	N
76700	.....	A	Echo exam of abdomen	0.81	2.25	0.17	3.23	XXX	N
76700	26	A	Echo exam of abdomen	0.81	0.37	0.05	1.23	XXX	N
76700	TC	A	Echo exam of abdomen	0.00	1.88	0.12	2.00	XXX	N
76705	.....	A	Echo exam of abdomen	0.59	1.62	0.13	2.34	XXX	N
76705	26	A	Echo exam of abdomen	0.59	0.27	0.04	0.90	XXX	N
76705	TC	A	Echo exam of abdomen	0.00	1.35	0.09	1.44	XXX	N
76770	.....	A	Echo exam abdomen back wall	0.74	2.22	0.17	3.13	XXX	N
76770	26	A	Echo exam abdomen back wall	0.74	0.34	0.05	1.13	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
76770	TC	A	Echo exam abdomen back wall	0.00	1.88	0.12	2.00	XXX	N
76775	.....	A	Echo exam abdomen back wall	0.58	1.62	0.13	2.33	XXX	N
76775	26	A	Echo exam abdomen back wall	0.58	0.27	0.04	0.89	XXX	N
76775	TC	A	Echo exam abdomen back wall	0.00	1.35	0.09	1.44	XXX	N
76778	.....	A	Echo exam kidney transplant	0.74	2.22	0.17	3.13	XXX	N
76778	26	A	Echo exam kidney transplant	0.74	0.34	0.05	1.13	XXX	N
76778	TC	A	Echo exam kidney transplant	0.00	1.88	0.12	2.00	XXX	N
76800	.....	A	Echo exam spinal canal	1.13	1.85	0.17	3.15	XXX	N
76800	26	A	Echo exam spinal canal	1.13	0.50	0.08	1.71	XXX	N
76800	TC	A	Echo exam spinal canal	0.00	1.35	0.09	1.44	XXX	N
76805	.....	A	Echo exam of pregnant uterus	0.99	2.45	0.20	3.64	XXX	N
76805	26	A	Echo exam of pregnant uterus	0.99	0.45	0.07	1.51	XXX	N
76805	TC	A	Echo exam of pregnant uterus	0.00	2.00	0.13	2.13	XXX	N
76810	.....	A	Echo exam of pregnant uterus	1.97	4.88	0.38	7.23	XXX	N
76810	26	A	Echo exam of pregnant uterus	1.97	0.88	0.13	2.98	XXX	N
76810	TC	A	Echo exam of pregnant uterus	0.00	4.00	0.25	4.25	XXX	N
76815	.....	A	Echo exam of pregnant uterus	0.65	1.65	0.13	2.43	XXX	N
76815	26	A	Echo exam of pregnant uterus	0.65	0.30	0.04	0.99	XXX	N
76815	TC	A	Echo exam of pregnant uterus	0.00	1.35	0.09	1.44	XXX	N
76816	.....	A	Echo exam followup or repeat	0.57	1.32	0.11	2.00	XXX	N
76816	26	A	Echo exam followup or repeat	0.57	0.26	0.04	0.87	XXX	N
76816	TC	A	Echo exam followup or repeat	0.00	1.06	0.07	1.13	XXX	N
76818	.....	A	Fetal biophysical profile	0.77	1.89	0.15	2.81	XXX	N
76818	26	A	Fetal biophysical profile	0.77	0.35	0.05	1.17	XXX	N
76818	TC	A	Fetal biophysical profile	0.00	1.54	0.10	1.64	XXX	N
76825	.....	A	Echo exam of fetal heart	0.98	2.23	0.17	3.38	XXX	N
76825	26	A	Echo exam of fetal heart	0.98	0.35	0.05	1.38	XXX	N
76825	TC	A	Echo exam of fetal heart	0.00	1.88	0.12	2.00	XXX	N
76826	.....	A	Echo exam of fetal heart	0.83	1.35	0.10	2.28	XXX	N
76826	26	A	Echo exam of fetal heart	0.83	0.68	0.05	1.56	XXX	N
76826	TC	A	Echo exam of fetal heart	0.00	0.67	0.05	0.72	XXX	N
76827	.....	A	Echo exam of fetal heart	0.58	2.33	0.18	3.09	XXX	N
76827	26	A	Echo exam of fetal heart	0.58	0.69	0.05	1.32	XXX	N
76827	TC	A	Echo exam of fetal heart	0.00	1.64	0.13	1.77	XXX	N
76828	.....	A	Echo exam of fetal heart	0.56	1.34	0.11	2.01	XXX	N
76828	26	A	Echo exam of fetal heart	0.56	0.28	0.02	0.86	XXX	N
76828	TC	A	Echo exam of fetal heart	0.00	1.06	0.09	1.15	XXX	N
76830	.....	A	Echo exam, transvaginal	0.69	1.77	0.15	2.61	XXX	N
76830	26	A	Echo exam, transvaginal	0.69	0.32	0.05	1.06	XXX	N
76830	TC	A	Echo exam, transvaginal	0.00	1.45	0.10	1.55	XXX	N
76856	.....	A	Echo exam of pelvis	0.69	1.77	0.15	2.61	XXX	N
76856	26	A	Echo exam of pelvis	0.69	0.32	0.05	1.06	XXX	N
76856	TC	A	Echo exam of pelvis	0.00	1.45	0.10	1.55	XXX	N
76857	.....	A	Echo exam of pelvis	0.38	1.17	0.10	1.65	XXX	N
76857	26	A	Echo exam of pelvis	0.38	0.17	0.03	0.58	XXX	N
76857	TC	A	Echo exam of pelvis	0.00	1.00	0.07	1.07	XXX	N
76870	.....	A	Echo exam of scrotum	0.64	1.74	0.14	2.52	XXX	N
76870	26	A	Echo exam of scrotum	0.64	0.29	0.04	0.97	XXX	N
76870	TC	A	Echo exam of scrotum	0.00	1.45	0.10	1.55	XXX	N
76872	.....	A	Echo exam, transrectal	0.69	1.77	0.15	2.61	XXX	N
76872	26	A	Echo exam, transrectal	0.69	0.32	0.05	1.06	XXX	N
76872	TC	A	Echo exam, transrectal	0.00	1.45	0.10	1.55	XXX	N
76880	.....	A	Echo exam of extremity	0.59	1.62	0.13	2.34	XXX	N
76880	26	A	Echo exam of extremity	0.59	0.27	0.04	0.90	XXX	N
76880	TC	A	Echo exam of extremity	0.00	1.35	0.09	1.44	XXX	N
76930	.....	A	Echo guide for heart sac tap	0.67	1.76	0.15	2.58	XXX	N
76930	26	A	Echo guide for heart sac tap	0.67	0.31	0.05	1.03	XXX	N
76930	TC	A	Echo guide for heart sac tap	0.00	1.45	0.10	1.55	XXX	N
76932	.....	A	Echo guide for heart biopsy	0.67	1.76	0.15	2.58	XXX	N
76932	26	A	Echo guide for heart biopsy	0.67	0.31	0.05	1.03	XXX	N
76932	TC	A	Echo guide for heart biopsy	0.00	1.45	0.10	1.55	XXX	N
76934	.....	A	Echo guide for chest tap	0.67	1.76	0.15	2.58	XXX	N
76934	26	A	Echo guide for chest tap	0.67	0.31	0.05	1.03	XXX	N
76934	TC	A	Echo guide for chest tap	0.00	1.45	0.10	1.55	XXX	N
76936	.....	A	Echo guide for artery repair	1.31	6.81	0.45	8.57	XXX	N
76936	26	A	Echo guide for artery repair	1.31	0.81	0.07	2.19	XXX	N
76936	TC	A	Echo guide for artery repair	0.00	6.00	0.38	6.38	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
76938	.....	A	Echo exam for drainage	0.67	1.76	0.15	2.58	XXX	N
76938	26	A	Echo exam for drainage	0.67	0.31	0.05	1.03	XXX	N
76938	TC	A	Echo exam for drainage	0.00	1.45	0.10	1.55	XXX	N
76941	.....	A	Echo guide for transfusion	1.34	2.07	0.19	3.60	XXX	N
76941	26	A	Echo guide for transfusion	1.34	0.61	0.10	2.05	XXX	N
76941	TC	A	Echo guide for transfusion	0.00	1.46	0.09	1.55	XXX	N
76942	.....	A	Echo guide for biopsy	0.67	1.76	0.15	2.58	XXX	N
76942	26	A	Echo guide for biopsy	0.67	0.31	0.05	1.03	XXX	N
76942	TC	A	Echo guide for biopsy	0.00	1.45	0.10	1.55	XXX	N
76945	.....	A	Echo guide, villus sampling	0.67	2.07	0.19	2.93	XXX	N
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.10	1.38	XXX	N
76945	TC	A	Echo guide, villus sampling	0.00	1.46	0.09	1.55	XXX	N
76946	.....	A	Echo guide for amniocentesis	0.38	1.62	0.13	2.13	XXX	N
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.03	0.58	XXX	N
76946	TC	A	Echo guide for amniocentesis	0.00	1.45	0.10	1.55	XXX	N
76948	.....	A	Echo guide, ova aspiration	0.38	1.62	0.13	2.13	XXX	N
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.03	0.58	XXX	N
76948	TC	A	Echo guide, ova aspiration	0.00	1.45	0.10	1.55	XXX	N
76950	.....	A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76950	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76960	.....	A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76960	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76960	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76970	.....	A	Ultrasound exam follow-up	0.40	1.18	0.10	1.68	XXX	N
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.03	0.61	XXX	N
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	0.07	1.07	XXX	N
76975	.....	A	GI endoscopic ultrasound	0.81	1.79	0.15	2.75	XXX	N
76975	26	A	GI endoscopic ultrasound	0.81	0.34	0.05	1.20	XXX	N
76975	TC	A	GI endoscopic ultrasound	0.00	1.45	0.10	1.55	XXX	N
76986	.....	A	Echo exam at surgery	1.20	3.03	0.25	4.48	XXX	N
76986	26	A	Echo exam at surgery	1.20	0.53	0.08	1.81	XXX	N
76986	TC	A	Echo exam at surgery	0.00	2.50	0.17	2.67	XXX	N
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
77261	.....	A	Radiation therapy planning	1.39	0.62	0.09	2.10	XXX	N
77262	.....	A	Radiation therapy planning	2.11	0.94	0.14	3.19	XXX	N
77263	.....	A	Radiation therapy planning	3.14	1.40	0.20	4.74	XXX	N
77280	.....	A	Set radiation therapy field	0.70	3.63	0.26	4.59	XXX	N
77280	26	A	Set radiation therapy field	0.70	0.32	0.05	1.07	XXX	N
77280	TC	A	Set radiation therapy field	0.00	3.31	0.21	3.52	XXX	N
77285	.....	A	Set radiation therapy field	1.05	5.77	0.41	7.23	XXX	N
77285	26	A	Set radiation therapy field	1.05	0.46	0.07	1.58	XXX	N
77285	TC	A	Set radiation therapy field	0.00	5.31	0.34	5.65	XXX	N
77290	.....	A	Set radiation therapy field	1.56	6.90	0.50	8.96	XXX	N
77290	26	A	Set radiation therapy field	1.56	0.70	0.11	2.37	XXX	N
77290	TC	A	Set radiation therapy field	0.00	6.20	0.39	6.59	XXX	N
77295	.....	A	Set radiation therapy field	4.57	28.68	1.93	35.18	XXX	N
77295	26	A	Set radiation therapy field	4.57	2.06	0.23	6.86	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.62	1.70	28.32	XXX	N
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77300	.....	A	Radiation therapy dose plan	0.62	1.56	0.12	2.30	XXX	N
77300	26	A	Radiation therapy dose plan	0.62	0.28	0.04	0.94	XXX	N
77300	TC	A	Radiation therapy dose plan	0.00	1.28	0.08	1.36	XXX	N
77305	.....	A	Radiation therapy dose plan	0.70	2.09	0.17	2.96	XXX	N
77305	26	A	Radiation therapy dose plan	0.70	0.32	0.05	1.07	XXX	N
77305	TC	A	Radiation therapy dose plan	0.00	1.77	0.12	1.89	XXX	N
77310	.....	A	Radiation therapy dose plan	1.05	2.68	0.22	3.95	XXX	N
77310	26	A	Radiation therapy dose plan	1.05	0.46	0.07	1.58	XXX	N
77310	TC	A	Radiation therapy dose plan	0.00	2.22	0.15	2.37	XXX	N
77315	.....	A	Radiation therapy dose plan	1.56	3.23	0.28	5.07	XXX	N
77315	26	A	Radiation therapy dose plan	1.56	0.70	0.11	2.37	XXX	N
77315	TC	A	Radiation therapy dose plan	0.00	2.53	0.17	2.70	XXX	N
77321	.....	A	Radiation therapy port plan	0.95	4.28	0.30	5.53	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
77321	26	A	Radiation therapy port plan	0.95	0.43	0.06	1.44	XXX	N
77321	TC	A	Radiation therapy port plan	0.00	3.85	0.24	4.09	XXX	N
77326	.....	A	Radiation therapy dose plan	0.93	2.67	0.21	3.81	XXX	N
77326	26	A	Radiation therapy dose plan	0.93	0.42	0.06	1.41	XXX	N
77326	TC	A	Radiation therapy dose plan	0.00	2.25	0.15	2.40	XXX	N
77327	.....	A	Radiation therapy dose plan	1.39	3.93	0.30	5.62	XXX	N
77327	26	A	Radiation therapy dose plan	1.39	0.62	0.09	2.10	XXX	N
77327	TC	A	Radiation therapy dose plan	0.00	3.31	0.21	3.52	XXX	N
77328	.....	A	Radiation therapy dose plan	2.09	5.66	0.44	8.19	XXX	N
77328	26	A	Radiation therapy dose plan	2.09	0.93	0.14	3.16	XXX	N
77328	TC	A	Radiation therapy dose plan	0.00	4.73	0.30	5.03	XXX	N
77331	.....	A	Special radiation dosimetry	0.87	0.87	0.09	1.83	XXX	N
77331	26	A	Special radiation dosimetry	0.87	0.39	0.06	1.32	XXX	N
77331	TC	A	Special radiation dosimetry	0.00	0.48	0.03	0.51	XXX	N
77332	.....	A	Radiation treatment aid(s)	0.54	1.53	0.12	2.19	XXX	N
77332	26	A	Radiation treatment aid(s)	0.54	0.25	0.04	0.83	XXX	N
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	0.08	1.36	XXX	N
77333	.....	A	Radiation treatment aid(s)	0.84	2.19	0.18	3.21	XXX	N
77333	26	A	Radiation treatment aid(s)	0.84	0.38	0.06	1.28	XXX	N
77333	TC	A	Radiation treatment aid(s)	0.00	1.81	0.12	1.93	XXX	N
77334	.....	A	Radiation treatment aid(s)	1.24	3.64	0.27	5.15	XXX	N
77334	26	A	Radiation treatment aid(s)	1.24	0.54	0.08	1.86	XXX	N
77334	TC	A	Radiation treatment aid(s)	0.00	3.10	0.19	3.29	XXX	N
77336	.....	A	Radiation physics consult	0.00	2.84	0.18	3.02	XXX	N
77370	.....	A	Radiation physics consult	0.00	3.33	0.21	3.54	XXX	N
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77401	.....	A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77402	.....	A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77403	.....	A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77404	.....	A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77406	.....	A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77407	.....	A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77408	.....	A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77409	.....	A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77411	.....	A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77412	.....	A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77413	.....	A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77414	.....	A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77416	.....	A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77417	.....	A	Radiology port film(s)	0.00	0.56	0.04	0.60	XXX	N
77419	.....	A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77420	.....	A	Weekly radiation therapy	1.61	0.72	0.11	2.44	XXX	N
77425	.....	A	Weekly radiation therapy	2.44	1.10	0.17	3.71	XXX	N
77430	.....	A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77431	.....	A	Radiation therapy management	1.81	0.81	0.12	2.74	XXX	N
77432	.....	A	Stereotactic radiation trmt	7.93	4.94	0.40	13.27	XXX	N
77470	.....	A	Special radiation treatment	2.09	11.55	0.80	14.44	XXX	N
77470	26	A	Special radiation treatment	2.09	0.93	0.14	3.16	XXX	N
77470	TC	A	Special radiation treatment	0.00	10.62	0.66	11.28	XXX	N
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77600	.....	A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77600	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77600	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77605	.....	A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77605	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77605	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77610	.....	A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77610	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77610	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77615	.....	A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77615	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77615	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77620	.....	A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
77620	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77620	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77750	.....	A	Infuse radioactive materials	4.59	3.32	0.38	8.29	090	N
77750	26	A	Infuse radioactive materials	4.59	2.05	0.30	6.94	090	N
77750	TC	A	Infuse radioactive materials	0.00	1.27	0.08	1.35	090	N
77761	.....	A	Radioelement application	3.56	3.98	0.39	7.93	090	N
77761	26	A	Radioelement application	3.56	1.59	0.23	5.38	090	N
77761	TC	A	Radioelement application	0.00	2.39	0.16	2.55	090	N
77762	.....	A	Radioelement application	5.35	5.83	0.57	11.75	090	N
77762	26	A	Radioelement application	5.35	2.39	0.35	8.09	090	N
77762	TC	A	Radioelement application	0.00	3.44	0.22	3.66	090	N
77763	.....	A	Radioelement application	8.01	7.86	0.77	16.64	090	N
77763	26	A	Radioelement application	8.01	3.58	0.50	12.09	090	N
77763	TC	A	Radioelement application	0.00	4.28	0.27	4.55	090	N
77776	.....	A	Radioelement application	4.66	4.16	0.45	9.27	XXX	N
77776	26	A	Radioelement application	4.66	2.09	0.31	7.06	XXX	N
77776	TC	A	Radioelement application	0.00	2.07	0.14	2.21	XXX	N
77777	.....	A	Radioelement application	6.99	7.17	0.71	14.87	090	N
77777	26	A	Radioelement application	6.99	3.13	0.45	10.57	090	N
77777	TC	A	Radioelement application	0.00	4.04	0.26	4.30	090	N
77778	.....	A	Radioelement application	10.46	9.58	0.98	21.02	090	N
77778	26	A	Radioelement application	10.46	4.69	0.67	15.82	090	N
77778	TC	A	Radioelement application	0.00	4.89	0.31	5.20	090	N
77781	.....	A	High intensity brachytherapy	1.55	20.04	1.32	22.91	090	N
77781	26	A	High intensity brachytherapy	1.55	0.69	0.11	2.35	090	N
77781	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77782	.....	A	High intensity brachytherapy	2.33	20.40	1.37	24.10	090	N
77782	26	A	High intensity brachytherapy	2.33	1.05	0.16	3.54	090	N
77782	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77783	.....	A	High intensity brachytherapy	3.49	20.90	1.44	25.83	090	N
77783	26	A	High intensity brachytherapy	3.49	1.55	0.23	5.27	090	N
77783	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77784	.....	A	High intensity brachytherapy	5.24	21.69	1.56	28.49	090	N
77784	26	A	High intensity brachytherapy	5.24	2.34	0.35	7.93	090	N
77784	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77789	.....	A	Radioelement application	1.05	0.89	0.10	2.04	090	N
77789	26	A	Radioelement application	1.05	0.46	0.07	1.58	090	N
77789	TC	A	Radioelement application	0.00	0.43	0.03	0.46	090	N
77790	.....	A	Radioelement handling	1.05	0.94	0.10	2.09	XXX	N
77790	26	A	Radioelement handling	1.05	0.46	0.07	1.58	XXX	N
77790	TC	A	Radioelement handling	0.00	0.48	0.03	0.51	XXX	N
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
78000	.....	A	Thyroid, single uptake	0.19	1.01	0.07	1.27	XXX	N
78000	26	A	Thyroid, single uptake	0.19	0.09	0.01	0.29	XXX	N
78000	TC	A	Thyroid, single uptake	0.00	0.92	0.06	0.98	XXX	N
78001	.....	A	Thyroid, multiple uptakes	0.26	1.36	0.10	1.72	XXX	N
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.02	0.40	XXX	N
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	0.08	1.32	XXX	N
78003	.....	A	Thyroid suppress/stimul	0.33	1.07	0.08	1.48	XXX	N
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.02	0.50	XXX	N
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	0.06	0.98	XXX	N
78006	.....	A	Thyroid, imaging with uptake	0.49	2.49	0.18	3.16	XXX	N
78006	26	A	Thyroid, imaging with uptake	0.49	0.22	0.03	0.74	XXX	N
78006	TC	A	Thyroid, imaging with uptake	0.00	2.27	0.15	2.42	XXX	N
78007	.....	A	Thyroid, image, mult uptakes	0.50	2.68	0.19	3.37	XXX	N
78007	26	A	Thyroid, image, mult uptakes	0.50	0.23	0.03	0.76	XXX	N
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.45	0.16	2.61	XXX	N
78010	.....	A	Thyroid imaging	0.39	1.90	0.14	2.43	XXX	N
78010	26	A	Thyroid imaging	0.39	0.17	0.03	0.59	XXX	N
78010	TC	A	Thyroid imaging	0.00	1.73	0.11	1.84	XXX	N
78011	.....	A	Thyroid imaging with flow	0.45	2.50	0.18	3.13	XXX	N
78011	26	A	Thyroid imaging with flow	0.45	0.21	0.03	0.69	XXX	N
78011	TC	A	Thyroid imaging with flow	0.00	2.29	0.15	2.44	XXX	N
78015	.....	A	Thyroid met imaging	0.67	2.76	0.21	3.64	XXX	N
78015	26	A	Thyroid met imaging	0.67	0.31	0.05	1.03	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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 [2]	Practice expense RVUs [3]	Mal-practice RVUs	Total	Global period	Update
78015	TC	A	Thyroid met imaging	0.00	2.45	0.16	2.61	XXX	N
78016	.....	A	Thyroid met imaging/studies	0.82	3.70	0.27	4.79	XXX	N
78016	26	A	Thyroid met imaging/studies	0.82	0.38	0.06	1.26	XXX	N
78016	TC	A	Thyroid met imaging/studies	0.00	3.32	0.21	3.53	XXX	N
78017	.....	A	Throid met imaging, mult	0.87	3.94	0.28	5.09	XXX	N
78017	26	A	Throid met imaging, mult	0.87	0.39	0.06	1.32	XXX	N
78017	TC	A	Throid met imaging, mult	0.00	3.55	0.22	3.77	XXX	N
78018	.....	A	Thyroid, met imaging, body	0.95	5.60	0.39	6.94	XXX	N
78018	26	A	Thyroid, met imaging, body	0.95	0.43	0.06	1.44	XXX	N
78018	TC	A	Thyroid, met imaging, body	0.00	5.17	0.33	5.50	XXX	N
78070	.....	A	Parathyroid nuclear imaging	0.51	1.96	0.15	2.62	XXX	N
78070	26	A	Parathyroid nuclear imaging	0.51	0.23	0.04	0.78	XXX	N
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	0.11	1.84	XXX	N
78075	.....	A	Adrenal nuclear imaging	0.74	5.51	0.38	6.63	XXX	N
78075	26	A	Adrenal nuclear imaging	0.74	0.34	0.05	1.13	XXX	N
78075	TC	A	Adrenal nuclear imaging	0.00	5.17	0.33	5.50	XXX	N
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78102	.....	A	Bone marrow imaging, ltd	0.55	2.19	0.17	2.91	XXX	N
78102	26	A	Bone marrow imaging, ltd	0.55	0.25	0.04	0.84	XXX	N
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	0.13	2.07	XXX	N
78103	.....	A	Bone marrow imaging, mult	0.75	3.36	0.24	4.35	XXX	N
78103	26	A	Bone marrow imaging, mult	0.75	0.34	0.05	1.14	XXX	N
78103	TC	A	Bone marrow imaging, mult	0.00	3.02	0.19	3.21	XXX	N
78104	.....	A	Bone marrow imaging, body	0.80	4.25	0.30	5.35	XXX	N
78104	26	A	Bone marrow imaging, body	0.80	0.37	0.05	1.22	XXX	N
78104	TC	A	Bone marrow imaging, body	0.00	3.88	0.25	4.13	XXX	N
78110	.....	A	Plasma volume, single	0.19	0.99	0.07	1.25	XXX	N
78110	26	A	Plasma volume, single	0.19	0.09	0.01	0.29	XXX	N
78110	TC	A	Plasma volume, single	0.00	0.90	0.06	0.96	XXX	N
78111	.....	A	Plasma volume, multiple	0.22	2.55	0.18	2.95	XXX	N
78111	26	A	Plasma volume, multiple	0.22	0.10	0.02	0.34	XXX	N
78111	TC	A	Plasma volume, multiple	0.00	2.45	0.16	2.61	XXX	N
78120	.....	A	Red cell mass, single	0.23	1.76	0.13	2.12	XXX	N
78120	26	A	Red cell mass, single	0.23	0.11	0.02	0.36	XXX	N
78120	TC	A	Red cell mass, single	0.00	1.65	0.11	1.76	XXX	N
78121	.....	A	Red cell mass, multiple	0.32	2.92	0.19	3.43	XXX	N
78121	26	A	Red cell mass, multiple	0.32	0.15	0.02	0.49	XXX	N
78121	TC	A	Red cell mass, multiple	0.00	2.77	0.17	2.94	XXX	N
78122	.....	A	Blood volume	0.45	4.59	0.31	5.35	XXX	N
78122	26	A	Blood volume	0.45	0.20	0.03	0.68	XXX	N
78122	TC	A	Blood volume	0.00	4.39	0.28	4.67	XXX	N
78130	.....	A	Red cell survival study	0.61	3.00	0.21	3.82	XXX	N
78130	26	A	Red cell survival study	0.61	0.28	0.04	0.93	XXX	N
78130	TC	A	Red cell survival study	0.00	2.72	0.17	2.89	XXX	N
78135	.....	A	Red cell survival kinetics	0.64	4.93	0.34	5.91	XXX	N
78135	26	A	Red cell survival kinetics	0.64	0.29	0.04	0.97	XXX	N
78135	TC	A	Red cell survival kinetics	0.00	4.64	0.30	4.94	XXX	N
78140	.....	A	Red cell sequestration	0.61	4.03	0.28	4.92	XXX	N
78140	26	A	Red cell sequestration	0.61	0.28	0.04	0.93	XXX	N
78140	TC	A	Red cell sequestration	0.00	3.75	0.24	3.99	XXX	N
78160	.....	A	Plasma iron turnover	0.33	3.64	0.24	4.21	XXX	N
78160	26	A	Plasma iron turnover	0.33	0.15	0.02	0.50	XXX	N
78160	TC	A	Plasma iron turnover	0.00	3.49	0.22	3.71	XXX	N
78162	.....	A	Iron absorption exam	0.45	3.25	0.22	3.92	XXX	N
78162	26	A	Iron absorption exam	0.45	0.20	0.03	0.68	XXX	N
78162	TC	A	Iron absorption exam	0.00	3.05	0.19	3.24	XXX	N
78170	.....	A	Red cell iron utilization	0.41	5.24	0.35	6.00	XXX	N
78170	26	A	Red cell iron utilization	0.41	0.18	0.03	0.62	XXX	N
78170	TC	A	Red cell iron utilization	0.00	5.06	0.32	5.38	XXX	N
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	26	A	Total body iron estimation	0.53	0.25	0.04	0.82	XXX	N
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78185	.....	A	Spleen imaging	0.40	2.43	0.18	3.01	XXX	N
78185	26	A	Spleen imaging	0.40	0.18	0.03	0.61	XXX	N
78185	TC	A	Spleen imaging	0.00	2.25	0.15	2.40	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
78190	.....	A	Platelet survival, kinetics	1.09	5.93	0.42	7.44	XXX	N
78190	26	A	Platelet survival, kinetics	1.09	0.48	0.07	1.64	XXX	N
78190	TC	A	Platelet survival, kinetics	0.00	5.45	0.35	5.80	XXX	N
78191	.....	A	Platelet survival	0.61	7.27	0.48	8.36	XXX	N
78191	26	A	Platelet survival	0.61	0.28	0.04	0.93	XXX	N
78191	TC	A	Platelet survival	0.00	6.99	0.44	7.43	XXX	N
78195	.....	A	Lymph system imaging	0.70	4.20	0.30	5.20	XXX	N
78195	26	A	Lymph system imaging	0.70	0.32	0.05	1.07	XXX	N
78195	TC	A	Lymph system imaging	0.00	3.88	0.25	4.13	XXX	N
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78201	.....	A	Liver imaging	0.44	2.44	0.18	3.06	XXX	N
78201	26	A	Liver imaging	0.44	0.19	0.03	0.66	XXX	N
78201	TC	A	Liver imaging	0.00	2.25	0.15	2.40	XXX	N
78202	.....	A	Liver imaging with flow	0.51	2.98	0.21	3.70	XXX	N
78202	26	A	Liver imaging with flow	0.51	0.23	0.04	0.78	XXX	N
78202	TC	A	Liver imaging with flow	0.00	2.75	0.17	2.92	XXX	N
78205	.....	A	Liver imaging (3D)	0.71	5.96	0.41	7.08	XXX	N
78205	26	A	Liver imaging (3D)	0.71	0.33	0.05	1.09	XXX	N
78205	TC	A	Liver imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78215	.....	A	Liver and spleen imaging	0.49	3.02	0.20	3.71	XXX	N
78215	26	A	Liver and spleen imaging	0.49	0.22	0.03	0.74	XXX	N
78215	TC	A	Liver and spleen imaging	0.00	2.80	0.17	2.97	XXX	N
78216	.....	A	Liver & spleen image, flow	0.57	3.58	0.25	4.40	XXX	N
78216	26	A	Liver & spleen image, flow	0.57	0.26	0.04	0.87	XXX	N
78216	TC	A	Liver & spleen image, flow	0.00	3.32	0.21	3.53	XXX	N
78220	.....	A	Liver function study	0.49	3.77	0.25	4.51	XXX	N
78220	26	A	Liver function study	0.49	0.22	0.03	0.74	XXX	N
78220	TC	A	Liver function study	0.00	3.55	0.22	3.77	XXX	N
78223	.....	A	Hepatobiliary imaging	0.84	3.87	0.28	4.99	XXX	N
78223	26	A	Hepatobiliary imaging	0.84	0.38	0.06	1.28	XXX	N
78223	TC	A	Hepatobiliary imaging	0.00	3.49	0.22	3.71	XXX	N
78230	.....	A	Salivary gland imaging	0.45	2.28	0.17	2.90	XXX	N
78230	26	A	Salivary gland imaging	0.45	0.21	0.03	0.69	XXX	N
78230	TC	A	Salivary gland imaging	0.00	2.07	0.14	2.21	XXX	N
78231	.....	A	Serial salivary imaging	0.52	3.26	0.23	4.01	XXX	N
78231	26	A	Serial salivary imaging	0.52	0.24	0.04	0.80	XXX	N
78231	TC	A	Serial salivary imaging	0.00	3.02	0.19	3.21	XXX	N
78232	.....	A	Salivary gland function exam	0.47	3.59	0.24	4.30	XXX	N
78232	26	A	Salivary gland function exam	0.47	0.22	0.03	0.72	XXX	N
78232	TC	A	Salivary gland function exam	0.00	3.37	0.21	3.58	XXX	N
78258	.....	A	Esophageal motility study	0.74	3.09	0.22	4.05	XXX	N
78258	26	A	Esophageal motility study	0.74	0.34	0.05	1.13	XXX	N
78258	TC	A	Esophageal motility study	0.00	2.75	0.17	2.92	XXX	N
78261	.....	A	Gastric mucosa imaging	0.69	4.23	0.30	5.22	XXX	N
78261	26	A	Gastric mucosa imaging	0.69	0.32	0.05	1.06	XXX	N
78261	TC	A	Gastric mucosa imaging	0.00	3.91	0.25	4.16	XXX	N
78262	.....	A	Gastroesophageal reflux exam	0.68	4.36	0.31	5.35	XXX	N
78262	26	A	Gastroesophageal reflux exam	0.68	0.31	0.05	1.04	XXX	N
78262	TC	A	Gastroesophageal reflux exam	0.00	4.05	0.26	4.31	XXX	N
78264	.....	A	Gastric emptying study	0.78	4.29	0.30	5.37	XXX	N
78264	26	A	Gastric emptying study	0.78	0.36	0.05	1.19	XXX	N
78264	TC	A	Gastric emptying study	0.00	3.93	0.25	4.18	XXX	N
78270	.....	A	Vit B–12 absorption exam	0.20	1.57	0.11	1.88	XXX	N
78270	26	A	Vit B–12 absorption exam	0.20	0.10	0.01	0.31	XXX	N
78270	TC	A	Vit B–12 absorption exam	0.00	1.47	0.10	1.57	XXX	N
78271	.....	A	Vit B–12 absorp exam, IF	0.20	1.67	0.11	1.98	XXX	N
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.10	0.01	0.31	XXX	N
78271	TC	A	Vit B–12 absorp exam, IF	0.00	1.57	0.10	1.67	XXX	N
78272	.....	A	Vit B–12 absorp, combined	0.27	2.34	0.17	2.78	XXX	N
78272	26	A	Vit B–12 absorp, combined	0.27	0.13	0.02	0.42	XXX	N
78272	TC	A	Vit B–12 absorp, combined	0.00	2.21	0.15	2.36	XXX	N
78278	.....	A	Acute GI blood loss imaging	0.99	5.09	0.37	6.45	XXX	N
78278	26	A	Acute GI blood loss imaging	0.99	0.45	0.07	1.51	XXX	N
78278	TC	A	Acute GI blood loss imaging	0.00	4.64	0.30	4.94	XXX	N
78282	.....	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
78282	26	A	GI protein loss exam	0.38	0.17	0.03	0.58	XXX	N
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78290	.....	A	Meckel's divert exam	0.68	3.21	0.23	4.12	XXX	N
78290	26	A	Meckel's divert exam	0.68	0.31	0.05	1.04	XXX	N
78290	TC	A	Meckel's divert exam	0.00	2.90	0.18	3.08	XXX	N
78291	.....	A	Leveen/shunt patency exam	0.88	3.31	0.24	4.43	XXX	N
78291	26	A	Leveen/shunt patency exam	0.88	0.39	0.06	1.33	XXX	N
78291	TC	A	Leveen/shunt patency exam	0.00	2.92	0.18	3.10	XXX	N
78299	.....	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78300	.....	A	Bone imaging, limited area	0.62	2.66	0.20	3.48	XXX	N
78300	26	A	Bone imaging, limited area	0.62	0.29	0.04	0.95	XXX	N
78300	TC	A	Bone imaging, limited area	0.00	2.37	0.16	2.53	XXX	N
78305	.....	A	Bone imaging, multiple areas	0.83	3.87	0.28	4.98	XXX	N
78305	26	A	Bone imaging, multiple areas	0.83	0.38	0.06	1.27	XXX	N
78305	TC	A	Bone imaging, multiple areas	0.00	3.49	0.22	3.71	XXX	N
78306	.....	A	Bone imaging, whole body	0.86	4.46	0.32	5.64	XXX	N
78306	26	A	Bone imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78306	TC	A	Bone imaging, whole body	0.00	4.07	0.26	4.33	XXX	N
78315	.....	A	Bone imaging, 3 phase	1.02	5.00	0.36	6.38	XXX	N
78315	26	A	Bone imaging, 3 phase	1.02	0.45	0.07	1.54	XXX	N
78315	TC	A	Bone imaging, 3 phase	0.00	4.55	0.29	4.84	XXX	N
78320	.....	A	Bone imaging (3D)	1.04	6.09	0.43	7.56	XXX	N
78320	26	A	Bone imaging (3D)	1.04	0.46	0.07	1.57	XXX	N
78320	TC	A	Bone imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78350	.....	A	Bone mineral, single photon	0.22	0.82	0.07	1.11	XXX	N
78350	26	A	Bone mineral, single photon	0.22	0.10	0.02	0.34	XXX	N
78350	TC	A	Bone mineral, single photon	0.00	0.72	0.05	0.77	XXX	N
78351	.....	N	Bone mineral, dual photon	#0.30	0.19	0.02	0.51	XXX	O
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	26	A	Non-imaging heart function	0.45	0.20	0.03	0.68	XXX	N
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78428	.....	A	Cardiac shunt imaging	0.78	2.51	0.19	3.48	XXX	N
78428	26	A	Cardiac shunt imaging	0.78	0.36	0.05	1.19	XXX	N
78428	TC	A	Cardiac shunt imaging	0.00	2.15	0.14	2.29	XXX	N
78445	.....	A	Vascular flow imaging	0.49	2.01	0.15	2.65	XXX	N
78445	26	A	Vascular flow imaging	0.49	0.24	0.04	0.77	XXX	N
78445	TC	A	Vascular flow imaging	0.00	1.77	0.11	1.88	XXX	N
78455	.....	A	Venous thrombosis study	0.73	4.13	0.29	5.15	XXX	N
78455	26	A	Venous thrombosis study	0.73	0.33	0.05	1.11	XXX	N
78455	TC	A	Venous thrombosis study	0.00	3.80	0.24	4.04	XXX	N
78457	.....	A	Venous thrombosis imaging	0.77	2.88	0.22	3.87	XXX	N
78457	26	A	Venous thrombosis imaging	0.77	0.35	0.05	1.17	XXX	N
78457	TC	A	Venous thrombosis imaging	0.00	2.53	0.17	2.70	XXX	N
78458	.....	A	Ven thrombosis images, bilat	0.90	4.23	0.30	5.43	XXX	N
78458	26	A	Ven thrombosis images, bilat	0.90	0.40	0.06	1.36	XXX	N
78458	TC	A	Ven thrombosis images, bilat	0.00	3.83	0.24	4.07	XXX	N
78460	.....	A	Heart muscle blood single	0.86	2.64	0.21	3.71	XXX	N
78460	26	A	Heart muscle blood single	0.86	0.39	0.06	1.31	XXX	N
78460	TC	A	Heart muscle blood single	0.00	2.25	0.15	2.40	XXX	N
78461	.....	A	Heart muscle blood multiple	1.23	5.04	0.37	6.64	XXX	N
78461	26	A	Heart muscle blood multiple	1.23	0.54	0.08	1.85	XXX	N
78461	TC	A	Heart muscle blood multiple	0.00	4.50	0.29	4.79	XXX	N
78464	.....	A	Heart image (3D) single	1.09	7.22	0.50	8.81	XXX	N
78464	26	A	Heart image (3D) single	1.09	0.48	0.07	1.64	XXX	N
78464	TC	A	Heart image (3D) single	0.00	6.74	0.43	7.17	XXX	N
78465	.....	A	Heart image (3D) multiple	1.46	11.89	0.80	14.15	XXX	N
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.10	2.21	XXX	N
78465	TC	A	Heart image (3D) multiple	0.00	11.24	0.70	11.94	XXX	N
78466	.....	A	Heart infarct image	0.69	2.82	0.22	3.73	XXX	N
78466	26	A	Heart infarct image	0.69	0.32	0.05	1.06	XXX	N
78466	TC	A	Heart infarct image	0.00	2.50	0.17	2.67	XXX	N
78468	.....	A	Heart infarct image, EF	0.80	3.85	0.27	4.92	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
78468	26	A	Heart infarct image, EF	0.80	0.36	0.05	1.21	XXX	N
78468	TC	A	Heart infarct image, EF	0.00	3.49	0.22	3.71	XXX	N
78469	.....	A	Heart infarct image (3D)	0.92	5.39	0.38	6.69	XXX	N
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.06	1.39	XXX	N
78469	TC	A	Heart infarct image (3D)	0.00	4.98	0.32	5.30	XXX	N
78472	.....	A	Gated heart, resting	0.98	5.69	0.41	7.08	XXX	N
78472	26	A	Gated heart, resting	0.98	0.44	0.07	1.49	XXX	N
78472	TC	A	Gated heart, resting	0.00	5.25	0.34	5.59	XXX	N
78473	.....	A	Gated heart, multiple	1.47	8.52	0.59	10.58	XXX	N
78473	26	A	Gated heart, multiple	1.47	0.65	0.10	2.22	XXX	N
78473	TC	A	Gated heart, multiple	0.00	7.87	0.49	8.36	XXX	N
78478	.....	A	Heart wall motion (add-on)	0.62	1.76	0.14	2.52	XXX	N
78478	26	A	Heart wall motion (add-on)	0.62	0.28	0.04	0.94	XXX	N
78478	TC	A	Heart wall motion (add-on)	0.00	1.48	0.10	1.58	XXX	N
78480	.....	A	Heart function, (add-on)	0.62	1.76	0.14	2.52	XXX	N
78480	26	A	Heart function, (add-on)	0.62	0.28	0.04	0.94	XXX	N
78480	TC	A	Heart function, (add-on)	0.00	1.48	0.10	1.58	XXX	N
78481	.....	A	Heart first pass single	0.98	5.42	0.39	6.79	XXX	N
78481	26	A	Heart first pass single	0.98	0.44	0.07	1.49	XXX	N
78481	TC	A	Heart first pass single	0.00	4.98	0.32	5.30	XXX	N
78483	.....	A	Heart first pass multiple	1.47	8.15	0.57	10.19	XXX	N
78483	26	A	Heart first pass multiple	1.47	0.65	0.10	2.22	XXX	N
78483	TC	A	Heart first pass multiple	0.00	7.50	0.47	7.97	XXX	N
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78580	.....	A	Lung perfusion imaging	0.74	3.61	0.26	4.61	XXX	N
78580	26	A	Lung perfusion imaging	0.74	0.34	0.05	1.13	XXX	N
78580	TC	A	Lung perfusion imaging	0.00	3.27	0.21	3.48	XXX	N
78584	.....	A	Lung V/Q image single breath	0.99	3.50	0.26	4.75	XXX	N
78584	26	A	Lung V/Q image single breath	0.99	0.45	0.07	1.51	XXX	N
78584	TC	A	Lung V/Q image single breath	0.00	3.05	0.19	3.24	XXX	N
78585	.....	A	Lung V/Q imaging	1.09	5.85	0.41	7.35	XXX	N
78585	26	A	Lung V/Q imaging	1.09	0.48	0.07	1.64	XXX	N
78585	TC	A	Lung V/Q imaging	0.00	5.37	0.34	5.71	XXX	N
78586	.....	A	Aerosol lung image, single	0.40	2.65	0.19	3.24	XXX	N
78586	26	A	Aerosol lung image, single	0.40	0.18	0.03	0.61	XXX	N
78586	TC	A	Aerosol lung image, single	0.00	2.47	0.16	2.63	XXX	N
78587	.....	A	Aerosol lung image, multiple	0.49	2.89	0.20	3.58	XXX	N
78587	26	A	Aerosol lung image, multiple	0.49	0.22	0.03	0.74	XXX	N
78587	TC	A	Aerosol lung image, multiple	0.00	2.67	0.17	2.84	XXX	N
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	2.90	0.20	3.50	XXX	N
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.03	0.61	XXX	N
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.72	0.17	2.89	XXX	N
78593	.....	A	Vent image, 1 proj, gas	0.49	3.51	0.24	4.24	XXX	N
78593	26	A	Vent image, 1 proj, gas	0.49	0.22	0.03	0.74	XXX	N
78593	TC	A	Vent image, 1 proj, gas	0.00	3.29	0.21	3.50	XXX	N
78594	.....	A	Vent image, mult proj, gas	0.53	5.00	0.34	5.87	XXX	N
78594	26	A	Vent image, mult proj, gas	0.53	0.25	0.04	0.82	XXX	N
78594	TC	A	Vent image, mult proj, gas	0.00	4.75	0.30	5.05	XXX	N
78596	.....	A	Lung differential function	1.27	7.30	0.52	9.09	XXX	N
78596	26	A	Lung differential function	1.27	0.56	0.09	1.92	XXX	N
78596	TC	A	Lung differential function	0.00	6.74	0.43	7.17	XXX	N
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78600	.....	A	Brain imaging, ltd static	0.44	2.95	0.20	3.59	XXX	N
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.03	0.67	XXX	N
78600	TC	A	Brain imaging, ltd static	0.00	2.75	0.17	2.92	XXX	N
78601	.....	A	Brain ltd imaging & flow	0.51	3.48	0.24	4.23	XXX	N
78601	26	A	Brain ltd imaging & flow	0.51	0.24	0.04	0.79	XXX	N
78601	TC	A	Brain ltd imaging & flow	0.00	3.24	0.20	3.44	XXX	N
78605	.....	A	Brain imaging, complete	0.53	3.49	0.24	4.26	XXX	N
78605	26	A	Brain imaging, complete	0.53	0.25	0.04	0.82	XXX	N
78605	TC	A	Brain imaging, complete	0.00	3.24	0.20	3.44	XXX	N
78606	.....	A	Brain imaging comp & flow	0.64	3.98	0.27	4.89	XXX	N
78606	26	A	Brain imaging comp & flow	0.64	0.29	0.04	0.97	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
78606	TC	A	Brain imaging comp & flow	0.00	3.69	0.23	3.92	XXX	N
78607	.....	A	Brain imaging (3D)	1.23	6.79	0.47	8.49	XXX	N
78607	26	A	Brain imaging (3D)	1.23	0.54	0.08	1.85	XXX	N
78607	TC	A	Brain imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	O
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	O
78610	.....	A	Brain flow imaging only	0.30	1.64	0.12	2.06	XXX	N
78610	26	A	Brain flow imaging only	0.30	0.14	0.02	0.46	XXX	N
78610	TC	A	Brain flow imaging only	0.00	1.50	0.10	1.60	XXX	N
78615	.....	A	Cerebral blood flow imaging	0.42	3.86	0.26	4.54	XXX	N
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.03	0.64	XXX	N
78615	TC	A	Cerebral blood flow imaging	0.00	3.67	0.23	3.90	XXX	N
78630	.....	A	Cerebrospinal fluid scan	0.68	5.11	0.36	6.15	XXX	N
78630	26	A	Cerebrospinal fluid scan	0.68	0.31	0.05	1.04	XXX	N
78630	TC	A	Cerebrospinal fluid scan	0.00	4.80	0.31	5.11	XXX	N
78635	.....	A	CSF ventriculography	0.61	2.70	0.20	3.51	XXX	N
78635	26	A	CSF ventriculography	0.61	0.28	0.04	0.93	XXX	N
78635	TC	A	CSF ventriculography	0.00	2.42	0.16	2.58	XXX	N
78645	.....	A	CSF shunt evaluation	0.57	3.53	0.25	4.35	XXX	N
78645	26	A	CSF shunt evaluation	0.57	0.26	0.04	0.87	XXX	N
78645	TC	A	CSF shunt evaluation	0.00	3.27	0.21	3.48	XXX	N
78647	.....	A	Cerebrospinal fluid scan	0.90	6.04	0.42	7.36	XXX	N
78647	26	A	Cerebrospinal fluid scan	0.90	0.41	0.06	1.37	XXX	N
78647	TC	A	Cerebrospinal fluid scan	0.00	5.63	0.36	5.99	XXX	N
78650	.....	A	CSF leakage imaging	0.61	4.70	0.32	5.63	XXX	N
78650	26	A	CSF leakage imaging	0.61	0.28	0.04	0.93	XXX	N
78650	TC	A	CSF leakage imaging	0.00	4.42	0.28	4.70	XXX	N
78652	.....	D	Cerebrospinal fluid scan (3D)	0.00	0.00	0.00	0.00	XXX	N
78652	26	D	Cerebrospinal fluid scan (3D)	0.00	0.00	0.00	0.00	XXX	N
78652	TC	D	Cerebrospinal fluid scan (3D)	0.00	0.00	0.00	0.00	XXX	N
78655	.....	A	Nuclear exam of eye lesion	0.56	5.01	0.34	5.91	XXX	N
78655	26	A	Nuclear exam of eye lesion	0.56	0.26	0.04	0.86	XXX	N
78655	TC	A	Nuclear exam of eye lesion	0.00	4.75	0.30	5.05	XXX	N
78660	.....	A	Nuclear exam of tear flow	0.53	2.27	0.17	2.97	XXX	N
78660	26	A	Nuclear exam of tear flow	0.53	0.25	0.04	0.82	XXX	N
78660	TC	A	Nuclear exam of tear flow	0.00	2.02	0.13	2.15	XXX	N
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78700	.....	A	Kidney imaging, static	0.45	3.10	0.21	3.76	XXX	N
78700	26	A	Kidney imaging, static	0.45	0.20	0.03	0.68	XXX	N
78700	TC	A	Kidney imaging, static	0.00	2.90	0.18	3.08	XXX	N
78701	.....	A	Kidney imaging with flow	0.49	3.61	0.24	4.34	XXX	N
78701	26	A	Kidney imaging with flow	0.49	0.22	0.03	0.74	XXX	N
78701	TC	A	Kidney imaging with flow	0.00	3.39	0.21	3.60	XXX	N
78704	.....	A	Imaging renogram	0.74	4.11	0.29	5.14	XXX	N
78704	26	A	Imaging renogram	0.74	0.34	0.05	1.13	XXX	N
78704	TC	A	Imaging renogram	0.00	3.77	0.24	4.01	XXX	N
78707	.....	A	Kidney flow & function image	0.94	4.68	0.33	5.95	XXX	N
78707	26	A	Kidney flow & function image	0.94	0.42	0.06	1.42	XXX	N
78707	TC	A	Kidney flow & function image	0.00	4.26	0.27	4.53	XXX	N
78710	.....	A	Kidney imaging (3D)	0.66	5.93	0.41	7.00	XXX	N
78710	26	A	Kidney imaging (3D)	0.66	0.30	0.05	1.01	XXX	N
78710	TC	A	Kidney imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78715	.....	A	Renal vascular flow exam	0.30	1.64	0.12	2.06	XXX	N
78715	26	A	Renal vascular flow exam	0.30	0.14	0.02	0.46	XXX	N
78715	TC	A	Renal vascular flow exam	0.00	1.50	0.10	1.60	XXX	N
78725	.....	A	Kidney function study	0.38	1.87	0.14	2.39	XXX	N
78725	26	A	Kidney function study	0.38	0.17	0.03	0.58	XXX	N
78725	TC	A	Kidney function study	0.00	1.70	0.11	1.81	XXX	N
78726	.....	A	Kidney function w/intervent	0.87	3.21	0.24	4.32	XXX	N
78726	26	A	Kidney function w/intervent	0.87	0.39	0.06	1.32	XXX	N
78726	TC	A	Kidney function w/intervent	0.00	2.82	0.18	3.00	XXX	N
78727	.....	A	Kidney transplant evaluation	0.99	4.25	0.31	5.55	XXX	N
78727	26	A	Kidney transplant evaluation	0.99	0.45	0.07	1.51	XXX	N
78727	TC	A	Kidney transplant evaluation	0.00	3.80	0.24	4.04	XXX	N
78730	.....	A	Urinary bladder retention	0.36	1.55	0.11	2.02	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association
[2] # Indicates RVUs are not used for Medicare payment
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
78730	26	A	Urinary bladder retention	0.36	0.16	0.02	0.54	XXX	N
78730	TC	A	Urinary bladder retention	0.00	1.39	0.09	1.48	XXX	N
78740	.....	A	Ureteral reflux study	0.57	2.28	0.17	3.02	XXX	N
78740	26	A	Ureteral reflux study	0.57	0.26	0.04	0.87	XXX	N
78740	TC	A	Ureteral reflux study	0.00	2.02	0.13	2.15	XXX	N
78760	.....	A	Testicular imaging	0.66	2.85	0.21	3.72	XXX	N
78760	26	A	Testicular imaging	0.66	0.30	0.04	1.00	XXX	N
78760	TC	A	Testicular imaging	0.00	2.55	0.17	2.72	XXX	N
78761	.....	A	Testicular imaging & flow	0.71	3.38	0.24	4.33	XXX	N
78761	26	A	Testicular imaging & flow	0.71	0.33	0.05	1.09	XXX	N
78761	TC	A	Testicular imaging & flow	0.00	3.05	0.19	3.24	XXX	N
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78800	.....	A	Tumor imaging, limited area	0.65	3.54	0.24	4.43	XXX	N
78800	26	A	Tumor imaging, limited area	0.65	0.30	0.04	0.99	XXX	N
78800	TC	A	Tumor imaging, limited area	0.00	3.24	0.20	3.44	XXX	N
78801	.....	A	Tumor imaging, mult areas	0.79	4.39	0.31	5.49	XXX	N
78801	26	A	Tumor imaging, mult areas	0.79	0.36	0.05	1.20	XXX	N
78801	TC	A	Tumor imaging, mult areas	0.00	4.03	0.26	4.29	XXX	N
78802	.....	A	Tumor imaging, whole body	0.86	5.66	0.40	6.92	XXX	N
78802	26	A	Tumor imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78802	TC	A	Tumor imaging, whole body	0.00	5.27	0.34	5.61	XXX	N
78803	.....	A	Tumor imaging (3D)	1.09	6.73	0.46	8.28	XXX	N
78803	26	A	Tumor imaging (3D)	1.09	0.48	0.07	1.64	XXX	N
78803	TC	A	Tumor imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78805	.....	A	Abscess imaging, ltd area	0.73	3.57	0.25	4.55	XXX	N
78805	26	A	Abscess imaging, ltd area	0.73	0.33	0.05	1.11	XXX	N
78805	TC	A	Abscess imaging, ltd area	0.00	3.24	0.20	3.44	XXX	N
78806	.....	A	Abscess imaging, whole body	0.73	6.51	0.45	7.69	XXX	N
78806	26	A	Abscess imaging, whole body	0.73	0.38	0.06	1.17	XXX	N
78806	TC	A	Abscess imaging, whole body	0.00	6.13	0.39	6.52	XXX	N
78807	.....	A	Nuclear localization/abscess	1.09	6.73	0.46	8.28	XXX	N
78807	26	A	Nuclear localization/abscess	1.09	0.48	0.07	1.64	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.25	0.39	6.64	XXX	N
78890	.....	B	Nuclear medicine data proc	#0.05	1.26	0.08	1.39	XXX	O
78890	26	B	Nuclear medicine data proc	#0.05	0.02	0.00	0.07	XXX	O
78890	TC	B	Nuclear medicine data proc	0.00	1.24	0.08	1.32	XXX	O
78891	.....	B	Nuclear med data proc	#0.10	2.55	0.18	2.83	XXX	O
78891	26	B	Nuclear med data proc	#0.10	0.05	0.01	0.16	XXX	O
78891	TC	B	Nuclear med data proc	0.00	2.50	0.17	2.67	XXX	O
78990	.....	G	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX	O
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
79000	.....	A	Intial hyperthyroid therapy	1.80	3.31	0.29	5.40	XXX	N
79000	26	A	Intial hyperthyroid therapy	1.80	0.81	0.12	2.73	XXX	N
79000	TC	A	Intial hyperthyroid therapy	0.00	2.50	0.17	2.67	XXX	N
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.70	0.15	2.90	XXX	N
79001	26	A	Repeat hyperthyroid therapy	1.05	0.46	0.07	1.58	XXX	N
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	0.08	1.32	XXX	N
79020	.....	A	Thyroid ablation	1.81	3.31	0.29	5.41	XXX	N
79020	26	A	Thyroid ablation	1.81	0.81	0.12	2.74	XXX	N
79020	TC	A	Thyroid ablation	0.00	2.50	0.17	2.67	XXX	N
79030	.....	A	Thyroid ablation, carcinoma	2.10	3.44	0.31	5.85	XXX	N
79030	26	A	Thyroid ablation, carcinoma	2.10	0.94	0.14	3.18	XXX	N
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.50	0.17	2.67	XXX	N
79035	.....	A	Thyroid metastatic therapy	2.52	3.63	0.34	6.49	XXX	N
79035	26	A	Thyroid metastatic therapy	2.52	1.13	0.17	3.82	XXX	N
79035	TC	A	Thyroid metastatic therapy	0.00	2.50	0.17	2.67	XXX	N
79100	.....	A	Hematopoetic nuclear therapy	1.32	3.08	0.26	4.66	XXX	N
79100	26	A	Hematopoetic nuclear therapy	1.32	0.58	0.09	1.99	XXX	N
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79200	.....	A	Intracavitary nuc treatment	1.99	3.39	0.31	5.69	XXX	N
79200	26	A	Intracavitary nuc treatment	1.99	0.89	0.14	3.02	XXX	N
79200	TC	A	Intracavitary nuc treatment	0.00	2.50	0.17	2.67	XXX	N
79300	.....	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
79300	26	A	Interstitial nuclear therapy	1.60	0.71	0.11	2.42	XXX	N
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79400	.....	A	Nonhemato nuclear therapy	1.96	3.37	0.30	5.63	XXX	N
79400	26	A	Nonhemato nuclear therapy	1.96	0.87	0.13	2.96	XXX	N
79400	TC	A	Nonhemato nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79420	.....	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	26	A	Intravascular nuc therapy	1.51	0.67	0.10	2.28	XXX	N
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79440	.....	A	Nuclear joint therapy	1.99	3.39	0.31	5.69	XXX	N
79440	26	A	Nuclear joint therapy	1.99	0.89	0.14	3.02	XXX	N
79440	TC	A	Nuclear joint therapy	0.00	2.50	0.17	2.67	XXX	N
79900	.....	C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	XXX	N
79999	.....	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
80002	.....	X	1–2 clinical chem tests	0.00	0.00	0.00	0.00	XXX	O
80003	.....	X	3 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80004	.....	X	4 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80005	.....	X	5 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80006	.....	X	6 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80007	.....	X	7 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80008	.....	X	8 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80009	.....	X	9 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80010	.....	X	10 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
80011	.....	X	11 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	O
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	O
80018	.....	X	17–18 blood/urine tests	0.00	0.00	0.00	0.00	XXX	O
80019	.....	X	19 or more blood/urine tests	0.00	0.00	0.00	0.00	XXX	O
80050	.....	X	General health panel	0.00	0.00	0.00	0.00	XXX	O
80055	.....	X	Obstetric panel	0.00	0.00	0.00	0.00	XXX	O
80058	.....	X	Hepatic function panel	0.00	0.00	0.00	0.00	XXX	O
80059	.....	X	Hepatitis panel	0.00	0.00	0.00	0.00	XXX	O
80061	.....	X	Lipid panel	0.00	0.00	0.00	0.00	XXX	O
80072	.....	X	Arthritis panel	0.00	0.00	0.00	0.00	XXX	O
80090	.....	X	Torch antibody panel	0.00	0.00	0.00	0.00	XXX	O
80091	.....	X	Thyroid panel	0.00	0.00	0.00	0.00	XXX	O
80092	.....	X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	XXX	O
80100	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	O
80101	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	O
80102	.....	X	Drug confirmation	0.00	0.00	0.00	0.00	XXX	O
80103	.....	X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	XXX	O
80150	.....	X	Assay of amikacin	0.00	0.00	0.00	0.00	XXX	O
80152	.....	X	Assay of amitriptyline	0.00	0.00	0.00	0.00	XXX	O
80154	.....	X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	XXX	O
80156	.....	X	Assay of carbamazepine	0.00	0.00	0.00	0.00	XXX	O
80158	.....	X	Assay of cyclosporine	0.00	0.00	0.00	0.00	XXX	O
80160	.....	X	Assay of desipramine	0.00	0.00	0.00	0.00	XXX	O
80162	.....	X	Assay for digoxin	0.00	0.00	0.00	0.00	XXX	O
80164	.....	X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	XXX	O
80166	.....	X	Assay of doxepin	0.00	0.00	0.00	0.00	XXX	O
80168	.....	X	Assay of ethosuximide	0.00	0.00	0.00	0.00	XXX	O
80170	.....	X	Gentamicin	0.00	0.00	0.00	0.00	XXX	O
80172	.....	X	Assay for gold	0.00	0.00	0.00	0.00	XXX	O
80174	.....	X	Assay of imipramine	0.00	0.00	0.00	0.00	XXX	O
80176	.....	X	Assay for lidocaine	0.00	0.00	0.00	0.00	XXX	O
80178	.....	X	Assay for lithium	0.00	0.00	0.00	0.00	XXX	O
80182	.....	X	Assay for nortriptyline	0.00	0.00	0.00	0.00	XXX	O
80184	.....	X	Assay for phenobarbital	0.00	0.00	0.00	0.00	XXX	O
80185	.....	X	Assay for phenytoin	0.00	0.00	0.00	0.00	XXX	O
80186	.....	X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	XXX	O
80188	.....	X	Assay for primidone	0.00	0.00	0.00	0.00	XXX	O
80190	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	O
80192	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	O
80194	.....	X	Assay for quinidine	0.00	0.00	0.00	0.00	XXX	O
80196	.....	X	Assay for salicylate	0.00	0.00	0.00	0.00	XXX	O
80198	.....	X	Assay for theophylline	0.00	0.00	0.00	0.00	XXX	O

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
80200	.....	X	Assay for tobramycin	0.00	0.00	0.00	0.00	XXX	O
80202	.....	X	Assay for vancomycin	0.00	0.00	0.00	0.00	XXX	O
80299	.....	X	Quantitative assay, drug	0.00	0.00	0.00	0.00	XXX	O
80400	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80402	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80406	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80408	.....	X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	XXX	O
80410	.....	X	Calcium-pentagastrin stimul	0.00	0.00	0.00	0.00	XXX	O
80412	.....	X	CRH stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80414	.....	X	Testosterone response	0.00	0.00	0.00	0.00	XXX	O
80415	.....	X	Estradiol response panel	0.00	0.00	0.00	0.00	XXX	O
80418	.....	X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	XXX	O
80420	.....	X	Dexamethasone panel	0.00	0.00	0.00	0.00	XXX	O
80422	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	O
80424	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	O
80426	.....	X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	XXX	O
80428	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	O
80430	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	O
80432	.....	X	Insulin suppression panel	0.00	0.00	0.00	0.00	XXX	O
80434	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	O
80435	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	O
80436	.....	X	Metyrapone panel	0.00	0.00	0.00	0.00	XXX	O
80438	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80439	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80440	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	O
80500	.....	A	Lab pathology consultation	0.37	0.20	0.01	0.58	XXX	N
80502	.....	A	Lab pathology consultation	1.33	0.33	0.02	1.68	XXX	N
81000	.....	X	Urinalysis with microscopy	0.00	0.00	0.00	0.00	XXX	O
81002	.....	X	Urinalysis, nonauto, w/o scope	0.00	0.00	0.00	0.00	XXX	O
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	XXX	O
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	XXX	O
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	XXX	O
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	XXX	O
81020	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	O
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	XXX	O
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	XXX	O
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	XXX	O
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	XXX	O
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	XXX	O
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	XXX	O
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	XXX	O
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	XXX	O
82024	.....	X	ACTH	0.00	0.00	0.00	0.00	XXX	O
82030	.....	X	ADP & AMP	0.00	0.00	0.00	0.00	XXX	O
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	XXX	O
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	XXX	O
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	XXX	O
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	XXX	O
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	XXX	O
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	XXX	O
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	XXX	O
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	XXX	O
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	XXX	O
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	XXX	O
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	XXX	O
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	XXX	O
82106	.....	X	Alpha-fetoprotein, amniotic	0.00	0.00	0.00	0.00	XXX	O
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	XXX	O
82128	.....	X	Test for amino acids	0.00	0.00	0.00	0.00	XXX	O
82130	.....	X	Amino acids analysis	0.00	0.00	0.00	0.00	XXX	O
82131	.....	X	Amino acids	0.00	0.00	0.00	0.00	XXX	O
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	XXX	O
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	XXX	O
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	XXX	O
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	XXX	O
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	XXX	O
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	XXX	O
82160		X	Androsterone assay	0.00	0.00	0.00	0.00	XXX	O
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	XXX	O
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	XXX	O
82172		X	Apolipoprotein	0.00	0.00	0.00	0.00	XXX	O
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	XXX	O
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	XXX	O
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	XXX	O
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	XXX	O
82232		X	Beta-2 protein	0.00	0.00	0.00	0.00	XXX	O
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	XXX	O
82240		X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	XXX	O
82250		X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	O
82251		X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	O
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	XXX	O
82270		X	Test feces for blood	0.00	0.00	0.00	0.00	XXX	O
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	XXX	O
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	XXX	O
82300		X	Assay cadmium	0.00	0.00	0.00	0.00	XXX	O
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	O
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	O
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	XXX	O
82310		X	Assay calcium	0.00	0.00	0.00	0.00	XXX	O
82330		X	Assay calcium	0.00	0.00	0.00	0.00	XXX	O
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	XXX	O
82340		X	Assay calcium in urine	0.00	0.00	0.00	0.00	XXX	O
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	XXX	O
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	O
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	O
82370		X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	XXX	O
82374		X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	XXX	O
82375		X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	XXX	O
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	XXX	O
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	XXX	O
82380		X	Assay carotene	0.00	0.00	0.00	0.00	XXX	O
82382		X	Assay urine catecholamines	0.00	0.00	0.00	0.00	XXX	O
82383		X	Assay blood catecholamines	0.00	0.00	0.00	0.00	XXX	O
82384		X	Assay three catecholamines	0.00	0.00	0.00	0.00	XXX	O
82387		X	Cathepsin-D	0.00	0.00	0.00	0.00	XXX	O
82390		X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	XXX	O
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	XXX	O
82415		X	Assay chloramphenicol	0.00	0.00	0.00	0.00	XXX	O
82435		X	Assay blood chloride	0.00	0.00	0.00	0.00	XXX	O
82436		X	Assay urine chloride	0.00	0.00	0.00	0.00	XXX	O
82438		X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	XXX	O
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	XXX	O
82465		X	Assay serum cholesterol	0.00	0.00	0.00	0.00	XXX	O
82480		X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	XXX	O
82482		X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	XXX	O
82485		X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	XXX	O
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	XXX	O
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	O
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	O
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	XXX	O
82491		X	Chromotography, quantitative	0.00	0.00	0.00	0.00	XXX	O
82495		X	Assay chromium	0.00	0.00	0.00	0.00	XXX	O
82507		X	Assay citrate	0.00	0.00	0.00	0.00	XXX	O
82520		X	Assay for cocaine	0.00	0.00	0.00	0.00	XXX	O
82525		X	Assay copper	0.00	0.00	0.00	0.00	XXX	O
82528		X	Assay corticosterone	0.00	0.00	0.00	0.00	XXX	O
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	XXX	O
82533		X	Total cortisol	0.00	0.00	0.00	0.00	XXX	O
82540		X	Assay creatine	0.00	0.00	0.00	0.00	XXX	O
82550		X	Assay CK (CPK)	0.00	0.00	0.00	0.00	XXX	O
82552		X	Assay CPK in blood	0.00	0.00	0.00	0.00	XXX	O
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	XXX	O
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	XXX	O
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	XXX	O
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	XXX	O
82585	.....	X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	XXX	O
82595	.....	X	Assay cryoglobulin	0.00	0.00	0.00	0.00	XXX	O
82600	.....	X	Assay cyanide	0.00	0.00	0.00	0.00	XXX	O
82607	.....	X	Vitamin B–12	0.00	0.00	0.00	0.00	XXX	O
82608	.....	X	B–12 binding capacity	0.00	0.00	0.00	0.00	XXX	O
82615	.....	X	Test for urine cystines	0.00	0.00	0.00	0.00	XXX	O
82626	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	O
82627	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	O
82633	.....	X	Desoxycorticosterone	0.00	0.00	0.00	0.00	XXX	O
82634	.....	X	Deoxycortisol	0.00	0.00	0.00	0.00	XXX	O
82638	.....	X	Assay dibucaine number	0.00	0.00	0.00	0.00	XXX	O
82646	.....	X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	XXX	O
82649	.....	X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	XXX	O
82651	.....	X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	XXX	O
82652	.....	X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	XXX	O
82654	.....	X	Assay of dimethadione	0.00	0.00	0.00	0.00	XXX	O
82664	.....	X	Electrophoretic test	0.00	0.00	0.00	0.00	XXX	O
82666	.....	X	Epiandrosterone assay	0.00	0.00	0.00	0.00	XXX	O
82668	.....	X	Erythropoietin	0.00	0.00	0.00	0.00	XXX	O
82670	.....	X	Estradiol	0.00	0.00	0.00	0.00	XXX	O
82671	.....	X	Estrogens assay	0.00	0.00	0.00	0.00	XXX	O
82672	.....	X	Estrogen assay	0.00	0.00	0.00	0.00	XXX	O
82677	.....	X	Estriol	0.00	0.00	0.00	0.00	XXX	O
82679	.....	X	Estrone	0.00	0.00	0.00	0.00	XXX	O
82690	.....	X	Ethchlorvynol	0.00	0.00	0.00	0.00	XXX	O
82693	.....	X	Ethylene glycol	0.00	0.00	0.00	0.00	XXX	O
82696	.....	X	Etiocholanolone	0.00	0.00	0.00	0.00	XXX	O
82705	.....	X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	XXX	O
82710	.....	X	Fats/lipids, feces, quantitati	0.00	0.00	0.00	0.00	XXX	O
82715	.....	X	Fecal fat assay	0.00	0.00	0.00	0.00	XXX	O
82725	.....	X	Assay blood fatty acids	0.00	0.00	0.00	0.00	XXX	O
82728	.....	X	Assay ferritin	0.00	0.00	0.00	0.00	XXX	O
82735	.....	X	Assay fluoride	0.00	0.00	0.00	0.00	XXX	O
82742	.....	X	Assay of flurazepam	0.00	0.00	0.00	0.00	XXX	O
82746	.....	X	Blood folic acid serum	0.00	0.00	0.00	0.00	XXX	O
82747	.....	X	Folic acid, RBC	0.00	0.00	0.00	0.00	XXX	O
82757	.....	X	Assay semen fructose	0.00	0.00	0.00	0.00	XXX	O
82759	.....	X	RBC galactokinase assay	0.00	0.00	0.00	0.00	XXX	O
82760	.....	X	Assay galactose	0.00	0.00	0.00	0.00	XXX	O
82775	.....	X	Assay galactose transferase	0.00	0.00	0.00	0.00	XXX	O
82776	.....	X	Galactose transferase test	0.00	0.00	0.00	0.00	XXX	O
82784	.....	X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	XXX	O
82785	.....	X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	XXX	O
82787	.....	X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	XXX	O
82800	.....	X	Blood pH	0.00	0.00	0.00	0.00	XXX	O
82803	.....	X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	XXX	O
82805	.....	X	Blood gases w/O2 saturation	0.00	0.00	0.00	0.00	XXX	O
82810	.....	X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	XXX	O
82820	.....	X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	XXX	O
82926	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	O
82928	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	O
82938	.....	X	Gastrin test	0.00	0.00	0.00	0.00	XXX	O
82941	.....	X	Assay of gastrin	0.00	0.00	0.00	0.00	XXX	O
82943	.....	X	Assay of glucagon	0.00	0.00	0.00	0.00	XXX	O
82946	.....	X	Glucagon tolerance test	0.00	0.00	0.00	0.00	XXX	O
82947	.....	X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	XXX	O
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	XXX	O
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	XXX	O
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	XXX	O
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	XXX	O
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	XXX	O
82955	.....	X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	XXX	O
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	XXX	O
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	XXX	O
82965		X	Assay GDH enzyme	0.00	0.00	0.00	0.00	XXX	O
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	XXX	O
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	XXX	O
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	XXX	O
82979		X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	XXX	O
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	XXX	O
82985		X	Glycated protein	0.00	0.00	0.00	0.00	XXX	O
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	XXX	O
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	XXX	O
83003		X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	XXX	O
83008		X	Assay guanosine	0.00	0.00	0.00	0.00	XXX	O
83010		X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	XXX	O
83012		X	Assay haptoglobins	0.00	0.00	0.00	0.00	XXX	O
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	XXX	O
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	XXX	O
83020		X	Assay hemoglobin	0.00	0.00	0.00	0.00	XXX	O
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	O
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	O
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	O
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	XXX	O
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	XXX	O
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	XXX	O
83051		X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	XXX	O
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	XXX	O
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	XXX	O
83065		X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	XXX	O
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	XXX	O
83069		X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	XXX	O
83070		X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	XXX	O
83071		X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	XXX	O
83088		X	Assay histamine	0.00	0.00	0.00	0.00	XXX	O
83150		X	Assay for HVA	0.00	0.00	0.00	0.00	XXX	O
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	XXX	O
83497		X	Assay 5–HIAA	0.00	0.00	0.00	0.00	XXX	O
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	O
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	O
83500		X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	XXX	O
83505		X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	XXX	O
83516		X	Immunoassay, non antibody	0.00	0.00	0.00	0.00	XXX	O
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	XXX	O
83519		X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	XXX	O
83520		X	Immunoassay, RIA	0.00	0.00	0.00	0.00	XXX	O
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	O
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	O
83528		X	Assay intrinsic factor	0.00	0.00	0.00	0.00	XXX	O
83540		X	Assay iron	0.00	0.00	0.00	0.00	XXX	O
83550		X	Iron binding test	0.00	0.00	0.00	0.00	XXX	O
83570		X	Assay IDH enzyme	0.00	0.00	0.00	0.00	XXX	O
83582		X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	XXX	O
83586		X	Assay 17-(17–KS)ketosteroids	0.00	0.00	0.00	0.00	XXX	O
83593		X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	XXX	O
83605		X	Lactic acid assay	0.00	0.00	0.00	0.00	XXX	O
83615		X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	XXX	O
83625		X	Assay LDH enzymes	0.00	0.00	0.00	0.00	XXX	O
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	XXX	O
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	XXX	O
83634		X	Assay urine for lactose	0.00	0.00	0.00	0.00	XXX	O
83655		X	Assay for lead	0.00	0.00	0.00	0.00	XXX	O
83661		X	Assay L/S ratio	0.00	0.00	0.00	0.00	XXX	O
83662		X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	XXX	O
83670		X	Assay LAP enzyme	0.00	0.00	0.00	0.00	XXX	O
83690		X	Assay lipase	0.00	0.00	0.00	0.00	XXX	O
83715		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	O
83717		X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	O
83718		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
83719		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	O
83721		X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	O
83727		X	LRH hormone assay	0.00	0.00	0.00	0.00	XXX	O
83735		X	Assay magnesium	0.00	0.00	0.00	0.00	XXX	O
83775		X	Assay of md enzyme	0.00	0.00	0.00	0.00	XXX	O
83785		X	Assay of manganese	0.00	0.00	0.00	0.00	XXX	O
83805		X	Assay of meprobamate	0.00	0.00	0.00	0.00	XXX	O
83825		X	Assay mercury	0.00	0.00	0.00	0.00	XXX	O
83835		X	Assay metanephrines	0.00	0.00	0.00	0.00	XXX	O
83840		X	Assay methadone	0.00	0.00	0.00	0.00	XXX	O
83857		X	Assay methemalbumin	0.00	0.00	0.00	0.00	XXX	O
83858		X	Assay methsuximide	0.00	0.00	0.00	0.00	XXX	O
83864		X	Mucopolysaccharides	0.00	0.00	0.00	0.00	XXX	O
83866		X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	XXX	O
83872		X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	XXX	O
83873		X	Assay, CSF protein	0.00	0.00	0.00	0.00	XXX	O
83874		X	Myoglobin	0.00	0.00	0.00	0.00	XXX	O
83883		X	Nephelometry, not specified	0.00	0.00	0.00	0.00	XXX	O
83885		X	Assay for nickel	0.00	0.00	0.00	0.00	XXX	O
83887		X	Assay nicotine	0.00	0.00	0.00	0.00	XXX	O
83890		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	O
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	O
83894		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	O
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	O
83898		X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	O
83912		X	Genetic examination	0.00	0.00	0.00	0.00	XXX	O
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	O
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	XXX	O
83918		X	Assay organic acids	0.00	0.00	0.00	0.00	XXX	O
83925		X	Opiates	0.00	0.00	0.00	0.00	XXX	O
83930		X	Assay blood osmolality	0.00	0.00	0.00	0.00	XXX	O
83935		X	Assay urine osmolality	0.00	0.00	0.00	0.00	XXX	O
83937		X	Assay for osteocalcin	0.00	0.00	0.00	0.00	XXX	O
83945		X	Assay oxalate	0.00	0.00	0.00	0.00	XXX	O
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	XXX	O
83986		X	Assay body fluid acidity	0.00	0.00	0.00	0.00	XXX	O
83992		X	Assay for phencyclidine	0.00	0.00	0.00	0.00	XXX	O
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	XXX	O
84030		X	Assay blood PKU	0.00	0.00	0.00	0.00	XXX	O
84035		X	Assay phenylketones	0.00	0.00	0.00	0.00	XXX	O
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	XXX	O
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	XXX	O
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	XXX	O
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	O
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	O
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	XXX	O
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	XXX	O
84085		X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	XXX	O
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	XXX	O
84100		X	Assay phosphorus	0.00	0.00	0.00	0.00	XXX	O
84105		X	Assay urine phosphorus	0.00	0.00	0.00	0.00	XXX	O
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	XXX	O
84110		X	Assay porphobilinogen	0.00	0.00	0.00	0.00	XXX	O
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	XXX	O
84120		X	Assay urine porphyrins	0.00	0.00	0.00	0.00	XXX	O
84126		X	Assay feces porphyrins	0.00	0.00	0.00	0.00	XXX	O
84127		X	Porphyrins, feces	0.00	0.00	0.00	0.00	XXX	O
84132		X	Assay serum potassium	0.00	0.00	0.00	0.00	XXX	O
84133		X	Assay urine potassium	0.00	0.00	0.00	0.00	XXX	O
84134		X	Prealbumin	0.00	0.00	0.00	0.00	XXX	O
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	XXX	O
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	XXX	O
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	XXX	O
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	XXX	O
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	O
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	XXX	O
84153		X	Prostate specific antigen	0.00	0.00	0.00	0.00	XXX	O
84155		X	Assay protein	0.00	0.00	0.00	0.00	XXX	O
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	XXX	O
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	XXX	O
84165	26	A	Assay serum proteins	0.37	0.20	0.01	0.58	XXX	N
84181		X	Western blot test	0.00	0.00	0.00	0.00	XXX	O
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	O
84182	26	A	Protein, western blot test	0.37	0.20	0.01	0.58	XXX	N
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	O
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	O
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	XXX	O
84207		X	Assay vitamin B–6	0.00	0.00	0.00	0.00	XXX	O
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	XXX	O
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	XXX	O
84228		X	Assay quinine	0.00	0.00	0.00	0.00	XXX	O
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	XXX	O
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	O
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	XXX	O
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	XXX	O
84244		X	Assay of renin	0.00	0.00	0.00	0.00	XXX	O
84252		X	Assay vitamin B–2	0.00	0.00	0.00	0.00	XXX	O
84255		X	Assay selenium	0.00	0.00	0.00	0.00	XXX	O
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	XXX	O
84270		X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	XXX	O
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	XXX	O
84285		X	Assay silica	0.00	0.00	0.00	0.00	XXX	O
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	XXX	O
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	XXX	O
84305		X	Somatomedin	0.00	0.00	0.00	0.00	XXX	O
84307		X	Somatostatin	0.00	0.00	0.00	0.00	XXX	O
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	XXX	O
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	XXX	O
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	XXX	O
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	XXX	O
84402		X	Testosterone	0.00	0.00	0.00	0.00	XXX	O
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	XXX	O
84425		X	Assay vitamin B–1	0.00	0.00	0.00	0.00	XXX	O
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	XXX	O
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	XXX	O
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	XXX	O
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	XXX	O
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	XXX	O
84442		X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	XXX	O
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	XXX	O
84445		X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	XXX	O
84446		X	Assay vitamin E	0.00	0.00	0.00	0.00	XXX	O
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	XXX	O
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	XXX	O
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	XXX	O
84466		X	Transferrin	0.00	0.00	0.00	0.00	XXX	O
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	XXX	O
84479		X	Assay triiodothyronine (T–3)	0.00	0.00	0.00	0.00	XXX	O
84480		X	Total assay, TT–3	0.00	0.00	0.00	0.00	XXX	O
84481		X	Free assay (FT–3)	0.00	0.00	0.00	0.00	XXX	O
84482		X	T3 reverse	0.00	0.00	0.00	0.00	XXX	O
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	XXX	O
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	XXX	O
84490		X	Assay feces for trypsin	0.00	0.00	0.00	0.00	XXX	O
84510		X	Assay tyrosine	0.00	0.00	0.00	0.00	XXX	O
84520		X	Assay urea nitrogen	0.00	0.00	0.00	0.00	XXX	O
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	XXX	O
84540		X	Assay urine urea-N	0.00	0.00	0.00	0.00	XXX	O
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	XXX	O
84550		X	Assay blood uric acid	0.00	0.00	0.00	0.00	XXX	O
84560		X	Assay urine uric acid	0.00	0.00	0.00	0.00	XXX	O

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
84577		X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	XXX	O
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	XXX	O
84580		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	O
84583		X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	O
84585		X	Assay urine VMA	0.00	0.00	0.00	0.00	XXX	O
84586		X	VIP assay	0.00	0.00	0.00	0.00	XXX	O
84588		X	Assay vasopressin	0.00	0.00	0.00	0.00	XXX	O
84590		X	Assay vitamin-A	0.00	0.00	0.00	0.00	XXX	O
84597		X	Assay vitamin-K	0.00	0.00	0.00	0.00	XXX	O
84600		X	Assay for volatiles	0.00	0.00	0.00	0.00	XXX	O
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	XXX	O
84630		X	Assay zinc	0.00	0.00	0.00	0.00	XXX	O
84681		X	Assay C-peptide	0.00	0.00	0.00	0.00	XXX	O
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	XXX	O
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	XXX	O
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	XXX	O
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	XXX	O
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	XXX	O
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	O
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	XXX	O
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	O
85013		X	Hematocrit	0.00	0.00	0.00	0.00	XXX	O
85014		X	Hematocrit	0.00	0.00	0.00	0.00	XXX	O
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	XXX	O
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85029		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85030		X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	O
85031		X	Manual hemogram, complete CBC	0.00	0.00	0.00	0.00	XXX	O
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	XXX	O
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	O
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	O
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	XXX	O
85060		A	Blood smear interpretation	0.45	0.22	0.02	0.69	XXX	N
85095		A	Bone marrow aspiration	1.08	0.67	0.05	1.80	XXX	N
85097		A	Bone marrow interpretation	0.94	0.48	0.04	1.46	XXX	N
85102		A	Bone marrow biopsy	1.37	0.80	0.05	2.22	XXX	N
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	XXX	O
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	XXX	O
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	XXX	O
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	XXX	O
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	XXX	O
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	XXX	O
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	O
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	O
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	O
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	O
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	O
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	XXX	O
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	XXX	O
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	XXX	O
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	XXX	O
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	O
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	O
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	O
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	O
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	O
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	O
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	XXX	O
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	O
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	XXX	O
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	O
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	XXX	O
85345		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	O
85347		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	O
85348		X	Coagulation time	0.00	0.00	0.00	0.00	XXX	O
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	XXX	O
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	XXX	O
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	O
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	O
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	O
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	O
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	O
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	O
85390		X	Fibrinolysins screen	0.00	0.00	0.00	0.00	XXX	O
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	O
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	XXX	O
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	O
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	O
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	O
85441		X	Heinz bodies; direct	0.00	0.00	0.00	0.00	XXX	O
85445		X	Heinz bodies; induced	0.00	0.00	0.00	0.00	XXX	O
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	O
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	O
85475		X	Hemolysin	0.00	0.00	0.00	0.00	XXX	O
85520		X	Heparin assay	0.00	0.00	0.00	0.00	XXX	O
85525		X	Heparin	0.00	0.00	0.00	0.00	XXX	O
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	XXX	O
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	XXX	O
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	O
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	XXX	O
85549		X	Muramidase	0.00	0.00	0.00	0.00	XXX	O
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	O
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	O
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	XXX	O
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	O
85590		X	Platelet manual count	0.00	0.00	0.00	0.00	XXX	O
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	XXX	O
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	XXX	O
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	XXX	O
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	XXX	O
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	XXX	O
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	XXX	O
85635		X	Reptilase test	0.00	0.00	0.00	0.00	XXX	O
85651		X	RBC sedimentation rate	0.00	0.00	0.00	0.00	XXX	O
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	XXX	O
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	XXX	O
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	XXX	O
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	XXX	O
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	O
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	O
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	XXX	O
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	XXX	O
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	XXX	O
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	O
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	O
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	XXX	O
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	XXX	O
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	XXX	O
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	XXX	O
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	XXX	O
86060		X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	XXX	O
86063		X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	XXX	O
86077		A	Physician blood bank service	0.37	0.30	0.02	0.69	XXX	N
86078		A	Physician blood bank service	0.94	0.34	0.02	1.30	XXX	N
86079		A	Physician blood bank service	0.37	0.33	0.02	0.72	XXX	N
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
86147	.....	X	Cardiolipin antibody	0.00	0.00	0.00	0.00	XXX	O
86155	.....	X	Chemotaxis assay	0.00	0.00	0.00	0.00	XXX	O
86156	.....	X	Cold agglutinin screen	0.00	0.00	0.00	0.00	XXX	O
86157	.....	X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	XXX	O
86160	.....	X	Complement, antigen	0.00	0.00	0.00	0.00	XXX	O
86161	.....	X	Complement/function activity	0.00	0.00	0.00	0.00	XXX	O
86162	.....	X	Complement, total (CH50)	0.00	0.00	0.00	0.00	XXX	O
86171	.....	X	Complement fixation, each	0.00	0.00	0.00	0.00	XXX	O
86185	.....	X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	O
86215	.....	X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	XXX	O
86225	.....	X	DNA antibody	0.00	0.00	0.00	0.00	XXX	O
86226	.....	X	DNA antibody, single strand	0.00	0.00	0.00	0.00	XXX	O
86235	.....	X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	XXX	O
86243	.....	X	Fc receptor	0.00	0.00	0.00	0.00	XXX	O
86255	.....	X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	XXX	O
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	O
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	O
86280	.....	X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	XXX	O
86287	.....	X	Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	XXX	O
86289	.....	X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	O
86290	.....	X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	O
86291	.....	X	Hepatitis BS antibody test	0.00	0.00	0.00	0.00	XXX	O
86293	.....	X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	O
86295	.....	X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	O
86296	.....	X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	O
86299	.....	X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	O
86302	.....	X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	O
86303	.....	X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	O
86306	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	O
86308	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	O
86309	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	O
86310	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	O
86311	.....	X	HIV antigen test	0.00	0.00	0.00	0.00	XXX	O
86313	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	O
86315	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	O
86316	.....	X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	XXX	O
86317	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	O
86318	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	O
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	O
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	O
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	O
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	O
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	XXX	O
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	XXX	O
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	XXX	O
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	O
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	XXX	O
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	XXX	O
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	XXX	O
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	XXX	O
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	XXX	O
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	XXX	O
86360	.....	X	T cell ratio	0.00	0.00	0.00	0.00	XXX	O
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	XXX	O
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	XXX	O
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	XXX	O
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	XXX	O
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	O
86406	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	O
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	XXX	O
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
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	O
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	XXX	O
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	XXX	O
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	XXX	O
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	XXX	O
86603		X	Adenovirus, antibody	0.00	0.00	0.00	0.00	XXX	O
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	XXX	O
86609		X	Bacterium, antibody	0.00	0.00	0.00	0.00	XXX	O
86612		X	Blastomyces, antibody	0.00	0.00	0.00	0.00	XXX	O
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	XXX	O
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	O
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	O
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	XXX	O
86622		X	Brucella, antibody	0.00	0.00	0.00	0.00	XXX	O
86625		X	Campylobacter, antibody	0.00	0.00	0.00	0.00	XXX	O
86628		X	Candida, antibody	0.00	0.00	0.00	0.00	XXX	O
86631		X	Chlamydia, antibody	0.00	0.00	0.00	0.00	XXX	O
86632		X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	XXX	O
86635		X	Coccidioides, antibody	0.00	0.00	0.00	0.00	XXX	O
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	XXX	O
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	XXX	O
86644		X	CMV antibody	0.00	0.00	0.00	0.00	XXX	O
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	XXX	O
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	XXX	O
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	O
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	O
86653		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	O
86654		X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	O
86658		X	Enterovirus, antibody	0.00	0.00	0.00	0.00	XXX	O
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	O
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	O
86665		X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	XXX	O
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	XXX	O
86671		X	Fungus, antibody	0.00	0.00	0.00	0.00	XXX	O
86674		X	Giardia lamblia	0.00	0.00	0.00	0.00	XXX	O
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	XXX	O
86682		X	Helminth, antibody	0.00	0.00	0.00	0.00	XXX	O
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	XXX	O
86687		X	HTLV I	0.00	0.00	0.00	0.00	XXX	O
86688		X	HTLV–II	0.00	0.00	0.00	0.00	XXX	O
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	XXX	O
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	O
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	O
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	O
86698		X	Histoplasma	0.00	0.00	0.00	0.00	XXX	O
86701		X	HIV–1	0.00	0.00	0.00	0.00	XXX	O
86702		X	HIV–2	0.00	0.00	0.00	0.00	XXX	O
86703		X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	XXX	O
86710		X	Influenza virus	0.00	0.00	0.00	0.00	XXX	O
86713		X	Legionella	0.00	0.00	0.00	0.00	XXX	O
86717		X	Leishmania	0.00	0.00	0.00	0.00	XXX	O
86720		X	Leptospira	0.00	0.00	0.00	0.00	XXX	O
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	XXX	O
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	XXX	O
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	XXX	O
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	XXX	O
86735		X	Mumps	0.00	0.00	0.00	0.00	XXX	O
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	XXX	O
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	XXX	O
86744		X	Nocardia	0.00	0.00	0.00	0.00	XXX	O
86747		X	Parvovirus	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
86750	.....	X	Malaria	0.00	0.00	0.00	0.00	XXX	O
86753	.....	X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	XXX	O
86756	.....	X	Respiratory virus	0.00	0.00	0.00	0.00	XXX	O
86759	.....	X	Rotavirus	0.00	0.00	0.00	0.00	XXX	O
86762	.....	X	Rubella	0.00	0.00	0.00	0.00	XXX	O
86765	.....	X	Rubeola	0.00	0.00	0.00	0.00	XXX	O
86768	.....	X	Salmonella	0.00	0.00	0.00	0.00	XXX	O
86771	.....	X	Shigella	0.00	0.00	0.00	0.00	XXX	O
86774	.....	X	Tetanus	0.00	0.00	0.00	0.00	XXX	O
86777	.....	X	Toxoplasma	0.00	0.00	0.00	0.00	XXX	O
86778	.....	X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	XXX	O
86781	.....	X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	XXX	O
86784	.....	X	Trichinella	0.00	0.00	0.00	0.00	XXX	O
86787	.....	X	Varicella-zoster	0.00	0.00	0.00	0.00	XXX	O
86790	.....	X	Virus, not specified	0.00	0.00	0.00	0.00	XXX	O
86793	.....	X	Yersinia	0.00	0.00	0.00	0.00	XXX	O
86800	.....	X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	XXX	O
86805	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	O
86806	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	O
86807	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	O
86808	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	O
86812	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	O
86813	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	O
86816	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	O
86817	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	O
86821	.....	X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	XXX	O
86822	.....	X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	XXX	O
86849	.....	X	Immunology procedure	0.00	0.00	0.00	0.00	XXX	O
86850	.....	X	RBC antibody screen	0.00	0.00	0.00	0.00	XXX	O
86860	.....	X	RBC antibody elution	0.00	0.00	0.00	0.00	XXX	O
86870	.....	X	RBC antibody identification	0.00	0.00	0.00	0.00	XXX	O
86880	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	O
86885	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	O
86886	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	O
86890	.....	X	Autologous blood process	0.00	0.00	0.00	0.00	XXX	O
86891	.....	X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	XXX	O
86900	.....	X	Blood typing, ABO	0.00	0.00	0.00	0.00	XXX	O
86901	.....	X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	XXX	O
86903	.....	X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	XXX	O
86904	.....	X	Blood typing, patient serum	0.00	0.00	0.00	0.00	XXX	O
86905	.....	X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	XXX	O
86906	.....	X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	XXX	O
86910	.....	X	Blood typing, paternity test	0.00	0.00	0.00	0.00	XXX	O
86911	.....	X	Blood typing, antigen system	0.00	0.00	0.00	0.00	XXX	O
86915	.....	X	Bone marrow	0.00	0.00	0.00	0.00	XXX	O
86920	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	O
86921	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	O
86922	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	O
86927	.....	X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	XXX	O
86930	.....	X	Frozen blood prep	0.00	0.00	0.00	0.00	XXX	O
86931	.....	X	Frozen blood thaw	0.00	0.00	0.00	0.00	XXX	O
86932	.....	X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	XXX	O
86940	.....	X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	XXX	O
86941	.....	X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	XXX	O
86945	.....	X	Blood product/irradiation	0.00	0.00	0.00	0.00	XXX	O
86950	.....	X	Leukacyte transfusion	0.00	0.00	0.00	0.00	XXX	O
86965	.....	X	Pooling blood platelets	0.00	0.00	0.00	0.00	XXX	O
86970	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	O
86971	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	O
86972	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	O
86975	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	O
86976	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	O
86977	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	O
86978	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	O
86985	.....	X	Split blood or products	0.00	0.00	0.00	0.00	XXX	O
86999	.....	X	Transfusion procedure	0.00	0.00	0.00	0.00	XXX	O
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	O
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	XXX	O
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	XXX	O
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	XXX	O
87060		X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	XXX	O
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	O
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	O
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	O
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	XXX	O
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	XXX	O
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	O
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	O
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	O
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	O
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	XXX	O
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	O
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	O
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	XXX	O
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	XXX	O
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	XXX	O
87106		X	Fungus identification	0.00	0.00	0.00	0.00	XXX	O
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	XXX	O
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	XXX	O
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	O
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	O
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	XXX	O
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	XXX	O
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	XXX	O
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	XXX	O
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	O
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	O
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	XXX	O
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	XXX	O
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	XXX	O
87164		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	O
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	O
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	O
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	O
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	O
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	XXX	O
87178		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	O
87179		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	O
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	O
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	O
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	XXX	O
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	XXX	O
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	O
87190		X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	XXX	O
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	O
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	XXX	O
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87207	26	A	Smear, stain & interpret	0.37	0.20	0.01	0.58	XXX	N
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	O
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	XXX	O
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	XXX	O
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	O
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	O
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	O
87999		X	Microbiology procedure	0.00	0.00	0.00	0.00	XXX	O
88000		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O
88005		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O
88007		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	O
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	O
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	O
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	O
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	O
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	O
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	O
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	O
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	O
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	O
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	XXX	O
88104	.....	A	Microscopic exam of cells	0.56	0.44	0.04	1.04	XXX	N
88104	26	A	Microscopic exam of cells	0.56	0.23	0.02	0.81	XXX	N
88104	TC	A	Microscopic exam of cells	0.00	0.21	0.02	0.23	XXX	N
88106	.....	A	Microscopic exam of cells	0.56	0.37	0.03	0.96	XXX	N
88106	26	A	Microscopic exam of cells	0.56	0.20	0.01	0.77	XXX	N
88106	TC	A	Microscopic exam of cells	0.00	0.17	0.02	0.19	XXX	N
88107	.....	A	Microscopic exam of cells	0.76	0.47	0.04	1.27	XXX	N
88107	26	A	Microscopic exam of cells	0.76	0.24	0.02	1.02	XXX	N
88107	TC	A	Microscopic exam of cells	0.00	0.23	0.02	0.25	XXX	N
88108	.....	A	Cytopathology	0.56	0.47	0.04	1.07	XXX	N
88108	26	A	Cytopathology	0.56	0.24	0.02	0.82	XXX	N
88108	TC	A	Cytopathology	0.00	0.23	0.02	0.25	XXX	N
88125	.....	A	Forensic cytopathology	0.26	0.11	0.00	0.37	XXX	N
88125	26	A	Forensic cytopathology	0.26	0.07	0.00	0.33	XXX	N
88125	TC	A	Forensic cytopathology	0.00	0.04	0.00	0.04	XXX	N
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	O
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	O
88150	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	O
88151	.....	X	Cytopathology interpretation	0.00	0.00	0.00	0.00	XXX	O
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	O
88156	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	O
88157	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	O
88157	26	A	TBS smear (bethesda system)	0.42	0.32	0.04	0.78	XXX	N
88160	.....	A	Cytopathology	0.50	0.33	0.03	0.86	XXX	N
88160	26	A	Cytopathology	0.50	0.17	0.01	0.68	XXX	N
88160	TC	A	Cytopathology	0.00	0.16	0.02	0.18	XXX	N
88161	.....	A	Cytopathology	0.50	0.39	0.03	0.92	XXX	N
88161	26	A	Cytopathology	0.50	0.20	0.01	0.71	XXX	N
88161	TC	A	Cytopathology	0.00	0.19	0.02	0.21	XXX	N
88162	.....	A	Cytopathology, extensive	0.76	0.79	0.05	1.60	XXX	N
88162	26	A	Cytopathology, extensive	0.76	0.41	0.03	1.20	XXX	N
88162	TC	A	Cytopathology, extensive	0.00	0.38	0.02	0.40	XXX	N
88170	.....	A	Fine needle aspiration	0.50	0.99	0.09	1.58	XXX	N
88170	26	A	Fine needle aspiration	0.50	0.52	0.05	1.07	XXX	N
88170	TC	A	Fine needle aspiration	0.00	0.47	0.04	0.51	XXX	N
88171	.....	A	Fine needle aspiration	1.05	1.35	0.09	2.49	XXX	N
88171	26	A	Fine needle aspiration	1.05	0.71	0.05	1.81	XXX	N
88171	TC	A	Fine needle aspiration	0.00	0.64	0.04	0.68	XXX	N
88172	.....	A	Evaluation of smear	0.60	0.71	0.05	1.36	XXX	N
88172	26	A	Evaluation of smear	0.60	0.36	0.03	0.99	XXX	N
88172	TC	A	Evaluation of smear	0.00	0.35	0.02	0.37	XXX	N
88173	.....	A	Interpretation of smear	1.08	0.87	0.05	2.00	XXX	N
88173	26	A	Interpretation of smear	1.08	0.45	0.03	1.56	XXX	N
88173	TC	A	Interpretation of smear	0.00	0.42	0.02	0.44	XXX	N
88180	.....	A	Cell marker study	0.36	0.33	0.03	0.72	XXX	N
88180	26	A	Cell marker study	0.36	0.17	0.01	0.54	XXX	N
88180	TC	A	Cell marker study	0.00	0.16	0.02	0.18	XXX	N
88182	.....	A	Cell marker study	0.77	0.89	0.07	1.73	XXX	N
88182	26	A	Cell marker study	0.77	0.45	0.03	1.25	XXX	N
88182	TC	A	Cell marker study	0.00	0.44	0.04	0.48	XXX	N
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal practice RVUs	Total	Global period	Update
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	XXX	O
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	XXX	O
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	XXX	O
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	XXX	O
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	XXX	O
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	O
88248	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	O
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	O
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	O
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	O
88262	.....	X	Chromosome count: 15–20 cells	0.00	0.00	0.00	0.00	XXX	O
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	XXX	O
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	XXX	O
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	XXX	O
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	XXX	O
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	XXX	O
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	XXX	O
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	XXX	O
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX	N
88300	.....	A	Surg path, gross	0.08	*0.20	0.01	0.29	XXX	N
88300	26	A	Surg path, gross	0.08	*0.10	0.01	0.19	XXX	N
88300	TC	A	Surg path, gross	0.00	0.10	0.00	0.10	XXX	N
88302	.....	A	Tissue exam by pathologist	0.13	*0.43	0.04	0.60	XXX	N
88302	26	A	Tissue exam by pathologist	0.13	*0.20	0.02	0.35	XXX	N
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.02	0.25	XXX	N
88304	.....	A	Tissue exam by pathologist	0.22	*0.62	0.04	0.88	XXX	N
88304	26	A	Tissue exam by pathologist	0.22	*0.29	0.02	0.53	XXX	N
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.02	0.35	XXX	N
88305	.....	A	Tissue exam by pathologist	0.75	1.03	0.08	1.86	XXX	N
88305	26	A	Tissue exam by pathologist	0.75	0.53	0.04	1.32	XXX	N
88305	TC	A	Tissue exam by pathologist	0.00	0.50	0.04	0.54	XXX	N
88307	.....	A	Tissue exam by pathologist	1.59	1.52	0.12	3.23	XXX	N
88307	26	A	Tissue exam by pathologist	1.59	0.78	0.06	2.43	XXX	N
88307	TC	A	Tissue exam by pathologist	0.00	0.74	0.06	0.80	XXX	N
88309	.....	A	Tissue exam by pathologist	2.28	1.92	0.13	4.33	XXX	N
88309	26	A	Tissue exam by pathologist	2.28	0.99	0.07	3.34	XXX	N
88309	TC	A	Tissue exam by pathologist	0.00	0.93	0.06	0.99	XXX	N
88311	.....	A	Decalcify tissue	0.24	0.21	0.01	0.46	XXX	N
88311	26	A	Decalcify tissue	0.24	0.11	0.01	0.36	XXX	N
88311	TC	A	Decalcify tissue	0.00	0.10	0.00	0.10	XXX	N
88312	.....	A	Special stains	0.54	0.26	0.01	0.81	XXX	N
88312	26	A	Special stains	0.54	0.14	0.01	0.69	XXX	N
88312	TC	A	Special stains	0.00	0.12	0.00	0.12	XXX	N
88313	.....	A	Special stains	0.24	0.21	0.01	0.46	XXX	N
88313	26	A	Special stains	0.24	0.11	0.01	0.36	XXX	N
88313	TC	A	Special stains	0.00	0.10	0.00	0.10	XXX	N
88314	.....	A	Histochemical stain	0.45	0.62	0.04	1.11	XXX	N
88314	26	A	Histochemical stain	0.45	0.35	0.02	0.82	XXX	N
88314	TC	A	Histochemical stain	0.00	0.27	0.02	0.29	XXX	N
88318	.....	A	Chemical histochemistry	0.42	0.24	0.01	0.67	XXX	N
88318	26	A	Chemical histochemistry	0.42	0.12	0.01	0.55	XXX	N
88318	TC	A	Chemical histochemistry	0.00	0.12	0.00	0.12	XXX	N
88319	.....	A	Enzyme histochemistry	0.53	0.49	0.04	1.06	XXX	N
88319	26	A	Enzyme histochemistry	0.53	0.26	0.02	0.81	XXX	N
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.02	0.25	XXX	N
88321	.....	A	Microslide consultation	1.30	0.41	0.03	1.74	XXX	N
88323	.....	A	Microslide consultation	1.35	0.72	0.05	2.12	XXX	N
88323	26	A	Microslide consultation	1.35	0.39	0.03	1.77	XXX	N
88323	TC	A	Microslide consultation	0.00	0.33	0.02	0.35	XXX	N
88325	.....	A	Comprehensive review of data	2.22	0.47	0.04	2.73	XXX	N
88329	.....	A	Pathology consult in surgery	0.67	0.37	0.03	1.07	XXX	N
88331	.....	A	Pathology consult in surgery	1.19	1.10	0.08	2.37	XXX	N
88331	26	A	Pathology consult in surgery	1.19	0.56	0.04	1.79	XXX	N
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.04	0.58	XXX	N
88332	.....	A	Pathology consult in surgery	0.59	0.56	0.04	1.19	XXX	N
88332	26	A	Pathology consult in surgery	0.59	0.29	0.02	0.90	XXX	N
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.02	0.29	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
88342	.....	A	Immunocytochemistry	0.85	0.64	0.04	1.53	XXX	N
88342	26	A	Immunocytochemistry	0.85	0.33	0.02	1.20	XXX	N
88342	TC	A	Immunocytochemistry	0.00	0.31	0.02	0.33	XXX	N
88346	.....	A	Immunofluorescent study	0.86	0.58	0.04	1.48	XXX	N
88346	26	A	Immunofluorescent study	0.86	0.31	0.02	1.19	XXX	N
88346	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88347	.....	A	Immunofluorescent study	0.86	0.42	0.04	1.32	XXX	N
88347	26	A	Immunofluorescent study	0.86	0.15	0.02	1.03	XXX	N
88347	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88348	.....	A	Electron microscopy	1.51	2.28	0.16	3.95	XXX	N
88348	26	A	Electron microscopy	1.51	1.19	0.08	2.78	XXX	N
88348	TC	A	Electron microscopy	0.00	1.09	0.08	1.17	XXX	N
88349	.....	A	Scanning electron microscopy	0.76	1.55	0.12	2.43	XXX	N
88349	26	A	Scanning electron microscopy	0.76	0.79	0.06	1.61	XXX	N
88349	TC	A	Scanning electron microscopy	0.00	0.76	0.06	0.82	XXX	N
88355	.....	A	Analysis, skeletal muscle	1.85	1.74	0.13	3.72	XXX	N
88355	26	A	Analysis, skeletal muscle	1.85	0.92	0.07	2.84	XXX	N
88355	TC	A	Analysis, skeletal muscle	0.00	0.82	0.06	0.88	XXX	N
88356	.....	A	Analysis, nerve	3.02	2.66	0.18	5.86	XXX	N
88356	26	A	Analysis, nerve	3.02	1.39	0.10	4.51	XXX	N
88356	TC	A	Analysis, nerve	0.00	1.27	0.08	1.35	XXX	N
88358	.....	A	Analysis, tumor	2.82	2.32	0.16	5.30	XXX	N
88358	26	A	Analysis, tumor	2.82	1.16	0.08	4.06	XXX	N
88358	TC	A	Analysis, tumor	0.00	1.16	0.08	1.24	XXX	N
88362	.....	A	Nerve teasing preparations	2.17	1.97	0.13	4.27	XXX	N
88362	26	A	Nerve teasing preparations	2.17	1.00	0.07	3.24	XXX	N
88362	TC	A	Nerve teasing preparations	0.00	0.97	0.06	1.03	XXX	N
88365	.....	A	Tissue hybridization	0.93	0.75	0.05	1.73	XXX	N
88365	26	A	Tissue hybridization	0.93	0.38	0.03	1.34	XXX	N
88365	TC	A	Tissue hybridization	0.00	0.37	0.02	0.39	XXX	N
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	XXX	O
88371	26	A	Protein, western blot tissue	0.37	0.20	0.01	0.58	XXX	N
88372	.....	X	Protein analysis w/probe	0.00	0.00	0.00	0.00	XXX	O
88372	26	A	Protein analysis w/probe	0.37	0.20	0.01	0.58	XXX	N
88399	.....	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
89050	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	O
89051	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	O
89060	.....	X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	XXX	O
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.01	0.58	XXX	N
89100	.....	A	Sample intestinal contents	0.60	0.42	0.03	1.05	XXX	N
89105	.....	A	Sample intestinal contents	0.50	0.39	0.03	0.92	XXX	N
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	XXX	O
89130	.....	A	Sample stomach contents	0.45	0.41	0.03	0.89	XXX	N
89132	.....	A	Sample stomach contents	0.19	0.19	0.02	0.40	XXX	N
89135	.....	A	Sample stomach contents	0.79	0.58	0.04	1.41	XXX	N
89136	.....	A	Sample stomach contents	0.21	0.22	0.02	0.45	XXX	N
89140	.....	A	Sample stomach contents	0.94	0.81	0.07	1.82	XXX	N
89141	.....	A	Sample stomach contents	0.85	0.73	0.06	1.64	XXX	N
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	XXX	O
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	XXX	O
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	O
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	O
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	O
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	XXX	O
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	XXX	O
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	XXX	O
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	O
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	O
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	O
90701	.....	E	DTP immunization	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
90702	.....	E	Tt immunization	0.00	0.00	0.00	0.00	XXX	O
90703	.....	E	Tetanus immunization	0.00	0.00	0.00	0.00	XXX	O
90704	.....	E	Mumps immunization	0.00	0.00	0.00	0.00	XXX	O
90705	.....	E	Measles immunization	0.00	0.00	0.00	0.00	XXX	O
90706	.....	E	Rubella immunization	0.00	0.00	0.00	0.00	XXX	O
90707	.....	E	MMR virus immunization	0.00	0.00	0.00	0.00	XXX	O
90708	.....	E	Measles-rubella immunization	0.00	0.00	0.00	0.00	XXX	O
90709	.....	E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	XXX	O
90710	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	O
90711	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	O
90712	.....	E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	XXX	O
90713	.....	E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	XXX	O
90714	.....	E	Typhoid immunization	0.00	0.00	0.00	0.00	XXX	O
90716	.....	E	Chicken pox vaccine	0.00	0.00	0.00	0.00	XXX	O
90717	.....	E	Yellow fever immunization	0.00	0.00	0.00	0.00	XXX	O
90718	.....	E	Td immunization	0.00	0.00	0.00	0.00	XXX	O
90719	.....	E	Diphtheria immunization	0.00	0.00	0.00	0.00	XXX	O
90720	.....	E	DTP/HIB vaccine	0.00	0.00	0.00	0.00	XXX	O
90724	.....	X	Influenza immunization	0.00	0.00	0.00	0.00	XXX	O
90725	.....	N	Cholera immunization	0.00	0.00	0.00	0.00	XXX	O
90726	.....	E	Rabies immunization	0.00	0.00	0.00	0.00	XXX	O
90727	.....	E	Plague immunization	0.00	0.00	0.00	0.00	XXX	O
90728	.....	E	BCG immunization	0.00	0.00	0.00	0.00	XXX	O
90730	.....	E	Hepatitis A vaccine	0.00	0.00	0.00	0.00	XXX	O
90731	.....	X	Hepatitis B immunization	0.00	0.00	0.00	0.00	XXX	O
90732	.....	X	Pneumococcal immunization	0.00	0.00	0.00	0.00	XXX	O
90733	.....	E	Meningococcal immunization	0.00	0.00	0.00	0.00	XXX	O
90735	.....	E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	XXX	O
90737	.....	E	Influenza B immunization	0.00	0.00	0.00	0.00	XXX	O
90741	.....	E	Passive immunization, ISG	0.00	0.00	0.00	0.00	XXX	O
90742	.....	E	Special passive immunization	0.00	0.00	0.00	0.00	XXX	O
90749	.....	C	Immunization procedure	0.00	0.00	0.00	0.00	XXX	N
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.06	0.08	1.14	XXX	N
90781	.....	A	IV infusion, additional hour	0.00	0.53	0.04	0.57	XXX	N
90782	.....	T	Injection (SC)/(IM)	0.00	0.10	0.01	0.11	XXX	N
90783	.....	T	Injection (IA)	0.00	0.39	0.03	0.42	XXX	N
90784	.....	T	Injection (IV)	0.00	0.45	0.04	0.49	XXX	N
90788	.....	T	Injection of antibiotic	0.00	0.11	0.01	0.12	XXX	N
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	XXX	N
90801	.....	A	Psychiatric interview	2.19	0.67	0.09	2.95	XXX	N
90820	.....	A	Diagnostic interview	2.25	0.38	0.05	2.68	XXX	N
90825	.....	A	Evaluation of tests/records	0.97	0.31	0.04	1.32	XXX	N
90830	.....	A	Psychological testing	0.00	1.68	0.20	1.88	XXX	N
90835	.....	A	Special interview	2.82	0.50	0.07	3.39	XXX	N
90841	.....	G	Psychotherapy	0.00	0.00	0.00	0.00	XXX	O
90842	.....	A	Psychotherapy, 75–80 min	2.74	1.04	0.15	3.93	XXX	N
90843	.....	A	Psychotherapy 20–30 min.	1.10	0.35	0.05	1.50	XXX	N
90844	.....	A	Psychotherapy 45–50 min.	1.72	0.54	0.08	2.34	XXX	N
90845	.....	A	Medical psychoanalysis	1.78	0.41	0.05	2.24	XXX	N
90846	.....	A	Special family therapy	1.82	0.62	0.08	2.52	XXX	N
90847	.....	A	Special family therapy	2.19	0.58	0.08	2.85	XXX	N
90849	.....	R	Special family therapy	0.59	0.26	0.03	0.88	XXX	N
90853	.....	A	Special group therapy	0.43	0.26	0.03	0.72	XXX	N
90855	.....	A	Individual psychotherapy	1.81	0.59	0.09	2.49	XXX	N
90857	.....	A	Special group therapy	0.43	0.15	0.02	0.60	XXX	N
90862	.....	A	Medication management	0.95	0.37	0.05	1.37	XXX	N
90870	.....	A	Electroconvulsive therapy	1.88	0.55	0.08	2.51	000	N
90871	.....	A	Electroconvulsive therapy	2.72	0.83	0.13	3.68	000	N
90880	.....	A	Medical hypnotherapy	2.19	0.64	0.07	2.90	XXX	N
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX	O
90887	.....	A	Consultation with family	1.48	0.33	0.04	1.85	XXX	N
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	XXX	O
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX	N
90900	.....	A	Biofeedback, electromyogram	0.89	0.90	0.08	1.87	000	N
90902	.....	A	Biofeedback, nerve impulse	0.89	0.63	0.05	1.57	000	N
90904	.....	A	Biofeedback, blood pressure	0.89	0.35	0.03	1.27	000	N
90906	.....	A	Biofeedback, blood flow	0.89	1.60	0.11	2.60	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
90908	.....	A	Biofeedback, brain waves	0.89	0.86	0.06	1.81	000	N
90910	.....	A	Biofeedback, oculogram	0.89	0.67	0.10	1.66	000	N
90911	.....	A	Anorectal biofeedback	2.15	1.13	0.27	3.55	000	N
90915	.....	A	Biofeedback, unspecified	0.89	0.76	0.06	1.71	000	N
90918	.....	A	ESRD related services, month	9.77	2.18	0.14	12.09	XXX	N
90919	.....	A	ESRD related services, month	7.13	2.18	0.14	9.45	XXX	N
90920	.....	A	ESRD related services, month	5.86	2.18	0.14	8.18	XXX	N
90921	.....	A	ESRD related services, month	3.06	2.18	0.14	5.38	XXX	N
90922	.....	A	ESRD related services, day	0.10	0.07	0.01	0.18	XXX	N
90935	.....	A	Hemodialysis, one evaluation	1.22	1.49	0.10	2.81	000	N
90937	.....	A	Hemodialysis, repeated eval	2.11	*2.65	0.18	4.94	000	N
90945	.....	A	Dialysis, one evaluation	1.28	1.27	0.08	2.63	000	N
90947	.....	A	Dialysis, repeated eval	2.16	2.09	0.14	4.39	000	N
90989	.....	X	Dialysis training/complete	0.00	0.00	0.00	0.00	XXX	O
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	XXX	O
90997	.....	A	Hemoperfusion	1.84	*2.35	0.16	4.35	000	N
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX	N
91000	.....	A	Esophageal intubation	0.99	0.66	0.06	1.71	000	N
91000	26	A	Esophageal intubation	0.99	0.59	0.05	1.63	000	N
91000	TC	A	Esophageal intubation	0.00	0.07	0.01	0.08	000	N
91010	.....	A	Esophagus motility study	1.65	2.28	0.17	4.10	000	N
91010	26	A	Esophagus motility study	1.65	1.50	0.11	3.26	000	N
91010	TC	A	Esophagus motility study	0.00	0.78	0.06	0.84	000	N
91011	.....	A	Esophagus motility study	1.98	2.66	0.18	4.82	000	N
91011	26	A	Esophagus motility study	1.98	1.68	0.11	3.77	000	N
91011	TC	A	Esophagus motility study	0.00	0.98	0.07	1.05	000	N
91012	.....	A	Esophagus motility study	1.92	3.12	0.23	5.27	000	N
91012	26	A	Esophagus motility study	1.92	2.02	0.15	4.09	000	N
91012	TC	A	Esophagus motility study	0.00	1.10	0.08	1.18	000	N
91020	.....	A	Esophagogastric study	1.89	2.50	0.18	4.57	000	N
91020	26	A	Esophagogastric study	1.89	1.77	0.12	3.78	000	N
91020	TC	A	Esophagogastric study	0.00	0.73	0.06	0.79	000	N
91030	.....	A	Acid perfusion of esophagus	1.20	0.56	0.05	1.81	000	N
91030	26	A	Acid perfusion of esophagus	1.20	0.35	0.03	1.58	000	N
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.02	0.23	000	N
91032	.....	A	Esophagus, acid reflux test	1.59	1.96	0.16	3.71	000	N
91032	26	A	Esophagus, acid reflux test	1.59	1.25	0.10	2.94	000	N
91032	TC	A	Esophagus, acid reflux test	0.00	0.71	0.06	0.77	000	N
91033	.....	A	Prolonged acid reflux test	1.71	2.97	0.25	4.93	000	N
91033	26	A	Prolonged acid reflux test	1.71	1.69	0.14	3.54	000	N
91033	TC	A	Prolonged acid reflux test	0.00	1.28	0.11	1.39	000	N
91052	.....	A	Gastric analysis test	1.71	0.82	0.07	2.60	000	N
91052	26	A	Gastric analysis test	1.71	0.50	0.04	2.25	000	N
91052	TC	A	Gastric analysis test	0.00	0.32	0.03	0.35	000	N
91055	.....	A	Gastric intubation for smear	1.28	0.80	0.06	2.14	000	N
91055	26	A	Gastric intubation for smear	1.28	0.51	0.04	1.83	000	N
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.02	0.31	000	N
91060	.....	A	Gastric saline load test	0.45	0.71	0.06	1.22	000	N
91060	26	A	Gastric saline load test	0.45	0.50	0.04	0.99	000	N
91060	TC	A	Gastric saline load test	0.00	0.21	0.02	0.23	000	N
91065	.....	A	Breath hydrogen test	0.45	0.83	0.05	1.33	000	N
91065	26	A	Breath hydrogen test	0.45	0.49	0.03	0.97	000	N
91065	TC	A	Breath hydrogen test	0.00	0.34	0.02	0.36	000	N
91100	.....	A	Pass intestine bleeding tube	1.08	0.56	0.05	1.69	000	N
91105	.....	A	Gastric intubation treatment	0.37	*0.46	0.04	0.87	000	N
91122	.....	A	Anal pressure record	1.77	1.73	0.22	3.72	000	S
91122	26	A	Anal pressure record	1.77	1.06	0.13	2.96	000	S
91122	TC	A	Anal pressure record	0.00	0.67	0.09	0.76	000	S
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
92002	.....	A	Eye exam, new patient	1.01	0.49	0.02	1.52	XXX	P
92004	.....	A	Eye exam, new patient	1.61	0.57	0.02	2.20	XXX	P
92012	.....	A	Eye exam established pt	0.82	0.44	0.02	1.28	XXX	N
92014	.....	A	Eye exam & treatment	1.06	0.54	0.02	1.62	XXX	N
92015	.....	N	Refraction	#0.38	0.32	0.02	0.72	XXX	O
92018	.....	A	New eye exam & treatment	1.51	0.47	0.03	2.01	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
92019	.....	A	Eye exam & treatment	1.31	0.47	0.03	1.81	XXX	N
92020	.....	A	Special eye evaluation	0.37	0.29	0.01	0.67	XXX	N
92060	.....	A	Special eye evaluation	0.50	0.39	0.02	0.91	XXX	N
92060	26	A	Special eye evaluation	0.50	0.21	0.01	0.72	XXX	N
92060	TC	A	Special eye evaluation	0.00	0.18	0.01	0.19	XXX	N
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.01	0.74	XXX	N
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.01	0.58	XXX	N
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.00	0.16	XXX	N
92070	.....	A	Fitting of contact lens	0.70	1.20	0.06	1.96	XXX	N
92081	.....	A	Visual field examination(s)	0.36	0.32	0.01	0.69	XXX	N
92081	26	A	Visual field examination(s)	0.36	0.17	0.01	0.54	XXX	N
92081	TC	A	Visual field examination(s)	0.00	0.15	0.00	0.15	XXX	N
92082	.....	A	Visual field examination(s)	0.44	0.49	0.02	0.95	XXX	N
92082	26	A	Visual field examination(s)	0.44	0.30	0.01	0.75	XXX	N
92082	TC	A	Visual field examination(s)	0.00	0.19	0.01	0.20	XXX	N
92083	.....	A	Visual field examination(s)	0.50	0.83	0.04	1.37	XXX	N
92083	26	A	Visual field examination(s)	0.50	0.55	0.03	1.08	XXX	N
92083	TC	A	Visual field examination(s)	0.00	0.28	0.01	0.29	XXX	N
92100	.....	A	Serial tonometry exam(s)	0.92	0.25	0.01	1.18	XXX	N
92120	.....	A	Tonography & eye evaluation	0.81	0.31	0.02	1.14	XXX	N
92130	.....	A	Water provocation tonography	0.81	0.49	0.02	1.32	XXX	N
92140	.....	A	Glaucoma provocative tests	0.50	0.30	0.01	0.81	XXX	N
92225	.....	A	Special eye exam, initial	0.58	0.45	0.02	1.05	XXX	N
92226	.....	A	Special eye exam, subsequent	0.50	0.40	0.02	0.92	XXX	N
92230	.....	A	Eye exam with photos	0.60	0.69	0.04	1.33	XXX	N
92235	.....	A	Eye exam with photos	0.81	1.58	0.09	2.48	XXX	N
92235	26	A	Eye exam with photos	0.81	0.59	0.03	1.43	XXX	N
92235	TC	A	Eye exam with photos	0.00	0.99	0.06	1.05	XXX	N
92250	.....	A	Eye exam with photos	0.44	0.42	0.02	0.88	XXX	N
92250	26	A	Eye exam with photos	0.44	0.25	0.01	0.70	XXX	N
92250	TC	A	Eye exam with photos	0.00	0.17	0.01	0.18	XXX	N
92260	.....	A	Ophthalmoscopy/dynamometry	0.50	0.54	0.03	1.07	XXX	N
92265	.....	A	Eye muscle evaluation	0.81	0.29	0.02	1.12	XXX	N
92265	26	A	Eye muscle evaluation	0.81	0.07	0.00	0.88	XXX	N
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.02	0.24	XXX	N
92270	.....	A	Electro-oculography	0.81	0.67	0.05	1.53	XXX	N
92270	26	A	Electro-oculography	0.81	0.37	0.03	1.21	XXX	N
92270	TC	A	Electro-oculography	0.00	0.30	0.02	0.32	XXX	N
92275	.....	A	Electroretinography	1.01	0.90	0.05	1.96	XXX	N
92275	26	A	Electroretinography	1.01	0.51	0.03	1.55	XXX	N
92275	TC	A	Electroretinography	0.00	0.39	0.02	0.41	XXX	N
92280	.....	A	Special eye evaluation	0.35	0.83	0.05	1.23	XXX	N
92280	26	A	Special eye evaluation	0.35	0.58	0.04	0.97	XXX	N
92280	TC	A	Special eye evaluation	0.00	0.25	0.01	0.26	XXX	N
92283	.....	A	Color vision examination	0.26	0.29	0.01	0.56	XXX	N
92283	26	A	Color vision examination	0.26	0.17	0.01	0.44	XXX	N
92283	TC	A	Color vision examination	0.00	0.12	0.00	0.12	XXX	N
92284	.....	A	Dark adaptation eye exam	0.37	0.45	0.02	0.84	XXX	N
92284	26	A	Dark adaptation eye exam	0.37	0.28	0.01	0.66	XXX	N
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.01	0.18	XXX	N
92285	.....	A	Eye photography	0.20	0.29	0.01	0.50	XXX	N
92285	26	A	Eye photography	0.20	0.18	0.01	0.39	XXX	N
92285	TC	A	Eye photography	0.00	0.11	0.00	0.11	XXX	N
92286	.....	A	Internal eye photography	0.66	1.22	0.07	1.95	XXX	N
92286	26	A	Internal eye photography	0.66	0.83	0.05	1.54	XXX	N
92286	TC	A	Internal eye photography	0.00	0.39	0.02	0.41	XXX	N
92287	.....	A	Internal eye photography	0.81	1.52	0.08	2.41	XXX	N
92310	.....	N	Contact lens fitting	#1.17	1.32	0.00	2.49	XXX	O
92311	.....	A	Contact lens fitting	1.08	0.90	0.03	2.01	XXX	N
92312	.....	A	Contact lens fitting	1.26	1.16	0.03	2.45	XXX	N
92313	.....	A	Contact lens fitting	0.92	0.88	0.03	1.83	XXX	N
92314	.....	N	Prescription of contact lens	#0.69	0.78	0.00	1.47	XXX	O
92315	.....	A	Prescription of contact lens	0.45	0.66	0.03	1.14	XXX	N
92316	.....	A	Prescription of contact lens	0.68	0.95	0.04	1.67	XXX	N
92317	.....	A	Prescription of contact lens	0.45	0.39	0.02	0.86	XXX	N
92325	.....	A	Modification of contact lens	0.00	0.38	0.01	0.39	XXX	N
92326	.....	A	Replacement of contact lens	0.00	1.56	0.06	1.62	XXX	N

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] ** 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
92330	.....	A	Fitting of artificial eye	1.08	1.13	0.09	2.30	XXX	N
92335	.....	A	Fitting of artificial eye	0.45	1.97	0.11	2.53	XXX	N
92340	.....	N	Fitting of spectacles	#0.37	0.42	0.00	0.79	XXX	O
92341	.....	N	Fitting of spectacles	#0.47	0.53	0.00	1.00	XXX	O
92342	.....	N	Fitting of spectacles	#0.53	0.60	0.00	1.13	XXX	O
92352	.....	A	Special spectacles fitting	0.37	0.30	0.01	0.68	XXX	N
92353	.....	A	Special spectacles fitting	0.50	0.40	0.01	0.91	XXX	N
92354	.....	A	Special spectacles fitting	0.00	8.44	0.10	8.54	XXX	N
92355	.....	A	Special spectacles fitting	0.00	4.13	0.01	4.14	XXX	N
92358	.....	A	Eye prosthesis service	0.00	0.92	0.05	0.97	XXX	N
92370	.....	N	Repair & adjust spectacles	#0.32	0.36	0.00	0.68	XXX	O
92371	.....	A	Repair & adjust spectacles	0.00	0.59	0.02	0.61	XXX	N
92390	.....	N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	O
92391	.....	N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	O
92392	.....	G	Supply of low vision aids	0.00	3.85	0.02	3.87	XXX	O
92393	.....	G	Supply of artificial eye	0.00	11.96	0.67	12.63	XXX	O
92395	.....	G	Supply of spectacles	0.00	1.31	0.10	1.41	XXX	O
92396	.....	G	Supply of contact lenses	0.00	2.19	0.08	2.27	XXX	O
92499	.....	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92502	.....	A	Ear and throat examination	1.51	1.12	0.12	2.75	000	N
92504	.....	A	Ear microscopy examination	0.18	0.26	0.02	0.46	XXX	N
92506	.....	A	Speech & hearing evaluation	0.86	0.52	0.05	1.43	XXX	N
92507	.....	A	Speech/hearing therapy	0.52	0.33	0.03	0.88	XXX	N
92508	.....	A	Speech/hearing therapy	0.26	0.18	0.02	0.46	XXX	N
92511	.....	A	Nasopharyngoscopy	0.84	0.85	0.09	1.78	000	S
92512	.....	A	Nasal function studies	0.55	0.47	0.05	1.07	XXX	N
92516	.....	A	Facial nerve function test	0.43	0.39	0.04	0.86	XXX	N
92520	.....	A	Laryngeal function studies	0.76	0.53	0.05	1.34	XXX	N
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX	O
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	XXX	O
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX	O
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	XXX	O
92541	.....	A	Spontaneous nystagmus test	0.40	0.67	0.07	1.14	XXX	N
92541	26	A	Spontaneous nystagmus test	0.40	0.45	0.05	0.90	XXX	N
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.02	0.24	XXX	N
92542	.....	A	Positional nystagmus test	0.33	0.61	0.07	1.01	XXX	N
92542	26	A	Positional nystagmus test	0.33	0.36	0.04	0.73	XXX	N
92542	TC	A	Positional nystagmus test	0.00	0.25	0.03	0.28	XXX	N
92543	.....	A	Caloric vestibular test	0.38	0.82	0.09	1.29	XXX	N
92543	26	A	Caloric vestibular test	0.38	0.42	0.05	0.85	XXX	N
92543	TC	A	Caloric vestibular test	0.00	0.40	0.04	0.44	XXX	N
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.05	0.78	XXX	N
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.03	0.56	XXX	N
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.02	0.22	XXX	N
92545	.....	A	Oscillating tracking test	0.23	0.40	0.04	0.67	XXX	N
92545	26	A	Oscillating tracking test	0.23	0.20	0.02	0.45	XXX	N
92545	TC	A	Oscillating tracking test	0.00	0.20	0.02	0.22	XXX	N
92546	.....	A	Torsion swing recording	0.29	0.53	0.05	0.87	XXX	N
92546	26	A	Torsion swing recording	0.29	0.30	0.03	0.62	XXX	N
92546	TC	A	Torsion swing recording	0.00	0.23	0.02	0.25	XXX	N
92547	.....	A	Supplemental electrical test	0.00	0.53	0.06	0.59	XXX	N
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX	O
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.04	0.46	XXX	N
92553	.....	A	Audiometry, air & bone	0.00	0.63	0.07	0.70	XXX	N
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.04	0.40	XXX	N
92556	.....	A	Speech audiometry, complete	0.00	0.54	0.06	0.60	XXX	N
92557	.....	A	Comprehensive hearing test	0.00	1.13	0.13	1.26	XXX	N
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX	O
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX	O
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.68	0.07	0.75	XXX	N
92562	.....	A	Loudness balance test	0.00	0.39	0.04	0.43	XXX	N
92563	.....	A	Tone decay hearing test	0.00	0.36	0.04	0.40	XXX	N
92564	.....	A	Sisi hearing test	0.00	0.45	0.05	0.50	XXX	N
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.04	0.42	XXX	N
92567	.....	A	Tympanometry	0.00	0.50	0.06	0.56	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
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	1.16	0.09	1.25	XXX	N
92575		A	Sensorineural acuity test	0.00	0.29	0.03	0.32	XXX	N
92576		A	Synthetic sentence test	0.00	0.42	0.05	0.47	XXX	N
92577		A	Stenger test, speech	0.00	0.68	0.08	0.76	XXX	N
92578		A	Delayed auditory feedback	0.00	0.52	0.05	0.57	XXX	N
92580		A	Electrodermal audiometry	0.00	0.64	0.07	0.71	XXX	N
92582		A	Conditioning play audiometry	0.00	0.69	0.07	0.76	XXX	N
92583		A	Select picture audiometry	0.00	0.85	0.09	0.94	XXX	N
92584		A	Electrocochleography	0.00	2.36	0.25	2.61	XXX	N
92585		A	Brainstem evoked audiometry	0.50	3.25	0.31	4.06	XXX	N
92585	26	A	Brainstem evoked audiometry	0.50	1.49	0.14	2.13	XXX	N
92585	TC	A	Brainstem evoked audiometry	0.00	1.76	0.17	1.93	XXX	N
92587		A	Evoked auditory test	0.13	1.35	0.13	1.61	XXX	N
92587	26	A	Evoked auditory test	0.13	0.11	0.01	0.25	XXX	N
92587	TC	A	Evoked auditory test	0.00	1.24	0.12	1.36	XXX	N
92588		A	Evoked auditory test	0.36	1.70	0.16	2.22	XXX	N
92588	26	A	Evoked auditory test	0.36	0.30	0.02	0.68	XXX	N
92588	TC	A	Evoked auditory test	0.00	1.40	0.14	1.54	XXX	N
92589		A	Auditory function test(s)	0.00	0.51	0.06	0.57	XXX	N
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX	O
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX	O
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX	O
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX	O
92594		N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	XXX	O
92595		N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	XXX	O
92596		A	Ear protector evaluation	0.00	0.56	0.06	0.62	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)	3.80	2.27	0.17	6.24	000	N
92953		A	Temporary external pacing	0.23	*1.11	0.15	1.49	000	N
92960		A	Heart electroconversion	2.25	1.88	0.16	4.29	000	N
92970		A	Cardioassist, internal	3.52	3.47	0.41	7.40	000	N
92971		A	Cardioassist, external	1.77	1.11	0.08	2.96	000	N
92975		A	Dissolve clot, heart vessel	7.25	5.71	0.42	13.38	000	N
92977		A	Dissolve clot, heart vessel	0.00	7.68	0.54	8.22	XXX	N
92980		A	Insert intracoronary stent	14.84	16.41	1.22	32.47	000	N
92981		A	Insert intracoronary stent	4.17	*5.51	0.44	10.12	ZZZ	N
92982		A	Coronary artery dilation	10.98	*14.05	1.22	26.25	000	N
92984		A	Coronary artery dilation	2.97	*4.32	0.44	7.73	ZZZ	N
92986		A	Revision of aortic valve	20.34	12.04	0.90	33.28	090	N
92990		A	Revision of pulmonary valve	16.22	9.59	0.71	26.52	090	N
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92995		A	Coronary atherectomy	12.09	*15.47	1.22	28.78	000	N
92996		A	Coronary atherectomy	3.26	*4.48	0.44	8.18	ZZZ	N
93000		A	Electrocardiogram, complete	0.17	0.59	0.04	0.80	XXX	N
93005		A	Electrocardiogram, tracing	0.00	0.43	0.03	0.46	XXX	N
93010		A	Electrocardiogram report	0.17	0.16	0.01	0.34	XXX	N
93012		A	Transmission of ecg	0.00	2.25	0.22	2.47	XXX	N
93014		A	Report on transmitted ecg	*0.52	0.40	0.05	0.97	XXX	N
93015		A	Cardiovascular stress test	0.75	2.37	0.18	3.30	XXX	N
93016		A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N
93017		A	Cardiovascular stress test	0.00	1.60	0.12	1.72	XXX	N
93018		A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93024		A	Cardiac drug stress test	1.17	*2.56	0.23	3.96	XXX	N
93024	26	A	Cardiac drug stress test	1.17	*1.49	0.14	2.80	XXX	N
93024	TC	A	Cardiac drug stress test	0.00	1.07	0.09	1.16	XXX	N
93040		A	Rhythm ECG with report	0.16	0.26	0.02	0.44	XXX	N
93041		A	Rhythm ECG, tracing	0.00	0.14	0.01	0.15	XXX	N
93042		A	Rhythm ECG, report	0.16	0.12	0.01	0.29	XXX	N
93201		A	Phonocardiogram & ECG lead	0.42	1.03	0.09	1.54	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
93202	.....	A	Phonocardiogram & ECG lead	0.00	0.75	0.07	0.82	XXX	N
93204	.....	A	Phonocardiogram & ECG lead	0.42	0.28	0.02	0.72	XXX	N
93205	.....	A	Special phonocardiogram	0.46	0.88	0.07	1.41	XXX	N
93208	.....	A	Special phonocardiogram	0.00	0.33	0.03	0.36	XXX	N
93209	.....	A	Special phonocardiogram	0.46	0.55	0.04	1.05	XXX	N
93210	.....	A	Intracardiac phonocardiogram	0.92	1.73	0.13	2.78	XXX	N
93210	26	A	Intracardiac phonocardiogram	0.92	0.82	0.06	1.80	XXX	N
93210	TC	A	Intracardiac phonocardiogram	0.00	0.91	0.07	0.98	XXX	N
93220	.....	A	Vectorcardiogram	0.26	*0.93	0.07	1.26	XXX	N
93221	.....	A	Vectorcardiogram tracing	0.00	0.58	0.04	0.62	XXX	N
93222	.....	A	Vectorcardiogram report	0.26	*0.35	0.03	0.64	XXX	N
93224	.....	A	ECG monitor/report, 24 hrs	0.52	*3.95	0.31	4.78	XXX	N
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.18	0.09	1.27	XXX	N
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.08	0.16	2.24	XXX	N
93227	.....	A	ECG monitor/review, 24 hrs	0.52	*0.69	0.06	1.27	XXX	N
93230	.....	A	ECG monitor/report, 24 hrs	0.52	*4.32	0.34	5.18	XXX	N
93231	.....	A	EXG monitor/record, 24 hrs	0.00	1.45	0.11	1.56	XXX	N
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.07	0.15	2.22	XXX	N
93233	.....	A	ECG monitor/review, 24 hrs	0.52	*0.80	0.08	1.40	XXX	N
93235	.....	A	ECG monitor/report, 24 hrs	0.45	*3.17	0.23	3.85	XXX	N
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.50	0.17	2.67	XXX	N
93237	.....	A	ECG monitor/review, 24 hrs	0.45	*0.67	0.06	1.18	XXX	N
93255	.....	D	Apexcardiography	0.00	0.00	0.00	0.00	XXX	N
93255	26	D	Apexcardiography	0.00	0.00	0.00	0.00	XXX	N
93255	TC	D	Apexcardiography	0.00	0.00	0.00	0.00	XXX	N
93268	.....	A	ECG record/review	0.52	3.83	0.36	4.71	XXX	N
93268	26	H	ECG record/review	0.00	0.00	0.00	0.00	XXX	N
93268	TC	H	ECG record/review	0.00	0.00	0.00	0.00	XXX	N
93270	.....	A	ECG recording	0.00	1.18	0.09	1.27	XXX	N
93271	.....	A	ECG/monitoring and analysis	0.00	2.25	0.22	2.47	XXX	N
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.05	0.97	XXX	N
93278	.....	A	ECG/signal-averaged	0.35	*1.65	0.18	2.18	XXX	N
93278	26	A	ECG/signal-averaged	0.35	*0.55	0.06	0.96	XXX	N
93278	TC	A	ECG/signal-averaged	0.00	1.10	0.12	1.22	XXX	N
93307	.....	A	Echo exam of heart	0.78	*4.68	0.36	5.82	XXX	N
93307	26	A	Echo exam of heart	0.78	*1.00	0.09	1.87	XXX	N
93307	TC	A	Echo exam of heart	0.00	3.68	0.27	3.95	XXX	N
93308	.....	A	Echo exam of heart	0.53	2.53	0.19	3.25	XXX	N
93308	26	A	Echo exam of heart	0.53	0.68	0.05	1.26	XXX	N
93308	TC	A	Echo exam of heart	0.00	1.85	0.14	1.99	XXX	N
93312	.....	A	Echo exam of heart	1.57	4.95	0.45	6.97	XXX	N
93312	26	A	Echo exam of heart	1.57	1.35	0.12	3.04	XXX	N
93312	TC	A	Echo exam of heart	0.00	3.60	0.33	3.93	XXX	N
93313	.....	A	Echo exam of heart	0.95	0.67	0.06	1.68	XXX	N
93314	.....	A	Echo exam of heart	0.95	4.27	0.39	5.61	XXX	N
93314	26	A	Echo exam of heart	0.95	0.67	0.06	1.68	XXX	N
93314	TC	A	Echo exam of heart	0.00	3.60	0.33	3.93	XXX	N
93320	.....	A	Doppler echo exam, heart	0.38	*2.16	0.18	2.72	XXX	N
93320	26	A	Doppler echo exam, heart	0.38	*0.53	0.05	0.96	XXX	N
93320	TC	A	Doppler echo exam, heart	0.00	1.63	0.13	1.76	XXX	N
93321	.....	A	Doppler echo exam, heart	0.15	*1.28	0.11	1.54	XXX	N
93321	26	A	Doppler echo exam, heart	0.15	*0.22	0.02	0.39	XXX	N
93321	TC	A	Doppler echo exam, heart	0.00	1.06	0.09	1.15	XXX	N
93325	.....	A	Doppler color flow	0.07	2.80	0.25	3.12	XXX	N
93325	26	A	Doppler color flow	0.07	0.04	0.01	0.12	XXX	N
93325	TC	A	Doppler color flow	0.00	2.76	0.24	3.00	XXX	N
93350	.....	A	Echo exam of heart	0.78	*3.63	0.24	4.65	XXX	N
93350	26	A	Echo exam of heart	0.78	*1.95	0.10	2.83	XXX	N
93350	TC	A	Echo exam of heart	0.00	1.68	0.14	1.82	XXX	N
93501	.....	A	Right heart catheterization	3.02	19.72	1.54	24.28	000	N
93501	26	A	Right heart catheterization	3.02	3.61	0.34	6.97	000	N
93501	TC	A	Right heart catheterization	0.00	16.11	1.20	17.31	000	N
93503	.....	A	Insert/place heart catheter	2.43	2.37	0.36	5.16	000	N
93505	.....	A	Biopsy of heart lining	4.56	4.92	0.46	9.94	000	N
93505	26	A	Biopsy of heart lining	4.56	3.03	0.28	7.87	000	N
93505	TC	A	Biopsy of heart lining	0.00	1.89	0.18	2.07	000	N
93510	.....	A	Left heart catheterization	4.33	38.28	2.86	45.47	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
93510	26	A	Left heart catheterization	4.33	3.06	0.23	7.62	000	N
93510	TC	A	Left heart catheterization	0.00	35.22	2.63	37.85	000	N
93511	.....	A	Left heart catheterization	5.03	36.91	2.76	44.70	000	N
93511	26	A	Left heart catheterization	5.03	2.62	0.20	7.85	000	N
93511	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	N
93514	.....	A	Left heart catheterization	7.05	38.84	2.94	48.83	000	S
93514	26	A	Left heart catheterization	7.05	4.55	0.38	11.98	000	S
93514	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	S
93524	.....	A	Left heart catheterization	6.95	49.45	3.69	60.09	000	N
93524	26	A	Left heart catheterization	6.95	4.65	0.34	11.94	000	N
93524	TC	A	Left heart catheterization	0.00	44.80	3.35	48.15	000	N
93526	.....	A	Rt & Lt heart catheters	5.99	51.48	3.83	61.30	000	N
93526	26	A	Rt & Lt heart catheters	5.99	5.45	0.39	11.83	000	N
93526	TC	A	Rt & Lt heart catheters	0.00	46.03	3.44	49.47	000	N
93527	.....	A	Rt & Lt heart catheters	7.28	51.94	3.85	63.07	000	N
93527	26	A	Rt & Lt heart catheters	7.28	7.14	0.50	14.92	000	N
93527	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93528	.....	A	Rt & Lt heart catheters	9.00	49.23	3.68	61.91	000	N
93528	26	A	Rt & Lt heart catheters	9.00	4.43	0.33	13.76	000	N
93528	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93529	.....	A	Rt, Lt heart catheterization	4.80	47.73	3.57	56.10	000	N
93529	26	A	Rt, Lt heart catheterization	4.80	2.93	0.22	7.95	000	N
93529	TC	A	Rt, Lt heart catheterization	0.00	44.80	3.35	48.15	000	N
93536	.....	A	Insert circulation assist	4.85	*6.38	0.71	11.94	000	N
93539	.....	A	Injection, cardiac cath	0.29	*1.46	0.20	1.95	000	N
93540	.....	A	Injection, cardiac cath	0.43	*1.46	0.20	2.09	000	N
93541	.....	A	Injection for lung angiogram	0.29	*1.18	0.16	1.63	000	N
93542	.....	A	Injection for heart x-rays	0.29	*1.18	0.16	1.63	000	N
93543	.....	A	Injection for heart x-rays	0.29	*0.88	0.11	1.28	000	N
93544	.....	A	Injection for aortography	0.29	*0.87	0.11	1.27	000	N
93545	.....	A	Injection for coronary xrays	0.29	*1.77	0.24	2.30	000	N
93555	.....	A	Imaging, cardiac cath	0.81	6.25	0.42	7.48	XXX	N
93555	26	A	Imaging, cardiac cath	0.81	0.27	0.04	1.12	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	5.98	0.38	6.36	XXX	N
93556	.....	A	Imaging, cardiac cath	0.83	9.88	0.65	11.36	XXX	N
93556	26	A	Imaging, cardiac cath	0.83	0.45	0.07	1.35	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.43	0.58	10.01	XXX	N
93561	.....	A	Cardiac output measurement	1.15	1.25	0.16	2.56	000	N
93561	26	A	Cardiac output measurement	1.15	0.75	0.09	1.99	000	N
93561	TC	A	Cardiac output measurement	0.00	0.50	0.07	0.57	000	N
93562	.....	A	Cardiac output measurement	0.37	*0.76	0.10	1.23	000	N
93562	26	A	Cardiac output measurement	0.37	*0.46	0.06	0.89	000	N
93562	TC	A	Cardiac output measurement	0.00	0.30	0.04	0.34	000	N
93600	.....	A	Bundle of His recording	2.12	*4.57	0.38	7.07	000	N
93600	26	A	Bundle of His recording	2.12	*2.71	0.24	5.07	000	N
93600	TC	A	Bundle of His recording	0.00	1.86	0.14	2.00	000	N
93602	.....	A	Intra-atrial recording	2.12	2.83	0.22	5.17	000	N
93602	26	A	Intra-atrial recording	2.12	1.77	0.14	4.03	000	N
93602	TC	A	Intra-atrial recording	0.00	1.06	0.08	1.14	000	N
93603	.....	A	Right ventricular recording	2.12	3.79	0.28	6.19	000	N
93603	26	A	Right ventricular recording	2.12	2.19	0.16	4.47	000	N
93603	TC	A	Right ventricular recording	0.00	1.60	0.12	1.72	000	N
93607	.....	A	Right ventricular recording	3.26	3.63	0.28	7.17	000	N
93607	26	A	Right ventricular recording	3.26	2.21	0.17	5.64	000	N
93607	TC	A	Right ventricular recording	0.00	1.42	0.11	1.53	000	N
93609	.....	A	Mapping of tachycardia	10.07	6.43	0.47	16.97	000	N
93609	26	A	Mapping of tachycardia	10.07	3.84	0.28	14.19	000	N
93609	TC	A	Mapping of tachycardia	0.00	2.59	0.19	2.78	000	N
93610	.....	A	Intra-atrial pacing	3.02	3.60	0.27	6.89	000	N
93610	26	A	Intra-atrial pacing	3.02	2.31	0.17	5.50	000	N
93610	TC	A	Intra-atrial pacing	0.00	1.29	0.10	1.39	000	N
93612	.....	A	Intraventricular pacing	3.02	3.88	0.29	7.19	000	N
93612	26	A	Intraventricular pacing	3.02	2.34	0.17	5.53	000	N
93612	TC	A	Intraventricular pacing	0.00	1.54	0.12	1.66	000	N
93615	.....	A	Esophageal recording	0.99	0.65	0.04	1.68	000	N
93615	26	A	Esophageal recording	0.99	0.35	0.02	1.36	000	N
93615	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
93616	.....	A	Esophageal recording	1.49	1.66	0.10	3.25	000	N
93616	26	A	Esophageal recording	1.49	1.36	0.08	2.93	000	N
93616	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93618	.....	A	Heart rhythm pacing	4.26	*9.24	0.72	14.22	000	N
93618	26	A	Heart rhythm pacing	4.26	*5.46	0.44	10.16	000	N
93618	TC	A	Heart rhythm pacing	0.00	3.78	0.28	4.06	000	N
93619	.....	A	Electrophysiology evaluation	7.32	*16.92	1.40	25.64	000	N
93619	26	A	Electrophysiology evaluation	7.32	*9.58	0.86	17.76	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.34	0.54	7.88	000	N
93620	.....	A	Electrophysiology evaluation	11.59	22.07	1.55	35.21	000	N
93620	26	A	Electrophysiology evaluation	11.59	13.53	0.95	26.07	000	N
93620	TC	A	Electrophysiology evaluation	0.00	8.54	0.60	9.14	000	N
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	26	A	Electrophysiology evaluation	12.66	14.94	1.11	28.71	000	N
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	26	A	Electrophysiology evaluation	12.74	14.74	1.07	28.55	000	N
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	26	A	Stimulation, pacing heart	2.85	2.78	0.20	5.83	000	N
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93624	.....	A	Electrophysiologic study	4.81	4.88	0.35	10.04	000	N
93624	26	A	Electrophysiologic study	4.81	2.99	0.21	8.01	000	N
93624	TC	A	Electrophysiologic study	0.00	1.89	0.14	2.03	000	N
93631	.....	A	Heart pacing, mapping	7.60	11.62	1.37	20.59	000	N
93631	26	A	Heart pacing, mapping	7.60	5.76	0.67	14.03	000	N
93631	TC	A	Heart pacing, mapping	0.00	5.86	0.70	6.56	000	N
93640	.....	A	Evaluation heart device	3.52	*12.66	1.09	17.27	000	N
93640	26	A	Evaluation heart device	3.52	*5.82	0.61	9.95	000	N
93640	TC	A	Evaluation heart device	0.00	6.84	0.48	7.32	000	N
93641	.....	A	Electrophysiology evaluation	5.93	*13.85	1.09	20.87	000	N
93641	26	A	Electrophysiology evaluation	5.93	*7.01	0.61	13.55	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93642	.....	A	Electrophysiology evaluation	4.89	*13.33	1.09	19.31	000	N
93642	26	A	Electrophysiology evaluation	4.89	*6.49	0.61	11.99	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93650	.....	A	Ablate heart dysrhythm focus	10.51	*14.17	1.34	26.02	000	N
93651	.....	A	Ablate heart dysrhythm focus	16.25	17.83	1.34	35.42	000	N
93652	.....	A	Ablate heart dysrhythm focus	17.68	17.83	1.34	36.85	000	N
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93660	26	A	Tilt table evaluation	1.89	1.44	0.17	3.50	000	N
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93720	.....	A	Total body plethysmography	0.17	*0.91	0.10	1.18	XXX	N
93721	.....	A	Plethysmography tracing	0.00	0.67	0.07	0.74	XXX	N
93722	.....	A	Plethysmography report	0.17	*0.24	0.03	0.44	XXX	N
93724	.....	A	Analyze pacemaker system	4.89	6.66	0.50	12.05	000	N
93724	26	A	Analyze pacemaker system	4.89	2.88	0.22	7.99	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.78	0.28	4.06	000	N
93731	.....	A	Analyze pacemaker system	0.45	0.79	0.07	1.31	XXX	N
93731	26	A	Analyze pacemaker system	0.45	0.32	0.03	0.80	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.47	0.04	0.51	XXX	N
93732	.....	A	Analyze pacemaker system	0.92	0.91	0.08	1.91	XXX	N
93732	26	A	Analyze pacemaker system	0.92	0.42	0.04	1.38	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.49	0.04	0.53	XXX	N
93733	.....	A	Telephone analysis, pacemaker	0.17	*0.91	0.08	1.16	XXX	N
93733	26	A	Telephone analysis, pacemaker	0.17	*0.22	0.02	0.41	XXX	N
93733	TC	A	Telephone analysis, pacemaker	0.00	0.69	0.06	0.75	XXX	N
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N
93735	.....	A	Analyze pacemaker system	0.74	0.85	0.08	1.67	XXX	N
93735	26	A	Analyze pacemaker system	0.74	0.43	0.04	1.21	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93736	.....	A	Telephone analysis, pacemaker	0.15	*0.82	0.09	1.06	XXX	N
93736	26	A	Telephone analysis, pacemaker	0.15	*0.22	0.03	0.40	XXX	N
93736	TC	A	Telephone analysis, pacemaker	0.00	0.60	0.06	0.66	XXX	N
93737	.....	A	Analyze cardio/defibrillator	0.45	0.74	0.06	1.25	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.02	0.74	XXX	N
93737	TC	A	Analyze cardio/defibrillator	0.00	0.47	0.04	0.51	XXX	N
93738	.....	A	Analyze cardio/defibrillator	0.92	0.88	0.07	1.87	XXX	N
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.03	1.34	XXX	N
93738	TC	A	Analyze cardio/defibrillator	0.00	0.49	0.04	0.53	XXX	N
93740	.....	A	Temperature gradient studies	0.16	0.45	0.04	0.65	XXX	N
93740	26	A	Temperature gradient studies	0.16	0.30	0.03	0.49	XXX	N
93740	TC	A	Temperature gradient studies	0.00	0.15	0.01	0.16	XXX	N
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX	O
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX	O
93770	.....	A	Measure venous pressure	0.16	0.20	0.02	0.38	XXX	N
93770	26	A	Measure venous pressure	0.16	0.17	0.02	0.35	XXX	N
93770	TC	A	Measure venous pressure	0.00	0.03	0.00	0.03	XXX	N
93784	.....	N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	XXX	O
93786	.....	N	Ambulatory BP recording	0.00	0.00	0.00	0.00	XXX	O
93788	.....	N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	XXX	O
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	XXX	O
93797	.....	A	Cardiac rehab	0.18	0.30	0.02	0.50	000	N
93798	.....	A	Cardiac rehab/monitor	0.28	0.47	0.04	0.79	000	N
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93875	.....	A	Extracranial study	0.22	*1.44	0.18	1.84	XXX	N
93875	26	A	Extracranial study	0.22	*0.39	0.06	0.67	XXX	N
93875	TC	A	Extracranial study	0.00	1.05	0.12	1.17	XXX	N
93880	.....	A	Extracranial study	0.60	3.94	0.44	4.98	XXX	N
93880	26	A	Extracranial study	0.60	0.39	0.04	1.03	XXX	N
93880	TC	A	Extracranial study	0.00	3.55	0.40	3.95	XXX	N
93882	.....	A	Extracranial study	0.40	2.62	0.29	3.31	XXX	N
93882	26	A	Extracranial study	0.40	0.26	0.03	0.69	XXX	N
93882	TC	A	Extracranial study	0.00	2.36	0.26	2.62	XXX	N
93886	.....	A	Intracranial study	0.94	4.44	0.50	5.88	XXX	N
93886	26	A	Intracranial study	0.94	0.42	0.05	1.41	XXX	N
93886	TC	A	Intracranial study	0.00	4.02	0.45	4.47	XXX	N
93888	.....	A	Intracranial study	0.62	2.96	0.34	3.92	XXX	N
93888	26	A	Intracranial study	0.62	0.28	0.03	0.93	XXX	N
93888	TC	A	Intracranial study	0.00	2.68	0.31	2.99	XXX	N
93922	.....	A	Extremity study	0.25	*1.39	0.19	1.83	XXX	N
93922	26	A	Extremity study	0.25	*0.29	0.05	0.59	XXX	N
93922	TC	A	Extremity study	0.00	1.10	0.14	1.24	XXX	N
93923	.....	A	Extremity study	0.45	*2.63	0.35	3.43	XXX	N
93923	26	A	Extremity study	0.45	*0.55	0.09	1.09	XXX	N
93923	TC	A	Extremity study	0.00	2.08	0.26	2.34	XXX	N
93924	.....	A	Extremity study	0.50	*2.85	0.39	3.74	XXX	N
93924	26	A	Extremity study	0.50	*0.59	0.10	1.19	XXX	N
93924	TC	A	Extremity study	0.00	2.26	0.29	2.55	XXX	N
93925	.....	A	Lower extremity study	0.58	3.96	0.44	4.98	XXX	N
93925	26	A	Lower extremity study	0.58	0.39	0.04	1.01	XXX	N
93925	TC	A	Lower extremity study	0.00	3.57	0.40	3.97	XXX	N
93926	.....	A	Lower extremity study	0.39	2.64	0.30	3.33	XXX	N
93926	26	A	Lower extremity study	0.39	0.26	0.03	0.68	XXX	N
93926	TC	A	Lower extremity study	0.00	2.38	0.27	2.65	XXX	N
93930	.....	A	Upper extremity study	0.46	4.18	0.47	5.11	XXX	N
93930	26	A	Upper extremity study	0.46	0.39	0.05	0.90	XXX	N
93930	TC	A	Upper extremity study	0.00	3.79	0.42	4.21	XXX	N
93931	.....	A	Upper extremity study	0.31	2.78	0.31	3.40	XXX	N
93931	26	A	Upper extremity study	0.31	0.26	0.03	0.60	XXX	N
93931	TC	A	Upper extremity study	0.00	2.52	0.28	2.80	XXX	N
93965	.....	A	Extremity study	0.35	*1.49	0.19	2.03	XXX	N
93965	26	A	Extremity study	0.35	*0.45	0.06	0.86	XXX	N
93965	TC	A	Extremity study	0.00	1.04	0.13	1.17	XXX	N
93970	.....	A	Extremity study	0.68	4.33	0.51	5.52	XXX	N
93970	26	A	Extremity study	0.68	0.40	0.05	1.13	XXX	N
93970	TC	A	Extremity study	0.00	3.93	0.46	4.39	XXX	N
93971	.....	A	Extremity study	0.45	2.89	0.34	3.68	XXX	N
93971	26	A	Extremity study	0.45	0.27	0.03	0.75	XXX	N
93971	TC	A	Extremity study	0.00	2.62	0.31	2.93	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
93975	.....	A	Vascular study	1.80	4.90	0.55	7.25	XXX	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93975	TC	A	Vascular study	0.00	4.48	0.50	4.98	XXX	N
93976	.....	A	Vascular study	1.21	3.27	0.37	4.85	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
93976	TC	A	Vascular study	0.00	2.99	0.34	3.33	XXX	N
93978	.....	A	Vascular study	0.65	4.06	0.47	5.18	XXX	N
93978	26	A	Vascular study	0.65	0.39	0.05	1.09	XXX	N
93978	TC	A	Vascular study	0.00	3.67	0.42	4.09	XXX	N
93979	.....	A	Vascular study	0.44	2.70	0.31	3.45	XXX	N
93979	26	A	Vascular study	0.44	0.26	0.03	0.73	XXX	N
93979	TC	A	Vascular study	0.00	2.44	0.28	2.72	XXX	N
93980	.....	A	Penile vascular study	1.82	4.15	0.45	6.42	XXX	N
93980	26	A	Penile vascular study	1.82	0.82	0.07	2.71	XXX	N
93980	TC	A	Penile vascular study	0.00	3.33	0.38	3.71	XXX	N
93981	.....	A	Penile vascular study	0.64	3.47	0.39	4.50	XXX	N
93981	26	A	Penile vascular study	0.64	0.40	0.03	1.07	XXX	N
93981	TC	A	Penile vascular study	0.00	3.07	0.36	3.43	XXX	N
93990	.....	A	Doppler flow testing	0.25	2.57	0.29	3.11	XXX	N
93990	26	A	Doppler flow testing	0.25	0.19	0.02	0.46	XXX	N
93990	TC	A	Doppler flow testing	0.00	2.38	0.27	2.65	XXX	N
94010	.....	A	Breathing capacity test	0.17	0.68	0.05	0.90	XXX	N
94010	26	A	Breathing capacity test	0.17	0.28	0.02	0.47	XXX	N
94010	TC	A	Breathing capacity test	0.00	0.40	0.03	0.43	XXX	N
94060	.....	A	Evaluation of wheezing	0.31	1.27	0.09	1.67	XXX	N
94060	26	A	Evaluation of wheezing	0.31	0.38	0.03	0.72	XXX	N
94060	TC	A	Evaluation of wheezing	0.00	0.89	0.06	0.95	XXX	N
94070	.....	A	Evaluation of wheezing	0.60	1.77	0.13	2.50	XXX	N
94070	26	A	Evaluation of wheezing	0.60	0.38	0.03	1.01	XXX	N
94070	TC	A	Evaluation of wheezing	0.00	1.39	0.10	1.49	XXX	N
94150	.....	A	Vital capacity test	0.11	0.20	0.02	0.33	XXX	N
94150	26	A	Vital capacity test	0.11	0.12	0.01	0.24	XXX	N
94150	TC	A	Vital capacity test	0.00	0.08	0.01	0.09	XXX	N
94160	.....	A	Vital capacity screening	0.18	0.37	0.02	0.57	XXX	N
94160	26	A	Vital capacity screening	0.18	0.19	0.01	0.38	XXX	N
94160	TC	A	Vital capacity screening	0.00	0.18	0.01	0.19	XXX	N
94200	.....	A	Lung function test (MBC/MVV)	0.11	*0.38	0.03	0.52	XXX	N
94200	26	A	Lung function test (MBC/MVV)	0.11	*0.14	0.01	0.26	XXX	N
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.24	0.02	0.26	XXX	N
94240	.....	A	Residual lung capacity	0.26	0.88	0.07	1.21	XXX	N
94240	26	A	Residual lung capacity	0.26	0.23	0.02	0.51	XXX	N
94240	TC	A	Residual lung capacity	0.00	0.65	0.05	0.70	XXX	N
94250	.....	A	Expired gas collection	0.11	*0.27	0.02	0.40	XXX	N
94250	26	A	Expired gas collection	0.11	*0.14	0.01	0.26	XXX	N
94250	TC	A	Expired gas collection	0.00	0.13	0.01	0.14	XXX	N
94260	.....	A	Thoracic gas volume	0.13	*0.72	0.06	0.91	XXX	N
94260	26	A	Thoracic gas volume	0.13	*0.20	0.02	0.35	XXX	N
94260	TC	A	Thoracic gas volume	0.00	0.52	0.04	0.56	XXX	N
94350	.....	A	Lung nitrogen washout curve	0.26	0.73	0.05	1.04	XXX	N
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.01	0.48	XXX	N
94350	TC	A	Lung nitrogen washout curve	0.00	0.52	0.04	0.56	XXX	N
94360	.....	A	Measure airflow resistance	0.26	1.11	0.07	1.44	XXX	N
94360	26	A	Measure airflow resistance	0.26	0.19	0.01	0.46	XXX	N
94360	TC	A	Measure airflow resistance	0.00	0.92	0.06	0.98	XXX	N
94370	.....	A	Breath airway closing volume	0.26	0.40	0.03	0.69	XXX	N
94370	26	A	Breath airway closing volume	0.26	0.14	0.01	0.41	XXX	N
94370	TC	A	Breath airway closing volume	0.00	0.26	0.02	0.28	XXX	N
94375	.....	A	Respiratory flow volume loop	0.31	0.67	0.04	1.02	XXX	N
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.01	0.53	XXX	N
94375	TC	A	Respiratory flow volume loop	0.00	0.46	0.03	0.49	XXX	N
94400	.....	A	CO2 breathing response curve	0.40	0.77	0.19	1.36	XXX	N
94400	26	A	CO2 breathing response curve	0.40	0.47	0.13	1.00	XXX	N
94400	TC	A	CO2 breathing response curve	0.00	0.30	0.06	0.36	XXX	N
94450	.....	A	Hypoxia response curve	0.40	0.61	0.05	1.06	XXX	N
94450	26	A	Hypoxia response curve	0.40	0.24	0.02	0.66	XXX	N
94450	TC	A	Hypoxia response curve	0.00	0.37	0.03	0.40	XXX	N
94620	.....	A	Pulmonary stress testing	0.88	2.05	0.15	3.08	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
94620	26	A	Pulmonary stress testing	0.88	0.70	0.05	1.63	XXX	N
94620	TC	A	Pulmonary stress testing	0.00	1.35	0.10	1.45	XXX	N
94640		A	Airway inhalation treatment	0.00	0.39	0.03	0.42	XXX	N
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX	N
94650		A	Pressure breathing (IPPB)	0.00	0.37	0.03	0.40	XXX	N
94651		A	Pressure breathing (IPPB)	0.00	0.36	0.03	0.39	XXX	N
94652		A	Pressure breathing (IPPB)	0.00	0.41	0.08	0.49	XXX	N
94656		A	Initial ventilator mgmt	1.22	1.13	0.12	2.47	XXX	N
94657		A	Cont. ventilator	0.83	0.62	0.05	1.50	XXX	N
94660		A	Pos airway pressure, CPAP	0.76	0.71	0.06	1.53	XXX	N
94662		A	Neg pressure ventilation, CNP	0.76	0.30	0.02	1.08	XXX	N
94664		A	Aerosol or vapor inhalations	0.00	0.50	0.04	0.54	XXX	N
94665		A	Aerosol or vapor inhalations	0.00	0.46	0.05	0.51	XXX	N
94667		A	Chest wall manipulation	0.00	0.55	0.05	0.60	XXX	N
94668		A	Chest wall manipulation	0.00	0.34	0.03	0.37	XXX	N
94680		A	Exhaled air analysis: O2	0.26	0.82	0.10	1.18	XXX	N
94680	26	A	Exhaled air analysis: O2	0.26	0.33	0.03	0.62	XXX	N
94680	TC	A	Exhaled air analysis: O2	0.00	0.49	0.07	0.56	XXX	N
94681		A	Exhaled air analysis: O2, CO2	0.20	*1.64	0.17	2.01	XXX	N
94681	26	A	Exhaled air analysis: O2, CO2	0.20	*0.32	0.04	0.56	XXX	N
94681	TC	A	Exhaled air analysis: O2, CO2	0.00	1.32	0.13	1.45	XXX	N
94690		A	Exhaled air analysis	0.07	0.56	0.04	0.67	XXX	N
94690	26	A	Exhaled air analysis	0.07	0.05	0.00	0.12	XXX	N
94690	TC	A	Exhaled air analysis	0.00	0.51	0.04	0.55	XXX	N
94720		A	Monoxide diffusing capacity	0.26	1.03	0.08	1.37	XXX	N
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.02	0.51	XXX	N
94720	TC	A	Monoxide diffusing capacity	0.00	0.80	0.06	0.86	XXX	N
94725		A	Membrane diffusion capacity	0.26	1.84	0.14	2.24	XXX	N
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.01	0.45	XXX	N
94725	TC	A	Membrane diffusion capacity	0.00	1.66	0.13	1.79	XXX	N
94750		A	Pulmonary compliance study	0.23	0.83	0.06	1.12	XXX	N
94750	26	A	Pulmonary compliance study	0.23	0.28	0.02	0.53	XXX	N
94750	TC	A	Pulmonary compliance study	0.00	0.55	0.04	0.59	XXX	N
94760		A	Measure blood oxygen level	0.00	0.25	0.02	0.27	XXX	N
94761		A	Measure blood oxygen level	0.00	0.64	0.06	0.70	XXX	N
94762		A	Measure blood oxygen level	0.00	1.08	0.10	1.18	XXX	N
94770		A	Exhaled carbon dioxide test	0.20	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
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.08	0.37	XXX	N
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
95004		A	Allergy skin tests	0.00	0.09	0.01	0.10	XXX	N
95010		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95015		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95024		A	Allergy skin tests	0.00	0.14	0.01	0.15	XXX	N
95027		A	Skin end point titration	0.00	0.14	0.01	0.15	XXX	N
95028		A	Allergy skin tests	0.00	0.22	0.01	0.23	XXX	N
95044		A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95052		A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95056		A	Photosensitivity tests	0.00	0.17	0.01	0.18	XXX	N
95060		A	Eye allergy tests	0.00	0.33	0.02	0.35	XXX	N
95065		A	Nose allergy test	0.00	0.19	0.01	0.20	XXX	N
95070		A	Bronchial allergy tests	0.00	2.17	0.02	2.19	XXX	N
95071		A	Bronchial allergy tests	0.00	2.78	0.02	2.80	XXX	N
95075		A	Ingestion challenge test	0.95	1.97	0.02	2.94	XXX	N
95078		A	Provocative testing	0.00	0.24	0.02	0.26	XXX	N
95115		A	Immunotherapy, one injection	0.00	0.37	0.02	0.39	XXX	N
95117		A	Immunotherapy injections	0.00	0.48	0.02	0.50	XXX	N
95120		G	Immunotherapy, one injection	0.00	0.00	0.00	0.00	XXX	O
95125		G	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	O
95130		G	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX	O
95131		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	O
95132		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
95133	.....	G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	O
95134	.....	G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	O
95144	.....	A	Antigen therapy services	0.06	0.13	0.01	0.20	XXX	N
95145	.....	A	Antigen therapy services	0.06	0.34	0.03	0.43	XXX	N
95146	.....	A	Antigen therapy services	0.06	0.61	0.03	0.70	XXX	N
95147	.....	A	Antigen therapy services	0.06	0.91	0.03	1.00	XXX	N
95148	.....	A	Antigen therapy services	0.06	0.91	0.03	1.00	XXX	N
95149	.....	A	Antigen therapy services	0.06	1.14	0.03	1.23	XXX	N
95165	.....	A	Antigen therapy services	0.06	0.10	0.01	0.17	XXX	N
95170	.....	A	Antigen therapy services	0.06	0.35	0.03	0.44	XXX	N
95180	.....	A	Rapid desensitization	2.01	0.14	0.01	2.16	XXX	N
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	XXX	N
95805	.....	A	Multiple sleep latency test	1.88	5.51	0.45	7.84	XXX	N
95805	26	A	Multiple sleep latency test	1.88	0.56	0.07	2.51	XXX	N
95805	TC	A	Multiple sleep latency test	0.00	4.95	0.38	5.33	XXX	N
95807	.....	A	Sleep study	1.66	6.77	0.52	8.95	XXX	N
95807	26	A	Sleep study	1.66	1.82	0.14	3.62	XXX	N
95807	TC	A	Sleep study	0.00	4.95	0.38	5.33	XXX	N
95808	.....	A	Polysomnography, 1–3	2.65	6.77	0.52	9.94	XXX	N
95808	26	A	Polysomnography, 1–3	2.65	1.82	0.14	4.61	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	4.95	0.38	5.33	XXX	N
95810	.....	A	Polysomnography, 4 or more	3.53	6.77	0.52	10.82	XXX	N
95810	26	A	Polysomnography, 4 or more	3.53	1.82	0.14	5.49	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	4.95	0.38	5.33	XXX	N
95812	.....	A	Electroencephalogram (EEG)	1.08	1.85	0.15	3.08	XXX	N
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95813	.....	A	Electroencephalogram (EEG)	1.73	1.85	0.15	3.73	XXX	N
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.04	2.27	XXX	N
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95816	.....	A	Electroencephalogram (EEG)	1.08	1.54	0.13	2.75	XXX	N
95816	26	A	Electroencephalogram (EEG)	1.08	0.28	0.03	1.39	XXX	N
95816	TC	A	Electroencephalogram (EEG)	0.00	1.26	0.10	1.36	XXX	N
95817	.....	D	Electroencephalogram (EEG)	0.00	0.00	0.00	0.00	XXX	N
95817	26	D	Electroencephalogram (EEG)	0.00	0.00	0.00	0.00	XXX	N
95817	TC	D	Electroencephalogram (EEG)	0.00	0.00	0.00	0.00	XXX	N
95819	.....	A	Electroencephalogram (EEG)	1.08	1.80	0.14	3.02	XXX	N
95819	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95819	TC	A	Electroencephalogram (EEG)	0.00	1.30	0.10	1.40	XXX	N
95821	.....	D	Portable EEG	0.00	0.00	0.00	0.00	XXX	N
95821	26	D	Portable EEG	0.00	0.00	0.00	0.00	XXX	N
95821	TC	D	Portable EEG	0.00	0.00	0.00	0.00	XXX	N
95822	.....	A	Sleep electroencephalogram	1.08	2.28	0.18	3.54	XXX	N
95822	26	A	Sleep electroencephalogram	1.08	0.56	0.04	1.68	XXX	N
95822	TC	A	Sleep electroencephalogram	0.00	1.72	0.14	1.86	XXX	N
95823	.....	D	Activation EEG	0.00	0.00	0.00	0.00	XXX	N
95823	26	D	Activation EEG	0.00	0.00	0.00	0.00	XXX	N
95823	TC	D	Activation EEG	0.00	0.00	0.00	0.00	XXX	N
95824	.....	A	Electroencephalography	0.74	0.98	0.07	1.79	XXX	N
95824	26	A	Electroencephalography	0.74	0.58	0.04	1.36	XXX	N
95824	TC	A	Electroencephalography	0.00	0.40	0.03	0.43	XXX	N
95826	.....	D	Depth electroencephalogram	0.00	0.00	0.00	0.00	XXX	N
95826	26	D	Depth electroencephalogram	0.00	0.00	0.00	0.00	XXX	N
95826	TC	D	Depth electroencephalogram	0.00	0.00	0.00	0.00	XXX	N
95827	.....	A	Night electroencephalogram	1.08	3.06	0.24	4.38	XXX	N
95827	26	A	Night electroencephalogram	1.08	0.88	0.07	2.03	XXX	N
95827	TC	A	Night electroencephalogram	0.00	2.18	0.17	2.35	XXX	N
95829	.....	A	Surgery electrocorticogram	6.21	0.59	0.05	6.85	XXX	N
95829	26	A	Surgery electrocorticogram	6.21	0.45	0.03	6.69	XXX	N
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.02	0.16	XXX	N
95830	.....	A	Insert electrodes for EEG	1.70	0.78	0.07	2.55	XXX	N
95831	.....	A	Limb muscle testing, manual	0.28	0.29	0.03	0.60	XXX	N
95832	.....	A	Hand muscle testing, manual	0.29	0.25	0.02	0.56	XXX	N
95833	.....	A	Body muscle testing, manual	0.47	0.38	0.05	0.90	XXX	N
95834	.....	A	Body muscle testing, manual	0.60	0.61	0.06	1.27	XXX	N
95842	.....	D	Muscle testing, electrical	0.00	0.00	0.00	0.00	XXX	N
95842	26	D	Muscle testing, electrical	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
95842	TC	D	Muscle testing, electrical	0.00	0.00	0.00	0.00	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	0.53	0.50	0.04	1.07	XXX	N
95858	.....	A	Tensilon test & myogram	1.56	1.02	0.09	2.67	XXX	N
95858	26	A	Tensilon test & myogram	1.56	0.64	0.05	2.25	XXX	N
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.04	0.42	XXX	N
95860	.....	A	Muscle test, one limb	0.96	1.09	0.09	2.14	XXX	N
95860	26	A	Muscle test, one limb	0.96	0.73	0.06	1.75	XXX	N
95860	TC	A	Muscle test, one limb	0.00	0.36	0.03	0.39	XXX	N
95861	.....	A	Muscle test, two limbs	1.54	1.97	0.16	3.67	XXX	N
95861	26	A	Muscle test, two limbs	1.54	1.27	0.10	2.91	XXX	N
95861	TC	A	Muscle test, two limbs	0.00	0.70	0.06	0.76	XXX	N
95863	.....	A	Muscle test, 3 limbs	1.87	2.30	0.18	4.35	XXX	N
95863	26	A	Muscle test, 3 limbs	1.87	1.41	0.11	3.39	XXX	N
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	0.07	0.96	XXX	N
95864	.....	A	Muscle test, 4 limbs	1.99	3.45	0.27	5.71	XXX	N
95864	26	A	Muscle test, 4 limbs	1.99	1.75	0.14	3.88	XXX	N
95864	TC	A	Muscle test, 4 limbs	0.00	1.70	0.13	1.83	XXX	N
95867	.....	A	Muscle test, head or neck	0.62	1.13	0.09	1.84	XXX	N
95867	26	A	Muscle test, head or neck	0.62	0.58	0.05	1.25	XXX	N
95867	TC	A	Muscle test, head or neck	0.00	0.55	0.04	0.59	XXX	N
95868	.....	A	Muscle test, head or neck	1.50	1.92	0.15	3.57	XXX	N
95868	26	A	Muscle test, head or neck	1.50	1.26	0.10	2.86	XXX	N
95868	TC	A	Muscle test, head or neck	0.00	0.66	0.05	0.71	XXX	N
95869	.....	A	Muscle test, limited	0.37	0.53	0.05	0.95	XXX	N
95869	26	A	Muscle test, limited	0.37	0.33	0.03	0.73	XXX	N
95869	TC	A	Muscle test, limited	0.00	0.20	0.02	0.22	XXX	N
95872	.....	A	Muscle test, one fiber	1.50	1.25	0.11	2.86	XXX	N
95872	26	A	Muscle test, one fiber	1.50	0.68	0.06	2.24	XXX	N
95872	TC	A	Muscle test, one fiber	0.00	0.57	0.05	0.62	XXX	N
95875	.....	A	Limb exercise test	1.34	0.60	0.10	2.04	XXX	N
95875	26	A	Limb exercise test	1.34	0.22	0.04	1.60	XXX	N
95875	TC	A	Limb exercise test	0.00	0.38	0.06	0.44	XXX	N
95880	.....	A	Cerebral aphasia testing	0.00	1.68	0.20	1.88	XXX	N
95881	.....	A	Cerebral developmental test	0.00	1.68	0.20	1.88	XXX	N
95882	.....	A	Cognitive function testing	0.00	1.68	0.20	1.88	XXX	N
95883	.....	A	Neuropsychological testing	0.00	1.68	0.20	1.88	XXX	N
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.05	1.09	XXX	N
95900	26	A	Motor nerve conduction test	0.42	0.35	0.03	0.80	XXX	N
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.02	0.29	XXX	N
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.05	0.94	XXX	N
95904	26	A	Sense nerve conduction test	0.34	0.34	0.03	0.71	XXX	N
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.02	0.23	XXX	N
95920	.....	A	Intraoperative nerve testing	2.11	2.67	0.20	4.98	XXX	N
95920	26	A	Intraoperative nerve testing	2.11	1.43	0.12	3.66	XXX	N
95920	TC	A	Intraoperative nerve testing	0.00	1.24	0.08	1.32	XXX	N
95925	.....	A	Somatosensory testing	0.81	2.28	0.19	3.28	XXX	N
95925	26	A	Somatosensory testing	0.81	0.96	0.08	1.85	XXX	N
95925	TC	A	Somatosensory testing	0.00	1.32	0.11	1.43	XXX	N
95933	.....	A	Blink reflex test	0.59	1.25	0.10	1.94	XXX	N
95933	26	A	Blink reflex test	0.59	0.50	0.04	1.13	XXX	N
95933	TC	A	Blink reflex test	0.00	0.75	0.06	0.81	XXX	N
95935	.....	A	"H" or "F" reflex study	0.59	0.54	0.05	1.18	XXX	N
95935	26	A	"H" or "F" reflex study	0.59	0.34	0.03	0.96	XXX	N
95935	TC	A	"H" or "F" reflex study	0.00	0.20	0.02	0.22	XXX	N
95937	.....	A	Neuromuscular junction test	0.60	0.77	0.07	1.44	XXX	N
95937	26	A	Neuromuscular junction test	0.60	0.45	0.04	1.09	XXX	N
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.03	0.35	XXX	N
95950	.....	A	Ambulatory eeg monitoring	1.51	7.25	0.60	9.36	XXX	N
95950	26	A	Ambulatory eeg monitoring	1.51	1.21	0.10	2.82	XXX	N
95950	TC	A	Ambulatory eeg monitoring	0.00	6.04	0.50	6.54	XXX	N
95951	.....	A	EEG monitoring/videorecord	3.80	8.83	0.64	13.27	XXX	N
95951	26	A	EEG monitoring/videorecord	3.80	1.50	0.11	5.41	XXX	N
95951	TC	A	EEG monitoring/videorecord	0.00	7.33	0.53	7.86	XXX	N
95953	.....	A	EEG monitoring/computer	3.08	7.25	0.60	10.93	XXX	N
95953	26	A	EEG monitoring/computer	3.08	1.21	0.10	4.39	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
95953	TC	A	EEG monitoring/computer	0.00	6.04	0.50	6.54	XXX	N
95954		A	EEG monitoring/giving drugs	2.45	2.32	0.28	5.05	XXX	N
95954	26	A	EEG monitoring/giving drugs	2.45	1.87	0.22	4.54	XXX	N
95954	TC	A	EEG monitoring/giving drugs	0.00	0.45	0.06	0.51	XXX	N
95955		A	EEG during surgery	1.01	2.90	0.30	4.21	XXX	N
95955	26	A	EEG during surgery	1.01	1.03	0.11	2.15	XXX	N
95955	TC	A	EEG during surgery	0.00	1.87	0.19	2.06	XXX	N
95956		A	EEG monitoring/cable/radio	3.08	7.54	0.61	11.23	XXX	N
95956	26	A	EEG monitoring/cable/radio	3.08	1.50	0.11	4.69	XXX	N
95956	TC	A	EEG monitoring/cable/radio	0.00	6.04	0.50	6.54	XXX	N
95957		A	EEG digital analysis	1.98	2.25	0.18	4.41	XXX	N
95957	26	A	EEG digital analysis	1.98	0.63	0.05	2.66	XXX	N
95957	TC	A	EEG digital analysis	0.00	1.62	0.13	1.75	XXX	N
95958		A	EEG monitoring/function test	4.25	4.89	0.52	9.66	XXX	N
95958	26	A	EEG monitoring/function test	4.25	3.23	0.38	7.86	XXX	N
95958	TC	A	EEG monitoring/function test	0.00	1.66	0.14	1.80	XXX	N
95961		A	Electrode stimulation, brain	2.97	2.67	0.20	5.84	XXX	N
95961	26	A	Electrode stimulation, brain	2.97	1.43	0.12	4.52	XXX	N
95961	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95962		A	Electrode stimulation, brain	3.21	2.67	0.20	6.08	XXX	N
95962	26	A	Electrode stimulation, brain	3.21	1.43	0.12	4.76	XXX	N
95962	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95999		C	Neurological procedure	0.00	0.00	0.00	0.00	XXX	N
96400		A	Chemotherapy, (SC)/(IM)	0.00	0.13	0.01	0.14	XXX	N
96405		A	Intralesional chemo admin	0.52	0.38	0.03	0.93	000	S
96406		A	Intralesional chemo admin	0.80	0.56	0.04	1.40	000	S
96408		A	Chemotherapy, push technique	0.00	0.92	0.06	0.98	XXX	N
96410		A	Chemotherapy, infusion method	0.00	1.47	0.09	1.56	XXX	N
96412		A	Chemotherapy, infusion method	0.00	1.10	0.08	1.18	XXX	N
96414		A	Chemotherapy, infusion method	0.00	1.27	0.09	1.36	XXX	N
96420		A	Chemotherapy, push technique	0.00	1.19	0.09	1.28	XXX	N
96422		A	Chemotherapy, infusion method	0.00	1.17	0.09	1.26	XXX	N
96423		A	Chemotherapy, infusion method	0.00	0.46	0.03	0.49	XXX	N
96425		A	Chemotherapy, infusion method	0.00	1.36	0.09	1.45	XXX	N
96440		A	Chemotherapy, intracavitary	2.37	0.81	0.06	3.24	000	N
96445		A	Chemotherapy, intracavitary	2.20	0.98	0.09	3.27	000	N
96450		A	Chemotherapy, into CNS	1.89	0.87	0.06	2.82	000	N
96520		A	Pump refilling, maintenance	0.00	0.85	0.06	0.91	XXX	N
96530		A	Pump refilling, maintenance	0.00	1.01	0.07	1.08	XXX	N
96542		A	Chemotherapy injection	1.42	1.09	0.13	2.64	XXX	N
96545		B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX	O
96549		C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX	N
96900		A	Ultraviolet light therapy	0.00	0.38	0.03	0.41	XXX	N
96910		A	Photochemotherapy with UV–B	0.00	0.55	0.04	0.59	XXX	N
96912		A	Photochemotherapy with UV–A	0.00	0.63	0.05	0.68	XXX	N
96913		A	Photochemotherapy, UV–A or B	0.00	1.29	0.10	1.39	XXX	N
96999		C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX	N
97010		A	Hot or cold packs therapy	0.11	0.21	0.02	0.34	XXX	N
97012		A	Mechanical traction therapy	0.25	0.19	0.02	0.46	XXX	N
97014		A	Electric stimulation therapy	0.18	0.20	0.02	0.40	XXX	N
97016		A	Vasopneumatic device therapy	0.18	0.25	0.02	0.45	XXX	N
97018		A	Paraffin bath therapy	0.11	0.24	0.03	0.38	XXX	N
97020		A	Microwave therapy	0.11	0.20	0.02	0.33	XXX	N
97022		A	Whirlpool therapy	0.25	0.19	0.02	0.46	XXX	N
97024		A	Diathermy treatment	0.11	0.21	0.02	0.34	XXX	N
97026		A	Infrared therapy	0.11	0.19	0.02	0.32	XXX	N
97028		A	Ultraviolet therapy	0.20	0.19	0.01	0.40	XXX	N
97032		A	Electrical stimulation	0.25	0.14	0.01	0.40	XXX	N
97033		A	Electric current therapy	0.26	0.14	0.02	0.42	XXX	N
97034		A	Contrast bath therapy	0.21	0.10	0.01	0.32	XXX	N
97035		A	Ultrasound therapy	0.21	0.11	0.01	0.33	XXX	N
97036		A	Hydrotherapy	0.38	0.21	0.02	0.61	XXX	N
97039		A	Physical therapy treatment	0.29	0.24	0.03	0.56	XXX	N
97110		A	Therapeutic exercises	0.45	0.13	0.02	0.60	XXX	N
97112		A	Neuromuscular reeducation	0.45	0.13	0.01	0.59	XXX	N
97113		A	Aquatic therapy/exercises	0.44	0.20	0.02	0.66	XXX	N
97114		D	Functional activity therapy	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
97116	.....	A	Gait training therapy	0.40	0.11	0.01	0.52	XXX	N
97118	.....	D	Manual electric stimulation	0.00	0.00	0.00	0.00	XXX	N
97120	.....	D	Electric current therapy	0.00	0.00	0.00	0.00	XXX	N
97122	.....	A	Manual traction therapy	0.45	0.11	0.01	0.57	XXX	N
97124	.....	A	Massage therapy	0.35	0.11	0.01	0.47	XXX	N
97126	.....	D	Contrast baths therapy	0.00	0.00	0.00	0.00	XXX	N
97128	.....	D	Ultrasound therapy	0.00	0.00	0.00	0.00	XXX	N
97139	.....	A	Physical medicine procedure	0.21	0.16	0.02	0.39	XXX	N
97145	.....	D	Extended physiotherapy	0.00	0.00	0.00	0.00	XXX	N
97150	.....	A	Group therapeutic procedures	0.27	0.20	0.02	0.49	XXX	N
97220	.....	D	Hydrotherapy	0.00	0.00	0.00	0.00	XXX	N
97221	.....	D	Extended hydrotherapy	0.00	0.00	0.00	0.00	XXX	N
97240	.....	D	Hydrotherapy	0.00	0.00	0.00	0.00	XXX	N
97241	.....	D	Extended hydrotherapy	0.00	0.00	0.00	0.00	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
97265	.....	A	Joint mobilization	0.45	0.35	0.04	0.84	XXX	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	Therapeutic activities	0.44	0.17	0.02	0.63	XXX	N
97531	.....	D	Added kinetic therapy	0.00	0.00	0.00	0.00	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	.....	D	Extremity testing	0.00	0.00	0.00	0.00	XXX	N
97721	.....	D	Supplemental limb testing	0.00	0.00	0.00	0.00	XXX	N
97750	.....	A	Physical performance test	0.45	0.24	0.03	0.72	XXX	N
97752	.....	D	Muscle testing with exercise	0.00	0.00	0.00	0.00	XXX	N
97752	26	D	Muscle testing with exercise	0.00	0.00	0.00	0.00	XXX	N
97752	TC	D	Muscle testing with exercise	0.00	0.00	0.00	0.00	XXX	N
97770	.....	R	Cognitive skills development	0.44	0.28	0.03	0.75	XXX	N
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX	N
98925	.....	A	Osteopathic manipulation	0.45	0.25	0.02	0.72	000	N
98926	.....	A	Osteopathic manipulation	0.65	0.40	0.03	1.08	000	N
98927	.....	A	Osteopathic manipulation	0.87	0.38	0.03	1.28	000	N
98928	.....	A	Osteopathic manipulation	1.03	0.42	0.04	1.49	000	N
98929	.....	A	Osteopathic manipulation	1.19	0.39	0.03	1.61	000	N
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	O
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	O
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	XXX	O
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	XXX	O
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX	O
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX	O
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	XXX	O
99054	.....	B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	XXX	O
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	XXX	O
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	XXX	O
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	XXX	O
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	XXX	O
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	XXX	O
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	XXX	O
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	XXX	O
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	O
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	XXX	O
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	XXX	O
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	XXX	O
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	XXX	O
99175	.....	A	Induction of vomiting	0.00	1.33	0.10	1.43	XXX	N
99178	.....	C	Development evaluation tests	0.00	0.00	0.00	0.00	XXX	N
99183	.....	A	Hyperbaric oxygen therapy	2.34	1.67	0.11	4.12	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
99185		A	Regional hypothermia	0.00	0.61	0.04	0.65	XXX	N
99186		A	Total body hypothermia	0.00	1.70	0.52	2.22	XXX	N
99190		X	Special pump services	0.00	0.00	0.00	0.00	XXX	O
99191		X	Special pump services	0.00	0.00	0.00	0.00	XXX	O
99192		X	Special pump services	0.00	0.00	0.00	0.00	XXX	O
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	0.75	0.45	0.05	1.25	XXX	P
99203		A	Office/outpatient visit, new	1.14	0.52	0.06	1.72	XXX	P
99204		A	Office/outpatient visit, new	1.71	0.78	0.08	2.57	XXX	P
99205		A	Office/outpatient visit, new	2.28	0.85	0.09	3.22	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	0.55	0.38	0.03	0.96	XXX	P
99214		A	Office/outpatient visit, est	0.94	0.50	0.04	1.48	XXX	P
99215		A	Office/outpatient visit, est	1.51	0.76	0.07	2.34	XXX	P
99217		A	Observation care discharge	1.09	0.52	0.04	1.65	XXX	N
99218		A	Observation care	1.08	0.68	0.06	1.82	XXX	N
99219		A	Observation care	1.75	1.05	0.09	2.89	XXX	N
99220		A	Observation care	2.41	1.14	0.09	3.64	XXX	N
99221		A	Initial hospital care	1.06	0.67	0.06	1.79	XXX	N
99222		A	Initial hospital care	1.84	1.04	0.09	2.97	XXX	N
99223		A	Initial hospital care	2.57	1.13	0.08	3.78	XXX	N
99231		A	Subsequent hospital care	0.51	0.38	0.03	0.92	XXX	N
99232		A	Subsequent hospital care	0.88	0.45	0.04	1.37	XXX	N
99233		A	Subsequent hospital care	1.25	0.60	0.05	1.90	XXX	N
99238		A	Hospital discharge day	1.06	0.51	0.04	1.61	XXX	N
99241		A	Office consultation	0.54	0.64	0.08	1.26	XXX	N
99242		A	Office consultation	1.11	0.77	0.09	1.97	XXX	N
99243		A	Office consultation	1.47	0.97	0.10	2.54	XXX	N
99244		A	Office consultation	2.23	1.23	0.11	3.57	XXX	N
99245		A	Office consultation	2.96	1.69	0.16	4.81	XXX	N
99251		A	Initial inpatient consult	0.54	0.67	0.08	1.29	XXX	N
99252		A	Initial inpatient consult	1.13	0.76	0.09	1.98	XXX	N
99253		A	Initial inpatient consult	1.56	0.95	0.10	2.61	XXX	N
99254		A	Initial inpatient consult	2.27	1.20	0.11	3.58	XXX	N
99255		A	Initial inpatient consult	3.14	1.57	0.14	4.85	XXX	N
99261		A	Follow-up inpatient consult	0.36	0.33	0.03	0.72	XXX	N
99262		A	Follow-up inpatient consult	0.74	0.46	0.04	1.24	XXX	N
99263		A	Follow-up inpatient consult	1.16	0.67	0.04	1.87	XXX	N
99271		A	Confirmatory consultation	0.45	0.58	0.07	1.10	XXX	N
99272		A	Confirmatory consultation	0.84	0.71	0.09	1.64	XXX	N
99273		A	Confirmatory consultation	1.19	1.02	0.11	2.32	XXX	N
99274		A	Confirmatory consultation	1.73	1.22	0.11	3.06	XXX	N
99275		A	Confirmatory consultation	2.31	1.74	0.17	4.22	XXX	N
99281		A	Emergency dept visit	0.28	0.28	0.01	0.57	XXX	P
99282		A	Emergency dept visit	0.47	0.38	0.03	0.88	XXX	P
99283		A	Emergency dept visit	1.07	0.49	0.04	1.60	XXX	P
99284		A	Emergency dept visit	1.68	0.70	0.06	2.44	XXX	P
99285		A	Emergency dept visit	2.63	1.13	0.08	3.84	XXX	P
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX	O
99291		A	Critical care, first hour	3.64	1.43	0.11	5.18	XXX	N
99292		A	Critical care, addl 30 min	1.84	0.63	0.04	2.51	XXX	N
99295		A	Neonatal critical care	16.03	5.08	1.55	22.66	XXX	N
99296		A	Neonatal critical care	7.40	2.46	0.77	10.63	XXX	N
99297		A	Neonatal critical care	3.84	1.23	0.38	5.45	XXX	N
99301		A	Nursing facility care	1.07	0.45	0.03	1.55	XXX	P
99302		A	Nursing facility care	1.67	0.50	0.04	2.21	XXX	P
99303		A	Nursing facility care	2.29	0.95	0.07	3.31	XXX	P
99311		A	Nursing facility care, subseq	0.54	0.34	0.03	0.91	XXX	P
99312		A	Nursing facility care, subseq	0.89	0.41	0.03	1.33	XXX	P
99313		A	Nursing facility care, subseq	1.19	0.46	0.04	1.69	XXX	P
99321		A	Rest home visit, new patient	0.71	0.37	0.03	1.11	XXX	P
99322		A	Rest home visit, new patient	1.01	0.51	0.05	1.57	XXX	P
99323		A	Rest home visit, new patient	1.28	0.73	0.06	2.07	XXX	P
99331		A	Rest home visit, estab pat	0.60	0.28	0.02	0.90	XXX	P

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
99332	.....	A	Rest home visit, estab pat	0.80	0.36	0.03	1.19	XXX	P
99333	.....	A	Rest home visit, estab pat	1.00	0.44	0.02	1.46	XXX	P
99341	.....	A	Home visit, new patient	1.12	0.53	0.05	1.70	XXX	P
99342	.....	A	Home visit, new patient	1.58	0.60	0.05	2.23	XXX	P
99343	.....	A	Home visit, new patient	2.09	0.77	0.06	2.92	XXX	P
99351	.....	A	Home visit, estab patient	0.83	0.45	0.04	1.32	XXX	P
99352	.....	A	Home visit, estab patient	1.12	0.53	0.04	1.69	XXX	P
99353	.....	A	Home visit, estab patient	1.48	0.61	0.05	2.14	XXX	P
99354	.....	A	Prolonged service, office	1.51	0.76	0.07	2.34	XXX	P
99355	.....	A	Prolonged service, office	1.51	0.76	0.07	2.34	XXX	P
99356	.....	A	Prolonged service, inpatient	1.44	0.85	0.08	2.37	XXX	N
99357	.....	A	Prolonged service, inpatient	1.44	0.85	0.08	2.37	XXX	N
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	O
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	O
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	XXX	O
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	O
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	O
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	O
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	O
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	O
99375	.....	A	Care plan oversight/30–60	1.06	0.51	0.04	1.61	XXX	P
99376	.....	B	Care plan oversight/over 60	0.00	0.00	0.00	0.00	XXX	O
99381	.....	N	Preventive visit, new, infant	#1.19	1.23	0.08	2.50	XXX	O
99382	.....	N	Preventive visit, new, age 1–4	#1.36	1.41	0.09	2.86	XXX	O
99383	.....	N	Preventive visit, new, age 5–11	#1.36	1.41	0.09	2.86	XXX	O
99384	.....	N	Preventive visit, new, 12–17	#1.53	1.59	0.10	3.22	XXX	O
99385	.....	N	Preventive visit, new, 18–39	#1.53	1.40	0.09	3.02	XXX	O
99386	.....	N	Preventive visit, new, 40–64	#1.88	1.72	0.10	3.70	XXX	O
99387	.....	N	Preventive visit, new, 65 & over	#2.06	1.88	0.11	4.05	XXX	O
99391	.....	N	Preventive visit, est, infant	#1.02	1.06	0.07	2.15	XXX	O
99392	.....	N	Preventive visit, est, age 1–4	#1.19	1.23	0.08	2.50	XXX	O
99393	.....	N	Preventive visit, est, age 5–11	#1.19	1.23	0.08	2.50	XXX	O
99394	.....	N	Preventive visit, est, 12–17	#1.36	1.41	0.09	2.86	XXX	O
99395	.....	N	Preventive visit, est, 18–39	#1.36	1.25	0.08	2.69	XXX	O
99396	.....	N	Preventive visit, est, 40–64	#1.53	1.40	0.09	3.02	XXX	O
99397	.....	N	Preventive visit, est, 65 & over	#1.71	1.56	0.10	3.37	XXX	O
99401	.....	N	Preventive counseling, indiv	#0.48	0.45	0.03	0.96	XXX	O
99402	.....	N	Preventive counseling, indiv	#0.98	0.89	0.05	1.92	XXX	O
99403	.....	N	Preventive counseling, indiv	#1.46	1.34	0.08	2.88	XXX	O
99404	.....	N	Preventive counseling, indiv	#1.95	1.78	0.11	3.84	XXX	O
99411	.....	N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	O
99412	.....	N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	O
99420	.....	N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX	O
99429	.....	N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX	O
99431	.....	A	Initial care, normal newborn	1.17	1.21	0.08	2.46	XXX	N
99432	.....	A	Newborn care not in hospital	1.26	1.31	0.08	2.65	XXX	N
99433	.....	A	Normal newborn care, hospital	0.62	0.64	0.04	1.30	XXX	N
99440	.....	A	Newborn resuscitation	2.93	3.04	0.19	6.16	XXX	N
99450	.....	N	Life/disability evaluation	0.00	0.00	0.00	0.00	XXX	O
99455	.....	R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99456	.....	R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99499	.....	C	Unlisted E/M service	0.00	0.00	0.00	0.00	XXX	N
A0010	.....	D	Ambsvc bls bas rte em tr 1 wy	0.00	0.00	0.00	0.00	XXX	O
A0020	.....	D	Basic support amb one way	0.00	0.00	0.00	0.00	XXX	O
A0021	.....	G	Outside state ambulance serv	0.00	0.00	0.00	0.00	XXX	O
A0030	.....	X	Air ambulance service	0.00	0.00	0.00	0.00	XXX	O
A0040	.....	X	Helicopter ambulance service	0.00	0.00	0.00	0.00	XXX	O
A0050	.....	X	Water amb service emergency	0.00	0.00	0.00	0.00	XXX	O
A0060	.....	D	Ambulance waiting time	0.00	0.00	0.00	0.00	XXX	O
A0070	.....	D	Amb 02 & suppls life sustain	0.00	0.00	0.00	0.00	XXX	O
A0080	.....	G	Noninterest escort in non er	0.00	0.00	0.00	0.00	XXX	O
A0090	.....	G	Interest escort in non er	0.00	0.00	0.00	0.00	XXX	O
A0100	.....	G	Nonemergency transport taxi	0.00	0.00	0.00	0.00	XXX	O
A0110	.....	G	Nonemergency transport bus	0.00	0.00	0.00	0.00	XXX	O
A0120	.....	G	Noner transport mini-bus	0.00	0.00	0.00	0.00	XXX	O
A0130	.....	G	Noner transport wheelch van	0.00	0.00	0.00	0.00	XXX	O
A0140	.....	G	Nonemergency transport air	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
A0150	.....	D	Noner transport ambulance	0.00	0.00	0.00	0.00	XXX	O
A0160	.....	G	Noner transport case worker	0.00	0.00	0.00	0.00	XXX	O
A0170	.....	G	Noner transport parking fees	0.00	0.00	0.00	0.00	XXX	O
A0180	.....	G	Noner transport lodgng recip	0.00	0.00	0.00	0.00	XXX	O
A0190	.....	G	Noner transport meals recip	0.00	0.00	0.00	0.00	XXX	O
A0200	.....	G	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	XXX	O
A0210	.....	G	Noner transport meals escort	0.00	0.00	0.00	0.00	XXX	O
A0215	.....	D	Ambulance service & supplies	0.00	0.00	0.00	0.00	XXX	O
A0220	.....	D	Amb adv support incl service	0.00	0.00	0.00	0.00	XXX	O
A0221	.....	D	Amb adv support one way	0.00	0.00	0.00	0.00	XXX	O
A0222	.....	D	Return trip ambulance	0.00	0.00	0.00	0.00	XXX	O
A0223	.....	D	Amb adv support sep supplies	0.00	0.00	0.00	0.00	XXX	O
A0225	.....	X	Neonatal emergency transport	0.00	0.00	0.00	0.00	XXX	O
A0300	.....	X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	XXX	O
A0302	.....	X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	XXX	O
A0304	.....	X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	XXX	O
A0306	.....	X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	XXX	O
A0308	.....	X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	XXX	O
A0310	.....	X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	XXX	O
A0320	.....	X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	XXX	O
A0322	.....	X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	XXX	O
A0324	.....	X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	XXX	O
A0326	.....	X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	XXX	O
A0328	.....	X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	XXX	O
A0330	.....	X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	XXX	O
A0340	.....	X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	XXX	O
A0342	.....	X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	XXX	O
A0344	.....	X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	XXX	O
A0346	.....	X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	XXX	O
A0348	.....	X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	XXX	O
A0350	.....	X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	XXX	O
A0360	.....	X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	XXX	O
A0362	.....	X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	XXX	O
A0364	.....	X	Adv non-er no serv sep mi & su	0.00	0.00	0.00	0.00	XXX	O
A0366	.....	X	Adv non-er serv sep mil & supp	0.00	0.00	0.00	0.00	XXX	O
A0368	.....	X	Adv er no serv sep mile & supp	0.00	0.00	0.00	0.00	XXX	O
A0370	.....	X	Adv er spec serv sep mi & supp	0.00	0.00	0.00	0.00	XXX	O
A0380	.....	X	Basic life support mileage	0.00	0.00	0.00	0.00	XXX	O
A0382	.....	X	Basic support routine suppls	0.00	0.00	0.00	0.00	XXX	O
A0384	.....	X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	XXX	O
A0390	.....	X	Advanced life support mileag	0.00	0.00	0.00	0.00	XXX	O
A0392	.....	X	Als defibrillation supplies	0.00	0.00	0.00	0.00	XXX	O
A0394	.....	X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	XXX	O
A0396	.....	X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	XXX	O
A0398	.....	X	Als routine disposble suppls	0.00	0.00	0.00	0.00	XXX	O
A0420	.....	X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	XXX	O
A0422	.....	X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	XXX	O
A0424	.....	X	Extra ambulance attendant	0.00	0.00	0.00	0.00	XXX	O
A0888	.....	N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	XXX	O
A0999	.....	X	Unlisted ambulance service	0.00	0.00	0.00	0.00	XXX	O
A2000	.....	A	Chiropractor manip of spine	0.45	0.29	0.01	0.75	XXX	N
A4190	.....	P	Transparent film each	0.00	0.00	0.00	0.00	XXX	O
A4200	.....	P	Gauze pad medicated/non-med	0.00	0.00	0.00	0.00	XXX	O
A4202	.....	P	Elastic gauze roll	0.00	0.00	0.00	0.00	XXX	O
A4203	.....	P	Non-elastic gauze roll	0.00	0.00	0.00	0.00	XXX	O
A4204	.....	P	Absorptve dressing	0.00	0.00	0.00	0.00	XXX	O
A4205	.....	P	Nonabsorptive dressing	0.00	0.00	0.00	0.00	XXX	O
A4206	.....	P	1 CC sterile syringe & needle	0.00	0.00	0.00	0.00	XXX	O
A4207	.....	P	2 CC sterile syringe & needle	0.00	0.00	0.00	0.00	XXX	O
A4208	.....	P	3 CC sterile syringe & needle	0.00	0.00	0.00	0.00	XXX	O
A4209	.....	P	5+ CC sterile syringe & needle	0.00	0.00	0.00	0.00	XXX	O
A4210	.....	N	Nonneedle injection device	0.00	0.00	0.00	0.00	XXX	O
A4211	.....	P	Supp for self-adm injections	0.00	0.00	0.00	0.00	XXX	O
A4212	.....	P	Non coring needle or stylet	0.00	0.00	0.00	0.00	XXX	O
A4213	.....	P	20+ CC syringe only	0.00	0.00	0.00	0.00	XXX	O
A4214	.....	P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	XXX	O
A4215	.....	P	Sterile needle	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	XXX	O
A4244		P	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	XXX	O
A4245		P	Alcohol wipes per box	0.00	0.00	0.00	0.00	XXX	O
A4246		P	Betadine/phisohex solution	0.00	0.00	0.00	0.00	XXX	O
A4247		P	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	XXX	O
A4250		R	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	XXX	N
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	XXX	O
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	XXX	O
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	XXX	O
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	XXX	O
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	XXX	O
A4263		A	Permanent tear duct plug	0.00	0.95	0.00	0.95	XXX	N
A4265		P	Paraffin	0.00	0.00	0.00	0.00	XXX	O
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	XXX	O
A4300		A	Cath impl vasc access portal	0.00	0.95	0.00	0.95	XXX	N
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	XXX	O
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	XXX	O
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	XXX	O
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	XXX	O
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	XXX	O
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	XXX	O
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	XXX	O
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	XXX	O
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	XXX	O
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	XXX	O
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	XXX	O
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	XXX	O
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	O
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	XXX	O
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	XXX	O
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	XXX	O
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	XXX	O
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	XXX	O
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	XXX	O
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	XXX	O
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	XXX	O
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	XXX	O
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	O
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	XXX	O
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	XXX	O
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	XXX	O
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	XXX	O
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	XXX	O
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	XXX	O
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	O
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	XXX	O
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	XXX	O
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	XXX	O
A4363		P	Liquid skin barrier	0.00	0.00	0.00	0.00	XXX	O
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	XXX	O
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	XXX	O
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	XXX	O
A4398		P	Irrigation supply bags	0.00	0.00	0.00	0.00	XXX	O
A4399		P	Irrigation supply cone/cathe	0.00	0.00	0.00	0.00	XXX	O
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX	O
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	XXX	O
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	XXX	O
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	XXX	O
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	XXX	O
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	XXX	O
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	XXX	O
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	XXX	O
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX	O
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX	O
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	XXX	O
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	XXX	O
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	XXX	O
A4550		A	Surgical trays	0.00	0.95	0.00	0.95	XXX	N
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	XXX	O
A4556		P	Electrodes	0.00	0.00	0.00	0.00	XXX	O
A4557		P	Lead wires	0.00	0.00	0.00	0.00	XXX	O
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX	O
A4560		X	Pessary	0.00	0.00	0.00	0.00	XXX	O
A4565		X	Slings	0.00	0.00	0.00	0.00	XXX	O
A4570		X	Splint	0.00	0.00	0.00	0.00	XXX	O
A4572		X	Rib belt	0.00	0.00	0.00	0.00	XXX	O
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	XXX	O
A4581		X	Risser jacket supplies	0.00	0.00	0.00	0.00	XXX	O
A4590		X	Special casting material	0.00	0.00	0.00	0.00	XXX	O
A4610		X	Med supplies for use in DME	0.00	0.00	0.00	0.00	XXX	O
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	XXX	O
A4612		X	Battery cables	0.00	0.00	0.00	0.00	XXX	O
A4613		X	Battery charger	0.00	0.00	0.00	0.00	XXX	O
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	XXX	O
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	XXX	O
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	XXX	O
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	XXX	O
A4619		X	Face tent	0.00	0.00	0.00	0.00	XXX	O
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	XXX	O
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	XXX	O
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	XXX	O
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	XXX	O
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	XXX	O
A4625		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	XXX	O
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	XXX	O
A4627		X	Spacer bag/reservoir	0.00	0.00	0.00	0.00	XXX	O
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	XXX	O
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	XXX	O
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	XXX	O
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	XXX	O
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	XXX	O
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	XXX	O
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	XXX	O
A4642		X	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	XXX	O
A4643		X	High dose contrast MRI	0.00	0.00	0.00	0.00	XXX	O
A4644		E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	XXX	O
A4645		E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	XXX	O
A4646		E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	XXX	O
A4647		B	Supp-paramagnetic contr mat	0.00	0.00	0.00	0.00	XXX	O
A4649		B	Surgical supplies	0.00	0.00	0.00	0.00	XXX	O
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	XXX	O
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	XXX	O
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	XXX	O
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	XXX	O
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	XXX	O
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	XXX	O
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	XXX	O
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	XXX	O
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	XXX	O
A4712		X	Sterile water	0.00	0.00	0.00	0.00	XXX	O
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	XXX	O
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	XXX	O
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	XXX	O
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	XXX	O
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	XXX	O
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	XXX	O
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	XXX	O
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	XXX	O
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	XXX	O
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	XXX	O
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	XXX	O
A4773		X	Hemostix	0.00	0.00	0.00	0.00	XXX	O
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	XXX	O
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	XXX	O
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	XXX	O
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	XXX	O
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	XXX	O
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	XXX	O
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	XXX	O
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	XXX	O
A4890		N	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	XXX	O
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	XXX	O
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	XXX	O
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	XXX	O
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	XXX	O
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	XXX	O
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	XXX	O
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	XXX	O
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	XXX	O
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	XXX	O
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	XXX	O
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	XXX	O
A4927		X	Gloves	0.00	0.00	0.00	0.00	XXX	O
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	XXX	O
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	O
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	XXX	O
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	O
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	XXX	O
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	XXX	O
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	O
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	O
A5064		P	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	XXX	O
A5065		P	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	XXX	O
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	XXX	O
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	XXX	O
A5073		P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	XXX	O
A5074		P	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	XXX	O
A5075		P	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	XXX	O
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	XXX	O
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	XXX	O
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	XXX	O
A5102		P	Bedside btle rigid/expanable	0.00	0.00	0.00	0.00	XXX	O
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	XXX	O
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	O
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	XXX	O
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	XXX	O
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	XXX	O
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	XXX	O
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	XXX	O
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	XXX	O
A5126		P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	XXX	O
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX	O
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	XXX	O
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	XXX	O
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	XXX	O
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	XXX	O
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	XXX	O
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	XXX	O
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	XXX	O
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	XXX	O
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	XXX	O
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	XXX	O
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	XXX	O
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	XXX	O
A9180		D	Naturopaths	0.00	0.00	0.00	0.00	XXX	O
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	XXX	O
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	XXX	O
A9290		D	Descrip not indicat hosp vis	0.00	0.00	0.00	0.00	XXX	O
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
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	Intraor complete film series	0.00	0.00	0.00	0.00	YYY	N
D0220	.....	R	Intraoral periapical first f	0.00	0.00	0.00	0.00	YYY	N
D0230	.....	R	Intraoral periapical ea add	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 ea additional film	0.00	0.00	0.00	0.00	YYY	N
D0270	.....	R	Dental bitewing single film	0.00	0.00	0.00	0.00	YYY	N
D0272	.....	R	Dental bitewings two films	0.00	0.00	0.00	0.00	YYY	N
D0274	.....	R	Dental bitewings four films	0.00	0.00	0.00	0.00	YYY	N
D0290	.....	R	Dental film skull/facial bon	0.00	0.00	0.00	0.00	YYY	N
D0310	.....	R	Dental saliography	0.00	0.00	0.00	0.00	YYY	N
D0320	.....	R	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	YYY	N
D0321	.....	R	Dental other tmj films	0.00	0.00	0.00	0.00	YYY	N
D0322	.....	R	Dental tomographic survey	0.00	0.00	0.00	0.00	YYY	N
D0330	.....	R	Dental panoramic film	0.00	0.00	0.00	0.00	YYY	N
D0340	.....	R	Dental cephalometric film	0.00	0.00	0.00	0.00	YYY	N
D0415	.....	R	Bacteriologic study	0.00	0.00	0.00	0.00	YYY	N
D0425	.....	R	Caries susceptibility test	0.00	0.00	0.00	0.00	YYY	N
D0460	.....	R	Pulp vitality test	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 procedu	0.00	0.00	0.00	0.00	YYY	N
D0999	.....	R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	YYY	N
D1110	.....	R	Dental prophylaxis adult	0.00	0.00	0.00	0.00	YYY	N
D1120	.....	R	Dental prophylaxis child	0.00	0.00	0.00	0.00	YYY	N
D1201	.....	R	Topical fluor w prophy child	0.00	0.00	0.00	0.00	YYY	N
D1203	.....	R	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	YYY	N
D1204	.....	R	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	YYY	N
D1205	.....	R	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	YYY	N
D1310	.....	R	Nutri counsel-control caries	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	Dental sealant per tooth	0.00	0.00	0.00	0.00	YYY	N
D1510	.....	R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	YYY	N
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	YYY	N
D1520	.....	R	Remove unilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1525	.....	R	Remove bilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1550	.....	R	Recement space maintainer	0.00	0.00	0.00	0.00	YYY	N
D2110	.....	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 prima	0.00	0.00	0.00	0.00	YYY	N
D2131	.....	R	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	YYY	N
D2140	.....	R	Amalgam one surface permanen	0.00	0.00	0.00	0.00	YYY	N
D2150	.....	R	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	YYY	N
D2160	.....	R	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	YYY	N
D2161	.....	R	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	YYY	N
D2210	.....	R	Silcate cement per restorat	0.00	0.00	0.00	0.00	YYY	N
D2330	.....	R	Resin one surface-anterior	0.00	0.00	0.00	0.00	YYY	N
D2331	.....	R	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	YYY	N
D2332	.....	R	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	YYY	N
D2335	.....	R	Resin 4/> surf or w incis an	0.00	0.00	0.00	0.00	YYY	N
D2336	.....	R	Composite resin crown	0.00	0.00	0.00	0.00	YYY	N
D2380	.....	R	Resin one surf poster primar	0.00	0.00	0.00	0.00	YYY	N
D2381	.....	R	Resin two surf poster primar	0.00	0.00	0.00	0.00	YYY	N
D2382	.....	R	Resin three/more surf post p	0.00	0.00	0.00	0.00	YYY	N
D2385	.....	R	Resin one surf poster perman	0.00	0.00	0.00	0.00	YYY	N
D2386	.....	R	Resin two surf poster perman	0.00	0.00	0.00	0.00	YYY	N
D2387	.....	R	Resin three/more surf post p	0.00	0.00	0.00	0.00	YYY	N
D2410	.....	R	Dental gold foil one surface	0.00	0.00	0.00	0.00	YYY	N
D2420	.....	R	Dental gold foil two surface	0.00	0.00	0.00	0.00	YYY	N
D2430	.....	R	Dental gold foil three surfa	0.00	0.00	0.00	0.00	YYY	N
D2510	.....	R	Dental inlay metallic 1 surf	0.00	0.00	0.00	0.00	YYY	N
D2520	.....	R	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	YYY	N
D2530	.....	R	Dental inlay metallic 3 surf	0.00	0.00	0.00	0.00	YYY	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D2540		R	Dental onlay metallic	0.00	0.00	0.00	0.00	YYY	N
D2610		R	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	YYY	N
D2620		R	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	YYY	N
D2630		R	Inlay porcelain/ceramic 3 su	0.00	0.00	0.00	0.00	YYY	N
D2640		R	Onlay w inlay porcelain/cera	0.00	0.00	0.00	0.00	YYY	N
D2650		R	Inlay composite/resin one su	0.00	0.00	0.00	0.00	YYY	N
D2651		R	Inlay composite/resin two su	0.00	0.00	0.00	0.00	YYY	N
D2652		R	Inlay composite/resin 3 surf	0.00	0.00	0.00	0.00	YYY	N
D2660		R	Onlay w inlay composite/resi	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 w/ high noble me	0.00	0.00	0.00	0.00	YYY	N
D2721		R	Crown resin w/ base metal	0.00	0.00	0.00	0.00	YYY	N
D2722		R	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	YYY	N
D2740		R	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	YYY	N
D2750		R	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	YYY	N
D2751		R	Crown porcelain fused base m	0.00	0.00	0.00	0.00	YYY	N
D2752		R	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	YYY	N
D2790		R	Crown full cast high noble m	0.00	0.00	0.00	0.00	YYY	N
D2791		R	Crown full cast 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 3/4 cast metallic	0.00	0.00	0.00	0.00	YYY	N
D2910		R	Dental recement inlay	0.00	0.00	0.00	0.00	YYY	N
D2920		R	Dental recement crown	0.00	0.00	0.00	0.00	YYY	N
D2930		R	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	YYY	N
D2931		R	Prefab stnlss steel crown pe	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	Dental sedative filling	0.00	0.00	0.00	0.00	YYY	N
D2950		R	Core build-up incl any pins	0.00	0.00	0.00	0.00	YYY	N
D2951		R	Tooth pin retention	0.00	0.00	0.00	0.00	YYY	N
D2952		R	Post and core cast + crown	0.00	0.00	0.00	0.00	YYY	N
D2954		R	Prefab post/core + crown	0.00	0.00	0.00	0.00	YYY	N
D2960		R	Laminate labial veneer	0.00	0.00	0.00	0.00	YYY	N
D2961		R	Lab labial veneer resin	0.00	0.00	0.00	0.00	YYY	N
D2962		R	Lab 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	0.00	0.00	0.00	0.00	YYY	N
D2999		R	Dental unspec restorative pr	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	Anterior	0.00	0.00	0.00	0.00	YYY	N
D3320		R	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	YYY	N
D3330		R	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	YYY	N
D3346		R	Repeat root canal thrapy ant	0.00	0.00	0.00	0.00	YYY	N
D3347		R	Repeat root canal bicuspid	0.00	0.00	0.00	0.00	YYY	N
D3348		R	Repeat root canal molar	0.00	0.00	0.00	0.00	YYY	N
D3351		R	Apexification/recalc initial	0.00	0.00	0.00	0.00	YYY	N
D3352		R	Apexification/recalc interim	0.00	0.00	0.00	0.00	YYY	N
D3353		R	Apexification/recalc final	0.00	0.00	0.00	0.00	YYY	N
D3410		R	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	YYY	N
D3421		R	Root surgery bicuspid	0.00	0.00	0.00	0.00	YYY	N
D3425		R	Root surgery molar	0.00	0.00	0.00	0.00	YYY	N
D3426		R	Root surgery ea add root	0.00	0.00	0.00	0.00	YYY	N
D3430		R	Retrograde filling	0.00	0.00	0.00	0.00	YYY	N
D3450		R	Root amputation	0.00	0.00	0.00	0.00	YYY	N
D3460		R	Endodontic endosseous implan	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	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	YYY	N
D3920		R	Tooth splitting	0.00	0.00	0.00	0.00	YYY	N
D3950		R	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	YYY	N
D3960		R	Bleaching of discolored toot	0.00	0.00	0.00	0.00	YYY	N
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D4210		R	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	YYY	S
D4211		R	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	YYY	N
D4220		R	Gingival curettage per quadr	0.00	0.00	0.00	0.00	YYY	N
D4240		R	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	YYY	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D4249		R	Crown lengthening	0.00	0.00	0.00	0.00	YYY	N
D4250		R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	YYY	N
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	YYY	S
D4261		R	Bone replace graft single si	0.00	0.00	0.00	0.00	YYY	S
D4262		R	Bone replace graft mult site	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 pr	0.00	0.00	0.00	0.00	YYY	S
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	YYY	S
D4320		R	Provision splnt intracoronal	0.00	0.00	0.00	0.00	YYY	N
D4321		R	Provisional splint extracoro	0.00	0.00	0.00	0.00	YYY	N
D4341		R	Periodontal scaling & root	0.00	0.00	0.00	0.00	YYY	N
D4345		R	Periodontal scaling w/inflam	0.00	0.00	0.00	0.00	YYY	N
D4910		R	Periodontal maint procedures	0.00	0.00	0.00	0.00	YYY	N
D4920		R	Unscheduled dressing change	0.00	0.00	0.00	0.00	YYY	N
D4999		R	Unspecified periodontal proc	0.00	0.00	0.00	0.00	YYY	N
D5110		R	Dentures complete upper	0.00	0.00	0.00	0.00	YYY	N
D5120		R	Dentures complete lower	0.00	0.00	0.00	0.00	YYY	N
D5130		R	Dentures immediate upper	0.00	0.00	0.00	0.00	YYY	N
D5140		R	Dentures immediate lower	0.00	0.00	0.00	0.00	YYY	N
D5211		R	Dentures upp part resin base	0.00	0.00	0.00	0.00	YYY	N
D5212		R	Lower part denture acrylic	0.00	0.00	0.00	0.00	YYY	N
D5213		R	Upper part denture base cast	0.00	0.00	0.00	0.00	YYY	N
D5214		R	Lower part denture base cast	0.00	0.00	0.00	0.00	YYY	N
D5281		R	Removable partial denture	0.00	0.00	0.00	0.00	YYY	N
D5410		R	Dentur adjust complete upper	0.00	0.00	0.00	0.00	YYY	N
D5411		R	Denture adjust complete lowr	0.00	0.00	0.00	0.00	YYY	N
D5421		R	Dentures adjust part upper	0.00	0.00	0.00	0.00	YYY	N
D5422		R	Dentures adjust part lower	0.00	0.00	0.00	0.00	YYY	N
D5510		R	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	YYY	N
D5520		R	Replace denture teeth complt	0.00	0.00	0.00	0.00	YYY	N
D5610		R	Repair resin saddle or base	0.00	0.00	0.00	0.00	YYY	N
D5620		R	Rep part denture cast frame	0.00	0.00	0.00	0.00	YYY	N
D5630		R	Rep partial denture clasp	0.00	0.00	0.00	0.00	YYY	N
D5640		R	Replace part denture teeth	0.00	0.00	0.00	0.00	YYY	N
D5650		R	Add tooth to partial denture	0.00	0.00	0.00	0.00	YYY	N
D5660		R	Add clasp to partial denture	0.00	0.00	0.00	0.00	YYY	N
D5710		R	Dentur rebase complete upper	0.00	0.00	0.00	0.00	YYY	N
D5711		R	Repl base comp lower denture	0.00	0.00	0.00	0.00	YYY	N
D5720		R	Repl base part upper denture	0.00	0.00	0.00	0.00	YYY	N
D5721		R	Repl base part lower denture	0.00	0.00	0.00	0.00	YYY	N
D5730		R	Dentur relin upp compl chrsd	0.00	0.00	0.00	0.00	YYY	N
D5731		R	Resurface l comp denture chr	0.00	0.00	0.00	0.00	YYY	N
D5740		R	Resurface u part denture chr	0.00	0.00	0.00	0.00	YYY	N
D5741		R	Resurface l part denture chr	0.00	0.00	0.00	0.00	YYY	N
D5750		R	Resurface u comp denture lab	0.00	0.00	0.00	0.00	YYY	N
D5751		R	Resurface l comp denture lab	0.00	0.00	0.00	0.00	YYY	N
D5760		R	Resurface u part denture lab	0.00	0.00	0.00	0.00	YYY	N
D5761		R	Resurface l part denture lab	0.00	0.00	0.00	0.00	YYY	N
D5810		R	Denturs interim complete upp	0.00	0.00	0.00	0.00	YYY	N
D5811		R	Temp complete denture lower	0.00	0.00	0.00	0.00	YYY	N
D5820		R	Temp partial denture upper	0.00	0.00	0.00	0.00	YYY	N
D5821		R	Temp partial denture lower	0.00	0.00	0.00	0.00	YYY	N
D5850		R	Tissue conditioning	0.00	0.00	0.00	0.00	YYY	N
D5851		R	Tissue conditioning lower	0.00	0.00	0.00	0.00	YYY	N
D5860		R	Overdenture complete	0.00	0.00	0.00	0.00	YYY	N
D5861		R	Overdenture partial	0.00	0.00	0.00	0.00	YYY	N
D5862		R	Precision attachment	0.00	0.00	0.00	0.00	YYY	N
D5899		R	Removable prosthodontic proc	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	Facial prosthesis	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 interim	0.00	0.00	0.00	0.00	YYY	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D5924	.....	R	Cranial prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5925	.....	R	Facial augmentation implant	0.00	0.00	0.00	0.00	YYY	N
D5926	.....	R	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5927	.....	R	Auricular replacement	0.00	0.00	0.00	0.00	YYY	N
D5928	.....	R	Orbital replacement	0.00	0.00	0.00	0.00	YYY	N
D5929	.....	R	Facial 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 flange prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5935	.....	R	Mandibular denture prosth	0.00	0.00	0.00	0.00	YYY	N
D5936	.....	R	Temp obturator prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5937	.....	R	Trismus appliance	0.00	0.00	0.00	0.00	YYY	N
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	Intraoral con def inter plt	0.00	0.00	0.00	0.00	YYY	N
D5959	.....	R	Intraoral con def mod palat	0.00	0.00	0.00	0.00	YYY	N
D5960	.....	R	Modify speech aid prosthesis	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 applicator	0.00	0.00	0.00	0.00	YYY	N
D5984	.....	R	Radiation shield	0.00	0.00	0.00	0.00	YYY	N
D5985	.....	R	Radiation cone locator	0.00	0.00	0.00	0.00	YYY	N
D5986	.....	R	Fluoride applicator	0.00	0.00	0.00	0.00	YYY	N
D5987	.....	R	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	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	YYY	N
D6030	.....	R	Prosthodont endosseous impl	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	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	Removal of implant	0.00	0.00	0.00	0.00	YYY	N
D6199	.....	R	Implant procedure	0.00	0.00	0.00	0.00	YYY	N
D6210	.....	R	Prosthodont high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6211	.....	R	Bridge base metal cast	0.00	0.00	0.00	0.00	YYY	N
D6212	.....	R	Bridge noble metal cast	0.00	0.00	0.00	0.00	YYY	N
D6240	.....	R	Bridge porcelain high noble	0.00	0.00	0.00	0.00	YYY	N
D6241	.....	R	Bridge porcelain base metal	0.00	0.00	0.00	0.00	YYY	N
D6242	.....	R	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	YYY	N
D6250	.....	R	Bridge resin w/high noble	0.00	0.00	0.00	0.00	YYY	N
D6251	.....	R	Bridge resin base metal	0.00	0.00	0.00	0.00	YYY	N
D6252	.....	R	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	YYY	N
D6520	.....	R	Dental retainer two surfaces	0.00	0.00	0.00	0.00	YYY	N
D6530	.....	R	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	YYY	N
D6540	.....	R	Retainer metallic cusps	0.00	0.00	0.00	0.00	YYY	N
D6545	.....	R	Retainer acid etch bridge	0.00	0.00	0.00	0.00	YYY	N
D6720	.....	R	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	YYY	N
D6721	.....	R	Crown resin w/base metal	0.00	0.00	0.00	0.00	YYY	N
D6722	.....	R	Crown resin w/noble metal	0.00	0.00	0.00	0.00	YYY	N
D6750	.....	R	Crown porcelain high noble	0.00	0.00	0.00	0.00	YYY	N
D6751	.....	R	Crown porcelain base metal	0.00	0.00	0.00	0.00	YYY	N
D6752	.....	R	Crown porcelain noble metal	0.00	0.00	0.00	0.00	YYY	N
D6780	.....	R	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6790	.....	R	Crown full high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6791	.....	R	Crown full base metal cast	0.00	0.00	0.00	0.00	YYY	N
D6792	.....	R	Crown full noble metal cast	0.00	0.00	0.00	0.00	YYY	N
D6930	.....	R	Dental 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	Post & core plus retainer	0.00	0.00	0.00	0.00	YYY	N
D6971	.....	R	Cast post bridge retainer	0.00	0.00	0.00	0.00	YYY	N
D6972	.....	R	Prefab post & core plus reta	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

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D6975	.....	R	Coping metal	0.00	0.00	0.00	0.00	YYY	N
D6980	.....	R	Bridge repair	0.00	0.00	0.00	0.00	YYY	N
D6999	.....	R	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	YYY	N
D7110	.....	R	Oral surgery single tooth	0.00	0.00	0.00	0.00	YYY	S
D7120	.....	R	Each add tooth extraction	0.00	0.00	0.00	0.00	YYY	S
D7130	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7210	.....	R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	YYY	S
D7220	.....	R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	YYY	S
D7230	.....	R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	YYY	S
D7240	.....	R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	YYY	S
D7241	.....	R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	YYY	S
D7250	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7260	.....	R	Oral antral fistula closure	0.00	0.00	0.00	0.00	YYY	S
D7270	.....	R	Tooth reimplantation	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	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	YYY	N
D7281	.....	R	Exposure tooth aid eruption	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	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	Alveoplasty w/extraction	0.00	0.00	0.00	0.00	YYY	S
D7320	.....	R	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	YYY	S
D7340	.....	R	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	YYY	S
D7350	.....	R	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	YYY	S
D7410	.....	R	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7420	.....	R	Lesion > 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7430	.....	R	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7431	.....	R	Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7440	.....	R	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	YYY	N
D7441	.....	R	Malig tumor > 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7450	.....	R	Rem odontogen cyst to 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7451	.....	R	Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7460	.....	R	Rem nonodonto cyst to 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7461	.....	R	Rem nonodonto cyst > 1.25 cm	0.00	0.00	0.00	0.00	YYY	S
D7465	.....	R	Lesion destruction	0.00	0.00	0.00	0.00	YYY	N
D7470	.....	R	Rem exostosis maxilla/mandib	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	Mandible resection	0.00	0.00	0.00	0.00	YYY	S
D7510	.....	R	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	YYY	S
D7520	.....	R	I&d abscess extraoral	0.00	0.00	0.00	0.00	YYY	S
D7530	.....	R	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	YYY	S
D7540	.....	R	Removal of fb reaction	0.00	0.00	0.00	0.00	YYY	S
D7550	.....	R	Removal of sloughed off bone	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 reduct simple	0.00	0.00	0.00	0.00	YYY	S
D7620	.....	R	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	YYY	S
D7630	.....	R	Open red simpl mandible fx	0.00	0.00	0.00	0.00	YYY	S
D7640	.....	R	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	YYY	S
D7650	.....	R	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	YYY	S
D7660	.....	R	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	YYY	S
D7670	.....	R	Open red simple alveolus fx	0.00	0.00	0.00	0.00	YYY	S
D7680	.....	R	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	YYY	S
D7710	.....	R	Maxilla open reduct compound	0.00	0.00	0.00	0.00	YYY	S
D7720	.....	R	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	YYY	S
D7730	.....	R	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	YYY	S
D7740	.....	R	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	YYY	S
D7750	.....	R	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	YYY	S
D7760	.....	R	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	YYY	N
D7770	.....	R	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	YYY	N
D7780	.....	R	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	YYY	S
D7810	.....	R	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	YYY	S
D7820	.....	R	Closed tmp manipulation	0.00	0.00	0.00	0.00	YYY	S
D7830	.....	R	Tmj manipulation under anest	0.00	0.00	0.00	0.00	YYY	N
D7840	.....	R	Removal of tmj condyle	0.00	0.00	0.00	0.00	YYY	S
D7850	.....	R	Tmj meniscectomy	0.00	0.00	0.00	0.00	YYY	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D7852		R	Tmj repair of joint disc	0.00	0.00	0.00	0.00	YYY	N
D7854		R	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	YYY	N
D7856		R	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	YYY	N
D7858		R	Tmj reconstruction	0.00	0.00	0.00	0.00	YYY	N
D7860		R	Tmj cutting into joint	0.00	0.00	0.00	0.00	YYY	S
D7865		R	Tmj reshaping components	0.00	0.00	0.00	0.00	YYY	N
D7870		R	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	YYY	N
D7872		R	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	YYY	N
D7873		R	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	YYY	N
D7874		R	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	YYY	N
D7875		R	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	YYY	N
D7876		R	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	YYY	N
D7877		R	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	YYY	N
D7880		R	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	YYY	S
D7899		R	Tmj unspecified therapy	0.00	0.00	0.00	0.00	YYY	N
D7910		R	Dent sutur recent wnd to 5 cm	0.00	0.00	0.00	0.00	YYY	N
D7911		R	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7912		R	Suture complicate wnd > 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7920		R	Dental skin graft	0.00	0.00	0.00	0.00	YYY	S
D7940		R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	YYY	S
D7941		R	Bone cutting ramus closed	0.00	0.00	0.00	0.00	YYY	N
D7942		R	Bone cutting ramus open	0.00	0.00	0.00	0.00	YYY	N
D7943		R	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	YYY	S
D7944		R	Bone cutting segmented	0.00	0.00	0.00	0.00	YYY	N
D7945		R	Bone cutting body mandible	0.00	0.00	0.00	0.00	YYY	S
D7946		R	Reconstruction maxilla total	0.00	0.00	0.00	0.00	YYY	S
D7947		R	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	YYY	N
D7948		R	Reconstruct midface no graft	0.00	0.00	0.00	0.00	YYY	S
D7949		R	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	YYY	N
D7950		R	Mandible graft	0.00	0.00	0.00	0.00	YYY	S
D7955		R	Repair maxillofacial defects	0.00	0.00	0.00	0.00	YYY	S
D7960		R	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	YYY	S
D7970		R	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	YYY	N
D7971		R	Excision 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	Dental 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	Oral surgery procedure	0.00	0.00	0.00	0.00	YYY	S
D8110		R	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	YYY	N
D8120		R	Fixed appliance therapy guid	0.00	0.00	0.00	0.00	YYY	N
D8210		R	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	YYY	N
D8220		R	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	YYY	N
D8360		R	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	YYY	N
D8370		R	Fixed appliance interceptive	0.00	0.00	0.00	0.00	YYY	N
D8460		R	Trans dentit class 1 malocc	0.00	0.00	0.00	0.00	YYY	N
D8470		R	Class ii malocclusion trnstn	0.00	0.00	0.00	0.00	YYY	N
D8480		R	Class iii malocclusion trnst	0.00	0.00	0.00	0.00	YYY	N
D8560		R	Class i tx atyp/ext skel cas	0.00	0.00	0.00	0.00	YYY	N
D8570		R	Class ii malocclusion perman	0.00	0.00	0.00	0.00	YYY	N
D8580		R	Class iii malocclusion permn	0.00	0.00	0.00	0.00	YYY	N
D8650		R	Tx atypical/extend skel 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	Orthodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D9110		R	Dent procedure general minor	0.00	0.00	0.00	0.00	YYY	N
D9210		R	Dent anesthesia w/o surgery	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 block anesthesia	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 ea ad 15m	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

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
D9310	.....	R	Dental consultation	0.00	0.00	0.00	0.00	YYY	N
D9410	.....	R	Dental 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 during hours	0.00	0.00	0.00	0.00	YYY	N
D9440	.....	R	Office visit after hours	0.00	0.00	0.00	0.00	YYY	N
D9610	.....	R	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	YYY	N
D9630	.....	R	Other drugs/medicaments	0.00	0.00	0.00	0.00	YYY	N
D9910	.....	R	Dent appl desensitizing med	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 mouthguards	0.00	0.00	0.00	0.00	YYY	N
D9950	.....	R	Occlusion analysis	0.00	0.00	0.00	0.00	YYY	N
D9951	.....	R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9952	.....	R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9999	.....	R	Adjunctive procedure	0.00	0.00	0.00	0.00	YYY	N
G0001	.....	X	Drawing blood for specimen	0.00	0.00	0.00	0.00	XXX	O
G0002	.....	A	Temporary urinary catheter	0.50	0.70	0.02	1.22	000	S
G0003	.....	D	ECG 24hr attended monitoring	0.00	0.00	0.00	0.00	XXX	N
G0003	26	D	ECG 24hr attended monitoring	0.00	0.00	0.00	0.00	XXX	N
G0003	TC	D	ECG 24hr attended monitoring	0.00	0.00	0.00	0.00	XXX	N
G0004	.....	A	ECG transm phys review & int	0.52	7.31	0.65	8.48	XXX	N
G0005	.....	A	ECG 24 hour recording	0.00	1.18	0.09	1.27	XXX	N
G0006	.....	A	ECG transmission & analysis	0.00	5.73	0.51	6.24	XXX	N
G0007	.....	A	ECG phy review & interpret	0.52	0.40	0.05	0.97	XXX	N
G0008	.....	X	Admin influenza virus vac	0.00	0.00	0.00	0.00	XXX	O
G0009	.....	X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	XXX	O
G0010	.....	X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	XXX	O
G0015	.....	A	Post symptom ECG tracing	0.00	5.73	0.51	6.24	XXX	N
G0016	.....	A	Post symptom ECG md review	0.52	0.40	0.05	0.97	XXX	N
G0020	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	010	S
G0021	.....	C	Prepare orbital prosthesis	0.00	0.00	0.00	0.00	090	S
G0025	.....	A	Collagen skin test kit	0.00	0.95	0.00	0.95	XXX	N
H5300	.....	A	Occupational therapy	0.32	0.24	0.03	0.59	XXX	N
J0110	.....	E	Administration injection	0.00	0.00	0.00	0.00	XXX	O
J0120	.....	E	Tetracyclin injection	0.00	0.00	0.00	0.00	XXX	O
J0150	.....	E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	XXX	O
J0170	.....	E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	XXX	O
J0190	.....	E	Biperiden 2 MG injection	0.00	0.00	0.00	0.00	XXX	O
J0205	.....	E	Alglucerase injection	0.00	0.00	0.00	0.00	XXX	O
J0210	.....	E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	XXX	O
J0220	.....	D	Allergy desensitization aqeo	0.00	0.00	0.00	0.00	XXX	O
J0230	.....	D	Allergy desensitization allp	0.00	0.00	0.00	0.00	XXX	O
J0240	.....	D	Allergy desensitiz emulsific	0.00	0.00	0.00	0.00	XXX	O
J0256	.....	E	Alpha 1-proteinase 500 MG	0.00	0.00	0.00	0.00	XXX	O
J0280	.....	E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	XXX	O
J0290	.....	E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	XXX	O
J0295	.....	E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	XXX	O
J0300	.....	E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	XXX	O
J0330	.....	E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	XXX	O
J0340	.....	E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	XXX	O
J0350	.....	E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	XXX	O
J0360	.....	E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J0380	.....	E	Metaraminol injection	0.00	0.00	0.00	0.00	XXX	O
J0390	.....	E	Chloroquine injection	0.00	0.00	0.00	0.00	XXX	O
J0400	.....	E	Trimethaphan injection	0.00	0.00	0.00	0.00	XXX	O
J0460	.....	E	Atropine sulfate injection	0.00	0.00	0.00	0.00	XXX	O
J0470	.....	E	Dimecaprol injection	0.00	0.00	0.00	0.00	XXX	O
J0475	.....	E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	XXX	O
J0500	.....	E	Dicyclomine injection	0.00	0.00	0.00	0.00	XXX	O
J0510	.....	E	Benzquinamide injection	0.00	0.00	0.00	0.00	XXX	O
J0515	.....	E	Benztropine injection	0.00	0.00	0.00	0.00	XXX	O
J0520	.....	E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	XXX	O
J0530	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O
J0540	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O
J0550	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O
J0560	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	O
J0585		E	Botulinum toxin a per 100 u	0.00	0.00	0.00	0.00	XXX	O
J0590		E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	XXX	O
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	XXX	O
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	XXX	O
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	XXX	O
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	XXX	O
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	XXX	O
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	XXX	O
J0670		E	Mepivacaine injection	0.00	0.00	0.00	0.00	XXX	O
J0680		E	Deslanoside injection	0.00	0.00	0.00	0.00	XXX	O
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	XXX	O
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0700		D	Betamethasone injection	0.00	0.00	0.00	0.00	XXX	O
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	XXX	O
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	XXX	O
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	XXX	O
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	XXX	O
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	XXX	O
J0730		E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	XXX	O
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	XXX	O
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	XXX	O
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	XXX	O
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	XXX	O
J0790		D	Niketharnide injection	0.00	0.00	0.00	0.00	XXX	O
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	XXX	O
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	XXX	O
J0820		E	Cortigel 40 injection	0.00	0.00	0.00	0.00	XXX	O
J0830		D	Cotrophin zinc hydroxid inj	0.00	0.00	0.00	0.00	XXX	O
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	XXX	O
J0840		D	Warfarin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	XXX	O
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	XXX	O
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	O
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	XXX	O
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	XXX	O
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	XXX	O
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	XXX	O
J1055		E	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	XXX	O
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	XXX	O
J1070		E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	XXX	O
J1080		E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	XXX	O
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	XXX	O
J1100		E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	XXX	O
J1110		E	Dehydroergotamine injection	0.00	0.00	0.00	0.00	XXX	O
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	XXX	O
J1155		D	Digitoxin injection	0.00	0.00	0.00	0.00	XXX	O
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	XXX	O
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	XXX	O
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	XXX	O
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	XXX	O
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	XXX	O
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	XXX	O
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	XXX	O
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	XXX	O
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	XXX	O
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	XXX	O
J1340		E	Aqueous/saline placebo inj	0.00	0.00	0.00	0.00	XXX	O
J1350		D	Erythromycin-im inj	0.00	0.00	0.00	0.00	XXX	O
J1360		D	Erythromycin-iv inj	0.00	0.00	0.00	0.00	XXX	O
J1362		E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	XXX	O
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	XXX	O
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	XXX	O
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	XXX	O
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	XXX	O
J1440		E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	XXX	O
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	XXX	O
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	XXX	O
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1560		E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1561		E	Immune globulin injection	0.00	0.00	0.00	0.00	XXX	O
J1562		E	Immune globulin 10% /5 grams	0.00	0.00	0.00	0.00	XXX	O
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	XXX	O
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	XXX	O
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	XXX	O
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	XXX	O
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	XXX	O
J1625		E	Granisetron hydrochlor/1 MG	0.00	0.00	0.00	0.00	XXX	O
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	XXX	O
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	XXX	O
J1640		D	Heparin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	XXX	O
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	XXX	O
J1660		E	Histamine injection	0.00	0.00	0.00	0.00	XXX	O
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	XXX	O
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	XXX	O
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	XXX	O
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	XXX	O
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	XXX	O
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	XXX	O
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	XXX	O
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	XXX	O
J1760		E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1770		E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1780		E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	XXX	O
J1785		E	Injection imiglucerase/unit	0.00	0.00	0.00	0.00	XXX	O
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	XXX	O
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	XXX	O
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	XXX	O
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	XXX	O
J1830		E	Interferon beta-1b/.25 MG	0.00	0.00	0.00	0.00	XXX	O
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	XXX	O
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	XXX	O
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	XXX	O
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	XXX	O
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	XXX	O
J1950		E	Leuprolide acetate/3.75 MG	0.00	0.00	0.00	0.00	XXX	O
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	XXX	O
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	XXX	O
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	XXX	O
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	XXX	O
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	XXX	O
J2050		E	Liver injection	0.00	0.00	0.00	0.00	XXX	O
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	XXX	O
J2100		E	Luminal sodium injection	0.00	0.00	0.00	0.00	XXX	O
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	XXX	O
J2160		D	Cyclizine lactate injection	0.00	0.00	0.00	0.00	XXX	O
J2175		E	Meperidine hydrochl/100 MG	0.00	0.00	0.00	0.00	XXX	O
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	XXX	O
J2190		E	Mersalyl & theophylline inj	0.00	0.00	0.00	0.00	XXX	O
J2210		E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	XXX	O
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	XXX	O
J2260		E	Inj milrinone lactate/5 ML	0.00	0.00	0.00	0.00	XXX	O
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	O
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	O
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	XXX	O
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	XXX	O
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	XXX	O
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	XXX	O
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	XXX	O
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	XXX	O
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2430		E	Pamidronate disodium/30 MG	0.00	0.00	0.00	0.00	XXX	O
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	XXX	O
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	XXX	O
J2490		D	Paraldehyde injection	0.00	0.00	0.00	0.00	XXX	O
J2495		E	Tridihexethyl chloride inj	0.00	0.00	0.00	0.00	XXX	O
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	XXX	O
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	XXX	O
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	O
J2520		D	Thiopental sodium injection	0.00	0.00	0.00	0.00	XXX	O
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	XXX	O
J2545		E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	XXX	O
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	O
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	XXX	O
J2595		D	Vasopressin tannate inj	0.00	0.00	0.00	0.00	XXX	O
J2600		D	Posterior pituitary inj	0.00	0.00	0.00	0.00	XXX	O
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	XXX	O
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	XXX	O
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2672		D	Propantheline bromide inj	0.00	0.00	0.00	0.00	XXX	O
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	XXX	O
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	XXX	O
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2700		E	Oxacillin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J2710		E	Neostigmine methylsIfte inj	0.00	0.00	0.00	0.00	XXX	O
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	XXX	O
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	XXX	O
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	XXX	O
J2760		E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	XXX	O
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	XXX	O
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	XXX	O
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	XXX	O
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	XXX	O
J2825		D	Sarracenia purpurea injection	0.00	0.00	0.00	0.00	XXX	O
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	O
J2910		E	Aurothioglucose injection	0.00	0.00	0.00	0.00	XXX	O
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	XXX	O
J2914		E	Sodium salicylate injection	0.00	0.00	0.00	0.00	XXX	O

All numeric CPT HCPCS Copyright 1994 American Medical Association

[2] # Indicates RVUs are not used for Medicare payment.

[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	O
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	O
J2950		E	Promazine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	XXX	O
J2995		E	Inj streptokinase/250000 IU	0.00	0.00	0.00	0.00	XXX	O
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	XXX	O
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	XXX	O
J3005		E	Strontium-89 chloride/10 ML	0.00	0.00	0.00	0.00	XXX	O
J3010		E	Fentanyl citrate injection	0.00	0.00	0.00	0.00	XXX	O
J3030		E	Sumatriptan succinate/6 MG	0.00	0.00	0.00	0.00	XXX	O
J3050		D	Decamethonium bromide inj	0.00	0.00	0.00	0.00	XXX	O
J3070		E	Pentazocine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	XXX	O
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	XXX	O
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	O
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	O
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	XXX	O
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	XXX	O
J3180		D	Tetanus toxoid injection	0.00	0.00	0.00	0.00	XXX	O
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	XXX	O
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	XXX	O
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	XXX	O
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	XXX	O
J3301		E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	XXX	O
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	XXX	O
J3303		E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	XXX	O
J3310		E	Perphenazine injection	0.00	0.00	0.00	0.00	XXX	O
J3320		E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	XXX	O
J3340		E	Cryptenamine acetate inj	0.00	0.00	0.00	0.00	XXX	O
J3350		E	Urea injection	0.00	0.00	0.00	0.00	XXX	O
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	XXX	O
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	XXX	O
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	XXX	O
J3370		E	Vancomycin hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3380		E	Isoxsuprine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	XXX	O
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	XXX	O
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	XXX	O
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	XXX	O
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	XXX	O
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	XXX	O
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	XXX	O
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	XXX	O
J3500		E	Vitamin therapy	0.00	0.00	0.00	0.00	XXX	O
J3520		N	Endrate ethyl-tetra-acet inj	0.00	0.00	0.00	0.00	XXX	O
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	XXX	O
J3535		E	Metered dose inhaler drug	0.00	0.00	0.00	0.00	XXX	O
J3540		E	Autogenous blood extract	0.00	0.00	0.00	0.00	XXX	O
J3550		E	Intra-arterial oxygen inj	0.00	0.00	0.00	0.00	XXX	O
J3560		E	Adrenal cortex extract	0.00	0.00	0.00	0.00	XXX	O
J3570		N	Laetrile amygdalin vit b17	0.00	0.00	0.00	0.00	XXX	O
J6015		N	Typhus immun/injection	0.00	0.00	0.00	0.00	XXX	O
J7010		D	Vl allergy vac sing dos inj	0.00	0.00	0.00	0.00	XXX	O
J7020		D	Multiple dose vial allergy va	0.00	0.00	0.00	0.00	XXX	O
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	O
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	O
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	XXX	O
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	O
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	XXX	O
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	XXX	O
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	XXX	O
J7080		E	5% albumisol infusion	0.00	0.00	0.00	0.00	XXX	O
J7090		E	25% albumisol infusion	0.00	0.00	0.00	0.00	XXX	O
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	XXX	O
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J7120	.....	E	Ringers lactate infusion	0.00	0.00	0.00	0.00	XXX	O
J7130	.....	E	Hypertonic saline solution	0.00	0.00	0.00	0.00	XXX	O
J7140	.....	N	Prescription oral drug	0.00	0.00	0.00	0.00	XXX	O
J7150	.....	N	Prescription oral chemo drug	0.00	0.00	0.00	0.00	XXX	O
J7190	.....	X	Factor viii	0.00	0.00	0.00	0.00	XXX	O
J7192	.....	X	Factor viii recombinant	0.00	0.00	0.00	0.00	XXX	O
J7194	.....	X	Factor ix complex	0.00	0.00	0.00	0.00	XXX	O
J7196	.....	X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	XXX	O
J7197	.....	X	Antithrombin iii injection	0.00	0.00	0.00	0.00	XXX	O
J7300	.....	E	Intraut copper contraceptive	0.00	0.00	0.00	0.00	XXX	O
J7500	.....	X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	XXX	O
J7501	.....	X	Azathioprine parenteral	0.00	0.00	0.00	0.00	XXX	O
J7502	.....	X	Cyclosporine oral solution	0.00	0.00	0.00	0.00	XXX	O
J7503	.....	X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	XXX	O
J7504	.....	X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	XXX	O
J7505	.....	X	Monoclonal antibodies	0.00	0.00	0.00	0.00	XXX	O
J7506	.....	X	Prednisone	0.00	0.00	0.00	0.00	XXX	O
J7507	.....	E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	XXX	O
J7508	.....	E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	XXX	O
J7610	.....	E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	XXX	O
J7615	.....	E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	XXX	O
J7620	.....	E	Albuterol sulfate .083% inj	0.00	0.00	0.00	0.00	XXX	O
J7625	.....	E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	XXX	O
J7627	.....	E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	XXX	O
J7630	.....	E	Cromolyn sodium injection	0.00	0.00	0.00	0.00	XXX	O
J7640	.....	E	Epinephrine injection	0.00	0.00	0.00	0.00	XXX	O
J7645	.....	E	Ipratropium bromide .02% ml	0.00	0.00	0.00	0.00	XXX	O
J7650	.....	E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	XXX	O
J7651	.....	E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	XXX	O
J7652	.....	E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	XXX	O
J7653	.....	E	Isoetharine hcl .2% inj	0.00	0.00	0.00	0.00	XXX	O
J7654	.....	E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	XXX	O
J7655	.....	E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	XXX	O
J7660	.....	E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	XXX	O
J7665	.....	E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	XXX	O
J7670	.....	E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	XXX	O
J7672	.....	E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	XXX	O
J7675	.....	E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	XXX	O
J7699	.....	E	Inhalation solution for DME	0.00	0.00	0.00	0.00	XXX	O
J7799	.....	E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	XXX	O
J8499	.....	E	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	XXX	O
J8530	.....	E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	XXX	O
J8560	.....	E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	XXX	O
J8600	.....	E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	XXX	O
J8610	.....	E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	XXX	O
J8999	.....	E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	XXX	O
J9000	.....	E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	XXX	O
J9010	.....	E	Doxorubicin hcl 50 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9020	.....	E	Asparaginase injection	0.00	0.00	0.00	0.00	XXX	O
J9031	.....	E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	XXX	O
J9040	.....	E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	XXX	O
J9045	.....	E	Carboplatin injection	0.00	0.00	0.00	0.00	XXX	O
J9050	.....	E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	XXX	O
J9060	.....	E	Cisplatin 10 MG injeciton	0.00	0.00	0.00	0.00	XXX	O
J9062	.....	E	Cisplatin 50 MG injeciton	0.00	0.00	0.00	0.00	XXX	O
J9065	.....	E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	XXX	O
J9070	.....	E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9080	.....	E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9090	.....	E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9091	.....	E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	XXX	O
J9092	.....	E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	XXX	O
J9093	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	O
J9094	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	O
J9095	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	O
J9096	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	O
J9097	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	O
J9100	.....	E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
J9110	.....	E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9120	.....	E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	XXX	O
J9130	.....	E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9140	.....	E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9150	.....	E	Daunorubicin hcl injection	0.00	0.00	0.00	0.00	XXX	O
J9165	.....	E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	XXX	O
J9181	.....	E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9182	.....	E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9185	.....	E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	XXX	O
J9190	.....	E	Fluorouracil injection	0.00	0.00	0.00	0.00	XXX	O
J9200	.....	E	Floxuridine injection	0.00	0.00	0.00	0.00	XXX	O
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	XXX	O
J9208	.....	E	Ifosfomide injection	0.00	0.00	0.00	0.00	XXX	O
J9209	.....	E	Mesna injection	0.00	0.00	0.00	0.00	XXX	O
J9211	.....	E	Idarubicin hcl injeciton	0.00	0.00	0.00	0.00	XXX	O
J9213	.....	E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	XXX	O
J9214	.....	E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	XXX	O
J9215	.....	E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	XXX	O
J9216	.....	E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	XXX	O
J9217	.....	E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	XXX	O
J9218	.....	E	Leuprolide acetate injeciton	0.00	0.00	0.00	0.00	XXX	O
J9230	.....	E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	XXX	O
J9245	.....	E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	XXX	O
J9250	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	O
J9260	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	O
J9265	.....	E	Paclitaxel injection	0.00	0.00	0.00	0.00	XXX	O
J9268	.....	E	Pentostatin injection	0.00	0.00	0.00	0.00	XXX	O
J9270	.....	E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	XXX	O
J9280	.....	E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9290	.....	E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9291	.....	E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9293	.....	E	Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	XXX	O
J9295	.....	E	Polyestradiol phosphate inj	0.00	0.00	0.00	0.00	XXX	O
J9320	.....	E	Streptozocin injection	0.00	0.00	0.00	0.00	XXX	O
J9340	.....	E	Thiotepa injection	0.00	0.00	0.00	0.00	XXX	O
J9360	.....	E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	XXX	O
J9370	.....	E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9375	.....	E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9380	.....	E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	XXX	O
J9999	.....	E	Chemotherapy drug	0.00	0.00	0.00	0.00	XXX	O
M0005	.....	A	Off visit 2/more modalities	0.76	0.31	0.03	1.10	XXX	N
M0006	.....	A	One phys therapy modality	0.50	0.15	0.02	0.67	XXX	N
M0007	.....	A	Combined phys ther mod & tx	1.01	0.35	0.04	1.40	XXX	N
M0008	.....	A	Combined phys ther mod & tx	0.50	0.11	0.01	0.62	XXX	N
M0064	.....	A	Visit for drug monitoring	0.37	0.19	0.03	0.59	XXX	N
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	XXX	O
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	XXX	O
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	XXX	O
M0101	.....	A	Cutting or removal of corns	0.37	0.35	0.03	0.75	XXX	S
M0300	.....	N	Iv chelationtherapy	0.00	0.00	0.00	0.00	XXX	O
M0301	.....	N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	XXX	O
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	XXX	O
M0900	.....	D	Excision/rev a-v shunt anast	0.00	0.00	0.00	0.00	XXX	O
P2028	.....	X	Cephalin floculation test	0.00	0.00	0.00	0.00	XXX	O
P2029	.....	X	Congo red blood test	0.00	0.00	0.00	0.00	XXX	O
P2031	.....	N	Hair analysis	0.00	0.00	0.00	0.00	XXX	O
P2033	.....	X	Blood thymol turbidity	0.00	0.00	0.00	0.00	XXX	O
P2038	.....	X	Blood mucoprotein	0.00	0.00	0.00	0.00	XXX	O
P3000	.....	X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	XXX	O
P3001	.....	X	Screening pap smear by phys	0.00	0.00	0.00	0.00	XXX	O
P3001	26	A	Screening pap smear by phys	0.42	0.32	0.04	0.78	XXX	N
P7001	.....	X	Culture bacterial urine	0.00	0.00	0.00	0.00	XXX	O
P9010	.....	E	Whole blood for transfusion	0.00	0.00	0.00	0.00	XXX	O
P9011	.....	E	Blood split unit	0.00	0.00	0.00	0.00	XXX	O
P9012	.....	E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	XXX	O
P9013	.....	E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	XXX	O
P9014	.....	E	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
P9015		E	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	XXX	O
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	XXX	O
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	XXX	O
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	XXX	O
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	XXX	O
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	XXX	O
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	XXX	O
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	XXX	O
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	XXX	O
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	XXX	O
P9605		X	Routine venipuncture	0.00	0.00	0.00	0.00	XXX	O
P9610		X	Urine specimen collect singl	0.00	0.00	0.00	0.00	XXX	O
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	XXX	O
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	XXX	O
Q0035		A	Cardiokymography	0.17	0.49	0.04	0.70	XXX	N
Q0035	26	A	Cardiokymography	0.17	0.12	0.01	0.30	XXX	N
Q0035	TC	A	Cardiokymography	0.00	0.37	0.03	0.40	XXX	N
Q0068		A	Extracorpeal plasmapheresis	1.67	1.27	0.16	3.10	000	N
Q0091		A	Obtaining screen pap smear	0.37	0.28	0.03	0.68	XXX	N
Q0092		A	Set up port xray equipment	0.00	0.30	0.01	0.31	XXX	N
Q0103		A	Physical therapy evaluation	1.01	0.35	0.11	1.47	XXX	N
Q0104		A	Phys therapy re-evaluation	0.50	0.04	0.01	0.55	XXX	N
Q0109		A	Occupational therapy eval	1.01	0.35	0.11	1.47	XXX	N
Q0110		A	Occupational therap re-eval	0.50	0.04	0.01	0.55	XXX	N
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	XXX	O
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	XXX	O
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	XXX	O
Q0114		X	Fern test	0.00	0.00	0.00	0.00	XXX	O
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	XXX	O
Q0116		X	Hemoglbn sngle analyte exam	0.00	0.00	0.00	0.00	XXX	O
Q0117		D	Diabetic shoe, depth-inlay	0.00	0.00	0.00	0.00	XXX	O
Q0118		D	Diabetic shoe, custom moled	0.00	0.00	0.00	0.00	XXX	O
Q0119		D	Diabetic shoe density insert	0.00	0.00	0.00	0.00	XXX	O
Q0120		D	Diabetic shoe roller/rocker	0.00	0.00	0.00	0.00	XXX	O
Q0121		D	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	XXX	O
Q0122		D	Diabetic shoe metatarsal bar	0.00	0.00	0.00	0.00	XXX	O
Q0123		D	Diabetic shoe off-set heel	0.00	0.00	0.00	0.00	XXX	O
Q0124		D	Admin/pneumococcal, flu vac	0.00	0.00	0.00	0.00	XXX	O
Q0126		X	Immunoassay inf agnt antigen	0.00	0.00	0.00	0.00	XXX	O
Q0132		X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	XXX	O
Q0134		D	Collagen implant 2.5 CC syrg	0.00	0.00	0.00	0.00	XXX	O
Q0135		D	High dose inj contrast MRI	0.00	0.00	0.00	0.00	XXX	O
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	XXX	O
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	XXX	O
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	XXX	O
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	XXX	O
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	XXX	O
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	XXX	O
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	XXX	O
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	XXX	O
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	XXX	O
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	XXX	O
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	XXX	O
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	XXX	O
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	XXX	O
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	XXX	O
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	XXX	O
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	XXX	O
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	XXX	O
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	XXX	O
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	XXX	O
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	XXX	O
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	XXX	O
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	XXX	O
R0070		C	Transport portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	XXX	N
R0076		C	Transport portable EKG	0.00	0.00	0.00	0.00	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
V2020	.....	X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	XXX	O
V2025	.....	N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	XXX	O
V2100	.....	X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	XXX	O
V2101	.....	X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	XXX	O
V2102	.....	X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	XXX	O
V2103	.....	X	Spherocylindr 4.00d/12–2.00d	0.00	0.00	0.00	0.00	XXX	O
V2104	.....	X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	XXX	O
V2105	.....	X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	XXX	O
V2106	.....	X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	XXX	O
V2107	.....	X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	XXX	O
V2108	.....	X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	XXX	O
V2109	.....	X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	O
V2110	.....	X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	XXX	O
V2111	.....	X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	XXX	O
V2112	.....	X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	XXX	O
V2113	.....	X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	O
V2114	.....	X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	XXX	O
V2115	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	O
V2116	.....	X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	O
V2117	.....	X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	O
V2118	.....	X	Lens aniseikonic single	0.00	0.00	0.00	0.00	XXX	O
V2199	.....	X	Lens single vision not oth c	0.00	0.00	0.00	0.00	XXX	O
V2200	.....	X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	XXX	O
V2201	.....	X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	XXX	O
V2202	.....	X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	XXX	O
V2203	.....	X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	XXX	O
V2204	.....	X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	XXX	O
V2205	.....	X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	XXX	O
V2206	.....	X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	XXX	O
V2207	.....	X	Lens sphcy bifocal 4.25–7d/.	0.00	0.00	0.00	0.00	XXX	O
V2208	.....	X	Lens sphcy bifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	O
V2209	.....	X	Lens sphcy bifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	O
V2210	.....	X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	XXX	O
V2211	.....	X	Lens sphcy bifo 7.25–12/.25-	0.00	0.00	0.00	0.00	XXX	O
V2212	.....	X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	XXX	O
V2213	.....	X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	XXX	O
V2214	.....	X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	XXX	O
V2215	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	O
V2216	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	O
V2217	.....	X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	XXX	O
V2218	.....	X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	XXX	O
V2219	.....	X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	XXX	O
V2220	.....	X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	O
V2299	.....	X	Lens bifocal speciality	0.00	0.00	0.00	0.00	XXX	O
V2300	.....	X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	XXX	O
V2301	.....	X	Lens sphere trifocal 4.12–7.	0.00	0.00	0.00	0.00	XXX	O
V2302	.....	X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	XXX	O
V2303	.....	X	Lens sphcy trifocal 4.0/.12-	0.00	0.00	0.00	0.00	XXX	O
V2304	.....	X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	XXX	O
V2305	.....	X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	XXX	O
V2306	.....	X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	XXX	O
V2307	.....	X	Lens sphcy trifocal 4.25–7/.	0.00	0.00	0.00	0.00	XXX	O
V2308	.....	X	Lens sphc trifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	O
V2309	.....	X	Lens sphc trifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	O
V2310	.....	X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	XXX	O
V2311	.....	X	Lens sphc trifo 7.25–12/.25-	0.00	0.00	0.00	0.00	XXX	O
V2312	.....	X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	XXX	O
V2313	.....	X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	XXX	O
V2314	.....	X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	XXX	O
V2315	.....	X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	XXX	O
V2316	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	O
V2317	.....	X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	XXX	O
V2318	.....	X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	XXX	O
V2319	.....	X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	XXX	O
V2320	.....	X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	O
V2399	.....	X	Lens trifocal speciality	0.00	0.00	0.00	0.00	XXX	O
V2410	.....	X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total	Global period	Update
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	XXX	O
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	XXX	O
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	XXX	O
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	XXX	O
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	XXX	O
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	XXX	O
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	XXX	O
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	XXX	O
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	XXX	O
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	XXX	O
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX	O
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	XXX	O
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	XXX	O
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	XXX	O
V2530		X	Contact lens/es scleral	0.00	0.00	0.00	0.00	XXX	O
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	XXX	O
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	XXX	O
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	XXX	O
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	XXX	O
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	XXX	O
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	XXX	O
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	XXX	O
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	XXX	O
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	XXX	O
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	XXX	O
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	XXX	O
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	XXX	O
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	XXX	O
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	XXX	O
V2700		X	Balance lens	0.00	0.00	0.00	0.00	XXX	O
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	XXX	O
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	XXX	O
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	XXX	O
V2730		X	Special base curve	0.00	0.00	0.00	0.00	XXX	O
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	XXX	O
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	XXX	O
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	XXX	O
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	XXX	O
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	XXX	O
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	XXX	O
V2755		X	U-v lens/es	0.00	0.00	0.00	0.00	XXX	O
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	XXX	O
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	XXX	O
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	XXX	O
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	XXX	O
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	XXX	O
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	XXX	O
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	XXX	O
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	XXX	O
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	XXX	O
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	XXX	O
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	XXX	O
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	XXX	O
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	XXX	O
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	XXX	O
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	O
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	O
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	XXX	O
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	XXX	O
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	O

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * 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[2]	Practice expense RVUs[3]	Malpractice RVUs	Total	Global period	Update
V5190	.....	N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5200	.....	N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	XXX	O
V5210	.....	N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5220	.....	N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	XXX	O
V5230	.....	N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	XXX	O
V5240	.....	N	Dispensing fee bicros	0.00	0.00	0.00	0.00	XXX	O
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	XXX	N
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	XXX	O
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	XXX	N
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	XXX	N
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX	N

Addendum C—Codes With Interim RVUs

Addendum C lists the codes for which interim RVUs have been established. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m. [February 6, 1995]. Any revisions to the interim RVUs will be announced in a document to be published in 1995 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1996.

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 C contains three entries for the code: one for the global values (both professional and technical); one for modifier – 26 (PC), and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PCs and the TCs of the service.

3. *Status indicator.* This indicator shows whether the 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.* 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 1995 or are not paid under the physician fee schedule. A "P" in this column indicates that the update and CF for primary care services applies to this code. An "N" in this column indicates that the update and CF for other nonsurgical services applies to this code. An "S" in this column indicates that the separate update and CF for surgical procedures applies.

ADDENDUM C.—CODES WITH INTERIM RVUs

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Malpractice RVUs	Total RVUs	Global period	Update
11920	.....	R	Correct skin color defects	1.61	1.18	0.23	3.02	000	S
11921	.....	R	Correct skin color defects	1.93	1.40	0.28	3.61	000	S
11922	.....	R	Correct skin color defects	0.49	0.36	0.07	0.92	ZZZ	S
11975	.....	N	Insert contraceptive cap	#1.48	1.06	0.25	2.79	XXX	O
11976	.....	R	Removal of contraceptive cap	1.78	1.28	0.30	3.36	XXX	N
11977	.....	N	Remove/reinsert contra cap	#2.52	1.80	0.42	4.74	XXX	O
19367	.....	A	Breast reconstruction	24.73	20.13	3.88	48.74	090	S
19368	.....	A	Breast reconstruction	31.15	20.13	3.88	55.16	090	S
19369	.....	A	Breast reconstruction	28.68	20.13	3.88	52.69	090	S
20802	.....	A	Replantation, arm, complete	39.56	37.72	6.17	83.45	090	S
20805	.....	A	Replant forearm, complete	48.41	46.17	7.56	102.14	090	S
20808	.....	A	Replantation, hand, complete	60.19	57.40	9.40	126.99	090	S
20816	.....	A	Replantation digit, complete	29.67	28.30	4.63	62.60	090	S
20822	.....	A	Replantation digit, complete	24.53	23.39	3.83	51.75	090	S
20824	.....	A	Replantation thumb, complete	29.67	28.30	4.63	62.60	090	S
20827	.....	A	Replantation thumb, complete	25.22	24.05	3.94	53.21	090	S
20838	.....	A	Replantation, foot, complete	39.56	37.72	6.17	83.45	090	S
20955	.....	A	Microvascular fibula graft	37.58	35.84	5.86	79.28	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
20969	.....	A	Bone-skin graft	42.08	40.13	6.57	88.78	090	S
20970	.....	A	Bone-skin graft, pelvis	41.22	39.31	6.44	86.97	090	S
20972	.....	A	Bone-skin graft, metatarsal	41.54	39.61	6.49	87.64	090	S
20973	.....	A	Bone-skin graft, great toe	44.31	42.25	6.91	93.47	090	S
21630	.....	A	Extensive sternum surgery	15.77	12.89	2.40	31.06	090	S
25000	.....	A	Incision of tendon sheath	3.20	3.94	0.62	7.76	090	S
25315	.....	A	Revise palsy hand tendon(s)	9.45	8.06	1.34	18.85	090	S
25316	.....	A	Revise palsy hand tendon(s)	11.49	10.58	1.78	23.85	090	S
25320	.....	A	Repair/revise wrist joint	9.89	8.60	1.45	19.94	090	S
25337	.....	A	Reconstruct ulna/radioulnar	9.10	8.60	1.45	19.15	090	S
25447	.....	A	Repair wrist joint(s)	9.86	9.65	1.56	21.07	090	S
25830	.....	A	Fusion radioulnar jnt/ulna	9.10	8.60	1.45	19.15	090	S
25915	.....	A	Amputation of forearm	16.61	15.83	2.59	35.03	090	S
26550	.....	A	Construct thumb replacement	20.77	19.81	3.24	43.82	090	S
26555	.....	A	Positional change of finger	16.16	15.41	2.52	34.09	090	S
26580	.....	A	Repair hand deformity	15.81	15.08	2.47	33.36	090	S
26585	.....	A	Repair finger deformity	13.58	12.95	2.12	28.65	090	S
26590	.....	A	Repair finger deformity	17.44	16.63	2.72	36.79	090	S
28360	.....	A	Reconstruct cleft foot	12.49	11.91	1.95	26.35	090	S
29445	.....	A	Apply rigid leg cast	1.78	1.70	0.28	3.76	000	S
30450	.....	R	Revision of nose	18.06	11.24	0.91	30.21	090	S
31267	.....	A	Endoscopy, maxillary sinus	5.46	5.23	0.81	11.50	000	S
31276	.....	A	Sinus surgical endoscopy	7.42	6.72	0.73	14.87	000	S
32310	.....	A	Removal of chest lining	12.05	11.64	2.10	25.79	090	S
32820	.....	A	Reconstruct injured chest	19.78	19.01	3.24	42.03	090	S
32851	.....	A	Lung transplant, single	35.14	25.55	4.99	65.68	090	S
32852	.....	A	Lung transplant w/bypass	38.11	27.71	5.41	71.23	090	S
32853	.....	A	Lung transplant, double	43.93	31.94	6.24	82.11	090	S
32854	.....	A	Lung transplant w/bypass	46.90	34.10	6.67	87.67	090	S
33321	.....	A	Repair major vessel	18.74	21.75	3.61	44.10	090	S
33332	.....	A	Insert major vessel graft	22.50	15.07	2.39	39.96	090	S
33401	.....	A	Valvuloplasty, open	22.45	26.21	2.83	51.49	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.43	26.21	2.83	52.47	090	S
33406	.....	A	Replacement, aortic valve	31.23	38.65	7.45	77.33	090	S
33413	.....	A	Replacement, aortic valve	34.17	41.09	7.23	82.49	090	S
33414	.....	A	Repair, aortic valve	29.28	38.65	7.45	75.38	090	S
33417	.....	A	Repair of aortic valve	27.34	34.71	6.18	68.23	090	S
33470	.....	A	Revision of pulmonary valve	19.52	19.82	2.45	41.79	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.13	26.21	2.83	50.17	090	S
33472	.....	A	Revision of pulmonary valve	20.91	*30.64	2.83	54.38	090	S
33475	.....	A	Replacement, pulmonary valve	27.34	34.85	6.11	68.30	090	S
33476	.....	A	Revision of heart chamber	24.41	28.14	4.99	57.54	090	S
33478	.....	A	Revision of heart chamber	25.38	31.27	5.42	62.07	090	S
33505	.....	A	Repair artery w/tunnel	25.38	34.24	6.03	65.65	090	S
33506	.....	A	Repair artery, translocation	25.38	34.24	6.03	65.65	090	S
33572	.....	A	Open coronary endarterectomy	4.45	3.23	0.63	8.31	ZZZ	S
33600	.....	A	Closure of valve	28.31	34.85	6.11	69.27	090	S
33602	.....	A	Closure of valve	27.34	30.48	5.33	63.15	090	S
33606	.....	A	Anastomosis/artery-aorta	29.28	38.65	7.45	75.38	090	S
33608	.....	A	Repair anomaly w/conduit	30.02	38.65	7.45	76.12	090	S
33610	.....	A	Repair by enlargement	29.28	38.65	7.45	75.38	090	S
33611	.....	A	Repair double ventricle	31.23	38.65	7.45	77.33	090	S
33612	.....	A	Repair double ventricle	32.06	38.65	7.45	78.16	090	S
33615	.....	A	Repair (simple fontan)	30.50	38.65	7.45	76.60	090	S
33617	.....	A	Repair by modified fontan	32.21	38.65	7.45	78.31	090	S
33619	.....	A	Repair single ventricle	35.39	44.30	8.04	87.73	090	S
33647	.....	A	Repair heart septum defects	27.44	34.92	6.28	68.64	090	S
33660	.....	A	Repair of heart defects	24.41	31.27	5.42	61.10	090	S
33665	.....	A	Repair of heart defects	27.34	31.27	5.42	64.03	090	S
33670	.....	A	Repair of heart chambers	31.23	38.65	7.45	77.33	090	S
33681	.....	A	Repair heart septum defect	26.36	34.92	6.28	67.56	090	S
33684	.....	A	Repair heart septum defect	28.31	34.92	6.28	69.51	090	S
33688	.....	A	Repair heart septum defect	29.28	34.92	6.28	70.48	090	S
33690	.....	A	Reinforce pulmonary artery	18.31	22.10	4.29	44.70	090	S
33692	.....	A	Repair of heart defects	29.28	38.65	7.45	75.38	090	S
33694	.....	A	Repair of heart defects	30.26	38.65	7.45	76.36	090	S
33696	.....	A	Repair of heart defects	30.12	38.65	7.45	76.22	090	S

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
33697		A	Repair of heart defects	32.21	38.65	7.45	78.31	090	S
33698		A	Repair of heart defects	33.19	38.65	7.45	79.29	090	S
33702		A	Repair of heart defects	25.38	30.48	5.33	61.19	090	S
33710		A	Repair of heart defects	28.35	34.92	6.28	69.55	090	S
33720		A	Repair of heart defect	25.38	30.48	5.33	61.19	090	S
33722		A	Repair of heart defect	27.34	30.48	5.33	63.15	090	S
33730		A	Repair heart-vein defect(s)	29.89	38.65	7.45	75.99	090	S
33732		A	Repair heart-vein defect	27.09	31.27	5.42	63.78	090	S
33735		A	Revision of heart chamber	19.97	25.69	4.87	50.53	090	S
33736		A	Revision of heart chamber	22.45	25.69	4.87	53.01	090	S
33737		A	Revision of heart chamber	20.50	25.69	4.87	51.06	090	S
33750		A	Major vessel shunt	20.15	22.10	4.29	46.54	090	S
33755		A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33762		A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33764		A	Major vessel shunt & graft	20.50	22.10	4.29	46.89	090	S
33766		A	Major vessel shunt	21.47	22.10	4.29	47.86	090	S
33767		A	Atrial septectomy/septostomy	23.43	25.69	4.87	53.99	090	S
33770		A	Repair great vessels defect	31.96	38.65	7.45	78.06	090	S
33771		A	Repair great vessels defect	33.19	38.65	7.45	79.29	090	S
33774		A	Repair great vessels defect	29.28	31.27	5.42	65.97	090	S
33775		A	Repair great vessels defect	30.50	31.27	5.42	67.19	090	S
33776		A	Repair great vessels defect	32.21	34.92	6.28	73.41	090	S
33777		A	Repair great vessels defect	31.73	31.27	5.42	68.42	090	S
33778		A	Repair great vessels defect	34.17	41.82	7.37	83.36	090	S
33779		A	Repair great vessels defect	34.41	41.82	7.37	83.60	090	S
33780		A	Repair great vessels defect	35.14	41.82	7.37	84.33	090	S
33781		A	Repair great vessels defect	34.65	41.82	7.37	83.84	090	S
33786		A	Repair arterial trunk	33.19	38.65	7.45	79.29	090	S
33788		A	Revision of pulmonary artery	25.38	29.55	5.20	60.13	090	S
33802		A	Repair vessel defect	16.60	22.10	4.29	42.99	090	S
33803		A	Repair vessel defect	18.54	22.10	4.29	44.93	090	S
33813		A	Repair septal defect	19.52	22.10	4.29	45.91	090	S
33814		A	Repair septal defect	24.41	30.48	5.33	60.22	090	S
33820		A	Revise major vessel	15.62	22.10	4.29	42.01	090	S
33822		A	Revise major vessel	16.60	22.10	4.29	42.99	090	S
33824		A	Revise major vessel	18.54	22.10	4.29	44.93	090	S
33840		A	Remove aorta constriction	19.52	31.25	5.59	56.36	090	S
33845		A	Remove aorta constriction	20.99	31.25	5.59	57.83	090	S
33851		A	Remove aorta constriction	20.01	31.25	5.59	56.85	090	S
33852		A	Repair septal defect	22.45	31.25	5.59	59.29	090	S
33853		A	Repair septal defect	30.26	38.65	7.45	76.36	090	S
33917		A	Repair pulmonary artery	23.43	34.71	6.30	64.44	090	S
33918		A	Repair pulmonary atresia	25.38	29.55	5.20	60.13	090	S
33919		A	Repair pulmonary atresia	31.11	38.65	7.45	77.21	090	S
33920		A	Repair pulmonary atresia	30.75	38.65	7.45	76.85	090	S
33922		A	Transect pulmonary artery	22.45	26.21	2.83	51.49	090	S
33935		R	Transplantation, heart/lung	56.87	64.80	11.05	132.72	090	S
33945		R	Transplantation of heart	39.56	64.80	11.05	115.41	090	S
34501		A	Repair valve, femoral vein	9.71	7.35	0.86	17.92	090	S
34510		A	Transposition of vein valve	11.75	8.89	1.04	21.68	090	S
34520		A	Cross-over vein graft	12.33	9.33	1.09	22.75	090	S
34530		A	Leg vein fusion	16.33	12.35	1.44	30.12	090	S
35161		A	Repair defect of artery	17.45	15.88	3.15	36.48	090	S
35162		A	Repair artery rupture	18.45	18.68	3.58	40.71†	090	S
35548		A	Artery bypass graft	20.13	19.55	3.65	43.33	090	S
35549		A	Artery bypass graft	21.91	21.39	4.26	47.56	090	S
35870		A	Repair vessel graft defect	20.35	10.64	2.47	33.46	090	S
36532		R	Removal of infusion pump	3.23	1.77	0.37	5.37	010	S
36835		A	Artery to vein shunt	6.54	3.42	0.79	10.75	090	S
37209		A	Exchange arterial catheter	1.48	0.92	0.08	2.48	000	N
39010		A	Exploration of chest	10.78	11.46	2.08	24.32	090	S
41822		R	Excision of gum lesion	2.26	3.03	0.25	5.54	010	S
41823		R	Excision of gum lesion	3.15	4.20	0.34	7.69	090	S
41828		R	Excision of gum lesion	1.26	1.68	0.14	3.08	010	S
41830		R	Removal of gum tissue	1.12	1.49	0.12	2.73	010	S
41872		R	Repair gum	2.44	3.26	0.27	5.97	090	S
41874		R	Repair tooth socket	2.94	3.93	0.32	7.19	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
43107		A	Removal of esophagus	27.20	22.50	4.42	54.12	090	S
43108		A	Removal of esophagus	32.64	25.27	4.77	62.68	090	S
43112		A	Removal of esophagus	29.67	21.65	4.22	55.54	090	S
43113		A	Removal of esophagus	33.63	25.27	4.77	63.67	090	S
43116		A	Partial removal of esophagus	29.67	25.27	4.77	59.71	090	S
43117		A	Partial removal of esophagus	28.47	25.27	4.77	58.51	090	S
43118		A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43121		A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43122		A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43123		A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43124		A	Removal of esophagus	24.73	22.50	4.42	51.65	090	S
43249		A	Esophagus endoscopy, dilation	2.90	3.73	0.30	6.93	000	N
43320		A	Fuse esophagus & stomach	14.49	11.68	2.05	28.22	090	S
43360		A	Gastrointestinal repair	26.06	21.36	4.19	51.61	090	S
43361		A	Gastrointestinal repair	29.67	25.27	4.77	59.71	090	S
43405		A	Ligate/staple esophagus	14.84	14.33	2.64	31.81	090	S
43501		A	Surgical repair of stomach	13.85	8.58	1.83	24.26	090	S
43502		A	Surgical repair of stomach	15.82	8.58	1.83	26.23	090	S
43510		A	Surgical opening of stomach	9.27	8.29	0.94	18.50	090	N
43842		A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43843		A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43846		A	Gastric bypass for obesity	17.84	14.80	3.30	35.94	090	S
43847		A	Gastric bypass for obesity	19.87	9.67	1.13	30.67	090	S
43848		A	Revision gastroplasty	22.10	14.80	3.30	40.20	090	S
44120		A	Removal of small intestine	13.15	9.46	2.02	24.63	090	S
44121		A	Removal of small intestine	4.45	2.32	0.54	7.31	ZZZ	S
44125		A	Removal of small intestine	13.15	10.75	2.28	26.18	090	S
44139		A	Mobilization of colon	2.23	1.17	0.27	3.67	ZZZ	S
44140		A	Partial removal of colon	16.97	11.37	2.40	30.74	090	S
44141		A	Partial removal of colon	17.36	11.86	2.55	31.77	090	S
44143		A	Partial removal of colon	15.00	12.26	2.62	29.88	090	S
44144		A	Partial removal of colon	15.00	12.06	2.53	29.59	090	S
44145		A	Partial removal of colon	21.29	13.25	2.78	37.32	090	S
44146		A	Partial removal of colon	22.22	14.98	3.14	40.34	090	S
44147		A	Partial removal of colon	16.23	15.34	3.30	34.87	090	S
45113		A	Partial proctectomy	24.69	16.06	3.36	44.11	090	S
45123		A	Partial proctectomy	13.27	11.77	2.49	27.53	090	S
45190		A	Destruction rectal tumor	7.91	5.09	1.06	14.06	090	S
45562		A	Exploration/repair of rectum	11.13	8.09	1.58	20.80	090	S
45563		A	Exploration/repair of rectum	17.55	12.77	2.49	32.81	090	S
46288		A	Repair anal fistula	6.83	3.57	0.83	11.23	090	S
47015		A	Inject/aspirate liver cyst	8.78	6.75	1.13	16.66	090	S
47134		R	Partial removal, donor liver	39.15	20.48	4.77	64.40	XXX	S
47135		R	Transplantation of liver	77.61	54.48	8.49	140.58	090	S
47136		R	Transplantation of liver	64.04	33.50	7.79	105.33	090	S
47711		A	Excision of bile duct tumor	18.16	12.06	2.46	32.68	090	S
47712		A	Excision of bile duct tumor	23.74	12.06	2.46	38.26	090	S
47741		A	Fuse gallbladder & bowel	16.23	14.35	3.02	33.60	090	S
47785		A	Fuse bile ducts and bowel	24.41	13.07	2.73	40.21	090	S
47900		A	Suture bile duct injury	15.63	13.22	2.43	31.28	090	S
48554		N	Transplantallograft pancreas	#34.17	17.87	4.16	56.20	XXX	O
48556		A	Removal, allograft pancreas	13.89	7.26	1.69	22.84	090	S
49422		A	Remove perm cannula/catheter	5.85	4.14	0.81	10.80	010	S
49428		A	Ligation of shunt	1.98	1.04	0.24	3.26	010	S
49429		A	Removal of shunt	6.35	3.32	0.77	10.44	010	S
51784		A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
52327		A	Cystoscopy, inject material	5.19	3.69	0.36	9.24	000	S
52647		A	Laser surgery of prostate	7.42	11.87	1.16	20.45	090	S
52648		A	Laser surgery of prostate	8.65	11.87	1.16	21.68	090	S
57520		A	Conization of cervix	3.96	3.45	0.73	8.14	090	S
57522		A	Conization of cervix	3.26	3.45	0.73	7.44	090	S
58970		A	Retrieval of oocyte	3.53	2.52	0.58	6.63	000	N
58976		A	Transfer of embryo	3.83	2.73	0.63	7.19	000	N
59050		A	Fetal monitor w/report	0.89	0.81	0.15	1.85	XXX	S
59051		A	Fetal monitor/interpret onl	0.74	0.81	0.15	1.70	XXX	N
59855		A	Abortion	4.75	3.39	0.78	8.92	090	S
59856		A	Abortion	7.16	5.11	1.19	13.46	090	S

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
59857	.....	A	Abortion	8.71	6.22	1.44	16.37	090	S
60001	.....	A	Aspirate/inject thyroid cyst	0.97	1.05	0.12	2.14	000	N
60210	.....	A	Partial excision thyroid	10.51	8.68	1.65	20.84	090	S
60212	.....	A	Partial thyroid excision	15.48	9.04	1.74	26.26	090	S
60271	.....	A	Removal of thyroid	14.16	12.14	2.25	28.55	090	S
60512	.....	A	Autotransplant, parathyroid	4.45	2.32	0.54	7.31	ZZZ	S
60520	.....	A	Removal of thymus gland	15.82	13.54	2.46	31.82	090	S
60521	.....	A	Removal thymus gland	17.80	13.54	2.46	33.80	090	S
60522	.....	A	Removal of thymus gland	21.76	13.54	2.46	37.76	090	S
61530	.....	A	Removal of brain lesion	42.35	34.01	4.79	81.15	090	S
61559	.....	A	Excision of skull/sutures	31.65	23.01	4.50	59.16	090	S
61564	.....	A	Excision of skull tumor	32.64	23.73	4.64	61.01	090	S
64820	.....	A	Remove sympathetic nerves	9.10	6.62	1.30	17.02	090	S
64872	.....	A	Subsequent repair of nerve	1.99	1.44	0.29	3.72	ZZZ	S
64874	.....	A	Repair & revise nerve	2.98	2.17	0.43	5.58	ZZZ	S
64876	.....	A	Repair nerve; shorten bone	3.38	2.46	0.48	6.32	ZZZ	N
65125	.....	A	Revise ocular implant	2.97	2.47	0.13	5.57	090	S
75900	.....	A	Arterial catheter exchange	0.49	20.22	1.29	22.00	XXX	N
75900	26	A	Arterial catheter exchange	0.49	0.23	0.03	0.75	XXX	N
75900	TC	A	Arterial catheter exchange	0.00	19.99	1.26	21.25	XXX	N
76093	.....	A	Magnetic image, breast	1.63	17.52	1.16	20.31	XXX	N
76093	26	A	Magnetic image, breast	1.63	0.72	0.11	2.46	XXX	N
76093	TC	A	Magnetic image, breast	0.00	16.80	1.05	17.85	XXX	N
76094	.....	A	Magnetic image, both breasts	1.63	23.51	1.53	26.67	XXX	N
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.11	2.46	XXX	N
76094	TC	A	Magnetic image, both breasts	0.00	22.79	1.42	24.21	XXX	N
76936	.....	A	Echo guide for artery repair	1.31	6.81	0.45	8.57	XXX	N
76936	26	A	Echo guide for artery repair	1.31	0.81	0.07	2.19	XXX	N
76936	TC	A	Echo guide for artery repair	0.00	6.00	0.38	6.38	XXX	N
76941	.....	A	Echo guide for transfusion	1.34	2.07	0.19	3.60	XXX	N
76941	26	A	Echo guide for transfusion	1.34	0.61	0.10	2.05	XXX	N
76941	TC	A	Echo guide for transfusion	0.00	1.46	0.09	1.55	XXX	N
76945	.....	A	Echo guide, villus sampling	0.67	2.07	0.19	2.93	XXX	N
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.10	1.38	XXX	N
76945	TC	A	Echo guide, villus sampling	0.00	1.46	0.09	1.55	XXX	N
90849	.....	R	Special family therapy	0.59	0.26	0.03	0.88	XXX	N
90918	.....	A	ESRD related services, month	9.77	2.18	0.14	12.09	XXX	N
90919	.....	A	ESRD related services, month	7.13	2.18	0.14	9.45	XXX	N
90920	.....	A	ESRD related services, month	5.86	2.18	0.14	8.18	XXX	N
90921	.....	A	ESRD related services, month	3.06	2.18	0.14	5.38	XXX	N
90922	.....	A	ESRD related services, day	0.10	0.07	0.01	0.18	XXX	N
92587	.....	A	Evoked auditory test	0.13	1.35	0.13	1.61	XXX	N
92587	26	A	Evoked auditory test	0.13	0.11	0.01	0.25	XXX	N
92587	TC	A	Evoked auditory test	0.00	1.24	0.12	1.36	XXX	N
92588	.....	A	Evoked auditory test	0.36	1.70	0.16	2.22	XXX	N
92588	26	A	Evoked auditory test	0.36	0.30	0.02	0.68	XXX	N
92588	TC	A	Evoked auditory test	0.00	1.40	0.14	1.54	XXX	N
92980	.....	A	Insert intracoronary stent	14.84	16.41	1.22	32.47	000	N
92981	.....	A	Insert intracoronary stent	4.17	*5.51	0.44	10.12	ZZZ	N
93012	.....	A	Transmission of ecg	0.00	2.25	0.22	2.47	XXX	N
93014	.....	A	Report on transmitted ecg	0.52	0.40	0.05	0.97	XXX	N
93268	.....	A	ECG record/review	0.52	3.83	0.36	4.71	XXX	N
93270	.....	A	ECG recording	0.00	1.18	0.09	1.27	XXX	N
93271	.....	A	ECG/monitoring and analysis	0.00	2.25	0.22	2.47	XXX	N
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.05	0.97	XXX	N
93350	.....	A	Echo exam of heart	0.78	*3.63	0.24	4.65	XXX	N
93350	26	A	Echo exam of heart	0.78	*1.95	0.10	2.83	XXX	N
93350	TC	A	Echo exam of heart	0.00	1.68	0.14	1.82	XXX	N
93882	.....	A	Extracranial study	0.40	2.62	0.29	3.31	XXX	N
93882	26	A	Extracranial study	0.40	0.26	0.03	0.69	XXX	N
93882	TC	A	Extracranial study	0.00	2.36	0.26	2.62	XXX	N
93886	.....	A	Intracranial study	0.94	4.44	0.50	5.88	XXX	N
93886	26	A	Intracranial study	0.94	0.42	0.05	1.41	XXX	N
93886	TC	A	Intracranial study	0.00	4.02	0.45	4.47	XXX	N
93888	.....	A	Intracranial study	0.62	2.96	0.34	3.92	XXX	N
93888	26	A	Intracranial study	0.62	0.28	0.03	0.93	XXX	N
93888	TC	A	Intracranial study	0.00	2.68	0.31	2.99	XXX	N

All numeric CPT HCPCS Copyright 1994 American Medical Association.

[2] # Indicates RVUs are not used for Medicare payment.

[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
93925	.....	A	Lower extremity study	0.58	3.96	0.44	4.98	XXX	N
93925	26	A	Lower extremity study	0.58	0.39	0.04	1.01	XXX	N
93925	TC	A	Lower extremity study	0.00	3.57	0.40	3.97	XXX	N
93926	.....	A	Lower extremity study	0.39	2.64	0.30	3.33	XXX	N
93926	26	A	Lower extremity study	0.39	0.26	0.03	0.68	XXX	N
93926	TC	A	Lower extremity study	0.00	2.38	0.27	2.65	XXX	N
93930	.....	A	Upper extremity study	0.46	4.18	0.47	5.11	XXX	N
93930	26	A	Upper extremity study	0.46	0.39	0.05	0.90	XXX	N
93930	TC	A	Upper extremity study	0.00	3.79	0.42	4.21	XXX	N
93931	.....	A	Upper extremity study	0.31	2.78	0.31	3.40	XXX	N
93931	26	A	Upper extremity study	0.31	0.26	0.03	0.60	XXX	N
93931	TC	A	Upper extremity study	0.00	2.52	0.28	2.80	XXX	N
93970	.....	A	Extremity study	0.68	4.33	0.51	5.52	XXX	N
93970	26	A	Extremity study	0.68	0.40	0.05	1.13	XXX	N
93970	TC	A	Extremity study	0.00	3.93	0.46	4.39	XXX	N
93971	.....	A	Extremity study	0.45	2.89	0.34	3.68	XXX	N
93971	26	A	Extremity study	0.45	0.27	0.03	0.75	XXX	N
93971	TC	A	Extremity study	0.00	2.62	0.31	2.93	XXX	N
93975	.....	A	Vascular study	1.80	4.90	0.55	7.25	XXX	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93975	TC	A	Vascular study	0.00	4.48	0.50	4.98	XXX	N
93976	.....	A	Vascular study	1.21	3.27	0.37	4.85	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
93976	TC	A	Vascular study	0.00	2.99	0.34	3.33	XXX	N
93978	.....	A	Vascular study	0.65	4.06	0.47	5.18	XXX	N
93978	26	A	Vascular study	0.65	0.39	0.05	1.09	XXX	N
93978	TC	A	Vascular study	0.00	3.67	0.42	4.09	XXX	N
93979	.....	A	Vascular study	0.44	2.70	0.31	3.45	XXX	N
93979	26	A	Vascular study	0.44	0.26	0.03	0.73	XXX	N
93979	TC	A	Vascular study	0.00	2.44	0.28	2.72	XXX	N
93990	.....	A	Doppler flow testing	0.25	2.57	0.29	3.11	XXX	N
93990	26	A	Doppler flow testing	0.25	0.19	0.02	0.46	XXX	N
93990	TC	A	Doppler flow testing	0.00	2.38	0.27	2.65	XXX	N
95812	.....	A	Electroencephalogram (EEG)	1.08	1.85	0.15	3.08	XXX	N
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95813	.....	A	Electroencephalogram (EEG)	1.73	1.85	0.15	3.73	XXX	N
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.04	2.27	XXX	N
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95957	.....	A	EEG digital analysis	1.98	2.25	0.18	4.41	XXX	N
95957	26	A	EEG digital analysis	1.98	0.63	0.05	2.66	XXX	N
95957	TC	A	EEG digital analysis	0.00	1.62	0.13	1.75	XXX	N
96913	.....	A	Photochemotherapy, UV-A or B	0.00	1.29	0.10	1.39	XXX	N
97010	.....	A	Hot or cold packs therapy	0.11	0.21	0.02	0.34	XXX	N
97012	.....	A	Mechanical traction therapy	0.25	0.19	0.02	0.46	XXX	N
97014	.....	A	Electric stimulation therapy	0.18	0.20	0.02	0.40	XXX	N
97016	.....	A	Vasopneumatic device therapy	0.18	0.25	0.02	0.45	XXX	N
97018	.....	A	Paraffin bath therapy	0.11	0.24	0.03	0.38	XXX	N
97020	.....	A	Microwave therapy	0.11	0.20	0.02	0.33	XXX	N
97022	.....	A	Whirlpool therapy	0.25	0.19	0.02	0.46	XXX	N
97024	.....	A	Diathermy treatment	0.11	0.21	0.02	0.34	XXX	N
97026	.....	A	Infrared therapy	0.11	0.19	0.02	0.32	XXX	N
97028	.....	A	Ultraviolet therapy	0.20	0.19	0.01	0.40	XXX	N
97032	.....	A	Electrical stimulation	0.25	0.14	0.01	0.40	XXX	N
97033	.....	A	Electric current therapy	0.26	0.14	0.02	0.42	XXX	N
97034	.....	A	Contrast bath therapy	0.21	0.10	0.01	0.32	XXX	N
97035	.....	A	Ultrasound therapy	0.21	0.11	0.01	0.33	XXX	N
97036	.....	A	Hydrotherapy	0.38	0.21	0.02	0.61	XXX	N
97110	.....	A	Therapeutic exercises	0.45	0.13	0.02	0.60	XXX	N
97112	.....	A	Neuromuscular reeducation	0.45	0.13	0.01	0.59	XXX	N
97113	.....	A	Aquatic therapy/exercises	0.44	0.20	0.02	0.66	XXX	N
97116	.....	A	Gait training therapy	0.40	0.11	0.01	0.52	XXX	N
97122	.....	A	Manual traction therapy	0.45	0.11	0.01	0.57	XXX	N
97124	.....	A	Massage therapy	0.35	0.11	0.01	0.47	XXX	N
97139	.....	A	Physical medicine procedure	0.21	0.16	0.02	0.39	XXX	N
97150	.....	A	Group therapeutic procedures	0.27	0.20	0.02	0.49	XXX	N
97265	.....	A	Joint mobilization	0.45	0.35	0.04	0.84	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM C.—CODES WITH INTERIM RVUs—Continued

HCPCS[1]	MOD	Proc status	Short description	Work RVUs[2]	Practice expense RVUs[3]	Mal-practice RVUs	Total RVUs	Global period	Update
97530	.....	A	Therapeutic activities	0.44	0.17	0.02	0.63	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
97750	.....	A	Physical performance test	0.45	0.24	0.03	0.72	XXX	N
97770	.....	R	Cognitive skills development	0.44	0.28	0.03	0.75	XXX	N
99354	.....	A	Prolonged service, office	1.51	0.76	0.07	2.34	XXX	P
99355	.....	A	Prolonged service, office	1.51	0.76	0.07	2.34	XXX	P
99356	.....	A	Prolonged service, inpatient	1.44	0.85	0.08	2.37	XXX	N
99357	.....	A	Prolonged service, inpatient	1.44	0.85	0.08	2.37	XXX	N
99375	.....	A	Care plan oversight/30–60	1.06	0.51	0.04	1.61	XXX	P
99381	.....	N	Preventive visit,new,infant	#1.19	1.23	0.08	2.50	XXX	O
99382	.....	N	Preventive visit,new,age 1–4	#1.36	1.41	0.09	2.86	XXX	O
99383	.....	N	Preventive visit,new,age5–11	#1.36	1.41	0.09	2.86	XXX	O
99384	.....	N	Preventive visit,new,12–17	#1.53	1.59	0.10	3.22	XXX	O
99385	.....	N	Preventive visit,new,18–39	#1.53	1.40	0.09	3.02	XXX	O
99386	.....	N	Preventive visit,new,40–64	#1.88	1.72	0.10	3.70	XXX	O
99387	.....	N	Preventive visit,new,65&over	#2.06	1.88	0.11	4.05	XXX	O
99391	.....	N	Preventive visit,est,infant	#1.02	1.06	0.07	2.15	XXX	O
99392	.....	N	Preventive visit,est,age 1–4	#1.19	1.23	0.08	2.50	XXX	O
99393	.....	N	Preventive visit,est,age5–11	#1.19	1.23	0.08	2.50	XXX	O
99394	.....	N	Preventive visit,est,12–17	#1.36	1.41	0.09	2.86	XXX	O
99395	.....	N	Preventive visit,est,18–39	#1.36	1.25	0.08	2.69	XXX	O
99396	.....	N	Preventive visit,est,40–64	#1.53	1.40	0.09	3.02	XXX	O
99397	.....	N	Preventive visit,est,65&over	#1.71	1.56	0.10	3.37	XXX	O
99401	.....	N	Preventive counseling, indiv	#0.48	0.45	0.03	0.96	XXX	O
99402	.....	N	Preventive counseling, indiv	#0.98	0.89	0.05	1.92	XXX	O
99403	.....	N	Preventive counseling, indiv	#1.46	1.34	0.08	2.88	XXX	O
99404	.....	N	Preventive counseling, indiv	#1.95	1.78	0.11	3.84	XXX	O
G0004	.....	A	ECG transm phys review & int	0.52	7.31	0.65	8.48	XXX	N
G0005	.....	A	ECG 24 hour recording	0.00	1.18	0.09	1.27	XXX	N
G0006	.....	A	ECG transmission & analysis	0.00	5.73	0.51	6.24	XXX	N
G0007	.....	A	ECG phy review & interpret	0.52	0.40	0.05	0.97	XXX	N
G0015	.....	A	Post symptom ECG tracing	0.00	5.73	0.51	6.24	XXX	N
G0016	.....	A	Post symptom ECG md review	0.52	0.40	0.05	0.97	XXX	N

[1] All numeric CPT HCPCS Copyright 1994 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM D.—1995 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00510	05	Birmingham, AL	0.988	0.912	0.876
00510	04	Mobile, AL	0.970	0.884	0.876
00510	02	North Central AL	0.972	0.858	0.876
00510	01	Northwest AL	0.988	0.871	0.876
00510	06	Rest Of AL	0.970	0.834	0.876
00510	03	Southeast AL	0.971	0.864	0.876
01020	01	Alaska	1.085	1.205	1.330
01030	05	Flagstaff, AZ	0.977	0.924	1.288
01030	01	Phoenix, AZ	1.004	0.990	1.288
01030	07	Prescott, AZ	0.977	0.912	1.288
01030	99	Rest Of AZ	0.988	0.946	1.288
01030	02	Tucson, AZ	0.982	0.966	1.288
01030	08	Yuma, AZ	0.984	0.918	1.288
00520	13	Arkansas	0.957	0.854	0.364
02050	26	Anaheim/Santa Ana, CA	1.042	1.212	1.061
00542	14	Bakersfield, CA	1.026	1.021	1.028
00542	11	Fresno/Madera, CA	1.003	0.993	0.983
00542	13	Kings/Tulare, CA	0.993	0.978	0.983
02050	18	Los Angeles (1st Of 8)	1.058	1.202	1.061
02050	19	Los Angeles (2nd Of 8)	1.058	1.202	1.061
02050	20	Los Angeles (3rd Of 8)	1.058	1.202	1.061
02050	21	Los Angeles (4th Of 8)	1.058	1.202	1.061

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM D.—1995 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
02050	22	Los Angeles (5th Of 8)	1.058	1.202	1.061
02050	23	Los Angeles (6th Of 8)	1.058	1.202	1.061
02050	24	Los Angeles (7th Of 8)	1.058	1.202	1.061
02050	25	Los Angeles (8th Of 8)	1.058	1.202	1.061
00542	03	Marin/Napa/Solano, CA	1.014	1.189	0.983
00542	10	Merced/Surr. Cntys, CA	1.010	0.998	0.983
00542	12	Monterey/Santa Cruz, CA	1.016	1.126	0.983
00542	01	N. Coastal Cntys, CA	1.003	1.081	0.983
00542	02	Ne Rural, CA	0.992	0.972	0.983
00542	07	Oakland/Berkley, CA	1.035	1.236	0.983
00542	27	Riverside, CA	1.018	1.070	1.018
00542	04	Sacramento/Surr. Cntys, CA	1.023	1.078	0.983
00542	15	San Bernadino/E.Ctrl Cntys CA	1.020	1.066	1.060
02050	28	San Diego/Imperial, CA	1.022	1.084	0.994
00542	05	San Francisco, CA	1.053	1.316	0.983
00542	06	San Mateo, CA	1.044	1.302	0.983
02050	16	Santa Barbara, CA	1.014	1.096	1.028
00542	09	Santa Clara, CA	1.056	1.288	0.983
00542	08	Stockton/Surr. Cntys, CA	1.010	1.034	0.983
02050	17	Ventura, CA	1.031	1.162	1.028
00824	01	Colorado	0.994	0.970	0.755
10230	04	Eastern CT	1.016	1.092	1.018
10230	01	Nw And N. Cntrl CT	1.026	1.115	1.013
10230	03	S. Cntrl CT	1.037	1.164	1.094
10230	02	Sw CT	1.054	1.207	1.116
00570	01	Delaware	1.024	1.025	0.728
00580	01	DC + MD/VA Suburbs	1.055	1.180	0.964
00590	03	Fort Lauderdale, FL	0.996	1.008	1.622
00590	04	Miami, FL	1.025	1.056	2.049
00590	02	N/Nc FL Cities	0.976	0.942	1.262
00590	01	Rest Of Florida	0.968	0.892	1.262
01040	01	Atlanta, GA	0.991	1.026	0.827
01040	04	Rest Of GA	0.960	0.848	0.827
01040	02	Small GA Cities 02	0.972	0.906	0.827
01040	03	Small GA Cities 03	0.964	0.876	0.827
01120	01	Hawaii/Guam	1.001	1.157	0.973
05130	12	North Idaho	0.961	0.890	0.738
05130	11	South Idaho	0.965	0.912	0.738
00621	10	Champaign-Urbana, IL	0.958	0.902	1.072
00621	16	Chicago, IL	1.036	1.097	1.578
00621	03	De Kalb, IL	0.966	0.899	0.958
00621	11	Decatur, IL	0.972	0.896	1.008
00621	12	East St. Louis, IL	0.988	0.944	1.390
00621	06	Kankakee, IL	0.966	0.903	1.019
00621	08	Normal, IL	0.983	0.930	0.934
00621	01	Northwest, IL	0.962	0.869	0.934
00621	05	Peoria, IL	0.994	0.968	0.934
00621	07	Quincy, IL	0.960	0.860	0.934
00621	04	Rock Island, IL	0.984	0.908	0.934
00621	02	Rockford, IL	0.994	0.980	0.975
00621	13	Southeast IL	0.960	0.855	0.934
00621	14	Southern IL	0.960	0.859	0.980
00621	09	Springfield, IL	0.988	0.951	1.042
00621	15	Suburban Chicago, IL	1.014	1.095	1.148
00630	01	Metropolitan IN	0.994	0.950	0.455
00630	03	Rest Of IN	0.976	0.884	0.431
00630	02	Urban IN	0.977	0.900	0.431
00640	00	Iowa	0.968	0.898	0.672
00740	05	Kansas City, Kansas	0.984	0.956	1.162
00650	01	Rest Of Kansas	0.956	0.885	1.162
00740	04	Suburban Kansas City, Kansas	0.984	0.956	1.162
00660	01	Lexington & Louisville, KY	0.986	0.910	0.743
00660	03	Rest Of Kentucky	0.966	0.848	0.743
00660	02	Sm Cities (City Limits) KY	0.968	0.874	0.743
00528	07	Alexandria, LA	0.972	0.876	0.860
00528	03	Baton Rouge, LA	0.988	0.930	0.860
00528	06	Lafayette, LA	0.976	0.892	0.860
00528	04	Lake Charles, LA	0.974	0.904	0.860

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM D.—1995 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00528	05	Monroe, LA	0.968	0.874	0.860
00528	01	New Orleans, LA	0.996	0.974	1.091
00528	50	Rest Of LA	0.968	0.865	0.868
00528	02	Shreveport, LA	0.987	0.914	0.860
21200	02	Central Maine	0.952	0.916	0.738
21200	01	Northern Maine	0.956	0.916	0.738
21200	03	Southern Maine	0.968	1.007	0.738
00901	01	Baltimore/Surr. Cntys, MD	1.024	1.038	1.021
00901	03	South & E. Shore MD	0.998	0.991	0.841
00901	02	Western MD	0.994	0.972	0.852
00700	02	MA Suburbs/Rural Cities	1.006	1.086	0.916
00700	01	Urban MA	1.016	1.149	0.916
00623	01	Detroit, MI	1.051	1.064	2.394
00623	02	Michigan, Not Detroit	1.004	0.953	1.520
00720	00	Minnesota (Blue Shield)	0.994	0.968	0.671
10240	00	Minnesota (Travelers)	0.994	0.968	0.671
10250	01	Rest Of Mississippi	0.955	0.826	0.688
10250	02	Urban Mississippi	0.965	0.885	0.688
00740	03	K.C. (Jackson Cnty), MO	0.984	0.956	1.193
00740	02	N K.C. (Clay/Platte), MO	0.984	0.956	1.192
11260	03	Rest Of MO	0.947	0.828	1.169
00740	06	Rural Nw Counties, MO	0.952	0.850	1.169
11260	02	Sm E. Cities, MO	0.947	0.824	1.169
00740	01	St Joseph, MO	0.951	0.858	1.169
11260	01	St. Louis/Lg E. Cities, MO	0.986	0.942	1.272
00751	01	Montana	0.960	0.895	0.737
00655	00	Nebraska	0.956	0.878	0.440
01290	03	Elko & Ely (Cities), NV	0.984	1.006	1.016
01290	01	Las Vegas, Et Al. (Cities), NV	1.024	1.052	1.016
01290	02	Reno, Et Al. (Cities), NV	1.002	1.095	1.016
01290	99	Rest Of Nevada	1.008	1.046	1.016
00780	40	New Hampshire	0.975	1.022	0.759
00860	02	Middle NJ	1.033	1.104	0.958
00860	01	Northern NJ	1.050	1.173	0.958
00860	03	Southern NJ	1.020	1.056	0.958
01360	05	New Mexico	0.978	0.914	0.780
00801	01	Buffalo/Surr. Cntys, NY	1.004	0.939	0.892
00803	01	Manhattan, NY	1.077	1.307	1.596
00801	03	N. Central Cities, NY	1.001	0.960	0.892
00803	02	Nyc Suburbs/Long I., NY	1.064	1.232	1.844
00803	03	Poughkpsie/N Nyc Suburbs, NY	1.008	1.050	1.272
14330	04	Queens, NY	1.058	1.248	1.774
00801	04	Rest Of New York	0.988	0.936	0.892
00801	02	Rochester/Surr. Cntys, NY	1.016	1.004	0.892
05535	00	North Carolina	0.970	0.910	0.406
00820	01	North Dakota	0.958	0.878	0.652
16360	00	Ohio	0.992	0.946	0.984
01370	00	Oklahoma	0.970	0.896	0.498
01380	02	Eugene, Et Al. (Cities), OR	0.964	0.973	0.794
01380	01	Portland, Et Al. (Cities), OR	0.995	1.016	0.794
01380	99	Rest Of Oregon	0.970	0.952	0.794
01380	03	Salem, Et Al. (Cities), OR	0.970	0.960	0.794
01380	12	Sw OR Cities (City Limits)	0.970	0.971	0.794
00865	02	Lg PA Cities	1.007	1.002	1.188
00865	01	Philly/Pitt Med Shcls/Hosps, PA	1.020	1.027	1.382
00865	04	Rest Of PA	0.974	0.914	0.852
00865	03	Sm PA Cities	0.984	0.931	0.861
00973	20	Puerto Rico	0.882	0.751	0.367
00870	01	Rhode Island	1.014	1.036	1.152
00880	01	South Carolina	0.974	0.886	0.404
00820	02	South Dakota	0.944	0.856	0.566
05440	35	Tennessee	0.972	0.898	0.466
00900	29	Abilene, TX	0.966	0.870	0.666
00900	26	Amarillo, TX	0.974	0.892	0.666
00900	31	Austin, TX	0.978	0.977	0.666
00900	20	Beaumont, TX	0.996	0.924	0.966
00900	09	Brazoria, TX	1.009	0.960	0.966
00900	10	Brownsville, TX	0.968	0.868	0.666

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM D.—1995 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
00900	24	Corpus Christi, TX	0.980	0.921	0.666
00900	11	Dallas, TX	1.004	0.992	0.698
00900	12	Denton, TX	0.982	0.962	0.666
00900	14	El Paso, TX	0.984	0.894	0.698
00900	28	Fort Worth, TX	0.981	0.954	0.698
00900	15	Galveston, TX	0.986	0.967	0.966
00900	16	Grayson, TX	0.962	0.888	0.666
00900	18	Houston, TX	1.018	0.994	1.042
00900	33	Laredo, TX	0.962	0.854	0.666
00900	17	Longview, TX	0.970	0.896	0.666
00900	21	Lubbock, TX	0.952	0.888	0.666
00900	19	Mc Allen, TX	0.953	0.855	0.666
00900	23	Midland, TX	1.007	0.949	0.666
00900	02	Northeast Rural TX	0.964	0.870	0.666
00900	13	Odessa, TX	1.000	0.936	0.666
00900	25	Orange, TX	0.996	0.924	0.666
00900	30	San Angelo, TX	0.951	0.873	0.666
00900	07	San Antonio, TX	0.976	0.928	0.666
00900	03	Southeast Rural TX	0.968	0.884	0.696
00900	06	Temple, TX	0.968	0.885	0.666
00900	08	Texarkana, TX	0.954	0.878	0.666
00900	27	Tyler, TX	0.978	0.912	0.666
00900	32	Victoria, TX	0.980	0.920	0.666
00900	22	Waco, TX	0.974	0.874	0.666
00900	04	Western TX	0.958	0.835	0.666
00900	34	Wichita Falls, TX	0.960	0.876	0.666
00910	09	Utah	0.986	0.922	0.692
00780	50	Vermont	0.958	0.964	0.492
00973	50	Virgin Islands	0.983	0.989	1.012
10490	04	Rest Of VA	0.972	0.882	0.513
10490	01	Richmond & Charlottesville, VA	0.990	0.972	0.486
10490	03	Sm Town/Industrial VA	0.972	0.894	0.524
10490	02	Tidewater & N VA Cntys	0.990	0.980	0.616
01390	03	E Cntrl & Ne WA	0.990	0.969	0.906
01390	02	Seattle (King Cnty), WA	1.012	1.063	0.906
01390	01	W & Se WA (Excl Seattle)	0.995	0.980	0.906
16510	16	Charleston, WV	0.984	0.922	0.846
16510	18	Eastern Valley, WV	0.961	0.890	0.846
16510	19	Ohio River Valley, WV	0.960	0.857	0.846
16510	20	Southern Valley, WV	0.956	0.846	0.846
16510	17	Wheeling, WV	0.966	0.870	0.846
00951	13	Central WI	0.960	0.868	0.961
00951	40	Green Bay (Northeast), WI	0.978	0.904	0.961
00951	54	Janesville (S Cntrl), WI	0.968	0.900	0.961
00951	19	La Crosse (W Cntrl), WI	0.974	0.899	0.961
00951	15	Madison (Dane Cnty), WI	0.984	0.990	0.961
00951	46	Milwaukee Surburbs (Se), WI	1.000	0.984	0.961
00951	04	Milwaukee, WI	1.004	0.994	0.961
00951	12	Northwest WI	0.964	0.874	0.961
00951	60	Oshkosh (E Cntrl), WI	0.974	0.898	0.961
00951	14	Southwest WI	0.960	0.869	0.961
00951	36	Wausau (N Cntrl), WI	0.966	0.882	0.961
00825	21	Wyoming	0.978	0.910	0.726

ADDENDUM E.—1996 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
00510	05	Birmingham, AL	0.994	0.912	0.927
00510	04	Mobile, AL	0.975	0.858	0.927
00510	02	North Central AL	0.973	0.850	0.927
00510	01	Northwest AL	0.990	0.873	0.927
00510	06	Rest Of AL	0.964	0.818	0.927
00510	03	Southeast AL	0.970	0.858	0.927

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM E.—1996 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
01020	01	Alaska	1.064	1.155	1.617
01030	05	Flagstaff, AZ	0.971	0.936	1.321
01030	01	Phoenix, AZ	1.004	0.963	1.321
01030	07	Prescott, AZ	0.971	0.912	1.321
01030	99	Rest Of AZ	0.989	0.948	1.321
01030	02	Tucson, AZ	0.978	0.942	1.321
01030	08	Yuma, AZ	0.984	0.925	1.321
00520	13	Arkansas	0.954	0.853	0.427
02050	26	Anaheim/Santa Ana, CA	1.037	1.205	0.752
00542	14	Bakersfield, CA	1.023	0.992	0.686
00542	11	Fresno/Madera, CA	1.000	0.977	0.596
00542	13	Kings/Tulare, CA	0.987	0.954	0.596
02050	18	Los Angeles (1St Of 8)	1.056	1.207	0.752
02050	19	Los Angeles (2Nd Of 8)	1.056	1.207	0.752
02050	20	Los Angeles (3Rd Of 8)	1.056	1.207	0.752
02050	21	Los Angeles (4Th Of 8)	1.056	1.207	0.752
02050	22	Los Angeles (5Th Of 8)	1.056	1.207	0.752
02050	23	Los Angeles (6Th Of 8)	1.056	1.207	0.752
02050	24	Los Angeles (7Th Of 8)	1.056	1.207	0.752
02050	25	Los Angeles (8Th Of 8)	1.056	1.207	0.752
00542	03	Marin/Napa/Solano, Ca	1.015	1.180	0.596
00542	10	Merced/Surr.Cntys, CA	1.002	0.988	0.596
00542	12	Monterey/Santa Cruz, CA	1.008	1.143	0.596
00542	01	N. Coastal Cntys, CA	1.003	1.090	0.596
00542	02	Ne Rural, CA	0.982	0.953	0.596
00542	07	Oakland/Berkeley, CA	1.042	1.215	0.596
00542	27	Riverside, CA	1.011	1.059	0.667
00542	04	Sacramento/Surr. Cntys, CA	1.020	1.069	0.596
00542	15	San Bernadino/E.Ctrl Cntys CA	1.015	1.056	0.749
02050	28	San Diego/Imperial, CA	1.017	1.077	0.618
00542	05	San Francisco, CA	1.068	1.330	0.596
00542	06	San Mateo, CA	1.049	1.300	0.596
02050	16	Santa Barbara, CA	1.016	1.119	0.686
00542	09	Santa Clara, CA	1.064	1.289	0.596
00542	08	Stockton/Surr. Cntys, CA	1.001	1.041	0.596
02050	17	Ventura, CA	1.028	1.192	0.686
00824	01	Colorado	0.989	0.951	0.827
10230	04	Eastern CT	1.033	1.132	1.001
10230	01	Nw And N. Cntrl CT	1.049	1.159	1.001
10230	03	S. Cntrl CT	1.056	1.226	1.001
10230	02	Sw CT	1.055	1.275	1.001
00570	01	Delaware	1.021	1.032	0.792
00580	01	DC +MD/VA Suburbs	1.051	1.192	0.980
00590	03	Fort Lauderdale, FL	0.998	1.036	1.867
00590	04	Miami, FL	1.016	1.087	2.456
00590	02	N/Nc FL Cities	0.978	0.952	1.417
00590	01	Rest Of Florida	0.971	0.914	1.417
01040	01	Atlanta, GA	1.007	1.030	0.902
01040	04	Rest Of GA	0.965	0.856	0.902
01040	02	Small GA Cities 02	0.981	0.917	0.902
01040	03	Small GA Cities 03	0.966	0.884	0.902
01120	01	Hawaii/Guam	0.999	1.220	0.921
05130	12	North Idaho	0.957	0.864	0.588
05130	11	South Idaho	0.963	0.887	0.588
00621	10	Champaign-Urbana, IL	0.952	0.884	1.008
00621	16	Chicago, IL	1.028	1.080	1.382
00621	03	De Kalb, IL	0.953	0.873	0.780
00621	11	Decatur, IL	0.962	0.864	0.880
00621	12	East St. Louis, IL	0.988	0.929	1.202
00621	06	Kankakee, IL	0.959	0.881	0.901
00621	08	Normal, IL	0.969	0.893	0.731
00621	01	Northwest, IL	0.951	0.842	0.731
00621	05	Peoria, IL	0.980	0.906	0.731
00621	07	Quincy, IL	0.946	0.824	0.731
00621	04	Rock Island, IL	0.972	0.858	0.731
00621	02	Rockford, IL	0.978	0.941	0.813

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM E.—1996 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
00621	13	Southeast IL	0.946	0.814	0.731
00621	14	Southern IL	0.946	0.822	0.822
00621	09	Springfield, IL	0.981	0.936	0.946
00621	15	Suburban Chicago, IL	1.007	1.093	1.159
00630	01	Metropolitan IN	0.989	0.937	0.363
00630	03	Rest Of IN	0.973	0.872	0.346
00630	02	Urban IN	0.974	0.896	0.346
00640	00	Iowa	0.960	0.877	0.679
00740	05	Kansas City, Kansas	0.989	0.949	1.191
00650	01	Rest Of Kansas	0.958	0.877	1.191
00740	04	Suburban Kansas City, Kansas	0.989	0.949	1.191
00660	01	Lexington & Louisville, KY	0.989	0.904	0.819
00660	03	Rest Of Kentucky	0.957	0.821	0.819
00660	02	Sm Cities (City Limits) KY	0.960	0.850	0.819
00528	07	Alexandria, LA	0.958	0.864	0.911
00528	03	Baton Rouge, LA	0.984	0.894	0.911
00528	06	Lafayette, LA	0.971	0.857	0.911
00528	04	Lake Charles, LA	0.974	0.901	0.911
00528	05	Monroe, LA	0.958	0.867	0.911
00528	01	New Orleans, LA	0.999	0.946	0.997
00528	50	Rest Of LA	0.965	0.850	0.913
00528	02	Shreveport, LA	0.971	0.889	0.911
21200	02	Central Maine	0.961	0.929	0.759
21200	01	Northern Maine	0.964	0.920	0.759
21200	03	Southern Maine	0.980	1.034	0.759
00901	01	Baltimore/Surr. Cntys, MD	1.021	1.036	1.115
00901	03	South & E. Shore MD	0.985	0.972	0.862
00901	02	Western MD	0.982	0.930	0.862
00700	02	MA Suburbs/Rural Cities	1.015	1.101	0.978
00700	01	Urban MA	1.030	1.167	0.978
00623	01	Detroit, MI	1.043	1.038	3.051
00623	02	Michigan, Not Detroit	0.998	0.935	1.844
00720	00	Minnesota (Blue Shield)	0.990	0.965	0.594
10240	00	Minnesota (Travelers)	0.990	0.965	0.594
10250	01	Rest Of Mississippi	0.950	0.813	0.726
10250	02	Urban Mississippi	0.964	0.868	0.726
00740	03	K.C. (Jackson Cnty), MO	0.989	0.949	1.207
00740	02	N K.C. (Clay/Platte), MO	0.989	0.949	1.204
11260	03	Rest Of MO	0.944	0.810	1.159
00740	06	Rural Nw Counties, MO	0.950	0.835	1.159
11260	02	Sm E. Cities, MO	0.940	0.809	1.159
00740	01	St Joseph, MO	0.952	0.850	1.159
11260	01	St. Louis/Lg E. Cities, MO	0.983	0.921	1.193
00751	01	Montana	0.952	0.864	0.756
00655	00	Nebraska	0.951	0.872	0.444
01290	03	Elko & Ely (Cities), NV	0.984	0.986	0.887
01290	01	Las Vegas, Et Al. (Cities), NV	1.012	1.022	0.887
01290	02	Reno, Et Al. (Cities), NV	0.997	1.049	0.887
01290	99	Rest Of Nevada	0.997	1.013	0.887
00780	40	New Hampshire	0.988	1.034	0.916
00860	02	Middle NJ	1.032	1.137	0.762
00860	01	Northern NJ	1.059	1.215	0.762
00860	03	Southern NJ	1.024	1.082	0.762
01360	05	New Mexico	0.975	0.903	0.792
00801	01	Buffalo/Surr. Cntys, NY	1.003	0.936	0.821
00803	01	Manhattan, NY	1.095	1.359	1.546
00801	03	N. Central Cities, NY	1.005	0.967	0.821
00803	02	Nyc Suburbs/Long I., NY	1.068	1.235	1.759
00803	03	Poughkpsie/N Nyc Suburbs, NY	1.011	1.081	1.218
14330	04	Queens, NY	1.058	1.240	1.686
00801	04	Rest Of New York	0.989	0.937	0.821
00801	02	Rochester/Surr. Cntys, NY	1.012	0.992	0.821
05535	00	North Carolina	0.971	0.918	0.435
00820	01	North Dakota	0.951	0.860	0.617
16360	00	Ohio	0.991	0.940	1.049
01370	00	Oklahoma	0.970	0.882	0.481

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM E.—1996 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
01380	02	Eugene, Et Al. (Cities), OR	0.959	0.938	0.637
01380	01	Portland, Et Al. (Cities), OR	0.997	1.000	0.637
01380	99	Rest Of Oregon	0.962	0.907	0.637
01380	03	Salem, Et Al. (Cities), OR	0.965	0.929	0.637
01380	12	Sw OR Cities (City Limits)	0.967	0.954	0.637
00865	02	Lg PA Cities	1.006	1.002	0.936
00865	01	Philly/Pitt Med Shcls/Hosps, PA	1.027	1.040	1.213
00865	04	Rest Of PA	0.973	0.899	0.719
00865	03	Sm PA Cities	0.983	0.917	0.736
00973	20	Puerto Rico	0.883	0.739	0.268
00870	01	Rhode Island	1.019	1.074	1.569
00880	01	South Carolina	0.976	0.899	0.361
00820	02	South Dakota	0.936	0.856	0.443
05440	35	Tennessee	0.976	0.899	0.524
00900	29	Abilene, TX	0.960	0.851	0.827
00900	26	Amarillo, TX	0.975	0.883	0.827
00900	31	Austin, TX	0.987	0.986	0.827
00900	20	Beaumont, TX	0.993	0.893	1.428
00900	09	Brazoria, TX	0.993	0.966	1.428
00900	10	Brownsville, TX	0.955	0.848	0.827
00900	24	Corpus Christi, TX	0.983	0.898	0.827
00900	11	Dallas, TX	1.012	1.012	0.893
00900	12	Denton, TX	0.968	0.952	0.827
00900	14	El Paso, TX	0.973	0.893	0.893
00900	28	Fort Worth, TX	0.989	0.972	0.893
00900	15	Galveston, TX	0.989	0.966	1.428
00900	16	Grayson, TX	0.959	0.874	0.827
00900	18	Houston, TX	1.021	1.005	1.428
00900	33	Laredo, TX	0.957	0.851	0.827
00900	17	Longview, TX	0.973	0.863	0.827
00900	21	Lubbock, TX	0.955	0.894	0.827
00900	19	McAllen, TX	0.961	0.837	0.827
00900	23	Midland, TX	0.991	0.900	0.827
00900	02	Northeast Rural TX	0.960	0.857	0.827
00900	13	Odessa, TX	0.991	0.900	0.827
00900	25	Orange, TX	0.993	0.893	0.827
00900	30	San Angelo, TX	0.948	0.844	0.827
00900	07	San Antonio, TX	0.978	0.926	0.827
00900	03	Southeast Rural TX	0.963	0.872	0.889
00900	06	Temple, TX	0.968	0.884	0.827
00900	08	Texarkana, TX	0.955	0.872	0.827
00900	27	Tyler, TX	0.971	0.894	0.827
00900	32	Victoria, TX	0.983	0.868	0.827
00900	22	Waco, TX	0.966	0.877	0.827
00900	04	Western TX	0.956	0.818	0.827
00900	34	Wichita Falls, TX	0.950	0.857	0.827
00910	09	Utah	0.978	0.891	0.644
00780	50	Vermont	0.974	0.988	0.452
00973	50	Virgin Islands	0.966	0.978	1.023
10490	04	Rest Of VA	0.976	0.876	0.504
10490	01	Richmond & Charlottesville, VA	1.004	0.991	0.511
10490	03	Sm Town/Industrial VA	0.974	0.897	0.517
10490	02	Tidewater & N VA Cntys	0.990	0.965	0.530
01390	03	E Cntrl & Ne WA	0.985	0.943	0.748
01390	02	Seattle (King Cnty), WA	1.006	1.077	0.748
01390	01	W & Se WA (Excl Seattle)	0.982	0.968	0.748
16510	16	Charleston, WV	0.980	0.881	1.004
16510	18	Eastern Valley, WV	0.960	0.899	1.004
16510	19	Ohio River Valley, WV	0.959	0.833	1.004
16510	20	Southern Valley, WV	0.952	0.815	1.004
16510	17	Wheeling, WV	0.957	0.840	1.004
00951	13	Central WI	0.959	0.849	1.160
00951	40	Green Bay (Northeast), WI	0.976	0.894	1.160
00951	54	Janesville (S Cntrl), WI	0.966	0.895	1.160
00951	19	La Crosse (W Cntrl), WI	0.972	0.879	1.160
00951	15	Madison (Dane Cnty), WI	0.990	1.000	1.160

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307

ADDENDUM E.—1996 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
00951	46	Milwaukee Surburbs (Se), WI	0.990	0.959	1.160
00951	04	Milwaukee, WI	1.001	0.978	1.160
00951	12	Northwest WI	0.961	0.850	1.160
00951	60	Oshkosh (E Cntrl), WI	0.973	0.886	1.160
00951	14	Southwest WI	0.959	0.850	1.160
00951	36	Wausau (N Cntrl), WI	0.962	0.866	1.160
00825	21	Wyoming	0.968	0.881	0.811

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.
GPCIs rescaled by the following factors to assure budget neutrality: Work =1.00073; Practice expense=1.00125; Malpractice=1.02307.

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL

HCPCS#	Description
10040	Acne surgery
10060	Drainage of skin abscess
10061	Drainage of skin abscess
10080	Drainage of pilonidal cyst
10081	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
*11303	Shave skin lesion
11305	Shave skin lesion
11306	Shave skin lesion
11307	Shave skin lesion
*11308	Shave skin lesion
11310	Shave skin lesion
11311	Shave skin lesion
11312	Shave skin lesion
*11313	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

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
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
*11752	Remove nail bed/finger tip
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
*12031	Layer closure of wound(s)
*12032	Layer closure of wound(s)
*12041	Layer closure of wound(s)
*12042	Layer closure of wound(s)
*12051	Layer closure of wound(s)
*12052	Layer closure of wound(s)
*15780	Abrasion treatment of skin
*15781	Abrasion treatment of skin
*15782	Abrasion treatment of skin
*15783	Abrasion treatment of skin
*15786	Abrasion treatment of lesion
*15787	Abrasion, added skin lesions
15851	Removal of sutures
*15852	Dressing change, not for burn
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

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
*17106	Destruction of skin lesions
*17107	Destruction of skin lesions
*17110	Destruction of skin lesions
17200	Electrocautery of skin tags
17201	Electrocautery added lesions
17250	Chemical cautery, tissue
*17260	Destruction of skin lesions
*17261	Destruction of skin lesions
*17262	Destruction of skin lesions
*17263	Destruction of skin lesions
*17264	Destruction of skin lesions
*17266	Destruction of skin lesions
*17270	Destruction of skin lesions
*17271	Destruction of skin lesions
*17272	Destruction of skin lesions
*17273	Destruction of skin lesions
*17274	Destruction of skin lesions
*17276	Destruction of skin lesions
*17280	Destruction of skin lesions
*17281	Destruction of skin lesions
*17282	Destruction of skin lesions
*17283	Destruction of skin lesions
*17284	Destruction of skin lesions
*17286	Destruction of skin lesions
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
*19001	Drain added 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
*20974	Electrical bone stimulation
*21029	Contour of face bone lesion
21030	Removal of face bone lesion
*21031	Remove exostosis, mandible
*21032	Remove exostosis, maxilla
*21079	Prepare face/oral prosthesis
*21080	Prepare face/oral prosthesis
*21081	Prepare face/oral prosthesis

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
*21082	Prepare face/oral prosthesis
*21083	Prepare face/oral prosthesis
*21084	Prepare face/oral prosthesis
*21085	Prepare face/oral prosthesis
*21086	Prepare face/oral prosthesis
*21087	Prepare face/oral prosthesis
*21088	Prepare face/oral prosthesis
*21089	Prepare face/oral prosthesis
21110	Interdental fixation
*23031	Drain shoulder bursa
24200	Removal of arm foreign body
24650	Treat radius fracture
25500	Treat fracture of radius
*25530	Treat fracture of ulna
*25600	Treat fracture radius/ulna
25622	Treat wrist bone fracture
25630	Treat wrist bone fracture
*25650	Repair wrist bone fracture
26010	Drainage of finger abscess
26600	Treat metacarpal fracture
26720	Treat finger fracture, each
*26725	Treat finger fracture, each
*26740	Treat finger fracture, each
28001	Drainage of bursa of foot
28010	Incision of toe tendon
*28011	Incision of toe tendons
*28022	Exploration of a foot joint
*28024	Exploration of a toe joint
*28052	Biopsy of foot joint lining
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
*28220	Release of foot tendon
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
*28430	Treatment of ankle fracture
*28450	Treat midfoot fracture, each
*28455	Treat midfoot fracture, each
28470	Treat metatarsal fracture
28475	Treat metatarsal fracture
28490	Treat big toe fracture
*28495	Treat big toe fracture
28510	Treatment of toe fracture
28515	Treatment of toe fracture
*28530	Treat sesamoid bone fracture
*28540	Treat foot dislocation
*28570	Treat foot dislocation
*28600	Treat foot dislocation
*28630	Treat toe dislocation
*29015	Application of body cast
*29020	Application of body cast
*29025	Application of body cast
*29035	Application of body cast
*29049	Application of shoulder cast
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

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
29130	Application of finger splint
*29131	Application of finger splint
29200	Strapping of chest
*29220	Strapping of low back
29260	Strapping of elbow or wrist
*29280	Strapping of hand or finger
29345	Application of long leg cast
29355	Application of long leg cast
*29358	Apply long leg cast brace
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
*29450	Application of leg 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
*29590	Application of foot splint
29700	Removal/revision of cast
29705	Removal/revision of cast
*29710	Removal/revision of cast
*29715	Removal/revision of cast
*29720	Repair of body cast
*29730	Windowing of cast
*29740	Wedging of cast
*29750	Wedging of clubfoot cast
*29850	Knee arthroscopy/surgery
*30000	Drainage of nose lesion
*30020	Drainage of nose lesion
30100	Intranasal biopsy
30110	Removal of nose polyp(s)
30200	Injection treatment of nose
30210	Nasal sinus therapy
*30220	Insert nasal septal button
*30300	Remove nasal foreign body
30901	Control of nosebleed
31000	Irrigation maxillary sinus
*31002	Irrigation sphenoid sinus
31505	Diagnostic laryngoscopy
31575	Diagnostic laryngoscopy
*31579	Diagnostic laryngoscopy
*36000	Place needle in vein
36400	Drawing blood
*36405	Drawing blood
*36406	Drawing blood
*36410	Drawing blood
*36430	Blood transfusion service
*36450	Exchange transfusion service
36470	Injection therapy of vein
36471	Injection therapy of veins
*36510	Insertion of catheter, vein
40490	Biopsy of lip
*40800	Drainage of mouth lesion
*40804	Removal foreign body, mouth
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
*41825	Excision of gum lesion
*41826	Excision of gum lesion
42100	Biopsy roof of mouth

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
42330	Removal of salivary stone
*42400	Biopsy of salivary gland
42650	Dilation of salivary duct
*42660	Dilation of salivary duct
42800	Biopsy of throat
45300	Proctosigmoidoscopy
45303	Proctosigmoidoscopy
45330	Sigmoidoscopy, diagnostic
*45520	Treatment of rectal prolapse
46083	Incise external hemorrhoid
46221	Ligation of hemorrhoid(s)
46230	Removal of anal tabs
46320	Removal of hemorrhoid clot
46500	Injection into hemorrhoids
46600	Diagnostic anoscopy
46604	Anoscopy and dilation
*46606	Anoscopy and biopsy
46614	Anoscopy; control bleeding
46615	Anoscopy
46900	Destruction, anal lesion(s)
*46910	Destruction, anal lesion(s)
*46916	Cryosurgery, anal lesion(s)
*46917	Laser surgery, anal lesion(s)
46934	Destruction of hemorrhoids
*46935	Destruction of hemorrhoids
46936	Destruction of hemorrhoids
*46940	Treatment of anal fissure
*46942	Treatment of anal fissure
46945	Ligation of hemorrhoids
*46946	Ligation of hemorrhoids
51700	Irrigation of bladder
51705	Change of bladder tube
51720	Treatment of bladder lesion
*52265	Cystoscopy & treatment
*53270	Removal of urethra gland
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
*54050	Destruction, penis lesion(s)
*54055	Destruction, penis lesion(s)
*54056	Cryosurgery, penis lesion(s)
*54200	Treatment of penis lesion
*54230	Prepare penis study
54235	Penile injection
55000	Drainage of hydrocele
*55250	Removal of sperm duct(s)
*56420	Drainage of gland abscess
56501	Destruction, vulva lesion(s)
*56606	Biopsy of vulva/perineum
*57061	Destruction vagina lesion(s)
57100	Biopsy of vagina
57150	Treat vagina infection
57160	Insertion of pessary
*57170	Fitting of diaphragm/cap
57452	Examination of vagina
57454	Vagina examination & biopsy
*57460	Leep procedure
57500	Biopsy of cervix
57505	Endocervical curettage
57510	Cauterization of cervix
57511	Cryocautery of cervix
58100	Biopsy of uterus lining

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
*58301	Remove intrauterine device
*59200	Insert cervical dilator
*59300	Episiotomy or vaginal repair
59425	Antepartum care only
59426	Antepartum care only
*59430	Care after delivery
60100	Biopsy of thyroid
*61001	Remove cranial cavity fluid
*63690	Analysis of neuroreceiver
*63691	Analysis of neuroreceiver
64400	Injection for nerve block
64405	Injection for nerve block
*64408	Injection for nerve block
*64412	Injection for nerve block
64413	Injection for nerve block
64418	Injection for nerve block
*64435	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
*64508	Injection for nerve block
64550	Apply neurostimulator
*64553	Implant neuroelectrodes
*64555	Implant neuroelectrodes
*64560	Implant neuroelectrodes
64565	Implant neuroelectrodes
*64612	Destroy nerve, face muscle
*64613	Destroy nerve, spine muscle
65205	Remove foreign body from eye
65210	Remove foreign body from eye
65220	Remove foreign body from eye
65222	Remove foreign body from eye
*65286	Repair of eye wound
65430	Corneal smear
65435	Curette/treat cornea
*65436	Curette/treat cornea
*65600	Revision of cornea
*65772	Correction of astigmatism
*65855	Laser surgery of eye
*65860	Incise inner eye adhesions
66761	Revision of iris
*66770	Removal of inner eye lesion
67145	Treatment of retina
67210	Treatment of retinal lesion
67228	Treatment of retinal lesion
*67345	Destroy nerve of eye muscle
67505	Inject/treat eye socket
67515	Inject/treat eye socket
67700	Drainage of eyelid abscess
*67710	Incision of eyelid
67800	Remove eyelid lesion
67801	Remove eyelid lesions
*67805	Remove eyelid lesions
67810	Biopsy of eyelid
67820	Revise eyelashes
67825	Revise eyelashes
67840	Remove eyelid lesion
67850	Treat eyelid lesion
*67915	Repair eyelid defect
*67922	Repair eyelid defect
*67930	Repair eyelid wound
*67938	Remove eyelid foreign body
68020	Incise/drain eyelid lining
*68040	Treatment of eyelid lesions

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
*68100	Biopsy of eyelid lining
68110	Remove eyelid lining lesion
*68135	Remove eyelid lining lesion
68200	Treat eyelid by injection
*68400	Incise/drain tear gland
*68420	Incise/drain tear sac
68440	Incise tear duct opening
*68530	Clearance of tear duct
*68705	Revise tear duct opening
68760	Close tear duct opening
68761	Close tear duct opening
*68770	Close tear system fistula
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
*69005	Drain external ear lesion
69020	Drain outer ear canal lesion
69100	Biopsy of external ear
*69105	Biopsy of external ear canal
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
*69405	Catheterize middle ear canal
*69410	Inset middle ear baffle
69420	Incision of eardrum
69433	Create eardrum opening
*69540	Remove ear lesion
69610	Repair of eardrum
92002	Eye exam, new patient
92004	Eye exam, new patient
92012	Eye exam established pt
92014	Eye exam & treatment
*92019	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
*92260	Ophthalmoscopy/dynamometry
*92287	Internal eye photography
92311	Contact lens fitting
92312	Contact lens fitting
*92313	Contact lens fitting
*92315	Prescription of contact lens
*92316	Prescription of contact lens
*92317	Prescription of contact lens
*92330	Fitting of artificial eye
*92335	Fitting of artificial eye
92352	Special spectacles fitting
92353	Special spectacles fitting
*92354	Special spectacles fitting
*92371	Repair & adjust spectacles
92504	Ear microscopy examination
92506	Speech & hearing evaluation
92507	Speech/hearing therapy
*92508	Speech/hearing therapy
92511	Nasopharyngoscopy

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
*92512	Nasal function studies
92516	Facial nerve function test
*92520	Laryngeal function studies
*92565	Stenger test, pure tone
*92571	Filtered speech hearing test
*92575	Sensorineural acuity test
*92576	Synthetic sentence test
*92577	Stenger test, speech
*92582	Conditioning play audiometry
*93205	Special phonocardiogram
*93221	Vectorcardiogram tracing
*93721	Plethysmography tracing
93797	Cardiac rehab
93798	Cardiac rehab/monitor
*95010	Sensitivity skin tests
*95015	Sensitivity skin tests
*95056	Photosensitivity tests
*95065	Nose allergy test
*95075	Ingestion challenge test
*95144	Antigen therapy services
*95145	Antigen therapy services
*95146	Antigen therapy services
*95147	Antigen therapy services
*95148	Antigen therapy services
*95149	Antigen therapy services
*95165	Antigen therapy services
*95170	Antigen therapy services
*95180	Rapid desensitization
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
*95880	Cerebral aphasia testing
*95881	Cerebral developmental test
96405	Intralesional chemo admin
96406	Intralesional chemo admin
*96445	Chemotherapy, intracavitary
*96450	Chemotherapy, into cns
*96542	Chemotherapy injection
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
99354	Prolonged service, office
99355	Prolonged service, office
A2000	Chiropractor manip of spine
*G0020	Prepare face/oral prosthesis
*G0021	Prepare face/oral prosthesis

ADDENDUM F.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

HCPCS#	Description
H5300	Occupational therapy
M0101	Cutting/remov corns/calluses

#All numeric CPT HCPCS Copyright American Medical Association 1994
*Added to the list as of 1/1/95.

ADDENDUM G.—REFERENCE SET WITH 1995 WORK RVUS

HCPCS*	Description	Work RVU
10040	Acne surgery	1.34
10080	Drainage of pilonidal cyst.	1.62
10120	Remove foreign body	1.19
11040	Surgical cleansing, abrasion.	0.50
11042	Cleansing of skin/tissue	1.12
11050	Trim skin lesion	0.43
11051	Trim 2 to 4 skin lesions	0.66
11400	Removal of skin lesion	0.86
11406	Removal of skin lesion	2.71
11441	Removal of skin lesion	1.56
11603	Removal of skin lesion	2.30
11642	Removal of skin lesion	2.88
11762	Reconstruction of nail bed.	2.84
12002	Repair superficial wound(s).	1.81
14041	Skin tissue rearrangement.	10.74
14061	Skin tissue rearrangement.	11.42
15100	Skin split graft procedure.	8.05
15240	Skin full graft procedure	8.30
15732	Muscle-skin graft, head/neck.	12.10
15734	Muscle-skin graft, trunk	16.52
15755	Microvascular flap graft	28.33
15822	Revision of upper eyelid.	4.27
15851	Removal of sutures	0.86
15937	Remove sacrum pressure sore.	12.98
16000	Initial treatment of burn(s).	0.89
16025	Treatment of burn(s)	1.85
17100	Destruction of skin lesion.	0.53
19318	Reduction of large breast.	11.08
19364	Breast reconstruction	27.60
19367	Breast reconstruction	24.73
20610	Drain/inject joint/bursa	0.79
21267	Revise eye sockets	17.66
21395	Repair eye socket fracture.	11.85
21433	Repair craniofacial fracture.	23.69
22505	Manipulation of spine	1.77
22595	Neck spinal fusion	19.24
23412	Repair of tendon(s)	12.69
25611	Repair fracture radius/ulna.	7.11
26040	Release palm contracture.	3.09
26045	Release palm contracture.	5.27
26055	Incise finger tendon sheath.	2.56
26123	Release palm contracture.	8.64
26356	Repair finger/hand tendon.	7.05
26615	Repair metacarpal fracture.	5.18
26990	Drainage of pelvis lesion.	6.76
27125	Partial hip replacement	13.21
27165	Incision/fixation of femur.	16.20
27170	Repair/graft femur head/neck.	14.90
27418	Repair degenerated kneecap.	9.82
27635	Remove lower leg bone lesion.	7.29
27792	Repair of ankle fracture	7.04
28285	Repair of hammertoe	4.41
28450	Treat midfoot fracture, each.	1.77
28515	Treatment of toe fracture.	1.36
29881	Knee arthroscopy/surgery.	7.46
30520	Repair of nasal septum	5.55
31575	Diagnostic laryngoscopy.	1.10
31579	Diagnostic laryngoscopy.	2.26
31600	Incision of windpipe	3.62
31622	Diagnostic bronchoscopy.	2.80
32000	Drainage of chest	1.54
32005	Treat lung lining chemically.	2.19
32095	Biopsy through chest wall.	7.13
32100	Exploration/biopsy of chest.	10.07
32440	Removal of lung	19.15
32480	Partial removal of lung	16.84
32500	Partial removal of lung	13.10
32602	Thoracoscopy, diagnostic.	5.96
33208	Insertion of heart pacemaker.	7.28
33249	Insert/replace leads/gener.	12.83
33426	Repair of mitral valve	26.07
33510	Cabg, vein, single	23.29
33512	Cabg, vein, three	27.84
33513	Cabg, vein, four	30.12
33533	Cabg, arterial, single	24.00
33870	Transverse aortic arch graft.	37.74
34201	Removal of artery clot	8.04
35081	Repair defect of artery	22.15
35082	Repair artery rupture, aorta.	28.82
35091	Repair defect of artery	28.10
35207	Repair blood vessel lesion.	9.06
35221	Repair blood vessel lesion.	15.11
35301	Rechanneling of artery	15.95
35381	Rechanneling of artery	14.50
35473	Repair arterial blockage	6.04
35474	Repair arterial blockage	7.36
35556	Artery bypass graft	15.47
35646	Artery bypass graft	24.00
35654	Artery bypass graft	17.62
35656	Artery bypass graft	13.86
36140	Establish access to artery.	2.01
36200	Place catheter in aorta	3.02
36215	Place catheter in artery	4.47
36216	Place catheter in artery	5.28
36245	Place catheter in artery	5.07
36471	Injection therapy of veins.	1.49
36489	Insertion of catheter, vein.	1.22
36533	Insertion of access port	3.82
36620	Insertion catheter, artery.	1.15
37140	Revision of circulation	22.15
38720	Removal of lymph nodes, neck.	12.29
39400	Visualization of chest	5.11
40701	Repair cleft lip/nasal	15.10
42200	Reconstruct cleft palate	9.48
42415	Excise parotid gland/lesion.	16.12
42440	Excision submaxillary gland.	6.61
42809	Remove pharynx foreign body.	1.76
42820	Remove tonsils and adenoids.	3.59
43226	Esophagus endoscopy, dilation.	2.34
43239	Upper gi endoscopy, biopsy.	2.69
43260	Endoscopy, bile duct/pancreas.	5.96
43268	Endoscopy, bile duct/pancreas.	7.39
43312	Repair esophagus and fistula.	27.26
43331	Repair of esophagus	14.73
43420	Repair esophagus opening.	10.19
43610	Excision of stomach lesion.	10.11
43640	Vagotomy & pyforus repair.	13.28
43820	Fusion of stomach and bowel.	10.43
44110	Excision of bowel lesion(s).	9.01
44130	Bowel to bowel fusion	11.09
44141	Partial removal of colon	17.36

ADDENDUM G.—REFERENCE SET WITH 1995 WORK RVUs—Continued

HCPCS*	Description	Work RVU
44152	Removal of colon/ileostomy.	22.98
44160	Removal of colon	14.09
44950	Appendectomy	6.06
45110	Removal of rectum	21.68
45300	Proctosigmoidoscopy	0.70
45330	Sigmoidoscopy, diagnostic.	0.96
45331	Sigmoidoscopy and biopsy.	1.26
45378	Diagnostic colonoscopy	3.70
45380	Colonoscopy and biopsy.	4.01
45383	Colonoscopy, lesion removal.	5.87
45915	Remove rectal obstruction.	2.09
46080	Incision of anal sphincter.	2.35
46221	Ligation of hemorrhoid(s).	1.38
46255	Hemorrhoidectomy	4.95
46260	Hemorrhoidectomy	6.70
46500	Injection into hemorrhoids.	1.53
47000	Needle biopsy of liver	1.90
47100	Wedge biopsy of liver	6.75
47510	Insert catheter, bile duct.	7.39
47556	Biliary endoscopy, thru skin.	8.56
47605	Removal of gallbladder	11.53
48100	Biopsy of pancreas	10.19
49002	Reopening of abdomen	9.40
49421	Insert abdominal drain	4.89
50080	Removal of kidney stone.	13.98
50230	Removal of kidney	20.56
50360	Transplantation of kidney.	27.05
50398	Change kidney tube	1.46
51050	Removal of bladder stone.	6.04
51596	Remove bladder, create pouch.	36.27
51845	Repair bladder neck	9.06
52005	Cystoscopy & ureter catheter.	2.37
52320	Cystoscopy and treatment.	4.70
52330	Cystoscopy and treatment.	5.04
52340	Cystoscopy and treatment.	7.76
52630	Remove prostate regrowth.	6.55
54001	Slitting of prepuce	2.14
54161	Circumcision	3.22
54520	Removal of testis	4.93
54640	Suspension of testis	6.55
55040	Removal of hydrocele	5.15
55520	Removal of sperm cord lesion.	5.72
55530	Revise spermatic cord veins.	5.45
55700	Biopsy of prostate	1.57
55845	Extensive prostate surgery.	26.73
56340	Laparoscopic cholecystectomy.	10.68
56360	Peritoneoscopy	4.04
57100	Biopsy of vagina	0.97
57300	Repair rectum-vagina fistula.	6.81
57511	Cryocautery of cervix	1.85
57800	Dilation of cervical canal.	0.77
58100	Biopsy of uterus lining	0.71
58150	Total hysterectomy	13.00
58210	Extensive hysterectomy	23.97
58720	Removal of ovary/tube(s).	6.20
58950	Resect ovarian malignancy.	14.10
59160	D&c after delivery	2.66
60220	Partial removal of thyroid.	9.86
60240	Removal of thyroid	15.66
61154	Pierce skull, remove clot.	13.67
61312	Open skull for drainage	20.54
61510	Removal of brain lesion	23.39
61518	Removal of brain lesion	32.27
61520	Removal of brain lesion	38.35
61526	Removal of brain lesion	29.71
61530	Removal of brain lesion	42.35
61700	Inner skull vessel surgery.	34.83
62223	Establish brain cavity shunt.	12.81
62272	Drain spinal fluid	1.35
62279	Inject spinal anesthetic	1.58
62284	Injection for myelogram	1.54
62289	Injection into spinal canal.	1.64
63012	Removal of spinal lamina.	14.21
63017	Removal of spinal lamina.	15.85
63030	Low back disk surgery	12.11
63047	Removal of spinal lamina.	12.76
63650	Implant neuroelectrodes.	5.99
63660	Revise/remove neuroelectrode.	5.54
63685	Implant neuroreceiver	6.29
63688	Revise/remove neuroreceiver.	4.77
63750	Insert spinal canal catheter.	7.23
63780	Insert spinal canal catheter.	6.22
64442	Injection for nerve block	1.41
64590	Implant neuroreceiver	2.35
64640	Injection treatment of nerve.	2.49
64721	Carpal tunnel surgery	3.99
66984	Remove cataract, insert lens.	9.89
67010	Partial removal of eye fluid.	6.67
67107	Repair detached retina	13.99
67145	Treatment of retina	5.07
67311	Revise eye muscle	6.30
67903	Repair eyelid defect	6.22
67908	Repair eyelid defect	4.95
69631	Repair eardrum structures.	9.55
70220	X-ray exam of sinuses	0.25
70450	Cat scan of head or brain.	0.85
70470	Contrast cat scans of head.	1.27
70541	Magnetic image, head (mra).	1.81
70553	Magnetic image, brain	2.36
71020	Chest x-ray	0.22
72050	X-ray exam of neck spine.	0.31
72100	X-ray exam of lower spine.	0.22
72131	Cat scan of lower spine	1.16
72148	Magnetic image, lumbar spine.	1.48
72170	X-ray exam of pelvis	0.17
73560	X-ray exam of knee	0.17
74000	X-ray exam of abdomen.	0.18
74020	X-ray exam of abdomen.	0.27
74160	Contrast cat scan of abdomen.	1.27
74280	Contrast x-ray exam of colon.	0.99
74400	Contrast x-ray urinary tract.	0.49
74455	X-ray exam urethra/bladder.	0.33
75650	Artery x-rays, head & neck.	1.49
75962	Repair arterial blockage	0.54
76091	Mammogram, both breasts.	0.41
76519	Echo exam of eye	0.54
76645	Echo exam of breast	0.54
76700	Echo exam of abdomen	0.81
76805	Echo exam of pregnant uterus.	0.99
76872	Echo exam, transrectal	0.69
77263	Radiation therapy planning.	3.14
77290	Set radiation therapy field.	1.56
77430	Weekly radiation therapy.	3.60
77762	Radioelement application.	5.35
77777	Radioelement application.	6.99
78006	Thyroid, imaging with uptake.	0.49
78223	Hepatobiliary imaging	0.84
78306	Bone imaging, whole body.	0.86
78461	Heart muscle blood multiple.	1.23

ADDENDUM G.—REFERENCE SET WITH 1995 WORK RVUs—Continued

HCPCS*	Description	Work RVU
78465	Heart image (3d) multiple.	1.46
78472	Gated heart, resting	0.98
78585	Lung v/q imaging	1.09
79000	Intial hyperthyroid therapy.	1.80
80500	Lab pathology consultation.	0.37
85060	Blood smear interpretation.	0.45
85095	Bone marrow aspiration	1.08
85102	Bone marrow biopsy	1.37
86078	Physician blood bank service.	0.94
88104	Microscopic exam of cells.	0.56
88302	Tissue exam by pathologist.	0.13
88304	Tissue exam by pathologist.	0.22
88305	Tissue exam by pathologist.	0.75
88307	Tissue exam by pathologist.	1.59
88309	Tissue exam by pathologist.	2.28
88325	Comprehensive review of data.	2.22
88331	Pathology consult in surgery.	1.19
90801	Psychiatric interview	2.19
90843	Psychotherapy 20–30 min.	1.10
90844	Psychotherapy 45–50 min.	1.72
90853	Special group therapy ..	0.43
90862	Medication management.	0.95
90870	Electroconvulsive therapy.	1.88
90911	Anorectal biofeedback .	2.15
90935	Hemodialysis, one evaluation.	1.22
90937	Hemodialysis, repeated eval.	2.11
90945	Dialysis, one evaluation	1.28
92004	Eye exam, new patient	1.61
92012	Eye exam established pt.	0.82
92014	Eye exam & treatment .	1.06
92083	Visual field examination(s).	0.50
92250	Eye exam with photos .	0.44
92960	Heart electroconversion	2.25
92975	Dissolve clot, heart vessel.	7.25
93010	Electrocardiogram report.	0.17
93015	Cardiovascular stress test.	0.75
93224	ECG monitor/report, 24 hrs.	0.52
93307	Echo exam of heart	0.78
93320	Doppler echo exam, heart.	0.38
93501	Right heart catheterization.	3.02
93505	Biopsy of heart lining ...	4.56
93511	Left heart catheterization.	5.03
93536	Insert circulation assist	4.85
93619	Electrophysiology evaluation.	7.32
93624	Electrophysiologic study.	4.81
93651	Ablate heart dysrhythm focus.	16.25
93732	Analyze pacemaker system.	0.92
93736	Telephone analysis, pacemaker.	0.15
93880	Extracranial study	0.60
94010	Breathing capacity test	0.17
94060	Evaluation of wheezing	0.31
94160	Vital capacity screening	0.18
94656	Initial ventilator mgmt ...	1.22
94657	Cont. ventilator	0.83
95819	Electroencephalogram (EEG).	1.08
95860	Muscle test, one limb ...	0.96
95861	Muscle test, two limbs .	1.54
95900	Motor nerve conduction test.	0.42
95904	Sense nerve conduction test.	0.34
95935	"h" or "f" reflex study ..	0.59
97110	Therapeutic exercises ..	0.45
99201	Office/outpatient visit, new.	0.38
99202	Office/outpatient visit, new.	0.75
99203	Office/outpatient visit, new.	1.14
99204	Office/outpatient visit, new.	1.71
99205	Office/outpatient visit, new.	2.28
99211	Office/outpatient visit, est.	0.17
99212	Office/outpatient visit, est.	0.38
99213	Office/outpatient visit, est.	0.55
99214	Office/outpatient visit, est.	0.94
99215	Office/outpatient visit, est.	1.51
99217	Observation care discharge.	1.09
99222	Initial hospital care	1.84
99223	Initial hospital care	2.57
99231	Subsequent hospital care.	0.51
99232	Subsequent hospital care.	0.88
99233	Subsequent hospital care.	1.25
99238	Hospital discharge day	1.06
99241	Office consultation	0.54
99242	Office consultation	1 11
99243	Office consultation	1 47
99244	Office consultation	2.23
99245	Office consultation	2.96
99252	Initial inpatient consult	1 13
99253	Initial inpatient consult	1.56
99254	Initial inpatient consult	2.27
99255	Initial inpatient consult	3.14
99263	Follow-up inpatient consult.	1 16
99282	Emergency dept visit ...	0.47
99283	Emergency dept visit ...	1.07
99284	Emergency dept visit ...	1.68
99285	Emergency dept visit ...	2.63
99291	Critical care, first hour	3.64
99292	Critical care, addl 30 min.	1.84
99296	Neonatal critical care ...	7.40
99297	Neonatal critical care ...	3.84
99302	Nursing facility care	1.67
99311	Nursing facility care, subseq.	0.54
99353	Home visit, estab patient.	1.48
99381	Preventive visit, new, infant.	1 19
99382	Preventive visit, new, age 1–4.	1.36
99383	Preventive visit, new, age 5–11.	1.36
99384	Preventive visit, new, 12–17.	1.53
99385	Preventive visit, new, 18–39.	1.53
99386	Preventive visit, new, 40–64.	1.88
99387	Preventive visit, new, 65 & over.	2.06
99391	Preventive visit, est, infant.	1.02
99392	Preventive visit, est, age 1–4.	1.19
99393	Preventive visit, est, age 5–11.	1.19
99394	Preventive visit, est, 12–17.	1.36
99431	Initial care, normal newborn.	1.17
99433	Normal newborn care, hospital.	0.62
99440	Newborn resuscitation .	2.93

*All numeric CPT HCPCS Copyright 1994 American Medical Association.

[FR Doc. 94–29916 Filed 12–1–94; 8:45 am]

BILLING CODE 4120–01–P

federal register

Thursday
December 8, 1994

Part III

Department of Health and Human Services

Health Care Financing Administration

Medicare Program; Physician Fee Schedule Update for Calendar Year 1995; Physician Volume Performance Standard Rates of Increase for Federal Fiscal Year 1995; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

RIN 0938–AG69

[BPD–807–FN]

Physician Fee Schedule Update for Calendar Year 1995 and Physician Volume Performance Standard Rates of Increase for Federal Fiscal Year 1995

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

ACTION: Final notice.

SUMMARY: This final notice announces the calendar year (CY) 1995 updates to the Medicare physician fee schedule and the Federal fiscal year (FY) 1995 volume performance standard rates of increase for expenditures for physicians' services under the Medicare Supplementary Medical Insurance (Part B) program as required by sections 1848(d) and (f), respectively, of the Social Security Act. The fee schedule update for CY 1995 is 12.2 percent for surgical services, 7.9 percent for primary care services, and 5.2 percent for other nonsurgical services. While it does not affect payment, there was a 7.7 percent increase in the update for all physicians' services for 1995. The physician volume performance standard rates of increase for Federal FY 1995 are 9.2 percent for surgical services, 13.8 percent for primary care services, 4.4 percent for other nonsurgical services, and a weighted average of 7.5 percent for all physicians' services.

In our December 2, 1993 notice announcing the CY 1994 update to the Medicare physician fee schedule and FY 1994 volume performance standard rates of increase, we invited public comment on the update indicators for surgical and nonsurgical procedures that were new or revised in 1994. There were no public comments on those indicators. We have decided not to establish a public comment period for the codes that are new and revised in 1995 since, although these codes are initially classified as surgical or nonsurgical based on the clinical judgment of our medical staff, that classification ultimately rests on charge data that we use when they become available to determine whether the codes classified as surgical meet the criteria specified in our December 1993 notice. Because the classification is finally based on empirical data, public comment is unnecessary. Any changes to the classification of codes that are new or revised in 1995, based on our analysis of 1995 charge data, will not be effective before October 1, 1995, for volume performance standard purposes, or before January 1, 1996, for update purposes.

In our proposed rule published in the June 24, 1994 **Federal Register** entitled "Medicare Program; Refinements to Geographic Adjustment Factor Values and Other Policies Under the Physician Fee Schedule (BPD–789–P)", we invited public comments on a proposal to include clinical laboratory services performed in hospital outpatient settings in the MVPS beginning in FY 1996. We received two comments on this proposal. Since this proposal is related to the MVPS and this notice deals with MVPS issues, we are responding to those comments in this notice instead of in the final rule for the physician fee schedule entitled "Medicare Program; Refinements to Geographic Adjustment Factor Values, Revisions to Payment Policies, Adjustments to the Relative Value Units (RVUs), and 5-Year Refinement of RVUs (BPD–789–FC)," published elsewhere in this **Federal Register** issue.

DATES: *Effective Date:* The volume performance standard rates of increase are effective on October 1, 1994. The Medicare physician fee schedule update is effective on January 1, 1995.

Applicability Date: The procedure-specific update indicators apply to payment for services furnished on or after January 1, 1995.

Copies: To order paper 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 069–001–000–81–5 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 paper copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

To order copies of the source files for this document on high density 3.5 inch personal computer diskettes, send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, D.C., 20013–7082. Enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1530 or by faxing to (202) 512–1262. The cost for the diskettes is $20. The file format on the diskettes is comma delimited ASCII.

FOR FURTHER INFORMATION CONTACT: For further information with respect to ordering copies of this notice, contact the U.S. Government Printing Office according to the above information. For further information concerning the content of this notice, contact Don Thompson, (410) 966–4586.

SUPPLEMENTARY INFORMATION:

I. Background and Summary of Legislation

A. The Physician Fee Schedule Update and Medicare Volume Performance Standard (MVPS)

Section 1848 of the Social Security Act (the Act) requires the Secretary of Health and Human Services to—

- Establish annual updates to payment rates under the Medicare physician fee schedule, and
- Establish volume performance standard rates of increase to help control the rate of growth in expenditures for physicians' services.

Under section 1848(b)(1) of the Act, payment for physicians' services, except for anesthesia services, equals the product of the relative value units (RVUs) for a service, a geographic adjustment factor (GAF), and a conversion factor (CF). Anesthesia services are paid under a different relative value system, and payment is equal to the sum of the base and time units for the service multiplied by a geographically adjusted anesthesia-specific CF. The RVUs and anesthesia base units reflect the relative amount of resources used by physicians to furnish the service, and the GAF measures practice cost differences between areas. The geographically adjusted RVUs are multiplied by a CF to obtain the physician fee schedule payment amounts. The 1995 CFs are $14.770 for anesthesia services, $39.447 for surgical services, $36.382 for primary care services, and $34.616 for other nonsurgical services.

1. Physician Fee Schedule Update

Section 1848(d) of the Act requires the Secretary to provide the Congress with her recommendation of a physician fee schedule update by April 15 of each year. Under section 1848(d)(2)(A) of the Act, the Secretary is required to consider a number of factors, including the following:

- The percentage change in the Medicare economic index (MEI), a measure of the change in the cost of operating a medical practice.
- The percentage by which actual expenditures for all physicians' services in the first preceding FY were less than or exceeded the actual expenditures in the second preceding FY.
- The relationship between the percentage determined above and the volume performance standard rate of increase for the same FY.
- Changes in the volume and intensity (VI) of services.
- Access to services.
- Other factors that may contribute to changes in VI of services or access to services.

On May 20, 1994, the Secretary recommended to the Congress a physician fee schedule update for CY 1995 of 10.2 percent for surgical services, 9.4 percent for primary care services, and 3.7 percent for other nonsurgical services. The Secretary's update recommendation was based on our preliminary estimate of the MEI, adjusted for our estimated rate of increase in expenditures compared to the MVPS for each category of physicians' services. For surgical and nonsurgical services, the Secretary recommended a reduction of 3.0 percentage points to adjust for inappropriately high MVPS goals from prior years. The Secretary's update recommendation is consistent with the President's FY 1995 budget, which included a proposal to base the CY 1995 update on the current law methodology less 3.0 percentage points for all services except primary care. If the Secretary's update recommendation, adjusted for more recent performance adjustment and MEI data, had been adopted by the Congress, Medicare payments for physicians' services furnished in 1995 would have increased by an estimated $1.5 billion relative to the payments for physicians' services furnished in 1994. The actual 1995 updates will increase payments for physicians' services furnished in 1995 by an estimated $2.2 billion relative to the payments for physicians' services furnished in 1994. The actual updates are required by the Medicare statute, and any budget implications associated with them are due to the requirements of the law and not this notice.

If the Congress does not set the update, section 1848(d)(3) of the Act establishes the process for updating the physician fee schedule. Under section 1848(d)(3), unless otherwise specified by the Congress, the fee schedule update for a category of physicians' services equals the appropriate update index (that is, the MEI) adjusted by the number of percentage points by which expenditure growth exceeded or was less than the volume performance standard rates of increase for the second preceding year for that category of physicians' services. That is, the CY 1995 update would equal the 1995 MEI increased or decreased by the difference between the rate of increase in expenditures for FY 1993 and the volume performance standard for that year. However, section 1848(d)(3)(B) of the Act limits the maximum downward adjustment for 1995 and any succeeding year to 5.0 percentage points. There is no restriction on upward adjustments to the MEI.

While the Congress has not specifically set the level of physician fee schedule updates, section 13511 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) (Public Law 103–66), enacted on August 10, 1993, amended section 1848(d)(3)(A) of the Act to require the Secretary to reduce the MEI by 2.7 percentage points in 1995 for both surgical and nonsurgical services. Primary care services are exempt from the statutory reductions in the MEI in 1995.

Section 1848(d)(1)(C) of the Act requires the Secretary to publish in the **Federal Register**, within the last 15 days of October, the update for the following CY.

2. MVPS Rates

Section 1848(f) of the Act requires the Secretary to establish volume performance standard rates of increase for Medicare expenditures for physicians' services. We refer to these rates of increase as the MVPS rates. The use of volume performance standard rates of increase is intended to involve physicians in the effort to slow the annual rate of increase in expenditures by having physicians carefully evaluate their services and eliminate those that are inappropriate or ineffective.

The volume performance standard rates of increase are not limits on expenditures. Payments for services are not withheld if volume performance standard rates of increase are exceeded. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3)(A) of the Act, is adjusted to reflect the success or failure in meeting the volume performance standard rates of increase.

Section 1848(f) of the Act sets forth the process for establishing the volume performance standard rates of increase by requiring the Secretary to recommend to the Congress the physician volume performance standard rates of increase for the following Federal FY by not later than April 15. The Secretary is required to recommend MVPS rates for surgical, primary care, other nonsurgical, and all physicians' services. In making the recommendations, the Secretary is required to confer with organizations that represent physicians and to consider the following factors:

- Inflation.
- Changes in the number and age composition of Medicare enrollees under Part B (excluding risk HMO enrollees).
- Changes in technology.
- Evidence of inappropriate utilization of services.
- Evidence of lack of access to necessary physicians' services.
- Other appropriate factors as determined by the Secretary.

The Secretary recommended volume performance standard rates of increase for FY 1995 of 5.8 percent for surgical services, 11.1 percent for primary care services, 3.3 percent for other nonsurgical services, and 5.6 percent for all physicians' services, which included the effect of proposals in the President's FY 1995 budget and a proposal to change the allocation of clinical diagnostic laboratory services in FY 1996.

If the Congress does not set the volume performance standard rates of increase, section 1848(f)(2) (A) and (B) of the Act requires the Secretary to set MVPS rates for all physicians' services and each category of physicians' services equal to the product of the following four factors reduced by a performance standard factor, which for FY 1995 is 4.0 percentage points:

- 1.0 plus the Secretary's estimate of the weighted-average percentage increase (divided by 100) in fees for all physicians' services or for the category of physicians' services for the portions of CY 1994 and CY 1995 contained in FY 1995.
- 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of Part B enrollees (excluding risk HMO enrollees) from FY 1994 to FY 1995.
- 1.0 plus the Secretary's estimate of the average annual percentage growth (divided by 100) in VI of all physicians' services or of the category of physicians' services for FY 1989 through FY 1994.
- 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services or of the category of physicians' services that will result from changes in law or regulations in FY 1995 as compared with expenditures for physicians' services in FY 1994.

Section 1848(f)(1)(C) of the Act requires the Secretary to publish in the **Federal Register** within the last 15 days of October of each year the volume performance standard rates of increase for all physicians' services and for each category of physicians' services for the Federal FY that began on October 1 of that year (The MVPS for all physicians' services has no practical effect on the update. We publish it only because we are required to do so by section 1848(f) of the Act.)

3. Past Years' MVPS Rates and Physician Fee Schedule Updates

MVPS rates have been established under section 1848 of the Act since FY 1990. CY 1992 was the first year in which the update was affected by expenditures under the MVPS system. The following tables illustrate the MVPS rates in each FY since their inception, the actual rates of increase in expenditures, and the corresponding updates in the second subsequent CY.

FEE SCHEDULE UPDATE

Calendar year	MEI	Performance adjustment	Legislative adjustment	Update
CY 1992:				
All services	3.2%	−0.9%	−0.4%	1.9%
CY 1993:				
Surgical	2.7%	0.4%	.....	3.1%
Nonsurgical	2.7%	−1.9%	.....	0.8%
CY 1994:				
Surgical	2.3%	11.3%	−3.6%	10.0%
Primary care	2.3%	5.6%	0.0%	7.9%
Other nonsurgical	2.3%	5.6%	−2.6%	5.3%
CY 1995:				
Surgical	2.1%	12.8%	−2.7%	12.2%
Primary care	2.1%	5.8%	0.0%	7.9%
Other nonsurgical	2.1%	5.8%	−2.7%	5.2%

MVPS

Fiscal year	MVPS	Actual	Difference
FY 1990:[1]			
All services	9.1%	10.0%	−0.9%
FY 1991:			
Surgical	3.3%	2.9%	0.4%
Nonsurgical	8.6%	10.5%	−1.9%
FY 1992:			
Surgical	6.5%	−4.8%	11.3%
Nonsurgical	11.2%	5.6%	5.6%
FY 1993:			
Surgical	8.4%	−4.4%	12.8%
Nonsurgical	10.8%	5.0%	5.8%
FY 1994:			
Surgical	9.1%	.....	.....
Primary care	10.5%	.....	.....
Other nonsurgical	9.2%	.....	.....
FY 1995:			
Surgical	9.2%	.....	.....
Primary care	13.8%	.....	.....
Other nonsurgical	4.4%	.....	.....

[1] Separate MVPS rates for surgical and nonsurgical services were not required until FY 1991. Separate fee schedule updates were not required until CY 1993. Beginning with the CY 1994 fee schedule update and the FY 1994 MVPS, we established separate updates and MVPS rates of increase for surgical, primary care, and other nonsurgical services.

B. Physicians' Services

Section 1848(f)(5)(A) of the Act defines physicians' services for purposes of the volume performance standard rates of increase as including other items or services (such as clinical diagnostic laboratory tests and radiology services), specified by the Secretary, that are commonly performed by a physician or furnished in a physician's office. Section 1861(s) of the Act defines medical and other health services covered under Part B. As provided for in the FY 1990 volume performance standard rates of increase notice in the **Federal Register** on December 29, 1989 (54 FR 53819), we are including the following medical and other health services in section 1861(s) of the Act in the physician volume performance standard rates of increase if bills for the items are processed and paid for by Medicare carriers:

- Physicians' services.
- Services and supplies furnished incident to physicians' services.
- Outpatient physical therapy and speech therapy services, and outpatient occupational therapy services.
- Antigens prepared by or under the direct supervision of a physician.
- Services of physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, nurse practitioners, and clinical nurse specialists.
- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests.
- X-ray, radium, and radioactive isotope therapy.
- Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations.

We stated in our December 29, 1989 notice (54 FR 53819) announcing the FY 1990 volume performance standard rates of increase that we would consider including outpatient diagnostic laboratory tests paid through intermediaries in the MVPS definition of physicians' services. We have always included diagnostic laboratory tests if paid through the carriers, but have not included them if paid through intermediaries since the detailed information required to set the volume performance standard rates of increase was not readily available from our data collection systems. This information is now more easily accessible, and, therefore, on June 24, 1994, we published in the **Federal Register** a proposed rule, "Medicare Program; Refinements to Geographic Adjustment Factor Values and Other Policies Under the Physician Fee Schedule (BPD–789–P)" (59 FR 32754), which announced our intention to include these services in the nonsurgical category beginning with the FY 1996 MVPS. We received two comments regarding this proposal, and we respond to these comments in section II. of this notice. We will include outpatient diagnostic laboratory tests paid through the intermediaries on the basis of the clinical diagnostic laboratory fee schedule in the nonsurgical MVPS category beginning in FY 1996.

C. Definition of Surgical, Primary Care, and Other Nonsurgical Services

As described below, we have classified codes that are new or revised for 1995 as surgical, primary care, or other nonsurgical services. We have also changed the classification of eight codes that were new or revised for 1994 from surgical to nonsurgical based on data from the first 6 months of 1994. Since our definitions of surgical, primary care, or other nonsurgical services have not changed, we have not changed the classifications of any other codes.

As described in the December 2, 1993 notice (58 FR 63858) containing our definitions of surgical, primary care, or other nonsurgical services, we consider a procedure to be surgical if the following conditions are met:

- In the HCFA Part B data system, the service is classified under "type of service" as a "surgery."
- The service is performed by surgical specialists more than 50 percent of the time.

As also discussed in the December 1993 notice, section 1842(i)(4) of the Act defines primary care services as "office medical services, emergency department services, home medical services, skilled nursing, intermediate care, and long-term care medical services, or nursing home, boarding home, domiciliary, or custodial care medical services." Since this language was the result of an amendment to the Act made by section 4042(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) (Public Law 100–203), enacted on December 22, 1987, we rely on the conference report accompanying OBRA '87 (H.R. Rep. No. 100–495, 100th Congress, 1st Session 594–595 (1987)) to determine the HCFA Common Procedure Coding System (HCPCS) codes to be included in the definition of primary care services. In addition, section 6102(f)(10) of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) (Public Law 101–239), enacted on December 19, 1989, indicated intermediate and comprehensive office visits for eye examinations and treatments for new patients were to be considered primary care services.

We classify physicians' services not meeting the surgical or primary care definitions as nonsurgical services.

For a procedure code that is new in 1995 and does not meet the primary care definition, we do not have any data for determining how often the procedure is performed by surgical specialists and therefore whether the service should be classified as surgical or nonsurgical. We categorized these codes as surgical or nonsurgical based on the judgment of our medical staff. To assist us in making these determinations, we considered the type-of-service classification within the Physicians' Current Procedural Terminology (CPT) and the relationship of services represented by the new codes to surgical services meeting the above-described criteria. We followed a similar process to classify codes that were new in 1994. For the 1995 classification of the new 1994 codes, however, we used 6 months of 1994 data to determine whether they meet the criteria for being considered surgical services. Based on these data, we have changed the classification of the following HCPCS codes from surgical to nonsurgical:

HCPCS code	Description
33213 ..	Insertion or replacement of pacemaker pulse generator only; dual chamber.
33214 ..	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator).
33220 ..	Repair of pacemaker electrode(s) only; dual chamber.
33233 ..	Removal of permanent pacemaker; pulse generator only.
33235 ..	Removal of permanent pacemaker; and transvenous electrode(s), dual lead system.
33247 ..	Insertion or replacement of implantable cardioverter-defibrillator lead(s), by other than thoracotomy.
44393 ..	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.
48400 ..	Injection procedure for intraoperative pancreatography.

For 1995, we have classified care plan oversight (HCPCS code 99375) as a primary care service. For a full discussion of this classification, see the final rule with comment period entitled "Medicare Program; Refinements to Geographic Adjustment Factor Values, Revisions to Payment Policies, Adjustments to the Relative Value Units (RVUs), and 5–Year Refinement of RVUs (BPD–789–FC)," published elsewhere in this **Federal Register** issue and hereafter referred to as the physician fee schedule final rule.

Also, Addendum B of the physician fee schedule final rule (BPD–789–FC), published elsewhere in this **Federal Register** issue, lists the RVUs and related information used in determining Medicare payments for HCPCS codes. For the purposes of the physician fee schedule, we have assigned the following surgical, primary care, or other nonsurgical service update indicators to these codes:

Update indicator	Interpretation
S	Surgical services.
P	Primary care services.
N	The physician fee schedule update applies, but the code is not defined as surgical or primary care.
O	The physician fee schedule update does not apply.

The MVPS indicator for a procedure code is identical to the update indicator for codes that have a surgical, primary care, or other nonsurgical service update indicator. However, we consider some codes with an update indicator of "O" to be nonsurgical for the purposes of the MVPS, most notably the clinical diagnostic laboratory codes.

The update indicators for codes new or revised in 1995 are shown in Addendum C of the physician fee schedule final rule (BPD–789–FC), published elsewhere in this **Federal Register** issue.

II. Analysis of and Responses to Public Comments

Our final notice with comment period published in the December 2, 1993 **Federal Register** entitled "Physician Volume Performance Standard rates of increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update for Calendar Year 1994 (BPD–774–FNC)" (58 FR 63856) referenced the surgical and nonsurgical update indicators for new and revised procedure codes to be used in applying the CY 1994 updates and for measuring expenditures under the MVPS for FY 1994. These update indicators appeared in Addendum C of our final rule with comment period in the December 2, 1993 **Federal Register** entitled "Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1994 (BPD–770–FC)" (58 FR 63626). We invited comments on the update indicators for these new and revised procedure codes. There were no public comments on those indicators.

In our proposed rule published in the June 24, 1994 **Federal Register** entitled "Medicare Program; Refinements to Geographic Adjustment Factor Values and Other Policies Under the Physician Fee Schedule (BPD–789–P)" (59 FR 32754), we invited public comments on

a proposal to include clinical diagnostic laboratory services performed in hospital outpatient settings in the MVPS beginning in FY 1996. We received two comments on this proposal. Since this proposal is related to the MVPS and this notice deals with MVPS issues, we are responding to these comments in this notice instead of in the physician fee schedule final rule (BPD–789–FC), published elsewhere in this **Federal Register** issue. Our responses to the comments follow:

Comment: One commenter expressed concern over the proposal to include clinical diagnostic laboratory services performed in hospital outpatient settings in the MVPS beginning in FY 1996 since the commenter believed we had not demonstrated that the costs of clinical diagnostic laboratory services were entirely attributable to physicians. This commenter believed that, in many instances, the preadmission testing is ordered by nonphysician staff and is a hospital requirement.

Response: Section 1848(f)(5)(A) of the Act specifies that the MVPS category of nonsurgical services includes "clinical diagnostic laboratory tests." We have always believed the Congress intended these tests to be included in the MVPS category of nonsurgical services regardless of the setting where they are performed. As we mentioned above, the only reason these tests were not included if performed in the outpatient departments of hospitals was that the detailed information required to set the volume performance standard rates of increase was not readily available under our data collection systems. This information is now more easily accessible.

In addition, we do not believe the majority of these tests are ordered by nonphysician hospital staff to satisfy hospital requirements. We intend to include these services in the MVPS category of nonsurgical services beginning in FY 1996.

Comment: Two commenters questioned whether this proposal affected the setting of the MVPS and consequently the update to the Medicare physician fee schedule.

Response: Since clinical diagnostic laboratory tests are nonsurgical services, the inclusion of these services will affect only the nonsurgical MVPS. We will account for the effects of including these services in setting the nonsurgical MVPS. This change will affect the nonsurgical update to the extent that the actual VI increase in outpatient laboratory services differs from the allowance for that growth in the nonsurgical MVPS.

III. Provisions of this Final Notice

A. Physician Fee Schedule Update for CY 1995

Under the requirements of section 1848(d)(3) of the Act, the fee schedule update for CY 1995 will be 12.2 percent for surgical services, 7.9 percent for primary care services, and 5.2 percent for other nonsurgical services. While it does not affect payment, there was a 7.7 percent increase in the update for all physicians' services for 1995. We determined this update as follows:

	Surgical services (percent)	Primary care services (percent)	Nonsurgical services (percent)
1995 MEI	2.1	2.1	2.1
OBRA '93 Adjustment	−2.7	0.0	−2.7
MVPS Adjustment ..	12.8	5.8	5.8
1995 Update	12.2	7.9	5.2

Applying these updates to the 1994 CFs of $35.158 for surgical services and $32.905 for nonsurgical services results in CFs of $39.447 for surgical services and $34.616 for nonsurgical services (other than anesthesia and primary care services) for 1995. The 1994 CF of $33.718 for primary care services will be updated by 7.9 percent to $36.382 for primary care services for 1995. The 1994 anesthesia CF of $14.20, which includes the effect of the 1994 RVU budget-neutrality adjustment, will be updated by the nonsurgical update to $14.77 for 1995, after adjusting for the 1995 RVU budget-neutrality adjustment.

The specific calculations to determine the fee schedule updates for physicians' services for CY 1995 are explained in section IV.A. of this notice.

B. Physician Volume Performance Standard Rates of Increase for FY 1995

Under the requirements in section 1848(f)(2)(A) and (B) of the Act, we have determined that the volume performance standard rates of increase for physicians' services for FY 1995 are 9.2 percent for surgical services, 13.8 percent for primary care services, 4.4 percent for other nonsurgical services, and a weighted average of 7.5 percent for all physicians' services.

This determination is based on the following legislative factors:

Legislative factors (percent)	Surgical services (percent)	Primary care services (percent)	Nonsurgical services (percent)
Inflation	2.3	2.3	2.4
Enrollment ..	0.7	0.7	0.7
VI	4.4	4.4	4.4
Legislation ..	5.3	9.5	0.7
Performance Standard Factor	−4.0	−4.0	−4.0
Total	9.2	13.8	4.4

The specific calculations to determine the volume performance standard rates of increase for physicians' services for FY 1995 are explained in section IV.B. of this notice.

IV. Detail on Calculation of the CY 1995 Physician Fee Schedule Update and the FY 1995 Physician Volume Performance Standard Rates of Increase

A. Physician Fee Schedule Update

1. The Percentage Change in the MEI

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1989 base weights, is comprised of two broad categories: (1) Physician's own time, and (2) physician practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents, wages and salaries and fringe benefits. These components are adjusted by the 10-year moving average percent change in output per manhour for the nonfarm business sector to eliminate double counting for productivity growth in physician offices and the general economy.

The physician practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physician offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average percent change in output per manhour for the nonfarm business sector. The physician practice

expense component also includes the following categories of nonlabor inputs: office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. The table below presents a listing of the MEI cost categories with associated weights and percent changes for price proxies for the 1995 update. The CY 1995 MEI is 2.1 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX, UPDATE FOR CY 1995 [1]

	1989 weights [2]	CY 1995 percent changes
Medicare Economic Index Total	100.0	2.1
1. Physician's Own Time [3,4]	54.2	1.6
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	45.3	1.3
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	8.8	3.4
2. Physician Practice Expense [3,4]	45.8	2.6
a. Nonphysician Employee Compensation	16.3	2.1
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	13.8	1.8
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	2.5	3.4
b. Office Expense: CPI–U, housing	10.3	2.6
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	5.2	3.2
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	4.8	4.0
e. Medical Equipment: PPI, medical instruments and equipment	2.3	1.2
f. Other Professional Expense	6.9	2.8
1. Professional Car: CPI–U, private transportation	1.4	1.8
2. Other: CPI–U, all items less food and energy	5.5	3.0
Addendum:		
Productivity: 10-year moving average of output per manhour, nonfarm business sector	n/a	1.2
Physician's Own Time, not productivity adjusted	54.2	2.9
Wages and salaries, not productivity adjusted	45.3	2.5
Fringe benefits, not productivity adjusted	8.8	4.7
Nonphysician Employee Compensation, not productivity adjusted	16.3	3.3
Wages and salaries, not productivity adjusted	13.8	3.0
Fringe benefits, not productivity adjusted	2.5	4.6

[1] The rates of change are for the 12-month period ending June 30, 1994, which is the period used for computing the CY 1995 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 9, 1994.

[2] The weights shown for the MEI components are the 1989 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for CY 1989. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1989 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

[3] The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per man-hour in the nonfarm business sector. For example, the wages and salaries component of Physician's Own Time is calculated by dividing the rate of growth in average hourly earnings by the 10-year moving average rate of growth of output per man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.025=1.025) by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.012=1.012) equals one plus the change in average hourly earnings net of the change in output per man-hour (1.025/1.012=1.013). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision the computer-calculated quotient may differ from the quotient calculated from rounded individual percent changes.

[4] The average hourly earnings proxy, the Employment Cost Index proxies, as well as the CPI–U, housing and CPI–U, private transportation are published in the Current Labor Statistics Section of the Bureau of Labor Statistics' Monthly Labor Review. The remaining CPIs and PPIs in the revised index can be obtained from the Bureau of Labor Statistics' CPI Detailed Report or Producer Price Indexes.

[5] Derived from a HCFA survey of several major insurers (the latest available historical percent change data are for CY 1993). This is consistent with prior computations of the professional liability insurance component of the MEI.

n/a Productivity is factored into the MEI compensation categories as an adjustment to the price variables, therefore no explicit weight exists for productivity in the MEI.

2. Adjustment in Update

As required by section 1848(d)(3)(A) of the Act, as amended by section 13511 of OBRA '93, we are reducing the update by 2.7 percentage points for surgical services and nonsurgical services other than primary care services.

3. MVPS Performance Adjustment (MPA)

As required by section 1848(d)(3)(B)(i) of the Act, we are increasing the update by 12.8 percentage points for surgical services and by 5.8 percentage points for primary care and other nonsurgical services to reflect the percentage increase in expenditures between FY 1992 and FY 1993 relative to the volume performance standard rate of increase for FY 1993.

Our estimate of the percentage growth in surgical services between FY 1992 and FY 1993 is −4.4 percent. Because the volume performance standard rate of increase for FY 1993 was 8.4 percent, the rate of increase in expenditures for surgical services was less than the volume performance standard rate of increase by 12.8 percentage points. For primary care and other nonsurgical services, the rate of increase in expenditures was 5.0 percent, 5.8 percentage points less than the volume performance standard rate of increase of 10.8 percent.

B. FY 1995 Physician Volume Performance Standard Rates of Increase

Below we explain how we determined the increases for each of the four factors used in determining the volume

performance standard rates of increase for FY 1995.

Factor 1—Weighted Average Percentage Increase in Fees for Physicians' Services (Before Applying Legislative Reductions) for Months of CYs 1994 and 1995 Included in FY 1995

This factor was calculated as a weighted average of the fee increases that apply to FY 1995; that is, the fee increases that apply to the last 3 months of CY 1994 multiplied by 25 percent plus the fee increases that apply to the first 9 months of CY 1995 multiplied by 75 percent. Beginning with CY 1992, physicians' services are updated by a physician fee schedule update factor that is based on the MEI adjusted for several statutory factors. For instance, the MEI for 1995 is reduced 2.7 percentage points for surgical services and nonsurgical services other than primary care services. The update factor for a category of physicians' services for CY 1995 is also adjusted by the number of percentage points that the rate of increase in expenditures in FY 1993 compared to FY 1992 was less than the volume performance standard rate of increase for the category of physicians' services in FY 1993. Laboratory services are updated by increases in the Consumer Price Index for Urban Consumers (CPI–U). For 1995, the laboratory update will be 0.0 percent, as required by section 1833(h)(2)(ii) of the Act, as amended by section 13551 of OBRA '93.

We are showing the MEI and CPI–U in Table 2 below unadjusted for the legislated 2.7 percentage point reduction in the surgical and other nonsurgical updates and the legislated 0.0 percent laboratory update because of section 1848(f)(2)(A)(iv) of the Act as amended by section 4118(e) of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) (Public Law 101–508), enacted on November 5, 1990. We interpreted section 4118(e) to account for legislated adjustments to the physician fee schedule and laboratory updates in Factor 4 rather than Factor 1.

Table 2 shows the updates that were used to determine the weighted-average percentage increase in physician fees.

TABLE 2—MEI AND CPI–U FOR CYS 1994 AND 1995

	1994	1995
MEI	2.3	2.1
CPI–U	3.3	2.8

Physicians' services make up 91 percent of the total expenditures in the definition of physicians' services used for purposes of the volume performance standard rates of increase; laboratory services represent 9 percent.

In addition to the annual updates and individual weights of the above services, one other element has an effect on the rate of increase in physician fees. Section 1842(h)(1) of the Act provides for "participating physicians" who agree to accept Medicare payment as payment in full and to bill Medicare beneficiaries only for the 20 percent coinsurance amount and any unmet portion of the $100 annual deductible amount. Sections 1842(b)(4)(A)(iv) and 1848(a)(3) of the Act provide that nonparticipating physicians are paid 5 percent less for their Medicare services than participating physicians. The nonparticipating physicians are given an opportunity at the end of each CY to enroll as participating physicians for the next CY. Participation rates have increased each year, and we assume that this trend will continue. The increase in the number of participating physicians and the fact that they are paid at a rate higher than nonparticipating physicians also add to the rate of increase in the weighted-average percentage increase in physician fees.

After taking into account all the elements described above, we estimate that the weighted-average increase in fees for physicians' services in FY 1995 before applying the legislative changes will be 2.3 percent for surgical services, 2.3 percent for primary care services, 2.4 percent for other nonsurgical services, and a weighted average of 2.4 percent for all physicians' services.

Factor 2—The Percentage Increase in the Average Number of Part B Enrollees From FY 1994 to FY 1995

We estimate that average Medicare Part B enrollment in FY 1995 will be 35.728 million. Decreasing that figure by the estimated enrollment in risk HMOs of 2.364 million (those enrolled in risk HMOs whose Medicare-covered medical care is paid for through the adjusted average per capita cost mechanism and is therefore outside the scope of the MVPS) results in an estimate of 33.364 million Part B enrollees in FY 1995 not in risk HMOs.

The corresponding figures for 1994 are estimated to be 35.069 million total Part B enrollees and 1.938 million risk HMO enrollees, which result in an estimate of 33.131 million Part B enrollees not in risk HMOs. We estimate that there will be 0.233 million more Part B enrollees not in risk HMOs in FY 1995 than in FY 1994, which represents a 0.7 percent increase from FY 1994 to FY 1995 for surgical services, primary care services, other nonsurgical services, and the average of all physicians' services.

Factor 3—Average Annual Growth in VI of Physicians' Services for FY 1990 Through FY 1994

Section 1848(f)(2)(A)(iii) of the Act requires the Secretary to estimate the average annual percentage growth in the VI of physicians' services or of the category of physicians' services for FY 1990 through FY 1994. This estimate must be based upon information contained in the most recent annual report issued by the Board of Trustees of the Supplementary Medical Insurance Trust Fund (Trustees' Report).

The data on the percentage increase in the VI of services in the Trustees' Report are based on historical trends in increases in allowed charges, which are not influenced by the Part B deductible. The volume performance standard rates of increase under this notice, however, have historically been compared to increases in expenditures, which are influenced by the Part B deductible. Section 1832(b) of the Act specifies that the Part B deductible will be $100 for CY 1991 and subsequent years. The effect of the deductible remaining fixed at $100 is that the overall annual increases in allowed charges for MVPS physicians' services are lower than the overall annual increases in expenditures. Although we believe it would be consistent with a literal interpretation of section 1848(f)(2)(A)(iii) of the Act, it would be inappropriate to base the VI component on the lower 5-year growth in allowed charges and compare this with the higher growth in expenditures. Rather than adjust Factor 3 of the MVPS, as we have done in the past, to account for the effect of the fixed deductible, we will simply compare the MVPS to the growth in allowed charges. This has exactly the same effect as adjusting Factor 3 for the fixed deductible and comparing the MVPS to the growth in expenditures.

Consistent with data contained in the Trustees' Report, we estimated Factor 3 using a definition of physicians' services that includes certain supplies and nonphysician services not otherwise included in computing the volume performance standard rates of increase (primarily durable medical equipment (DME) and ambulance services). We included data for these services because we were required to base the estimate on data contained in the Trustees' Report, and it was not feasible to recompute the data from the 5-year period to exclude these supplies and nonphysician services. We believe the inclusion of these nonphysician supplies and services in this component

has a minimal effect on the estimate because the component measures rates of change. Since DME and ambulance services constitute only about 10 percent of the total charges used in the Trustees' Report, the rate of change for these nonphysician services and supplies would have to be significantly different from the rate of change for physicians' services to have any measurable impact on this VI increase factor. The volume increases for services performed in independent laboratories were included in the calculation of the physician increases. (Factor 3 is the only component of the volume performance standard rate of increase that was estimated using data that included nonphysician services and supplies.) The 5-year average rate of increase in VI of physicians' services equals 4.4 percent for surgical services, primary care services, other nonsurgical services, and the average of all physicians' services.

Factor 4—Percentage Increase in Expenditures for Physicians' Services Resulting from Changes in Law or Regulations in FY 1995 Compared with FY 1994

Legislative changes enacted in OBRA '93 and changes in the regulations required by this law, implementation of the physician fee schedule (including refinements made in the RVUs for 1994 and 1995), and adjustments in the physician fee schedule updates will have an impact on the volume performance standard rates of increase for FY 1995.

The net effect of implementing the physician fee schedule after making the RVU refinements for 1994 and 1995 will increase payment rates and, therefore, the volume performance standard for primary care services. Similarly, the net effect of refining the RVUs and implementing the new fee schedule will reduce payment rates for most surgical services and many nonsurgical services other than primary care, thus, lowering the volume performance standard rates of increase for these services. Implementing the fee schedule will have no effect on the volume performance standard rates of increase for all physicians' services because the net effect of increases in payment for certain services and decreases in payment for other services will have a budget-neutral effect on payment for all physicians' services throughout the transition to the physician fee schedule. That is, payment rates are, in effect, being determined so that outlays for physicians' services under the physician fee schedule equal the outlays that would have occurred had the reasonable charge payment system been continued.

The net adjustments to the physician fee schedule updates will have the effect of increasing the volume performance standard rates for surgical, primary care, and other nonsurgical services. Nonsurgical services other than primary care will also be affected by a payment freeze and a lower payment limit for clinical laboratory services. OBRA '93 also included a provision to lower payment for practice expenses for certain services paid under the physician fee schedule, which will have the effect of lowering the MVPS for both surgical and nonsurgical services. An OBRA '93 provision that limits payment for the anesthesia care team will also have the effect of reducing the MVPS for surgical services. After taking into account all of these provisions, this factor equals 5.3 percent for surgical services, 9.5 percent for primary care services, 0.7 percent for other nonsurgical services, and a weighted average of 3.5 percent for all physicians' services.

V. Other Required Information

A. Inapplicability of 30-Day Delay in Effective Date

We usually provide a delay of 30 days in the effective date for final **Federal Register** documents. In this case, however, the volume performance standard rates of increase are required by law to be published in the last 15 days of October 1994 and are effective on October 1, 1994. Thus, the Congress has clearly indicated its intent that the rates of increase be implemented without the usual 30-day delay in the effective date and has foreclosed any discretion by us in this matter. Therefore, the requirement for a 30-day delay in the effective date does not apply to this notice. With regard to the physician fee schedule, the effective date will be January 1, 1995, which is more than 30 days beyond the publication date of this notice.

B. Collection of Information Requirements

This notice does not impose information collection or 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.).

VI. Regulatory Impact Statement

A. Regulatory Flexibility Act

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 notice will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, States and individuals are not entities, but we consider all physicians to be small entities.

We are not preparing a regulatory flexibility analysis since we have determined, and the Secretary certifies, that this notice will not have a significant economic impact on a substantial number of small entities.

Also, section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a notice 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.

We are not preparing a rural impact analysis since we have determined, and the Secretary certifies, that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

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

B Effects of the Proposal for Physician Volume Performance Standard Rates of Increase (Inclusion of Outpatient Clinical Diagnostic Laboratory Services in the MVPS Category of Nonsurgical Services)

The inclusion of clinical diagnostic laboratory services in the MVPS category of nonsurgical services beginning in FY 1996 is estimated to result in savings of $25 million in FY 1998 and $75 million in FY 1999. These savings result from our current projections that growth in the volume and intensity of these services will exceed the overall growth in the volume and intensity of the other services in this category. However, $37 million of these savings will be used to offset the FY 1996 through FY 1999 estimated costs of two Medicare physician fee schedule changes: separate payment for care plan oversight of certain home health agency and hospice services ($15 million) and the inclusion of the end-stage renal disease monthly capitation payment in the fee schedule ($22 million). Both of these changes are described in the physician fee schedule final rule (BPD–789–FC), published elsewhere in this **Federal Register** issue

(Sections 1848(d) and (f) of the Social Security Act) (42 U.S.C. 1395w-4(d) and (f))

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

Dated: November 14, 1994.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 16, 1994.

Donna E. Shalala,

Secretary

[FR Doc. 94-29915 Filed 12-1-94; 10:20 am]

BILLING CODE 4120-01-P

federal register

Thursday
December 8, 1994

Part IV

Department of Agriculture

Cooperative State Research, Education, and Extension Service

Rangeland Research Grants Program for Fiscal Year 1995; Solicitation of Applications; Notice

DEPARTMENT OF AGRICULTURE

Cooperative State Research, Education, and Extension Service

Rangeland Research Grants Program for Fiscal Year 1995; Solicitation of Applications

Notice is hereby given that under the authority in section 1480 of the National Agricultural Research, Extension, and Teaching Policy Act of 1977, as amended (7 U.S.C. 3333), the Cooperative State Research, Education, and Extension Service (CSREES) of the United States Department of Agriculture (USDA) will award standard grants for basic studies in certain areas of rangeland research. (The CSREES was established by Pub. L. 103–354, the Federal Crop Insurance Reform and Department of Agriculture Reorganization Act of 1994, and the functions of the Cooperative State Research Service were transferred to the CSREES by the Secretary of Agriculture's Memorandum 1010–1.) No more than $80,000 will be awarded for the support of any one project, regardless of the amount requested. The total amount of funds available for grants under the Rangeland Research Grants Program during fiscal year 1995 is $451,535.

Under this program, subject to the availability of funds, the Secretary may award grants to land-grant colleges and universities, State agricultural experiment stations, and to colleges, universities, and Federal laboratories having a demonstrable capacity in rangeland research, as determined by the Secretary. Except in the case of Federal laboratories, each grant recipient shall match the Federal funds expended on a research project based on a formula of 50 percent Federal and 50 percent non-Federal funding. Proposals received from scientists at non-United States organizations or institutions will not be considered for support. In addition, in the case of any equipment or product that may be authorized to be purchased with funds provided under this program, entities receiving such funds are encouraged to use such funds to purchase only American-made equipment or products.

Applicable Regulations

This program is subject to the provisions found in 7 CFR part 3401, as amended (58 FR 21852, April 23, 1993), which sets forth procedures to be followed when submitting grant proposals, rules governing the evaluation of proposals, processes regarding the awarding of grants, and regulations relating to the post-award administration of grant projects. Pursuant to section 1473 of the National Agricultural Research, Extension, and Teaching Policy Act of 1977, as amended (7 U.S.C. 3319), funds made available under this program to recipients other than Federal laboratories shall not be subject to reduction for indirect costs or for tuition remission costs. Since these costs are not allowable costs for purposes of this program, such costs incurred by a grant recipient may not be used to meet the matching funds requirement. In addition, the USDA Uniform Federal Assistance Regulations, 7 CFR Part 3015, as amended, the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 7 CFR Part 3016, as amended; the regulations governing Governmentwide Debarment and Suspension (Nonprocurement) and the Governmentwide Requirements for Drug-Free Workplace (Grants), 7 CFR Part 3017, as amended, the New Restrictions on Lobbying, 7 CFR Part 3018, the Audits of Institutions of Higher Education and Other Nonprofit Institutions, 7 CFR Part 3051, and the CSREES regulations implmenting the National Environmental Policy Act of 1969, 7 CFR Part 3407, apply to this program.

Specific Areas of Research To Be Supported in Fiscal Year 1995

Standard grants will be awarded to support basic research in certain areas of rangeland research. Proposals will be considered in the following specific areas: (1) Management of rangelands and agricultural land as integrated systems for more efficient utilization of crops and waste products in the production of food and fiber; (2) methods of managing rangeland watersheds to maximize efficient use of water and improve water yield, water quality, and water conservation, to protect against onsite and offsite damage to rangeland resources from floods, erosion, and other detrimental influences, and to remedy unsatisfactory and unstable rangeland conditions; and (3) revegetation and rehabilitation of rangelands including the control of undesirable species of plants.

Program related questions should be directed to Dr. Wayne K. Murphey, CSREES–USDA; telephone: (202) 401–4089.

Compliance With the National Environmental Policy Act (NEPA)

As outlined in 7 CFR Part 3407 (the CSREES regulations implementing the National Environmental Policy Act of 1969), environmental data for any proposed project is to be provided to CSREES so that CSREES may determine whether any further action is needed. The applicant shall review the following categorical exclusions and determine if the proposed project may fall within one of the categories.

(1) Department of Agriculture Categorical Exclusions (7 CFR 1b 3)

(i) Policy development, planning and implementation which are related to routine activities such as personnel, organizational changes, or similar administrative functions;

(ii) Activities which deal solely with the funding of programs, such as program budget proposals, disbursements, and transfer or reprogramming of funds;

(iii) Inventories, research activities, and studies, such as resource inventories and routine data collection when such actions are clearly limited in context and intensity;

(iv) Educational and informational programs and activities;

(v) Civil and criminal law enforcement and investigative activities.

(vi) Activities which are advisory and consultative to other agencies and public and private entities; and

(vii) Activities related to trade representation and market development activities abroad.

(2) CSREES Categorical Exclusions (7 CFR 3407 6(a)(2))

Based on previous experience, the following categories of CSREES actions are excluded because they have been found to have limited scope and intensity and to have no significant individual or cumulative impacts on the quality of the human environment:

(i) The following categories of research programs or projects of limited size and magnitude or with only short-term effects on the environment:

(A) Research conducted within any laboratory, greenhouse, or other contained facility where research practices and safeguards prevent environmental impacts;

(B) Surveys, inventories, and similar studies that have limited context and minimal intensity in terms of changes in the environment; and

(C) Testing outside of the laboratory, such as in small isolated field plots, which involves the routine use of familiar chemicals or biological materials.

(ii) Routine renovation, rehabilitation, or revitalization of physical facilities, including the acquisition and installation of equipment, where such activity is limited in scope and intensity

In order for CSREES to determine whether any further action is needed with respect to NEPA, pertinent information regarding the possible environmental impacts of a particular project is necessary; therefore, Form CSRS–1234, "NEPA Exclusions form" (copy enclosed), must be included in the proposal indicating whether the applicant is of the opinion that the project falls within a categorical exclusion and the reasons therefor. If it is the applicant's opinion that the proposed project falls within the categorical exclusions, the specific exclusion must be identified. The information submitted shall be identified in the Table of Contents as NEPA Considerations" and Form CSRS–1234 and supporting documentation shall be placed after the Form CSRS–661, "Application for Funding," in the proposal.

Even though a project may fall within the categorical exclusions, CSREES may determine that an Environmental Assessment or an Environmental Impact Statement is necessary for a proposed project if substantial controversy on environmental grounds exist or if other extraordinary conditions or circumstances are present that may cause such activity to have a significant environmental effect.

How To Obtain Application Materials

Copies of this solicitation, the Application Kit, and the Administrative Provisions for this program (7 CFR Part 3401) may be obtained by writing to the address or calling the telephone number which follows: Proposal Services Branch; Awards Management Division; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; Room 303, Aerospace Center; Ag Box 2245; Washington, D.C. 20250–2245; Telephone: (202) 401–5048.

These materials may also be requested via Internet by sending a message with your name, mailing address (not e-mail) and phone number, to psb@morrill.esusda.gov which states that you want a copy of the application materials for the Fiscal Year 1995 Rangeland Research Grants Program. The materials will then be mailed to you (not e-mailed) as quickly as possible.

What to Submit

An original and nine copies of each proposal must be submitted. This number of copies is necessary to permit thorough, objective merit evaluation of all proposals received before funding decisions are made.

Every effort should be made to ensure that the proposal contains all pertinent information when submitted. Prior to mailing, compare your proposal with the guidelines contained in the Administrative Provisions which govern the Rangeland Research Grants Program, 7 CFR Part 3401. Proposals submitted by organizations other than Federal laboratories shall state that the 50 percent non-Federal funding requirement will be met.

Each copy of each proposal must include a Form CSRS–661, "Application for Funding." Applicants should note that one copy of this form, preferably the original, must contain pen-and-ink signatures of the principal investigator(s) and the authorized organizational representative. (Form CSRS–661 and the other required forms and certifications are contained in the Application Kit).

Grant proposals shall be limited to 10 pages (single-spaced and typed on one side of the page only), exclusive of required forms, bibliography and vitae of the principal investigator(s), senior associate(s), and other professional personnel.

All copies of each proposal shall be mailed in one package. Please make sure that each copy of each proposal is stapled securely in the upper left-hand corner. DO NOT BIND.

One copy of each proposal not selected for funding will be retained for a period of one year. The remaining copies will be destroyed.

Where and When To Submit Applications for Funding

To be considered for funding during Fiscal Year 1995, proposals must be submitted by February 28, 1995.

Proposals submitted through the regular mail must be postmarked by February 28, 1995, and should be sent to the following address: Proposal Services Branch; Awards Management Division, Cooperative State Research, Education, and Extension Service; U.S Department of Agriculture; Room 303, Aerospace Center; Ag Box 2245; Washington, D.C. 20250–2245. The telephone number is: (202) 401–5048

Hand-delivered proposals must be submitted to an express mail or a courier service, or brought to the following address by February 28, 1995: Proposal Services Branch; Awards Management Division; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; Room 303, Aerospace Center; 901 D Street, S.W , Washington, D.C. 20024 The telephone number is: (202) 401–5048.

Supplementary Information

The Rangeland Research Grants Program is listed in the Catalog of Federal Domestic Assistance under No 10.200. For reasons set forth in the Final Rule-related Notice to 7 CFR Part 3015, subpart V (48 FR 29115, June 24, 1983), this program is excluded from the scope of Executive Order 12372, which requires intergovernmental consultation with State and local officials.

Under the provisions of the Paperwork Reduction Act of 1980 (44 U.S.C. 3504(h)), the collection of information requirements contained in this notice have been approved under OMB Document Nos. 0524–0022 and 0524–0033

Done at Washington, D.C., this 2nd day of December 1994

William D. Carlson,

Acting Administrator, Cooperative State Research, Education, and Extension Service

[FR Doc 94–30122 Filed 12–7–94, 8:45 am]

BILLING CODE 3410–22–M

federal register

Thursday
December 8, 1994

Part V

Securities and Exchange Commission

17 CFR Parts 200 and 240

Transfer Agents Operating Direct Registration System, Assumption or Termination of Transfer Agents Services and Transfer Agents Rules; Rule and Proposed Rules

SECURITIES AND EXCHANGE COMMISSION

17 CFR Part 240

[Release No. 34–35038; File No. S7–34–94]

Transfer Agents Operating Direct Registration System

AGENCY: Securities and Exchange Commission.

ACTION: Concept release.

SUMMARY: The Securities and Exchange Commission is soliciting comment on the policy implications of, and the regulatory issues raised by, a transfer agent operated book-entry registration system (hereinafter referred to as the "direct registration system" or "DRS"). Investors who choose to participate in a direct registration system could have their securities registered in book-entry form directly on the books of the issuer and could receive a statement of ownership in lieu of a securities certificate. The direct registration system would extend book-entry registration to corporate equity and debt securityholders; book-entry registration is currently offered to dividend reinvestment plans and shares of registered investment companies. This system is being considered by issuers and transfer agents in preparation for faster trade settlements which will be required on June 7, 1995.

DATES: Comments should be submitted on or before February 6, 1995.

ADDRESSES: Interested persons should submit three copies of their written data, views, and opinions to Jonathan G. Katz, Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Mail Stop 6–9, Washington DC 20549. Comment letters should refer to File No. S7–34–94. All comment letters will be available for public inspection and copying at the Commission's Public Reference Room, 450 Fifth St., NW., Washington DC 20549.

FOR FURTHER INFORMATION CONTACT: Ester Saverson, Jr., Senior Counsel, or Michele J. Bianco, Attorney, at 202/942–4187, Office of Market Supervision, Mail Stop 5–1, Division of Market Regulation, Securities and Exchange Commission, Washington, DC 20549.

SUPPLEMENTARY INFORMATION: In October 1993, the Commission adopted Rule 15c6–1 under the Securities Exchange Act of 1934 ("Exchange Act") which, effective June 7, 1995, will shorten the standard timeframe for settling securities transactions from five to three business days. The shorter settlement period will, among other things, reduce the potential for systemic risk, promote efficient and liquid markets, and foster investor confidence in the U.S. securities markets. The Commission took this step recognizing that the implementation of faster settlement of securities transactions would require considerable effort, including other changes in the clearance and settlement process. Moreover, the Commission recognized that these changes would have wider implications for investors, securities markets, and financial intermediaries.[1] Even before the Commission proposed to require faster settlement of securities transactions, commenters overwhelmingly expressed concern that changes in the settlement cycle should not also result in mandatory elimination of the stock certificate.[2] In response to these concerns, the Commission noted in the release proposing Rule 15c6–1 that "the proposed rule should not affect the ability of individual investors to obtain a physical certificate. Individual investors who desire to maintain record ownership in certificate form still will be able to do so."[3]

Sparked by investor trends away from requesting physical certificates,[4] several corporations and transfer agents[5] that maintain their shareholder records want to expand their use of automated systems for recording ownership of securities and related transfer processing. As described below, they would offer shareholders who opt for direct registration the opportunity to receive an account statement instead of a negotiable certificates,[6] the opportunity to obtain a certificate upon demand, and the opportunity to direct the transfer of the underlying position to a broker-dealer upon request. For this system to be successful, broker-dealers, transfer agents and clearing agencies must cooperate to establish the systems and communication facilities to facilitate these services.

The Commission is encouraged by these developments and believes that in general, the direct registration concept is consistent with Congressional objectives in section 17A(a)(1) of the Exchange Act.[7] The Commission is soliciting comment on what steps are

---

[1] See Securities Exchange Act Release No. 33023 (October 6, 1993), 58 FR 52891 (October 13, 1993) (hereinafter cited as "T+3 Adopting Release").

[2] *See* Securities Exchange Act Release No. 31904 (March 1, 1993), 58 FR 11806, 11808. The stock certificate evidences that the owner is registered on the books of the issuer as a shareholder. Because the certificate is a negotiable instrument under state commercial laws, it allows the registered owner to deliver the bundle of rights it represents to a third party without first having to change the registration on the books of the issuer. Guttman, Modern Securities Transfer, ¶ 1.01 at 1–2 (Warren, Gorham & Lamont 1987).

State commercial laws specify rules concerning the transfer of the rights that constitute securities and the establishment of those rights against the issuer and other parties. Official comment to § 8–101, The American Law Institute and National Conference of Commissioners of Uniform State Laws, Uniform Commercial Code, 1990 Official Text with Comments, Article Eight at 708 (West 1991).

The American Law Institute and National Conference of Commissioners on Uniform State Laws recently approved a revision to Uniform Commercial Code ("UCC") Article Eight. *See* Mooney, Jr., Rocks, Schwartz, *An Introduction to the Revised U.C.C. Article 8 and Review of Other Recent Developments with Investment Securities*, 49 The Business Lawyer 1891 (August 1994).

[3] Securities Exchange Act Release No. 31904 (February 23, 1993), 58 FR 11806.

[4] Individual investors can choose to be registered directly on the issuer's register or they can engage a broker-dealer or bank to act as the custodian of their investment portfolios. The use of a broker-dealer or bank as a custodian typically is referred to as "street name" registration. *See* Final Report of the Securities and Exchange Commission on *The Practices of Recording the Ownership of Securities in the Records of the Issuer in Other Than the Name of the Beneficial Owner of Such Securities* (December 3, 1976); Report on *Improving Communication Between Issuers and Beneficial Owners of Nominee held Securities* (June 1982). Securities held in street name typically are on deposit with a securities depository where the broker-dealer or bank (or its agent) participate. Securities depositories for corporate equity securities include The Depository Trust Company, The Depository Trust Company of Philadelphia, and The Midwest Securities Trust Company. These depositories are limited purpose trust companies, members of the Federal Reserve System, and registered clearing agencies under the Exchange Act. In addition to holding securities for their members (accepting deposits and processing withdrawals), depositories provide book-entry delivery and dividend and interest collection and payment services. In 1992, the ratio of book-entry deliveries to certificate withdrawals was 12.9:1, almost six times greater than the 1982 ratio (2.3:1). *See* U.S. Securities and Exchange Commission, *1993 Annual Report* (1994) at 125.

[5] Transfer agents are an integral component of the clearance and settlement process. There are approximately 1,576 registered transfer agents that maintain, on behalf of the issuers of securities, the official register of stockholders or bondholders. Transfer agents issue negotiable certificates evidencing security ownership, communicate on behalf of issuers with securityholders, and record changes in security ownership as a result of securities transactions.

[6] The use of account statements instead of negotiable instruments is commonplace for investment products, such as securities issued by open-ended investment companies, and is mandatory for investors who own U.S. Treasury bills, bonds, and notes. Many open-end investment companies deal directly with investors. They or their transfer agents maintain automated ownership records and issue periodic statements to the owners indicated on those records. Most of these companies also have broker-dealers and other financial intermediaries as registered owners who act as nominees for their customers. Under this arrangement, the ultimate investor receives a statement reflecting his or her portfolio from the nominee. The U.S. Department of the Treasury no longer issues negotiable certificates evidencing ownership of negotiatiable bonds, bills, and notes. Instead, individual investors seeking direct registration can open accounts under the "Treasury Direct" program. *See* Department of the Treasury Direct Program, 31 CFR 357

[7] *See* 15 USC 78q–1(a)(1)

necessary to further such initiatives, including whether it would be appropriate to estabish turnaround, audit, or other standards to foster investor confidence in the safety and efficiency of resulting systems.

I. The Direct Registration Concept

A. Historical Background

Over the past ten years, regulators, representatives of private industry, and the transfer agent community have worked together to explore alternatives to maintaining ownership interest in securities without reliance on negotiable securities certificates. For example, on February 25 and 26 and March 8, 1985, the Division of Market Regulation ("Division") held "Securities Immobilization Workshops" to discuss the use of central depositories to immobilize securities certificates and the development of book-entry systems to register securities ownership. Workshop participants were of the view that an alternative to street name registration was needed to allow direct registration evidenced by a negotiable securities certificate.[8] Among other things, workshop participants recognized the desirability of issuing uncertificated securities through issuer or transfer agent operated book-entry systems.

On November 27, 1990, the Commission held a Roundtable on Clearance and Settlement to discuss the implementation of, and the status reports of, the recommendations of the Group of Thirty U.S. Working Committee regarding clearance and settlement.[9] Participants at the Roundtable discussed, among other things, ways in which investors could obtain the benefits of direct registration without the issuance of securities certificates and without street name registration. Participants noted that the pressure to have securities available for settlement in a three-days after trade date ("T+3") environment will increase the need for immobilizing securities certificates and the use of book-entry transfer at the retail level. Thus, participants recognized the value of developing a transfer agent operated book-entry registration system as an alternative to street name registration.

In August 1991, the U.S. Working Committee, Group of Thirty Clearance and Settlement Project, issued a report which, among other things, identified the DRS as an alternative to owning certificated securities.[10] The report was promulgated by a Subcommittee of the U.S. Working Committee of the Group of Thirty, the T+3 Direct Registration Subcommittee, co-chaired by representatives of the Securities Transfer Association ("STA") and the American Society of Corporate Secretaries ("ASCS"). This subcommittee viewed the DRS as offering investors an additional choice of security ownership in the form of an account statement, in which the securities would be registered in the name of the investor and maintained on the books of the issuer in a book-entry format.[11]

Although the U.S. Working Committee of the Group of thirty views DRS as an alternative form of securities ownership, it decided that elimination of certificates was not necessary at that time to achieve a shorter settlement cycle, and thus did not endorse the DRS or any specific book-entry system. The U.S. Working Committee, however, encouraged the securities transfer agent community to continue its work on developing a book-entry registration system.

In 1992, the STA, the Corporate Transfer Agents Association ("CTAA"), and the Securities Industry Committee of ASCS formed the Investor Registration Option Implementation Committee ("IRO/IC") to develop an issuer/transfer agent operated book-entry registration system. The IRO/IC developed the concept of a book-entry direct registration system operated by transfer agents ("DRS Concept"), modeling it after the systems used in dividend reinvestment and stock purchase programs ("DRSPPs")[12] which are currently offered by many issuers or their transfer agents. This concept would allow any retail investor who wants his or her securities to be registered directly on the books of the issuer, but does not necessarily want to receive a certificate, to register those securities in book-entry form directly on the books of the issuer.

B. The DRS Concept and Cross-Industry Consensus

After a series of discussions, the IRO/IC and the Securities Industry Association ("SIA") agreed in 1994 to the basis structure of the DRS Concept.[13] Agreement among transfer agents, corporations, broker-dealers, and banks regarding the basic structure and operational flows is critical because its implementation and operation must be efficient, safe, and largely transparent to investors. At the same time, issuers and transfer agents would be free to decide for themselves whether they wanted to offer investors the services that comprise DRS.

The agreement between the IRO/IC and the SIA calls for the formation of a joint advisory committee to work with

---

[8] Progress and Prospects: Depository Immobilization of Securities and Use of Book-Entry Systems, Draft Staff Report, Division of Market Regulation, U.S. Securities and Exchange Commission (June 14, 1985) (hereinafter cited as "Immobilization Report").

[9] In March 1989, the Group of Thirty released a report which offered nine recommendations for reducing risk and improving efficiency in the clearance and settlement systems in the world's corporate securities markets. *Clearance and Settlement Systems in the World's Securities Markets*, Group of Thirty New York and London (1989). Those recommendations are described in an appendix to the T+3 Adopting Release. *Supra* note 1, at Appendix 2 at n.6, 58 FR 52905 n.6. Subsequently, U.S. Steering and Working Committees were formed to study the existing systems in the United States and to recommend appropriate changes based upon the Group of Thirty's nine recommendations. In November 1990, the U.S. Working Committee, Group of Thirty, Clearance and Settlement Project issued a report, entitled *Implementing The Group of Thirty Recommendations in the United States*. In that report, the U.S. Working Group concluded that the U.S. corporate clearance and settlement systems were not in compliance with two of the recommendations, moving to a three business day settlement period and adopting a same-day funds payment system, and that these two recommendations should be implemented in the U.S.

[10] *Providing Alternatives to Certificates For the Retail Investor*, U.S. Working Committee, Group of Thirty, Clearance and Settlement Project (August 1991).

[11] As described in the subcommittee report, the DRS would allow individual investors to hold securities in electronic form, without putting those securities in street name at a financial intermediary, by providing those investors who choose to be registered on the books of the issuer with an optional custody arrangement with the transfer agent. Under DRS, if a security is registered on the books of the issuer, the investor would receive a statement reflecting his or her ownership interest. An investor would retain the option of selling securities through the broker of his or her choice by notifying the transfer agent to move the securities from the books of the issuer to the books of a broker-dealer. Certificates also would be available on request.

[12] DRSPPs are programs offered by corporations or closed-end investment companies that allow participants to purchase additional shares of common stock by reinvesting their cash dividends and, in many cases, by making optional cash payments. Certain DRSPPs permit dividends on preferred stock and interest earned on debt securities to be reinvested in shares of common stock. The earliest DRSPPs were dividend reinvestment plans ("DRIPS") in which participation was limited to issuers' shareholders and employees and through which additional shares could be purchased only with reinvested dividends. Since the first DRIPS were introduced in the last 1960s, the greatest changes have been in the method by which participants can accumulate shares (*i.e.*, optional cash payments), and the types of persons that are permitted to participate (*e.g.*, non-shareholders of the corporation).

[13] Letter from Raymond J. Riley, Co-Chair, IRO/IC and James J. Volpe, Director, IRO/IC (February 16, 1994), to Jonathan Kallman, Associate Director, Division of Market Regulation, Commission; Letter from George McNamee, Chairman of Clearance and Settlement Committee, and John Sanders, Chairman of Operations Committee, SIA to Al DeMaio, et al (October 18, 1994).

the registered securities depositories to develop an electronic communication system between transfer agents and depositories.[14] This proposed system will allow a broker-dealer to deliver electronically to a transfer agent a customer's request that the securities be registered on the books of the issuer in book-entry form. The proposed electronic system also will allow the transfer agent to send an electronic acknowledgment to the broker-dealer that the securities have been registered in the customer's name on the books of the issuer in book-entry form.

Under the DRS Concept, assuming the issuer and transfer agent elect to offer DRS services, an investor may instruct the broker-dealer at the time of purchase to register the securities directly on the books of the issuer, to leave the securities with his broker in street name, or to request a certificate.[15] If an investor does not choose an option, the securities will be registered on the books of the issuer in book-entry form as the default form of registration.

[14] The IRO/IC and the SIA agreed to the following six points:

1. Customers will be able directly or through their broker-dealers to request a certificate electronically or otherwise at the time of initial purchase.

2. Electronic acknowledgment that the securities have been registered in book-entry form will be provided to the broker-dealer with a written record of ownership forwarded to the customer. Electronic communications between the issuer/transfer agent and the depositories must be standardized.

3. Investor direct movement of securities will be provided in electronic form from the books of the issuer to the books of the investor's broker-dealer (which may not be the same broker-dealer that initially purchased the shares on behalf of the customer).

4. Transfer agents will not use the shareholder list of one issuer to solicit those shareholders to buy shares of other issuers for which they act as transfer agent.

5. The IRO/IC and the SIA will form a joint advisory group to work with the depositories to identify and design a process that will allow the investor to instruct the transfer agent, through the broker-dealer, to register shares on the books of the issuer in book-entry form or to request a certificate. If an investor fails to choose an option, the transfer agent will register the securities on the books of the issuer in book-entry form.

6. The IRO/IC and the SIA will develop educational materials and the programs to inform the brokerage community and customers about the various forms of registration options, *e.g.*, direct registration evidenced by negotiable certificates, direct registration evidenced by account statements, and indirect registration through a broker-dealer.

The Commission invites comment as to whether the terms of the agreement are consistent with the Exchange Act and whether any of these terms impose a burden on competition. If commenters believe one or more of these terms imposes a burden on competition, please describe whether that burden is nonetheless necessary or appropriate to achieve the goals of the Exchange Act.

[15] If the issuer and transfer agent determines to provide DRS services, investors could still choose between street name and direct registration. Investors who choose direct registration would receive negotiable certificates as a matter of course. Assuming DRS services are offered, an investor also may establish a DRS account, or credit additional securities to his or her DRS account, by submitting physical certificates to the transfer agent. In addition, issuers and transfer agents could offer an option to non-shareholders to make initial cash payments to the transfer agent thereby allowing an investor with no prior relationship to the issuer to purchase shares and participate in the DRS.[16]

Under the DRS Concept the broker-dealer would communicate its customers' registration option to the transfer agent through an electronic communication link (*e.g.*, computer to computer transmissions) established with the depositories. Once the transfer agent registers the securities on the books of the issuer, the transfer agent would send an electronic acknowledgement of the registration to the broker-dealer through the depository and would send an account statement directly to the investor reflecting the number of securities purchased. All subsequent securityholder communications, including proxy solicitations, would be sent directly to the investor from the transfer agent. The transfer agent would vote the securities in accordance with the instructions received from the DRS participant. DRS participants would have the option of either receiving their cash dividends, or, if the issuer offers a DRSPP, reinvesting their cash dividends in the purchase of new securities. Any dividends in the form of securities, or any securities resulting from a stock split owed to a DRS participant, would be credited to the DRS participant's account. As with other DRSPPs today, no certificates would be issued unless the DRS participant makes a specific request for certificates by phone, facsimile, or mail.

II. Discussion

In light of the faster settlement processing standards that will be imposed on retail customers in the T+3 environment, the Commission believes that investors should have the choice to register their securities in book-entry form directly on the books of the issuer evidenced by an account statement.[17] The Commission believes that such an alternative is consistent with Congressional objectives in section 17A(a)(1)(C) of the Exchange Act;[18] new data processing and communication techniques create the opportunity for more efficient, effective, and safe procedures for clearance and settlement. Although the SIA and the transfer agent community have agreed on the general design of the electronic communication system, the Commission understands that they have technical issues to resolve before the securities depositories can provide the specifications to build the electronic communication system that would allow the movement of securities between transfer agents and broker-dealers.[19] The Commission urges the SIA, the transfer agent community, and the issuer community, in cooperation with the depositories, to design the electronic communication system, to build and test that system, and to implement the DRS prior to the June 7, 1995 implementation date for T+3 settlement.[20]

The Commission believes that the proposed agreement on the DRS concept and the electronic link between transfer agents and depositories necessary for

[16] Where an issuer or affiliate is offering securities, compliance with the registration provisions of the Securities Act of 1933 ("Securities Act") is required absent an exemption (*e.g.*, section 5 of the Securities Act (15 U.S.C. 77e (1993)), as in compliance with such other requirements as section 15(a) of the Exchange Act (15 U.S.C. 78o(a) (1993)) and Rule 10b–6 under section 10(b) of the Exchange Act (17 CFR 240.10b–6). *See also Letter re: The Securities Transfer Association, Inc.* (December 1994) *Letter re: First Chicago Trust Company of New York* (December 1994).

[17] Subject to an issuer's determination of whether to make certificates available shareholders, the Commission believes investors should be able to obtain negotiable certificates on request. (State corporate laws generally entitle shareholders to obtain certificates evidencing their investment. *See e.g.* 8 Del. Code Ann. General Corporation Law § 158 (1991); N.Y. Bus. Corp. Law § 508 (McKinney 1986)). The Commission continues to believe that faster trade settlements should not require investors to forego the benefits or direct registration or the opportunity to receive a negotiable certificate evidencing their investment. The Commission notes that Rule 15c6–1 does not require customers to leave funds, securities, or both subject to the broker-dealers' possession or control. Although in announcing the adoption of Rule 15c6–1, the Commission noted that broker-dealers "could encourage clients to deposit funds or securities * * * upon placing an order, or to send funds and securities that day," and although financial management accounts have gained in popularity for various reasons, the Commission advises broker-dealers to be careful not to represent to their customers that the rule requires customers to leave securities or funds with broker-dealers after trade settlement.

[18] *See* 15 USC 78q–1(a)(1)(C).

[19] The SIA stated that while there are unresolved technical questions, none appear insurmountable. Letter from John J. Sanders, Jr., Chairman, Operations Committee, SIA, and George C. McNamee, Chairman, Clearance and Settlement Committee, SIA, to Al DeMaio, The Midwest Securities Trust Company; Ron Burns, The Depository Trust Company; and Keith Kessel, Philadelphia Depository Trust Company (October 18, 1994).

[20] The Commission notes that Division staff today have issued correspondence regarding a proposed expansion of shareholder services that incorporates some of the DRS features. *See Letter re: First Chicago Trust Company of New York* (December 1994).

timely and effective communication with broker-dealers should enhance the efficiency of the clearance and settlement system. Because the Commission is concerned about the parties' ability to implement the system promptly and to follow through on their commitments, the Commission invites commenters to address whether the Commission or the self-regulatory organizations should take a more active role in facilitating education regarding the registration and safekeeping alternatives available to investors. Comments are also requested as to whether the Commission should require broker-dealers to disclose to customers at the time an account is opened that direct registration is available as an alternative to street name registration; what that disclosure might include; and whether additional periodic disclosures should be required after the account is opened.

In addition, the Commission requests comment as to whether transfer agents that provide the DRS or other uncertificated recordkeeping functions should be subject to increased regulatory oversight to minimize any disruption of the marketplace and to provide greater efficiency to the clearance and settlement system. For example, is there a need for a Commission rule to prevent transfer agents from using shareholder lists without issuer consent for any purpose other than the transfer of that company's securities? To foster the efficient operation of the DRS and to minimize any adverse effects on the secondary market and the national clearance and settlement system, should transfer agents that participate in the DRS be required to join at least one of the registered securities depositories for the purposes of performing the DRS functions?

The Commission believes that safe and efficient transfer agent performance is critical to efforts by the securities industry to provide alternative registration options. Transfer agent operated book-entry systems, including the DRS, pose different and potentially increased risks to investors. For example, increased reliance on the records of transfer agents may place additional burdens on transfer agents and could increase the risks to investors arising from substandard transfer agent performance. Accordingly, commenters are urged to review the companion release issued today, which invites comment on the need for new and revised rules governing transfer agent activities in light of the proposed DRS Concept, DRSPPs, and custodial arrangements with registered securities depositories to hold securities registered in the name of those depositories in book-entry form ("uncertificated recordkeeping functions").[21] For example, the companion release invites comment on whether the Commission should develop additional processing, bookkeeping, net worth, and insurance requirements for transfer agents that perform uncertificated recordkeeping functions.

III. Request for Comment

The Commission is interested in receiving comment on all aspects of the DRS Concept in addition to the specific requests for comment made in this release.

Dated: December 1, 1994.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 94–30124 Filed 12–17–94; 8:45 am]

BILLING CODE 8010–01–P

---

[21] *See* Securities Exchange Act Release No. 35040 (December 1, 1994) (*hereinafter* referred to as "companion release"). This discussion is limited to transfer agent regulation and does not address the application of the broker-dealer registration provisions of the Exchange Act to the DRS or DRSPPs. Some of the activities in connection with the DRS or DRSPPs may raise broker-dealer registration issues under section 15(a) of the Exchange Act.

Section 15(a) of the Exchange Act generally provides that a "broker" or "dealer" that uses the mails or any means of interstate commerce to effect transactions in, or to induce or attempt to induce the purchase or sale of, any security must register with the Commission, unless an exemption applies. Section 3(a)(4) of the Exchange Act defines a "broker" as any person (other than a bank) engaged in the business of effecting transactions in securities for the account of others. A "dealer" is defined in section 3(a)(5) of the Exchange Act as any person (other than a bank) engaged in the business of buying and selling securities for its own account, whether through a broker or otherwise.

Broker-dealer registration serves to minimize the risks typically associated with the execution of securities orders and the handling and custody of funds and securities. The Commission's financial responsibility rules applicable to registered broker-dealers, for example, are designed to provide safeguards with respect to customer funds and securities held by broker-dealers by ensuring the accountability of those funds and securities and by requiring the maintenance of accurate books and records and sufficient liquid assets. *See, e.g.*, 17 CFR 240.15c3–3 (prohibiting a broker-dealer from using customer funds to finance its business, except as related to customer transactions); 17 CFR 240.15c3–1 (prescribing minimum capital standards for broker-dealers).

In general, registered broker-dealers also must become members of the Securities Investor Protection Corporation ("SIPC"). SIPC was established by Congress as a means to protect investors' funds and securities held by broker-dealers that undergo liquidation. In addition, registered broker-dealers are subject to the rules of the self-regulatory organizations ("SROs") of which they are required to be members under section 15(b)(8) of the Exchange Act. SRO rules, among other things, are designed to ensure the maintenance of high standards of ethical conduct and the observance of just and equitable principles of trade.

In instances where an issuer performs some of the functions discussed above in connection with its DRSPP, the staff has determined that registration as a broker-dealer is not necessary if the issuer limits its activities as described in *Letter re: Securities Transfer Association* (December 1994) or if the issuer delegates such functions to a registered broker-dealer or to a "bank," as that term is defined in section 3(a)(6) of the Exchange Act.

Questions concerning broker-dealer registration should be directed to the Office of Chief Counsel, Mail Stop 7–10, Division of Market Regulation, Securities and Exchange Commission, Washington, DC 20549.

SECURITIES AND EXCHANGE COMMISSION

17 CFR Parts 200 and 240

[Release No. 34–35039; File No. S7–1–92]

RIN 3235–AE20

Notice of Assumption or Termination of Transfer Agent Services

AGENCY: Securities and Exchange Commission.

ACTION: Final rulemaking.

SUMMARY: Securities and Exchange Commission today is adopting new Rule 17Ad–16 under the Securities Exchange Act of 1934 which requires a registered transfer agent to provide written notice to a registered securities depository when terminating or assuming transfer agent services on behalf of an issuer or when changing its name or address. The rule will address a continuing problem of unannounced transfer agent changes which affects the prompt transfer of securities certificates.

EFFECTIVE DATES: Section 200.30–3(a)(56) is effective on December 8, 1994. Section 240.17Ad–16 is effective on February 6, 1995.

FOR FURTHER INFORMATION CONTACT: Ester Saverson, Jr., Special Counsel, at 202/942–4187, Division of Market Regulation, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549.

SUPPLEMENTARY INFORMATION: The Securities and Exchange Commission ("Commission") is adopting new Rule 17Ad–16 (17 CFR 240.17Ad–16) under the Securities Exchange Act of 1934 ("Act"). The rule requires registered transfer agents to notify a registered securities depository of changes in the transfer agent's name or address or in the securities for which it performs transfer agent functions.

I. Introduction and Summary

On January 10, 1992, the Commission published for comment proposed Rule 17Ad–16 pursuant to section 17A(d)(1) of the Act.[1] Section 17A(d)(1) of the Act provides, among other things, that no registered transfer agent shall engage in any activity in contravention of any rules and regulations that the Commission may promulgate "as necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of (the Act).[2] Pursuant to that grant of authority, the Commission has adopted rules that establish minimum performance standards for registered transfer agents in connection with the timely cancellation and issuance of securities certificates.[3] Those standards are designed to assure, among other things, that registered transfer agents expeditiously process items presented for transfer. The standards presuppose that securityholders will know, based on an examination of the certificate they intend to present for cancellation, the name and address of the transfer agent the issuer has assigned to perform transfer agent functions. As discussed in greater detail below, that presumption may not be valid in many case.

Rule 17Ad–16 is designed to address a current and continuing problem of transfer delays due to unannounced transfer agent changes, including the change of a transfer agent for a particular issue and the change of the name or address of a transfer agent. The rule requires transfer agents to send a notice to the appropriate qualified registered securities depository[4] when assuming or terminating transfer agent services on behalf of an issuer or when changing its name or address.

The Commission believes that the proposed rule will facilitate the prompt and accurate clearance and settlement of securities transactions in shorter time frames.[5] With less time for transfer of securities ownership, it is critical that securities certificates be sent to the appropriate transfer agent in order to avoid unnecessary settlement and transfer delays. In addition, sending stock certificates to the appropriate transfer agent greatly reduces the expense of transfer of ownership. Finally, the Commission today issued a release soliciting comment on the implications of an automated environment for the direct registration of investors with links to the secondary market clearance and settlement system. In such an environment, it is important that changes in transfer agent assignments be communicated on a timely basis.

Five commenters addressed one or more aspects of the proposed rule.[6] Three commenters favored the proposed rule, all of whom provided additional comments on specific sections of the proposed rule. One commenter offered suggestions without explicitly supporting the proposed rule. One commenter objected to the proposed rule. The views of the commenters are discussed in detail below.

The Commission has modified proposed Rule 17Ad–16 to address certain commenter suggestions and concerns. The Commission has rejected some suggestions offered by commenters, as discussed below. Finally, for the reasons discussed in the Proposing Release and below, the Commission is adopting Rule 17Ad–16 as revised.

II. Basis and Purpose

Transfer delays cause problems for registered securities depositories, depository participants, and their customers in the form of increased delays, costs, and risks. Timely securities transfer is necessary for the efficiency of the national system for the clearance and settlement of securities

---

[1] Securities Exchange Act Release No. 30148 (January 6, 1992), 57 FR 1128 (hereinafter cited as Proposing Release).

[2] Section 17A(c)(1) of the Act requires transfer agents that perform transfer agent functions with respect to any security registered under section 12 of the Act or that would be required to be registered except for the exemption from registration provided by subsection (g)(2)(B) or (g)(2)(G) of that section to be registered with the Commission. Section 3(a)(25) of the Act defines transfer agent as any person who engages on behalf of an issuer of securities or on behalf of itself as an issuer of securities in (A) countersigning such securities upon issuance; (B) monitoring the issuance of such securities with a view to preventing unauthorized issuance (a function commonly performed by a person called a registrar); (C) registering the transfer of such securities; (D) exchanging or converting such securities; or (E) transferring record ownership of securities by book-keeping entry without physical issuance of securities certificates.

[3] *See, e.g.*, 17 CFR 240.14Ad-7

[4] The "appropriate qualified registered securities depository" is defined as the largest holder of record of all qualified registered securities depositories or such other qualified registered securities depository designated by the Commission by order. The Depository Trust Company, Philadelphia Depository Trust Company, and the Midwest Securities Trust Company currently are qualified registered securities depositories.

[5] On October 6, 1993, the Commission adopted Rule 15c6–1 which establishes three business days after trade date, rather than five business days, as the standard settlement cycle for most broker-dealer transactions. Securities Exchange Act Release No. 33023 (October 6, 1994), 58 FR 52891. The rule becomes effective June 7, 1995. Securities Exchange Act Release No. 34952 (November 9, 1994), 59 FR 59137

[6] *See* Letters from Richard B. Nesson, General Counsel and Senior Vice President, The Depository Trust Company ("DTC"), to Jonathan G. Katz, Secretary, Commission (February 12, 1992); Sarah A. Miller, Senior Government Relations Counsel, Trust and Securities, American Bankers Association ("ABA"), to Jonathan G. Katz, Secretary, Commission (February 10, 1992); Cecelia M. Widup, President, Corporate Transfer Agents Association, Inc. ("CTAA"), to Jonathan G. Katz, Secretary, Commission (February 4, 1992); Fred D. Ellis, Vice President, Mellon Financial Services ("Mellon"), to Jonathan G. Katz, Secretary, Commission (June 2, 1992); and Donald R. Hollis, Executive Vice President, First Chicago Corporation ("First Chicago"), to Jonathan G. Katz, Secretary, Commission (February 7, 1992). These comment letters are available for inspection and copying in the Commission's Public Reference Room, 450 Fifth Street, NW., Washington, DC 20549. In addition, as required by Section 17A(d)(3)(A)(i) of the Act, the Commission, at least fifteen days prior to issuance of this release, consulted with the requested the views of the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, and the Federal Deposit Insurance Corporation.

transactions.[7] Transfer requests sent to the wrong transfer agent or to the wrong address must be returned to the party requesting the transfer, who then must ascertain the correct transfer agent or address. Even worse, in some instances a transfer request may not be returned to the requesting party, resulting in the loss of securities certificates. The rule is designed to reduce the number of misdirected transfer requests and the resulting delays, costs, and risks by requiring a transfer agent to provide the appropriate qualified registered securities depository advance notice of certain status changes.

Transfer delays cause acute problems for the three registered securities depositories—The Depository Trust Company ("DTC"), Philadelphia Depository Trust Company ("Philadep") and the Midwest Securities Trust Company ("MSTC")—that hold a large number of certificates for safekeeping and have a large daily volume of certificate transfers.[8] These delays also affect depository participants (*e.g.*, banks and broker-dealers) and their customers, (*i.e.*, shareholders) in the form of increased delays, costs, and risks.

The depositories hold securities certificates in the nominee name is safekeeping for the benefit of participants and their customers. When a participant deposits securities into a depository, the depository usually credits the participant's account for the deposit and sends the certificates to the issuer's transfer agent with instructions to transfer the certificate into the depository's nominee name. Whenever transfer delays occur, the depository faces an increased risk of lost certificates. The depository also has increased potential liability because it credits participants' accounts on the day certificates are presented for deposit. If deposited certificates presented for transfer are counterfeit or reported as stolen, the depository would be subject to credit and market risk because it could not take corrective action until after the certificates have been resubmitted to the new transfer agent or delivered to the transfer agent's new address.

The costs of unannounced transfer agent changes can be significant for depositories and broker-dealers. DTC estimates that it incurs costs of at least $200,000 each year directly related to unannounced transfer agent changes. Much of that cost is attributed to locating the correct transfer agent for the issue or the transfer agent's correct address to send the certificates for transfer. In addition, DTC surveyed thirteen of its largest broker-dealer participants that account for 52% of all DTC processed transfers. During 1990, those firms estimated cumulative costs of $573,000 for processing transfers delayed because of unannounced transfer agent changes. Many of the firms noted that other costs, such as the increased possibility of certificate losses as well as increased customer dissatisfaction, were not included in their estimates because those costs were not easily quantifiable. As indicated by the comments received, the proposed rule will ameliorate these problems with minimal financial burden to the transfer agent community.

A substantial majority of the commenters expressed support for the proposed rule. For example, the ABA noted that the notification requirement is a particularly good idea in light of mergers in the banking industry and concluded that the proposed rule will assist in keeping the capital markets informed of changes affecting securities transfers. In addition, the CTAA commented that the notification requirement would be beneficial to the transfer agent community as a whole.

First Chicago, the sole objecting commenter, believed that adequate information is available from a private vendor, Financial Information, Inc., in monthly reports to subscribers that, in its opinion, are "timely, accurate and adequate." First Chicago also believed that the information available from this vendor is superior to that which would be provided pursuant to Rule 17Ad–16 because under the rule information in the notice must be handled manually by the transfer agents and recipients whereas vendor-supplied information is already in machine readable form. The Commission understands First Chicago to suggest that the Commission should rely on the private sector to collect and disseminate timely information regarding transfer agent assignments and name changes. However, securities depositories need to receive notice in advance of the change in assignment. Monthly reports from services based on information collected voluntarily, in light of other commenter views, do not appear to solve the need for timely prior notice from all transfer agents.[9]

First Chicago also believe the data required by the rule will be available from more than one securities depository and the proposed process does not (1) assure the integrity of the source data and the data exchanged between the depositories or (2) resolve data content differences caused by manual errors or fraudulent entries. The Commission does not believe that the proposed methodology embodied in proposed Rule 17Ad–16 is inherently flawed because of its reliance on written notice. The risk of manual error is roughly equivalent whether the information is manually entered into an electronic system by the transfer agent or manually written and delivered to the securities depositories. By requiring notice from two transfer agents—the one assuming the transfer functions for an issue and the one relinquishing those functions—the proposed rule will minimize errors and fraudulent information.

First Chicago also suggested that the Commission reconsider the notification method set forth in the proposed Rule 17Ad–16 and examine other alternatives such as an Electronic Data Interchange to permit electronic exchange of information between all agents and depositories. The Commission believes that the need for timely and accurate information by securities depositories, depository participants, and their customers in a sufficient incentive for securities depositories to develop a secure and cost effective method to assure data integrity and timely communication of transfer agent changes. Moreover, the securities depositories already have held discussions about the development of a centralized data base and have agreed that DTC should be the central repository for transfer agent information.[10] Nevertheless, if experience indicates a significant volume of notice is received on a regular basis, the Commission would encourage the depositories to consider establishing an electronic notification system through existing depository communications systems.

[7] Rule 17Ad–2 (17 CFR 240.17Ad–2) establishes mandatory timeframes within which registered transfer agents must complete most routine transfer requests. Transfer agents that receive more than 500 items in a six month period must turnaround within three business days 90% of the routine items received each month. Routine items that are not turned around within three business days and non-routine items must be turned around promptly. A registered transfer agent for depository-eligible securities that during the previous six consecutive months receives fewer than 500 items for transfer and fewer than 500 items for processing must turnaround 90% of the routine items within five business days.

[8] DTC, for example, presents an average of 100,000–120,000 certificates for transfer each business day. *Supra* note 1.

[9] Indeed, at least one commenter suggested that the mandatory notice time frame be lengthened. *See* Mellon letter, *supra* note 5.

[10] DTC letter, *supra* note 5.

III. Section by Section Analysis

A. Rule 17AD–16(a): Notice of Termination of Transfer Agent Services

Proposed Rule 17Ad–16(a) would have required a registered transfer agent that ceases to perform services on behalf of an issuer to provide written notification of such change to all qualified registered securities depositories or to the appropriate qualified registered securities depository. As proposed, the rule required that notice be sent by "secure communication" no later than two business days after the effective date of such termination. As discussed below, the Commission is modifying the proposal to require more timely notice and to require that the notice be sent to the appropriate qualified registered securities depository.

A number of commenters addressed this requirement, urging various changes or clarifications. The CTAA stated that notification by a termination transfer agent is unnecessary because it is duplicative of the notification provided by assuming transfer agents under proposed Rule 17Ad–16(b). The CTAA favors placing the requirement solely on the assuming transfer agent because it is the party with the greatest interest in ensuring that the change in status is recognized by the industry.

As discussed above, the Commission believes that requiring notice from the terminating transfer agent is essential. This notice will serve to validate the notice sent by the assuming transfer agent and will serve as the only notice in those rare cases when a new transfer agent has not yet been selected.

Mellon suggests, as an alternative to the proposed two business day notification period, that a transfer agent be required to provide this notification, and the notification required under proposed Rule 17Ad–16(b), the later of (a) ten calendar days prior to the effective date of the change or (b) as soon as the transfer agent is aware of the change."[11] Mellon believes that the two business day notification period is inadequate to permit the securities depositories to react to the change so as to preclude the improper forwarding of transfer items to a transfer agent.

The Commission agrees with Mellon that the notice by a transfer agent ceasing to perform transfer services for a particular issue should be sent to depositories in sufficient time to preclude the improper forwarding of transfer items to the transfer agent. Thus, the Commission is modifying proposed Rule 17Ad–16(a) to require a transfer agent to send the required notification on or before the later of ten calendar days prior to the termination date or the day the transfer agent is notified of the termination date. These modifications should minimize the risk of improperly forwarded transfer items without creating an undue burden on the transfer agent.

The Commission also is revising the proposed rule to require that a transfer agent submitting the notice of termination include in such notice its full name, address, telephone number, and Financial Industry Number Standard ("FINS") number.[12] The rule as proposed did not specifically require the transfer agent submitting a termination notice to provide this identification. The reporting of a FINS number will minimize possible confusion between transfer agents that have similar names. This change should not result in any additional burden because all transfer agents are required to obtain a FINS number in order to participate in the Commission's Lost and Stolen Securities Program.[13]

The Commission also is revising the proposed rule to require the transfer agent to send the notice to the appropriate qualified registered securities depository rather than to all qualified registered securities depositories. The Commission believes that it will be simpler for transfer agents to send the notice to the appropriate qualified registered securities depository because the transfer agent generally will be aware of the identity of the appropriate qualified registered securities depository. The Commission expects that DTC will seek designation as the appropriate qualified registered securities depository and that the Commission will act on that request before the effective date of the rule.

One commenter sought clarification regarding whether the proposed rule applies to a registered transfer agent with respect to services provided for securities exempt from registration under section 12 of the Act. Section 17A(d)(1) of the Act grants the Commission rulemaking authority over all of the transfer activities of a transfer agent registered under section 17A(c)(1) of the Act, including securities exempt from section 12 of the Act. Accordingly the Commission will interpret Rule 17Ad–16 to require registered transfer agents to provide notice of changes to securities depositories with regard to any "security," as defined in section 3(a)(10) of the Act.[14] Thus, for example, a registered transfer agent assuming or ceasing responsibility for municipal securities or government securities would be required to comply with Rule 17Ad–16.[15]

B. Rule 17Ad–16(b): Notice of Assumption of Transfer Agent Services

Proposed Rule 17Ad–16(b) would have required a registered transfer agent to provide written notification of any assumption of duties on behalf of an issuer or any change of its name or address no later than two business days after the effective date of the change. The Commission is modifying proposed Rule 17Ad–16(b) to reflect commenter suggestions that the two business day notification period under this section and under proposed Rule 17Ad–16(a) is inadequate to permit the securities depositories to react to the change. Thus, the Commission is modifying proposed Rule 17Ad–16(b) to require a transfer agent to send the required notification on or before the later of ten calendar days prior to the effective date of the change in status or the day the transfer agent is notified of the effective date. This modification, along with the similar modification in paragraph (a) of this proposal, should minimize the risk of improperly forwarded transfer items without creating an undue burden on the transfer agent.

In the Proposing Release, the Commission invited comment as to whether, in the case of notification of a name or address change, the transfer agent should be required to include in the notice all issues handled and their CUSIP numbers.[16] Of the three commenters addressing this issue, one

[11] Mellon letter, *supra* note 5.

[12] A FINS number is a unique five digit number used by the securities industry as a means of identifying financial institutions in automated data processing systems. Currently all registered clearing agencies, including DTC, the National Securities Clearing Corporation, and the Commission's Lost and Stolen Securities Program use the FINS number.

[13] The Lost and Stolen Securities Program was established in 1977 to deter trafficking in lost, stolen, missing, and counterfeit securities and to assist institutions and the public in tracking missing securities. Reporting institutions, including transfer agents, broker-dealers, and banks, are required to report lost, stolen, missing, or counterfeit securities and to inquire whether certain securities certificates in their possession have been reported as lost, stolen, missing, or counterfeit.

[14] The Commission notes that the scope of Rule 17Ad–16 is not limited to securities that are eligible for deposit at a registered securities depository. This information will help assist the securities industry as a whole (including broker-dealers and banks) to locate the appropriate transfer agent. In addition, as a result of the move to a three business day settlement time frame for most securities transactions, the vast majority of securities will be depository eligible.

[15] *See* Securities Exchange Act Release No. 17111 (September 2, 1980), 45 FR 59840.

[16] CUSIP is an acronym for the Committee on Uniform Securities Identification Procedures.

did not object to the requirement,[17] one suggested it might not be necessary for its operations,[18] and one commenter specifically objected to the requirement.[19] In response to these comments, the Commission is deleting the requirement that a transfer agent include in a notice of a name or an address change the issuer's name, the issue or issues handled, and their CUSIP number(s). The Commission agrees with the commenters that the reporting of each issue and the corresponding CUSIP numbers handled by a transfer agent is not necessary when the transfer agent is reporting a name or an address change. The Commission, however, is concerned that one of the parties to a merger or acquisition—the transfer agent terminating its services or the one assuming services as a result of the merger or acquisition—may view the event as a name or an address change and may not file the appropriate information, including the CUSIP number for each issue. Thus, the Commission is revising paragraphs (a) and (b) to clarify the need for both transfer agents in the case of a merger or an acquisition to include in the notice the issuer's name, issuers or issues handled, and the CUSIP number for each issue.

The Commission is adding a requirement, corresponding to the modification to proposed Rule 17Ad–16(a), that the FINS number of the transfer agent be included in the notice. As discussed above, this requirement will act as a confirmation of identity without adding substantially to the burden of the transfer agent. The Commission also is modifying proposed Rule 17Ad–16(b), corresponding to the modification to proposed Rule 17Ad–16(a), to eliminate the option that the notice be sent to all qualified registered securities depositories.

C. Rule 17Ad–16(c): Delivery of Notices

Proposed Rule 17Ad–16(c) would have provided that the notice required by paragraph (a) or paragraph (b) of the proposal must be delivered by means of a secure communication and state to which registered securities depositories notice is sent. Proposed Rule 17Ad–16(c) also defined "secure communication."[20] No commenter specifically addressed proposed Rule 17Ad–16(c). The Commission defined the term "secure communication" broadly so as to allow the Commission, by an interpretation or through the no-action process, to determine whether a form of communication not specifically enumerated in the rule is a form of "secure communication." The Commission is modifying Rule 17Ad–16(c) to delete the requirement that the notice state to which registered securities depositories notice is sent. This requirement is no longer necessary because the notice will be sent only to the appropriate qualified registered securities depository.

D. Rule 17Ad–16(d): Forwarding of Notices

Proposed Rule 17Ad–16(d) requires a qualified registered securities depository that receives notices under paragraph (a) or paragraph (b) to forward copies by means of a secure communication to each registered securities depository and to its own participants. One commenter addressed this provision seeking clarification of how it might comply with the rule.[21] The Commission is modifying proposed Rule 17Ad–16(d) in several respects.

DTC, the only commenter to address proposed Rule 17Ad–16(d), requested that it be permitted to make the information contained in the notice available to its participants upon inquiry over DTC's Participant Terminal System rather than forwarding copies of the notice by means of "secure communication." The Commission in using the term "secure communication" did not intend to preclude the forwarding of notices in an electronic format. Although the Proposing Release suggested that all notices must be forwarded by the securities depository within 24 hours, proposed Rule 17Ad–16(d) did not contain a specific time period for forwarding notices. The Commission is revising proposed Rule 17Ad–16(d)(2) to allow a registered securities depository to make available the notice, or all material information from the notice, within 24 hours in a manner set forth in a rule of the depository.[22] Because changes to depository rules must be filed with the Commission and published for comment, the Commission believes it is appropriate to determine in that context whether the method proposed to forward such notices is consistent with the purposes of this rule and the Act.

The reference to the recipients of notice in Rule 17Ad–16(d) has been revised to read "qualified registered securities depositories" rather than "registered securities depositories." This revision is to clarify that Rule 17Ad–16 only requires notice to be sent to securities depositories that meet the definition of "qualified registered securities depositories" under Rule 17Ad–16(e). Finally, the Commission is modifying proposed Rule 17Ad–16(d) to clarify that a qualified registered securities depository must forward all notices received to its participants, rather than just notices received under paragraphs (a) and (b). This change is to ensure that a qualified registered securities depository that is not the appropriate qualified registered securities depository, which receives notices under paragraph (d), will provide its participants with copies of the notices. Those revisions have been incorporated in new subparagraph (1) of Rule 17Ad–16(d).

Proposed Rule 17Ad–16(d) also would have imposed certain record keeping requirements on the qualified registered securities depository and on the notifying transfer agent. The substance of those requirements, as adopted, has not changed but the requirements are contained in two new subparagraphs of Rule 17Ad–16(d). The record keeping requirement for a qualified registered securities depository is contained in new subparagraph (3) of Rule 17Ad–16(d) and the record keeping requirement for a transfer agent is contained in new subparagraph (4) of Rule 17Ad–16(d).

E. Rule 17Ad–16(e): Qualified Securities Registered Depository

Proposed Rule 17Ad–16(e) defined the term "qualified registered securities depository" as a clearing agency registered under Section 17A of the Act that performs clearing agency functions as described in Section 3(a)(23)(A)(i) of the Act and that has rules and procedures concerning its responsibility for maintaining, updating, and providing appropriate access to the information it receives pursuant to paragraphs (a) and (b) of the Rule 17Ad–16. No commenters addressed proposed Rule 17 Ad–16(e). The Commission is modifying proposed Rule 17Ad–16(e) to clarify that a qualified registered securities depository may receive

[17] The ABA did not oppose the requirement, stating that supplying CUSIP numbers would not add significantly to the transfer agent's burden.

[18] DTC stated that the inclusion of CUSIP numbers was not necessary because of the method DTC uses to maintain transfer agent data.

[19] First Chicago opposed the requirement of supplying CUSIP numbers because it would add to the data capture, communication, and storage requirements. First Chicago also believed that the integrity of the data would be suspect because of the extensive manual handling involved. Finally, First Chicago stated that extensive processes would be required to reconcile differences between redundant data repositories.

[20] "Secure communication" includes telegraph, overnight mail, facsimile, or any other form of secure communication.

[21] *See* DTC letter, *supra* note 5.

[22] Rules of a registered clearing agency are required to be filed with the Commission under section 19(b) of the Act. *See* 15 U.S.C. 78s(b) (1988).

information pursuant to paragraph (d) of Rule 17Ad–16.

F. Rule 17Ad–16(f): Appropriate Qualified Registered Securities Depository

Proposed Rule 17Ad–16(f) defines the term "appropriate qualified registered securities depository" as a qualified registered securities depository that, as of the most recent record date, is the largest holder of record of all qualified registered securities depositories or such other qualified registered securities depository designated by the Commission by order. The purpose of this section is to identify the appropriate recipient of the transfer agent's notice under Rule 17Ad–16(a) and Rule 17Ad–16(b). As proposed, Rule 17Ad–16(f) would not have permitted the Commission to designate the "appropriate qualified registered securities depository." The Commission, in the Proposing Release, invited comments regarding the designation by the Commission of the appropriate qualified registered securities depository.

Three commenters addressed proposed Rule 17Ad–16(f). First Chicago believed that the proposed rule presents no problem as drafted since the proper depository is generally known and, when doubt exists, the notice could be sent to all securities depositories. DTC and the CTAA recommended that DTC be designated as the appropriate qualified registered securities depository. DTC argued that its designation as the appropriate qualified registered securities depository would eliminate uncertainty about where notices must be sent and reduce unnecessary costs and administrative burdens resulting from that uncertainty. In addition, DTC noted that it has consulted with MSTC and Philadep, and both organizations have authorized DTC to advise the Commission of their support for this approach.

DTC is the largest holder of record among qualified registered securities depositories for the vast majority of issues. At year-end 1993, DTC held securities on behalf of its participants that equaled $7.5 trillion, more than 98.8% of the total market value of securities held by the three registered securities depositories that handle corporate securities.[23]

The Commission is modifying proposed Rule 17Ad–16(f) to authorize the Commission to designate by order the appropriate qualified registered securities depository.[24] In the absence of such designation, the appropriate qualified registered securities depository will be the qualified registered securities depository with the largest position as of the last record date. In addition, Rule 17Ad–16(e) requires a qualified registered securities depository to file a proposed rule change under Section 19 of the Act detailing how it intends to maintain, update, and provide appropriate access to the information it receives. As part of the rule filing, the Commission believes it is appropriate for a qualified registered securities depository to seek Commission approval to designate another to carry out its primary responsibilities provided that the other qualified registered securities depository agrees.[25]

IV. Regulatory Flexibility Act Certification

In the Proposing Release, the Commission noted that former Chairman Richard C. Breeden certified, pursuant to section 605(b) of the Regulatory Flexibility Act, that proposed rules, if adopted, will not have a significant economic impact on a substantial number of small entities. No comments concerning regulatory flexibility matters were received.

V. Burden on Competition

As required by section 23(a) of the Act, the Commission has specifically considered the impact that these rules would have on competition. The Commission believes that the rule will not have a significant impact on transfer agent competition. Transfer agents only have to send a notice when there is a change of transfer agent providing services on behalf of an issuer or a name or address change. Even when a transfer agent is required to send notice of a change, the cost of compliance is insignificant. Moreover, the burden of sending such notices should fall mainly on larger transfer agents that have more issues because these agents are more likely to have changes that would require them to send notices under the rule. Thus, the Commission finds that the rules would not impose a burden on competition not necessary or appropriate in furtherance of the purposes of the Act and, in particular, section 17A of the Act.

VI. Paperwork Reduction Act Submission

An authorization request (SF 83) for the reporting requirement was prepared and submitted to the Office of Management and Budget which approved the request without comments.

VII. Effective Date

The Commission has determined that § 200.30–3(a)(56) is a procedural rule related solely to the agency's organization, procedure, or practice. Therefore, the provisions of the Administrative Procedure Act ("APA") regarding notice of proposed rulemaking, opportunities for public participation, and prior publication[26] are not applicable.

VIII. Statutory Basis

Pursuant to the Securities Exchange Act of 1934 and particularly Sections 3, 17, 17A, and 23(a) thereof, 15 U.S.C. 78c, 78q, 78q–1, and 78w(a), the Commission amends Chapter II of Title 17 of the Code of Federal Regulations in the manner set forth below.

List of Subjects

17 CFR Part 200

Administrative practice and procedure, Authority delegations (Government agencies), Organizations and functions (Government organizations).

17 CFR Part 240

Reporting and recordkeeping, Securities.

Text of the Amendments

PART 200—ORGANIZATION; CONDUCT AND ETHICS; AND INFORMATION AND REQUESTS

1. The authority citation for part 200, subpart A continues to read in part as follows:

Authority: 15 U.S.C. 77s, 78d–1, 78d–2, 78w, 78*ll*(d), 79t, 77sss, 80a–37, 80b–11, unless otherwise noted.

* * * * *

2. Section 200.30–3 is amended by adding paragraph (a)(56) to read as follows:

§ 200.30–3 Delegation of authority to Director of Division of Market Regulation.

* * * * *

(a) * * *

(56) Pursuant to § 270.17Ad–16 of this chapter, to designate by order the

[23] DTC, *Annual Report 1993* at 5.

[24] Concurrent with the adoption of the Rule, the Commission is delegating to the Director of the Division of Market Regulation authority to designate by order the appropriate qualified registered securities depository.

[25] DTC included in its comment letter the forms that DTC will suggest transfer agents use to comply with the Rule. The Commission believes mandating such a form is unnecessary at this time.

[26] 5 U.S.C. 553.

appropriate qualified registered securities depository.

* * * * *

PART 240—GENERAL RULES AND REGULATIONS, SECURITIES EXCHANGE ACT OF 1934

1. The authority citation for Part 240 continues to read in part as follows:

Authority: 15 U.S.C. 77c, 77d, 77g, 77j, 77s, 77eee, 77ggg, 77nnn, 77sss, 77ttt, 78c, 78d, 78i, 78j, 78*l*, 78m, 78n, 78o, 78p, 78q, 78s, 78w, 78x, 78*ll*(d), 79q, 79t, 80a-20, 80a-23, 80a-29, 80a-37, 80b-3, 80b-4, and 80b-11, unless otherwise noted.

* * * * *

2. Section 240.17Ad–16 is added to read as follows:

§ 270.17Ad–16 Notice of Assumption or Termination of Transfer Agent Services.

(a) A registered transfer agent that ceases to perform transfer agent services on behalf of an issuer of securities, including a registered transfer agent that ceases to perform transfer agent services on behalf of an issuer of securities because of a merger or acquisition by another transfer agent, shall send written notice of such termination to the appropriate qualified registered securities depository on or before the later of ten calendar days prior to the effective date of such termination or the day the transfer agent is notified of the effective date of such termination. Such notice shall include the full name, address, telephone number, and Financial Industry Number Standard ("FINS") number of the transfer agent ceasing to perform the transfer agent services for the issuer; the issuer's name; the issue or issues handled and their CUSIP number(s); and if known, the name, address, and telephone number of the transfer agent that thereafter will provide transfer services for the issuer. If no successor transfer agent is known, the notice shall include the name and address of a contact person at the issuer.

(b) A registered transfer agent that changes its name or address or that assumes transfer agent services on behalf of an issuer of securities, including a transfer agent that assumes transfer agent services on behalf of an issuer of securities because of a merger or acquisition of another transfer agent, shall send written notice of such to the appropriate qualified registered securities depository on or before the later of ten calendar days prior to the effective date of such change in status or the day the transfer agent is notified of the effective date of such change in status. A notice regarding a change of name or address shall include the full name, address, telephone number, and FINS number of the transfer agent and the location where certificates are received for transfer. A notice regarding the assumption of transfer agent services on behalf of an issuer of securities, including assumption of transfer agent services resulting from the merger or acquisition of another transfer agent, shall include the full name, address, telephone number, and FINS number of the transfer agent assuming the transfer agent services for the issuer; the issuer's name; and the issue or issues handled and their CUSIP number(s).

(c) The notice described in paragraphs (a) and (b) of this section shall be delivered by means of secure communication. For purposes of this section, secure communication shall include telegraph, overnight mail, facsimile, or any other form of secure communication.

(d)(1) The appropriate qualified registered securities depository that receives notices pursuant to paragraphs (a) and (b) of this section shall deliver within 24 hours a copy of such notices to each qualified registered securities depository. A qualified registered securities depository that receives notice pursuant to this section shall deliver a copy of such notices to its own participants within 24 hours.

(2) A qualified registered securities depository may comply with its notice requirements under paragraph (d)(1) of this section by making available the notice of all material information from the notice within 24 hours in a manner set forth in the rules of the qualified registered securities depository.

(3) A qualified registered securities depository shall maintain such notices for a period of not less than two years, the first six months in an easily accessible place. Such notice shall be made available to the Commission or other persons as the Commission may designate by order.

(4) A registered transfer agent that provides notice pursuant to paragraphs (a) and (b) of this section shall maintain such notice for a period of not less than two years, the first six months in an easily accessible place.

(e) For purposes of this section, a *qualified registered securities depository* shall mean a clearing agency registered under Section 17A of the Act (15 U.S.C. 78q-1) that performs clearing agency functions as described in Section 3(a)(23)(A)(i) of the Act (15 U.S.C. 78c(a)(23)(A)(i)) and that has rules and procedures concerning its responsibility for maintaining, updating, and providing appropriate access to the information it receives pursuant to this section.

(f) For purposes of this section, an *appropriate qualified registered securities depository* shall mean the qualified registered securities depository that the Commission so designates by order or, in the absence of such designation, the qualified registered securities depository that is the largest holder of record of all qualified registered securities depositories as of the most recent record date.

Dated: December 1, 1994.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 94–30125 Filed 12–7–94; 8:45 am]

BILLING CODE 8010–01–P–M