

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410 and 414

[HCFA-1120-P]

RIN 0938-AK11

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2001

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

ACTION: Proposed rule.

SUMMARY: This proposed rule would make several changes affecting Medicare Part B payment. The changes include: Refinement of resource-based practice expense relative value units (RVUs); changes to the geographic practice cost indices; resource-based malpractice RVUs; critical care RVUs; care plan oversight and physician certification/recertification; observation care codes; ocular photodynamic therapy and other ophthalmological treatments; electrical bioimpedance; the global period for insertion, removal, and replacement of pacemakers and cardioverter defibrillators; antigen supply; low intensity ultrasound; and the implantation of ventricular assist devices. This proposed rule also discusses or clarifies the payment policy for incomplete medical direction, pulse oximetry services, outpatient therapy supervision, outpatient therapy caps, and the second 5-year refinement of work RVUs for services furnished beginning January 1, 2002. We are proposing these changes to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. We solicit comments on the proposed policy changes.

DATES: To be assured of consideration, we must receive comments at the appropriate address, as provided below, no later than 5 p.m. on September 15, 2000.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address only: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA-1120-P, P.O. Box 8013, Baltimore, MD 21244-8013.

Please allow sufficient time for mailed comments to be timely received in the event of delivery delays. If you prefer, you may deliver your written comments by courier (1 original and 3 copies) to one of the following addresses: Room 443-G, Hubert H. Humphrey Building,

200 Independence Avenue, SW., Washington, DC 20201 or Room C5-14-03, 7500 Security Boulevard, Baltimore, MD 21244.

Comments mailed to the two above addresses may be delayed and received too late to be considered.

Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA-1120-P. 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 443-G of the Department's office at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 to 5 p.m. (phone: (202) 690-7890).

FOR FURTHER INFORMATION CONTACT:

Bob Ulikowski, (410) 786-5721 (for issues related to resource-based malpractice relative value units and geographic practice cost index changes).

Carolyn Mullen, (410) 786-4589 or Marc Hartstein, (410) 786-4539, (for issues related to resource-based practice expense relative value units).

Rick Ensor, (410) 786-5617 (for issues related to care plan oversight and physician certification/recertification).

Jim Menas, (410) 786-4507 (for issues related to incomplete medical direction and the 5-year review).

Roberta Epps, (410) 786-1858 (for outpatient therapy-related issues).

Cathleen Scally, (410) 786-5714 (for issues related to observation care codes).

Diane Milstead, (410) 786-3355 (for all other issues).

SUPPLEMENTARY INFORMATION:

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Office. The Website address is: <http://www.access.gpo.gov/nara/index.html>.

Information on the Lewin report referenced in the preamble can be found on our homepage. This data can be accessed by using the following directions:

1. Go to the HCFA homepage (<http://www.hcfa.gov>).
2. Click on "Medicare."
3. Click on "Professional/Technical Information."
4. Select Medicare Payment Systems.
5. Select Physician Fee Schedule.

Or, you can go directly to the Physician Fee Schedule page by typing the following: <http://www.hcfa.gov/medicare/pfsmain.htm>.

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

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

AMA American Medical Association

BBA Balanced Budget Act of 1997

BBRA Balanced Budget Refinement Act

CF Conversion factor

CFR Code of Federal Regulations

CPT [Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]

CPEP Clinical Practice Expert Panel

CRNA Certified Registered Nurse Anesthetist

E/M Evaluation and management

EB Electrical bioimpedance

FMR Fair market rental

GAF Geographic adjustment factor

GPCI Geographic practice cost index

HCFA Health Care Financing Administration

HCPCS HCFA Common Procedure Coding System

HHA Home health agency

HHS [Department of] Health and Human Services

IDTFs Independent Diagnostic Testing Facilities

MCM Medicare Carrier Manual

MEDPAC Medicare Payment Advisory Commission

MEI Medicare Economic Index

MGMA Medical Group Management Association

MSA Metropolitan Statistical Area

NAMCS National Ambulatory Medical Care Survey

OBRA Omnibus Budget Reconciliation Act

PC Professional component

PEAC Practice Expense Advisory Committee

PPAC Practicing Physicians Advisory Council

PPS Prospective payment system

RUC [AMA's Specialty Society] Relative [Value] Update Committee

RVU Relative value unit

SGR Standard growth rate

SMS [AMA's] Socioeconomic Monitoring System

TC Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), "Payment for Physicians' Services." This section contains three major elements—(1) a fee schedule for the payment of physicians' services; (2) a sustainable growth rate 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 relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs may not cause total physician fee schedule payments to differ by more than \$20 million from what they would have been had the adjustments not been made. If adjustments to RVUs cause expenditures to change by more than \$20 million, we must make adjustments to the conversion factors (CFs) to preserve budget neutrality.

B. Published Changes to the Fee Schedule

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

- November 25, 1992, a final notice with comment period on new and revised RVUs only (57 FR 55914).

- December 2, 1993, a final rule with comment period (58 FR 63626) revised the refinement process used to establish physician work RVUs and to revise payment policies for specific physicians' services and supplies. (We solicited comments on new and revised RVUs only.)

- December 8, 1994, a final rule with comment period (59 FR 63410) revised the geographic adjustment factor (GAF) values, fee schedule payment areas, and payment policies for specific physicians' services. The final rule also

discussed the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Act.

- December 8, 1995, a final rule with comment period (60 FR 63124) revised various policies affecting payment for physicians' services including Medicare payment for physicians' services in teaching settings, the RVUs for certain existing procedure codes, and established interim RVUs for new and revised procedure codes. The rule also included the final revised 1996 geographic practice cost indices (GPCIs).

- November 22, 1996, a final rule with comment period (61 FR 59490) revised the policy for payment for diagnostic services, transportation in connection with furnishing diagnostic tests, changes in geographic payment areas (localities), and changes in the procedure status codes for a variety of services.

- October 31, 1997, a final rule with comment period (62 FR 59048) revised the GPCIs, physician supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, and clinical consultations. It also implemented certain provisions of the Balanced Budget Act of 1997 (BBA) (Public Law 105–33), enacted on August 5, 1997, and implemented the RVUs for certain existing procedure codes and established interim RVUs for new and revised procedure codes.

- November 2, 1998, a final rule with comment period (63 FR 58814) revised the policy for resource-based practice expense RVUs, medical direction rules for anesthesia services, and payment for abnormal Pap smears. We also rebased the Medicare economic index (MEI) from a 1989 base year to a 1996 base year. Under the law, we were also required to develop a resource-based system for determining practice expense RVUs. The BBA delayed, for 1 year, implementation of the resource-based practice expense RVUs until January 1, 1999. Also, the BBA revised our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, the BBA permitted certain physicians and practitioners to opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts and permits payment for professional consultations via

interactive telecommunication systems. Furthermore, we finalized the 1998 interim RVUs and issued interim RVUs for new and revised codes for 1999. The final rule also announced the CY 1999 Medicare physician fee schedule CF under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Act. The 1999 Medicare physician fee schedule CF was \$34.7315.

- November 2, 1999, a final rule with comment period (64 FR 59380) made several changes affecting Medicare Part B payment. The changes included: implementation of resource-based malpractice insurance RVUs; refinement of resource-based practice expense RVUs; payment for physician pathology and independent laboratory services; discontinuous anesthesia time; diagnostic tests; prostate screening; use of CPT modifier -25; qualifications for nurse practitioners; an increase in the work RVUs for pediatric services; adjustments to the practice expense RVUs for physician interpretation of Pap smears; and a number of other changes relating to coding and payment. Furthermore, we finalized the 1999 interim physician work RVUs and issued interim RVUs for new and revised codes for 2000. The final rule solicited public comments on the second 5-year refinement of work RVUs for services furnished beginning January 1, 2002 and requested public comments on potentially misvalued work RVUs for all services in the CY 2000 physician fee schedule. The final rule conformed the regulations to existing law and policy regarding: removal of the x-ray as a prerequisite for chiropractic manipulation; the exclusion of payment for assisted suicide; and optometrist services. The final rule also announced the CY 2000 Medicare physician fee schedule CF under the Medicare Supplementary Medical Insurance (Part B) program as required by section 1848(d) of the Act. The 2000 Medicare physician fee schedule CF was \$36.6137.

This proposed rule would affect the regulations set forth at Part 410, Supplementary medical insurance (SMI) benefits and Part 414, Payment for Part B medical and other services.

II. Specific Proposals for Calendar Year 2001

A. Resource-Based Practice Expense Relative Value Units

1. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103-432), enacted on October 31, 1994,

required us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician's service beginning in 1998. In developing the methodology, we were to consider the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation specifically required that, in implementing the new system of practice expense RVUs, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

Section 4505(a) of the BBA delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, section 4505(b) of the BBA provided for a 4-year transition period from charge-based practice expense RVUs to resource-based RVUs. The practice expense RVUs for CY 1999 were the product of 75 percent of charge-based RVUs and 25 percent of the resource-based RVUs. For CY 2000, the RVUs were 50 percent charge-based and 50 percent resource-based. For CY 2001, the RVUs will be 25 percent charge-based and 75 percent resource-based. After CY 2001, the RVUs will be totally resource-based.

Section 4505(e) of the BBA provided that, in 1998, the practice expense RVUs be adjusted for certain services in anticipation of implementation of resource-based practice expenses beginning in 1999. As a result, we increased practice expense RVUs for office visits. For other services in which practice expense RVUs exceeded 110 percent of the work RVUs and were furnished less than 75 percent of the time in an office setting, we reduced the 1998 practice expense RVUs to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had proposed resource-based practice expense RVUs that increased from their 1997 practice expense RVUs as reflected in the June 18, 1997 proposed rule (62 FR 33196). The services affected, and the final RVUs for 1998, were published in the October 1997 final rule (62 FR 59103).

The most recent legislation affecting resource-based practice expense was included in the Balanced Budget Refinement Act of 1999 (BBRA) (Public Law 106-113). Section 212 of the BBRA stated that we must establish a process under which we accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations. These data would supplement the data we normally collect in determining the practice expense component of the physician fee

schedule for payments in CY 2001 and CY 2002.

2. Current Methodology for Computing Practice Expense Relative Value Unit System

Effective with services on or after January 1, 1999, we established a new methodology for computing resource-based practice expense RVUs that used the two significant sources of actual practice expense data we have available: the Clinical Practice Expert Panel (CPEP) data and the AMA's Socioeconomic Monitoring System (SMS) data. The methodology was based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs of physicians' services across specialties. The methodology allocated these aggregate specialty practice costs to specific procedures and, thus, can be seen as a "top-down" approach. The methodology can be summarized as follows:

- (a) *Practice Expense Cost Pools.* We used actual practice expense data by specialty, derived from the 1995 through 1997 SMS survey data, to create six cost pools—administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other expenses. There were three steps in the creation of the cost pools.

- Step (1) We used the AMA's SMS survey of actual cost data to determine practice expenses per hour by cost category. The practice expenses per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number of hours spent in patient care activities. The practice expenses per hour for the specialty were an average of the practice expenses per hour for the respondent physicians in that specialty. In addition, for the CY 2000 physician fee schedule, we used data from a survey submitted by the Society of Thoracic Surgeons in calculating the thoracic and cardiac surgery's practice expense per hour. (See the November 1999 final rule (64 FR 59391) for additional information concerning acceptance of this data.)

- Step (2) We determined the total number of physician hours (by specialty) spent treating Medicare patients. This was calculated from physician time data for each procedure code and from Medicare claims data.

- Step (3) We calculated the practice expense pools by specialty and by cost category by multiplying the specialty practice expenses per hour for each category by the total physician hours.

For services with work RVUs equal to zero (including the technical component (TC) of services with a TC and professional component (PC)), we created a separate practice expense pool using the average clinical staff time from the CPEP data (since these codes by definition do not have physician time), and the "all physicians" practice expense per hour.

(b) *Cost Allocation Methodology.* For each specialty, we separated the six practice expense pools into two groups and used a different allocation basis for each group.

(1) Direct Costs

For direct costs (including clinical labor, medical supplies, and medical equipment), we used the CPEP data as the allocation basis. The CPEP data for clinical labor, medical supplies, and medical equipment were used to allocate the clinical labor, medical supplies, and medical equipment cost pools, respectively.

For the separate practice expense pool for services with work RVUs equal to zero, we used 1998 practice expense RVUs to allocate the direct cost pools (clinical labor, medical supplies, and medical equipment cost pools) as an interim measure. Also, for all radiology services that are assigned work RVUs, we used the 1998 practice expense relative values for radiology services as an interim measure to allocate the direct practice expense cost pool for radiology. For all other specialties that perform radiology services, we used the CPEP data for radiology services in the allocation of that specialty's direct practice expense cost pools.

(2) Indirect Costs

To allocate the cost pools for indirect costs, including administrative labor, office expenses, and all other expenses, we used the total direct costs, as described above, in combination with the physician fee schedule work RVUs. We converted the work RVUs to dollars using the Medicare CF (expressed in 1995 dollars for consistency with the SMS survey years).

The SMS pool was divided by the CPEP pool for each specialty to produce a scaling factor that was applied to the CPEP direct cost inputs. This was intended to match costs counted as practice expenses in the SMS survey with items counted as practice expense in the CPEP process. When the specialty specific scaling factor exceeds the average scaling factor by more than three standard deviations, we used the average scaling factor. (See the November 1999 final rule (64 FR 59390) for further discussion of this issue).

For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

(c) *Other Methodological Issues.*

(1) Global Practice Expense Relative Value Units

For services with the PC and TC paid under the physician fee schedule, the global practice expense RVUs were set equal to the sum of the PC and TC.

(2) Practice Expenses Per Hour Adjustments and Specialty Crosswalks

Since many specialties identified in our claims data did not correspond exactly to the specialties included in the practice expense tables from the SMS survey data, it was necessary to crosswalk these specialties to the most appropriate SMS specialty category. We also made the following adjustments to the practice expense per hour data (for the rationale for these adjustments to the practice expense per hour see the November 1998 final rule (63 FR 58841)):

- We set the medical materials and supplies practice expenses per hour for the specialty of "oncology" equal to the "all physician" medical materials and supplies practice expenses per hour.

- We based the administrative payroll, office, and other practice expenses per hour for the specialties of "physical therapy" and "occupational therapy" on data used to develop the salary equivalency guidelines for these specialties. We set the remaining practice expense per hour categories equal to the "all physician" practice expenses per hour from the SMS survey data.

- Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty "audiologist," we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties that perform these codes.

- For the specialty of "emergency medicine," we used the "all physician" practice expense per hour to create practice expense cost pools for the categories "clerical payroll" and "other expenses."

- For the specialty of "podiatry," we used the "all physician" practice expense per hour to create the practice expense pool.

- For the specialty of "pathology," we removed the supervision and autopsy hours reimbursed through Part A of the

Medicare program from the practice expense per hour calculation.

- For the specialty "maxillofacial prosthetics," we used the "all physician" practice expense per hour to create practice expense cost pools and, as an interim measure, allocated these pools using the 1998 practice expense RVUs.

- We split the practice expenses per hour for the specialty "radiology" into "radiation oncology" and "radiology other than radiation oncology" and used this split practice expense per hour to create practice expense cost pools for these specialties.

(3) Time Associated With the Work RVUs

The time data resulting from the refinement of the work RVUs have been, on average, 25 percent greater than the time data obtained by the Harvard study for the same services. We increased the Harvard research team's time data to ensure consistency between these data sources.

For services with no assigned physician time (such as, dialysis, physical therapy, psychology, and many radiology and other diagnostic services), we calculated estimated total physician time based on work RVUs, maximum clinical staff time for each service as shown in the CPEP data, or the judgment of our clinical staff.

We calculated the time for CPT codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

3. Refinement

(a) *Background.* Section 4505(d)(1)(C) of the BBA required us to develop a refinement process to be used during each of the 4 years of the transition period. We did not propose a specific long-term refinement process in the June 1998 proposed rule (63 FR 30835). Rather, we set out the parameters for an acceptable refinement process for practice expense RVUs and solicited comments on our proposal. We received a large variety of comments about broad methodology issues, practice expense per hour data, and detailed code level data. We made some adjustments to our proposal when we were convinced an adjustment was appropriate. We also indicated that we would consider other comments for possible refinement and that the values of all codes would be considered interim for 1999 and for future years during the transition period.

We outlined in the November 1998 final rule (63 FR 58832) the steps we were undertaking as part of the initial

refinement process. These steps included—

- Establishment of a mechanism to receive independent advice for dealing with broad practice expense RVU technical and methodological issues;
- Evaluation of any additional recommendations from the General Accounting Office, the Medicare Payment Advisory Commission (MedPAC), and the Practicing Physicians Advisory Council (PPAC); and
- Consultation with physician and other groups about these issues.

We also discussed a proposal submitted by the AMA's Specialty Society Relative Value Update Committee (RUC) for development of a new advisory committee, the Practice Expense Advisory Committee (PEAC), to review comments and recommendations on the code-specific CPEP data during the refinement period. In addition, we solicited comments and suggestions about our practice expense methodology from organizations that have a broad range of interests and expertise in practice expense and survey issues.

In the July 22, 1999 proposed rule and the November 1999 final rule, we provided further information on refinement activities underway, including the formation of the PEAC and the support contract that we awarded to focus on methodologic issues. The following is an update on activities with respect to these initiatives, as well as the status of refinement with respect to other areas of concern such as the SMS data and CPEP inputs.

(b) SMS Data. We have received many comments on both our 1998 and 1999 proposed and final rules from a number of medical specialty societies expressing concerns regarding the accuracy of the SMS data. Some commenters stated their belief that the sample size for their specialty was not large enough to yield reliable data. Other specialties not represented in the SMS survey objected that the crosswalk used for their practice expense per hour was not appropriate and requested that their own data be used instead. Commenters also raised questions about whether the direct patient care hours for their specialty were overstated by the SMS to the specialty's disadvantage.

We consider dealing with these issues to be one of the major priorities of the refinement effort. Therefore, we have undertaken the following activities:

(1) Interim Final Rule on Supplemental Practice Expense Survey Data

On May 3, 2000, we published an interim final rule (65 FR 25664) that set

forth the criteria for physician and non-physician specialty groups to submit supplemental practice expense survey data for use in determining payments under the physician fee schedule. Section 212 of the BBRA required us to establish a process under which we will accept and use, to the maximum extent practicable and consistent with sound data practices, data collected or developed by entities and organizations to supplement the data we normally collect in determining the practice expense component of the physician fee schedule for payments in CY 2001 and CY 2002.

To obtain data that could be used in computing practice expense RVUs beginning January 1, 2001, we published the criteria in the May 2000 interim final rule (65 FR 25666) that we will apply to supplemental survey data submitted to us by August 1, 2000. We also provided a 60-day period for submission of comments on the criteria that we will consider for survey data submitted between August 2, 2000 and August 1, 2001 for use in computing the practice expense RVUs for the CY 2002 physician fee schedule. (See the May 2000 interim final rule for further information on the criteria and process). We intend to respond to comments received on this interim final rule in the physician fee schedule final rule to be published this fall. We believe this is an important step in addressing the concerns of those specialties that believe they are underrepresented in the SMS survey data or believe they have not been surveyed by the SMS.

(2) Proposals for SMS Refinement

As we indicated in the November 1999 final rule, we awarded a contract to The Lewin Group to obtain independent advice dealing with broad practice expense RVU technical and methodological issues. Specific activities we requested the contractor to evaluate included the following:

- Evaluation of SMS data for validity and reliability.
- Identification and evaluation of alternative and supplementary data sources from specialty and multi-specialty societies.
- Development of options for validating the Harvard/RUC physician procedure time data.
- Evaluation of the indirect cost allocation methodology.
- Advice on developing a process for the 5-year review of practice expense RVUs.

The Lewin Group issued their first draft report, "Practice Expense Methodology," dated September 24, 1999. We have placed this report on our

homepage under the title "Practice Expense Methodology Report." (Access to our homepage is discussed under the "Supplementary Information" section above.) The report contains various recommendations aimed at increasing the validity and reliability of the AMA's SMS survey. As we discuss below, the AMA will no longer be collecting data through the SMS survey. However, the AMA is currently pilot-testing an alternative practice expense survey of physician practices. Although The Lewin Group's recommendations were made specifically to address improving the SMS survey for calculating practice expense RVUs, we believe the recommendations will be useful in making refinements to the practice level survey or designing any other survey instrument that may be used in calculating practice expense RVUs. The recommendations fell into the three following areas:

- The use of data supplementary to the SMS survey.
- Suggested changes to the survey instrument.
- Recommendations for using the data in calculating the specialty-specific practice expense per hour.

The report recognized the need for additional data obtained either through oversampling or additional surveys. We would welcome the receipt of additional objective and valid data that would help ensure that our specialty-specific practice expense per hour calculations are as accurate as possible. However, to ensure consistency of the data across specialties, the report also stressed the need for any supplementary data to adhere to the same format, survey instrument, sample frame, and definitions as the SMS survey. We share this concern, and in the May 2000 interim final rule we identified the specific criteria that all supplementary surveys must meet to ensure that data are valid, reliable, and consistent with the SMS data already in use.

In line with the report's recommendations on the use of the SMS data, we are proposing to do the following:

- The Lewin Group recommended that we update the SMS survey data currently being used for practice expense per hour with new SMS data. They also recommended using a rolling 3-year average to determine practice expense per hour values. We are currently using data from the 1995 through 1997 SMS survey (1994 through 1996 practice expense data). The latest data available is from the 1998 SMS survey and we have incorporated this data into our practice expense per hour calculations. Although The Lewin

Group has recommended using a rolling 3-year average, we have decided to base the practice expense per hour calculations on a 4-year average. We are concerned that substituting data from the 1998 SMS for data from the 1999 SMS may exacerbate changes in the practice expense per hour calculations that may be explained by sampling error. We believe that using an additional year of SMS data will have the advantage of minimizing changes in the practice expense per hour data that result from sampling error, while allowing our calculations to be based on more survey data.

- The Lewin Group recommended that we standardize survey data from the SMS so that it reflects a common base year. They raised a concern that variations in sample size for a given specialty across the 3 years may produce a different result than if the survey response were standardized to reflect a common year. This could disadvantage those specialties that were more heavily sampled in the early years. We evaluated this recommendation and found that standardizing the SMS data we are currently using to reflect a 1995 cost year has virtually no impact on the practice expense per hour calculations. However, this issue will be more of a

concern in using the later SMS data because response rates were lower in the 1998 SMS survey than in prior years. For this reason, we are standardizing the practice expense data so that it reflects a common base year. Using the MEI, we standardized the practice expense data so that it reflects a 1995 cost year consistent with the pricing information that we are using for the estimates of practice expense inputs for individual procedures.

The table below reflects the practice expense per hour calculations we are using in determining the CY 2001 practice expense RVUs.

BILLING CODE 4120-01-P

	NON-PHYS		CLERICAL*		OFFICE		SUPPLIES		EQUIPMENT		OTHER		TOTAL**	
	PAYROLL		PAYROLL		EXPENSE		EXPENSE		EXPENSE		EXPENSE		EXPENSE	
	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR	PER HOUR
SPECIALTY														
ALL PHYSICIANS	27.4	15.1	19.5	7.3	3.1	11.5	68.6							
GENERAL/FAMILY PRACTICE	29.7	15	17.9	7.9	3.3	8.5	67.2							
GENERAL INTERNAL MEDICINE	23.7	14.2	18	6.2	2.1	6.6	56.6							
CARDIOVASCULAR DISEASE	29.9	15.1	20.9	6.4	6.2	19.8	83.2							
GASTROENTEROLOGY	24.8	16.4	18.7	3	1.9	11.7	60.1							
ALLERGY/IMMUNOLOGY	64.3	27.1	31.4	17.1	3.1	16.6	132.5							
PULMONARY DISEASE	18	11.5	14.9	2.4	1.5	6.5	43.4							
ONCOLOGY	50.2	23.1	27.4	7.3	4.8	9.1	98.8							
GENERAL SURGERY	22.2	15.3	17	3	1.8	10	54.1							
OTOLARYNGOLOGY	43.1	24.6	32.8	7.5	5.7	18.1	107.2							
ORTHOPEDIC SURGERY	45.2	27.9	29.9	10.4	3.7	19	108.3							
OPHTHALMOLOGY	52.6	26.7	35.3	10.5	8.3	21.4	128.1							
UROLOGICAL SURGERY	30	17.6	23.8	24.9	5.7	11.1	95.6							
PLASTIC SURGERY	32.4	19.5	32.9	19.1	5	25.4	114.8							
NEUROLOGICAL SURGERY	33.9	24.5	29.1	1.7	1.2	16.7	82.6							
CARDIAC/THORACIC SURGERY	35.1	16.9	16.8	1.8	2.2	13.3	69.2							
PEDIATRICS	25.4	13	19.5	10.5	1.6	8.2	65.2							
OBSTETRICS/GYNECOLOGY	34	17.3	23.2	7.2	3.2	11.2	78.9							
RADIATION ONCOLOGY	24	9.4	12.1	5.7	10.2	16	68							
RADIOLOGY	19.8	10.5	14.2	4.6	7	21.8	67.4							
PSYCHIATRY	6.9	5.1	10.5	0.4	0.3	7.3	25.5							
ANESTHESIOLOGY	14.1	3.7	6.1	0.3	0.4	6	26.9							
PATHOLOGY	21.2	10.4	11.4	6.4	2.1	21.5	62.8							
DERMATOLOGY	51	28.3	31.8	12.5	4.6	16.6	116.4							
EMERGENCY MEDICINE	6	15.1	1.8	0.8	0.1	11.5	32.7							
NEUROLOGY	29.3	22.8	17.9	4.8	4.3	8.6	64.9							
PHYS MED/RHEUMATOLOGY	39.2	24.1	32	5.8	4.7	12.2	93.9							
OTHER SPECIALTY	23.1	13.6	20.5	4.4	1.8	9.5	59.3							

• The Lewin Group also recommended that we revise edits and trims to the SMS survey data, both practice expenses and hours, to exclude data that fall outside set acceptable ranges (for example, three standard deviations from the geometric mean). We asked the AMA about their reaction to The Lewin Group's recommendation and the AMA replied:

Trimming outlier values will further reduce sample size. Trimming expense values can also be problematic because high expense responses on the SMS are often justified when practice size and structure are taken into account. A trim may also disproportionately impact specialties with highly skewed distributions of PE-HR.

For this reason, we are not taking action in response to The Lewin Group's recommendation at this time.

• In addition, The Lewin Group recommended that we account for item non-response to questions related to practice expenses and patient care hours. We asked the AMA for their reaction to this recommendation as well. The AMA replied that they would need more information and added that there is no evidence that a pattern of non-response bias exists for practice expense, although it is a possibility. We are considering whether to study this issue further but, at this time, are not making any adjustments in response to this recommendation.

The report also makes suggestions on changes to the survey instrument used to collect practice expense data from practitioners. Though the original SMS survey does collect some information on practice expenses, it was not designed as a vehicle to calculate a specialty-specific practice expense per hour. We, and the contractor, have held several meetings with the AMA's SMS staff to discuss revisions to the survey that would help make our calculations more precise.

We understand that the AMA is currently piloting a new practice-level survey designed to address some of the limitations of the SMS. If the pilot of the survey is successful, we earlier understood that the AMA plans were to conduct the practice survey initially in CY 2000 and, in alternate years thereafter, the practice expense survey and the SMS survey. The AMA has recently indicated that its plans about the future of the SMS and collection of practice level survey data are unclear at this time. While the AMA has not made a final decision at this time about whether the practice level survey will be done, they have indicated concern to us about low response rates from the pilot test. Nevertheless, we are proceeding to make recommendations to

the AMA regarding collection of practice expense data through the practice level survey. We will continue our discussion with the AMA regarding its plans for future practice expense data collection following completion of the practice level survey. And, as we stated earlier, we believe these recommendations will be useful in the design of the practice level survey or any other survey of practice expenses used in developing RVUs for practice expenses.

The use of this practice level survey, as it is currently contemplated, responds to several of our contractor's recommendations. For example, it would address the recommendation that information be collected on each physician's percent share of practice expense and hours within the practice by collecting information at the total practice, rather than the individual physician owner level. The practice level survey also currently contains, as requested, questions on the number of hours the physician's office is open in a typical week and on the salaries for the mid-level practitioners used by the practice (that is, physician assistants, nurse practitioners, clinical nurse specialists, nurse mid-wives, certified registered nurse anesthetists, and physical and occupational therapists).

We are also suggesting additional changes in the survey questions or directions, generally reflecting our contractor's recommendations. We believe that the following changes would give more precise and reliable data on which to base our practice expense calculations:

- Emphasize the benefit of involving the practice manager or accountant in the completion of the survey and the need to link the practice expense data to the practice's tax information whenever possible.

- Include a question concerning how many patient care hours are spent on uncompensated care, that is, care that the law requires one to provide, but for which one is not compensated. This would not include charity care that is voluntarily provided.

- Add a question concerning the amount or percentage of revenue generated by mid-level practitioners.

- Add a question concerning the amount or percentage of supply costs that relates to separately billable supplies (for example, drugs, casting supplies, and laboratory supplies).

- In addition, we are recommending that the survey include more specific questions on patient care hours and that separately billed mid-level practitioner hours be included.

The Lewin Group also recommended that the survey include questions about a typical week, rather than the most recent week. We are not adopting this suggestion because we believe that questions about the most recent week are likely to yield more concrete, accurate answers, whereas questions about a typical week are more likely based on estimates. As we have already stated, the AMA will no longer be collecting data through the SMS and the AMA has also expressed concern about low response rates from the pilot of the practice level survey. At this time, we are unclear as to the AMA's plans with regard to future practice expense data collection efforts.

As we indicated earlier, we are currently proposing to use data from the 1998 SMS in developing the 2001 practice expense relative value units. Furthermore, data from the 1999 SMS will become available later this year. In addition, section 1848(c)(2)(B) of the Act requires that not less often than every 5 years, we review and make adjustments to RVUs. Thus, by law we are required to review and make adjustments to the practice expense RVUs no later than 2007. Regardless of whether the AMA continues to collect data on practice expenses, we will be developing plans for making refinements to practice expense RVUs beyond 2002.

We welcome comments on long-term strategies for refining the practice expense RVUs and any suggestions for how to collect practice expense data in the event it is no longer collected by the AMA. We will consider these comments and any further decisions by the AMA with regard to its practice expense data collection efforts in developing our refinement strategy beyond 2002.

(3) Direct Patient Care Hours

We have received many comments from specialty societies concerning our calculation of direct patient care hours. This is a major issue because the patient care hours are one half of the ratio used to determine the practice expense per hour for each specialty. (The practice expenses of practitioners in a specialty are divided by the direct patient care hours in order to calculate the practice expense per hour). If the reported hours do not reflect the actual average billable hours for a specialty, the practice expense per hour will be over- or understated.

Several commenters representing surgical specialty societies have raised concern that the hours computed for their specialties have been overstated. This may be a result of SMS survey respondents including non-billable

hours (such as stand-by time) when asked how many hours they worked each week. If this is the case, this would decrease the practice expense per hour for these specialties. In addition, commenters representing emergency room physicians raised the issue that the hours spent on uncompensated care were probably also included in the survey responses to the detriment of this specialty.

We agree with the commenters that there is a need to increase the level of confidence in the direct patient care hour data. We are already taking steps to improve the future accuracy of these data. As mentioned above, we are recommending that the future survey questions be worded more precisely so that only the appropriate practitioner hours are included. In addition, we have asked our contractor to give priority to recommendations on steps we can take to improve the accuracy of the patient care hours.

As a first step in accomplishing this, The Lewin Group issued their second draft report on December 6, 1999, entitled "Validating Patient Care Hours Used in HCFA's Practice Expense Methodology." This report explores alternative methods that we might use to validate the time data collected by the SMS survey. The validation techniques attempt to achieve two goals: (1) Identifying inaccurate existing data and (2) identifying inconsistencies in new data to be derived from future survey efforts.

The Lewin Group developed the following four validation techniques to analyze the SMS data used in computing the specialty-specific patient care hours:

- Method 1: Compare the patient care hour data reported at the beginning of the SMS survey (that asks for the total hours worked in a week) to responses from the detailed questions on patient care hours appearing later in the SMS survey.
- Method 2: Calculate ratios of SMS time pools to Harvard/RUC time pools by specialty, using Harvard/RUC procedure time data and Medicare claims data.
- Method 3: Compare newly reported SMS data to historical SMS data to identify outliers.
- Method 4: Compare SMS data on annual hours worked with annual hours data reported in the Medical Group Management Association's (MGMA) "Physician Compensation and Production Survey".

We have placed this report on our homepage under the title "Validating Patient Care Hours."

We agree with our contractor that no single validation approach exists that can be used to validate both existing and new data on patient care hours with a high level of confidence. However, the approaches described above, when used together, could be effective tools that will help to ensure the accuracy and reliability of existing and future data used in the calculation of practice expense RVUs. These validation efforts would allow us, and the medical community, to be more confident in the use of future data to update practice expense RVUs. Therefore, we extended The Lewin Group's contract so that, among other refinement tasks, the above analyses can be carried out. We are aware that even with the above initiatives, it might not be possible to address all concerns regarding refinement of the patient care hours in the short term. Therefore, we welcome any comments and suggestions as to other steps we could take to verify and improve the accuracy of the specialty-specific patient care hours.

(c) CPEP Data.

(1) Relative Value Update Committee's Practice Expense Advisory Committee

The PEAC, a subcommittee of the RUC, held its initial meetings last year and the RUC made recommendations on CPEP inputs for clinical staff times, supplies, and equipment on approximately 65 CPT codes. We discussed our actions with regard to these recommendations in the November 1999 final rule. The PEAC continues to meet to refine the CPEP direct cost inputs, and we anticipate that we will receive additional RUC recommendations in July. We will address these recommendations in this year's physician fee schedule final rule.

In the November 1999 final rule, we deferred action on the RUC recommendations for a few groups of CPT codes on which we had significant questions. We are now proposing to accept the RUC recommendations with the revisions noted below:

Prostate Procedures

52647 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)

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy

53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

We are accepting the total clinical staff time recommended for the in-office setting, but are moving 60 minutes from post to intra-service time for each of the above procedures because the staff time for observation of the patient during recovery from anesthesia belongs in the intra-service period. We are reducing the out of office preservice clinical staff time for CPT codes 52647 and 53852 to 30 minutes to match the RUC recommendation for CPT code 53850 and the time allotted in the office for each service and are making the out-of-office postservice time equal to the in-office postservice time because we believe there is no reason that these times should differ.

The supplies for all three procedures were adjusted to reflect three postoperative visits and to conform with the overall adjustment to supplies made in the November 1999 final rule. For CPT code 52647, we deleted the flexible cystoscope from the equipment because only one scope is required for the procedure. We also deleted the sterilizer because it is not typically used. For CPT code 53850, the RUC recommendations included the inputs for two different scenarios using two different devices. We chose what we believe to be the most typically used device and the inputs that accompany this. For CPT code 53852, we deleted the cystoscopes and sterilizer from the equipment because we believe that they are not typically used.

Chemotherapy Procedures

96408 Chemotherapy administration, intravenous; push technique

96410 Chemotherapy administration, intravenous; infusion technique, up to one hour

The RUC had recommended 102 minutes of clinical staff time for CPT code 96408 and 121 minutes for CPT code 96410. In the November 1999 final rule, we solicited comments on these codes to assist us in our review. In response, the American Society of Clinical Oncology provided a breakdown by specific tasks of the above staff times. Included in this breakdown were 20 minutes for pre- and postprocedure education and 15 minutes for three phone calls after each visit.

Because we believe that the times for patient education and phone calls should be averaged over the whole course of chemotherapy treatment, and because there appeared to be some duplication in the pre- and postprocedure education tasks, we reduced both the patient education and phone call times by 5 minutes. Therefore, we are proposing 92 minutes

of clinical staff time for CPT code 96408 and 111 minutes for CPT code 96410. For supplies, the specialty society agreed that we should delete the silver nitrate stick and HEPA filters from both procedures and the infusion pump cassette from CPT code 96408.

(2) Clinical Staff Time

In the November 1999 final rule, we removed estimates of all clinical staff time allotted to the use of clinical staff in the facility setting from the CPEP data. Commenters have since noted that the clinical staff times reported by some CPEP panels for pre- and postservice times for 0-day global services performed in the office were recorded in the intra-service field in the CPEP database. These times were, therefore, deleted along with the times for the use of clinical staff in the facility setting, unlike the pre- and postservice times for 10 and 90-day global services that were entered into the separate pre and post data fields. The commenters argued that these pre- and postservice staff times for the relevant 0-day global services should be reinstated because these times are for staff in the office before and after the patient is in the facility.

We agree that these data are not comparable to the data we excluded for clinical staff used in the facility setting. We reviewed the "CPEP Recorders' Notes Files" compiled for each CPEP panel by Abt Associates, Inc., the contractor managing the CPEP panels. When the notes indicate that clinical staff estimates were for activities performed in physicians' offices, we are proposing to reinstate the time data for 0-day global services. The fact that we have reinstated these time data does not mean that we necessarily agree that the amount of time assigned is correct. Like all the other raw CPEP data, these time data are subject to refinement and possible revision.

The entire recorders' notes file is available on our website and is entitled "CPEP Recorders' Notes Files." Addendum C shows a list of the codes for which pre- or postclinical staff time has been added, as well as the times that are now assigned.

(3) Supplies

In the November 1999 final rule (64 FR 59392), we indicated that casting materials are bundled into the payment for the initial fracture management procedures and that separate billing for the supplies is not allowed. However, commenters noted that our policy has been to allow separate payment for splints, casts, and other devices used for the reduction of all fractures and dislocations under section 1861(s)(5) of

the Act. Since we provide separate payment for splints and casting supplies, we are now proposing to remove these types of expenses from practice expense inputs for all applicable fracture management and cast/strapping application procedure codes under the physician fee schedule.

In the November 1999 final rule, we deleted certain casting supplies (fiberglass roll, cast padding, and cast shoe) from the list of supplies for the casting and strapping CPT codes 29000 through 29750. We have identified additional CPT codes for the treatment of fractures/dislocations that have these supplies included in the CPEP data. Since these supplies are currently separately billable, we are proposing to remove the fiberglass roll, cast padding, and cast shoe from the following CPT codes: 23500 through 23680; 24500 through 24685; 25500 through 25695; 26600 through 26785; 27500 through 27566; 27750 through 27848; and 28400 through 28675.

In addition, we are also proposing to remove additional casting and splinting supplies from all the CPT codes referenced above because these supplies are also currently separately billable under section 1861(s)(5) of the Act. The list of supplies is as follows: stockingnet/stockinette; plaster bandage; Denver splint; dome paste bandage; cast sole; elastoplast roll; fiberglass splint; Ace wrap; Kerlix; Webril; Malleable Archbars; and elastics.

We welcome comments on whether these supplies should be deleted from additional procedures outside the code ranges referenced above, and whether we have appropriately identified all the casting supplies in our supply list.

(4) Equipment

We are currently using the original CPEP definitions for equipment that distinguish between "procedure specific equipment" and "overhead" equipment. The main distinction between the two categories is that procedure specific equipment is used only for a limited number of procedures, while overhead equipment is used over a wide range of services. In terms of actual application, we assume a 50-percent utilization rate for procedure specific equipment, but a 100-percent rate for all overhead equipment. In addition, the methodology assumes that the procedure specific equipment is used only during the intraservice period, while it assumes that the overhead equipment is used for the entire service. We believe this distinction was more important under our original "bottom-up" methodology when the accuracy of the practice expense RVUs was almost

totally dependent on the precision of the CPEP inputs. Under our current "top-down" methodology, however, when the CPEP inputs are used only as allocators of the specialty-specific practice expense pools, the distinction has served to hinder the process of refining the CPEP inputs while not leading to a substantive distinction in how we value services.

We are proposing to combine both categories of equipment into a single "equipment" category, assuming an average 50-percent utilization for all equipment. We believe that this will be beneficial to our refinement process for the following reasons:

- The current definition of the two categories of equipment necessitates many subjective decisions. While it might be obvious that an examination table is used for a wide range of services and, therefore, would be overhead equipment, it is somewhat more arbitrary to classify equipment such as cystoscopes or specific x-ray machines as overhead or procedure specific.

- The various CPEP panels were not consistent in their application of the distinction between the two categories. Most of the items that were classified by some of the CPEP panels as overhead equipment were classified by another panel as procedure specific. In addition, equipment that would seem to be very similar was sometimes treated in different ways. For example, an examination table or a stretcher were considered to be overhead, but an electric table or a wheelchair were considered procedure-specific.

- It would simplify the refinement process to have only one category of equipment to consider rather than having to decide for all 7000 codes to which category each piece of equipment belongs.

We are also proposing to delete from the CPEP data equipment that is not used typically with any service, but is on "standby" for many services, or that is used for multiple services at the same time. In either of these cases, it is difficult to allocate the cost of this equipment appropriately to individual CPT codes. Examples of "standby" equipment are crash carts, defibrillators, wheelchairs, and stretchers. Examples of equipment used for multiple procedures at the same time are cabinets, refrigerators, and autoclaves.

Following is the list of equipment that we are proposing to delete at this time from the CPEP inputs of all services: autoclave, wheelchair, refrigerator, film file cabinet, hazard material spill kit, embryo freezer, water system, flammable reagent cabinet, utility freezer, ultra low temperature freezer,

acid cabinet, bulk storage refrigerator, abortion clinic security system, abortion clinic security guard, gomco suction machine, doppler, laser printer, lead shielding, defibrillator with cardiac monitor, blood pressure/pulseox monitor, blood pressure monitor, printer, crash cart—no defibrillator, and smoke evacuator.

The following is a list of equipment that we are proposing to delete as “standby” equipment for most codes, but that we believe typically may be used with a designated subset of procedures:

- X-ray view box—four panel (retain when currently in the CPEP data for codes in the range CPT codes 70010 through 79999).
- ECG machine—3 channel (retain when currently in the CPEP data for CPT codes 93000 through 93221).
- Pulse oximeter (retain when currently in the CPEP data for CPT

codes 94620, 94621, 94680, 94681 and 94690; 94760 through 94770, 95807 through 95811 and 95819).

- ECG/blood pressure monitor—3 channel (retain when currently in the CPEP data for CPT codes 43202 and 43234 through 43239).
- Cardiac monitor (retain when currently in the CPEP data for CPT codes 31615 through 31628).
- ECG-Burdick (except for HCPCS code G0166).

We welcome comments on this proposal and on any additional equipment that should not be considered a direct expense because the cost cannot appropriately be allocated to an individual service. Neither of these proposals to improve the CPEP equipment data have a significant impact on any specialty.

(5) CPEP Anomalies

In the November 1999 final rule, we made corrections to the CPEP data for a

number of codes that we learned contained errors and anomalies that we could easily correct. Since that time, we have discovered some additional anomalies, and we are proposing to correct them at this time. As we stated in the final rule, though certain revisions may be made now, all practice expense inputs for these codes are still subject to further comment, refinement, and potential PEAC and RUC review and recommendations.

- We have identified several CPT codes that were not coded by the CPEP panels and were not assigned CPEP inputs. We are now crosswalking these services to the CPEP inputs of the most appropriate other service. The CPEP inputs for these codes are subject to refinement. We welcome comments on the crosswalks that we have chosen. The codes and their crosswalks are shown below:

CPT and HCPCS code	Crosswalk
27347 Remove knee cyst	27345 Removal of knee cyst.
28289 Repair hallux rigidus	28288 Partial removal of foot bone.
31643 Diag bronchoscope/catheter	31629 Bronchoscopy with biopsy.
36831 Av fistula excision	34111 Removal of arm artery clot.
36833 Av fistula revision	36832 Av fistula revision.
45126 Pelvic exenteration	58240 Removal of pelvis contents.
57106 Remove vagina wall, partial	57110 Removal of vagina wall, complete.
57107 Remove vagina tissue, part	57111 Remove vagina tissue, complete.
59610 Vbac delivery	59400 Obstetrical care.
59612 Vbac delivery only	59409 Obstetrical care.
59614 Vbac care after delivery	59410 Obstetrical care.
59618 Attempted vbac delivery	59410 Obstetrical care.
59620 Attempted vbac delivery only	59514 Cesarean delivery only.
59622 Attempted vbac after care	59515 Cesarean delivery.
67220 Treatment of choroid lesion	67208 Treatment of retinal lesion.
76831 Echo exam, uterus	76830 Echo exam, transvaginal.
78206 Liver image (3d) w/flow	78205 Liver imaging (3D).

- The following services can be performed in the office, but either have no CPEP data for the office setting or have been assigned the same inputs as for the facility setting. Until these codes can be refined, we are proposing the following crosswalks for the in-office practice expense inputs so that costs in the office setting are appropriately reflected.

CPT code	Crosswalk
20225 Bone biopsy, trocar/needle	20220 Bone biopsy, trocar/needle.
57105 Biopsy of vagina	57100 Biopsy of vagina (for intraservice period)

- Because the following either are not performed in the office setting or because we do not have appropriate CPEP inputs for the in-office setting for these services, we are designating the following CPT and HCPCS codes as “N/A” in the office setting: 99183 (Hyperbaric oxygen therapy); 21493 (Treatment of hyoid bone fracture); 21494 (Treatment of hyoid bone fracture with manipulation); 32997 (Total lung lavage); 33968 (Remove aortic assist device); 66830 (Removal of lens lesion); 69990 (Micro-surgery add-on); 92961

(Cardioversion, electric, internal) and we are designating G0167 (Hyperbaric oxygen treatment; no physician required) as carrier priced.

- The TC for CPT code 93660 (Tilt table evaluation) is carrier priced, but we are proposing to price it nationally. Therefore, we are reinstating the original CPEP data.

- We are crosswalking all CPEP inputs for CPT code 44201 (Laparoscopy, jejunostomy) from the inputs for CPT code 44200

(Laparoscopy, enterolysis) to reflect that it is a 90-day global service.

- We are adjusting the CPEP inputs for CPT codes 15001 (Skin graft add-on); 15351 (Skin homograft add-on); and 15401 (Skin heterograft add-on) to reflect that these are ZZZ services.

- CPT code 00103 (Anesthesia for blepharoplasty), which was not coded by the anesthesia CPEP panel, was inadvertently crosswalked to the CPEP inputs of two different CPT codes. We are deleting the crosswalk to the procedure CPT code 21450 and will

retain the crosswalk to the anesthesia CPT code 00140 (Anesthesia for procedures on eye).

- We believe that the supply inputs for the retrobulbar injection codes (CPT codes 67500, 67505, and 67515) have been inappropriately crosswalked by the CPEP panel from adjacent surgical procedure codes. After consultation with an ophthalmology specialty society, we have adjusted the supplies so that the list now includes one alcohol swab, one pair of nonsterile gloves, one 5-cc syringe, and one 25-gauge needle.

- In several of the in-office ophthalmology codes, the supply list includes the costs for 50 to 100 sterile towels. The specialty society has confirmed that this is a typographical error and that the quantity should not exceed five for any one visit or procedure. We have made the appropriate adjustments.

- The supply list for CPT code 68761 (Close tear duct opening by plug), currently does not include the costs of a punctal plug. We have received a comment from the specialty society representing optometrists requesting that we add this supply because it is typically used for this procedure. We agree with this comment and are proposing the addition of a punctal plug to the CPEP supplies. We have also deleted the inappropriate inputs from HCPCS code A4263, permanent tear duct plug.

- We have discovered a calculation error that affects the total cost of supplies for some of the codes for which the RUC made recommendations in 1999. We have made the appropriate corrections and are using the corrected values for this rule.

- We have adjusted the clinical staff and supply inputs for HCPCS code G0170, skin biograft, to reflect that it is a 10-day global service with one postprocedure visit.

After consultation with the specialty society, we have also adjusted the supplies for CPT code 53040, drainage of deep periurethral abscess, to correct for anomalies in the quantity of supplies between the in and out of office settings.

(d) Calculation of Practice Expense Pools—Other Issues.

(1) Technical Refinement to Practice Expense Pools

The Act requires payment of some practitioner services (services of certified registered nurse anesthetists, nurse practitioners, clinical nurse specialists, physician assistants, and certified nurse midwives) based on a percentage of the physician fee schedule payment amount. Since the payment under the physician fee schedule for a

service performed by a midlevel practitioner is required to be based on a percentage of the amount paid to a physician for a service, we are proposing using only physician practice expense data in determining the practice expense RVUs for each practitioner service. Removal of the services performed by midlevel practitioners from the practice expense calculations would assist in simplifying the methodology and would also be consistent with the statutory requirement that we pay for their services based on a percentage of the fee schedule amount.

(2) Medicare Utilization Data

We have received comments from several surgical specialties urging us to evaluate the Medicare claims data to eliminate potential errors. (For example, claims for non-surgeons performing complex surgeries that are generally performed by surgical specialties only.) These commenters were concerned that incorrect specialty utilization will decrease a specialty's practice expense pool and recommended that these claims should either be reassigned to the appropriate specialty or excluded during refinement. To determine whether potential errors in the claim data have an adverse impact on any specialty or merely represent "noise" that creates no significant effect, we ran the following analyses:

First, we analyzed the utilization for CPT codes 63045 through 63048, the highest volume neurosurgical procedures performed by neurosurgeons. Our utilization data indicates that 91 percent of allowed services for these codes are performed by neurosurgeons and orthopedic surgeons. Of the 9 percent of allowed services when the utilization data indicates another specialty, 3 percent are attributed to general surgeons. An additional 2 percent are attributed to the HCFA specialty code for a clinic or other group practice, when it is likely that a surgeon who is a member of a multispecialty clinic is providing the surgical service. Of the remaining 4 percent of allowed services, the data indicates a specialty of general practice, family practice, or neurology.

For the utilization attributed to general and family practitioners, the data indicate that, in most cases, these physicians are serving as assistants-at-surgery. With respect to neurology (2 percent of the allowed services), we believe it is possible that a physician may practice as both a neurologist and neurosurgeon and designate neurology as the specialty for reporting on Medicare claims. For an insignificant

percentage of the allowed services (under 1 percent of the allowed services for all remaining specialties combined), our data indicate a specialty that would not be expected to perform the neurosurgical procedure. In these cases, the incorrect CPT code might have been transcribed on the Medicare claim or the incorrect specialty code may have been reported. There was a similar pattern for services associated with other surgical specialties.

We then tested the impact of reassigning to the dominant specialty this small proportion of allowed services associated with specialties not expected to perform them. We selected three of the specialties that commented on the possibility of erroneous utilization data and identified the complete range of specialized codes associated with each specialty. We reassigned to each dominant specialty the utilization currently assigned to other specialties not expected to perform the services. In addition, to test the "worst-case" scenario, we then crosswalked all frequencies for their complete range of codes to the selected individual specialty.

Neurosurgery

When we recoded CPT codes 61000 through 64999 to neurosurgery only, the impact on neurosurgery was a 0.55-percent increase. When we recoded the specialty for only those specialties that would not be expected to provide CPT codes 61000 through 64999 (specialties other than neurosurgery, orthopedic surgery, group practice or physician assistant) to neurosurgery, the resulting impact on neurosurgery was a 0.69-percent increase. In reviewing the utilization data for this code range, we found services that are predominantly performed by radiologists and anesthesiologists (such as CPT code 62311). When we recoded only those services predominantly performed by neurosurgeons, the impact was even less.

Ophthalmology

When we recoded the specialty for all utilization in the range of CPT codes 65091 through 68899 to ophthalmology only, the impact on ophthalmology was 0.31 percent. When we recoded the specialty for only those specialties that would not be expected to provide CPT codes 65091 through 68899 to ophthalmology, the resulting impact on ophthalmology was a 0.32-percent increase.

Otolaryngology

When we recoded the specialty for all utilization in the range of CPT codes

69000 through 69979 to otolaryngology, the impact on otolaryngology was a -0.36 percent. When we recoded the specialty for only those specialties that would be expected to provide CPT codes 69000 through 69979 to otolaryngology, the resulting impact on otolaryngology was -0.35 percent.

We believe that these simulations exaggerate the potential impact of possible errors in the utilization data because, as discussed in the above analysis of CPT codes 63045 to 63048, our simulations likely reassigned the specialty in situations in which the specialty was correctly coded. In any case, in no scenario did the impacts even approach a 1-percent increase or decrease.

We also believe these simulations demonstrate that the small percentage of potential errors in our very large database have no adverse effect on specialty-specific practice expense RVUs. Therefore, we are not proposing any further action at this time.

(3) Allocation of Practice Expense Pools to Codes

The Lewin Group has recently begun the third phase of the project. This phase will concentrate specifically on evaluating the indirect cost allocation methodology. They will evaluate the validity of our current methodology that allocates indirect costs using direct costs and work RVUs and consider alternatives to allocating indirect costs by the current method. The Lewin Group will perform a variety of tasks during this phase of the project to evaluate the advantages and shortcomings of our current indirect cost allocation methodology, as well as of any alternative methodologies. The preliminary tasks for Phase III include—

- Analyzing the current indirect cost allocation methodology to identify its advantages and shortcomings;
- Considering alternate ways in which our methodology might weight direct costs and work RVUs in the allocation of indirect costs and predicting the effects of these alternatives;
- Evaluating the impact and value of changing the methodology to use time rather than work measurements to allocate indirect costs;
- Interviewing experts in the field on potential alternatives to the current indirect cost allocation methodology; and
- Reviewing other relevant efforts to allocate indirect costs associated with physician and non-physician practice expenses.

The Lewin Group's draft final report will present the findings from all three

phases of The Lewin Group's analysis of our practice expense methodology. As mentioned above, we are planning to extend The Lewin Group's contract for another year to obtain additional assistance on issues related to practice expense refinement.

(e) *Site of Service*. Clarifying the Definition of Facility/Nonfacility.

For purposes of practice expense calculations, we make a distinction between services performed in a non-facility and a facility setting. This distinction takes into account the higher expenses of the practitioner in the non-facility setting when the practitioner typically bears the cost of the resources (for example, clinical staff, supplies, and equipment) associated with the services. In the facility setting, because these costs are not incurred by the physician, Medicare payment to the facility includes the cost of the resources for the services furnished. The purpose of the distinction in the site-of-service is to ensure that Medicare does not duplicate payment, to the physician and the facility, for any of the practice expenses incurred in performing a service for a Medicare patient.

For purposes of applying the site-of-service differential, we are defining hospitals, skilled nursing facilities, and ambulatory surgical centers as facilities because they will receive a facility payment for their provision of services. We have been advised that community mental health centers (CMHCs) should also be defined as a facility setting since CMHCs also receive a separate facility payment for their services. Therefore, we are proposing to revise § 414.22(b)(5)(i) (Practice expense RVUs) to add CMHCs to the settings listed in which we would apply the facility practice expense RVUs.

In addition, while we have indicated in previously published rules that the non-facility practice expense RVUs are applicable to outpatient therapy services (physical therapy, occupational therapy, and speech language pathology) furnished by comprehensive outpatient rehabilitation facilities or outpatient rehabilitation providers, there is confusion about this issue. Only the facility can bill for therapy services furnished to hospital and SNF patients. Because this facility payment must include amounts reflecting practice expenses, the higher nonfacility RVUs are used to pay for therapy services even in the facility setting. Therefore, we would amend § 414.22(b)(5)(i) to specifically provide that the nonfacility practice expense RVUs are applicable to outpatient therapy services regardless of the actual setting.

B. *Geographic Practice Cost Index Changes*

1. Background

The Act requires that payments vary among fee schedule areas according to the extent that relative costs vary as measured by the GPCIs. Generally, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule from calendar years 1992 to 1996. We implemented a comprehensive revision in fee schedule payment areas (localities) in 1997, reducing the number of localities from 210 to 89. A detailed discussion of fee schedule areas can be found in the July 2, 1996 proposed rule (61 FR 34615) and the November 1996 final rule (61 FR 59494). 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 and malpractice indices reflect the full relative cost differences, the Act requires that the work index reflect only one-quarter of the relative cost differences compared to the national average.

Section 1848(e)(1)(C) requires us to review and, if necessary, adjust the GPCIs at least every 3 years. This section of the Act also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment in the first year if more than 1 year has elapsed since the last GPCI revision.

The GPCIs were first implemented in 1992. The first review and revision was implemented in 1995, and the second review was implemented in 1998. This constitutes the third GPCI review and revision and will be implemented in 2001.

2. Development of the Geographic Practice Cost Indices

The GPCIs were developed by a joint effort of researchers at the Urban Institute and the Center for Health Economics Research under contract to HCFA. Indices were developed that measured the relative cost differences among areas compared to the national average in a "market basket" of goods. In this case, the market basket consists of the resources involved with operating a private medical practice. The resource inputs are physician work or net income; employee wages; office rents; medical equipment, supplies; malpractice insurance; and other miscellaneous expenses. Employee wages, rents, medical equipment,

supplies, and other miscellaneous expenses are combined to comprise the practice expense component of the GPCI. The weights of these components

in the original GPCIs (from 1992 through 1994), the first (1995 through 1997) and second (1998 through 2000) GPCI revisions, and the new weights for

the third proposed GPCI revision (2001 through 2003) are as follows:

GPCI COMPONENT WEIGHTS

	1992–1994 GPCIs	1995–2000 GPCIs	2001–2003 GPCIs
Physician Work	54.2	54.2	54.5
Practice Expense	40.2	41.0	42.3
(Employee Wages)	(15.7)	(16.3)	(16.8)
(Rent)	(11.1)	(10.3)	(11.6)
(Miscellaneous)	(13.4)	(14.4)	(13.9)
Malpractice	5.6	4.8	3.2
	100.0	100.0	100.0

The resource inputs and their weights were obtained from the AMA's Socioeconomic Characteristics of Medical Practice Survey. The weights for the 1992 through 1994 GPCIs were from the AMA's 1987 survey, the latest available when the original GPCIs were being developed. The weights for the 1995 through 1997 and 1998 through 2000 GPCIs were from the 1989 survey. The 1989 weights are those used in the revised Medicare Economic Index (MEI) discussed in the November 25, 1992 final rule (Medicare Program; Revision of the Medicare Economic Index) (57 FR 55899). The weights in the proposed 2001 through 2003 GPCIs are from the 1997 AMA survey and were used in the MEI revision discussed in November 2, 1998 final rule (Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1999) (63 FR 58846).

The MEI is a measure of annual increases in the cost of operating a private medical practice and is used in the annual update of the physician fee schedule CFs. Because the GPCIs and the MEI use the same resource inputs to measure the costs of a private medical practice (the GPCIs measure relative costs among areas while the MEI measures the national annual rate of increase in costs), we believe the same weights should be used.

Once the components and their weights were determined, data sources had to be found that were widely and consistently available in all physician fee schedule areas to measure costs. After examining many sources, the following proxies were selected as the best available sources for measuring each component of the original 1992 through 1994 GPCIs:

- Physician work—The median hourly earnings, based on a 20 percent sample of 1980 census data, of workers in six professional specialty occupation

categories (engineers, surveyors, and architects; natural scientists and mathematicians; teachers, counselors, and librarians; social scientists, social workers, and lawyers; registered nurses and pharmacists; writers, artists, and editors) with 5 or more years of college. Adjustments were made to produce a standard occupational mix in each area. The actual reported earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. We believe that the earnings of physicians will vary among areas to the same degree that the earnings of other professionals vary.

- Employee wages—Median hourly wages of clerical workers, registered nurses, licensed practical nurses, and health technicians were also based on a 20-percent sample of 1980 census data.
- Office rents—Residential apartment rental data produced annually by the Department of Housing and Urban Development (HUD) were used because there were insufficient data on commercial rents across all physician fee schedule areas.

- Miscellaneous expenses—The Urban Institute and the Center for Health Economics Research assumed that this component is represented by a national market and that costs do not vary appreciably among areas. This component's index is 1.000 for all areas to indicate no variation from the national average.

- Malpractice—Premiums in 1985 and 1986 for a mature "claims made" policy (a policy that covers malpractice claims made during the covered period) providing \$100,000 to \$300,000 of coverage were used. Adjustments were made to incorporate the costs of \$1 million to \$3 million coverage and mandatory patient compensation fund requirements. Premium data were collected for physicians in three risk

classes—low-risk (general practitioners who do not perform surgery), moderate risk (general surgeons), and high-risk (orthopedic surgeons).

The areas selected for measurement purposes were the Metropolitan Statistical Areas (MSAs). Non-MSA areas within a State were aggregated into one residual area. Using MSAs for measurement satisfied the criteria of (1) homogeneity in resource input prices within the area, and (2) a size large enough so that market areas are self-contained to minimize border crossing; that is, physicians would not move their offices a few miles to secure higher payments and patients would tend to receive services within their area.

The Act requires, however, that the GPCIs reflect cost differences among fee schedule areas. Thus, it was necessary to map Medicare localities to the MSA and non-MSA aggregation of GPCI data. Where localities crossed MSA boundaries, MSA indices were converted to Medicare locality indices by population weights.

Detailed discussions of the methodology and data sources of the 1992 through 1994 GPCIs can be obtained by requesting the following studies from the National Technical Information Service by calling 1-800-553-NTIS or, for residents of Springfield, Virginia, (703) 487-4650.

- The Urban Institute report "The Geographic Medicare Index: Alternative Approaches," NTIS PB89-216592.

- The supplement to "The Geographic Medicare Index: Alternative Approaches," NTIS PB91-113506. This was published in the September 4, 1990 notice for the model fee schedule (55 FR 36238).

- The Urban Institute report, "Refining the Malpractice Geographic Practice Cost Index," February 1991, NTIS PB91-155218. The related diskette is NTIS PB91-507491. This is the final version of the 1992 through 1994 GPCIs

as published in the November 1991 final rule (56 FR 59785).

3. Revised 1995 Through 1997 Geographic Practice Cost Indices

The main criticism of the original GPCIs was that they were outdated because they were based on old data; for example, 1980 census data and 1985 and 1986 malpractice premiums. This was, however, the most recent data available when the GPCIs were established. The revised 1995 through 1997 GPCIs were based on the most current data available when they were developed in 1993 and 1994.

We made some minor changes from the original GPCI methodology in calculating some of the revised 1995 through 1997 indices. One methodological change was made that applied across all indices. As mentioned earlier, under the original GPCIs, where Medicare localities crossed MSA boundaries, MSA indices were converted to locality indices by population weights. Medicare expenditure weights were not used because the expenditures under the reasonable charge system contained large differences unrelated to relative cost differences among areas. In calculating the revised GPCIs, where localities crossed MSA boundaries, locality indices were calculated by weights based on the proportion of localities' RVUs provided in each MSA to reflect relative cost differences among areas. Full fee schedule RVUs were used rather than actual 1993 payments because 1993 fee schedule payments still reflected some reasonable charge payment levels. The advantages of RVU weighting are (1) the GPCIs more closely reflect physician practice costs in the area where the services are provided rather than where the population lives, and (2) budget neutrality is preserved when we combine multiple localities into larger areas, such as statewide localities.

a. Work Geographic Practice Cost Indices. Data from the 20-percent sample of census data of median hourly earnings for the same six categories of professional specialty occupations as used in the 1992 through 1994 work GPCIs were used in calculating the 1995 through 1997 work GPCIs. The 1992 through 1994 work GPCIs were calculated using 1980 census data of earnings for professionals with 5 or more years of college. That sample was no longer available with the 1990 census. The 1990 census educational classifications were by highest degree earned and not by years of schooling as in the 1980 census. Thus, it was not

possible to obtain earnings data that exactly compared to the 1980 data.

For 1990, data were available for all-education and advanced-degree samples, but not for 5 or more years of college. We elected to use the all-education sample because its larger sample sizes made it more stable and accurate in the less populous areas. Although it could be argued that physicians' earnings might more closely approximate the earnings of professionals with advanced degrees, the differences between the all-education and advanced-degree indices were negligible in all but a few of the smallest localities. We believed that the small sample sizes of advanced-degree occupations in these small localities may produce inaccurate results.

The 1992 through 1994 work GPCIs used metropolitan-wide median wages for each county within an MSA. That is, all counties within an MSA were assigned the MSA-wide median wage even if there were wage variations within the MSA. We believed that this was appropriate for all but Consolidated Metropolitan Statistical Areas (CMSAs), the largest of the MSAs, such as New York. In these CMSAs, we replaced metropolitan-wide earnings with county-specific earnings. We believed this change was appropriate because costs were, in fact, higher in central city areas (for example, Manhattan and San Francisco) than in the rest of the CMSA. County earnings better account for cost variation within these large metropolitan areas.

b. Practice Expense Geographic Practice Cost Indices. (1) Employee Wage Indices. Data from the 20-percent sample of census data of median hourly earnings for the same categories of medical and clerical occupations used in the 1992 through 1994 practice expense GPCIs were used in the 1995 through 1997 practice expense GPCIs. The 1995 through 1997 practice expense GPCIs used 1990 rather than 1980 census data. As with the work GPCIs, county level data were used for CMSAs to better reflect the cost variations within these large metropolitan areas.

(2) Rent Indices. As with the original rent indices, the HUD fair market rental (FMR) data for residential rents were again used as the proxy for physician office rents. The 1995 through 1997 practice expense GPCIs reflect 1994 HUD FMRs. Like the work GPCI and the employee wage index of the practice expense GPCIs, county level data were used in CMSAs to recognize the variations within the CMSA.

The major criticism of the rent indices was that residential rather than commercial rent data were used. As

mentioned earlier, for constructing the GPCIs, we needed data that were widely and consistently available across all physician fee schedule areas. As with the original GPCIs, we again searched for private sources of commercial rent data that were widely and consistently available.

The private sources we found were not adequate. None of the sources collected data for nonmetropolitan areas, nor did any collect data for all metropolitan areas. The sources did not reflect the average commercial space in the area, but rather the particular type of space most relevant to the needs of a particular source's clients. In addition, the sample sizes were small. A comparison of the average rental for any particular city showed significant variation depending upon the source. Also, the private commercial rent data tended to be for very high priced real estate of the type likely to be used by large institutions such as banks, insurance companies, or financial firms and not for the type of office space used by physicians.

Among the sources of commercial rent data available, the most promising were data from the Building Owners and Managers Association, the General Services Administration, and the U.S. Postal Service. These data were analyzed in depth. We did not use data from the Building Owners and Managers Association and the General Services Administration because of poor geographic coverage, especially outside of large metropolitan areas. That is, data were not widely and consistently available for all physician fee schedule areas. The U.S. Postal Service data had much better geographic coverage, but sample sizes in many areas were unacceptably small and could have led to erroneous results.

No acceptable national commercial rent data are readily available for physician office rents. Thus, some proxy must be used for this portion of the index. In addition, commercial rent data are not available for all areas from published statistical sources.

We believe that the HUD FMR data remain the best available data for constructing the office rental index. They are available for all areas, are updated on an annual basis, and are consistent among areas and from year to year. Moreover, physicians are frequently located in areas and office space that are residential rather than commercial (for example, in apartment complexes and small strip commercial centers adjacent to residential areas).

(3) Medical Equipment, Supplies, and Miscellaneous Expenses. As mentioned earlier, the GPCI assumes that this

component has a national market and that input prices do not vary among geographic areas. We were unable to find any data sources that demonstrated price differences by geographic area. Anecdotal and interview data from suppliers and manufacturers were inconclusive. While some price differences may exist, they are more likely to be based on volume discounts rather than on geographic areas. Generally, it appears that manufacturers' prices do not vary among areas except for shipping costs. Since manufacturers and suppliers are located all over the country, shipping costs on the mainland do not vary significantly.

We did consider an add-on for shipping costs to Alaska, Hawaii, and Puerto Rico to recognize the added shipping distance. We decided against the add-on because there were no data to indicate how much the costs of shipping medical equipment and supplies to these areas increased their total costs. We were able to ascertain that commercial shippers like United Parcel Service and Federal Express generally charge about 10 percent more to ship to Puerto Rico and about 20 percent more to ship to Alaska and Hawaii from the mainland.

Medical equipment and supplies represent about 7 percent of physician practice costs. Even assuming that shipping costs represent 5 percent of total equipment and supply costs, which we believe to be a high estimate, recognizing a 20 percent increase in shipping costs would only increase payment levels by 0.07 percent or 0.0007 ($.20 \times .05 \times .07 = .0007$). The medical equipment, supplies, and miscellaneous expense index for all areas continued to be 1.000 in the revised 1995 through 1997 GPCIs.

c. Malpractice Geographic Practice Cost Indices. Again, malpractice premium data for a \$1 million to \$3 million mature "claims made" policy were collected, with mandatory patient compensation funds considered. However, more recent and more comprehensive malpractice insurance data were used in calculating the 1995 through 1997 malpractice GPCIs. The 1995 through 1997 malpractice GPCIs were based on 1990 through 1992 premium data. Malpractice premiums are very volatile and may change significantly from year to year. We decided to use the most recent 3-year average available rather than just the most recent single year to smooth out this volatility and present a more accurate indication of malpractice premium trends over time.

We collected data on more specialties and from more insurers. We collected data on 20 specialties, rather than on only three as in the 1992 through 1994 malpractice GPCIs. The 1992 through 1994 malpractice GPCI data were largely drawn from a single nationwide insurer (St. Paul Fire and Marine) and were supplemented by several State-specific carriers in States in which St. Paul did not offer coverage. Subsequent analyses suggest that these data were not representative of insurers operating in many States. For the revised malpractice GPCI, data were collected from insurers that, on average, represented 82 percent of the market in each State, with the lowest State market share being 60 percent. We believe that the more recent and much more comprehensive data greatly improved the accuracy of the malpractice GPCIs for 1995 through 1997.

Detailed discussions of the methodology and data sources of the 1995 through 1997 GPCIs can be obtained by requesting the following studies from NTIS by calling 1-800-553-NTIS, or (703) 487-4650 in Springfield, Virginia:

- "Updating the Geographic Practice Cost Index: Revised Cost Shares." Debra A. Dayhoff, John E. Schneider, and Gregory C. Pope. NTIS PB94-161072.
- "Updating the Geographic Practice Cost Index: The Physician Work GPCI." Gregory C. Pope and Deborah A. Dayhoff. NTIS PB94-161080.
- "Updating the Geographic Practice Cost Index: The Practice Expense GPCI." Gregory C. Pope, Deborah A. Dayhoff, Angella R. Merrill, and Killard W. Adamache. NTIS PB94-161098.
- "Updating the Geographic Practice Cost Index: The Malpractice GPCI." Stephen Zuckerman and Stephen Norton. NTIS PB94-161106.

4. Revised 1998 Through 2000 Geographic Practice Cost Indices

The same data sources and methodology used for the 1995 through 1997 GPCIs were used for the revised 1998 through 2000 GPCIs with a few very minor modifications. No acceptable additional data sources were found. The cost shares were the same as in the 1995 through 1997 GPCIs because no changes were made in the MEI weights.

Indices for fee schedule areas are based on the indices for the individual counties within the fee schedule area. Fee schedule RVUs are again used to weight the county indices (to reflect volumes of services within counties) when mapping to fee schedule areas and in constructing the national average indices. However, we used more recent data, 1994 rather than 1992 RVUs, in the

county, locality, and national mapping in the proposed GPCIs. The payment effect of this is negligible in most cases and generally results in changes at the third decimal point if at all.

a. Work Geographic Practice Cost Indices. The work GPCIs are based on the decennial census. The 1992 through 1994 work GPCIs were based on 1980 census data because 1990 census data were not yet available. The work GPCIs were revised in 1995 with new data from the 1990 census. New census data will not be available again until after the 2000 census. We searched for other data that would enable us to update the work GPCIs between the decennial censuses but no acceptable data sources were found. The most promising sources of data were the hospital wage data that we collected to calculate the prospective payment system (PPS) hospital wage index and the payroll per worker data collected by the U.S. Bureau of Labor Statistics from State unemployment insurance agencies ("the ES-202 data").

The PPS hospital wage data were examined when we constructed the original GPCIs. They were rejected in favor of census data because of their lack of an occupation mix adjustment and their unrepresentative occupational composition (hospital employees rather than professionals or physician office employees). ES-202 data consist of total payroll divided by counts of wage and salary workers. Their major disadvantages were that they did not measure hourly earnings, only payroll per employee, and no occupational detail is available. Also, they did not adjust for part-time or full-time and hours worked, and the numbers of workers are small for certain States, leading to unstable estimates of payroll per worker. We compared the changes by State from 1989 to 1993 in the PPS wage data and the ES-202 data to see if there was any correlation between the two series. The correlation between the two was only moderate: 0.55. The changes indicated by both series were generally small, for example, a few percentage points. The difference between the two series by State was in many cases as large as, or greater than, the change indicated by either series. The average difference between the two series (2.1 percent) is as large as the change indicated by either series. In addition, changes for particular States were substantially different between the two series. For example, Indiana relative wages rose by 1.9 percent according to the PPS data, but fell 5.7 percent according to the ES-202 data.

Since we were unable to find an acceptable data source for updating the work GPCIs, we examined the

consequences of not updating the work GPCIs between the decennial censuses. We compared the changes between the 1992 through 1994 work GPCIs, based on the 1980 census and the 1995 through 1997 GPCIs, based on the 1990 census. On average, the full variation State work GPCIs changed by about 5 percent. This translates to about a 1.2 percent change in the quarter work GPCI required by law. Since work makes up about one-half of the GPCI cost shares, this translates into an average payment change per State of about 0.6 percent from updating the work GPCI based on the 10-year change in relative wages indicated by the census data. Even the maximum change in the full variation State work GPCIs from the 1992 through 1994 to the 1995 through 1997 GPCIs of 14 percent translates into only about a 1.8 percent change in payments. The largest full work GPCI changes for individual payment areas were from 16 to 20 percent, or about a 4 to 5 percent change in the quarter work GPCI, or about a 2.4 percent change in payments. However, 80 percent of payment areas experienced payment changes of less than 1 percent, and 50 percent of payment localities experienced payment changes of less than 0.5 percent as a result of changes in the census data from 1980 to 1990.

We, therefore, made no changes in the 1998 through 2000 work GPCIs from the 1995 through 1997 work GPCIs, other than the generally negligible changes resulting from using 1994, rather than 1992, RVUs for this GPCI update because we were unable to find acceptable data for use between the decennial censuses. We believe that making no changes is preferable to making inaccurate changes based on unacceptable data. We believe that this is a reasonable position given the generally small magnitude of the changes in payments resulting from the changes in the work GPCIs from the 1980 to the 1990 census data.

b. Practice Expense Geographic Practice Cost Indices. (1) Employee Wage Indices. As with the work GPCIs, the employee wage portion of the practice expense GPCIs is based on decennial census data. For the same reasons discussed above pertaining to the work GPCIs, we made no changes in the employee wage indices during the 1998 through 2000 GPCI update. The average change from the 1992 through 1994 to the 1995 through 1997 employee wage indices across States was about 6 percent. Since the employee wage index had a weight of about 16 percent in the GPCI cost shares, this translated into a 1 percent average change in payments. The

maximum payment change in any payment area resulting from changes from the 1992 through 1994 to the 1995 through 1997 employee wage indices was about 3.2 percent. Payment changes in over two-thirds of the payment areas were less than 1 percent.

(2) Rent Indices. The office rental indices were again based on HUD residential rent data. The rental indices were based on 1996 HUD data as opposed to the 1994 HUD data in the 1995 through 1997 GPCIs. HUD made two small methodological changes in developing the data. First, HUD used the 40th percentile of area rents rather than the 45th percentile. This did not materially affect the GPCIs, which measure relative rents among areas. Second, HUD established a rental floor for rural counties at the statewide rural average. This had the effect of raising the office rental indices slightly in rural areas.

We made one methodological change in the rent indices. HUD publishes FMRs only for metropolitan areas as a whole. For the 1995 through 1997 GPCIs, HUD used a special tabulation of the 1990 census data to allocate rents by county within CMSAs. In some metropolitan areas, this had the effect of reducing the central city index below the suburban index, probably because of lower unmeasured housing quality in central cities than in suburbs. This may not have been the best indicator of relative physician rents, since the GPCIs are intended to measure rental costs for offices of similar quality in different areas. The metropolitan-wide rent is most appropriate for measuring the cost of space of an average quality across the metropolitan area, which is why HUD publishes only metropolitan-wide FMRs. Also, the census county adjustments can be updated only once every 10 years. For this reason, we believed that the county-specific adjustment should not be made for all large metropolitan areas, but should be retained only for the New York City Primary MSA. Available evidence suggested that rents vary substantially among the boroughs of New York City and that, given the current locality configuration, the county-specific rental adjustment appropriately reflected these patterns in the New York City area, especially the higher rents in Manhattan.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses. As with the 1992 through 1994 and 1995 through 1997 GPCIs, this component was given a national value of 1,000, indicating no measurable difference among areas in costs.

c. Malpractice Geographic Practice Cost Indices. Again, malpractice premium data were collected for a mature "claims made" policy with \$1 million to \$3 million limits of coverage, with adjustments made for mandatory patient compensation funds. As with the 1995 through 1997 GPCIs, data were collected for the 20 largest Medicare-billing physician specialties. The premium data represent at least 50 percent of the market in each State. Again, we used an average of the 3 most recent premium years to smooth out the considerable year-to-year fluctuations that can occur in malpractice premiums. The revised 1998 through 2000 malpractice indices were based on 1992 through 1994 premium data, the latest years available when the Health Economics Research (HER) GPCI study was being conducted in 1995 through 1996. Another change from the 1995 through 1997 indices is that we weighted the specialty shares of the 20 specialties by fee schedule RVUs rather than allowed charges.

Detailed discussions of the methodology and data sources of the 1998 through 2000 GPCIs may be obtained by requesting the following study from NTIS by calling 1-800-533-NTIS, or, for residents of Springfield, Virginia, (703) 487-4650: "Second Update of the Geographic Practice Cost Index." Gregory C. Pope and Killard W. Adamache.

5. Proposed 2001 Through 2003 Geographic Practice Cost Indices

We propose using the same data sources and methodology used for the 1998 through 2000 GPCIs for the 2001 through 2003 GPCIs (hereafter referred to as proposed GPCIs). No acceptable additional data sources were found. The only differences between the 1998 through 2000 GPCIs and the proposed GPCIs are in the cost shares and RVU weighting. As shown in the cost share table in the discussion of the development of the GPCIs, the cost shares have been changed to reflect the revisions in the MEI. This does not affect the work or malpractice GPCIs since they are stand-alone indices. The change has a small effect on the practice expense GPCIs because it changes slightly the weights among the employee wage, rents and miscellaneous components of the practice expense index. We used more recent RVU data—1998 rather than 1994—in the county, locality, and national mapping in the proposed GPCIs. The payment effect of this is generally negligible.

a. Work Geographic Practice Cost Indices. For the same reasons discussed

in the section on the 1998 through 2000 work GPCIs, no significant changes are being proposed in the 2001 through 2003 work GPCIs because we were unable to find acceptable data for use between the decennial censuses. There are general negligible changes resulting from the use of 1998 rather than 1994 RVUs for weighting.

b. Practice Expense Geographic Practice Cost Indices. (1) Employee Wage Indices. As with the work GPCIs, the employee wage indices are based on decennial census data. For the same reasons discussed above pertaining to the work GPCIs, we are proposing no changes in the employee wage indices during this GPCI update.

(2) Rent Indices. The office rental indices are again based on HUD residential rent data. No changes have been made in the methodology. The proposed rental indices are based on 2000 rather than 1994 HUD data.

The proposed rental indices are compared to the current rental indices in Addendum D. A reduction in an area's rent index does not necessarily mean that rents have gone down in that area since the last GPCI update. Since the GPCIs measure area costs compared to the national average, a decrease in an area's rent index means that an area's rental costs have decreased when compared to the change in national average rental costs. The indices are arranged in descending order of change. The rental index has a cost share of about 12 percent of the GPCI. This means that the actual effect on payments will be about 12 percent of the change in the rental indices. While the new rental indices show significant changes in a few areas, primarily in the San Francisco Bay area, 80 of the 89 areas change by less than 10 percent, which translates into about a 1 percent change in payments.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses. As with all previous GPCIs, this component would be given a national value of 1.000, indicating no measurable differences among areas in costs.

c. Malpractice Geographic Practice Cost Indices. We propose using the same methodology described in the 1998 through 2000 malpractice GPCI section in the proposed malpractice GPCIs for 2001 through 2003. The only difference is that we used more recent

data. The proposed malpractice indices are based on 1996 through 1998 data compared to the 1992 through 1994 data used in the previous GPCI update.

Addendum E shows the changes from the 1998 through 2000 indices to the proposed malpractice GPCIs. A change in an area's malpractice GPCI does not mean that absolute malpractice premiums have changed by that amount. It, rather, reflects the area's new position compared to the national average. As with past GPCI revisions, the changes in the proposed malpractice GPCIs are relatively large in some cases, reflecting the significant changes in malpractice premiums that occur from year to year. As Addendum E shows, two-thirds of the payment areas experience changes of less than 12 percent. It should be noted, however, that the weight of the malpractice GPCI is only about 3 percent of the total GPCI. Therefore, a 12 percent change in the malpractice GPCI translates into only a 0.4 percent change in payments. Even the largest 42 percent change in the malpractice GPCI translates into only a 1.3 percent change in payments. The mean change in the malpractice GPCIs is 11 percent, or about a 0.4 percent change in payments.

The proposed 2002 fully-effective revised GPCIs and the transitional 2001 revised GPCIs can be found at Addendum F and Addendum G, respectively. Since the proposed revised GPCIs could result in total payments either greater or less than payments that would have been made if the GPCIs were not revised, it was necessary to adjust the GPCIs for budget neutrality as required by law. Therefore, we adjusted the 2001 through 2002 GPCIs as follows: work by 0.99699; practice expense by 0.99235; and malpractice by 1.00215.

C. Resource-Based Malpractice Relative Value Units

In the July 1999 proposed rule (64 FR 39610) and the November 1999 final rule (64 FR 59383) for the CY 2000 physician fee schedule, we discussed the methodology used to calculate resource based malpractice RVUs and proposed interim RVUs effective January 1, 2000. (See "Legislative History" section for dates and **Federal Register** citations for these rules.) The methodology can be briefly summarized as follows:

- Actual malpractice premium data were collected for the top 20 Medicare physician specialties.

- All Medicare specialties were mapped to insurer rating classes (ISO codes).

- A national average premium was calculated for every specialty.

- Specialty risk factors showing the relative malpractice costs among specialties were created by dividing each specialty national average premium by the lowest average premium.

- Specialty-weighted malpractice RVUs were calculated for each procedure by summing, for all specialties providing the procedure, the product of each specialty's risk factor times the proportion of total service count for that procedure provided by the specialty.

- This number was multiplied by the procedure's work RVUs to account for differences in risk-of-service among procedures.

- The new malpractice RVUs were adjusted by the appropriate factor to attain budget neutrality.

The malpractice RVUs were based on 1993 through 1995 premium data, the most recent premium data readily available. In last year's proposed and final rules we stated that we planned to collect more recent data, but did not expect that newer data would change the values significantly since malpractice premiums have been remarkably stable in recent years.

We have now obtained, and are currently examining, malpractice premium data for 1996 through 1998. The malpractice RVUs in the fall final rule will reflect the newer data. While we have not yet completed the proposed malpractice RVU calculations, the table below compares the 1993 through 1995 average premiums (that were used to calculate the 2000 malpractice RVUs) with the 1996 through 1998 average premiums (that will be used to calculate the 2001 malpractice RVUs). As the table below shows, there was very little change in the national average premiums from 1993 through 1995 to 1996 through 1998. We, therefore, anticipate minimal changes in malpractice RVUs from use of the more recent data.

National Average Premiums By Surveyed Specialties

ISO	Specialty	1996 avg	1997 avg	1998 avg	93-95	96-98	Trend
80114	Ophthalmology	11,304	11,377	10,945	10,960	11,209	0.75%
80143	General surgery	27,667	28,116	27,694	27,020	27,825	0.98%
80144	Thoracic surgery	39,056	39,020	38,359	38,789	38,812	0.02%
80145	Urology	16,799	17,163	16,911	15,817	16,958	2.35%
80151	Anesthesiology	15,708	15,468	14,904	17,231	15,360	-3.75%
80152	Neurosurgery	58,104	58,263	56,735	54,610	57,701	1.85%
80154	Orthopedic surgery	39,182	38,882	37,688	38,877	38,584	-0.25%
80156	Plastic surgery	31,670	31,708	31,062	30,599	31,480	0.95%
80159	Otolaryngology	20,603	19,845	19,521	19,748	19,990	0.41%
80244	Gynecology	8,445	8,690	8,790	n/a	8,642	n/a
80249	Psychiatry	6,645	6,533	6,664	7,240	6,614	-2.96%
80269	Pulmonary disease	9,352	9,553	9,620	8,594	9,508	3.42%
80274	Gastroenterology	11,691	11,890	11,655	11,008	11,745	2.18%
80280	Diagnostic radiology	12,099	12,651	12,365	10,783	12,372	4.68%
80281	Cardiology	13,265	13,367	12,980	12,465	13,204	1.94%
80282	Dermatology	10,690	10,865	10,394	10,946	10,650	-0.91%
80284	Internal medicine	11,770	11,941	11,798	11,491	11,836	0.99%
80288	Neurology	14,000	13,758	13,421	12,396	13,726	3.45%
80292	Pathology	9,633	9,690	9,439	8,913	9,587	2.46%
80423	General practice	11,181	11,354	11,167	10,465	11,234	2.39%
n/a -data not available							

In addition, in response to comments received on last year's rules, we are proposing to accept a comment regarding crosswalking specialties. We are proposing to crosswalk surgical oncology to general surgery rather than to all physicians. The malpractice values to be included in the final rule reflecting the updated data will remain interim.

D. Critical Care Relative Value Units

In the November 1999 final rule (64 FR 59423), we established interim work RVUs for CPT codes 99291 and 99292 (critical care services) of 3.6 and 1.8, respectively, which were decreased from the previous RVUs for these services. These work RVUs were established because of the change in the CPT definition of critical care services in CPT 2000. We also discussed in detail what changes in the definition most concerned us. We received many comments on the interim work RVUs for critical care.

This year we proposed new coding language to the AMA CPT Editorial Panel (the Panel) to resolve physician concerns. The Panel, with input from various specialty societies, accepted the language that we proposed with some modifications. The AMA has given us copyright permission to publish the introduction for CPT codes 99291 and 99292 as it will appear in CPT 2001. For

CPT 2001, the introduction for critical care services will be as follows (new language in *italics*):

Critical care is the direct delivery by a physician(s) of medical care for a critically ill or *critically* injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that *there is a high probability of imminent or life threatening deterioration in the patient's condition*. Critical care involves decision making of high complexity, to assess, manipulate, and support *vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition*. *Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present*. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided that the patient's condition continues to require the level of physician attention described above.

Providing medical care to a critically ill, injured, or post-operative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, pediatric intensive care

unit, respiratory care unit, or the emergency care facility. Critical care services provided to infants older * * * [no change to this paragraph]

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes.

Critical care and other E/M services may be provided to the same patient on the same date by the same physician.

The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), *pulse oximetry* (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data (99090); gastric intubation (43762, 91105); temporary transcutaneous pacing (92953); ventilator management (94656, 94657, 94660, and 94662); and vascular access procedures (36000, 36410, 36415, 36540 and 36600). Any services performed which are not listed above should be reported separately.

The critical care codes 99291 and 99292 are used to report the total duration of time spent by a physician providing critical care services to a critically ill or critically injured patient, even if the time spent by the physician on that date is not continuous. For any given period of time spent providing critical care services, the physician must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

Time spent with the individual patient should be recorded in the patient's record.

The time that can be reported as critical care is the time spent engaged in work directly related to the individual patient's care whether the time was spent at the immediate bedside or elsewhere on the floor or unit. For example, time spent on the unit or at the nursing station on the floor reviewing test results or imaging studies, discussing the critically ill patient's care with other medical staff or documenting critical care services in the medical record would be reported as critical care, even though it does not occur at the bedside. Also, when the patient is unable or clinically incompetent to participate in discussions, time spent on the floor or unit with family members or surrogate decision makers obtaining a medical history, reviewing the patient's condition or prognosis, or discussing treatment or limitation(s) of treatment may be reported as critical care, provided that the conversation bears directly on the management of the patient.

Time spent in activities that occur outside of the unit or off the floor (eg, telephone calls, whether taken at home, in the office, or elsewhere in the hospital) may not be reported as critical care since the physician is not immediately available to the patient. Time spent in activities that do not directly contribute to the treatment of the patient may not be reported as critical care, even if they are performed in the critical care unit (eg, participation in administrative meetings or telephone calls to discuss other patients). *Time spent performing separately reportable procedures or services should not be included in the time reported as critical care time.*

The remainder of the introduction as published in CPT 2000, as well as the descriptors for the two CPT codes (99290 and 99291), remains unchanged.

Adoption of this revised introduction for the critical care CPT codes 99291 and 99292 is consistent with our view of the appropriate intensity of these services and addresses the concerns we had raised in the November 1999 final rule. Therefore, based on implementation of this revised introduction for critical care services for CY 2001, we are proposing to value the physician work at 4.0 RVUs for CPT code 99291 and 2.0 RVUs for CPT code 99292.

In addition, consistent with our discussion in the proposal for electrical bioimpedance (EB) (see section II.H), we are proposing to not allow separate Medicare payment for EB when provided in conjunction with critical care services (CPT codes 99291 and 99292).

E. Care Plan Oversight and Physician Certification/Recertification

The Panel considered changes to the definition of care plan oversight for 2001. After analyzing the definition changes, we are concerned that these codes (CPT codes 99375 and 99378) will

no longer be consistent with our coverage criteria.

In anticipation of the likely CPT revisions, we would establish two new HCPCS codes for care plan oversight that are consistent with our coverage criteria. For the 2001 physician fee schedule, we would establish a new HCPCS code Gxxx1, that will use the CPT 2000 definition associated with CPT code 99375 and a new HCPCS code Gxxx2, that will use the CPT 2000 definition associated with CPT code 99378. The current policy guidance that applied to CPT codes 99375 and 99378, including our past responses to questions on care plan oversight, will continue to apply to these G codes. The current payments for CPT codes 99375 and 99378 will be maintained in Gxxx1 and Gxxx2.

In addition, we would establish two new HCPCS codes (Gxxx3 and Gxxx4) to describe the services involved in physician certification (and recertification) and development of a plan of care for a patient for whom the physician has prescribed Medicare-covered home health services. The proposed text of the new codes will read as follows:

Gxxx3 Physician services for initial certification of Medicare-covered services by a home health agency, per patient's home health certification period.

This code would be used when the patient has not received Medicare-covered home health services for at least 60 days.

Gxxx4 Physician services for recertification of Medicare-covered services by a home health agency, per patient's home health certification period

This code would be used after a patient has received services for at least 60 days (or one certification period) when the physician signs the certification after the initial certification period.

The use of these HCPCS codes (Gxxx3 and Gxxx4) would be restricted to physicians who are permitted to certify that home health services are required by a patient pursuant to section 1814(a)(2)(C) and section 1835(a)(2)(A) of the Act. The Gxxx3 code would be billed only once every 60 days, except in the rare situation when the patient starts a new episode before 60 days elapses and requires a new plan of care to start a new episode. Consistent with section 1835(a)(2) of the Act, a physician who has a significant ownership interest in, or a significant financial or contractual relationship

with a home health agency (HHA), generally cannot bill this code for patients served by that HHA.

For services within the episode (generally beyond the first week or two of care plan implementation) that are consistent with the definition of care plan oversight (HCPCS code Gxxx1), the care plan oversight code (CPT code 99375) would be used.

Because we believe that the physician work associated with HCPCS code Gxxx3 equates to that of a level 3 established patient office visit (CPT code 99213), we are proposing a value of .67 for the work RVUs. For Gxxx4, because we believe the work equates to a level 2 established patient office visit (CPT code 99212), we are proposing a value of .45 for the work RVUs. For practice expense RVUs, we are proposing to crosswalk both Gxxx3 and Gxxx4 to the practice expense inputs currently used for care plan oversight (CPT code 99375).

F. Observation Care Codes

In 1998, the AMA added new CPT codes 99234 to 99236, Observation or inpatient hospital care services (including the admission and discharge services) for a patient on the same date. We accepted the RUC recommendations for work RVUs for these new codes. The work RVUs for each code are the sum of the applicable admission work for CPT codes 99218 to 99220 (or CPT codes 99221 to 99223) plus the discharge work (CPT codes 99217 or 99238). For example, CPT code 99234 has 2.56 work RVUs, which is the sum of the work RVUs for CPT code 99221 (1.28) plus the work RVUs for CPT code 99217 (1.28). However, it has come to our attention that allowing payment for these CPT codes conflicts with two policies currently in the Medicare Carrier Manual (MCM).

Section 15505.1(c) of the MCM states that we will pay for only the initial hospital care service code when a patient is admitted as an inpatient and discharged on the same day. Physicians are not paid for both an inpatient hospital admission and hospital discharge management on the same day. In addition, section 15504.b of the MCM instructs that CPT codes 99218 to 99220 (Initial observation care) should be used if the patient is discharged on the same day as the admission for observation because each of these codes represents a full day of care and, thus, paying for a code representing both admission and discharge on the same day would be duplicative. CPT code 99217 (Observation care discharge) may be billed only on the second or subsequent days in observation.

These two payment policies result in different payments for patients whose inpatient stay is less than 24 hours based solely on whether they were in the hospital at midnight. For example, a physician who admits a patient to observation or to inpatient care at 8 a.m. and then discharges the patient at 8 p.m. the same day, would be allowed payment for only the admission service. On the other hand, a physician who admits a patient to observation or to inpatient care at 8 p.m. and then discharges the patient at 8 a.m. the next day, would be allowed payment for both the admission and discharge services.

In response to these concerns, and to clarify our payment policy, we are proposing the following:

Inpatient stay of 24 hours or more—We would pay for both inpatient hospital admission services (CPT codes 99221 to 99223) and hospital discharge services (CPT codes 99238 to 99239) when a patient is a hospital inpatient for a period of 24 hours or more. The medical record must document that the patient was an inpatient for at least 24 hours for both of these services to be paid.

Inpatient or observation stay of less than 8 hours—If a patient is admitted as a hospital inpatient or an observation patient for less than 8 hours, we would pay for only the admission service (CPT codes 99221 to 99223 or 99218 to 99220) on that day. The discharge service is not considered to be a separately billable service.

Inpatient or observation stay of 8 or more hours, but less than 24 hours—If a patient is admitted as a hospital inpatient or an observation patient for a period of 8 or more hours, but less than 24 hours, we would pay for both the admission and discharge services under CPT codes 99234 to 99236 with the following proposed physician work RVUs and documentation requirements:

Physician Work RVUs—To properly value both the admission and discharge work of these services, we are proposing to continue valuing the admission portion of the physician work as equivalent to CPT codes 99218 to 99220 (or CPT codes 99221 to 99223), but to reduce the discharge work RVUs from 1.28 to 0.67. This would make the discharge portion of the work equal to the work for CPT code 99213 (Office or other outpatient visits) instead of CPT code 99217 (or CPT code 99238). Thus, the proposed work RVUs would be as follows: CPT code 99234—1.95 RVUs; CPT code 99235—2.81 RVUs; CPT code 99236—3.66 RVUs. We would not pay CPT codes 99217, 99238, and 99239 for hospital inpatient or observation

admissions between 8 and 24 hours in length.

Our reasoning for these proposed RVUs is that we believe that the physician work typically required for discharging an inpatient or observation admission patient after a period of at least 8 hours, but less than 24 hours, is less than that required for an admission of 24 hours or more. The typical work (for example, history, physical examination, and medical decision making) and the typical face to face time required to discharge such a patient is comparable to the requirements for CPT code 99213. Moreover, the typical time for CPT code 99238 is up to 30 minutes and the physician work is 1.28 RVUs, so a clear work anomaly would be created if we made the work value of discharging a patient with a stay of less than 24 hours identical to the work of discharging a patient with a length of stay of 24 hours or more.

Our proposal would avoid creating such a rank order anomaly and would place admission and discharge valuation in proper order. For example, for observation stays of less than 8 hours, we would pay only the admission portion and would not pay separately for the discharge because the extra work is minimal. For observation stays of more than 8 hours, but less than 24 hours, we would recognize the discharge component since there is significant extra work involved, but not as much as a discharge for a 24 hour or longer admission for which we would pay the full value of CPT code 99238. Our proposal would allow payment for CPT codes 99234 through 99236 only for stays of equal to or greater than 8 hours, but less than 24 hours.

In addition to the documentation guidelines for history, physical examination, and medical decision making described in CPT 2000 for CPT codes 99234 to 99236, we would require the following to be documented in the medical record:

- A stay involving 8 hours, but less than 24 hours.
- That the billing physician was present and personally performed the services.
- Admission and discharge notes written by the billing physician.

We believe this policy would harmonize current policy on hospital admissions and discharges and also accommodate the observation codes as they are described in CPT 2000. The policy would not be tied to the “midnight” time frame of the hospital inpatient census.

If these proposals are adopted in the final rule, the work RVUs for CPT codes

99234 to 99236 would be considered interim for 2001.

G. Ocular Photodynamic Therapy and Other Ophthalmological Treatments

Ocular photodynamic therapy is a treatment recently approved by the Food and Drug Administration for age-related macular degeneration, the most common cause of blindness in the elderly. For CPT 2000, ocular photodynamic therapy was added to CPT code 67220, which was formerly limited to photocoagulation by laser.

We believe that ocular photodynamic therapy is significantly different from laser photocoagulation and, therefore, we are proposing to establish new HCPCS codes that specifically identify these procedures. A discussion of each of these codes follows:

Gxxx5 Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photocoagulation (e.g., by laser), one or more sessions

This code would be used in place of CPT code 67220. We would maintain the work and malpractice RVUs and the CPEP inputs presently used for CPT code 67220 for payment of this new “G” code.

Gxxx6 Destruction of localized lesion of choroid (e.g., choroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)

We are proposing a value of 0.55 work RVUs for Gxxx6. This value is half the physician work value for CPT code 96570 (Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes), and it is identical to the physician work value for CPT code 96571 (Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes). We note that the total time of laser light application for ocular photodynamic therapy is 83 seconds, which is considerably shorter than the time of laser light application for CPT codes 96570 and 96571.

We are also proposing that the global period for Gxxx6 be “XXX.” Because of the global designation, significant, separately identifiable evaluation and management (E/M) services may be billed on the same day as Gxxx6 with the use of the -25 modifier. Patients will, typically, have fluorescein angiography as well as an E/M service before ocular photodynamic therapy to determine whether they will benefit from the therapy and to discuss the

treatment. Any E/M services performed after the treatment may be billed separately.

For Gxxx6 we are proposing the following practice expense inputs for non-facility settings:

- **Clinical Staff Time:** Registered nurse/ophthalmology technician—40 minutes.
- **Supplies:** Ophthaine, mydrilacil, myofrin, gonisol, post myd spectacles, verteporfin and also infusion supplies including sterile and non-sterile gloves, butterfly needle, syringe, band aid, alcohol swab, staff gown, iv infusion set, and infusion pump cassette.
- **Equipment:** Laser, infusion pump, and exam lane.

For the malpractice component of Gxxx6, we are proposing 0.52 RVUs (the value assigned to CPT code 67220, Destruction of localized lesion of choroid). Although we are establishing procedure codes for ocular photodynamic therapy, coverage of the procedure is at the discretion of the local carrier.

In instances where both eyes are treated the same day, we are proposing the use of the following HCPCS add-on code:

Gxxx7 Destruction of localized lesion of choroid (for example, choroidal neovascularization); ocular photodynamic therapy (includes intravenous infusion)—other eye (List separately in addition to Gxxx6)

For this add-on code we are proposing a “ZZZ” global period, with .28 work RVUs (half of that proposed for Gxxx6) and .52 malpractice RVUs (identical to that proposed for Gxxx6). The practice expense inputs for services in the non-facility setting would be as follows:

- **Clinical Staff Time:** Registered nurse/ophthalmology technician—5 minutes.
- **Supplies:** Ophthaine, mydrilacil, myofrin, gonisol.

In addition, we have identified several other specific ophthalmological treatments that are not distinctly identified in CPT 2000. We are proposing to establish specific HCPCS codes for these procedures.

Gxxx8 Destruction of localized lesion of choroid (*e.g.*, choroidal neovascularization); transpupillary thermotherapy, one or more sessions

Gxxx9 Destruction of localized lesion of choroid (*e.g.*, choroidal neovascularization); photocoagulation, feeder vessel technique, one or more sessions

Gxx10 Destruction of macular drusen, photocoagulation, one or more sessions

We are not proposing RVUs for HCPCS codes Gxxx8 through Gxx10. These codes are being established for

tracking purposes only. These procedures are considered experimental in nature at this time and, therefore, are not covered under Medicare.

H. Electrical Bioimpedance

Electrical bioimpedance (EB), a noninvasive method of measuring cardiac input, is a covered procedure under Medicare, if medically necessary. Performance of this procedure is reported by the Level 2 HCPCS code M0302, and the procedure is currently carrier priced. We are proposing the following RVUs for this procedure:

1. Practice Expense

We are proposing the following direct inputs for determining practice expense RVUs. (We note, however, that a final determination of the practice expense RVUS will depend on how we value physician work.) The practice expense RVU in Addendum B reflects the value for the technical portion of the service. If the service is given physician work, a separate PC will be established with an additional practice expense RVU.

- **Clinical staff:** Registered nurse—15 minutes.
- **Supplies:** Four disposable sensors, patient gown, exam table paper, and pillowcase.
- **Equipment:** Cardiac output monitor and exam table.

2. Malpractice

We are proposing 0.02 RVUs for this procedure. This value is equivalent to the TC of an EKG, which is a similar procedure.

3. Physician Work

The uses for which this procedure are covered (for example, differentiating cardiogenic from pulmonary causes of acute dyspnea, the need for intravenous inotropic therapy, fluid management, and the uses indicated in section 50–54 of the Coverage Issues Manual, HCFA Pub. 6) require a clinical evaluation of the patient on the same day that EB is performed. The procedure reports measurements that can not be interpreted without other clinical information.

With respect to proposed RVUs for physician work, we have insufficient information to propose a work value. We are collecting information and invite comments on this subject as well as on the proposed inputs for practice expense and malpractice. In your comments, please be sure to compare your proposed value for the physician work component for this service to other similar services with established physician work values. Please also include the reason why you believe the

physician work is similar. At this time, we have received comments proposing no physician work values, proposing physician work values similar to that for the interpretation of an EKG (CPT code 93010—0.17 work RVUs), proposing work values similar to total body plethysmography (CPT code 93720—0.17 work RVUs), and similar to interpretation of cardiovascular stress test (CPT code 93018—0.30 work RVUs).

We also are proposing that the payment for this procedure be included in reporting critical care. Therefore, separate payment would not be made for this procedure when provided in conjunction with critical care services (CPT codes 99291 and 99292).

I. Global Period for Insertion, Removal, and Replacement of Pacemakers and Cardioverter Defibrillators

Currently, there is a 90-day global period in the physician fee schedule for all CPT codes involving the insertion, removal, and replacement of pacemakers or cardioverter defibrillators. During the global surgical period, no separate payment may be made for any E/M service furnished by the surgeon, unless the visit is: (1) Unrelated to the diagnosis for which the surgical procedure was performed; (2) for treating the underlying condition; or (3) an added course of treatment that is not part of normal recovery from surgery.

In these situations, the surgeon must use CPT modifier -24 that attests that the E/M service provided, although performed during the postoperative period, was for a reason unrelated to the original procedure. Services submitted with a -24 modifier must be sufficiently documented to establish that the visit was unrelated to the surgery. An ICD-9-CM code that clearly indicates that the reason for the encounter was unrelated to the surgery is acceptable documentation.

Many patients receiving pacemakers or cardioverter defibrillators have clinically serious cardiac diseases (related to the reason for the procedure) that require significant postoperative care. In these cases, it is difficult to separate care during the postoperative period for the related cardiac problem(s) from the postoperative care for the pacemaker or cardioverter defibrillator procedure. As medical practice has changed, cardiologists predominantly perform pacemaker or cardioverter defibrillator procedures. Thus, the physician performing the pacemaker or cardioverter defibrillator procedure now is typically the same physician who is expected to furnish care for the patient's

related cardiac disease. Therefore, a single physician is providing postoperative care for both the pacemaker or cardioverter defibrillator insertion and the related medical problem(s), but can be paid only for the insertion because of the global period policy.

We believe it is common for patients undergoing pacemaker and cardioverter defibrillator procedures to require significant care for related cardiac disease during the postoperative period. This care overlaps substantially with the care furnished for the pacemaker or cardioverter defibrillator procedure and may be coded with the same ICD-9-CM diagnosis code; therefore, using the -24 modifier is inadequate to allow appropriate payment for the physician performing both postoperative care and care for the patient's other cardiac conditions.

We are proposing to change the global period for CPT codes 33206, 33207, 33208, 33212, 33213, 33214, 33216, 33217, 33218, 33220, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33282, and 33284 from 90 days to 0

days. This would permit separate payment for any care furnished during the postoperative period by the physician who performed the pacemaker or cardioverter defibrillator procedure.

We are soliciting comments on whether it is appropriate to reduce the global period for these CPT codes. We are also proposing to ask the RUC to revise the RVUs for these CPT codes. If RUC recommendations are not received in time for our consideration for the CY 2001 physician fee schedule final rule, we propose to implement interim work RVUs, as listed below.

CPT code	2000 work RVUs	Proposed work RVUs
33206	6.67	3.11
33207	8.04	3.30
33208	8.13	2.64
33212	5.52	3.32
33213	6.37	4.92
33214	7.75	4.27
33216	5.39	3.21
33217	5.75	3.57
33218	5.44	3.26
33220	5.52	2.90
33233	3.29	1.11

CPT code	2000 work RVUs	Proposed work RVUs
33234	7.82	5.64
33235	9.40	4.58
33240	7.50	5.13
33241	3.24	1.51
33244	13.76	9.85
33249	14.23	11.41
33282	4.17	2.83
33284	2.50	1.16

In calculating the proposed interim RVUs, we have subtracted the work RVUs of all postoperative visits after the day of surgery from the total work RVUs. We used our database to calculate the number of postoperative visits. Where our database did not contain the number of postoperative visits, we crosswalked a number from the most clinically similar procedure. We have included an example to illustrate the calculation.

Example: For CPT code 33206, the 2000 work relative value is 6.67 units. The proposed work value is 3.11 (6.67 minus 3.56). The 3.56 units represents the work based on the pattern of E/M services in the global period.

E/M	Frequency	Work	Total
99213	1.5	.67	1.00
99231	2.0	.4	1.28
99238	1.0	1.28	1.28
Total E/M Work			3.56

We would also adjust practice expense inputs for supplies, staff time, and equipment to account for the change in the global period. Because these would be 0-day global services only priced in the facility setting, there would be no direct CPEP inputs associated with them. The adjusted practice expense RVUs are reflected in Addendum B.

We welcome comments on our proposed calculation of interim RVUs and request that commenters recommending RVUs include the methodology employed so that we can appropriately evaluate the recommended RVUs. As an alternative to applying a 0-day global period as discussed above, we are interested in other suggestions that might address the issue of assuring appropriate payment for these services (for example, adjusting the global period to 10 days for these services). We invite public comment on such alternatives.

J. Antigen Supply

Section 410.68(b), Antigens: Scope and conditions, provides for beneficiaries to receive a supply of

antigen for no more than 12 weeks at one time. A specialty society has indicated that this limitation is not reflective of current industry standards and guidelines (for example, duration of potency for allergy extracts has changed since the policy was implemented.) Therefore, we are proposing to change this limitation from 12 weeks to 12 months and would revise the regulations to reflect this change. We are requesting comments on this proposal.

K. Low Intensity Ultrasound

In the November 1999 (64 FR 59419) final rule, we assigned RVUs to CPT code 20979, low intensity ultrasound stimulation to aid bone healing. Commenters expressed concern about the RVUs assigned to this service. Because of the concerns raised by commenters, and because CPT code 20979 is a noncovered service under Medicare, we are proposing to remove the RVUs that were assigned to this code at this time. We may reconsider this at a future date.

L. Implantation of Ventricular Assist Devices

In the April 11, 2000 correction notice (65 FR 19332) to the November 1999 final rule, we inadvertently published practice expense RVUs based on the work RVUs associated with a 90-day global period for CPT codes 33975 and 33976 (implantation of ventricular assist devices). However, in the same notice, the global periods and associated work RVUs for CPT codes 33975 and 33976 were revised to reflect an "XXX" (the global concept does not apply). In calculating the practice expense RVUs, we reflected changes made in CPEP data that result from changes in the global period. However, the practice expense RVUs are also a function, in part, of the physician work RVUs. In calculating the revised practice expense RVUs, we did not use the work RVUs that reflected the global period change. Effective January 1, 2001, we would revise the practice expense RVUs associated with these CPT codes to reflect the revision in the global periods and work RVUs.

III. Other Issues

A. Incomplete Medical Direction

Under current policy, medical supervision by an anesthesiologist occurs if the anesthesiologist is involved in furnishing more than four concurrent procedures or is performing other services while directing fewer than four concurrent procedures. Payment is based on three base units plus one unit for induction if the physician is present at induction.

Under current policy, medical direction by an anesthesiologist occurs if the anesthesiologist is involved in two to four concurrent anesthesia procedures or a single anesthesia procedure with a qualified anesthetist. For each anesthesia procedure, the anesthesiologist must—

- Perform a pre-anesthesia examination and evaluation;
- Prescribe the anesthesia plan;
- Personally participate in the most demanding procedures of the anesthesia plan, including emergence and induction;
- Ensure that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist;
- Monitor the course of anesthesia administration at frequent intervals;
- Remain physically present and available for immediate diagnosis and treatment of emergencies; and
- Provide indicated post anesthesia care.

We currently do not have a national policy that instructs the carriers how to pay for a service when the anesthesiologist does not fulfill all the medical direction requirements. One option carriers may use is to instruct the anesthesiologist to report this service as a reduced or unusual service and determine appropriate payment. We are considering clarifying this policy and making other revisions to the medical supervision payment policy. We are considering the following:

1. To specify that the physician furnishing medical supervision must perform, at a minimum, the preoperative evaluation, participate in induction, remain available for consultation, and provide a minimum level of monitoring.
2. To establish payment for medical supervision at 40 percent of the payment amount for the service performed by the physician alone.
3. To apply the proposed medical supervision payment amounts to incompletely medically-directed cases.
4. To limit the number of concurrent cases the physician can supervise to five concurrent cases.

Payment for medical supervision is payment for the physician service. In addition, the certified registered nurse anesthetist (CRNA) service furnished under medical supervision is paid at 50 percent of the amount that would have been paid if the service had been performed by the physician alone.

We invite comments from the public, but in particular, the physicians and practitioners most affected by this policy. We are not proposing a change at this time, but will consider the comments we receive should we develop a future proposal.

B. Payment for Pulse Oximetry Services

In the November 1999 final rule (64 FR 59413), we indicated that we would adopt our proposal to bundle payment for certain diagnostic codes, including pulse oximetry CPT codes 94760 and 94761, into the payment for other services. We believe that continuing to pay separately for these codes duplicates amounts included in both facility payments and practice expense RVUs. However, we did not address how we would treat situations when these services are performed without any other billable service and, thus, are not reflected in facility payments or other practice expense RVUs. We will continue to pay separately for these services (CPT codes 94760 and 94761) when they are medically necessary and there are no other services payable under the physician fee schedule billed on the same date by the same supplier.

C. Outpatient Therapy Supervision

In the November 1998 final rule (63 FR 58868), we stated that we were maintaining our current requirement that therapy assistants of therapists in private practice (formerly known as therapists in independent practice (PTIP)) must be personally supervised by the therapist and be employed directly by the therapist; employed by the partnership or group to which the therapist belongs; or employed by the same practice. Personal supervision requires that the therapist be in the same room during the performance of the service. Levels of supervision are defined at § 410.32 (Diagnostic X-ray tests, diagnostic laboratory, and other diagnostic tests: Conditions.)

The November 1998 final rule did not change pre-existing regulations at § 410.60(c)(2) (Supervision of physical therapy services) for therapy assistants in a private practice setting. In that final rule, we codified the statutory requirements for coverage of outpatient occupational therapy services by establishing § 410.59 (Outpatient occupational therapy services:

Conditions). Section 410.59 parallels the requirements in § 410.60 for outpatient physical therapy, as revised in the November 1998 final rule. We also made conforming changes in § 410.61 (Plan of treatment requirements for outpatient rehabilitation services) to include occupational therapy.

The personal supervision requirements for therapy assistants and aides in a private practice setting are long-standing. The outpatient physical therapy benefit, enacted in 1972, applied to PTIP (that is, individual therapists in independent practice in their own offices). Services performed by employees of a PTIP were covered if furnished under the direct personal supervision of the PTIP. This requirement was necessary to assure beneficiary health and safety and quality of care.

In 1981, in response to the conference committee report (H.R. 96-1479) accompanying the Omnibus Reconciliation Act of 1980 (Public Law 96-499), we revised our Medicare Carriers Manual instructions (see section 2215F, HCFA Pub. 6). These revised instructions stated that the services of employees of a PTIP who are not qualified physical therapists must be furnished under the direct personal supervision of a supervising therapist who must be the employer or on the employer's staff. Therefore, a licensed physical therapist had to directly and personally supervise the services of assistants and aides. Thus, even before the November 1998 final rule, the regulations and manuals clearly stated that the PTIP must directly and personally supervise all services for which he or she bills.

As noted above, pre-existing supervision requirements for therapy assistants in a private practice setting were not affected by the November 1998 final rule. However, we received comments from the therapy industry and other interested parties who erroneously believed that we had either misinterpreted the supervision requirement or had established a new requirement for therapy assistants in the private practice setting.

These comments and the confusion possibly resulted from the one revision in supervision requirements made in the final rule. This revision related not to therapy assistants, but to qualified therapists in a private practice setting. As referenced in the November 1998 final rule (63 FR 58868), the Congress was concerned about the requirement for therapists in independent practice to directly supervise all services performed by their employees, even if those employees were fully-licensed

therapists. The therapist in independent practice had to be on the premises whenever services were furnished to Medicare beneficiaries, including services furnished by a licensed therapist. Therefore, a therapist in independent practice could not have more than one office open at the same time because he or she could not be on both premises at once. Congressional statements in both the House and Senate committee reports associated with our fiscal year 1997 appropriations process addressed this issue. The House committee report urged us to modify the regulations so that certified therapists need not be on the premises to supervise other licensed therapists. We were also urged by the Senate to review this concern and recommend changes in our regulations or instructions. To address this concern expressed in both the 1997 House and Senate Appropriations Committee reports, we revised the regulations at § 410.59(c)(2) and § 410.60(c)(2).

Accordingly, effective January 1, 1999, as specified in the November 1998 final rule, the revised regulations permit legally authorized (see § 410.59(c)(1)(i) and § 410.60(c)(1)(i)) therapists who own the practice to be off the premises when other legally authorized therapists are present to furnish supervision for therapy assistants. These regulations also restated which practitioners are qualified as therapists under section 1861(p) of the Act. In accordance with the November 1998 final rule, the term "independent" was removed from the description of a therapist in independent practice. In its place, the term "private" was added. The benefit is now described in terms of an individual physical therapist or occupational therapist in private practice.

This change did not affect the required degree of supervision for physical therapist assistants. Assistants still must be personally supervised by the therapist in private practice and employed directly by the therapist, by the partnership, or group to which the therapist belongs.

D. Outpatient Therapy Caps

Section 221 of the BBRA placed a 2-year moratorium on Medicare Part B outpatient therapy caps (the \$1500 cap on outpatient physical therapy services including speech language-pathology services and the \$1500 cap on outpatient occupational therapy services in all nonhospital settings). The two \$1500 caps were implemented in 1999 as required by the BBA.

The BBRA also requires us to submit to the Congress a report by January 1,

2001 that includes recommendations on—(1) the establishment of a mechanism for assuring appropriate utilization of outpatient therapy services; (2) the establishment of an alternative payment policy for these services based on classifications of individuals by diagnostic category, functional status, prior use of services (in both inpatient and outpatient settings), and other criteria, in place of uniform dollar limitations; and (3) how to do this in a budget-neutral manner.

We are gathering information on alternatives or options that we can use to achieve these objectives. We have received the following informal recommendations for legislation:

- Institute a cap per diagnosis rather than per year.
- Establish payment based on patient groupings by primary diagnosis and average number of treatments, with options for variants.
- Base payment on an episode of occurrence of illness or injury, with a cap amount adjusted to address geographic differences in the cost of furnishing services.
- Develop a sustainable growth rate (SGR) for outpatient therapy services to control growth in the volume of services.

The outpatient therapy cap was also a topic of discussion at the PPAC meeting in December 1999. As a result of these discussions, the PPAC recommended continuation of the current moratorium with focused medical review, indicating that such a review could lead to the desired budget-neutral outcome.

We would like comments from the public on additional alternatives that we could consider in developing a payment policy for outpatient therapy services. We will consider this information as we prepare our report to the Congress on outpatient therapy services.

IV. Five-Year Refinement of Relative Value Units

Section 1848(c)(2)(B)(i) of the Act requires that we review all RVUs for services in the physician fee schedule no less often than every 5 years. The first 5-year review was undertaken as part of the final rule published December 1994 (59 FR 63140), with the resulting changes effective for services furnished beginning January 1, 1997. In the final rule published November 1999 (64 FR 59427), we included a discussion of the first 5-year refinement and outlined our plans for the second 5-year refinement of work RVUs. We also solicited comments on potentially misvalued work RVUs as well as data sources and methodologies to assist us

in identifying misvalued services. We received comments from approximately 30 specialty groups, organizations, and individuals. While some of the comments were on the proposed process, comments also included requests for evaluating over 900 codes.

As we had discussed in the November 1999 final rule, in addition to performing internal review and analysis, we will be sharing these comments with the RUC, which currently makes recommendations to us on the assignment of RVUs to new and revised CPT codes. The RUC's perspective will be helpful because of its experience in recommending RVUs for the codes that have been added to the CPT, or revised by the CPT panel, since we implemented the physician fee schedule in 1992. We emphasize, however, as we reiterated for the first 5-year review, we have the responsibility for analyzing the comments concerning the 5-year review and deciding whether to revise RVUs. We are not delegating this responsibility to the RUC or any other organization.

Current initiatives underway (see discussion that follows on physician time) will assist us in our identification of misvalued codes. However, we will not be able to identify those codes that we believe have misvalued work RVUs before late in the year 2000 or early in the year 2001. We propose to perform the 5-year review in two phases. The first phase will take place in CY 2000 with consideration of public comments. The second phase will occur in CY 2001 when we use the contracted research to identify misvalued codes. We will work with the RUC and the medical community to minimize work duplication. For example, we will ask the RUC to defer action in CY 2000 on those codes that were identified by public comments and that our research later indicates might be misvalued. Furthermore, to focus on each phase of the review and prevent duplicative work, we propose to concentrate on intraspecialty issues and anomalies in CY 2000 and consider cross specialty misvaluations and issues in CY 2001. This is because we believe that validation of time across a wide range of services will allow direct comparison of pre-, intra-, and postservice work RVUs across specialties with the potential to identify a large number of misvalued codes. Again, we will work closely with the medical community to analyze and interpret the data as well as to organize the review in an efficient manner.

Physician Time Data

We currently have initiatives underway to validate the physician time

data and identify potentially misvalued codes to be considered during the 5-year review. A discussion of these activities follows.

Under a contract with HCFA, Health Economics Research (HER) is reviewing secondary data sources to validate time estimates for physicians' services. Physician time estimates are a factor used in the calculation of the practice expense RVUs and one of the primary determinates of physician work. These secondary data sources are as follows:

- The National Ambulatory Medical Care Survey (NAMCS).
- D.J. Sullivan Associates Hospital Data.
- MGMA Practice Cost Survey Data.

The NAMCS is a survey conducted by the Center for Disease Control that collects self-reported information on over 20,000 office visits annually including physician face-to-face time (called the duration of the visit). Various comparative analyses, both at the physician specialty level and for all physicians, can be made between projected E/M codes in the NAMCS data and with the actual E/M codes reported in the Medicare Part B National Claims History. (E/M codes are not captured in the NAMCS data. However, a method is used to map the time of the physician visit to an appropriate E/M code. This represents the "projected" E/M code.) The analysis was performed on the 1997 NAMCS.

The D.J. Sullivan database groups approximately 495,000 inpatient and outpatient records into 177 small clinically similar classes. The database captures information from the hospital record such as the procedure, time the patient enters the operating room, time of incision, time of wound closure, and time the patient exits the operating room. Data are presented for all hospitals and for all hospitals by categories: community hospitals, teaching hospitals, and university-based hospitals.

HER is analyzing a sample of the D.J. Sullivan database to determine whether it can be used for validating skin-to-skin time for selected surgical procedures. The selected procedures are high volume procedures or procedures on the RUC multispecialty list.

The MGMA Physician Profiling Database contains information at the physician practice level on the number of services by CPT code, physician specialty, and clinical work week. The database contains information on almost 4,000 physicians, primarily from Florida, Minnesota, New York, and Washington. Analysis will focus on comparing expected clinical times based on current time estimates attributable to

CPT codes to total practice hours worked.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

VI. 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 we will respond to the major comments in the final rule.

VII. Regulatory Impact Analysis

We have examined the impacts of this proposed rule as required by Executive Order of 1993 (EO) 12866, the Unfunded Mandates Reform Act of 1995 (EO) 12875 (UMRA) (Public Law 104-4), the Regulatory Flexibility Act of 1980 (RFA) (Public Law 96-354) and the Federalism Executive Order of 1999 (EO) 13132.

EO 12866 directs agencies to assess costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more annually). While the changes in the Medicare physician fee schedule are for the most part, budget neutral, they do involve redistribution of Medicare spending among procedures and physician specialties and geographic areas. However, the redistributive effect of this rule on any particular specialty or geographic area is, in our estimate, unlikely to exceed \$100 million. The effect of the practice expense changes are estimated to increase payments to one specialty by about \$90 million and decrease payments to another specialty by approximately \$45 million. All other physician specialties will be affected by less than these amounts. The GPCI changes are expected to increase payments by less than \$10 million in one locality and decrease payments by about \$20 million in another locality. The effect on all other payment localities are likely to be less than these

amounts. Since we estimate that these changes are unlikely to redistribute more than \$100 million in Medicare allowed charges, we are not considering this proposed rule to be a major rule. However, we will reconsider this decision for the final rule if our estimates based on new data exceed \$100 million.

The UMRA also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before developing any rule that may result in expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$100 million or more. We have determined that this proposed rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below the above stated threshold as well.

The RFA requires that we analyze regulatory options for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The analysis must include a justification of why action is being taken, the kinds and number of small entities the rule affects, and an explanation of any meaningful options that achieve the objectives and lessen significant adverse economic impact on the small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the 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.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. We have prepared the following analysis, which, together with the rest of this preamble, meets all four assessment requirements. It explains the rationale for and purpose of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures we considered to minimize the burden on small entities.

A. Resource-Based Practice Expense Relative Value Units

Revisions in resource-based practice expense RVUs for physicians' services are calculated to be budget neutral, that

is, the total practice expense RVUs for calendar year 2001 are calculated to be the same as the total practice expense RVUs that we estimate would have occurred without the changes proposed in this regulation. This also means that increases in practice expense RVUs for

some services will necessarily be offset by corresponding decreases in values for other services.

Table 1 shows the impact on total allowed charges by specialty of this proposed rule's practice expense changes. There are six changes that we

made that have an effect on payment for practice expenses. We show the impact of each individual provision and the combined impact on the practice expense RVUs.

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Table 1 -- Impact of Specific Practice Expense Changes on Total Allowed Charges by Specialty

Specialty	Allowed Charges	Clinical Staff	Overhead Equipment	*Standby Equipment	Midlevel Practitioners	New SMS Data	Other	Total
ANESTHESIOLOGY	1.5	0%	-0%	0%	-1%	0%	-0%	-1%
CARDIAC SURGERY	0.3	-0	0	-0	-1	-2	0	-3
CARDIOLOGY	3.9	-0	-0	0	0	-0	-0	-0
CLINICS	1.5	-0	0	-0	0	0	-0	0
DERMATOLOGY	1.3	-0	1	-1	0	-0	0	-0
EMERGENCY MEDICINE	0.9	0	-0	0	0	-0	0	0
FAMILY PRACTICE	3.2	-0	0	-0	0	-0	-0	-0
GASTROENTEROLOGY	1.1	2	-0	-0	0	0	0	2
GENERAL PRACTICE	1.0	-0	0	-0	0	0	-0	0
GENERAL SURGERY	1.9	0	0	-0	-0	-0	-0	-1
HEMATOLOGY ONCOLOGY	0.6	-0	-0	-0	0	-0	-0	-1
INTERNAL MEDICINE	6.7	-0	-0	-0	0	-0	-0	-0
NEPHROLOGY	0.9	0	0	0	0	1	0	2
NEUROLOGY	0.8	-0	-1	-0	0	0	0	-0
NEUROSURGERY	0.3	-0	-0	-0	-0	-1	0	-1
OBSTETRICS/GYNECOLOGY	0.4	-0	-1	-0	0	-0	0	-1
OPHTHALMOLOGY	3.7	-0	0	0	0	-2	0	-1
ORTHOPEDIC SURGERY	2.2	-0	0	-0	-0	0	-0	-0
OTHER PHYSICIAN	1.3	-0	-0	-0	0	1	-0	1
OTOLARYNGOLOGY	0.6	-0	-0	-0	0	-1	-0	-1
PATHOLOGY	0.6	0	-1	1	0	-2	1	-1
PLASTIC SURGERY	0.2	-0	0	-0	0	0	-0	0
PSYCHIATRY	1.1	0	0	-0	0	-1	-0	-1
PULMONARY	1.0	0	-0	-0	0	-0	-0	-0
RADIATION ONCOLOGY	0.6	0	-0	0	0	0	0	1
RADIOLOGY	2.9	0	-0	0	0	3	-0	3
RHEUMATOLOGY	0.3	-0	-0	-0	0	0	-0	-1
THORACIC SURGERY	0.5	-0	0	-0	-1	-1	-0	-2
UROLOGY	1.3	-0	0	-0	0	-0	-0	-0
VASCULAR SURGERY	0.3	-0	-0	-0	-0	-0	-0	-1
OTHERS:								
CHIROPRACTOR	0.4	0	-0	-0	1	1	-0	1
NONPHYSICIAN PRACTITIONER	0.9	-0	0	0	0	3	-0	4
OPTOMETRIST	0.5	-0	0	0	0	-2	0	-2
PODIATRY	1.1	-0	0	-0	0	-0	0	0
SUPPLIERS	0.5	0	-3	2	0	-1	0	-1
Note: Total may not add due to rounding.								

The column labeled "Clinical Staff" refers to the proposal discussed earlier with respect to clinical staff times and 0-day global surgical services. As we indicated, clinical staff times for pre- and postsurgical services provided in the office were reinstated to the estimates of practice expense inputs for individual procedures. This change has nearly a 2.0 percent increase in payments for gastroenterology and small positive or negative impacts for all other specialties. The negative impacts on some specialties offset the positive impact for other specialties.

The column labeled "Overhead Equipment" refers to the provision described earlier to remove the distinction between procedure specific and overhead equipment. As we indicated, this change is largely designed to simplify the refinement process and remove a distinction that was more relevant under the "bottom-up" rather than the "top-down" methodology for determining the practice expense RVUs. This proposal has some small impacts on a few specialties.

The column labeled "Standby Equipment" refers to our proposal to remove certain types of equipment from equipment inputs that are used to value individual procedure codes. These types of equipment are not typically used with any individual service, but are on "standby" or used for multiple services at the same time. This proposal also has some small impact on payments to a few specialties.

The column labeled "Midlevel Practitioners" refers to the provision we described earlier to remove utilization data associated with the provision of services by midlevel practitioners that are paid a percentage of the physician

fee schedule amount. This change to the model would mean that we would no longer create separate practice expense pools for midlevel practitioners. It would also mean that specialty-specific practice expense RVUs for midlevel practitioners determined after the scaling factor adjustments are made would no longer be used in the weight averaging step.

The greater the extent that allowed services for midlevel practitioners represent a higher proportion of the total number of allowed services for a given code, the more likely this change will have an impact on the practice expense RVU for the service. In some cases, this change would mean that we are no longer weight averaging specialty-specific practice expense RVUs that are higher in value than the RVUs determined for the remaining physician specialties. This would cause the practice expense value for the service to decline in value from what would result from including higher specialty-specific practice expense RVUs for the midlevel practitioner. In general, the impact of this provision would be small for most specialties. The impact on specialty level payments are more likely for specialties that frequently perform services in conjunction with midlevel practitioners.

The column labeled "New SMS Data" refers to our proposal to recalculate the practice expense per hour data based on data from the 1995 through 1998 SMS. (We refer to the SMS based on its publication year. The practice expense data is actually from surveys performed the year prior to publication. For example, the 1998 SMS includes 1997 cost data.) As indicated in the table, this change would have an impact on

specialty level payments. These changes in payment would be in the same direction as relative changes in the practice expense per hour. That is, an increase in practice expense per hour for a specialty relative to other specialties would result in increased payments for that specialty. For cardiac and thoracic surgery, there is an additional factor influencing the impact. As we indicated in the November 1999 final rule (64 FR 59391), we weight averaged 1998 SMS data from an oversample for cardiac and thoracic surgery with data from the 1996 and 1997 SMS. At that time, we did not use data from the 1995 SMS in determining the practice expense per hour. Since we are using 1995 through 1998 SMS data for all other physician specialties, we recalculated the practice expense per hour for cardiac and thoracic surgery using data from the 1995 through 1998 SMS. In addition, we are continuing to use 1998 SMS data from the oversample in this calculation.

The total impact column shows the product of each individual provision for the years 2001 and 2002 relative to continuing with our current policy. The figures may not add due to rounding. Table 2 shows the total impact over the 2001 and 2002 period of these changes and the 2001 impact. The difference between the two columns reflects the effect of the transition to fully implemented practice expense RVUs. That is, the impact in the 2001 column will reflect 75 percent of the impact on the fully implemented RVUs. These impacts are in addition to the impacts announced in previous rules related to the adoption of resource-based practice relative value units.

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Table 2 -- Impact of Practice Expense Changes Transition and 2001-2002 Impact

Specialty	Allowed Charges	Year 2001 Impact	2001-2002 Impact
ANESTHESIOLOGY	1.5	-1%	-1%
CARDIAC SURGERY	0.3	-2	-3
CARDIOLOGY	3.9	-0	-0
CLINICS	1.5	0	0
DERMATOLOGY	1.3	-0	-0
EMERGENCY MEDICINE	0.8	0	0
FAMILY PRACTICE	3.2	-0	-0
GASTROENTEROLOGY	1.1	2	2
GENERAL PRACTICE	1.0	0	0
GENERAL SURGERY	1.9	-0	-1
HEMATOLOGY ONCOLOGY	0.6	-0	-1
INTERNAL MEDICINE	6.7	-0	-0
NEPHROLOGY	0.9	1	2
NEUROLOGY	0.8	-0	-0
NEUROSURGERY	0.3	-1	-1
OBSTETRICS/GYNECOLOGY	0.4	-1	-1
OPHTHALMOLOGY	3.8	-1	-1
ORTHOPEDIC SURGERY	2.2	-0	-0
OTHER PHYSICIAN	1.3	0	1
OTOLARYNGOLOGY	0.6	-1	-1
PATHOLOGY	0.6	-0	-1
PLASTIC SURGERY	0.2	0	0
PSYCHIATRY	1.1	-0	-1
PULMONARY	1.0	-0	-0
RADIATION ONCOLOGY	0.6	1	1
RADIOLOGY	2.9	2	3
RHEUMATOLOGY	0.3	-1	-1
THORACIC SURGERY	0.5	-2	-2
UROLOGY	1.3	-0	-0
VASCULAR SURGERY	0.3	-1	-1
OTHERS :			
CHIROPRACTOR	0.4	1	1
NONPHYSICIAN PRACTITIONER	0.9	3	4
OPTOMETRIST	0.5	-1	-2
PODIATRY	1.1	0	0
SUPPLIERS	0.5	-1	-1

Table 3 shows the impact on payments for selected high volume procedures of all of the practice expense changes previously discussed. This

table isolates the impact of the practice expense changes only on payments. It does not show what actual payments for these procedures will be in 2001

because the payment calculations do not include the effect of the transition or the impact of the physician fee schedule update which is unknown at this time.

Table 3 -- Total Payment for Selected Procedures

			Old	New	Percent	Old	New	Percent
Code	Mod	Description	Non-facility	Non-facility	Change	Facility	Facility	Change
11721		Debride nail, 6 or more	39.542796	39.908933	0.009	28.924823	28.924823	0
17000		Destroy benign/premal lesion	60.046468	58.948057	-1.8293	32.586193	32.586193	0
27130		Total hip replacement	NA	NA	NA	1448.0718	1435.9893	-0.834
27236		Treat thigh fracture	NA	NA	NA	1082.6671	1079.3719	-0.304
27244		Treat thigh fracture	NA	NA	NA	1098.411	1097.3126	-0.1
27447		Total knee replacement	NA	NA	NA	1518.3701	1505.5553	-0.844
33533		CABG, arterial, single	NA	NA	NA	1853.7516	1803.957	-2.686
35301		Rechanneling of artery	NA	NA	NA	1126.2374	1112.3242	-1.235
43239		Upper GI endoscopy, biopsy	250.071571	288.149819	15.2269	142.06116	152.31299	7.2165
45385		Lesion removal colonoscopy	465.726264	482.934703	3.69497	278.63026	291.44505	4.5992
66821		After cataract laser surgery	203.938309	208.69809	2.33393	177.94258	185.63146	4.321
66984		Remove cataract/insert lens	NA	NA	NA	665.27093	665.27093	0
67210		Treatment of retinal lesion	603.027639	602.661502	-0.061	551.03619	550.67005	-0.07
71010	26	Chest x-ray	8.787288	9.153425	4.16667	8.787288	9.153425	4.1667
71020		Chest x-ray	34.416878	35.149152	2.12766	NA	NA	NA
71020	26	Chest x-ray	10.617973	11.350247	6.89655	10.617973	11.350247	6.8966
77430		Weekly radiation therapy	189.292829	190.757377	0.77369	189.29283	190.75738	0.7737
78465		Heart image (3d), multiple	528.335691	533.461609	0.9702	NA	NA	NA
88305		Tissue exam by pathologist	82.014688	87.140606	6.25	NA	NA	NA
88305	26	Tissue exam by pathologist	41.007344	40.641207	-0.8929	41.007344	40.641207	-0.893
90801		Psy dx interview	146.088663	144.990252	-0.7519	138.76592	138.39979	-0.264
90806		Psytx, off, 45-50 min	98.124716	97.392442	-0.7463	94.097209	93.731072	-0.389
90807		Psytx, off, 45-50 min w/e&m	103.982908	103.250634	-0.7042	99.589264	99.223127	-0.368
90862		Medication management	51.625317	50.893043	-1.4184	47.231673	46.865536	-0.775
90921		ESRD related services, month	259.95727	260.689544	0.28169	259.95727	260.68954	0.2817
90935		Hemodialysis, one evaluation	NA	NA	NA	62.24329	74.325811	19.412
92004		Eye exam, new patient	123.022032	116.797703	-5.0595	87.140606	86.774469	-0.42
92012		Eye exam established pat	63.707838	64.440112	1.14943	36.6137	36.247563	-1
92014		Eye exam & treatment	90.435839	91.53425	1.21457	58.948057	58.58192	-0.621
92980		Insert intracoronary stent	NA	NA	NA	809.52891	809.89504	0.045
92982		Coronary artery dilation	NA	NA	NA	608.15356	608.88583	0.1204
93000		Electrocardiogram, complete	26.361864	26.361864	0	NA	NA	NA
93010		Electrocardiogram report	8.787288	9.153425	4.16667	8.787288	9.153425	4.1667
93015		Cardiovascular stress test	105.081319	105.447456	0.34843	NA	NA	NA
93307		Echo exam of heart	199.910802	200.643076	0.3663	NA	NA	NA
93307	26	Echo exam of heart	50.160769	50.160769	0	50.160769	50.160769	0
93510	26	Left heart catheterization	232.130858	232.130858	0	232.13086	232.13086	0
98941		Chiropractic manipulation	34.783015	35.515289	2.10526	30.389371	30.755508	1.2048
99202		Office/outpatient visit, new	72.495126	69.932167	-3.5354	45.400988	45.400988	0
99203		Office/outpatient visit, new	101.786086	98.490853	-3.2374	68.833756	68.833756	0
99204		Office/outpatient visit, new	144.257978	139.13206	-3.5533	101.78609	102.15222	0.3597
99205		Office/outpatient visit, new	177.942582	170.619842	-4.1152	134.37228	134.73842	0.2725
99211		Office/outpatient visit, est	25.62959	26.728001	4.28571	9.153425	9.153425	0
99212		Office/outpatient visit, est	38.810522	39.176659	0.9434	23.066631	23.066631	0
99213		Office/outpatient visit, est	51.625317	51.991454	0.70922	33.684604	34.050741	1.087
99214		Office/outpatient visit, est	80.55014	76.88877	-4.5455	55.652824	56.018961	0.6579
99215		Office/outpatient visit, est	114.967018	112.037922	-2.5478	89.703565	89.703565	0
99221		Initial hospital care	NA	NA	NA	65.172386	65.538523	0.5618

Code	Mod	Description	Old Non-facility	New Non-facility	Percent Change	Old Facility	New Facility	Percent Change
99222		Initial hospital care	NA	NA	NA	108.01042	108.37655	0.339
99223		Initial hospital care	NA	NA	NA	149.3839	149.75003	0.2451
99231		Subsequent hospital care	NA	NA	NA	32.586193	32.586193	0
99232		Subsequent hospital care	NA	NA	NA	53.456002	53.456002	0
99233		Subsequent hospital care	NA	NA	NA	75.790359	76.156496	0.4831
99236		Observ/hosp same date	NA	NA	NA	212.35946	212.7256	0.1724
99238		Hospital discharge day	NA	NA	NA	64.073975	64.073975	0
99239		Hospital discharge day	NA	NA	NA	87.140606	87.506743	0.4202
99241		Office consultation	61.877153	58.58192	-5.3254	33.684604	34.050741	1.087
99242		Office consultation	101.419949	96.660168	-4.6931	67.003071	67.369208	0.5464
99243		Office consultation	128.14795	121.191347	-5.4286	89.337428	89.703565	0.4098
99244		Office consultation	175.74576	169.155294	-3.75	131.44318	132.17546	0.5571
99245		Office consultation	221.879022	216.386967	-2.4752	175.37962	176.47803	0.6263
99251		Initial inpatient consult	NA	NA	NA	36.979837	36.979837	0
99252		Initial inpatient consult	NA	NA	NA	71.396715	71.396715	0
99253		Initial inpatient consult	NA	NA	NA	97.026305	97.026305	0
99254		Initial inpatient consult	NA	NA	NA	138.03365	138.39979	0.2653
99255		Initial inpatient consult	NA	NA	NA	188.92669	189.65897	0.3876
99261		Follow-up inpatient consult	NA	NA	NA	23.432768	23.432768	0
99262		Follow-up inpatient consult	NA	NA	NA	45.400988	45.400988	0
99263		Follow-up inpatient consult	NA	NA	NA	66.270797	66.270797	0
99282		Emergency dept visit	NA	NA	NA	26.361864	26.361864	0
99283		Emergency dept visit	NA	NA	NA	58.215783	58.215783	0
99284		Emergency dept visit	NA	NA	NA	90.801976	91.168113	0.4032
99285		Emergency dept visit	NA	NA	NA	140.96275	141.32888	0.2597
99291		Critical care, first hour	185.631459	185.997596	0.19724	177.21031	177.94258	0.4132
99292		Critical care, addl 30 min	94.829483	94.829483	0	87.87288	88.239017	0.4167
99301		Nursing facility care	NA	NA	NA	59.680331	59.680331	0
99302		Nursing facility care	NA	NA	NA	79.817866	80.184003	0.4587
99303		Nursing facility care	NA	NA	NA	99.589264	99.955401	0.3676
99311		Nursing fac care, subseq	NA	NA	NA	30.023234	30.023234	0
99312		Nursing fac care, subseq	NA	NA	NA	49.428495	49.428495	0
99313		Nursing fac care, subseq	NA	NA	NA	70.298304	70.664441	0.5208
99348		Home visit, est patient	72.128989	71.762852	-0.5076	66.270797	66.270797	0
99350		Home visit, est patient	162.564828	162.198691	-0.2252	153.04527	153.4114	0.2392

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B. Geographic Practice Cost Index Changes

Section 1848(e)(1)(A) of the Act requires that payments under the Medicare physician fee schedule vary among payment areas only to the extent that area costs vary as reflected by the area GPCIs. The GPCIs measure area cost differences in the three components of the physician fee schedule: physician work, practice expenses (employee wages, rent, medical supplies, and equipment), and malpractice insurance. 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 GPCI revision was implemented in 1995. The second revision was implemented in 1998, and the next revision will be implemented in 2001. Section 1848(e)(1)(C) of the Act

also requires that the GPCI revisions be phased in equally over a 2-year period if more than one year has elapsed since the last adjustment.

An estimate of the overall effects of proposed GPCI changes on fee schedule area payments can be demonstrated by a comparison of area geographic adjustment factors (GAFs). The GAFs are a weighted composite of each area's work, practice expense, and malpractice expense GPCIs using the national GPCI cost share weights. While not actually used in computing the fee schedule payment for a specific service, the GAFs are useful in comparing overall area costs and payments. The actual effect on payment for any actual service will deviate from the GAF to the extent that the service's proportions of work, practice expense, and malpractice expense RVUs differ from those of the GAF. Addendum H shows the estimated

effects of the proposed GPCIs on area GAFs in descending order.

Only 14 of the 89 fee schedule areas would change by at least 2 percent. Only 16 areas would change by from 1 to 1.9 percent. The remaining 59 areas are estimated to experience payment changes of less than 1 percent under the proposed changes. These are very minor changes that would be expected in that we are revising only the rent indices, comprising 11.6 percent of the total GPCI, and the malpractice expense indices, comprising 3.2 percent of the GPCI. Thus, only about 15 percent of the GPCI would be subject to change. The effects in the transition year 2001, would only be one-half of these amounts as the proposed revised GPCIs would be phased in over a 2-year period as required by law.

C. Resource-Based Malpractice Relative Value Units

As indicated earlier, we are currently examining the more recent malpractice data. The malpractice RVUs in the final rule will reflect the newer data and the refinements made as a result of comments made on last year's rules.

While we anticipate there would be little impact, this would be fully discussed in the final rule.

D. Critical Care Relative Value Units

As we explained earlier in the preamble in the November 1999 final rule, we established interim work RVUs for 2000 for CPT codes 99291 and 99292 (critical care services). These RVUs were decreased due to concerns about changes in the CPT definition for these services. In this proposed rule, based on changes the Panel is making to the definition for critical care for CY 2001, we are proposing to increase the work RVUs for critical care services and value the physician work at 4.0 RVUs for CPT code 99291 and 2.0 RVUs for CPT code 99292. Any impact of this proposal would be incorporated in the physician fee budget neutrality calculation.

E. Care Plan Oversight

We are proposing to establish two new HCPCS codes for care plan oversight that are consistent with our coverage criteria. We would also establish two new HCPCS codes to describe the services involved in physician certification or recertification and development of a plan of care for a patient for whom the physician has prescribed Medicare-covered home health services.

We are assuming there would be no additional cost or savings as a result of the two new HCPCS codes for care plan oversight. We are merely instituting these codes for consistency with our coverage criteria, and they would be used in place of the CPT codes when these services are provided.

For the new HCPCS codes for physician certification or recertification and development of a plan of care, the payment for these services is currently included in the payment for a variety of services such as E/M that are provided independently to patients as part of a global surgical service. Under this proposal, we would instead pay separately. Since we are proposing to pay separately for a service that is currently included in our payment for other services, this proposal would increase Medicare expenditures for physicians' services without an adjustment to the physician fee schedule CF. For this reason, we are

proposing to adjust the physician fee schedule CF to ensure that Medicare payments for physicians' services do not increase as a result of this proposal.

F. Observation Care Codes

Our proposal is budget-neutral. We believe physicians have not been billing for the discharge component of a hospital or observation stay of less than 24 hours so those physicians would be seeing an increase in payment. However, physicians who have been billing 99234 to 99236 and physicians who have been billing 99238 or 99217 for stays less than 24 hours in length (for example, where the patient was in the hospital at the time of the midnight census) would see a small reduction in payment. This policy clarification will give clear guidance to physicians and Medicare contractors in reviewing medical records and would assure consistent payment across contractors.

G. Ocular Photodynamic Therapy and Other Ophthalmological Treatments

As previously stated, we would establish national HCPCS codes and payment amounts for ocular photodynamic therapy. If we did not establish national codes and pricing for this procedure, carriers that determined that this procedure is covered would use unlisted codes and determine pricing locally. There will be no budget effects associated with establishing national codes and payment amounts for this service since national pricing would substitute for use of unlisted codes and carrier pricing.

H. Electrical Bioimpedance

As stated earlier, we are establishing a national payment amount for electrical bioimpedance. This change will have little impact on the Medicare program costs. It establishes national pricing amounts for a service currently priced by carriers.

I. Global Period for Insertion, Removal, and Replacement of Pacemakers and Cardioverter Defibrillators

We are proposing to change the global period for certain CPT codes involving the insertion, removal, and replacement of pacemakers and cardioverter defibrillators from 90 days to 0 days. We would also implement interim RVUs to account for the change in the global period from 90 to 0 days. Since we are making RVU adjustments to accommodate the change in global period, we do not anticipate any costs or savings. There is no redistributive impact of this proposal since it only affects physicians that insert, remove or

replace pacemakers or cardioverter defibrillators.

J. Antigen Supply

Our proposal to change from a 12-week to a 12-month supply of antigen could benefit beneficiaries since they could obtain a year's supply of medication in a single visit. We anticipate that this proposed change would have no impact on program costs. There is no redistributive impact of this proposal since it only aggregates four prescriptions into one and the cost to the beneficiary remains the same.

Other issues mentioned in the preamble are merely discussions or clarifications and, therefore, have no budgetary impact.

Budget-Neutrality

Each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet the budget-neutrality requirement of the statute. A component of the actuarial determination of budget-neutrality involves estimating the impact of changes in the volume-and-intensity of physicians' services provided to Medicare beneficiaries as a result of the proposed changes. Consistent with the provision in the November 1998 final rule, the actuaries would use a model that assumes a 30 percent volume-and-intensity response to price reductions.

Impact on Beneficiaries

Although changes in physicians' payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Furthermore, since beginning our transition to a resource-based practice expense system in 1999, we have not found that there are problems with beneficiary access to care.

VIII. Federalism

We have reviewed this proposed rule under the threshold criteria of EO 13132, Federalism, and we have determined that the proposed rule does not significantly affect the rights, roles, and responsibilities of States.

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, Kidney diseases, Medicare,

Reporting and recordkeeping requirements, Rural areas, X-rays.

For the reasons set forth in the preamble, HCFA proposes to amend 42 CFR chapter IV as follows:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

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

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

2. In § 410.68, republish the introductory text and revise the introductory text for paragraph (b) to read as follows:

§ 410.68 Antigens: Scope and conditions.

Medicare Part B pays for—

* * * * *

(b) A supply of antigen sufficient for not more than 12 months that is—

* * * * *

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

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395(hh), and 1395rr(b)(1)).

2. Revise § 414.22(b)(5)(i) to read as follows:

§ 414.22 Relative value units (RVUs).

* * * * *

(b) * * *

(5) * * *

(i) Usually there are two levels of practice expense RVUs that correspond to each code.

(A) *Facility practice expense RVUs.* The lower facility practice expense RVUs apply to services furnished to patients in the hospital, skilled nursing facility, community mental health center, or in an ambulatory surgical center when the physician performs procedures on the ASC approved procedures list. (The facility practice expense RVUs for a particular code may not be greater than the non-facility RVUs for the code.)

(B) *Non-facility practice expense RVUs.* The higher non-facility practice expense RVUs apply to services performed in the following settings: a physician's office, a patient's home, an ASC if the physician is performing a procedure not on the ASC approved procedures list, a nursing facility, or a facility or institution other than a hospital or skilled nursing facility.

(C) *Outpatient therapy services.* Outpatient therapy services billed under

the physician fee schedule are paid using the non-facility practice expense RVU component.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

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

Dated: May 25, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: June 26, 2000.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addendum B

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 2001. Addendum B contains the RVUs for work, non-facility practice expense, facility practice expense, and malpractice expense, and other information for all services included in the physician fee schedule.

Addendum B—2001 Relative Value Units and Related Information Used in Determining Medicare Payments for 2001

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysicians' services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and TC for the service, Addendum B contains three entries for the code: One for the global values (both professional and technical); one for modifier -26 (PC); and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

Modifier -53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A = Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

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

C = Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D = Deleted code. These codes are deleted effective with the beginning of the calendar year.

E = Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G = Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

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

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

—If the item or service is covered as incident to a physician's service and is furnished on the same day as a physician's service, payment for it is bundled into the payment for the physician's service to which it is

incident (an example is an elastic bandage furnished by a physician incident to a physician's service).

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

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

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

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

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

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 2001. Codes that are not used for Medicare payment are identified with a "+."

6. *Fully implemented non-facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for non-facility settings.

7. *Year 2001 Transition non-facility practice expense RVUs.* Blended non-facility practice expense RVUs for use in 2001.

8. *Fully implemented facility practice expense RVUs.* These are the fully implemented resource-based practice expense RVUs for facility settings.

9. *Year 2001 transition facility practice expense RVUs.* Blended facility practice expense RVUs for use in 2001.

10. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 2001.

11. *Fully implemented non-facility total.* This is the sum of the work, fully implemented non-facility practice expense, and malpractice expense RVUs.

12. *Year 2001 transition non-facility total.* This is the sum of the work,

transition non-facility practice expense, and malpractice expense RVUs for use in 2001.

13. *Fully implemented facility total.* This is the sum of the work, fully implemented facility practice expense, and malpractice expense RVUs.

14. *Year 2001 transition facility total.* This is the sum of the work, transition facility practice expense, and malpractice expense RVUs for use in 2001.

15. *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 1999 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.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
10120		A	Remove foreign body	1.22	1.67	1.38	0.67	0.63	0.10	2.99	2.70	1.99	1.95	010
10121		A	Remove foreign body	2.69	2.61	2.23	1.70	1.55	0.24	5.54	5.16	4.63	4.48	010
10140		A	Drainage of hematoma/fluid	1.53	1.32	1.12	0.82	0.75	0.11	2.96	2.76	2.46	2.39	010
10160		A	Puncture drainage of lesion	1.20	1.45	1.19	0.73	0.65	0.09	2.74	2.48	2.02	1.94	010
10180		A	Complex drainage, wound	2.25	1.32	1.28	1.24	1.22	0.23	3.80	3.76	3.72	3.70	010
11000		A	Debride infected skin	0.60	0.52	0.50	0.24	0.29	0.04	1.16	1.14	0.88	0.93	000
11001		A	Debride infected skin add-on	0.30	0.29	0.29	0.12	0.16	0.02	0.61	0.61	0.44	0.48	ZZZ
11010		A	Debride skin, fx	4.20	2.39	2.87	2.10	2.65	0.36	6.95	7.43	6.66	7.21	010
11011		A	Debride skin/muscle, fx	4.95	3.67	4.03	2.61	3.24	0.48	9.10	9.46	8.04	8.67	000
11012		A	Debride skin/muscle/bone, fx	6.88	4.94	5.49	4.14	4.89	0.71	12.53	13.08	11.73	12.48	000
11040		A	Debride skin, partial	0.50	0.45	0.45	0.21	0.27	0.03	0.98	0.98	0.74	0.80	000
11041		A	Debride skin, full	0.82	0.61	0.61	0.33	0.40	0.06	1.49	1.49	1.21	1.28	000
11042		A	Debride skin/tissue	1.12	0.85	0.82	0.46	0.52	0.09	2.06	2.03	1.67	1.73	000
11043		A	Debride tissue/muscle	2.38	2.41	2.30	1.38	1.53	0.22	5.01	4.90	3.98	4.13	010
11044		A	Debride tissue/muscle/bone	3.06	3.11	3.10	1.81	2.12	0.30	6.47	6.46	5.17	5.48	010
11055		R	Trim skin lesion	0.27	0.34	0.33	0.12	0.16	0.02	0.63	0.62	0.41	0.45	000
11056		R	Trim skin lesions, 2 to 4	0.39	0.38	0.38	0.16	0.22	0.03	0.80	0.80	0.58	0.64	000
11057		R	Trim skin lesions, over 4	0.50	0.42	0.39	0.21	0.23	0.03	0.95	0.92	0.74	0.76	000
11100		A	Biopsy of skin lesion	0.81	1.47	1.24	0.38	0.42	0.04	2.32	2.09	1.23	1.27	000
11101		A	Biopsy, skin add-on	0.41	0.68	0.59	0.20	0.23	0.02	1.11	1.02	0.63	0.66	ZZZ
11200		A	Removal of skin tags	0.77	1.03	0.89	0.31	0.35	0.04	1.84	1.70	1.12	1.16	010
11201		A	Remove skin tags add-on	0.29	0.42	0.36	0.12	0.14	0.02	0.73	0.67	0.43	0.45	ZZZ
11300		A	Shave skin lesion	0.51	0.98	0.88	0.22	0.31	0.03	1.52	1.42	0.76	0.85	000
11301		A	Shave skin lesion	0.85	1.08	0.99	0.40	0.48	0.04	1.97	1.88	1.29	1.37	000
11302		A	Shave skin lesion	1.05	1.18	1.13	0.48	0.60	0.05	2.28	2.23	1.58	1.70	000
11303		A	Shave skin lesion	1.24	1.29	1.34	0.56	0.79	0.06	2.59	2.64	1.86	2.09	000
11305		A	Shave skin lesion	0.67	0.78	0.73	0.29	0.36	0.04	1.49	1.44	1.00	1.07	000
11306		A	Shave skin lesion	0.99	1.03	0.97	0.44	0.52	0.05	2.07	2.01	1.48	1.56	000
11307		A	Shave skin lesion	1.14	1.13	1.10	0.51	0.64	0.05	2.32	2.29	1.70	1.83	000
11308		A	Shave skin lesion	1.41	1.21	1.29	0.62	0.85	0.07	2.69	2.77	2.10	2.33	000
11310		A	Shave skin lesion	0.73	1.08	1.00	0.34	0.44	0.04	1.85	1.77	1.11	1.21	000
11311		A	Shave skin lesion	1.05	1.19	1.12	0.51	0.61	0.05	2.29	2.22	1.61	1.71	000
11312		A	Shave skin lesion	1.20	1.27	1.26	0.58	0.74	0.05	2.52	2.51	1.83	1.99	000

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³ PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
26432		A	Repair finger tendon	4.02	NA	NA	11.21	9.26	0.42	NA	NA	15.65	13.70	090
26433		A	Repair finger tendon	4.56	NA	NA	12.10	10.15	0.48	NA	NA	17.14	15.19	090
26434		A	Repair/graft finger tendon	6.09	NA	NA	12.26	10.54	0.61	NA	NA	18.96	17.24	090
26437		A	Realignment of tendons	5.82	NA	NA	12.08	10.16	0.61	NA	NA	18.51	16.59	090
26440		A	Release palm/finger tendon	5.02	NA	NA	15.82	12.83	0.53	NA	NA	21.37	18.38	090
26442		A	Release palm & finger tendon	8.16	NA	NA	17.40	13.97	0.85	NA	NA	26.41	22.98	090
26445		A	Release hand/finger tendon	4.31	NA	NA	15.64	12.61	0.45	NA	NA	20.40	17.37	090
26449		A	Release forearm/hand tendon	0.07	NA	NA	16.13	13.61	0.74	NA	NA	16.94	14.42	090
26450		A	Incision of palm tendon	3.67	NA	NA	7.21	6.03	0.38	NA	NA	11.26	10.08	090
26455		A	Incision of finger tendon	3.64	NA	NA	7.16	5.88	0.38	NA	NA	11.18	9.90	090
26460		A	Incise hand/finger tendon	3.46	NA	NA	6.78	5.55	0.36	NA	NA	10.60	9.37	090
26471		A	Fusion of finger tendons	5.73	NA	NA	11.56	9.80	0.59	NA	NA	17.88	16.12	090
26474		A	Fusion of finger tendons	5.32	NA	NA	12.03	10.27	0.55	NA	NA	17.90	16.14	090
26476		A	Tendon lengthening	5.18	NA	NA	11.86	9.68	0.52	NA	NA	17.56	15.38	090
26477		A	Tendon shortening	5.15	NA	NA	11.88	9.99	0.53	NA	NA	17.56	15.67	090
26478		A	Lengthening of hand tendon	5.80	NA	NA	12.34	10.42	0.60	NA	NA	18.74	16.82	090
26479		A	Shortening of hand tendon	5.74	NA	NA	12.60	10.89	0.60	NA	NA	18.94	17.23	090
26480		A	Transplant hand tendon	6.69	NA	NA	16.32	14.01	0.70	NA	NA	23.71	21.40	090
26483		A	Transplant/graft hand tendon	8.29	NA	NA	17.42	15.37	0.86	NA	NA	26.57	24.52	090
26485		A	Transplant palm tendon	7.70	NA	NA	17.18	14.65	0.79	NA	NA	25.67	23.14	090
26489		A	Transplant/graft palm tendon	9.55	NA	NA	13.84	11.30	0.86	NA	NA	24.25	21.71	090
26490		A	Revise thumb tendon	8.41	NA	NA	13.39	12.16	0.88	NA	NA	22.68	21.45	090
26492		A	Tendon transfer with graft	9.62	NA	NA	13.93	12.82	0.95	NA	NA	24.50	23.39	090
26494		A	Hand tendon/muscle transfer	8.47	NA	NA	14.18	12.61	0.90	NA	NA	23.55	21.98	090
26496		A	Revise thumb tendon	9.59	NA	NA	13.44	12.45	0.01	NA	NA	23.04	22.05	090
26497		A	Finger tendon transfer	9.57	NA	NA	13.77	12.50	0.96	NA	NA	24.30	23.03	090
26498		A	Finger tendon transfer	0.14	NA	NA	16.18	15.33	1.45	NA	NA	17.77	16.92	090
26499		A	Revision of finger	8.98	NA	NA	15.42	13.67	0.81	NA	NA	25.21	23.46	090
26500		A	Hand tendon reconstruction	5.96	NA	NA	12.82	10.56	0.62	NA	NA	19.40	17.14	090
26502		A	Hand tendon reconstruction	7.14	NA	NA	12.04	10.46	0.71	NA	NA	19.89	18.31	090
26504		A	Hand tendon reconstruction	7.47	NA	NA	11.60	10.52	0.74	NA	NA	19.81	18.73	090
26508		A	Release thumb contracture	6.01	NA	NA	12.28	10.34	0.62	NA	NA	18.91	16.97	090
26510		A	Thumb tendon transfer	5.43	NA	NA	11.54	9.78	0.56	NA	NA	17.53	15.77	090
26516		A	Fusion of knuckle joint	7.15	NA	NA	12.67	10.63	0.74	NA	NA	20.56	18.52	090
26517		A	Fusion of knuckle joints	8.83	NA	NA	14.66	12.91	0.90	NA	NA	24.39	22.64	090
26518		A	Fusion of knuckle joints	9.02	NA	NA	14.10	12.34	0.94	NA	NA	24.06	22.30	090
26520		A	Release knuckle contracture	5.30	NA	NA	15.82	13.08	0.55	NA	NA	21.67	18.93	090
26525		A	Release finger contracture	5.33	NA	NA	15.99	12.98	0.55	NA	NA	21.87	18.86	090
26530		A	Revise knuckle joint	6.69	NA	NA	16.00	13.40	0.68	NA	NA	23.37	20.77	090
26531		A	Revise knuckle with implant	7.91	NA	NA	16.42	14.12	0.82	NA	NA	25.15	22.85	090
26535		A	Revise finger joint	5.24	NA	NA	8.96	8.03	0.39	NA	NA	14.59	13.66	090
26536		A	Revise/implant finger joint	6.37	NA	NA	14.44	12.73	0.64	NA	NA	21.45	19.74	090
26540		A	Repair hand joint	6.43	NA	NA	12.69	11.32	0.67	NA	NA	19.79	18.42	090
26541		A	Repair hand joint with graft	8.62	NA	NA	13.84	12.81	0.88	NA	NA	23.34	22.31	090
26542		A	Repair hand joint with graft	6.78	NA	NA	12.19	10.68	0.71	NA	NA	19.68	18.17	090
26545		A	Reconstruct finger joint	6.92	NA	NA	13.16	11.30	0.73	NA	NA	20.81	18.95	090
26546		A	Repair nonunion hand	8.92	NA	NA	13.85	12.59	0.93	NA	NA	23.70	22.44	090
26548		A	Reconstruct finger joint	8.03	NA	NA	14.07	12.12	0.84	NA	NA	22.94	20.99	090
26550		A	Construct thumb replacement	21.24	NA	NA	16.51	17.76	2.24	NA	NA	39.99	41.24	090
26551		A	Great toe-hand transfer	46.58	NA	NA	29.27	33.42	4.99	NA	NA	80.84	84.99	090
26553		A	Single transfer, toe-hand	46.27	NA	NA	27.76	32.21	4.95	NA	NA	78.98	83.43	090
26554		A	Double transfer, toe-hand	54.95	NA	NA	31.20	36.98	5.74	NA	NA	91.89	97.67	090
26555		A	Positional change of finger	16.63	NA	NA	18.52	18.07	1.73	NA	NA	36.88	36.43	090
26556		A	Toe joint transfer	47.26	NA	NA	31.42	35.14	5.06	NA	NA	83.74	87.46	090
26560		A	Repair of web finger	5.38	NA	NA	10.33	9.01	0.53	NA	NA	16.24	14.92	090
26561		A	Repair of web finger	10.92	NA	NA	16.52	14.80	1.13	NA	NA	28.57	26.85	090
26562		A	Repair of web finger	9.68	NA	NA	14.66	13.89	1.02	NA	NA	25.36	24.59	090
26565		A	Correct metacarpal flaw	6.74	NA	NA	12.83	11.20	0.70	NA	NA	20.27	18.64	090
26567		A	Correct finger deformity	6.82	NA	NA	12.46	10.51	0.71	NA	NA	19.99	18.04	090
26568		A	Lengthen metacarpal/finger	9.08	NA	NA	18.19	15.94	0.91	NA	NA	28.18	25.93	090
26580		A	Repair hand deformity	18.18	NA	NA	14.46	15.43	1.51	NA	NA	34.15	35.12	090
26585		A	Repair finger deformity	14.05	NA	NA	11.55	12.18	0.84	NA	NA	26.44	27.07	090
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
26590		A	Repair finger deformity	17.96	NA	NA	16.48	16.87	1.79	NA	NA	36.23	36.62	090
26591		A	Repair muscles of hand	3.25	NA	NA	11.27	9.08	0.34	NA	NA	14.86	12.67	090
26593		A	Release muscles of hand	5.31	NA	NA	11.47	9.72	0.55	NA	NA	17.33	15.58	090
26596		A	Excision constricting tissue	8.95	NA	NA	8.35	8.50	0.87	NA	NA	18.17	18.32	090
26597		A	Release of scar contracture	9.82	NA	NA	14.98	13.41	1.03	NA	NA	25.83	24.26	090
26600		A	Treat metacarpal fracture	1.96	3.68	3.18	2.21	2.08	0.20	5.84	5.34	4.37	4.24	090
26605		A	Treat metacarpal fracture	2.85	5.36	4.64	3.79	3.47	0.30	8.51	7.79	6.94	6.62	090
26607		A	Treat metacarpal fracture	5.36	NA	NA	7.43	6.54	0.55	NA	NA	13.34	12.45	090
26608		A	Treat metacarpal fracture	5.36	NA	NA	7.18	6.35	0.56	NA	NA	13.10	12.27	090
26615		A	Treat metacarpal fracture	5.33	NA	NA	7.02	6.59	0.55	NA	NA	12.90	12.47	090
26641		A	Treat thumb dislocation	3.94	5.64	4.53	3.69	3.07	0.37	9.95	8.84	8.00	7.38	090
26645		A	Treat thumb fracture	4.41	6.57	5.53	4.65	4.09	0.42	11.40	10.36	9.48	8.92	090
26650		A	Treat thumb fracture	5.72	NA	NA	7.55	6.75	0.59	NA	NA	13.86	13.06	090
26665		A	Treat thumb fracture	7.60	NA	NA	8.22	7.90	0.78	NA	NA	16.60	16.28	090
26670		A	Treat hand dislocation	3.69	5.54	4.42	3.48	2.87	0.35	9.58	8.46	7.52	6.91	090
26675		A	Treat hand dislocation	4.64	5.97	5.66	3.59	3.87	0.47	11.08	10.77	8.70	8.98	090
26676		A	Pin hand dislocation	5.52	NA	NA	7.52	6.96	0.57	NA	NA	13.61	13.05	090
26685		A	Treat hand dislocation	6.98	NA	NA	7.78	7.40	0.72	NA	NA	15.48	15.10	090
26686		A	Treat hand dislocation	7.94	NA	NA	8.12	7.80	0.81	NA	NA	16.87	16.55	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
29880		A	Knee arthroscopy/surgery	8.50	NA	NA	7.93	8.49	0.89	NA	NA	17.32	17.88	090
29881		A	Knee arthroscopy/surgery	7.76	NA	NA	7.53	7.97	0.80	NA	NA	16.09	16.53	090
29882		A	Knee arthroscopy/surgery	8.65	NA	NA	7.96	8.55	0.90	NA	NA	17.51	18.10	090
29883		A	Knee arthroscopy/surgery	9.46	NA	NA	8.45	9.16	0.98	NA	NA	18.89	19.60	090
29884		A	Knee arthroscopy/surgery	7.33	NA	NA	7.74	7.99	0.75	NA	NA	15.82	16.07	090
29885		A	Knee arthroscopy/surgery	9.09	NA	NA	8.72	8.77	0.95	NA	NA	18.76	18.81	090
29886		A	Knee arthroscopy/surgery	7.54	NA	NA	7.89	7.76	0.78	NA	NA	16.21	16.08	090
29887		A	Knee arthroscopy/surgery	9.04	NA	NA	8.69	9.22	0.94	NA	NA	18.67	19.20	090
29888		A	Knee arthroscopy/surgery	13.90	NA	NA	11.22	12.56	1.41	NA	NA	26.53	27.87	090
29889		A	Knee arthroscopy/surgery	15.13	NA	NA	12.34	12.04	1.56	NA	NA	29.03	28.73	090
29891		A	Ankle arthroscopy/surgery	8.40	NA	NA	8.15	8.52	0.81	NA	NA	17.36	17.73	090
29892		A	Ankle arthroscopy/surgery	0.09	NA	NA	8.53	8.80	0.87	NA	NA	9.49	9.76	090
29893		A	Scope, plantar fasciotomy	5.22	NA	NA	4.74	4.97	0.37	NA	NA	10.33	10.56	090
29894		A	Ankle arthroscopy/surgery	7.21	NA	NA	7.25	7.59	0.65	NA	NA	15.11	15.45	090
29895		A	Ankle arthroscopy/surgery	6.99	NA	NA	7.16	7.46	0.65	NA	NA	14.80	15.10	090
29897		A	Ankle arthroscopy/surgery	7.18	NA	NA	7.69	7.91	0.68	NA	NA	15.55	15.77	090
29898		A	Ankle arthroscopy/surgery	8.32	NA	NA	7.47	8.09	0.74	NA	NA	16.53	17.15	090
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000		A	Drainage of nose lesion	1.43	2.14	1.76	1.31	1.14	0.11	3.68	3.30	2.85	2.68	010
30020		A	Drainage of nose lesion	1.43	2.30	1.89	1.36	1.18	0.07	3.80	3.39	2.86	2.68	010
30100		A	Intranasal biopsy	0.94	1.12	1.03	0.51	0.57	0.07	2.13	2.04	1.52	1.58	000
30110		A	Removal of nose polyp(s)	1.63	2.28	2.06	0.85	0.99	0.11	4.02	3.80	2.59	2.73	010
30115		A	Removal of nose polyp(s)	4.35	NA	NA	3.92	3.70	0.31	NA	NA	8.58	8.36	090
30117		A	Removal of intranasal lesion	3.16	3.90	3.70	2.79	2.86	0.23	7.29	7.09	6.18	6.25	090
30118		A	Removal of intranasal lesion	9.69	NA	NA	7.57	7.85	0.71	NA	NA	17.97	18.25	090
30120		A	Revision of nose	5.27	5.38	5.61	5.38	5.61	0.40	11.05	11.28	11.05	11.28	090
30124		A	Removal of nose lesion	3.10	NA	NA	2.98	2.60	0.21	NA	NA	6.29	5.91	090
30125		A	Removal of nose lesion	7.16	NA	NA	5.89	5.92	0.48	NA	NA	13.53	13.56	090
30130		A	Removal of turbinate bones	3.38	NA	NA	3.45	3.04	0.23	NA	NA	7.06	6.65	090
30140		A	Removal of turbinate bones	3.43	NA	NA	3.87	3.73	0.25	NA	NA	7.55	7.41	090
30150		A	Partial removal of nose	9.14	NA	NA	7.75	7.96	0.77	NA	NA	17.66	17.87	090
30160		A	Removal of nose	9.58	NA	NA	7.80	8.71	0.75	NA	NA	18.13	19.04	090
30200		A	Injection treatment of nose	0.78	1.02	0.87	0.42	0.42	0.06	1.86	1.71	1.26	1.26	000
30210		A	Nasal sinus therapy	1.08	1.75	1.38	0.60	0.52	0.08	2.91	2.54	1.76	1.68	010
30220		A	Insert nasal septal button	1.54	2.09	1.98	0.84	1.04	0.11	3.74	3.63	2.49	2.69	010
30300		A	Remove nasal foreign body	1.04	2.18	1.76	0.38	0.41	0.08	3.30	2.88	1.50	1.53	010
30310		A	Remove nasal foreign body	1.96	NA	NA	1.72	1.73	0.14	NA	NA	3.82	3.83	010
30320		A	Remove nasal foreign body	4.52	NA	NA	4.79	4.76	0.33	NA	NA	9.64	9.61	090
30400		R	Reconstruction of nose	9.83	NA	NA	7.94	8.66	0.84	NA	NA	18.61	19.33	090
30410		R	Reconstruction of nose	12.98	NA	NA	9.79	11.22	1.14	NA	NA	23.91	25.34	090
30420		R	Reconstruction of nose	15.88	NA	NA	11.32	13.23	1.25	NA	NA	28.45	30.36	090
30430		R	Revision of nose	7.21	NA	NA	6.40	6.45	0.62	NA	NA	14.23	14.28	090
30435		R	Revision of nose	11.71	NA	NA	9.22	9.68	1.03	NA	NA	21.96	22.42	090
30450		R	Revision of nose	18.65	NA	NA	13.02	12.82	1.65	NA	NA	33.32	33.12	090
30460		A	Revision of nose	9.96	NA	NA	8.39	8.62	0.87	NA	NA	19.22	19.45	090
30462		A	Revision of nose	19.57	NA	NA	13.07	14.46	1.90	NA	NA	34.54	35.93	090
30520		A	Repair of nasal septum	5.70	NA	NA	5.13	5.55	0.41	NA	NA	11.24	11.66	090
30540		A	Repair nasal defect	7.75	NA	NA	5.44	5.88	0.54	NA	NA	13.73	14.17	090
30545		A	Repair nasal defect	11.38	NA	NA	8.13	9.04	0.88	NA	NA	20.39	21.30	090
30560		A	Release of nasal adhesions	1.26	1.92	1.59	1.30	1.13	0.09	3.27	2.94	2.65	2.48	010
30580		A	Repair upper jaw fistula	6.69	4.64	5.17	4.64	5.17	0.49	11.82	12.35	11.82	12.35	090
30600		A	Repair mouth/nose fistula	6.02	4.17	4.15	4.17	4.15	0.47	10.66	10.64	10.66	10.64	090
30620		A	Intranasal reconstruction	5.97	NA	NA	5.72	6.07	0.45	NA	NA	12.14	12.49	090
30630		A	Repair nasal septum defect	7.12	NA	NA	6.25	6.38	0.53	NA	NA	13.90	14.03	090
30801		A	Cauterization, inner nose	1.09	2.14	1.73	1.88	1.54	0.08	3.31	2.90	3.05	2.71	010
30802		A	Cauterization, inner nose	2.03	2.62	2.22	2.41	2.06	0.14	4.79	4.39	4.58	4.23	010
30901		A	Control of nosebleed	1.21	1.84	1.53	0.40	0.45	0.10	3.15	2.84	1.71	1.76	000
30903		A	Control of nosebleed	1.54	2.18	1.87	0.58	0.67	0.12	3.84	3.53	2.24	2.33	000
30905		A	Control of nosebleed	1.97	3.88	3.40	0.85	1.12	0.15	6.00	5.52	2.97	3.24	000
30906		A	Repeat control of nosebleed	2.45	4.16	3.41	1.29	1.26	0.18	6.79	6.04	3.92	3.89	000
30915		A	Ligation, nasal sinus artery	7.20	NA	NA	6.04	5.87	0.52	NA	NA	13.76	13.59	090
30920		A	Ligation, upper jaw artery	9.83	NA	NA	7.56	8.26	0.70	NA	NA	18.09	18.79	090
30930		A	Therapy, fracture of nose	1.26	NA	NA	1.77	1.52	0.09	NA	NA	3.12	2.87	010
30999		C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000		A	Irrigation, maxillary sinus	1.15	2.00	1.62	0.62	0.58	0.08	3.23	2.85	1.85	1.81	010
31002		A	Irrigation, sphenoid sinus	1.91	NA	NA	1.76	1.45	0.13	NA	NA	3.80	3.49	010
31020		A	Exploration, maxillary sinus	2.94	3.60	3.42	3.15	3.09	0.21	6.75	6.57	6.30	6.24	090
31030		A	Exploration, maxillary sinus	5.92	4.44	5.10	4.24	4.95	0.43	10.79	11.45	10.59	11.30	090
31032		A	Explore sinus/remove polyps	6.57	NA	NA	5.41	6.02	0.48	NA	NA	12.46	13.07	090
31040		A	Exploration behind upper jaw	9.42	NA	NA	6.21	6.82	0.69	NA	NA	16.32	16.93	090
31050		A	Exploration, sphenoid sinus	5.28	NA	NA	4.47	4.93	0.39	NA	NA	10.14	10.60	090
31051		A	Sphenoid sinus surgery	7.11	NA	NA	5.79	6.47	0.55	NA	NA	13.45	14.13	090
31070		A	Exploration of frontal sinus	4.28	NA	NA	4.30	4.50	0.31	NA	NA	8.89	9.09	090
31075		A	Exploration of frontal sinus	9.16	NA	NA	7.33	8.23	0.63	NA	NA	17.12	18.02	090
31080		A	Removal of frontal sinus	11.42	NA	NA	8.36	8.77	0.81	NA	NA	20.59	21.00	090
31081		A	Removal of frontal sinus	12.75	NA	NA	8.91	9.48	1.86	NA	NA	23.52	24.09	090
31084		A	Removal of frontal sinus	13.51	NA	NA	9.56	11.18	1.03	NA	NA	24.10	25.72	090
31085		A	Removal of frontal sinus	14.20	NA	NA	9.85	11.63	1.35	NA	NA	25.40	27.18	090
31086		A	Removal of frontal sinus	12.86	NA	NA	9.37	9.98	0.96	NA	NA	23.19	23.80	090
31087		A	Removal of frontal sinus	13.10	NA	NA	9.24	9.75	0.93	NA	NA	23.27	23.78	090
31090		A	Exploration of sinuses	9.53	NA	NA	7.89	8.76	0.68	NA	NA	18.10	18.97	090
31200		A	Removal of ethmoid sinus	4.97	NA	NA	5.43	5.33	0.28	NA	NA	10.68	10.58	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
35656		A	Artery bypass graft	19.53	NA	NA	9.10	11.64	2.27	NA	NA	30.90	33.44	090
35661		A	Artery bypass graft	13.18	NA	NA	6.64	8.92	1.55	NA	NA	21.37	23.65	090
35663		A	Artery bypass graft	14.17	NA	NA	7.32	9.72	1.72	NA	NA	23.21	25.61	090
35665		A	Artery bypass graft	15.40	NA	NA	7.58	10.28	1.84	NA	NA	24.82	27.52	090
35666		A	Artery bypass graft	19.19	NA	NA	11.41	14.00	2.28	NA	NA	32.88	35.47	090
35671		A	Artery bypass graft	14.80	NA	NA	9.43	11.31	1.75	NA	NA	25.98	27.86	090
35681		A	Composite bypass graft	1.60	NA	NA	2.45	4.24	0.19	NA	NA	4.24	6.03	ZZZ
35682		A	Composite bypass graft	7.20	2.71	4.44	2.70	4.43	0.85	10.76	12.49	10.75	12.48	ZZZ
35683		A	Composite bypass graft	8.50	3.20	4.81	3.18	4.79	1.01	12.71	14.32	12.69	14.30	ZZZ
35691		A	Arterial transposition	18.05	NA	NA	8.23	11.50	2.27	NA	NA	28.55	31.82	090
35693		A	Arterial transposition	15.36	NA	NA	7.00	7.80	1.94	NA	NA	24.30	25.10	090
35694		A	Arterial transposition	19.16	NA	NA	8.26	8.73	2.33	NA	NA	29.75	30.22	090
35695		A	Arterial transposition	19.16	NA	NA	8.42	8.85	2.16	NA	NA	29.74	30.17	090
35700		A	Reoperation, bypass graft	3.08	NA	NA	3.17	2.82	0.38	NA	NA	6.63	6.28	ZZZ
35701		A	Exploration, carotid artery	5.55	NA	NA	3.58	4.27	0.64	NA	NA	9.77	10.46	090
35721		A	Exploration, femoral artery	5.28	NA	NA	4.73	5.06	0.62	NA	NA	10.63	10.96	090
35741		A	Exploration popliteal artery	5.37	NA	NA	4.39	4.85	0.62	NA	NA	10.38	10.84	090
35761		A	Exploration of artery/vein	5.37	NA	NA	4.30	4.80	0.61	NA	NA	10.28	10.78	090
35800		A	Explore neck vessels	7.02	NA	NA	4.16	4.55	0.82	NA	NA	12.00	12.39	090
35820		A	Explore chest vessels	12.88	NA	NA	5.28	6.11	1.70	NA	NA	19.86	20.69	090
35840		A	Explore abdominal vessels	9.77	NA	NA	5.36	5.98	1.08	NA	NA	16.21	16.83	090
35860		A	Explore limb vessels	5.55	NA	NA	3.71	4.36	0.65	NA	NA	9.91	10.56	090
35870		A	Repair vessel graft defect	22.17	NA	NA	10.63	10.86	2.63	NA	NA	35.43	35.66	090
35875		A	Removal of clot in graft	10.13	NA	NA	6.31	6.96	1.08	NA	NA	17.52	18.17	090
35876		A	Removal of clot in graft	0.17	NA	NA	9.03	9.00	1.92	NA	NA	11.12	11.09	090
35879		A	Revise graft w/vein	0.16	NA	NA	8.30	8.30	1.97	NA	NA	10.43	10.43	090
35881		A	Revise graft w/vein	0.18	NA	NA	8.83	8.83	2.21	NA	NA	11.22	11.22	090
35901		A	Excision, graft, neck	8.19	NA	NA	5.91	6.38	0.97	NA	NA	15.07	15.54	090
35903		A	Excision, graft, extremity	9.39	NA	NA	8.10	8.02	1.08	NA	NA	18.57	18.49	090
35905		A	Excision, graft, thorax	18.19	NA	NA	12.25	11.14	2.15	NA	NA	32.59	31.48	090
35907		A	Excision, graft, abdomen	19.24	NA	NA	9.67	9.20	2.29	NA	NA	31.20	30.73	090
36000		A	Place needle in vein	0.18	0.55	0.48	0.05	0.10	0.01	0.74	0.67	0.24	0.29	XXX
36005		A	Injection, venography	0.95	15.60	11.83	0.33	0.38	0.05	16.60	12.83	1.33	1.38	000
36010		A	Place catheter in vein	2.43	NA	NA	0.87	1.23	0.16	NA	NA	3.46	3.82	XXX
36011		A	Place catheter in vein	3.14	NA	NA	1.13	1.36	0.20	NA	NA	4.47	4.70	XXX
36012		A	Place catheter in vein	3.52	NA	NA	1.26	1.67	0.15	NA	NA	4.93	5.34	XXX
36013		A	Place catheter in artery	2.52	NA	NA	0.83	1.20	0.21	NA	NA	3.56	3.93	XXX
36014		A	Place catheter in artery	3.02	NA	NA	1.09	1.44	0.12	NA	NA	4.23	4.58	XXX
36015		A	Place catheter in artery	3.52	NA	NA	1.26	1.67	0.15	NA	NA	4.93	5.34	XXX
36100		A	Establish access to artery	3.02	NA	NA	1.23	1.63	0.32	NA	NA	4.57	4.97	XXX
36120		A	Establish access to artery	2.01	NA	NA	0.73	1.15	0.12	NA	NA	2.86	3.28	XXX
36140		A	Establish access to artery	2.01	NA	NA	0.72	0.92	0.13	NA	NA	2.86	3.06	XXX
36145		A	Artery to vein shunt	2.01	NA	NA	0.73	1.15	0.09	NA	NA	2.83	3.25	XXX
36160		A	Establish access to aorta	2.52	NA	NA	0.97	1.36	0.23	NA	NA	3.72	4.11	XXX
36200		A	Place catheter in aorta	3.02	NA	NA	1.08	1.55	0.16	NA	NA	4.26	4.73	XXX
36215		A	Place catheter in artery	4.68	NA	NA	1.71	2.04	0.28	NA	NA	6.67	7.00	XXX
36216		A	Place catheter in artery	5.28	NA	NA	1.90	2.32	0.25	NA	NA	7.43	7.85	XXX
36217		A	Place catheter in artery	6.30	NA	NA	2.32	2.80	0.36	NA	NA	8.98	9.46	XXX
36218		A	Place catheter in artery	1.01	NA	NA	0.40	0.47	0.06	NA	NA	1.47	1.54	ZZZ
36245		A	Place catheter in artery	4.68	NA	NA	1.80	2.21	0.35	NA	NA	6.83	7.24	XXX
36246		A	Place catheter in artery	5.28	NA	NA	1.95	2.36	0.33	NA	NA	7.56	7.97	XXX
36247		A	Place catheter in artery	6.30	NA	NA	2.28	2.77	0.35	NA	NA	8.93	9.42	XXX
36248		A	Place catheter in artery	1.01	NA	NA	0.41	0.48	0.07	NA	NA	1.49	1.56	ZZZ
36260		A	Insertion of infusion pump	9.71	NA	NA	5.40	5.88	0.93	NA	NA	16.04	16.52	090
36261		A	Revision of infusion pump	5.45	NA	NA	3.05	2.89	0.53	NA	NA	9.03	8.87	090
36262		A	Removal of infusion pump	4.02	NA	NA	2.50	2.40	0.41	NA	NA	6.93	6.83	090
36299		C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400		A	Drawing blood	0.18	0.56	0.45	0.05	0.06	0.02	0.76	0.65	0.25	0.26	XXX
36405		A	Drawing blood	0.18	0.44	0.45	0.05	0.16	0.01	0.63	0.64	0.24	0.35	XXX
36406		A	Drawing blood	0.18	0.50	0.42	0.05	0.08	0.01	0.69	0.61	0.24	0.27	XXX
36410		A	Drawing blood	0.18	0.43	0.38	0.05	0.10	0.01	0.62	0.57	0.24	0.29	XXX
36415		I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420		A	Establish access to vein	1.01	NA	NA	0.34	0.39	0.10	NA	NA	1.45	1.50	XXX
36425		A	Establish access to vein	0.76	2.63	2.00	0.18	0.16	0.06	3.45	2.82	1.00	0.98	XXX
36430		A	Blood transfusion service	0.00	1.02	1.03	1.02	1.03	0.05	1.07	1.08	1.07	1.08	XXX
36440		A	Blood transfusion service	1.03	NA	NA	0.28	0.47	0.10	NA	NA	1.41	1.60	XXX
36450		A	Exchange transfusion service	2.23	NA	NA	0.70	1.04	0.14	NA	NA	3.07	3.41	XXX
36455		A	Exchange transfusion service	2.43	NA	NA	0.91	1.30	0.14	NA	NA	3.48	3.87	XXX
36460		A	Transfusion service, fetal	6.59	NA	NA	2.32	3.02	0.60	NA	NA	9.51	10.21	XXX
36468		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469		R	Injection(s), spider veins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470		A	Injection therapy of vein	1.09	2.65	2.06	0.41	0.38	0.11	3.85	3.26	1.61	1.58	010
36471		A	Injection therapy of veins	1.57	3.07	2.41	0.58	0.54	0.14	4.78	4.12	2.29	2.25	010
36481		A	Insertion of catheter, vein	6.99	NA	NA	2.84	3.57	0.40	NA	NA	10.23	10.96	000
36488		A	Insertion of catheter, vein	1.35	NA	NA	0.67	0.77	0.11	NA	NA	2.13	2.23	000
36489		A	Insertion of catheter, vein	1.22	3.56	2.98	0.62	0.77	0.09	4.87	4.29	1.93	2.08	000
36490		A	Insertion of catheter, vein	1.67	NA	NA	0.81	0.98	0.13	NA	NA	2.61	2.78	000
36491		A	Insertion of catheter, vein	1.43	NA	NA	0.73	0.97	0.13	NA	NA	2.29	2.53	000
36493		A	Repositioning of cvc	1.21	NA	NA	0.82	0.79	0.06	NA	NA	2.09	2.06	000
36500		A	Insertion of catheter, vein	3.52	NA	NA	1.28	0.98	0.17	NA	NA	4.97	4.67	000
36510		A	Insertion of catheter, vein	1.09	NA	NA	0.65	0.58	0.07	NA	NA	1.81	1.74	000
36520		A	Plasma and/or cell exchange	1.74	NA	NA	0.96	1.24	0.10	NA	NA	2.80	3.08	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
36521		A	Apheresis w/ adsorp/reinfuse	1.74	NA	NA	0.96	0.96	0.09	NA	NA	2.79	2.79	000
36522		A	Photopheresis	1.67	6.96	5.89	1.08	1.48	0.06	8.69	7.62	2.81	3.21	000
36530		R	Insertion of infusion pump	6.20	NA	NA	3.49	3.93	0.63	NA	NA	10.32	10.76	010
36531		R	Revision of infusion pump	4.87	NA	NA	3.26	3.63	0.49	NA	NA	8.62	8.99	010
36532		R	Removal of infusion pump	3.30	NA	NA	1.58	1.67	0.33	NA	NA	5.21	5.30	010
36533		A	Insertion of access device	5.32	4.17	4.29	3.32	3.66	0.52	10.01	10.13	9.16	9.50	010
36534		A	Revision of access device	2.80	NA	NA	1.43	1.91	0.22	NA	NA	4.45	4.93	010
36535		A	Removal of access device	2.27	2.66	2.49	1.90	1.92	0.23	5.16	4.99	4.40	4.42	010
36550		A	Declot vascular device	0.00	0.54	0.54	0.06	0.06	0.32	0.86	0.86	0.38	0.38	XXX
36600		A	Withdrawal of arterial blood	0.32	0.36	0.35	0.09	0.14	0.02	0.70	0.69	0.43	0.48	XXX
36620		A	Insertion catheter, artery	1.15	NA	NA	0.25	0.37	0.08	NA	NA	1.48	1.60	000
36625		A	Insertion catheter, artery	2.11	NA	NA	0.56	0.65	0.17	NA	NA	2.84	2.93	000
36640		A	Insertion catheter, artery	2.10	NA	NA	0.77	1.21	0.19	NA	NA	3.06	3.50	000
36660		A	Insertion catheter, artery	1.40	NA	NA	0.45	0.47	0.07	NA	NA	1.92	1.94	000
36680		A	Insert needle, bone cavity	1.20	NA	NA	0.51	0.72	0.11	NA	NA	1.82	2.03	000
36800		A	Insertion of cannula	2.43	NA	NA	1.55	1.77	0.21	NA	NA	4.19	4.41	000
36810		A	Insertion of cannula	3.97	NA	NA	2.27	2.89	0.39	NA	NA	6.63	7.25	000
36815		A	Insertion of cannula	2.62	NA	NA	1.81	2.14	0.27	NA	NA	4.70	5.03	000
36819		A	Av fusion by basilic vein	0.14	NA	NA	6.63	6.63	1.55	NA	NA	8.32	8.32	090
36821		A	Av fusion direct any site	8.93	NA	NA	4.95	5.68	0.99	NA	NA	14.87	15.60	090
36822		A	Insertion of cannula(s)	5.42	NA	NA	9.86	8.92	0.70	NA	NA	15.98	15.04	090
36823		A	Insertion of cannula(s)	0.21	NA	NA	11.62	11.62	0.67	NA	NA	12.50	12.50	090
36825		A	Artery-vein graft	9.84	NA	NA	5.64	7.17	1.10	NA	NA	16.58	18.11	090
36830		A	Artery-vein graft	0.12	NA	NA	6.26	7.40	1.36	NA	NA	7.74	8.88	090
36831		A	Av fistula excision	0.08	2.77	2.77	2.77	2.77	0.85	3.70	3.70	3.70	3.70	090
36832		A	Av fistula revision	10.50	NA	NA	5.63	6.15	1.16	NA	NA	17.29	17.81	090
36833		A	Av fistula revision	11.95	4.44	4.44	4.44	4.44	1.33	17.72	17.72	17.72	17.72	090
36834		A	Repair A-V aneurysm	9.93	NA	NA	3.95	5.08	1.13	NA	NA	15.01	16.14	090
36835		A	Artery to vein shunt	7.15	NA	NA	4.94	4.63	0.80	NA	NA	12.89	12.58	090
36860		A	External cannula declothing	2.01	1.97	2.18	1.58	1.88	0.13	4.11	4.32	3.72	4.02	000
36861		A	Cannula declothing	2.52	NA	NA	1.72	2.04	0.22	NA	NA	4.46	4.78	000
37140		A	Revision of circulation	23.60	NA	NA	10.40	12.22	1.06	NA	NA	35.06	36.88	090
37145		A	Revision of circulation	24.61	NA	NA	9.22	11.56	0.95	NA	NA	34.78	37.12	090
37160		A	Revision of circulation	21.60	NA	NA	9.43	11.89	2.29	NA	NA	33.32	35.78	090
37180		A	Revision of circulation	24.61	NA	NA	10.80	11.95	2.45	NA	NA	37.86	39.01	090
37181		A	Splice spleen/kidney veins	26.68	NA	NA	11.53	13.10	2.56	NA	NA	40.77	42.34	090
37195		A	Thrombolytic therapy, stroke	0.00	8.14	8.19	8.14	8.19	0.39	8.53	8.58	8.53	8.58	XXX
37200		A	Transcatheter biopsy	4.56	NA	NA	1.62	1.65	0.25	NA	NA	6.43	6.46	000
37201		A	Transcatheter therapy infuse	0.05	NA	NA	2.52	3.38	0.25	NA	NA	2.82	3.68	000
37202		A	Transcatheter therapy infuse	5.68	NA	NA	3.08	3.48	0.74	NA	NA	9.50	9.90	000
37203		A	Transcatheter retrieval	5.03	NA	NA	2.56	2.96	0.25	NA	NA	7.84	8.24	000
37204		A	Transcatheter occlusion	18.14	NA	NA	6.41	8.54	0.77	NA	NA	25.32	27.45	000
37205		A	Transcatheter stent	8.28	NA	NA	3.84	4.28	0.61	NA	NA	12.73	13.17	000
37206		A	Transcatheter stent add-on	4.13	NA	NA	1.58	1.89	0.32	NA	NA	6.03	6.34	ZZZ
37207		A	Transcatheter stent	8.28	NA	NA	3.72	4.19	0.97	NA	NA	12.97	13.44	000
37208		A	Transcatheter stent add-on	4.13	NA	NA	1.57	1.88	0.49	NA	NA	6.19	6.50	ZZZ
37209		A	Exchange arterial catheter	2.27	NA	NA	0.83	1.01	0.11	NA	NA	3.21	3.39	000
37250		A	Iv us first vessel add-on	2.10	NA	NA	0.88	0.97	0.24	NA	NA	3.22	3.31	ZZZ
37251		A	Iv us each add vessel add-on	1.60	NA	NA	0.68	0.75	0.19	NA	NA	2.47	2.54	ZZZ
37565		A	Ligation of neck vein	4.44	NA	NA	2.61	2.99	0.44	NA	NA	7.49	7.87	090
37600		A	Ligation of neck artery	4.57	NA	NA	3.29	3.82	0.42	NA	NA	8.28	8.81	090
37605		A	Ligation of neck artery	6.19	NA	NA	3.72	4.30	0.75	NA	NA	10.66	11.24	090
37606		A	Ligation of neck artery	6.28	NA	NA	4.11	4.69	1.11	NA	NA	11.50	12.08	090
37607		A	Ligation of a-v fistula	6.16	NA	NA	3.66	3.58	0.69	NA	NA	10.51	10.43	090
37609		A	Temporal artery procedure	2.30	6.02	5.12	2.13	2.20	0.22	8.54	7.64	4.65	4.72	010
37615		A	Ligation of neck artery	5.73	NA	NA	3.72	4.32	0.58	NA	NA	10.03	10.63	090
37616		A	Ligation of chest artery	16.49	NA	NA	12.76	10.71	1.70	NA	NA	30.95	28.90	090
37617		A	Ligation of abdomen artery	15.95	NA	NA	7.53	7.82	1.61	NA	NA	25.09	25.38	090
37618		A	Ligation of extremity artery	4.84	NA	NA	3.47	3.95	0.54	NA	NA	8.85	9.33	090
37620		A	Revision of major vein	10.56	NA	NA	5.50	6.52	0.78	NA	NA	16.84	17.86	090
37650		A	Revision of major vein	5.13	NA	NA	3.72	3.88	0.60	NA	NA	9.45	9.61	090
37660		A	Revision of major vein	10.61	NA	NA	6.05	6.10	1.19	NA	NA	17.85	17.90	090
37700		A	Revise leg vein	3.73	NA	NA	3.00	3.24	0.41	NA	NA	7.14	7.38	090
37720		A	Removal of leg vein	5.66	NA	NA	3.59	4.08	0.62	NA	NA	9.87	10.36	090
37730		A	Removal of leg veins	7.33	NA	NA	4.50	5.26	0.80	NA	NA	12.63	13.39	090
37735		A	Removal of leg veins/lesion	10.53	NA	NA	5.92	6.70	1.16	NA	NA	17.61	18.39	090
37760		A	Revision of leg veins	10.47	NA	NA	5.64	6.26	1.08	NA	NA	17.19	17.81	090
37780		A	Revision of leg vein	3.84	NA	NA	3.03	2.79	0.43	NA	NA	7.30	7.06	090
37785		A	Revise secondary varicosity	3.88	6.63	5.24	2.84	2.40	0.40	10.91	9.52	7.12	6.68	090
37788		A	Revascularization, penis	22.01	NA	NA	11.76	12.93	1.43	NA	NA	35.20	36.37	090
37790		A	Penile venous occlusion	8.34	NA	NA	7.25	6.99	0.53	NA	NA	16.12	15.86	090
37799		C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100		A	Removal of spleen, total	13.01	NA	NA	6.20	6.97	1.30	NA	NA	20.51	21.28	090
38101		A	Removal of spleen, partial	13.74	NA	NA	6.39	6.69	1.39	NA	NA	21.52	21.82	090
38102		A	Removal of spleen, total	4.80	NA	NA	1.80	2.03	0.48	NA	NA	7.08	7.31	ZZZ
38115		A	Repair of ruptured spleen	14.19	NA	NA	6.68	7.08	1.43	NA	NA	22.30	22.70	090
38120		A	Laparoscopy, splenectomy	0.17	NA	NA	7.66	7.66	1.04	NA	NA	8.87	8.87	090
38129		C	Laparoscopy proc, spleen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38200		A	Injection for spleen x-ray	2.64	NA	NA	0.97	1.19	0.12	NA	NA	3.73	3.95	000
38230		R	Bone marrow collection	4.54	NA	NA	2.39	2.55	0.23	NA	NA	7.16	7.32	010
38231		R	Stem cell collection	1.50	NA	NA	0.59	0.82	0.06	NA	NA	2.15	2.38	000
38240		R	Bone marrow/stem transplant	2.24	NA	NA	0.82	1.18	0.11	NA	NA	3.17	3.53	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
38241		R	Bone marrow/stem transplant	2.24	NA	NA	0.85	1.19	0.10	NA	NA	3.19	3.53	XXX
38300		A	Drainage, lymph node lesion	1.53	3.69	2.93	2.21	1.82	0.14	5.36	4.60	3.88	3.49	010
38305		A	Drainage, lymph node lesion	4.61	6.96	5.75	5.53	4.68	0.36	11.93	10.72	10.50	9.65	090
38308		A	Incision of lymph channels	4.95	NA	NA	4.88	4.58	0.43	NA	NA	10.26	9.96	090
38380		A	Thoracic duct procedure	7.46	NA	NA	7.35	6.72	0.60	NA	NA	15.41	14.78	090
38381		A	Thoracic duct procedure	12.88	NA	NA	11.92	10.99	1.66	NA	NA	26.46	25.53	090
38382		A	Thoracic duct procedure	10.08	NA	NA	8.65	7.80	1.06	NA	NA	19.79	18.94	090
38500		A	Biopsy/removal, lymph nodes	2.88	2.47	2.29	2.11	2.02	0.28	5.63	5.45	5.27	5.18	010
38505		A	Needle biopsy, lymph nodes	1.14	2.75	2.37	1.05	1.09	0.09	3.98	3.60	2.28	2.32	000
38510		A	Biopsy/removal, lymph nodes	4.14	NA	NA	4.00	3.69	0.38	NA	NA	8.52	8.21	090
38520		A	Biopsy/removal, lymph nodes	5.12	NA	NA	4.95	4.52	0.53	NA	NA	10.60	10.17	090
38525		A	Biopsy/removal, lymph nodes	4.66	NA	NA	3.67	3.46	0.47	NA	NA	8.80	8.59	090
38530		A	Biopsy/removal, lymph nodes	6.13	NA	NA	5.96	5.33	0.66	NA	NA	12.75	12.12	090
38542		A	Explore deep node(s), neck	5.91	NA	NA	5.46	5.25	0.50	NA	NA	11.87	11.66	090
38550		A	Removal, neck/armpit lesion	6.92	NA	NA	5.22	4.79	0.50	NA	NA	12.64	12.21	090
38555		A	Removal, neck/armpit lesion	14.14	NA	NA	10.98	10.21	1.53	NA	NA	26.65	25.88	090
38562		A	Removal, pelvic lymph nodes	10.49	NA	NA	6.19	6.51	0.84	NA	NA	17.52	17.84	090
38564		A	Removal, abdomen lymph nodes	10.83	NA	NA	6.04	6.54	0.01	NA	NA	16.88	17.38	090
38570		A	Laparoscopy, lymph node biop	9.25	NA	NA	4.49	5.10	0.81	NA	NA	14.55	15.16	010
38571		A	Laparoscopy, lymphadenectomy	12.38	NA	NA	5.27	6.28	0.78	NA	NA	18.43	19.44	010
38572		A	Laparoscopy, lymphadenectomy	14.32	NA	NA	6.18	7.35	1.04	NA	NA	21.54	22.71	010
38589		C	Laparoscopy proc, lymphatic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38700		A	Removal of lymph nodes, neck	8.24	NA	NA	11.93	11.41	0.63	NA	NA	20.80	20.28	090
38720		A	Removal of lymph nodes, neck	13.61	NA	NA	14.13	14.66	1.03	NA	NA	28.77	29.30	090
38724		A	Removal of lymph nodes, neck	14.54	NA	NA	14.51	14.78	1.11	NA	NA	30.16	30.43	090
38740		A	Remove armpit lymph nodes	6.77	NA	NA	4.44	4.61	0.67	NA	NA	11.88	12.05	090
38745		A	Remove armpit lymph nodes	8.84	NA	NA	6.35	7.01	0.86	NA	NA	16.05	16.71	090
38746		A	Remove thoracic lymph nodes	4.39	NA	NA	1.76	1.94	0.56	NA	NA	6.71	6.89	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	NA	NA	1.82	2.06	0.45	NA	NA	7.16	7.40	ZZZ
38760		A	Remove groin lymph nodes	8.74	NA	NA	5.38	5.84	0.83	NA	NA	14.95	15.41	090
38765		A	Remove groin lymph nodes	16.06	NA	NA	9.64	10.67	1.34	NA	NA	27.04	28.07	090
38770		A	Remove pelvis lymph nodes	13.23	NA	NA	6.48	8.81	0.85	NA	NA	20.56	22.89	090
38780		A	Remove abdomen lymph nodes	16.59	NA	NA	8.63	10.83	1.26	NA	NA	26.48	28.68	090
38790		A	Inject for lymphatic x-ray	1.29	21.16	16.32	0.48	0.81	0.09	22.54	17.70	1.86	2.19	000
38792		A	Identify sentinel node	0.52	NA	NA	0.21	0.21	0.01	NA	NA	0.74	0.74	000
38794		A	Access thoracic lymph duct	4.45	NA	NA	1.51	1.90	0.17	NA	NA	6.13	6.52	090
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000		A	Exploration of chest	6.10	NA	NA	9.45	8.73	0.75	NA	NA	16.30	15.58	090
39010		A	Exploration of chest	11.79	NA	NA	12.37	12.39	1.52	NA	NA	25.68	25.70	090
39200		A	Removal chest lesion	13.62	NA	NA	12.96	12.86	1.65	NA	NA	28.23	28.13	090
39220		A	Removal chest lesion	17.42	NA	NA	14.12	14.64	2.16	NA	NA	33.70	34.22	090
39400		A	Visualization of chest	5.61	NA	NA	9.32	8.38	0.72	NA	NA	15.65	14.71	010
39499		C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501		A	Repair diaphragm laceration	13.19	NA	NA	8.29	9.11	1.35	NA	NA	22.83	23.65	090
39502		A	Repair paraesophageal hernia	16.33	NA	NA	8.51	9.62	1.64	NA	NA	26.48	27.59	090
39503		A	Repair of diaphragm hernia	37.54	NA	NA	15.86	18.73	3.26	NA	NA	56.66	59.53	090
39520		A	Repair of diaphragm hernia	16.10	NA	NA	11.26	11.85	1.82	NA	NA	29.18	29.77	090
39530		A	Repair of diaphragm hernia	15.41	NA	NA	9.17	10.69	1.68	NA	NA	26.26	27.78	090
39531		A	Repair of diaphragm hernia	16.42	NA	NA	9.08	9.52	1.79	NA	NA	27.29	27.73	090
39540		A	Repair of diaphragm hernia	13.32	NA	NA	8.75	9.81	1.39	NA	NA	23.46	24.52	090
39541		A	Repair of diaphragm hernia	14.41	NA	NA	8.37	9.58	1.47	NA	NA	24.25	25.46	090
39545		A	Revision of diaphragm	13.37	NA	NA	11.21	10.55	1.59	NA	NA	26.17	25.51	090
39560		A	Resect diaphragm, simple	0.12	NA	NA	8.66	8.66	1.22	NA	NA	10.00	10.00	090
39561		A	Resect diaphragm, complex	17.50	NA	NA	10.85	10.85	1.79	NA	NA	30.14	30.14	090
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490		A	Biopsy of lip	1.22	1.56	1.37	0.61	0.66	0.06	2.84	2.65	1.89	1.94	000
40500		A	Partial excision of lip	4.28	5.19	5.17	5.07	5.08	0.31	9.78	9.76	9.66	9.67	090
40510		A	Partial excision of lip	4.70	5.84	5.78	5.76	5.72	0.37	10.91	10.85	10.83	10.79	090
40520		A	Partial excision of lip	4.67	6.77	6.30	6.05	5.76	0.41	11.85	11.38	11.13	10.84	090
40525		A	Reconstruct lip with flap	7.55	NA	NA	7.43	7.83	0.69	NA	NA	15.67	16.07	090
40527		A	Reconstruct lip with flap	9.13	NA	NA	8.34	8.98	0.79	NA	NA	18.26	18.90	090
40530		A	Partial removal of lip	5.40	5.98	5.87	5.54	5.54	0.45	11.83	11.72	11.39	11.39	090
40650		A	Repair lip	3.64	4.89	4.75	3.95	4.05	0.32	8.85	8.71	7.91	8.01	090
40652		A	Repair lip	4.26	6.11	5.86	5.73	5.57	0.40	10.77	10.52	10.39	10.23	090
40654		A	Repair lip	5.31	6.68	6.60	6.48	6.45	0.48	12.47	12.39	12.27	12.24	090
40700		A	Repair cleft lip/nasal	12.79	NA	NA	9.72	9.59	0.98	NA	NA	23.49	23.36	090
40701		A	Repair cleft lip/nasal	15.85	NA	NA	10.38	13.03	1.38	NA	NA	27.61	30.26	090
40702		A	Repair cleft lip/nasal	13.04	NA	NA	8.77	9.12	0.95	NA	NA	22.76	23.11	090
40720		A	Repair cleft lip/nasal	13.55	NA	NA	10.71	10.64	1.31	NA	NA	25.57	25.50	090
40761		A	Repair cleft lip/nasal	14.72	NA	NA	11.41	11.50	1.31	NA	NA	27.44	27.53	090
40799		C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800		A	Drainage of mouth lesion	1.17	1.68	1.46	0.48	0.56	0.09	2.94	2.72	1.74	1.82	010
40801		A	Drainage of mouth lesion	2.53	2.22	2.13	1.69	1.73	0.18	4.93	4.84	4.40	4.44	010
40804		A	Removal, foreign body, mouth	1.24	2.27	1.86	1.85	1.55	0.09	3.60	3.19	3.18	2.88	010
40805		A	Removal, foreign body, mouth	2.69	2.72	2.72	2.34	2.43	0.19	5.60	5.60	5.22	5.31	010
40806		A	Incision of lip fold	0.31	0.70	0.62	0.51	0.48	0.03	1.04	0.96	0.85	0.82	000
40808		A	Biopsy of mouth lesion	0.96	1.77	1.53	1.76	1.53	0.07	2.80	2.56	2.79	2.56	010
40810		A	Excision of mouth lesion	1.31	2.31	2.05	1.97	1.80	0.10	3.72	3.46	3.38	3.21	010
40812		A	Excise/repair mouth lesion	2.31	2.60	2.36	2.48	2.27	0.17	5.08	4.84	4.96	4.75	010
40814		A	Excise/repair mouth lesion	3.42	3.66	3.62	3.66	3.62	0.25	7.33	7.29	7.33	7.29	090
40816		A	Excision of mouth lesion	3.67	3.95	3.84	3.95	3.84	0.26	7.88	7.77	7.88	7.77	090
40818		A	Excise oral mucosa for graft	2.41	3.82	3.48	3.82	3.48	0.14	6.37	6.03	6.37	6.03	090

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
40819		A	Excise lip or cheek fold	2.41	3.18	2.72	3.05	2.62	0.17	5.76	5.30	5.63	5.20	090
40820		A	Treatment of mouth lesion	1.28	2.07	1.70	1.90	1.57	0.09	3.44	3.07	3.27	2.94	010
40830		A	Repair mouth laceration	1.76	2.20	1.83	1.89	1.60	0.15	4.11	3.74	3.80	3.51	010
40831		A	Repair mouth laceration	2.46	2.28	2.24	2.28	2.24	0.21	4.95	4.91	4.95	4.91	010
40840		R	Reconstruction of mouth	8.73	5.72	6.00	5.72	6.00	0.66	15.11	15.39	15.11	15.39	090
40842		R	Reconstruction of mouth	8.73	5.44	5.79	5.44	5.79	0.71	14.88	15.23	14.88	15.23	090
40843		R	Reconstruction of mouth	12.10	8.08	8.45	6.31	7.12	0.63	20.81	21.18	19.04	19.85	090
40844		R	Reconstruction of mouth	16.01	8.60	9.61	8.60	9.61	1.44	26.05	27.06	26.05	27.06	090
40845		R	Reconstruction of mouth	18.58	10.03	13.07	10.03	13.07	1.56	30.17	33.21	30.17	33.21	090
40899		C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000		A	Drainage of mouth lesion	1.30	2.00	1.71	1.27	1.16	0.10	3.40	3.11	2.67	2.56	010
41005		A	Drainage of mouth lesion	1.26	1.83	1.54	1.28	1.13	0.10	3.19	2.90	2.64	2.49	010
41006		A	Drainage of mouth lesion	3.24	3.56	2.95	3.01	2.53	0.24	7.04	6.43	6.49	6.01	090
41007		A	Drainage of mouth lesion	3.10	3.24	3.22	2.80	2.89	0.16	6.50	6.48	6.06	6.15	090
41008		A	Drainage of mouth lesion	3.37	3.12	2.63	2.99	2.53	0.24	6.73	6.24	6.60	6.14	090
41009		A	Drainage of mouth lesion	3.59	3.26	3.34	2.79	2.99	0.27	7.12	7.20	6.65	6.85	090
41010		A	Incision of tongue fold	1.06	2.80	2.20	2.80	2.20	0.06	3.92	3.32	3.92	3.32	010
41015		A	Drainage of mouth lesion	3.96	3.74	3.04	2.98	2.47	0.29	7.99	7.29	7.23	6.72	090
41016		A	Drainage of mouth lesion	4.07	3.55	3.66	3.00	3.25	0.32	7.94	8.05	7.39	7.64	090
41017		A	Drainage of mouth lesion	4.07	3.74	3.19	3.05	2.67	0.32	8.13	7.58	7.44	7.06	090
41018		A	Drainage of mouth lesion	5.10	4.17	4.20	3.46	3.66	0.34	9.61	9.64	8.90	9.10	090
41100		A	Biopsy of tongue	1.63	2.26	1.91	2.18	1.85	0.11	4.00	3.65	3.92	3.59	010
41105		A	Biopsy of tongue	1.42	2.04	1.81	2.04	1.81	0.11	3.57	3.34	3.57	3.34	010
41108		A	Biopsy of floor of mouth	1.05	1.96	1.70	1.88	1.64	0.08	3.09	2.83	3.01	2.77	010
41110		A	Excision of tongue lesion	1.51	2.60	2.30	2.17	1.98	0.11	4.22	3.92	3.79	3.60	010
41112		A	Excision of tongue lesion	2.73	3.15	3.01	3.15	3.01	0.20	6.08	5.94	6.08	5.94	090
41113		A	Excision of tongue lesion	3.19	3.13	3.27	3.13	3.27	0.23	6.55	6.69	6.55	6.69	090
41114		A	Excision of tongue lesion	8.47	NA	NA	5.85	6.12	0.62	NA	NA	14.94	15.21	090
41115		A	Excision of tongue fold	1.74	2.37	2.26	2.15	2.10	0.12	4.23	4.12	4.01	3.96	010
41116		A	Excision of mouth lesion	2.44	3.06	2.97	3.02	2.94	0.18	5.68	5.59	5.64	5.56	090
41120		A	Partial removal of tongue	9.77	NA	NA	7.88	7.89	0.73	NA	NA	18.38	18.39	090
41130		A	Partial removal of tongue	11.15	NA	NA	8.64	8.94	0.82	NA	NA	20.61	20.91	090
41135		A	Tongue and neck surgery	23.09	NA	NA	14.89	16.13	1.71	NA	NA	39.69	40.93	090
41140		A	Removal of tongue	25.50	NA	NA	15.51	16.76	1.90	NA	NA	42.91	44.16	090
41145		A	Tongue removal, neck surgery	30.06	NA	NA	19.45	20.77	2.20	NA	NA	51.71	53.03	090
41150		A	Tongue, mouth, jaw surgery	23.04	NA	NA	15.76	16.97	1.70	NA	NA	40.50	41.71	090
41153		A	Tongue, mouth, neck surgery	23.77	NA	NA	16.30	19.01	1.79	NA	NA	41.86	44.57	090
41155		A	Tongue, jaw, & neck surgery	27.72	NA	NA	18.54	22.03	2.03	NA	NA	48.29	51.78	090
41250		A	Repair tongue laceration	1.91	2.35	2.05	1.44	1.37	0.16	4.42	4.12	3.51	3.44	010
41251		A	Repair tongue laceration	2.27	2.15	2.18	1.72	1.85	0.17	4.59	4.62	4.16	4.29	010
41252		A	Repair tongue laceration	2.97	2.95	2.85	2.12	2.23	0.24	6.16	6.06	5.33	5.44	010
41500		A	Fixation of tongue	3.71	NA	NA	3.72	3.68	0.25	NA	NA	7.68	7.64	090
41510		A	Tongue to lip surgery	3.42	NA	NA	4.55	4.10	0.21	NA	NA	8.18	7.73	090
41520		A	Reconstruction, tongue fold	2.73	2.62	2.75	2.62	2.75	0.20	5.55	5.68	5.55	5.68	090
41599		C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800		A	Drainage of gum lesion	1.17	1.69	1.46	1.06	0.98	0.10	2.96	2.73	2.33	2.25	010
41805		A	Removal foreign body, gum	1.24	1.68	1.49	1.68	1.49	0.09	3.01	2.82	3.01	2.82	010
41806		A	Removal foreign body, jawbone	2.69	2.33	2.19	2.13	2.04	0.20	5.22	5.08	5.02	4.93	010
41820		R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821		R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822		R	Excision of gum lesion	2.31	2.52	2.71	0.97	1.55	0.18	5.01	5.20	3.46	4.04	010
41823		R	Excision of gum lesion	3.30	3.19	3.38	2.69	3.00	0.23	6.72	6.91	6.22	6.53	090
41825		A	Excision of gum lesion	1.31	2.10	1.98	1.92	1.85	0.10	3.51	3.39	3.33	3.26	010
41826		A	Excision of gum lesion	2.31	2.39	2.36	2.36	2.33	0.17	4.87	4.84	4.84	4.81	010
41827		A	Excision of gum lesion	3.42	3.22	3.44	3.22	3.44	0.25	6.89	7.11	6.89	7.11	090
41828		R	Excision of gum lesion	3.09	2.77	3.18	2.16	2.73	0.21	6.07	6.48	5.46	6.03	010
41830		R	Removal of gum tissue	3.35	2.96	3.22	2.57	2.93	0.24	6.55	6.81	6.16	6.52	010
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870		R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872		R	Repair gum	2.59	2.77	2.85	2.15	2.39	0.19	5.55	5.63	4.93	5.17	090
41874		R	Repair tooth socket	3.09	2.64	2.90	2.18	2.56	0.24	5.97	6.23	5.51	5.89	090
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000		A	Drainage mouth roof lesion	1.23	2.11	1.75	1.32	1.16	0.09	3.43	3.07	2.64	2.48	010
42100		A	Biopsy roof of mouth	1.31	2.05	1.75	2.03	1.74	0.10	3.46	3.16	3.44	3.15	010
42104		A	Excision lesion, mouth roof	1.64	2.11	2.02	2.11	2.02	0.11	3.86	3.77	3.86	3.77	010
42106		A	Excision lesion, mouth roof	2.10	2.37	2.38	2.37	2.38	0.15	4.62	4.63	4.62	4.63	010
42107		A	Excision lesion, mouth roof	4.44	3.76	4.15	3.76	4.15	0.32	8.52	8.91	8.52	8.91	090
42120		A	Remove palate/lesion	6.17	NA	NA	5.39	5.89	0.45	NA	NA	12.01	12.51	090
42140		A	Excision of uvula	1.62	3.07	2.67	2.69	2.39	0.11	4.80	4.40	4.42	4.12	090
42145		A	Repair palate, pharynx/uvula	8.05	NA	NA	6.65	7.39	0.57	NA	NA	15.27	16.01	090
42160		A	Treatment mouth roof lesion	1.80	2.62	2.38	2.20	2.07	0.13	4.55	4.31	4.13	4.00	010
42180		A	Repair palate	2.50	2.35	2.37	1.86	2.00	0.18	5.03	5.05	4.54	4.68	010
42182		A	Repair palate	3.83	2.74	3.00	2.74	3.00	0.29	6.86	7.12	6.86	7.12	010
42200		A	Reconstruct cleft palate	0.12	NA	NA	9.18	8.84	1.03	NA	NA	10.33	9.99	090
42205		A	Reconstruct cleft palate	9.59	NA	NA	6.94	8.07	0.85	NA	NA	17.38	18.51	090
42210		A	Reconstruct cleft palate	14.50	NA	NA	8.56	9.82	1.15	NA	NA	24.21	25.47	090
42215		A	Reconstruct cleft palate	8.82	NA	NA	7.61	7.79	0.76	NA	NA	17.19	17.37	090
42220		A	Reconstruct cleft palate	7.02	NA	NA	5.90	5.89	0.49	NA	NA	13.41	13.40	090
42225		A	Reconstruct cleft palate	9.54	NA	NA	8.73	8.42	0.80	NA	NA	19.07	18.76	090
42226		A	Lengthening of palate	10.01	NA	NA	8.28	8.35	0.79	NA	NA	19.08	19.15	090
42227		A	Lengthening of palate	9.52	NA	NA	6.01	6.52	0.78	NA	NA	16.31	16.82	090
42235		A	Repair palate	7.87	NA	NA	5.85	5.89	0.59	NA	NA	14.31	14.35	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
42260		A	Repair nose to lip fistula	9.80	6.88	6.24	6.88	6.24	0.76	17.44	16.80	17.44	16.80	090
42280		A	Preparation, palate mold	1.54	1.31	1.52	0.73	1.09	0.10	2.95	3.16	2.37	2.73	010
42281		A	Insertion, palate prosthesis	1.93	1.58	1.59	0.95	1.11	0.13	3.64	3.65	3.01	3.17	010
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300		A	Drainage of salivary gland	1.93	2.27	1.96	1.69	1.53	0.14	4.34	4.03	3.76	3.60	010
42305		A	Drainage of salivary gland	6.07	NA	NA	4.81	4.20	0.46	NA	NA	11.34	10.73	090
42310		A	Drainage of salivary gland	1.56	2.04	1.81	1.39	1.32	0.11	3.71	3.48	3.06	2.99	010
42320		A	Drainage of salivary gland	2.35	2.43	2.32	1.97	1.98	0.17	4.95	4.84	4.49	4.50	010
42325		A	Create salivary cyst drain	2.75	2.87	2.73	1.02	1.34	0.22	5.84	5.70	3.99	4.31	090
42326		A	Create salivary cyst drain	3.78	4.10	4.20	1.55	2.29	0.27	8.15	8.25	5.60	6.34	090
42330		A	Removal of salivary stone	2.21	2.40	2.10	1.13	1.15	0.16	4.77	4.47	3.50	3.52	010
42335		A	Removal of salivary stone	3.31	3.13	3.02	3.13	3.02	0.24	6.68	6.57	6.68	6.57	090
42340		A	Removal of salivary stone	4.60	4.26	4.35	4.26	4.35	0.32	9.18	9.27	9.18	9.27	090
42400		A	Biopsy of salivary gland	0.78	2.06	1.76	0.39	0.51	0.06	2.90	2.60	1.23	1.35	000
42405		A	Biopsy of salivary gland	3.29	2.95	2.63	2.92	2.61	0.24	6.48	6.16	6.45	6.14	010
42408		A	Excision of salivary cyst	4.54	3.84	3.76	3.84	3.76	0.34	8.72	8.64	8.72	8.64	090
42409		A	Drainage of salivary cyst	2.81	3.00	3.01	3.00	3.01	0.20	6.01	6.02	6.01	6.02	090
42410		A	Excise parotid gland/lesion	9.34	NA	NA	7.15	6.98	0.78	NA	NA	17.27	17.10	090
42415		A	Excise parotid gland/lesion	16.89	NA	NA	11.50	12.07	1.30	NA	NA	29.69	30.26	090
42420		A	Excise parotid gland/lesion	19.59	NA	NA	13.03	13.79	1.48	NA	NA	34.10	34.86	090
42425		A	Excise parotid gland/lesion	13.02	NA	NA	9.62	10.23	0.99	NA	NA	23.63	24.24	090
42426		A	Excise parotid gland/lesion	21.26	NA	NA	13.97	16.82	1.60	NA	NA	36.83	39.68	090
42440		A	Excise submaxillary gland	6.97	NA	NA	5.37	6.11	0.53	NA	NA	12.87	3.61	090
42450		A	Excise sublingual gland	4.62	4.28	4.14	4.28	4.14	0.34	9.24	9.10	9.24	9.10	090
42500		A	Repair salivary duct	4.30	4.26	4.45	4.26	4.45	0.32	8.88	9.07	8.88	9.07	090
42505		A	Repair salivary duct	6.18	4.72	5.39	4.72	5.39	0.47	11.37	12.04	11.37	12.04	090
42507		A	Parotid duct diversion	6.11	NA	NA	5.60	5.46	0.46	NA	NA	12.17	12.03	090
42508		A	Parotid duct diversion	9.10	NA	NA	6.93	7.26	0.68	NA	NA	16.71	17.04	090
42509		A	Parotid duct diversion	11.54	NA	NA	8.74	8.54	0.82	NA	NA	21.10	20.90	090
42510		A	Parotid duct diversion	8.15	NA	NA	6.60	7.03	0.81	NA	NA	15.56	15.99	090
42550		A	Injection for salivary x-ray	1.25	11.98	9.11	0.44	0.45	0.05	13.28	10.41	1.74	1.75	000
42600		A	Closure of salivary fistula	4.82	5.56	5.23	4.93	4.75	0.37	10.75	10.42	10.12	9.94	090
42650		A	Dilation of salivary duct	0.77	0.94	0.81	0.39	0.40	0.06	1.77	1.64	1.22	1.23	000
42660		A	Dilation of salivary duct	1.13	1.08	0.95	1.08	0.95	0.07	2.28	2.15	2.28	2.15	000
42665		A	Ligation of salivary duct	2.53	3.15	2.92	3.02	2.82	0.18	5.86	5.63	5.73	5.53	090
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700		A	Drainage of tonsil abscess	1.62	2.57	2.16	1.62	1.45	0.11	4.30	3.89	3.35	3.18	010
42720		A	Drainage of throat abscess	5.42	4.43	3.84	4.26	3.71	0.39	10.24	9.65	10.07	9.52	010
42725		A	Drainage of throat abscess	10.72	NA	NA	7.92	7.15	0.84	NA	NA	19.48	18.71	090
42800		A	Biopsy of throat	1.39	2.43	2.02	2.13	1.80	0.10	3.92	3.51	3.62	3.29	010
42802		A	Biopsy of throat	1.54	2.49	2.15	2.20	1.93	0.11	4.14	3.80	3.85	3.58	010
42804		A	Biopsy of upper nose/throat	1.24	2.37	2.07	2.05	1.83	0.09	3.70	3.40	3.38	3.16	010
42806		A	Biopsy of upper nose/throat	1.58	2.74	2.44	2.25	2.07	0.11	4.43	4.13	3.94	3.76	010
42808		A	Excise pharynx lesion	2.30	3.89	3.60	2.64	2.66	0.16	6.35	6.06	5.10	5.12	010
42809		A	Remove pharynx foreign body	1.81	2.77	2.30	1.49	1.34	0.14	4.72	4.25	3.44	3.29	010
42810		A	Excision of neck cyst	3.25	4.76	4.42	3.81	3.71	0.27	8.28	7.94	7.33	7.23	090
42815		A	Excision of neck cyst	7.07	NA	NA	5.89	6.58	0.55	NA	NA	13.51	14.20	090
42820		A	Remove tonsils and adenoids	3.91	NA	NA	3.48	3.47	0.26	NA	NA	7.65	7.64	090
42821		A	Remove tonsils and adenoids	4.29	NA	NA	3.68	3.83	0.31	NA	NA	8.28	8.43	090
42825		A	Removal of tonsils	3.42	NA	NA	3.27	3.17	0.25	NA	NA	6.94	6.84	090
42826		A	Removal of tonsils	3.38	NA	NA	3.22	3.43	0.24	NA	NA	6.84	7.05	090
42830		A	Removal of adenoids	2.57	NA	NA	2.16	2.13	0.18	NA	NA	4.91	4.88	090
42831		A	Removal of adenoids	2.71	NA	NA	2.26	2.34	0.19	NA	NA	5.16	5.24	090
42835		A	Removal of adenoids	2.30	NA	NA	2.53	2.40	0.16	NA	NA	4.99	4.86	090
42836		A	Removal of adenoids	3.18	NA	NA	3.13	3.11	0.23	NA	NA	6.54	6.52	090
42842		A	Extensive surgery of throat	8.76	NA	NA	6.93	7.01	0.63	NA	NA	16.32	16.40	090
42844		A	Extensive surgery of throat	14.31	NA	NA	10.50	10.82	1.07	NA	NA	25.88	26.20	090
42845		A	Extensive surgery of throat	24.29	NA	NA	16.02	17.07	1.82	NA	NA	42.13	43.18	090
42860		A	Excision of tonsil tags	2.22	NA	NA	2.59	2.46	0.16	NA	NA	4.97	4.84	090
42870		A	Excision of lingual tonsil	5.40	NA	NA	5.28	4.59	0.38	NA	NA	11.06	10.37	090
42890		A	Partial removal of pharynx	12.94	NA	NA	9.75	9.75	0.94	NA	NA	23.63	23.63	090
42892		A	Revision of pharyngeal walls	15.83	NA	NA	11.21	11.37	1.15	NA	NA	28.19	28.35	090
42894		A	Revision of pharyngeal walls	22.88	NA	NA	15.71	16.14	1.69	NA	NA	40.28	40.71	090
42900		A	Repair throat wound	5.25	NA	NA	3.50	3.78	0.39	NA	NA	9.14	9.42	010
42950		A	Reconstruction of throat	8.10	NA	NA	6.67	7.42	0.62	NA	NA	15.39	16.14	090
42953		A	Repair throat, esophagus	8.96	NA	NA	8.11	7.80	0.75	NA	NA	17.82	17.51	090
42955		A	Surgical opening of throat	7.39	NA	NA	5.88	5.31	0.59	NA	NA	13.86	13.29	090
42960		A	Control throat bleeding	2.33	NA	NA	1.87	1.70	0.17	NA	NA	4.37	4.20	010
42961		A	Control throat bleeding	5.59	NA	NA	4.66	3.97	0.40	NA	NA	10.65	9.96	090
42962		A	Control throat bleeding	7.14	NA	NA	5.44	5.70	0.52	NA	NA	13.10	13.36	090
42970		A	Control nose/throat bleeding	5.43	NA	NA	3.38	2.82	0.34	NA	NA	9.15	8.59	090
42971		A	Control nose/throat bleeding	6.21	NA	NA	4.91	4.47	0.45	NA	NA	11.57	11.13	090
42972		A	Control nose/throat bleeding	7.20	NA	NA	5.08	5.05	0.53	NA	NA	12.81	12.78	090
42999		C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020		A	Incision of esophagus	8.09	NA	NA	6.52	6.68	0.76	NA	NA	15.37	15.53	090
43030		A	Throat muscle surgery	7.69	NA	NA	6.15	6.91	0.62	NA	NA	14.46	15.22	090
43045		A	Incision of esophagus	20.12	NA	NA	12.89	13.05	2.34	NA	NA	35.35	35.51	090
43100		A	Excision of esophagus lesion	9.19	NA	NA	6.75	6.74	0.87	NA	NA	16.81	16.80	090
43101		A	Excision of esophagus lesion	16.24	NA	NA	10.02	10.09	1.88	NA	NA	28.14	28.21	090
43107		A	Removal of esophagus	28.79	NA	NA	16.57	18.53	3.29	NA	NA	48.65	50.61	090
43108		A	Removal of esophagus	34.19	NA	NA	16.97	19.58	3.79	NA	NA	54.95	57.56	090
43112		A	Removal of esophagus	31.22	NA	NA	18.51	19.76	3.63	NA	NA	53.36	54.61	090

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
43113		A	Removal of esophagus	35.27	NA	NA	18.53	20.75	4.18	NA	NA	57.98	60.20	090
43116		A	Partial removal of esophagus	31.22	NA	NA	17.68	20.12	3.01	NA	NA	51.91	54.35	090
43117		A	Partial removal of esophagus	30.02	NA	NA	17.24	19.79	3.45	NA	NA	50.71	53.26	090
43118		A	Partial removal of esophagus	33.20	NA	NA	17.18	19.74	3.39	NA	NA	53.77	56.33	090
43121		A	Partial removal of esophagus	29.19	NA	NA	17.78	19.13	3.40	NA	NA	50.37	51.72	090
43122		A	Partial removal of esophagus	29.11	NA	NA	15.73	17.59	3.21	NA	NA	48.05	49.91	090
43123		A	Partial removal of esophagus	33.20	NA	NA	19.23	21.28	3.58	NA	NA	56.01	58.06	090
43124		A	Removal of esophagus	27.32	NA	NA	16.53	18.50	2.94	NA	NA	46.79	48.76	090
43130		A	Removal of esophagus pouch	11.75	NA	NA	8.86	9.50	1.06	NA	NA	21.67	22.31	090
43135		A	Removal of esophagus pouch	16.10	NA	NA	11.12	11.52	1.90	NA	NA	29.12	29.52	090
43200		A	Esophagus endoscopy	1.59	5.33	4.55	1.09	1.37	0.11	7.03	6.25	2.79	3.07	000
43202		A	Esophagus endoscopy, biopsy	1.89	4.72	4.20	1.04	1.44	0.13	6.74	6.22	3.06	3.46	000
43204		A	Esophagus endoscopy & inject	3.77	NA	NA	1.58	2.31	0.24	NA	NA	5.59	6.32	000
43205		A	Esophagus endoscopy/ligation	3.79	NA	NA	1.57	1.91	0.23	NA	NA	5.59	5.93	000
43215		A	Esophagus endoscopy	2.60	NA	NA	1.20	1.68	0.19	NA	NA	3.99	4.47	000
43216		A	Esophagus endoscopy/lesion	2.40	NA	NA	1.11	1.55	0.17	NA	NA	3.68	4.12	000
43217		A	Esophagus endoscopy	2.90	NA	NA	1.28	1.83	0.19	NA	NA	4.37	4.92	000
43219		A	Esophagus endoscopy	2.80	NA	NA	1.36	1.86	0.20	NA	NA	4.36	4.86	000
43220		A	Esoph endoscopy, dilation	2.10	NA	NA	1.03	1.40	0.13	NA	NA	3.26	3.63	000
43226		A	Esoph endoscopy, dilation	2.34	NA	NA	1.09	1.52	0.15	NA	NA	3.58	4.01	000
43227		A	Esoph endoscopy, repair	3.60	NA	NA	1.51	2.21	0.23	NA	NA	5.34	6.04	000
43228		A	Esoph endoscopy, ablation	3.77	NA	NA	1.66	2.37	0.26	NA	NA	5.69	6.40	000
43234		A	Upper GI endoscopy, exam	2.01	3.50	3.32	0.98	1.43	0.14	5.65	5.47	3.13	3.58	000
43235		A	Upper gi endoscopy, diagnosis	2.39	4.70	4.36	1.11	1.67	0.15	7.24	6.90	3.65	4.21	000
43239		A	Upper GI endoscopy, biopsy	2.69	4.92	4.62	1.21	1.84	0.17	7.78	7.48	4.07	4.70	000
43241		A	Upper GI endoscopy with tube	2.59	NA	NA	1.16	1.64	0.17	NA	NA	3.92	4.40	000
43243		A	Upper gi endoscopy & inject	4.57	NA	NA	1.86	2.76	0.28	NA	NA	6.71	7.61	000
43244		A	Upper GI endoscopy/ligation	4.59	NA	NA	1.86	2.34	0.28	NA	NA	6.73	7.21	000
43245		A	Operative upper GI endoscopy	3.39	NA	NA	1.44	2.09	0.22	NA	NA	5.05	5.70	000
43246		A	Place gastrostomy tube	4.33	NA	NA	1.74	2.60	0.30	NA	NA	6.37	7.23	000
43247		A	Operative upper GI endoscopy	3.39	NA	NA	1.44	2.09	0.22	NA	NA	5.05	5.70	000
43248		A	Upper gi endoscopy/guide wire	3.15	NA	NA	1.36	1.96	0.20	NA	NA	4.71	5.31	000
43249		A	Esoph endoscopy, dilation	2.90	NA	NA	1.26	1.81	0.18	NA	NA	4.34	4.89	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	NA	1.37	1.98	0.21	NA	NA	4.78	5.39	000
43251		A	Operative upper GI endoscopy	3.70	NA	NA	1.54	2.26	0.24	NA	NA	5.48	6.20	000
43255		A	Operative upper GI endoscopy	4.40	NA	NA	1.71	2.60	0.27	NA	NA	6.38	7.27	000
43258		A	Operative upper GI endoscopy	4.55	NA	NA	1.85	2.75	0.29	NA	NA	6.69	7.59	000
43259		A	Endoscopic ultrasound exam	4.89	NA	NA	2.03	2.61	0.30	NA	NA	7.22	7.80	000
43260		A	Endo cholangiopancreatograph	5.96	NA	NA	2.34	3.38	0.36	NA	NA	8.66	9.70	000
43261		A	Endo cholangiopancreatograph	6.27	NA	NA	2.45	3.46	0.38	NA	NA	9.10	10.11	000
43262		A	Endo cholangiopancreatograph	7.39	NA	NA	2.85	4.34	0.46	NA	NA	10.70	12.19	000
43263		A	Endo cholangiopancreatograph	6.19	NA	NA	2.42	3.40	0.38	NA	NA	8.99	9.97	000
43264		A	Endo cholangiopancreatograph	8.90	NA	NA	3.39	4.96	0.54	NA	NA	12.83	14.40	000
43265		A	Endo cholangiopancreatograph	8.90	NA	NA	3.38	4.39	0.54	NA	NA	12.82	13.83	000
43267		A	Endo cholangiopancreatograph	7.39	NA	NA	2.85	4.15	0.46	NA	NA	10.70	12.00	000
43268		A	Endo cholangiopancreatograph	7.39	NA	NA	2.85	4.34	0.46	NA	NA	10.70	12.19	000
43269		A	Endo cholangiopancreatograph	6.04	NA	NA	2.37	3.58	0.37	NA	NA	8.78	9.99	000
43271		A	Endo cholangiopancreatograph	7.39	NA	NA	2.84	4.20	0.44	NA	NA	10.67	12.03	000
43272		A	Endo cholangiopancreatograph	7.39	NA	NA	2.85	3.66	0.44	NA	NA	10.68	11.49	000
43280		A	Laparoscopy, fundoplasty	17.25	NA	NA	8.58	9.66	1.72	NA	NA	27.55	28.63	090
43289		C	Laparoscope proc, esoph	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43300		A	Repair of esophagus	9.14	NA	NA	6.78	7.81	0.88	NA	NA	16.80	17.83	090
43305		A	Repair esophagus and fistula	17.39	NA	NA	12.11	12.80	1.32	NA	NA	30.82	31.51	090
43310		A	Repair of esophagus	27.47	NA	NA	17.92	18.05	3.07	NA	NA	48.46	48.59	090
43312		A	Repair esophagus and fistula	30.50	NA	NA	22.78	20.81	3.46	NA	NA	56.74	54.77	090
43320		A	Fuse esophagus & stomach	16.07	NA	NA	10.44	11.00	1.69	NA	NA	28.20	28.76	090
43324		A	Revise esophagus & stomach	16.58	NA	NA	8.54	9.63	1.66	NA	NA	26.78	27.87	090
43325		A	Revise esophagus & stomach	16.17	NA	NA	8.91	9.83	1.66	NA	NA	26.74	27.66	090
43326		A	Revise esophagus & stomach	15.91	NA	NA	10.41	9.85	1.84	NA	NA	28.16	27.60	090
43330		A	Repair of esophagus	15.94	NA	NA	8.50	9.46	1.54	NA	NA	25.98	26.94	090
43331		A	Repair of esophagus	16.23	NA	NA	10.62	11.85	1.72	NA	NA	28.57	29.80	090
43340		A	Fuse esophagus & intestine	15.81	NA	NA	10.01	10.88	1.70	NA	NA	27.52	28.39	090
43341		A	Fuse esophagus & intestine	16.81	NA	NA	14.01	13.19	1.33	NA	NA	32.15	31.33	090
43350		A	Surgical opening, esophagus	12.72	NA	NA	8.22	8.30	1.19	NA	NA	22.13	22.21	090
43351		A	Surgical opening, esophagus	14.79	NA	NA	10.69	10.40	1.76	NA	NA	27.24	26.95	090
43352		A	Surgical opening, esophagus	12.30	NA	NA	9.57	9.58	1.29	NA	NA	23.16	23.17	090
43360		A	Gastrointestinal repair	28.78	NA	NA	16.03	17.82	2.97	NA	NA	47.78	49.57	090
43361		A	Gastrointestinal repair	32.65	NA	NA	18.56	20.78	3.21	NA	NA	54.42	56.64	090
43400		A	Ligate esophagus veins	17.09	NA	NA	8.46	9.28	1.39	NA	NA	26.94	27.76	090
43401		A	Esophagus surgery for veins	17.81	NA	NA	9.27	9.56	1.76	NA	NA	28.84	29.13	090
43405		A	Ligate/staple esophagus	16.13	NA	NA	8.97	10.62	1.77	NA	NA	26.87	28.52	090
43410		A	Repair esophagus wound	10.86	NA	NA	8.91	9.10	1.16	NA	NA	20.93	21.12	090
43415		A	Repair esophagus wound	17.06	NA	NA	10.65	11.45	1.90	NA	NA	29.61	30.41	090
43420		A	Repair esophagus opening	11.57	NA	NA	7.50	7.22	0.85	NA	NA	19.92	19.64	090
43425		A	Repair esophagus opening	16.95	NA	NA	11.60	11.40	0.02	NA	NA	28.57	28.37	090
43450		A	Dilate esophagus	1.38	1.22	1.10	0.59	0.63	0.09	2.69	2.57	2.06	2.10	000
43453		A	Dilate esophagus	1.51	NA	NA	0.63	0.88	0.10	NA	NA	2.24	2.49	000
43456		A	Dilate esophagus	2.57	NA	NA	1.01	1.43	0.16	NA	NA	3.74	4.16	000
43458		A	Dilate esophagus	3.06	NA	NA	1.20	1.31	0.20	NA	NA	4.46	4.57	000
43460		A	Pressure treatment esophagus	3.80	NA	NA	1.46	1.55	0.28	NA	NA	5.54	5.63	000
43496		C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
43499		C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
43500		A	Surgical opening of stomach	8.44	NA	NA	4.25	4.85	0.82	NA	NA	13.51	14.11	090
43501		A	Surgical repair of stomach	15.31	NA	NA	7.11	7.66	1.53	NA	NA	23.95	24.50	090
43502		A	Surgical repair of stomach	17.67	NA	NA	8.22	8.49	1.80	NA	NA	27.69	27.96	090
43510		A	Surgical opening of stomach	9.99	NA	NA	5.93	6.70	0.77	NA	NA	16.69	17.46	090
43520		A	Incision of pyloric muscle	7.63	NA	NA	5.17	5.09	0.88	NA	NA	13.68	13.60	090
43600		A	Biopsy of stomach	1.91	NA	NA	0.93	0.83	0.12	NA	NA	2.96	2.86	000
43605		A	Biopsy of stomach	9.15	NA	NA	4.55	5.02	0.90	NA	NA	14.60	15.07	090
43610		A	Excision of stomach lesion	11.15	NA	NA	5.60	6.42	1.11	NA	NA	17.86	18.68	090
43611		A	Excision of stomach lesion	13.63	NA	NA	6.59	7.16	1.33	NA	NA	21.55	22.12	090
43620		A	Removal of stomach	22.54	NA	NA	10.41	11.98	2.25	NA	NA	35.20	36.77	090
43621		A	Removal of stomach	23.06	NA	NA	10.53	12.07	2.29	NA	NA	35.88	37.42	090
43622		A	Removal of stomach	24.41	NA	NA	11.08	12.48	2.44	NA	NA	37.93	39.33	090
43631		A	Removal of stomach, partial	19.66	NA	NA	8.75	9.93	1.96	NA	NA	30.37	31.55	090
43632		A	Removal of stomach, partial	19.66	NA	NA	8.72	9.91	1.95	NA	NA	30.33	31.52	090
43633		A	Removal of stomach, partial	20.10	NA	NA	8.87	10.02	0.02	NA	NA	28.99	30.14	090
43634		A	Removal of stomach, partial	21.86	NA	NA	9.57	12.83	2.21	NA	NA	33.64	36.90	090
43635		A	Removal of stomach, partial	2.06	NA	NA	0.77	0.87	0.20	NA	NA	3.03	3.13	ZZZ
43638		A	Removal of stomach, partial	21.76	NA	NA	9.67	10.71	2.19	NA	NA	33.62	34.66	090
43639		A	Removal of stomach, partial	22.25	NA	NA	9.92	10.90	2.25	NA	NA	34.42	35.40	090
43640		A	Vagotomy & pylorus repair	14.81	NA	NA	6.93	8.00	1.47	NA	NA	23.21	24.28	090
43641		A	Vagotomy & pylorus repair	15.03	NA	NA	7.26	8.25	1.50	NA	NA	23.79	24.78	090
43651		A	Laparoscopy, vagus nerve	10.15	NA	NA	4.70	4.90	1.01	NA	NA	15.86	16.06	090
43652		A	Laparoscopy, vagus nerve	12.15	NA	NA	5.44	5.73	1.03	NA	NA	18.62	18.91	090
43653		A	Laparoscopy, gastrostomy	7.73	NA	NA	4.27	4.88	0.74	NA	NA	12.74	13.35	090
43659		C	Laparoscopy proc, stom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43750		A	Place gastrostomy tube	4.49	NA	NA	2.51	3.06	0.34	NA	NA	7.34	7.89	010
43760		A	Change gastrostomy tube	1.10	1.24	1.12	0.44	0.52	0.08	2.42	2.30	1.62	1.70	000
43761		A	Reposition gastrostomy tube	2.01	NA	NA	0.80	0.89	0.10	NA	NA	2.91	3.00	000
43800		A	Reconstruction of pylorus	10.46	NA	NA	5.44	5.94	1.04	NA	NA	16.94	17.44	090
43810		A	Fusion of stomach and bowel	11.19	NA	NA	5.57	6.25	1.07	NA	NA	17.83	18.51	090
43820		A	Fusion of stomach and bowel	11.74	NA	NA	5.78	6.59	1.16	NA	NA	18.68	19.49	090
43825		A	Fusion of stomach and bowel	14.68	NA	NA	6.87	8.16	1.45	NA	NA	23.00	24.29	090
43830		A	Place gastrostomy tube	7.28	NA	NA	4.12	4.77	0.70	NA	NA	12.10	12.75	090
43831		A	Place gastrostomy tube	7.84	NA	NA	4.28	4.62	0.74	NA	NA	12.86	13.20	090
43832		A	Place gastrostomy tube	11.92	NA	NA	6.20	6.81	1.14	NA	NA	19.26	19.87	090
43840		A	Repair of stomach lesion	11.89	NA	NA	5.83	6.50	1.18	NA	NA	18.90	19.57	090
43842		A	Gastroplasty for obesity	14.71	NA	NA	9.81	11.08	1.49	NA	NA	26.01	27.28	090
43843		A	Gastroplasty for obesity	14.85	NA	NA	9.14	10.58	1.47	NA	NA	25.46	26.90	090
43846		A	Gastric bypass for obesity	19.15	NA	NA	11.04	12.30	1.90	NA	NA	32.09	33.35	090
43847		A	Gastric bypass for obesity	21.44	NA	NA	12.44	13.35	2.06	NA	NA	35.94	36.85	090
43848		A	Revision gastroplasty	23.41	NA	NA	13.40	14.07	2.34	NA	NA	39.15	39.82	090
43850		A	Revise stomach-bowel fusion	19.69	NA	NA	8.65	9.65	1.91	NA	NA	30.25	31.25	090
43855		A	Revise stomach-bowel fusion	20.83	NA	NA	9.19	9.73	1.92	NA	NA	31.94	32.48	090
43860		A	Revise stomach-bowel fusion	19.91	NA	NA	8.82	9.73	1.98	NA	NA	30.71	31.62	090
43865		A	Revise stomach-bowel fusion	21.12	NA	NA	9.32	10.62	2.12	NA	NA	32.56	33.86	090
43870		A	Repair stomach opening	7.40	NA	NA	4.20	4.72	0.72	NA	NA	12.32	12.84	090
43880		A	Repair stomach-bowel fistula	19.63	NA	NA	9.10	9.06	1.97	NA	NA	30.70	30.66	090
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005		A	Freeing of bowel adhesion	13.84	NA	NA	6.49	7.12	1.37	NA	NA	21.70	22.33	090
44010		A	Incision of small bowel	10.68	NA	NA	5.65	6.11	1.06	NA	NA	17.39	17.85	090
44015		A	Insert needle cath bowel	2.62	NA	NA	0.97	1.51	0.25	NA	NA	3.84	4.38	ZZZ
44020		A	Exploration of small bowel	11.93	NA	NA	5.74	6.43	1.15	NA	NA	18.82	19.51	090
44021		A	Decompress small bowel	12.01	NA	NA	6.17	6.53	1.17	NA	NA	19.35	19.71	090
44025		A	Incision of large bowel	12.18	NA	NA	5.84	6.48	1.20	NA	NA	19.22	19.86	090
44050		A	Reduce bowel obstruction	11.40	NA	NA	5.56	6.28	1.13	NA	NA	18.09	18.81	090
44055		A	Correct malrotation of bowel	13.14	NA	NA	6.14	6.68	1.28	NA	NA	20.56	21.10	090
44100		A	Biopsy of bowel	2.01	NA	NA	0.99	1.12	0.14	NA	NA	3.14	3.27	000
44110		A	Excision of bowel lesion(s)	10.07	NA	NA	5.10	5.91	0.97	NA	NA	16.14	16.95	090
44111		A	Excision of bowel lesion(s)	12.19	NA	NA	6.31	7.36	1.17	NA	NA	19.67	20.72	090
44120		A	Removal of small intestine	14.50	NA	NA	6.72	7.61	1.43	NA	NA	22.65	23.54	090
44121		A	Removal of small intestine	4.45	NA	NA	1.67	1.88	0.44	NA	NA	6.56	6.77	ZZZ
44125		A	Removal of small intestine	14.96	NA	NA	6.91	8.10	1.48	NA	NA	23.35	24.54	090
44130		A	Bowel to bowel fusion	12.36	NA	NA	5.92	6.79	1.22	NA	NA	19.50	20.37	090
44139		A	Mobilization of colon	2.23	NA	NA	0.83	0.94	0.22	NA	NA	3.28	3.39	ZZZ
44140		A	Partial removal of colon	18.35	NA	NA	8.53	9.48	1.81	NA	NA	28.69	29.64	090
44141		A	Partial removal of colon	19.51	NA	NA	11.51	11.85	1.94	NA	NA	32.96	33.30	090
44143		A	Partial removal of colon	20.17	NA	NA	11.77	12.16	0.02	NA	NA	31.96	32.35	090
44144		A	Partial removal of colon	18.89	NA	NA	10.59	11.22	1.88	NA	NA	31.36	31.99	090
44145		A	Partial removal of colon	23.18	NA	NA	10.67	11.60	2.30	NA	NA	36.15	37.08	090
44146		A	Partial removal of colon	24.16	NA	NA	13.81	14.42	2.40	NA	NA	40.37	40.98	090
44147		A	Partial removal of colon	18.17	NA	NA	9.06	10.96	1.81	NA	NA	29.04	30.94	090
44150		A	Removal of colon	21.01	NA	NA	12.63	13.50	2.11	NA	NA	35.75	36.62	090
44151		A	Removal of colon/ileostomy	20.04	NA	NA	12.85	12.41	1.98	NA	NA	34.87	34.43	090
44152		A	Removal of colon/ileostomy	24.41	NA	NA	14.96	15.41	2.39	NA	NA	41.76	42.21	090
44153		A	Removal of colon/ileostomy	26.83	NA	NA	15.33	16.75	2.72	NA	NA	44.88	46.30	090
44155		A	Removal of colon/ileostomy	24.44	NA	NA	13.60	14.72	2.44	NA	NA	40.48	41.60	090
44156		A	Removal of colon/ileostomy	23.01	NA	NA	14.36	13.86	2.33	NA	NA	39.70	39.20	090
44160		A	Removal of colon	15.88	NA	NA	7.58	9.06	1.58	NA	NA	25.04	26.52	090
44200		A	Laparoscopy, enterolysis	14.44	NA	NA	6.71	7.28	1.41	NA	NA	22.56	23.13	090
44201		A	Laparoscopy, jejunostomy	9.78	NA	NA	5.28	5.28	1.35	NA	NA	16.41	16.41	090
44202		A	Laparo, resect intestine	22.04	NA	NA	9.89	11.01	2.17	NA	NA	34.10	35.22	090
44209		C	Laparoscopy proc, intestine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
44300		A	Open bowel to skin	8.88	NA	NA	5.48	5.75	0.88	NA	NA	15.24	15.51	090
44310		A	Ileostomy/jejunostomy	11.70	NA	NA	8.53	8.54	1.16	NA	NA	21.39	21.40	090
44312		A	Revision of ileostomy	5.88	NA	NA	4.39	4.13	0.53	NA	NA	10.80	10.54	090
44314		A	Revision of ileostomy	11.04	NA	NA	8.64	8.29	1.05	NA	NA	20.73	20.38	090
44316		A	Devise bowel pouch	15.47	NA	NA	11.30	11.09	1.47	NA	NA	28.24	28.03	090
44320		A	Colostomy	12.94	NA	NA	9.77	9.35	1.28	NA	NA	23.99	23.57	090
44322		A	Colostomy with biopsies	11.98	NA	NA	9.54	9.62	1.18	NA	NA	22.70	22.78	090
44340		A	Revision of colostomy	5.66	NA	NA	3.91	3.39	0.55	NA	NA	10.12	9.60	090
44345		A	Revision of colostomy	11.32	NA	NA	6.66	6.31	1.12	NA	NA	19.10	18.75	090
44346		A	Revision of colostomy	12.46	NA	NA	7.06	7.10	1.23	NA	NA	20.75	20.79	090
44360		A	Small bowel endoscopy	2.92	NA	NA	1.36	1.89	0.18	NA	NA	4.46	4.99	000
44361		A	Small bowel endoscopy/biopsy	3.23	NA	NA	1.45	2.05	0.19	NA	NA	4.87	5.47	000
44363		A	Small bowel endoscopy	3.94	NA	NA	1.67	2.06	0.23	NA	NA	5.84	6.23	000
44364		A	Small bowel endoscopy	4.22	NA	NA	1.81	2.62	0.27	NA	NA	6.30	7.11	000
44365		A	Small bowel endoscopy	3.73	NA	NA	1.66	2.36	0.24	NA	NA	5.63	6.33	000
44366		A	Small bowel endoscopy	4.97	NA	NA	2.08	3.05	0.31	NA	NA	7.36	8.33	000
44369		A	Small bowel endoscopy	5.09	NA	NA	2.13	3.12	0.32	NA	NA	7.54	8.53	000
44372		A	Small bowel endoscopy	4.97	NA	NA	2.11	3.07	0.33	NA	NA	7.41	8.37	000
44373		A	Small bowel endoscopy	3.94	NA	NA	1.75	2.49	0.25	NA	NA	5.94	6.68	000
44376		A	Small bowel endoscopy	5.69	NA	NA	2.33	2.85	0.37	NA	NA	8.39	8.91	000
44377		A	Small bowel endoscopy/biopsy	5.98	NA	NA	2.46	3.00	0.37	NA	NA	8.81	9.35	000
44378		A	Small bowel endoscopy	7.71	NA	NA	3.08	3.74	0.50	NA	NA	11.29	11.95	000
44380		A	Small bowel endoscopy	1.51	NA	NA	0.83	1.07	0.10	NA	NA	2.44	2.68	000
44382		A	Small bowel endoscopy	1.82	NA	NA	0.95	1.26	0.11	NA	NA	2.88	3.19	000
44385		A	Endoscopy of bowel pouch	1.82	3.11	2.97	0.89	1.30	0.13	5.06	4.92	2.84	3.25	000
44386		A	Endoscopy, bowel pouch/biop	2.12	4.25	3.61	1.06	1.21	0.17	6.54	5.90	3.35	3.50	000
44388		A	Colon endoscopy	2.82	4.27	4.18	1.31	1.96	0.22	7.31	7.22	4.35	5.00	000
44389		A	Colonoscopy with biopsy	3.13	4.68	4.60	1.43	2.16	0.22	8.03	7.95	4.78	5.51	000
44390		A	Colonoscopy for foreign body	3.83	5.47	4.82	1.64	1.94	0.31	9.61	8.96	5.78	6.08	000
44391		A	Colonoscopy for bleeding	4.32	5.14	5.28	1.69	2.70	0.29	9.75	9.89	6.30	7.31	000
44392		A	Colonoscopy & polypectomy	3.82	5.07	5.20	1.67	2.65	0.28	9.17	9.30	5.77	6.75	000
44393		A	Colonoscopy, lesion removal	4.84	5.39	5.51	2.03	2.99	0.34	10.57	10.69	7.21	8.17	000
44394		A	Colonoscopy w/snare	4.43	6.60	6.35	1.90	2.83	0.32	11.35	11.10	6.65	7.58	000
44500		A	Intro, gastrointestinal tube	0.49	NA	NA	0.34	0.35	0.02	NA	NA	0.85	0.86	000
44602		A	Suture, small intestine	10.61	NA	NA	5.30	6.05	1.05	NA	NA	16.96	17.71	090
44603		A	Suture, small intestine	0.14	NA	NA	6.56	7.39	1.38	NA	NA	8.08	8.91	090
44604		A	Suture, large intestine	14.28	NA	NA	6.64	7.12	1.39	NA	NA	22.31	22.79	090
44605		A	Repair of bowel lesion	15.37	NA	NA	7.32	8.03	1.50	NA	NA	24.19	24.90	090
44615		A	Intestinal stricturoplasty	14.19	NA	NA	6.60	6.78	1.39	NA	NA	22.18	22.36	090
44620		A	Repair bowel opening	10.87	NA	NA	5.31	5.60	1.08	NA	NA	17.26	17.55	090
44625		A	Repair bowel opening	13.41	NA	NA	6.26	7.30	1.33	NA	NA	21.00	22.04	090
44626		A	Repair bowel opening	22.59	NA	NA	9.70	10.36	2.23	NA	NA	34.52	35.18	090
44640		A	Repair bowel-skin fistula	14.83	NA	NA	7.19	7.17	1.48	NA	NA	23.50	23.48	090
44650		A	Repair bowel fistula	15.25	NA	NA	7.31	7.47	1.50	NA	NA	24.06	24.22	090
44660		A	Repair bowel-bladder fistula	14.63	NA	NA	6.83	7.39	1.24	NA	NA	22.70	23.26	090
44661		A	Repair bowel-bladder fistula	16.99	NA	NA	7.85	9.67	1.57	NA	NA	26.41	28.23	090
44680		A	Surgical revision, intestine	13.72	NA	NA	6.82	7.75	1.37	NA	NA	21.91	22.84	090
44700		A	Suspend bowel w/prosthesis	14.35	NA	NA	7.02	8.35	1.25	NA	NA	22.62	23.95	090
44799		C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800		A	Excision of bowel pouch	11.23	NA	NA	5.53	5.57	1.09	NA	NA	17.85	17.89	090
44820		A	Excision of mesentery lesion	10.31	NA	NA	5.32	5.56	1.01	NA	NA	16.64	16.88	090
44850		A	Repair of mesentery	9.57	NA	NA	4.96	5.24	0.95	NA	NA	15.48	15.76	090
44899		C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900		A	Drain app abscess, open	8.82	NA	NA	5.13	5.01	0.81	NA	NA	14.76	14.64	090
44901		A	Drain app abscess, percut	3.38	NA	NA	4.22	3.86	0.32	NA	NA	7.92	7.56	000
44950		A	Appendectomy	8.70	NA	NA	4.70	4.85	0.86	NA	NA	14.26	14.41	090
44955		A	Appendectomy add-on	1.53	NA	NA	0.57	0.88	0.14	NA	NA	2.24	2.55	ZZZ
44960		A	Appendectomy	10.74	NA	NA	5.75	5.91	1.07	NA	NA	17.56	17.72	090
44970		A	Laparoscopy, appendectomy	8.70	NA	NA	4.18	4.46	0.86	NA	NA	13.74	14.02	090
44979		C	Laparoscopy proc, app	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
45000		A	Drainage of pelvic abscess	4.52	NA	NA	3.55	3.10	0.38	NA	NA	8.45	8.00	090
45005		A	Drainage of rectal abscess	1.99	4.11	3.43	1.45	1.44	0.19	6.29	5.61	3.63	3.62	010
45020		A	Drainage of rectal abscess	4.72	NA	NA	3.39	3.25	0.45	NA	NA	8.56	8.42	090
45100		A	Biopsy of rectum	3.68	4.47	3.86	1.98	2.00	0.35	8.50	7.89	6.01	6.03	090
45108		A	Removal of anorectal lesion	4.76	5.51	4.86	3.01	2.98	0.48	10.75	10.10	8.25	8.22	090
45110		A	Removal of rectum	23.80	NA	NA	11.62	13.14	2.33	NA	NA	37.75	39.27	090
45111		A	Partial removal of rectum	16.48	NA	NA	8.49	9.56	1.63	NA	NA	26.60	27.67	090
45112		A	Removal of rectum	25.96	NA	NA	11.93	13.31	2.55	NA	NA	40.44	41.82	090
45113		A	Partial proctectomy	25.99	NA	NA	11.18	12.74	2.48	NA	NA	39.65	41.21	090
45114		A	Partial removal of rectum	23.22	NA	NA	10.86	12.32	2.29	NA	NA	36.37	37.83	090
45116		A	Partial removal of rectum	20.89	NA	NA	9.88	10.33	2.04	NA	NA	32.81	33.26	090
45119		A	Remove rectum w/reservoir	26.21	NA	NA	11.68	13.12	2.58	NA	NA	40.47	41.91	090
45120		A	Removal of rectum	0.25	NA	NA	11.47	13.05	2.31	NA	NA	14.03	15.61	090
45121		A	Removal of rectum and colon	27.51	NA	NA	12.98	12.66	2.65	NA	NA	43.14	42.82	090
45123		A	Partial proctectomy	14.20	NA	NA	6.99	8.44	1.41	NA	NA	22.60	24.05	090
45126		A	Pelvic exenteration	38.39	14.50	14.50	14.50	14.50	2.73	55.62	55.62	55.62	55.62	090
45130		A	Excision of rectal prolapse	13.97	NA	NA	6.76	7.49	1.41	NA	NA	22.14	22.87	090
45135		A	Excision of rectal prolapse	16.39	NA	NA	8.01	10.34	1.62	NA	NA	26.02	28.35	090
45150		A	Excision of rectal stricture	5.67	5.23	4.84	3.05	3.21	0.56	11.46	11.07	9.28	9.44	090
45160		A	Excision of rectal lesion	13.02	NA	NA	6.28	6.74	1.30	NA	NA	20.60	21.06	090
45170		A	Excision of rectal lesion	9.77	NA	NA	5.01	5.01	0.98	NA	NA	15.76	15.76	090
45190		A	Destruction, rectal tumor	8.28	NA	NA	4.45	4.72	0.83	NA	NA	13.56	13.83	090

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
45300		A	Proctosigmoidoscopy	0.70	1.27	1.10	0.33	0.40	0.06	2.03	1.86	1.09	1.16	000
45303		A	Proctosigmoidoscopy	0.80	1.46	1.27	0.37	0.45	0.07	2.33	2.14	1.24	1.32	000
45305		A	Proctosigmoidoscopy & biopsy	1.01	1.43	1.30	0.45	0.57	0.10	2.54	2.41	1.56	1.68	000
45307		A	Proctosigmoidoscopy	1.71	2.57	2.27	0.69	0.86	0.16	4.44	4.14	2.56	2.73	000
45308		A	Proctosigmoidoscopy	1.51	1.62	1.52	0.64	0.79	0.14	3.27	3.17	2.29	2.44	000
45309		A	Proctosigmoidoscopy	2.01	2.19	1.95	0.81	0.92	0.19	4.39	4.15	3.01	3.12	000
45315		A	Proctosigmoidoscopy	2.54	2.66	2.32	1.00	1.07	0.23	5.43	5.09	3.77	3.84	000
45317		A	Proctosigmoidoscopy	2.73	2.08	1.90	1.08	1.15	0.25	5.06	4.88	4.06	4.13	000
45320		A	Proctosigmoidoscopy	2.88	2.07	2.06	1.13	1.36	0.26	5.21	5.20	4.27	4.50	000
45321		A	Proctosigmoidoscopy	2.12	NA	NA	0.85	1.04	0.18	NA	NA	3.15	3.34	000
45330		A	Diagnostic sigmoidoscopy	0.96	1.68	1.59	0.42	0.65	0.07	2.71	2.62	1.45	1.68	000
45331		A	Sigmoidoscopy and biopsy	1.26	1.93	1.89	0.53	0.84	0.09	3.28	3.24	1.88	2.19	000
45332		A	Sigmoidoscopy	1.96	3.39	3.02	0.78	1.06	0.14	5.49	5.12	2.88	3.16	000
45333		A	Sigmoidoscopy & polypectomy	1.96	3.04	2.89	0.78	1.19	0.14	5.14	4.99	2.88	3.29	000
45334		A	Sigmoidoscopy for bleeding	2.99	NA	NA	1.15	1.60	0.20	NA	NA	4.34	4.79	000
45337		A	Sigmoidoscopy & decompress	2.36	NA	NA	0.93	1.40	0.17	NA	NA	3.46	3.93	000
45338		A	Sigmoidoscopy	2.57	3.29	3.08	1.01	1.37	0.18	6.04	5.83	3.76	4.12	000
45339		A	Sigmoidoscopy	3.14	2.36	2.65	1.20	1.78	0.22	5.72	6.01	4.56	5.14	000
45355		A	Surgical colonoscopy	3.52	NA	NA	1.26	1.26	0.28	NA	NA	5.06	5.06	000
45378		A	Diagnostic colonoscopy	3.70	5.39	5.16	1.63	2.34	0.26	9.35	9.12	5.59	6.30	000
45378	53	A	Diagnostic colonoscopy	0.96	1.68	1.59	0.42	0.65	0.07	2.71	2.62	1.45	1.68	000
45379		A	Colonoscopy	4.72	5.92	5.89	1.99	2.94	0.34	10.98	10.95	7.05	8.00	000
45380		A	Colonoscopy and biopsy	4.01	5.61	5.51	1.74	2.61	0.26	9.88	9.78	6.01	6.88	000
45382		A	Colonoscopy/control bleeding	5.73	6.72	6.63	2.18	3.23	0.36	12.81	12.72	8.27	9.32	000
45383		A	Lesion removal colonoscopy	5.87	6.47	6.46	2.40	3.41	0.40	12.74	12.73	8.67	9.68	000
45384		A	Colonoscopy	4.70	7.26	6.85	1.98	2.89	0.32	12.28	11.87	7.00	7.91	000
45385		A	Lesion removal colonoscopy	5.31	7.43	7.38	2.20	3.46	0.35	13.09	13.04	7.86	9.12	000
45500		A	Repair of rectum	7.29	NA	NA	3.96	4.59	0.73	NA	NA	11.98	12.61	090
45505		A	Repair of rectum	6.02	NA	NA	3.07	4.01	0.60	NA	NA	9.69	10.63	090
45520		A	Treatment of rectal prolapse	0.55	0.65	0.65	0.19	0.31	0.06	1.26	1.26	0.80	0.92	000
45540		A	Correct rectal prolapse	12.92	NA	NA	6.67	7.69	1.26	NA	NA	20.85	21.87	090
45541		A	Correct rectal prolapse	10.64	NA	NA	5.78	7.10	1.07	NA	NA	17.49	18.81	090
45550		A	Repair rectum/remove sigmoid	18.26	NA	NA	8.56	9.54	1.82	NA	NA	28.64	29.62	090
45560		A	Repair of rectocele	8.40	NA	NA	4.74	4.86	0.68	NA	NA	13.82	13.94	090
45562		A	Exploration/repair of rectum	12.21	NA	NA	6.06	6.74	1.14	NA	NA	19.41	20.09	090
45563		A	Exploration/repair of rectum	18.63	NA	NA	9.22	10.38	1.80	NA	NA	29.65	30.81	090
45800		A	Repair rect/bladder fistula	14.11	NA	NA	6.53	7.56	1.11	NA	NA	21.75	22.78	090
45805		A	Repair fistula w/colostomy	16.50	NA	NA	8.45	9.68	1.49	NA	NA	26.44	27.67	090
45820		A	Repair rectourethral fistula	14.67	NA	NA	6.76	7.51	1.28	NA	NA	22.71	23.46	090
45825		A	Repair fistula w/colostomy	16.87	NA	NA	8.91	9.36	1.49	NA	NA	27.27	27.72	090
45900		A	Reduction of rectal prolapse	1.83	NA	NA	0.76	0.73	0.18	NA	NA	2.77	2.74	010
45905		A	Dilation of anal sphincter	1.61	2.85	2.33	0.70	0.72	0.15	4.61	4.09	2.46	2.48	010
45910		A	Dilation of rectal narrowing	1.96	3.89	3.15	0.82	0.85	0.16	6.01	5.27	2.94	2.97	010
45915		A	Remove rectal obstruction	2.20	3.90	3.14	0.78	0.80	0.19	6.29	5.53	3.17	3.19	010
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030		A	Removal of rectal marker	1.23	2.61	2.07	1.08	0.92	0.12	3.96	3.42	2.43	2.27	010
46040		A	Incision of rectal abscess	4.96	5.00	4.21	2.94	2.66	0.50	10.46	9.67	8.40	8.12	090
46045		A	Incision of rectal abscess	4.32	NA	NA	2.64	2.48	0.43	NA	NA	7.39	7.23	090
46050		A	Incision of anal abscess	1.19	3.17	2.54	1.12	1.00	0.11	4.47	3.84	2.42	2.30	010
46060		A	Incision of rectal abscess	5.69	NA	NA	3.51	4.09	0.57	NA	NA	9.77	10.35	090
46070		A	Incision of anal septum	2.71	NA	NA	2.56	2.29	0.28	NA	NA	5.55	5.28	090
46080		A	Incision of anal sphincter	2.49	3.29	3.05	1.55	1.74	0.25	6.03	5.79	4.29	4.48	010
46083		A	Incise external hemorrhoid	1.40	4.20	3.32	1.23	1.09	0.11	5.71	4.83	2.74	2.60	010
46200		A	Removal of anal fissure	3.42	3.38	3.43	2.19	2.54	0.34	7.14	19	5.95	6.30	090
46210		A	Removal of anal crypt	2.67	4.94	3.92	2.01	1.72	0.25	7.86	6.84	4.93	4.64	090
46211		A	Removal of anal crypts	4.25	4.53	3.91	2.65	2.50	0.41	9.19	8.57	7.31	7.16	090
46220		A	Removal of anal tab	1.56	1.22	1.09	0.58	0.61	0.15	2.93	2.80	2.29	2.32	010
46221		A	Ligation of hemorrhoid(s)	1.43	2.79	2.27	0.53	0.58	0.14	4.36	3.84	2.10	2.15	010
46230		A	Removal of anal tabs	2.57	3.87	3.13	1.59	1.42	0.25	6.69	5.95	4.41	4.24	010
46250		A	Hemorrhoidectomy	4.53	5.02	4.54	2.77	2.85	0.44	9.99	9.51	7.74	7.82	090
46255		A	Hemorrhoidectomy	5.36	5.69	5.55	3.05	3.57	0.53	11.58	11.44	8.94	9.46	090
46257		A	Remove hemorrhoids & fissure	6.28	NA	NA	3.35	3.93	0.63	NA	NA	10.26	10.84	090
46258		A	Remove hemorrhoids & fistula	6.67	NA	NA	3.43	4.17	0.66	NA	NA	10.76	11.50	090
46260		A	Hemorrhoidectomy	7.42	NA	NA	4.17	4.78	0.74	NA	NA	12.33	12.94	090
46261		A	Remove hemorrhoids & fissure	8.24	NA	NA	4.39	5.09	0.83	NA	NA	13.46	14.16	090
46262		A	Remove hemorrhoids & fistula	8.73	NA	NA	4.61	5.28	0.87	NA	NA	14.21	14.88	090
46270		A	Removal of anal fistula	3.72	4.65	4.00	2.44	2.34	0.37	8.74	8.09	6.53	6.43	090
46275		A	Removal of anal fistula	4.56	4.41	4.67	2.65	3.35	0.46	9.43	9.69	7.67	8.37	090
46280		A	Removal of anal fistula	5.98	NA	NA	3.54	4.31	0.61	NA	NA	10.13	10.90	090
46285		A	Removal of anal fistula	4.09	3.61	3.33	2.45	2.46	0.41	8.11	7.83	6.95	6.96	090
46288		A	Repair anal fistula	7.13	NA	NA	4.06	4.01	0.71	NA	NA	11.90	11.85	090
46320		A	Removal of hemorrhoid clot	1.61	3.45	2.78	1.26	1.14	0.15	5.21	4.54	3.02	2.90	010
46500		A	Injection into hemorrhoids	1.61	2.33	1.84	0.59	0.53	0.16	4.10	3.61	2.36	2.30	010
46600		A	Diagnostic anoscopy	0.50	0.70	0.60	0.15	0.19	0.04	1.24	1.14	0.69	0.73	000
46604		A	Anoscopy and dilation	1.31	0.90	0.78	0.48	0.46	0.11	2.32	2.20	1.90	1.88	000
46606		A	Anoscopy and biopsy	0.81	0.79	0.69	0.30	0.32	0.08	1.68	1.58	1.19	1.21	000
46608		A	Anoscopy/ remove for body	1.51	1.72	1.58	0.49	0.66	0.13	3.36	3.22	2.13	2.30	000
46610		A	Anoscopy/remove lesion	1.32	1.34	1.24	0.49	0.60	0.11	2.77	2.67	1.92	2.03	000
46611		A	Anoscopy	1.81	1.86	1.63	0.67	0.73	0.16	3.83	3.60	2.64	2.70	000
46612		A	Anoscopy/ remove lesions	2.34	2.23	2.05	0.87	1.03	0.20	4.77	4.59	3.41	3.57	000
46614		A	Anoscopy/control bleeding	2.01	1.56	1.59	0.72	0.96	0.17	3.74	3.77	2.90	3.14	000
46615		A	Anoscopy	2.68	1.63	1.64	1.00	1.17	0.23	4.54	4.55	3.91	4.08	000

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
46700		A	Repair of anal stricture	7.25	NA	NA	3.89	4.58	0.74	NA	NA	11.88	12.57	090
46705		A	Repair of anal stricture	7.17	NA	NA	4.16	4.10	0.73	NA	NA	12.06	12.00	090
46715		A	Repair of anovaginal fistula	7.46	NA	NA	4.26	4.15	0.86	NA	NA	12.58	12.47	090
46716		A	Repair of anovaginal fistula	12.85	NA	NA	6.75	6.71	1.21	NA	NA	20.81	20.77	090
46730		A	Construction of absent anus	22.39	NA	NA	12.17	12.04	1.91	NA	NA	36.47	36.34	090
46735		A	Construction of absent anus	27.02	NA	NA	12.49	12.91	2.59	NA	NA	42.10	42.52	090
46740		A	Construction of absent anus	24.19	NA	NA	10.81	11.24	2.31	NA	NA	37.31	37.74	090
46742		A	Repair of imperforated anus	29.67	NA	NA	15.06	16.65	0.03	NA	NA	44.76	46.35	090
46744		A	Repair of cloacal anomaly	33.21	NA	NA	14.24	16.70	2.51	NA	NA	49.96	52.42	090
46746		A	Repair of cloacal anomaly	36.74	NA	NA	17.86	19.98	3.23	NA	NA	57.83	59.95	090
46748		A	Repair of cloacal anomaly	40.52	NA	NA	19.36	21.85	1.94	NA	NA	61.82	64.31	090
46750		A	Repair of anal sphincter	8.14	NA	NA	4.60	5.08	0.74	NA	NA	13.48	13.96	090
46751		A	Repair of anal sphincter	8.77	NA	NA	5.63	5.33	0.86	NA	NA	15.26	14.96	090
46753		A	Reconstruction of anus	6.58	NA	NA	3.36	3.85	0.67	NA	NA	10.61	11.10	090
46754		A	Removal of suture from anus	1.54	4.61	3.86	1.07	1.21	0.13	6.28	5.53	2.74	2.88	010
46760		A	Repair of anal sphincter	11.46	NA	NA	5.98	6.33	1.08	NA	NA	18.52	18.87	090
46761		A	Repair of anal sphincter	10.99	NA	NA	5.34	5.86	1.06	NA	NA	17.39	17.91	090
46762		A	Implant artificial sphincter	10.09	NA	NA	4.91	5.24	0.93	NA	NA	15.93	16.26	090
46900		A	Destruction, anal lesion(s)	1.91	3.10	2.43	0.76	0.68	0.16	5.17	4.50	2.83	2.75	010
46910		A	Destruction, anal lesion(s)	1.86	3.34	2.68	1.34	1.18	0.15	5.35	4.69	3.35	3.19	010
46916		A	Cryosurgery, anal lesion(s)	1.86	3.17	2.56	1.55	1.35	0.09	5.12	4.51	3.50	3.30	010
46917		A	Laser surgery, anal lesions	1.86	4.07	3.58	1.37	1.56	0.16	6.09	5.60	3.39	3.58	010
46922		A	Excision of anal lesion(s)	1.86	3.38	2.88	1.35	1.36	0.18	5.42	4.92	3.39	3.40	010
46924		A	Destruction, anal lesion(s)	2.76	4.63	4.17	1.62	1.91	0.22	7.61	7.15	4.60	4.89	010
46934		A	Destruction of hemorrhoids	4.08	5.46	4.42	3.21	2.73	0.33	9.87	8.83	7.62	7.14	090
46935		A	Destruction of hemorrhoids	2.43	3.74	3.25	0.88	1.10	0.22	6.39	5.90	3.53	3.75	010
46936		A	Destruction of hemorrhoids	4.30	5.01	4.38	3.22	3.04	0.37	9.68	9.05	7.89	7.71	090
46937		A	Cryotherapy of rectal lesion	2.69	3.86	3.53	1.69	1.91	0.12	6.67	6.34	4.50	4.72	010
46938		A	Cryotherapy of rectal lesion	4.66	5.32	4.67	2.92	2.87	0.47	10.45	9.80	8.05	8.00	090
46940		A	Treatment of anal fissure	2.32	2.67	2.14	0.85	0.78	0.23	5.22	4.69	3.40	3.33	010
46942		A	Treatment of anal fissure	2.04	2.43	1.95	0.70	0.65	0.21	4.68	4.20	2.95	2.90	010
46945		A	Ligation of hemorrhoids	2.14	3.51	2.80	1.93	1.62	0.20	5.85	5.14	4.27	3.96	090
46946		A	Ligation of hemorrhoids	0.03	4.40	3.56	2.21	1.91	0.27	4.70	3.86	2.51	2.21	090
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000		A	Needle biopsy of liver	1.90	8.42	6.70	0.66	0.88	0.09	10.41	8.69	2.65	2.87	000
47001		A	Needle biopsy, liver add-on	1.90	NA	NA	0.71	0.91	0.18	NA	NA	2.79	2.99	ZZZ
47010		A	Open drainage, liver lesion	10.28	NA	NA	7.57	7.51	0.54	NA	NA	18.39	18.33	090
47011		A	Percut drain, liver lesion	3.70	NA	NA	5.55	4.92	0.20	NA	NA	9.45	8.82	000
47015		A	Inject/aspirate liver cyst	9.70	NA	NA	5.96	6.30	0.85	NA	NA	16.51	16.85	090
47100		A	Wedge biopsy of liver	7.49	NA	NA	4.82	4.51	0.74	NA	NA	13.05	12.74	090
47120		A	Partial removal of liver	22.79	NA	NA	12.23	12.43	2.21	NA	NA	37.23	37.43	090
47122		A	Extensive removal of liver	35.39	NA	NA	16.94	17.48	3.39	NA	NA	55.72	56.26	090
47125		A	Partial removal of liver	31.58	NA	NA	15.59	16.42	3.05	NA	NA	50.22	51.05	090
47130		A	Partial removal of liver	34.25	NA	NA	16.58	17.64	3.31	NA	NA	54.14	55.20	090
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134		R	Partial removal, donor liver	39.15	NA	NA	15.52	17.20	3.78	NA	NA	58.45	60.13	XXX
47135		R	Transplantation of liver	81.52	NA	NA	41.25	45.72	8.02	NA	NA	130.79	135.26	090
47136		R	Transplantation of liver	68.60	NA	NA	39.63	38.81	6.62	NA	NA	114.85	114.03	090
47300		A	Surgery for liver lesion	9.68	NA	NA	5.63	6.30	0.95	NA	NA	16.26	16.93	090
47350		A	Repair liver wound	12.56	NA	NA	6.89	7.19	1.23	NA	NA	20.68	20.98	090
47360		A	Repair liver wound	17.28	NA	NA	9.41	10.02	1.70	NA	NA	28.39	29.00	090
47361		A	Repair liver wound	30.25	NA	NA	14.23	14.65	2.96	NA	NA	47.44	47.86	090
47362		A	Repair liver wound	11.88	NA	NA	6.85	6.56	1.12	NA	NA	19.85	19.56	090
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400		A	Incision of liver duct	20.86	NA	NA	10.64	10.30	1.96	NA	NA	33.46	33.12	090
47420		A	Incision of bile duct	16.72	NA	NA	8.24	8.75	1.67	NA	NA	26.63	27.14	090
47425		A	Incision of bile duct	16.68	NA	NA	8.53	9.58	1.63	NA	NA	26.84	27.89	090
47460		A	Incise bile duct sphincter	15.17	NA	NA	7.83	10.09	1.26	NA	NA	24.26	26.52	090
47480		A	Incision of gallbladder	9.10	NA	NA	5.92	6.50	0.89	NA	NA	15.91	16.49	090
47490		A	Incision of gallbladder	7.23	NA	NA	7.41	6.53	0.30	NA	NA	14.94	14.06	090
47500		A	Injection for liver x-rays	1.96	NA	NA	0.68	0.92	0.08	NA	NA	2.72	2.96	000
47505		A	Injection for liver x-rays	0.76	14.95	11.48	0.26	0.46	0.03	15.74	12.27	1.05	1.25	000
47510		A	Insert catheter, bile duct	7.83	NA	NA	8.28	6.99	0.32	NA	NA	16.43	15.14	090
47511		A	Insert bile duct drain	10.50	NA	NA	9.50	7.90	0.41	NA	NA	20.41	18.81	090
47525		A	Change bile duct catheter	5.55	NA	NA	3.24	2.86	0.22	NA	NA	9.01	8.63	010
47530		A	Revise/reinsert bile tube	5.85	NA	NA	4.84	4.04	0.28	NA	NA	10.97	10.17	090
47550		A	Bile duct endoscopy add-on	3.02	NA	NA	1.13	1.27	0.30	NA	NA	4.45	4.59	ZZZ
47552		A	Biliary endoscopy thru skin	6.04	NA	NA	2.51	2.25	0.49	NA	NA	9.04	8.78	000
47553		A	Biliary endoscopy thru skin	6.35	NA	NA	2.67	3.03	0.28	NA	NA	9.30	9.66	000
47554		A	Biliary endoscopy thru skin	9.06	NA	NA	3.58	3.75	0.74	NA	NA	13.38	13.55	000
47555		A	Biliary endoscopy thru skin	7.56	NA	NA	3.09	3.03	0.31	NA	NA	10.96	10.90	000
47556		A	Biliary endoscopy thru skin	8.56	NA	NA	3.44	3.29	0.33	NA	NA	12.33	12.18	000
47560		A	Laparoscopy w/cholangio	4.89	NA	NA	1.94	2.21	0.46	NA	NA	7.29	7.56	000
47561		A	Laparo w/cholangio/biopsy	5.18	NA	NA	2.17	2.70	0.47	NA	NA	7.82	8.35	000
47562		A	Laparoscopic cholecystectomy	11.09	NA	NA	4.91	5.85	1.09	NA	NA	17.09	18.03	090
47563		A	Laparo cholecystectomy/graph	11.94	NA	NA	5.39	6.33	1.17	NA	NA	18.50	19.44	090
47564		A	Laparo cholecystectomy/explr	14.23	NA	NA	6.97	7.77	1.37	NA	NA	22.57	23.37	090
47570		A	Laparo cholecystoenterostomy	12.58	NA	NA	6.01	6.99	1.27	NA	NA	19.86	20.84	090
47579		C	Laparoscope proc, biliary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47600		A	Removal of gallbladder	11.42	NA	NA	6.01	6.55	1.14	NA	NA	18.57	19.11	090
47605		A	Removal of gallbladder	12.36	NA	NA	6.32	6.95	1.22	NA	NA	19.90	20.53	090
47610		A	Removal of gallbladder	15.83	NA	NA	7.71	8.33	1.57	NA	NA	25.11	25.73	090

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
47612		A	Removal of gallbladder	15.80	NA	NA	7.59	9.55	1.58	NA	NA	24.97	26.93	090
47620		A	Removal of gallbladder	17.36	NA	NA	8.26	9.24	1.73	NA	NA	27.35	28.33	090
47630		A	Remove bile duct stone	9.11	NA	NA	3.19	3.41	0.47	NA	NA	12.77	12.99	090
47700		A	Exploration of bile ducts	15.62	NA	NA	8.29	8.29	1.37	NA	NA	25.28	25.28	090
47701		A	Bile duct revision	29.55	NA	NA	13.79	12.57	2.87	NA	NA	46.21	44.99	090
47711		A	Excision of bile duct tumor	19.37	NA	NA	9.86	10.67	1.86	NA	NA	31.09	31.90	090
47712		A	Excision of bile duct tumor	25.44	NA	NA	12.03	12.30	2.67	NA	NA	40.14	40.41	090
47715		A	Excision of bile duct cyst	15.81	NA	NA	8.14	8.34	1.55	NA	NA	25.50	25.70	090
47716		A	Fusion of bile duct cyst	13.83	NA	NA	7.50	7.41	1.30	NA	NA	22.63	22.54	090
47720		A	Fuse gallbladder & bowel	13.38	NA	NA	7.62	8.20	1.33	NA	NA	22.33	22.91	090
47721		A	Fuse upper gi structures	16.08	NA	NA	8.58	9.53	1.58	NA	NA	26.24	27.19	090
47740		A	Fuse gallbladder & bowel	15.54	NA	NA	8.50	9.15	1.57	NA	NA	25.61	26.26	090
47741		A	Fuse gallbladder & bowel	17.95	NA	NA	9.26	10.84	1.78	NA	NA	28.99	30.57	090
47760		A	Fuse bile ducts and bowel	21.74	NA	NA	10.66	11.15	2.17	NA	NA	34.57	35.06	090
47765		A	Fuse liver ducts & bowel	20.93	NA	NA	10.91	12.15	2.07	NA	NA	33.91	35.15	090
47780		A	Fuse bile ducts and bowel	22.29	NA	NA	10.93	11.74	2.21	NA	NA	35.43	36.24	090
47785		A	Fuse bile ducts and bowel	26.23	NA	NA	12.90	13.22	2.63	NA	NA	41.76	42.08	090
47800		A	Reconstruction of bile ducts	19.60	NA	NA	10.05	11.13	1.91	NA	NA	31.56	32.64	090
47801		A	Placement, bile duct support	12.76	NA	NA	9.29	8.46	0.74	NA	NA	22.79	21.96	090
47802		A	Fuse liver duct & intestine	18.13	NA	NA	10.16	10.41	1.85	NA	NA	30.14	30.39	090
47900		A	Suture bile duct injury	16.74	NA	NA	8.90	10.26	1.68	NA	NA	27.32	28.68	090
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000		A	Drainage of abdomen	14.91	NA	NA	7.96	7.88	1.32	NA	NA	24.19	24.11	090
48001		A	Placement of drain, pancreas	18.83	NA	NA	8.88	8.87	1.85	NA	NA	29.56	29.55	090
48005		A	Resect/debride pancreas	22.40	NA	NA	10.42	10.31	2.21	NA	NA	35.03	34.92	090
48020		A	Removal of pancreatic stone	14.22	NA	NA	6.90	7.02	1.02	NA	NA	22.14	22.26	090
48100		A	Biopsy of pancreas	11.08	NA	NA	6.40	5.94	1.08	NA	NA	18.56	18.10	090
48102		A	Needle biopsy, pancreas	4.68	8.18	6.79	2.36	2.43	0.19	13.05	11.66	7.23	7.30	010
48120		A	Removal of pancreas lesion	14.36	NA	NA	6.86	7.78	1.42	NA	NA	22.64	23.56	090
48140		A	Partial removal of pancreas	20.78	NA	NA	9.96	11.08	2.05	NA	NA	32.79	33.91	090
48145		A	Partial removal of pancreas	21.76	NA	NA	10.48	12.12	2.16	NA	NA	34.40	36.04	090
48146		A	Pancreatectomy	23.91	NA	NA	12.41	13.78	2.44	NA	NA	38.76	40.13	090
48148		A	Removal of pancreatic duct	15.71	NA	NA	8.55	8.65	1.54	NA	NA	25.80	25.90	090
48150		A	Partial removal of pancreas	43.48	NA	NA	20.63	21.59	4.28	NA	NA	68.39	69.35	090
48152		A	Pancreatectomy	39.63	NA	NA	19.18	20.50	4.06	NA	NA	62.87	64.19	090
48153		A	Pancreatectomy	43.38	NA	NA	20.61	21.57	4.31	NA	NA	68.30	69.26	090
48154		A	Pancreatectomy	39.95	NA	NA	18.95	20.33	3.99	NA	NA	62.89	64.27	090
48155		A	Removal of pancreas	22.32	NA	NA	12.72	15.08	2.20	NA	NA	37.24	39.60	090
48160		N	Pancreas removal/transplant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180		A	Fuse pancreas and bowel	22.39	NA	NA	10.26	11.11	2.22	NA	NA	34.87	35.72	090
48400		A	Injection, intraop add-on	1.95	NA	NA	0.70	0.81	0.10	NA	NA	2.75	2.86	ZZZ
48500		A	Surgery of pancreas cyst	13.84	NA	NA	6.28	7.03	1.23	NA	NA	21.35	22.10	090
48510		A	Drain pancreatic pseudocyst	12.96	NA	NA	7.05	7.33	0.92	NA	NA	20.93	21.21	090
48511		A	Drain pancreatic pseudocyst	0.04	NA	NA	4.03	3.85	0.29	NA	NA	4.36	4.18	000
48520		A	Fuse pancreas cyst and bowel	14.12	NA	NA	6.77	8.14	1.38	NA	NA	22.27	23.64	090
48540		A	Fuse pancreas cyst and bowel	17.86	NA	NA	8.20	9.59	1.80	NA	NA	27.86	29.25	090
48545		A	Pancreatorrhaphy	16.47	NA	NA	8.27	8.28	1.76	NA	NA	26.50	26.51	090
48547		A	Duodenal exclusion	23.40	NA	NA	10.30	10.73	2.42	NA	NA	36.12	36.55	090
48550		X	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554		R	Transpl allograft pancreas	34.17	NA	NA	13.55	15.01	3.26	NA	NA	50.98	52.44	090
48556		A	Removal, allograft pancreas	15.71	NA	NA	8.37	8.25	1.50	NA	NA	25.58	25.46	090
48999		C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000		A	Exploration of abdomen	11.68	NA	NA	6.06	6.39	1.14	NA	NA	18.88	19.21	090
49002		A	Reopening of abdomen	10.49	NA	NA	5.89	6.06	1.03	NA	NA	17.41	17.58	090
49010		A	Exploration behind abdomen	12.28	NA	NA	6.94	7.09	1.22	NA	NA	20.44	20.59	090
49020		A	Drain abdominal abscess	16.79	NA	NA	9.33	8.31	1.12	NA	NA	27.24	26.22	090
49021		A	Drain abdominal abscess	3.38	NA	NA	5.05	4.80	0.20	NA	NA	8.63	8.38	000
49040		A	Drain, open, abdom abscess	9.94	NA	NA	6.76	6.85	0.67	NA	NA	17.37	17.46	090
49041		A	Drain, percut, abdom abscess	0.04	NA	NA	5.31	4.81	0.27	NA	NA	5.62	5.12	000
49060		A	Drain, open, retro abscess	11.66	NA	NA	7.76	7.32	0.65	NA	NA	20.07	19.63	090
49061		A	Drain, percut, retroper absc	3.70	NA	NA	5.44	4.84	0.21	NA	NA	9.35	8.75	000
49062		A	Drain to peritoneal cavity	11.36	NA	NA	6.91	7.37	1.07	NA	NA	19.34	19.80	090
49080		A	Puncture, peritoneal cavity	1.35	2.99	2.48	0.59	0.68	0.08	4.42	3.91	2.02	2.11	000
49081		A	Removal of abdominal fluid	1.26	2.80	2.30	0.55	0.62	0.08	4.14	3.64	1.89	1.96	000
49085		A	Remove abdomen foreign body	8.93	NA	NA	5.26	4.88	0.90	NA	NA	15.09	14.71	090
49180		A	Biopsy, abdominal mass	1.73	6.65	5.48	0.60	0.95	0.08	8.46	7.29	2.41	2.76	000
49200		A	Removal of abdominal lesion	10.25	NA	NA	6.01	6.78	0.92	NA	NA	17.18	17.95	090
49201		A	Removal of abdominal lesion	14.84	NA	NA	8.23	9.46	1.28	NA	NA	24.35	25.58	090
49215		A	Excise sacral spine tumor	23.20	NA	NA	10.76	10.38	2.18	NA	NA	36.14	35.76	090
49220		A	Multiple surgery, abdomen	14.88	NA	NA	7.69	9.11	1.45	NA	NA	24.02	25.44	090
49250		A	Excision of umbilicus	8.35	NA	NA	5.00	4.98	0.79	NA	NA	14.14	14.12	090
49255		A	Removal of omentum	11.14	NA	NA	6.28	6.11	1.04	NA	NA	18.46	18.29	090
49320		A	Diag laparo separate proc	5.10	NA	NA	2.89	3.38	0.47	NA	NA	8.46	8.95	010
49321		A	Laparoscopy, biopsy	5.40	NA	NA	2.95	3.54	0.49	NA	NA	8.84	9.43	010
49322		A	Laparoscopy, aspiration	5.70	NA	NA	3.23	3.75	0.49	NA	NA	9.42	9.94	010
49323		A	Laparo drain lymphocoele	9.48	NA	NA	4.25	5.01	0.90	NA	NA	14.63	15.39	090
49329		C	Laparo proc, abdom/per/oment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49400		A	Air injection into abdomen	1.88	NA	NA	0.81	0.91	0.11	NA	NA	2.80	2.90	000
49420		A	Insert abdominal drain	2.22	NA	NA	0.94	1.13	0.16	NA	NA	3.32	3.51	000
49421		A	Insert abdominal drain	5.54	NA	NA	3.81	3.98	0.56	NA	NA	9.91	10.08	090
49422		A	Remove perm cannula/catheter	6.25	NA	NA	2.98	3.36	0.63	NA	NA	9.86	10.24	010
49423		A	Exchange drainage catheter	1.46	NA	NA	0.67	0.80	0.15	NA	NA	2.28	2.41	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
49424		A	Assess cyst, contrast inject	0.76	NA	NA	0.43	0.48	0.05	NA	NA	1.24	1.29	000
49425		A	Insert abdomen-venous drain	11.37	NA	NA	7.00	7.55	1.21	NA	NA	19.58	20.13	090
49426		A	Revise abdomen-venous shunt	9.63	NA	NA	5.77	5.79	0.99	NA	NA	16.39	16.41	090
49427		A	Injection, abdominal shunt	0.89	NA	NA	0.47	0.49	0.04	NA	NA	1.40	1.42	000
49428		A	Ligation of shunt	2.38	NA	NA	1.88	1.69	0.29	NA	NA	4.55	4.36	010
49429		A	Removal of shunt	7.40	NA	NA	3.71	3.68	0.79	NA	NA	11.90	11.87	010
49495		A	Repair inguinal hernia, init	5.84	NA	NA	3.22	3.77	0.56	NA	NA	9.62	10.17	090
49496		A	Repair inguinal hernia, init	8.79	NA	NA	6.12	5.96	0.85	NA	NA	15.76	15.60	090
49500		A	Repair inguinal hernia	4.68	NA	NA	3.04	3.63	0.43	NA	NA	8.15	8.74	090
49501		A	Repair inguinal hernia, init	7.58	NA	NA	3.99	4.36	0.75	NA	NA	12.32	12.69	090
49505		A	Repair inguinal hernia	6.49	3.90	4.15	3.58	3.91	0.64	11.03	11.28	10.71	11.04	090
49507		A	Repair inguinal hernia	8.17	NA	NA	5.30	5.34	0.81	NA	NA	14.28	14.32	090
49520		A	Rerepair inguinal hernia	8.22	NA	NA	4.75	4.98	0.82	NA	NA	13.79	14.02	090
49521		A	Repair inguinal hernia, rec	10.22	NA	NA	5.09	5.19	1.02	NA	NA	16.33	16.43	090
49525		A	Repair inguinal hernia	7.32	NA	NA	4.28	4.72	0.73	NA	NA	12.33	12.77	090
49540		A	Repair lumbar hernia	8.87	NA	NA	5.01	5.17	0.89	NA	NA	14.77	14.93	090
49550		A	Repair femoral hernia	7.37	NA	NA	3.95	4.21	0.74	NA	NA	12.06	12.32	090
49553		A	Repair femoral hernia, init	8.06	NA	NA	4.32	4.49	0.80	NA	NA	13.18	13.35	090
49555		A	Repair femoral hernia	7.71	NA	NA	4.59	5.09	0.77	NA	NA	13.07	13.57	090
49557		A	Repair femoral hernia, recur	9.52	NA	NA	4.85	5.29	0.95	NA	NA	15.32	15.76	090
49560		A	Repair abdominal hernia	9.88	NA	NA	5.33	5.53	0.99	NA	NA	16.20	16.40	090
49561		A	Repair incisional hernia	12.17	NA	NA	5.87	5.94	1.21	NA	NA	19.25	19.32	090
49565		A	Rerepair abdominal hernia	9.88	NA	NA	5.44	5.82	0.98	NA	NA	16.30	16.68	090
49566		A	Repair incisional hernia	12.30	NA	NA	5.91	6.17	1.22	NA	NA	19.43	19.69	090
49568		A	Hernia repair w/mesh	4.89	NA	NA	1.84	2.08	0.49	NA	NA	7.22	7.46	ZZZ
49570		A	Repair epigastric hernia	4.86	NA	NA	3.11	3.52	0.49	NA	NA	8.46	8.87	090
49572		A	Repair epigastric hernia	5.75	NA	NA	3.47	4.12	0.57	NA	NA	9.79	10.44	090
49580		A	Repair umbilical hernia	3.34	NA	NA	2.52	2.94	0.34	NA	NA	6.20	6.62	090
49582		A	Repair umbilical hernia	5.68	NA	NA	4.23	4.42	0.57	NA	NA	10.48	10.67	090
49585		A	Repair umbilical hernia	5.32	NA	NA	3.55	3.86	0.53	NA	NA	9.40	9.71	090
49587		A	Repair umbilical hernia	6.46	NA	NA	3.68	3.96	0.64	NA	NA	10.78	11.06	090
49590		A	Repair abdominal hernia	7.29	NA	NA	4.29	4.75	0.73	NA	NA	12.31	12.77	090
49600		A	Repair umbilical lesion	10.96	NA	NA	5.89	5.85	0.95	NA	NA	17.80	17.76	090
49605		A	Repair umbilical lesion	24.94	NA	NA	12.12	11.42	2.20	NA	NA	39.26	38.56	090
49606		A	Repair umbilical lesion	21.31	NA	NA	9.86	9.65	1.91	NA	NA	33.08	32.87	090
49610		A	Repair umbilical lesion	10.50	NA	NA	6.57	6.42	1.05	NA	NA	18.12	17.97	090
49611		A	Repair umbilical lesion	8.92	NA	NA	6.05	6.98	0.68	NA	NA	15.65	16.58	090
49650		A	Laparo hernia repair initial	6.27	NA	NA	3.26	3.67	0.62	NA	NA	10.15	10.56	090
49651		A	Laparo hernia repair recur	8.24	NA	NA	4.34	4.67	0.82	NA	NA	13.40	13.73	090
49659		C	Laparo proc, hernia repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49900		A	Repair of abdominal wall	12.28	NA	NA	6.77	6.07	1.20	NA	NA	20.25	19.55	090
49905		A	Omental flap	6.55	NA	NA	2.52	2.82	0.64	NA	NA	9.71	10.01	ZZZ
49906		C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
49999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010		A	Exploration of kidney	10.98	NA	NA	6.47	7.44	0.75	NA	NA	18.20	19.17	090
50020		A	Renal abscess, open drain	14.66	NA	NA	12.90	11.52	0.68	NA	NA	28.24	26.86	090
50021		A	Renal abscess, percut drain	3.38	NA	NA	10.51	8.58	0.15	NA	NA	14.04	12.11	000
50040		A	Drainage of kidney	14.94	NA	NA	10.67	9.95	0.79	NA	NA	26.40	25.68	090
50045		A	Exploration of kidney	15.46	NA	NA	7.82	8.53	1.13	NA	NA	24.41	25.12	090
50060		A	Removal of kidney stone	19.30	NA	NA	9.13	10.17	1.14	NA	NA	29.57	30.61	090
50065		A	Incision of kidney	20.79	NA	NA	9.72	11.07	1.17	NA	NA	31.68	33.03	090
50070		A	Incision of kidney	20.32	NA	NA	9.53	10.64	1.44	NA	NA	31.29	32.40	090
50075		A	Removal of kidney stone	25.34	NA	NA	11.47	13.18	1.50	NA	NA	38.31	40.02	090
50080		A	Removal of kidney stone	14.71	NA	NA	9.85	10.70	0.81	NA	NA	25.37	26.22	090
50081		A	Removal of kidney stone	21.80	NA	NA	12.02	13.08	1.23	NA	NA	35.05	36.11	090
50100		A	Revise kidney blood vessels	16.09	NA	NA	9.23	9.73	1.74	NA	NA	27.06	27.56	090
50120		A	Exploration of kidney	15.91	NA	NA	8.04	8.99	0.95	NA	NA	24.90	25.85	090
50125		A	Explore and drain kidney	16.52	NA	NA	8.39	9.26	1.24	NA	NA	26.15	27.02	090
50130		A	Removal of kidney stone	17.29	NA	NA	8.52	9.86	1.05	NA	NA	26.86	28.20	090
50135		A	Exploration of kidney	19.18	NA	NA	9.15	11.49	1.18	NA	NA	29.51	31.85	090
50200		A	Biopsy of kidney	2.63	NA	NA	0.92	1.40	0.14	NA	NA	3.69	4.17	000
50205		A	Biopsy of kidney	11.31	NA	NA	6.15	6.14	0.88	NA	NA	18.34	18.33	090
50220		A	Removal of kidney	17.15	NA	NA	8.57	10.04	1.18	NA	NA	26.90	28.37	090
50225		A	Removal of kidney	20.23	NA	NA	9.50	11.61	1.26	NA	NA	30.99	33.10	090
50230		A	Removal of kidney	22.07	NA	NA	10.07	12.55	1.37	NA	NA	33.51	35.99	090
50234		A	Removal of kidney & ureter	22.40	NA	NA	10.18	12.15	1.38	NA	NA	33.96	35.93	090
50236		A	Removal of kidney & ureter	24.86	NA	NA	12.99	14.56	1.51	NA	NA	39.36	40.93	090
50240		A	Partial removal of kidney	0.22	NA	NA	11.95	13.30	1.37	NA	NA	13.54	14.89	090
50280		A	Removal of kidney lesion	15.67	NA	NA	7.90	8.87	0.01	NA	NA	23.58	24.55	090
50290		A	Removal of kidney lesion	14.73	NA	NA	7.49	8.03	1.16	NA	NA	23.38	23.92	090
50300		X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320		A	Removal of donor kidney	22.21	NA	NA	10.33	12.22	1.74	NA	NA	34.28	36.17	090
50340		A	Removal of kidney	12.15	NA	NA	9.28	10.35	1.03	NA	NA	22.46	23.53	090
50360		A	Transplantation of kidney	31.53	NA	NA	17.33	19.63	2.91	NA	NA	51.77	54.07	090
50365		A	Transplantation of kidney	36.81	NA	NA	20.38	23.62	3.32	NA	NA	60.51	63.75	090
50370		A	Remove transplanted kidney	13.72	NA	NA	9.07	9.81	1.24	NA	NA	24.03	24.77	090
50380		A	Reimplantation of kidney	20.76	NA	NA	12.42	12.06	1.79	NA	NA	34.97	34.61	090
50390		A	Drainage of kidney lesion	1.96	NA	NA	0.68	0.97	0.08	NA	NA	2.72	3.01	000
50392		A	Insert kidney drain	3.38	NA	NA	1.17	1.52	0.13	NA	NA	4.68	5.03	000
50393		A	Insert ureteral tube	4.16	NA	NA	1.43	1.89	0.16	NA	NA	5.75	6.21	000
50394		A	Injection for kidney x-ray	0.76	13.48	10.26	0.26	0.35	0.03	14.27	11.05	1.05	1.14	000
50395		A	Create passage to kidney	3.38	NA	NA	1.16	1.77	0.13	NA	NA	4.67	5.28	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
50396		A	Measure kidney pressure	2.09	NA	NA	0.87	0.79	0.09	NA	NA	3.05	2.97	000
50398		A	Change kidney tube	1.46	0.94	0.85	0.50	0.52	0.06	2.46	2.37	2.02	2.04	000
50400		A	Revision of kidney/ureter	19.50	NA	NA	9.19	10.60	1.17	NA	NA	29.86	31.27	090
50405		A	Revision of kidney/ureter	23.93	NA	NA	12.24	13.87	1.48	NA	NA	37.65	39.28	090
50500		A	Repair of kidney wound	19.57	NA	NA	10.73	11.43	1.54	NA	NA	31.84	32.54	090
50520		A	Close kidney-skin fistula	17.23	NA	NA	10.77	10.88	1.08	NA	NA	29.08	29.19	090
50525		A	Repair renal-abdomen fistula	22.27	NA	NA	12.53	12.82	0.02	NA	NA	34.82	35.11	090
50526		A	Repair renal-abdomen fistula	24.02	NA	NA	15.04	13.29	2.40	NA	NA	41.46	39.71	090
50540		A	Revision of horseshoe kidney	19.93	NA	NA	9.46	10.73	1.37	NA	NA	30.76	32.03	090
50541		A	Laparo ablate renal cyst	0.16	NA	NA	6.40	6.40	1.03	NA	NA	7.59	7.59	090
50544		A	Laparoscopy, pyeloplasty	22.40	NA	NA	8.49	8.49	1.36	NA	NA	32.25	32.25	090
50546		A	Laparoscopic nephrectomy	20.48	NA	NA	8.03	8.03	1.41	NA	NA	29.92	29.92	090
50547		A	Laparo removal donor kidney	25.50	NA	NA	11.10	11.10	1.98	NA	NA	38.58	38.58	090
50548		A	Laparo-asst remove k/ureter	24.40	NA	NA	9.19	9.19	1.52	NA	NA	35.11	35.11	090
50549		C	Laparoscope proc, renal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50551		A	Kidney endoscopy	5.60	4.47	3.95	1.82	1.96	0.32	10.39	9.87	7.74	7.88	000
50553		A	Kidney endoscopy	5.99	16.44	12.78	2.02	1.97	0.33	22.76	19.10	8.34	8.29	000
50555		A	Kidney endoscopy & biopsy	6.53	12.06	10.32	2.15	2.89	0.34	18.93	17.19	9.02	9.76	000
50557		A	Kidney endoscopy & treatment	6.62	18.22	14.94	2.16	2.90	0.37	25.21	21.93	9.15	9.89	000
50559		A	Renal endoscopy/radiotracer	6.78	NA	NA	2.44	2.19	0.30	NA	NA	9.52	9.27	000
50561		A	Renal endoscopy & treatment	7.59	16.47	13.74	2.50	3.27	0.42	24.48	21.75	10.51	11.28	000
50570		A	Kidney endoscopy	9.54	NA	NA	3.10	2.72	0.54	NA	NA	13.18	12.80	000
50572		A	Kidney endoscopy	10.35	NA	NA	3.42	4.53	0.56	NA	NA	4.33	15.44	000
50574		A	Kidney endoscopy & biopsy	11.02	NA	NA	3.67	4.67	0.62	NA	NA	15.31	16.31	000
50575		A	Kidney endoscopy	13.98	NA	NA	4.56	6.12	0.79	NA	NA	19.33	20.89	000
50576		A	Kidney endoscopy & treatment	10.99	NA	NA	3.60	5.06	0.64	NA	NA	15.23	16.69	000
50578		A	Renal endoscopy/radiotracer	11.35	NA	NA	4.50	4.40	0.57	NA	NA	16.42	16.32	000
50580		A	Kidney endoscopy & treatment	11.86	NA	NA	3.86	3.87	0.68	NA	NA	16.40	16.41	000
50590		A	Fragmenting of kidney stone	9.09	9.63	9.94	4.74	6.27	0.52	19.24	19.55	14.35	15.88	090
50600		A	Exploration of ureter	15.84	NA	NA	8.00	8.63	0.99	NA	NA	24.83	25.46	090
50605		A	Insert ureteral support	15.46	NA	NA	8.13	7.76	1.10	NA	NA	24.69	24.32	090
50610		A	Removal of ureter stone	15.92	NA	NA	8.35	9.46	0.99	NA	NA	25.26	26.37	090
50620		A	Removal of ureter stone	15.16	NA	NA	7.68	8.88	0.90	NA	NA	23.74	24.94	090
50630		A	Removal of ureter stone	14.94	NA	NA	7.54	9.10	0.92	NA	NA	23.40	24.96	090
50650		A	Removal of ureter	17.41	NA	NA	8.68	9.79	1.06	NA	NA	27.15	28.26	090
50660		A	Removal of ureter	19.55	NA	NA	9.71	10.67	1.20	NA	NA	30.46	31.42	090
50684		A	Injection for ureter x-ray	0.76	12.30	9.36	0.25	0.32	0.04	13.10	10.16	1.05	1.12	000
50686		A	Measure ureter pressure	1.51	4.53	3.50	0.70	0.63	0.09	6.13	5.10	2.30	2.23	000
50688		A	Change of ureter tube	1.17	NA	NA	1.68	1.37	0.05	NA	NA	2.90	2.59	010
50690		A	Injection for ureter x-ray	1.16	13.98	10.57	0.39	0.38	0.06	15.20	11.79	1.61	1.60	000
50700		A	Revision of ureter	15.21	NA	NA	8.84	10.04	0.94	NA	NA	24.99	26.19	090
50715		A	Release of ureter	18.90	NA	NA	10.86	11.20	1.38	NA	NA	31.14	31.48	090
50722		A	Release of ureter	16.35	NA	NA	8.85	9.44	1.17	NA	NA	26.37	26.96	090
50725		A	Release/revise ureter	18.49	NA	NA	9.63	10.49	1.34	NA	NA	29.46	30.32	090
50727		A	Revise ureter	8.18	NA	NA	5.83	5.83	0.52	NA	NA	14.53	14.53	090
50728		A	Revise ureter	12.02	NA	NA	7.31	7.63	0.91	NA	NA	20.24	20.56	090
50740		A	Fusion of ureter & kidney	18.42	NA	NA	9.01	10.29	1.49	NA	NA	28.92	30.20	090
50750		A	Fusion of ureter & kidney	19.51	NA	NA	9.68	11.07	1.13	NA	NA	30.32	31.71	090
50760		A	Fusion of ureters	18.42	NA	NA	9.26	10.60	1.19	NA	NA	28.87	30.21	090
50770		A	Splicing of ureters	19.51	NA	NA	9.50	11.26	1.19	NA	NA	30.20	31.96	090
50780		A	Reimplant ureter in bladder	18.36	NA	NA	9.14	10.59	1.18	NA	NA	28.68	30.13	090
50782		A	Reimplant ureter in bladder	19.54	NA	NA	9.98	11.22	1.29	NA	NA	30.81	32.05	090
50783		A	Reimplant ureter in bladder	20.55	NA	NA	10.13	11.34	1.32	NA	NA	32.00	33.21	090
50785		A	Reimplant ureter in bladder	20.52	NA	NA	9.91	11.62	1.30	NA	NA	31.73	33.44	090
50800		A	Implant ureter in bowel	14.52	NA	NA	8.88	10.64	0.92	NA	NA	24.32	26.08	090
50810		A	Fusion of ureter & bowel	20.05	NA	NA	11.82	12.28	1.62	NA	NA	33.49	33.95	090
50815		A	Urine shunt to bowel	19.93	NA	NA	10.71	13.39	1.28	NA	NA	31.92	34.60	090
50820		A	Construct bowel bladder	21.89	NA	NA	11.13	13.50	1.46	NA	NA	34.48	36.85	090
50825		A	Construct bowel bladder	28.18	NA	NA	13.90	18.71	1.71	NA	NA	43.79	48.60	090
50830		A	Revise urine flow	31.28	NA	NA	14.48	16.54	2.15	NA	NA	47.91	49.97	090
50840		A	Replace ureter by bowel	0.20	NA	NA	10.89	11.78	1.25	NA	NA	12.34	13.23	090
50845		A	Appendico-vesicostomy	20.89	NA	NA	9.44	10.84	1.26	NA	NA	31.59	32.99	090
50860		A	Transplant ureter to skin	15.36	NA	NA	8.30	9.19	1.01	NA	NA	24.67	25.56	090
50900		A	Repair of ureter	13.62	NA	NA	7.39	8.25	0.97	NA	NA	21.98	22.84	090
50920		A	Closure ureter/skin fistula	14.33	NA	NA	7.86	8.48	1.03	NA	NA	23.22	23.84	090
50930		A	Closure ureter/bowel fistula	18.72	NA	NA	9.15	10.26	1.34	NA	NA	29.21	30.32	090
50940		A	Release of ureter	14.51	NA	NA	7.70	8.46	0.95	NA	NA	23.16	23.92	090
50945		A	Laparoscopy ureterolithotomy	0.17	NA	NA	7.00	7.00	1.07	NA	NA	8.24	8.24	090
50951		A	Endoscopy of ureter	5.84	4.70	3.98	1.91	1.89	0.34	10.88	10.16	8.09	8.07	000
50953		A	Endoscopy of ureter	6.24	16.67	12.95	2.04	1.98	0.36	23.27	19.55	8.64	8.58	000
50955		A	Ureter endoscopy & biopsy	6.75	11.95	9.66	2.21	2.35	0.37	19.07	16.78	9.33	9.47	000
50957		A	Ureter endoscopy & treatment	6.79	12.00	9.68	2.24	2.36	0.38	19.17	16.85	9.41	9.53	000
50959		A	Ureter endoscopy & tracer	4.40	NA	NA	1.41	1.98	0.25	NA	NA	6.06	6.63	000
50961		A	Ureter endoscopy & treatment	6.05	22.24	17.39	1.98	2.20	0.33	28.62	23.77	8.36	8.58	000
50970		A	Ureter endoscopy	7.14	NA	NA	2.36	3.17	0.41	NA	NA	9.91	10.72	000
50972		A	Ureter endoscopy & catheter	6.89	NA	NA	2.27	2.12	0.40	NA	NA	9.56	9.41	000
50974		A	Ureter endoscopy & biopsy	9.17	NA	NA	3.02	4.17	0.50	NA	NA	12.69	13.84	000
50976		A	Ureter endoscopy & treatment	9.04	NA	NA	2.99	3.98	0.51	NA	NA	12.54	13.53	000
50978		A	Ureter endoscopy & tracer	5.10	NA	NA	2.02	2.62	0.33	NA	NA	7.45	8.05	000
50980		A	Ureter endoscopy & treatment	6.85	NA	NA	2.24	2.53	0.38	NA	NA	9.47	9.76	000
51000		A	Drainage of bladder	0.78	1.70	1.41	0.25	0.32	0.05	2.53	2.24	1.08	1.15	000
51005		A	Drainage of bladder	1.02	2.85	2.26	0.35	0.39	0.08	3.95	3.36	1.45	1.49	000

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
51010		A	Drainage of bladder	3.53	6.54	5.17	1.74	1.57	0.22	10.29	8.92	5.49	5.32	010
51020		A	Incise & treat bladder	6.71	NA	NA	5.06	5.65	0.42	NA	NA	12.19	12.78	090
51030		A	Incise & treat bladder	6.77	NA	NA	5.30	5.21	0.40	NA	NA	12.47	12.38	090
51040		A	Incise & drain bladder	4.40	NA	NA	3.88	4.22	0.27	NA	NA	8.55	8.89	090
51045		A	Incise bladder/drain ureter	6.77	NA	NA	5.03	5.12	0.43	NA	NA	12.23	12.32	090
51050		A	Removal of bladder stone	6.92	NA	NA	4.59	5.38	0.41	NA	NA	11.92	12.71	090
51060		A	Removal of ureter stone	8.85	NA	NA	5.53	6.79	0.53	NA	NA	14.91	16.17	090
51065		A	Removal of ureter stone	8.85	NA	NA	5.62	6.14	0.52	NA	NA	14.99	15.51	090
51080		A	Drainage of bladder abscess	5.96	NA	NA	5.17	5.28	0.36	NA	NA	11.49	11.60	090
51500		A	Removal of bladder cyst	10.14	NA	NA	6.01	6.37	0.82	NA	NA	16.97	17.33	090
51520		A	Removal of bladder lesion	9.29	NA	NA	5.81	6.67	0.57	NA	NA	15.67	16.53	090
51525		A	Removal of bladder lesion	13.97	NA	NA	7.33	8.39	0.85	NA	NA	22.15	23.21	090
51530		A	Removal of bladder lesion	12.38	NA	NA	6.96	7.73	0.85	NA	NA	20.19	20.96	090
51535		A	Repair of ureter lesion	12.57	NA	NA	7.28	7.54	0.84	NA	NA	20.69	20.95	090
51550		A	Partial removal of bladder	15.66	NA	NA	8.00	8.91	1.10	NA	NA	24.76	25.67	090
51555		A	Partial removal of bladder	21.23	NA	NA	10.20	10.98	1.38	NA	NA	32.81	33.59	090
51565		A	Revise bladder & ureter(s)	21.62	NA	NA	10.54	12.20	1.37	NA	NA	33.53	35.19	090
51570		A	Removal of bladder	24.24	NA	NA	11.55	12.91	1.50	NA	NA	37.29	38.65	090
51575		A	Removal of bladder & nodes	30.45	NA	NA	14.21	16.86	1.90	NA	NA	46.56	49.21	090
51580		A	Remove bladder/revise tract	31.08	NA	NA	14.62	16.38	1.93	NA	NA	47.63	49.39	090
51585		A	Removal of bladder & nodes	35.23	NA	NA	15.82	18.68	2.21	NA	NA	53.26	56.12	090
51590		A	Remove bladder/revise tract	32.66	NA	NA	14.75	17.72	2.03	NA	NA	49.44	52.41	090
51595		A	Remove bladder/revise tract	37.14	NA	NA	16.05	21.21	2.21	NA	NA	55.40	60.56	090
51596		A	Remove bladder/create pouch	39.52	NA	NA	17.23	22.39	2.37	NA	NA	59.12	64.28	090
51597		A	Removal of pelvic structures	38.35	NA	NA	17.07	21.11	2.53	NA	NA	57.95	61.99	090
51600		A	Injection for bladder x-ray	0.88	13.95	10.54	0.30	0.30	0.04	14.87	11.46	1.22	1.22	000
51605		A	Preparation for bladder xray	0.64	12.73	9.63	0.22	0.25	0.03	13.40	10.30	0.89	0.92	000
51610		A	Injection for bladder x-ray	1.05	14.61	11.03	0.35	0.34	0.05	15.71	12.13	1.45	1.44	000
51700		A	Irrigation of bladder	0.88	3.59	2.75	0.31	0.29	0.05	4.52	3.68	1.24	1.22	000
51705		A	Change of bladder tube	1.02	2.41	1.91	1.19	1.00	0.06	3.49	2.99	2.27	2.08	010
51710		A	Change of bladder tube	1.49	4.56	3.58	1.33	1.15	0.09	6.14	5.16	2.91	2.73	010
51715		A	Endoscopic injection/implant	3.74	3.88	3.63	1.23	1.64	0.22	7.84	7.59	5.19	5.60	000
51720		A	Treatment of bladder lesion	1.96	3.79	2.97	0.64	0.60	0.11	5.86	5.04	2.71	2.67	000
51725		A	Simple cystometrogram	1.51	0.90	0.95	NA	NA	0.12	2.53	2.58	NA	NA	000
51725	26	A	Simple cystometrogram	1.51	0.50	0.55	0.50	0.55	0.09	2.10	2.15	2.10	2.15	000
51725	TC	A	Simple cystometrogram	0.00	0.40	0.40	NA	NA	0.03	0.43	0.43	NA	NA	000
51726		A	Complex cystometrogram	1.71	1.08	1.16	NA	NA	0.14	2.93	3.01	NA	NA	000
51726	26	A	Complex cystometrogram	1.71	0.57	0.65	0.57	0.65	0.10	2.38	2.46	2.38	2.46	000
51726	TC	A	Complex cystometrogram	0.00	0.51	0.51	NA	NA	0.04	0.55	0.55	NA	NA	000
51736		A	Urine flow measurement	0.61	0.36	0.38	NA	NA	0.05	1.02	1.04	NA	NA	000
51736	26	A	Urine flow measurement	0.61	0.20	0.22	0.20	0.22	0.04	0.85	0.87	0.85	0.87	000
51736	TC	A	Urine flow measurement	0.00	0.16	0.16	NA	NA	0.01	0.17	0.17	NA	NA	000
51741		A	Electro-uroflowmetry, first	1.14	0.60	0.60	NA	NA	0.09	1.83	1.83	NA	NA	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.38	0.38	0.38	0.38	0.07	1.59	1.59	1.59	1.59	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.22	0.22	NA	NA	0.02	0.24	0.24	NA	NA	000
51772		A	Urethra pressure profile	1.61	1.00	1.00	NA	NA	0.14	2.75	2.75	NA	NA	000
51772	26	A	Urethra pressure profile	1.61	0.55	0.55	0.55	0.55	0.10	2.26	2.26	2.26	2.26	000
51772	TC	A	Urethra pressure profile	0.00	0.45	0.45	NA	NA	0.04	0.49	0.49	NA	NA	000
51784		A	Anal/urinary muscle study	1.53	0.92	0.97	NA	NA	0.13	2.58	2.63	NA	NA	000
51784	26	A	Anal/urinary muscle study	1.53	0.51	0.56	0.51	0.56	0.10	2.14	2.19	2.14	2.19	000
51784	TC	A	Anal/urinary muscle study	0.00	0.41	0.41	NA	NA	0.03	0.44	0.44	NA	NA	000
51785		A	Anal/urinary muscle study	1.53	0.92	0.97	NA	NA	0.12	2.57	2.62	NA	NA	000
51785	26	A	Anal/urinary muscle study	1.53	0.51	0.56	0.51	0.56	0.09	2.13	2.18	2.13	2.18	000
51785	TC	A	Anal/urinary muscle study	0.00	0.41	0.41	NA	NA	0.03	0.44	0.44	NA	NA	000
51792		A	Urinary reflex study	1.10	1.86	1.92	NA	NA	0.17	3.13	3.19	NA	NA	000
51792	26	A	Urinary reflex study	1.10	0.44	0.49	0.44	0.49	0.06	1.60	1.65	1.60	1.65	000
51792	TC	A	Urinary reflex study	0.00	1.42	1.43	NA	NA	0.11	1.53	1.54	NA	NA	000
51795		A	Urine voiding pressure study	1.53	1.43	1.47	NA	NA	0.17	3.13	3.17	NA	NA	000
51795	26	A	Urine voiding pressure study	1.53	0.51	0.54	0.51	0.54	0.09	2.13	2.16	2.13	2.16	000
51795	TC	A	Urine voiding pressure study	0.00	0.92	0.93	NA	NA	0.08	1.00	1.01	NA	NA	000
51797		A	Intraabdominal pressure test	1.60	1.02	1.02	NA	NA	0.14	2.76	2.76	NA	NA	000
51797	26	A	Intraabdominal pressure test	1.60	0.54	0.54	0.54	0.54	0.10	2.24	2.24	2.24	2.24	000
51797	TC	A	Intraabdominal pressure test	0.00	0.48	0.48	NA	NA	0.04	0.52	0.52	NA	NA	000
51800		A	Revision of bladder/urethra	17.42	NA	NA	8.67	9.76	1.09	NA	NA	27.18	28.27	090
51820		A	Revision of urinary tract	17.89	NA	NA	9.70	9.28	1.37	NA	NA	28.96	28.54	090
51840		A	Attach bladder/urethra	10.71	NA	NA	6.15	7.12	0.74	NA	NA	17.60	18.57	090
51841		A	Attach bladder/urethra	13.03	NA	NA	7.54	8.64	0.90	NA	NA	21.47	22.57	090
51845		A	Repair bladder neck	9.73	NA	NA	6.06	7.45	0.59	NA	NA	16.38	17.77	090
51860		A	Repair of bladder wound	12.02	NA	NA	7.20	7.47	0.93	NA	NA	20.15	20.42	090
51865		A	Repair of bladder wound	15.04	NA	NA	8.04	9.00	1.05	NA	NA	24.13	25.09	090
51880		A	Repair of bladder opening	7.66	NA	NA	5.11	5.18	0.53	NA	NA	13.30	13.37	090
51900		A	Repair bladder/vagina lesion	12.97	NA	NA	7.39	8.70	0.89	NA	NA	21.25	22.56	090
51920		A	Close bladder-uterus fistula	11.81	NA	NA	6.58	6.97	0.85	NA	NA	19.24	19.63	090
51925		A	Hysterectomy/bladder repair	15.58	NA	NA	8.84	9.36	1.17	NA	NA	25.59	26.11	090
51940		A	Correction of bladder defect	28.43	NA	NA	14.08	15.70	1.90	NA	NA	44.41	46.03	090
51960		A	Revision of bladder & bowel	23.01	NA	NA	11.95	14.77	1.39	NA	NA	36.35	39.17	090
51980		A	Construct bladder opening	11.36	NA	NA	6.52	6.92	0.73	NA	NA	18.61	19.01	090
51990		A	Laparo urethral suspension	12.50	NA	NA	5.95	5.95	0.87	NA	NA	19.32	19.32	090
51992		A	Laparo sling operation	14.01	NA	NA	6.10	6.10	0.86	NA	NA	20.97	20.97	090
52000		A	Cystoscopy	2.01	3.01	2.62	0.66	0.86	0.11	5.13	4.74	2.78	2.98	000
52005		A	Cystoscopy & ureter catheter	2.37	4.72	4.14	0.77	1.18	0.13	7.22	6.64	3.27	3.68	000
52007		A	Cystoscopy and biopsy	3.02	NA	NA	0.99	1.51	0.17	NA	NA	4.18	4.70	000

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
52010		A	Cystoscopy & duct catheter	3.02	4.94	4.22	0.99	1.26	0.17	8.13	7.41	4.18	4.45	000
52204		A	Cystoscopy	2.37	5.46	4.74	0.77	1.22	0.13	7.96	7.24	3.27	3.72	000
52214		A	Cystoscopy and treatment	3.71	5.82	5.13	1.21	1.67	0.21	9.74	9.05	5.13	5.59	000
52224		A	Cystoscopy and treatment	3.14	5.67	5.04	1.02	1.55	0.18	8.99	8.36	4.34	4.87	000
52234		A	Cystoscopy and treatment	4.63	6.55	6.19	1.51	2.41	0.26	11.44	11.08	6.40	7.30	000
52235		A	Cystoscopy and treatment	5.45	6.82	6.74	1.78	2.96	0.31	12.58	12.50	7.54	8.72	000
52240		A	Cystoscopy and treatment	9.72	8.23	9.06	3.17	5.27	0.55	18.50	19.33	13.44	15.54	000
52250		A	Cystoscopy and radiotracer	4.50	NA	NA	1.47	1.88	0.26	NA	NA	6.23	6.64	000
52260		A	Cystoscopy and treatment	3.92	NA	NA	1.28	1.53	0.22	NA	NA	5.42	5.67	000
52265		A	Cystoscopy and treatment	2.94	3.39	2.91	0.96	1.09	0.17	6.50	6.02	4.07	4.20	000
52270		A	Cystoscopy & revise urethra	3.37	6.14	5.55	1.10	1.77	0.19	9.70	9.11	4.66	5.33	000
52275		A	Cystoscopy & revise urethra	4.70	6.65	5.92	1.53	2.08	0.27	11.62	10.89	6.50	7.05	000
52276		A	Cystoscopy and treatment	0.05	6.76	6.31	1.63	2.47	0.29	7.10	6.65	1.97	2.81	000
52277		A	Cystoscopy and treatment	6.17	NA	NA	2.03	2.83	0.36	NA	NA	8.56	9.36	000
52281		A	Cystoscopy and treatment	2.80	3.39	3.17	0.91	1.31	0.16	6.35	6.13	3.87	4.27	000
52282		A	Cystoscopy, implant stent	6.40	6.97	6.47	2.09	2.81	0.36	13.73	13.23	8.85	9.57	000
52283		A	Cystoscopy and treatment	3.74	6.06	4.96	1.22	1.33	0.21	10.01	8.91	5.17	5.28	000
52285		A	Cystoscopy and treatment	3.61	6.27	5.50	1.18	1.68	0.21	10.09	9.32	5.00	5.50	000
52290		A	Cystoscopy and treatment	4.59	NA	NA	1.50	1.76	0.26	NA	NA	6.35	6.61	000
52300		A	Cystoscopy and treatment	5.31	NA	NA	1.73	2.24	0.31	NA	NA	7.35	7.86	000
52301		A	Cystoscopy and treatment	5.51	NA	NA	1.73	2.24	0.40	NA	NA	7.64	8.15	000
52305		A	Cystoscopy and treatment	5.31	NA	NA	1.73	2.25	0.31	NA	NA	7.35	7.87	000
52310		A	Cystoscopy and treatment	2.81	13.88	11.22	0.92	1.50	0.16	16.85	14.19	3.89	4.47	000
52315		A	Cystoscopy and treatment	5.21	14.82	12.22	1.70	2.38	0.30	20.33	17.73	7.21	7.89	000
52317		A	Remove bladder stone	6.72	23.00	18.93	2.19	3.32	0.38	30.10	26.03	9.29	10.42	000
52318		A	Remove bladder stone	9.19	NA	NA	2.99	4.38	0.52	NA	NA	12.70	14.09	000
52320		A	Cystoscopy and treatment	4.70	NA	NA	1.52	2.46	0.27	NA	NA	6.49	7.43	000
52325		A	Cystoscopy, stone removal	6.16	NA	NA	2.00	3.34	0.35	NA	NA	8.51	9.85	000
52327		A	Cystoscopy, inject material	5.19	NA	NA	1.72	2.29	0.30	NA	NA	7.21	7.78	000
52330		A	Cystoscopy and treatment	5.04	18.80	15.04	1.64	2.17	0.29	24.13	20.37	6.97	7.50	000
52332		A	Cystoscopy and treatment	2.83	28.16	21.99	0.92	1.56	0.16	31.15	24.98	3.91	4.55	000
52334		A	Create passage to kidney	4.83	NA	NA	1.57	2.08	0.28	NA	NA	6.68	7.19	000
52335		A	Endoscopy of urinary tract	5.86	NA	NA	1.91	2.71	0.33	NA	NA	8.10	8.90	000
52336		A	Cystoscopy, stone removal	6.88	NA	NA	2.23	3.73	0.39	NA	NA	9.50	11.00	000
52337		A	Cystoscopy, stone removal	7.97	NA	NA	2.58	4.32	0.45	NA	NA	11.00	12.74	000
52338		A	Cystoscopy and treatment	7.34	NA	NA	2.39	3.40	0.42	NA	NA	10.15	11.16	000
52339		A	Cystoscopy and treatment	8.82	NA	NA	2.89	3.77	0.51	NA	NA	12.22	13.10	000
52340		A	Cystoscopy and treatment	9.68	NA	NA	5.10	5.22	0.55	NA	NA	15.33	15.45	090
52450		A	Incision of prostate	7.64	NA	NA	5.85	5.74	0.43	NA	NA	13.92	13.81	090
52500		A	Revision of bladder neck	8.47	NA	NA	6.08	6.58	0.48	NA	NA	15.03	15.53	090
52510		A	Dilation prostatic urethra	6.72	NA	NA	5.24	5.94	0.38	NA	NA	12.34	13.04	090
52601		A	Prostatectomy (TURP)	12.37	NA	NA	7.37	8.75	0.70	NA	NA	20.44	21.82	090
52606		A	Control postop bleeding	8.13	NA	NA	5.63	5.12	0.47	NA	NA	14.23	13.72	090
52612		A	Prostatectomy, first stage	7.98	NA	NA	5.95	6.85	0.46	NA	NA	14.39	15.29	090
52614		A	Prostatectomy, second stage	6.84	NA	NA	5.69	6.19	0.39	NA	NA	12.92	13.42	090
52620		A	Remove residual prostate	6.61	NA	NA	5.50	5.57	0.37	NA	NA	12.48	12.55	090
52630		A	Remove prostate regrowth	7.26	NA	NA	5.73	6.47	0.41	NA	NA	13.40	14.14	090
52640		A	Relieve bladder contracture	6.62	NA	NA	5.12	5.59	0.37	NA	NA	12.11	12.58	090
52647		A	Laser surgery of prostate	10.36	54.31	43.83	4.50	6.47	0.58	65.25	54.77	15.44	17.41	090
52648		A	Laser surgery of prostate	11.21	NA	NA	6.94	8.43	0.64	NA	NA	18.79	20.28	090
52700		A	Drainage of prostate abscess	6.80	NA	NA	5.58	5.08	0.40	NA	NA	12.78	12.28	090
53000		A	Incision of urethra	2.28	6.48	5.34	2.26	2.17	0.14	8.90	7.76	4.68	4.59	010
53010		A	Incision of urethra	3.64	NA	NA	3.59	3.65	0.30	NA	NA	7.53	7.59	090
53020		A	Incision of urethra	1.77	3.92	3.16	0.63	0.70	0.11	5.80	5.04	2.51	2.58	000
53025		A	Incision of urethra	1.13	4.23	3.39	0.42	0.53	0.07	5.43	4.59	1.62	1.73	000
53040		A	Drainage of urethra abscess	6.40	12.20	9.65	7.34	6.01	0.38	18.98	16.43	14.12	12.79	090
53060		A	Drainage of urethra abscess	2.63	5.75	4.45	2.39	1.93	0.18	8.56	7.26	5.20	4.74	010
53080		A	Drainage of urinary leakage	6.29	NA	NA	8.27	7.28	0.36	NA	NA	14.92	13.93	090
53085		A	Drainage of urinary leakage	10.27	NA	NA	8.94	8.54	0.61	NA	NA	19.82	19.42	090
53200		A	Biopsy of urethra	2.59	4.96	4.02	0.91	0.98	0.15	7.70	6.76	3.65	3.72	000
53210		A	Removal of urethra	12.57	NA	NA	7.18	7.19	0.80	NA	NA	20.55	20.56	090
53215		A	Removal of urethra	15.58	NA	NA	7.90	8.64	0.94	NA	NA	24.42	25.16	090
53220		A	Treatment of urethra lesion	0.07	NA	NA	4.93	4.99	0.41	NA	NA	5.41	5.47	090
53230		A	Removal of urethra lesion	9.58	NA	NA	5.69	6.42	0.56	NA	NA	15.83	16.56	090
53235		A	Removal of urethra lesion	10.14	NA	NA	5.87	5.77	0.59	NA	NA	16.60	16.50	090
53240		A	Surgery for urethra pouch	6.45	NA	NA	4.60	4.63	0.42	NA	NA	11.47	11.50	090
53250		A	Removal of urethra gland	5.89	NA	NA	4.14	4.21	0.38	NA	NA	10.41	10.48	090
53260		A	Treatment of urethra lesion	2.98	5.36	4.33	2.10	1.88	0.19	8.53	7.50	5.27	5.05	010
53265		A	Treatment of urethra lesion	3.12	5.80	4.86	2.09	2.08	0.19	9.11	8.17	5.40	5.39	010
53270		A	Removal of urethra gland	3.09	5.44	4.31	2.23	1.90	0.21	8.74	7.61	5.53	5.20	010
53275		A	Repair of urethra defect	4.53	NA	NA	2.98	2.88	0.26	NA	NA	7.77	7.67	010
53400		A	Revise urethra, stage 1	12.77	NA	NA	7.06	7.32	0.74	NA	NA	20.57	20.83	090
53405		A	Revise urethra, stage 2	14.48	NA	NA	7.59	8.51	0.82	NA	NA	22.89	23.81	090
53410		A	Reconstruction of urethra	16.44	NA	NA	8.26	8.52	0.95	NA	NA	25.65	25.91	090
53415		A	Reconstruction of urethra	19.41	NA	NA	8.73	9.77	1.19	NA	NA	29.33	30.37	090
53420		A	Reconstruct urethra, stage 1	14.08	NA	NA	7.84	8.83	0.84	NA	NA	22.76	23.75	090
53425		A	Reconstruct urethra, stage 2	15.98	NA	NA	8.55	8.92	0.90	NA	NA	25.43	25.80	090
53430		A	Reconstruction of urethra	16.34	NA	NA	8.36	8.21	0.97	NA	NA	25.67	25.52	090
53440		A	Correct bladder function	12.34	NA	NA	7.20	8.97	0.72	NA	NA	20.26	22.03	090
53442		A	Remove perineal prosthesis	8.27	NA	NA	5.29	5.55	0.47	NA	NA	14.03	14.29	090
53443		A	Reconstruction of urethra	19.89	NA	NA	9.18	9.61	1.25	NA	NA	30.32	30.75	090
53445		A	Correct urine flow control	14.06	NA	NA	7.78	10.03	0.82	NA	NA	22.66	24.91	090

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
53447		A	Remove artificial sphincter	13.17	NA	NA	7.14	7.84	0.75	NA	NA	21.06	21.76	090
53449		A	Correct artificial sphincter	9.70	NA	NA	6.03	6.81	0.55	NA	NA	16.28	17.06	090
53450		A	Revision of urethra	6.14	NA	NA	4.45	4.08	0.34	NA	NA	10.93	10.56	090
53460		A	Revision of urethra	7.12	NA	NA	4.78	4.25	0.42	NA	NA	12.32	11.79	090
53502		A	Repair of urethra injury	7.63	NA	NA	5.28	5.31	0.48	NA	NA	13.39	13.42	090
53505		A	Repair of urethra injury	7.63	NA	NA	4.91	5.09	0.45	NA	NA	12.99	13.17	090
53510		A	Repair of urethra injury	10.11	NA	NA	6.38	6.68	0.68	NA	NA	17.17	17.47	090
53515		A	Repair of urethra injury	13.31	NA	NA	6.88	7.61	0.78	NA	NA	20.97	21.70	090
53520		A	Repair of urethra defect	8.68	NA	NA	5.33	5.60	0.52	NA	NA	14.53	14.80	090
53600		A	Dilate urethra stricture	1.21	3.77	2.92	0.48	0.45	0.07	5.05	4.20	1.76	1.73	000
53601		A	Dilate urethra stricture	0.98	3.70	2.85	0.40	0.38	0.06	4.74	3.89	1.44	1.42	000
53605		A	Dilate urethra stricture	1.28	NA	NA	0.42	0.44	0.08	NA	NA	1.78	1.80	000
53620		A	Dilate urethra stricture	1.62	5.61	4.34	0.53	0.53	0.10	7.33	6.06	2.25	2.25	000
53621		A	Dilate urethra stricture	1.35	5.61	4.31	0.44	0.43	0.08	7.04	5.74	1.87	1.86	000
53660		A	Dilation of urethra	0.71	3.54	2.73	0.32	0.32	0.04	4.29	3.48	1.07	1.07	000
53661		A	Dilation of urethra	0.72	3.61	2.78	0.24	0.25	0.04	4.37	3.54	1.00	1.01	000
53665		A	Dilation of urethra	0.76	NA	NA	0.26	0.29	0.05	NA	NA	1.07	1.10	000
53670		A	Insert urinary catheter	0.50	3.33	2.56	0.19	0.20	0.03	3.86	3.09	0.72	0.73	000
53675		A	Insert urinary catheter	1.47	4.46	3.47	0.47	0.48	0.09	6.02	5.03	2.03	2.04	000
53850		A	Prostatic microwave thermotx	9.45	12.11	10.90	4.17	4.95	0.53	22.09	20.88	14.15	14.93	090
53852		A	Prostatic rf thermotx	9.88	67.86	52.80	4.28	5.11	0.56	78.30	63.24	14.72	15.55	090
53899		C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000		A	Slitting of prepuce	1.54	5.16	4.04	1.30	1.15	0.09	6.79	5.67	2.93	2.78	010
54001		A	Slitting of prepuce	2.19	5.51	4.36	1.80	1.58	0.13	7.83	6.68	4.12	3.90	010
54015		A	Drain penis lesion	5.32	6.48	5.09	2.83	2.35	0.32	12.12	10.73	8.47	7.99	010
54050		A	Destruction, penis lesion(s)	1.24	2.28	1.81	0.49	0.47	0.07	3.59	3.12	1.80	1.78	010
54055		A	Destruction, penis lesion(s)	1.22	5.92	4.61	1.28	1.13	0.07	7.21	5.90	2.57	2.42	010
54056		A	Cryosurgery, penis lesion(s)	1.24	2.75	2.21	0.53	0.54	0.05	4.04	3.50	1.82	1.83	010
54057		A	Laser surg, penis lesion(s)	1.24	2.67	2.42	1.19	1.31	0.07	3.98	3.73	2.50	2.62	010
54060		A	Excision of penis lesion(s)	1.93	4.98	4.05	1.43	1.39	0.11	7.02	6.09	3.47	3.43	010
54065		A	Destruction, penis lesion(s)	2.42	5.01	4.43	1.92	2.11	0.13	7.56	6.98	4.47	4.66	010
54100		A	Biopsy of penis	1.90	3.38	2.71	0.71	0.71	0.10	5.38	4.71	2.71	2.71	000
54105		A	Biopsy of penis	3.50	5.83	4.65	1.94	1.73	0.20	9.53	8.35	5.64	5.43	010
54110		A	Treatment of penis lesion	10.13	NA	NA	7.28	7.10	0.60	NA	NA	18.01	17.83	090
54111		A	Treat penis lesion, graft	13.57	NA	NA	8.38	8.78	0.78	NA	NA	22.73	23.13	090
54112		A	Treat penis lesion, graft	15.86	NA	NA	9.30	9.92	0.96	NA	NA	26.12	26.74	090
54115		A	Treatment of penis lesion	6.15	10.08	8.70	5.98	5.62	0.36	16.59	15.21	12.49	12.13	090
54120		A	Partial removal of penis	9.97	NA	NA	7.21	7.16	0.57	NA	NA	17.75	17.70	090
54125		A	Removal of penis	13.53	NA	NA	8.44	9.47	0.79	NA	NA	22.76	23.79	090
54130		A	Remove penis & nodes	20.14	NA	NA	10.99	12.22	1.20	NA	NA	32.33	33.59	090
54135		A	Remove penis & nodes	26.36	NA	NA	13.30	14.79	1.54	NA	NA	41.20	42.69	090
54150		A	Circumcision	1.81	5.36	4.17	1.64	1.38	0.12	7.29	6.10	3.57	3.31	010
54152		A	Circumcision	2.31	NA	NA	1.57	1.67	0.15	NA	NA	4.03	4.13	010
54160		A	Circumcision	2.48	5.57	4.63	1.64	1.68	0.17	8.22	7.28	4.29	4.33	010
54161		A	Circumcision	3.27	NA	NA	1.86	1.99	0.19	NA	NA	5.32	5.45	010
54200		A	Treatment of penis lesion	1.06	2.36	1.86	0.37	0.37	0.06	3.48	2.98	1.49	1.49	010
54205		A	Treatment of penis lesion	7.93	NA	NA	6.51	6.27	0.46	NA	NA	14.90	14.66	090
54220		A	Treatment of penis lesion	2.42	1.79	1.77	0.94	1.13	0.14	4.35	4.33	3.50	3.69	000
54230		A	Prepare penis study	1.34	NA	NA	0.44	0.69	0.08	NA	NA	1.86	2.11	000
54231		A	Dynamic cavernosometry	2.04	1.92	1.83	0.79	0.98	0.14	4.10	4.01	2.97	3.16	000
54235		A	Penile injection	1.19	1.02	0.88	0.39	0.41	0.07	2.28	2.14	1.65	1.67	000
54240		A	Penis study	1.31	0.95	0.98	NA	NA	0.14	2.40	2.43	NA	NA	000
54240	26	A	Penis study	1.31	0.44	0.47	0.44	0.47	0.09	1.84	1.87	1.84	1.87	000
54240	TC	A	Penis study	0.00	0.51	0.51	NA	NA	0.05	0.56	0.56	NA	NA	000
54250		A	Penis study	2.22	1.05	1.00	NA	NA	0.15	3.42	3.37	NA	NA	000
54250	26	A	Penis study	2.22	0.72	0.68	0.72	0.68	0.13	3.07	3.03	3.07	3.03	000
54250	TC	A	Penis study	0.00	0.32	0.32	NA	NA	0.02	0.34	0.34	NA	NA	000
54300		A	Revision of penis	10.41	NA	NA	8.03	7.89	0.61	NA	NA	19.05	18.91	090
54304		A	Revision of penis	12.49	NA	NA	9.06	9.15	0.78	NA	NA	22.33	22.42	090
54308		A	Reconstruction of urethra	11.83	NA	NA	8.59	8.03	0.77	NA	NA	21.19	20.63	090
54312		A	Reconstruction of urethra	13.57	NA	NA	9.81	9.90	0.69	NA	NA	24.07	24.16	090
54316		A	Reconstruction of urethra	16.82	NA	NA	12.01	12.09	0.95	NA	NA	29.78	29.86	090
54318		A	Reconstruction of urethra	11.25	NA	NA	8.97	8.77	0.64	NA	NA	20.86	20.66	090
54322		A	Reconstruction of urethra	13.01	NA	NA	8.63	8.54	0.74	NA	NA	22.38	22.29	090
54324		A	Reconstruction of urethra	16.31	NA	NA	10.48	10.84	1.18	NA	NA	27.97	28.33	090
54326		A	Reconstruction of urethra	15.72	NA	NA	9.95	10.32	1.11	NA	NA	26.78	27.15	090
54328		A	Revise penis/urethra	15.65	NA	NA	9.77	10.24	0.88	NA	NA	26.30	26.77	090
54332		A	Revise penis/urethra	17.08	NA	NA	10.52	11.29	1.03	NA	NA	28.63	29.40	090
54336		A	Revise penis/urethra	20.04	NA	NA	12.59	14.54	1.47	NA	NA	34.10	36.05	090
54340		A	Secondary urethral surgery	8.91	NA	NA	7.43	7.22	0.63	NA	NA	16.97	16.76	090
54344		A	Secondary urethral surgery	15.94	NA	NA	9.85	11.90	1.03	NA	NA	26.82	28.87	090
54348		A	Secondary urethral surgery	17.15	NA	NA	10.71	11.19	1.15	NA	NA	29.01	29.49	090
54352		A	Reconstruct urethra/penis	24.74	NA	NA	13.45	14.48	1.11	NA	NA	39.30	40.33	090
54360		A	Penis plastic surgery	11.93	NA	NA	7.82	7.77	0.70	NA	NA	20.45	20.40	090
54380		A	Repair penis	13.18	NA	NA	9.50	9.68	0.86	NA	NA	23.54	23.72	090
54385		A	Repair penis	15.39	NA	NA	11.18	11.22	0.99	NA	NA	27.56	27.60	090
54390		A	Repair penis and bladder	21.61	NA	NA	13.64	13.91	1.39	NA	NA	36.64	36.91	090
54400		A	Insert semi-rigid prosthesis	8.99	NA	NA	5.75	7.00	0.53	NA	NA	15.27	16.52	090
54401		A	Insert self-contd prosthesis	10.28	NA	NA	6.51	7.95	0.61	NA	NA	17.40	18.84	090
54402		A	Remove penis prosthesis	9.21	NA	NA	5.83	6.00	0.54	NA	NA	15.58	15.75	090
54405		A	Insert multi-comp prosthesis	13.43	NA	NA	7.57	9.69	0.78	NA	NA	21.78	23.90	090
54407		A	Remove multi-comp prosthesis	13.34	NA	NA	7.18	8.43	0.77	NA	NA	21.29	22.54	090

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
54409		A	Revise penis prosthesis	12.20	NA	NA	6.84	7.56	0.71	NA	NA	19.75	20.47	090
54420		A	Revision of penis	11.42	NA	NA	8.37	8.38	0.67	NA	NA	20.46	20.47	090
54430		A	Revision of penis	10.15	NA	NA	7.24	7.33	0.60	NA	NA	17.99	18.08	090
54435		A	Revision of penis	6.12	NA	NA	5.44	5.21	0.34	NA	NA	11.90	11.67	090
54440		C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
54450		A	Preputial stretching	1.12	0.91	0.87	0.44	0.52	0.07	2.10	2.06	1.63	1.71	000
54500		A	Biopsy of testis	1.31	5.27	4.07	0.43	0.44	0.08	6.66	5.46	1.82	1.83	000
54505		A	Biopsy of testis	3.46	NA	NA	2.43	2.33	0.21	NA	NA	6.10	6.00	010
54510		A	Removal of testis lesion	5.45	NA	NA	3.27	3.28	0.34	NA	NA	9.06	9.07	090
54520		A	Removal of testis	5.23	NA	NA	3.37	3.97	0.32	NA	NA	8.92	9.52	090
54530		A	Removal of testis	8.58	NA	NA	4.87	5.64	0.53	NA	NA	13.98	14.75	090
54535		A	Extensive testis surgery	12.16	NA	NA	6.67	7.32	0.79	NA	NA	19.62	20.27	090
54550		A	Exploration for testis	7.78	NA	NA	4.41	4.73	0.47	NA	NA	12.66	12.98	090
54560		A	Exploration for testis	11.13	NA	NA	6.54	6.87	0.75	NA	NA	18.42	18.75	090
54600		A	Reduce testis torsion	7.01	NA	NA	3.98	4.24	0.41	NA	NA	11.40	11.66	090
54620		A	Suspension of testis	4.90	NA	NA	2.99	3.14	0.29	NA	NA	8.18	8.33	010
54640		A	Suspension of testis	6.90	NA	NA	4.00	5.06	0.47	NA	NA	11.37	12.43	090
54650		A	Orchiopexy (Fowler-Stephens)	11.45	NA	NA	6.40	6.92	0.63	NA	NA	18.48	19.00	090
54660		A	Revision of testis	5.11	NA	NA	3.74	3.73	0.29	NA	NA	9.14	9.13	090
54670		A	Repair testis injury	6.41	NA	NA	3.70	3.94	0.42	NA	NA	10.53	10.77	090
54680		A	Relocation of testis(es)	12.65	NA	NA	7.35	7.74	0.86	NA	NA	20.86	21.25	090
54690		A	Laparoscopy, orchiectomy	10.96	NA	NA	6.35	6.73	0.69	NA	NA	18.00	18.38	090
54692		A	Laparoscopy, orchiopexy	12.88	NA	NA	5.50	5.50	0.87	NA	NA	19.25	19.25	090
54699		C	Laparoscope proc, testis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54700		A	Drainage of scrotum	3.43	7.72	6.04	3.15	2.61	0.22	11.37	9.69	6.80	6.26	010
54800		A	Biopsy of epididymis	2.33	5.30	4.51	0.81	1.14	0.14	7.77	6.98	3.28	3.61	000
54820		A	Exploration of epididymis	5.14	NA	NA	3.38	3.25	0.36	NA	NA	8.88	8.75	090
54830		A	Remove epididymis lesion	5.38	NA	NA	3.43	3.53	0.33	NA	NA	9.14	9.24	090
54840		A	Remove epididymis lesion	5.20	NA	NA	3.36	3.83	0.31	NA	NA	8.87	9.34	090
54860		A	Removal of epididymis	6.32	NA	NA	3.91	4.34	0.36	NA	NA	10.59	11.02	090
54861		A	Removal of epididymis	8.90	NA	NA	4.74	5.54	0.51	NA	NA	14.15	14.95	090
54900		A	Fusion of spermatic ducts	13.20	NA	NA	6.43	7.25	0.74	NA	NA	20.37	21.19	090
54901		A	Fusion of spermatic ducts	17.94	NA	NA	9.45	10.42	1.18	NA	NA	28.57	29.54	090
55000		A	Drainage of hydrocele	1.43	1.76	1.43	0.48	0.47	0.10	3.29	2.96	2.01	2.00	000
55040		A	Removal of hydrocele	5.36	NA	NA	3.22	3.74	0.35	NA	NA	8.93	9.45	090
55041		A	Removal of hydroceles	7.74	NA	NA	4.19	5.17	0.50	NA	NA	12.43	13.41	090
55060		A	Repair of hydrocele	5.52	NA	NA	3.28	3.58	0.37	NA	NA	9.17	9.47	090
55100		A	Drainage of scrotum abscess	2.13	8.89	6.84	3.34	2.68	0.13	11.15	9.10	5.60	4.94	010
55110		A	Explore scrotum	5.70	NA	NA	3.35	3.46	0.35	NA	NA	9.40	9.51	090
55120		A	Removal of scrotum lesion	5.09	NA	NA	3.17	2.86	0.30	NA	NA	8.56	8.25	090
55150		A	Removal of scrotum	7.22	NA	NA	4.26	4.67	0.46	NA	NA	11.94	12.35	090
55175		A	Revision of scrotum	5.24	NA	NA	3.37	3.75	0.31	NA	NA	8.92	9.30	090
55180		A	Revision of scrotum	10.72	NA	NA	5.97	6.33	0.72	NA	NA	17.41	17.77	090
55200		A	Incision of sperm duct	4.24	NA	NA	2.93	2.73	0.27	NA	NA	7.44	7.24	090
55250		A	Removal of sperm duct(s)	3.29	8.34	6.97	2.79	2.81	0.20	11.83	10.46	6.28	6.30	090
55300		A	Prepare, sperm duct x-ray	3.51	NA	NA	1.44	1.82	0.19	NA	NA	5.14	5.52	000
55400		A	Repair of sperm duct	8.49	NA	NA	4.84	5.41	0.52	NA	NA	13.85	14.42	090
55450		A	Ligation of sperm duct	4.12	7.19	6.10	2.26	2.40	0.31	11.62	10.53	6.69	6.83	010
55500		A	Removal of hydrocele	5.59	NA	NA	3.46	3.77	0.43	NA	NA	9.48	9.79	090
55520		A	Removal of sperm cord lesion	6.03	NA	NA	3.59	3.54	0.57	NA	NA	10.19	10.14	090
55530		A	Revise spermatic cord veins	5.66	NA	NA	3.53	4.06	0.36	NA	NA	9.55	10.08	090
55535		A	Revise spermatic cord veins	6.56	NA	NA	3.82	4.06	0.41	NA	NA	10.79	11.03	090
55540		A	Revise hernia & sperm veins	7.67	NA	NA	4.23	4.41	0.73	NA	NA	12.63	12.81	090
55550		A	Laparo ligate spermatic vein	6.57	NA	NA	3.31	3.68	0.41	NA	NA	10.29	10.66	090
55559		C	Laparo proc, spermatic cord	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55600		A	Incise sperm duct pouch	6.38	NA	NA	3.91	4.10	0.36	NA	NA	10.65	10.84	090
55605		A	Incise sperm duct pouch	7.96	NA	NA	4.62	4.99	0.52	NA	NA	13.10	13.47	090
55650		A	Remove sperm duct pouch	11.80	NA	NA	5.95	6.42	0.70	NA	NA	18.45	18.92	090
55680		A	Remove sperm pouch lesion	5.19	NA	NA	4.11	4.29	0.30	NA	NA	9.60	9.78	090
55700		A	Biopsy of prostate	1.57	3.49	3.03	0.51	0.79	0.09	5.15	4.69	2.17	2.45	000
55705		A	Biopsy of prostate	4.57	NA	NA	3.47	3.52	0.25	NA	NA	8.29	8.34	010
55720		A	Drainage of prostate abscess	7.64	NA	NA	5.38	4.99	0.44	NA	NA	13.46	13.07	090
55725		A	Drainage of prostate abscess	8.68	NA	NA	5.97	6.00	0.52	NA	NA	15.17	15.20	090
55801		A	Removal of prostate	17.80	NA	NA	8.80	10.06	1.09	NA	NA	27.69	28.95	090
55810		A	Extensive prostate surgery	22.58	NA	NA	10.48	12.71	1.32	NA	NA	34.38	36.61	090
55812		A	Extensive prostate surgery	27.51	NA	NA	12.82	14.41	1.65	NA	NA	41.98	43.57	090
55815		A	Extensive prostate surgery	30.46	NA	NA	13.67	17.09	1.88	NA	NA	46.01	49.43	090
55821		A	Removal of prostate	14.25	NA	NA	7.43	9.26	0.85	NA	NA	22.53	24.36	090
55831		A	Removal of prostate	15.62	NA	NA	7.90	9.88	0.94	NA	NA	24.46	26.44	090
55840		A	Extensive prostate surgery	22.69	NA	NA	11.18	12.89	1.37	NA	NA	35.24	36.95	090
55842		A	Extensive prostate surgery	24.38	NA	NA	11.79	14.04	1.50	NA	NA	37.67	39.92	090
55845		A	Extensive prostate surgery	28.55	NA	NA	13.05	16.60	1.69	NA	NA	43.29	46.84	090
55859		A	Percut/needle insert, pros	12.52	NA	NA	6.97	6.83	0.69	NA	NA	20.18	20.04	090
55860		A	Surgical exposure, prostate	14.45	NA	NA	7.90	7.86	0.78	NA	NA	23.13	23.09	090
55862		A	Extensive prostate surgery	18.39	NA	NA	9.50	10.30	1.19	NA	NA	29.08	29.88	090
55865		A	Extensive prostate surgery	22.87	NA	NA	10.55	14.57	1.40	NA	NA	34.82	38.84	090
55870		A	Electroejaculation	2.58	1.65	1.74	0.91	1.18	0.14	4.37	4.46	3.63	3.90	000
55899		C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970		N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980		N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300		D	Laparoscopy; diagnostic	5.10	2.02	2.72	2.02	2.72	0.47	7.59	8.29	7.59	8.29	010
56301		D	Laparoscopy; tubal cautery	5.60	2.22	2.94	2.22	2.94	0.43	8.25	8.97	8.25	8.97	010

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
71090	TC	A	X-ray & pacemaker insertion	0.00	1.70	1.71	NA	NA	0.09	1.79	1.80	NA	NA	XXX
71100	.....	A	X-ray exam of ribs	0.22	0.66	0.67	NA	NA	0.04	0.92	0.93	NA	NA	XXX
71100	26	A	X-ray exam of ribs	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.58	0.58	NA	NA	0.03	0.61	0.61	NA	NA	XXX
71101	.....	A	X-ray exam of ribs/chest	0.27	0.76	0.78	NA	NA	0.04	1.07	1.09	NA	NA	XXX
71101	26	A	X-ray exam of ribs/chest	0.27	0.09	0.10	0.09	0.10	0.01	0.37	0.38	0.37	0.38	XXX
71101	TC	A	X-ray exam of ribs/chest	0.00	0.67	0.68	NA	NA	0.03	0.70	0.71	NA	NA	XXX
71110	.....	A	X-ray exam of ribs	0.27	0.88	0.90	NA	NA	0.05	1.20	1.22	NA	NA	XXX
71110	26	A	X-ray exam of ribs	0.27	0.09	0.10	0.09	0.10	0.01	0.37	0.38	0.37	0.38	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.79	0.80	NA	NA	0.04	0.83	0.84	NA	NA	XXX
71111	.....	A	X-ray exam of ribs/ chest	0.32	1.01	1.03	NA	NA	0.06	1.39	1.41	NA	NA	XXX
71111	26	A	X-ray exam of ribs/ chest	0.32	0.11	0.12	0.11	0.12	0.01	0.44	0.45	0.44	0.45	XXX
71111	TC	A	X-ray exam of ribs/ chest	0.00	0.90	0.91	NA	NA	0.05	0.95	0.96	NA	NA	XXX
71120	.....	A	X-ray exam of breastbone	0.20	0.72	0.74	NA	NA	0.04	0.96	0.98	NA	NA	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.07	0.08	0.07	0.08	0.01	0.28	0.29	0.28	0.29	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.65	0.66	NA	NA	0.03	0.68	0.69	NA	NA	XXX
71130	.....	A	X-ray exam of breastbone	0.22	0.79	0.81	NA	NA	0.04	1.05	1.07	NA	NA	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.71	0.72	NA	NA	0.03	0.74	0.75	NA	NA	XXX
71250	.....	A	Cat scan of chest	1.16	6.37	6.45	NA	NA	0.32	7.85	7.93	NA	NA	XXX
71250	26	A	Cat scan of chest	1.16	0.40	0.44	0.40	0.44	0.05	1.61	1.65	1.61	1.65	XXX
71250	TC	A	Cat scan of chest	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX
71260	.....	A	Contrast CAT scan of chest	1.24	7.58	7.66	NA	NA	0.37	9.19	9.27	NA	NA	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.43	0.47	0.43	0.47	0.05	1.72	1.76	1.72	1.76	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	7.15	7.19	NA	NA	0.32	7.47	7.51	NA	NA	XXX
71270	.....	A	Contrast CAT scans of chest	1.38	9.42	9.52	NA	NA	0.44	11.24	11.34	NA	NA	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.48	0.53	0.48	0.53	0.05	1.91	1.96	1.91	1.96	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	8.94	8.99	NA	NA	0.39	9.33	9.38	NA	NA	XXX
71550	.....	A	Magnetic image, chest (mri)	1.60	11.89	12.02	NA	NA	0.56	14.05	14.18	NA	NA	XXX
71550	26	A	Magnetic image, chest (mri)	1.60	0.56	0.62	0.56	0.62	0.06	2.22	2.28	2.22	2.28	XXX
71550	TC	A	Magnetic image, chest (mri)	0.00	11.33	11.40	NA	NA	0.50	11.83	11.90	NA	NA	XXX
71555	.....	R	Magnetic image, chest (mra)	1.81	11.96	12.07	NA	NA	0.57	14.34	14.45	NA	NA	XXX
71555	26	R	Magnetic image, chest (mra)	1.81	0.63	0.67	0.63	0.67	0.07	2.51	2.55	2.51	2.55	XXX
71555	TC	R	Magnetic image, chest (mra)	0.00	11.33	11.40	NA	NA	0.50	11.83	11.90	NA	NA	XXX
72010	.....	A	X-ray exam of spine	0.45	1.20	1.23	NA	NA	0.07	1.72	1.75	NA	NA	XXX
72010	26	A	X-ray exam of spine	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
72010	TC	A	X-ray exam of spine	0.00	1.04	1.05	NA	NA	0.05	1.09	1.10	NA	NA	XXX
72020	.....	A	X-ray exam of spine	0.15	0.47	0.48	NA	NA	0.03	0.65	0.66	NA	NA	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.06	0.05	0.06	0.01	0.21	0.22	0.21	0.22	XXX
72020	TC	A	X-ray exam of spine	0.00	0.42	0.42	NA	NA	0.02	0.44	0.44	NA	NA	XXX
72040	.....	A	X-ray exam of neck spine	0.22	0.69	0.70	NA	NA	0.04	0.95	0.96	NA	NA	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.61	0.61	NA	NA	0.03	0.64	0.64	NA	NA	XXX
72050	.....	A	X-ray exam of neck spine	0.31	1.01	1.03	NA	NA	0.06	1.38	1.40	NA	NA	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.11	0.12	0.11	0.12	0.01	0.43	0.44	0.43	0.44	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.90	0.91	NA	NA	0.05	0.95	0.96	NA	NA	XXX
72052	.....	A	X-ray exam of neck spine	0.36	1.27	1.29	NA	NA	0.06	1.69	1.71	NA	NA	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.13	0.14	0.13	0.14	0.01	0.50	0.51	0.50	0.51	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.14	1.15	NA	NA	0.05	1.19	1.20	NA	NA	XXX
72069	.....	A	X-ray exam of trunk spine	0.22	0.58	0.59	NA	NA	0.03	0.83	0.84	NA	NA	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.50	0.50	NA	NA	0.02	0.52	0.52	NA	NA	XXX
72070	.....	A	X-ray exam of thoracic spine	0.22	0.73	0.75	NA	NA	0.04	0.99	1.01	NA	NA	XXX
72070	26	A	X-ray exam of thoracic spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72070	TC	A	X-ray exam of thoracic spine	0.00	0.65	0.66	NA	NA	0.03	0.68	0.69	NA	NA	XXX
72072	.....	A	X-ray exam of thoracic spine	0.22	0.82	0.84	NA	NA	0.05	1.09	1.11	NA	NA	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.74	0.75	NA	NA	0.04	0.78	0.79	NA	NA	XXX
72074	.....	A	X-ray exam of thoracic spine	0.22	1.00	1.02	NA	NA	0.06	1.28	1.30	NA	NA	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.92	0.93	NA	NA	0.05	0.97	0.98	NA	NA	XXX
72080	.....	A	X-ray exam of trunk spine	0.22	0.75	0.77	NA	NA	0.04	1.01	1.03	NA	NA	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.67	0.68	NA	NA	0.03	0.70	0.71	NA	NA	XXX
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.79	NA	NA	0.04	1.09	1.11	NA	NA	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.11	0.10	0.11	0.01	0.39	0.40	0.39	0.40	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.67	0.68	NA	NA	0.03	0.70	0.71	NA	NA	XXX
72100	.....	A	X-ray exam of lower spine	0.22	0.75	0.77	NA	NA	0.04	1.01	1.03	NA	NA	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.67	0.68	NA	NA	0.03	0.70	0.71	NA	NA	XXX
72110	.....	A	X-ray exam of lower spine	0.31	1.03	1.05	NA	NA	0.06	1.40	1.42	NA	NA	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.11	0.12	0.11	0.12	0.01	0.43	0.44	0.43	0.44	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.92	0.93	NA	NA	0.05	0.97	0.98	NA	NA	XXX
72114	.....	A	X-ray exam of lower spine	0.36	1.33	1.35	NA	NA	0.07	1.76	1.78	NA	NA	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.13	0.14	0.13	0.14	0.02	0.51	0.52	0.51	0.52	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.20	1.21	NA	NA	0.05	1.25	1.26	NA	NA	XXX
72120	.....	A	X-ray exam of lower spine	0.22	0.98	1.00	NA	NA	0.06	1.26	1.28	NA	NA	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.90	0.91	NA	NA	0.05	0.95	0.96	NA	NA	XXX
72125	.....	A	CAT scan of neck spine	1.16	6.37	6.45	NA	NA	0.32	7.85	7.93	NA	NA	XXX
72125	26	A	CAT scan of neck spine	1.16	0.40	0.44	0.40	0.44	0.05	1.61	1.65	1.61	1.65	XXX
72125	TC	A	CAT scan of neck spine	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
75842		A	Vein x-ray, adrenal glands	1.49	13.26	13.38	NA	NA	0.62	15.37	15.49	NA	NA	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.52	0.57	0.52	0.57	0.06	2.07	2.12	2.07	2.12	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75860		A	Vein x-ray, neck	1.14	13.14	13.25	NA	NA	0.61	14.89	15.00	NA	NA	XXX
75860	26	A	Vein x-ray, neck	1.14	0.40	0.44	0.40	0.44	0.05	1.59	1.63	1.59	1.63	XXX
75860	TC	A	Vein x-ray, neck	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75870		A	Vein x-ray, skull	1.14	13.14	13.25	NA	NA	0.61	14.89	15.00	NA	NA	XXX
75870	26	A	Vein x-ray, skull	1.14	0.40	0.44	0.40	0.44	0.05	1.59	1.63	1.59	1.63	XXX
75870	TC	A	Vein x-ray, skull	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75872		A	Vein x-ray, skull	1.14	13.13	13.24	NA	NA	0.61	14.88	14.99	NA	NA	XXX
75872	26	A	Vein x-ray, skull	1.14	0.39	0.43	0.39	0.43	0.05	1.58	1.62	1.58	1.62	XXX
75872	TC	A	Vein x-ray, skull	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75880		A	Vein x-ray, eye socket	0.70	1.20	1.24	NA	NA	0.08	1.98	2.02	NA	NA	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.24	0.27	0.24	0.27	0.03	0.97	1.00	0.97	1.00	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.96	0.97	NA	NA	0.05	1.01	1.02	NA	NA	XXX
75885		A	Vein x-ray, liver	1.44	13.24	13.36	NA	NA	0.62	15.30	15.42	NA	NA	XXX
75885	26	A	Vein x-ray, liver	1.44	0.50	0.55	0.50	0.55	0.06	2.00	2.05	2.00	2.05	XXX
75885	TC	A	Vein x-ray, liver	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75887		A	Vein x-ray, liver	1.44	13.24	13.36	NA	NA	0.62	15.30	15.42	NA	NA	XXX
75887	26	A	Vein x-ray, liver	1.44	0.50	0.55	0.50	0.55	0.06	2.00	2.05	2.00	2.05	XXX
75887	TC	A	Vein x-ray, liver	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75889		A	Vein x-ray, liver	1.14	13.13	13.24	NA	NA	0.61	14.88	14.99	NA	NA	XXX
75889	26	A	Vein x-ray, liver	1.14	0.39	0.43	0.39	0.43	0.05	1.58	1.62	1.58	1.62	XXX
75889	TC	A	Vein x-ray, liver	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75891		A	Vein x-ray, liver	1.14	13.13	13.24	NA	NA	0.61	14.88	14.99	NA	NA	XXX
75891	26	A	Vein x-ray, liver	1.14	0.39	0.43	0.39	0.43	0.05	1.58	1.62	1.58	1.62	XXX
75891	TC	A	Vein x-ray, liver	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75893		A	Venous sampling by catheter	0.54	12.93	13.02	NA	NA	0.58	14.05	14.14	NA	NA	XXX
75893	26	A	Venous sampling by catheter	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
75893	TC	A	Venous sampling by catheter	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75894		A	X-rays, transcath therapy	1.31	24.86	25.04	NA	NA	1.13	27.30	27.48	NA	NA	XXX
75894	26	A	X-rays, transcath therapy	1.31	0.46	0.50	0.46	0.50	0.05	1.82	1.86	1.82	1.86	XXX
75894	TC	A	X-rays, transcath therapy	0.00	24.40	24.54	NA	NA	1.08	25.48	25.62	NA	NA	XXX
75896		A	X-rays, transcath therapy	1.31	21.70	21.86	NA	NA	0.99	24.00	24.16	NA	NA	XXX
75896	26	A	X-rays, transcath therapy	1.31	0.48	0.52	0.48	0.52	0.05	1.84	1.88	1.84	1.88	XXX
75896	TC	A	X-rays, transcath therapy	0.00	21.22	21.34	NA	NA	0.94	22.16	22.28	NA	NA	XXX
75898		A	Follow-up angiogram	1.65	1.66	1.72	NA	NA	0.12	3.43	3.49	NA	NA	XXX
75898	26	A	Follow-up angiogram	1.65	0.59	0.64	0.59	0.64	0.07	2.31	2.36	2.31	2.36	XXX
75898	TC	A	Follow-up angiogram	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
75900		A	Arterial catheter exchange	0.49	21.37	21.51	NA	NA	0.97	22.83	22.97	NA	NA	XXX
75900	26	A	Arterial catheter exchange	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
75900	TC	A	Arterial catheter exchange	0.00	21.20	21.32	NA	NA	0.95	22.15	22.27	NA	NA	XXX
75940		A	X-ray placement, vein filter	0.54	12.93	13.02	NA	NA	0.58	14.05	14.14	NA	NA	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
75940	TC	A	X-ray placement, vein filter	0.00	12.74	12.81	NA	NA	0.56	13.30	13.37	NA	NA	XXX
75945		A	Intravascular us	0.40	4.76	4.81	NA	NA	0.24	5.40	5.45	NA	NA	XXX
75945	26	A	Intravascular us	0.40	0.15	0.17	0.15	0.17	0.03	0.58	0.60	0.58	0.60	XXX
75945	TC	A	Intravascular us	0.00	4.61	4.64	NA	NA	0.21	4.82	4.85	NA	NA	XXX
75946		A	Intravascular us add-on	0.40	2.47	2.50	NA	NA	0.13	3.00	3.03	NA	NA	ZZZ
75946	26	A	Intravascular us add-on	0.40	0.15	0.17	0.15	0.17	0.02	0.57	0.59	0.57	0.59	ZZZ
75946	TC	A	Intravascular us add-on	0.00	2.32	2.33	NA	NA	0.11	2.43	2.44	NA	NA	ZZZ
75960		A	Transcatheter intro, stent	0.82	15.36	15.48	NA	NA	0.70	16.88	17.00	NA	NA	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.30	0.33	0.30	0.33	0.04	1.16	1.19	1.16	1.19	XXX
75960	TC	A	Transcatheter intro, stent	0.00	15.06	15.15	NA	NA	0.66	15.72	15.81	NA	NA	XXX
75961		A	Retrieval, broken catheter	4.25	12.10	12.31	NA	NA	0.63	16.98	17.19	NA	NA	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.48	1.63	1.48	1.63	0.16	5.89	6.04	5.89	6.04	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.62	10.68	NA	NA	0.47	11.09	11.15	NA	NA	XXX
75962		A	Repair arterial blockage	0.54	16.11	16.22	NA	NA	0.73	17.38	17.49	NA	NA	XXX
75962	26	A	Repair arterial blockage	0.54	0.20	0.22	0.20	0.22	0.02	0.76	0.78	0.76	0.78	XXX
75962	TC	A	Repair arterial blockage	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75964		A	Repair artery blockage, each	0.36	8.61	8.67	NA	NA	0.39	9.36	9.42	NA	NA	ZZZ
75964	26	A	Repair artery blockage, each	0.36	0.13	0.14	0.13	0.14	0.02	0.51	0.52	0.51	0.52	ZZZ
75964	TC	A	Repair artery blockage, each	0.00	8.48	8.53	NA	NA	0.37	8.85	8.90	NA	NA	ZZZ
75966		A	Repair arterial blockage	1.31	16.40	16.53	NA	NA	0.76	18.47	18.60	NA	NA	XXX
75966	26	A	Repair arterial blockage	1.31	0.49	0.53	0.49	0.53	0.05	1.85	1.89	1.85	1.89	XXX
75966	TC	A	Repair arterial blockage	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75968		A	Repair artery blockage, each	0.36	8.62	8.68	NA	NA	0.38	9.36	9.42	NA	NA	ZZZ
75968	26	A	Repair artery blockage, each	0.36	0.14	0.15	0.14	0.15	0.01	0.51	0.52	0.51	0.52	ZZZ
75968	TC	A	Repair artery blockage, each	0.00	8.48	8.53	NA	NA	0.37	8.85	8.90	NA	NA	ZZZ
75970		A	Vascular biopsy	0.83	11.97	12.07	NA	NA	0.55	13.35	13.45	NA	NA	XXX
75970	26	A	Vascular biopsy	0.83	0.30	0.33	0.30	0.33	0.03	1.16	1.19	1.16	1.19	XXX
75970	TC	A	Vascular biopsy	0.00	11.67	11.74	NA	NA	0.52	12.19	12.26	NA	NA	XXX
75978		A	Repair venous blockage	0.54	16.10	16.27	NA	NA	0.73	17.37	17.54	NA	NA	XXX
75978	26	A	Repair venous blockage	0.54	0.19	0.27	0.19	0.27	0.02	0.75	0.83	0.75	0.83	XXX
75978	TC	A	Repair venous blockage	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75980		A	Contrast xray exam bile duct	1.44	5.97	6.05	NA	NA	0.31	7.72	7.80	NA	NA	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.50	0.55	0.50	0.55	0.06	2.00	2.05	2.00	2.05	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	5.47	5.50	NA	NA	0.25	5.72	5.75	NA	NA	XXX
75982		A	Contrast xray exam bile duct	1.44	6.67	6.76	NA	NA	0.34	8.45	8.54	NA	NA	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.50	0.55	0.50	0.55	0.06	2.00	2.05	2.00	2.05	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	6.17	6.21	NA	NA	0.28	6.45	6.49	NA	NA	XXX
75984		A	Xray control catheter change	0.72	2.22	.26	NA	NA	0.12	3.06	3.10	NA	NA	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
75984	26	A	Xray control catheter change	0.72	0.25	0.28	0.25	0.28	0.03	1.00	1.03	1.00	1.03	XXX
75984	TC	A	Xray control catheter change	0.00	1.97	1.98	NA	NA	0.09	2.06	2.07	NA	NA	XXX
75989	.....	A	Abscess drainage under x-ray	1.19	3.60	3.66	NA	NA	0.19	4.98	5.04	NA	NA	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.41	0.45	0.41	0.45	0.05	1.65	1.69	1.65	1.69	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	3.19	3.21	NA	NA	0.14	3.33	3.35	NA	NA	XXX
75992	.....	A	Atherectomy, x-ray exam	0.54	16.12	16.23	NA	NA	0.73	17.39	17.50	NA	NA	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.21	0.23	0.21	0.23	0.02	0.77	0.79	0.77	0.79	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75993	.....	A	Atherectomy, x-ray exam	0.36	8.63	8.69	NA	NA	0.38	9.37	9.43	NA	NA	ZZZ
75993	26	A	Atherectomy, x-ray exam	0.36	0.15	0.16	0.15	0.16	0.01	0.52	0.53	0.52	0.53	ZZZ
75993	TC	A	Atherectomy, x-ray exam	0.00	8.48	8.53	NA	NA	0.37	8.85	8.90	NA	NA	ZZZ
75994	.....	A	Atherectomy, x-ray exam	1.31	16.41	16.53	NA	NA	0.77	18.49	18.61	NA	NA	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.50	0.53	0.50	0.53	0.06	1.87	1.90	1.87	1.90	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75995	.....	A	Atherectomy, x-ray exam	1.31	16.38	16.51	NA	NA	0.75	18.44	18.57	NA	NA	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.47	0.51	0.47	0.51	0.04	1.82	1.86	1.82	1.86	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	15.91	16.00	NA	NA	0.71	16.62	16.71	NA	NA	XXX
75996	.....	A	Atherectomy, x-ray exam	0.36	8.61	8.67	NA	NA	0.38	9.35	9.41	NA	NA	ZZZ
75996	26	A	Atherectomy, x-ray exam	0.36	0.13	0.14	0.13	0.14	0.01	0.50	0.51	0.50	0.51	ZZZ
75996	TC	A	Atherectomy, x-ray exam	0.00	8.48	8.53	NA	NA	0.37	8.85	8.90	NA	NA	ZZZ
76000	.....	A	Fluoroscope examination	0.17	1.38	1.40	NA	NA	0.07	1.62	1.64	NA	NA	XXX
76000	26	A	Fluoroscope examination	0.17	0.06	0.07	0.06	0.07	0.01	0.24	0.25	0.24	0.25	XXX
76000	TC	A	Fluoroscope examination	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76001	.....	A	Fluoroscope exam, extensive	0.67	2.88	2.93	NA	NA	0.15	3.70	3.75	NA	NA	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.23	0.26	0.23	0.26	0.03	0.93	0.96	0.93	0.96	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
76003	.....	A	Needle localization by x-ray	0.54	1.50	1.53	NA	NA	0.08	2.12	2.15	NA	NA	XXX
76003	26	A	Needle localization by x-ray	0.54	0.18	0.20	0.18	0.20	0.02	0.74	0.76	0.74	0.76	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76005	.....	A	Fluoroguide for spine inject	0.60	1.48	1.49	NA	NA	0.09	2.17	2.18	NA	NA	XXX
76005	26	A	Fluoroguide for spine inject	0.60	0.20	0.20	0.20	0.20	0.03	0.83	0.83	0.83	0.83	XXX
76005	TC	A	Fluoroguide for spine inject	0.00	1.28	1.29	NA	NA	0.06	1.34	1.35	NA	NA	XXX
76006	.....	A	X-ray stress view	0.41	0.14	0.14	NA	NA	0.02	0.57	0.57	NA	NA	XXX
76010	.....	A	X-ray, nose to rectum	0.18	0.59	0.60	NA	NA	0.03	0.80	0.81	NA	NA	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.07	0.06	0.07	0.01	0.25	0.26	0.25	0.26	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.53	0.53	NA	NA	0.02	0.55	0.55	NA	NA	XXX
76020	.....	A	X-rays for bone age	0.19	0.60	0.61	NA	NA	0.03	0.82	0.83	NA	NA	XXX
76020	26	A	X-rays for bone age	0.19	0.07	0.08	0.07	0.08	0.01	0.27	0.28	0.27	0.28	XXX
76020	TC	A	X-rays for bone age	0.00	0.53	0.53	NA	NA	0.02	0.55	0.55	NA	NA	XXX
76040	.....	A	X-rays, bone evaluation	0.27	0.89	0.91	NA	NA	0.05	1.21	1.23	NA	NA	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.10	0.11	0.10	0.11	0.01	0.38	0.39	0.38	0.39	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.79	0.80	NA	NA	0.04	0.83	0.84	NA	NA	XXX
76061	.....	A	X-rays, bone survey	0.45	1.17	1.20	NA	NA	0.07	1.69	1.72	NA	NA	XXX
76061	26	A	X-rays, bone survey	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
76061	TC	A	X-rays, bone survey	0.00	1.01	1.02	NA	NA	0.05	1.06	1.07	NA	NA	XXX
76062	.....	A	X-rays, bone survey	0.54	1.65	1.68	NA	NA	0.09	2.28	2.31	NA	NA	XXX
76062	26	A	X-rays, bone survey	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
76062	TC	A	X-rays, bone survey	0.00	1.46	1.47	NA	NA	0.07	1.53	1.54	NA	NA	XXX
76065	.....	A	X-rays, bone evaluation	0.28	0.84	0.86	NA	NA	0.05	1.17	1.19	NA	NA	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.10	0.11	0.10	0.11	0.01	0.39	0.40	0.39	0.40	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.74	0.75	NA	NA	0.04	0.78	0.79	NA	NA	XXX
76066	.....	A	Joint(s) survey, single film	0.31	1.23	1.25	NA	NA	0.06	1.60	1.62	NA	NA	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.11	0.12	0.11	0.12	0.01	0.43	0.44	0.43	0.44	XXX
76066	TC	A	Joint(s) survey, single film	0.00	1.12	1.13	NA	NA	0.05	1.17	1.18	NA	NA	XXX
76070	.....	I	CT scan, bone density study	0.25	3.08	3.11	NA	NA	0.14	3.47	3.50	NA	NA	XXX
76070	26	I	CT scan, bone density study	0.25	0.10	0.11	0.10	0.11	0.01	0.36	0.37	0.36	0.37	XXX
76070	TC	I	CT scan, bone density study	0.00	2.98	3.00	NA	NA	0.13	3.11	3.13	NA	NA	XXX
76075	.....	A	Dual energy x-ray study	0.30	3.24	3.27	NA	NA	0.15	3.69	3.72	NA	NA	XXX
76075	26	A	Dual energy x-ray study	0.30	0.11	0.12	0.11	0.12	0.01	0.42	0.43	0.42	0.43	XXX
76075	TC	A	Dual energy x-ray study	0.00	3.13	3.15	NA	NA	0.14	3.27	3.29	NA	NA	XXX
76076	.....	A	Dual energy x-ray study	0.22	0.84	0.86	NA	NA	0.05	1.11	1.13	NA	NA	XXX
76076	26	A	Dual energy x-ray study	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.76	0.77	NA	NA	0.04	0.80	0.81	NA	NA	XXX
76078	.....	A	Photodensitometry	0.20	0.83	0.85	NA	NA	0.05	1.08	1.10	NA	NA	XXX
76078	26	A	Photodensitometry	0.20	0.07	0.08	0.07	0.08	0.01	0.28	0.29	0.28	0.29	XXX
76078	TC	A	Photodensitometry	0.00	0.76	0.77	NA	NA	0.04	0.80	0.81	NA	NA	XXX
76080	.....	A	X-ray exam of fistula	0.54	1.26	1.29	NA	NA	0.07	1.87	1.90	NA	NA	XXX
76080	26	A	X-ray exam of fistula	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76086	.....	A	X-ray of mammary duct	0.36	2.78	2.81	NA	NA	0.13	3.27	3.30	NA	NA	XXX
76086	26	A	X-ray of mammary duct	0.36	0.13	0.14	0.13	0.14	0.01	0.50	0.51	0.50	0.51	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
76088	.....	A	X-ray of mammary ducts	0.45	3.86	3.90	NA	NA	0.18	4.49	4.53	NA	NA	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.70	3.72	NA	NA	0.16	3.86	3.88	NA	NA	XXX
76090	.....	A	Mammogram, one breast	0.58	1.27	1.26	NA	NA	0.07	1.92	1.91	NA	NA	XXX
76090	26	A	Mammogram, one breast	0.58	0.20	0.18	0.20	0.18	0.02	0.80	0.78	0.80	0.78	XXX
76090	TC	A	Mammogram, one breast	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76091	.....	A	Mammogram, both breasts	0.69	1.56	1.56	NA	NA	0.09	2.34	2.34	NA	NA	XXX
76091	26	A	Mammogram, both breasts	0.69	0.24	0.23	0.24	0.23	0.03	0.96	0.95	0.96	0.95	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76092		X	Mammogram, screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
76093		A	Magnetic image, breast	1.63	18.39	18.54	NA	NA	0.84	20.86	21.01	NA	NA	XXX
76093	26	A	Magnetic image, breast	1.63	0.57	0.62	0.57	0.62	0.06	2.26	2.31	2.26	2.31	XXX
76093	TC	A	Magnetic image, breast	0.00	17.82	17.92	NA	NA	0.78	18.60	18.70	NA	NA	XXX
76094		A	Magnetic image, both breasts	1.63	24.74	24.93	NA	NA	1.12	27.49	27.68	NA	NA	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.57	0.62	0.57	0.62	0.06	2.26	2.31	2.26	2.31	XXX
76094	TC	A	Magnetic image, both breasts	0.00	24.17	24.31	NA	NA	1.06	25.23	25.37	NA	NA	XXX
76095		A	Stereotactic breast biopsy	1.59	7.80	7.89	NA	NA	0.40	9.79	9.88	NA	NA	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.56	0.61	0.56	0.61	0.08	2.23	2.28	2.23	2.28	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	7.24	7.28	NA	NA	0.32	7.56	7.60	NA	NA	XXX
76096		A	X-ray of needle wire, breast	0.56	1.52	1.55	NA	NA	0.08	2.16	2.19	NA	NA	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.20	0.22	0.20	0.22	0.02	0.78	0.80	0.78	0.80	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76098		A	X-ray exam, breast specimen	0.16	0.48	0.49	NA	NA	0.03	0.67	0.68	NA	NA	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.06	0.07	0.06	0.07	0.01	0.23	0.24	0.23	0.24	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.42	0.42	NA	NA	0.02	0.44	0.44	NA	NA	XXX
76100		A	X-ray exam of body section	0.58	1.46	1.49	NA	NA	0.08	2.12	2.15	NA	NA	XXX
76100	26	A	X-ray exam of body section	0.58	0.20	0.22	0.20	0.22	0.02	0.80	0.82	0.80	0.82	XXX
76100	TC	A	X-ray exam of body section	0.00	1.26	1.27	NA	NA	0.06	1.32	1.33	NA	NA	XXX
76101		A	Complex body section x-ray	0.58	1.64	1.67	NA	NA	0.09	2.31	2.34	NA	NA	XXX
76101	26	A	Complex body section x-ray	0.58	0.20	0.22	0.20	0.22	0.02	0.80	0.82	0.80	0.82	XXX
76101	TC	A	Complex body section x-ray	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76102		A	Complex body section x-rays	0.58	1.95	1.98	NA	NA	0.11	2.64	2.67	NA	NA	XXX
76102	26	A	Complex body section x-rays	0.58	0.20	0.22	0.20	0.22	0.02	0.80	0.82	0.80	0.82	XXX
76102	TC	A	Complex body section x-rays	0.00	1.75	1.76	NA	NA	0.09	1.84	1.85	NA	NA	XXX
76120		A	Cinematic x-rays	0.38	1.21	1.23	NA	NA	0.07	1.66	1.68	NA	NA	XXX
76120	26	A	Cinematic x-rays	0.38	0.14	0.15	0.14	0.15	0.02	0.54	0.55	0.54	0.55	XXX
76120	TC	A	Cinematic x-rays	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76125		A	Cinematic x-rays add-on	0.27	0.89	0.91	NA	NA	0.05	1.21	1.23	NA	NA	ZZZ
76125	26	A	Cinematic x-rays add-on	0.27	0.10	0.11	0.10	0.11	0.01	0.38	0.39	0.38	0.39	ZZZ
76125	TC	A	Cinematic x-rays add-on	0.00	0.79	0.80	NA	NA	0.04	0.83	0.84	NA	NA	ZZZ
76140		I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150		A	X-ray exam, dry process	0.00	0.42	0.42	NA	NA	0.02	0.44	0.44	NA	NA	XXX
76350		C	Special x-ray contrast study	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
76355		A	CAT scan for localization	1.21	8.77	8.86	NA	NA	0.41	10.39	10.48	NA	NA	XXX
76355	26	A	CAT scan for localization	1.21	0.42	0.46	0.42	0.46	0.05	1.68	1.72	1.68	1.72	XXX
76355	TC	A	CAT scan for localization	0.00	8.35	8.40	NA	NA	0.36	8.71	8.76	NA	NA	XXX
76360		A	CAT scan for needle biopsy	1.16	8.75	8.84	NA	NA	0.41	10.32	10.41	NA	NA	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.40	0.44	0.40	0.44	0.05	1.61	1.65	1.61	1.65	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	8.35	8.40	NA	NA	0.36	8.71	8.76	NA	NA	XXX
76365		A	CAT scan for cyst aspiration	1.16	8.75	8.84	NA	NA	0.41	10.32	10.41	NA	NA	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.40	0.44	0.40	0.44	0.05	1.61	1.65	1.61	1.65	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	8.35	8.40	NA	NA	0.36	8.71	8.76	NA	NA	XXX
76370		A	CAT scan for therapy guide	0.85	3.27	3.32	NA	NA	0.16	4.28	4.33	NA	NA	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.29	0.32	0.29	0.32	0.03	1.17	1.20	1.17	1.20	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.98	3.00	NA	NA	0.13	3.11	3.13	NA	NA	XXX
76375		A	3d/holograph reconstr add-on	0.16	3.64	3.67	NA	NA	0.16	3.96	3.99	NA	NA	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.06	0.07	0.06	0.07	0.01	0.23	0.24	0.23	0.24	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.58	3.60	NA	NA	0.15	3.73	3.75	NA	NA	XXX
76380		A	CAT scan follow-up study	0.98	3.88	3.94	NA	NA	0.19	5.05	5.11	NA	NA	XXX
76380	26	A	CAT scan follow-up study	0.98	0.34	0.38	0.34	0.38	0.04	1.36	1.40	1.36	1.40	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.54	3.56	NA	NA	0.15	3.69	3.71	NA	NA	XXX
76390		A	Mr spectroscopy	1.40	11.82	11.95	NA	NA	0.56	13.78	13.91	NA	NA	XXX
76390	26	A	Mr spectroscopy	1.40	0.49	0.55	0.49	0.55	0.06	1.95	2.01	1.95	2.01	XXX
76390	TC	A	Mr spectroscopy	0.00	11.33	11.40	NA	NA	0.50	11.83	11.90	NA	NA	XXX
76400		A	Magnetic image, bone marrow	1.60	11.89	12.02	NA	NA	0.56	14.05	14.18	NA	NA	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.56	0.62	0.56	0.62	0.06	2.22	2.28	2.22	2.28	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	11.33	11.40	NA	NA	0.50	11.83	11.90	NA	NA	XXX
76499		C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
76506		A	Echo exam of head	0.63	1.68	1.71	NA	NA	0.10	2.41	2.44	NA	NA	XXX
76506	26	A	Echo exam of head	0.63	0.24	0.26	0.24	0.26	0.03	0.90	0.92	0.90	0.92	XXX
76506	TC	A	Echo exam of head	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76511		A	Echo exam of eye	0.94	1.69	1.66	NA	NA	0.09	2.72	2.69	NA	NA	XXX
76511	26	A	Echo exam of eye	0.94	0.43	0.39	0.43	0.39	0.03	1.40	1.36	1.40	1.36	XXX
76511	TC	A	Echo exam of eye	0.00	1.26	1.27	NA	NA	0.06	1.32	1.33	NA	NA	XXX
76512		A	Echo exam of eye	0.66	1.84	1.86	NA	NA	0.10	2.60	2.62	NA	NA	XXX
76512	26	A	Echo exam of eye	0.66	0.31	0.32	0.31	0.32	0.02	0.99	1.00	0.99	1.00	XXX
76512	TC	A	Echo exam of eye	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76513		A	Echo exam of eye, water bath	0.66	1.83	1.85	NA	NA	0.10	2.59	2.61	NA	NA	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.31	0.30	0.31	0.02	0.98	0.99	0.98	0.99	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76516		A	Echo exam of eye	0.54	1.52	1.53	NA	NA	0.08	2.14	2.15	NA	NA	XXX
76516	26	A	Echo exam of eye	0.54	0.26	0.26	0.26	0.26	0.02	0.82	0.82	0.82	0.82	XXX
76516	TC	A	Echo exam of eye	0.00	1.26	1.27	NA	NA	0.06	1.32	1.33	NA	NA	XXX
76519		A	Echo exam of eye	0.54	1.52	1.53	NA	NA	0.08	2.14	2.15	NA	NA	XXX
76519	26	A	Echo exam of eye	0.54	0.26	0.26	0.26	0.26	0.02	0.82	0.82	0.82	0.82	XXX
76519	TC	A	Echo exam of eye	0.00	1.26	1.27	NA	NA	0.06	1.32	1.33	NA	NA	XXX
76529		A	Echo exam of eye	0.57	1.65	1.66	NA	NA	0.09	2.31	2.32	NA	NA	XXX
76529	26	A	Echo exam of eye	0.57	0.27	0.27	0.27	0.27	0.02	0.86	0.86	0.86	0.86	XXX
76529	TC	A	Echo exam of eye	0.00	1.38	1.39	NA	NA	0.07	1.45	1.46	NA	NA	XXX
76536		A	Echo exam of head and neck	0.56	1.64	1.67	NA	NA	0.09	2.29	2.32	NA	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
76536	26	A	Echo exam of head and neck	0.56	0.20	0.22	0.20	0.22	0.02	0.78	0.80	0.78	0.80	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76604	.....	A	Echo exam of chest	0.55	1.51	1.54	NA	NA	0.08	2.14	2.17	NA	NA	XXX
76604	26	A	Echo exam of chest	0.55	0.19	0.21	0.19	0.21	0.02	0.76	0.78	0.76	0.78	XXX
76604	TC	A	Echo exam of chest	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76645	.....	A	Echo exam of breast(s)	0.54	1.26	1.29	NA	NA	0.07	1.87	1.90	NA	NA	XXX
76645	26	A	Echo exam of breast(s)	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
76645	TC	A	Echo exam of breast(s)	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76700	.....	A	Echo exam of abdomen	0.81	2.27	2.31	NA	NA	0.12	3.20	3.24	NA	NA	XXX
76700	26	A	Echo exam of abdomen	0.81	0.28	0.31	0.28	0.31	0.03	1.12	1.15	1.12	1.15	XXX
76700	TC	A	Echo exam of abdomen	0.00	1.99	2.00	NA	NA	0.09	2.08	2.09	NA	NA	XXX
76705	.....	A	Echo exam of abdomen	0.59	1.65	1.68	NA	NA	0.09	2.33	2.36	NA	NA	XXX
76705	26	A	Echo exam of abdomen	0.59	0.21	0.23	0.21	0.23	0.02	0.82	0.84	0.82	0.84	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76770	.....	A	Echo exam abdomen back wall	0.74	2.25	2.29	NA	NA	0.12	3.11	3.15	NA	NA	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.26	0.29	0.26	0.29	0.03	1.03	1.06	1.03	1.06	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	1.99	2.00	NA	NA	0.09	2.08	2.09	NA	NA	XXX
76775	.....	A	Echo exam abdomen back wall	0.58	1.64	1.67	NA	NA	0.09	2.31	2.34	NA	NA	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.20	0.22	0.20	0.22	0.02	0.80	0.82	0.80	0.82	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76778	.....	A	Echo exam kidney transplant	0.74	2.25	2.29	NA	NA	0.12	3.11	3.15	NA	NA	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.26	0.29	0.26	0.29	0.03	1.03	1.06	1.03	1.06	XXX
76778	TC	A	Echo exam kidney transplant	0.00	1.99	2.00	NA	NA	0.09	2.08	2.09	NA	NA	XXX
76800	.....	A	Echo exam spinal canal	1.13	1.81	1.86	NA	NA	0.12	3.06	3.11	NA	NA	XXX
76800	26	A	Echo exam spinal canal	1.13	0.37	0.41	0.37	0.41	0.05	1.55	1.59	1.55	1.59	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76805	.....	A	Echo exam of pregnant uterus	0.99	2.47	2.52	NA	NA	0.14	3.60	3.65	NA	NA	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.35	0.39	0.35	0.39	0.04	1.38	1.42	1.38	1.42	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.12	2.13	NA	NA	0.10	2.22	2.23	NA	NA	XXX
76810	.....	A	Echo exam of pregnant uterus	1.97	4.95	5.04	NA	NA	0.26	7.18	7.27	NA	NA	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.71	0.77	0.71	0.77	0.07	2.75	2.81	2.75	2.81	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.24	4.27	NA	NA	0.19	4.43	4.46	NA	NA	XXX
76815	.....	A	Echo exam of pregnant uterus	0.65	1.68	1.71	NA	NA	0.09	2.42	2.45	NA	NA	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.24	0.26	0.24	0.26	0.02	0.91	0.93	0.91	0.93	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76816	.....	A	Echo exam follow-up/repeat	0.57	1.33	1.36	NA	NA	0.07	1.97	2.00	NA	NA	XXX
76816	26	A	Echo exam follow-up/repeat	0.57	0.21	0.23	0.21	0.23	0.02	0.80	0.82	0.80	0.82	XXX
76816	TC	A	Echo exam follow-up/repeat	0.00	1.12	1.13	NA	NA	0.05	1.17	1.18	NA	NA	XXX
76818	.....	A	Fetal biophysical profile	0.77	1.92	1.95	NA	NA	0.11	2.80	2.83	NA	NA	XXX
76818	26	A	Fetal biophysical profile	0.77	0.29	0.31	0.29	0.31	0.03	1.09	1.11	1.09	1.11	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.63	1.64	NA	NA	0.08	1.71	1.72	NA	NA	XXX
76825	.....	A	Echo exam of fetal heart	1.67	2.63	2.58	NA	NA	0.15	4.45	4.40	NA	NA	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.64	0.58	0.64	0.58	0.06	2.37	2.31	2.37	2.31	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.99	2.00	NA	NA	0.09	2.08	2.09	NA	NA	XXX
76826	.....	A	Echo exam of fetal heart	0.83	1.03	1.15	NA	NA	0.07	1.93	2.05	NA	NA	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.32	0.43	0.32	0.43	0.03	1.18	1.29	1.18	1.29	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.71	0.72	NA	NA	0.04	0.75	0.76	NA	NA	XXX
76827	.....	A	Echo exam of fetal heart	0.58	1.96	2.09	NA	NA	0.12	2.66	2.79	NA	NA	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.22	0.34	0.22	0.34	0.02	0.82	0.94	0.82	0.94	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.74	1.75	NA	NA	0.10	1.84	1.85	NA	NA	XXX
76828	.....	A	Echo exam of fetal heart	0.56	1.34	1.37	NA	NA	0.09	1.99	2.02	NA	NA	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.22	0.24	0.22	0.24	0.02	0.80	0.82	0.80	0.82	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.12	1.13	NA	NA	0.07	1.19	1.20	NA	NA	XXX
76830	.....	A	Echo exam, transvaginal	0.69	1.77	1.81	NA	NA	0.11	2.57	2.61	NA	NA	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.24	0.27	0.24	0.27	0.03	0.96	0.99	0.96	0.99	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76831	.....	A	Echo exam, uterus	0.72	1.79	1.82	NA	NA	0.11	2.62	2.65	NA	NA	XXX
76831	26	A	Echo exam, uterus	0.72	0.26	0.28	0.26	0.28	0.03	1.01	1.03	1.01	1.03	XXX
76831	TC	A	Echo exam, uterus	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76856	.....	A	Echo exam of pelvis	0.69	1.77	1.81	NA	NA	0.11	2.57	2.61	NA	NA	XXX
76856	26	A	Echo exam of pelvis	0.69	0.24	0.27	0.24	0.27	0.03	0.96	0.99	0.96	0.99	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76857	.....	A	Echo exam of pelvis	0.38	1.20	1.22	NA	NA	0.07	1.65	1.67	NA	NA	XXX
76857	26	A	Echo exam of pelvis	0.38	0.13	0.14	0.13	0.14	0.02	0.53	0.54	0.53	0.54	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76870	.....	A	Echo exam of scrotum	0.64	1.75	1.78	NA	NA	0.11	2.50	2.53	NA	NA	XXX
76870	26	A	Echo exam of scrotum	0.64	0.22	0.24	0.22	0.24	0.03	0.89	0.91	0.89	0.91	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76872	.....	A	Echo exam, transrectal	0.69	1.76	1.80	NA	NA	0.11	2.56	2.60	NA	NA	XXX
76872	26	A	Echo exam, transrectal	0.69	0.23	0.26	0.23	0.26	0.03	0.95	0.98	0.95	0.98	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76873	.....	A	Echograp trans r, pros study	1.38	2.53	2.54	NA	NA	0.20	4.11	4.12	NA	NA	XXX
76873	26	A	Echograp trans r, pros study	1.38	0.47	0.47	0.47	0.47	0.07	1.92	1.92	1.92	1.92	XXX
76873	TC	A	Echograp trans r, pros study	0.00	2.06	2.07	NA	NA	0.13	2.19	2.20	NA	NA	XXX
76880	.....	A	Echo exam of extremity	0.59	1.65	1.68	NA	NA	0.09	2.33	2.36	NA	NA	XXX
76880	26	A	Echo exam of extremity	0.59	0.21	0.23	0.21	0.23	0.02	0.82	0.84	0.82	0.84	XXX
76880	TC	A	Echo exam of extremity	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76885	.....	A	Echo exam, infant hips	0.74	1.79	1.82	NA	NA	0.11	2.64	2.67	NA	NA	XXX
76885	26	A	Echo exam, infant hips	0.74	0.26	0.28	0.26	0.28	0.03	1.03	1.05	1.03	1.05	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76886		A	Echo exam, infant hips	0.62	1.66	1.69	NA	NA	0.09	2.37	2.40	NA	NA	XXX
76886	26	A	Echo exam, infant hips	0.62	0.22	0.24	0.22	0.24	0.02	0.86	0.88	0.86	0.88	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
76886	TC	A	Echo exam, infant hips	0.00	1.44	1.45	NA	NA	0.07	1.51	1.52	NA	NA	XXX
76930	.....	A	Echo guide for heart sac tap	0.67	1.80	1.83	NA	NA	0.10	2.57	2.60	NA	NA	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.27	0.29	0.27	0.29	0.02	0.96	0.98	0.96	0.98	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	1.80	1.83	NA	NA	0.10	2.57	2.60	NA	NA	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.27	0.29	0.27	0.29	0.02	0.96	0.98	0.96	0.98	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76934	.....	A	Echo guide for chest tap	0.67	1.76	1.80	NA	NA	0.11	2.54	2.58	NA	NA	XXX
76934	26	A	Echo guide for chest tap	0.67	0.23	0.26	0.23	0.26	0.03	0.93	0.96	0.93	0.96	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76936	.....	A	Echo guide for artery repair	1.99	7.07	7.27	NA	NA	0.40	9.46	9.66	NA	NA	XXX
76936	26	A	Echo guide for artery repair	1.99	0.71	0.87	0.71	0.87	0.11	2.81	2.97	2.81	2.97	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.36	6.40	NA	NA	0.29	6.65	6.69	NA	NA	XXX
76938	.....	A	Echo exam for drainage	0.67	1.76	1.80	NA	NA	0.11	2.54	2.58	NA	NA	XXX
76938	26	A	Echo exam for drainage	0.67	0.23	0.26	0.23	0.26	0.03	0.93	0.96	0.93	0.96	XXX
76938	TC	A	Echo exam for drainage	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76941	.....	A	Echo guide for transfusion	1.34	2.07	2.11	NA	NA	0.12	3.53	3.57	NA	NA	XXX
76941	26	A	Echo guide for transfusion	1.34	0.53	0.56	0.53	0.56	0.05	1.92	1.95	1.92	1.95	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.54	1.55	NA	NA	0.07	1.61	1.62	NA	NA	XXX
76942	.....	A	Echo guide for biopsy	0.67	1.76	1.80	NA	NA	0.11	2.54	2.58	NA	NA	XXX
76942	26	A	Echo guide for biopsy	0.67	0.23	0.26	0.23	0.26	0.03	0.93	0.96	0.93	0.96	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76945	.....	A	Echo guide, villus sampling	0.67	1.77	1.89	NA	NA	0.10	2.54	2.66	NA	NA	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.23	0.34	0.23	0.34	0.03	0.93	1.04	0.93	1.04	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.54	1.55	NA	NA	0.07	1.61	1.62	NA	NA	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	1.67	1.69	NA	NA	0.09	2.14	2.16	NA	NA	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.14	0.15	0.14	0.15	0.01	0.53	0.54	0.53	0.54	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	1.66	1.68	NA	NA	0.10	2.14	2.16	NA	NA	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.13	0.14	0.13	0.14	0.02	0.53	0.54	0.53	0.54	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76950	.....	A	Echo guidance radiotherapy	0.58	1.52	1.55	NA	NA	0.09	2.19	2.22	NA	NA	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.20	0.22	0.20	0.22	0.03	0.81	0.83	0.81	0.83	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76960	.....	A	Echo guidance radiotherapy	0.58	1.52	1.55	NA	NA	0.09	2.19	2.22	NA	NA	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.20	0.22	0.20	0.22	0.03	0.81	0.83	0.81	0.83	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	6.08	6.40	NA	NA	0.32	7.74	8.06	NA	NA	XXX
76965	26	A	Echo guidance radiotherapy	1.34	0.45	0.74	0.45	0.74	0.07	1.86	2.15	1.86	2.15	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.63	5.66	NA	NA	0.25	5.88	5.91	NA	NA	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	1.21	1.24	NA	NA	0.07	1.68	1.71	NA	NA	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.14	0.16	0.14	0.16	0.02	0.56	0.58	0.56	0.58	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.07	1.08	NA	NA	0.05	1.12	1.13	NA	NA	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.81	1.84	NA	NA	0.11	2.73	2.76	NA	NA	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.28	0.30	0.28	0.30	0.03	1.12	1.14	1.12	1.14	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.53	1.54	NA	NA	0.08	1.61	1.62	NA	NA	XXX
76977	.....	A	Us bone density measure	0.05	0.86	0.87	NA	NA	0.05	0.96	0.97	NA	NA	XXX
76977	26	A	Us bone density measure	0.05	0.02	0.02	0.02	0.02	0.01	0.08	0.08	0.08	0.08	XXX
76977	TC	A	Us bone density measure	0.00	0.84	0.85	NA	NA	0.04	0.88	0.89	NA	NA	XXX
76986	.....	A	Echo exam at surgery	1.20	3.08	3.14	NA	NA	0.18	4.46	4.52	NA	NA	XXX
76986	26	A	Echo exam at surgery	1.20	0.43	0.47	0.43	0.47	0.06	1.69	1.73	1.69	1.73	XXX
76986	TC	A	Echo exam at surgery	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77261	.....	A	Radiation therapy planning	1.39	0.55	0.58	0.55	0.58	0.05	1.99	2.02	1.99	2.02	XXX
77262	.....	A	Radiation therapy planning	2.11	0.81	0.86	0.81	0.86	0.08	3.00	3.05	3.00	3.05	XXX
77263	.....	A	Radiation therapy planning	3.14	1.20	1.28	1.20	1.28	0.12	4.46	4.54	4.46	4.54	XXX
77280	.....	A	Set radiation therapy field	0.70	3.75	3.80	NA	NA	0.18	4.63	4.68	NA	NA	XXX
77280	26	A	Set radiation therapy field	0.70	0.24	0.27	0.24	0.27	0.03	0.97	1.00	0.97	1.00	XXX
77280	TC	A	Set radiation therapy field	0.00	3.51	3.53	NA	NA	0.15	3.66	3.68	NA	NA	XXX
77285	.....	A	Set radiation therapy field	1.05	5.99	6.06	NA	NA	0.30	7.34	7.41	NA	NA	XXX
77285	26	A	Set radiation therapy field	1.05	0.36	0.40	0.36	0.40	0.04	1.45	1.49	1.45	1.49	XXX
77285	TC	A	Set radiation therapy field	0.00	5.63	5.66	NA	NA	0.26	5.89	5.92	NA	NA	XXX
77290	.....	A	Set radiation therapy field	1.56	7.12	7.22	NA	NA	0.36	9.04	9.14	NA	NA	XXX
77290	26	A	Set radiation therapy field	1.56	0.54	0.60	0.54	0.60	0.06	2.16	2.22	2.16	2.22	XXX
77290	TC	A	Set radiation therapy field	0.00	6.58	6.62	NA	NA	0.30	6.88	6.92	NA	NA	XXX
77295	.....	A	Set radiation therapy field	4.57	29.82	30.15	NA	NA	1.44	35.83	36.16	NA	NA	XXX
77295	26	A	Set radiation therapy field	4.57	1.58	1.75	1.58	1.75	0.17	6.32	6.49	6.32	6.49	XXX
77295	TC	A	Set radiation therapy field	0.00	28.24	28.40	NA	NA	1.27	29.51	29.67	NA	NA	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.57	1.60	NA	NA	0.08	2.27	2.30	NA	NA	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.21	0.23	0.21	0.23	0.02	0.85	0.87	0.85	0.87	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.36	1.37	NA	NA	0.06	1.42	1.43	NA	NA	XXX
77305	.....	A	Radiation therapy dose plan	0.70	2.12	2.16	NA	NA	0.12	2.94	2.98	NA	NA	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.24	0.27	0.24	0.27	0.03	0.97	1.00	0.97	1.00	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.88	1.89	NA	NA	0.09	1.97	1.98	NA	NA	XXX
77310	.....	A	Radiation therapy dose plan	1.05	2.72	2.77	NA	NA	0.15	3.92	3.97	NA	NA	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.36	0.40	0.36	0.40	0.04	1.45	1.49	1.45	1.49	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.36	2.37	NA	NA	0.11	2.47	2.48	NA	NA	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
77315		A	Radiation therapy dose plan	1.56	3.23	3.31	NA	NA	0.18	4.97	5.05	NA	NA	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.54	0.60	0.54	0.60	0.06	2.16	2.22	2.16	2.22	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.69	2.71	NA	NA	0.12	2.81	2.83	NA	NA	XXX
77321		A	Radiation therapy port plan	0.95	4.42	4.48	NA	NA	0.22	5.59	5.65	NA	NA	XXX
77321	26	A	Radiation therapy port plan	0.95	0.33	0.37	0.33	0.37	0.04	1.32	1.36	1.32	1.36	XXX
77321	TC	A	Radiation therapy port plan	0.00	4.09	4.11	NA	NA	0.18	4.27	4.29	NA	NA	XXX
77326		A	Radiation therapy dose plan	0.93	2.71	2.76	NA	NA	0.15	3.79	3.84	NA	NA	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.32	0.36	0.32	0.36	0.04	1.29	1.33	1.29	1.33	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.39	2.40	NA	NA	0.11	2.50	2.51	NA	NA	XXX
77327		A	Radiation therapy dose plan	1.39	3.99	4.06	NA	NA	0.21	5.59	5.66	NA	NA	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.48	0.53	0.48	0.53	0.06	1.93	1.98	1.93	1.98	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.51	3.53	NA	NA	0.15	3.66	3.68	NA	NA	XXX
77328		A	Radiation therapy dose plan	2.09	5.73	5.83	NA	NA	0.30	8.12	8.22	NA	NA	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.72	0.79	0.72	0.79	0.08	2.89	2.96	2.89	2.96	XXX
77328	TC	A	Radiation therapy dose plan	0.00	5.01	5.04	NA	NA	0.22	5.23	5.26	NA	NA	XXX
77331		A	Special radiation dosimetry	0.87	0.81	0.84	NA	NA	0.05	1.73	1.76	NA	NA	XXX
77331	26	A	Special radiation dosimetry	0.87	0.30	0.33	0.30	0.33	0.03	1.20	1.23	1.20	1.23	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.51	0.51	NA	NA	0.02	0.53	0.53	NA	NA	XXX
77332		A	Radiation treatment aid(s)	0.54	1.55	1.58	NA	NA	0.08	2.17	2.20	NA	NA	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.19	0.21	0.19	0.21	0.02	0.75	0.77	0.75	0.77	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.36	1.37	NA	NA	0.06	1.42	1.43	NA	NA	XXX
77333		A	Radiation treatment aid(s)	0.84	2.21	2.25	NA	NA	0.12	3.17	3.21	NA	NA	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.29	0.32	0.29	0.32	0.03	1.16	1.19	1.16	1.19	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.92	1.93	NA	NA	0.09	2.01	2.02	NA	NA	XXX
77334		A	Radiation treatment aid(s)	1.24	3.71	3.77	NA	NA	0.19	5.14	5.20	NA	NA	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.43	0.47	0.43	0.47	0.05	1.72	1.76	1.72	1.76	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.28	3.30	NA	NA	0.14	3.42	3.44	NA	NA	XXX
77336		A	Radiation physics consult	0.00	3.01	3.03	NA	NA	0.13	3.14	3.16	NA	NA	XXX
77370		A	Radiation physics consult	0.00	3.53	3.55	NA	NA	0.15	3.68	3.70	NA	NA	XXX
77380		D	Proton beam delivery	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77380	26	D	Proton beam delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77380	TC	D	Proton beam delivery	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77381		D	Proton beam treatment	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77381	26	D	Proton beam treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77381	TC	D	Proton beam treatment	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77399		C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77401		A	Radiation treatment delivery	0.00	1.79	1.80	NA	NA	0.09	1.88	1.89	NA	NA	XXX
77402		A	Radiation treatment delivery	0.00	1.79	1.80	NA	NA	0.09	1.88	1.89	NA	NA	XXX
77403		A	Radiation treatment delivery	0.00	1.79	1.80	NA	NA	0.09	1.88	1.89	NA	NA	XXX
77404		A	Radiation treatment delivery	0.00	1.79	1.80	NA	NA	0.09	1.88	1.89	NA	NA	XXX
77406		A	Radiation treatment delivery	0.00	1.79	1.80	NA	NA	0.09	1.88	1.89	NA	NA	XXX
77407		A	Radiation treatment delivery	0.00	2.11	2.12	NA	NA	0.10	2.21	2.22	NA	NA	XXX
77408		A	Radiation treatment delivery	0.00	2.11	2.12	NA	NA	0.10	2.21	2.22	NA	NA	XXX
77409		A	Radiation treatment delivery	0.00	2.11	2.12	NA	NA	0.10	2.21	2.22	NA	NA	XXX
77411		A	Radiation treatment delivery	0.00	2.11	2.12	NA	NA	0.10	2.21	2.22	NA	NA	XXX
77412		A	Radiation treatment delivery	0.00	2.36	2.37	NA	NA	0.11	2.47	2.48	NA	NA	XXX
77413		A	Radiation treatment delivery	0.00	2.36	2.37	NA	NA	0.11	2.47	2.48	NA	NA	XXX
77414		A	Radiation treatment delivery	0.00	2.36	2.37	NA	NA	0.11	2.47	2.48	NA	NA	XXX
77416		A	Radiation treatment delivery	0.00	2.36	2.37	NA	NA	0.11	2.47	2.48	NA	NA	XXX
77417		A	Radiology port film(s)	0.00	0.60	0.60	NA	NA	0.03	0.63	0.63	NA	NA	XXX
77419		D	Weekly radiation therapy	3.60	1.43	1.51	1.43	1.51	0.13	5.16	5.24	5.16	5.24	XXX
77420		D	Weekly radiation therapy	1.61	0.64	0.68	0.64	0.68	0.06	2.31	2.35	2.31	2.35	XXX
77425		D	Weekly radiation therapy	2.44	0.97	1.03	0.97	1.03	0.10	3.51	3.57	3.51	3.57	XXX
77427		A	Radiation tx management, x5	3.31	1.14	1.14	1.14	1.14	0.11	4.56	4.56	4.56	4.56	XXX
77430		D	Weekly radiation therapy	3.60	1.43	1.51	1.43	1.51	0.13	5.16	5.24	5.16	5.24	XXX
77431		A	Radiation therapy management	1.81	0.73	0.77	0.73	0.77	0.07	2.61	2.65	2.61	2.65	XXX
77432		A	Stereotactic radiation trmt	7.93	3.10	3.67	3.10	3.67	0.31	11.34	11.91	11.34	11.91	XXX
77470		A	Special radiation treatment	2.09	11.99	12.13	NA	NA	0.58	14.66	14.80	NA	NA	XXX
77470	26	A	Special radiation treatment	2.09	0.72	0.79	0.72	0.79	0.08	2.89	2.96	2.89	2.96	XXX
77470	TC	A	Special radiation treatment	0.00	11.27	11.34	NA	NA	0.50	11.77	11.84	NA	NA	XXX
77499		C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77520		C	Proton beam delivery	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77523		C	Proton beam delivery	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77600		R	Hyperthermia treatment	1.56	3.62	3.70	NA	NA	0.19	5.37	5.45	NA	NA	XXX
77600	26	R	Hyperthermia treatment	1.56	0.54	0.60	0.54	0.60	0.06	2.16	2.22	2.16	2.22	XXX
77600	TC	R	Hyperthermia treatment	0.00	3.08	3.10	NA	NA	0.13	3.21	3.23	NA	NA	XXX
77605		R	Hyperthermia treatment	2.09	4.85	4.94	NA	NA	0.28	7.22	7.31	NA	NA	XXX
77605	26	R	Hyperthermia treatment	2.09	0.74	0.81	0.74	0.81	0.09	2.92	2.99	2.92	2.99	XXX
77605	TC	R	Hyperthermia treatment	0.00	4.11	4.13	NA	NA	0.19	4.30	4.32	NA	NA	XXX
77610		R	Hyperthermia treatment	1.56	3.62	3.70	NA	NA	0.19	5.37	5.45	NA	NA	XXX
77610	26	R	Hyperthermia treatment	1.56	0.54	0.60	0.54	0.60	0.06	2.16	2.22	2.16	2.22	XXX
77610	TC	R	Hyperthermia treatment	0.00	3.08	3.10	NA	NA	0.13	3.21	3.23	NA	NA	XXX
77615		R	Hyperthermia treatment	2.09	4.83	4.92	NA	NA	0.27	7.19	7.28	NA	NA	XXX
77615	26	R	Hyperthermia treatment	2.09	0.72	0.79	0.72	0.79	0.08	2.89	2.96	2.89	2.96	XXX
77615	TC	R	Hyperthermia treatment	0.00	4.11	4.13	NA	NA	0.19	4.30	4.32	NA	NA	XXX
77620		R	Hyperthermia treatment	1.56	3.70	3.76	NA	NA	0.19	5.45	5.51	NA	NA	XXX
77620	26	R	Hyperthermia treatment	1.56	0.62	0.66	0.62	0.66	0.06	2.24	2.28	2.24	2.28	XXX
77620	TC	R	Hyperthermia treatment	0.00	3.08	3.10	NA	NA	0.13	3.21	3.23	NA	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
77750		A	Infuse radioactive materials	4.91	3.05	3.19	NA	NA	0.24	8.20	8.34	NA	NA	090
77750	26	A	Infuse radioactive materials	4.91	1.70	1.83	1.70	1.83	0.18	6.79	6.92	6.79	6.92	090
77750	TC	A	Infuse radioactive materials	0.00	1.35	1.36	NA	NA	0.06	1.41	1.42	NA	NA	090
77761		A	Radioelement application	3.81	3.68	3.85	NA	NA	0.28	7.77	7.94	NA	NA	090
77761	26	A	Radioelement application	3.81	1.15	1.30	1.15	1.30	0.16	5.12	5.27	5.12	5.27	090
77761	TC	A	Radioelement application	0.00	2.53	2.55	NA	NA	0.12	2.65	2.67	NA	NA	090
77762		A	Radioelement application	5.72	5.66	5.83	NA	NA	0.40	11.78	11.95	NA	NA	090
77762	26	A	Radioelement application	5.72	2.01	2.16	2.01	2.16	0.24	7.97	8.12	7.97	8.12	090
77762	TC	A	Radioelement application	0.00	3.65	3.67	NA	NA	0.16	3.81	3.83	NA	NA	090
77763		A	Radioelement application	8.57	7.50	7.76	NA	NA	0.55	16.62	16.88	NA	NA	090
77763	26	A	Radioelement application	8.57	2.96	3.19	2.96	3.19	0.35	11.88	12.11	11.88	12.11	090
77763	TC	A	Radioelement application	0.00	4.54	4.57	NA	NA	0.20	4.74	4.77	NA	NA	090
77776		A	Radioelement application	4.66	3.16	3.50	NA	NA	0.31	8.13	8.47	NA	NA	XXX
77776	26	A	Radioelement application	4.66	0.96	1.29	0.96	1.29	0.20	5.82	6.15	5.82	6.15	XXX
77776	TC	A	Radioelement application	0.00	2.20	2.21	NA	NA	0.11	2.31	2.32	NA	NA	XXX
77777		A	Radioelement application	7.48	6.85	7.09	NA	NA	0.50	14.83	15.07	NA	NA	090
77777	26	A	Radioelement application	7.48	2.57	2.78	2.57	2.78	0.31	10.36	10.57	10.36	10.57	090
77777	TC	A	Radioelement application	0.00	4.28	4.31	NA	NA	0.19	4.47	4.50	NA	NA	090
77778		A	Radioelement application	11.19	9.04	9.38	NA	NA	0.67	20.90	21.24	NA	NA	090
77778	26	A	Radioelement application	11.19	3.85	4.16	3.85	4.16	0.44	15.48	15.79	15.48	15.79	090
77778	TC	A	Radioelement application	0.00	5.19	5.22	NA	NA	0.23	5.42	5.45	NA	NA	090
77781		A	High intensity brachytherapy	1.66	21.10	21.27	NA	NA	0.98	23.74	23.91	NA	NA	090
77781	26	A	High intensity brachytherapy	1.66	0.57	0.62	0.57	0.62	0.07	2.30	2.35	2.30	2.35	090
77781	TC	A	High intensity brachytherapy	0.00	20.53	20.65	NA	NA	0.91	21.44	21.56	NA	NA	090
77782		A	High intensity brachytherapy	2.49	21.39	21.58	NA	NA	1.01	24.89	25.08	NA	NA	090
77782	26	A	High intensity brachytherapy	2.49	0.86	0.93	0.86	0.93	0.10	3.45	3.52	3.45	3.52	090
77782	TC	A	High intensity brachytherapy	0.00	20.53	20.65	NA	NA	0.91	21.44	21.56	NA	NA	090
77783		A	High intensity brachytherapy	3.73	21.81	22.03	NA	NA	1.05	26.59	26.81	NA	NA	090
77783	26	A	High intensity brachytherapy	3.73	1.28	1.38	1.28	1.38	0.14	5.15	5.25	5.15	5.25	090
77783	TC	A	High intensity brachytherapy	0.00	20.53	20.65	NA	NA	0.91	21.44	21.56	NA	NA	090
77784		A	High intensity brachytherapy	5.61	22.46	22.73	NA	NA	1.12	29.19	29.46	NA	NA	090
77784	26	A	High intensity brachytherapy	5.61	1.93	2.08	1.93	2.08	0.21	7.75	7.90	7.75	7.90	090
77784	TC	A	High intensity brachytherapy	0.00	20.53	20.65	NA	NA	0.91	21.44	21.56	NA	NA	090
77789		A	Radioelement application	1.12	0.86	0.89	NA	NA	0.06	2.04	2.07	NA	NA	090
77789	26	A	Radioelement application	1.12	0.40	0.43	0.40	0.43	0.04	1.56	1.59	1.56	1.59	090
77789	TC	A	Radioelement application	0.00	0.46	0.46	NA	NA	0.02	0.48	0.48	NA	NA	090
77790		A	Radioelement handling	1.05	0.87	0.91	NA	NA	0.06	1.98	2.02	NA	NA	XXX
77790	26	A	Radioelement handling	1.05	0.36	0.40	0.36	0.40	0.04	1.45	1.49	1.45	1.49	XXX
77790	TC	A	Radioelement handling	0.00	0.51	0.51	NA	NA	0.02	0.53	0.53	NA	NA	XXX
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78000		A	Thyroid, single uptake	0.19	1.05	1.07	NA	NA	0.06	1.30	1.32	NA	NA	XXX
78000	26	A	Thyroid, single uptake	0.19	0.07	0.08	0.07	0.08	0.01	0.27	0.28	0.27	0.28	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.98	0.99	NA	NA	0.05	1.03	1.04	NA	NA	XXX
78001		A	Thyroid, multiple uptakes	0.26	1.41	1.43	NA	NA	0.07	1.74	1.76	NA	NA	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.09	0.10	0.09	0.10	0.01	0.36	0.37	0.36	0.37	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
78003		A	Thyroid suppress/stimul	0.33	1.10	1.12	NA	NA	0.06	1.49	1.51	NA	NA	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.12	0.13	0.12	0.13	0.01	0.46	0.47	0.46	0.47	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.98	0.99	NA	NA	0.05	1.03	1.04	NA	NA	XXX
78006		A	Thyroid imaging with uptake	0.49	2.57	2.61	NA	NA	0.13	3.19	3.23	NA	NA	XXX
78006	26	A	Thyroid imaging with uptake	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
78006	TC	A	Thyroid imaging with uptake	0.00	2.40	2.42	NA	NA	0.11	2.51	2.53	NA	NA	XXX
78007		A	Thyroid image, mult uptakes	0.50	2.78	2.82	NA	NA	0.14	3.42	3.46	NA	NA	XXX
78007	26	A	Thyroid image, mult uptakes	0.50	0.18	0.20	0.18	0.20	0.02	0.70	0.72	0.70	0.72	XXX
78007	TC	A	Thyroid image, mult uptakes	0.00	2.60	2.62	NA	NA	0.12	2.72	2.74	NA	NA	XXX
78010		A	Thyroid imaging	0.39	1.98	2.00	NA	NA	0.11	2.48	2.50	NA	NA	XXX
78010	26	A	Thyroid imaging	0.39	0.14	0.15	0.14	0.15	0.02	0.55	0.56	0.55	0.56	XXX
78010	TC	A	Thyroid imaging	0.00	1.84	1.85	NA	NA	0.09	1.93	1.94	NA	NA	XXX
78011		A	Thyroid imaging with flow	0.45	2.59	2.63	NA	NA	0.13	3.17	3.21	NA	NA	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.43	2.45	NA	NA	0.11	2.54	2.56	NA	NA	XXX
78015		A	Thyroid met imaging	0.67	2.84	2.89	NA	NA	0.15	3.66	3.71	NA	NA	XXX
78015	26	A	Thyroid met imaging	0.67	0.24	0.27	0.24	0.27	0.03	0.94	0.97	0.94	0.97	XXX
78015	TC	A	Thyroid met imaging	0.00	2.60	2.62	NA	NA	0.12	2.72	2.74	NA	NA	XXX
78016		A	Thyroid met imaging/studies	0.82	3.82	3.87	NA	NA	0.18	4.82	4.87	NA	NA	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.30	0.33	0.30	0.33	0.03	1.15	1.18	1.15	1.18	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.52	3.54	NA	NA	0.15	3.67	3.69	NA	NA	XXX
78018		A	Thyroid met imaging, body	0.86	5.79	5.86	NA	NA	0.28	6.93	7.00	NA	NA	XXX
78018	26	A	Thyroid met imaging, body	0.86	0.31	0.35	0.31	0.35	0.03	1.20	1.24	1.20	1.24	XXX
78018	TC	A	Thyroid met imaging, body	0.00	5.48	5.51	NA	NA	0.25	5.73	5.76	NA	NA	XXX
78020		A	Thyroid met uptake	0.60	0.39	0.39	NA	NA	0.00	0.99	0.99	NA	NA	ZZZ
78020	26	A	Thyroid met uptake	0.60	0.24	0.24	0.24	0.24	0.00	0.84	0.84	0.84	0.84	ZZZ
78020	TC	A	Thyroid met uptake	0.00	0.15	0.15	NA	NA	0.00	0.15	0.15	NA	NA	ZZZ
78070		A	Parathyroid nuclear imaging	0.82	2.13	2.13	NA	NA	0.12	3.07	3.07	NA	NA	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.29	0.28	0.29	0.28	0.03	1.14	1.13	1.14	1.13	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.84	1.85	NA	NA	0.09	1.93	1.94	NA	NA	XXX
78075		A	Adrenal nuclear imaging	0.74	5.76	5.81	NA	NA	0.28	6.78	6.83	NA	NA	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.28	0.30	0.28	0.30	0.03	1.05	1.07	1.05	1.07	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.48	5.51	NA	NA	0.25	5.73	5.76	NA	NA	XXX
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78102	.....	A	Bone marrow imaging, ltd	0.55	2.26	2.29	NA	NA	0.12	2.93	2.96	NA	NA	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.20	0.22	0.20	0.22	0.02	0.77	0.79	0.77	0.79	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	2.06	2.07	NA	NA	0.10	2.16	2.17	NA	NA	XXX
78103	.....	A	Bone marrow imaging, mult	0.75	3.48	3.53	NA	NA	0.17	4.40	4.45	NA	NA	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.27	0.30	0.27	0.30	0.03	1.05	1.08	1.05	1.08	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.21	3.23	NA	NA	0.14	3.35	3.37	NA	NA	XXX
78104	.....	A	Bone marrow imaging, body	0.80	4.41	4.46	NA	NA	0.22	5.43	5.48	NA	NA	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.29	0.32	0.29	0.32	0.03	1.12	1.15	1.12	1.15	XXX
78104	TC	A	Bone marrow imaging, body	0.00	4.12	4.14	NA	NA	0.19	4.31	4.33	NA	NA	XXX
78110	.....	A	Plasma volume, single	0.19	1.03	1.05	NA	NA	0.06	1.28	1.30	NA	NA	XXX
78110	26	A	Plasma volume, single	0.19	0.07	0.08	0.07	0.08	0.01	0.27	0.28	0.27	0.28	XXX
78110	TC	A	Plasma volume, single	0.00	0.96	0.97	NA	NA	0.05	1.01	1.02	NA	NA	XXX
78111	.....	A	Plasma volume, multiple	0.22	2.68	2.71	NA	NA	0.13	3.03	3.06	NA	NA	XXX
78111	26	A	Plasma volume, multiple	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.60	2.62	NA	NA	0.12	2.72	2.74	NA	NA	XXX
78120	.....	A	Red cell mass, single	0.23	1.83	1.85	NA	NA	0.10	2.16	2.18	NA	NA	XXX
78120	26	A	Red cell mass, single	0.23	0.08	0.09	0.08	0.09	0.01	0.32	0.33	0.32	0.33	XXX
78120	TC	A	Red cell mass, single	0.00	1.75	1.76	NA	NA	0.09	1.84	1.85	NA	NA	XXX
78121	.....	A	Red cell mass, multiple	0.32	3.06	3.09	NA	NA	0.13	3.51	3.54	NA	NA	XXX
78121	26	A	Red cell mass, multiple	0.32	0.12	0.13	0.12	0.13	0.01	0.45	0.46	0.45	0.46	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.94	2.96	NA	NA	0.12	3.06	3.08	NA	NA	XXX
78122	.....	A	Blood volume	0.45	4.81	4.86	NA	NA	0.23	5.49	5.54	NA	NA	XXX
78122	26	A	Blood volume	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
78122	TC	A	Blood volume	0.00	4.65	4.68	NA	NA	0.21	4.86	4.89	NA	NA	XXX
78130	.....	A	Red cell survival study	0.61	3.10	3.14	NA	NA	0.14	3.85	3.89	NA	NA	XXX
78130	26	A	Red cell survival study	0.61	0.22	0.24	0.22	0.24	0.02	0.85	0.87	0.85	0.87	XXX
78130	TC	A	Red cell survival study	0.00	2.88	2.90	NA	NA	0.12	3.00	3.02	NA	NA	XXX
78135	.....	A	Red cell survival kinetics	0.64	5.16	5.21	NA	NA	0.24	6.04	6.09	NA	NA	XXX
78135	26	A	Red cell survival kinetics	0.64	0.23	0.25	0.23	0.25	0.02	0.89	0.91	0.89	0.91	XXX
78135	TC	A	Red cell survival kinetics	0.00	4.93	4.96	NA	NA	0.22	5.15	5.18	NA	NA	XXX
78140	.....	A	Red cell sequestration	0.61	4.19	4.23	NA	NA	0.20	5.00	5.04	NA	NA	XXX
78140	26	A	Red cell sequestration	0.61	0.21	0.23	0.21	0.23	0.02	0.84	0.86	0.84	0.86	XXX
78140	TC	A	Red cell sequestration	0.00	3.98	4.00	NA	NA	0.18	4.16	4.18	NA	NA	XXX
78160	.....	A	Plasma iron turnover	0.33	3.82	3.85	NA	NA	0.17	4.32	4.35	NA	NA	XXX
78160	26	A	Plasma iron turnover	0.33	0.12	0.13	0.12	0.13	0.01	0.46	0.47	0.46	0.47	XXX
78160	TC	A	Plasma iron turnover	0.00	3.70	3.72	NA	NA	0.16	3.86	3.88	NA	NA	XXX
78162	.....	A	Iron absorption exam	0.45	3.42	3.45	NA	NA	0.15	4.02	4.05	NA	NA	XXX
78162	26	A	Iron absorption exam	0.45	0.18	0.19	0.18	0.19	0.01	0.64	0.65	0.64	0.65	XXX
78162	TC	A	Iron absorption exam	0.00	3.24	3.26	NA	NA	0.14	3.38	3.40	NA	NA	XXX
78170	.....	A	Red cell iron utilization	0.41	5.52	5.56	NA	NA	0.26	6.19	6.23	NA	NA	XXX
78170	26	A	Red cell iron utilization	0.41	0.15	0.16	0.15	0.16	0.02	0.58	0.59	0.58	0.59	XXX
78170	TC	A	Red cell iron utilization	0.00	5.37	5.40	NA	NA	0.24	5.61	5.64	NA	NA	XXX
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78172	26	A	Total body iron estimation	0.53	0.19	0.21	0.19	0.21	0.02	0.74	0.76	0.74	0.76	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78185	.....	A	Spleen imaging	0.40	2.53	2.56	NA	NA	0.13	3.06	3.09	NA	NA	XXX
78185	26	A	Spleen imaging	0.40	0.14	0.16	0.14	0.16	0.02	0.56	0.58	0.56	0.58	XXX
78185	TC	A	Spleen imaging	0.00	2.39	2.40	NA	NA	0.11	2.50	2.51	NA	NA	XXX
78190	.....	A	Platelet survival, kinetics	1.09	6.21	6.26	NA	NA	0.30	7.60	7.65	NA	NA	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.43	0.45	0.43	0.45	0.04	1.56	1.58	1.56	1.58	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.78	5.81	NA	NA	0.26	6.04	6.07	NA	NA	XXX
78191	.....	A	Platelet survival	0.61	7.64	7.70	NA	NA	0.34	8.59	8.65	NA	NA	XXX
78191	26	A	Platelet survival	0.61	0.22	0.24	0.22	0.24	0.02	0.85	0.87	0.85	0.87	XXX
78191	TC	A	Platelet survival	0.00	7.42	7.46	NA	NA	0.32	7.74	7.78	NA	NA	XXX
78195	.....	A	Lymph system imaging	1.20	4.55	4.55	NA	NA	0.24	5.99	5.99	NA	NA	XXX
78195	26	A	Lymph system imaging	1.20	0.43	0.41	0.43	0.41	0.05	1.68	1.66	1.68	1.66	XXX
78195	TC	A	Lymph system imaging	0.00	4.12	4.14	NA	NA	0.19	4.31	4.33	NA	NA	XXX
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78201	.....	A	Liver imaging	0.44	2.55	2.57	NA	NA	0.13	3.12	3.14	NA	NA	XXX
78201	26	A	Liver imaging	0.44	0.16	0.17	0.16	0.17	0.02	0.62	0.63	0.62	0.63	XXX
78201	TC	A	Liver imaging	0.00	2.39	2.40	NA	NA	0.11	2.50	2.51	NA	NA	XXX
78202	.....	A	Liver imaging with flow	0.51	3.09	3.13	NA	NA	0.14	3.74	3.78	NA	NA	XXX
78202	26	A	Liver imaging with flow	0.51	0.18	0.20	0.18	0.20	0.02	0.71	0.73	0.71	0.73	XXX
78202	TC	A	Liver imaging with flow	0.00	2.91	2.93	NA	NA	0.12	3.03	3.05	NA	NA	XXX
78205	.....	A	Liver imaging (3D)	0.71	6.22	6.29	NA	NA	0.30	7.23	7.30	NA	NA	XXX
78205	26	A	Liver imaging (3D)	0.71	0.25	0.28	0.25	0.28	0.03	0.99	1.02	0.99	1.02	XXX
78205	TC	A	Liver imaging (3D)	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX
78206	.....	A	Liver image (3d) w/flow	0.96	6.34	6.38	NA	NA	0.13	7.43	7.47	NA	NA	XXX
78206	26	A	Liver image (3d) w/flow	0.96	0.35	0.35	0.35	0.35	0.04	1.35	1.35	1.35	1.35	XXX
78206	TC	A	Liver image (3d) w/flow	0.00	5.99	6.03	NA	NA	0.09	6.08	6.12	NA	NA	XXX
78215	.....	A	Liver and spleen imaging	0.49	3.14	3.18	NA	NA	0.14	3.77	3.81	NA	NA	XXX
78215	26	A	Liver and spleen imaging	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.97	2.99	NA	NA	0.12	3.09	3.11	NA	NA	XXX
78216	.....	A	Liver & spleen image/flow	0.57	3.72	3.76	NA	NA	0.17	4.46	4.50	NA	NA	XXX
78216	26	A	Liver & spleen image/flow	0.57	0.20	0.22	0.20	0.22	0.02	0.79	0.81	0.79	0.81	XXX
78216	TC	A	Liver & spleen image/flow	0.00	3.52	3.54	NA	NA	0.15	3.67	3.69	NA	NA	XXX
78220		A	Liver function study	0.49	3.93	3.97	NA	NA	0.18	4.60	4.64	NA	NA	XXX
78220	26	A	Liver function study	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
78220	TC	A	Liver function study	0.00	3.76	3.78	NA	NA	0.16	3.92	3.94	NA	NA	XXX
78223	.....	A	Hepatobiliary imaging	0.84	4.00	4.05	NA	NA	0.19	5.03	5.08	NA	NA	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.30	0.33	0.30	0.33	0.03	1.17	1.20	1.17	1.20	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.70	3.72	NA	NA	0.16	3.86	3.88	NA	NA	XXX
78230	.....	A	Salivary gland imaging	0.45	2.35	2.38	NA	NA	0.13	2.93	2.96	NA	NA	XXX
78230	26	A	Salivary gland imaging	0.45	0.15	0.17	0.15	0.17	0.02	0.62	0.64	0.62	0.64	XXX
78230	TC	A	Salivary gland imaging	0.00	2.20	2.21	NA	NA	0.11	2.31	2.32	NA	NA	XXX
78231	.....	A	Serial salivary imaging	0.52	3.40	3.44	NA	NA	0.16	4.08	4.12	NA	NA	XXX
78231	26	A	Serial salivary imaging	0.52	0.19	0.21	0.19	0.21	0.02	0.73	0.75	0.73	0.75	XXX
78231	TC	A	Serial salivary imaging	0.00	3.21	3.23	NA	NA	0.14	3.35	3.37	NA	NA	XXX
78232	.....	A	Salivary gland function exam	0.47	3.75	3.79	NA	NA	0.17	4.39	4.43	NA	NA	XXX
78232	26	A	Salivary gland function exam	0.47	0.17	0.19	0.17	0.19	0.02	0.66	0.68	0.66	0.68	XXX
78232	TC	A	Salivary gland function exam	0.00	3.58	3.60	NA	NA	0.15	3.73	3.75	NA	NA	XXX
78258	.....	A	Esophageal motility study	0.74	3.17	3.22	NA	NA	0.15	4.06	4.11	NA	NA	XXX
78258	26	A	Esophageal motility study	0.74	0.26	0.29	0.26	0.29	0.03	1.03	1.06	1.03	1.06	XXX
78258	TC	A	Esophageal motility study	0.00	2.91	2.93	NA	NA	0.12	3.03	3.05	NA	NA	XXX
78261	.....	A	Gastric mucosa imaging	0.69	4.40	4.45	NA	NA	0.22	5.31	5.36	NA	NA	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.26	0.28	0.26	0.28	0.03	0.98	1.00	0.98	1.00	XXX
78261	TC	A	Gastric mucosa imaging	0.00	4.14	4.17	NA	NA	0.19	4.33	4.36	NA	NA	XXX
78262	.....	A	Gastroesophageal reflux exam	0.68	4.55	4.60	NA	NA	0.21	5.44	5.49	NA	NA	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.25	0.27	0.25	0.27	0.02	0.95	0.97	0.95	0.97	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.30	4.33	NA	NA	0.19	4.49	4.52	NA	NA	XXX
78264	.....	A	Gastric emptying study	0.78	4.45	4.51	NA	NA	0.22	5.45	5.51	NA	NA	XXX
78264	26	A	Gastric emptying study	0.78	0.28	0.31	0.28	0.31	0.03	1.09	1.12	1.09	1.12	XXX
78264	TC	A	Gastric emptying study	0.00	4.17	4.20	NA	NA	0.19	4.36	4.39	NA	NA	XXX
78267	.....	X	Breath 1st attain/anal c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78268	.....	X	Breath test analysis, c-14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78270	.....	A	Vit B-12 absorption exam	0.20	1.63	1.65	NA	NA	0.09	1.92	1.94	NA	NA	XXX
78270	26	A	Vit B-12 absorption exam	0.20	0.07	0.08	0.07	0.08	0.01	0.28	0.29	0.28	0.29	XXX
78270	TC	A	Vit B-12 absorption exam	0.00	1.56	1.57	NA	NA	0.08	1.64	1.65	NA	NA	XXX
78271	.....	A	Vit B-12 absorp exam, IF	0.20	1.73	1.75	NA	NA	0.09	2.02	2.04	NA	NA	XXX
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.07	0.08	0.07	0.08	0.01	0.28	0.29	0.28	0.29	XXX
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.66	1.67	NA	NA	0.08	1.74	1.75	NA	NA	XXX
78272	.....	A	Vit B-12 absorp, combined	0.27	2.45	2.47	NA	NA	0.12	2.84	2.86	NA	NA	XXX
78272	26	A	Vit B-12 absorp, combined	0.27	0.10	0.11	0.10	0.11	0.01	0.38	0.39	0.38	0.39	XXX
78272	TC	A	Vit B-12 absorp, combined	0.00	2.35	2.36	NA	NA	0.11	2.46	2.47	NA	NA	XXX
78278	.....	A	Acute GI blood loss imaging	0.99	5.28	5.35	NA	NA	0.26	6.53	6.60	NA	NA	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.35	0.39	0.35	0.39	0.04	1.38	1.42	1.38	1.42	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	4.93	4.96	NA	NA	0.22	5.15	5.18	NA	NA	XXX
78282	.....	C	GI protein loss exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78282	26	A	GI protein loss exam	0.38	0.14	0.15	0.14	0.15	0.01	0.53	0.54	0.53	0.54	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78290	.....	A	Meckel's divert exam	0.68	3.32	3.37	NA	NA	0.16	4.16	4.21	NA	NA	XXX
78290	26	A	Meckel's divert exam	0.68	0.24	0.27	0.24	0.27	0.03	0.95	0.98	0.95	0.98	XXX
78290	TC	A	Meckel's divert exam	0.00	3.08	3.10	NA	NA	0.13	3.21	3.23	NA	NA	XXX
78291	.....	A	Leveen/shunt patency exam	0.88	3.42	3.47	NA	NA	0.16	4.46	4.51	NA	NA	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.32	0.35	0.32	0.35	0.03	1.23	1.26	1.23	1.26	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	3.10	3.12	NA	NA	0.13	3.23	3.25	NA	NA	XXX
78299	.....	C	GI nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78300	.....	A	Bone imaging, limited area	0.62	2.73	2.77	NA	NA	0.14	3.49	3.53	NA	NA	XXX
78300	26	A	Bone imaging, limited area	0.62	0.22	0.24	0.22	0.24	0.02	0.86	0.88	0.86	0.88	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.51	2.53	NA	NA	0.12	2.63	2.65	NA	NA	XXX
78305	.....	A	Bone imaging, multiple areas	0.83	3.99	4.04	NA	NA	0.19	5.01	5.06	NA	NA	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.29	0.32	0.29	0.32	0.03	1.15	1.18	1.15	1.18	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.70	3.72	NA	NA	0.16	3.86	3.88	NA	NA	XXX
78306	.....	A	Bone imaging, whole body	0.86	4.62	4.68	NA	NA	0.22	5.70	5.76	NA	NA	XXX
78306	26	A	Bone imaging, whole body	0.86	0.30	0.33	0.30	0.33	0.03	1.19	1.22	1.19	1.22	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.32	4.35	NA	NA	0.19	4.51	4.54	NA	NA	XXX
78315	.....	A	Bone imaging, 3 phase	1.02	5.19	5.25	NA	NA	0.26	6.47	6.53	NA	NA	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.36	0.39	0.36	0.39	0.04	1.42	1.45	1.42	1.45	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.83	4.86	NA	NA	0.22	5.05	5.08	NA	NA	XXX
78320	.....	A	Bone imaging (3D)	1.04	6.35	6.42	NA	NA	0.31	7.70	7.77	NA	NA	XXX
78320	26	A	Bone imaging (3D)	1.04	0.38	0.41	0.38	0.41	0.04	1.46	1.49	1.46	1.49	XXX
78320	TC	A	Bone imaging (3D)	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX
78350	.....	A	Bone mineral, single photon	0.22	0.84	0.86	NA	NA	0.05	1.11	1.13	NA	NA	XXX
78350	26	A	Bone mineral, single photon	0.22	0.08	0.09	0.08	0.09	0.01	0.31	0.32	0.31	0.32	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.76	0.77	NA	NA	0.04	0.80	0.81	NA	NA	XXX
78351	.....	N	Bone mineral, dual photon	0.30	1.45	1.14	0.12	0.14	0.01	1.76	1.45	0.43	0.45	XXX
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78414	.....	C	Non-imaging heart function	0.00	0.00	0.18	NA	NA	0.00	0.00	0.18	NA	NA	XXX
78414	26	A	Non-imaging heart function	0.45	0.17	0.18	0.17	0.18	0.02	0.64	0.65	0.64	0.65	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78428	.....	A	Cardiac shunt imaging	0.78	2.59	2.62	NA	NA	0.14	3.51	3.54	NA	NA	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.31	0.33	0.31	0.33	0.03	1.12	1.14	1.12	1.14	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.28	2.29	NA	NA	0.11	2.39	2.40	NA	NA	XXX
78445	.....	A	Vascular flow imaging	0.49	2.06	2.09	NA	NA	0.11	2.66	2.69	NA	NA	XXX
78445	26	A	Vascular flow imaging	0.49	0.18	0.20	0.18	0.20	0.02	0.69	0.71	0.69	0.71	XXX
78445	TC	A	Vascular flow imaging	0.00	1.88	1.89	NA	NA	0.09	1.97	1.98	NA	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
78455		A	Venous thrombosis study	0.73	4.29	4.34	NA	NA	0.21	5.23	5.28	NA	NA	XXX
78455	26	A	Venous thrombosis study	0.73	0.26	0.29	0.26	0.29	0.03	1.02	1.05	1.02	1.05	XXX
78455	TC	A	Venous thrombosis study	0.00	4.03	4.05	NA	NA	0.18	4.21	4.23	NA	NA	XXX
78456		A	Acute venous thrombus image	0.01	4.28	4.30	NA	NA	0.30	4.59	4.61	NA	NA	XXX
78456	26	A	Acute venous thrombus image	0.01	0.37	0.37	0.37	0.37	0.05	0.43	0.43	0.43	0.43	XXX
78456	TC	A	Acute venous thrombus image	0.00	3.91	3.93	NA	NA	0.25	4.16	4.18	NA	NA	XXX
78457		A	Venous thrombosis imaging	0.77	2.96	3.01	NA	NA	0.15	3.88	3.93	NA	NA	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.27	0.30	0.27	0.30	0.03	1.07	1.10	1.07	1.10	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.69	2.71	NA	NA	0.12	2.81	2.83	NA	NA	XXX
78458		A	Ven thrombosis images, bilat	0.90	4.41	4.45	NA	NA	0.21	5.52	5.56	NA	NA	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.34	0.36	0.34	0.36	0.03	1.27	1.29	1.27	1.29	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	4.07	4.09	NA	NA	0.18	4.25	4.27	NA	NA	XXX
78459		I	Heart muscle imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78459	26	I	Heart muscle imaging (PET)	1.88	0.75	0.93	0.75	0.93	0.07	2.70	2.88	2.70	2.88	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78460		A	Heart muscle blood, single	0.86	2.70	2.74	NA	NA	0.14	3.70	3.74	NA	NA	XXX
78460	26	A	Heart muscle blood, single	0.86	0.31	0.34	0.31	0.34	0.03	1.20	1.23	1.20	1.23	XXX
78460	TC	A	Heart muscle blood, single	0.00	2.39	2.40	NA	NA	0.11	2.50	2.51	NA	NA	XXX
78461		A	Heart muscle blood, multiple	1.23	5.23	5.29	NA	NA	0.26	6.72	6.78	NA	NA	XXX
78461	26	A	Heart muscle blood, multiple	1.23	0.46	0.49	0.46	0.49	0.04	1.73	1.76	1.73	1.76	XXX
78461	TC	A	Heart muscle blood, multiple	0.00	4.77	4.80	NA	NA	0.22	4.99	5.02	NA	NA	XXX
78464		A	Heart image (3d), single	1.09	7.55	7.62	NA	NA	0.36	9.00	9.07	NA	NA	XXX
78464	26	A	Heart image (3d), single	1.09	0.40	0.43	0.40	0.43	0.04	1.53	1.56	1.53	1.56	XXX
78464	TC	A	Heart image (3d), single	0.00	7.15	7.19	NA	NA	0.32	7.47	7.51	NA	NA	XXX
78465		A	Heart image (3d), multiple	1.46	12.49	12.60	NA	NA	0.58	14.53	14.64	NA	NA	XXX
78465	26	A	Heart image (3d), multiple	1.46	0.56	0.60	0.56	0.60	0.05	2.07	2.11	2.07	2.11	XXX
78465	TC	A	Heart image (3d), multiple	0.00	11.93	12.00	NA	NA	0.53	12.46	12.53	NA	NA	XXX
78466		A	Heart infarct image	0.69	2.91	2.95	NA	NA	0.15	3.75	3.79	NA	NA	XXX
78466	26	A	Heart infarct image	0.69	0.26	0.28	0.26	0.28	0.03	0.98	1.00	0.98	1.00	XXX
78466	TC	A	Heart infarct image	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
78468		A	Heart infarct image (ef)	0.80	3.99	4.04	NA	NA	0.19	4.98	5.03	NA	NA	XXX
78468	26	A	Heart infarct image (ef)	0.80	0.29	0.32	0.29	0.32	0.03	1.12	1.15	1.12	1.15	XXX
78468	TC	A	Heart infarct image (ef)	0.00	3.70	3.72	NA	NA	0.16	3.86	3.88	NA	NA	XXX
78469		A	Heart infarct image (3D)	0.92	5.60	5.66	NA	NA	0.27	6.79	6.85	NA	NA	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.32	0.35	0.32	0.35	0.03	1.27	1.30	1.27	1.30	XXX
78469	TC	A	Heart infarct image (3D)	0.00	5.28	5.31	NA	NA	0.24	5.52	5.55	NA	NA	XXX
78472		A	Gated heart, planar, single	0.98	5.93	5.99	NA	NA	0.30	7.21	7.27	NA	NA	XXX
78472	26	A	Gated heart, planar, single	0.98	0.36	0.39	0.36	0.39	0.04	1.38	1.41	1.38	1.41	XXX
78472	TC	A	Gated heart, planar, single	0.00	5.57	5.60	NA	NA	0.26	5.83	5.86	NA	NA	XXX
78473		A	Gated heart, multiple	1.47	8.89	8.98	NA	NA	0.41	10.77	10.86	NA	NA	XXX
78473	26	A	Gated heart, multiple	1.47	0.54	0.58	0.54	0.58	0.05	2.06	2.10	2.06	2.10	XXX
78473	TC	A	Gated heart, multiple	0.00	8.35	8.40	NA	NA	0.36	8.71	8.76	NA	NA	XXX
78478		A	Heart wall motion add-on	0.62	1.81	1.84	NA	NA	0.10	2.53	2.56	NA	NA	ZZZ
78478	26	A	Heart wall motion add-on	0.62	0.24	0.26	0.24	0.26	0.02	0.88	0.90	0.88	0.90	ZZZ
78478	TC	A	Heart wall motion add-on	0.00	1.57	1.58	NA	NA	0.08	1.65	1.66	NA	NA	ZZZ
78480		A	Heart function add-on	0.62	1.81	1.84	NA	NA	0.10	2.53	2.56	NA	NA	ZZZ
78480	26	A	Heart function add-on	0.62	0.24	0.26	0.24	0.26	0.02	0.88	0.90	0.88	0.90	ZZZ
78480	TC	A	Heart function add-on	0.00	1.57	1.58	NA	NA	0.08	1.65	1.66	NA	NA	ZZZ
78481		A	Heart first pass, single	0.98	5.66	5.72	NA	NA	0.27	6.91	6.97	NA	NA	XXX
78481	26	A	Heart first pass, single	0.98	0.38	0.41	0.38	0.41	0.03	1.39	1.42	1.39	1.42	XXX
78481	TC	A	Heart first pass, single	0.00	5.28	5.31	NA	NA	0.24	5.52	5.55	NA	NA	XXX
78483		A	Heart first pass, multiple	1.47	8.53	8.62	NA	NA	0.40	10.40	10.49	NA	NA	XXX
78483	26	A	Heart first pass, multiple	1.47	0.57	0.61	0.57	0.61	0.05	2.09	2.13	2.09	2.13	XXX
78483	TC	A	Heart first pass, multiple	0.00	7.96	8.01	NA	NA	0.35	8.31	8.36	NA	NA	XXX
78491		I	Heart image (pet), single	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78491	26	I	Heart image (pet), single	1.50	0.59	0.81	0.59	0.81	0.05	2.14	2.36	2.14	2.36	XXX
78491	TC	I	Heart image (pet), single	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78492		I	Heart image (pet), multiple	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78492	26	I	Heart image (pet), multiple	1.87	0.74	0.92	0.74	0.92	0.07	2.68	2.86	2.68	2.86	XXX
78492	TC	I	Heart image (pet), multiple	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78494		A	Heart image, spect	1.19	6.02	6.05	NA	NA	0.30	7.51	7.54	NA	NA	XXX
78494	26	A	Heart image, spect	1.19	0.44	0.44	0.44	0.44	0.04	1.67	1.67	1.67	1.67	XXX
78494	TC	A	Heart image, spect	0.00	5.58	5.61	NA	NA	0.26	5.84	5.87	NA	NA	XXX
78496		A	Heart first pass add-on	0.50	1.77	1.78	NA	NA	0.28	2.55	2.56	NA	NA	ZZZ
78496	26	A	Heart first pass add-on	0.50	0.20	0.20	0.20	0.20	0.02	0.72	0.72	0.72	0.72	ZZZ
78496	TC	A	Heart first pass add-on	0.00	1.57	1.58	NA	NA	0.26	1.83	1.84	NA	NA	ZZZ
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78580		A	Lung perfusion imaging	0.74	3.73	3.78	NA	NA	0.18	4.65	4.70	NA	NA	XXX
78580	26	A	Lung perfusion imaging	0.74	0.26	0.29	0.26	0.29	0.03	1.03	1.06	1.03	1.06	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.47	3.49	NA	NA	0.15	3.62	3.64	NA	NA	XXX
78584		A	Lung V/Q image single breath	0.99	3.59	3.65	NA	NA	0.18	4.76	4.82	NA	NA	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.35	0.39	0.35	0.39	0.04	1.38	1.42	1.38	1.42	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.24	3.26	NA	NA	0.14	3.38	3.40	NA	NA	XXX
78585		A	Lung V/Q imaging	1.09	6.08	6.15	NA	NA	0.30	7.47	7.54	NA	NA	XXX
78585	26	A	Lung V/Q imaging	1.09	0.38	0.42	0.38	0.42	0.04	1.51	1.55	1.51	1.55	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.70	5.73	NA	NA	0.26	5.96	5.99	NA	NA	XXX
78586		A	Aerosol lung image, single	0.40	2.76	2.80	NA	NA	0.14	3.30	3.34	NA	NA	XXX
78586	26	A	Aerosol lung image, single	0.40	0.14	0.16	0.14	0.16	0.02	0.56	0.58	0.56	0.58	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.62	2.64	NA	NA	0.12	2.74	2.76	NA	NA	XXX
78587		A	Aerosol lung image, multiple	0.49	3.00	3.04	NA	NA	0.14	3.63	3.67	NA	NA	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
78587	26	A	Aerosol lung image, multiple	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.83	2.85	NA	NA	0.12	2.95	2.97	NA	NA	XXX
78588	.....	A	Perfusion lung image	1.09	3.87	3.89	NA	NA	0.19	5.15	5.17	NA	NA	XXX
78588	26	A	Perfusion lung image	1.09	0.39	0.39	0.39	0.39	0.04	1.52	1.52	1.52	1.52	XXX
78588	TC	A	Perfusion lung image	0.00	3.48	3.50	NA	NA	0.15	3.63	3.65	NA	NA	XXX
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	3.02	3.06	NA	NA	0.14	3.56	3.60	NA	NA	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.14	0.16	0.14	0.16	0.02	0.56	0.58	0.56	0.58	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.88	2.90	NA	NA	0.12	3.00	3.02	NA	NA	XXX
78593	.....	A	Vent image, 1 proj, gas	0.49	3.66	3.70	NA	NA	0.17	4.32	4.36	NA	NA	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.49	3.51	NA	NA	0.15	3.64	3.66	NA	NA	XXX
78594	.....	A	Vent image, mult proj, gas	0.53	5.22	5.27	NA	NA	0.24	5.99	6.04	NA	NA	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.19	0.21	0.19	0.21	0.02	0.74	0.76	0.74	0.76	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	5.03	5.06	NA	NA	0.22	5.25	5.28	NA	NA	XXX
78596	.....	A	Lung differential function	1.27	7.60	7.68	NA	NA	0.37	9.24	9.32	NA	NA	XXX
78596	26	A	Lung differential function	1.27	0.45	0.49	0.45	0.49	0.05	1.77	1.81	1.77	1.81	XXX
78596	TC	A	Lung differential function	0.00	7.15	7.19	NA	NA	0.32	7.47	7.51	NA	NA	XXX
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78600	.....	A	Brain imaging, ltd static	0.44	3.07	3.11	NA	NA	0.14	3.65	3.69	NA	NA	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.16	0.18	0.16	0.18	0.02	0.62	0.64	0.62	0.64	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.91	2.93	NA	NA	0.12	3.03	3.05	NA	NA	XXX
78601	.....	A	Brain imaging, ltd w/ flow	0.51	3.62	3.66	NA	NA	0.17	4.30	4.34	NA	NA	XXX
78601	26	A	Brain imaging, ltd w/ flow	0.51	0.18	0.20	0.18	0.20	0.02	0.71	0.73	0.71	0.73	XXX
78601	TC	A	Brain imaging, ltd w/ flow	0.00	3.44	3.46	NA	NA	0.15	3.59	3.61	NA	NA	XXX
78605	.....	A	Brain imaging, complete	0.53	3.63	3.67	NA	NA	0.17	4.33	4.37	NA	NA	XXX
78605	26	A	Brain imaging, complete	0.53	0.19	0.21	0.19	0.21	0.02	0.74	0.76	0.74	0.76	XXX
78605	TC	A	Brain imaging, complete	0.00	3.44	3.46	NA	NA	0.15	3.59	3.61	NA	NA	XXX
78606	.....	A	Brain imaging, compl w/flow	0.64	4.14	4.18	NA	NA	0.19	4.97	5.01	NA	NA	XXX
78606	26	A	Brain imaging, compl w/flow	0.64	0.23	0.25	0.23	0.25	0.02	0.89	0.91	0.89	0.91	XXX
78606	TC	A	Brain imaging, compl w/flow	0.00	3.91	3.93	NA	NA	0.17	4.08	4.10	NA	NA	XXX
78607	.....	A	Brain imaging (3D)	1.23	7.08	7.16	NA	NA	0.35	8.66	8.74	NA	NA	XXX
78607	26	A	Brain imaging (3D)	1.23	0.45	0.49	0.45	0.49	0.05	1.73	1.77	1.73	1.77	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.63	6.67	NA	NA	0.30	6.93	6.97	NA	NA	XXX
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610	.....	A	Brain flow imaging only	0.30	1.70	1.72	NA	NA	0.09	2.09	2.11	NA	NA	XXX
78610	26	A	Brain flow imaging only	0.30	0.11	0.12	0.11	0.12	0.01	0.42	0.43	0.42	0.43	XXX
78610	TC	A	Brain flow imaging only	0.00	1.59	1.60	NA	NA	0.08	1.67	1.68	NA	NA	XXX
78615	.....	A	Cerebral blood flow imaging	0.42	4.05	4.08	NA	NA	0.19	4.66	4.69	NA	NA	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.16	0.17	0.16	0.17	0.02	0.60	0.61	0.60	0.61	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	3.89	3.91	NA	NA	0.17	4.06	4.08	NA	NA	XXX
78630	.....	A	Cerebrospinal fluid scan	0.68	5.33	5.39	NA	NA	0.26	6.27	6.33	NA	NA	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.24	0.27	0.24	0.27	0.03	0.95	0.98	0.95	0.98	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	5.09	5.12	NA	NA	0.23	5.32	5.35	NA	NA	XXX
78635	.....	A	CSF ventriculography	0.61	2.83	2.86	NA	NA	0.14	3.58	3.61	NA	NA	XXX
78635	26	A	CSF ventriculography	0.61	0.26	0.27	0.26	0.27	0.02	0.89	0.90	0.89	0.90	XXX
78635	TC	A	CSF ventriculography	0.00	2.57	2.59	NA	NA	0.12	2.69	2.71	NA	NA	XXX
78645	.....	A	CSF shunt evaluation	0.57	3.68	3.72	NA	NA	0.17	4.42	4.46	NA	NA	XXX
78645	26	A	CSF shunt evaluation	0.57	0.21	0.23	0.21	0.23	0.02	0.80	0.82	0.80	0.82	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.47	3.49	NA	NA	0.15	3.62	3.64	NA	NA	XXX
78647	.....	A	Cerebrospinal fluid scan	0.90	6.30	6.37	NA	NA	0.30	7.50	7.57	NA	NA	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.33	0.36	0.33	0.36	0.03	1.26	1.29	1.26	1.29	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX
78650	.....	A	CSF leakage imaging	0.61	4.91	4.96	NA	NA	0.23	5.75	5.80	NA	NA	XXX
78650	26	A	CSF leakage imaging	0.61	0.22	0.24	0.22	0.24	0.02	0.85	0.87	0.85	0.87	XXX
78650	TC	A	CSF leakage imaging	0.00	4.69	4.72	NA	NA	0.21	4.90	4.93	NA	NA	XXX
78660	.....	A	Nuclear exam of tear flow	0.53	2.33	2.36	NA	NA	0.12	2.98	3.01	NA	NA	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.19	0.21	0.19	0.21	0.02	0.74	0.76	0.74	0.76	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.14	2.15	NA	NA	0.10	2.24	2.25	NA	NA	XXX
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78700	.....	A	Kidney imaging, static	0.45	3.24	3.28	NA	NA	0.15	3.84	3.88	NA	NA	XXX
78700	26	A	Kidney imaging, static	0.45	0.16	0.18	0.16	0.18	0.02	0.63	0.65	0.63	0.65	XXX
78700	TC	A	Kidney imaging, static	0.00	3.08	3.10	NA	NA	0.13	3.21	3.23	NA	NA	XXX
78701	.....	A	Kidney imaging with flow	0.49	3.77	3.81	NA	NA	0.17	4.43	4.47	NA	NA	XXX
78701	26	A	Kidney imaging with flow	0.49	0.17	0.19	0.17	0.19	0.02	0.68	0.70	0.68	0.70	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.60	3.62	NA	NA	0.15	3.75	3.77	NA	NA	XXX
78704	.....	A	Imaging renogram	0.74	4.26	4.31	NA	NA	0.21	5.21	5.26	NA	NA	XXX
78704	26	A	Imaging renogram	0.74	0.26	0.29	0.26	0.29	0.03	1.03	1.06	1.03	1.06	XXX
78704	TC	A	Imaging renogram	0.00	4.00	4.02	NA	NA	0.18	4.18	4.20	NA	NA	XXX
78707	.....	A	Kidney flow/function image	0.96	4.86	4.92	NA	NA	0.24	6.06	6.12	NA	NA	XXX
78707	26	A	Kidney flow/function image	0.96	0.34	0.37	0.34	0.37	0.04	1.34	1.37	1.34	1.37	XXX
78707	TC	A	Kidney flow/function image	0.00	4.52	4.55	NA	NA	0.20	4.72	4.75	NA	NA	XXX
78708	.....	A	Kidney flow/function image	1.21	4.95	4.99	NA	NA	0.25	6.41	6.45	NA	NA	XXX
78708	26	A	Kidney flow/function image	1.21	0.43	0.44	0.43	0.44	0.05	1.69	1.70	1.69	1.70	XXX
78708	TC	A	Kidney flow/function image	0.00	4.52	4.55	NA	NA	0.20	4.72	4.75	NA	NA	XXX
78709	.....	A	Kidney flow/function image	1.41	5.02	5.04	NA	NA	0.25	6.68	6.70	NA	NA	XXX
78709	26	A	Kidney flow/function image	1.41	0.50	0.49	0.50	0.49	0.05	1.96	1.95	1.96	1.95	XXX
78709	TC	A	Kidney flow/function image	0.00	4.52	4.55	NA	NA	0.20	4.72	4.75	NA	NA	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
78710		A	Kidney imaging (3D)	0.66	6.20	6.27	NA	NA	0.30	7.16	7.23	NA	NA	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.23	0.26	0.23	0.26	0.03	0.92	0.95	0.92	0.95	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.97	6.01	NA	NA	0.27	6.24	6.28	NA	NA	XXX
78715		A	Renal vascular flow exam	0.30	1.70	1.72	NA	NA	0.09	2.09	2.11	NA	NA	XXX
78715	26	A	Renal vascular flow exam	0.30	0.11	0.12	0.11	0.12	0.01	0.42	0.43	0.42	0.43	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.59	1.60	NA	NA	0.08	1.67	1.68	NA	NA	XXX
78725		A	Kidney function study	0.38	1.94	1.96	NA	NA	0.10	2.42	2.44	NA	NA	XXX
78725	26	A	Kidney function study	0.38	0.14	0.15	0.14	0.15	0.01	0.53	0.54	0.53	0.54	XXX
78725	TC	A	Kidney function study	0.00	1.80	1.81	NA	NA	0.09	1.89	1.90	NA	NA	XXX
78730		A	Urinary bladder retention	0.36	1.61	1.63	NA	NA	0.09	2.06	2.08	NA	NA	XXX
78730	26	A	Urinary bladder retention	0.36	0.13	0.14	0.13	0.14	0.02	0.51	0.52	0.51	0.52	XXX
78730	TC	A	Urinary bladder retention	0.00	1.48	1.49	NA	NA	0.07	1.55	1.56	NA	NA	XXX
78740		A	Ureteral reflux study	0.57	2.34	2.37	NA	NA	0.12	3.03	3.06	NA	NA	XXX
78740	26	A	Ureteral reflux study	0.57	0.20	0.22	0.20	0.22	0.02	0.79	0.81	0.79	0.81	XXX
78740	TC	A	Ureteral reflux study	0.00	2.14	2.15	NA	NA	0.10	2.24	2.25	NA	NA	XXX
78760		A	Testicular imaging	0.66	2.94	2.99	NA	NA	0.15	3.75	3.80	NA	NA	XXX
78760	26	A	Testicular imaging	0.66	0.23	0.26	0.23	0.26	0.03	0.92	0.95	0.92	0.95	XXX
78760	TC	A	Testicular imaging	0.00	2.71	2.73	NA	NA	0.12	2.83	2.85	NA	NA	XXX
78761		A	Testicular imaging/flow	0.71	3.49	3.54	NA	NA	0.17	4.37	4.42	NA	NA	XXX
78761	26	A	Testicular imaging/flow	0.71	0.25	0.28	0.25	0.28	0.03	0.99	1.02	0.99	1.02	XXX
78761	TC	A	Testicular imaging/flow	0.00	3.24	3.26	NA	NA	0.14	3.38	3.40	NA	NA	XXX
78799		C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78800		A	Tumor imaging, limited area	0.66	3.67	3.72	NA	NA	0.18	4.51	4.56	NA	NA	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.23	0.26	0.23	0.26	0.03	0.92	0.95	0.92	0.95	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.44	3.46	NA	NA	0.15	3.59	3.61	NA	NA	XXX
78801		A	Tumor imaging, mult areas	0.79	4.55	4.61	NA	NA	0.22	5.56	5.62	NA	NA	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.28	0.31	0.28	0.31	0.03	1.10	1.13	1.10	1.13	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.27	4.30	NA	NA	0.19	4.46	4.49	NA	NA	XXX
78802		A	Tumor imaging, whole body	0.86	5.90	5.96	NA	NA	0.29	7.05	7.11	NA	NA	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.31	0.34	0.31	0.34	0.03	1.20	1.23	1.20	1.23	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.59	5.62	NA	NA	0.26	5.85	5.88	NA	NA	XXX
78803		A	Tumor imaging (3D)	1.09	7.03	7.10	NA	NA	0.34	8.46	8.53	NA	NA	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.40	0.43	0.40	0.43	0.04	1.53	1.56	1.53	1.56	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.63	6.67	NA	NA	0.30	6.93	6.97	NA	NA	XXX
78805		A	Abscess imaging, ltd area	0.73	3.70	3.75	NA	NA	0.18	4.61	4.66	NA	NA	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.26	0.29	0.26	0.29	0.03	1.02	1.05	1.02	1.05	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.44	3.46	NA	NA	0.15	3.59	3.61	NA	NA	XXX
78806		A	Abscess imaging, whole body	0.86	6.81	6.88	NA	NA	0.33	8.00	8.07	NA	NA	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.31	0.34	0.31	0.34	0.03	1.20	1.23	1.20	1.23	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.50	6.54	NA	NA	0.30	6.80	6.84	NA	NA	XXX
78807		A	Nuclear localization/abscess	1.09	7.04	7.11	NA	NA	0.34	8.47	8.54	NA	NA	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.41	0.44	0.41	0.44	0.04	1.54	1.57	1.54	1.57	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.63	6.67	NA	NA	0.30	6.93	6.97	NA	NA	XXX
78810		N	Tumor imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78810	26	N	Tumor imaging (PET)	1.93	0.77	0.95	0.77	0.95	0.07	2.77	2.95	2.77	2.95	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78890		B	Nuclear medicine data proc	0.05	1.34	1.35	NA	NA	0.06	1.45	1.46	NA	NA	XXX
78890	26	B	Nuclear medicine data proc	0.05	0.02	0.02	0.02	0.02	0.01	0.08	0.08	0.08	0.08	XXX
78890	TC	B	Nuclear medicine data proc	0.00	1.32	1.33	NA	NA	0.05	1.37	1.38	NA	NA	XXX
78891		B	Nuclear med data proc	0.10	2.69	2.71	NA	NA	0.12	2.91	2.93	NA	NA	XXX
78891	26	B	Nuclear med data proc	0.10	0.04	0.04	0.04	0.04	0.01	0.15	0.15	0.15	0.15	XXX
78891	TC	B	Nuclear med data proc	0.00	2.65	2.67	NA	NA	0.11	2.76	2.78	NA	NA	XXX
78990		I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999		C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79000		A	Init hyperthyroid therapy	1.80	3.29	3.37	NA	NA	0.19	5.28	5.36	NA	NA	XXX
79000	26	A	Init hyperthyroid therapy	1.80	0.64	0.70	0.64	0.70	0.07	2.51	2.57	2.51	2.57	XXX
79000	TC	A	Init hyperthyroid therapy	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79001		A	Repeat hyperthyroid therapy	1.05	1.69	1.73	NA	NA	0.10	2.84	2.88	NA	NA	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.37	0.40	0.37	0.40	0.04	1.46	1.49	1.46	1.49	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.32	1.33	NA	NA	0.06	1.38	1.39	NA	NA	XXX
79020		A	Thyroid ablation	1.81	3.28	3.36	NA	NA	0.19	5.28	5.36	NA	NA	XXX
79020	26	A	Thyroid ablation	1.81	0.63	0.69	0.63	0.69	0.07	2.51	2.57	2.51	2.57	XXX
79020	TC	A	Thyroid ablation	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79030		A	Thyroid ablation, carcinoma	2.10	3.39	3.48	NA	NA	0.20	5.69	5.78	NA	NA	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.74	0.81	0.74	0.81	0.08	2.92	2.99	2.92	2.99	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79035		A	Thyroid metastatic therapy	2.52	3.57	3.67	NA	NA	0.21	6.30	6.40	NA	NA	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.92	1.00	0.92	1.00	0.09	3.53	3.61	3.53	3.61	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79100		A	Hematopoietic nuclear therapy	1.32	3.13	3.19	NA	NA	0.17	4.62	4.68	NA	NA	XXX
79100	26	A	Hematopoietic nuclear therapy	1.32	0.48	0.52	0.48	0.52	0.05	1.85	1.89	1.85	1.89	XXX
79100	TC	A	Hematopoietic nuclear therapy	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79200		A	Intracavitary nuclear trmt	1.99	3.37	3.45	NA	NA	0.19	5.55	5.63	NA	NA	XXX
79200	26	A	Intracavitary nuclear trmt	1.99	0.72	0.78	0.72	0.78	0.07	2.78	2.84	2.78	2.84	XXX
79200	TC	A	Intracavitary nuclear trmt	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.58	0.63	0.58	0.63	0.06	2.24	2.29	2.24	2.29	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
79400		A	Nonhemato nuclear therapy	1.96	3.36	3.44	NA	NA	0.19	5.51	5.59	NA	NA	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.71	0.77	0.71	0.77	0.07	2.74	2.80	2.74	2.80	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79420		C	Intravascular nuclear ther	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79420	26	A	Intravascular nuclear ther	1.51	0.53	0.58	0.53	0.58	0.06	2.10	2.15	2.10	2.15	XXX
79420	TC	C	Intravascular nuclear ther	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79440		A	Nuclear joint therapy	1.99	3.42	3.49	NA	NA	0.20	5.61	5.68	NA	NA	XXX
79440	26	A	Nuclear joint therapy	1.99	0.77	0.82	0.77	0.82	0.08	2.84	2.89	2.84	2.89	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.65	2.67	NA	NA	0.12	2.77	2.79	NA	NA	XXX
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
80048		X	Basic metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049		D	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050		N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051		X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80053		X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054		D	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055		I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058		D	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059		D	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061		X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80069		X	Renal function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80074		X	Acute hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80076		X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091		D	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092		D	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101		X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156		X	Assay of carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162		X	Assay of digoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170		X	Assay of gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172		X	Assay of gold	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176		X	Assay of lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178		X	Assay of lithium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182		X	Assay of nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184		X	Assay of phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185		X	Assay of phenytoin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186		X	Assay of phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188		X	Assay of primidone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190		X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80192		X	Assay of procainamide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194		X	Assay of quinidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196		X	Assay of salicylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197		X	Assay of tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198		X	Assay of theophylline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200		X	Assay of tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201		X	Assay of topiramate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202		X	Assay of vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299		X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406		X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408		X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410		X	Calcitonin stimulat panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412		X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414		X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415		X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417		X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418		X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420		X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424		X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426		X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430		X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432		X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
99195		A	Phlebotomy	0.00	0.45	0.45	0.45	0.45	0.02	0.47	0.47	0.47	0.47	XXX
99199		C	Special service/proc/report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201		A	Office/outpatient visit, new	0.45	0.75	0.68	0.16	0.24	0.02	1.22	1.15	0.63	0.71	XXX
99202		A	Office/outpatient visit, new	0.88	0.99	0.88	0.32	0.38	0.04	1.91	1.80	1.24	1.30	XXX
99203		A	Office/outpatient visit, new	1.34	1.30	1.14	0.49	0.53	0.07	2.71	2.55	1.90	1.94	XXX
99204		A	Office/outpatient visit, new	0.02	1.74	1.55	0.73	0.79	0.09	1.85	1.66	0.84	0.90	XXX
99205		A	Office/outpatient visit, new	2.67	1.92	1.70	0.94	0.97	0.11	4.70	4.48	3.72	3.75	XXX
99211		A	Office/outpatient visit, est	0.17	0.54	0.46	0.06	0.10	0.01	0.72	0.64	0.24	0.28	XXX
99212		A	Office/outpatient visit, est	0.45	0.60	0.54	0.16	0.21	0.02	1.07	1.01	0.63	0.68	XXX
99213		A	Office/outpatient visit, est	0.67	0.73	0.67	0.24	0.30	0.02	1.42	1.36	0.93	0.99	XXX
99214		A	Office/outpatient visit, est	1.10	0.97	0.88	0.40	0.46	0.04	2.11	2.02	1.54	1.60	XXX
99215		A	Office/outpatient visit, est	1.77	1.24	1.16	0.63	0.71	0.07	3.08	3.00	2.47	2.55	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.44	0.47	0.05	NA	NA	1.77	1.80	XXX
99218		A	Observation care	1.28	NA	NA	0.44	0.52	0.05	NA	NA	1.77	1.85	XXX
99219		A	Observation care	2.14	NA	NA	0.73	0.83	0.08	NA	NA	2.95	3.05	XXX
99220		A	Observation care	2.99	NA	NA	1.03	1.08	0.11	NA	NA	4.13	4.18	XXX
99221		A	Initial hospital care	1.28	NA	NA	0.46	0.53	0.05	NA	NA	1.79	1.86	XXX
99222		A	Initial hospital care	2.14	NA	NA	0.75	0.85	0.08	NA	NA	2.97	3.07	XXX
99223		A	Initial hospital care	2.99	NA	NA	1.04	1.09	0.11	NA	NA	4.14	4.19	XXX
99231		A	Subsequent hospital care	0.64	NA	NA	0.23	0.28	0.02	NA	NA	0.89	0.94	XXX
99232		A	Subsequent hospital care	1.06	NA	NA	0.37	0.40	0.04	NA	NA	1.47	1.50	XXX
99233		A	Subsequent hospital care	1.51	NA	NA	0.53	0.56	0.05	NA	NA	2.09	2.12	XXX
99234		A	Observ/hosp same date	1.95	NA	NA	0.89	0.85	0.10	NA	NA	2.94	2.90	XXX
99235		A	Observ/hosp same date	2.81	NA	NA	1.17	1.16	0.12	NA	NA	4.10	4.09	XXX
99236		A	Observ/hosp same date	3.66	NA	NA	1.47	1.41	0.14	NA	NA	5.27	5.21	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.44	0.47	0.04	NA	NA	1.76	1.79	XXX
99239		A	Hospital discharge day	1.75	NA	NA	0.61	0.60	0.06	NA	NA	2.42	2.41	XXX
99241		A	Office consultation	0.64	0.90	0.85	0.23	0.35	0.04	1.58	1.53	0.91	1.03	XXX
99242		A	Office consultation	1.29	1.28	1.17	0.48	0.57	0.08	2.65	2.54	1.85	1.94	XXX
99243		A	Office consultation	1.72	1.51	1.40	0.65	0.75	0.09	3.32	3.21	2.46	2.56	XXX
99244		A	Office consultation	2.58	1.95	1.80	0.94	1.04	0.11	4.64	4.49	3.63	3.73	XXX
99245		A	Office consultation	3.43	2.35	2.22	1.26	1.40	0.14	5.92	5.79	4.83	4.97	XXX
99251		A	Initial inpatient consult	0.66	NA	NA	0.29	0.40	0.04	NA	NA	0.99	1.10	XXX
99252		A	Initial inpatient consult	1.32	NA	NA	0.56	0.63	0.08	NA	NA	1.96	2.03	XXX
99253		A	Initial inpatient consult	1.82	NA	NA	0.75	0.82	0.09	NA	NA	2.66	2.73	XXX
99254		A	Initial inpatient consult	2.64	NA	NA	1.05	1.11	0.11	NA	NA	3.80	3.86	XXX
99255		A	Initial inpatient consult	3.65	NA	NA	1.42	1.49	0.15	NA	NA	5.22	5.29	XXX
99261		A	Follow-up inpatient consult	0.42	NA	NA	0.20	0.24	0.02	NA	NA	0.64	0.68	XXX
99262		A	Follow-up inpatient consult	0.85	NA	NA	0.36	0.40	0.03	NA	NA	1.24	1.28	XXX
99263		A	Follow-up inpatient consult	1.27	NA	NA	0.51	0.57	0.05	NA	NA	1.83	1.89	XXX
99271		A	Confirmatory consultation	0.45	0.60	0.61	0.20	0.31	0.02	1.07	1.08	0.67	0.78	XXX
99272		A	Confirmatory consultation	0.84	0.83	0.82	0.36	0.46	0.05	1.72	1.71	1.25	1.35	XXX
99273		A	Confirmatory consultation	1.19	1.02	1.04	0.50	0.65	0.07	2.28	2.30	1.76	1.91	XXX
99274		A	Confirmatory consultation	1.73	1.33	1.33	0.71	0.86	0.09	3.15	3.15	2.53	2.68	XXX
99275		A	Confirmatory consultation	2.31	1.58	1.66	0.88	1.13	0.10	3.99	4.07	3.29	3.54	XXX
99281		A	Emergency dept visit	0.33	NA	NA	0.09	0.14	0.02	NA	NA	0.44	0.49	XXX
99282		A	Emergency dept visit	0.55	NA	NA	0.15	0.22	0.03	NA	NA	0.73	0.80	XXX
99283		A	Emergency dept visit	1.24	NA	NA	0.32	0.37	0.08	NA	NA	1.64	1.69	XXX
99284		A	Emergency dept visit	1.95	NA	NA	0.49	0.56	0.12	NA	NA	2.56	2.63	XXX
99285		A	Emergency dept visit	3.06	NA	NA	0.74	0.86	0.19	NA	NA	3.99	4.11	XXX
99288		B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291		A	Critical care, first hour	0.04	1.39	1.43	1.17	1.27	0.14	1.57	1.61	1.35	1.45	XXX
99292		A	Critical care, addl 30 min	0.02	0.76	0.74	0.58	0.61	0.08	0.86	0.84	0.68	0.71	ZZZ
99295		A	Neonatal critical care	0.16	NA	NA	4.93	5.08	0.62	NA	NA	5.71	5.86	XXX
99296		A	Neonatal critical care	0.08	NA	NA	2.64	2.65	0.24	NA	NA	2.96	2.97	XXX
99297		A	Neonatal critical care	0.04	NA	NA	1.36	1.35	0.11	NA	NA	1.51	1.50	XXX
99298		A	Neonatal critical care	2.75	NA	NA	0.94	0.94	0.09	NA	NA	3.78	3.78	XXX
99301		A	Nursing facility care	1.20	NA	NA	0.41	0.43	0.04	NA	NA	1.65	1.67	XXX
99302		A	Nursing facility care	1.61	NA	NA	0.55	0.55	0.06	NA	NA	2.22	2.22	XXX
99303		A	Nursing facility care	2.01	NA	NA	0.67	0.76	0.07	NA	NA	2.75	2.84	XXX
99311		A	Nursing fac care, subseq	0.60	NA	NA	0.20	0.24	0.02	NA	NA	0.82	0.86	XXX
99312		A	Nursing fac care, subseq	0.01	NA	NA	0.33	0.36	0.03	NA	NA	0.37	0.40	XXX
99313		A	Nursing fac care, subseq	1.42	NA	NA	0.48	0.49	0.05	NA	NA	1.95	1.96	XXX
99315		A	Nursing fac discharge day	1.13	NA	NA	0.38	0.42	0.04	NA	NA	1.55	1.59	XXX
99316		A	Nursing fac discharge day	1.50	NA	NA	0.52	0.53	0.05	NA	NA	2.07	2.08	XXX
99321		A	Rest home visit, new patient	0.71	0.41	0.41	0.32	0.34	0.03	1.15	1.15	1.06	1.08	XXX
99322		A	Rest home visit, new patient	1.01	0.64	0.62	0.44	0.47	0.04	1.69	1.67	1.49	1.52	XXX
99323		A	Rest home visit, new patient	1.28	0.84	0.83	0.53	0.60	0.05	2.17	2.16	1.86	1.93	XXX
99331		A	Rest home visit, est pat	0.60	0.43	0.40	0.30	0.30	0.02	1.05	1.02	0.92	0.92	XXX
99332		A	Rest home visit, est pat	0.80	0.53	0.50	0.37	0.38	0.03	1.36	1.33	1.20	1.21	XXX
99333		A	Rest home visit, est pat	0.01	0.65	0.61	0.44	0.45	0.03	0.69	0.65	0.48	0.49	XXX
99341		A	Home visit, new patient	1.01	0.52	0.54	0.48	0.51	0.04	1.57	1.59	1.53	1.56	XXX
99342		A	Home visit, new patient	1.52	0.79	0.76	0.59	0.61	0.06	2.37	2.34	2.17	2.19	XXX
99343		A	Home visit, new patient	2.27	1.20	1.11	0.89	0.88	0.08	3.55	3.46	3.24	3.23	XXX
99344		A	Home visit, new patient	3.03	1.47	1.33	1.09	1.05	0.10	4.60	4.46	4.22	4.18	XXX
99345		A	Home visit, new patient	3.79	1.74	1.54	1.32	1.22	0.12	5.65	5.45	5.23	5.13	XXX
99347		A	Home visit, est patient	0.76	0.45	0.46	0.35	0.39	0.03	1.24	1.25	1.14	1.18	XXX
99348		A	Home visit, est patient	1.26	0.67	0.65	0.52	0.54	0.04	1.97	1.95	1.82	1.84	XXX
99349		A	Home visit, est patient	2.02	0.99	0.91	0.79	0.76	0.07	3.08	3.00	2.88	2.85	XXX
99350		A	Home visit, est patient	3.03	1.35	1.22	1.11	1.04	0.10	4.48	4.35	4.24	4.17	XXX
99354		A	Prolonged service, office	1.77	1.28	1.17	0.61	0.66	0.06	3.11	3.00	2.44	2.49	ZZZ
99355		A	Prolonged service, office	1.77	1.14	1.06	0.58	0.64	0.06	2.97	2.89	2.41	2.47	ZZZ

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
99356		A	Prolonged service, inpatient	1.71	NA	NA	0.59	0.67	0.06	NA	NA	2.36	2.44	ZZZ
99357		A	Prolonged service, inpatient	1.71	NA	NA	0.61	0.69	0.07	NA	NA	2.39	2.47	ZZZ
99358		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99359		B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99360		X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362		B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373		B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374		B	Home health care supervision	1.10	1.28	1.10	0.44	0.47	0.04	2.42	2.24	1.58	1.61	XXX
99375		N	Home health care supervision	1.73	1.30	0.93	0.60	0.58	0.06	3.09	2.72	2.39	2.37	XXX
99377		B	Hospice care supervision	1.10	1.29	1.11	0.44	0.47	0.04	2.43	2.25	1.58	1.61	XXX
99378		N	Hospice care supervision	1.73	1.50	1.03	0.58	0.57	0.06	3.29	2.82	2.37	2.36	XXX
99379		B	Nursing fac care supervision	1.10	1.27	1.09	0.44	0.47	0.04	2.41	2.23	1.58	1.61	XXX
99380		B	Nursing fac care supervision	1.73	1.54	1.29	0.69	0.66	0.06	3.33	3.08	2.48	2.45	XXX
99381		N	Prev visit, new, infant	1.19	1.33	1.33	0.47	0.69	0.18	2.70	2.70	1.84	2.06	XXX
99382		N	Prev visit, new, age 1-4	1.36	1.37	1.41	0.54	0.79	0.04	2.77	2.81	1.94	2.19	XXX
99383		N	Prev visit, new, age 5-11	1.36	1.31	1.37	0.54	0.79	0.04	2.71	2.77	1.94	2.19	XXX
99384		N	Prev visit, new, age 12-17	1.53	1.38	1.47	0.61	0.89	0.05	2.96	3.05	2.19	2.47	XXX
99385		N	Prev visit, new, age 18-39	1.53	1.38	1.42	0.61	0.84	0.05	2.96	3.00	2.19	2.42	XXX
99386		N	Prev visit, new, age 40-64	1.88	1.56	1.64	0.75	1.03	0.06	3.50	3.58	2.69	2.97	XXX
99387		N	Prev visit, new, 65 & over	2.06	1.69	1.78	0.82	1.13	0.06	3.81	3.90	2.94	3.25	XXX
99391		N	Prev visit, est, infant	1.02	0.91	0.97	0.40	0.59	0.15	2.08	2.14	1.57	1.76	XXX
99392		N	Prev visit, est, age 1-4	1.19	0.98	1.07	0.47	0.69	0.04	2.21	2.30	1.70	1.92	XXX
99393		N	Prev visit, est, age 5-11	1.19	0.96	1.05	0.47	0.69	0.04	2.19	2.28	1.70	1.92	XXX
99394		N	Prev visit, est, age 12-17	1.36	1.04	1.16	0.54	0.79	0.04	2.44	2.56	1.94	2.19	XXX
99395		N	Prev visit, est, age 18-39	1.36	1.06	1.14	0.54	0.75	0.04	2.46	2.54	1.94	2.15	XXX
99396		N	Prev visit, est, age 40-64	1.53	1.15	1.24	0.61	0.84	0.05	2.73	2.82	2.19	2.42	XXX
99397		N	Prev visit, est, 65 & over	1.71	1.25	1.36	0.68	0.93	0.05	3.01	3.12	2.44	2.69	XXX
99401		N	Preventive counseling, indiv	0.48	0.54	0.53	0.19	0.27	0.01	1.03	1.02	0.68	0.76	XXX
99402		N	Preventive counseling, indiv	0.98	0.78	0.83	0.39	0.54	0.03	1.79	1.84	1.40	1.55	XXX
99403		N	Preventive counseling, indiv	1.46	1.01	1.12	0.58	0.80	0.04	2.51	2.62	2.08	2.30	XXX
99404		N	Preventive counseling, indiv	1.95	1.24	1.41	0.77	1.06	0.05	3.24	3.41	2.77	3.06	XXX
99411		N	Preventive counseling, group	0.15	0.16	0.16	0.06	0.08	0.01	0.32	0.32	0.22	0.24	XXX
99412		N	Preventive counseling, group	0.25	0.22	0.23	0.10	0.14	0.01	0.48	0.49	0.36	0.40	XXX
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431		A	Initial care, normal newborn	1.17	NA	NA	0.39	0.62	0.04	NA	NA	1.60	1.83	XXX
99432		A	Newborn care, not in hosp	1.26	0.73	0.90	0.40	0.66	0.04	2.03	2.20	1.70	1.96	XXX
99433		A	Normal newborn care/hospital	0.62	NA	NA	0.22	0.34	0.02	NA	NA	0.86	0.98	XXX
99435		A	Newborn discharge day hosp	1.50	NA	NA	0.50	0.80	0.05	NA	NA	2.05	2.35	XXX
99436		A	Attendance, birth	1.50	0.48	0.78	0.48	0.78	0.05	2.03	2.33	2.03	2.33	XXX
99440		A	Newborn resuscitation	2.93	NA	NA	0.97	1.55	0.09	NA	NA	3.99	4.57	XXX
99450		N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456		R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499		C	Unlisted e&m service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021		I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030		X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040		X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050		X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080		I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090		I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100		I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110		I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120		I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130		I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140		I	Nonemergency transport air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0160		I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170		I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180		I	Noner transport lodging recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190		I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200		I	Noner transport lodging escrt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210		I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225		X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300		X	Ambulance basic non-emerg all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302		X	Ambulance basic emergency all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304		X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306		X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308		X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310		X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320		X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322		X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324		X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326		X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328		X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330		X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340		X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342		X	Ambul basic emerg + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344		X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346		X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
A0348		X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350		X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0360		X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362		X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364		X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366		X	Adv non-er serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368		X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370		X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380		X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382		X	Basic support routine suppl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384		X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390		X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392		X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394		X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396		X	Als esophageal intub suppl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398		X	Als routine disposable suppl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420		X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422		X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424		X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888		N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206		I	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207		I	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208		I	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209		I	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210		N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211		P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212		P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213		I	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214		P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215		I	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220		P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221		X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222		X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230		X	Infus insulin pump non needl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231		X	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232		X	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244		I	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245		I	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246		I	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247		I	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250		N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253		P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254		X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255		X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256		P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258		P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259		P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4261		N	Cervical cap contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262		B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4263		A	Permanent tear duct plug	0.00	0.00	0.26	0.00	0.26	0.00	0.00	0.26	0.00	0.26	XXX
A4265		P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270		B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4280		X	Brst prsths adhsv attachmnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300		A	Cath impl vasc access portal	0.00	0.00	0.26	0.00	0.26	0.00	0.00	0.26	0.00	0.26	XXX
A4301		P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305		P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306		P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310		P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311		P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312		P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313		P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314		P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315		P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316		P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320		P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321		X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322		P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323		P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327		P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328		P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329		P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330		P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335		P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338		P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340		P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344		P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346		P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351		P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
A4352		P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353		X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354		P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355		P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356		P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357		P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359		P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361		P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362		P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363		D	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364		P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365		X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368		X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4369		X	Skin barrier liquid per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4370		X	Skin barrier paste per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4371		X	Skin barrier powder per oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4372		X	Skin barrier solid 4x4 equiv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4373		X	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4374		X	Skin barrier extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4375		X	Drainable plastic pch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4376		X	Drainable rubber pch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4377		X	Drainable plastic pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4378		X	Drainable rubber pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4379		X	Urinary plastic pouch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4380		X	Urinary rubber pouch w fcpl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4381		X	Urinary plastic pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4382		X	Urinary hvy plastic pch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4383		X	Urinary rubber pouch w/o fp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4384		X	Ostomy faceplate/silicone ring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4385		X	Ost skin barrier sld ext wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4386		X	Ost skin barrier w flng ex wr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4387		X	Ost clsd pouch w att st barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4388		X	Drainable pch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4389		X	Drainable pch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4390		X	Drainable pch ex wear convex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4391		X	Urinary pouch w ex wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4392		X	Urinary pouch w st wear barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4393		X	Urine pch w ex wear bar conv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4394		X	Ostomy pouch liq deodorant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4395		X	Ostomy pouch solid deodorant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397		P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398		P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399		P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402		P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404		P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421		P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454		P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455		P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460		P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462		X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465		P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481		X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4483		X	Moisture exchanger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490		N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495		N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500		N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510		N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		A	Surgical trays	0.00	0.00	0.26	0.00	0.26	0.00	0.00	0.26	0.00	0.26	XXX
A4554		N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556		P	Electrodes, pair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557		P	Lead wires, pair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560		X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565		X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570		X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572		X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575		N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4614		X	Hand-held PEFR meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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³ PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or laryngectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4918		X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919		X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920		X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921		X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927		X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051		P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052		P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053		P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054		P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061		P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062		P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063		P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064		I	Drain ostomy pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065		I	Drain ostomy pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071		P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072		P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
A5073		P	Urinary pouch on barr w/ling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074		I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075		I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081		P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082		P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093		P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102		P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105		P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112		P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113		P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114		P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119		P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121		P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122		P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123		P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126		P	Disk/foam pad +or- adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5200		X	Percutaneous catheter anchor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500		X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501		X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502		X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503		X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504		X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5505		X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506		X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507		X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5508		X	Diabetic deluxe shoe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020		P	Collagen wound dressing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025		I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154		P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196		P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197		P	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198		P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199		P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6200		X	Compos drsg <=16 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6201		X	Compos drsg >16<=48 no bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6202		X	Compos drsg >48 no border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203		P	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204		P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205		P	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206		P	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207		P	Contact layer >16<= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208		P	Contact layer > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209		P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210		P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211		P	Foam drg > 48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212		P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213		P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214		P	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215		P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216		P	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217		P	Non-sterile gauzes<16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218		P	Non-sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219		P	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220		P	Gauze >16 <=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221		P	Gauze > 48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222		P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223		P	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224		P	Gauze > 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228		P	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229		P	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6230		P	Gauze > 48 sq in water/saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234		P	Hydrocollid drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235		P	Hydrocollid drg >16<=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236		P	Hydrocollid drg > 48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237		P	Hydrocollid drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238		P	Hydrocollid drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239		P	Hydrocollid drg > 48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240		P	Hydrocollid drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241		P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242		P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243		P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244		P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245		P	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246		P	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247		P	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248		P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250		P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251		P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252		P	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253		P	Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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³ PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
A6254		P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255		P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256		P	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257		P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258		P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259		P	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260		P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261		P	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262		P	Wound filler dry form / gram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263		P	Non-sterile elastic gauze/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264		P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265		P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266		P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402		P	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403		P	Sterile gauzes 16 <= 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404		P	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405		P	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406		P	Sterile non-elastic gauze/yard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7000		X	Disposable canister for pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7001		X	Nondisposable pump canister	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7002		X	Tubing used w suction pump	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7003		X	Nebulizer administration set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7004		X	Disposable nebulizer smi vol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7005		X	Nondisposable nebulizer set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7006		X	Filtered nebulizer admin set	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7007		X	Lg vol nebulizer disposable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7008		X	Disposable nebulizer prefill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7009		X	Nebulizer reservoir bottle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7010		X	Disposable corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7011		X	Nondispos corrugated tubing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7012		X	Nebulizer water collec devic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7013		X	Disposable compressor filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7014		X	Compressor nondispos filter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7015		X	Aerosol mask used w nebulize	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7016		X	Nebulizer dome & mouthpiece	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A7017		X	Nebulizer not used w oxygen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150		E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160		N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170		N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190		N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270		N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300		N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500		E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502		X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503		E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9504		X	Technetium tc 99m apcitide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505		E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9507		X	Indium/111 capromab pendetid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600		X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9605		X	Samarium sm153 lexidronamm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9900		X	Supply/accessory/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9901		X	Delivery/set up/dispensing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120		N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140		N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150		R	Comprehensive oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160		N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0170		N	Re-eval,est pt.problem focus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210		I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220		I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230		I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240		R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250		R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260		R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270		R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272		R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274		R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0277		R	Vert bitewings-sev to eight	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0290		I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310		I	Dental saligraphy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320		I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321		I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322		I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330		I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340		I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0350		I	Oral/facial images	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415		N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425		N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460		R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470		N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471		D	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0472		R	Gross exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0473		R	Micro exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
D0474		R	Micro w exam of surg margins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0480		R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502		R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999		R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110		N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120		N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201		N	Topical fluor w proph child	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203		N	Topical fluor w/o proph chi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204		N	Topical fluor w/o proph adu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205		N	Topical fluoride w/ proph a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310		N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320		N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330		N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351		N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510		R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515		R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520		R	Remove unilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525		R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550		R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110		N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120		N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130		N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131		N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140		N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150		N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160		N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161		N	Amalgam 4 or < surfaces perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210		D	Silcate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330		N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331		N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332		N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335		N	Resin 4/5 surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336		N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2337		N	Compo resin crown ant-perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380		N	Resin one surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381		N	Resin two surf poster primar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385		N	Resin one surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386		N	Resin two surf poster perman	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387		N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2388		N	Resin four/more, post perm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410		N	Dental gold foil one surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420		N	Dental gold foil two surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430		N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510		N	Dental inlay metallic 1 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520		N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530		N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2542		N	Dental onlay metallic 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543		N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544		N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610		N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620		N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630		N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642		N	Dental onlay porcelain 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643		N	Dental onlay porcelain 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644		N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650		N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651		N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652		N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662		N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663		N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664		N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710		N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720		N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721		N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722		N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740		N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750		N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751		N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752		N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2780		N	Crown 3/4 cast hi noble met	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2781		N	Crown 3/4 cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2782		N	Crown 3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2783		N	Crown 3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790		N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791		N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792		N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2799		N	Provisional crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810		D	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910		N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920		N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
D2930		N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931		N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2953		N	Each addtln cast post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955		N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2957		N	Each addtln prefab post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970		R	Temporary-fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980		N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3221		N	Gross pulpal debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240		N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310		N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3331		N	Non-surg tx root canal obs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3332		N	Incomplete endodontic tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3333		N	Internal root repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450		N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460		R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910		N	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960		D	Bleaching of discolored toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per toot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4245		N	Apically positioned flap	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250		D	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone repice graft first site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone repice graft each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4268		R	Surgical revision procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5411		N	Dentures adjust part mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421		N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422		N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510		N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520		N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610		N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620		N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630		N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640		N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650		N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660		N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710		N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711		N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720		N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721		N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730		N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731		N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740		N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741		N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750		N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751		N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760		N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761		N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810		N	Denture intern cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811		N	Denture intern cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820		N	Denture intern part maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821		N	Denture intern part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850		N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851		N	Denture tiss conditn mandbl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860		N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861		N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5867		N	Replacement of precision att	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5875		N	Prosthesis modification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899		N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911		R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912		R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913		I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914		I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915		I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916		I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919		I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922		I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923		I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924		I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925		I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926		I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927		I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928		I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929		I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931		I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932		I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933		I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934		I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935		I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936		I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937		I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951		R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952		I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953		I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954		I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955		I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958		I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959		I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960		I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982		I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983		R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984		R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985		R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986		N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987		R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988		I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999		I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010		I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020		I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040		I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6050		I	Odontics tranosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055		I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6056		N	Prefabricated abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6057		N	Custom abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
D6058		N	Abutment supported crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6059		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6060		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6061		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6062		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6063		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6064		N	Abutment supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6065		N	Implant supported crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6066		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6067		N	Implant supported mtl crown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6068		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6069		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6070		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6071		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6072		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6073		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6074		N	Abutment supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6075		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6076		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6077		N	Implant supported retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6078		N	Implnt/abut suprted fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6079		N	Implnt/abut suprted fixd dent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080		I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090		I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095		I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100		I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199		I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210		N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211		N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212		N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240		N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241		N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242		N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6245		N	Bridge porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250		N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251		N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252		N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6519		N	Inlay/onlay porcel/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520		N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530		N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543		N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544		N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545		N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6548		N	Porcelain/ceramic retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720		N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721		N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722		N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6740		N	Crown porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750		N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751		N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752		N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780		N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6781		N	Crown 3/4 cast based metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6782		N	Crown 3/4 cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6783		N	Crown 3/4 porcelain/ceramic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790		N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791		N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792		N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920		R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930		N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940		N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950		N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970		N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971		N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972		N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973		N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975		N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6976		N	Each addtl cast post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6977		N	Each addtl prefab post	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980		N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999		N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110		R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120		R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210		R	Rem imp tooth w mucoper flip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220		R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230		R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240		R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241		R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250		R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260		R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270		N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plemented non-facility PE RVUs	Year 2001 transi- tional non-facility PE RVUs	Fully im- plemented facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plemented non-facility total	Year 2001 transi- tional non-facility total	Fully im- plemented facil- ity total	Year 2001 transi- tional facility total	Global
G0125		A	Lung image (PET)	1.50	56.15	56.15	NA	NA	2.06	59.71	59.71	NA	NA	XXX
G0125	26	A	Lung image (PET)	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0125	TC	A	Lung image (PET)	0.00	55.63	55.63	NA	NA	2.01	57.64	57.64	NA	NA	XXX
G0126		A	Lung image (PET) staging	1.87	56.33	56.33	NA	NA	2.07	60.27	60.27	NA	NA	XXX
G0126	26	A	Lung image (PET) staging	1.87	0.70	0.70	0.70	0.70	0.06	2.63	2.63	2.63	2.63	XXX
G0126	TC	A	Lung image (PET) staging	0.00	55.63	55.63	NA	NA	2.01	57.64	57.64	NA	NA	XXX
G0127		R	Trim nail(s)	0.11	0.48	0.43	0.04	0.10	0.01	0.60	0.55	0.16	0.22	000
G0128		R	CORF skilled nursing service	0.08	0.03	0.03	0.03	0.03	0.01	0.12	0.12	0.12	0.12	XXX
G0130		A	Single energy x-ray study	0.22	0.90	0.90	NA	NA	0.05	1.17	1.17	NA	NA	XXX
G0130	26	A	Single energy x-ray study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0130	TC	A	Single energy x-ray study	0.00	0.79	0.79	NA	NA	0.04	0.83	0.83	NA	NA	XXX
G0131		A	CT scan, bone density study	0.25	3.18	3.18	NA	NA	0.14	3.57	3.57	NA	NA	XXX
G0131	26	A	CT scan, bone density study	0.25	0.13	0.13	0.13	0.13	0.01	0.39	0.39	0.39	0.39	XXX
G0131	TC	A	CT scan, bone density study	0.00	3.05	3.05	NA	NA	0.13	3.18	3.18	NA	NA	XXX
G0132		A	CT scan, bone density study	0.22	0.90	0.90	NA	NA	0.05	1.17	1.17	NA	NA	XXX
G0132	26	A	CT scan, bone density study	0.22	0.11	0.11	0.11	0.11	0.01	0.34	0.34	0.34	0.34	XXX
G0132	TC	A	CT scan, bone density study	0.00	0.79	0.79	NA	NA	0.04	0.83	0.83	NA	NA	XXX
G0141		A	Scr c/v cyto,autosys and md	0.42	0.19	0.23	0.19	0.23	0.01	0.62	0.66	0.62	0.66	XXX
G0143		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0144		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0145		X	Scr c/v cyto,thinlayer,rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0147		X	Scr c/v cyto, automated sys	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0148		X	Scr c/v cyto, autosys, rescr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0159		C	Perc dectol dialysis graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0160		C	Cryo, ablation, prostate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
G0161		C	Echo guide for cryo probes	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
G0161	26	C	Echo guide for cryo probes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0161	TC	C	Echo guide for cryo probes	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
G0163		A	Pet for rec of colorectal ca	1.50	56.22	56.22	NA	NA	2.06	59.78	59.78	NA	NA	XXX
G0163	26	A	Pet for rec of colorectal ca	1.50	0.59	0.59	0.59	0.59	0.05	2.14	2.14	2.14	2.14	XXX
G0163	TC	A	Pet for rec of colorectal ca	0.00	55.63	55.63	NA	NA	2.01	57.64	57.64	NA	NA	XXX
G0164		A	Pet for lymphoma staging	1.87	56.37	56.37	NA	NA	2.06	60.30	60.30	NA	NA	XXX
G0164	26	A	Pet for lymphoma staging	1.87	0.74	0.74	0.74	0.74	0.05	2.66	2.66	2.66	2.66	XXX
G0164	TC	A	Pet for lymphoma staging	0.00	55.63	55.63	NA	NA	2.01	57.64	57.64	NA	NA	XXX
G0165		A	Pet,rec of melanoma/met ca	1.50	56.22	56.22	NA	NA	2.06	59.78	59.78	NA	NA	XXX
G0165	26	A	Pet,rec of melanoma/met ca	1.50	0.59	0.59	0.59	0.59	0.05	2.14	2.14	2.14	2.14	XXX
G0165	TC	A	Pet,rec of melanoma/met ca	0.00	55.63	55.63	NA	NA	2.01	57.64	57.64	NA	NA	XXX
G0166		A	Extrnl counterpulse, per tx	0.07	4.11	4.11	0.03	0.03	0.01	4.19	4.19	0.11	0.11	XXX
G0167		C	Hyperbaric oz tx;no md reqrd	0.00	NA	NA	0.71	0.72	0.00	NA	NA	0.71	0.72	XXX
G0168		A	Wound closure by adhesive	0.45	1.86	1.86	0.26	0.26	0.02	2.33	2.33	0.73	0.73	010
G0169		A	Removal tissue; no anesthesia	0.50	0.56	0.56	0.56	0.56	0.04	1.10	1.10	1.10	1.10	XXX
G0170		A	Skin biograft	1.50	2.29	2.29	0.99	0.99	0.39	4.18	4.18	2.88	2.88	010
G0171		A	Skin biograft add-on	0.38	0.30	0.30	0.15	0.15	0.39	1.07	1.07	0.92	0.92	ZZZ
Gxxx1		A	Home health care supervision	1.73	1.31	1.12	0.61	0.60	0.06	3.10	2.91	2.40	2.39	XXX
Gxxx2		A	Hospice care supervision	1.73	1.55	1.30	0.58	0.57	0.06	3.34	3.09	2.37	2.36	XXX
Gxxx3		A	Initial cert, home health	0.67	1.10	1.10	0.27	0.27	0.06	1.83	1.83	1.00	1.00	XXX
Gxxx4		A	Recertification, home health	0.45	1.00	1.00	0.18	0.18	0.06	1.51	1.51	0.69	0.69	XXX
Gxxx5		A	Treatment of choroid lesion	13.13	9.93	9.93	9.10	9.10	0.52	23.58	23.58	22.75	22.75	090
Gxxx6		A	Ocular phototherapy, iv incl	0.55	34.59	34.59	0.27	0.27	0.52	35.66	35.66	1.34	1.34	XXX
Gxxx7		A	Ocular phototherapy, iv incl	0.28	0.24	0.24	0.14	0.14	0.52	1.04	1.04	0.94	0.94	ZZZ
J0120		E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0130		E	Abciximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150		E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0151		E	Adenosine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170		E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190		E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0200		E	Alatrofloxacin mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205		E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207		E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210		E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256		E	Alpha 1 proteinase inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270		E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0275		E	Alprostadil urethral suppos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280		E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0285		E	Amphotericin B	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0286		E	Amphotericin B lipid complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290		E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295		E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300		E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330		E	Succinylcholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340		E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350		E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360		E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380		E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390		E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0395		E	Arbutamine HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400		E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0456		E	Azithromycin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460		E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470		E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475		E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0476		E	Baclofen intrathecal trial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J0500		E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510		E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515		E	Inj benzotropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520		E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580		E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585		E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590		E	Ethylmeprobamate hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600		E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610		E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620		E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630		E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635		E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640		E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670		E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690		E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694		E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695		E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696		E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697		E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698		E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702		E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0704		E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710		E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713		E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715		E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720		E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725		E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730		E	Chlorpheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735		E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740		E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743		E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745		E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760		E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770		E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780		E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800		E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810		E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835		E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850		E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895		E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945		E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970		E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000		E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020		E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030		E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040		E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050		E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055		N	Medroxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060		E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070		E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080		E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090		E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095		E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100		E	Dexamethasone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110		E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120		E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160		E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165		E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170		E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180		E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190		E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200		E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205		E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212		E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230		E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240		E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245		E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250		E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1260		E	Dolasetron mesylate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320		E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325		E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1327		E	Eptifibatide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330		E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362		E	Erythromycin glucup / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364		E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380		E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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³ PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J1390		E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410		E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435		E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436		E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1438		E	Etanercept injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440		E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441		E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1450		E	Fluconazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455		E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460		E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470		E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480		E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490		E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500		E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510		E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520		E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530		E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540		E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550		E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560		E	Gamma globulin ≤ 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561		E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562		E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1565		E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570		E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580		E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600		E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610		E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620		E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626		E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630		E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631		E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642		E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644		E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645		E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650		E	Inj enoxaparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670		E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690		E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700		E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710		E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720		E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730		E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739		E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741		E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742		E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1745		E	Infliximab injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1750		E	Iron dextran	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760		D	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1770		D	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780		D	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785		E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790		E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800		E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810		E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820		E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825		E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830		E	Interferon beta-1b / 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840		E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850		E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885		E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890		E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910		E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930		E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940		E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950		E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955		E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1956		E	Levofloxacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960		E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970		E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980		E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990		E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000		E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010		E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060		E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150		E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175		E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180		E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210		E	Methylegonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240		E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250		E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260		E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2271		E	Morphine so4 injection 100mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J2275		E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300		E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310		E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320		E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321		E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322		E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330		E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350		E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2352		E	Octreotide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2355		E	Oprelvekin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360		E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370		E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400		E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405		E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410		E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430		E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440		E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460		E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480		E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2500		E	Paricalcitol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2510		E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512		E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515		E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540		E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2543		E	Piperacillin/tazobactam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545		E	Pentamidine isethionate/300mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550		E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560		E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590		E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597		E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640		E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650		E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670		E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675		E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680		E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690		E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700		E	Oxacillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710		E	Neostigmine methylsulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720		E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725		E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730		E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760		E	Phentolamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765		E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2780		E	Ranitidine hydrochloride inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790		E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2792		E	Rho(D) immune globulin h, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800		E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810		E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820		E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860		E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910		E	Aurothioglucose injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912		E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930		E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950		E	Promazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970		E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2994		E	Reteplase double bolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995		E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996		E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000		E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010		E	Fentanyl citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030		E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070		E	Pentazocine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080		E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105		E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130		E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140		E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150		E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230		E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240		E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3245		E	Tirofiban hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250		E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260		E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265		E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270		E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280		E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301		E	Triamcinolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302		E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303		E	Triamcinolone hexacetonol inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305		E	Inj trimetrexate glucuronate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310		E	Perphenazine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J3320		E	Spectinomycin di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350		E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360		E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364		E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365		E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370		R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390		E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400		E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410		E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420		E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430		E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450		E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470		E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475		E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480		E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490		E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3520		N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530		E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535		N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570		N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042		E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050		E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051		E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060		E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070		E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100		E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110		E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120		E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190		X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191		X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192		X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194		X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196		D	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197		X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7198		E	Anti-inhibitor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7199		E	Hemophilia clot factor noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300		N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310		E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7315		E	Sodium hyaluronate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7320		E	Hylan G-F 20 injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500		X	Azathioprine oral 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501		X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7502		E	Cyclosporine oral 100 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503		D	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504		X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505		X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506		X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507		E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508		E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509		X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510		X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7513		E	Daclizumab, parenteral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7515		E	Cyclosporine oral 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7516		E	Cyclosporin parenteral 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7517		E	Mycophenolate mofetil oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599		X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7608		E	Acetylcysteine inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610		E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615		E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7618		E	Albuterol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7619		E	Albuterol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620		E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625		E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627		E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7628		E	Bitolterol mes inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7629		E	Bitolterol mes inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630		E	Cromolyn sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7631		E	Cromolyn sodium inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7635		E	Atropine inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7636		E	Atropine inhal sol unit dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7637		E	Dexamethasone inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7638		E	Dexamethasone inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7639		E	Dornase alpha inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640		E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7642		E	Glycopyrrrolate inhal sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7643		E	Glycopyrrrolate inhal sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7644		E	Ipratropium brom inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645		E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7648		E	Isoetharine hcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J7649		E	Isoetharine hcl inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650		E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651		E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652		E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653		E	Isoetharine hcl .2% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654		E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655		E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7658		E	Isoproterenolhcl inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7659		E	Isoproterenol hcl inh sol ud	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660		E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665		E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7668		E	Metaproterenol inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7669		E	Metaproterenol inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670		E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672		E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675		E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7680		E	Terbutaline so4 inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7681		E	Terbutaline so4 inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7682		E	Tobramycin inhalation sol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7683		E	Triamcinolone inh sol con	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7684		E	Triamcinolone inh sol u d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699		E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799		E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499		N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8510		E	Oral busulfan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8520		E	Capecitabine, oral, 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8521		E	Capecitabine, oral, 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530		E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560		E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600		E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610		E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999		E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000		E	Doxorubic hcl 10 MG vial chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9001		E	Doxorubicin hcl liposome inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015		E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020		E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031		E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040		E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045		E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050		E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060		E	Cisplatin 10 MG injecton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062		E	Cisplatin 50 MG injecton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065		E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070		E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080		E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090		E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9091		E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092		E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097		E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100		E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110		E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120		E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130		E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140		E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150		E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9151		E	Daunorubicin citrate liposom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165		E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170		E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181		E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182		E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185		E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190		E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200		E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201		E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202		E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206		E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208		E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209		E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211		E	Idarubicin hcl injecton	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9212		E	Interferon alfacon-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213		E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214		E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215		E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216		E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217		E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218		E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230		E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245		E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
J9250		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260		E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265		E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266		E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268		E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270		E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280		E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290		E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291		E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293		E	Mitoxantrone hydrochl / 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9310		E	Rituximab cancer treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320		E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340		E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350		E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9355		E	Trastuzumab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9357		E	Valrubicin, 200 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360		E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370		E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375		E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380		E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390		E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600		E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999		E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064		A	Visit for drug monitoring	0.37	0.24	0.23	0.12	0.14	0.01	0.62	0.61	0.50	0.52	XXX
M0075		N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076		N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100		N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0300		N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301		N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	TC	A	Assessment of cardiac output	0.00	0.81	0.81	NA	NA	0.02	0.83	0.83	NA	NA	XXX
P2028		X	Cephalin flocculation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029		X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031		N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033		X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038		X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000		X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001		A	Screening pap smear by phys	0.42	0.19	0.23	0.19	0.23	0.01	0.62	0.66	0.62	0.66	XXX
P7001		I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010		E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011		E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012		E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013		E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016		E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017		E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018		E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019		E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020		E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021		E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022		E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9023		X	Frozen plasma, pooled, sd	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603		X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604		X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9612		X	Catheterize for urine spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615		X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034		X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035		A	Cardiokymography	0.17	0.46	0.48	NA	NA	0.03	0.66	0.68	NA	NA	XXX
Q0035	26	A	Cardiokymography	0.17	0.07	0.09	0.07	0.09	0.01	0.25	0.27	0.25	0.27	XXX
Q0035	TC	A	Cardiokymography	0.00	0.39	0.39	NA	NA	0.02	0.41	0.41	NA	NA	XXX
Q0068		D	Extracorporeal plasmapheresis	1.67	4.42	3.66	0.98	1.08	0.11	6.20	5.44	2.76	2.86	000
Q0091		A	Obtaining screen pap smear	0.37	0.54	0.48	0.14	0.18	0.01	0.92	0.86	0.52	0.56	XXX
Q0092		A	Set up port xray equipment	0.00	0.32	0.32	NA	NA	0.01	0.33	0.33	NA	NA	XXX
Q0111		X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112		X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113		X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114		X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115		X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132		D	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136		X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144		N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156		X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157		X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0160		X	Factor IX non-recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0161		X	Factor IX recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0163		X	Diphenhydramine HCl 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0164		X	Prochlorperazine maleate 5mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0165		X	Prochlorperazine maleate10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0166		X	Granisetron HCl 1 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0167		X	Dronabinol 2.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0168		X	Dronabinol 5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0169		X	Promethazine HCl 12.5mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0170		X	Promethazine HCl 25 mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0171		X	Chlorpromazine HCl 10mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
Q0172		X	Chlorpromazine HCl 25mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0173		X	Trimethobenzamide HCl 250mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0174		X	Thiethylperazine maleate 10mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0175		X	Perphenazine 4mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0176		X	Perphenazine 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0177		X	Hydroxyzine pamoate 25mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0178		X	Hydroxyzine pamoate 50mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0179		X	Ondansetron HCl 8mg oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0180		X	Dolasetron mesylate oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0181		X	Unspecified oral anti-emetic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0183		X	Nonmetabolic active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0184		X	Metabolically active tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0185		X	Metabolic active D/E tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0186		X	Paramedic intercept, rural	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0187		E	Factor viia recombinant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1001		X	Ntiol category 1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1002		X	Ntiol category 2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1003		X	Ntiol category 3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1004		X	Ntiol category 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q1005		X	Ntiol category 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920		E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921		E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922		E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923		E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924		E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925		E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926		E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927		E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928		E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929		E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930		E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931		E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932		E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933		E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934		E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935		E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936		E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937		E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938		E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939		E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940		E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070		C	Transport portable x-ray	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
R0075		C	Transport port x-ray multipl	0.00	0.00	0.00	NA	NA	0.00	0.00	0.00	NA	NA	XXX
R0076		B	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0009		I	Injection, butorphanol tartr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0010		I	Injection, somatrem, 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0011		I	Injection, somatropin, 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0012		I	Butorphanol tartrate, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0014		I	Tacrine hydrochloride, 10 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0016		I	Injection, amikacin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0017		I	Injection, aminocaproic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0020		I	Injection, bupivacaine hydro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0021		I	Injection, ceftoperazone sod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0023		I	Injection, cimetidine hydroc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0024		I	Injection, ciprofloxacin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0028		I	Injection, famotidine, 20 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0029		I	Injection, fluconazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0030		I	Injection, metronidazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0032		I	Injection, nafcillin sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0034		I	Injection, ofloxacin, 400 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0039		I	Injection, sulfamethoxazole	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0040		I	Injection, ticarcillin disod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0071		I	Injection, acyclovir sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0072		I	Injection, amikacin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0073		I	Injection, aztreonam, 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0074		I	Injection, cefotetan disodiu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0077		I	Injection, clindamycin phosp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0078		I	Injection, fosphenytoin sodi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0080		I	Injection, pentamidine iseth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0081		I	Injection, piperacillin sodi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0090		I	Sildenafil citrate, 25 mg	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0096		I	Injection, itraconazole, 200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0097		I	Injection, ibutilide fumarat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0098		I	Injection, sodium ferric glu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0601		I	Screening proctoscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0605		I	Digital rectal examination,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0610		I	Annual gynecological examina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0612		I	Annual gynecological examina	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0620		I	Routine ophthalmological exa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0621		I	Routine ophthalmological exa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0800		I	Laser in situ keratomileusis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S0810		I	Photorefractive keratectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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³ PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
S2050		I	Donor enterectomy, with prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2052		I	Transplantation of small int	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2053		I	Transplantation of small int	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2054		I	Transplantation of multivisc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2055		I	Harvesting of donor multivisc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2109		I	Autologous chondrocyte trans	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2190		I	Subcutaneous implantation of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2204		I	Transmyocardial laser revasc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2205		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2206		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2207		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2208		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2209		I	Minimally invasive direct co	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2210		I	Cryosurgical ablation (in si	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2300		I	Arthroscopy, shoulder, surgi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2350		I	Diskectomy, anterior, with d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S2351		I	Diskectomy, anterior, with d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3645		I	HIV-1 antibody testing of or	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3650		I	Saliva test, hormone level;	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S3652		I	Saliva test, hormone level;	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8035		I	Magnetic source imaging	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8040		I	Topographic brain mapping	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8048		I	Isolated limb perfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8049		I	Intraoperative radiation the	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8060		I	Supply of contrast material	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8092		I	Electron beam computed tomog	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8095		I	Wig (for medically-induced h	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8096		I	Portable peak flow meter	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8110		I	Peak expiratory flow rate (p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8200		I	Chest compression vest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8205		I	Chest compression system gen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8260		I	Oral orthotic for treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8300		I	Sacral nerve stimulation tes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S8950		I	Complex lymphedema therapy,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9001		I	Home uterine monitor with or	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9022		I	Digital subtraction angiogra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9023		I	Xenon regional cerebral bloo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9024		I	Paranasal sinus ultrasound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9033		I	Gait analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9055		I	Procure or other growth fac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9056		I	Coma stimulation per diem	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9075		I	Smoking cessation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9085		I	Meniscal allograft transplan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9090		I	Vertebral axial decompressio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9122		I	Home health aide or certifie	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9123		I	Nursing care, in the home; b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9124		I	Nursing care, in the home; b	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9125		I	Respite care, in the home, p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9126		I	Hospice care, in the home, p	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9127		I	Social work visit, in the ho	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9128		I	Speech therapy, in the home,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9129		I	Occupational therapy, in the	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9140		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9141		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9455		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9460		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9465		I	Diabetic Management Program,	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9470		I	Nutritional counseling, diet	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9472		I	Cardiac rehabilitation progr	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9473		I	Pulmonary rehabilitation pro	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9474		I	Enterostomal therapy by a re	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9475		I	Ambulatory setting substance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9480		I	Intensive outpatient psychia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9485		I	Crisis intervention mental h	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9524		I	Nursing services related to	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9527		I	Insertion of a peripherally	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9528		I	Insertion of midline central	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9543		I	Administration of medication	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9990		I	Services provided as part of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9991		I	Services provided as part of	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9992		I	Transportation costs to and	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9994		I	Lodging costs (e.g. hotel ch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9996		I	Meals for clinical trial par	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
S9999		I	Sales tax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020		X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025		N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100		X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101		X	Single visn sphere 4.12-7.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102		X	Singl visn sphere 7.12-20.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103		X	Sphero cylindr 4.00d/12-2.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104		X	Sphero cylindr 4.00d/2.12-4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105		X	Sphero cylinder 4.00d/4.25-6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT 1/ HCPCS 2	Mod	Status	Description	Physician work RVUs	Fully im- plement- ed non- facility PE RVUs	Year 2001 transi- tional non- facility PE RVUs	Fully im- plement- ed facil- ity PE RVUs	Year 2001 transi- tional facility PE RVUs	Mal- practice RVUs	Fully im- plement- ed non- facility total	Year 2001 transi- tional non- facility total	Fully im- plement- ed facil- ity total	Year 2001 transi- tional facility total	Global
V2106		X	SpheroCylinder 4.00d/≤6.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107		X	SpheroCylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2108		X	SpheroCylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109		X	SpheroCylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110		X	SpheroCylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111		X	SpheroCylinder 7.25d/2.25–2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112		X	SpheroCylinder 7.25d/2.25–4d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113		X	SpheroCylinder 7.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114		X	SpheroCylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116		X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117		X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118		X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199		X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200		X	Lens sphere bifocal plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201		X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202		X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203		X	Lens sphcyl bifocal 4.00d/1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2204		X	Lens sphcyl bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcyl bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcyl bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcyl bifocal 4.25–7d/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcyl bifocal 4.25–7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcyl bifocal 4.25–7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcyl bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcyl bifo 7.25–12/25–	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12–7.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcyl trifocal 4.0/12–	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcyl trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcyl trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/≤6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcyl trifocal 4.25–7/	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25–7/2.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25–7/4.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25–7/≤6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifocal 7.25–12/25–	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifocal 7.25–12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifocal 7.25–12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width ≤ 28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Contact lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Contact lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Contact lens gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Contact lens toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Contact lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521		X	Contact lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Contact lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Contact lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artificial eye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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3 PE RVUs = Practice Expense Relative Value Units.

[illegible]

ADDENDUM C.—CLINICAL STAFF TIMES FOR SELECTED CODES

Procedure code	Type of staff	Additional time included (minutes)	Procedure code	Type of staff	Additional time included (minutes)
11000	RN/LPN/MA/Tech	3	29085	RN	15
11011	RN/MA	3	29085	RN/LPN	3
11012	RN/MA	3	29105	RN	15
11040	RN/LPN/MA/Tech	3	29105	RN/LPN	3
11041	RN/LPN/MA/Tech	3	29125	RN	15
11042	RN/LPN/MA/Tech	3	29125	RN/LPN	3
11055	RN/LPN/MA/Tech	3	29126	RN	15
11056	RN/LPN/MA/Tech	3	29130	RN	15
11057	RN/LPN/MA/Tech	3	29130	RN/LPN	3
11305	RN/MA	3	29131	RN	15
11740	RN/LPN/MA/Tech	2	29200	RN	15
11921	RN/MA	2	29200	RN/LPN	3
11950	RN/MA	2	29220	RN	15
15775	RN/MA	2	29220	RN/LPN	3
15851	RN/MA	3	29240	RN	15
15852	RN/MA	3	29240	RN/LPN	3
16000	RN/LPN/MA/Tech	3	29260	RN	15
16010	RN/LPN/MA/Tech	3	29260	RN/LPN	3
16015	RN/LPN/MA/Tech	3	29280	RN	15
16020	RN/LPN/MA/Tech	3	29280	RN/LPN	3
16025	RN/LPN/MA/Tech	3	29305	RN	15
16030	RN/MA	10	29325	RN	15
17250	RN/LPN/MA/Tech	3	29345	RN	15
20200	RN/MA	3	29345	RN/LPN	3
20205	RN/MA	3	29355	RN	15
20220	RN	25	29355	RN/LPN	3
20225	RN	25	29358	RN	15
20610	RN	20	29365	RN	15
20660	RN	15	29365	RN/LPN	3
20950	RN	25	29405	RN	15
29000	RN	15	29405	RN/LPN	3
29010	RN	15	29425	RN	15
29015	RN	15	29425	RN/LPN	3
29020	RN	15	29435	RN	15
29025	RN	15	29440	RN	15
29035	RN	15	29440	RN/LPN	3
29040	RN	15	29445	RN	15
29044	RN	15	29450	RN	15
29046	RN	15	29505	RN	15
29049	RN	15	29515	RN	15
29055	RN	15	29520	RN	15
29058	RN	15	29520	RN/LPN	3
29065	RN	15	29530	RN	15
29065	RN/LPN	3	29530	RN/LPN	3
29075	RN	15	29540	RN	15
29075	RN/LPN	3	29540	RN/LPN	3
29550	RN	15	31561	RN/LPN/MA	10
29550	RN/LPN	3	31570	RN/LPN/MA	10
29580	RN	15	31571	RN/LPN/MA	10
29580	RN/LPN	3	31575	RN/LPN/MA	5
29590	RN	15	31612	RN	5
29700	RN	15	31615	RN	20
29700	RN/LPN	3	31622	RN	20
29705	RN	15	31623	RN	20
29705	RN/LPN	3	31624	RN	20
29710	RN	15	31625	RN	20
29715	RN	15	31628	RN	20
29720	RN	15	31629	RN	20
29730	RN	15	31630	RN	30
29730	RN/LPN	3	31631	RN	30
29740	RN	15	31635	RN	30
29740	RN/LPN	3	31640	RN	30
29750	RN	15	31641	RN	30
30901	RN/LPN/MA	10	31643	RN	20
30903	RN/LPN/MA	10	31645	RN	20
30905	RN/LPN/MA	10	31646	RN	20
30906	RN/LPN/MA	10	31656	RN	20
31240	RN/LPN/MA	10	31700	RN	20
31254	RN/LPN/MA	10	31708	RN/LPN/MA	10
31255	RN/LPN/MA	10	31710	RN	20

ADDENDUM C.—CLINICAL STAFF TIMES FOR SELECTED CODES—Continued

Procedure code	Type of staff	Additional time included (minutes)	Procedure code	Type of staff	Additional time included (minutes)
31256	RN/LPN/MA	10	31715	RN	20
31267	RN/LPN/MA	10	31717	RN	20
31276	RN/LPN/MA	10	31730	RN	10
31287	RN/LPN/MA	10	32002	RN	10
31288	RN/LPN/MA	10	32005	RN	10
31500	RN/LPN/MA	10	32020	RN	10
31505	RN/LPN/MA	10	32420	RN	10
31513	RN/LPN/MA	10	32960	RN	10
31515	RN/LPN/MA	10	33010	RN	10
31520	RN/LPN/MA	10	33011	RN	10
31525	RN/LPN/MA	10	36481	RN	25
31526	RN/LPN/MA	10	36488	RN	25
31527	RN/LPN/MA	10	36489	RN	25
31528	RN/LPN/MA	10	36490	RN	25
31529	RN/LPN/MA	10	36491	RN	25
31530	RN/LPN/MA	10	36493	RN	25
31531	RN/LPN/MA	10	36510	RN	25
31535	RN/LPN/MA	10	36520	RN	25
31536	RN/LPN/MA	10	36521	RN	25
31540	RN/LPN/MA	10	36522	RN	25
31541	RN/LPN/MA	10	36680	RN	10
31560	RN/LPN/MA	10	40806	RN/LPN/MA	10
42660	RN/LPN/MA	10	43761	RN/LPN/MA	10
43200	RN/LPN/MA	45	44100	RN/LPN/MA	45
43202	RN/LPN/MA	45	44360	RN/LPN/MA	55
43204	RN/LPN/MA	40	44361	RN/LPN/MA	55
43205	RN/LPN/MA	40	44363	RN/LPN/MA	55
43215	RN/LPN/MA	25	44364	RN/LPN/MA	55
43216	RN/LPN/MA	40	44365	RN/LPN/MA	55
43217	RN/LPN/MA	40	44366	RN/LPN/MA	55
43219	RN/LPN/MA	40	44369	RN/LPN/MA	55
43220	RN/LPN/MA	40	44372	RN/LPN/MA	55
43226	RN/LPN/MA	40	44373	RN/LPN/MA	55
43227	RN/LPN/MA	40	44376	RN/LPN/MA	55
43228	RN/LPN/MA	40	44377	RN/LPN/MA	55
43234	RN/LPN/MA	45	44378	RN/LPN/MA	55
43235	RN/LPN/MA	45	44380	RN/LPN/MA	55
43239	RN/LPN/MA	45	44382	RN/LPN/MA	55
43241	RN/LPN/MA	40	44385	RN/LPN/MA	55
43243	RN/LPN/MA	40	44386	RN/LPN/MA	55
43244	RN/LPN/MA	40	44388	RN/LPN/MA	55
43245	RN/LPN/MA	40	44389	RN/LPN/MA	55
43246	RN/LPN/MA	33	44390	RN/LPN/MA	55
43247	RN/LPN/MA	40	44391	RN/LPN/MA	25
43248	RN/LPN/MA	40	44392	RN/LPN/MA	55
43249	RN/LPN/MA	40	44393	RN/LPN/MA	55
43250	RN/LPN/MA	40	44394	RN/LPN/MA	55
43251	RN/LPN/MA	40	44500	RN/LPN/MA	15
43255	RN/LPN/MA	25	45300	RN/LPN/MA	15
43258	RN/LPN/MA	40	45303	RN/LPN/MA	15
43259	RN/LPN/MA	55	45305	RN/LPN/MA	15
43260	RN/LPN/MA	38	45307	RN/LPN/MA	15
43261	RN/LPN/MA	38	45308	RN/LPN/MA	15
43262	RN/LPN/MA	38	45309	RN/LPN/MA	15
43263	RN/LPN/MA	38	45315	RN/LPN/MA	15
43264	RN/LPN/MA	38	45317	RN/LPN/MA	15
43265	RN/LPN/MA	38	45320	RN/LPN/MA	15
43267	RN/LPN/MA	38	45321	RN/LPN/MA	15
43268	RN/LPN/MA	38	45330	RN/LPN/MA	15
43269	RN/LPN/MA	38	45331	RN/LPN/MA	15
43271	RN/LPN/MA	38	45332	RN/LPN/MA	15
43272	RN/LPN/MA	38	45333	RN/LPN/MA	15
43450	RN/LPN/MA	15	45334	RN/LPN/MA	15
43453	RN/LPN/MA	15	45337	RN/LPN/MA	15
43456	RN/LPN/MA	15	45338	RN/LPN/MA	15
43458	RN/LPN/MA	15	45339	RN/LPN/MA	15
43600	RN/LPN/MA	45	45378	RN/LPN/MA	55
43760	RN/LPN/MA	10	45379	RN/LPN/MA	55
45380	RN/LPN/MA	55	57100	RN/MA	5
45382	RN/LPN/MA	25	57400	RN/MA	5

ADDENDUM C.—CLINICAL STAFF TIMES FOR SELECTED CODES—Continued

Procedure code	Type of staff	Additional time included (minutes)	Procedure code	Type of staff	Additional time included (minutes)
45383	RN/LPN/MA	55	57410	RN/MA	5
45384	RN/LPN/MA	55	57500	RN/MA	5
45385	RN/LPN/MA	55	57800	RN/MA	5
47552	RN/LPN/MA	38	58555	RN/MA	13
47553	RN/LPN/MA	38	58558	RN/MA	13
47554	RN/LPN/MA	38	58559	RN/MA	13
47555	RN/LPN/MA	38	58560	RN/MA	13
47556	RN/LPN/MA	38	58561	RN/MA	13
47561	RN	18	58562	RN/MA	13
49080	RN	10	58563	RN/MA	13
49081	RN	10	58970	Medical Assistant	10
49400	RN	10	58970	RN	30
49423	RN	10	59012	RN	25
49424	RN	10	59030	RN	25
49427	RN	10	59300	RN/MA	5
50021	RN	60	59320	RN/MA	5
50396	RN	10	59325	RN/MA	5
50686	RN	10	59350	RN/MA	10
51700	RN	5	59871	RN/MA	3
51726	RN	10	61000	RN/LPN/MA	16
51772	RN	15	61001	RN/LPN/MA	14
51784	RN	15	61020	RN/LPN/MA	13
51785	RN	15	61026	RN/LPN/MA	14
51792	RN	10	61050	RN/LPN/MA	20
51795	RN	10	61055	RN/LPN/MA	20
51797	RN	15	61070	RN/LPN/MA	10
53020	RN	10	61107	RN/LPN/MA	20
53025	RN	10	61210	RN/LPN/MA	20
53200	RN	10	62268	RN/LPN/MA	20
53600	RN	15	62270	RN	5
53601	RN	15	62272	RN	5
53660	RN	15	62273	RN/LPN/MA	12
53670	RN	5	62284	RN/LPN/MA	20
54100	RN	15	62290	RN/LPN/MA	20
54220	RN	30	62291	RN/LPN/MA	20
54231	RN	15	63610	RN/LPN/MA	20
54240	RN	15	90870	RN	40
54250	RN	15	90871	RN	40
54450	RN	15	90935	RN	45
55300	RN	30	90937	RN	45
55870	RN	15	90945	RN	45
56605	RN/MA	5	90947	RN	45
56720	RN/MA	5	90997	RN	45
57020	RN/MA	5	91000	RN/LPN/MA	15
91010	RN/LPN/MA	15			
91011	RN/LPN/MA	15			
91012	RN/LPN/MA	15			
91020	RN/LPN/MA	15			
91030	RN/LPN/MA	15			
91032	RN/LPN/MA	15			
91033	RN/LPN/MA	15			
91052	RN/LPN/MA	15			
91055	RN/LPN/MA	15			
91060	RN/LPN/MA	15			
91065	RN/LPN/MA	15			
91100	RN/LPN/MA	15			
91105	RN/LPN/MA	10			
92950	RN/LPN	12			
92953	RN/LPN	12			
92971	RN/LPN	12			
96440	RN/OCN	10			
96445	RN/OCN	10			
96450	RN/OCN	10			
G0104	RN/LPN/MA	15			
G0105	RN/LPN/MA	55			
Q0068	RN	25			

ADDENDUM D.—COMPARISON OF 1999 AND PROPOSED 2002 OFFICE RENT INDEX BY FEE SCHEDULE AREA
[In descending order of difference]

Carrier	Locality	Fee schedule area	Office rent index		Difference	Percentage difference
			2000	2002		
31140	05	SAN FRANCISCO, CA	1.629	2.174	0.545	33.5
31140	06	SAN MATEO, CA	1.629	2.174	0.545	33.5
31140	09	SANTA CLARA, CA	1.548	1.949	0.401	25.9
31140	03	MARIN/NAPA/SOLANO, CA	1.346	1.647	0.301	22.4
00900	11	DALLAS, TX	1.005	1.196	0.191	19.0
00910	09	UTAH	0.827	0.978	0.151	18.3
31143	99	REST OF MASSACHUSETTS	1.170	1.308	0.138	11.8
00824	01	COLORADO	0.956	1.066	0.110	11.5
00835	01	PORTLAND, OR	1.006	1.120	0.114	11.3
00740	02	METROPOLITAN KANSAS CITY, MO.	828	0.916	0.088	10.6
00511	01	ATLANTA, GA	1.034	1.136	0.102	9.9
31143	01	METROPOLITAN BOSTON	1.369	1.504	0.135	9.9
31140	07	OAKLAND/BERKLEY, CA	1.339	1.470	0.131	9.8
00953	01	DETROIT, MI	0.971	1.045	0.074	7.6
05535	00	NORTH CAROLINA	0.817	0.869	0.052	6.4
16360	00	OHIO	0.812	0.863	0.051	6.3
00655	00	NEBRASKA	0.770	0.817	0.047	6.1
00900	28	FORT WORTH, TX	0.921	0.977	0.056	6.1
00836	02	SEATTLE (KING CNTY), WA	1.162	1.232	0.070	6.0
05440	35	TENNESSEE	0.758	0.800	0.042	5.5
00820	02	SOUTH DAKOTA	0.809	0.853	0.044	5.4
00952	99	REST OF ILLINOIS	0.756	0.797	0.041	5.4
00820	01	NORTH DAKOTA	0.761	0.800	0.039	5.1
00630	00	INDIANA	0.806	0.847	0.041	5.1
10240	00	MINNESOTA	0.896	0.940	0.044	4.9
00832	00	ARIZONA	0.955	1.000	0.045	4.7
00805	99	REST OF NEW JERSEY	1.261	1.312	0.051	4.0
16510	16	WEST VIRGINIA	0.659	0.685	0.026	3.9
00825	21	WYOMING	0.769	0.799	0.030	3.9
00880	01	SOUTH CAROLINA	0.795	0.825	0.030	3.8
00902	01	DELAWARE	1.013	1.051	0.038	3.8
00751	01	MONTANA	0.766	0.794	0.028	3.7
00834	00	NEVADA	1.078	1.117	0.039	3.6
00510	00	ALABAMA	0.713	0.738	0.025	3.5
00650	00	KANSAS*	0.772	0.793	0.021	2.7
00740	04	KANSAS*	0.772	0.793	0.021	2.7
00803	02	NYC SUBURBS/LONG I., NY	1.535	1.573	0.038	2.5
31145	50	VERMONT	0.980	1.004	0.024	2.4
00953	99	REST OF MICHIGAN	0.829	0.848	0.019	2.3
00865	99	REST OF PENNSYLVANIA	0.826	0.844	0.018	2.2
00900	09	BRAZORIA, TX	1.001	1.018	0.017	1.7
00740	99	REST OF MISSOURI*	0.651	0.662	0.011	1.7
00523	99	REST OF MISSOURI*	0.651	0.662	0.011	1.7
00522	00	OKLAHOMA	0.713	0.725	0.012	1.7
00900	18	HOUSTON, TX	0.972	0.988	0.016	1.6
00590	99	REST OF FLORIDA	0.936	0.951	0.015	1.6
00900	15	GALVESTON, TX	0.910	0.924	0.014	1.5
00951	00	WISCONSIN	0.854	0.866	0.012	1.4
00865	01	METROPOLITAN PHILADELPHIA, PA	1.162	1.178	0.016	1.4
10490	00	VIRGINIA	0.881	0.892	0.011	1.2
00826	00	IOWA	0.778	0.785	0.007	0.9
00523	01	METROPOLITAN ST. LOUIS, MO	0.807	0.814	0.007	0.9
00520	13	ARKANSAS	0.698	0.704	0.006	0.9
00511	99	REST OF GEORGIA	0.765	0.771	0.006	0.8
00952	16	CHICAGO, IL	1.207	1.216	0.009	0.7
00952	15	SUBURBAN CHICAGO, IL	1.207	1.216	0.009	0.7
00528	01	NEW ORLEANS, LA	0.826	0.832	0.006	0.7
00952	12	EAST ST. LOUIS, IL	0.787	0.792	0.005	0.6
00835	99	REST OF OREGON	0.896	0.901	0.005	0.6
00900	99	REST OF TEXAS	0.791	0.795	0.004	0.5
00903	01	DC + MD/VA SUBURBS	1.335	1.341	0.006	0.4
00660	00	KENTUCKY	0.719	0.721	0.002	0.3
00836	99	REST OF WASHINGTON	0.957	0.958	0.001	0.1
00900	20	BEAUMONT, TX	0.758	0.758	.....	0.0
10250	00	MISSISSIPPI	0.690	0.690	.....	0.0
00901	01	BALTIMORE/SURR. CNTYS, MD	1.027	1.026	(0.001)	-0.1
31144	40	NEW HAMPSHIRE	1.091	1.089	(0.002)	-0.2
00900	31	AUSTIN, TX	1.118	1.111	(0.007)	-0.6
00521	05	NEW MEXICO	0.844	0.837	(0.007)	-0.8

ADDENDUM D.—COMPARISON OF 1999 AND PROPOSED 2002 OFFICE RENT INDEX BY FEE SCHEDULE AREA—Continued
 [In descending order of difference]

Carrier	Locality	Fee schedule area	Office rent index		Difference	Percentage difference
			2000	2002		
00528	99	REST OF LOUISIANA	0.721	0.715	(0.006)	−0.8
00805	01	NORTHERN NJ	1.415	1.399	(0.016)	−1.1
00870	01	RHODE ISLAND	1.111	1.098	(0.013)	−1.2
05130	00	IDAHO	0.801	0.791	(0.010)	−1.2
00831	01	ALASKA	1.265	1.249	(0.016)	−1.3
02050	99	REST OF CALIFORNIA*	1.068	1.050	(0.018)	−1.7
31140	99	REST OF CALIFORNIA*	1.068	1.050	(0.018)	−1.7
00590	03	FORT LAUDERDALE, FL	1.114	1.090	(0.024)	−2.2
00901	99	REST OF MARYLAND	1.020	0.995	(0.025)	−2.5
02050	17	VENTURA, CA	1.329	1.294	(0.035)	−2.6
31142	99	REST OF MAINE	0.827	0.801	(0.026)	−3.1
02050	26	ANAHEIM/SANTA ANA, CA	1.474	1.422	(0.052)	−3.5
00803	01	MANHATTAN, NY	1.808	1.744	(0.064)	−3.5
14330	04	QUEENS, NY	1.466	1.414	(0.052)	−3.5
00801	99	REST OF NEW YORK	0.909	0.875	(0.034)	−3.7
00973	50	VIRGIN ISLANDS	1.309	1.260	(0.049)	−3.7
00973	20	PUERTO RICO	0.715	0.688	(0.027)	−3.8
00803	03	POUGHKEPSIE/N NYC SUBURBS, NY	1.305	1.254	(0.051)	−3.9
10230	00	CONNECTICUT	1.283	1.215	(0.068)	−5.3
00590	04	MIAMI, FL	1.232	1.139	(0.093)	−7.5
31142	03	SOUTHERN MAINE	1.119	1.009	(0.110)	−9.8
00833	01	HAWAII/GUAM	1.639	1.389	(0.250)	−15.3
02050	18	LOS ANGELES, CA	1.466	1.223	(0.243)	−16.6

Notes:

*—Indicates multiple carriers for this Fee Schedule Area.

Neither Office Rent Index reflects budget neutrality adjusting.

ADDENDUM E.—COMPARISON OF 1999 AND PROPOSED 2002 MALPRACTICE GPCIS BY FEE SCHEDULE AREA
 [Sorted by percentage difference]

Carrier	Locality	Fee schedule area	2000	2002	Difference	Percentage difference
00825	21	WYOMING	0.705	1.003	0.298	42.27
00521	05	NEW MEXICO	0.716	0.900	0.184	25.70
16510	16	WEST VIRGINIA	1.106	1.375	0.269	24.32
00865	99	REST OF PENNSYLVANIA	0.637	0.772	0.135	21.19
00834	00	NEVADA	0.997	1.206	0.209	20.96
00952	15	SUBURBAN CHICAGO, IL	1.365	1.641	0.276	20.22
05535	00	NORTH CAROLINA	0.497	0.594	0.097	19.52
00630	00	INDIANA	0.408	0.480	0.072	17.65
00865	01	METROPOLITAN PHILADELPHIA, PA	1.207	1.410	0.203	16.82
00952	99	REST OF ILLINOIS	0.990	1.155	0.165	16.67
00952	12	EAST ST. LOUIS, IL	1.487	1.687	0.200	13.45
02050	26	ANAHEIM/SANTA ANA, CA	0.846	0.953	0.107	12.65
02050	18	LOS ANGELES, CA	0.846	0.953	0.107	12.65
00951	00	WISCONSIN	0.841	0.937	0.096	11.41
00528	01	NEW ORLEANS, LA	1.153	1.280	0.127	11.01
31143	01	METROPOLITAN BOSTON	0.713	0.782	0.069	9.68
31143	99	REST OF MASSACHUSETTS	0.713	0.782	0.069	9.68
00900	99	REST OF TEXAS	0.871	0.954	0.083	9.53
02050	17	VENTURA, CA	0.717	0.781	0.064	8.93
00660	00	KENTUCKY	0.807	0.875	0.068	8.43
00910	09	UTAH	0.594	0.643	0.049	8.25
00805	01	NORTHERN NJ	0.795	0.858	0.063	7.92
00805	99	REST OF NEW JERSEY	0.795	0.858	0.063	7.92
10250	00	MISSISSIPPI	0.721	0.777	0.056	7.77
00590	04	MIAMI, FL	2.350	2.523	0.173	7.36
05440	35	TENNESSEE	0.552	0.591	0.039	7.07
02050	99	REST OF CALIFORNIA*	0.698	0.746	0.048	6.88
31140	99	REST OF CALIFORNIA*	0.698	0.746	0.048	6.88
00836	99	REST OF WASHINGTON	0.742	0.786	0.044	5.93
00836	02	SEATTLE (KING CNTY), WA	0.742	0.786	0.044	5.93
00952	16	CHICAGO, IL	1.693	1.793	0.100	5.91
00824	01	COLORADO	0.795	0.838	0.043	5.41
00590	03	FORT LAUDERDALE, FL	1.783	1.873	0.090	5.05
00528	99	REST OF LOUISIANA	1.031	1.071	0.040	3.88
31140	03	MARIN/NAPA/SOLANO, CA	0.667	0.686	0.019	2.85

ADDENDUM E.—COMPARISON OF 1999 AND PROPOSED 2002 MALPRACTICE GPCIS BY FEE SCHEDULE AREA—Continued
[Sorted by percentage difference]

Carrier	Locality	Fee schedule area	2000	2002	Difference	Percentage difference
31140	07	OAKLAND/BERKLEY, CA	0.667	0.686	0.019	2.85
31140	05	SAN FRANCISCO, CA	0.667	0.686	0.019	2.85
31140	06	SAN MATEO, CA	0.667	0.686	0.019	2.85
14330	04	QUEENS, NY	1.839	1.867	0.028	1.52
00900	31	AUSTIN, TX	0.849	0.857	0.008	0.94
00803	02	NYC SUBURBS/LONG I., NY	1.932	1.948	0.016	0.83
00803	01	MANHATTAN, NY	1.654	1.664	0.010	0.60
00820	01	NORTH DAKOTA	0.656	0.656	.....	0.00
00900	11	DALLAS, TX	0.930	0.929	(0.001)	-0.11
00900	28	FORT WORTH, TX	0.930	0.929	(0.001)	-0.11
00880	01	SOUTH CAROLINA	0.280	0.278	(0.002)	-0.71
00751	01	MONTANA	0.732	0.725	(0.007)	-0.96
00522	00	OKLAHOMA	0.451	0.443	(0.008)	-1.77
31145	50	VERMONT	0.548	0.538	(0.010)	-1.82
00511	01	ATLANTA, GA	0.951	0.933	(0.018)	-1.89
00511	99	REST OF GEORGIA	0.951	0.933	(0.018)	-1.89
00973	50	VIRGIN ISLANDS	1.032	1.000	(0.032)	-3.10
00655	00	NEBRASKA	0.443	0.429	(0.014)	-3.16
00900	20	BEAUMONT, TX	1.386	1.335	(0.051)	-3.68
00900	09	BRAZORIA, TX	1.386	1.335	(0.051)	-3.68
00900	15	GALVESTON, TX	1.386	1.335	(0.051)	-3.68
00801	99	REST OF NEW YORK	0.793	0.762	(0.031)	-3.91
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.326	1.272	(0.054)	-4.07
31140	09	SANTA CLARA, CA	0.667	0.638	(0.029)	-4.35
00590	99	REST OF FLORIDA	1.327	1.262	(0.065)	-4.90
00900	18	HOUSTON, TX	1.418	1.333	(0.085)	-5.99
31142	99	REST OF MAINE	0.708	0.665	(0.043)	-6.07
31142	03	SOUTHERN MAINE	0.708	0.665	(0.043)	-6.07
00832	00	ARIZONA	1.189	1.109	(0.080)	-6.73
00820	02	SOUTH DAKOTA	0.435	0.405	(0.030)	-6.90
00510	00	ALABAMA	0.876	0.805	(0.071)	-8.11
00826	00	IOWA	0.648	0.595	(0.053)	-8.18
10230	00	CONNECTICUT	1.052	0.964	(0.088)	-8.37
10490	00	VIRGINIA	0.557	0.499	(0.058)	-10.41
00901	99	REST OF MARYLAND	0.866	0.772	(0.094)	-10.85
00953	01	DETROIT, MI	3.069	2.732	(0.337)	-10.98
10240	00	MINNESOTA	0.507	0.451	(0.056)	-11.05
16360	00	OHIO	1.074	0.955	(0.119)	-11.08
00903	01	DC + MD/VA SUBURBS	1.032	0.907	(0.125)	-12.11
05130	00	IDAHO	0.566	0.496	(0.070)	-12.37
00833	01	HAWAII/GUAM	0.954	0.832	(0.122)	-12.79
00953	99	REST OF MICHIGAN	1.828	1.568	(0.260)	-14.22
00650	00	KANSAS*	0.890	0.754	(0.136)	-15.28
00740	04	KANSAS*	0.890	0.754	(0.136)	-15.28
00520	13	ARKANSAS	0.403	0.339	(0.064)	-15.88
00901	01	BALTIMORE/SURR. CNTYS, MD	1.098	0.914	(0.184)	-16.76
00902	01	DELAWARE	0.860	0.710	(0.150)	-17.44
31144	40	NEW HAMPSHIRE	1.013	0.823	(0.190)	-18.76
00831	01	ALASKA	1.533	1.220	(0.313)	-20.42
00973	20	PUERTO RICO	0.359	0.274	(0.085)	-23.68
00835	01	PORTLAND, OR	0.587	0.435	(0.152)	-25.89
00835	99	REST OF OREGON	0.587	0.435	(0.152)	-25.89
00870	01	RHODE ISLAND	1.189	0.881	(0.308)	-25.90
00740	02	METROPOLITAN KANSAS CITY, MO	1.196	0.844	(0.352)	-29.43
00523	01	METROPOLITAN ST. LOUIS, MO	1.198	0.844	(0.354)	-29.55
00740	99	REST OF MISSOURI*	1.165	0.791	(0.374)	-32.10
00523	99	REST OF MISSOURI*	1.165	0.791	(0.374)	-32.10

Notes:

*—Indicates multiple carriers for this Fee Schedule Area.

1999 Malpractice GPCIs have been budget neutrality adjusted.

The 2002 MGPCIs have NOT been budget neutrality adjusted.

ADDENDUM F.—2002 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00510	00	ALABAMA	0.978	0.870	0.807
00831	01	ALASKA	1.064	1.172	1.223

ADDENDUM F.—2002 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00832	00	ARIZONA	0.994	0.978	1.111
00520	13	ARKANSAS	0.953	0.847	0.340
02050	26	ANAHEIM/SANTA ANA, CA	1.037	1.184	0.955
02050	18	LOS ANGELES, CA	1.056	1.139	0.955
31140	03	MARIN/NAPA/SOLANO, CA	1.015	1.248	0.687
31140	07	OAKLAND/BERKELEY, CA	1.041	1.235	0.687
31140	05	SAN FRANCISCO, CA	1.068	1.458	0.687
31140	06	SAN MATEO, CA	1.048	1.432	0.687
31140	09	SANTA CLARA, CA	1.063	1.380	0.639
02050	17	VENTURA, CA	1.028	1.125	0.783
02050	99	REST OF CALIFORNIA*	1.007	1.034	0.748
31140	99	REST OF CALIFORNIA*	1.007	1.034	0.748
00824	01	COLORADO	0.985	0.992	0.840
10230	00	CONNECTICUT	1.050	1.156	0.966
00902	01	DELAWARE	1.019	1.035	0.712
00903	01	DC + MD/VA SUBURBS	1.050	1.166	0.909
00590	03	FORT LAUDERDALE, FL	0.996	1.018	1.877
00590	04	MIAMI, FL	1.015	1.052	2.528
00590	99	REST OF FLORIDA	0.975	0.946	1.265
00511	01	ATLANTA, GA	1.006	1.059	0.935
00511	99	REST OF GEORGIA	0.970	0.892	0.935
00833	01	HAWAII/GUAM	0.997	1.124	0.834
05130	00	IDAHO	0.960	0.881	0.497
00952	16	CHICAGO, IL	1.028	1.092	1.797
00952	12	EAST ST. LOUIS, IL	0.988	0.924	1.691
00952	15	SUBURBAN CHICAGO, IL	1.006	1.071	1.645
00952	99	REST OF ILLINOIS	0.964	0.889	1.157
00630	00	INDIANA	0.981	0.922	0.481
00826	00	IOWA	0.959	0.876	0.596
00650	00	KANSAS*	0.963	0.895	0.756
00740	04	KANSAS*	0.963	0.895	0.749
00660	00	KENTUCKY	0.970	0.866	0.877
00528	01	NEW ORLEANS, LA	0.998	0.945	1.283
00528	99	REST OF LOUISIANA	0.968	0.870	1.073
31142	03	SOUTHERN MAINE	0.979	0.999	0.666
31142	99	REST OF MAINE	0.961	0.910	0.666
00901	01	BALTIMORE/SURR. CNTYS, MD	1.021	1.038	0.916
00901	99	REST OF MARYLAND	0.984	0.972	0.774
31143	01	METROPOLITAN BOSTON	1.041	1.239	0.784
31143	99	REST OF MASSACHUSETTS	1.010	1.129	0.784
00953	01	DETROIT, MI	1.043	1.038	2.738
00953	99	REST OF MICHIGAN	0.997	0.938	1.571
10240	00	MINNESOTA	0.990	0.974	0.452
10250	00	MISSISSIPPI	0.957	0.837	0.779
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.967	0.846
00523	01	METROPOLITAN ST. LOUIS, MO	0.994	0.938	0.846
00740	99	REST OF MISSOURI*	0.946	0.825	0.793
00523	99	REST OF MISSOURI*	0.946	0.825	0.793
00751	01	MONTANA	0.950	0.876	0.727
00655	00	NEBRASKA	0.948	0.877	0.430
00834	00	NEVADA	1.005	1.039	1.209
31144	40	NEW HAMPSHIRE	0.986	1.030	0.825
00805	01	NORTHERN NJ	1.058	1.193	0.860
00805	99	REST OF NEW JERSEY	1.029	1.110	0.860
00521	05	NEW MEXICO	0.973	0.900	0.902
00803	01	MANHATTAN, NY	1.094	1.351	1.668
00803	02	NYC SUBURBS/LONG I., NY	1.068	1.251	1.952
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.011	1.075	1.275
14330	04	QUEENS, NY	1.058	1.228	1.871
00801	99	REST OF NEW YORK	0.998	0.944	0.764
05535	00	NORTH CAROLINA	0.970	0.931	0.595
00820	01	NORTH DAKOTA	0.950	0.880	0.657
16360	00	OHIO	0.988	0.944	0.957
00522	00	OKLAHOMA	0.968	0.876	0.444
00835	01	PORTLAND, OR	0.996	1.049	0.436
00835	99	REST OF OREGON	0.961	0.933	0.436
00865	01	METROPOLITAN PHILADELPHIA, PA	1.023	1.092	1.413
00865	99	REST OF PENNSYLVANIA	0.989	0.929	0.774
00973	20	PUERTO RICO	0.881	0.712	0.275
00870	01	RHODE ISLAND	1.017	1.065	0.883
00880	01	SOUTH CAROLINA	0.974	0.904	0.279

ADDENDUM F.—2002 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00820	02	SOUTH DAKOTA	0.935	0.878	0.406
05440	35	TENNESSEE	0.975	0.900	0.592
00900	31	AUSTIN, TX	0.986	0.996	0.859
00900	20	BEAUMONT, TX	0.992	0.890	1.338
00900	09	BRAZORIA, TX	0.992	0.978	1.338
00900	11	DALLAS, TX	1.010	1.065	0.931
00900	28	FORT WORTH, TX	0.987	0.981	0.931
00900	15	GALVESTON, TX	0.988	0.969	1.338
00900	18	HOUSTON, TX	1.020	1.007	1.336
00900	99	REST OF TEXAS	0.966	0.880	0.956
00910	09	UTAH	0.976	0.941	0.644
31145	50	VERMONT	0.973	0.986	0.539
00973	50	VIRGIN ISLANDS	0.965	1.023	1.002
10490	00	VIRGINIA	0.984	0.938	0.500
00836	02	SEATTLE (KING CNTY), WA	1.005	1.100	0.788
00836	99	REST OF WASHINGTON	0.981	0.972	0.788
16510	16	WEST VIRGINIA	0.963	0.850	1.378
00951	00	WISCONSIN	0.981	0.929	0.939
00825	21	WYOMING	0.967	0.895	1.005

* Payment locality is serviced by two carriers.

Note: Work GPCI is the ¾ work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors for budget neutrality: Work = 0.99699; Practice Expense = 0.99235; Malpractice Expense = 1.00215.

ADDENDUM G.—2001 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00510	00	ALABAMA	0.978	0.871	0.841
00831	01	ALASKA	1.063	1.172	1.378
00832	00	ARIZONA	0.994	0.975	1.150
00520	13	ARKANSAS	0.953	0.851	0.371
02050	26	ANAHEIM/SANTA ANA, CA	1.036	1.187	0.901
02050	18	LOS ANGELES, CA	1.055	1.169	0.901
31140	03	MARIN/NAPA/SOLANO, CA	1.014	1.205	0.677
31140	07	OAKLAND/BERKELEY, CA	1.040	1.216	0.677
31140	05	SAN FRANCISCO, CA	1.067	1.378	0.677
31140	06	SAN MATEO, CA	1.047	1.353	0.677
31140	09	SANTA CLARA, CA	1.062	1.321	0.653
02050	17	VENTURA, CA	1.027	1.128	0.750
02050	99	REST OF CALIFORNIA*	1.007	1.039	0.723
31140	99	REST OF CALIFORNIA*	1.007	1.039	0.723
00824	01	COLORADO	0.986	0.981	0.817
10230	00	CONNECTICUT	1.049	1.164	1.009
00902	01	DELAWARE	1.019	1.032	0.786
00903	01	DC + MD/VA SUBURBS	1.050	1.164	0.970
00590	03	FORT LAUDERDALE, FL	0.996	1.022	1.830
00590	04	MIAMI, FL	1.015	1.064	2.439
00590	99	REST OF FLORIDA	0.975	0.947	1.296
00511	01	ATLANTA, GA	1.006	1.046	0.943
00511	99	REST OF GEORGIA	0.970	0.896	0.943
00833	01	HAWAII/GUAM	0.997	1.154	0.894
05130	00	IDAHO	0.960	0.887	0.532
00952	16	CHICAGO, IL	1.027	1.090	1.745
00952	12	EAST ST. LOUIS, IL	0.988	0.927	1.589
00952	15	SUBURBAN CHICAGO, IL	1.006	1.069	1.505
00952	99	REST OF ILLINOIS	0.964	0.888	1.074
00630	00	INDIANA	0.981	0.919	0.445
00826	00	IOWA	0.959	0.879	0.622
00650	00	KANSAS*	0.963	0.897	0.823
00740	04	KANSAS*	0.963	0.897	0.819
00660	00	KENTUCKY	0.970	0.870	0.842
00528	01	NEW ORLEANS, LA	0.998	0.947	1.218
00528	99	REST OF LOUISIANA	0.969	0.876	1.052
31142	03	SOUTHERN MAINE	0.979	1.015	0.687
31142	99	REST OF MAINE	0.961	0.917	0.687
00901	01	BALTIMORE/SURR. CNTYS, MD	1.020	1.038	1.007
00901	99	REST OF MARYLAND	0.985	0.979	0.820
31143	01	METROPOLITAN BOSTON	1.040	1.218	0.748
31143	99	REST OF MASSACHUSETTS	1.010	1.111	0.748

ADDENDUM G.—2001 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00953	01	DETROIT, MI	1.042	1.030	2.903
00953	99	REST OF MICHIGAN	0.996	0.938	1.700
10240	00	MINNESOTA	0.990	0.971	0.479
10250	00	MISSISSIPPI	0.957	0.841	0.750
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.958	1.021
00523	01	METROPOLITAN ST. LOUIS, MO	0.994	0.940	1.022
00740	99	REST OF MISSOURI *	0.946	0.826	0.979
00523	99	REST OF MISSOURI *	0.946	0.826	0.979
00751	01	MONTANA	0.951	0.877	0.729
00655	00	NEBRASKA	0.949	0.875	0.436
00834	00	NEVADA	1.005	1.035	1.103
31144	40	NEW HAMPSHIRE	0.987	1.032	0.919
00805	01	NORTHERN NJ	1.057	1.192	0.827
00805	99	REST OF NEW JERSEY	1.028	1.102	0.827
00521	05	NEW MEXICO	0.973	0.905	0.809
00803	01	MANHATTAN, NY	1.093	1.352	1.661
00803	02	NYC SUBURBS/LONG I., NY	1.067	1.242	1.942
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.010	1.079	1.300
14330	04	QUEENS, NY	1.057	1.231	1.855
00801	99	REST OF NEW YORK	0.998	0.951	0.778
05535	00	NORTH CAROLINA	0.970	0.927	0.546
00820	01	NORTH DAKOTA	0.950	0.879	0.657
16360	00	OHIO	0.989	0.941	1.016
00522	00	OKLAHOMA	0.969	0.879	0.447
00835	01	PORTLAND, OR	0.996	1.035	0.511
00835	99	REST OF OREGON	0.961	0.935	0.511
00865	01	METROPOLITAN PHILADELPHIA, PA	1.023	1.090	1.310
00865	99	REST OF PENNSYLVANIA	0.989	0.930	0.705
00973	20	PUERTO RICO	0.882	0.720	0.317
00870	01	RHODE ISLAND	1.017	1.067	1.036
00880	01	SOUTH CAROLINA	0.975	0.905	0.279
00820	02	SOUTH DAKOTA	0.935	0.876	0.420
05440	35	TENNESSEE	0.975	0.900	0.572
00900	31	AUSTIN, TX	0.986	0.998	0.854
00900	20	BEAUMONT, TX	0.992	0.895	1.362
00900	09	BRAZORIA, TX	0.992	0.978	1.362
00900	11	DALLAS, TX	1.010	1.040	0.930
00900	28	FORT WORTH, TX	0.987	0.976	0.930
00900	15	GALVESTON, TX	0.988	0.969	1.362
00900	18	HOUSTON, TX	1.020	1.007	1.377
00900	99	REST OF TEXAS	0.966	0.884	0.914
00910	09	UTAH	0.977	0.925	0.619
31145	50	VERMONT	0.973	0.985	0.544
00973	50	VIRGIN ISLANDS	0.965	1.029	1.017
10490	00	VIRGINIA	0.985	0.939	0.529
00836	02	SEATTLE (KING CNTY), WA	1.005	1.090	0.765
00836	99	REST OF WASHINGTON	0.982	0.974	0.765
16510	16	WEST VIRGINIA	0.963	0.852	1.242
00951	00	WISCONSIN	0.981	0.931	0.890
00825	21	WYOMING	0.967	0.895	0.855

* Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPICs rescaled by the following factors for budget neutrality: Work = 0.99699; Practice Expense = 0.99235; Malpractice Expense = 1.00215.

ADDENDUM H.—PROPOSED 2002 VERSUS 1999 GEOGRAPHIC ADJUSTMENT FACTORS (GAF)

[In descending order of difference]

Locality	1999 GAF	2002 GAF	Difference	Percent difference
SAN MATEO, CA	1.122	1.199	0.077	6.89
SAN FRANCISCO, CA	1.143	1.221	0.078	6.84
SANTA CLARA, CA	1.125	1.184	0.059	5.28
MARIN/NAPA/SOLANO, CA	1.058	1.104	0.046	4.33
METROPOLITAN BOSTON	1.088	1.117	0.029	2.64
OAKLAND/BERKELEY, CA	1.086	1.113	0.027	2.46
REST OF MASSACHUSETTS	1.030	1.053	0.023	2.24
DALLAS, TX	1.009	1.031	0.022	2.19
UTAH	0.931	0.951	0.020	2.10
SEATTLE (KING CNTY), WA	1.023	1.038	0.015	1.48

ADDENDUM H.—PROPOSED 2002 VERSUS 1999 GEOGRAPHIC ADJUSTMENT FACTORS (GAF)—Continued
[In descending order of difference]

Locality	1999 GAF	2002 GAF	Difference	Percent difference
INDIANA	0.927	0.941	0.014	1.46
NORTH CAROLINA	0.928	0.942	0.014	1.46
WYOMING	0.925	0.938	0.013	1.36
PORTLAND, OR	0.987	1.000	0.013	1.35
REST OF NEW JERSEY	1.044	1.058	0.014	1.34
COLORADO	0.971	0.983	0.012	1.27
ATLANTA, GA	1.015	1.026	0.011	1.10
SOUTH CAROLINA	0.913	0.923	0.010	1.06
NEVADA	1.016	1.026	0.010	1.00
SOUTH DAKOTA	0.886	0.895	0.009	0.99
MINNESOTA	0.957	0.966	0.009	0.99
REST OF PENNSYLVANIA	0.948	0.956	0.008	0.89
NORTHERN NJ	1.099	1.109	0.010	0.89
VERMONT	0.957	0.965	0.008	0.88
NEBRASKA	0.894	0.902	0.008	0.87
TENNESSEE	0.924	0.932	0.008	0.82
VENTURA, CA	1.055	1.062	0.007	0.66
NORTH DAKOTA	0.906	0.912	0.006	0.63
ANAHEIM/SANTA ANA, CA	1.090	1.097	0.007	0.63
REST OF ILLINOIS	0.933	0.939	0.006	0.60
SUBURBAN CHICAGO, IL	1.048	1.054	0.006	0.57
METROPOLITAN PHILADELPHIA, PA	1.059	1.065	0.006	0.56
FORT WORTH, TX	0.978	0.983	0.005	0.55
OKLAHOMA	0.908	0.913	0.005	0.52
NEW MEXICO	0.935	0.940	0.005	0.49
WEST VIRGINIA	0.925	0.929	0.004	0.39
VIRGINIA	0.946	0.950	0.004	0.37
REST OF WASHINGTON	0.968	0.971	0.003	0.35
REST OF CALIFORNIA	1.007	1.010	0.003	0.32
ARKANSAS	0.886	0.889	0.003	0.32
WISCONSIN	0.955	0.957	0.002	0.26
MONTANA	0.910	0.912	0.002	0.19
AUSTIN, TX	0.985	0.986	0.001	0.14
DELAWARE	1.015	1.016	0.001	0.12
MISSISSIPPI	0.900	0.901	0.001	0.08
IOWA	0.912	0.913	0.001	0.08
KENTUCKY	0.923	0.924	0.001	0.07
REST OF TEXAS	0.929	0.930	0.001	0.07
DC + MD/VA SUBURBS	1.095	1.095	-0.000	-0.02
IDAHO	0.913	0.912	-0.001	-0.14
REST OF OREGON	0.934	0.933	-0.001	-0.15
NEW ORLEANS, LA	0.986	0.984	-0.002	-0.17
ARIZONA	0.994	0.991	-0.003	-0.27
NYC SUBURBS/LONG I., NY	1.177	1.173	-0.004	-0.30
ALABAMA	0.930	0.927	-0.003	-0.36
REST OF MAINE	0.934	0.931	-0.003	-0.36
CHICAGO, IL	1.084	1.080	-0.004	-0.38
OHIO	0.973	0.968	-0.005	-0.47
MANHATTAN, NY	1.227	1.221	-0.006	-0.47
REST OF GEORGIA	0.940	0.936	-0.004	-0.47
PUERTO RICO	0.794	0.790	-0.004	-0.47
BALTIMORE/SURR. CNTYS, MD	1.031	1.025	-0.006	-0.57
VIRGIN ISLANDS	0.997	0.991	-0.006	-0.57
EAST ST. LOUIS, IL	0.989	0.983	-0.006	-0.57
REST OF NEW YORK	0.973	0.967	-0.006	-0.57
KANSAS	0.933	0.928	-0.005	-0.58
CONNECTICUT	1.100	1.093	-0.007	-0.65
REST OF LOUISIANA	0.936	0.930	-0.006	-0.68
BRAZORIA, TX	1.005	0.997	-0.008	-0.77
METROPOLITAN KANSAS CITY, MO	0.982	0.974	-0.008	-0.77
REST OF MARYLAND	0.980	0.972	-0.008	-0.77
HOUSTON, TX	1.034	1.025	-0.009	-0.86
NEW HAMPSHIRE	1.008	0.999	-0.009	-0.86
GALVESTON, TX	1.000	0.991	-0.009	-0.87
REST OF FLORIDA	0.981	0.972	-0.009	-0.88
POUGHKEPSIE/N NYC SUBURBS, NY	1.056	1.046	-0.010	-0.94
SOUTHERN MAINE	0.987	0.977	-0.010	-0.97
QUEENS, NY	1.167	1.156	-0.011	-0.98
FORT LAUDERDALE, FL	1.046	1.033	-0.013	-1.23
RHODE ISLAND	1.047	1.033	-0.014	-1.33

ADDENDUM H.—PROPOSED 2002 VERSUS 1999 GEOGRAPHIC ADJUSTMENT FACTORS (GAF)—Continued
[In descending order of difference]

Locality	1999 GAF	2002 GAF	Difference	Percent difference
BEAUMONT, TX	0.973	0.959	−0.014	−1.39
ALASKA	1.131	1.115	−0.016	−1.44
LOS ANGELES, CA	1.104	1.088	−0.016	−1.46
METROPOLITAN ST. LOUIS, MO	0.983	0.965	−0.018	−1.79
REST OF MISSOURI	0.908	0.890	−0.018	−2.00
REST OF MICHIGAN	1.013	0.990	−0.023	−2.24
MIAMI, FL	1.105	1.079	−0.026	−2.36
HAWAII/GUAM	1.072	1.046	−0.026	−2.42
DETROIT, MI	1.131	1.095	−0.036	−3.20

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