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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
V2600		X	Hand held low vision aids	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	XXX
V2615		X	Telescop/othr compound lens	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	XXX
V2624		X	Polishing artifical eye	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	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX

Addendum C—Codes With Interim Relative Value Units

Addendum C lists the codes for which interim RVUs have been established. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m., December 30, 1997. Any revisions to the interim RVUs will be announced in a document to be published in 1998 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1999.

Addendum C contains the following information:

1. *CPT/HCPCS code.* This is either a CPT or alphanumeric HCPCS code for the service in question. CPT codes are listed first, followed by alphanumeric HCPCS codes.

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

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the fee schedule and whether it is separately payable if the service is covered. See Addendum B for a description of the status indicators.

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

5. *Physician work RVUs.* These are the interim RVUs for the physician work for this service.

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

7. *Malpractice expense RVUs.* These are the interim RVUs for the malpractice expense for the service.

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

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). See Addendum B for explanations of the alpha codes.

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11055	.....	R	Trim skin lesion	0.27	0.19	0.19	0.01	0.47	0.47	000
11056	.....	R	Trim 2 to 4 skin lesions	0.39	0.26	0.26	0.02	0.67	0.67	000
11057	.....	R	Trim over 4 skin lesions	0.50	0.21	0.21	0.02	0.73	0.73	000
11200	.....	A	Removal of skin tags	*0.77	0.43	0.43	0.04	1.24	1.24	010
11201	.....	A	Removal of added skin tags	0.29	0.17	0.17	0.02	0.48	0.48	ZZZ
11719	.....	R	Trim nail(s)	0.06	0.18	#0.07	0.01	0.25	0.14	000
17000	.....	A	Destroy benign/premal lesion	*0.60	0.42	0.42	0.03	1.05	1.05	010
17003	.....	A	Destroy 2–14 lesions	0.15	0.13	0.13	0.01	0.29	0.29	ZZZ
17004	.....	A	Destroy 15 & more lesions	*2.79	2.25	2.25	0.20	5.24	5.24	010
17110	.....	A	Destruct lesion, 1–14	*0.65	0.40	0.40	0.03	1.08	1.08	010
17111	.....	A	Destruct lesion, 15 or more	*0.92	0.60	0.60	0.05	1.57	1.57	010
17200	.....	D	1Electrocautery of skin tags	*0.00	0.00	0.00	0.00	0.00	0.00	010
17340	.....	A	Cryotherapy of skin	*0.76	0.28	0.28	0.02	1.06	1.06	010
19020	.....	A	Incision of breast lesion	*3.57	1.40	1.40	0.28	5.25	5.25	090
19316	.....	A	Suspension of breast	*10.69	#11.76	#11.76	2.43	24.88	24.88	090
19357	.....	A	Breast reconstruction	*18.16	12.15	12.15	2.37	32.68	32.68	090
19361	.....	A	Breast reconstruction	*19.26	20.13	20.13	3.88	43.27	43.27	090
19366	.....	A	Breast reconstruction	*21.28	16.40	16.40	3.18	40.86	40.86	090
20102	.....	A	Explore wound, abdomen	*3.94	1.92	1.92	0.45	6.31	6.31	010
20103	.....	A	Explore wound, extremity	*5.30	2.59	2.59	0.60	8.49	8.49	010
20664	.....	A	Halo brace application	*8.06	3.82	3.82	0.65	12.53	12.53	090
20962	.....	A	Other bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
21010	.....	A	Incision of jaw joint	*10.14	10.24	10.24	0.93	21.31	21.31	090
21015	.....	A	Resection of facial tumor	*5.29	#5.82	#5.82	1.13	12.24	12.24	090
21026	.....	A	Excision of facial bone(s)	*4.85	3.14	3.14	0.28	8.27	8.27	090
21029	.....	A	Contour of face bone lesion	*7.71	#8.48	#8.48	0.78	16.97	16.97	090
21030	.....	A	Removal of face bone lesion	*6.46	3.35	3.35	0.29	10.10	10.10	090
21032	.....	A	Remove exostosis, maxilla	*3.24	3.88	3.88	0.35	7.47	7.47	090
21034	.....	A	Removal of face bone lesion	*16.17	6.98	6.98	0.89	24.04	24.04	090
21040	.....	A	Removal of jaw bone lesion	*2.11	2.76	2.76	0.24	5.11	5.11	090
21044	.....	A	Removal of jaw bone lesion	*11.86	9.55	9.55	1.11	22.52	22.52	090
21045	.....	A	Extensive jaw surgery	*16.17	13.83	13.83	1.58	31.58	31.58	090
21050	.....	A	Removal of jaw joint	*10.77	#11.85	#11.85	1.08	23.70	23.70	090
21060	.....	A	Remove jaw joint cartilage	*10.23	#11.25	#11.25	1.04	22.52	22.52	090
21070	.....	A	Remove coronoid process	*8.20	6.81	6.81	0.82	15.83	15.83	090
21076	.....	A	Prepare face/oral prosthesis	*13.42	#14.76	#14.76	1.35	29.53	29.53	010
21077	.....	A	Prepare face/oral prosthesis	*33.75	#37.13	#37.13	3.39	74.27	74.27	090
21079	.....	A	Prepare face/oral prosthesis	*22.34	27.93	27.93	2.25	52.52	52.52	090
21080	.....	A	Prepare face/oral prosthesis	*25.10	31.38	31.38	2.52	59.00	59.00	090
21081	.....	A	Prepare face/oral prosthesis	*22.88	28.59	28.59	2.30	53.77	53.77	090
21082	.....	A	Prepare face/oral prosthesis	*20.87	#22.96	#22.96	2.10	45.93	45.93	090
21083	.....	A	Prepare face/oral prosthesis	*19.30	24.13	24.13	1.94	45.37	45.37	090
21084	.....	A	Prepare face/oral prosthesis	*22.51	28.14	28.14	2.28	52.93	52.93	090
21085	.....	A	Prepare face/oral prosthesis	*9.00	#9.90	#9.90	0.90	19.80	19.80	010
21086	.....	A	Prepare face/oral prosthesis	*24.92	31.15	31.15	2.51	58.58	58.58	090
21087	.....	A	Prepare face/oral prosthesis	*24.92	#27.41	#27.41	2.51	54.84	54.84	090
21100	.....	A	Maxillofacial fixation	*4.22	1.06	1.06	0.11	5.39	5.39	090
21110	.....	A	Interdental fixation	*5.21	5.53	5.53	0.46	11.20	11.20	090
21141	.....	A	Reconstruct midface, lefort	*18.10	14.34	14.34	1.68	34.12	34.12	090
21142	.....	A	Reconstruct midface, lefort	*18.81	14.84	14.84	1.74	35.39	35.39	090
21143	.....	A	Reconstruct midface, lefort	*19.58	15.40	15.40	1.81	36.79	36.79	090
21208	.....	A	Augmentation of facial bones	*10.23	#11.25	#11.25	1.07	22.55	22.55	090
21209	.....	A	Reduction of facial bones	*6.72	4.59	4.59	0.76	12.07	12.07	090
21210	.....	A	Face bone graft	*10.23	#11.25	#11.25	1.29	22.77	22.77	090
21215	.....	A	Lower jaw bone graft	*10.77	#11.85	#11.85	1.42	24.04	24.04	090

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21230		A	Rib cartilage graft	*10.77	10.37	10.37	1.69	22.83	22.83	090
21235		A	Ear cartilage graft	*6.72	#7.39	#7.39	1.09	15.20	15.20	090
21242		A	Reconstruction of jaw joint	*12.95	#14.25	#14.25	2.25	29.45	29.45	090
21244		A	Reconstruction of lower jaw	*11.86	#13.05	#13.05	1.93	26.84	26.84	090
21245		A	Reconstruction of jaw	*11.86	11.47	11.47	1.31	24.64	24.64	090
21246		A	Reconstruction of jaw	*12.47	8.83	8.83	1.04	22.34	22.34	090
21247		A	Reconstruct lower jaw bone	*22.63	#24.89	#24.89	2.27	49.79	49.79	090
21255		A	Reconstruct lower jaw bone	*16.72	#18.39	#18.39	1.68	36.79	36.79	090
21256		A	Reconstruction of orbit	*16.19	#17.81	#17.81	1.63	35.63	35.63	090
21260		A	Revise eye sockets	*16.52	#18.17	#18.17	1.66	36.35	36.35	090
21261		A	Revise eye sockets	*31.49	17.78	17.78	1.65	50.92	50.92	090
21263		A	Revise eye sockets	*28.42	#31.26	#31.26	2.86	62.54	62.54	090
21267		A	Revise eye sockets	*18.90	14.61	14.61	2.13	35.64	35.64	090
21268		A	Revise eye sockets	*24.48	15.35	15.35	3.13	42.96	42.96	090
21270		A	Augmentation cheek bone	*10.23	9.60	9.60	1.41	21.24	21.24	090
21275		A	Revision orbitofacial bones	*11.24	8.95	8.95	1.26	21.45	21.45	090
21280		A	Revision of eyelid	*6.03	#6.63	#6.63	0.61	13.27	13.27	090
21282		A	Revision of eyelid	*3.49	#3.84	#3.84	0.79	8.12	8.12	090
21295		A	Revision of jaw muscle/bone	*1.53	0.96	0.96	0.13	2.62	2.62	090
21296		A	Revision of jaw muscle/bone	*4.25	3.62	3.62	0.22	8.09	8.09	090
21325		A	Repair of nose fracture	*3.77	4.09	4.09	0.52	8.38	8.38	090
21330		A	Repair of nose fracture	*5.38	#5.92	#5.92	0.86	12.16	12.16	090
21335		A	Repair of nose fracture	*8.61	#9.47	#9.47	1.56	19.64	19.64	090
21336		A	Repair nasal septal fracture	*5.72	4.09	4.09	0.52	10.33	10.33	090
21337		A	Repair nasal septal fracture	*2.70	2.82	2.82	0.38	5.90	5.90	090
21338		A	Repair nasoethmoid fracture	*6.46	5.01	5.01	0.66	12.13	12.13	090
21339		A	Repair nasoethmoid fracture	*8.09	7.09	7.09	0.70	15.88	15.88	090
21340		A	Repair of nose fracture	*10.77	8.91	8.91	1.04	20.72	20.72	090
21343		A	Repair of sinus fracture	*12.95	9.17	9.17	1.08	23.20	23.20	090
21344		A	Repair of sinus fracture	*19.72	9.17	9.17	1.08	29.97	29.97	090
21345		A	Repair of nose/jaw fracture	*8.16	7.90	7.90	0.81	16.87	16.87	090
21346		A	Repair of nose/jaw fracture	*10.61	9.40	9.40	1.04	21.05	21.05	090
21347		A	Repair of nose/jaw fracture	*12.69	10.36	10.36	1.36	24.41	24.41	090
21348		A	Repair of nose/jaw fracture	*16.69	11.34	11.34	2.22	30.25	30.25	090
21355		A	Repair cheek bone fracture	*3.77	1.56	1.56	0.17	5.50	5.50	010
21356		A	Repair cheek bone fracture	*4.15	#4.57	#4.57	0.89	9.61	9.61	010
21360		A	Repair cheek bone fracture	*6.46	#7.11	#7.11	0.89	14.46	14.46	090
21366		A	Repair cheek bone fracture	*17.77	12.08	12.08	2.36	32.21	32.21	090
21385		A	Repair eye socket fracture	*9.16	9.59	9.59	1.13	19.88	19.88	090
21386		A	Repair eye socket fracture	*9.16	9.07	9.07	1.25	19.48	19.48	090
21387		A	Repair eye socket fracture	*9.70	7.45	7.45	0.96	18.11	18.11	090
21390		A	Repair eye socket fracture	*10.13	#11.14	#11.14	1.37	22.64	22.64	090
21395		A	Repair eye socket fracture	*12.68	9.63	9.63	1.37	23.68	23.68	090
21400		A	Treat eye socket fracture	*1.40	1.67	#1.54	0.17	3.24	3.11	090
21401		A	Repair eye socket fracture	*3.26	2.58	2.58	0.32	6.16	6.16	090
21406		A	Repair eye socket fracture	*7.01	5.21	5.21	0.74	12.96	12.96	090
21407		A	Repair eye socket fracture	*8.61	7.09	7.09	0.78	16.48	16.48	090
21408		A	Repair eye socket fracture	*12.38	8.49	8.49	0.99	21.86	21.86	090
21421		A	Treat mouth roof fracture	*5.14	6.14	#5.65	0.62	11.90	11.41	090
21422		A	Repair mouth roof fracture	*8.32	#9.15	#9.15	1.19	18.66	18.66	090
21423		A	Repair mouth roof fracture	*10.40	9.80	9.80	1.19	21.39	21.39	090
21431		A	Treat craniofacial fracture	*7.05	6.02	6.02	0.71	13.78	13.78	090
21432		A	Repair craniofacial fracture	*8.61	6.76	6.76	0.84	16.21	16.21	090
21433		A	Repair craniofacial fracture	*25.35	17.96	17.96	2.10	45.41	45.41	090
21435		A	Repair craniofacial fracture	*17.25	13.25	13.25	1.88	32.38	32.38	090
21436		A	Repair craniofacial fracture	*28.04	14.65	14.65	2.08	44.77	44.77	090
21440		A	Repair dental ridge fracture	*2.70	3.07	#2.97	0.28	6.05	5.95	090
21445		A	Repair dental ridge fracture	*5.38	6.11	#5.92	0.56	12.05	11.86	090
21450		A	Treat lower jaw fracture	*2.97	2.84	2.84	0.26	6.07	6.07	090
21451		A	Treat lower jaw fracture	*4.87	5.83	#5.36	0.74	11.44	10.97	090
21452		A	Treat lower jaw fracture	*1.98	1.39	1.39	0.17	3.54	3.54	090
21453		A	Treat lower jaw fracture	*5.54	6.64	#6.09	0.55	12.73	12.18	090
21454		A	Treat lower jaw fracture	*6.46	#7.11	#7.11	1.42	14.99	14.99	090
21461		A	Repair lower jaw fracture	*8.09	#8.90	#8.90	1.30	18.29	18.29	090
21462		A	Repair lower jaw fracture	*9.79	#10.77	#10.77	1.34	21.90	21.90	090
21465		A	Repair lower jaw fracture	*11.91	8.44	8.44	0.99	21.34	21.34	090
21485		A	Reset dislocated jaw	*3.99	2.19	2.19	0.20	6.38	6.38	090
21490		A	Repair dislocated jaw	*11.86	6.31	6.31	0.52	18.69	18.69	090
21493		A	Treat hyoid bone fracture	*1.27	1.52	#1.40	0.13	2.92	2.80	090
21494		A	Repair hyoid bone fracture	*6.28	7.52	7.52	0.63	14.43	14.43	090
21495		A	Repair hyoid bone fracture	*5.69	4.82	4.82	0.51	11.02	11.02	090
21497		A	Interdental wiring	*3.86	3.97	3.97	0.38	8.21	8.21	090
21740		A	Reconstruction of sternum	*16.50	8.99	8.99	1.64	27.13	27.13	090
21750		A	Repair of sternum separation	*10.77	7.33	7.33	1.43	19.53	19.53	090

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[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
22505		A	Manipulation of spine	*1.87	1.31	1.31	0.17	3.35	3.35	010
22818		A	Kyphectomy, 1–2 segments	*31.83	28.25	28.25	4.85	64.93	64.93	090
22819		A	Kyphectomy, 3 & more segment	*36.44	28.25	28.25	4.85	69.54	69.54	090
23616		A	Repair humerus fracture	*21.27	22.32	22.32	3.54	47.13	47.13	090
24006		A	Release elbow joint	*9.31	7.14	7.14	1.17	17.62	17.62	090
24516		A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24546		A	Repair humerus fracture	*15.69	9.97	9.97	1.59	27.25	27.25	090
25337		A	Reconstruct ulna/radioulnar	*10.17	8.60	8.60	1.45	20.22	20.22	090
25520		A	Repair fracture of radius	*6.26	5.74	5.74	0.94	12.94	12.94	090
25525		A	Repair fracture of radius	*12.24	11.15	11.15	1.83	25.22	25.22	090
25526		A	Repair fracture of radius	*12.98	11.85	11.85	1.94	26.77	26.77	090
25574		A	Treat fracture radius & ulna	*7.01	#7.71	#7.71	1.73	16.45	16.45	090
26546		A	Repair non-union hand	*8.92	8.11	8.11	1.33	18.36	18.36	090
26608		A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
27193		A	Treat pelvic ring fracture	*5.56	2.41	2.41	0.39	8.36	8.36	090
27194		A	Treat pelvic ring fracture	*9.65	3.90	3.90	0.50	14.05	14.05	090
27215		A	Pelvic fracture(s) treatment	*10.05	#11.06	#11.06	2.33	23.44	23.44	090
27216		A	Treat pelvic ring fracture	*15.19	4.30	4.30	0.66	20.15	20.15	090
27217		A	Treat pelvic ring fracture	*14.11	14.55	14.55	2.33	30.99	30.99	090
27218		A	Treat pelvic ring fracture	*20.15	14.55	14.55	2.33	37.03	37.03	090
27226		A	Treat hip wall fracture	*14.91	15.78	15.78	2.52	33.21	33.21	090
27245		A	Repair of thigh fracture	*20.31	16.30	16.30	2.62	39.23	39.23	090
27496		A	Decompression of thigh/knee	*6.11	4.53	4.53	0.74	11.38	11.38	090
27497		A	Decompression of thigh/knee	*7.17	5.55	5.55	0.91	13.63	13.63	090
27498		A	Decompression of thigh/knee	*7.99	6.32	6.32	1.04	15.35	15.35	090
27499		A	Decompression of thigh/knee	*9.00	7.28	7.28	1.19	17.47	17.47	090
27501		A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27503		A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27507		A	Treatment of thigh fracture	*13.99	#15.39	#15.39	2.56	31.94	31.94	090
27509		A	Treatment of thigh fracture	*7.71	4.22	4.22	0.65	12.58	12.58	090
27511		A	Treatment of thigh fracture	*13.64	#15.00	#15.00	2.56	31.20	31.20	090
27535		A	Treatment of knee fracture	*11.50	11.69	11.69	1.88	25.07	25.07	090
27558		A	Repair of knee dislocation	*17.72	14.60	14.60	2.43	34.75	34.75	090
27759		A	Repair of tibia fracture	*13.76	13.74	13.74	2.22	29.72	29.72	090
27824		A	Treat lower leg fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27825		A	Treat lower leg fracture	*6.19	6.51	6.51	1.06	13.76	13.76	090
27826		A	Treat lower leg fracture	*8.54	#9.39	#9.39	1.88	19.81	19.81	090
27829		A	Treat lower leg joint	*5.49	#6.04	#6.04	1.37	12.90	12.90	090
27892		A	Decompression of leg	*7.39	3.39	3.39	0.64	11.42	11.42	090
27893		A	Decompression of leg	*7.35	3.38	3.38	0.67	11.40	11.40	090
28470		A	Treat metatarsal fracture	*1.99	1.80	1.80	0.23	4.02	4.02	090
28475		A	Treat metatarsal fracture	*2.97	2.34	2.34	0.30	5.61	5.61	090
28531		A	Treat sesamoid bone fracture	*2.35	1.91	1.91	0.32	4.58	4.58	090
28576		A	Treat foot dislocation	*4.17	2.77	2.77	0.42	7.36	7.36	090
29800		A	Jaw arthroscopy/surgery	*6.43	4.01	4.01	0.46	10.90	10.90	090
29804		A	Jaw arthroscopy/surgery	*8.14	#8.95	#8.95	1.46	18.55	18.55	090
29850		A	Knee arthroscopy/surgery	*8.19	#9.01	#9.01	1.74	18.94	18.94	090
29851		A	Knee arthroscopy/surgery	*13.10	10.95	10.95	1.74	25.79	25.79	090
29855		A	Tibial arthroscopy/surgery	*10.62	#11.68	#11.68	1.88	24.18	24.18	090
29856		A	Tibial arthroscopy/surgery	*14.14	11.69	11.69	1.88	27.71	27.71	090
29860		A	Hip arthroscopy, dx	*8.05	4.84	4.84	0.76	13.65	13.65	090
29861		A	Hip arthroscopy/surgery	*9.15	9.38	9.38	1.73	20.26	20.26	090
29862		A	Hip arthroscopy/surgery	*9.90	10.07	10.07	2.32	22.29	22.29	090
29863		A	Hip arthroscopy/surgery	*9.90	8.72	8.72	1.73	20.35	20.35	090
29891		A	Ankle arthroscopy/surgery	*8.40	8.86	8.86	1.77	19.03	19.03	090
29892		A	Ankle arthroscopy/surgery	*9.00	8.86	8.86	1.77	19.63	19.63	090
29893		A	Scope, plantar fasciotomy	*5.22	5.20	5.20	0.46	10.88	10.88	090
30460		A	Revision of nose	*9.96	8.58	8.58	0.93	19.47	19.47	090
30462		A	Revision of nose	*19.57	17.16	17.16	1.87	38.60	38.60	090
30801		A	Cauterization inner nose	*1.09	0.47	0.47	0.05	1.61	1.61	010
30802		A	Cauterization inner nose	*2.03	0.94	0.94	0.11	3.08	3.08	010
32201		A	Percut drainage, lung lesion	4.00	3.03	3.03	0.35	7.38	7.38	000
33496		A	Repair, prosth valve clot	*27.25	#29.98	#29.98	5.33	62.56	62.56	090
33501		A	Repair heart vessel fistula	*17.78	14.14	14.14	2.51	34.43	34.43	090
33514		A	CABG, vein, five	*35.00	#38.50	#38.50	7.23	80.73	80.73	090
33516		A	CABG, vein, six+	*37.40	#41.14	#41.14	7.74	86.28	86.28	090
33517		A	CABG, artery-vein, single	*2.57	#2.83	#2.83	0.50	5.90	5.90	090
33518		A	CABG, artery-vein, two	*4.85	#5.34	#5.34	1.02	11.21	11.21	090
33519		A	CABG, artery-vein, three	*7.12	#7.83	#7.83	1.52	16.47	16.47	090
33521		A	CABG, artery-vein, four	*9.40	#10.34	#10.34	2.03	21.77	21.77	090
33522		A	CABG, artery-vein, five	*11.67	#12.84	#12.84	2.54	27.05	27.05	090
33523		A	CABG, artery-vein, six+	*13.95	#15.35	#15.35	3.05	32.35	32.35	090
33533		A	CABG, arterial, single	*25.83	#28.41	#28.41	5.36	59.60	59.60	090
33534		A	CABG, arterial, two	*28.82	#31.70	#31.70	6.03	66.55	66.55	090

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33535		A	CABG, arterial, three	*31.81	#34.99	#34.99	6.70	73.50	73.50	090
33536		A	CABG, arterial, four+	*34.79	#38.27	#38.27	7.37	80.43	80.43	090
33800		A	Aortic suspension	*16.24	14.14	14.14	2.51	32.89	32.89	090
34151		A	Removal of artery clot	*16.86	11.96	11.96	2.39	31.21	31.21	090
35400		A	Angioscopy	3.00	2.27	2.27	0.27	5.54	5.54	ZZZ
35691		A	Arterial transposition	*18.05	19.62	19.62	3.81	41.48	41.48	090
35693		A	Arterial transposition	*15.36	9.40	9.40	1.91	26.67	26.67	090
35694		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35695		A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
36470		A	Injection therapy of vein	*1.09	0.27	0.27	0.04	1.40	1.40	010
36530		R	Insertion of infusion pump	*6.20	4.82	4.82	1.02	12.04	12.04	010
36531		R	Revision of infusion pump	*4.87	4.37	4.37	0.27	9.51	9.51	010
36532		R	Removal of infusion pump	*3.30	1.77	1.77	0.37	5.44	5.44	010
36534		A	Revision of access port	*2.80	#3.08	#3.08	0.21	6.09	6.09	010
36535		A	Removal of access port	*2.27	1.81	1.81	0.38	4.46	4.46	010
36834		A	Repair A–V aneurysm	*9.93	7.80	7.80	1.66	19.39	19.39	090
37195		A	Thrombolytic therapy, stroke	0.00	7.68	7.68	0.54	8.22	8.22	XXX
37250		A	Intravascular us	2.10	1.14	1.14	0.13	3.37	3.37	ZZZ
37251		A	Intravascular us	1.60	0.87	0.87	0.10	2.57	2.57	ZZZ
40800		A	Drainage of mouth lesion	*1.17	0.74	0.74	0.07	1.98	1.98	010
40801		A	Drainage of mouth lesion	*2.53	1.70	1.70	0.16	4.39	4.39	010
40804		A	Removal foreign body, mouth	*1.24	0.58	0.58	0.06	1.88	1.88	010
40805		A	Removal foreign body, mouth	*2.69	2.50	2.50	0.30	5.49	5.49	010
40808		A	Biopsy of mouth lesion	*0.96	0.76	0.76	0.08	1.80	1.80	010
40810		A	Excision of mouth lesion	*1.31	1.18	1.18	0.11	2.60	2.60	010
40812		A	Excise/repair mouth lesion	*2.31	1.50	1.50	0.14	3.95	3.95	010
40814		A	Excise/repair mouth lesion	*3.42	3.23	3.23	0.32	6.97	6.97	090
40816		A	Excision of mouth lesion	*3.67	3.22	3.22	0.33	7.22	7.22	090
40818		A	Excise oral mucosa for graft	*2.41	2.25	2.25	0.20	4.86	4.86	090
40819		A	Excise lip or cheek fold	*2.41	1.23	1.23	0.14	3.78	3.78	090
40820		A	Treatment of mouth lesion	*1.28	0.53	0.53	0.06	1.87	1.87	010
40830		A	Repair mouth laceration	*1.76	0.67	0.67	0.07	2.50	2.50	010
40831		A	Repair mouth laceration	*2.46	1.94	1.94	0.21	4.61	4.61	010
41800		A	Drainage of gum lesion	*1.17	0.69	0.69	0.07	1.93	1.93	010
41805		A	Removal foreign body, gum	*1.24	0.84	0.84	0.08	2.16	2.16	010
41806		A	Removal foreign body, jawbone	*2.69	1.64	1.64	0.15	4.48	4.48	010
41822		R	Excision of gum lesion	*2.31	3.03	3.03	0.25	5.59	5.59	010
41823		R	Excision of gum lesion	*3.30	#3.63	#3.63	0.34	7.27	7.27	090
41825		A	Excision of gum lesion	*1.31	1.49	1.49	0.14	2.94	2.94	010
41826		A	Excision of gum lesion	*2.31	2.07	2.07	0.18	4.56	4.56	010
41827		A	Excision of gum lesion	*3.42	#3.76	#3.76	0.38	7.56	7.56	090
41828		R	Excision of gum lesion	*3.09	4.07	4.07	0.33	7.49	7.49	010
41830		R	Removal of gum tissue	*3.35	#3.69	#3.69	0.36	7.40	7.40	010
41872		R	Repair gum	*2.59	#2.85	#2.85	0.27	5.71	5.71	090
41874		R	Repair tooth socket	*3.09	#3.40	#3.40	0.32	6.81	6.81	090
43360		A	Gastrointestinal repair	*28.78	21.36	21.36	4.19	54.33	54.33	090
43361		A	Gastrointestinal repair	*32.65	25.27	25.27	4.77	62.69	62.69	090
44626		A	Repair bowel opening	*22.59	11.37	11.37	2.40	36.36	36.36	090
44700		A	Suspend bowel w/prosthesis	*14.35	11.37	11.37	2.40	28.12	28.12	090
44901		A	Drain, app abscess, perc	3.38	2.56	2.56	0.30	6.24	6.24	000
45119		A	Remove, rectum w/reservoir	*26.21	16.06	16.06	3.36	45.63	45.63	090
45900		A	Reduction of rectal prolapse	*1.83	0.58	0.58	0.11	2.52	2.52	010
45905		A	Dilation of anal sphincter	*1.61	0.71	0.71	0.12	2.44	2.44	010
45910		A	Dilation of rectal narrowing	*1.96	0.87	0.87	0.13	2.96	2.96	010
46715		A	Repair of anovaginal fistula	*7.46	3.51	3.51	0.82	11.79	11.79	090
46746		A	Repair, cloacal anomaly	*36.74	24.26	24.26	2.37	63.37	63.37	090
47011		A	Percut drain, liver lesion	3.70	2.80	2.80	0.33	6.83	6.83	000
47511		A	Insert bile duct drain	*10.50	2.87	2.87	0.25	13.62	13.62	090
47716		A	Fusion of bile duct cyst	*13.83	6.56	6.56	1.53	21.92	21.92	090
48001		A	Placement of drain, pancreas	*18.83	8.13	8.13	1.89	28.85	28.85	090
48005		A	Resect/debride pancreas	*22.40	9.19	9.19	2.14	33.73	33.73	090
48146		A	Pancreatectomy	*23.91	16.49	16.49	1.92	42.32	42.32	090
48154		A	Pancreatectomy	*39.95	22.54	22.54	4.75	67.24	67.24	090
48511		A	Drain pancreatic pseudocyst	4.00	3.03	3.03	0.35	7.38	7.38	000
48556		A	Removal, allograft pancreas	*15.71	7.26	7.26	1.69	24.66	24.66	090
49021		A	Drain abdominal abscess	*3.38	#3.72	#3.72	0.91	8.01	8.01	000
49041		A	Percut drain abdom abscess	4.00	3.03	3.03	0.35	7.38	7.38	000
49061		A	Percutdrain retroper abscess	3.70	2.80	2.80	0.33	6.83	6.83	000
49062		A	Drain to peritoneal cavity	*11.36	8.07	8.07	0.79	20.22	20.22	090
49423		A	Exchange drainage cath	1.46	1.10	1.10	0.13	2.69	2.69	000
49424		A	Assess cyst, contrast inj	0.76	0.57	0.57	0.07	1.40	1.40	000
49507		A	Repair, inguinal hernia	*8.17	5.04	5.04	1.08	14.29	14.29	090
50021		A	Percut drain renal abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
50727		A	Revise ureter	*8.18	5.37	5.37	0.51	14.06	14.06	090

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
50728		A	Revise ureter	*12.02	7.90	7.90	0.77	20.69	20.69	090
50782		A	Reimplant ureter in bladder	*19.54	13.78	13.78	1.46	34.78	34.78	090
50783		A	Reimplant ureter in bladder	*20.55	13.78	13.78	1.46	35.79	35.79	090
52282		A	Cystoscopy, implant stent	6.40	4.58	4.58	0.45	11.43	11.43	000
52450		A	Incision of prostate	*7.64	4.99	4.99	0.49	13.12	13.12	090
53850		A	Prostatic microwave thermotx	*9.45	6.71	6.71	0.66	16.82	16.82	090
53852		A	Prostatic rf thermotx	*9.88	7.01	7.01	0.69	17.58	17.58	090
54401		A	Insert self-contd prosthesis	*10.28	#11.31	#11.31	1.73	23.32	23.32	090
56300		A	Laparoscopy; diagnostic	*5.10	4.45	4.45	0.93	10.48	10.48	010
56301		A	Laparoscopy; tubal cautery	*5.60	4.71	4.71	1.28	11.59	11.59	010
56302		A	Laparoscopy; tubal block	*5.60	5.26	5.26	1.32	12.18	12.18	010
56303		A	Laparoscopy; excise lesions	*11.79	5.53	5.53	1.16	18.48	18.48	090
56304		A	Laparoscopy; lysis	*11.29	5.60	5.60	1.20	18.09	18.09	090
56305		A	Laparoscopy; biopsy	*5.40	4.90	4.90	0.79	11.09	11.09	010
56306		A	Laparoscopy; aspiration	*5.70	4.87	4.87	1.18	11.75	11.75	010
56310		A	Laparoscopic enterolysis	*14.44	8.28	8.28	1.75	24.47	24.47	090
56314		A	Lapar; drain lymphocele	*9.48	6.73	6.73	0.66	16.87	16.87	090
56318		A	Laparoscopic orchiectomy	*10.96	7.23	7.23	0.81	19.00	19.00	090
56322		A	Laparoscopy, vagus nerves	*10.15	5.07	5.07	1.18	16.40	16.40	090
56323		A	Laparoscopy, vagus nerves	*12.15	6.09	6.09	1.41	19.65	19.65	090
56324		A	Laparoscopy, cholecystoenter	*12.58	9.16	9.16	1.93	23.67	23.67	090
56342		A	Laparoscopic cholecystectomy	*14.23	9.37	9.37	2.00	25.60	25.60	090
56343		A	Laparoscopic salpingostomy	*13.74	5.28	5.28	1.11	20.13	20.13	090
56344		A	Laparoscopic fimbrioplasty	*12.88	5.11	5.11	1.19	19.18	19.18	090
56345		C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346		A	Laparoscopic gastrostomy	*7.73	6.19	6.19	1.19	15.11	15.11	090
56347		C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348		A	Laparo; resect intestine	*22.04	13.25	13.25	2.78	38.07	38.07	090
56349		A	Laparoscopy; fundoplasty	*17.25	11.88	11.88	2.53	31.66	31.66	090
56350		A	Hysteroscopy; diagnostic	3.33	1.99	1.99	0.44	5.76	5.76	000
56351		A	Hysteroscopy; biopsy	4.75	1.99	1.99	0.44	7.18	7.18	000
56352		A	Hysteroscopy; lysis	6.17	3.77	3.77	0.85	10.79	10.79	000
56353		A	Hysteroscopy; resect septum	7.00	3.77	3.77	0.85	11.62	11.62	000
56354		A	Hysteroscopy; remove myoma	10.00	4.93	4.93	1.30	16.23	16.23	000
56355		A	Hysteroscopy; remove impact	5.21	1.99	1.99	0.44	7.64	7.64	000
56356		A	Hysteroscopy; ablation	6.17	4.39	4.39	1.49	12.05	12.05	000
56631		A	Extensive vulva surgery	*16.20	#17.82	#17.82	4.51	38.53	38.53	090
56634		A	Extensive vulva surgery	*17.88	#19.67	#19.67	4.51	42.06	42.06	090
56637		A	Extensive vulva surgery	*21.97	21.42	21.42	4.51	47.90	47.90	090
56810		A	Repair of perineum	*4.13	2.62	2.62	0.51	7.26	7.26	010
57308		A	Fistula repair, transperine	*9.94	7.23	7.23	1.41	18.58	18.58	090
57510		A	Cauterization of cervix	*1.90	0.52	0.52	0.09	2.51	2.51	010
57531		A	Removal of cervix, radical	*22.04	17.77	17.77	3.87	43.68	43.68	090
58262		A	Vaginal hysterectomy	*13.99	9.39	9.39	2.07	25.45	25.45	090
58263		A	Vaginal hysterectomy	*15.28	10.32	10.32	2.22	27.82	27.82	090
58345		A	Reopen fallopian tube	*4.66	3.49	3.49	0.41	8.56	8.56	010
58823		A	Percut drain pelvic abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
58825		A	Transposition, ovary(s)	*6.13	4.03	4.03	0.93	11.09	11.09	090
59150		A	Treat ectopic pregnancy	*6.89	4.53	4.53	1.05	12.47	12.47	090
59151		A	Treat ectopic pregnancy	*7.86	8.61	8.61	0.64	17.11	17.11	090
59871		A	Remove cerclage suture	2.13	1.78	1.78	0.41	4.32	4.32	000
60271		A	Removal of thyroid	*14.89	12.14	12.14	2.25	29.28	29.28	090
61760		A	Implant brain electrodes	*22.27	14.98	14.98	1.75	39.00	39.00	090
62280		A	Treat spinal cord lesion	*2.63	0.71	0.71	0.14	3.48	3.48	010
62281		A	Treat spinal cord lesion	*2.66	0.87	0.87	0.28	3.81	3.81	010
62282		A	Treat spinal canal lesion	*2.33	1.70	1.70	0.40	4.43	4.43	010
64612		A	Destroy nerve, face muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64613		A	Destroy nerve, spine muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64716		A	Revision of cranial nerve	*6.31	4.83	4.83	0.67	11.81	11.81	090
64755		A	Incision of stomach nerves	*13.52	10.47	10.47	2.27	26.26	26.26	090
64885		A	Nerve graft, head or neck	*17.53	12.69	12.69	1.48	31.70	31.70	090
64886		A	Nerve graft, head or neck	*20.75	15.13	15.13	1.77	37.65	37.65	090
65860		A	Incise inner eye adhesions	*3.55	#3.91	#3.91	0.37	7.83	7.83	090
66700		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.35	10.39	10.39	090
66710		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.41	10.45	10.45	090
66740		A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.39	10.43	10.43	090
67027		A	Implant eye drug system	*10.85	9.04	9.04	0.47	20.36	20.36	090
67414		A	Explore/decompress eye socke	*11.13	8.39	8.39	0.44	19.96	19.96	090
67445		A	Explore/decompress eye socke	*14.42	11.13	11.13	0.57	26.12	26.12	090
67570		A	Decompress optic nerve	*13.58	7.56	7.56	0.39	21.53	21.53	090
68761		A	Close tear duct opening	*1.36	0.92	0.92	0.04	2.32	2.32	010
69205		A	Clear outer ear canal	*1.20	1.07	1.07	0.11	2.38	2.38	010
75945	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75946	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX

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[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76076	26	A	Dual energy x-ray study	0.22	0.10	0.10	0.02	0.34	0.34	XXX
76078	26	A	Photodensitometry	0.20	0.10	0.10	0.02	0.32	0.32	XXX
76390	26	A	Mr spectroscopy	1.40	0.66	0.66	0.10	2.16	2.16	XXX
76831	26	A	Echo exam, uterus	0.72	0.32	0.32	0.05	1.09	1.09	XXX
76885	26	A	Echo exam, infant hips	0.74	0.32	0.32	0.05	1.11	1.11	XXX
76886	26	A	Echo exam, infant hips	0.62	0.27	0.27	0.04	0.93	0.93	XXX
77750		A	Infuse radioactive materials	*4.91	3.32	3.32	0.38	8.61	8.61	090
77750	26	A	Infuse radioactive materials	*4.91	2.05	2.05	0.30	7.26	7.26	090
77761		A	Radioelement application	*3.81	3.98	3.98	0.39	8.18	8.18	090
77761	26	A	Radioelement application	*3.81	1.59	1.59	0.23	5.63	5.63	090
77762		A	Radioelement application	*5.72	5.83	5.83	0.57	12.12	12.12	090
77762	26	A	Radioelement application	*5.72	2.39	2.39	0.35	8.46	8.46	090
77763		A	Radioelement application	*8.57	7.86	7.86	0.77	17.20	17.20	090
77763	26	A	Radioelement application	*8.57	3.58	3.58	0.50	12.65	12.65	090
77777		A	Radioelement application	*7.48	7.17	7.17	0.71	15.36	15.36	090
77777	26	A	Radioelement application	*7.48	3.13	3.13	0.45	11.06	11.06	090
77778		A	Radioelement application	*11.19	9.58	9.58	0.98	21.75	21.75	090
77778	26	A	Radioelement application	*11.19	4.69	4.69	0.67	16.55	16.55	090
77781		A	High intensity brachytherapy	*1.66	20.04	20.04	1.32	23.02	23.02	090
77781	26	A	High intensity brachytherapy	*1.66	0.69	0.69	0.11	2.46	2.46	090
77782		A	High intensity brachytherapy	*2.49	20.40	20.40	1.37	24.26	24.26	090
77782	26	A	High intensity brachytherapy	*2.49	1.05	1.05	0.16	3.70	3.70	090
77783		A	High intensity brachytherapy	*3.73	20.90	20.90	1.44	26.07	26.07	090
77783	26	A	High intensity brachytherapy	*3.73	1.55	1.55	0.23	5.51	5.51	090
77784		A	High intensity brachytherapy	*5.61	21.69	21.69	1.56	28.86	28.86	090
77784	26	A	High intensity brachytherapy	*5.61	2.34	2.34	0.35	8.30	8.30	090
77789		A	Radioelement application	*1.12	0.89	0.89	0.10	2.11	2.11	090
77789	26	A	Radioelement application	*1.12	0.46	0.46	0.07	1.65	1.65	090
78491	26	I	Heart image (pet) single	+1.50	1.34	1.34	0.10	2.94	2.94	XXX
78492	26	I	Heart image (pet) multiple	+1.87	1.34	1.34	0.10	3.31	3.31	XXX
78707	26	A	Kidney flow & function image	0.96	0.42	0.42	0.06	1.44	1.44	XXX
78708	26	A	Kidney flow & function image	1.21	0.42	0.42	0.06	1.69	1.69	XXX
78709	26	A	Kidney flow & function image	1.41	0.42	0.42	0.06	1.89	1.89	XXX
88141		A	Cytopath cerv/vag interpret	0.42	0.32	0.32	0.04	0.78	0.78	XXX
88152		X	Cytopath cerv/vag auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90802		A	Intac psy dx interview	3.01	0.38	0.38	0.05	3.44	3.44	XXX
90804		A	Psytx, office (20–30)	1.11	0.35	0.35	0.05	1.51	1.51	XXX
90805		A	Psytx, office (20–30) w/e&m	1.47	0.35	0.35	0.05	1.87	1.87	XXX
90806		A	Psytx, office (45–50)	1.73	0.54	0.54	0.08	2.35	2.35	XXX
90807		A	Psytx, office (45–50) w/e&m	2.00	0.54	0.54	0.08	2.62	2.62	XXX
90808		A	Psytx, office (75–80)	2.76	1.05	1.05	0.15	3.96	3.96	XXX
90809		A	Psytx, office (75–80) w/e&m	3.15	1.05	1.05	0.15	4.35	4.35	XXX
90810		A	Intac psytx, office (20–30)	1.19	0.59	0.59	0.09	1.87	1.87	XXX
90811		A	Intac psytx, off 20–30 w/e&m	1.58	0.59	0.59	0.09	2.26	2.26	XXX
90812		A	Intac psytx, office (45–50)	1.86	0.59	0.59	0.09	2.54	2.54	XXX
90813		A	Intac psytx, off 45–50 w/e&m	2.15	0.59	0.59	0.09	2.83	2.83	XXX
90814		A	Intac psytx, office (75–80)	2.97	0.59	0.59	0.09	3.65	3.65	XXX
90815		A	Intac psytx, off 75–80 w/e&m	3.39	0.59	0.59	0.09	4.07	4.07	XXX
90816		A	Psytx, hosp (20–30)	1.24	0.35	0.35	0.05	1.64	1.64	XXX
90817		A	Psytx, hosp (20–30) w/e&m	1.65	0.35	0.35	0.05	2.05	2.05	XXX
90818		A	Psytx, hosp (45–50)	1.94	0.54	0.54	0.08	2.56	2.56	XXX
90819		A	Psytx, hosp (45–50) w/e&m	2.24	0.54	0.54	0.08	2.86	2.86	XXX
90821		A	Psytx, hosp (75–80)	3.09	1.05	1.05	0.15	4.29	4.29	XXX
90822		A	Psytx, hosp (75–80) w/e&m	3.53	1.05	1.05	0.15	4.73	4.73	XXX
90823		A	Intac psytx, hosp (20–30)	1.33	0.59	0.59	0.09	2.01	2.01	XXX
90824		A	Intac psytx, hsp 20–30 w/e&m	1.77	0.59	0.59	0.09	2.45	2.45	XXX
90826		A	Intac psytx, hosp (45–50)	2.08	0.59	0.59	0.09	2.76	2.76	XXX
90827		A	Intac psytx, hsp 45–50 w/e&m	2.41	0.59	0.59	0.09	3.09	3.09	XXX
90828		A	Intac psytx, hosp (75–80)	3.32	0.59	0.59	0.09	4.00	4.00	XXX
90829		A	Intac psytx, hsp 75–80 w/e&m	3.80	0.59	0.59	0.09	4.48	4.48	XXX
90865		A	Narcosynthesis	2.84	0.50	0.50	0.07	3.41	3.41	XXX
90875		N	Psychophysiological therapy	1.20	0.00	0.00	0.00	1.20	1.20	XXX
90876		N	Psychophysiological therapy	1.90	0.00	0.00	0.00	1.90	1.90	XXX
90885		B	Psy evaluation of records	+0.97	0.31	0.31	0.04	1.32	1.32	XXX
92986		A	Revision of aortic valve	*21.80	12.04	12.04	0.90	34.74	34.74	090
92987		A	Revision of mitral valve	*22.70	12.20	12.20	0.91	35.81	35.81	090
92990		A	Revision of pulmonary valve	*17.34	9.59	9.59	0.71	27.64	27.64	090
92997		A	Pul art balloon repair, perc	12.00	#13.20	#13.20	1.22	26.42	26.42	000
92998		A	Pul art balloon repair, perc	6.00	3.80	3.80	0.44	10.24	10.24	ZZZ
93508	26	A	Cath placement, angiography	4.10	2.78	2.78	0.23	7.11	7.11	000
93530	26	A	Rt heart cath, congenital	4.23	3.61	3.61	0.34	8.18	8.18	000
93531	26	A	R & l heart cath, congenital	8.35	5.45	5.45	0.39	14.19	14.19	000
93532	26	A	R & l heart cath, congenital	10.00	7.14	7.14	0.50	17.64	17.64	000
93533	26	A	R & l heart cath, congenital	6.70	2.93	2.93	0.22	9.85	9.85	000

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[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95806	26	A	Sleep study, unattended	1.66	2.45	#1.83	0.19	4.30	3.68	XXX
95811	26	A	Polysomnography w/cpap	3.80	2.57	2.57	0.20	6.57	6.57	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95921	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95922	26	A	Autonomic nervous func test	0.96	0.34	0.34	0.03	1.33	1.33	XXX
95923	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
96902		B	Trichogram	+0.41	0.29	0.29	0.02	0.72	0.72	XXX
97001		A	Pt evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97002		A	Pt re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97003		A	Ot evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97004		A	Ot re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97780		N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781		N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99141		B	Sedation, iv/im or inhalant	+0.80	0.83	0.83	0.05	1.68	1.68	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	0.62	0.62	0.04	1.26	1.26	XXX
99234		A	Observ/hosp same date	2.56	0.68	0.68	0.06	3.30	3.30	XXX
99235		A	Observ/hosp same date	3.42	1.05	1.05	0.09	4.56	4.56	XXX
99236		A	Observ/hosp same date	4.27	1.14	1.14	0.09	5.50	5.50	XXX
99301		A	Nursing facility care	1.20	0.45	0.45	0.03	1.68	1.68	XXX
99302		A	Nursing facility care	1.61	0.50	0.50	0.04	2.15	2.15	XXX
99303		A	Nursing facility care	2.01	0.95	0.95	0.07	3.03	3.03	XXX
99311		A	Nursing facility care, subseq	0.60	0.34	0.34	0.03	0.97	0.97	XXX
99312		A	Nursing facility care, subseq	1.00	0.41	0.41	0.03	1.44	1.44	XXX
99313		A	Nursing facility care, subseq	1.42	0.46	0.46	0.04	1.92	1.92	XXX
99315		A	Nursing fac discharge day	1.13	0.51	0.51	0.04	1.68	1.68	XXX
99316		A	Nursing fac discharge day	1.50	0.51	0.51	0.04	2.05	2.05	XXX
99341		A	Home visit, new patient	1.01	0.53	0.53	0.05	1.59	1.59	XXX
99342		A	Home visit, new patient	1.52	0.60	0.60	0.05	2.17	2.17	XXX
99343		A	Home visit, new patient	2.27	0.77	0.77	0.06	3.10	3.10	XXX
99344		A	Home visit, new patient	3.03	0.85	0.85	0.09	3.97	3.97	XXX
99345		A	Home visit, new patient	3.79	0.85	0.85	0.09	4.73	4.73	XXX
99347		A	Home visit, estab patient	0.76	0.45	0.45	0.04	1.25	1.25	XXX
99348		A	Home visit, estab patient	1.26	0.53	0.53	0.04	1.83	1.83	XXX
99349		A	Home visit, estab patient	2.02	0.61	0.61	0.05	2.68	2.68	XXX
99350		A	Home visit, estab patient	3.03	0.76	0.76	0.07	3.86	3.86	XXX
99374		B	Home health care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99375		A	Home health care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99377		B	Hospice care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99378		A	Hospice care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99379		B	Nursing fac care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99380		B	Nursing fac care supervision	+1.73	0.51	0.51	0.04	2.28	2.28	XXX
99436		A	Attendance, birth	1.50	1.55	1.55	0.10	3.15	3.15	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0051		D	Destroy benign/premal lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0101		A	CA screen;pelvic/breast exam	0.45	0.28	0.28	0.02	0.75	0.75	XXX
G0104		A	CA screen;flexi sigmoidscope	0.96	1.23	#1.06	0.12	2.31	2.14	000
G0105		A	Colorectal scrn; hi risk ind	3.70	4.13	#4.07	0.39	8.22	8.16	000
G0106	26	A	Colon CA screen;barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0107		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	0.26	0.26	0.04	1.20	1.20	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.20	0.20	0.02	0.49	0.49	XXX
G0112		R	Nett;nutrition guid, initial	1.72	0.97	0.97	0.10	2.79	2.79	XXX
G0113		R	Nett;nutrition guid, subseqnt	1.29	0.77	0.77	0.09	2.15	2.15	XXX
G0114		R	Nett; psychosocial consult	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0115		R	Nett; psychological testing	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0116		A	Nett; psychosocial counsel	1.11	0.35	0.35	0.05	1.51	1.51	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0121	.....	N	Colon ca scrn; barium enema	+3.70	4.13	#4.07	0.39	8.22	8.16	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.45	0.45	0.07	1.51	1.51	XXX

ADDENDUM D.—1999 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00510	00	ALABAMA	0.978	0.872	0.876
00831	01	ALASKA	1.063	1.173	1.533
00832	00	ARIZONA	0.995	0.971	1.189
00520	13	ARKANSAS	0.953	0.855	0.403
02050	26	ANAHEIM/SANTA ANA, CA	1.036	1.191	0.846
02050	18	LOS ANGELES, CA	1.055	1.199	0.846
31140	03	MARIN/NAPA/SOLANO, CA	1.014	1.161	0.667
31140	07	OAKLAND/BERKLEY, CA	1.040	1.196	0.667
31140	05	SAN FRANCISCO, CA	1.067	1.299	0.667
31140	06	SAN MATEO, CA	1.047	1.274	0.667
31140	09	SANTA CLARA, CA	1.062	1.262	0.667
02050	17	VENTURA, CA	1.027	1.131	0.717
02050	99	REST OF STATE*	1.008	1.043	0.698
31140	99	REST OF STATE*	1.008	1.043	0.698
00824	01	COLORADO	0.987	0.970	0.795
10230	00	CONNECTICUT	1.049	1.172	1.052
00570	01	DELAWARE	1.019	1.028	0.860
00580	01	DC + MD/VA SUBURBS	1.050	1.161	1.032
00590	03	FORT LAUDERDALE, FL	0.996	1.026	1.783
00590	04	MIAMI, FL	1.015	1.077	2.350
00590	99	REST OF STATE	0.975	0.948	1.327
00511	01	ATLANTA, GA	1.006	1.034	0.951
00511	99	REST OF STATE	0.970	0.900	0.951
00833	01	HAWAII/GUAM	0.998	1.183	0.954
05130	00	IDAHO	0.960	0.892	0.566
00621	16	CHICAGO, IL	1.027	1.088	1.693
00621	12	EAST ST. LOUIS, IL	0.988	0.931	1.487
00621	15	SUBURBAN CHICAGO, IL	1.006	1.067	1.365
00621	99	REST OF STATE	0.963	0.886	0.990
00630	00	INDIANA	0.981	0.917	0.408
00640	00	IOWA	0.958	0.882	0.648
00650	00	KANSAS*	0.963	0.898	0.890
00740	04	KANSAS*	0.963	0.898	0.890
00660	00	KENTUCKY	0.970	0.874	0.807
00528	01	NEW ORLEANS, LA	0.998	0.950	1.153
00528	99	REST OF STATE	0.969	0.881	1.031
31142	03	SOUTHERN MAINE	0.979	1.030	0.708
31142	99	REST OF STATE	0.961	0.924	0.708
00901	01	BALTIMORE/SURR. CNTYS, MD	1.019	1.039	1.098
00901	99	REST OF STATE	0.985	0.986	0.866
31143	01	METROPOLITAN BOSTON	1.039	1.196	0.713
31143	99	REST OF STATE	1.010	1.093	0.713
00623	01	DETROIT, MI	1.042	1.022	3.069
00623	99	REST OF STATE	0.996	0.939	1.828
10240	00	MINNESOTA	0.989	0.967	0.507
10250	00	MISSISSIPPI	0.957	0.846	0.721
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.949	1.196
11260	01	METROPOLITAN ST. LOUIS, MO	0.994	0.943	1.198
00740	99	REST OF STATE*	0.945	0.828	1.165
11260	99	REST OF STATE*	0.945	0.828	1.165
00751	01	MONTANA	0.951	0.877	0.732
00655	00	NEBRASKA	0.949	0.873	0.443
00834	00	NEVADA	1.005	1.032	0.997
31144	40	NEW HAMPSHIRE	0.988	1.033	1.013
00860	01	NORTHERN NJ	1.057	1.191	0.795
00860	99	REST OF STATE	1.028	1.094	0.795
00521	05	NEW MEXICO	0.973	0.910	0.716
00803	01	MANHATTAN, NY	1.093	1.353	1.654
00803	02	NYC SUBURBS/LONG I., NY	1.067	1.233	1.932
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.010	1.084	1.326
14330	04	QUEENS, NY	1.057	1.234	1.839
00801	99	REST OF STATE	0.999	0.959	0.793
05535	00	NORTH CAROLINA	0.970	0.924	0.497
00820	01	NORTH DAKOTA	0.950	0.877	0.656
16360	00	OHIO	0.990	0.939	1.074

ADDENDUM D.—1999 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00522	00	OKLAHOMA	0.969	0.882	0.451
00835	01	PORTLAND, OR	0.996	1.021	0.587
00835	99	REST OF STATE	0.961	0.938	0.587
00865	01	METROPOLITAN PHILADELPHIA, PA	1.024	1.089	1.207
00865	99	REST OF STATE	0.989	0.931	0.637
00973	20	PUERTO RICO	0.882	0.729	0.359
00870	01	RHODE ISLAND	1.018	1.069	1.189
00880	01	SOUTH CAROLINA	0.975	0.905	0.280
00820	02	SOUTH DAKOTA	0.935	0.873	0.435
05440	35	TENNESSEE	0.975	0.899	0.552
00900	31	AUSTIN, TX	0.986	1.000	0.849
00900	20	BEAUMONT, TX	0.992	0.899	1.386
00900	09	BRAZORIA, TX	0.992	0.977	1.386
00900	11	DALLAS, TX	1.010	1.016	0.930
00900	28	FORT WORTH, TX	0.987	0.971	0.930
00900	15	GALVESTON, TX	0.988	0.970	1.386
00900	18	HOUSTON, TX	1.020	1.007	1.418
00900	99	REST OF STATE	0.966	0.888	0.871
00910	09	UTAH	0.977	0.909	0.594
31145	50	VERMONT	0.973	0.984	0.548
00973	50	VIRGIN ISLANDS	0.965	1.034	1.032
10490	00	VIRGINIA	0.985	0.941	0.557
00836	02	SEATTLE (KING CNTY), WA	1.005	1.080	0.742
00836	99	REST OF STATE	0.982	0.976	0.742
16510	16	WEST VIRGINIA	0.963	0.853	1.106
00951	00	WISCONSIN	0.981	0.933	0.841
00825	21	WYOMING	0.967	0.895	0.705

*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. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

ADDENDUM E.—1998 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00510	00	ALABAMA	0.979	0.871	0.902
00831	01	ALASKA	1.064	1.164	1.575
00832	00	ARIZONA	0.996	0.964	1.255
00520	13	ARKANSAS	0.954	0.854	0.415
02050	26	ANAHEIM/SANTA ANA, CA	1.037	1.198	0.799
02050	18	LOS ANGELES, CA	1.056	1.203	0.799
31140	03	MARIN/NAPA/SOLANO, CA	1.015	1.171	0.632
31140	07	OAKLAND/BERKLEY, CA	1.041	1.206	0.632
31140	05	SAN FRANCISCO, CA	1.068	1.315	0.632
31140	06	SAN MATEO, CA	1.048	1.287	0.632
31140	09	SANTA CLARA, CA	1.063	1.276	0.632
02050	17	VENTURA, CA	1.028	1.162	0.702
02050	99	REST OF STATE*	1.009	1.046	0.663
31140	99	REST OF STATE*	1.009	1.046	0.663
00824	01	COLORADO	0.988	0.961	0.811
10230	00	CONNECTICUT	1.050	1.182	1.027
00570	01	DELAWARE	1.020	1.030	0.826
00580	01	DC + MD/VA SUBURBS	1.051	1.177	1.006
00590	03	FORT LAUDERDALE, FL	0.997	1.031	1.825
00590	04	MIAMI, FL	1.016	1.082	2.403
00590	99	REST OF STATE	0.976	0.946	1.372
00511	01	ATLANTA, GA	1.007	1.032	0.927
00511	99	REST OF STATE	0.971	0.896	0.927
00833	01	HAWAII/GUAM	0.999	1.202	0.938
05130	00	IDAHO	0.961	0.887	0.577
00621	16	CHICAGO, IL	1.028	1.084	1.538
00621	12	EAST ST. LOUIS, IL	0.988	0.930	1.345
00621	15	SUBURBAN CHICAGO, IL	1.007	1.080	1.262
00621	99	REST OF STATE	0.964	0.885	0.906
00630	00	INDIANA	0.982	0.917	0.382
00640	00	IOWA	0.959	0.880	0.664
00650	00	KANSAS*	0.964	0.895	1.041
00740	04	KANSAS*	0.964	0.895	1.041
00660	00	KENTUCKY	0.971	0.871	0.813
00528	01	NEW ORLEANS, LA	0.999	0.948	1.075
00528	99	REST OF STATE	0.969	0.876	0.972
31142	03	SOUTHERN MAINE	0.980	1.032	0.734
31142	99	REST OF STATE	0.962	0.925	0.734
00901	01	BALTIMORE/SURR. CNTYS, MD	1.020	1.038	1.107
00901	99	REST OF STATE	0.984	0.969	0.864

ADDENDUM E.—1998 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
31143	01	METROPOLITAN BOSTON	1.040	1.205	0.846
31143	99	REST OF STATE	1.011	1.089	0.846
00623	01	DETROIT, MI	1.043	1.030	3.060
00623	99	REST OF STATE	0.997	0.937	1.836
10240	00	MINNESOTA	0.990	0.966	0.551
10250	00	MISSISSIPPI	0.957	0.845	0.724
00740	02	METROPOLITAN KANSAS CITY, MO	0.989	0.949	1.202
11260	01	METROPOLITAN ST. LOUIS, MO	0.995	0.944	1.203
00740	99	REST OF STATE*	0.946	0.831	1.162
11260	99	REST OF STATE*	0.946	0.831	1.162
00751	01	MONTANA	0.952	0.871	0.744
00655	00	NEBRASKA	0.950	0.873	0.444
00834	00	NEVADA	1.006	1.030	0.942
31144	40	NEW HAMPSHIRE	0.988	1.034	0.965
00860	01	NORTHERN NJ	1.058	1.203	0.779
00860	99	REST OF STATE	1.029	1.104	0.779
00521	05	NEW MEXICO	0.974	0.907	0.754
00803	01	MANHATTAN, NY	1.094	1.356	1.600
00803	02	NYC SUBURBS/LONG I., NY	1.068	1.234	1.846
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.011	1.083	1.272
14330	04	QUEENS, NY	1.058	1.237	1.763
00801	99	REST OF STATE	1.000	0.957	0.807
05535	00	NORTH CAROLINA	0.971	0.921	0.466
00820	01	NORTH DAKOTA	0.951	0.869	0.637
16360	00	OHIO	0.991	0.940	1.062
00522	00	OKLAHOMA	0.969	0.881	0.437
00835	01	PORTLAND, OR	0.997	1.011	0.612
00835	99	REST OF STATE	0.962	0.934	0.612
00865	01	METROPOLITAN PHILADELPHIA, PA	1.025	1.090	1.261
00865	99	REST OF STATE	0.990	0.928	0.687
00973	20	PUERTO RICO	0.883	0.734	0.314
00870	01	RHODE ISLAND	1.019	1.072	1.379
00880	01	SOUTH CAROLINA	0.976	0.902	0.321
00820	02	SOUTH DAKOTA	0.936	0.865	0.439
05440	35	TENNESSEE	0.976	0.899	0.538
00900	31	AUSTIN, TX	0.987	0.993	0.838
00900	20	BEAUMONT, TX	0.993	0.896	1.407
00900	09	BRAZORIA, TX	0.993	0.972	1.407
00900	11	DALLAS, TX	1.011	1.014	0.912
00900	28	FORT WORTH, TX	0.988	0.972	0.912
00900	15	GALVESTON, TX	0.989	0.968	1.407
00900	18	HOUSTON, TX	1.021	1.006	1.423
00900	99	REST OF STATE	0.966	0.884	0.855
00910	09	UTAH	0.978	0.900	0.619
31145	50	VERMONT	0.974	0.986	0.500
00973	50	VIRGIN ISLANDS	0.966	1.006	1.028
10490	00	VIRGINIA	0.986	0.940	0.538
00836	02	SEATTLE (KING CNTY), WA	1.006	1.079	0.745
00836	99	REST OF STATE	0.983	0.969	0.745
16510	16	WEST VIRGINIA	0.964	0.852	1.055
00951	00	WISCONSIN	0.982	0.930	1.001
00825	21	WYOMING	0.968	0.888	0.758

*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. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00973	50	VIRGIN ISLANDS	0.997	0.974	0.023	2.4
00621	16	CHICAGO, IL	1.084	1.066	0.018	1.7
00901	99	REST OF MARYLAND	0.980	0.964	0.016	1.7
00621	12	EAST ST. LOUIS, IL	0.989	0.974	0.015	1.5
00528	99	REST OF LOUISIANA	0.936	0.926	0.010	1.1
00621	99	REST OF ILLINOIS	0.933	0.924	0.009	1.0
00528	01	NEW ORLEANS, LA	0.986	0.977	0.009	0.9
00820	01	NORTH DAKOTA	0.906	0.898	0.008	0.9
00803	02	NYC SUBURBS/LONG I., NY	1.177	1.170	0.007	0.6
00834	00	NEVADA	1.016	1.010	0.006	0.6
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.056	1.050	0.006	0.6
00835	01	PORTLAND, OR	0.987	0.981	0.006	0.6
00820	02	SOUTH DAKOTA	0.886	0.880	0.006	0.7
00900	31	AUSTIN, TX	0.985	0.979	0.006	0.6
16510	16	WEST VIRGINIA	0.925	0.919	0.006	0.7

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA—Continued

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00824	01	COLORADO	0.971	0.966	0.005	0.5
00900	99	REST OF TEXAS	0.929	0.924	0.005	0.5
00910	09	UTAH	0.931	0.926	0.005	0.5
00836	99	REST OF WASHINGTON	0.968	0.963	0.005	0.5
31144	40	NEW HAMPSHIRE	1.008	1.003	0.005	0.5
00511	01	ATLANTA, GA	1.015	1.011	0.004	0.4
00511	99	REST OF GEORGIA	0.940	0.936	0.004	0.4
05535	00	NORTH CAROLINA	0.928	0.924	0.004	0.4
14330	04	QUEENS, NY	1.167	1.163	0.004	0.3
00900	11	DALLAS, TX	1.009	1.006	0.003	0.3
00751	01	MONTANA	0.910	0.907	0.003	0.3
00831	01	ALASKA	1.131	1.128	0.003	0.3
05130	00	IDAHO	0.913	0.911	0.002	0.2
00630	00	INDIANA	0.927	0.925	0.002	0.2
00660	00	KENTUCKY	0.923	0.921	0.002	0.2
00803	01	MANHATTAN, NY	1.227	1.225	0.002	0.2
00900	09	BRAZORIA, TX	1.005	1.003	0.002	0.2
10490	00	VIRGINIA	0.946	0.944	0.002	0.2
31145	50	VERMONT	0.957	0.955	0.002	0.2
02050	18	LOS ANGELES	1.104	1.103	0.001	0.1
10250	00	MISSISSIPPI	0.900	0.899	0.001	0.1
00835	99	REST OF OREGON	0.934	0.933	0.001	0.1
05440	35	TENNESSEE	0.924	0.923	0.001	0.1
00590	03	FORT WORTH, TX	0.978	0.977	0.001	0.1
00570	01	DELAWARE	1.015	1.015	0.000	0.0
00640	00	IOWA	0.912	0.912	0.000	0.0
00623	99	REST OF MICHIGAN	1.013	1.013	0.000	0.0
00655	00	NEBRASKA	0.894	0.894	0.000	0.0
16360	00	OHIO	0.973	0.973	0.000	0.0
00973	20	PUERTO RICO	0.794	0.794	0.000	0.0
00900	18	HOUSTON, TX	1.034	1.034	0.000	0.0
00900	20	BEAUMONT, TX	0.973	0.973	0.000	0.0
00836	02	SEATTLE (KING CNTY), WA	1.023	1.023	0.000	0.0
00825	21	WYOMING	0.925	0.925	0.000	0.0
02050	99	REST OF CALIFORNIA*	1.007	1.008	−0.001	−0.1
31140	99	REST OF CALIFORNIA*	1.007	1.008	−0.001	−0.1
00520	13	ARKANSAS	0.886	0.887	−0.001	−0.1
00832	00	ARIZONA	0.994	0.995	−0.001	−0.1
00740	02	METROPOLITAN KANSAS CITY, MO	0.982	0.983	−0.001	−0.1
11260	01	METROPOLITAN ST. LOUIS, MO	0.983	0.984	−0.001	−0.1
00801	99	REST OF NEW YORK	0.973	0.974	−0.001	−0.1
00901	01	BALTIMORE/SURR. CNTYS, MD	1.031	1.032	−0.001	−0.1
00900	15	GALVESTON, TX	1.000	1.001	−0.001	−0.1
00510	00	ALABAMA	0.930	0.932	−0.002	−0.2
02050	26	ANAHEIM/SANTA ANA, CA	1.090	1.092	−0.002	−0.2
00621	15	SUBURBAN CHICAGO, IL	1.048	1.050	−0.002	−0.2
00521	05	NEW MEXICO	0.935	0.937	−0.002	−0.2
00522	00	OKLAHOMA	0.908	0.910	−0.002	−0.2
00880	01	SOUTH CAROLINA	0.913	0.915	−0.002	−0.2
00590	99	REST OF FLORIDA	0.981	0.984	−0.003	−0.3
31142	99	REST OF MAINE	0.934	0.937	−0.003	−0.3
00740	99	REST OF MISSOURI*	0.908	0.911	−0.003	−0.3
11260	99	REST OF MISSOURI*	0.908	0.911	−0.003	−0.3
00865	99	REST OF PENNSYLVANIA	0.948	0.951	−0.003	−0.3
10240	00	MINNESOTA	0.957	0.961	−0.004	−0.4
31140	03	MARIN/NAPA/SOLANO, CA	1.058	1.063	−0.005	−0.5
31142	03	SOUTHERN MAINE	0.987	0.992	−0.005	−0.5
31140	07	OAKLAND/BERKLEY, CA	1.086	1.092	−0.006	−0.5
10230	00	CONNECTICUT	1.100	1.106	−0.006	−0.5
00623	01	DETROIT, MI	1.131	1.137	−0.006	−0.5
00860	99	REST OF NEW JERSEY	1.044	1.051	−0.007	−0.7
00865	01	METROPOLITAN PHILADELPHIA, PA	1.059	1.066	−0.007	−0.7
31140	06	SAN MATEO, CA	1.122	1.130	−0.008	−0.7
00900	28	FORT LAUDERDALE, FL	1.046	1.055	−0.009	−0.9
31140	09	SANTA CLARA, CA	1.125	1.134	−0.009	−0.8
00590	04	MIAMI, FL	1.105	1.114	−0.009	−0.8
31140	05	SAN FRANCISCO, CA	1.143	1.153	−0.010	−0.9
00580	01	DC +MD/VA SUBURBS	1.095	1.105	−0.010	−0.9
31143	99	REST OF MASSACHUSETTS	1.030	1.040	−0.010	−1.0
00860	01	NORTHERN NJ	1.099	1.109	−0.010	−0.9
00650	00	KANSAS*	0.933	0.945	−0.012	−1.3
00740	04	KANSAS*	0.933	0.945	−0.012	−1.3
00951	00	WISCONSIN	0.955	0.968	−0.013	−1.3
00833	01	HAWAII/GUAM	1.072	1.086	−0.014	−1.3
31143	01	METROPOLITAN BOSTON	1.088	1.108	−0.020	−1.8

ADDENDUM F.—1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1998 FEE SCHEDULE AREA—Continued

Carrier No.	Locality No.	Locality name	1999 GAF	1997 GAF	Difference	Percent difference
00870	01	RHODE ISLAND	1.047	1.068	−0.021	−2.0
02050	17	VENTURA, CA	1.055	1.079	−0.024	−2.2

*Payment locality is serviced by two carriers.

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES

[Alphabetically by State and Locality Name Within State]

Carrier No.	Locality No.	State	Fee schedule area	Counties
00510	00	ALABAMA	STATEWIDE	ALL COUNTIES.
00831	01	ALASKA	STATEWIDE	ALL COUNTIES.
00832	00	ARIZONA	STATEWIDE	ALL COUNTIES.
00520	13	ARKANSAS	STATEWIDE	ALL COUNTIES.
02050	26	CALIFORNIA	ANAHEIM/SANTA ANA	ORANGE.
02050	18		LOS ANGELES	LOS ANGELES.
31140	03		MARIN/NAPA/SOLANO	MARIN, NAPA, AND SOLANO.
31140	07		OAKLAND/BERKLEY	ALAMEDA AND CONTRA COSTA.
31140	05		SAN FRANCISCO	SAN FRANCISCO.
31140	06		SAN MATEO	SAN MATEO.
31140	09		SANTA CLARA	SANTA CLARA.
02050	17		VENTURA	VENTURA.
02050	99		REST OF STATE*	ALL OTHER COUNTIES.
31140	99		REST OF STATE*	ALL OTHER COUNTIES.
00824	01	COLORADO	STATEWIDE	ALL COUNTIES.
10230	00	CONNECTICUT	STATEWIDE	ALL COUNTIES.
00570	01	DELAWARE	STATEWIDE	ALL COUNTIES.
00580	01	DISTRICT OF COLUMBIA	DC + MD/VA SUBURBS	DISTRICT OF COLUMBIA; ALEXANDRIA CITY, ARLINGTON, FAIRFAX, FAIRFAX CITY, FALLS CHURCH CITY IN VIRGINIA; MONTGOMERY AND PRINCE GEORGE'S IN MARYLAND.
00900	03	FLORIDA	FORT LAUDERDALE	BROWARD, COLLIER, INDIAN RIVER, LEE, MARTIN, PALM BEACH, AND ST. LUCIE.
00590	04		MIAMI	DADE AND MONROE.
00590	99		REST OF STATE	ALL OTHER COUNTIES.
00511	01	GEORGIA	ATLANTA	BUTTS, CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FAYETTE, FORSYTH, FULTON, GWINNETT, HENRY, NEWTON, PAULDING, ROCKDALE AND WALTON.
00511	99		REST OF STATE	ALL OTHER COUNTIES.
00833	01	HAWAII/GUAM	STATEWIDE	ALL COUNTIES.
05130	00	IDAHO	STATEWIDE	ALL COUNTIES.
00621	16	ILLINOIS	CHICAGO	COOK.
00621	12		EAST ST. LOUIS	BOND, CALHOUN, CLINTON, JERSEY, MACOUPIN, MADISON, MONROE, MONTGOMERY, RANDOLPH, ST. CLAIR AND WASHINGTON.
00621	15		SUBURBAN CHICAGO	DUPAGE, KANE, LAKE AND WILL.
00621	99		REST OF STATE	ALL OTHER COUNTIES.
00630	00	INDIANA	STATEWIDE	ALL COUNTIES.
00640	00	IOWA	STATEWIDE	ALL COUNTIES.
00650	00	KANSAS	STATEWIDE*	ALL COUNTIES.
00740	04		STATEWIDE*	ALL COUNTIES.
00660	00	KENTUCKY	STATEWIDE	ALL COUNTIES.
00528	01	LOUISIANA	NEW ORLEANS	JEFFERSON, ORLEANS, PLAQUEMINES AND ST. BERNARD.
00528	99		REST OF STATE	ALL OTHER COUNTIES.
31142	03	MAINE	SOUTHERN MAINE	CUMBERLAND AND YORK.
31142	99		REST OF STATE	ALL OTHER COUNTIES.
00901	01	MARYLAND	BALTIMORE/SURR. CNTYS	ANNE ARUNDEL, BALTIMORE, BALTIMORE CITY, CARROLL, HARFORD AND HOWARD.
00901	99		REST OF STATE	ALL OTHER COUNTIES EXCEPT MONTGOMERY AND PRINCE GEORGE'S.
31143	01	MASSACHUSETTS	METROPOLITAN BOSTON	MIDDLESEX, NORFOLK AND SUFFOLK.
31143	99		REST OF STATE	ALL OTHER COUNTIES.
00623	01	MICHIGAN	DETROIT	MACOMB, OAKLAND, WASHTENAW AND WAYNE.
00623	99		REST OF STATE	ALL OTHER COUNTIES.
10240	00	MINNESOTA	STATEWIDE	ALL COUNTIES.
10250	00	MISSISSIPPI	STATEWIDE	ALL COUNTIES.
00740	02	MISSOURI	METROPOLITAN KANSAS CITY	CLAY, JACKSON AND PLATTE.
11260	01		METROPOLITAN ST. LOUIS	JEFFERSON, ST. CHARLES, ST. LOUIS AND ST. LOUIS CITY.
00740	99		REST OF STATE*	ALL OTHER COUNTIES.
11260	99		REST OF STATE*	ALL OTHER COUNTIES.
00751	01	MONTANA	STATEWIDE	ALL COUNTIES.

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES—Continued

[Alphabetically by State and Locality Name Within State]

Carrier No.	Locality No.	State	Fee schedule area	Counties
00655	00	NEBRASKA	STATEWIDE	ALL COUNTIES.
00834	00	NEVADA	STATEWIDE	ALL COUNTIES.
31144	40	NEW HAMPSHIRE	STATEWIDE	ALL COUNTIES.
00860	01	NEW JERSEY	NORTHERN NJ	BERGEN, ESSEX, HUDSON, HUNTERDON, MIDDLESEX, MORRIS, PASSAIC, SOMERSET, SUSSEX, UNION AND WARREN.
00860	99		REST OF STATE	ALL OTHER COUNTIES.
00521	05	NEW MEXICO	STATEWIDE	ALL COUNTIES.
00803	01	NEW YORK	MANHATTAN	NEW YORK.
00803	02		NYC SUBURBS/LONG ISLAND	BRONX, KINGS, NASSAU, RICHMOND, ROCKLAND, SUFFOLK AND WESTCHESTER.
00803	03		POUGHKPSIE/N NYC SUBURBS	COLUMBIA, DELAWARE, DUTCHESS, GREENE, ORANGE, PUTNAM, SULLIVAN AND ULSTER.
14330	04		QUEENS	QUEENS.
00801	99		REST OF STATE	ALL OTHER COUNTIES.
05535	00	NORTH CAROLINA	STATEWIDE	ALL COUNTIES.
00820	01	NORTH DAKOTA	STATEWIDE	ALL COUNTIES.
16360	00	OHIO	STATEWIDE	ALL COUNTIES.
00522	00	OKLAHOMA	STATEWIDE	ALL COUNTIES.
00835	01	OREGON	PORTLAND	CLACKAMAS, MULTNOMAH AND WASHINGTON.
00835	99		REST OF STATE	ALL OTHER COUNTIES.
00865	01	PENNSYLVANIA	METROPOLITAN PHILADELPHIA	BUCKS, CHESTER, DELAWARE, MONTGOMERY AND PHILADELPHIA.
00865	99		REST OF STATE	ALL OTHER COUNTIES.
00973	20	PUERTO RICO	PUERTO RICO	ALL COUNTY EQUIVALENTS.
00870	01	RHODE ISLAND	STATEWIDE	ALL COUNTIES.
00880	01	SOUTH CAROLINA	STATEWIDE	ALL COUNTIES.
00820	02	SOUTH DAKOTA	STATEWIDE	ALL COUNTIES.
05440	35	TENNESSEE	STATEWIDE	ALL COUNTIES.
00900	31	TEXAS	AUSTIN	TRAVIS.
00900	20		BEAUMONT	JEFFERSON.
00900	09		BRAZORIA	BRAZORIA.
00900	11		DALLAS	DALLAS.
00590	03		FORT WORTH	TARRANT.
00900	15		GALVESTON	GALVESTON.
00900	18		HOUSTON	HARRIS.
00900	99		REST OF STATE	ALL OTHER COUNTIES.
00910	09	UTAH	STATEWIDE	ALL COUNTIES.
31145	50	VERMONT	STATEWIDE	ALL COUNTIES.
00973	50	VIRGIN ISLANDS	VIRGIN ISLANDS	ALL COUNTY EQUIVALENTS.
10490	00	VIRGINIA	STATEWIDE	ALL COUNTIES, EXCEPT ALEXANDRIA CITY, ARLINGTON, FAIRFAX, FAIRFAX CITY, AND FALLS CHURCH CITY.
00836	02	WASHINGTON	SEATTLE (KING CNTY)	KING.
00836	99		REST OF STATE	ALL OTHER COUNTIES.
16510	16	WEST VIRGINIA	STATEWIDE	ALL COUNTIES.
00951	00	WISCONSIN	STATEWIDE	ALL COUNTIES.
00825	21	WYOMING	STATEWIDE	ALL COUNTIES.

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