

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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
80434		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435		X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436		X	Metrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440		X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500		A	Lab pathology consultation	0.37	0.19	0.21	0.17	0.20	0.01	0.57	0.59	0.55	0.58	XXX
80502		A	Lab pathology consultation	1.33	0.64	0.50	0.60	0.48	0.04	2.01	1.87	1.97	1.85	XXX
81000		X	Urinalysis, nonauto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001		X	Urinalysis, auto w/scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002		X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003		X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005		X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007		X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015		X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020		X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025		X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050		X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099		X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000		X	Assay of blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003		X	Assay of acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009		X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010		X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013		X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82016		X	Acylcarnitines, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82017		X	Acylcarnitines, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024		X	Assay of acth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030		X	Assay of adp & amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040		X	Assay of serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042		X	Assay of urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043		X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044		X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055		X	Assay of ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075		X	Assay of breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085		X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088		X	Assay of aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101		X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103		X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104		X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105		X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106		X	Alpha-fetoprotein, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108		X	Assay of aluminum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82120		X	Amines, vaginal fluid qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82127		X	Amino acid, single qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128		X	Amino acids, mult qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131		X	Amino acids, single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135		X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82136		X	Amino acids, quant, 2-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82139		X	Amino acids, quan, 6 or more	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140		X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143		X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145		X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82150		X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154		X	Androstenediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157		X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160		X	Assay of androsterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163		X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164		X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172		X	Assay of apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175		X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180		X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190		X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205		X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232		X	Assay of beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239		X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240		X	Bile acids, cholyglycine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82247		X	Bilirubin, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82248		X	Bilirubin, direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82251		I	Assay of bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252		X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82261		X	Assay of biotinidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270		X	Test for blood, feces	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273		X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
82286		X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300		X	Assay of cadmium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307		X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308		X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330		X	Assay of calcium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331		X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340		X	Assay of calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355		X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365		X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370		X	X-ray assay, calculus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374		X	Assay, blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375		X	Assay, blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376		X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378		X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82379		X	Assay of carnitine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380		X	Assay of carotene	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382		X	Assay, urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383		X	Assay, blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384		X	Assay, three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387		X	Assay of cathepsin-d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390		X	Assay of ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397		X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415		X	Assay of chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435		X	Assay of blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436		X	Assay of urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438		X	Assay, other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441		X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465		X	Assay of serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480		X	Assay, serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482		X	Assay, rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485		X	Assay, chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486		X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488		X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489		X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491		X	Chromatography, quant, sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82492		X	Chromatography, quant, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495		X	Assay of chromium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507		X	Assay of citrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520		X	Assay of cocaine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523		X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525		X	Assay of copper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528		X	Assay of corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530		X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533		X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540		X	Assay of creatine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82541		X	Column chromatography, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82542		X	Column chromatography, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82543		X	Column chromatograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82544		X	Column chromatograph/isotope	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550		X	Assay of ck (cpk)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552		X	Assay of cpk in blood	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553		X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554		X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565		X	Assay of creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570		X	Assay of urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575		X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585		X	Assay of cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82595		X	Assay of cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600		X	Assay of cyanide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638		X	Assay of dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651		X	Assay of dihydrotestosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652		X	Assay of dihydroxyvitamin d	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82657		X	Enzyme cell activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82658		X	Enzyme cell activity, ra	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666		X	Assay of epiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668		X	Assay of erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
82670		X	Assay of estradiol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671		X	Assay of estrogens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672		X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677		X	Assay of estron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679		X	Assay of estrone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690		X	Assay of ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693		X	Assay of ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696		X	Assay of etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705		X	Fats/lipids, feces, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710		X	Fats/lipids, feces, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715		X	Assay of fecal fat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725		X	Assay of blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82726		X	Long chain fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728		X	Assay of ferritin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82731		X	Assay of fetal fibronectin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735		X	Assay of fluoride	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747		X	Assay of folic acid, rbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757		X	Assay of semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759		X	Assay of rbc galactokinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760		X	Assay of galactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784		X	Assay of gammaglobulin igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785		X	Assay of gammaglobulin ige	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787		X	Igg 1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800		X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803		X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805		X	Blood gases W/O2 saturation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810		X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928		X	Assay of gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938		X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947		X	Assay of glucose, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950		X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951		X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952		X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955		X	Assay of g6pd enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960		X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963		X	Assay of glucosidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965		X	Assay of gdh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975		X	Assay of glutamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977		X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978		X	Assay of glutathione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979		X	Assay, rbc glutathione	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985		X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001		X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002		X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003		X	Assay, growth hormone (hgh)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83008		X	Assay of guanosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010		X	Assay of haptoglobin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012		X	Assay of haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83013		X	H pylori breath tst analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83014		X	H pylori drug admin/collect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020		X	Hemoglobin electrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Hemoglobin electrophoresis	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
83021		X	Hemoglobin chromatography	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051		X	Assay of plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065		X	Assay of hemoglobin heat	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069		X	Assay of urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070		X	Assay of hemosiderin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
83071		X	Assay of hemosiderin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83080		X	Assay of b hexosaminidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088		X	Assay of histamine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150		X	Assay of for hva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497		X	Assay of 5-hiaa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500		X	Assay, free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505		X	Assay, total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516		X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519		X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520		X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528		X	Assay of intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540		X	Assay of iron	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550		X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570		X	Assay of idh enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582		X	Assay of ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586		X	Assay 17- ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593		X	Fractionation, ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605		X	Assay of lactic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615		X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625		X	Assay of ldh enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634		X	Assay of urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655		X	Assay of lead	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661		X	Assay of l/s ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662		X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670		X	Assay of lap enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690		X	Assay of lipase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715		X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83716		X	Assay of blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718		X	Assay of lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719		X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721		X	Assay of blood lipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727		X	Assay of lrh hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735		X	Assay of magnesium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775		X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785		X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83788		X	Mass spectrometry qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83789		X	Mass spectrometry quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805		X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825		X	Assay of mercury	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835		X	Assay of metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840		X	Assay of methadone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857		X	Assay of methalbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858		X	Assay of methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864		X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866		X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872		X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873		X	Assay of csf protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874		X	Assay of myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83883		X	Assay, nephelometry not spec	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885		X	Assay of nickel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887		X	Assay of nicotine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890		X	Molecule isolate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83891		X	Molecule isolate nucleic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83893		X	Molecule dot/slot/blot	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894		X	Molecule gel electrophor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83897		X	Molecule nucleic transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898		X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83901		X	Molecule nucleic ampli	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902		X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83903		X	Molecule mutation scan	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83904		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83905		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83906		X	Molecule mutation identify	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912		X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
83915		X	Assay of nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916		X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918		X	Assay, organic acids quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83919		X	Assay, organic acids qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925		X	Assay of opiates	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930		X	Assay of blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
83935		X	Assay of urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937		X	Assay of osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945		X	Assay of oxalate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970		X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986		X	Assay of body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992		X	Assay for phenocyclidine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022		X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030		X	Assay of blood pku	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035		X	Assay of phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060		X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061		X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066		X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078		X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080		X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081		X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085		X	Assay of rbc pg6d enzyme	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087		X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100		X	Assay of phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105		X	Assay of urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106		X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110		X	Assay of porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119		X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120		X	Assay of urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126		X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127		X	Assay of feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132		X	Assay of serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133		X	Assay of urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134		X	Assay of prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135		X	Assay of pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138		X	Assay of pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140		X	Assay of pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143		X	Assay of 17-hydroxypregнено	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146		X	Assay of prolactin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153		X	Assay of psa, total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84154		X	Assay of psa, free	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155		X	Assay of protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160		X	Assay of serum protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165		X	Assay of serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay of serum proteins	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
84181		X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
84202		X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203		X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207		X	Assay of vitamin b-6	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210		X	Assay of pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220		X	Assay of pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228		X	Assay of quinine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233		X	Assay of estrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234		X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235		X	Assay of endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238		X	Assay, nonendocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244		X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252		X	Assay of vitamin b-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84255		X	Assay of selenium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260		X	Assay of serotonin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270		X	Assay of sex hormone globul	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275		X	Assay of sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285		X	Assay of silica	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295		X	Assay of serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300		X	Assay of urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305		X	Assay of somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307		X	Assay of somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84376		X	Sugars, single, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84377		X	Sugars, multiple, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84378		X	Sugars single quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84379		X	Sugars multiple quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392		X	Assay of urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402		X	Assay of testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403		X	Assay of total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425		X	Assay of vitamin b-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430		X	Assay of thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432		X	Assay of thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
84436		X	Assay of total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437		X	Assay of neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439		X	Assay of free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442		X	Assay of thyroid activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445		X	Assay of tsi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446		X	Assay of vitamin e	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449		X	Assay of transcortin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450		X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460		X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466		X	Assay of transferrin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478		X	Assay of triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479		X	Assay of thyroid (t3 or t4)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480		X	Assay, triiodothyronine (t3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481		X	Free assay (FT-3)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482		X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484		X	Assay of troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485		X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488		X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490		X	Assay of feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510		X	Assay of tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512		X	Assay of troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520		X	Assay of urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525		X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540		X	Assay of urine/urea-n	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545		X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550		X	Assay of blood/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560		X	Assay of urine/uric acid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577		X	Assay of feces/urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578		X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583		X	Assay of urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585		X	Assay of urine vma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586		X	Assay of vip	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588		X	Assay of vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590		X	Assay of vitamin a	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597		X	Assay of vitamin k	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600		X	Assay of volatiles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620		X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630		X	Assay of zinc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681		X	Assay of c-peptide	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702		X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703		X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830		X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999		X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002		X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008		X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009		X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014		X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018		X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85025		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027		X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031		X	Manual hemogram, cbc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041		X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045		X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85046		X	Reticyte/hgb concentrate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048		X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060		A	Blood smear interpretation	0.45	0.20	0.22	0.20	0.22	0.01	0.66	0.68	0.66	0.68	XXX
85095		A	Bone marrow aspiration	1.08	4.29	2.51	0.44	0.59	0.03	5.40	3.62	1.55	1.70	XXX
85097		A	Bone marrow interpretation	0.94	0.41	0.47	0.41	0.47	0.03	1.38	1.44	1.38	1.44	XXX
85102		A	Bone marrow biopsy	1.37	4.41	2.64	0.55	0.71	0.04	5.82	4.05	1.96	2.12	XXX
85130		X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170		X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175		X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210		X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220		X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230		X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247		X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250		X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260		X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
85270		X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280		X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291		X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293		X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301		X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302		X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305		X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306		X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335		X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337		X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348		X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360		X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362		X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370		X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379		X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385		X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390		X	Fibrinolysis screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysis screen	0.37	0.12	0.17	0.12	0.17	0.01	0.50	0.55	0.50	0.55	XXX
85400		X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410		X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421		X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441		X	Heinz bodies, direct	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445		X	Heinz bodies, induced	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461		X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475		X	Hemolysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520		X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525		X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530		X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535		X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540		X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547		X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549		X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557		X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576		X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
85585		X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590		X	Platelet count, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595		X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597		X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610		X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611		X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612		X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613		X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635		X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651		X	Rbc sed rate, nonautomated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652		X	Rbc sed rate, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660		X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670		X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675		X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705		X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732		X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000		X	Agglutinins, febrile	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005		X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021		X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039		X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060		X	Antistreptolysin o, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063		X	Antistreptolysin o, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077		A	Physician blood bank service	0.94	0.51	0.42	0.42	0.38	0.03	1.48	1.39	1.39	1.35	XXX
86078		A	Physician blood bank service	0.94	0.54	0.46	0.42	0.40	0.02	1.50	1.42	1.38	1.36	XXX
86079		A	Physician blood bank service	0.94	0.53	0.45	0.43	0.40	0.02	1.49	1.41	1.39	1.36	XXX
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148		X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156		X	Cold agglutinin, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162		X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225		X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226		X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243		X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255		X	Fluorescent antibody, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody, screen	0.37	0.18	0.20	0.17	0.20	0.01	0.56	0.58	0.55	0.58	XXX
86256		X	Fluorescent antibody, titer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody, titer	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.17	0.20	0.16	0.19	0.01	0.55	0.58	0.54	0.57	XXX
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.16	0.19	0.16	0.19	0.01	0.59	0.62	0.59	0.62	XXX
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.16	0.19	0.16	0.19	0.01	0.54	0.57	0.54	0.57	XXX
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341		X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343		X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344		X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353		X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359		X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360		X	T cell, absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361		X	T cell, absolute count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376		X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378		X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382		X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384		X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406		X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430		X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431		X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485		C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490		A	Coccidioidomycosis skin test	0.00	0.29	0.30	0.29	0.30	0.02	0.31	0.32	0.31	0.32	XXX
86510		A	Histoplasmosis skin test	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	XXX
86580		A	TB intradermal test	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
86585		A	TB tine test	0.00	0.20	0.21	0.20	0.21	0.01	0.21	0.22	0.21	0.22	XXX
86586		C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588		D	Streptococcus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590		X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592		X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593		X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602		X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603		X	Adenovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606		X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609		X	Bacterium antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612		X	Blastomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615		X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618		X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619		X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622		X	Brucella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625		X	Campylobacter antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628		X	Candida antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631		X	Chlamydia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632		X	Chlamydia igm antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635		X	Coccidioides antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638		X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
86641		X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644		X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645		X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648		X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654		X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658		X	Enterovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665		X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668		X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671		X	Fungus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674		X	Giardia lamblia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677		X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682		X	Helminth antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684		X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687		X	Htlv-i antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688		X	Htlv-ii antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86689		X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695		X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698		X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701		X	HIV-1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702		X	HIV-2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703		X	HIV-1/HIV-2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704		X	Hep b core antibody, igg/igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705		X	Hep b core antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706		X	Hep b surface antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707		X	Hep be antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708		X	Hep a antibody, igg/igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709		X	Hep a antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710		X	Influenza virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713		X	Legionella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717		X	Leishmania antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720		X	Leptospira antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723		X	Listeria monocytogenes ab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727		X	Lymph choriomeningitis ab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729		X	Lympho venereum antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732		X	Mucormycosis antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735		X	Mumps antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738		X	Mycoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744		X	Nocardia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747		X	Parvovirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750		X	Malaria antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753		X	Protozoa antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756		X	Respiratory virus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759		X	Rotavirus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762		X	Rubella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765		X	Rubeola antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768		X	Salmonella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771		X	Shigella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774		X	Tetanus antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777		X	Toxoplasma antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778		X	Toxoplasma antibody, igm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781		X	Treponema pallidum, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784		X	Trichinella antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787		X	Varicella-zoster antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790		X	Virus antibody nos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793		X	Yersinia antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803		X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804		X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813		X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817		X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850		X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860		X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870		X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
86885		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886		X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900		X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901		X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905		X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906		X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910		N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911		N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915		X	Bone marrow/stem cell prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86920		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922		X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932		X	Frozen blood freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940		X	Hemolysins/agglutinins, auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950		X	Leukocyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972		X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978		X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985		X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060		X	Nose/throat culture, bact	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086		X	Urine culture/colony count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106		X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143		X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
87166		X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186		X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187		X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
87190		X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.18	0.20	0.16	0.19	0.01	0.56	0.58	0.54	0.57	XXX
87208		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220		X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230		X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253		X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260		X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265		X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270		X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272		X	Cryptosporidium ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274		X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276		X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278		X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280		X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285		X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290		X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299		X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301		X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320		X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324		X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328		X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332		X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335		X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87338		X	Hpylori, stool, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340		X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350		X	Hepatitis be ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380		X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385		X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390		X	Hiv-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391		X	Hiv-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420		X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425		X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430		X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449		X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450		X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470		X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471		X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472		X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475		X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476		X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477		X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480		X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481		X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482		X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485		X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486		X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487		X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490		X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491		X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492		X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495		X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496		X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497		X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510		X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511		X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512		X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515		X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516		X	Hepatitis b, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517		X	Hepatitis b, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520		X	Hepatitis c, rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521		X	Hepatitis c, rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522		X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525		X	Hepatitis g, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526		X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527		X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528		X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529		X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530		X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531		X	Hhv-6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532		X	Hhv-6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87533		X	Hhv-6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534		X	Hiv-1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
87535		X	Hiv-1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536		X	Hiv-1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537		X	Hiv-2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538		X	Hiv-2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539		X	Hiv-2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540		X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541		X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542		X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550		X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551		X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552		X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555		X	M.tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556		X	M.tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557		X	M.tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560		X	M.avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561		X	M.avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562		X	M.avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580		X	M.pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581		X	M.pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582		X	M.pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590		X	N.gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591		X	N.gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592		X	N.gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620		X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621		X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622		X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650		X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651		X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652		X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797		X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798		X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799		X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810		X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850		X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880		X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899		X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999		X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016		N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029		N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037		N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040		N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045		N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099		N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104		A	Cytopathology, fluids	0.56	0.87	0.68	0.87	0.68	0.03	1.46	1.27	1.46	1.27	XXX
88104	26	A	Cytopathology, fluids	0.56	0.25	0.25	0.25	0.25	0.01	0.82	0.82	0.82	0.82	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.62	0.43	0.62	0.43	0.02	0.64	0.45	0.64	0.45	XXX
88106		A	Cytopathology, fluids	0.56	0.68	0.55	0.68	0.55	0.03	1.27	1.14	1.27	1.14	XXX
88106	26	A	Cytopathology, fluids	0.56	0.25	0.24	0.25	0.24	0.01	0.82	0.81	0.82	0.81	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.43	0.31	0.43	0.31	0.02	0.45	0.33	0.45	0.33	XXX
88107		A	Cytopathology, fluids	0.76	1.13	0.82	1.13	0.82	0.04	1.93	1.62	1.93	1.62	XXX
88107	26	A	Cytopathology, fluids	0.76	0.34	0.30	0.34	0.30	0.02	1.12	1.08	1.12	1.08	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.79	0.52	0.79	0.52	0.02	0.81	0.54	0.81	0.54	XXX
88108		A	Cytopath, concentrate tech	0.56	1.02	0.77	1.02	0.77	0.03	1.61	1.36	1.61	1.36	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.25	0.26	0.25	0.26	0.01	0.82	0.83	0.82	0.83	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.77	0.51	0.77	0.51	0.02	0.79	0.53	0.79	0.53	XXX
88125		A	Forensic cytopathology	0.26	0.26	0.19	0.26	0.19	0.02	0.54	0.47	0.54	0.47	XXX
88125	26	A	Forensic cytopathology	0.26	0.12	0.10	0.12	0.10	0.01	0.39	0.37	0.39	0.37	XXX
88125	TC	A	Forensic cytopathology	0.00	0.14	0.09	0.14	0.09	0.01	0.15	0.10	0.15	0.10	XXX
88130		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140		X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141		A	Cytopath, c/v, interpret	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
88142		X	Cytopath, c/v, thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88143		X	Cytopath c/v thin layer redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88144		X	Cytopath, c/v thin lyr redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88145		X	Cytopath, c/v thin lyr sel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88147		X	Cytopath, c/v, automated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88148		X	Cytopath, c/v, auto rescreen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88150		X	Cytopath, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152		X	Cytopath, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88153		X	Cytopath, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88154		X	Cytopath, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
88155		X	Cytopath, c/v, index add-on	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160		A	Cytopath smear, other source	0.50	1.31	0.84	1.31	0.84	0.03	1.84	1.37	1.84	1.37	XXX
88160	26	A	Cytopath smear, other source	0.50	0.23	0.21	0.23	0.21	0.01	0.74	0.72	0.74	0.72	XXX
88160	TC	A	Cytopath smear, other source	0.00	1.08	0.63	1.08	0.63	0.02	1.10	0.65	1.10	0.65	XXX
88161		A	Cytopath smear, other source	0.50	0.59	0.51	0.59	0.51	0.03	1.12	1.04	1.12	1.04	XXX
88161	26	A	Cytopath smear, other source	0.50	0.22	0.22	0.22	0.22	0.01	0.73	0.73	0.73	0.73	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.37	0.29	0.37	0.29	0.02	0.39	0.31	0.39	0.31	XXX
88162		A	Cytopath smear, other source	0.76	1.04	0.95	1.04	0.95	0.04	1.84	1.75	1.84	1.75	XXX
88162	26	A	Cytopath smear, other source	0.76	0.34	0.39	0.34	0.39	0.02	1.12	1.17	1.12	1.17	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.70	0.56	0.70	0.56	0.02	0.72	0.58	0.72	0.58	XXX
88164		X	Cytopath tbs, c/v, manual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88165		X	Cytopath tbs, c/v, redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88166		X	Cytopath tbs, c/v, auto redo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88167		X	Cytopath tbs, c/v, select	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88170		A	Fine needle aspiration	1.27	0.94	1.01	0.94	1.01	0.08	2.29	2.36	2.29	2.36	XXX
88170	26	A	Fine needle aspiration	1.27	0.55	0.56	0.55	0.56	0.05	1.87	1.88	1.87	1.88	XXX
88170	TC	A	Fine needle aspiration	0.00	0.39	0.45	0.39	0.45	0.03	0.42	0.48	0.42	0.48	XXX
88171		A	Fine needle aspiration	1.27	0.79	1.13	0.79	1.13	0.07	2.13	2.47	2.13	2.47	XXX
88171	26	A	Fine needle aspiration	1.27	0.45	0.61	0.45	0.61	0.04	1.76	1.92	1.76	1.92	XXX
88171	TC	A	Fine needle aspiration	0.00	0.34	0.52	0.34	0.52	0.03	0.37	0.55	0.37	0.55	XXX
88172		A	Evaluation of smear	0.60	1.31	1.04	1.31	1.04	0.04	1.95	1.68	1.95	1.68	XXX
88172	26	A	Evaluation of smear	0.60	0.27	0.33	0.27	0.33	0.02	0.89	0.95	0.89	0.95	XXX
88172	TC	A	Evaluation of smear	0.00	1.04	0.71	1.04	0.71	0.02	1.06	0.73	1.06	0.73	XXX
88173		A	Interpretation of smear	1.39	1.60	1.28	1.60	1.28	0.06	3.05	2.73	3.05	2.73	XXX
88173	26	A	Interpretation of smear	1.39	0.63	0.56	0.63	0.56	0.04	2.06	1.99	2.06	1.99	XXX
88173	TC	A	Interpretation of smear	0.00	0.97	0.72	0.97	0.72	0.02	0.99	0.74	0.99	0.74	XXX
88180		A	Cell marker study	0.36	0.87	0.61	0.87	0.61	0.03	1.26	1.00	1.26	1.00	XXX
88180	26	A	Cell marker study	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
88180	TC	A	Cell marker study	0.00	0.71	0.44	0.71	0.44	0.02	0.73	0.46	0.73	0.46	XXX
88182		A	Cell marker study	0.77	1.37	1.17	1.37	1.17	0.05	2.19	1.99	2.19	1.99	XXX
88182	26	A	Cell marker study	0.77	0.35	0.42	0.35	0.42	0.02	1.14	1.21	1.14	1.21	XXX
88182	TC	A	Cell marker study	0.00	1.02	0.75	1.02	0.75	0.03	1.05	0.78	1.05	0.78	XXX
88199		C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230		X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233		X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235		X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237		X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239		X	Tissue culture, tumor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88240		X	Cell cryopreserve/storage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88241		X	Frozen cell preparation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248		X	Chromosome analysis, 50-100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88249		X	Chromosome analysis, 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261		X	Chromosome analysis, 5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262		X	Chromosome analysis, 15-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263		X	Chromosome analysis, 45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88264		X	Chromosome analysis, 20-25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267		X	Chromosome analysis, placenta	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269		X	Chromosome analysis, amniotic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88271		X	Cytogenetics, dna probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88272		X	Cytogenetics, 3-5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88273		X	Cytogenetics, 10-30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88274		X	Cytogenetics, 25-99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88275		X	Cytogenetics, 100-300	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280		X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88283		X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285		X	Chromosome count, additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289		X	Chromosome study, additional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88291		A	Cyto/molecular report	0.52	0.23	0.23	0.23	0.23	0.01	0.76	0.76	0.76	0.76	XXX
88299		C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300		A	Surgical path, gross	0.08	0.46	0.35	0.46	0.35	0.02	0.56	0.45	0.56	0.45	XXX
88300	26	A	Surgical path, gross	0.08	0.04	0.08	0.04	0.08	0.01	0.13	0.17	0.13	0.17	XXX
88300	TC	A	Surgical path, gross	0.00	0.42	0.27	0.42	0.27	0.01	0.43	0.28	0.43	0.28	XXX
88302		A	Tissue exam by pathologist	0.13	1.44	0.94	1.44	0.94	0.03	1.60	1.10	1.60	1.10	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.12	0.06	0.12	0.01	0.20	0.26	0.20	0.26	XXX
88302	TC	A	Tissue exam by pathologist	0.00	1.38	0.82	1.38	0.82	0.02	1.40	0.84	1.40	0.84	XXX
88304		A	Tissue exam by pathologist	0.22	0.77	0.70	0.77	0.70	0.03	1.02	0.95	1.02	0.95	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.10	0.18	0.10	0.18	0.01	0.33	0.41	0.33	0.41	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.67	0.52	0.67	0.52	0.02	0.69	0.54	0.69	0.54	XXX
88305		A	Tissue exam by pathologist	0.75	1.43	1.28	1.43	1.28	0.05	2.23	2.08	2.23	2.08	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.34	0.46	0.34	0.46	0.02	1.11	1.23	1.11	1.23	XXX
88305	TC	A	Tissue exam by pathologist	0.00	1.09	0.82	1.09	0.82	0.03	1.12	0.85	1.12	0.85	XXX
88307		A	Tissue exam by pathologist	1.59	3.39	2.53	3.39	2.53	0.09	5.07	4.21	5.07	4.21	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.72	0.79	0.72	0.79	0.04	2.35	2.42	2.35	2.42	XXX
88307	TC	A	Tissue exam by pathologist	0.00	2.67	1.74	2.67	1.74	0.05	2.72	1.79	2.72	1.79	XXX
88309		A	Tissue exam by pathologist	2.28	5.00	3.54	5.00	3.54	0.11	7.39	5.93	7.39	5.93	XXX
88309	26	A	Tissue exam by pathologist	2.28	1.03	1.05	1.03	1.05	0.06	3.37	3.39	3.37	3.39	XXX
88309	TC	A	Tissue exam by pathologist	0.00	3.97	2.49	3.97	2.49	0.05	4.02	2.54	4.02	2.54	XXX
88311		A	Decalcify tissue	0.24	0.21	0.23	0.21	0.23	0.02	0.47	0.49	0.47	0.49	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
88311	.....	A	Decalcify tissue	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88311	TC	.....	Decalcify tissue	0.00	0.10	0.11	0.10	0.11	0.01	0.11	0.12	0.11	0.12	XXX
88312	.....	A	Special stains	0.54	1.33	0.81	1.33	0.81	0.02	1.89	1.37	1.89	1.37	XXX
88312	26	.....	Special stains	0.54	0.24	0.20	0.24	0.20	0.01	0.79	0.75	0.79	0.75	XXX
88312	TC	.....	Special stains	0.00	1.09	0.61	1.09	0.61	0.01	1.10	0.62	1.10	0.62	XXX
88313	.....	A	Special stains	0.24	2.05	1.15	2.05	1.15	0.02	2.31	1.41	2.31	1.41	XXX
88313	26	.....	Special stains	0.24	0.11	0.12	0.11	0.12	0.01	0.36	0.37	0.36	0.37	XXX
88313	TC	.....	Special stains	0.00	1.94	1.03	1.94	1.03	0.01	1.95	1.04	1.95	1.04	XXX
88314	.....	A	Histochemical stain	0.45	3.93	2.30	3.93	2.30	0.03	4.41	2.78	4.41	2.78	XXX
88314	26	.....	Histochemical stain	0.45	0.20	0.29	0.20	0.29	0.01	0.66	0.75	0.66	0.75	XXX
88314	TC	.....	Histochemical stain	0.00	3.73	2.01	3.73	2.01	0.02	3.75	2.03	3.75	2.03	XXX
88318	.....	A	Chemical histochemistry	0.42	1.11	0.69	1.11	0.69	0.02	1.55	1.13	1.55	1.13	XXX
88318	26	.....	Chemical histochemistry	0.42	0.19	0.16	0.19	0.16	0.01	0.62	0.59	0.62	0.59	XXX
88318	TC	.....	Chemical histochemistry	0.00	0.92	0.53	0.92	0.53	0.01	0.93	0.54	0.93	0.54	XXX
88319	.....	A	Enzyme histochemistry	0.53	3.79	2.16	3.79	2.16	0.03	4.35	2.72	4.35	2.72	XXX
88319	26	.....	Enzyme histochemistry	0.53	0.24	0.26	0.24	0.26	0.01	0.78	0.80	0.78	0.80	XXX
88319	TC	.....	Enzyme histochemistry	0.00	3.55	1.90	3.55	1.90	0.02	3.57	1.92	3.57	1.92	XXX
88321	.....	A	Microslide consultation	1.30	0.63	0.54	0.58	0.51	0.04	1.97	1.88	1.92	1.85	XXX
88323	.....	A	Microslide consultation	1.35	2.29	1.54	2.29	1.54	0.06	3.70	2.95	3.70	2.95	XXX
88323	26	.....	Microslide consultation	1.35	0.62	0.52	0.62	0.52	0.04	2.01	1.91	2.01	1.91	XXX
88323	TC	.....	Microslide consultation	0.00	1.67	1.02	1.67	1.02	0.02	1.69	1.04	1.69	1.04	XXX
88325	.....	A	Comprehensive review of data	2.22	0.99	0.75	0.99	0.75	0.06	3.27	3.03	3.27	3.03	XXX
88329	.....	A	Pathology consult in surgery	0.67	0.55	0.48	0.30	0.35	0.02	1.24	1.17	0.99	1.04	XXX
88331	.....	A	Pathology consult in surgery	1.19	1.03	1.12	1.03	1.12	0.06	2.28	2.37	2.28	2.37	XXX
88331	26	.....	Pathology consult in surgery	1.19	0.54	0.58	0.54	0.58	0.03	1.76	1.80	1.76	1.80	XXX
88331	TC	.....	Pathology consult in surgery	0.00	0.49	0.54	0.49	0.54	0.03	0.52	0.57	0.52	0.57	XXX
88332	.....	A	Pathology consult in surgery	0.59	0.52	0.56	0.52	0.56	0.04	1.15	1.19	1.15	1.19	XXX
88332	26	.....	Pathology consult in surgery	0.59	0.27	0.29	0.27	0.29	0.02	0.88	0.90	0.88	0.90	XXX
88332	TC	.....	Pathology consult in surgery	0.00	0.25	0.27	0.25	0.27	0.02	0.27	0.29	0.27	0.29	XXX
88342	.....	A	Immunocytochemistry	0.85	2.04	1.37	2.04	1.37	0.04	2.93	2.26	2.93	2.26	XXX
88342	26	.....	Immunocytochemistry	0.85	0.38	0.37	0.38	0.37	0.02	1.25	1.24	1.25	1.24	XXX
88342	TC	.....	Immunocytochemistry	0.00	1.66	1.00	1.66	1.00	0.02	1.68	1.02	1.68	1.02	XXX
88346	.....	A	Immunofluorescent study	0.86	2.05	1.34	2.05	1.34	0.04	2.95	2.24	2.95	2.24	XXX
88346	26	.....	Immunofluorescent study	0.86	0.38	0.36	0.38	0.36	0.02	1.26	1.24	1.26	1.24	XXX
88346	TC	.....	Immunofluorescent study	0.00	1.67	0.98	1.67	0.98	0.02	1.69	1.00	1.69	1.00	XXX
88347	.....	A	Immunofluorescent study	0.86	1.17	0.81	1.17	0.81	0.04	2.07	1.71	2.07	1.71	XXX
88347	26	.....	Immunofluorescent study	0.86	0.34	0.25	0.34	0.25	0.02	1.22	1.13	1.22	1.13	XXX
88347	TC	.....	Immunofluorescent study	0.00	0.83	0.56	0.83	0.56	0.02	0.85	0.58	0.85	0.58	XXX
88348	.....	A	Electron microscopy	1.51	11.84	7.16	11.84	7.16	0.10	13.45	8.77	13.45	8.77	XXX
88348	26	.....	Electron microscopy	1.51	0.67	0.98	0.67	0.98	0.04	2.22	2.53	2.22	2.53	XXX
88348	TC	.....	Electron microscopy	0.00	11.17	6.18	11.17	6.18	0.06	11.23	6.24	11.23	6.24	XXX
88349	.....	A	Scanning electron microscopy	0.76	6.24	3.96	6.24	3.96	0.07	7.07	4.79	7.07	4.79	XXX
88349	26	.....	Scanning electron microscopy	0.76	0.34	0.60	0.34	0.60	0.02	1.12	1.38	1.12	1.38	XXX
88349	TC	.....	Scanning electron microscopy	0.00	5.90	3.36	5.90	3.36	0.05	5.95	3.41	5.95	3.41	XXX
88355	.....	A	Analysis, skeletal muscle	1.85	2.60	2.25	2.60	2.25	0.10	4.55	4.20	4.55	4.20	XXX
88355	26	.....	Analysis, skeletal muscle	1.85	0.83	0.92	0.83	0.92	0.05	2.73	2.82	2.73	2.82	XXX
88355	TC	.....	Analysis, skeletal muscle	0.00	1.77	1.33	1.77	1.33	0.05	1.82	1.38	1.82	1.38	XXX
88356	.....	A	Analysis, nerve	3.02	3.62	3.26	3.62	3.26	0.15	6.79	6.43	6.79	6.43	XXX
88356	26	.....	Analysis, nerve	3.02	1.26	1.39	1.26	1.39	0.09	4.37	4.50	4.37	4.50	XXX
88356	TC	.....	Analysis, nerve	0.00	2.36	1.87	2.36	1.87	0.06	2.42	1.93	2.42	1.93	XXX
88358	.....	A	Analysis, tumor	2.82	2.71	2.62	2.71	2.62	0.13	5.66	5.57	5.66	5.57	XXX
88358	26	.....	Analysis, tumor	2.82	1.28	1.27	1.28	1.27	0.07	4.17	4.16	4.17	4.16	XXX
88358	TC	.....	Analysis, tumor	0.00	1.43	1.35	1.43	1.35	0.06	1.49	1.41	1.49	1.41	XXX
88362	.....	A	Nerve teasing preparations	2.17	3.83	2.99	3.83	2.99	0.12	6.12	5.28	6.12	5.28	XXX
88362	26	.....	Nerve teasing preparations	2.17	0.94	1.02	0.94	1.02	0.07	3.18	3.26	3.18	3.26	XXX
88362	TC	.....	Nerve teasing preparations	0.00	2.89	1.97	2.89	1.97	0.05	2.94	2.02	2.94	2.02	XXX
88365	.....	A	Tissue hybridization	0.93	2.80	1.81	2.80	1.81	0.04	3.77	2.78	3.77	2.78	XXX
88365	26	.....	Tissue hybridization	0.93	0.41	0.41	0.41	0.41	0.02	1.36	1.36	1.36	1.36	XXX
88365	TC	.....	Tissue hybridization	0.00	2.39	1.40	2.39	1.40	0.02	2.41	1.42	2.41	1.42	XXX
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	.....	Protein, western blot tissue	0.37	0.14	0.18	0.14	0.18	0.01	0.52	0.56	0.52	0.56	XXX
88372	.....	X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	.....	Protein analysis w/probe	0.37	0.17	0.20	0.17	0.20	0.01	0.55	0.58	0.55	0.58	XXX
88399	.....	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	.....	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	.....	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	.....	X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	.....	Exam, synovial fluid crystals	0.37	0.18	0.20	0.17	0.20	0.01	0.56	0.58	0.55	0.58	XXX
89100	.....	A	Sample intestinal contents	0.60	1.56	1.01	0.21	0.34	0.02	2.18	1.63	0.83	0.96	XXX
89105	.....	A	Sample intestinal contents	0.50	3.17	1.80	0.16	0.29	0.02	3.69	2.32	0.68	0.81	XXX
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130	.....	A	Sample stomach contents	0.45	1.72	1.08	0.14	0.29	0.02	2.19	1.55	0.61	0.76	XXX
89132	.....	A	Sample stomach contents	0.19	1.73	0.97	0.07	0.14	0.01	1.93	1.17	0.27	0.34	XXX
89135	.....	A	Sample stomach contents	0.79	1.91	1.27	0.24	0.44	0.03	2.73	2.09	1.06	1.26	XXX
89136	.....	A	Sample stomach contents	0.21	1.80	1.02	0.08	0.16	0.01	2.02	1.24	0.30	0.38	XXX
89140	.....	A	Sample stomach contents	0.94	1.87	1.38	0.33	0.61	0.04	2.85	2.36	1.31	1.59	XXX
89141	.....	A	Sample stomach contents	0.85	3.71	2.25	0.33	0.56	0.03	4.59	3.13	1.21	1.44	XXX
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
89250		X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251		X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252		X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253		X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254		X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255		X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256		X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257		X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258		X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259		X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260		X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261		X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89264		X	Identify sperm tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325		X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329		X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330		X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350		A	Sputum specimen collection	0.00	0.41	0.42	0.41	0.42	0.02	0.43	0.44	0.43	0.44	XXX
89355		X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360		A	Collect sweat for test	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
89365		X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		26 C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399		TC C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90281		I	Human ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90283		I	Human ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90287		I	Botulinum antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90288		I	Botulinum ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90291		I	Cmv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90296		E	Diphtheria antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90371		E	Hep b ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90375		E	Rabies ig, im/sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90376		E	Rabies ig, heat treated	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90378		X	Rsv ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90379		E	Rsv ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90384		I	Rh ig, full-dose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90385		E	Rh ig, minidose, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90386		I	Rh ig, iv	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90389		E	Tetanus ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90393		E	Vaccina ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90396		E	Varicella-zoster ig, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90399		I	Immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		X	Immunization admin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90472		X	Immunization admin, each add	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90476		E	Adenovirus vaccine, type 4	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90477		E	Adenovirus vaccine, type 7	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90581		E	Anthrax vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90585		E	Bcg vaccine, percut	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90586		E	Bcg vaccine, intravesical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90592		D	Cholera vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90632		E	Hep a vaccine, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90633		E	Hep a vacc, ped/adol, 2 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90634		E	Hep a vacc, ped/adol, 3 dose	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90636		E	Hep a/hep b vacc, adult im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90645		E	Hib vaccine, hboc, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90646		E	Hib vaccine, prp-d, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90647		E	Hib vaccine, prp-omp, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90648		E	Hib vaccine, prp-t, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90657		X	Flu vaccine, 6-35 mo, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90658		X	Flu vaccine, 3 yrs, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90659		X	Flu vaccine, whole, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90660		X	Flu vaccine, nasal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90665		E	Lyme disease vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90669		N	Pneumococcal vaccine, ped	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90675		E	Rabies vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90676		E	Rabies vaccine, id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90680		E	Rotovirus vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90690		E	Typhoid vaccine, oral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90691		E	Typhoid vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90692		E	Typhoid vaccine, h-p, sc/id	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90693		E	Typhoid vaccine, akd, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700		E	Dtap vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701		E	Dtp vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702		E	Dt vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703		E	Tetanus vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704		E	Mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705		E	Measles vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706		E	Rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
90708		E	Measles-rubella vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709		E	Rubella & mumps vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710		E	Mmr vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712		E	Oral poliovirus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713		E	Poliovirus, ipv, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716		E	Chicken pox vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717		E	Yellow fever vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718		E	Td vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719		E	Diphtheria vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720		E	Dtp/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721		E	Dtap/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725		E	Cholera vaccine, injectable	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727		E	Plague vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732		X	Pneumococcal vaccine, adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733		E	Meningococcal vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735		E	Encephalitis vaccine, sc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744		X	Hep b vaccine, ped/adol, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745		D	Hepb vaccine, adol/risk, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746		X	Hep b vaccine, adult, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747		X	Hep b vaccine, ill pat, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748		E	Hep b/hib vaccine, im	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749		E	Vaccine toxoid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90780		A	IV infusion therapy, 1 hour	0.00	1.12	1.14	1.12	1.14	0.06	1.18	1.20	1.18	1.20	XXX
90781		A	IV infusion, additional hour	0.00	0.56	0.57	0.56	0.57	0.03	0.59	0.60	0.59	0.60	ZZZ
90782		T	Injection, sc/im	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
90783		T	Injection, ia	0.00	0.41	0.42	0.41	0.42	0.02	0.43	0.44	0.43	0.44	XXX
90784		T	Injection, iv	0.00	0.48	0.49	0.48	0.49	0.03	0.51	0.52	0.51	0.52	XXX
90788		T	Injection of antibiotic	0.00	0.12	0.12	0.12	0.12	0.01	0.13	0.13	0.13	0.13	XXX
90799		C	Ther/prophylactic/dx inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801		A	Psy dx interview	2.80	1.12	0.93	0.92	0.83	0.07	3.99	3.80	3.79	3.70	XXX
90802		A	Intac psy dx interview	3.01	1.14	0.78	0.96	0.69	0.08	4.23	3.87	4.05	3.78	XXX
90804		A	Psytx, office, 20-30 min	1.21	0.51	0.45	0.40	0.39	0.03	1.75	1.69	1.64	1.63	XXX
90805		A	Psytx, off, 20-30 min w/e&m	1.37	0.57	0.48	0.43	0.41	0.04	1.98	1.89	1.84	1.82	XXX
90806		A	Psytx, off, 45-50 min	1.86	0.76	0.68	0.65	0.62	0.05	2.67	2.59	2.56	2.53	XXX
90807		A	Psytx, off, 45-50 min w/e&m	2.02	0.76	0.68	0.64	0.62	0.05	2.83	2.75	2.71	2.69	XXX
90808		A	Psytx, office, 75-80 min	2.79	1.10	1.12	0.98	1.06	0.07	3.96	3.98	3.84	3.92	XXX
90809		A	Psytx, off, 75-80, w/e&m	2.95	1.08	1.11	0.93	1.04	0.08	4.11	4.14	3.96	4.07	XXX
90810		A	Intac psytx, off, 20-30 min	1.32	0.55	0.60	0.43	0.54	0.03	1.90	1.95	1.78	1.89	XXX
90811		A	Intac psytx, 20-30, w/e&m	1.48	0.59	0.62	0.46	0.55	0.04	2.11	2.14	1.98	2.07	XXX
90812		A	Intac psytx, off, 45-50 min	1.97	0.83	0.74	0.68	0.66	0.05	2.85	2.76	2.70	2.68	XXX
90813		A	Intac psytx, 45-50 min w/e&m	2.13	0.82	0.73	0.67	0.66	0.05	3.00	2.91	2.85	2.84	XXX
90814		A	Intac psytx, off, 75-80 min	2.90	1.18	0.91	1.01	0.83	0.07	4.15	3.88	3.98	3.80	XXX
90815		A	Intac psytx, 75-80 w/e&m	3.06	1.18	0.91	0.94	0.79	0.08	4.32	4.05	4.08	3.93	XXX
90816		A	Psytx, hosp, 20-30 min	1.25	0.58	0.48	0.43	0.41	0.03	1.86	1.76	1.71	1.69	XXX
90817		A	Psytx, hosp, 20-30 min w/e&m	1.41	0.60	0.49	0.44	0.41	0.04	2.05	1.94	1.89	1.86	XXX
90818		A	Psytx, hosp, 45-50 min	1.89	0.80	0.70	0.66	0.63	0.05	2.74	2.64	2.60	2.57	XXX
90819		A	Psytx, hosp, 45-50 min w/e&m	2.05	0.80	0.70	0.63	0.61	0.05	2.90	2.80	2.73	2.71	XXX
90821		A	Psytx, hosp, 75-80 min	2.83	1.15	1.15	0.97	1.06	0.07	4.05	4.05	3.87	3.96	XXX
90822		A	Psytx, hosp, 75-80 min w/e&m	2.99	1.10	1.12	0.93	1.04	0.08	4.17	4.19	4.00	4.11	XXX
90823		A	Intac psytx, hosp, 20-30 min	1.36	0.68	0.66	0.44	0.54	0.03	2.07	2.05	1.83	1.93	XXX
90824		A	Intac psytx, hsp 20-30 w/e&m	1.52	0.66	0.65	0.47	0.56	0.04	2.22	2.21	2.03	2.12	XXX
90826		A	Intac psytx, hosp, 45-50 min	2.01	0.92	0.78	0.70	0.67	0.05	2.98	2.84	2.76	2.73	XXX
90827		A	Intac psytx, hsp 45-50 w/e&m	2.16	0.88	0.76	0.67	0.66	0.06	3.10	2.98	2.89	2.88	XXX
90828		A	Intac psytx, hosp, 75-80 min	2.94	1.27	0.96	1.05	0.85	0.08	4.29	3.98	4.07	3.87	XXX
90829		A	Intac psytx, hsp 75-80 w/e&m	3.10	1.17	0.91	0.96	0.80	0.08	4.35	4.09	4.14	3.98	XXX
90845		A	Psychoanalysis	1.79	0.68	0.56	0.56	0.50	0.05	2.52	2.40	2.40	2.34	XXX
90846		R	Family psytx w/o patient	1.83	0.74	0.71	0.62	0.65	0.05	2.62	2.59	2.50	2.53	XXX
90847		R	Family psytx w/patient	2.21	0.85	0.74	0.74	0.69	0.06	3.12	3.01	3.01	2.96	XXX
90849		R	Multiple family group psytx	0.59	0.32	0.30	0.21	0.25	0.02	0.93	0.91	0.82	0.86	XXX
90853		A	Group psychotherapy	0.59	0.34	0.31	0.20	0.24	0.02	0.95	0.92	0.81	0.85	XXX
90857		A	Intac group psytx	0.63	0.34	0.25	0.22	0.19	0.02	0.99	0.90	0.87	0.84	XXX
90862		A	Medication management	0.95	0.42	0.41	0.30	0.35	0.02	1.39	1.38	1.27	1.32	XXX
90865		A	Narcosynthesis	2.84	1.34	0.94	0.88	0.71	0.10	4.28	3.88	3.82	3.65	XXX
90870		A	Electroconvulsive therapy	1.88	0.70	0.65	0.58	0.59	0.05	2.63	2.58	2.51	2.52	000
90871		A	Electroconvulsive therapy	2.72	NA	NA	0.85	0.88	0.07	NA	NA	3.64	3.67	000
90875		N	Psychophysiological therapy	+1.20	0.81	0.81	0.46	0.46	0.03	2.04	2.04	1.69	1.69	XXX
90876		N	Psychophysiological therapy	+1.90	1.08	1.08	0.73	0.73	0.05	3.03	3.03	2.68	2.68	XXX
90880		A	Hypnotherapy	2.19	0.88	0.79	0.70	0.70	0.06	3.13	3.04	2.95	2.95	XXX
90882		N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885		B	Psy evaluation of records	+0.97	0.38	0.36	0.38	0.36	0.02	1.37	1.35	1.37	1.35	XXX
90887		B	Consultation with family	+1.48	0.77	0.57	0.57	0.47	0.04	2.29	2.09	2.09	1.99	XXX
90889		B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899		C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901		A	Biofeedback train, any meth	0.41	0.66	0.86	0.18	0.62	0.02	1.09	1.29	0.61	1.05	000
90911		A	Biofeedback peri/uro/rectal	0.89	0.74	0.99	0.37	0.80	0.05	1.68	1.93	1.31	1.74	000
90918		A	ESRD related services, month	11.18	5.17	3.78	5.17	3.78	0.48	16.83	15.44	16.83	15.44	XXX
90919		A	ESRD related services, month	8.54	4.26	3.32	4.26	3.32	0.39	13.19	12.25	13.19	12.25	XXX
90920		A	ESRD related services, month	7.27	3.60	2.99	3.60	2.99	0.38	11.25	10.64	11.25	10.64	XXX
90921		A	ESRD related services, month	4.47	2.52	2.45	2.52	2.45	0.26	7.25	7.18	7.25	7.18	XXX
90922		A	ESRD related services, day	0.37	0.15	0.12	0.15	0.12	0.02	0.54	0.51	0.54	0.51	XXX
90923		A	Esr related services, day	0.28	0.14	0.11	0.14	0.11	0.01	0.43	0.40	0.43	0.40	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
90924		A	Esrd related services, day	0.24	0.12	0.10	0.12	0.10	0.01	0.37	0.35	0.37	0.35	XXX
90925		A	Esrd related services, day	0.15	0.08	0.08	0.08	0.08	0.01	0.24	0.24	0.24	0.24	XXX
90935		A	Hemodialysis, one evaluation	1.22	NA	NA	0.40	0.93	0.07	NA	NA	1.69	2.22	000
90937		A	Hemodialysis, repeated eval	2.11	NA	NA	0.69	1.61	0.11	NA	NA	2.91	3.83	000
90945		A	Dialysis, one evaluation	1.28	NA	NA	0.42	0.90	0.08	NA	NA	1.78	2.26	000
90947		A	Dialysis, repeated eval	2.16	NA	NA	0.71	1.49	0.12	NA	NA	2.99	3.77	000
90989		X	Dialysis training, complete	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90993		X	Dialysis training, incompl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997		A	Hemoperfusion	1.84	NA	NA	0.62	1.41	0.10	NA	NA	2.56	3.35	000
90999		C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000		A	Esophageal intubation	0.73	0.33	0.53	0.33	0.53	0.03	1.09	1.29	1.09	1.29	000
91000	26	A	Esophageal intubation	0.73	0.25	0.45	0.25	0.45	0.02	1.00	1.20	1.00	1.20	000
91000	TC	A	Esophageal intubation	0.00	0.08	0.08	0.08	0.08	0.01	0.09	0.09	0.09	0.09	000
91010		A	Esophagus motility study	1.25	1.26	1.81	1.26	1.81	0.09	2.60	3.15	2.60	3.15	000
91010	26	A	Esophagus motility study	1.25	0.43	0.97	0.43	0.97	0.04	1.72	2.26	1.72	2.26	000
91010	TC	A	Esophagus motility study	0.00	0.83	0.84	0.83	0.84	0.05	0.88	0.89	0.88	0.89	000
91011		A	Esophagus motility study	1.50	1.55	2.21	1.55	2.21	0.10	3.15	3.81	3.15	3.81	000
91011	26	A	Esophagus motility study	1.50	0.52	1.16	0.52	1.16	0.05	2.07	2.71	2.07	2.71	000
91011	TC	A	Esophagus motility study	0.00	1.03	1.05	1.03	1.05	0.05	1.08	1.10	1.08	1.10	000
91012		A	Esophagus motility study	1.46	1.67	2.31	1.67	2.31	0.12	3.25	3.89	3.25	3.89	000
91012	26	A	Esophagus motility study	1.46	0.51	1.13	0.51	1.13	0.06	2.03	2.65	2.03	2.65	000
91012	TC	A	Esophagus motility study	0.00	1.16	1.18	1.16	1.18	0.06	1.22	1.24	1.22	1.24	000
91020		A	Gastric motility	1.44	1.26	1.88	1.26	1.88	0.11	2.81	3.43	2.81	3.43	000
91020	26	A	Gastric motility	1.44	0.49	1.10	0.49	1.10	0.06	1.99	2.60	1.99	2.60	000
91020	TC	A	Gastric motility	0.00	0.77	0.78	0.77	0.78	0.05	0.82	0.83	0.82	0.83	000
91030		A	Acid perfusion of esophagus	0.91	0.54	0.58	0.54	0.58	0.05	1.50	1.54	1.50	1.54	000
91030	26	A	Acid perfusion of esophagus	0.91	0.32	0.35	0.32	0.35	0.03	1.26	1.29	1.26	1.29	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	000
91032		A	Esophagus, acid reflux test	1.21	1.17	1.65	1.17	1.65	0.09	2.47	2.95	2.47	2.95	000
91032	26	A	Esophagus, acid reflux test	1.21	0.42	0.89	0.42	0.89	0.04	1.67	2.14	1.67	2.14	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.75	0.76	0.75	0.76	0.05	0.80	0.81	0.80	0.81	000
91033		A	Prolonged acid reflux test	1.30	1.80	2.37	1.80	2.37	0.14	3.24	3.81	3.24	3.81	000
91033	26	A	Prolonged acid reflux test	1.30	0.45	1.00	0.45	1.00	0.05	1.80	2.35	1.80	2.35	000
91033	TC	A	Prolonged acid reflux test	0.00	1.35	1.37	1.35	1.37	0.09	1.44	1.46	1.44	1.46	000
91052		A	Gastric analysis test	0.79	0.62	0.76	0.62	0.76	0.05	1.46	1.60	1.46	1.60	000
91052	26	A	Gastric analysis test	0.79	0.28	0.41	0.28	0.41	0.03	1.10	1.23	1.10	1.23	000
91052	TC	A	Gastric analysis test	0.00	0.34	0.35	0.34	0.35	0.02	0.36	0.37	0.36	0.37	000
91055		A	Gastric intubation for smear	0.94	0.57	0.72	0.57	0.72	0.07	1.58	1.73	1.58	1.73	000
91055	26	A	Gastric intubation for smear	0.94	0.27	0.41	0.27	0.41	0.05	1.26	1.40	1.26	1.40	000
91055	TC	A	Gastric intubation for smear	0.00	0.30	0.31	0.30	0.31	0.02	0.32	0.33	0.32	0.33	000
91060		A	Gastric saline load test	0.45	0.37	0.58	0.37	0.58	0.04	0.86	1.07	0.86	1.07	000
91060	26	A	Gastric saline load test	0.45	0.15	0.35	0.15	0.35	0.02	0.62	0.82	0.62	0.82	000
91060	TC	A	Gastric saline load test	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	000
91065		A	Breath hydrogen test	0.20	0.43	0.53	0.43	0.53	0.03	0.66	0.76	0.66	0.76	000
91065	26	A	Breath hydrogen test	0.20	0.07	0.16	0.07	0.16	0.01	0.28	0.37	0.28	0.37	000
91065	TC	A	Breath hydrogen test	0.00	0.36	0.37	0.36	0.37	0.02	0.38	0.39	0.38	0.39	000
91100		A	Pass intestine bleeding tube	1.08	NA	NA	0.28	0.45	0.07	NA	NA	1.43	1.60	000
91105		A	Gastric intubation treatment	0.37	NA	NA	0.09	0.27	0.02	NA	NA	0.48	0.66	000
91122		A	Anal pressure record	1.77	1.34	1.61	1.34	1.61	0.18	3.29	3.56	3.29	3.56	000
91122	26	A	Anal pressure record	1.77	0.63	0.89	0.63	0.89	0.11	2.51	2.77	2.51	2.77	000
91122	TC	A	Anal pressure record	0.00	0.71	0.72	0.71	0.72	0.07	0.78	0.79	0.78	0.79	000
91299		C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002		A	Eye exam, new patient	0.88	1.08	0.81	0.34	0.31	0.03	1.99	1.72	1.25	1.22	XXX
92004		A	Eye exam, new patient	1.67	1.67	1.15	0.69	0.50	0.06	3.40	2.88	2.42	2.23	XXX
92012		A	Eye exam established pat	0.67	1.05	0.77	0.31	0.28	0.02	1.74	1.46	1.00	0.97	XXX
92014		A	Eye exam & treatment	1.10	1.35	0.97	0.49	0.40	0.04	2.49	2.11	1.63	1.54	XXX
92015		N	Refraction	+0.38	1.47	0.91	0.15	0.25	0.01	1.86	1.30	0.54	0.64	XXX
92018		A	New eye exam & treatment	1.51	NA	NA	0.72	0.62	0.05	NA	NA	2.28	2.18	XXX
92019		A	Eye exam & treatment	1.31	NA	NA	0.60	0.43	0.05	NA	NA	1.96	1.79	XXX
92020		A	Special eye evaluation	0.37	0.73	0.52	0.17	0.17	0.01	1.11	0.90	0.55	0.55	XXX
92060		A	Special eye evaluation	0.69	1.24	0.84	1.24	0.84	0.03	1.96	1.56	1.96	1.56	XXX
92060	26	A	Special eye evaluation	0.69	0.29	0.26	0.29	0.26	0.02	1.00	0.97	1.00	0.97	XXX
92060	TC	A	Special eye evaluation	0.00	0.95	0.58	0.95	0.58	0.01	0.96	0.59	0.96	0.59	XXX
92065		A	Orthoptic/pleopic training	0.37	0.75	0.58	0.75	0.58	0.02	1.14	0.97	1.14	0.97	XXX
92065	26	A	Orthoptic/pleopic training	0.37	0.15	0.19	0.15	0.19	0.01	0.53	0.57	0.53	0.57	XXX
92065	TC	A	Orthoptic/pleopic training	0.00	0.60	0.39	0.60	0.39	0.01	0.61	0.40	0.61	0.40	XXX
92070		A	Fitting of contact lens	0.70	1.01	1.16	0.35	0.50	0.02	1.73	1.88	1.07	1.22	XXX
92081		A	Visual field examination(s)	0.36	1.50	0.92	1.50	0.92	0.02	1.88	1.30	1.88	1.30	XXX
92081	26	A	Visual field examination(s)	0.36	0.16	0.17	0.16	0.17	0.01	0.53	0.54	0.53	0.54	XXX
92081	TC	A	Visual field examination(s)	0.00	1.34	0.75	1.34	0.75	0.01	1.35	0.76	1.35	0.76	XXX
92082		A	Visual field examination(s)	0.44	1.49	1.02	1.49	1.02	0.02	1.95	1.48	1.95	1.48	XXX
92082	26	A	Visual field examination(s)	0.44	0.21	0.27	0.21	0.27	0.01	0.66	0.72	0.66	0.72	XXX
92082	TC	A	Visual field examination(s)	0.00	1.28	0.75	1.28	0.75	0.01	1.29	0.76	1.29	0.76	XXX
92083		A	Visual field examination(s)	0.50	1.23	1.07	1.23	1.07	0.03	1.76	1.60	1.76	1.60	XXX
92083	26	A	Visual field examination(s)	0.50	0.24	0.42	0.24	0.42	0.02	0.76	0.94	0.76	0.94	XXX
92083	TC	A	Visual field examination(s)	0.00	0.99	0.65	0.99	0.65	0.01	1.00	0.66	1.00	0.66	XXX
92100		A	Serial tonometry exam(s)	0.92	0.76	0.52	0.37	0.26	0.03	1.71	1.47	1.32	1.21	XXX
92120		A	Tonography & eye evaluation	0.81	0.74	0.54	0.31	0.24	0.03	1.58	1.38	1.15	1.08	XXX
92130		A	Water provocation tonography	0.81	0.84	0.69	0.31	0.29	0.03	1.68	1.53	1.15	1.13	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
92135		A	Ophthalmic dx imaging	0.35	1.56	1.56	1.56	1.56	0.02	1.93	1.93	1.93	1.93	XXX
92135	26	A	Ophthalmic dx imaging	0.35	0.17	0.17	0.17	0.17	0.01	0.53	0.53	0.53	0.53	XXX
92135	TC	A	Ophthalmic dx imaging	0.00	1.39	1.39	1.39	1.39	0.01	1.40	1.40	1.40	1.40	XXX
92140		A	Glaucoma provocative tests	0.50	0.87	0.60	0.23	0.20	0.02	1.39	1.12	0.75	0.72	XXX
92225		A	Special eye exam, initial	0.38	1.80	1.15	0.16	0.21	0.01	2.19	1.54	0.55	0.60	XXX
92226		A	Special eye exam, subsequent	0.33	1.92	1.18	0.16	0.19	0.01	2.26	1.52	0.50	0.53	XXX
92230		A	Eye exam with photos	0.60	1.40	1.08	0.21	0.30	0.02	2.02	1.70	0.83	0.92	XXX
92235		A	Eye exam with photos	0.81	2.15	1.94	2.15	1.94	0.08	3.04	2.83	3.04	2.83	XXX
92235	26	A	Eye exam with photos	0.81	0.41	0.53	0.41	0.53	0.03	1.25	1.37	1.25	1.37	XXX
92235	TC	A	Eye exam with photos	0.00	1.74	1.41	1.74	1.41	0.05	1.79	1.46	1.79	1.46	XXX
92240		A	Icg angiography	1.10	3.08	2.40	3.08	2.40	0.08	4.26	3.58	4.26	3.58	XXX
92240	26	A	Icg angiography	1.10	0.55	0.60	0.55	0.60	0.03	1.68	1.73	1.68	1.73	XXX
92240	TC	A	Icg angiography	0.00	2.53	1.80	2.53	1.80	0.05	2.58	1.85	2.58	1.85	XXX
92250		A	Eye exam with photos	0.44	1.94	1.20	1.94	1.20	0.02	2.40	1.66	2.40	1.66	XXX
92250	26	A	Eye exam with photos	0.44	0.21	0.24	0.21	0.24	0.01	0.66	0.69	0.66	0.69	XXX
92250	TC	A	Eye exam with photos	0.00	1.73	0.96	1.73	0.96	0.01	1.74	0.97	1.74	0.97	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.21	0.40	0.09	0.20	0.01	0.42	0.61	0.30	0.41	XXX
92265		A	Eye muscle evaluation	0.81	1.59	0.96	1.59	0.96	0.05	2.45	1.82	2.45	1.82	XXX
92265	26	A	Eye muscle evaluation	0.81	0.30	0.19	0.30	0.19	0.03	1.14	1.03	1.14	1.03	XXX
92265	TC	A	Eye muscle evaluation	0.00	1.29	0.77	1.29	0.77	0.02	1.31	0.79	1.31	0.79	XXX
92270		A	Electro-oculography	0.81	1.09	0.91	1.09	0.91	0.05	1.95	1.77	1.95	1.77	XXX
92270	26	A	Electro-oculography	0.81	0.34	0.37	0.34	0.37	0.03	1.18	1.21	1.18	1.21	XXX
92270	TC	A	Electro-oculography	0.00	0.75	0.54	0.75	0.54	0.02	0.77	0.56	0.77	0.56	XXX
92275		A	Electroretinography	1.01	0.73	0.85	0.73	0.85	0.06	1.80	1.92	1.80	1.92	XXX
92275	26	A	Electroretinography	1.01	0.45	0.50	0.45	0.50	0.04	1.50	1.55	1.50	1.55	XXX
92275	TC	A	Electroretinography	0.00	0.28	0.35	0.28	0.35	0.02	0.30	0.37	0.30	0.37	XXX
92283		A	Color vision examination	0.17	0.77	0.54	0.77	0.54	0.02	0.96	0.73	0.96	0.73	XXX
92283	26	A	Color vision examination	0.17	0.08	0.13	0.08	0.13	0.01	0.26	0.31	0.26	0.31	XXX
92283	TC	A	Color vision examination	0.00	0.69	0.41	0.69	0.41	0.01	0.70	0.42	0.70	0.42	XXX
92284		A	Dark adaptation eye exam	0.24	0.89	0.69	0.89	0.69	0.02	1.15	0.95	1.15	0.95	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.20	0.09	0.20	0.01	0.34	0.45	0.34	0.45	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.80	0.49	0.80	0.49	0.01	0.81	0.50	0.81	0.50	XXX
92285		A	Eye photography	0.20	2.00	1.16	2.00	1.16	0.02	2.22	1.38	2.22	1.38	XXX
92285	26	A	Eye photography	0.20	0.10	0.15	0.10	0.15	0.01	0.31	0.36	0.31	0.36	XXX
92285	TC	A	Eye photography	0.00	1.90	1.01	1.90	1.01	0.01	1.91	1.02	1.91	1.02	XXX
92286		A	Internal eye photography	0.66	2.23	1.78	2.23	1.78	0.04	2.93	2.48	2.93	2.48	XXX
92286	26	A	Internal eye photography	0.66	0.32	0.61	0.32	0.61	0.02	1.00	1.29	1.00	1.29	XXX
92286	TC	A	Internal eye photography	0.00	1.91	1.17	1.91	1.17	0.02	1.93	1.19	1.93	1.19	XXX
92287		A	Internal eye photography	0.81	2.08	1.87	0.37	0.60	0.03	2.92	2.71	1.21	1.44	XXX
92310		N	Contact lens fitting	+1.17	0.97	1.19	0.45	0.93	0.00	2.14	2.36	1.62	2.10	XXX
92311		A	Contact lens fitting	1.08	1.04	1.01	0.39	0.44	0.04	2.16	2.13	1.51	1.56	XXX
92312		A	Contact lens fitting	1.26	0.99	1.13	0.66	0.65	0.04	2.29	2.43	1.96	1.95	XXX
92313		A	Contact lens fitting	0.92	0.94	0.95	0.27	0.38	0.03	1.89	1.90	1.22	1.33	XXX
92314		N	Prescription of contact lens	+0.69	0.78	0.80	0.27	0.55	0.00	1.47	1.49	0.96	1.24	XXX
92315		A	Prescription of contact lens	0.45	0.73	0.73	0.17	0.27	0.02	1.20	1.20	0.64	0.74	XXX
92316		A	Prescription of contact lens	0.68	0.80	0.92	0.26	0.39	0.02	1.50	1.62	0.96	1.09	XXX
92317		A	Prescription of contact lens	0.45	0.93	0.68	0.17	0.19	0.01	1.39	1.14	0.63	0.65	XXX
92325		A	Modification of contact lens	0.00	0.36	0.39	0.14	0.28	0.01	0.37	0.40	0.15	0.29	XXX
92326		A	Replacement of contact lens	0.00	0.37	1.03	0.15	0.92	0.05	0.42	1.08	0.20	0.97	XXX
92330		A	Fitting of artificial eye	1.08	0.80	1.02	0.26	0.44	0.04	1.92	2.14	1.38	1.56	XXX
92335		A	Fitting of artificial eye	0.45	0.86	1.50	0.17	0.62	0.02	1.33	1.97	0.64	1.09	XXX
92340		N	Fitting of spectacles	+0.37	0.58	0.52	0.14	0.29	0.00	0.95	0.89	0.51	0.66	XXX
92341		N	Fitting of spectacles	+0.47	0.62	0.60	0.18	0.37	0.00	1.09	1.07	0.65	0.84	XXX
92342		N	Fitting of spectacles	+0.53	0.65	0.65	0.20	0.42	0.00	1.18	1.18	0.73	0.95	XXX
92352		B	Special spectacles fitting	+0.37	0.58	0.46	0.14	0.24	0.01	0.96	0.84	0.52	0.62	XXX
92353		B	Special spectacles fitting	+0.50	0.63	0.53	0.19	0.31	0.02	1.15	1.05	0.71	0.83	XXX
92354		B	Special spectacles fitting	+0.00	0.52	4.84	0.18	4.67	0.08	0.60	4.92	0.26	4.75	XXX
92355		B	Special spectacles fitting	+0.00	0.52	2.50	0.18	2.33	0.01	0.53	2.51	0.19	2.34	XXX
92358		B	Eye prosthesis service	+0.00	0.33	0.67	0.12	0.56	0.04	0.37	0.71	0.16	0.60	XXX
92370		N	Repair & adjust spectacles	+0.32	0.45	0.42	0.12	0.25	0.00	0.77	0.74	0.44	0.57	XXX
92371		B	Repair & adjust spectacles	+0.00	0.33	0.49	0.12	0.38	0.02	0.35	0.51	0.14	0.40	XXX
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392		I	Supply of low vision aids	+0.00	0.33	2.26	0.12	2.15	0.02	0.35	2.28	0.14	2.17	XXX
92393		I	Supply of artificial eye	+0.00	0.33	6.66	0.12	6.55	0.48	0.81	7.14	0.60	7.03	XXX
92395		I	Supply of spectacles	+0.00	0.33	0.88	0.12	0.77	0.08	0.41	0.96	0.20	0.85	XXX
92396		I	Supply of contact lenses	+0.00	0.33	1.36	0.12	1.25	0.06	0.39	1.42	0.18	1.31	XXX
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502		A	Ear and throat examination	1.51	NA	NA	1.18	1.20	0.05	NA	NA	2.74	2.76	000
92504		A	Ear microscopy examination	0.18	0.76	0.52	0.09	0.12	0.01	0.95	0.71	0.28	0.31	XXX
92506		A	Speech/hearing evaluation	0.86	1.14	0.85	0.41	0.35	0.03	2.03	1.74	1.30	1.24	XXX
92507		A	Speech/hearing therapy	0.52	1.06	0.71	0.26	0.22	0.02	1.60	1.25	0.80	0.76	XXX
92508		A	Speech/hearing therapy	0.26	0.91	0.56	0.15	0.13	0.01	1.18	0.83	0.42	0.40	XXX
92510		A	Rehab for ear implant	1.50	1.58	1.53	0.68	0.71	0.05	3.13	3.08	2.23	2.26	XXX
92511		A	Nasopharyngoscopy	0.84	0.98	0.95	0.44	0.45	0.03	1.85	1.82	1.31	1.32	000
92512		A	Nasal function studies	0.55	0.86	0.69	0.25	0.26	0.02	1.43	1.26	0.82	0.83	XXX
92516		A	Facial nerve function test	0.43	0.70	0.56	0.23	0.22	0.01	1.14	1.00	0.67	0.66	XXX
92520		A	Laryngeal function studies	0.76	0.46	0.52	0.45	0.37	0.03	1.25	1.31	1.24	1.16	XXX
92525		A	Oral function evaluation	1.50	1.47	1.29	0.76	0.66	0.05	3.02	2.84	2.31	2.21	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
92526		A	Oral function therapy	0.55	1.17	0.84	0.21	0.24	0.02	1.74	1.41	0.78	0.81	XXX
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532		B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541		A	Spontaneous nystagmus test	0.40	0.43	0.59	0.43	0.59	0.03	0.86	1.02	0.86	1.02	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.20	0.35	0.20	0.35	0.01	0.61	0.76	0.61	0.76	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.23	0.24	0.23	0.24	0.02	0.25	0.26	0.25	0.26	XXX
92542		A	Positional nystagmus test	0.33	0.42	0.55	0.42	0.55	0.03	0.78	0.91	0.78	0.91	XXX
92542	26	A	Positional nystagmus test	0.33	0.16	0.28	0.16	0.28	0.01	0.50	0.62	0.50	0.62	XXX
92542	TC	A	Positional nystagmus test	0.00	0.26	0.27	0.26	0.27	0.02	0.28	0.29	0.28	0.29	XXX
92543		A	Caloric vestibular test	0.10	0.16	0.20	0.16	0.20	0.02	0.28	0.32	0.28	0.32	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.09	0.05	0.09	0.01	0.16	0.20	0.16	0.20	XXX
92543	TC	A	Caloric vestibular test	0.00	0.11	0.11	0.11	0.11	0.01	0.12	0.12	0.12	0.12	XXX
92544		A	Optokinetic nystagmus test	0.26	0.34	0.43	0.34	0.43	0.03	0.63	0.72	0.63	0.72	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.21	0.13	0.21	0.01	0.40	0.48	0.40	0.48	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
92545		A	Oscillating tracking test	0.23	0.32	0.39	0.32	0.39	0.03	0.58	0.65	0.58	0.65	XXX
92545	26	A	Oscillating tracking test	0.23	0.11	0.17	0.11	0.17	0.01	0.35	0.41	0.35	0.41	XXX
92545	TC	A	Oscillating tracking test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
92546		A	Sinusoidal rotational test	0.29	0.37	0.48	0.37	0.48	0.03	0.69	0.80	0.69	0.80	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.13	0.23	0.13	0.23	0.01	0.43	0.53	0.43	0.53	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.24	0.25	0.24	0.25	0.02	0.26	0.27	0.26	0.27	XXX
92547		A	Supplemental electrical test	0.00	0.56	0.57	0.56	0.57	0.05	0.61	0.62	0.61	0.62	ZZZ
92548		A	Posturography	0.50	1.75	1.88	1.75	1.88	0.13	2.38	2.51	2.38	2.51	XXX
92548	26	A	Posturography	0.50	0.27	0.38	0.27	0.38	0.02	0.79	0.90	0.79	0.90	XXX
92548	TC	A	Posturography	0.00	1.48	1.50	1.48	1.50	0.11	1.59	1.61	1.59	1.61	XXX
92551		N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552		A	Pure tone audiometry, air	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
92553		A	Audiometry, air & bone	0.00	0.66	0.67	0.66	0.67	0.05	0.71	0.72	0.71	0.72	XXX
92555		A	Speech threshold audiometry	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92556		A	Speech audiometry, complete	0.00	0.57	0.58	0.57	0.58	0.05	0.62	0.63	0.62	0.63	XXX
92557		A	Comprehensive hearing test	0.00	1.20	1.22	1.20	1.22	0.10	1.30	1.32	1.30	1.32	XXX
92559		N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560		N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561		A	Bekesy audiometry, diagnosis	0.00	0.72	0.73	0.72	0.73	0.05	0.77	0.78	0.77	0.78	XXX
92562		A	Loudness balance test	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	XXX
92563		A	Tone decay hearing test	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92564		A	Sisi hearing test	0.00	0.48	0.49	0.48	0.49	0.04	0.52	0.53	0.52	0.53	XXX
92565		A	Stenger test, pure tone	0.00	0.40	0.41	0.40	0.41	0.03	0.43	0.44	0.43	0.44	XXX
92567		A	Tympanometry	0.00	0.52	0.53	0.52	0.53	0.05	0.57	0.58	0.57	0.58	XXX
92568		A	Acoustic reflex testing	0.00	0.38	0.39	0.38	0.39	0.03	0.41	0.42	0.41	0.42	XXX
92569		A	Acoustic reflex decay test	0.00	0.41	0.42	0.41	0.42	0.03	0.44	0.45	0.44	0.45	XXX
92571		A	Filtered speech hearing test	0.00	0.39	0.40	0.39	0.40	0.03	0.42	0.43	0.42	0.43	XXX
92572		A	Staggered spondaic word test	0.00	0.09	0.09	0.09	0.09	0.01	0.10	0.10	0.10	0.10	XXX
92573		A	Lombard test	0.00	0.35	0.36	0.35	0.36	0.03	0.38	0.39	0.38	0.39	XXX
92575		A	Sensorineural acuity test	0.00	0.30	0.31	0.30	0.31	0.02	0.32	0.33	0.32	0.33	XXX
92576		A	Synthetic sentence test	0.00	0.45	0.46	0.45	0.46	0.04	0.49	0.50	0.49	0.50	XXX
92577		A	Stenger test, speech	0.00	0.72	0.73	0.72	0.73	0.06	0.78	0.79	0.78	0.79	XXX
92579		A	Visual audiometry (vra)	0.00	0.73	0.74	0.73	0.74	0.05	0.78	0.79	0.78	0.79	XXX
92582		A	Conditioning play audiometry	0.00	0.73	0.74	0.73	0.74	0.05	0.78	0.79	0.78	0.79	XXX
92583		A	Select picture audiometry	0.00	0.89	0.91	0.89	0.91	0.07	0.96	0.98	0.96	0.98	XXX
92584		A	Electrocochleography	0.00	2.49	2.53	2.49	2.53	0.18	2.67	2.71	2.67	2.71	XXX
92585		A	Auditory evoked potential	0.50	2.07	2.81	2.07	2.81	0.14	2.71	3.45	2.71	3.45	XXX
92585	26	A	Auditory evoked potential	0.50	0.21	0.92	0.21	0.92	0.02	0.73	1.44	0.73	1.44	XXX
92585	TC	A	Auditory evoked potential	0.00	1.86	1.89	1.86	1.89	0.12	1.98	2.01	1.98	2.01	XXX
92587		A	Evoked auditory test	0.13	1.37	1.42	1.37	1.42	0.10	1.60	1.65	1.60	1.65	XXX
92587	26	A	Evoked auditory test	0.13	0.06	0.09	0.06	0.09	0.01	0.20	0.23	0.20	0.23	XXX
92587	TC	A	Evoked auditory test	0.00	1.31	1.33	1.31	1.33	0.09	1.40	1.42	1.40	1.42	XXX
92588		A	Evoked auditory test	0.36	1.63	1.74	1.63	1.74	0.12	2.11	2.22	2.11	2.22	XXX
92588	26	A	Evoked auditory test	0.36	0.15	0.24	0.15	0.24	0.01	0.52	0.61	0.52	0.61	XXX
92588	TC	A	Evoked auditory test	0.00	1.48	1.50	1.48	1.50	0.11	1.59	1.61	1.59	1.61	XXX
92589		A	Auditory function test(s)	0.00	0.53	0.54	0.53	0.54	0.05	0.58	0.59	0.58	0.59	XXX
92590		N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591		N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592		N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593		N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594		N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595		N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596		A	Ear protector evaluation	0.00	0.59	0.60	0.59	0.60	0.05	0.64	0.65	0.64	0.65	XXX
92597		A	Oral speech device eval	1.35	1.54	1.32	0.77	0.94	0.04	2.93	2.71	2.16	2.33	XXX
92598		A	Modify oral speech device	0.99	0.99	0.86	0.53	0.63	0.03	2.01	1.88	1.55	1.65	XXX
92599		C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950		A	Heart/lung resuscitation cpr	3.80	1.58	2.02	0.99	1.73	0.21	5.59	6.03	5.00	5.74	000
92953		A	Temporary external pacing	0.23	NA	NA	0.07	0.17	0.01	NA	NA	0.31	0.41	000
92960		A	Cardioversion electric, ext	2.25	2.05	2.05	0.89	1.47	0.08	4.38	4.38	3.22	3.80	000
92961		A	Cardioversion, electric, int	4.60	1.54	1.54	1.54	1.54	0.31	6.45	6.45	6.45	6.45	000
92970		A	Cardioassist, internal	3.52	NA	NA	1.04	2.41	0.17	NA	NA	4.73	6.10	000
92971		A	Cardioassist, external	1.77	NA	NA	0.73	0.97	0.06	NA	NA	2.56	2.80	000

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
92975		A	Dissolve clot, heart vessel	7.25	NA	NA	3.07	4.64	0.22	NA	NA	10.54	12.11	000
92977		A	Dissolve clot, heart vessel	0.00	NA	NA	8.09	8.21	0.39	NA	NA	8.48	8.60	XXX
92978		A	Intravasc us, heart add-on	1.80	5.35	5.62	5.35	5.62	0.27	7.42	7.69	7.42	7.69	ZZZ
92978 26		A	Intravasc us, heart add-on	1.80	0.76	0.96	0.76	0.96	0.06	2.62	2.82	2.62	2.82	ZZZ
92978 TC		A	Intravasc us, heart add-on	0.00	4.59	4.66	4.59	4.66	0.21	4.80	4.87	4.80	4.87	ZZZ
92979		A	Intravasc us, heart add-on	1.44	2.91	3.11	2.91	3.11	0.15	4.50	4.70	4.50	4.70	ZZZ
92979 26		A	Intravasc us, heart add-on	1.44	0.61	0.77	0.61	0.77	0.04	2.09	2.25	2.09	2.25	ZZZ
92979 TC		A	Intravasc us, heart add-on	0.00	2.30	2.34	2.30	2.34	0.11	2.41	2.45	2.41	2.45	ZZZ
92980		A	Insert intracoronary stent	14.84	NA	NA	6.32	12.02	2.00	NA	NA	23.16	28.86	000
92981		A	Insert intracoronary stent	4.17	NA	NA	1.77	3.38	0.56	NA	NA	6.50	8.11	ZZZ
92982		A	Coronary artery dilation	10.98	NA	NA	4.68	8.90	1.48	NA	NA	17.14	21.36	000
92984		A	Coronary artery dilation	2.97	NA	NA	1.26	2.41	0.40	NA	NA	4.63	5.78	ZZZ
92986		A	Revision of aortic valve	21.80	NA	NA	10.88	11.98	2.82	NA	NA	35.50	36.60	090
92987		A	Revision of mitral valve	22.70	NA	NA	11.22	12.23	2.99	NA	NA	36.91	37.92	090
92990		A	Revision of pulmonary valve	17.34	NA	NA	8.54	9.48	1.90	NA	NA	27.78	28.72	090
92992		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92993		C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	090
92995		A	Coronary atherectomy	12.09	NA	NA	5.15	9.79	1.63	NA	NA	18.87	23.51	000
92996		A	Coronary atherectomy add-on	3.26	NA	NA	1.42	2.66	0.44	NA	NA	5.12	6.36	ZZZ
92997		A	Pul art balloon repr, percut	12.00	NA	NA	5.10	9.72	1.45	NA	NA	18.55	23.17	000
92998		A	Pul art balloon repr, percut	6.00	NA	NA	2.46	3.29	0.73	NA	NA	9.19	10.02	ZZZ
93000		A	Electrocardiogram, complete	0.17	0.52	0.59	0.52	0.59	0.03	0.72	0.79	0.72	0.79	XXX
93005		A	Electrocardiogram, tracing	0.00	0.46	0.47	0.46	0.47	0.02	0.48	0.49	0.48	0.49	XXX
93010		A	Electrocardiogram report	0.17	0.06	0.12	0.06	0.12	0.01	0.24	0.30	0.24	0.30	XXX
93012		A	Transmission of ecg	0.00	2.37	2.41	2.37	2.41	0.15	2.52	2.56	2.52	2.56	XXX
93014		A	Report on transmitted ecg	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
93015		A	Cardiovascular stress test	0.75	1.99	2.26	1.99	2.26	0.11	2.85	3.12	2.85	3.12	XXX
93016		A	Cardiovascular stress test	0.45	0.18	0.30	0.18	0.30	0.01	0.64	0.76	0.64	0.76	XXX
93017		A	Cardiovascular stress test	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	XXX
93018		A	Cardiovascular stress test	0.30	0.12	0.24	0.12	0.24	0.01	0.43	0.55	0.43	0.55	XXX
93024		A	Cardiac drug stress test	1.17	1.60	2.09	1.60	2.09	0.11	2.88	3.37	2.88	3.37	XXX
93024 26		A	Cardiac drug stress test	1.17	0.47	0.94	0.47	0.94	0.04	1.68	2.15	1.68	2.15	XXX
93024 TC		A	Cardiac drug stress test	0.00	1.13	1.15	1.13	1.15	0.07	1.20	1.22	1.20	1.22	XXX
93040		A	Rhythm ECG with report	0.16	0.20	0.24	0.20	0.24	0.02	0.38	0.42	0.38	0.42	XXX
93041		A	Rhythm ECG, tracing	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
93042		A	Rhythm ECG, report	0.16	0.05	0.09	0.05	0.09	0.01	0.22	0.26	0.22	0.26	XXX
93224		A	ECG monitor/report, 24 hrs	0.52	3.64	3.90	3.64	3.90	0.21	4.37	4.63	4.37	4.63	XXX
93225		A	ECG monitor/record, 24 hrs	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
93226		A	ECG monitor/report, 24 hrs	0.00	2.20	2.23	2.20	2.23	0.12	2.32	2.35	2.32	2.35	XXX
93227		A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93230		A	ECG monitor/report, 24 hrs	0.52	3.92	4.18	3.92	4.18	0.22	4.66	4.92	4.66	4.92	XXX
93231		A	Ecg monitor/record, 24 hrs	0.00	1.53	1.55	1.53	1.55	0.09	1.62	1.64	1.62	1.64	XXX
93232		A	ECG monitor/report, 24 hrs	0.00	2.19	2.22	2.19	2.22	0.11	2.30	2.33	2.30	2.33	XXX
93233		A	ECG monitor/review, 24 hrs	0.52	0.20	0.41	0.20	0.41	0.02	0.74	0.95	0.74	0.95	XXX
93235		A	ECG monitor/report, 24 hrs	0.45	2.81	3.03	2.81	3.03	0.13	3.39	3.61	3.39	3.61	XXX
93236		A	ECG monitor/report, 24 hrs	0.00	2.63	2.67	2.63	2.67	0.12	2.75	2.79	2.75	2.79	XXX
93237		A	ECG monitor/review, 24 hrs	0.45	0.18	0.36	0.18	0.36	0.01	0.64	0.82	0.64	0.82	XXX
93268		A	ECG record/review	0.52	3.80	3.98	3.80	3.98	0.24	4.56	4.74	4.56	4.74	XXX
93270		A	ECG recording	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
93271		A	Ecg/monitoring and analysis	0.00	2.37	2.41	2.37	2.41	0.15	2.52	2.56	2.52	2.56	XXX
93272		A	Ecg/review,interpret only	0.52	0.19	0.31	0.19	0.31	0.02	0.73	0.85	0.73	0.85	XXX
93278		A	ECG/signal-averaged	0.25	1.26	1.38	1.26	1.38	0.10	1.61	1.73	1.61	1.73	XXX
93278 26		A	ECG/signal-averaged	0.25	0.10	0.20	0.10	0.20	0.01	0.36	0.46	0.36	0.46	XXX
93278 TC		A	ECG/signal-averaged	0.00	1.16	1.18	1.16	1.18	0.09	1.25	1.27	1.25	1.27	XXX
93303		A	Echo transthoracic	1.30	4.35	4.72	4.35	4.72	0.24	5.89	6.26	5.89	6.26	XXX
93303 26		A	Echo transthoracic	1.30	0.47	0.78	0.47	0.78	0.04	1.81	2.12	1.81	2.12	XXX
93303 TC		A	Echo transthoracic	0.00	3.88	3.94	3.88	3.94	0.20	4.08	4.14	4.08	4.14	XXX
93304		A	Echo transthoracic	0.75	2.24	2.50	2.24	2.50	0.13	3.12	3.38	3.12	3.38	XXX
93304 26		A	Echo transthoracic	0.75	0.29	0.52	0.29	0.52	0.02	1.06	1.29	1.06	1.29	XXX
93304 TC		A	Echo transthoracic	0.00	1.95	1.98	1.95	1.98	0.11	2.06	2.09	2.06	2.09	XXX
93307		A	Echo exam of heart	0.92	4.26	4.68	4.26	4.68	0.23	5.41	5.83	5.41	5.83	XXX
93307 26		A	Echo exam of heart	0.92	0.38	0.74	0.38	0.74	0.03	1.33	1.69	1.33	1.69	XXX
93307 TC		A	Echo exam of heart	0.00	3.88	3.94	3.88	3.94	0.20	4.08	4.14	4.08	4.14	XXX
93308		A	Echo exam of heart	0.53	2.16	2.40	2.16	2.40	0.13	2.82	3.06	2.82	3.06	XXX
93308 26		A	Echo exam of heart	0.53	0.21	0.42	0.21	0.42	0.02	0.76	0.97	0.76	0.97	XXX
93308 TC		A	Echo exam of heart	0.00	1.95	1.98	1.95	1.98	0.11	2.06	2.09	2.06	2.09	XXX
93312		A	Echo transeophageal	2.20	4.66	5.03	4.66	5.03	0.34	7.20	7.57	7.20	7.57	XXX
93312 26		A	Echo transeophageal	2.20	0.86	1.17	0.86	1.17	0.09	3.15	3.46	3.15	3.46	XXX
93312 TC		A	Echo transeophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93313		A	Echo transeophageal	0.95	4.83	2.78	0.21	0.47	0.05	5.83	3.78	1.21	1.47	XXX
93314		A	Echo transeophageal	1.25	4.29	4.47	4.29	4.47	0.29	5.83	6.01	5.83	6.01	XXX
93314 26		A	Echo transeophageal	1.25	0.49	0.61	0.49	0.61	0.04	1.78	1.90	1.78	1.90	XXX
93314 TC		A	Echo transeophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93315		A	Echo transeophageal	2.78	4.87	5.13	4.87	5.13	0.36	8.01	8.27	8.01	8.27	XXX
93315 26		A	Echo transeophageal	2.78	1.07	1.27	1.07	1.27	0.11	3.96	4.16	3.96	4.16	XXX
93315 TC		A	Echo transeophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93316		A	Echo transeophageal	0.95	1.69	1.21	0.27	0.50	0.05	2.69	2.21	1.27	1.50	XXX
93317		A	Echo transeophageal	1.83	4.52	4.59	4.52	4.59	0.32	6.67	6.74	6.67	6.74	XXX
93317 26		A	Echo transeophageal	1.83	0.72	0.73	0.72	0.73	0.07	2.62	2.63	2.62	2.63	XXX
93317 TC		A	Echo transeophageal	0.00	3.80	3.86	3.80	3.86	0.25	4.05	4.11	4.05	4.11	XXX
93320		A	Doppler echo exam, heart	0.38	1.88	2.06	1.88	2.06	0.11	2.37	2.55	2.37	2.55	ZZZ

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93320	.....	A	Doppler echo exam, heart	0.38	0.16	0.31	0.16	0.31	0.01	0.55	0.70	0.55	0.70	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.72	1.75	1.72	1.75	0.10	1.82	1.85	1.82	1.85	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	1.18	1.26	1.18	1.26	0.08	1.41	1.49	1.41	1.49	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.12	0.06	0.12	0.01	0.22	0.28	0.22	0.28	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.12	1.14	1.12	1.14	0.07	1.19	1.21	1.19	1.21	ZZZ
93325	.....	A	Doppler color flow add-on	0.07	2.94	3.00	2.94	3.00	0.19	3.20	3.26	3.20	3.26	ZZZ
93325	26	A	Doppler color flow add-on	0.07	0.03	0.04	0.03	0.04	0.01	0.11	0.12	0.11	0.12	ZZZ
93325	TC	A	Doppler color flow add-on	0.00	2.91	2.96	2.91	2.96	0.18	3.09	3.14	3.09	3.14	ZZZ
93350	.....	A	Echo transthoracic	0.78	2.09	2.43	2.09	2.43	0.13	3.00	3.34	3.00	3.34	XXX
93350	26	A	Echo transthoracic	0.78	0.32	0.63	0.32	0.63	0.02	1.12	1.43	1.12	1.43	XXX
93350	TC	A	Echo transthoracic	0.00	1.77	1.80	1.77	1.80	0.11	1.88	1.91	1.88	1.91	XXX
93501	.....	A	Right heart catheterization	3.02	17.92	19.51	17.92	19.51	1.27	22.21	23.80	22.21	23.80	000
93501	26	A	Right heart catheterization	3.02	1.23	2.42	1.23	2.42	0.37	4.62	5.81	4.62	5.81	000
93501	TC	A	Right heart catheterization	0.00	16.69	17.09	16.69	17.09	0.90	17.59	17.99	17.59	17.99	000
93503	.....	A	Insert/place heart catheter	2.91	1.02	1.80	0.71	1.64	0.22	4.15	4.93	3.84	4.77	000
93505	.....	A	Biopsy of heart lining	4.38	3.78	4.56	3.78	4.56	0.70	8.86	9.64	8.86	9.64	000
93505	26	A	Biopsy of heart lining	4.38	1.83	2.56	1.83	2.56	0.57	6.78	7.51	6.78	7.51	000
93505	TC	A	Biopsy of heart lining	0.00	1.95	2.00	1.95	2.00	0.13	2.08	2.13	2.08	2.13	000
93508	.....	A	Cath placement, angiography	4.10	14.16	15.11	14.16	15.11	1.11	19.37	20.32	19.37	20.32	000
93508	26	A	Cath placement, angiography	4.10	1.72	2.37	1.72	2.37	0.55	6.37	7.02	6.37	7.02	000
93508	TC	A	Cath placement, angiography	0.00	12.44	12.74	12.44	12.74	0.56	13.00	13.30	13.00	13.30	000
93510	.....	A	Left heart catheterization	4.33	38.29	39.92	38.29	39.92	2.55	45.17	46.80	45.17	46.80	000
93510	26	A	Left heart catheterization	4.33	1.83	2.58	1.83	2.58	0.58	6.74	7.49	6.74	7.49	000
93510	TC	A	Left heart catheterization	0.00	36.46	37.34	36.46	37.34	1.97	38.43	39.31	38.43	39.31	000
93511	.....	A	Left heart catheterization	5.03	37.61	38.83	37.61	38.83	2.59	45.23	46.45	45.23	46.45	000
93511	26	A	Left heart catheterization	5.03	2.12	2.48	2.12	2.48	0.68	7.83	8.19	7.83	8.19	000
93511	TC	A	Left heart catheterization	0.00	35.49	36.35	35.49	36.35	1.91	37.40	38.26	37.40	38.26	000
93514	.....	A	Left heart catheterization	7.05	38.38	40.27	38.38	40.27	2.87	48.30	50.19	48.30	50.19	000
93514	26	A	Left heart catheterization	7.05	2.89	3.92	2.89	3.92	0.96	10.90	11.93	10.90	11.93	000
93514	TC	A	Left heart catheterization	0.00	35.49	36.35	35.49	36.35	1.91	37.40	38.26	37.40	38.26	000
93524	.....	A	Left heart catheterization	6.95	49.27	51.48	49.27	51.48	3.45	59.67	61.88	59.67	61.88	000
93524	26	A	Left heart catheterization	6.95	2.90	3.98	2.90	3.98	0.95	10.80	11.88	10.80	11.88	000
93524	TC	A	Left heart catheterization	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93526	.....	A	Rt & Lt heart catheters	5.99	50.17	53.02	50.17	53.02	3.37	59.53	62.38	59.53	62.38	000
93526	26	A	Rt & Lt heart catheters	5.99	2.52	4.22	2.52	4.22	0.80	9.31	11.01	9.31	11.01	000
93526	TC	A	Rt & Lt heart catheters	0.00	47.65	48.80	47.65	48.80	2.57	50.22	51.37	50.22	51.37	000
93527	.....	A	Rt & Lt heart catheters	7.28	49.44	52.91	49.44	52.91	3.47	60.19	63.66	60.19	63.66	000
93527	26	A	Rt & Lt heart catheters	7.28	3.07	5.41	3.07	5.41	0.97	11.32	13.66	11.32	13.66	000
93527	TC	A	Rt & Lt heart catheters	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93528	.....	A	Rt & Lt heart catheters	9.00	50.21	51.83	50.21	51.83	3.73	62.94	64.56	62.94	64.56	000
93528	26	A	Rt & Lt heart catheters	9.00	3.84	4.33	3.84	4.33	1.23	14.07	14.56	14.07	14.56	000
93528	TC	A	Rt & Lt heart catheters	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93529	.....	A	Rt, Lt heart catheterization	4.80	48.28	50.05	48.28	50.05	3.08	56.16	57.93	56.16	57.93	000
93529	26	A	Rt, Lt heart catheterization	4.80	1.91	2.55	1.91	2.55	0.58	7.29	7.93	7.29	7.93	000
93529	TC	A	Rt, Lt heart catheterization	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93530	.....	A	Rt heart cath, congenital	4.23	18.34	19.88	18.34	19.88	1.45	24.02	25.56	24.02	25.56	000
93530	26	A	Rt heart cath, congenital	4.23	1.65	2.79	1.65	2.79	0.55	6.43	7.57	6.43	7.57	000
93530	TC	A	Rt heart cath, congenital	0.00	16.69	17.09	16.69	17.09	0.90	17.59	17.99	17.59	17.99	000
93531	.....	A	R & I heart cath, congenital	8.35	51.10	53.48	51.10	53.48	3.70	63.15	65.53	63.15	65.53	000
93531	26	A	R & I heart cath, congenital	8.35	3.45	4.68	3.45	4.68	1.13	12.93	14.16	12.93	14.16	000
93531	TC	A	R & I heart cath, congenital	0.00	47.65	48.80	47.65	48.80	2.57	50.22	51.37	50.22	51.37	000
93532	.....	A	R & I heart cath, congenital	10.00	50.25	53.32	50.25	53.32	3.92	64.17	67.24	64.17	67.24	000
93532	26	A	R & I heart cath, congenital	10.00	3.88	5.82	3.88	5.82	1.42	15.30	17.24	15.30	17.24	000
93532	TC	A	R & I heart cath, congenital	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93533	.....	A	R & I heart cath, congenital	6.70	48.74	50.28	48.74	50.28	3.40	58.84	60.38	58.84	60.38	000
93533	26	A	R & I heart cath, congenital	6.70	2.37	2.78	2.37	2.78	0.90	9.97	10.38	9.97	10.38	000
93533	TC	A	R & I heart cath, congenital	0.00	46.37	47.50	46.37	47.50	2.50	48.87	50.00	48.87	50.00	000
93536	.....	A	Insert circulation assi	4.85	NA	NA	2.08	3.94	0.65	NA	NA	7.58	9.44	000
93539	.....	A	Injection, cardiac cath	0.40	0.75	0.86	0.17	0.33	0.01	1.16	1.27	0.58	0.74	000
93540	.....	A	Injection, cardiac cath	0.43	0.78	0.87	0.18	0.35	0.01	1.22	1.31	0.62	0.79	000
93541	.....	A	Injection for lung angiogram	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93542	.....	A	Injection for heart x-rays	0.29	NA	NA	0.12	0.24	0.01	NA	NA	0.42	0.54	000
93543	.....	A	Injection for heart x-rays	0.29	0.50	0.56	0.12	0.24	0.01	0.80	0.86	0.42	0.54	000
93544	.....	A	Injection for aortography	0.25	0.48	0.55	0.11	0.21	0.01	0.74	0.81	0.37	0.47	000
93545	.....	A	Inject for coronary x-rays	0.40	0.77	0.63	0.17	0.33	0.01	1.18	1.04	0.58	0.74	000
93555	.....	A	Imaging, cardiac cath	0.81	6.53	6.66	6.53	6.66	0.32	7.66	7.79	7.66	7.79	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.34	0.32	0.34	0.32	0.03	1.18	1.16	1.18	1.16	XXX
93555	TC	A	Imaging, cardiac cath	0.00	6.19	6.34	6.19	6.34	0.29	6.48	6.63	6.48	6.63	XXX
93556	.....	A	Imaging, cardiac cath	0.83	10.11	10.42	10.11	10.42	0.46	11.40	11.71	11.40	11.71	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.35	0.42	0.35	0.42	0.03	1.21	1.28	1.21	1.28	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.76	10.00	9.76	10.00	0.43	10.19	10.43	10.19	10.43	XXX
93561	.....	A	Cardiac output measurement	0.50	0.70	0.93	0.70	0.93	0.07	1.27	1.50	1.27	1.50	000
93561	26	A	Cardiac output measurement	0.50	0.17	0.39	0.17	0.39	0.02	0.69	0.91	0.69	0.91	000
93561	TC	A	Cardiac output measurement	0.00	0.53	0.54	0.53	0.54	0.05	0.58	0.59	0.58	0.59	000
93562	.....	A	Cardiac output measurement	0.16	0.36	0.45	0.36	0.45	0.04	0.56	0.65	0.56	0.65	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.13	0.05	0.13	0.01	0.22	0.30	0.22	0.30	000
93562	TC	A	Cardiac output measurement	0.00	0.31									

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93572	TC	A	Heart flow reserve measure	1.44	0.56	0.56	0.56	0.56	0.04	2.04	2.04	2.04	2.04	ZZZ
93572	TC	A	Heart flow reserve measure	0.00	4.59	4.59	4.59	4.59	0.11	4.70	4.70	4.70	4.70	ZZZ
93600		A	Bundle of His recording	2.12	2.86	3.71	2.86	3.71	0.18	5.16	6.01	5.16	6.01	000
93600	26	A	Bundle of His recording	2.12	0.90	1.72	0.90	1.72	0.07	3.09	3.91	3.09	3.91	000
93600	TC	A	Bundle of His recording	0.00	1.96	1.99	1.96	1.99	0.11	2.07	2.10	2.07	2.10	000
93602		A	Intra-atrial recording	2.12	2.02	2.55	2.02	2.55	0.15	4.29	4.82	4.29	4.82	000
93602	26	A	Intra-atrial recording	2.12	0.90	1.41	0.90	1.41	0.09	3.11	3.62	3.11	3.62	000
93602	TC	A	Intra-atrial recording	0.00	1.12	1.14	1.12	1.14	0.06	1.18	1.20	1.18	1.20	000
93603		A	Right ventricular recording	2.12	2.59	3.36	2.59	3.36	0.18	4.89	5.66	4.89	5.66	000
93603	26	A	Right ventricular recording	2.12	0.90	1.64	0.90	1.64	0.09	3.11	3.85	3.11	3.85	000
93603	TC	A	Right ventricular recording	0.00	1.69	1.72	1.69	1.72	0.09	1.78	1.81	1.78	1.81	000
93607		A	Left ventricular recording	3.26	2.90	3.42	2.90	3.42	0.19	6.35	6.87	6.35	6.87	000
93607	26	A	Left ventricular recording	3.26	1.40	1.90	1.40	1.90	0.10	4.76	5.26	4.76	5.26	000
93607	TC	A	Left ventricular recording	0.00	1.50	1.52	1.50	1.52	0.09	1.59	1.61	1.59	1.61	000
93609		A	Mapping of tachycardia	10.07	6.96	6.97	6.96	6.97	0.46	17.49	17.50	17.49	17.50	000
93609	26	A	Mapping of tachycardia	10.07	4.23	4.20	4.23	4.20	0.32	14.62	14.59	14.62	14.59	000
93609	TC	A	Mapping of tachycardia	0.00	2.73	2.77	2.73	2.77	0.14	2.87	2.91	2.87	2.91	000
93610		A	Intra-atrial pacing	3.02	2.63	3.27	2.63	3.27	0.19	5.84	6.48	5.84	6.48	000
93610	26	A	Intra-atrial pacing	3.02	1.27	1.89	1.27	1.89	0.11	4.40	5.02	4.40	5.02	000
93610	TC	A	Intra-atrial pacing	0.00	1.36	1.38	1.36	1.38	0.08	1.44	1.46	1.44	1.46	000
93612		A	Intraventricular pacing	3.02	2.89	3.56	2.89	3.56	0.21	6.12	6.79	6.12	6.79	000
93612	26	A	Intraventricular pacing	3.02	1.27	1.91	1.27	1.91	0.12	4.41	5.05	4.41	5.05	000
93612	TC	A	Intraventricular pacing	0.00	1.62	1.65	1.62	1.65	0.09	1.71	1.74	1.71	1.74	000
93615		A	Esophageal recording	0.99	0.64	0.68	0.64	0.68	0.08	1.71	1.75	1.71	1.75	000
93615	26	A	Esophageal recording	0.99	0.32	0.35	0.32	0.35	0.06	1.37	1.40	1.37	1.40	000
93615	TC	A	Esophageal recording	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	000
93616		A	Esophageal recording	1.49	0.68	1.25	0.68	1.25	0.10	2.27	2.84	2.27	2.84	000
93616	26	A	Esophageal recording	1.49	0.36	0.92	0.36	0.92	0.08	1.93	2.49	1.93	2.49	000
93616	TC	A	Esophageal recording	0.00	0.32	0.33	0.32	0.33	0.02	0.34	0.35	0.34	0.35	000
93618		A	Heart rhythm pacing	4.26	5.79	7.49	5.79	7.49	0.33	10.38	12.08	10.38	12.08	000
93618	26	A	Heart rhythm pacing	4.26	1.81	3.45	1.81	3.45	0.12	6.19	7.83	6.19	7.83	000
93618	TC	A	Heart rhythm pacing	0.00	3.98	4.04	3.98	4.04	0.21	4.19	4.25	4.19	4.25	000
93619		A	Electrophysiology evaluation	7.32	10.84	13.78	10.84	13.78	0.62	18.78	21.72	18.78	21.72	000
93619	26	A	Electrophysiology evaluation	7.32	3.10	5.92	3.10	5.92	0.22	10.64	13.46	10.64	13.46	000
93619	TC	A	Electrophysiology evaluation	0.00	7.74	7.86	7.74	7.86	0.40	8.14	8.26	8.14	8.26	000
93620		A	Electrophysiology evaluation	11.59	13.83	18.47	13.83	18.47	0.79	26.21	30.85	26.21	30.85	000
93620	26	A	Electrophysiology evaluation	11.59	4.82	9.33	4.82	9.33	0.34	16.75	21.26	16.75	21.26	000
93620	TC	A	Electrophysiology evaluation	0.00	9.01	9.14	9.01	9.14	0.45	9.46	9.59	9.46	9.59	000
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	26	A	Electrophysiology evaluation	12.66	5.36	10.24	5.36	10.24	0.41	18.43	23.31	18.43	23.31	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	26	A	Electrophysiology evaluation	12.74	5.23	10.22	5.23	10.22	0.39	18.36	23.35	18.36	23.35	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93623	26	A	Stimulation, pacing heart	2.85	1.20	2.11	1.20	2.11	0.10	4.15	5.06	4.15	5.06	ZZZ
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93624		A	Electrophysiologic study	4.81	4.03	4.66	4.03	4.66	0.26	9.10	9.73	9.10	9.73	000
93624	26	A	Electrophysiologic study	4.81	2.04	2.64	2.04	2.64	0.15	7.00	7.60	7.00	7.60	000
93624	TC	A	Electrophysiologic study	0.00	1.99	2.02	1.99	2.02	0.11	2.10	2.13	2.10	2.13	000
93631		A	Heart pacing, mapping	7.60	9.32	10.97	9.32	10.97	0.95	17.87	19.52	17.87	19.52	000
93631	TC	A	Heart pacing, mapping	0.00	6.18	6.27	6.18	6.27	0.53	6.71	6.80	6.71	6.80	000
93631	26	A	Heart pacing, mapping	7.60	3.14	4.70	3.14	4.70	0.42	11.16	12.72	11.16	12.72	000
93640		A	Evaluation heart device	3.52	8.69	10.16	8.69	10.16	0.47	12.68	14.15	12.68	14.15	000
93640	26	A	Evaluation heart device	3.52	1.48	2.84	1.48	2.84	0.11	5.11	6.47	5.11	6.47	000
93640	TC	A	Evaluation heart device	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93641		A	Electrophysiology evaluation	5.93	9.70	12.11	9.70	12.11	0.54	16.17	18.58	16.17	18.58	000
93641	26	A	Electrophysiology evaluation	5.93	2.49	4.79	2.49	4.79	0.18	8.60	10.90	8.60	10.90	000
93641	TC	A	Electrophysiology evaluation	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93642		A	Electrophysiology evaluation	4.89	9.21	11.24	9.21	11.24	0.50	14.60	16.63	14.60	16.63	000
93642	26	A	Electrophysiology evaluation	4.89	2.00	3.92	2.00	3.92	0.14	7.03	8.95	7.03	8.95	000
93642	TC	A	Electrophysiology evaluation	0.00	7.21	7.32	7.21	7.32	0.36	7.57	7.68	7.57	7.68	000
93650		A	Ablate heart dysrhythm focus	10.51	NA	NA	4.49	8.52	0.32	NA	NA	15.32	19.35	000
93651		A	Ablate heart dysrhythm focus	16.25	NA	NA	6.83	13.09	0.50	NA	NA	23.58	29.84	000
93652		A	Ablate heart dysrhythm focus	17.68	NA	NA	7.47	13.41	0.54	NA	NA	25.69	31.63	000
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	26	A	Tilt table evaluation	1.89	0.79	1.18	0.79	1.18	0.06	2.74	3.13	2.74	3.13	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
93720		A	Total body plethysmography	0.17	0.76	0.87	0.76	0.87	0.06	0.99	1.10	0.99	1.10	000
93721		A	Plethysmography tracing	0.00	0.71	0.72	0.71	0.72	0.05	0.76	0.77	0.76	0.77	000
93722		A	Plethysmography report	0.17	0.05	0.15	0.05	0.13	0.01	0.23	0.33	0.23	0.31	000
93724		A	Analyze pacemaker system	4.89	6.06	6.65	6.06	6.65	0.35	11.30	11.89	11.30	11.89	000
93724	26	A	Analyze pacemaker system	4.89	2.08	2.61	2.08	2.61	0.14	7.11	7.64	7.11	7.64	000
93724	TC	A	Analyze pacemaker system	0.00	3.98	4.04	3.98	4.04	0.21	4.19	4.25	4.19	4.25	000
93727		A	Analyze ilr system	0.52	0.21	0.21	0.21	0.21	0.02	0.75	0.75	0.75	0.75	000
93731		A	Analyze pacemaker system	0.45	0.69	0.78	0.69	0.78	0.05	1.19	1.28	1.19	1.28	000
93731	26	A	Analyze pacemaker system	0.45	0.19	0.27	0.19	0.27	0.02	0.66	0.74	0.66	0.74	000
93731	TC	A	Analyze pacemaker system	0.00	0.50	0.51	0.50	0.51	0.03	0.53	0.54	0.53	0.54	000
93732		A	Analyze pacemaker system	0.92	0.89	0.94	0.89	0.94	0.06	1.87	1.92	1.87	1.92	000
93732	26	A	Analyze pacemaker system	0.92	0.38	0.42	0.38	0.42	0.03	1.33	1.37	1.33	1.37	000
93732	TC	A	Analyze pacemaker system	0.00	0.51	0.52	0.51	0.52	0.03	0.54	0.55	0.54	0.55	000

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
93733		A	Telephone analy, pacemaker	0.17	0.80	0.88	0.80	0.88	0.06	1.03	1.11	1.03	1.11	XXX
93733	26	A	Telephone analy, pacemaker	0.17	0.07	0.14	0.07	0.14	0.01	0.25	0.32	0.25	0.32	XXX
93733	TC	A	Telephone analy, pacemaker	0.00	0.73	0.74	0.73	0.74	0.05	0.78	0.79	0.78	0.79	XXX
93734		A	Analyze pacemaker system	0.38	0.51	0.61	0.51	0.61	0.03	0.92	1.02	0.92	1.02	XXX
93734	26	A	Analyze pacemaker system	0.38	0.16	0.25	0.16	0.25	0.01	0.55	0.64	0.55	0.64	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.35	0.36	0.35	0.36	0.02	0.37	0.38	0.37	0.38	XXX
93735		A	Analyze pacemaker system	0.74	0.76	0.85	0.76	0.85	0.06	1.56	1.65	1.56	1.65	XXX
93735	26	A	Analyze pacemaker system	0.74	0.31	0.39	0.31	0.39	0.03	1.08	1.16	1.08	1.16	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.45	0.46	0.45	0.46	0.03	0.48	0.49	0.48	0.49	XXX
93736		A	Telephone analy, pacemaker	0.15	0.70	0.77	0.70	0.77	0.06	0.91	0.98	0.91	0.98	XXX
93736	26	A	Telephone analy, pacemaker	0.15	0.07	0.13	0.07	0.13	0.01	0.23	0.29	0.23	0.29	XXX
93736	TC	A	Telephone analy, pacemaker	0.00	0.63	0.64	0.63	0.64	0.05	0.68	0.69	0.68	0.69	XXX
93737		A	Analyze cardio/defibrillator	0.45	0.69	0.75	0.69	0.75	0.04	1.18	1.24	1.18	1.24	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.19	0.24	0.19	0.24	0.01	0.65	0.70	0.65	0.70	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.50	0.51	0.50	0.51	0.03	0.53	0.54	0.53	0.54	XXX
93738		A	Analyze cardio/defibrillator	0.92	0.90	0.93	0.90	0.93	0.06	1.88	1.91	1.88	1.91	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.41	0.39	0.41	0.03	1.34	1.36	1.34	1.36	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.51	0.52	0.51	0.52	0.03	0.54	0.55	0.54	0.55	XXX
93740		B	Temperature gradient studies	+0.16	0.20	0.35	0.20	0.35	0.02	0.38	0.53	0.38	0.53	XXX
93740	26	B	Temperature gradient studies	+0.16	0.04	0.19	0.04	0.19	0.01	0.21	0.36	0.21	0.36	XXX
93740	TC	B	Temperature gradient studies	+0.00	0.16	0.16	0.16	0.16	0.01	0.17	0.17	0.17	0.17	XXX
93741		A	Analyze ht pace device snl	0.64	1.18	1.18	1.18	1.18	0.05	1.87	1.87	1.87	1.87	XXX
93741	26	A	Analyze ht pace device snl	0.64	0.25	0.25	0.25	0.25	0.02	0.91	0.91	0.91	0.91	XXX
93741	TC	A	Analyze ht pace device snl	0.00	0.93	0.93	0.93	0.93	0.03	0.96	0.96	0.96	0.96	XXX
93742		A	Analyze ht pace device snl	0.73	1.56	1.56	1.56	1.56	0.05	2.34	2.34	2.34	2.34	XXX
93742	26	A	Analyze ht pace device snl	0.73	0.28	0.28	0.28	0.28	0.02	1.03	1.03	1.03	1.03	XXX
93742	TC	A	Analyze ht pace device snl	0.00	1.28	1.28	1.28	1.28	0.03	1.31	1.31	1.31	1.31	XXX
93743		A	Analyze ht pace device dual	0.83	1.25	1.25	1.25	1.25	0.05	2.13	2.13	2.13	2.13	XXX
93743	26	A	Analyze ht pace device dual	0.83	0.32	0.32	0.32	0.32	0.02	1.17	1.17	1.17	1.17	XXX
93743	TC	A	Analyze ht pace device dual	0.00	0.93	0.93	0.93	0.93	0.03	0.96	0.96	0.96	0.96	XXX
93744		A	Analyze ht pace device dual	0.95	1.65	1.65	1.65	1.65	0.05	2.65	2.65	2.65	2.65	XXX
93744	26	A	Analyze ht pace device dual	0.95	0.37	0.37	0.37	0.37	0.02	1.34	1.34	1.34	1.34	XXX
93744	TC	A	Analyze ht pace device dual	0.00	1.28	1.28	1.28	1.28	0.03	1.31	1.31	1.31	1.31	XXX
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770		B	Measure venous pressure	+0.16	0.08	0.15	0.08	0.15	0.02	0.26	0.33	0.26	0.33	XXX
93770	26	B	Measure venous pressure	+0.16	0.05	0.12	0.05	0.12	0.01	0.22	0.29	0.22	0.29	XXX
93770	TC	B	Measure venous pressure	+0.00	0.03	0.03	0.03	0.03	0.01	0.04	0.04	0.04	0.04	XXX
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790		N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797		A	Cardiac rehab	0.18	0.36	0.29	0.07	0.09	0.01	0.55	0.48	0.26	0.28	000
93798		A	Cardiac rehab/monitor	0.28	0.44	0.48	0.11	0.19	0.01	0.73	0.77	0.40	0.48	000
93799		C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875		A	Extracranial study	0.22	1.19	1.30	1.19	1.30	0.10	1.51	1.62	1.51	1.62	XXX
93875	26	A	Extracranial study	0.22	0.08	0.17	0.08	0.17	0.01	0.31	0.40	0.31	0.40	XXX
93875	TC	A	Extracranial study	0.00	1.11	1.13	1.11	1.13	0.09	1.20	1.22	1.20	1.22	XXX
93880		A	Extracranial study	0.60	3.93	4.11	3.93	4.11	0.34	4.87	5.05	4.87	5.05	XXX
93880	26	A	Extracranial study	0.60	0.19	0.31	0.19	0.31	0.04	0.83	0.95	0.83	0.95	XXX
93880	TC	A	Extracranial study	0.00	3.74	3.80	3.74	3.80	0.30	4.04	4.10	4.04	4.10	XXX
93882		A	Extracranial study	0.40	2.63	2.74	2.63	2.74	0.22	3.25	3.36	3.25	3.36	XXX
93882	26	A	Extracranial study	0.40	0.14	0.21	0.14	0.21	0.03	0.57	0.64	0.57	0.64	XXX
93882	TC	A	Extracranial study	0.00	2.49	2.53	2.49	2.53	0.19	2.68	2.72	2.68	2.72	XXX
93886		A	Intracranial study	0.94	4.60	4.71	4.60	4.71	0.38	5.92	6.03	5.92	6.03	XXX
93886	26	A	Intracranial study	0.94	0.36	0.41	0.36	0.41	0.05	1.35	1.40	1.35	1.40	XXX
93886	TC	A	Intracranial study	0.00	4.24	4.30	4.24	4.30	0.33	4.57	4.63	4.57	4.63	XXX
93888		A	Intracranial study	0.62	3.06	3.14	3.06	3.14	0.27	3.95	4.03	3.95	4.03	XXX
93888	26	A	Intracranial study	0.62	0.23	0.27	0.23	0.27	0.04	0.89	0.93	0.89	0.93	XXX
93888	TC	A	Intracranial study	0.00	2.83	2.87	2.83	2.87	0.23	3.06	3.10	3.06	3.10	XXX
93922		A	Extremity study	0.25	1.25	1.38	1.25	1.38	0.13	1.63	1.76	1.63	1.76	XXX
93922	26	A	Extremity study	0.25	0.09	0.20	0.09	0.20	0.02	0.36	0.47	0.36	0.47	XXX
93922	TC	A	Extremity study	0.00	1.16	1.18	1.16	1.18	0.11	1.27	1.29	1.27	1.29	XXX
93923		A	Extremity study	0.45	2.36	2.58	2.36	2.58	0.23	3.04	3.26	3.04	3.26	XXX
93923	26	A	Extremity study	0.45	0.16	0.35	0.16	0.35	0.04	0.65	0.84	0.65	0.84	XXX
93923	TC	A	Extremity study	0.00	2.20	2.23	2.20	2.23	0.19	2.39	2.42	2.39	2.42	XXX
93924		A	Extremity study	0.50	2.56	2.81	2.56	2.81	0.27	3.33	3.58	3.33	3.58	XXX
93924	26	A	Extremity study	0.50	0.18	0.39	0.18	0.39	0.05	0.73	0.94	0.73	0.94	XXX
93924	TC	A	Extremity study	0.00	2.38	2.42	2.38	2.42	0.22	2.60	2.64	2.60	2.64	XXX
93925		A	Lower extremity study	0.58	3.95	4.13	3.95	4.13	0.34	4.87	5.05	4.87	5.05	XXX
93925	26	A	Lower extremity study	0.58	0.19	0.31	0.19	0.31	0.04	0.81	0.93	0.81	0.93	XXX
93925	TC	A	Lower extremity study	0.00	3.76	3.82	3.76	3.82	0.30	4.06	4.12	4.06	4.12	XXX
93926		A	Lower extremity study	0.39	0.13	0.21	0.13	0.21	0.03	0.55	0.63	0.55	0.63	XXX
93926	26	A	Lower extremity study	0.39	2.64	2.76	2.64	2.76	0.23	3.26	3.38	3.26	3.38	XXX
93926	TC	A	Lower extremity study	0.00	2.51	2.55	2.51	2.55	0.20	2.71	2.75	2.71	2.75	XXX
93930		A	Upper extremity study	0.46	4.14	4.34	4.14	4.34	0.35	4.95	5.15	4.95	5.15	XXX
93930	26	A	Upper extremity study	0.46	0.15	0.29	0.15	0.29	0.03	0.64	0.78	0.64	0.78	XXX
93930	TC	A	Upper extremity study	0.00	3.99	4.05	3.99	4.05	0.32	4.31	4.37	4.31	4.37	XXX
93931		A	Upper extremity study	0.31	2.75	2.88	2.75	2.88	0.23	3.29	3.42	3.29	3.42	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

Table with columns: CPT 1/HCPCS 2, MOD, Status, Description, Physician Work RVUs 3, Fully Implemented Non-Facility PE RVUs, Year 2000 Transitional Non-Facility PE RVUs, Fully Implemented Facility PE RVUs, Year 2000 Transitional Facility PE RVUs, Mal-Practice RVUs, Fully Implemented Non-Facility Total, Year 2000 Transitional Non-Facility Total, Fully Implemented Facility Total, Year 2000 Transitional Facility Total, Global. Rows include CPT codes 93931 through 94621 with various descriptions and RVU values.

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
94621	26	A	Pulm stress test/complex	1.42	0.44	0.60	0.44	0.60	0.03	1.89	2.05	1.89	2.05	XXX
94621	TC	A	Pulm stress test/complex	0.00	1.43	1.45	1.43	1.45	0.08	1.51	1.53	1.51	1.53	XXX
94640		A	Airway inhalation treatment	0.00	0.62	0.52	0.20	0.31	0.02	0.64	0.54	0.22	0.33	XXX
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650		A	Pressure breathing (IPPB)	0.00	0.59	0.50	0.19	0.30	0.02	0.61	0.52	0.21	0.32	XXX
94651		A	Pressure breathing (IPPB)	0.00	0.53	0.46	0.18	0.29	0.02	0.55	0.48	0.20	0.31	XXX
94652		A	Pressure breathing (IPPB)	0.00	0.53	0.49	0.18	0.31	0.06	0.59	0.55	0.24	0.37	XXX
94656		A	Initial ventilator mgmt	1.22	NA	NA	0.32	0.78	0.06	NA	NA	1.60	2.06	XXX
94657		A	Continued ventilator mgmt	0.83	NA	NA	0.25	0.46	0.03	NA	NA	1.11	1.32	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.60	0.69	0.23	0.50	0.03	1.39	1.48	1.02	1.29	XXX
94662		A	Neg press ventilation, cnp	0.76	NA	NA	0.24	0.29	0.02	NA	NA	1.02	1.07	XXX
94664		A	Aerosol or vapor inhalations	0.00	0.46	0.50	0.15	0.35	0.03	0.49	0.53	0.18	0.38	XXX
94665		A	Aerosol or vapor inhalations	0.00	0.49	0.50	0.15	0.33	0.04	0.53	0.54	0.19	0.37	XXX
94667		A	Chest wall manipulation	0.00	0.64	0.62	0.21	0.41	0.04	0.68	0.66	0.25	0.45	XXX
94668		A	Chest wall manipulation	0.00	0.64	0.51	0.20	0.29	0.02	0.66	0.53	0.22	0.31	XXX
94680		A	Exhaled air analysis, o2	0.26	0.59	0.72	0.59	0.72	0.06	0.91	1.04	0.91	1.04	XXX
94680	26	A	Exhaled air analysis, o2	0.26	0.08	0.20	0.08	0.20	0.01	0.35	0.47	0.35	0.47	XXX
94680	TC	A	Exhaled air analysis, o2	0.00	0.51	0.52	0.51	0.52	0.05	0.56	0.57	0.56	0.57	XXX
94681		A	Exhaled air analysis, o2/co2	0.20	1.45	1.56	1.45	1.56	0.11	1.76	1.87	1.76	1.87	XXX
94681	26	A	Exhaled air analysis, o2/co2	0.20	0.06	0.15	0.06	0.15	0.01	0.27	0.36	0.27	0.36	XXX
94681	TC	A	Exhaled air analysis, o2/co2	0.00	1.39	1.41	1.39	1.41	0.10	1.49	1.51	1.49	1.51	XXX
94690		A	Exhaled air analysis	0.07	0.55	0.58	0.55	0.58	0.04	0.66	0.69	0.66	0.69	XXX
94690	26	A	Exhaled air analysis	0.07	0.02	0.04	0.02	0.04	0.01	0.10	0.12	0.10	0.12	XXX
94690	TC	A	Exhaled air analysis	0.00	0.53	0.54	0.53	0.54	0.03	0.56	0.57	0.56	0.57	XXX
94720		A	Monoxide diffusing capacity	0.26	0.93	1.03	0.93	1.03	0.06	1.25	1.35	1.25	1.35	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.08	0.17	0.08	0.17	0.01	0.35	0.44	0.35	0.44	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.85	0.86	0.85	0.86	0.05	0.90	0.91	0.90	0.91	XXX
94725		A	Membrane diffusion capacity	0.26	1.83	1.92	1.83	1.92	0.11	2.20	2.29	2.20	2.29	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.08	0.14	0.08	0.14	0.01	0.35	0.41	0.35	0.41	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.75	1.78	1.75	1.78	0.10	1.85	1.88	1.85	1.88	XXX
94750		A	Pulmonary compliance study	0.23	0.65	0.76	0.65	0.76	0.04	0.92	1.03	0.92	1.03	XXX
94750	26	A	Pulmonary compliance study	0.23	0.07	0.17	0.07	0.17	0.01	0.31	0.41	0.31	0.41	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.58	0.59	0.58	0.59	0.03	0.61	0.62	0.61	0.62	XXX
94760		B	Measure blood oxygen level	+0.00	0.08	0.18	0.08	0.18	0.02	0.10	0.20	0.10	0.20	XXX
94761		B	Measure blood oxygen level	+0.00	0.15	0.42	0.15	0.42	0.05	0.20	0.47	0.20	0.47	XXX
94762		A	Measure blood oxygen level	0.00	0.12	0.65	0.12	0.65	0.08	0.20	0.73	0.20	0.73	XXX
94770		A	Exhaled carbon dioxide test	0.15	0.34	0.39	0.34	0.39	0.07	0.56	0.61	0.56	0.61	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.04	0.08	0.04	0.08	0.01	0.20	0.24	0.20	0.24	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.30	0.31	0.30	0.31	0.06	0.36	0.37	0.36	0.37	XXX
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004		A	Allergy skin tests	0.00	0.10	0.10	0.10	0.10	0.01	0.11	0.11	0.11	0.11	XXX
95010		A	Sensitivity skin tests	0.15	0.40	0.26	0.06	0.06	0.01	0.56	0.42	0.22	0.22	XXX
95015		A	Sensitivity skin tests	0.15	0.43	0.28	0.07	0.07	0.01	0.59	0.44	0.23	0.23	XXX
95024		A	Allergy skin tests	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95027		A	Skin end point titration	0.00	0.15	0.15	0.15	0.15	0.01	0.16	0.16	0.16	0.16	XXX
95028		A	Allergy skin tests	0.00	0.23	0.24	0.23	0.24	0.01	0.24	0.25	0.24	0.25	XXX
95044		A	Allergy patch tests	0.00	0.20	0.21	0.20	0.21	0.01	0.21	0.22	0.21	0.22	XXX
95052		A	Photo patch test	0.00	0.25	0.26	0.25	0.26	0.01	0.26	0.27	0.26	0.27	XXX
95056		A	Photosensitivity tests	0.00	0.17	0.18	0.17	0.18	0.01	0.18	0.19	0.18	0.19	XXX
95060		A	Eye allergy tests	0.00	0.35	0.36	0.35	0.36	0.02	0.37	0.38	0.37	0.38	XXX
95065		A	Nose allergy test	0.00	0.20	0.21	0.20	0.21	0.01	0.21	0.22	0.21	0.22	XXX
95070		A	Bronchial allergy tests	0.00	2.29	2.33	2.29	2.33	0.02	2.31	2.35	2.31	2.35	XXX
95071		A	Bronchial allergy tests	0.00	2.93	2.98	2.93	2.98	0.02	2.95	3.00	2.95	3.00	XXX
95075		A	Ingestion challenge test	0.95	0.83	1.49	0.39	0.73	0.03	1.81	2.47	1.37	1.71	XXX
95078		A	Provocative testing	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
95115		A	Immunotherapy, one injection	0.00	0.39	0.40	0.39	0.40	0.02	0.41	0.42	0.41	0.42	000
95117		A	Immunotherapy injections	0.00	0.51	0.52	0.51	0.52	0.02	0.53	0.54	0.53	0.54	000
95120		I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125		I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130		I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134		I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144		A	Antigen therapy services	0.06	0.23	0.19	0.03	0.05	0.01	0.30	0.26	0.10	0.12	000
95145		A	Antigen therapy services	0.06	0.47	0.42	0.03	0.11	0.01	0.54	0.49	0.10	0.18	000
95146		A	Antigen therapy services	0.06	0.62	0.64	0.03	0.18	0.01	0.69	0.71	0.10	0.25	000
95147		A	Antigen therapy services	0.06	0.77	0.88	0.02	0.26	0.01	0.84	0.95	0.09	0.33	000
95148		A	Antigen therapy services	0.06	0.78	0.89	0.02	0.26	0.01	0.85	0.96	0.09	0.33	000
95149		A	Antigen therapy services	0.06	0.60	0.92	0.02	0.32	0.01	0.67	0.99	0.09	0.39	000
95165		A	Antigen therapy services	0.06	0.24	0.18	0.02	0.04	0.01	0.31	0.25	0.09	0.11	000
95170		A	Antigen therapy services	0.06	0.24	0.31	0.02	0.11	0.01	0.31	0.38	0.09	0.18	000
95180		A	Rapid desensitization	2.01	1.54	0.85	0.87	0.48	0.06	3.61	2.92	2.94	2.55	000
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
95805		A	Multiple sleep latency test	1.88	8.99	7.49	8.99	7.49	0.35	11.22	9.72	11.22	9.72	XXX
95805	26	A	Multiple sleep latency test	1.88	0.65	0.63	0.65	0.63	0.06	2.59	2.57	2.59	2.57	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

Table with columns: CPT 1/HCPCS 2, MOD, Status, Description, Physician Work RVUs, Fully Implemented Non-Facility PE RVUs, Year 2000 Transitional Non-Facility PE RVUs, Fully Implemented Facility PE RVUs, Year 2000 Transitional Facility PE RVUs, Mal-Practice RVUs, Fully Implemented Non-Facility Total, Year 2000 Transitional Non-Facility Total, Fully Implemented Facility Total, Year 2000 Transitional Facility Total, Global. Rows include various medical procedures like sleep studies, EEG, and muscle testing.

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physi- cian Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
95900		A	Motor nerve conduction test	0.42	0.46	0.57	0.46	0.57	0.04	0.92	1.03	0.92	1.03	XXX
95900	26	A	Motor nerve conduction test	0.42	0.18	0.28	0.18	0.28	0.02	0.62	0.72	0.62	0.72	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.28	0.29	0.28	0.29	0.02	0.30	0.31	0.30	0.31	XXX
95903		A	Motor nerve conduction test	0.60	0.50	0.58	0.50	0.58	0.04	1.14	1.22	1.14	1.22	XXX
95903	26	A	Motor nerve conduction test	0.60	0.25	0.32	0.25	0.32	0.02	0.87	0.94	0.87	0.94	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.25	0.26	0.25	0.26	0.02	0.27	0.28	0.27	0.28	XXX
95904		A	Sense/mixed n conduction tst	0.34	0.36	0.49	0.36	0.49	0.03	0.73	0.86	0.73	0.86	XXX
95904	26	A	Sense/mixed n conduction tst	0.34	0.14	0.26	0.14	0.26	0.01	0.49	0.61	0.49	0.61	XXX
95904	TC	A	Sense/mixed n conduction tst	0.00	0.22	0.23	0.22	0.23	0.02	0.24	0.25	0.24	0.25	XXX
95920		A	Intraop nerve test add-on	2.11	2.23	2.57	2.23	2.57	0.15	4.49	4.83	4.49	4.83	ZZZ
95920	26	A	Intraop nerve test add-on	2.11	0.92	1.24	0.92	1.24	0.09	3.12	3.44	3.12	3.44	ZZZ
95920	TC	A	Intraop nerve test add-on	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	ZZZ
95921		A	Autonomic nerv function test	0.90	0.70	0.73	0.70	0.73	0.05	1.65	1.68	1.65	1.68	XXX
95921	26	A	Autonomic nerv function test	0.90	0.32	0.34	0.32	0.34	0.03	1.25	1.27	1.25	1.27	XXX
95921	TC	A	Autonomic nerv function test	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
95922		A	Autonomic nerv function test	0.96	0.76	0.77	0.76	0.77	0.06	1.78	1.79	1.78	1.79	XXX
95922	26	A	Autonomic nerv function test	0.96	0.38	0.38	0.38	0.38	0.04	1.38	1.38	1.38	1.38	XXX
95922	TC	A	Autonomic nerv function test	0.00	0.38	0.39	0.38	0.39	0.02	0.40	0.41	0.40	0.41	XXX
95923		A	Autonomic nerv function test	0.90	3.01	1.88	3.01	1.88	0.06	3.97	2.84	3.97	2.84	XXX
95923	26	A	Autonomic nerv function test	0.90	0.36	0.36	0.36	0.36	0.04	1.30	1.30	1.30	1.30	XXX
95923	TC	A	Autonomic nerv function test	0.00	2.65	1.52	2.65	1.52	0.02	2.67	1.54	2.67	1.54	XXX
95925		A	Somatosensory testing	0.54	1.13	1.39	1.13	1.39	0.07	1.74	2.00	1.74	2.00	XXX
95925	26	A	Somatosensory testing	0.54	0.22	0.46	0.22	0.46	0.02	0.78	1.02	0.78	1.02	XXX
95925	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95926		A	Somatosensory testing	0.54	1.14	1.39	1.14	1.39	0.07	1.75	2.00	1.75	2.00	XXX
95926	26	A	Somatosensory testing	0.54	0.23	0.46	0.23	0.46	0.02	0.79	1.02	0.79	1.02	XXX
95926	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95927		A	Somatosensory testing	0.54	1.17	1.41	1.17	1.41	0.07	1.78	2.02	1.78	2.02	XXX
95927	26	A	Somatosensory testing	0.54	0.26	0.48	0.26	0.48	0.02	0.82	1.04	0.82	1.04	XXX
95927	TC	A	Somatosensory testing	0.00	0.91	0.93	0.91	0.93	0.05	0.96	0.98	0.96	0.98	XXX
95930		A	Visual evoked potential test	0.35	0.79	0.85	0.79	0.85	0.02	1.16	1.22	1.16	1.22	XXX
95930	26	A	Visual evoked potential test	0.35	0.14	0.39	0.14	0.39	0.01	0.50	0.75	0.50	0.75	XXX
95930	TC	A	Visual evoked potential test	0.00	0.65	0.46	0.65	0.46	0.01	0.66	0.47	0.66	0.47	XXX
95933		A	Blink reflex test	0.59	1.01	1.18	1.01	1.18	0.07	1.67	1.84	1.67	1.84	XXX
95933	26	A	Blink reflex test	0.59	0.22	0.38	0.22	0.38	0.02	0.83	0.99	0.83	0.99	XXX
95933	TC	A	Blink reflex test	0.00	0.79	0.80	0.79	0.80	0.05	0.84	0.85	0.84	0.85	XXX
95934		A	H-reflex test	0.51	0.43	0.52	0.43	0.52	0.04	0.98	1.07	0.98	1.07	XXX
95934	26	A	H-reflex test	0.51	0.22	0.30	0.22	0.30	0.02	0.75	0.83	0.75	0.83	XXX
95934	TC	A	H-reflex test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95936		A	H-reflex test	0.55	0.44	0.52	0.44	0.52	0.04	1.03	1.11	1.03	1.11	XXX
95936	26	A	H-reflex test	0.55	0.23	0.30	0.23	0.30	0.02	0.80	0.87	0.80	0.87	XXX
95936	TC	A	H-reflex test	0.00	0.21	0.22	0.21	0.22	0.02	0.23	0.24	0.23	0.24	XXX
95937		A	Neuromuscular junction test	0.65	0.59	0.72	0.59	0.72	0.05	1.29	1.42	1.29	1.42	XXX
95937	26	A	Neuromuscular junction test	0.65	0.25	0.37	0.25	0.37	0.03	0.93	1.05	0.93	1.05	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.34	0.35	0.34	0.35	0.02	0.36	0.37	0.36	0.37	XXX
95950		A	Ambulatory eeg monitoring	1.51	3.68	5.77	3.68	5.77	0.44	5.63	7.72	5.63	7.72	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.61	0.96	0.61	0.96	0.07	2.19	2.54	2.19	2.54	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	3.07	4.81	3.07	4.81	0.37	3.44	5.18	3.44	5.18	XXX
95951		A	EEG monitoring/video record	6.00	22.41	16.00	22.41	16.00	0.63	29.04	22.63	29.04	22.63	XXX
95951	26	A	EEG monitoring/video record	6.00	2.43	2.03	2.43	2.03	0.24	8.67	8.27	8.67	8.27	XXX
95951	TC	A	EEG monitoring/video record	0.00	19.98	13.97	19.98	13.97	0.39	20.37	14.36	20.37	14.36	XXX
95953		A	EEG monitoring/computer	3.08	7.61	7.74	7.61	7.74	0.49	11.18	11.31	11.18	11.31	XXX
95953	26	A	EEG monitoring/computer	3.08	1.25	1.28	1.25	1.28	0.12	4.45	4.48	4.45	4.48	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.36	6.46	6.36	6.46	0.37	6.73	6.83	6.73	6.83	XXX
95954		A	EEG monitoring/giving drugs	2.45	3.56	3.04	3.56	3.04	0.15	6.16	5.64	6.16	5.64	XXX
95954	26	A	EEG monitoring/giving drugs	0.00	2.55	1.52	2.55	1.52	0.05	2.60	1.57	2.60	1.57	XXX
95954	TC	A	EEG monitoring/giving drugs	2.45	1.01	1.52	1.01	1.52	0.10	3.56	4.07	3.56	4.07	XXX
95955		A	EEG during surgery	1.01	2.32	2.74	2.32	2.74	0.19	3.52	3.94	3.52	3.94	XXX
95955	26	A	EEG during surgery	1.01	0.35	0.74	0.35	0.74	0.05	1.41	1.80	1.41	1.80	XXX
95955	TC	A	EEG during surgery	0.00	1.97	2.00	1.97	2.00	0.14	2.11	2.14	2.11	2.14	XXX
95956		A	Eeg monitoring, cable/radio	3.08	24.27	16.23	24.27	16.23	0.49	27.84	19.80	27.84	19.80	XXX
95956	26	A	Eeg monitoring, cable/radio	3.08	1.25	1.44	1.25	1.44	0.12	4.45	4.64	4.45	4.64	XXX
95956	TC	A	Eeg monitoring, cable/radio	0.00	23.02	14.79	23.02	14.79	0.37	23.39	15.16	23.39	15.16	XXX
95957		A	EEG digital analysis	1.98	2.52	2.49	2.52	2.49	0.18	4.68	4.65	4.68	4.65	XXX
95957	26	A	EEG digital analysis	1.98	0.81	0.75	0.81	0.75	0.08	2.87	2.81	2.87	2.81	XXX
95957	TC	A	EEG digital analysis	0.00	1.71	1.74	1.71	1.74	0.10	1.81	1.84	1.81	1.84	XXX
95958		A	EEG monitoring/function test	4.25	3.38	4.35	3.38	4.35	0.27	7.90	8.87	7.90	8.87	XXX
95958	26	A	EEG monitoring/function test	4.25	1.63	2.57	1.63	2.57	0.16	6.04	6.98	6.04	6.98	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.75	1.78	1.75	1.78	0.11	1.86	1.89	1.86	1.89	XXX
95961		A	Electrode stimulation, brain	2.97	2.60	2.75	2.60	2.75	0.17	5.74	5.89	5.74	5.89	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.29	1.42	1.29	1.42	0.11	4.37	4.50	4.37	4.50	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	XXX
95962		A	Electrode stim, brain add-on	3.21	2.66	2.78	2.66	2.78	0.19	6.06	6.18	6.06	6.18	ZZZ
95962	26	A	Electrode stim, brain add-on	3.21	1.35	1.45	1.35	1.45	0.13	4.69	4.79	4.69	4.79	ZZZ
95962	TC	A	Electrode stim, brain add-on	0.00	1.31	1.33	1.31	1.33	0.06	1.37	1.39	1.37	1.39	ZZZ
95970		A	Analyze neurostim, no prog	0.45	0.15	0.15	0.13	0.13	0.03	0.63	0.61	0.61	0.61	XXX
95971		A	Analyze neurostim, simple	0.78	0.27	0.27	0.22	0.22	0.05	1.10	1.10	1.05	1.05	XXX
95972		A	Analyze neurostim, complex	1.50	0.52	0.52	0.43	0.43	0.09	2.11	2.11	2.02	2.02	XXX
95973		A	Analyze neurostim, complex	0.92	0.32	0.32	0.26	0.26	0.06	1.30	1.30	1.24	1.24	ZZZ
95974		A	Cranial neurostim, complex	3.00	1.03	1.03	0.90	0.90	0.16	4.19	4.19	4.06	4.06	XXX
95975		A	Cranial neurostim, complex	1.70	0.60	0.60	0.55	0.55	0.09	2.39	2.39	2.34	2.34	ZZZ

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

Table with columns: CPT / HCPCS 2, MOD, Status, Description, Physician Work RVUs 3, Fully Implemented Non-Facility PE RVUs, Year 2000 Transitional Non-Facility PE RVUs, Fully Implemented Facility PE RVUs, Year 2000 Transitional Facility PE RVUs, Mal-Practice RVUs, Fully Implemented Non-Facility Total, Year 2000 Transitional Non-Facility Total, Fully Implemented Facility Total, Year 2000 Transitional Facility Total, Global. Rows include procedures like Neurological procedure, Psychological testing, Assessment of aphasia, etc.

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
98940		A	Chiropractic manipulation	0.45	0.24	0.28	0.12	0.14	0.01	0.70	0.74	0.58	0.60	000
98941		A	Chiropractic manipulation	0.65	0.29	0.30	0.17	0.17	0.02	0.96	0.97	0.84	0.84	000
98942		A	Chiropractic manipulation	0.87	0.35	0.33	0.23	0.20	0.03	1.25	1.23	1.13	1.10	000
98943		N	Chiropractic manipulation	+0.40	0.35	0.33	0.15	0.23	0.01	0.76	0.74	0.56	0.64	XXX
99000		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001		B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002		B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024		B	Postop follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025		B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050		B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052		B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054		B	Medical servcs, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056		B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058		B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070		B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071		B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075		N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078		B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080		B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082		C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090		B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100		B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99116		B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99135		B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99140		B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
99141		B	Sedation, iv/im or inhalant	+0.80	1.77	1.34	0.31	0.61	0.05	2.62	2.19	1.16	1.46	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	1.69	1.18	0.23	0.45	0.04	2.33	1.82	0.87	1.09	XXX
99170		A	Anogenital exam, child	1.75	1.82	1.82	0.68	0.68	0.11	3.68	3.68	2.54	2.54	000
99173		N	Visual screening test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99175		A	Induction of vomiting	0.00	1.40	1.42	1.40	1.42	0.08	1.48	1.50	1.48	1.50	XXX
99183		A	Hyperbaric oxygen therapy	2.34	0.73	1.27	0.73	1.27	0.12	3.19	3.73	3.19	3.73	XXX
99185		A	Regional hypothermia	0.00	NA	NA	0.64	0.65	0.03	NA	NA	0.67	0.68	XXX
99186		A	Total body hypothermia	0.00	NA	NA	1.79	1.82	0.38	NA	NA	2.17	2.20	XXX
99190		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192		X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195		A	Phlebotomy	0.00	0.45	0.46	0.45	0.46	0.02	0.47	0.48	0.47	0.48	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	0.81	0.64	0.16	0.18	0.02	1.28	1.11	0.63	0.65	XXX
99202		A	Office/outpatient visit, new	0.88	1.06	0.81	0.32	0.29	0.04	1.98	1.73	1.24	1.21	XXX
99203		A	Office/outpatient visit, new	1.34	1.39	1.02	0.49	0.39	0.07	2.80	2.43	1.90	1.80	XXX
99204		A	Office/outpatient visit, new	2.00	1.88	1.42	0.72	0.58	0.09	3.97	3.51	2.81	2.67	XXX
99205		A	Office/outpatient visit, new	2.67	2.12	1.58	0.93	0.70	0.11	4.90	4.36	3.71	3.48	XXX
99211		A	Office/outpatient visit, est	0.17	0.51	0.37	0.06	0.09	0.01	0.69	0.55	0.24	0.27	XXX
99212		A	Office/outpatient visit, est	0.45	0.59	0.47	0.16	0.16	0.02	1.06	0.94	0.63	0.63	XXX
99213		A	Office/outpatient visit, est	0.67	0.72	0.60	0.23	0.22	0.02	1.41	1.29	0.92	0.91	XXX
99214		A	Office/outpatient visit, est	1.10	1.07	0.85	0.39	0.33	0.04	2.21	1.99	1.53	1.47	XXX
99215		A	Office/outpatient visit, est	1.77	1.32	1.13	0.63	0.52	0.07	3.16	2.97	2.47	2.36	XXX
99217		A	Observation care discharge	1.28	NA	NA	0.44	0.50	0.05	NA	NA	1.77	1.83	XXX
99218		A	Observation care	1.28	NA	NA	0.44	0.59	0.05	NA	NA	1.77	1.92	XXX
99219		A	Observation care	2.14	NA	NA	0.72	0.93	0.08	NA	NA	2.94	3.15	XXX
99220		A	Observation care	2.99	NA	NA	1.02	1.13	0.11	NA	NA	4.12	4.23	XXX
99221		A	Initial hospital care	1.28	NA	NA	0.45	0.59	0.05	NA	NA	1.78	1.92	XXX
99222		A	Initial hospital care	2.14	NA	NA	0.74	0.94	0.08	NA	NA	2.96	3.16	XXX
99223		A	Initial hospital care	2.99	NA	NA	1.03	1.13	0.11	NA	NA	4.13	4.23	XXX
99231		A	Subsequent hospital care	0.64	NA	NA	0.23	0.32	0.02	NA	NA	0.89	0.98	XXX
99232		A	Subsequent hospital care	1.06	NA	NA	0.37	0.43	0.04	NA	NA	1.47	1.53	XXX
99233		A	Subsequent hospital care	1.51	NA	NA	0.52	0.59	0.05	NA	NA	2.08	2.15	XXX
99234		A	Observ/hosp same date	2.56	NA	NA	0.88	0.81	0.10	NA	NA	3.54	3.47	XXX
99235		A	Observ/hosp same date	3.42	NA	NA	1.16	1.15	0.12	NA	NA	4.70	4.69	XXX
99236		A	Observ/hosp same date	4.27	NA	NA	1.46	1.35	0.14	NA	NA	5.87	5.76	XXX
99238		A	Hospital discharge day	1.28	NA	NA	0.44	0.50	0.04	NA	NA	1.76	1.82	XXX
99239		A	Hospital discharge day	1.75	NA	NA	0.60	0.58	0.06	NA	NA	2.41	2.39	XXX
99241		A	Office consultation	0.64	0.99	0.84	0.22	0.29	0.04	1.67	1.52	0.90	0.97	XXX
99242		A	Office consultation	1.29	1.41	1.13	0.47	0.45	0.08	2.78	2.50	1.84	1.82	XXX
99243		A	Office consultation	1.72	1.70	1.38	0.64	0.59	0.09	3.51	3.19	2.45	2.40	XXX
99244		A	Office consultation	2.58	2.13	1.73	0.92	0.80	0.11	4.82	4.42	3.61	3.49	XXX
99245		A	Office consultation	3.43	2.50	2.17	1.23	1.08	0.14	6.07	5.74	4.80	4.65	XXX
99251		A	Initial inpatient consult	0.66	NA	NA	0.29	0.51	0.04	NA	NA	0.99	1.21	XXX
99252		A	Initial inpatient consult	1.32	NA	NA	0.56	0.69	0.08	NA	NA	1.96	2.09	XXX
99253		A	Initial inpatient consult	1.82	NA	NA	0.75	0.89	0.09	NA	NA	2.66	2.80	XXX
99254		A	Initial inpatient consult	2.64	NA	NA	1.04	1.17	0.11	NA	NA	3.79	3.92	XXX
99255		A	Initial inpatient consult	3.65	NA	NA	1.40	1.55	0.15	NA	NA	5.20	5.35	XXX
99261		A	Follow-up inpatient consult	0.42	NA	NA	0.20	0.28	0.02	NA	NA	0.64	0.72	XXX
99262		A	Follow-up inpatient consult	0.85	NA	NA	0.36	0.43	0.03	NA	NA	1.24	1.31	XXX
99263		A	Follow-up inpatient consult	1.27	NA	NA	0.51	0.62	0.05	NA	NA	1.83	1.94	XXX
99271		A	Confirmatory consultation	0.45	0.59	0.61	0.19	0.26	0.02	1.06	1.08	0.66	0.73	XXX
99272		A	Confirmatory consultation	0.84	0.78	0.78	0.36	0.38	0.05	1.67	1.67	1.25	1.27	XXX
99273		A	Confirmatory consultation	1.19	1.02	1.07	0.50	0.53	0.07	2.28	2.33	1.76	1.79	XXX
99274		A	Confirmatory consultation	1.73	1.33	1.33	0.71	0.69	0.09	3.15	3.15	2.53	2.51	XXX
99275		A	Confirmatory consultation	2.31	1.54	1.72	0.88	1.39	0.10	3.95	4.13	3.29	3.80	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
99281	A	Emergency dept visit	0.33	NA	NA	0.09	0.20	0.02	NA	NA	0.44	0.55	XXX
99282	A	Emergency dept visit	0.55	NA	NA	0.15	0.28	0.03	NA	NA	0.73	0.86	XXX
99283	A	Emergency dept visit	1.24	NA	NA	0.32	0.43	0.08	NA	NA	1.64	1.75	XXX
99284	A	Emergency dept visit	1.95	NA	NA	0.48	0.62	0.12	NA	NA	2.55	2.69	XXX
99285	A	Emergency dept visit	3.06	NA	NA	0.73	0.98	0.19	NA	NA	3.98	4.23	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	3.60	1.38	1.47	1.15	1.35	0.14	5.12	5.21	4.89	5.09	XXX
99292	A	Critical care, addl 30 min	1.80	0.76	0.72	0.57	0.63	0.08	2.64	2.60	2.45	2.51	ZZZ
99295	A	Neonatal critical care	16.00	NA	NA	4.85	5.18	0.62	NA	NA	21.47	21.80	XXX
99296	A	Neonatal critical care	8.00	NA	NA	2.60	2.64	0.24	NA	NA	10.84	10.88	XXX
99297	A	Neonatal critical care	4.00	NA	NA	1.34	1.34	0.11	NA	NA	5.45	5.45	XXX
99298	A	Neonatal critical care	2.75	0.94	0.94	0.92	0.92	0.09	3.78	3.78	3.76	3.76	XXX
99301	A	Nursing facility care	1.20	NA	NA	0.41	0.45	0.04	NA	NA	1.65	1.69	XXX
99302	A	Nursing facility care	1.61	NA	NA	0.54	0.54	0.06	NA	NA	2.21	2.21	XXX
99303	A	Nursing facility care	2.01	NA	NA	0.66	0.85	0.07	NA	NA	2.74	2.93	XXX
99311	A	Nursing fac care, subseq	0.60	NA	NA	0.20	0.29	0.02	NA	NA	0.82	0.91	XXX
99312	A	Nursing fac care, subseq	1.00	NA	NA	0.33	0.39	0.03	NA	NA	1.36	1.42	XXX
99313	A	Nursing fac care, subseq	1.42	NA	NA	0.47	0.49	0.05	NA	NA	1.94	1.96	XXX
99315	A	Nursing fac discharge day	1.13	NA	NA	0.37	0.46	0.04	NA	NA	1.54	1.63	XXX
99316	A	Nursing fac discharge day	1.50	NA	NA	0.51	0.53	0.05	NA	NA	2.06	2.08	XXX
99321	A	Rest home visit, new patient	0.71	0.41	0.41	0.32	0.36	0.03	1.15	1.15	1.06	1.10	XXX
99322	A	Rest home visit, new patient	1.01	0.64	0.60	0.44	0.50	0.04	1.69	1.65	1.49	1.55	XXX
99323	A	Rest home visit, new patient	1.28	0.87	0.83	0.54	0.67	0.05	2.20	2.16	1.87	2.00	XXX
99331	A	Rest home visit, est pat	0.60	0.44	0.37	0.31	0.31	0.02	1.06	0.99	0.93	0.93	XXX
99332	A	Rest home visit, est pat	0.80	0.55	0.47	0.37	0.38	0.03	1.38	1.30	1.20	1.21	XXX
99333	A	Rest home visit, est pat	1.00	0.67	0.58	0.45	0.47	0.03	1.70	1.61	1.48	1.50	XXX
99341	A	Home visit, new patient	1.01	0.51	0.55	0.48	0.53	0.04	1.56	1.60	1.53	1.58	XXX
99342	A	Home visit, new patient	1.52	0.79	0.72	0.59	0.62	0.06	2.37	2.30	2.17	2.20	XXX
99343	A	Home visit, new patient	2.27	1.21	1.03	1.14	0.99	0.08	3.56	3.38	3.49	3.34	XXX
99344	A	Home visit, new patient	3.03	1.48	1.20	1.11	1.02	0.10	4.61	4.33	4.24	4.15	XXX
99345	A	Home visit, new patient	3.79	1.74	1.33	1.34	1.13	0.12	5.65	5.24	5.25	5.04	XXX
99347	A	Home visit, est patient	0.76	0.45	0.47	0.36	0.43	0.03	1.24	1.26	1.15	1.22	XXX
99348	A	Home visit, est patient	1.26	0.68	0.63	0.52	0.55	0.04	1.98	1.93	1.82	1.85	XXX
99349	A	Home visit, est patient	2.02	1.00	0.83	0.79	0.73	0.07	3.09	2.92	2.88	2.82	XXX
99350	A	Home visit, est patient	3.03	1.36	1.09	1.10	0.96	0.10	4.49	4.22	4.23	4.09	XXX
99354	A	Prolonged service, office	1.77	1.27	1.05	0.60	0.51	0.06	3.10	2.88	2.43	2.34	ZZZ
99355	A	Prolonged service, office	1.77	1.14	0.98	0.58	0.50	0.06	2.97	2.81	2.41	2.33	ZZZ
99356	A	Prolonged service, inpatient	1.71	NA	NA	0.58	0.75	0.06	NA	NA	2.35	2.52	ZZZ
99357	A	Prolonged service, inpatient	1.71	NA	NA	0.60	0.76	0.07	NA	NA	2.38	2.54	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	1.29	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99375	A	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	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99378	A	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	1.29	0.92	0.43	0.49	0.04	2.43	2.06	1.57	1.63	XXX
99380	B	Nursing fac care supervision	+1.73	1.53	1.04	0.67	0.61	0.06	3.32	2.83	2.46	2.40	XXX
99381	N	Prev visit, new, infant	+1.19	1.33	1.33	0.46	0.90	0.18	2.70	2.70	1.83	2.27	XXX
99382	N	Prev visit, new, age 1-4	+1.36	1.37	1.45	0.53	1.03	0.04	2.77	2.85	1.93	2.43	XXX
99383	N	Prev visit, new, age 5-11	+1.36	1.33	1.43	0.53	1.03	0.04	2.73	2.83	1.93	2.43	XXX
99384	N	Prev visit, new, age 12-17	+1.53	1.40	1.57	0.59	1.16	0.05	2.98	3.15	2.17	2.74	XXX
99385	N	Prev visit, new, age 18-39	+1.53	1.41	1.47	0.59	1.06	0.05	2.99	3.05	2.17	2.64	XXX
99386	N	Prev visit, new, age 40-64	+1.88	1.59	1.73	0.73	1.30	0.06	3.53	3.67	2.67	3.24	XXX
99387	N	Prev visit, new, 65 & over	+2.06	1.71	1.88	0.80	1.42	0.06	3.83	4.00	2.92	3.54	XXX
99391	N	Prev visit, est, infant	+1.02	0.91	1.03	0.39	0.77	0.15	2.08	2.20	1.56	1.94	XXX
99392	N	Prev visit, est, age 1-4	+1.19	0.98	1.16	0.46	0.90	0.04	2.21	2.39	1.69	2.13	XXX
99393	N	Prev visit, est, age 5-11	+1.19	0.96	1.15	0.46	0.90	0.04	2.19	2.38	1.69	2.13	XXX
99394	N	Prev visit, est, age 12-17	+1.36	1.04	1.29	0.53	1.03	0.04	2.44	2.69	1.93	2.43	XXX
99395	N	Prev visit, est, age 18-39	+1.36	1.07	1.22	0.53	0.95	0.04	2.47	2.62	1.93	2.35	XXX
99396	N	Prev visit, est, age 40-64	+1.53	1.16	1.34	0.59	1.06	0.05	2.74	2.92	2.17	2.64	XXX
99397	N	Prev visit, est, 65 & over	+1.71	1.25	1.47	0.66	1.18	0.05	3.01	3.23	2.42	2.94	XXX
99401	N	Preventive counseling, indiv	+0.48	0.55	0.52	0.19	0.34	0.01	1.04	1.01	0.68	0.83	XXX
99402	N	Preventive counseling, indiv	+0.98	0.78	0.88	0.38	0.68	0.03	1.79	1.89	1.39	1.69	XXX
99403	N	Preventive counseling, indiv	+1.46	1.01	1.23	0.56	1.01	0.04	2.51	2.73	2.06	2.51	XXX
99404	N	Preventive counseling, indiv	+1.95	1.24	1.59	0.75	1.34	0.05	3.24	3.59	2.75	3.34	XXX
99411	N	Preventive counseling, group	+0.15	0.16	0.16	0.06	0.11	0.01	0.32	0.32	0.22	0.27	XXX
99412	N	Preventive counseling, group	+0.25	0.22	0.24	0.10	0.18	0.01	0.48	0.50	0.36	0.44	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	0.85	0.04	NA	NA	1.60	2.06	XXX
99432	A	Newborn care, not in hosp	1.26	0.72	1.07	0.40	0.91	0.04	2.02	2.37	1.70	2.21	XXX
99433	A	Normal newborn care/hospital	0.62	NA	NA	0.22	0.46	0.02	NA	NA	0.86	1.10	XXX
99435	A	Newborn discharge day hosp	1.50	NA	NA	0.50	1.09	0.05	NA	NA	2.05	2.64	XXX
99436	A	Attendance, birth	1.50	0.46	1.07	0.46	1.07	0.05	2.01	2.62	2.01	2.62	XXX
99440	A	Newborn resuscitation	2.93	NA	NA	0.98	2.14	0.09	NA	NA	4.00	5.16	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
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 lodgng 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 lodgng escort	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
A0348	X	Adv emerg 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 emerg 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 emerg 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 mil&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	Bis 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 dispoible 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

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	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	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	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 silion	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
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 plstic 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 hvly plstic 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 facepl/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 skn 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 skn 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	Urinary pouch 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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	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 disp	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
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 larngectomy	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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
A4755	X	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	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	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	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	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	X	Dextrostic/gucose strips	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773	X	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	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	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	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	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	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	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	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	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	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	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	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	X	Cepd 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	X	lpd 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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	P	Drmls 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	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	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	I	Drain ostomy pouch on fcpalte	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071	P	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	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
A5073	P	P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074	I	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	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	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	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	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	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	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	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	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	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	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	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	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	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	P	Disk/foam pad +- adhesive	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131	P	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	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	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	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	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	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	X	Diabetic shoe w/roller/rocker	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504	X	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

Table with 15 columns: CPT 1/ HCPCS 2, MOD, Status, Description, Physician Work RVUs 3, Fully Implemented Non-Facility PE RVUs, Year 2000 Transitional Non-Facility PE RVUs, Fully Implemented Facility PE RVUs, Year 2000 Transitional Facility PE RVUs, Mal-Practice RVUs, Fully Implemented Non-Facility Total, Year 2000 Transitional Non-Facility Total, Fully Implemented Facility Total, Year 2000 Transitional Facility Total, Global. Rows include various dental procedures like Misc/expe personal comfort i, Non-covered item or service, Exercise equipment, etc.

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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 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
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 porcelin 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 porcelin 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
D2930		N	Prefab stlss 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 stlss 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 addtl 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 addtl 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 unspc 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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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 tooth	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 tooth	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 replce 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 replce 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 splint 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
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 cmplt 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 interm 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 interm 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 interm 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 interm 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 conditin 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 conditin 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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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	Commisure 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 transosteal 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
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 suptrd 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 suptrd 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 noble 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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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 porce/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 noble	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 addtln 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 flp	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
D7272 ...		N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280 ...		N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281 ...		N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285 ...		I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286 ...		I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290 ...		N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291 ...		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310 ...		I	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320 ...		I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340 ...		I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350 ...		I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410 ...		I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420 ...		I	Lesion ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430 ...		I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431 ...		I	Benign tumor exc ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440 ...		I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441 ...		I	Malig tumor ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450 ...		I	Rem odontogen cyst ≤ 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451 ...		I	Rem odontogen cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460 ...		I	Rem nonodontc cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461 ...		I	Rem nonodontc cyst ≤ 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7465 ...		I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470 ...		D	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7471 ...		I	Rem exostosis any site	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480 ...		I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490 ...		I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510 ...		I	I&d abscc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520 ...		I	I&d absccs extraoral	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530 ...		I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540 ...		I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550 ...		I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560 ...		I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610 ...		I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620 ...		I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D7630	...	I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640	...	I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650	...	I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660	...	I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670	...	I	Closd rductn splint alveolus	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680	...	I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710	...	I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720	...	I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730	...	I	Open reduct compd mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740	...	I	Clsd reduct compd mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750	...	I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760	...	I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770	...	I	Open reduct compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780	...	I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810	...	I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820	...	I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830	...	I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840	...	I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850	...	I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852	...	I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854	...	I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856	...	I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858	...	I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860	...	I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865	...	I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870	...	I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7871	...	N	Lysis + lavage w catheters	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872	...	I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873	...	I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874	...	I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875	...	I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876	...	I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877	...	I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880	...	I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899	...	I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910	...	I	Dent suture recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911	...	I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912	...	I	Suture complicate wnd ≤ 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920	...	I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940	...	R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941	...	I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942	...	D	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943	...	I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944	...	I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945	...	I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946	...	I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947	...	I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948	...	I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949	...	I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950	...	I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955	...	I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960	...	I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970	...	I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971	...	I	Excision pericoronary gingiva	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980	...	I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981	...	I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982	...	I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983	...	I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990	...	I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991	...	I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995	...	I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996	...	I	Implant mandible for augmnt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7997	...	N	Appliance removal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999	...	I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8010	...	N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020	...	N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030	...	N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040	...	N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050	...	N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060	...	N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070	...	N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080	...	N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090	...	N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210	...	N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220	...	N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660	...	N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670	...	N	Periodic orthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680	...	N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690	...	N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8691	...	N	Repair ortho appliance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8692	...	N	Replacement retainer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
D8999 ...		N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110 ...		R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210 ...		I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211 ...		I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212 ...		I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215 ...		I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220 ...		I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221 ...		I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230 ...		R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240 ...		D	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9241 ...		I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9242 ...		I	IV sedation ea ad 30 m	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9248 ...		R	Sedation (non-iv)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310 ...		I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410 ...		I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420 ...		I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430 ...		I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440 ...		I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610 ...		I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630 ...		R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910 ...		N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9911 ...		N	Appl desensitizing resin	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920 ...		N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930 ...		R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940 ...		R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941 ...		N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950 ...		R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951 ...		R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952 ...		R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970 ...		N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9971 ...		N	Odontoplasty 1-2 teeth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9972 ...		N	Extrnl bleaching per arch	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9973 ...		N	Extrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9974 ...		N	Intrnl bleaching per tooth	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999 ...		I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001 ...		X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002 ...		A	Temporary urinary catheter	0.50	3.06	1.91	0.17	0.47	0.03	3.59	2.44	0.70	1.00	000
G0004 ...		A	ECG transm phys review & int	0.52	7.48	7.71	7.48	7.71	0.46	8.46	8.69	8.46	8.69	XXX
G0005 ...		A	ECG 24 hour recording	0.00	1.24	1.26	1.24	1.26	0.07	1.31	1.33	1.31	1.33	XXX
G0006 ...		A	ECG transmission & analysis	0.00	6.04	6.13	6.04	6.13	0.37	6.41	6.50	6.41	6.50	XXX
G0007 ...		A	ECG phy review & interpret	0.52	0.20	0.32	0.20	0.32	0.02	0.74	0.86	0.74	0.86	XXX
G0008 ...		X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009 ...		X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010 ...		X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015 ...		A	Post symptom ECG tracing	0.00	6.04	6.13	6.04	6.13	0.37	6.41	6.50	6.41	6.50	XXX
G0016 ...		A	Post symptom ECG md review	0.52	0.26	0.35	0.26	0.35	0.02	0.80	0.89	0.80	0.89	XXX
G0025 ...		A	Collagen skin test kit	0.00	0.00	0.52	0.00	0.52	0.00	0.00	0.52	0.00	0.52	XXX
G0026 ...		X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027 ...		X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030 ...		C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030 ...	26	A	PET imaging prev PET single	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0030 ...	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031 ...		C	PET imaging prev PET multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031 ...	26	A	PET imaging prev PET multiple	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0031 ...	TC	C	PET imaging prev PET multiple	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032 ...		C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032 ...	26	A	PET follow SPECT 78464 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0032 ...	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033 ...		C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033 ...	26	A	PET follow SPECT 78464 mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0033 ...	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034 ...		C	PET follow SPECT 7865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034 ...	TC	C	PET follow SPECT 7865 singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034 ...	26	A	PET follow SPECT 7865 singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0035 ...		C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035 ...	26	A	PET follow SPECT 78465 mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0035 ...	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036 ...		C	PET follow coronary angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036 ...	26	A	PET follow coronary angio sing	1.50	0.52	0.52	0.52	0.52	0.06	2.08	2.08	2.08	2.08	XXX
G0036 ...	TC	C	PET follow coronary angio sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037 ...		C	PET follow coronary angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037 ...	26	A	PET follow coronary angio mult	1.87	0.70	0.71	0.70	0.71	0.07	2.64	2.65	2.64	2.65	XXX
G0037 ...	TC	C	PET follow coronary angio mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038 ...		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038 ...	26	A	PET follow myocard perf sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0038 ...	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039 ...		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039 ...	26	A	PET follow myocard perf mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0039 ...	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040 ...		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040 ...	26	A	PET follow stress echo singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
G0040 ...	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041 ...		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041 ...	26	A	PET follow stress echo mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0041 ...	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042 ...		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042 ...	26	A	PET follow ventriculogm sing	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0042 ...	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043 ...		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043 ...	26	A	PET follow ventriculogm mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0043 ...	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044 ...		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044 ...	26	A	PET following rest ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0044 ...	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045 ...		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045 ...	26	A	PET following rest ECG mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0045 ...	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046 ...		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046 ...	26	A	PET follow stress ECG singl	1.50	0.52	0.52	0.52	0.52	0.05	2.07	2.07	2.07	2.07	XXX
G0046 ...	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047 ...		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047 ...	26	A	PET follow stress ECG mult	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0047 ...	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0050 ...		A	Residual urine by ultrasound	0.00	0.85	0.87	0.85	0.87	0.04	0.89	0.91	0.89	0.91	XXX
G0101 ...		A	CA screen;pelvic/breast exam	0.45	0.57	0.44	0.17	0.24	0.02	1.04	0.91	0.64	0.71	XXX
G0102 ...		A	Prostate ca screening; dre	0.17	0.07	0.07	0.07	0.07	0.02	0.26	0.26	0.26	0.26	XXX
G0103 ...		X	Psa, total screening	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0104 ...		A	CA screen;flexi sigmoidscope	0.96	1.88	1.61	0.32	0.45	0.04	2.88	2.61	1.32	1.45	000
G0105 ...		A	Colorectal scm; hi risk ind	3.70	5.98	5.23	1.29	2.86	0.13	9.81	9.06	5.12	6.69	000
G0106 ...		A	Colon CA screen;barium enema	0.99	2.53	2.67	2.53	2.67	0.15	3.67	3.81	3.67	3.81	XXX
G0106 ...	26	A	Colon CA screen;barium enema	0.99	0.29	0.39	0.29	0.39	0.04	1.32	1.42	1.32	1.42	XXX
G0106 ...	TC	A	Colon CA screen;barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0107 ...		X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0108 ...		A	Diab manage trn per indiv	0.00	1.64	1.64	1.64	1.64	0.01	1.65	1.65	1.65	1.65	XXX
G0109 ...		A	Diab manage trn ind/group	0.00	0.96	0.97	0.96	0.97	0.01	0.97	0.98	0.97	0.98	XXX
G0110 ...		R	Nett pulm-rehab educ; ind	0.90	0.70	0.49	0.35	0.32	0.03	1.63	1.42	1.28	1.25	XXX
G0111 ...		R	Nett pulm-rehab educ; group	0.27	0.28	0.25	0.13	0.18	0.01	0.56	0.53	0.41	0.46	XXX
G0112 ...		R	Nett;nutrition guid, initial	1.72	1.48	1.27	0.67	0.86	0.07	3.27	3.06	2.46	2.65	XXX
G0113 ...		R	Nett;nutrition guid,subseqnt	1.29	1.02	0.93	0.40	0.62	0.05	2.36	2.27	1.74	1.96	XXX
G0114 ...		R	Nett; psychosocial consult	1.20	0.49	0.44	0.37	0.38	0.03	1.72	1.67	1.60	1.61	XXX
G0115 ...		R	Nett; psychological testing	1.20	0.56	0.47	0.46	0.42	0.03	1.79	1.70	1.69	1.65	XXX
G0116 ...		R	Nett; psychosocial counsel	1.11	0.65	0.52	0.33	0.36	0.03	1.79	1.66	1.47	1.50	XXX
G0120 ...		A	Colon ca scm; barium enema	0.99	2.53	2.67	2.53	2.67	0.15	3.67	3.81	3.67	3.81	XXX
G0120 ...	26	A	Colon ca scm; barium enema	0.99	0.29	0.39	0.29	0.39	0.04	1.32	1.42	1.32	1.42	XXX
G0120 ...	TC	A	Colon ca scm; barium enema	0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0121 ...		N	Colon ca scm not hi rsk ind	+0.27	6.18	5.33	1.43	2.93	0.13	10.01	9.16	5.26	6.76	XXX
G0122 ...		N	Colon ca scm; barium enema	+0.99	2.62	2.72	2.62	2.72	0.15	3.76	3.86	3.76	3.86	XXX
G0122 ...	26	N	Colon ca scm; barium enema	+0.99	0.38	0.44	0.38	0.44	0.04	1.41	1.47	1.41	1.47	XXX
G0122 ...	TC	N	Colon ca scm; barium enema	+0.00	2.24	2.28	2.24	2.28	0.11	2.35	2.39	2.35	2.39	XXX
G0123 ...		X	Screen cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0124 ...		A	Screen c/v thin layer by MD	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
G0125 ...		A	Lung image (PET)	1.50	56.15	56.15	56.15	56.15	2.06	59.71	59.71	59.71	59.71	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	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0126 ...		A	Lung image (PET) staging	1.87	56.33	56.34	56.33	56.34	2.07	60.27	60.28	60.27	60.28	XXX
G0126 ...	26	A	Lung image (PET) staging	1.87	0.70	0.71	0.70	0.71	0.06	2.63	2.64	2.63	2.64	XXX
G0126 ...	TC	A	Lung image (PET) staging	0.00	55.63	55.63	55.63	55.63	2.01	57.64	57.64	57.64	57.64	XXX
G0127 ...		R	Trim nail(s)	0.11	0.47	0.37	0.04	0.09	0.01	0.59	0.49	0.16	0.21	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	0.90	0.90	0.05	1.17	1.17	1.17	1.17	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	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0131 ...		A	CT scan, bone density study	0.25	3.18	3.18	3.18	3.18	0.14	3.57	3.57	3.57	3.57	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	3.05	3.05	0.13	3.18	3.18	3.18	3.18	XXX
G0132 ...		A	CT scan, bone density study	0.22	0.90	0.90	0.90	0.90	0.05	1.17	1.17	1.17	1.17	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	0.79	0.79	0.04	0.83	0.83	0.83	0.83	XXX
G0141 ...		A	Scr c/v cyto, autosys and md	0.42	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	XXX
G0143 ...		X	Scr c/v cyto, thinlayer, resc	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, resc	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, resc	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, resc	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0163 ...		A	Pet for rec of colorectal ca	1.50	52.64	52.64	52.64	52.64	0.00	54.14	54.14	54.14	54.14	XXX
G0163 ...	26	A	Pet for rec of colorectal ca	1.50	0.58	0.58	0.58	0.58	0.00	2.08	2.08	2.08	2.08	XXX
G0163 ...	TC	A	Pet for rec of colorectal ca	0.00	52.06	52.06	52.06	52.06	0.00	52.06	52.06	52.06	52.06	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

Table with 15 columns: CPT 1/ HCPCS 2, MOD, Status, Description, Physician Work RVUs 3, Fully Implemented Non-Facility PE RVUs, Year 2000 Transitional Non-Facility PE RVUs, Fully Implemented Facility PE RVUs, Year 2000 Transitional Facility PE RVUs, Mal-Practice RVUs, Fully Implemented Non-Facility Total, Year 2000 Transitional Non-Facility Total, Fully Implemented Facility Total, Year 2000 Transitional Facility Total, Global. Rows include various medical procedures like 'Pet for lymphoma staging', 'Tetracyclin injection', 'Alprostadil injection', etc.

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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	Eptifibatid 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 glucept / 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
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 injecton	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	Gransetron 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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physi- cian Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
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	Hyoscymine 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
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 isethionte/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

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
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 methylsflte 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	Phentolaine 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	Aurothiogluucose 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	Retepase 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 acetamide 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 hexacetonl 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
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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT 1/ HCPCS 2	MOD	Status	Description	Physician Work RVUs 3	Fully Imple- mented Non- Facility PE RVUs	Year 2000 Transi- tional Non- Facility PE RVUs	Fully Imple- mented Facility PE RVUs	Year 2000 Transi- tional Facility PE RVUs	Mal- Practice RVUs	Fully Imple- mented Non- Facility Total	Year 2000 Transi- tional Non- Facility Total	Fully Imple- mented Facility Total	Year 2000 Transi- tional Facility Total	Global
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 inhal 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 injeciton	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	Glycopyrrolate 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	Glycopyrrolate 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
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	Isoproterenol 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 vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

1 CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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
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	0.26	0.24	0.12	0.17	0.01	0.64	0.62	0.50	0.55	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	Intra gastric 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		C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	26	C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	TC	C	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION USED IN DETERMINING MEDICARE PAYMENTS FOR 2000—Continued

CPT / HCPCS ²	MOD	Status	Description	Physician Work RVUs ³	Fully Implemented Non-Facility PE RVUs	Year 2000 Transitional Non-Facility PE RVUs	Fully Implemented Facility PE RVUs	Year 2000 Transitional Facility PE RVUs	Mal-Practice RVUs	Fully Implemented Non-Facility Total	Year 2000 Transitional Non-Facility Total	Fully Implemented Facility Total	Year 2000 Transitional Facility Total	Global
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	0.20	0.28	0.20	0.28	0.01	0.63	0.71	0.63	0.71	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	Units 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	Platelet 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	0.50	0.46	0.50	0.03	0.66	0.70	0.66	0.70	XXX
Q0035	TC	A	Cardiokymography	0.00	0.39	0.40	0.39	0.40	0.02	0.41	0.42	0.41	0.42	XXX
Q0035	26	A	Cardiokymography	0.17	0.07	0.10	0.07	0.10	0.01	0.25	0.28	0.25	0.28	XXX
Q0068		D	Extracorporeal plasmapheresis	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	000
Q0091		A	Obtaining screen pap smear	0.37	0.66	0.48	0.14	0.22	0.01	1.04	0.86	0.52	0.60	XXX
Q0092		A	Set up port xray equipment	0.00	0.32	0.33	0.32	0.33	0.01	0.33	0.34	0.33	0.34	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 maleate 10mg	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
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		E	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		E	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		E	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		E	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		E	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		E	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		E	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		E	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		E	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

¹ CPT codes and descriptions only are copyright 1999 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 PE RVUs = Practice Expense Relative Value Units.