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Contents

Federal Register

Vol. 58, No. 230

Thursday, December 2, 1993

Separate Parts In This Issue

Reader Aids
Additional information, including a list of public laws, telephone numbers, and finding aids, appears in the Reader Aids section at the end of this issue.

Electronic Bulletin Board
Free **Electronic Bulletin Board** service for Public Law numbers and **Federal Register** finding aids is available on 202–275–1538 or 275–0920.

CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

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

Presidential Documents

Title 3—

The President

Presidential Determination No. 94–4 of November 19, 1993

Determination Pursuant to Section 523 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1994 (Public Law 103–87)

Memorandum for the Secretary of State

Pursuant to section 523 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1994 (Public Law 103–87), I hereby certify that withholding funds from international financial institutions and other international organizations and programs during FY 1994, pursuant to the limitation contained therein prohibiting the obligation of funds appropriated by that Act to finance indirectly any assistance or reparations to certain specific countries, is contrary to the national interest.

You are authorized and directed to publish this determination in the **Federal Register.**

William J. Clinton

THE WHITE HOUSE,
Washington, November 19, 1993.

[FR Doc. 93–29640
Filed 11–30–93; 2:38 pm]
Billing code 4710–10–M

Rules and Regulations

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

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

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DEPARTMENT OF AGRICULTURE

Food Safety and Inspection Service

9 CFR Part 318

[Docket No. 87-027F]

RIN 0538-AA79

Use of Sorbitol in Cured Pork Products

AGENCY: Food Safety and Inspection Service, USDA.

ACTION: Final rule.

SUMMARY: The Food Safety and Inspection Service (FSIS) is amending the Federal meat inspection regulations to expand the list of products in which sorbitol is permitted to include cured pork products, such as Canadian style bacon and smoked pork shoulder picnic roll. This action is being taken in response to a petition from Quality Sausage Company, Inc., to allow the use to up to 2 percent sorbitol in such meat food products to flavor, to reduce caramelization and charring of such products when they are used in other products subject to severe heat treatment, and to facilitate removal of casings from the products. In addition, the Agency is amending the Federal meat inspection regulations by removing the prohibition against the use of sorbitol in combination with corn syrup and/or corn syrup solids. This action is based on the current availability of reliable laboratory procedures to measure the amount of sorbitol present in such combinations, so that the prohibition is no longer needed.

EFFECTIVE DATE: January 3, 1994.

FOR FURTHER INFORMATION CONTACT: Charles R. Edwards, Director, Product Assessment Division, Regulatory Programs, Food Safety and Inspection Service, U.S. Department of Agriculture, Washington, DC 20250, Area Code (202) 254-2565.

SUPPLEMENTARY INFORMATION:

Executive Order 12291

The Administrator has determined that this final rule is not a major rule under the Executive Order 12291. It will not result in an annual effect on the economy of $100 million or more; a major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; significant adverse effects on competition, employment, investment, productivity, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

Executive Order 12778

This final rule has been reviewed under Executive Order 12778, Civil Justice Reform. States and local jurisdictions are preempted under the Federal Meat Inspection Act (FMIA) from imposing any marking, labeling, packaging, or ingredient requirements on federally inspected meat products that are in addition to, or different than, those imposed under the FMIA. States and local jurisdictions may, however, exercise concurrent jurisdiction over meat products that are outside official establishments for the purpose of preventing the distribution of meat products that are misbranded or adulterated under the FMIA, or, in the case of imported articles, which are not at such an establishment, after their entry into the United States. Under the FMIA, States that maintain meat inspection programs must impose requirements on State inspected products and establishments that are at least equal to those required under the FMIA. These States may, however, impose more stringent requirements on such State inspection products and establishments.

This rule is not intended to have retroactive effect. There are no applicable administrative procedures that must be exhausted prior to any judicial challenge to the provisions of this rule. However, the administrative procedures specified in 9 CFR 306.5 must be exhausted prior to any judicial challenge of the application of the provisions of this rule.

Effect on Small Entities

The Administrator, FSIS, has determined that this final rule will not have a significant economic impact on a substantial number of small entities. The final rule permits the use of sorbitol in cured pork products, such as Canadian style bacon and smoked pork shoulder picnic roll, to flavor, to facilitate removal of casings from such products, and to reduce caramelization and charring of such products. The final rule also removes the prohibition against the use of sorbitol in combination with corn syrup and/or corn syrup solids.

Currently, there are approximately 970 establishments producing cured pork products, such as Canadian style bacon and smoked pork shoulder picnic roll. For purposes of determining the potential impact of this final rule on small entities, FSIS estimates that about 97 of these establishments are small entities. Manufacturers opting to use sorbitol in cured pork products or in combination with corn syrup and/or corn syrup solids will be required to revise the ingredient statement on product labels to show the presence of the sorbitol. The average cost of a modified label is approximately $1,000. Of this amount, only about $150 is incurred for administrative costs in preparing and submitting the label application form to FSIS. This administrative cost will not impact significantly upon small entities and is covered under existing approved paperwork burdens of FSIS's prior label approval process.

The use of sorbitol may increase product marketability by improving the flavor and aesthetic qualities of the products in which it is used. Decisions by individual manufacturers on whether to use sorbitol in cured pork products or in combination with corn syrup and/or corn syrup solids will be based on their conclusions that the benefits will outweigh any costs of including these substances in their formulations.

Background

Quality Sausage Petition

FSIS has been petitioned by the Quality Sausage Company, Inc., Dallas, Texas, to approve the use of sorbitol in meat and meat food products other than cooked sausage labeled frankfurter, frank, furter, wiener, and knockwurst in the same amount currently approved for those products. Meat food products for which use of sorbitol is petitioned include those that: (1) Contain sugar or

a sweetener as a common component, and (2) are subjected to a severe heat treatment either during manufacture or prior to consumption by the consumer. Examples of such products are two cured pork products commonly used in pizza toppings that char when cooked at high temperature—Canadian style bacon and smoked pork shoulder picnic roll.

The petitioner requested a regulatory change that will allow the use of sorbitol in meat food products commonly used as pizza toppings, based on the fact that the fast food industry now finds it advantageous to use ovens that cook at high temperatures. Such ovens often char meat toppings cured with sugars or sweeteners other than sorbitol. This is objectionable to the industry and to consumers. The petitioner's data showed that the use of sorbitol as a flavoring agent and protector in meat food products commonly used as pizza toppings reduces caramelization and charring of pizza toppings.

Regulations on Use of Sorbitol in Cured Pork Products

Sorbitol is currently listed in 9 CFR 318.7(c)(4) for use in cooked sausages labeled frankfurter, frank, furter, wiener, and knockwurst to flavor, to facilitate the removal of casings from product, and to reduce caramelization and charring. Such use is permitted at levels not to exceed 2 percent of the weight of the formula, excluding the formula weight of water or ice. Further, the use of sorbitol is prohibited in combination with corn syrup and/or corn syrup solids (9 CFR 318.7(c) (4)).

Sorbitol is listed in 21 CFR 184.1835 as a substance generally recognized as safe (GRAS) as an anti-caking agent, flavoring agent, and various other uses when used in accordance with good manufacturing practices. In a November 5, 1987, opinion letter, the Food and Drug Administration (FDA) advised the Agency that the proposed sorbitol use conditions and permitted level would not conflict with FDA regulations.[1]

Proposal Rule

On August 10, 1992, FSIS published a proposed rule in the **Federal Register** (57 FR 35505) to allow the use of sorbitol in cured pork products (9 CFR 319.104) at a level not to exceed 2 percent of the formula weight, excluding the weight of water or ice, to flavor, to facilitate the removal of casings from product, and to reduce caramelization and charring, when used in accordance with 21 CFR 184.1835. Although the petitioner's primary request was to use sorbitol to reduce charring of meat products used as pizza toppings, the data submitted by the petitioner also supported the amendment to use sorbitol in cured pork products for flavoring and for facilitating removal of casings from products, as currently allowed for various other meat products.

In addition, FSIS proposed to permit the use of sorbitol in combination with corn syrup and/or corn syrup solids. When current uses for sorbitol were promulgated in the regulations in 1972, the Agency prohibited the use of sorbitol in combination with corn syrup and/or corn syrup solids because there were no effective laboratory procedures at that time to measure the amount of sorbitol present when used in combination with corn syrup. Effective laboratory procedures are now available for determining the individual quantity of sorbitol, corn syrup, and corn syrup solids. Therefore, 9 CFR 318.7(c)(4) will be amended to delete the prohibition of combining these substances.

Discussion of Comments

FSIS received two comments in response to the proposed rule. The comments were submitted by a food processor and a trade association. Both comments were in support of the proposed rule. However, the food processor also recommended that sorbitol be allowed as a sweetener up to 2 percent in all meat products, including dry sausage. FSIS believes that the issue of allowing sorbitol as a sweetener in all meat products is outside the scope of this rulemaking, and, thus, is not considering such comments at this time.

List of Subjects in 9 CFR Part 318

Food additives, Meat inspection.

Final Rule

After careful consideration of the comments, FSIS is adopting the proposed rule as final. Accordingly, FSIS is amending 9 CFR part 318 of the Federal meat inspection regulations as follows:

PART 318—ENTRY INTO OFFICIAL ESTABLISHMENTS; REINSPECTION AND PREPARATION OF PRODUCTS

1. The authority citation for part 318 continues to read as follows:

Authority: 7 U.S.C. 450, 1901–1906; 21 U.S.C. 601–695; 7 CFR 2.17, 2.55.

2. In the chart in § 318.7(c)(4) under the Class of substance "Flavoring agents; protectors and developers," the entries for the substance "Sorbitol" are revised to read as follows:

§ 318.7 Approval of substances for use in the preparation of products.

* * * * *

(c) * * *

(4) * * *

Class of substance	Substance	Purpose	Products	Amount
•	•	•	•	•
Flavoring agents; protectors and developers:				
•	•	•	•	•
	Sorbitol	To flavor, to facilitate the removal of casings from product, and to reduce caramelization and charring.	Cooked sausage labeled frankfurter, frank, furter, wiener, and knockwurst; cured pork products, as provided in part 319 of this subchapter.	Not to exceed 2 percent of the weight of the formula, excluding the formula weight of water or ice, when used in accordance with 21 CFR 184.1835.
•	•	•	•	•

[1] A copy of FDA's letter is available, without charge, from the FSIS Hearing Clerk.

Done at Washington, DC, on: November 24, 1993.

Eugene Branstool,

Assistant Secretary, Marketing and Inspection Services.

[FR Doc. 93–29456 Filed 12–1–93; 8:45 am]

BILLING CODE 3410–DM–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 93–CE–22–AD; Amendment 39–8752; AD 93–24–03]

Airworthiness Directives: Beech Aircraft Corporation 33 and 36 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment supersedes Airworthiness Directive (AD) 92–15–06, which currently requires repetitively inspecting the rudder spar on certain Beech Aircraft Corporation (Beech) 33 and 36 series airplanes for cracks, and repairing any cracks found. It also allows the option of modifying the rudder spar as terminating action for the repetitive inspections. The Federal Aviation Administration (FAA) has determined that AD 92–15–06 should require an additional procedure for a modification of a rudder found cracked in the area of the center hinge. The actions specified by this AD are intended to prevent separation of the rudder from the airplane caused by cracks in the forward rudder spar.

DATES: Effective January 21, 1994.

The incorporation by reference of certain publications listed in the regulations was previously approved by the Director of the Federal Register on August 22, 1992.

ADDRESSES: Service information that applies to this AD may be obtained from the Beech Aircraft Corporation, P.O. Box 85, Wichita, Kansas 67201–0085. This information may also be examined at the FAA, Central Region, Office of the Assistant Chief Counsel, room 1558, 601 E. 12th Street Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. Larry Engler, Aerospace Engineer, Wichita Aircraft Certification Office, FAA, 1801 Airport Road, Mid-Continent Airport, Wichita, Kansas 67209; telephone (316) 946–4122; facsimile (316) 946–4407.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations to include an AD that would apply to certain Beech 33 and 36 series airplanes was published in the **Federal Register** on March 25, 1993 (58 FR 16137). The action proposed to supersede AD 92–15–06 with a new AD that would (1) retain the inspection, repair, and optional modification requirements of AD 92–15–06; and (2) incorporate the option of installing an SMP rudder spar middle hinge reinforcement bracket in accordance with STC SA5870NM as one of the modifications that would terminate the need for the repetitive inspection requirement.

Interested persons were afforded an opportunity to participate in the making of the amendment. As a result of comments received on the notice of proposed rulemaking (NPRM), the FAA revised the proposed rule to not allow the rudder spar middle hinge reinforcement bracket installation alone to serve as a terminating action for the repetitive inspections. This reinforcement should be accomplished in conjunction with the rudder spar upper hinge reinforcement bracket installation when cracks are found in the middle-hinge area. This supplemental NPRM was published in the **Federal Register** on July 28, 1993 (58 FR 40389).

Interested persons have again been afforded an opportunity to participate in the making of this amendment. Due consideration has been given to the comment received.

The commenter recommends rewording of paragraphs (c)(3) and (c)(4) of the proposed AD. The way these paragraphs in the proposed AD are currently worded infers that a problem only exists "If the cracks are only in the area of the upper hinge . . ." (paragraph (c)(3) of the proposed AD); or "If the cracks are only in the area of the middle hinge . . ." (paragraph (c)(4) of the proposed AD). There is no provision in the proposed AD if cracks exist in both the areas of the middle and upper hinge. The FAA concurs and has revised the proposed AD to include one paragraph that accounts for cracks in either or both the middle or upper hinge areas.

This commenter states that the modification should be required on the affected airplanes regardless of whether cracks are found. The FAA does not concur. Based upon a thorough review of all available information, the FAA has determined that the safety of these airplanes as it relates to this action can be maintained through repetitive inspections and modification when cracks are found. The proposed AD is unchanged as a result of this comment.

No comments were received on the FAA's determination of the proposed AD's cost impact upon the public.

After careful review of all information including the comments discussed above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for the change discussed above and minor editorial corrections. The FAA has determined that this change and the minor editorial corrections will not change the meaning of the AD nor add any additional burden upon the public than was already proposed.

The FAA estimates that 5,900 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 2 workhours per airplane to accomplish the required action, and that the average labor rate is approximately $55 an hour. Based on these figures, the total cost impact of the AD on U.S. operators is estimated to be $649,000. AD 92–15–06, which will be superseded by this AD, currently requires the same actions, except for the addition of an optional modification that would eliminate the need for repetitive inspections. Therefore, this AD will result in no additional cost impact on U.S. operators over that which is already required by AD 92–15–06.

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action: (1) Is not a "significant regulatory action" under Executive Order 12866; (2) is not a "significant rule" under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the final evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption ADDRESSES.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends 14 CFR part 39 of the Federal Aviation Regulations as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. App. 1354(a), 1421 and 1423; 49 U.S.C. 106(g); and 14 CFR 11.89.

§ 39.13 [Amended]

2. Section 39.13 is amended by removing AD 92–15–06, Amendment 39–8300 (57 FR 29200, July 1, 1992), and by adding the following new airworthiness directive:

93–24–03 Beech Aircraft Corporation: Amendment 39–8752; Docket No. 93–CE–22–AD. Supersedes AD 92–15–06, Amendment 39–8300.

Applicability: The following Beech model and serial numbered airplanes, certificated in any category:

Models	Serial Nos.
35–33, 35–A33, 35–B33, 35–C33, E33, F33, and G33.	CD–1 through CD–1304.
35–C33A, E33A, and F33A.	CE–1 through CE–1425.
E33C and F33C	CJ–1 through CJ–179.
36 and A36	E–1 through E–2518.
A36TC and B36TC	EA–1 through EA–500.

Compliance: Required as indicated after the effective date of this AD, unless already accomplished (compliance with superseded AD 92–15–06 or superseded AD 91–23–07).

To prevent separation of the rudder from the airplane caused by cracks in the forward rudder spar, accomplish the following:

(a) Upon the accumulation of 1,000 hours time-in-service (TIS) or within the next 100 hours TIS, whichever occurs later, inspect the rudder forward spar for cracks in accordance with the instructions in Beech Service Bulletin (SB) No. 2333, Revision 1, dated November 1991.

(b) If no cracks are found, accomplish one of the following:

(1) Reinspect the rudder forward spar for cracks in accordance with the instructions in Beech SB No. 2333, Revision 1, dated November 1991, at intervals not to exceed 500 hours TIS until either paragraph (b)(2), (b)(3), or (b)(4) of this AD is accomplished;

(2) Install Kit No. 33–6001–1 S in accordance with Beech SB No. 2333, Revision 1, dated November 1991;

(3) Install a Spacecraft Machine Products (SMP) rudder spar upper-hinge reinforcement bracket in accordance with Supplemental Type Certificate (STC) SA4899NM; or

(4) Replace the rudder assembly with either part number 33–630000–137, –139, –141, –167, or –169, as applicable, in accordance with the instructions in Beech SB No. 2333, Revision 1, dated November 1991.

(c) If cracks are found, prior to further flight, accomplish one of the following:

(1) Replace the rudder assembly with either part number 33–630000–137, –139, –141, –167, or –169, as applicable, in accordance with the instructions in Beech SB No. 2333, Revision 1, dated November 1991;

(2) Install Kit No. 33–6001–1 S in accordance with Beech SB No. 2333, Revision 1, dated November 1991; or

(3) If the cracks are found in the area of the upper hinge, the middle hinge, or both the upper and middle hinge as specified in Beech SB No. 2333, Revision 1, dated November 1991, then stop drill the cracks and install an SMP upper-hinge reinforcement bracket in accordance with STC SA4899NM. For cracks in the middle hinge, install the upper-hinge reinforcement bracket and also install an SMP rudder spar middle-hinge reinforcement bracket in accordance with STC SA5870NM.

(d) If a modification or replacement has been accomplished in accordance with either paragraph (b)(2), (b)(3), (b)(4), (c)(1), (c)(2), or (c)(3) of this AD, then no repetitive inspections are required by this AD.

(e) Special flight permits may be issued in accordance with FAR 21.197 and 21.199 to operate the airplane to a location where the requirements of this AD can be accomplished.

(f) An alternative method of compliance or adjustment of the initial or repetitive compliance times that provides an equivalent level of safety may be approved by the Manager, Wichita Aircraft Certification Office, FAA, 1801 Airport Road, Mid-Continent Airport, Wichita, Kansas 67209. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Wichita Aircraft Certification Office.

Note: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Wichita Aircraft Certification Office.

(g) The inspections, installations, or replacements required by this AD shall be done in accordance with Beech Service Bulletin No. 2333, Revision 1, dated November 1991. This incorporation by reference was previously approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 on August 22, 1992. Copies may be obtained from Beech Aircraft Corporation, P.O. Box 85, Wichita, Kansas 67201–0085. Copies may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(h) This amendment (39–8752) supersedes AD 92–15–06, Amendment 39–8300.

(i) This amendment (39–8752) becomes effective on January 21, 1994.

Issued in Kansas City, Missouri, on November 24, 1993.

Barry D. Clements,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 93–29476 Filed 12–1–93; 8:45 am]

BILLING CODE 4910–13–U

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14 CFR Part 39

[Docket No. 93–CE–57–AD; Amendment 39–8751; AD 93–24–02]

Airworthiness Directives: Piper Aircraft Corporation PA31, PA31P, and PA31T Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to Piper Aircraft Corporation (Piper) PA31, PA31P, and PA31T series airplanes. This action requires inspecting the elevator control tube assembly area for damage (cracks, separation, corrosion, wear, elongated holes, etc.), and replacing any damaged parts. An incident where one of the affected airplanes experienced complete loss of elevator control while in flight prompted this action. The actions specified by this AD are intended to prevent elevator control problems, which could result in loss of control of the airplane.

DATES: Effective December 22, 1993.

Comments for inclusion in the Rules Docket must be received on or before February 7, 1994.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Central Region, Office of the Assistant Chief Counsel, Attention: Rules Docket 93–CE–57–AD, room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

Information that relates to this AD may be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Assistant Chief Counsel, Attention: Rules Docket 93–CE–57–AD, room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

FOR FURTHER INFORMATION CONTACT: Christina Marsh, Aerospace Engineer, FAA, Atlanta Aircraft Certification Office, 1669 Phoenix Parkway, Suite 210C, Atlanta, Georgia 30349; telephone

(404) 991–2910; facsimile (404) 991–3606.

SUPPLEMENTARY INFORMATION: The FAA has received a report of an incident where a Piper PA31T series airplane experienced a loss of elevator control while in flight. The pilot landed the airplane safely using the elevator trim control. Investigation by the National Transportation Safety Board (NTSB) and the FAA disclosed that the aft control rod end bearing, part number (P/N) 49261–02, had separated into two pieces. This aft control rod end bearing connects the elevator control tube to the elevator horn. The elevator control was subsequently mechanically disconnected from the pilot's control yoke and the elevator downspring. Further investigation revealed a fatigue crack at the thread root, which extended through the rod end cross section.

This incident prompted this operator to conduct an inspection of the elevator control tube assembly area on all of the Piper PA31, PA31P, and PA31T series airplanes in this particular operator's fleet. The results were summarized in a Mechanical Reliability Report (MRR), which was submitted to the FAA. This MRR specifies problems in the elevator control tube assembly area on 21 of the 23 inspected airplanes. The following briefly describes some of the discrepancies:

- 13 airplanes had incorrect push rod connecting bolts installed in the forward or aft positions (or both);
- 12 airplanes had push rod connecting bolts with wear or pitting corrosion (or both) in the shank area;
- 13 airplanes had excessive play in the aft rod end bearings;
- 7 airplanes had aft rod ends with moderate to severe wear or corrosion (or both) on the bearing ball; and
- 3 airplanes had binding in the rod ends, one of which was completely frozen.

Any of these conditions, if not detected and corrected, could result in loss of elevator control and loss of control of the airplane.

After examining the circumstances and reviewing all available information related to the incidents described above, the FAA has determined that AD action should be taken in order to prevent elevator control problems.

Since an unsafe condition has been identified that is likely to exist or develop in other Piper PA31, PA31P, and PA31T airplanes of the same type design, this AD requires inspecting elevator control tube assembly area for damage (cracks, separation, corrosion, wear, etc.), and replacing any damaged parts.

Since a situation exists that requires the immediate adoption of this regulation, it is found that notice and opportunity for public prior comment hereon are impracticable, and that good cause exists for making this amendment effective in less than 30 days.

Comments Invited

Although this action is in the form of a final rule that involves requirements affecting immediate flight safety and, thus, was not preceded by notice and opportunity to comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications should identify the Rules Docket number and be submitted in triplicate to the address specified above. All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: "Comments to Docket No. 93–CE–57–AD." The postcard will be date stamped and returned to the commenter.

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

The FAA has determined that this regulation is an emergency regulation that must be issued immediately to correct an unsafe condition in aircraft, and is not a "significant regulatory action" under Executive Order 12866. It has been determined further that this action involves an emergency regulation under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979). If it is determined that this emergency regulation otherwise would be significant under DOT Regulatory Policies and Procedures, a final regulatory evaluation will be prepared and placed in the Rules Docket (otherwise, an evaluation is not required). A copy of it, if filed, may be obtained from the Rules Docket.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends 14 CFR part 39 of the Federal Aviation Regulations as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. App. 1354(a), 1421 and 1423; 49 U.S.C. 106(g); and 14 CFR 11.89.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

93–24–02 Piper Aircraft Corporation: Amendment 39–8751; Docket No. 93–CE–57–AD.

Applicability: PA31, PA31P, and PA31T series airplanes (all models and serial numbers), certificated in any category.

Compliance: Required within the next 30 hours time-in-service after the effective date of this AD, unless already accomplished.

To prevent elevator control problems, which could lead to loss of control of the airplane, accomplish the following:

(a) Ensure that the elevator control tube assembly area is not damaged by accomplishing the following inspections and procedures.

(1) Gain access to the elevator controls in the tail by removing the bottom half of the tailcone and the fuselage side panels.

(2) Remove the long pushrod that connects the bellcrank and the elevator horn.

(3) Secure the aft end of the bungee link to the elevator horn with safety wire for removal and installation of the bungee attach bolt.

(4) Inspect, using FAA-approved magnetic procedures, the rod end shank and threads for cracks. If found cracked, prior to further flight, replace the rod end with part number (P/N) 49261–02.

(5) Visually inspect the bearing in the rod end for wear and free movement. If wear is

found or the bearing will not move, prior to further flight, replace the rod end with P/N 49261–02.

(6) Inspect, using a 10X magnifying glass, the forward attach holes in the pushrod for cracks, corrosion, or elongation. If cracks, corrosion, or elongation is found, prior to further flight, replace the pushrod with P/N 40847–00, 40847–04, or 40847–07, as applicable.

(7) Visually inspect the forward and aft attach area to ensure that both a forward bolt, P/N 402 311 (AN 174–12A), and an aft bolt, P/N 402 317 (AN 174–11A), are installed. If either one of these bolts is not installed, prior to further flight, install the applicable bolt or replace the existing bolt with one of the applicable part number.

(8) Remove the safety wire, reinstall the pushrod, check to ensure that the elevator rigging is correct, and reinstall the bottom half of the tailcone and the fuselage side panels.

Note 1: Figure 1 of this AD illustrates the elevator assembly and the specific areas that are to be inspected.

BILLING CODE 4910–13–U

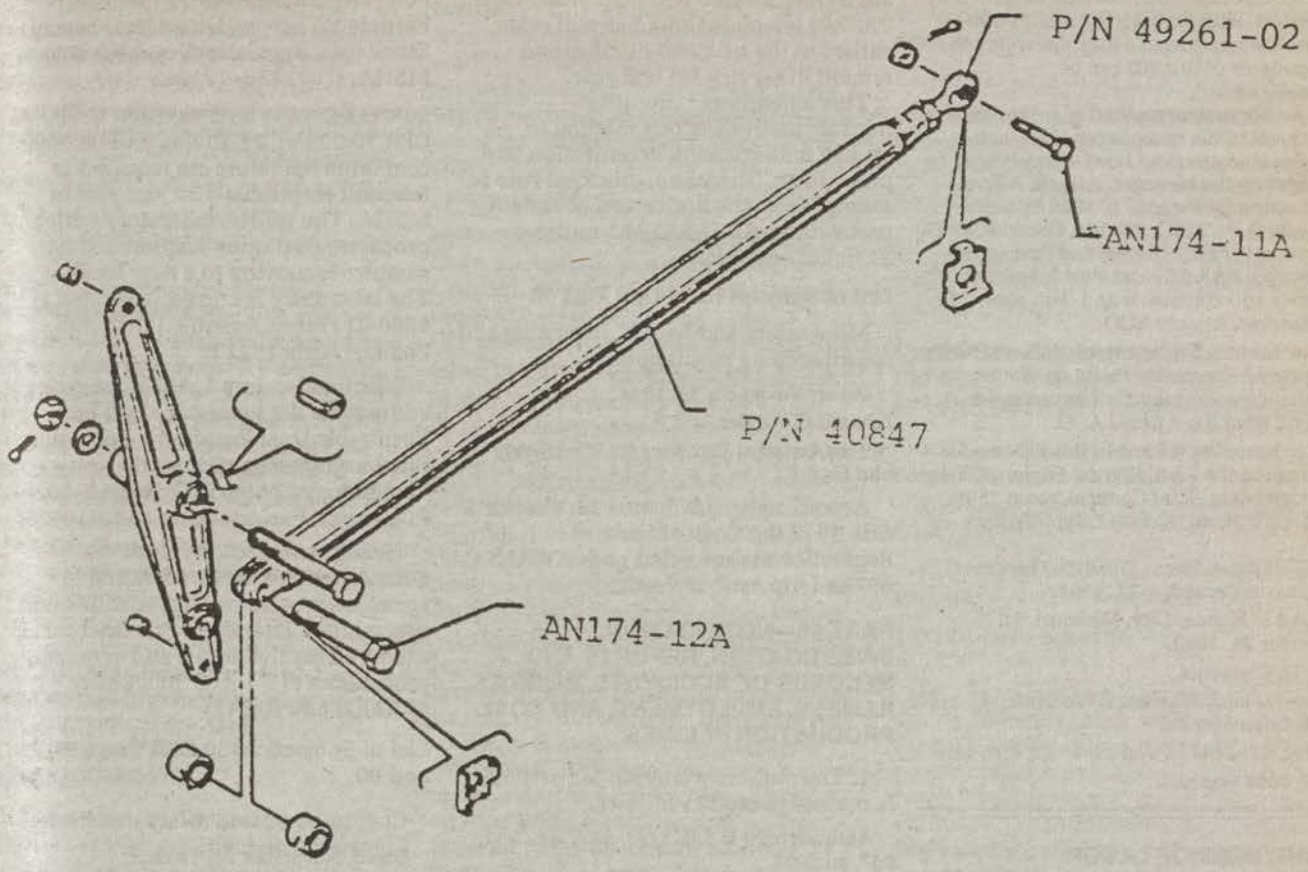

Figure 1

BILLING CODE 4910-13-C

(b) Special flight permits may be issued in accordance with FAR 21.197 and 21.199 to operate the airplane to a location where the requirements of this AD can be accomplished.

(c) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be approved by the Manager, Atlanta Aircraft Certification Office (ACO), 1669 Phoenix Parkway, Suite 210C, Atlanta, Georgia 30349. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Atlanta ACO

Note: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Atlanta ACO.

(d) Information related to this AD may be examined at the FAA, Central Region, Office of the Assistant Chief Counsel, room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(e) This amendment (39–8751) becomes effective on December 22, 1993.

Issued in Kansas City, Missouri, on November 24, 1993.

Barry D. Clements,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 93–29475 Filed 12–1–93; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF LABOR

Mine Safety and Health Administration

30 CFR Part 50

Notification, Investigation, Preservation of Evidence; Immediate Notification

AGENCY: Mine Safety and Health Administration, Labor.

ACTION: Final rule.

SUMMARY: The Mine Safety and Health Administration (MSHA) is announcing a change in the telephone number for mine operators to report mine accidents.

EFFECTIVE DATE: January 3, 1994.

FOR FURTHER INFORMATION CONTACT: Patricia W. Silvey, Director, Office of Standards, Regulations and Variances, MSHA, (703) 235–1910.

SUPPLEMENTARY INFORMATION: In accordance with 30 CFR 50.10, if a mine accident occurs, the operator is required to immediately contact the appropriate MSHA district or subdistrict office. If the operator cannot contact one of these offices, the operator must immediately contact the MSHA Headquarters in Arlington, Virginia, by telephone, toll-free at (202) 783–5582.

Effective October 22, 1993, the new toll-free number to report a mine accident is: (800) 746–1553. A 24-hour answering service will respond to calls. The old telephone number will refer callers to the new 800 number and remain in service for one year.

This amendment involves nonsubstantive matters relating to agency management, organization and procedures. Therefore, this final rule is exempt from the notice and comment procedures of 5 U.S.C. 553 under 553(a)(2) and (b)(A).

List of Subjects in 30 CFR Part 50

Mine safety and health, Reporting and recordkeeping requirements.

Dated: November 24, 1993.

Edward C. Hugler,

Acting Assistant Secretary for Mine Safety and Health.

Accordingly, subchapter M, chapter I, title 30 of the Code of Federal Regulations is amended under 30 U.S.C. 957 as follows:

PART 50—NOTIFICATION, INVESTIGATION, REPORTS AND RECORDS OF ACCIDENTS, INJURIES, ILLNESS, EMPLOYMENT, AND COAL PRODUCTION IN MINES

1. The authority citation for part 50, is revised to read as follows:

Authority: 29 U.S.C. 577a; 30 U.S.C. 951, 957, and 961.

2. Section 50.10 is revised to read as follows:

§ 50.10 Immediate notification.

If an accident occurs, an operator shall immediately contact the MSHA District or Subdistrict Office having jurisdiction over its mine. If an operator cannot contact the appropriate MSHA District or Subdistrict Office, it shall immediately contact the MSHA Headquarters Office in Arlington, Virginia by telephone, at (800) 746–1553.

[FR Doc. 93–29497 Filed 12–1–93; 8:45 am]

BILLING CODE 4510–43–P

30 CFR Parts 70, 71, and 90

Respirable Dust Samples; Transmission by Operator

AGENCY: Mine Safety and Health Administration, Labor.

ACTION: Final rule.

SUMMARY: The Mine Safety and Health Administration (MSHA) is announcing a change in the mailing address where coal mine operators are required to send respirable dust samples.

EFFECTIVE DATE: This address change will become effective January 1, 1994.

FOR FURTHER INFORMATION CONTACT: Patricia W. Silvey, Director, Office of Standards, Regulations and Variances, MSHA, (703) 235–1910.

SUPPLEMENTARY INFORMATION: Under 30 CFR 70.209(a), 71.209(a), and 90.209(a), coal mine operators are required to transmit respirable dust samples to MSHA. The MSHA laboratory which processes coal mine respirable dust samples is moving to a new location. The laboratory is currently located at 4800–D Forbes Avenue, Pittsburgh, Pennsylvania 15213.

Effective January 1, 1994, the new address for the laboratory will be: Respirable Dust Processing Laboratory Pittsburgh Safety and Health Technology Center, P.O. Box 18179, Pittsburgh, Pennsylvania 15236–0179.

This amendment involves nonsubstantive matters relating to agency management, organization and procedures. Therefore, this final rule is exempt from the notice and comment procedures of 5 U.S.C. 553 under 553(a)(2) and (b)(A).

List of Subjects in 30 CFR Parts 70, 71, and 90

Coal mines, Mine safety and health.

Dated: November 24, 1993.

Edward C. Hugler,

Acting Assistant Secretary for Mine Safety and Health.

Accordingly, subchapter O, chapter I, title 30 of the Code of Federal Regulations is amended under 30 U.S.C 957 as follows:

PART 70—MANDATORY HEALTH STANDARDS-UNDERGROUND COAL MINES

1. The authority citation for part 70, subpart C, is revised to read as follows:

Authority: 30 U.S.C. 811, 813(h), and 957.

2. Section 70.209 paragraph (a) is revised to read as follows:

§ 70.209 Respirable dust samples; transmission by operator.

(a) The operator shall transmit within 24 hours after the end of the sampling shift all samples collected to fulfill the requirements of this part in containers provided by the manufacturer of the filter cassette to: Respirable Dust Processing Laboratory, Pittsburgh Safety and Health Technology Center, P.O. Box 18179, Pittsburgh, Pennsylvania 15236–0179, or to any other address designated by the District Manager.

* * * * *

PART 71—MANDATORY HEALTH STANDARDS-SURFACE COAL MINES AND SURFACE WORK AREAS OF UNDERGROUND COAL MINES

1. The authority citation for part 71, subpart C, is revised to read as follows:

Authority: 30 U.S.C. 811, 813(h), and 957.

2. Section 71.209 paragraph (a) is revised to read as follows:

§ 71.209 Respirable dust samples; transmission by operator.

(a) The operator shall transmit within 24 hours after the end of the sampling shift all samples collected to fulfill the requirements of this part in containers provided by the manufacturer of the filter cassette to: Respirable Dust Processing Laboratory, Pittsburgh Safety and Health Technology Center, P.O. Box 18179, Pittsburgh, Pennsylvania 15236–0179, or to any other address designated by the District Manager.

* * * * *

PART 90—MANDATORY HEALTH STANDARDS-COAL MINERS WHO HAVE EVIDENCE OF THE DEVELOPMENT OF PNEUMOCONIOSIS

1. The authority citation for part 90, subpart C, is added to read as follows:

Authority: 30 U.S.C. 811, 813(h) and 957.

2. Section 90.209 paragraph (a) is revised to read as follows:

§ 90.209 Respirable dust samples; transmission by operator.

(a) The operator shall transmit within 24 hours after the end of the sampling shift all samples collected to fulfill the requirements of this part in containers provided by the manufacturer of the filter cassette to: Respirable Dust Processing Laboratory, Pittsburgh Safety and Health Technology Center, P.O. Box 18179, Pittsburgh, Pennsylvania 15236–0179, or to any other address designated by the District Manager.

* * * * *

[FR Doc. 93–29496 Filed 12–1–93; 8:45 am]
BILLING CODE 4510–43–P

DEPARTMENT OF THE TREASURY

Fiscal Service

31 CFR Part 317

Agencies for Issue of United States Savings Bonds

AGENCY: Bureau of the Public Debt, Fiscal Service, Department of the Treasury.

ACTION: Final rule.

SUMMARY: The purpose of the Final Rule is to authorize payment of a bonus to qualified issuing agents for presorting savings bonds delivered by mail. The use of presorting by issuing agents will assist the Bureau in reducing mailing costs.

EFFECTIVE DATE: January 1, 1994.

FOR FURTHER INFORMATION CONTACT: Dean A. Adams, Assistant Chief Counsel, Bureau of the Public Debt, (304) 420–6703; P.O. Box 1328, Parkersburg, West Virginia 26106–1328.

SUPPLEMENTARY INFORMATION: Issuing agents, which include private sector financial institutions, government agencies and employers operating payroll savings plans, play an important role in the issuance of United States Savings Bonds. These agents maintain the records and conduct operations necessary to inscribe, pay for, and mail a significant volume of savings bonds.

In the interest of controlling postage costs, Public Debt is introducing a system of bonus payments to encourage issuing agents to presort savings bond mailings. Bonuses will be paid on a schedule that reflects the amount of extra processing the agent undertakes and the postage savings that will be realized. The payment of bonuses represents an effort to "share the savings" that Public Debt would derive by compensating issuing agents for the extra processing and capital expenditures required to presort savings bond mailings.

Accordingly, 31 CFR 317.8, the provision in the regulations governing agencies for issue of savings bonds, which authorizes the payment of fees, is amended to authorize the payment of a bonus to issuing agents which presort savings bond mailings. As the procedure for determining the amount of the bonus is subject to change, it is described in greater detail in an accompanying notice.

Procedural Requirements

Because this Final Rule relates to public contracts and procedures for United States securities, the notice, public comment and delayed effective date provisions of the Administrative Procedure Act are inapplicable, pursuant to 5 U.S.C. 553(a)(2). This Final Rule is not a "Major Rule", as defined in Executive Order 12291. A regulatory impact analysis is, therefore, not required. Because no notice of proposed rulemaking is required, the provisions of the Regulatory Flexibility Act (5 U.S.C. 601, *et seq.*) do not apply. There are no collections of information required by this Final Rule, and, therefore, the Paperwork Reduction Act does not apply.

List of Subjects in 31 CFR Part 317

Bonds, Federal Reserve system, Government securities.

Gerald Murphy,

Fiscal Assistant Secretary.

31 CFR chapter II, part 317, Department of the Treasury Circular, Public Debt Series No. 4–67, is hereby amended as follows:

PART 317—REGULATIONS GOVERNING AGENCIES FOR ISSUE OF UNITED STATES SAVINGS BONDS

1. The authority for part 317 continues to read as follows:

Authority: 31 U.S.C. 3105, 2 U.S.C. 901, 5 U.S.C. 301.

2. Paragraph (b) of § 317.6, has been revised to read as set forth below:

§ 317.6 Issuance of bonds.

* * * * *

(b) *Fees.* Each issuing agent, other than a Federal agency, will be paid a fee for each savings bond transaction. Fee payments for bonds issued through payroll savings plans, and by agents authorized to inscribe bonds sold over-the-counter, will be based on the number of individual issues transmitted to a Federal Reserve Bank. With prior approval, agents that are authorized to inscribe bonds and receive fee payments will also be paid a bonus for presorting savings bond mailings. Fee payments for over-the-counter sales, where the agent is not authorized to inscribe the bonds, will be based on the number of purchase orders forwarded to a Federal Reserve Bank. Schedules reflecting the amount of the fees and presort bonuses, and the basis on which they are computed and paid, will be published separately in the **Federal Register.**

* * * * *

[FR Doc. 93–29191 Filed 12–1–93; 8:45 am]
BILLING CODE 4810–40–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 21

RIN 2900–AG03

Veterans Education: Standardization of Programs

AGENCY: Department of Veterans Affairs.

ACTION: Final rules.

SUMMARY: The Department of Veterans Affairs (VA) has been reviewing regulations for the purpose of

standardizing procedures whenever possible. In the course of the review it was noted that the rules governing time limits provided veterans training under the Montgomery GI Bill—Active Duty are not exactly the same as those governing eligible persons training under the Dependents' Educational Assistance Program with regard to perfecting a claim. Furthermore, rules governing notification which had been provided to those receiving benefits under the now-expired Vietnam-Era GI Bill with regard to a loss of a dependent had not been extended to the Montgomery GI Bill—Active Duty beneficiaries in similar circumstances. These regulations remedy this situation by standardizing these rules.

EFFECTIVE DATE: January 3, 1994.

FOR FURTHER INFORMATION CONTACT: June C. Schaeffer (225), Assistant Director for Policy and Program Administration, Education Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, 202–233–2092.

SUPPLEMENTARY INFORMATION: On pages 38106 through 38108 of the **Federal Register** of July 15, 1993, there was published a Notice of Intent to amend 38 CFR part 21 in order to standardize the rules for time limits under the various education programs VA administers. Interested people were given 32 days to submit comments, suggestions or objections. VA received no comments, suggestions or objections. Accordingly, VA is making the proposal final.

Previously, an individual seeking to complete a claim under the Montgomery GI Bill—Active Duty could have an extension of the time limit for submitting requested evidence if he or she could show good cause why the deadline could not be met. This was not included in the regulations governing the Dependents' Educational Assistance Program, but VA could see no good reason why it should not be included. Accordingly, these amended regulations extend this provision to that program.

On the other hand, the regulations previously governing the Dependents' Educational Assistance Program provided that the time period for submitting the evidence would not begin until VA notified an eligible person of the need for submitting it. This is based upon the provisions of § 3.110, title 38, CFR. This provision had never appeared in the regulations governing the Montgomery GI Bill—Active Duty, but VA could see no good reason why it should not. Accordingly, these amended regulations extend this provision to the Montgomery GI Bill—Active Duty.

A veteran receiving benefits under the disability compensation and disability pension programs VA administers is given procedural protections when VA receives notice that he or she had lost a dependent. Although some veterans receiving educational assistance under the Montgomery GI Bill—Active Duty receive additional benefits for their dependents, and so suffer a reduction in benefits when a dependent is lost, VA had not extended these procedural protections to these veterans. A careful review has led VA to believe that these veterans should be extended these protections. Accordingly, these amended regulations provide those procedural protections to these veterans.

The Secretary of Veterans Affairs has certified that these amended regulations will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act (RFA), 5 U.S.C. 601–612. Pursuant to 5 U.S.C. 605(b), the amended regulations, therefore, are exempt from the initial and final regulatory flexibility analyses requirements of sections 603 and 604.

This certification can be made because the amended regulations directly affect only individuals. They will have no significant economic impact on small entities, i.e., small businesses, small private and nonprofit organizations and small governmental jurisdictions.

The Catalog of Federal Domestic Assistance numbers for the programs affected by these amended regulations are 64.117 and 64.124.

List of Subjects in 38 CFR Part 21

Civil rights, Claims, Education, Grant programs—education, Loan programs—education, Reporting and recordkeeping requirements, Schools, Veterans, Vocational education, Vocational rehabilitation.

Approved: November 3, 1993.

Jesse Brown,

Secretary of Veterans Affairs.

For the reasons set out in the preamble, 38 CFR part 21, subparts C and K are amended as set forth below.

PART 21—VOCATIONAL REHABILITATION AND EDUCATION

Subpart C—Survivors' and Dependents' Educational Assistance Under 38 U.S.C. chapter 35

1. The authority citation for part 21, subpart C, continues to read as follows:

Authority: 38 U.S.C. 3500–3566.

2. In § 21.3032, paragraph (b)(3) and its authority citation are added to read as follows:

§ 21.3032 Time limits.

* * * * *

(b) Failure to furnish claim or notice of time limit. * * *

* * * * *

(3) When a claim is incomplete, time limits within which a claimant or beneficiary is required to complete the claim through submission of evidence, documents or other information may be extended for good cause shown. The time limits within which a claimant or beneficiary must act to challenge an adverse VA decision may be extended for good cause shown. Except as provided in § 19.130 of this chapter when an extension is requested after expiration of a time limit, the action required of the claimant or beneficiary must be taken concurrently with or prior to the filing of a request for extension of the time limit, and good cause shown as to why the required action could not have been taken during the original time period and could not have been taken sooner than it was. Denials of time limit extensions are separately appealable issues.

(Authority: 38 U.S.C. 5101, 5113)

* * * * *

Subpart K—All Volunteer Force Educational Assistance Program (New GI Bill)

3. The authority citation for part 21, subpart K, revised to read as follows:

Authority: 38 U.S.C. chapter 30; 38 U.S.C. 501(a).

4. In § 21.7032, paragraph (d)(3) and its authority citation are added to read as follows:

§ 21.7032 Time limits.

* * * * *

(d) *Failure to furnish form or notice of time limit.* * * *

* * * * *

(3) VA's failure to furnish an eligible person notice of the time limit within which evidence must be submitted to complete a claim, or notice of the time limit within which to challenge an adverse VA decision, shall extend the time limit for such action in accordance with the provisions of § 3.110 of this chapter.

(Authority: 38 U.S.C. 5101, 5113)

* * * * *

5. Section 21.7320 and its authority citation are added to read as follows:

§ 21.7320 Procedural protection; reduction following loss of dependent.

(a) *Notice of reduction required when a veteran loses entitlement to additional educational assistance for a dependent.* Except as provided in paragraph (b) of this section, VA will not reduce an award of educational assistance following the veteran's loss of a dependent unless:

(1) VA has notified the veteran of the adverse action; and

(2) VA has provided the veteran with a period of 60 days in which to submit evidence for the purpose of showing that the educational assistance should not be reduced.

(b) *No advance notice required in certain situations.* When the reduction is based solely on written, factual, unambiguous information as to dependency or marital status provided by the veteran or his or her fiduciary with knowledge or notice that the information would be used to determine the monthly rate of educational assistance allowance:

(1) VA will not send either an advance or a prereduction notice as stated in paragraph (a) of this section; but

(2) VA will send notice of the adverse action contemporaneous with the reduction in educational assistance.

(Authority: 38 U.S.C. 5112, 5113)

[FR Doc. 93–29369 Filed 12–1–93; 8:45 am]

BILLING CODE 8320–01–U

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 300

[FRL–4809–1]

National Oil and Hazardous Substances Contingency Plan; National Priorities List Update

AGENCY: Environmental Protection Agency.

ACTION: Notice of Deletion of the Charlevoix Municipal Well Superfund Site from the National Priorities List (NPL).

SUMMARY: The Environmental Protection Agency (EPA) announces the deletion of the Charlevoix Municipal Well Superfund site in Charlevoix, Michigan from the National Priorities List (NPL). The NPL is Appendix B of 40 CFR part 300 which is the National Oil and Hazardous Substances Contingency Plan (NCP), which EPA promulgated pursuant to section 105 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended. EPA and the State of Michigan have determined that all appropriate Fund-financed responses under CERCLA have been implemented and that no further cleanup by responsible parties is appropriate. Moreover, EPA and the State of Michigan have determined that remedial actions conducted at the site to date remain protective of public health, welfare, and the environment.

EFFECTIVE DATE: December 2, 1993.

FOR FURTHER INFORMATION CONTACT: John M. Kuhns (HSRW–6J), Remedial Project Manager, Office of Superfund, U.S. EPA—Region V, 77 West Jackson Blvd., Chicago, IL 60604, (312) 353–6556. The comprehensive information on the site is available at the local information repository located at: Charlevoix Public Library, 107 Clinton St., Charlevoix, MI 49720. Requests for comprehensive copies of documents should be directed formally to the Regional Docket Office. Address for the Regional Docket Office is Jan Pfundheller (H–7J), U.S. EPA, Region V, 77 W. Jackson Blvd., Chicago, IL 60604, (312) 353–5821.

SUPPLEMENTARY INFORMATION: The site to be deleted from the NPL is: Charlevoix Municipal Well Site, Charlevoix, Michigan.

A Notice of Intent to Delete for this site was published September 29, 1993 (58 FR 50893). The closing date for comments on the Notice of Intent to Delete was October 30, 1993. EPA received no comments and therefore has not prepared a Responsiveness Summary.

The EPA identifies sites which appear to present a significant risk to public health, welfare, or the environment and it maintains the NPL as the list of those sites. Sites on the NPL may be the subject of Hazardous Substance Response Trust Fund (Fund-) financed remedial actions. Any site deleted from the NPL remains eligible for Fund-financed remedial actions in the unlikely event that conditions at the site warrant such action. Section 300.425(e)(3) of the NCP states that Fund-financed actions may be taken at sites deleted from the NPL in the unlikely event that conditions at the site warrant such action. Deletion of a site from the NPL does not affect responsible party liability or impede agency efforts to recover costs associated with response efforts.

List of Subjects in 40 CFR Part 300

Environmental protection, Air pollution control, Chemicals, Hazardous substances, Hazardous waste, Intergovernmental relations, Penalties, Reporting and recordkeeping requirements, Superfund, Water pollution control, Water supply.

40 CFR part 300 is amended as follows:

PART 300—[AMENDED]

1. The authority citation for part 300 continues to read as follows:

Authority: 42 U.S.C. 9601–9657; 33 U.S.C. 1321(c)(2); E.O. 12777, 56 FR 54757, 3 CFR, 1991 Comp.; p. 351; E.O. 12580, 52 FR 2923, 3 CFR, 1987 Comp.; p. 193.

Appendix B—[Amended]

2. Table 1 of appendix B to part 300 is amended by removing the Site "Charlevoix Municipal Well, Charlevoix, Michigan" and by revising the total number of sites from "1,074" to read "1,073".

Dated: November 15, 1993.

Valdas V. Adamkus,

Regional Administrator, U.S. EPA, Region V.

[FR Doc. 93–29508 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–P

GENERAL SERVICES ADMINISTRATION

41 CFR Part 101–39

[FPMR Amendment G–103]

Use and Care of GSA Interagency Fleet Management System Vehicles

AGENCY: Federal Supply Service, GSA.

ACTION: Final rule.

SUMMARY: This regulation prohibits the use of tobacco products in General Services Administration (GSA) Interagency Fleet Management System (IFMS) motor vehicles and expands the utilization guidelines used to justify full-time vehicle assignment. These actions are required because of the potential health hazards associated with the use of tobacco products, the negative residual effects of tobacco use on IFMS vehicles, and the need to respond to agency requests for clarification of IFMS utilization guidelines. This regulation prohibits the use of tobacco products in GSA IFMS vehicles and specifically requires user agencies to pay for the cost of cleaning or repairing vehicles with tobacco odor, residue or damage resulting from tobacco use if the agency violates the prohibition. This regulation also expands IFMS utilization guidelines to include the number of days used, agency mission, and the cost of alternatives to full-time vehicle assignment.

EFFECTIVE DATE: January 3, 1994. In cases where there is an exclusive representative for an agency's

employees, the agency shall meet its labor relations obligations and upon meeting those obligations this rule shall become applicable as to that agency.

FOR FURTHER INFORMATION CONTACT: Michael W. Moses, Fleet Management Division, (703–305–6273).

SUPPLEMENTARY INFORMATION: The General Services Administration (GSA) has determined that this rule is not a major rule for the purposes of Executive Order 12291 of February 17, 1981, because it is not likely to result in an annual effect on the economy of $100 million or more; a major increase in costs to consumers or others; or significant adverse effects. GSA has based all administrative decisions underlying this rule on adequate information concerning the need for and consequences of this rule; has determined that the potential benefits to society from this rule outweigh the potential costs and has maximized the net benefits; and has chosen the alternative approach involving the least net cost to society.

GSA has reviewed the issue of smoking in Government-owned or leased motor vehicles over the past few years, including the potential health hazards associated with tobacco use, the potential negative impact on disposal proceeds for vehicles damaged as a result of the use of tobacco products, and the concern that vehicle occupants may find the effects of tobacco use offensive in a confined area such as a motor vehicle. Associated concerns vary from the physical appearance of the vehicle to undesirable physical effects experienced by vehicle occupants caused by tobacco smoke odor and tobacco residue.

With regard to the physical condition of vehicles when the occupants have used tobacco products in them, experience has shown that tobacco use in a vehicle often results in a permanent tobacco odor in the vehicle. Even after extensive detailing of the vehicle prior to sale, tobacco odor and residue frequently remain in the vehicle. Additionally, holes and blemishes caused by burning ash falling on vehicle carpets and upholstery, smoke residue on dashboards and headliners, and stains caused by smokeless tobacco can detract from sales proceeds.

In February 1991, GSA solicited comments from other Federal agency fleet managers and Interagency Fleet Management System (IFMS) field locations on a proposal to limit smoking in GSA IFMS vehicles. Of the 23 comments received, 12 recommended that smoking be prohibited in GSA IFMS vehicles. The other 11 comments agreed that smoking should be restricted in GSA IFMS vehicles. Of these 11 comments to GSA's initial survey, the majority stated that the vehicle operator should be allowed to smoke only if they were the exclusive operator and sole occupant of the vehicle.

On July 2, 1992, GSA solicited comments from major customer agencies of the IFMS and GSA regional Fleet Management activities on a draft amendment prohibiting smoking in GSA IFMS vehicles. All respondents except one agreed with the regulation with minor comments. One comment made by many agencies was to prohibit the use of all tobacco products, not just those that are smoked. GSA changed the amendment accordingly. Two agencies suggested that GSA install decals inside the vehicle stating that smoking is prohibited. GSA did not adopt this suggestion due to the associated costs and difficulty in removing decals from interior surfaces prior to disposal. The Department of the Treasury requested exemptions from the tobacco use prohibition, if issued by GSA, for vehicles used by dignitaries and when vehicles are used for extended periods of time in surveillance operations. GSA did not grant blanket exemptions to this prohibition realizing that any agency may request a deviation from the regulation under the provisions of 41 CFR 101–1.110. If an agency believes that it has adequate justification to support a deviation from the prohibition, it can submit a request for a deviation to the Administrator, GSA, following the guidance in 41 CFR 101–1.110(b). The request must clearly state the nature of the deviation and be supported by specific facts.

The Environmental Protection Agency (EPA) issued a report, "Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders" (EPA/600/6–90/006F), in which EPA designated environmental tobacco smoke (ETS) as an EPA Class A carcinogen and discussed the adverse respiratory health effects of ETS.

Based upon the health concerns in the EPA report, the desires of our customer agencies concerning the welfare of vehicle occupants, and the possibility of diminished sale values of vehicles in which the occupants have used tobacco products, GSA is prohibiting the use of tobacco products in IFMS-owned or -leased motor vehicles. Compliance with this policy will be the responsibility of the agency that is assigned the vehicle.

GSA will charge user agencies the costs of cleaning and repairing assigned vehicles beyond the normal detailing process when tobacco odor or residue is present in motor vehicles or when the vehicle is damaged as a result of tobacco use. This additional cleaning or repair will be performed only when, in the opinion of the GSA fleet manager, the cost to the Government would be offset by the increased sale return. User agencies may also be charged for the costs of cleaning and repairing vehicles damaged due to tobacco use when rotated, either within the same agency or to a different agency. Charges authorized under new § 101–39.300(d) will not be assessed unless the vehicle is assigned to a user agency after the effective date of this amendment.

On August 14–16, 1991, GSA hosted a Department of Defense (DOD) user panel to identify ways to improve the services provided by the GSA IFMS. One of the areas identified was the clarification of the IFMS utilization guidelines which are the basis for full-time assignments of GSA vehicles. The GSA IFMS Central Office and field locations have also received many telephonic requests for clarification of this policy.

In response to customer agency needs, the GSA IFMS is expanding and clarifying its utilization guidelines. The new policy will revise the present guidelines to include the number of days used, agency mission, and the cost of alternatives to full-time vehicle assignment.

List of Subjects in 41 CFR Part 101–39

Government property management, Interagency fleet management systems, Motor vehicles, Reporting and recordkeeping requirements.

For the reasons set out in the preamble, 41 CFR part 101–39 is amended as follows:

PART 101–39—INTERAGENCY FLEET MANAGEMENT SYSTEMS

1. The authority citation for part 101–39 continues to read as follows:

Authority: Sec 205(c), 63 Stat. 390; (40 U.S.C. 486(c)).

Subpart 101–39.3—Use and Care of GSA Interagency Fleet Management System Vehicles

2. Section 101–39.300 is amended by redesignating paragraph (d) as paragraph (e) and adding a new paragraph (d) to read as follows:

§ 101–39.300 General.

* * * * *

(d) The use of tobacco products is prohibited in GSA IFMS motor vehicles. The agency to which the vehicle is assigned is responsible for ensuring that its employees do not use tobacco

products while occupying IFMS vehicles. If a user agency violates this prohibition, the agency will be charged for the cost of cleaning the affected vehicle(s) beyond normal detailing procedures to remove tobacco odor or residue or repairing damage caused as a result of tobacco use. The decision to perform such additional cleaning or repair will be made by the GSA fleet manager based upon the condition of the vehicle when assigned, the degree of tobacco residue and damage, and the cost effectiveness of such additional cleaning.

* * * * *

3. Section 101–39.301 is amended by revising the introductory text to read as follows:

§ 101–39.301 Utilization guidelines.

An agency must be able to justify a full-time vehicle assignment. The following guidelines may be employed by an agency requesting GSA Interagency Fleet Management System (IFMS) services. Other utilization factors, such as days used, agency mission, and the relative costs of alternatives to a full-time vehicle assignment, may be considered as justification where miles traveled guidelines are not met.

* * * * *

Dated: September 14, 1993.

Roger W. Johnson,

Administrator of General Services.

[FR Doc. 93–29336 Filed 12–1–93; 8:45 am]

BILLING CODE 6820–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 491

[BPD–783–FC]

Medicare Program; Required Laboratory Procedures for Rural Health Clinics

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

ACTION: Final rule with comment period.

SUMMARY: This rule revises the range of laboratory tests rural health clinics (RHCs) are required to provide in order to meet the Medicare conditions of participation. We are eliminating tests not classified as waived under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). RHCs that elect to furnish tests not waived under CLIA must comply with CLIA requirements as specified in regulations on Laboratory Requirements and will receive appropriate payment for covered laboratory services. We are making these changes because the CLIA program introduced participation requirements that may cause some RHCs to withdraw from the program, creating a shortage of available medical care in some areas.

DATES: Effective Date: These rules are effeective on January 3, 1994. Comment Period: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 31, 1994.

ADDRESSES: Mail written comments (an original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–783–FC, P.O. Box 26676, Baltimore, MD 21207.

If you prefer, you may deliver your written comments (an original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, MD 21207.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–783–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT: Jacqueline Sheridan, (410) 966–4635.

SUPPLEMENTARY INFORMATION:

Background

Section 1861(a) of the Social Security Act (the Act) extends Medicare and Medicaid coverage to beneficiaries for primary and emergency care services furnished by a rural health clinic (RHC) if these services otherwise would be covered if furnished by a physician or incident to a physician's professional services. The effect of this section on the Medicare program is to increase the availability of primary care services in medically underserved rural communities by extending Medicare payment for the services of physician assistants, nurse practitioners and certain other health practitioners who operate through the RHC setting. RHC services are furnished under Part B of Medicare.

Section 1861(aa)(2)(G) of the Act requires RHCs to provide routine diagnostic services directly (that is, they are furnished at the RHC by RHC personnel), including clinical laboratory services. The statute provides that the RHC must provide the clinical laboratory services as prescribed in regulations. We have implemented this statutory provision through regulations at 42 CFR 491.9; that section requires RHCs to provide nine different diagnostic laboratory tests directly. The list of tests has remained unchanged since it was established in 1978 (43 FR 30529). The listing reflects tests that were commonly performed in physicians' offices. The laboratory services required under § 491.9 are performed by clinic personnel and enable the clinic to fulfill its mission to provide routine diagnostic services.

In 1988, the Clinical Laboratory Improvement Amendments of 1988 (CLIA), Public Law 100–578, was enacted. It revised section 353 of the Public Health Service Act to require all clinical laboratories that test human specimens for health purposes to meet certain requirements. In concept, CLIA requires that the complexity of tests and the skill in interpreting results be factors in determining the extent of supervision and review. Tests are categorized from "waived", those needing minimal supervision, to "high complexity". (For a full discussion of complexity, see 57 FR 7002, February 28, 1992.)

Our regulations implementing CLIA are contained in 42 CFR part 493. Under these regulations, laboratories performing specified tests categorized as physician-performed microscopy or as moderate or high complexity must obtain a certificate that shows they meet certain standards, such as standards of quality control, proficiency testing, accuracy, management, quality assurance and personnel. Laboratories that perform only specified simple tests may be relieved of having to meet those standards if they obtain a certificate of waiver. These specified simple tests are those that (1) are cleared by the Food and Drug Administration (FDA) for home use; (2) employ methodologies that are so simple and accurate that they render the likelihood of error negligible; or (3) pose no reasonable risk of harm to the patient if the test is performed incorrectly. There are nine such waived tests.

Six of the nine tests RHCs have been required to perform are classified as waived under CLIA. However, the list of RHC tests was prepared well before CLIA established requirements for qualifications and experience for personnel performing these laboratory

procedures. As a consequence of the CLIA changes, RHCs find that to maintain compliance with the RHC conditions of participation (42 CFR 491.9), they must meet CLIA requirements for moderate or high complexity testing, which are extensive.

Revisions to the Regulations

We believe that the laboratory tests required of all RHCs should be those in the waived category of minimal complexity only. RHCs by their very nature are located in geographical areas where it is difficult to recruit personnel with the skills necessary to perform more complex laboratory tests. We believe it is prudent to allow RHCs to have more complex testing performed in laboratories better equipped for such work. On the other hand, if an RHC is in a position to provide a more complex array of testing and meet CLIA requirements, we believe our regulations should permit it to provide more than the minimum required tests.

In this rule, we are reducing to six the number of services listed in § 491.9(c)(2) that RHCs must perform directly. We will require as a condition of participation that an RHC provide the following services:

(1) Chemical examinations of urine by stick or tablet methods or both (including urine ketones);

(2) Hemoglobin or hematocrit;

(3) Blood glucose;

(4) Examination of stool specimens for occult blood;

(5) Pregnancy tests; and

(6) Primary culturing for transmittal to a certified laboratory.

All six of these tests are currently in the waived category under CLIA if they are performed using the specified methodology.

For convenience, in this preamble, we also describe, for each laboratory test specified in § 491.9(c)(2), the specific methods that must be used to perform the test in order for an RHC to be eligible for a CLIA certificate of waiver. These are:

- Nonautomated chemical examinations of urine by dipstick or tablet or reagent methods or both;
- Hemoglobin by single analyte instruments with selfcontained or component features to perform specimen/reagent interaction, providing direct measurement and readout, hemoglobin by copper sulfate, or spun hematocrit;
- Blood glucose by glucose monitoring devices cleared by the FDA specifically for home use; and
- Urine pregnancy tests by visual color comparisons. (Examinations of stool samples for occult blood do not require further description for CLIA waiver purposes.)

An RHC that furnishes a required service by performing a test by a method other than that described for CLIA waiver purposes will not be able to obtain a certificate of waiver but will have to obtain a certificate for performing tests of moderate complexity or a certificate for performing tests of high complexity, whichever is applicable. Some RHCs may want to change their testing methods to obtain a certificate of waiver. For example, an RHC that performs pregnancy tests using blood samples will not be eligible for a certificate of waiver, but if the RHC switched to performing urine pregnancy tests by visual color comparison, it could get a certificate of waiver.

We will no longer require as a condition of participation that RHCs directly furnish the three tests that are not in the CLIA waived category. These are: (1) Microscopic examinations of urine sediment, (2) pinworm test, and (3) Gram stain test. Though we believe these tests are of value to the patient population treated by RHCs, if we required the RHCs to furnish them, the clinics would have to meet the applicable CLIA requirements.

A laboratory performing tests in the CLIA waived category must pay a $100 biennial certificate of waiver fee. An RHC that provides laboratory services that are not waived must pay higher CLIA costs for a biennial certificate fee plus compliance (inspection) costs that vary by State and are estimated at up to $1500 per year. In addition, RHCs that furnish more than CLIA waived tests must have personnel that meet CLIA requirements, personnel that in some areas may be difficult to recruit and who require pay commensurate with their abilities.

Under these circumstances, we have reevaluated whether continuing to require RHCs to perform tests that have been required since 1978 could create a financial burden or personnel problems for some RHCs, possibly forcing them to discontinue services to Medicare patients and eliminating a crucial source of medical care for these patients. We are choosing to reduce the number of required tests because we believe that to do so will not compromise access to needed services.

In § 491.9 we are also adding a cross reference to § 493.1 to ensure awareness of the CLIA requirements.

This rule does not prevent any RHC from providing tests that are not listed in § 491.9. An RHC is free to choose a higher level CLIA certification than the certificate of waiver if it wishes to provide tests of higher complexity and to comply with all CLIA requirements. Medicare covers laboratory tests performed by RHC personnel in the RHC.

Regulatory Impact Statement

Executive Order 12291 (E.O. 12291) requires us to prepare and publish a regulatory impact analysis for any rule that meets one of the E.O. 12291 criteria for a "major rule"; that is, that will be likely to result in—

- An annual effect on the economy of $100 million or more;
- A major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or
- Significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

In addition, we generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that a final rule will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, all RHCs are considered to be small entities. Individuals and States are not included in the definition of a small entity.

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

This final rule with comment period reduces the number of laboratory tests RHCs are required to provide in order to meet the requirements of § 491.9(c)(2) of the Medicare RHC conditions of certification. As noted earlier, with the enactment of CLIA, laboratory tests are categorized according to their complexity level, from "waived" (those needing minimal supervision) to "high complexity". Our regulations implementing CLIA require all laboratories to obtain either a certificate for performing tests at the appropriate complexity level or certificate of waiver for performing only certain simple tests. Because the list of RHC laboratory services required under current regulations includes three tests not in

the CLIA waived category (microscopic examination of urine sediment, pinworm test, and Gram stain test), RHCs now must fully comply with CLIA requirements applicable to laboratories that perform moderate or high complexity testing in order to furnish these tests and participate in the Medicare program.

Laboratories performing nonwaived tests must pay higher certificate and inspection fees, maintain specialized equipment, and employ skilled laboratory personnel. RHCs are likely to have difficulty attracting and compensating the skilled laboratory personnel required by CLIA.

Although some beneficiaries might require tests that we would no longer require RHCs to perform and they may be inconvenienced by going elsewhere to obtain required laboratory services, we believe the costs associated with requiring all RHCs to meet the CLIA moderate or high complexity laboratory requirements would place such a financial burden on many of the 1,064 currently certified RHCs that they would be forced to close. Others would be found out of compliance with the conditions of certification and would face termination from the Medicare program. The law requires RHCs to perform laboratory tests as prescribed in regulations by the Secretary of HHS. We will implement this provision by revising the list of required RHC laboratory tests to include only those tests considered waived under CLIA; this provision will enable RHCs to meet our requirements without experiencing the financial hardship that could result if the clinics had to meet CLIA requirements applicable to laboratories that perform more complex tests. This revision will allow RHCs that would otherwise lose their Medicare certification to remain as a source of primary medical care for Medicare beneficiaries living in medically underserved rural areas. All RHCs retain the option to provide more complex tests if they choose and meet CLIA requirements.

Because there are no program costs associated with this final rule with comment period, it will not meet the $100 million criterion nor will it meet the other E.O. 12291 criteria. Therefore, this rule is not a major rule under E.O. 12291, and a regulatory impact analysis is not required.

For similar reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act since we have determined, and the Secretary certifies, that this final rule with comment will not result in a significant economic impact on a substantial number of small entities and will not have a significant impact on the operations of a substantial number of small rural hospitals.

Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite prior public comment on proposed rules. The notice of proposed rulemaking includes a reference to the legal authority under which the rule is proposed and the terms and substance of the proposed rule or a description of the subjects and issues involved. This procedure can be waived, however, if an agency finds good cause that the notice and comment procedure is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued.

These changes to 42 CFR 491.9 are required because the interface between CLIA and our regulations creates undesirable effects on RHCs. CLIA categorizes laboratory tests by complexity, in many cases using measures developed well after our original RHC laboratory regulations were published. Whereas the list of tests to be performed by RHCs reflected commonly physician-performed tests when the laboratory requirement was established, CLIA may alter practices. Maintaining the current list would have untoward and unanticipated effects on RHCs. Some RHCs cannot hire the technical staff required by CLIA to provide the required RHC laboratory tests. Some RHCs would have deficiencies that could cause loss of Medicare certification. Thus, RHCs would be unable to provide services to Medicare beneficiaries in the medically underserved areas in which they are located. In order to avoid disruption of RHC services in areas in which RHCs may constitute the sole source of primary medical care, it is necessary for us to expedite this change in the RHC regulations.

Therefore, we find it contrary to the public interest to delay making changes that will promote access to needed care. We find good cause to waive notice and comment rulemaking and to issue this final rule. We are providing a 60-day period for public comment.

Response to Comments

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

Regulatory Impact Statement

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

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

This final rule with comment reduces the number of laboratory tests rural health clinics (RHCs) are required to provide in order to meet the requirements of § 491.9(c)(2) of the Medicare RHC conditions of certification. With the enactment of CLIA, laboratory tests are categorized according to their complexity level, from "waived" (those needing minimal supervision) to "high complexity". Our regulations implementing CLIA require all laboratories to obtain either a certificate for performing tests at the appropriate complexity level or certificate of waiver for performing only certain simple tests. Because the list of required RHC laboratory services includes three tests not in the CLIA-waived category (microscopic examination of urine sediment, pinworm test, and Gram stain test), RHCs now must fully comply with CLIA requirements applicable to laboratories that perform moderate or high complexity testing in order to furnish these tests and participate in the Medicare program.

Laboratories performing moderate or high complexity tests must pay CLIA costs ranging from $350 to $600 for a biennial certificate, plus inspection costs estimated at up to $1500 per year. Laboratories performing nonwaived tests also must maintain specialized equipment and employ skilled laboratory personnel. By comparison, a laboratory performing tests in the CLIA-

waived category must pay only a $100 biennial certificate of waiver fee.

An RHC may experience difficulty in bearing costs associated with the CLIA certificate, inspection, and equipment. In addition, RHCs are likely to have difficulty attracting and compensating the skilled laboratory personnel required by CLIA.

Although some beneficiaries might require tests that we would no longer require RHCs to perform and they may be inconvenienced by going elsewhere to obtain required laboratory services, we believe the costs associated with requiring all RHCs to meet the CLIA moderate or high complexity laboratory requirements would place such a financial burden on many of the 1,064 currently certified RHCs that they would be forced to close. Others would be found out of compliance with the conditions of certification and would face termination from the Medicare program. By revising the list of required RHC laboratory tests to include only those tests considered waived under CLIA, we will enable RHCs to meet the statutory requirement to perform tests as directed by the Secretary of HHS by providing laboratory tests classified as minimal complexity under CLIA, without experiencing the financial hardship that may be imposed by meeting CLIA requirements required of laboratories that perform more complex tests. This revision will allow many RHCs that would otherwise lose their Medicare certification to remain as a source of primary medical care for Medicare beneficiaries living in medically underserved rural areas. All RHCs retain the option to provide more complex tests if they choose and meet CLIA requirements.

We are not preparing analyses for either the RFA or section 1102(b) of the Act since we have determined, and the Secretary certifies, that this final rule with comment will not result in a significant economic impact on a substantial number of small entities and will not have a significant impact on the operations of a substantial number of small rural hospitals.

List of Subjects in Part 491

Grant programs—health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements, Rural areas.

42 CFR part 491, subpart A is amended as follows:

PART 491—CERTIFICATION OF CERTAIN HEALTH FACILITIES

A. The authority citation for part 491 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302); and sec. 353 of the Public Health Service Act (42 U.S.C. 263a).

B. Section 491.9(c)(2) is revised to read as follows:

§ 491.9 Provision of services.

* * * * *

(c) *Direct services.* * * *

(2) *Laboratory.* These requirements apply to RHCs but not to FQHCs. The RHC provides laboratory services in accordance with part 493 of this chapter, which implements the provisions of section 353 of the Public Health Service Act. The RHC provides basic laboratory services essential to the immediate diagnosis and treatment of the patient, including:

(i) Chemical examinations of urine by stick or tablet method or both (including urine ketones);

(ii) Hemoglobin or hematocrit;

(iii) Blood glucose;

(iv) Examination of stool specimens for occult blood;

(v) Pregnancy tests; and

(vi) Primary culturing for transmittal to a certified laboratory.

* * * * *

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

Dated: August 24, 1993.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: October 2, 1993.

Donna E. Shalala,

Secretary.

[FR Doc. 93–29480 Filed 12–1–93; 8:45 am]

BILLING CODE 4120–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 93–194; RM–8255]

Radio Broadcasting Services; Esparto, CA

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: This document allots FM Channel 250A to Esparto, California, as that community's first local aural transmission service, in response to a petition for rule making filed on behalf of Esparto Broadcasting. See 58 FR 39493, July 23, 1993. Coordinates used for Channel 250A at Esparto are 38–45–10 and 121–53–30. With this action, the proceeding is terminated.

DATES: Effective January 10, 1994. The window period for filing applications on Channel 250A at Esparto, California, will open on January 11, 1994, and close on February 10, 1994.

FOR FURTHER INFORMATION CONTACT: Nancy Joyner, Mass Media Bureau, (202) 634–6530.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Report and Order, MM Docket No. 93–194, adopted November 3, 1993, and released November 26, 1993. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC's Reference Center (Room 239), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, International Transcription Service, Inc., (202) 857–3800, located at 1919 M Street, NW., Room 246, or 2100 M Street, NW., suite 140, Washington, DC 20037.

List of Subjects in 47 CFR Part 73

Radio Broadcasting.

Part 73 of title 47 of the Code of Federal Regulations is amended as follows:

PART 73—[AMENDED]

1. The authority citation for part 73 continues to read as follows:

Authority: 47 U.S.C. 154, 303.

§ 73.202 [Amended]

2. Section 73.202(b), the FM Table of Allotments under California, is amended by adding Esparto, Channel 250A.

Federal Communications Commission.

Victoria M. McCauley,

Assistant Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.

[FR Doc. 93–29393 Filed 12–1–93; 8:45 am]

BILLING CODE 6712–01–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 216

[Docket No. 931067–3267; I.D. 093093A]

Taking and Importing of Marine Mammals; Yellowfin Tuna Purse Seine Fishing

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Final rule.

SUMMARY: NMFS issues this rule to make final interim rules: Requiring that

in purse seine sets involving marine mammals, U.S. tuna fishing vessels in the eastern tropical Pacific Ocean (ETP) have completed the backdown maneuver and begun rolling the net to sack-up no later than 30 minutes after sundown, unless the operator has received an exemption; prohibiting the use of explosive devices in sets involving marine mammals; and establishing a procedure for permitting fishing operations to experiment with new equipment and procedures to reduce marine mammal mortality. This rule is intended to reduce the mortality rate of dolphins in the U.S. purse seine fishery for tuna in the ETP.

EFFECTIVE DATE: This rule is effective on January 3, 1994.

ADDRESSES: Comments regarding burden estimates may be sent to the Office of Protected Resources, NMFS, 1335 East-West Highway, Silver Spring, MD 20910, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503 (Attn: Paperwork Reduction Act Project 0648–0217).

FOR FURTHER INFORMATION CONTACT: Dr. Gary Matlock, Acting Director, Southwest Region, NMFS, 501 West Ocean Boulevard, Suite 4200, Long Beach, CA 90802–4213 (310–980–4001).

SUPPLEMENTARY INFORMATION: This rule implements measures contained in the Marine Mammal Protection Act (NMPA) Amendments of 1988 by making final provisions relating to sundown sets and experimental fishing that were published as an interim final rule on January 6, 1989 (54 FR 411), and a prohibition on the use of all explosive devices that was published as an interim final rule on March 29, 1990 (55 FR 11588).

Sundown Set Background

The MMPA Amendments of 1988 directed the Secretary of Commerce (Secretary) to proscribe regulations to prevent the higher mortality rates found in "sundown sets" by ensuring that the backdown procedure is completed and the rolling of the net to sack-up begins no later than 30 minutes after sundown. The Secretary issued interim final regulations to that effect on January 6, 1989 (54 FR 411), which are codified at 50 CFR 216.24(d)(2)(vii)(C).

The 1988 MMPA amendments authorized the Secretary to exempt a vessel operator from the sundown set restriction on trips carrying an observer, if the operator's marine mammal mortality rate in sundown sets has been consistently no greater than the average of the U.S.-flag fleet during daylight sets. The interim rule provided for such an exemption and for the continued monitoring of exempted operators' performances to ensure that their exemptions continue only if their marine mammal mortality rate in sundown sets remains as low as the U.S. fleet's average during daylight sets for the same period of time. Only two operators qualified for such an exemption based on their having low mortality rates in sundown sets between July 1986 and December 1988. Those two operators maintained their exemptions by continuing their low marine mammal mortality rate performance during subsequent years.

The 1988 MMPA amendments also authorized the Secretary to exempt the entire fleet if the Secretary determines that all the vessels and operators in the fleet are using equipment and procedures that reduce the marine mammal mortality in sundown sets to that of the average for daylight sets. Such an exemption for the fleet as a whole is not warranted at this time.

Comments on the Interim Sundown Set Rule

Several comments were received on the interim final rule prohibiting sundown sets. All of the commenters recommended that NMFS set a time before sundown after which sets could not be initiated. The recommended times ranged from the average time it takes to complete a set to the time required to complete the longest sets.

NMFS reviewed the duration of purse seine sets observed between July 1, 1986, and December 31, 1988, and found that 50 percent of the sets were completed through backdown within 85 minutes, and 99 percent were completed through backdown within 155 minutes. An examination of the duration of sets by individual vessels showed that the average times for individual vessels to complete sets through backdown ranged from 75 minutes to 110 minutes. Many factors influence the length of time needed to complete a purse seine set. Among those factors that are related to the individual vessel are the type of gear and the skill of the operator and crew.

The interim rule allowed the vessel operator to decide, based on his or her personal knowledge of the vessel's equipment, skill of the crew, size of the dolphin school, and sea conditions, whether a set could be completed by one-half hour after sundown. NMFS continues to prefer this to the alternative of setting a time before sundown by which all vessels must stop fishing. Based on an analysis of the length of daytime sets in the U.S. fleet which showed that 96 percent of the sets take no more than 120 minutes from the time the seine skiff is let go to the completion of backdown, the NOAA Southwest Regional Counsel established a prosecution policy that an operator who lets go of the seine skiff 90 or more minutes before sunset will not be assessed a penalty solely because the net roll starts more than 30 minutes after sunset. However, if any dolphin or other marine mammals are killed or seriously injured in the set, a penalty will be assessed at $150 for each killed or seriously injured marine mammal. In this situation, where the operator leaves what should have been enough time to comply with the regulations, there would not be any penalty beyond that assessed for the killed or seriously injured marine mammals. In sets where the seine skiff is let go less than 90 minutes before sunset, a base penalty will be assessed if the net roll starts more than 30 minutes after sunset. In addition, a penalty of $150 will be assessed for each marine mammal killed or seriously injured. NMFS believes that such an enforcement policy acts as an effective flexible time limit. Therefore, this final rule continues to allow the vessel operator to exercise discretion in deciding whether a set that would be begun less than 90 minutes before sunset can be completed by one half hour after sunset.

Other comments focused on the comparison between the fleet's daylight set average mortality rate and the individual operator's sundown set mortality rate. Some recommended that the comparison should not exclude sets with unforeseeable equipment breakdowns or that NMFS should better define what will be accepted in this category. In this regard, NMFS will retain the relatively short list of specific equipment breakdowns that are presently the basis for excluding a set. This list was published with the proposed and interim final rules relating to operator performance standards on November 1, 1989 (54 FR 46086), and May 17, 1990 (55 FR 20458). To date, no sets have been excluded from consideration under this provision for the purpose of granting a sundown set exemption.

Some believed that an operator should have to meet the rate comparison test for each trip or each set to retain his exemption and that the use of "kill-per-ton" was more a measure of the operator's proficiency at catching tuna than skill in releasing marine mammals. NMFS has retained the annual averaging of an exempt operator's sundown set mortality rate to determine if the operator's exemption should be continued. Publication of the operator

dolphin safety performance standards (55 FR 20458) with a provision for immediate suspension after a trip with exceptionally high kill has removed the possibility that an operator with a high kill rate would be allowed to continue fishing for an entire year. NMFS has adopted the "kill-per-set" as a mortality rate measure that is observable and reflects the operator's skill in releasing dolphins safely. "Kill-per-set" replaces "kill-per-ton" in this final rule.

Finally, with regard to sundown sets, a fishing industry spokesperson objected to the lack of a means for new operators to qualify for an exemption to make sundown sets. It was recommended that new operators be allowed to make sundown sets on a probationary basis for one or two trips to establish a performance record that would be used to determine if the operator should be granted an exemption. The final rule does not implement this recommendation because of the potential for increased dolphin mortalities and because the 1988 MMPA Amendments do not contain such a provision.

Experimental Fishing Permit Background

The 1988 Amendments also authorized the Secretary of Commerce to allow operators designated by the Secretary to experiment with new equipment and procedures on observed trips for the purpose of reducing marine mammal mortality and serious injury rate. Procedures for obtaining permission to conduct experimental fishing operations (i.e., to obtain an experimental fishing permit) were established by the interim rule published January 6, 1989 (54 FR 411). The 1988 Amendments authorized the Secretary to waive or modify restrictions that would otherwise apply under the marine mammal regulations or the terms and conditions of the American Tunaboat Association (ATA) general permit, if necessary and appropriate for the conduct of experimental fishing. However, the Amendments do not allow the Secretary to waive marine mammal quotas or the prohibition against setting nets to intentionally encircle marine mammals if eastern spinner or coastal spotted dolphins are observed in the herd targeted for encirclement.

Comments on Experimental Fishing Permits

Commenters recommended that applications for experimental fishing permits be published for public review, that clear criteria be established for granting permits, that observers accompany every trip under a permit, and that reports be required. This final rule continues the provisions of the interim rule and provides for a 30-day review period after publication of a summary of each application for an experimental permit. The 1988 Amendments require observers on all vessels participating under an experimental fishing permit. Rather than establishing specific criteria for deciding whether to issue an experimental permit, the final rule requires only that the proposed experiment be reasonably expected to reduce dolphin mortality. Since the nature of reports and analysis will vary among experiments, NMFS has not specified reporting requirements in the final rule but will require appropriate reports as a condition of each permit. This approach does not unnecessarily restrict the nature of experiments.

Explosives Prohibition Background

The 1988 Amendments made it unlawful to use any explosive devices other than Class C explosive pest control devices (commonly known as seal control devices or seal bombs), in purse seine fishing operations involving marine mammals. Further, the 1988 Amendments directed the Secretary to proscribe regulations prohibiting or restricting the use of Class C explosives unless the Secretary determined, based upon a study the 1988 Amendments directed to him to undertake, that the use of Class C explosive pest control devices does not result in physical impairment or increased mortality of marine mammals.

The required study was conducted by the NMFS Southwest Fisheries Science Center and the results were reviewed by a panel of experts convened in La Jolla, California, on November 27–29, 1989. Participants determined that physical injuries to dolphins were caused by seal control devices detonated within 0.5 meters of the animal. Data do not exist to estimate at what sound level there would be damage to dolphin hearing, but the panel was concerned about the long-term effects of repeated exposure to explosions in the tuna purse seine fishery and noted that hearing ability in dolphins is likely critical to their survival.

NMFS could not show that Class C seal control devices do not result in physical impairment or increased mortality to marine mammals, as the MMPA requires, although these devices have the potential to cause injuries and compromise the future survival of the marine mammals affected. Therefore, NMFS prohibited the use of all explosives in tuna purse seine fishing operations that involve marine mammals. That prohibition was published as an interim final rule on March 29, 1990 (55 FR 11588), and codified at 50 CFR 216.24(d)(2)(vii)(E); comments were requested.

Comments on Explosives Prohibition

The American Tunaboat Association (ATA) objected to the explosives prohibition and recommended that NMFS instead restrict the use of seal control devices to no closer than 150 feet (45.8 meters) from dolphins. The ATA contends that U.S. fishermen will not be able to compete in areas where foreign fishermen continue to use explosives to herd dolphins. Overall dolphin mortality will increase, according to the ATA, because foreign fishermen with higher mortality rates will replace U.S. fishermen who have lower mortality rates in the areas where dolphin are frequently set on and U.S. fishermen will be forced to operate in areas where dolphins have not experienced encirclement and release and will be more difficult to release safely. The ATA provided anecdotal information related to the value of seal control devices in keeping dolphins away from dangerous areas of the net before and during backdown.

An analysis of observer records showed that marine mammal mortality rates for operators who use explosives and operators who do not use explosives are not statistically different. There are no data that demonstrate that use of explosives reduces marine mammal mortality. Should fishermen design an experiment to demonstrate the marine mammal safety contribution of explosives, the experimental fishing permit application process is available. Regarding comments recommending placing a restriction on the detonation of explosives at distances less than 150 feet (45.8 meters) from the nearest marine mammal, the enforcement of such a limit would be difficult when marine mammals are diving and swimming beneath the surface. Until the life saving benefit of seal control devices can be demonstrated, the prohibition on the use of explosive devices will remain in effect.

Description of Measures Contained in This Rule Sundown Sets

As discussed in the final rule governing the importation of yellowfin tuna published on March 30, 1990 (55 FR 11921), and the interim final rule to establish a system of operator performance standards published on May 17, 1990 (55 FR 20458), NMFS has determined that incidental dolphin mortality rate is most accurately measured by monitoring and calculating

"kill-per-set rather than "kill-per-ton". In the January 6, 1989, interim final rule (54 FR 411) that prohibited sundown sets and explosives, and established procedures for experimental fishing, NMFS "calculated that the average mortality rate (marine mammals killed per ton of yellowfin tuna caught in sets on marine mammals) for observed daylight sets by the United States fleet between July 1, 1986, and June 30, 1988, was 0.154." Therefore, the average mortality rate against which applicants for an initial exemption from the sundown set restriction is compared has been 0.154 marine mammals per ton of yellowfin tuna caught in sets involving marine mammals. Comments on the interim final rule included those that favored using kill-per-set rather than kill-per-ton as more accurate measure of the operator's skill in safely releasing dolphins.

NMFS agrees. To maintain consistency within the regulations implementing the MMPA, NMFS will use kill-per-set as the measure of incidental mortality. NMFS has reviewed the data that were used to determine the kill-per-ton rate for the interim final rule and calculated that, for observed daylight sets by the U.S. fleet between July 1, 1986, and June 30, 1988, the average kill-per-set was 3.005. Therefore, the average mortality rate against which applicants for an exemption from the sundown set restriction will be compared is 3.01 (3.005 rounded to the second decimal place) marine mammals per set involving marine mammals. NMFS will review more recent data to determine if 3.01 dolphins killed per set accurately reflects current average mortalities in the fishery, and will consider modification of this figure if found to differ significantly from the current. Operators who did not apply for an exemption under the interim rule may submit a completed application to the Southwest Regional Director, NMFS (See **FOR FURTHER INFORMATION CONTACT**).

Use of Explosive Devices

This rule continues the complete prohibition on the use of explosive devices in tuna purse seine operations that involve marine mammals (50 CFR 216.24(d)(2)(vii)(E)) as established in the interim final rule published on March 29, 1990 (55 FR 11588). Explosive devices may be used in sets not involving marine mammals, such as log or schoolfish sets.

Experimental Fishing Operations

This rule continues the permitting process for experimental fishing operations that was established in the interim final rule published on January 6, 1989 (54 FR 411). However, the authority to grant experimental fishing permits has been reassigned from the Director, Southwest Region, to the Assistant Administrator for Fisheries, NOAA (AA).

Technical Amendment

Finally, NMFS by this rule corrects several misspellings in § 216.24 (a) and (b). Specifically, the misspelled words "incidental", "pursue", "intentional", and "commercial" are corrected to read "incidental", "purse", "international", and "commercial", respectively.

Classification

The AA has determined, based on environmental assessments (EAs) prepared by NMFS in January 1989 and March 1990, that these regulations will not have a significant impact on the environment. As a result of this determination, an environmental impact statement was not prepared.

The estimated economic impact of these regulations on the U.S. tuna fishery in the ETP ranges from $15,000 to $40,000 per vessel annually, which represents 0.7 to 1.8 percent of the total annual operating cost for a typical vessel. The U.S.-flag fleet in the ETP at the end of 1991 was 10 vessels. Therefore, the total cost of this rule to the industry will range from $150,000 to $400,000 annually.

This rule contains collection-of-information requirements subject to the Paperwork Reduction Act. The collections are found at 50 CFR 216.24(d)(2)(vii)(C) (*1*) and (*5*), which govern applications for an exemption from the sundown set prohibition, and 50 CFR 216.24(d)(2)(viii), which governs applications for an experimental fishing permit. These information collections have been approved by the Office of Management and Budget (OMB) under OMB Control No. 0648–0217.

Public reporting burden for each application for an exemption from the sundown set prohibition, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information, was estimated to average 1.5 hours per application. This was a one-time collection and eight responses were received. The total reporting burden on tuna vessel operators was approximately 12 hours to apply for sundown set exemptions. Public reporting burden related to application for an experimental fishing operation will vary widely with the complexity of the proposed experiment. The average burden is estimated to be 3 hours. Based on recent experience, applications to test new gear or procedures will be infrequent. The maximum number of responses is expected to be two per year, resulting in a total reporting burden of 6 hours for tuna vessel owners. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, may be sent to NMFS in Silver Spring, MD, and to the Office of Management and Budget, Washington, DC (See **ADDRESSES**).

List of Subjects in 50 CFR Part 216

Administrative practice and procedure, Imports, Indians, Marine mammals, Penalties, Reporting and recordkeeping requirements, Transportation.

Dated: November 18, 1993.

Rolland A. Schmitten,

Assistant Administrator for Fisheries.

Accordingly, the interim final rules amending 50 CFR part 216, published January 6, 1989 (54 FR 411), and March 29, 1990 (55 FR 11588), are adopted as final with changes as set forth below:

PART 216—REGULATIONS GOVERNING THE TAKING AND IMPORTING OF MARINE MAMMALS

1. The authority citation for part 216 continues to read as follows:

Authority: 16 U.S.C. 1361 *et seq.*, unless otherwise noted.

2. In § 216.24, paragraph (a)(1) is amended by revising "incidential" to read "incidental"; the heading to paragraph (b)(1)(iii) is amended by revising "international" to read "intentional"; paragraph (b)(1)(v) is amended in the first sentence by revising "Commerical" to read "Commercial"; and the introductory text of paragraph (d)(2)(vii)(C)(*1*) and paragraph (d)(2)(vii)(C)(*1*)(*i*)(*D*) are revised to read as follows:

§ 216.24 Taking and related acts incidental to commercial fishing operations.

* * * * *

(d) * * *

(2) * * *

(vii) * * *

(C) * * *

(*1*) A certificated operator may obtain an initial waiver from this prohibition, for trips with an observer, by establishing to the satisfaction of the Director, Southwest Region, NMFS, based upon NMFS and Inter-American Tropical Tuna Commission (IATTC) observer records, that the operator's average kill of marine mammals per set in sundown sets involving marine

mammals was 3.01 marine mammals or fewer.

(*i*) * * *

(*D*) The number of marine mammals killed in sundown sets and the number of sundown sets involving marine mammals;

* * * * *

§ 216.24 [Amended]

3. In § 216.24, the introductory text to paragraph (d)(2)(viii) is amended by removing the words "Regional Director, Southwest Region" and adding in their place the words "Assistant Administrator", the introductory text to paragraph (d)(2)(viii)(A) is amended by removing the words "Southwest Regional Director" and adding in their place the words "Assistant Administrator" and in paragraphs (d)(2)(viii)(B), (d)(2)(viii)(C), and (d)(2)(viii)(E), the words "Regional Director" are removed and the words "Assistant Administrator" are added in their place.

[FR Doc. 93–29178 Filed 12–1–93; 8:45 am]

BILLING CODE 3510–22–M

Proposed Rules

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

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 301

[GL-708-88]

RIN 1545-AM66

Agreements for Payment of Tax Liability in Installments

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Notice of proposed rulemaking.

SUMMARY: This document contains proposed regulations regarding agreements for the payment of federal tax liabilities in installments. The Technical and Miscellaneous Revenue Act of 1988 (TAMRA) authorizes the use of written installment agreements if the Secretary determines that an installment agreement will facilitate collection of federal tax liabilities. The proposed regulations: (1) Clarify that district directors, directors of service centers, and directors of compliance centers are authorized to enter into written installment agreements; (2) provide general guidance with respect to the acceptance, form and term of an installment agreement; (3) set forth the circumstances under which the Service may modify or terminate an installment agreement and (4) make clear that the Service may take actions during the term of the agreement to protect the interests of the government with respect to the unpaid tax liability.

DATES: Written comments and requests for a pubic hearing must be received by January 31, 1993.

ADDRESSES: Send submissions to: Internal Revenue Service, P.O. Box 7604, Ben Franklin Station, Attn: CC:DOM:CORP:T:R (GL-708-88), room 5228, Washington, DC 20044. In the alternative, submissions may be hand delivered to: CC:DOM:CORP:T:R (GL-708-88), Internal Revenue Service, room 5228, 1111 Constitution Avenue, NW., Washington, DC 20224.

FOR FURTHER INFORMATION CONTACT: Kevin B. Connelly, 202-622-3209 (not a toll-free call).

SUPPLEMENTARY INFORMATION:

Background

Section 6234 of the Technical and Miscellaneous Revenue Act of 1988 (TAMRA) (Pub. L. 100-647, 102 Stat. 3573) added section 6159 to the Internal Revenue Code. Section 6159 authorizes the Secretary to enter into a written installment agreement for the payment of federal tax liabilities if the Secretary determines that an installment agreement will facilitate collection of the tax liabilities. This document contains a notice of proposed rulemaking that amends the Procedure and Administrative Regulations (26 CFR part 301) under section 6159.

Explanation of Provisions

The proposed regulations clarify that district directors, directors of service centers, and directors of compliance centers (directors) are authorized to enter into installment agreements. The granting of an installment agreement is within the discretion of the director, and does not affect the computation of interest or penalties for which the taxpayer is otherwise liable. The proposed regulations provide that, as a condition to entering into an installment agreement with a taxpayer, the director may require that the agreement contain terms and conditions that protect the interests of the government.

Under the proposed regulations, an installment agreement generally is effective from the date the director signs the agreement until the liabilities to which the agreement applies are fully satisfied. However, the director may terminate an installment agreement if the information provided by the taxpayer in connection with the Internal Revenue Service's granting of the installment agreement was inaccurate or incomplete in any material respect or if the collection of any tax liability covered by the agreement is in jeopardy. In addition, the director may alter, modify or terminate an installment agreement if the financial condition of the taxpayer improves significantly (and therefore, the taxpayer is able to make larger payments), if the taxpayer fails to timely pay an installment or any other Federal tax liability, or if the taxpayer fails to provide updated financial information requested by the director. The proposed regulations provide that the director generally must notify the taxpayer in writing at least 30 days before altering, modifying, or terminating an installment agreement. This 30-day advance notification will not be provided, however, if collection of the tax liability to which the agreement applies is in jeopardy.

The proposed regulations also provide that, except as otherwise provided in the installment agreement, the Internal Revenue Service may take actions during the term of the agreement to protect the government's interests with regard to the unpaid balance of the underlying tax liability, but may not seize or sell the taxpayer's property. Therefore, for example, the IRS may request updated financial information from any party to the agreement, file or refile notices of federal tax lien or take collection action against any person who is not a party to the agreement.

Proposed Effective Date

The regulations are proposed to be effective the date final regulations are published in the **Federal Register**.

Special Analyses

It has been determined that this notice of proposed rulemaking is not a significant regulatory action as defined in Executive Order 12866. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) and the Regulatory Flexibility Act (5 U.S.C. chapter 6) do not apply to these regulations, and, therefore, a Regulatory Flexibility Analysis is not required. Pursuant to section 7805(f) of the Internal Revenue Code, these proposed regulations will be submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small business.

Comments and Requests for a Public Hearing

Before adopting these proposed regulations, consideration will be given to any written comments that are submitted (preferably a signed original and eight copies) to the Internal Revenue Service. All comments will be available for public inspection and copying in their entirety. A public hearing will be scheduled and held upon written request by any person who timely submits written comments. If a

public hearing is scheduled, notice of the date, time, and place for the hearing will be published in the Federal Register.

Drafting Information

The principal author of these proposed regulations is Kevin B. Connelly, Office of the Assistant Chief Counsel (General Litigation), Internal Revenue Service. However, other personnel from the IRS and Treasury Department participated in their development.

Lists of Subjects in 26 CFR Part 301

Employment taxes, Estate taxes, Excise taxes, Gift taxes, Income taxes, Penalties, Reporting and recordkeeping requirements.

Proposed Amendments to the Regulations

Accordingly, 26 CFR part 301 is proposed to be amended as follows:

Paragraph 1. The authority citation for part 301 continues to read in part as follows:

Authority: 26 U.S.C. 7805 * * *

Par. 2. Section 301.6159–1 is added under the heading "Place and Due Date For Payment of Tax" to read as follows:

§301.6159–1 Agreements for payment of tax liability in installments.

(a) *Authority and definition.* A district director, a director of a service center, or a director of a compliance center (the director) is authorized to enter into a written agreement with a taxpayer that allows the taxpayer to satisfy a tax liability by making scheduled periodic payments until the liability is fully paid if the director determines that such an installment agreement will facilitate the collection of the tax liability.

(b) *Acceptance, form and term of installment agreement*—(1) *Acceptance or rejection of installment agreement.* The director has the discretion to accept or reject any proposed installment agreement. As a condition to entering into an installment agreement with a taxpayer, the director may require the taxpayer to agree to a reasonable extension of the period of limitations on collection and the director may require that the agreement contain terms and conditions that protect the interests of the government, including for example, the taxpayer's authorization to direct debit bank transfers as the method of making installment payments under the agreement.

(2) *Form of installment agreement.* A written installment agreement may take the form of a document signed by the taxpayer and the director or a written confirmation of a verbal agreement entered into by the taxpayer and the Internal Revenue Service that is mailed or personally delivered to the taxpayer.

(3) *Term of accepted installment agreement.* Except as otherwise provided in this section, an installment agreement is effective from the day the director signs the agreement to the day the agreement ends by its terms.

(c) *Alteration, modification or termination of installment agreements by the Internal Revenue Service*—(1) *Inadequate information or jeopardy.* The director may terminate an installment agreement if—

(i) The director determines that the taxpayer or the taxpayer's representative has provided to the Internal Revenue Service information that is inaccurate or incomplete in any material respect in connection with the granting of the installment agreement; or

(ii) The director determines that collection of any tax liability to which the installment agreement applies is in jeopardy.

(2) *Subsequent change in financial condition, failure to timely pay an installment or another Federal tax liability or failure to provide requested financial information.* The director may terminate or make alterations or modifications to the terms of an installment agreement if—

(i) The director determines that the financial condition of a taxpayer that is a party to the installment agreement has significantly improved; or

(ii) The taxpayer that is a party to the installment agreement fails—

(A) To timely pay any installment in accordance with the terms of the installment agreement;

(B) To pay any other Federal tax liability when the liability becomes due; or

(C) To provide updated financial information requested by the director.

(3) *Notice.* The director generally must notify the taxpayer in writing at least 30 days before altering, modifying, or terminating an installment agreement pursuant to paragraph (c)(1) or (c)(2) of this section. A taxpayer will not be notified 30 days in advance, however, if collection of the tax liability to which the installment agreement applies is in jeopardy. A notice provided pursuant to this paragraph must briefly describe, and explain the reason for, the intended alteration, modification, or termination.

(d) *Actions by the IRS during the term of the installment agreement.* Except as otherwise provided by the installment agreement, during the term of the agreement the director may take actions to protect the interests of the government with regard to the unpaid balance of the tax liability to which the installment agreement applies (other than actions pursuant to subchapter D of chapter 64 of subtitle F of the Internal Revenue Code against a person that is a party to the agreement), including any actions enumerated in the agreement and including, for example—

(1) Requesting updated financial information from any party to the agreement;

(2) Conducting further investigations (including the issuance and enforcement of summonses) in connection with the tax liability to which the installment agreement applies;

(3) Filing or refiling notices of federal tax lien; and

(4) Taking collection action against any person who is not a party to the agreement but who is liable for the tax to which the agreement applies.

(e) *Termination.* If an installment agreement is terminated by the director, the director may pursue collection of the unpaid balance of the tax liability.

(f) *Cross-reference.* Pursuant to section 6601(b)(1), the last day prescribed for payment is determined without regard to any installment agreement, including for purposes of computing penalties and interest provided by the Internal Revenue Code.

(g) *Effective date.* This section is effective (*INSERT THE DATE FINAL REGULATIONS ARE PUBLISHED IN THE FEDERAL REGISTER*).

Margaret Milner Richardson,

Commissioner of Internal Revenue.

[FR Doc. 93–29176 Filed 12–1–93; 8:45 am]

BILLING CODE 4830–01–U

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 2

Pilot Program Policy

AGENCY: Office of the Deputy Under Secretary of Defense (Acquisition Reform).

ACTION: Proposed rule.

SUMMARY: This document proposes to establish the criteria for nominating an acquisition program as a participant in the Defense Acquisition Pilot Program, the procedures for designation under the pilot program, and the policies related to requests for statutory and regulatory relief to be granted under the pilot program. Publication in the Federal Register is required by Section 809 of the National Defense Authorization Act for Fiscal Year 1991.

DATES: Comments are requested by January 31, 1994.

ADDRESSES: Office of the Deputy Under Secretary of Defense (Acquisition Reform), Room 2A325, 3300 Defense Pentagon, Washington, DC 20301–3300.

FOR FURTHER INFORMATION CONTACT: Mr. Richard K. Sylvester, telephone (703) 697–6399.

SUPPLEMENTARY INFORMATION: This issuance implements the provisions of Section 809 of the National Defense Authorization Act for Fiscal Year 1991 (10 U.S.C. 2430 note). Written comments may be submitted to the addressee, above. All comments will be available for examination upon request. This rule does not constitute "significant regulatory action" as defined by Executive Order 12866. The rule does not: (1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) Materially alter the budgetary impact of entitlements, grants, user fees, loan programs or the rights and obligations of recipients thereof; or (4) Raise novel legal or policy issues arising out of legal mandates, the President's priorities, or the principles set forth in Executive Order 12866 (1993). This rule is not subject to the Regulatory Flexibility Act (5 U.S.C. 601 *et. seq.*) and does not have a significant economic impact on a substantial number of small entities. The primary effect of the rule will be to reduce the regulatory and other requirements for acquisition programs designated for participation in the Defense Acquisition Pilot Program (10 U.S.C. 2430 note). Therefore, no Regulatory Flexibility Analysis was prepared. This rule does not impose any reporting or record keeping requirements under the Paperwork Reduction Act (44 U.S.C. 3501 *et. seq.*).

Accordingly, it is proposed that Title 32, Chapter 1, be amended by adding Part 2, to read as follows:

PART 2—PILOT PROGRAM POLICY

Sec.

Authority: 10 U.S.C. 2340 note.

§ 2.1 Purpose.

Section 809 of Public Law 101–510, "National Defense Authorization Act for Fiscal Year 1991," as amended by Section 811 of Public Law 102–484, "National Defense Authorization Act for Fiscal Year 1993," authorizes the Secretary of Defense to conduct the Defense Acquisition Pilot Program. In accordance with Section 809 of Public Law 101–510, a total of six defense acquisition programs may be designated for participation in the Defense Acquisition Pilot Program.

(a) The purpose of pilot programs is to determine the potential for increasing the efficiency and effectiveness of the acquisition process. Pilot programs shall be conducted in accordance with standard commercial, industrial practices. As used in this policy, the term "standard commercial, industrial practice" refers to any acquisition management practice, process, or procedure that is used by commercial companies to produce and sell goods and services in the commercial marketplace. This definition purposely implies a broad range of potential activities to adopt commercial practices including regulatory and statutory streamlining to eliminate unique Government requirements and practices, such as government-unique contracting policies and practices, government-unique specifications and standards, and reliance on cost determination rather than price analysis.

(b) Standard commercial, industrial practices include, but are not limited to:

(1) Innovative contracting policies and practices.

(2) Performance and commercial specifications and standards.

(3) Innovative budget policies.

(4) Establishing fair and reasonable prices without cost data.

(5) Maintenance of long-term relationships with quality suppliers.

(6) Acquisition of commercial and non-developmental items (including components); and

(7) Other best commercial practices.

§ 2.2 Statutory relief for participating programs.

(a) Within the limitations prescribed, the applicability of any provision of law or any regulation prescribed to implement a statutory requirement may be waived for all programs participating in the Defense Acquisition Pilot Program, or separately for each participating program, if that waiver or limit is specifically authorized to be waived or limited in a law authorizing appropriations for a program designated by statute as a participant in the Defense Acquisition Pilot Program.

(b) Only those laws that prescribe procedures for the procurement of supplies or services; a preference or requirement for acquisition from any source or class of sources; any requirement related to contractor performance; any cost allowability, cost accounting, or auditing requirements; or any requirement for the management of, testing to be performed under, evaluation of, or reporting on a defense acquisition program may be waived.

(c) The requirements in section 809 of Public Law 101–510, as amended by section 811 of Public Law 102–484, the requirements in any law enacted on or after the enactment of Public Law 101–510 (except to the extent that a waiver or limitation is specifically authorized for such a defense acquisition program by statute), and any provision of law that ensures the financial integrity of the conduct of a Federal Government program or that relates to the authority of the Inspector General of the Department of Defense may not be considered for waiver.

§ 2.3 Regulatory relief for participating programs.

(a) A program participating in the Defense Acquisition Pilot Program will not be subject to any regulation, policy, directive, or administrative rule or guideline relating to the acquisition activities of the Department of Defense other than the Federal Acquisition Regulation (FAR) [1], the Defense FAR Supplement (DFARS) [2], or those regulatory requirements added by the Under Secretary of Defense for Acquisition, the Head of the DoD Component, or the DoD Component Acquisition Executive.

(b) Provisions of the FAR and/or DFARS that do not implement statutory requirements may be waived by the Under Secretary of Defense for Acquisition using appropriate administrative procedures. Provisions of the FAR and the DFARS that implement statutory requirements may be waived or limited in accordance with the procedures for statutory relief previously mentioned.

(c) Regulatory relief includes relief from use of government-unique specifications and standards. Since a major objective of the Defense Acquisition Pilot Program is to promote standard commercial, industrial practices, functional performance and

[1] Copies of this Department of Defense publication may be obtained from the Government Printing Office, Superintendent of Documents, Washington, DC 20402.

[2] See footnote 1 to § 2.3(a).

commercial specifications and standards will be used to the maximum extent practical. Federal or military specifications and standards may be used only when no practical alternative exists that will meet the users' needs. Defense acquisition officials (other than the Program Manager or Commodity Manager) may only require the use of military specifications and standards with advance approval from the Under Secretary of Defense for Acquisition, the Head of the DoD Component, or the DoD Component Acquisition Executive.

§ 2.4 Designation of participating programs.

(a) Pilot programs may be nominated by a DoD Component Head or Component Acquisition Executive for participation in the Defense Acquisition Pilot Program. The Under Secretary of Defense for Acquisition shall determine which specific programs will participate in the pilot program and transmit to the Congressional defense committee a written notification of each defense acquisition program proposed for participation in the pilot program. Programs proposed for participation must be specifically designated as participants in the Defense Acquisition Pilot Program in a law authorizing appropriations for such programs and statutes to be waived must be specifically authorized for waiver.

(b) Once included in the Defense Acquisition Pilot Program, decision and approval authority for the participating program, shall be delegated to the lowest level allowed in the acquisition regulations consistent with the total cost of the program (e.g., under DoD Directive 5000.1 [3], an acquisition program that is a major defense acquisition program would be delegated to the appropriate Component Acquisition Executive as an acquisition category I C program).

(c) At the time of nomination approval, the Under Secretary of Defense for Acquisition will establish measures to judge the success of a specific program, and will also establish a means of reporting progress towards the measures.

§ 2.5 Criteria for designation of participating programs.

(a) Candidate programs must have an approved requirement, full program funding assured prior to designation, and low risk. Nomination of a candidate program to participate in the Defense Acquisition Pilot Program should occur as early in the program's life-cycle as possible. Developmental programs will only be considered on an exception basis.

(b) Programs in which commercial or non-developmental items can satisfy the military requirement are preferred as candidate programs. A nominated program will address which standard commercial, industrial practices will be used in the pilot program and how those practices will be applied.

(c) A format and guidelines for nomination of pilot programs is attached for use in nominating candidate programs. Nomination of candidate programs must be accompanied by a list of waivers being requested to statutes, FAR, DFARS, DoD Directives [4] and Instructions [5], and, where applicable, DoD Component regulations. Waivers being requested must be accompanied by rationale and justification for the waiver. The justification must include:

(1) The provision of law proposed to be waived or limited.

(2) The effects of the provision of law on the acquisition, including specific examples.

(3) The actions taken to ensure that the waiver or limitation will not reduce the efficiency, integrity, and effectiveness of the acquisition process used for the defense acquisition program; and

(4) Specific budgetary and personnel savings, if any, that will result from the waiver or limitation.

(d) No nominated program shall be accepted until the Under Secretary of Defense for Acquisition has determined that the candidate program is properly planned.

Dated: November 23, 1993.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 93–29121 Filed 12–1–93; 8:45 am]

BILLING CODE 5000–04–M

[3] Copies may be obtained, at cost, from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.

[4] See footnote 3 to § 2.4(b).

[5] See footnote 3 to § 2.4(b).

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 156

[CGD 93–081]

Lightering Zones

AGENCY: Coast Guard, DOT.

ACTION: Notice of petitions for rulemaking and request for comment.

SUMMARY: Saudi Petroleum International, Inc., the Industry Taskforce on Offshore Lightering (ITOL) and Wilh. Wilhelmsen Limited A/S of Oslo, Norway (Wilhelmsen) have requested the designation of lightering zones in the Gulf of Mexico. The Coast Guard considers these requests to be petitions for rulemaking. Under the Oil Pollution Act of 1990 (OPA 90), a vessel that off-loads oil within an established lightering zone does not have to comply with the requirement to be equipped with a double hull until January 1, 2015.

DATES: Comments must be received on or before January 3, 1994.

ADDRESSES: Comments may be mailed to the Executive Secretary, Marine Safety Council (G–LRA/3406) (CGD 91–236), U.S. Coast Guard Headquarters, 2100 Second Street, SW., Washington, DC 20593–0001, or may be delivered in person to room 3406 at the same address between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays. The telephone number is (202) 267–1477.

The Executive Secretary maintains the public docket for this petition. Comments will become part of this docket and will be available for inspection or copying at room 3406, U.S. Coast Guard Headquarters.

FOR FURTHER INFORMATION CONTACT: Lieutenant Commander Walter (Bud) Hunt, Project Manager, Oil Pollution Act (OPA 90) Staff, (G–MS–1), (202) 267–6740. This telephone is equipped to record messages on a 24-hour basis.

SUPPLEMENTARY INFORMATION:

Request for Comments

The Coast Guard invites comments and information for determining whether to designate lightering zones in the Gulf of Mexico. The submissions of Saudi Petroleum International, Inc., ITOL, and Wilhelmsen have been placed in the public docket and are available for inspection and copying. Interested persons may submit written data, views, and arguments. Submissions should include the factual basis for each comment.

This notice does not propose a rulemaking, determine the policy of the Coast Guard, or otherwise commit the Coast Guard on the merits of establishing lightering zones. The Coast Guard intends to evaluate each request in light of applicable law and the comments received. If it determines that the establishment of one or more lightering zones is appropriate, the Coast Guard may publish a Notice of Proposed Rulemaking.

Drafting Information

The principal persons involved in drafting this Notice are Lieutenant

Commander Walter (Bud) Hunt, Project Manager, and Pamela M. Pelcovits, Project Counsel, OPA 90 Staff, (G–MS–1).

Background and Purpose

Section 3715 of 46 U.S.C. authorizes the Secretary of Transportation to issue regulations on lightering operations involving oil or hazardous material in certain waters over which the United States asserts jurisdiction, including provisions on the establishment of lightering zones (46 U.S.C. 3715(b)(5)). The Secretary of Transportation has delegated this authority to the Coast Guard (49 FR 11170; March 26, 1984).

Section 3703a of 46 U.S.C. as added by section 4115(a) of OPA 90 (Pub. L. 101–380) establishes the requirements for tank vessels to be equipped with double hulls and includes a phaseout schedule. This section also provides exemptions from the double hull requirement. Until January 1, 2015, a vessel need not comply with the double hull requirement when it is off-loading oil at a deepwater port (i.e., the Louisiana Offshore Oil Port (LOOP)) licensed under the Deepwater Port Act of 1974 as amended (33 U.S.C. 1501, *et seq.*) or within a lightering zone that is established under 46 U.S.C. 3715(b)(5) and more than 60 miles from the baseline from which the U.S. territorial sea is measured.

In 1984, the Coast Guard issued regulations for lightering, (33 CFR part 156, subpart B), including factors to be considered in establishing a lightering zone. Under the regulations, the factors to be considered include: The findings of environmental analysis; traditional use of the area for lightering; normal weather and sea conditions and their effect on lightering and potential discharges; water depth; proximity of a zone to shipping lanes, vessel traffic schemes, anchorages, fixed structures, designated marine sanctuaries, fishing areas, and designated units of the National Park System, National Wild and Scenic Rivers System, National Wilderness Preservation System, properties included on the National Register of Historic Places and National Registry of Natural Landmarks, and National Wildlife Refuge System; and other relevant safety, environmental or economic data (33 CFR 156.230).

Saudi Petroleum International, Inc., has submitted a request for the designation of two lightering zones in the Gulf of Mexico. Under the request, one, named "South Sabine," would be located in the vicinity of 28 degrees 38′N, 93 degrees 45′W. Another, "Gulf Mexico I," would be located in the vicinity of 28 degrees 00′N, 89 degrees 30′W. Saudi Petroleum International, Inc. has made the request to allow it to put in service to the United States several single hulled vessels contracted for after June 30, 1990.

The submission of ITOL requests that the Coast Guard designate a lightering zone in the Gulf, 60 miles from the baseline used to measure U.S. waters. The purpose of this request is also to permit newbuild single hulled tank vessels, contracted for after June 30, 1990, to engage in offshore lightering in the Gulf of Mexico. It would also permit continued lightering by existing single hulled vessels.

The submission of Wilhelmsen requests two lightering zones be designated in the Gulf of Mexico, 60 miles from the baseline. This request identifies the proposed zones by the same coordinates as those suggested by Saudi Petroleum International, Inc.

The requests of Wilhelmsen and Saudi Petroleum International, Inc. address some of the factors set out in 33 CFR 156.230. These include the length of time each area has traditionally been used for lightering and their proximity, if any, to designated marine sanctuaries.

The Coast Guard has not decided whether to establish lightering zones in these or any other locations. The Coast Guard requests public comment on and information relevant to whether it is appropriate to establish any lightering zones at this time.

Dated: November 26, 1993.

A.E. Henn,

Rear Admiral, U.S. Coast Guard, Chief, Office of Marine Safety, Security and Environmental Protection.

[FR Doc. 93–29452 Filed 12–1–93; 8:45 am]

BILLING CODE 4910–14–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[CA 37–15–6111; FRL–4809–3]

Approval and Promulgation of Implementation Plans; California State Implementation Plan Revision; Ventura County Air Pollution Control District

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of proposed rulemaking.

SUMMARY: EPA is proposing to approve revisions to the California State Implementation Plan (SIP) adopted by the Ventura County Air Pollution Control District (VCAPCD) on December 10, 1991. The California Air Resources Board (CARB) submitted these revisions to EPA on June 19, 1992. The revisions concern VCAPCD Rule 74.3, Paper, Fabric and Film Coating Operations. This rule controls volatile organic compound (VOC) emissions from paper, fabric, and film coating operations. The intended effect of proposing approval of this rule is to regulate emissions of VOCs in accordance with the requirements of the Clean Air Act, as amended in 1990 (CAA or the Act). EPA's final action on this notice of proposed rulemaking (NPR) will incorporate this rule into the federally approved SIP. EPA has evaluated this rule and is proposing to approve it under provisions of the CAA regarding EPA action on SIP submittals, SIPs for national primary and secondary ambient air quality standards and plan requirements for nonattainment areas.

DATES: Comments must be received on or before January 3, 1994.

ADDRESSES: Comments may be mailed to: Daniel Meer, Rulemaking Section II (A–5–3), Air and Toxics Division, Environmental Protection Agency, Region IX, 75 Hawthorne Street, San Francisco, CA 94105.

Copies of the rule revisions and EPA's evaluation report of each rule are available for public inspection at EPA's Region 9 office during normal business hours. Copies of the submitted rule revisions are also available for inspection at the following locations:

California Air Resources Board, Stationary Source Division, Rule Evaluation Section, 2020 L Street, Sacramento, CA 95812.

Ventura County Air Pollution Control District, 702 County Square Drive, Ventura, CA 93003.

FOR FURTHER INFORMATION CONTACT: Chris Stamos, Rulemaking Section II (A–5–3), Air and Toxics Division, U.S. Environmental Protection Agency, Region IX, 75 Hawthorne Street, San Francisco, CA 94105. Telephone: (415) 744–1187.

SUPPLEMENTARY INFORMATION:

Background

On March 3, 1978, EPA promulgated a list of ozone nonattainment areas under the provisions of the Clean Air Act, as amended in 1977 (1977 CAA or pre-amended Act), that included the Ventura County Area. 43 FR 8964, 40 CFR 81.305. Because this area was unable to meet the statutory attainment date of December 31, 1982, California requested under section 172(a)(2), and EPA approved, an extension of the attainment date to December 31, 1987. 40 CFR 52.238. On May 26, 1988, EPA notified the Governor of California, pursuant to section 110(a)(2)(H) of the

pre-amended Act, that the above district's portions of the California SIP were inadequate to attain and maintain the ozone standard and requested that deficiencies in the existing SIP be corrected (EPA's SIP-Call). On November 15, 1990, the Clean Air Act Amendments of 1990 were enacted. Public Law 101–549, 104 Stat. 2399, codified at 42 U.S.C. 7401–7671q. In amended section 182(a)(2)(A) of the CAA, Congress statutorily adopted the requirement that nonattainment areas fix their deficient reasonably available control technology (RACT) rules for ozone and established a deadline of May 15, 1991 for states to submit corrections of those deficiencies.

Section 182(a)(2)(A) applies to areas designated as nonattainment prior to enactment of the amendments and classified as marginal or above as of the date of enactment. It requires such areas to adopt and correct RACT rules pursuant to pre-amended section 172(b) as interpreted in pre-amendment guidance.[1] EPA's SIP-Call used that guidance to indicate the necessary corrections for specific nonattainment areas. The Ventura County Area is classified as severe;[2] therefore, this area was subject to the RACT fix-up requirement and the May 15, 1991 deadline.

The State of California submitted many revised RACT rules for incorporation into its SIP on June 19, 1992, including the rule being acted on in this document. This document addresses EPA's proposed action for VCAPCD Rule 74.3, Paper, Fabric and Film Coating Operations. This submitted rule was found to be complete on August 27, 1992 pursuant to EPA's completeness criteria that are set forth in 40 CFR part 51 appendix V[3] and is being proposed for approval into the SIP.

This rule controls volatile organic compound (VOC) emissions from paper, fabric, and film coating operations. VOCs contribute to the production of ground level ozone and smog. The rule was adopted as part of the district's efforts to achieve the National Ambient Air Quality Standard (NAAQS) for ozone and in response to EPA's SIP-Call and the section 182(a)(2)(A) CAA requirement. The following is EPA's evaluation and proposed action for this rule.

EPA Evaluation and Proposed Action

In determining the approvability of a VOC rule, EPA must evaluate the rule for consistency with the requirements of the CAA and EPA regulations, as found in section 110 and part D of the CAA and 40 CFR part 51 (Requirements for Preparation, Adoption, and Submittal of Implementation Plans). The EPA interpretation of these requirements, which forms the basis for today's action, appears in the various EPA policy guidance documents listed in footnote 1. Among those provisions is the requirement that a VOC rule must, at a minimum, provide for the implementation of RACT for stationary sources of VOC emissions. This requirement was carried forth from the pre-amended Act.

For the purpose of assisting state and local agencies in developing RACT rules, EPA prepared a series of Control Technique Guideline (CTG) documents. The CTGs are based on the underlying requirements of the Act and specify the presumptive norms for what is RACT for specific source categories. Under the CAA, Congress ratified EPA's use of these documents, as well as other Agency policy, for requiring States to "fix-up" their RACT rules. See section 182(a)(2)(A). The CTG applicable to VCAPCD Rule 74.3 is entitled, "Control of Volatile Organic Emissions from Existing Stationary Sources"—Volume II: Surface Coating of Cans, Coils, Paper, Fabrics, Automobiles, and Light-Duty Trucks EPA–450/2–77–008. Further interpretations of EPA policy are found in the Blue Book, referred to in footnote 1. In general, these guidance documents have been set forth to ensure that VOC rules are fully enforceable and strengthen or maintain the SIP.

VCAPCD Rule 74.3, Paper, Fabric and Film Coating Operations, includes the following significant changes from the current SIP:

- Deleted references to past compliance dates;
- Deleted language which allowed for APCO discretion;
- Added definition for "grams of ROC per liter of material;"
- Added requirement for daily, rather than monthly, recordkeeping for clean-up solvents; and
- Added requirement for formulation information for clean-up solvents.

EPA has evaluated Rule 74.3 and has determined that it is consistent with the CAA, EPA regulations, and EPA policy. Therefore, VCAPCD Rule 74.3, Paper, Fabric and Film Coating Operations, is being proposed for approval under section 110(k)(3) of the CAA as meeting the requirements of section 110(a) and part D.

Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any state implementation plan. Each request for revision to the state implementation plan shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

Regulatory Process

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises and government entities with jurisdiction over populations of less than 50,000.

SIP approvals under sections 110 and 301 and subchapter I, part D of the CAA do not create any new requirements, but simply approve requirements that the State is already imposing. Therefore, because the federal SIP-approval does not impose any new requirements, it does not have a significant impact on any small entities affected. Moreover, due to the nature of the federal-state relationship under the CAA, preparation of a regulatory flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The CAA forbids EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. *U.S. E.P.A.*, 427 U.S. 246, 256–66 (S.Ct. 1976); 42 U.S.C. 7410(a)(2).

This action has been classified as a Table 2 Action by the Regional Administrator under the procedures published in the **Federal Register** on January 19, 1989 (54 FR 2214–2225). On January 6, 1989, the Office of Management and Budget (OMB) waived Table 2 and Table 3 SIP revisions from the requirement of section 3 of Executive Order 12291 for a period of two years. U.S. EPA has submitted a request for a permanent waiver for Table 2 and Table 3 SIP revisions. The OMB

[1] Among other things, the pre-amendment guidance consists of those portions of the proposed Post-1987 ozone and carbon monoxide policy that concern RACT, 52 FR 45044 (November 24, 1987); "Issues Relating to VOC Regulation Cutpoints, Deficiencies, and Deviations, Clarification to Appendix D of November 24, 1987 **Federal Register** Notice" (Blue Book) (notice of availability was published in the **Federal Register** on May 25, 1988); and the existing control technique guidelines (CTGs).

[2] The Ventura County Area retained its nonattainment designation and was classified by operation of law pursuant to sections 107(d) and 181(a) upon the date of enactment of the CAA. See 55 FR 56694 (November 6, 1991).

[3] EPA adopted the completeness criteria on February 16, 1990 (55 FR 5830) and, pursuant to section 110(k)(1)(A) of the CAA, revised the criteria on August 26, 1991 (56 FR 42216).

has agreed to continue the waiver until such time as it rules on U.S. EPA's request. This request continues in effect under Executive Order 12866 which superseded Executive Order 12291 on September 30, 1993.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Hydrocarbons, Intergovernmental relations, Ozone, Reporting and recordkeeping requirements.

Authority: 42 U.S.C. 7401–7671q.

Dated: November 15, 1993.

John Wise,

Acting Regional Administrator.

[FR Doc. 93–29509 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–P

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40 CFR Part 52

[IL 12–30–6039; FRL–4809–2]

Approval and Promulgation of Implementation Plan; Illinois

AGENCY: Environmental Protection Agency.

ACTION: Proposed rule; extension of the public comment period.

SUMMARY: On October 1, 1993, (58 FR 51279) the Environmental Protection Agency (EPA) proposed rulemaking in response to an October 22, 1990, Petition for Reconsideration filed with the Administrator. This Petition requested that EPA reconsider and revise the requirements of the Chicago Federal Implementation Plan (FIP) for Ozone (which was promulgated June 29, 1990 (55 FR 26814)) as they pertain to Stepan Company's Millsdale Plant (Stepan) manufacturing facility in Elwood, Illinois.

At the request of Stepan, EPA is extending the comment period until December 16, 1993.

DATES: Comments on this proposal must be received by December 16, 1993.

ADDRESSES: Written comments on this proposed action should be addressed to J. Elmer Bortzer, Chief, Regulation Development Section (AR–18J), U.S. Environmental Protection Agency, Region 5, Chicago, Illinois 60604. Comments should be strictly limited to the subject matter of this proposal.

Docket: Pursuant to sections 307(d)(1)(B) and (N) of the Clean Air Act (Act), 42 U.S.C. 7607(d)(1)(B) and (N), this action is subject to the procedural requirements of section 307(d). Therefore, EPA has established a public docket for this action, A–92–36, which is available for public inspection and copying between 8 a.m. and 4 p.m., Monday through Friday, at the following addresses. We recommend that you contact Randolph O. Cano before visiting the Chicago location and Jacqueline Brown before visiting the Washington, DC location. A reasonable fee may be charged for copying.

U.S. Environmental Protection Agency, Region 5, Regulation Development Branch, 77 West Jackson Street, Chicago, Illinois 60604, (312) 886–6036.

U.S. Environmental Protection Agency, Docket No. A–92–36, Air Docket (LE–141), room M1500, Waterside Mall, 401 M Street SW., Washington, DC 20460, (202) 260–7548.

FOR FURTHER INFORMATION CONTACT: Steve Rosenthal, Regulation Development Branch, U.S. Environmental Protection Agency, Region 5, (312) 886–6052, at the Chicago address indicated above.

Dated: November 3, 1993.

Valdas V. Adamkus,

Regional Administrator.

[FR Doc. 93–29507 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–P

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40 CFR Part 52

[IL68–1–5722; FRL–4807–8]

Basic and Enhanced Vehicle Inspection and Maintenance Plan; Illinois

AGENCY: United States Environmental Protection Agency (U.S. EPA).

ACTION: Proposed rule.

SUMMARY: This action proposes to disapprove a revision to the Illinois State Implementation Plan (SIP) for the attainment of the National Ambient Air Quality Standard for ozone. This revision was intended to provide for the adoption and implementation of a vehicle inspection/maintenance (I/M) program meeting the requirements of U.S. EPA regulations, published in the **Federal Register** on November 5, 1992, concerning vehicle I/M programs (I/M Regulation) for the Chicago and East St. Louis ozone nonattainment areas. The revision was submitted on November 12, 1992 and consisted of a commitment by the Governor to the timely adoption and implementation of an I/M program meeting all the requirements of U.S. EPA's I/M regulations and a schedule for implementation of the required program. U.S. EPA is proposing to disapprove the submittal because important milestones have been missed pertaining to the development and adoption of necessary authority for the I/M program and, because the State did not meet its commitment to submit a full revised I/M SIP by November 15, 1993 as required by the I/M rule.

DATES: Comments on this proposed action must be received in writing on or before January 3, 1994.

ADDRESSES: Copies of the requested SIP revision, technical support documents and public comments received are available at the following address: U.S. Environmental Protection Agency, Region 5, Air and Radiation Division, Regulation Development Branch, 77 West Jackson Boulevard, Chicago, Illinois 60604.

Comments on this rulemaking should be addressed to: J. Elmer Bortzer, Chief, Regulation Development Section, Regulation Development Branch (5AR–18J), United States Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

FOR FURTHER INFORMATION CONTACT: Francisco J. Acevedo, Environmental Engineer, Regulation Development Section, Regulation Development Branch (5AR–18J), United States Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–6061. Anyone wishing to come to Region 5 offices should first contact Francisco J. Acevedo.

SUPPLEMENTARY INFORMATION:

I. Clean Air Act Requirements

The Clean Air Act, as amended in 1990, (the Act) requires States to make changes to improve existing I/M programs or implement new ones. Section 182(a)(2)(B) required any ozone nonattainment area which has been classified as "marginal" (pursuant to section 181(a) of the Act) or worse with an existing I/M program that was part of a SIP, or any area that was required by the 1977 Amendments to the Act to have an I/M program, to immediately submit a SIP revision to bring the program up to the level required in past U.S. EPA guidance or to what had been committed to previously in the SIP, whichever was more stringent. All carbon monoxide nonattainment areas were also subject to this requirement to improve existing or previously required programs to this level. In addition, all ozone nonattainment areas classified as moderate or worse must implement a basic I/M program, regardless of previous requirements.

In addition, Congress directed U.S. EPA in section 182(a)(2)(B) of the Act to publish updated guidance for state I/M programs, taking into consideration findings of the Administrator's audits and investigations of these programs.

All areas required by the Act to have an I/M program were to incorporate this guidance into the SIP. Areas classified as "serious" or worse ozone nonattainment areas with populations of above 200,000 and CO nonattainment areas with design classifications above 12.7 ppm and populations of 200,000 or more, in addition to metropolitan statistical areas with populations of 100,000 or more in the northeast ozone transport region, were required to meet U.S. EPA guidance for "enhanced" I/M programs. These areas were required to submit a SIP revision to incorporate an enhanced I/M program by November 15, 1992.

In the State of Illinois a basic I/M program meeting all the requirements of the I/M rule is required in the East St. Louis ozone nonattainment area. An enhanced I/M program is required in the Chicago ozone nonattainment area.

II. I/M Regulation Requirements

On November 5, 1992 (57 FR 52950) U.S. EPA published a final regulation establishing the I/M requirements, pursuant to section 182 of the Act. The I/M regulation was codified at 40 CFR part 51, subpart S, and requires, among other things, that each State that is required to implement an I/M program must submit by November 15, 1992, a SIP revision including two elements: (1) A commitment from the Governor or his/her designee to the timely adoption and implementation of an I/M program meeting all the requirements of the I/M regulation; and (2) a schedule of implementation. In addition, the commitment must provide interim milestones that the State must meet with regard to the timely implementation of any necessary legislation and regulations required to have full legal authority to implement the program. Failure by the State to meet any of the above mentioned requirements is grounds for U.S. EPA to disapprove the commitment.

In cases where the committal SIPs are considered complete, U.S. EPA believes that conditional approval of I/M committal SIPs is appropriate because the States could not be expected to begin developing an I/M program meeting the requirements of the Act and the I/M regulation until the I/M regulation was adopted as a final rule, which occurred on November 5, 1992. U.S. EPA does believe that States can adopt revised I/M program plans within one year of U.S. EPA's final rule. As a condition of U.S. EPA's proposed approval of such committal SIPs, the I/M regulation requires that by November 15, 1993, a complete SIP revision be submitted which contains all of the elements in the implementation schedule, including authorizing legislation and implementing regulations. A proposed conditional approval should not be interpreted as an approval of the program design features as described in a State's commitment. In order to be considered complete and fully approvable, the November 15, 1993 submittal must include an analysis of the program using the most current U.S. EPA mobile source emission model demonstrating that the program meets the applicable performance standard, as well as other features identified in the statute and regulations.

III. State Submittal

The State of Illinois submitted to U.S. EPA a committal SIP on November 12, 1992. A public hearing on this submittal had been held by the State on October 27, 1992, in Springfield, Illinois. The submittal includes a commitment to the timely adoption and implementation of an I/M program in the Chicago and East St. Louis ozone nonattainment areas meeting all the requirements of the I/M regulation and the Act by November 15, 1993, and a schedule of implementation. A more detailed analysis of the State's submittal is contained in U.S. EPA's technical support document dated May 4, 1993, which is available from the Region 5 office listed above.

IV. Statement of Disapproval

Under the authority of the Governor, the Director of the Illinois Environmental Protection Agency submitted the SIP revision to satisfy certain requirements of the I/M regulation to U.S. EPA on November 12, 1992. U.S. EPA has reviewed this submittal and proposes to disapprove the commitment based on the failure by the State to meet the commitment and schedule contained in the SIP submittal pertaining to the adoption of necessary authority to implement I/M requirements during the 1993 Illinois General Legislative session. On July 13, 1993, the Illinois General Assembly adjourned without taking necessary action which would authorize implementation of the I/M provisions mandated in the Act, and in U.S. EPA's I/M rule for the Chicago and East St. Louis ozone nonattainment area. A milestone in the Illinois SIP submittal committed Illinois to having such authority in place no later than July 15, 1993.

The Illinois legislature reconvened on October 12, 1993, for the fall veto session. During this session which adjourned November 4, 1993, the legislature failed for the second time this year to enact the necessary legislation needed to implement the required I/M program meeting the requirements of the Act and U.S. EPA's I/M rule in the State of Illinois. Illinois has had two opportunities to meet its commitment and has failed to do so. Consequently, because Illinois missed the interim deadlines in its commitment with respect to adoption of authorizing legislation and failed to satisfy the commitment to submit a program meeting all the requirements of the Act and the I/M rule by November 15, 1993, U.S. EPA proposes to disapprove Illinois' I/M committal SIP.

When U.S. EPA makes a finding of failure to submit a SIP by the required due date or when U.S. EPA issues a final disapproval, the sanctions process under section 179(a) begins. Under section 179(a), when a finding of failure to submit is made or a final disapproval occurs U.S. EPA would be required to impose one of the sanctions under section 179(b) after 18 months of the failure to submit finding or final disapproval if the deficiency is not corrected by that time. In addition, a final disapproval triggers the Federal implementation plan requirement under section 110(c) and failure to correct the deficiency within 24 months requires a promulgation of a Federal Implementation Plan. However, as stated in a September 28, 1993, letter to Governor Edgar of Illinois, U.S. EPA indicated its intent to exercise its discretionary authority under section 110(m) of the Act if necessary legislation was not adopted during the October 1993 veto session of the Illinois General Assembly. Such discretionary authority allows U.S. EPA to impose sanctions at any time once a finding of failure to submit or final disapproval is made. U.S. EPA will propose such sanctions in a separate **Federal Register** notice shortly.

Public comment is solicited on the requested SIP submittal and on U.S. EPA's proposed actions. Comments received by the date listed above will be considered in the development of the final rule.

V. Regulatory Process

This action has been classified as a Table 2 Action by the Regional Administrator under the procedures published in the **Federal Register** on January 19, 1989 (54 FR 2214–2225). On January 6, 1989, the Office of Management and Budget (OMB) waived Table 2 and Table 3 SIP revisions from the requirement of section 3 of Executive Order 12291 for a period of two years. U.S. EPA has submitted a request for a permanent waiver for Table

2 and Table 3 SIP revisions. The OMB has agreed to continue the waiver until such time as it rules on U.S. EPA's request. This request continues in effect under Executive Order 12866 which superseded Executive Order 12291 on September 30, 1993.

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, U.S. EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C. 603 and 604. Alternatively, U.S. EPA may certify that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

Conditional approvals under sections 110 and 301 and subchapter I, part D of the Act do not create any new requirements, but simply approve requirements that the State is already imposing or has committed to impose in the future. Therefore, because the Federal SIP approval does not impose any new requirements, it does not have a significant impact on small entities affected. Moreover, due to the nature of the Federal-state relationship under the Act, preparation of a regulatory flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Act forbids U.S. EPA to base its actions concerning SIPs on such grounds. See *Union Electric Co.* v. *U.S. EPA*, 427 U.S. 246, 256–66 (1976); 42 U.S.C. 7410(a)(2).

If U.S. EPA issues a final disapproval, based upon the State's failure to meet the commitment, it will not affect any existing State requirements applicable to small entities. Federal disapproval of the State submittal does not affect its state enforceability. Moreover, U.S. EPA's disapproval of the submittal does not impose a new Federal requirement. Therefore, U.S. EPA certifies that in the event U.S. EPA disapproves the State submittal, this disapproval action would not have a significant impact on a substantial number of small entities because it would not remove existing state requirements nor would it substitute a new Federal requirement.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Carbon monoxide, Motor vehicle pollution control, Nitrogen oxide, Volatile organic compounds.

Authority: 42 U.S.C. 7401–7671q.

Dated: November 12, 1993.

Valdas V. Adamkus,

Regional Administrator.

[FR Doc. 93–29511 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–F

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40 CFR Part 52

[IN30–1–5857; FRL–4796–6]

Approval and Promulgation of a Commitment to Adopt a Rule for Reasonably Available Control Technology for Oxides of Nitrogen; Indiana

AGENCY: Environmental Protection Agency.

ACTION: Proposed rule.

SUMMARY: The United States Environmental Protection Agency (U.S. EPA) proposes approval of a revision to the State Implementation plan (SIP) for ozone submitted by the State of Indiana. This portion of the implementation plan was submitted by the State to satisfy Clean Air Act (Act) requirements for adoption of rules for application of reasonably available control technology (RACT) for oxides of nitrogen (NO_x) in Lake and Porter Counties in Northwestern Indiana, which are part of the Chicago, Illinois-Northwestern Indiana urbanized area and Clark and Floyd Counties in Southeastern Indiana, which are part of the Louisville, Kentucky-Indiana urbanized area nonattainment areas. Under the Act, U.S. EPA must approve or disapprove SIPs or portions of SIPs within time frames specified in the Act; failure to do so would render U.S. EPA liable to citizen suits to rulemake on those SIPs and would delay making approvable rules federally enforceable. In this document, U.S. EPA is proposing action, not on the rules themselves, but on a commitment by the State to submit the NO_x RACT rules at a later date.

DATES: Comments on this proposed action must be received by January 3, 1994.

ADDRESSES: Written comments should be addressed to: J. Elmer Bortzer, Chief, Regulation Development Section, Regulation Development Branch (AR–18J), U.S.Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

Copies of the State's submittal and other information are available for inspection during normal business hours at the following location: Regulation Development Section, Regulation Development Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604.

FOR FURTHER INFORMATION CONTACT: Hattie Geisler, Regulation Development Section, Regulation Development Branch, (AR–18J), U.S. Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–3199.

SUPPLEMENTARY INFORMATION:

I. Background

The air quality planning requirements for the reduction of NO_x emissions through RACT are set out in section 182(f) of the Act. Section 182(f) requirements are described by U.S. EPA in a notice for the "State Implementation Plans; Nitrogen Oxides Supplement to the General Preamble; Implementation of Title I of the Clean Air Act Amendments of 1990; published November 25, 1992 (57 FR 55620) (hereinafter NO_x Supplement to the General Preamble). The November 25, 1992, action should be referred to for further information on the NO_x requirements and is incorporated into this proposal by reference.

Section 182(f) of the Act requires States with moderate or above ozone nonattainment areas to apply the same requirements to major stationary sources of NO_x ("major" as defined in sections 302 and 182(c),(d), and (e)) as are applied to major stationary sources of volatile organic compounds (VOCs). For more information on what constitutes a major source, see Section 2 of the NO_x Supplement to the General Preamble (57 FR 55622).

Section 182(b)(2)(C) of the Act requires submittal of RACT rules for major stationary sources of VOC emissions (not covered by a pre-enactment control technology guideline (CTG) document or a post-enactment CTG document) by November 15, 1992. There were no NO_x CTGs issued before enactment and U.S. EPA has not issued a CTG document for any NO_x source since enactment. States, in their RACT rules, are to require final installation of the actual NO_x controls by May 31, 1995, for those sources for which installation by that date is practicable. (See 57 FR 55623)

Under section 110(k)(4) of the Act, the Administrator may approve a plan revision based on a commitment from the State to adopt specific enforceable measures by a specified date, but not later than 1 year after the date of U.S. EPA approval of the plan revision that incorporated that commitment. See 57 FR 55622–55623. The memoranda of July 22, 1992, entitled "Guidelines for State Implementation Plan Submittals Due November 15, 1992," and September 16, 1992, entitled "Correction of State Implementation

Plan Submittals Table," from Deputy Assistant Administrator Michael Shapiro also outline general requirements for conditional approval actions.

II. Analysis of State Submittal

As noted above, Section 110(k)(4) of the Act allows U.S. EPA to accept a commitment from States to adopt portions of SIPs rather than the SIP itself. For example, U.S. EPA may, in certain cases, accept a commitment from States to adopt NO_x RACT rules rather than the NO_x RACT rule itself. The NO_x Supplement to the General Preamble, the memoranda of July 22, 1992, and September 16, 1992, from Deputy Assistant Administrator Michael Shapiro, and a February 2, 1993, memorandum entitled "Questions and Answers on Nitrogen Oxides Emissions Policy," from G.T. Helms outline approvability criteria for a NO_x RACT committal. Approvability criteria for this committal include:

(1) An accompanying formal transmittal letter from the Governor or a designee.

(2) Evidence that the proposed SIP revision was subject to a public hearing pursuant to 40 CFR 51.102.

(3) A schedule for the adoption of the statutorily required measures.

(4) A description of the reason for the committal SIP versus a full SIP submittal.

(5) Documentation that credible photochemical grid modeling is not available or did not consider the effects of NO_x reductions.

(6) Identification of resources to complete such modeling.

(7) A schedule outlining the milestones that have been and will be achieved toward completion of NO_x RACT rules. The schedule must include a date for final submittal of rules to U.S. EPA. The date for submitting the final rules to U.S. EPA must be no later than 12 months after U.S. EPA's final approval of the committal SIP.

The following discussion provides information regarding Indiana's efforts to fully meet the requirements for the reduction of NO_x emissions through RACT and describes the reasons for the committal SIP rather than a full SIP submittal.

On December 3, 1992, the Indiana Department of Environmental Management (IDEM) submitted to U.S. EPA a commitment to adopt NO_x RACT rules regulating NO_x emissions from major sources of NO_x in ozone nonattainment areas classified as moderate or above. The commitment applies to Lake and Porter Counties and to Clark and Floyd Counties, classified as moderate or above for ozone. Additional information regarding the commitment was also submitted by the IDEM to the U.S. EPA on January 13, 1993. This technical review addresses both of these submittals.

Indiana commits, pursuant to section 110(k)(4) of the Act, if necessary, to adopt NO_x RACT regulations for Lake and Porter Counties and Clark and Floyd Counties by not later than one year after the date the U.S. EPA approves the committal SIP revision. In support of this commitment, IDEM believes, under the criteria of section 182(f) of the Act, that NO_x RACT may not be appropriate or required in Indiana ozone nonattainment areas. The States of Illinois, Indiana, Michigan and Wisconsin have joined in an effort to apply a photochemical dispersion model to the Lake Michigan area for planning purposes. This modeling effort will allow the States to determine the need for NO_x RACT emission controls. Although the effort is well underway, additional time is needed to complete the modeling and interpret the results. The State anticipates evaluating the model using the four high ozone episodes from the summer of 1991, the preliminary emission control strategies are expected to be selected for modeling by March 1994. As part of the selection process, the States are performing sensitivity studies to develop a better understanding of the relative effectiveness of Volatile Organic Compound (VOC) and NO_x emission controls in reducing ozone concentrations. A regional attainment strategy is to be selected by November 1993.

Modeling will also be performed for the Louisville ozone nonattainment area using the photochemical dispersion model. An ozone attainment demonstration using the photochemical dispersion modeling system will be completed by July 1993.

Indiana commits to complete the control strategy selection and modeling in the subject ozone nonattainment areas as expeditiously as practicable. Indiana also commits to developing NO_x RACT rules upon further review of the guidelines released by the U.S. EPA on October 27, 1992, or no later than one year following U.S. EPA approval of the committal SIP revision in the event that the modeling indicates such controls are needed.

III. Results of U.S. EPA Review

Although a detailed schedule for NO_x RACT rule development is not given in the submittal, the State does give the anticipated time for completion of required modeling analyses, and does commit to submit the regulations within one year after the U.S. EPA finally approves the NO_x RACT committal SIP revision. Although the State does not identify the commitment of the resources needed to complete the photochemical modeling, U.S. EPA is aware that IDEM is actively pursuing the completion of the Lake Michigan ozone study and development of an appropriate control strategy for this area. Similarly, IDEM has cooperated with the State of Kentucky and other agencies in the application of the photochemical dispersion modeling system for the Louisville area.

As discussed further below, U.S. EPA is proposing to conditionally approve a commitment to adopt NO_x RACT rules for the Lake and Porter Counties and the Clark and Floyd Counties ozone nonattainment areas because it meets the requirements of Section 110(k)(4) of the Act and conforms to the policy in the NO_x Supplement to the General Preamble (cited above) and the memoranda from Deputy Assistant Administrator Michael Shapiro of July 22, 1992 and September 16, 1992, and the February 2, 1993 memorandum from G.T. Helms.

A. Procedural Background

The Act requires States to observe certain procedural requirements in developing implementation plans and plan revisions for submission to U.S. EPA. Section 110(a)(2) of the Act provides that each implementation plan submitted by a State must be adopted after reasonable notice and public hearing.[1] Section 110(l) of the Act similarly provides that each revision to an implementation plan submitted by a State under the Act must be adopted by such State after reasonable notice and public hearing.

Public hearings on the NO_x committal SIP revision were held in Gary, Indiana on January 4, 1993, and in New Albany, Indiana on January 7, 1993. No substantive comments were received as the result of these hearings.

B. RACT Determination and Implementation

States—including those for which U.S. EPA approves a commitment to adopt a NO_x RACT rule—are expected to require final installation of the actual NO_x controls by May 31, 1995, from sources for which installation by that date is practicable. The NO_x Supplement to the General Preamble, 57

[1] Also section 172(c)(7) of the Act requires that plan provisions for nonattainment areas meet the applicable provisions of section 110(a)(2).

FR 55623, discusses U.S. EPA's interpretation of the RACT requirement.

By this action, U.S. EPA is proposing to approve the State's commitment to adopt NO_x RACT rules.

IV. Implications of Committal SIP Revision

The U.S. EPA is proposing to approve the commitment for adoption of NO_x RACT rule(s) as a SIP revision submitted to U.S. EPA for Lake and Porter Counties and Clark and Floyd Counties as submitted on December 3, 1992. Section 110(k)(4) of the Act provides that, where U.S. EPA takes final action to conditionally approve a commitment to submit a SIP or portion of a SIP, the State must fulfill that commitment (i.e., submit the required SIP or portion thereof) within one year following U.S. EPA approval. If the State does not fulfill its commitment by submitting the SIP or revision to U.S. EPA within that year, the Act requires that the SIP be disapproved. If U.S. EPA disapproves the SIP for failing to meet the commitment, there are several additional consequences. As provided under section 179(a) of the Act, the State of Indiana would have up to 18 months after a final SIP disapproval to correct the deficiencies that are the subject of the disapproval before U.S. EPA is required to impose one of the two sanctions set forth in section 179(b) of the Act: either highway sanctions or new source review offsets of 2 to 1. If the State has not corrected its deficiencies within 6 months thereafter, U.S. EPA must impose the second sanction. Any sanction U.S. EPA imposes must remain in place until U.S. EPA determines that the State has come into compliance. Note also that any final disapproval would trigger the requirement for U.S. EPA to impose a Federal Implementation Plan as provided under section 110(c)(1) of the Act.

Nothing in this action should be construed as permitting, allowing or establishing a precedent for any future request for revision of any SIP. U.S. EPA shall consider each request for revision of the SIP in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

Public comment is solicited on the State's submittal and on all aspects of U.S. EPA's proposed approval of the State's submittal. Comments received by the date listed above will be considered in the development of U.S. EPA's final rule.

This action has been classified as a Table 2 Action by the Regional Administrator under the procedures published in the **Federal Register** on January 19, 1989 (54 FR 2214–2225). On January 6, 1989, the Office of Management and Budget (OMB) waived Table 2 and Table 3 SIP revisions from the requirement of section 3 of Executive Order 12291 for a period of two years. U.S. EPA has submitted a request for a permanent waiver for Table 2 and Table 3 SIP revisions. The OMB has agreed to continue the waiver until such time as it rules on U.S. EPA's request. This request continues in effect under Executive Order 12866 which superseded Executive Order 12291 on September 30, 1993.

Nothing in this action should be construed as permitting or allowing or establishing a precedent for any future request for revision to any SIP. Each request for revision to the SIP shall be considered separately in light of specific technical, economic, and environmental factors and in relation to relevant statutory and regulatory requirements.

Under the Regulatory Flexibility Act, 5 U.S.C. 600 *et seq.*, U.S. EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities. 5 U.S.C 603 and 604. Alternatively, U.S. EPA may certify that the rule will not have a significant economic impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000.

SIP approvals under section 110 and subchapter I, part D of the Act do not create any new requirements, but simply approve requirements that the State is already imposing. Therefore, because the Federal SIP-approval does not impose any new requirements, I certify that it does not have a significant impact on affected small entities. Moreover, due to the nature of the Federal-State relationship under the Act, preparation of a regulatory flexibility analysis would constitute Federal inquiry into the economic reasonableness of state action. The Act forbids U.S. EPA to base its actions concerning SIPs on such grounds. *Union Electric Co.* v. *U.S. EPA*, 427 U.S. 246, 256–66 (S.Ct. 1976); 42 U.S.C. 7410 (a)(2).

List of Subjects in 40 CFR Part 51

Environmental protection, Air pollution control, Hydrocarbons, Intergovernmental relations, Nitrogen dioxide, Ozone, Reporting and recordkeeping requirements, Volatile organic compounds.

Authority: 42 U.S.C. 7401–7671q.

Dated: October 20, 1993.

Valdas V. Adamkus,

Regional Administrator.

[FR Doc. 93–29512 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–F

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40 CFR Part 300

[FRL–4806–6]

National Oil and Hazardous Substances Pollution Contingency Plan; National Priorities List Update

AGENCY: Environmental Protection Agency.

ACTION: Notice of intent to delete the Monroe Township Landfill Site from the National Priorities List: Request for Comments.

SUMMARY: The United States Environmental Protection Agency (EPA), Region II, announces its intent to delete the Monroe Township Landfill Site from the National Priorities List (NPL) and requests public comment on this action. The NPL constitutes appendix B to the National Hazardous Substances Pollution Contingency Plan (NCP), which EPA promulgated pursuant to section 105 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended. EPA and the New Jersey Department of Environmental Protection and Energy (NJDEPE) have determined that the responsible party has implemented all appropriate response actions required and that no further response is appropriate under CERCLA. In addition, EPA and NJDEPE have determined that remedial activities conducted to date at the site have been protective of public health, welfare, and the environment.

DATES: Comments concerning the deletion of the Monroe Township Landfill Site from the NPL may be submitted on or before January 3, 1994.

ADDRESSES: Comments should be submitted to: John Osolin, Remedial Project Manager, U.S. Environmental Protection Agency, Region II, 26 Federal Plaza, Room 747, New York, New York 10278.

Comprehensive information on the Monroe Township Landfill Site is contained in the NJDEPE public docket and is available for viewing, by appointment only, at: George Tamaccio, NJDEPE–Bureau of Community Relations, 401 East State Street, CN 413, Trenton, NJ 08628 Phone: (609) 984–3081, 8:30 a.m. to 4:30 p.m.—Monday through Friday (excluding holidays).

Information on the Site is also available for viewing at the Monroe

Township Landfill Site Administrative Record Repositories located at:

Monroe Township Municipal Complex, Perrinville Road, Jamesburg, NJ 08831, Phone: (908) 521–4400

Jamesburg Public Library, 229 Gatzmer Road, Jamesburg, NJ 08831 Phone: (908) 521–0440.

SUPPLEMENTARY INFORMATION:

Table of Contents

I. Introduction

EPA Region II announces its intent to delete the Monroe Township Landfill Site from the NPL and requests public comment on this deletion. The NPL is appendix B to the NCP, which EPA promulgated pursuant to section 105 of CERCLA, as amended. EPA identifies sites that appear to present a significant risk to public health, welfare, or the environment and maintains the NPL as the list of those sites. Sites on the NPL may be subject of remedial actions financed by the Hazardous Substances Superfund Response Trust Fund (the Fund). Pursuant to § 300.425 (e)(3) of the NCP, any site deleted from the NPL remains eligible for Fund-financed remedial actions, if conditions at the site warrant such action.

EPA will accept comments concerning the deletion of the Monroe Township Landfill Site from the NPL for 30 days after publication of this notice in the **Federal Register** until January 3, 1994.

Section II of this notice explains the criteria for deleting sites from the NPL. Section III discusses procedures that EPA is using for this action. Section IV discusses how the Monroe Township Landfill Site meets the NPL deletion criteria.

II. NPL Deletion Criteria

The NCP establishes the criteria that the Agency uses to delete sites from the NPL. In accordance with 40 CFR 300.425(e)(1)(i)–(iii), sites may be deleted from the NPL where no further response is appropriate. In making this determination, EPA, in consultation with NJDEPE, will consider whether any of the following criteria has been met:

(i) Responsible or other persons have implemented all appropriate response actions required; or

(ii) All appropriate Fund-financed response under CERCLA has been implemented, and no further response action by responsible parties is appropriate; or

(iii) The remedial investigation has shown that the release poses no significant threat to public health or to the environment and, therefore, taking remedial measures is not appropriate.

Deletion of a site from the NPL does not preclude eligibility for subsequent Fund-financed actions if future conditions warrant such actions. Section 300.425(e)(3) of the NCP states: "All releases deleted from the NPL are eligible for further Fund-financed remedial actions should future conditions warrant such action. Whenever there is a significant release from a site deleted from the NPL, the site shall be restored to the NPL without application of the HRS (Hazard Ranking System)."

III. Deletion Procedures

The NCP provides that EPA shall not delete a site from the NPL until the State in which the release was located has concurred, and the public has been afforded an opportunity to comment on the proposed deletion. Deletion of a site from the NPL does not affect responsible party liability or impede agency efforts to recover costs associated with response efforts. The NPL is designed primarily for information purposes and to assist Agency management.

EPA Region II will accept and evaluate public comments before making a final decision to delete this site. The Agency believes that deletion procedures should focus on notice and comment at the local level. Comments from the local community may be most pertinent to deletion decisions. The following procedures were used for the intended deletion of the Monroe Township Landfill Site:

1. EPA Region II has recommended deletion and has prepared the relevant documents.

2. The NJDEPE has concurred with the deletion decision.

3. Concurrent with the Notice of Intent to Delete, a notice has been published in local newspapers and has been distributed to appropriate federal, state and local officials, and other interested parties. This notice announces a 30 day public comment period on the deletion package starting on December 2, 1993, and concluding on January 3, 1994.

The comments received during the comment period will be evaluated before any final decision is made. EPA Region II will prepare a Responsiveness Summary which will address the comments received during the public comment period.

If, after consideration of these comments, EPA decides to proceed with the deletion, the EPA Regional Administrator will place a Notice of Deletion in the **Federal Register**. The NPL will reflect any deletions in the next final update. Public notices and copies of the Responsiveness Summary will be made available to local residents by EPA Region II.

IV. Basis for Intended Site Deletion

The following summary provides the Agency's rationale for recommending deletion of the Monroe Township Landfill Site, Middlesex County, New Jersey, from the NPL.

The Monroe Township Landfill is located on an 86-acre site in Middlesex County, New Jersey. Monroe Township was the original owner and operator of the landfill and continues to own the property. The Township operated the landfill from the mid-1950s until 1968 when it was leased to Princeton Disposal Service for operation under the service contract to the Township. Browning-Ferris Industries of South Jersey (BFISJ) acquired Princeton Disposal Service in 1972 and operated the landfill until 1978. The NJDEPE ordered the site closed in 1978, when leachate outbreaks seeped onto Lani Street.

On October 19, 1979, an Administrative Consent Order (ACO) was signed by BFISJ and NJDEPE establishing methods and schedules for designing and implementing a closure plan. In accordance with the 1979 ACO, the following remedial measures were completed in 1984:

- Installation of a 7,000-foot long compacted clay cut-off wall circumscribing most of the site;
- Construction and operation of a leachate collection and storage system which discharges to a Publicly Owned Treatment Works under a New Jersey Pollutant Discharge Elimination System Permit; and
- Construction of a protective clay cap covering the northern portion of the site and a soil cap covering the remainder of the site.

The site was proposed for inclusion on the Superfund National Priorities List by a notice published in the **Federal Register** (47 FR 58476), on December 30, 1982. On September 8, 1983, the site was formally placed on the NPL by a notice published in the **Federal Register** (48 FR 40658).

On December 29, 1986, BFISJ and the NJDEPE signed another ACO and the following additional remedial measures were completed between 1987 and 1991:

- Upgrading the soil erosion and sediment control systems by replacing former channels with rip-rap lined

channels and upgrading the sedimentation basin;

- Installation of a seven-foot high chain-link fence surrounding the site to prevent unauthorized access;
- Closure of the previous leachate storage lagoon and construction of an underground leachate storage tank;
- Installation of an emergency power generator as a contingency for the leachate collection system in case of power failure; and
- Installation of 13 gas vents for gas ventilation under a New Jersey Air Pollution Control Permit.

In accordance with the 1979 and 1986 ACOs, a Remedial Investigation (RI) comprising several environmental investigations was performed. The RI developed a conceptual model of the site hydrogeology and assessed the nature and extent of contamination in various environmental media including ground water, surface water, surface soil, stream sediments and landfill gas. All samples were analyzed for Target Compound List/Target Analyte List compounds. The analytical results indicated no significant levels of contaminants in soil, surface water and sediments. Contaminants detected in the gas vents were within the permit limits. Some contaminants were detected in on-site ground water (within the containment wall) including arsenic, cadmium, lead, nickel, benzene, chlorobenzene, 1,2-dichloroethane, 1,1-dichloroethene and vinyl chloride. Arsenic levels are attributed to natural background conditions. Although low levels of contaminants were detected in one on-site monitoring well located outside the containment wall, no discernible contaminant plume was found. In addition, no contaminants were detected in the off-site monitoring wells installed downgradient of this location. Furthermore, ground-water modeling has indicated that natural attenuation will prevent the off-site migration of contaminants which are above levels of concern.

A Risk Assessment (RA) was performed based on the results of the RI. The RA concluded that the Site poses no current or future unacceptable risk to public health and the environment.

Based on the results of RI and the RA, it appears that the source control measures undertaken by BFISJ are effective in controlling any off-site migration of contaminants. Therefore, on April 23, 1993, NJDEPE signed a Record of Decision (ROD) for this site, selecting "No Further Action" to address this site. The ROD also calls for the implementation of a ground-water monitoring program and maintenance of the existing source control measures system. BFISJ will be required to begin monitoring selected on-site and off-site ground-water monitoring wells within six (6) months of signing the ROD. This monitoring will be conducted on a quarterly basis for the first five years and thereafter on a yearly basis.

Because this remedy will result in hazardous substances remaining at the site, a review will be conducted within five (5) years of signing the ROD to ensure that the remedy continues to provide adequate protection of human health and the environment.

Having met the deletion criteria, EPA proposes to delete this site from the NPL. EPA and NJDEPE have determined that the response actions conducted to date are protective of human health and the environment.

Dated: October 26, 1993.

Kathleen C. Callahan,

Acting Regional Administrator.

[FR Doc. 93–29144 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 91–181, RM–7696, RM–7817]

Radio Broadcasting Services; Ashland, CA, Rolla and Monroe City, MO

AGENCY: Federal Communications Commission.

ACTION: Order to Show Cause; correction.

SUMMARY: This document makes a correction to an Order to Show Cause, DA 93–1192, released on October 27, 1993, published at 58 FR 58533, November 2, 1993. Paragraphs four, five and six of the Order inadvertently referred to Town and Country as the party filing the petition for reconsideration instead of Sobocomo. Accordingly, reference to Town and Country is corrected to read Sobocomo.

ADDRESSES: Federal Communications Commission, Washington, DC 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner's counsels follows: David G. O'Neil, Haley, Bader & Potts, 4350 North Fairfax Drive, suite 900, Arlington, Virginia 22203–1633.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 634–6530.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Erratum Docket No. 91–181, released November 26, 1993. The full text of this Commission decision is available for inspection and copying during normal business hours in the Commission's Reference Center (Room 239), 1919 M Street, NW, Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, International Transcription Services, Inc., 2100 M Street, NW., suite 140, Washington, DC 20037, (202) 857–3800.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

Victoria M. McCauley,

Assistant Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.

[FR Doc. 93–29394 Filed 12–1–93; 8:45 am]

BILLING CODE 6712–1–M

DEPARTMENT OF ENERGY

48 CFR Parts 904, 917, 936, 943, 952, and 970

Acquisition Regulation; Updated Coverage

AGENCY: Department of Energy (DOE).

ACTION: Notice of proposed rulemaking.

SUMMARY: The Department is amending the Department of Energy Acquisition Regulation (DEAR) to update existing coverage, to delete obsolete coverage, and to clarify existing guidance in specified areas addressing sensitive foreign nation controls, special research contracting, rental of construction equipment, use of Standard Form 30, Amendment of Solicitation Modification of Contract, incorporation of contract clauses by reference, subcontractor representations and certifications, and conduct of contractor employees. All of these changes are summarized in the "Section-by-Section Analysis" appearing later in this document.

DATES: Written comments should be submitted no later than January 31, 1994.

ADDRESSES: Comments should be forwarded to the Procurement Policy Division at the address indicated below.

FOR FURTHER INFORMATION CONTACT:

Kevin M. Smith, Procurement Policy Division (HR–521.1), Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585, (202) 586–8189.

Sophie C. Cook, Office of the Assistant General Counsel for Procurement and Finance (GC–34), Department of Energy, 1000 Independence Avenue,

SW., Washington, DC 20585, (202) 586–1900.

SUPPLEMENTARY INFORMATION:

I. Section-by-Section Analysis

A detailed list of changes follows:

1. The authority citation for parts 904, 917, 936, 943, and 952 is restated.

2. Section 904.404 is amended to reference the updated version of Department of Energy Order 1240.2, Unclassified Visits and Assignments by Foreign Nationals.

3. Subpart 917.71 is deleted to remove obsolete coverage addressing Special Research Contracts with Educational Institutions. This type of contract has not been used by DOE for several years, and, pursuant to FAR 1.302, continued DEAR coverage is neither appropriate nor necessary to satisfy the specific needs of the agency.

4. Subparts 936.70 and 936.73 are deleted to remove obsolete coverage addressing Rental of Construction Equipment and the Outline for Equipment Rental Agreement. These procedures have not been used by DOE for several years, and, pursuant to FAR 1.302, continued DEAR coverage is neither appropriate nor necessary to satisfy the specific needs of the agency.

5. Section 943.301 is amended to remove language that is duplicative of FAR coverage addressing the use of Standard Form 30 for the deobligation of contract funds.

6. Subpart 952.1 is deleted to remove language addressing the incorporation of provisions and clauses by reference. The appropriate guidance is contained in the FAR.

7. Subsection 952.215–70 is amended to comply with FAR requirements for the application of two representations and certifications to subcontractors. The following representations and certifications are added to the current DOE required subcontractor representations and certifications: Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions, and Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters.

8. The authority citation for part 970 is restated.

9. Subsection 970.0404–4(a)(3) is deleted to remove the requirement to include clause 970.5204–34, Sensitive Foreign Nations Control, in Management and Operating contracts. This clause applies solely to unclassified research contracts that may involve making unclassified information about nuclear technology available to certain sensitive foreign nations, and not to management and operating contracts which encompass broader missions than those contained in unclassified research contracts.

10. Section 970.2272 is amended to remove obsolete language addressing conflict of interest policies for management and operating contracts with colleges and universities. The referenced "Policy of the Federal Council for Science and Technology Relating to Conflicts of Interest by Staff Members of Colleges and Universities" is no longer utilized by DOE, and, pursuant to FAR 1.302, continued DEAR coverage is neither appropriate nor necessary to satisfy the specific needs of the agency.

11. Subsection 970.5204–12 is amended to clarify the prescription for use of alternate language in the clause which addresses the responsibility of management and operating contractors for the conduct of their employees.

12. Subsection 970.5204–34 is deleted to remove the requirement to include clause 970.5204–34, Sensitive Foreign Nations Control, in Management and Operating contracts. The clause does not apply to these contracts, as identified in the change to subsection 970.0404–4(a)(3) above.

13. Subsection 970.5204–35 is amended to include a reference to Department of Energy Order 1240.2, Unclassified Visits and Assignments by Foreign Nationals, which had been omitted from the clause language.

II. Public Comments

Interested persons are invited to participate by submitting data, views or arguments with respect to the proposed DEAR amendments set forth in this notice. Three copies of written comments should be submitted to the address indicated in the ADDRESS section of this notice. All comments received will be available for public inspection in the DOE Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW., Washington, DC 20585, between the hours of 9 a.m. and 4 p.m., Monday through Friday, except Federal holidays. All written comments received on or before the date specified in the beginning of this notice and all other relevant information will be considered by DOE before taking final action. Comments received after that date will be considered to the extent that time allows. Any person submitting information which that person believes to be confidential and which may be exempt from public disclosure should submit one complete copy, as well as an additional copy from which the information claimed to be confidential has been deleted. DOE reserves the right to determine the confidential status of the information or data and to treat it according to its determination. The Department's generally applicable procedures for handling information, which has been submitted in a document and may be exempt from public disclosure, are set forth in 10 CFR 1004.11.

The Department has concluded that this proposed rule does not involve a substantial issue of fact or law and that the rule should not have a substantial impact on the nation's economy or large numbers of individuals or businesses. Therefore, pursuant to Public Law 95–91, the DOE Organization Act, and the Administrative Procedures Act (5 U.S.C. 553), the Department does not plan to hold a public hearing on this proposed rule.

III. Procedural Requirements

A. Regulatory Review

Pursuant to the January 22, 1993, memorandum from the Director, Office of Management and Budget (OMB), on the subject of regulatory review, 58 FR 6074 (January 25, 1993), the Department of Energy (DOE) has submitted this Notice for appropriate review. Separately, DOE has determined that there is no need for a regulatory impact analysis as the proposed rule is not a "major rule" as that term is defined in section 1(b) of Executive Order 12291, 46 FR 13193 (February 19, 1981).

B. Review Under Executive Order 12778

Section 2 of Executive Order 12778 instructs each agency subject to Executive Order 12291 to adhere to certain requirements in promulgating new regulations and reviewing existing regulations. These requirements, set forth in sections 2(a) and (b), include eliminating drafting errors and needless ambiguity, drafting the regulations to minimize litigation, providing clear and certain legal standards for affected conduct, and promoting simplification and burden reduction. Agencies are also instructed to make every reasonable effort to ensure that the regulation specifies clearly any preemptive effect, effect on existing Federal law or regulation, and retroactive effect;

describes any administrative proceedings to be available prior to judicial review and any provisions for the exhaustion of such administrative proceedings; and defines key terms. DOE certifies that this proposed rule meets the requirements of sections 2(a) and (b) of Executive Order 12778.

C. Review Under the Regulatory Flexibility Act

This proposed rule was reviewed under the Regulatory Flexibility Act of 1980, Public Law 96–354, which requires preparation of a regulatory flexibility analysis for any rule that is likely to have a significant economic impact on a substantial number of small entities. This proposed rule will have no impact on interest rates, tax policies or liabilities, the cost of goods or services, or other direct economic factors. It will also not have any indirect economic consequences such as changed construction rates. DOE certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities and, therefore, no regulatory flexibility analysis has been prepared.

D. Review Under the Paperwork Reduction Act

No new information collection or recordkeeping requirements are imposed by this proposed rule. Accordingly, no OMB clearance is required under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501, *et seq.*).

E. Review Under Executive Order 12612

Executive Order 12612, entitled "Federalism," 52 FR 41685 (October 30, 1987), requires that regulations, rules, legislation, and any other policy actions be reviewed for any substantial direct effects on States, on the relationship between the Federal government and the States, or in the distribution of power and responsibilities among various levels of government. If there are sufficient substantial direct effects, then the Executive Order requires preparation of a federalism assessment to be used in all decisions involved in promulgating and implementing a policy action. This proposed rule will apply to States that contract with DOE; however, none of the revisions is substantive in nature.

F. Review Under the National Environmental Policy Act

DOE has concluded that this proposed rule would not represent a major Federal action having significant impact on the human environment under the National Environmental Policy Act (NEPA) of 1969 (42 U.S.C. 4321, *et seq.*) (1976) or the Council on Environmental Quality Regulations (40 CFR parts 1500–1508) and, therefore, does not require an environmental impact statement or an environmental assessment pursuant to NEPA.

List of Subjects in 48 CFR Parts 904, 917, 936, 943, 952, and 970

Government procurement.

Issued in Washington, DC, on November 24, 1993.

G.L. Allen,

Acting Deputy Assistant Secretary for Procurement and Assistance Management.

For the reasons set out in the preamble, chapter 9 of title 48 of the Code of Federal Regulations is amended as set forth below.

1. The authority citation for parts 904, 917, 936, 943, and 952 continues to read as follows:

Authority: 42 U.S.C. 7254; 40 U.S.C. 486(c).

PART 904—ADMINISTRATIVE MATTERS

2. Section 904.404 is amended by revising the second sentence of paragraph (d)(3) to read as follows:

904.404 Contract clause.

(d) * * *

(3) * * * The contractor shall be provided at the time of award the listing of nations included in DOE 1240.2 (latest version), Attachment 3, and any subsequent changes. * * *

* * * * *

PART 917—SPECIAL CONTRACTING METHODS

Subpart 917.71—[Removed and Reserved]

3. Subpart 917.71 is removed and reserved.

PART 936—CONSTRUCTION AND ARCHITECT-ENGINEER CONTRACTS

Subparts 936.70 and 936.73—[Removed and Reserved]

4. Subparts 936.70 and 936.73 are removed and reserved.

PART 943—CONTRACT MODIFICATIONS

943.301 [Amended]

5. Section 943.301 is amended by removing the first sentence in paragraph (c).

PART 952—SOLICITATION PROVISIONS AND CONTRACT CLAUSES

Subpart 952.1—[Removed and Reserved]

6. Subpart 952.1 is removed and reserved.

7. Subsection 952.215–70 is amended by revising the introductory paragraph and adding paragraphs (7) and (8) to the clause to read as follows:

952.215–70 Required subcontractor representations and certifications.

In accordance with 914.201–5(b) or 915.406–5(d), include the following notice at section L of the uniform contract format in solicitations which contemplate award of contracts expected to include any of the following clauses: Small Business and Small Disadvantaged Business Subcontracting Plan, DEAR 952.219–9; Organizational Conflicts of Interest—General, 952.209–71; Organizational Conflicts of Interest—Special Clause, 952.209–72; Equal Opportunity, FAR 52.222–26; Clean Air and Water Certification, FAR 52.223–1; Buy American Act—Supplies, FAR 52.225–3; Buy American Act—Construction Materials, FAR 52.225–5; Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions, FAR 52.203–11; or Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters, FAR 52.209–5.

* * * * *

(7) Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions, FAR 52.203–11, if the prime contract contains the clause entitled Limitation on Payments to Influence Certain Federal Transactions, FAR 52.203–12.

(8) Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters, FAR 52.209–5, if the prime contract contains the clause entitled Protecting the Government's Interest when Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment, FAR 52.209–6.

PART 970—DOE MANAGEMENT AND OPERATING CONTRACTS

8. The authority citation for part 970 continues to read as follows:

Authority: Sec. 161 of the Atomic Energy Act of 1954 (42 U.S.C. 2201), sec. 644 of the Department of Energy Organization Act, Pub. L. 95–91 (42 U.S.C. 7254), sec. 201 of the Federal Civilian Employee and Contractor Travel Expenses Act of 1985 (41 U.S.C. 420) and sec. 1534 of the Department of Defense

Authorization Act, 1986, Pub. L. 99–145 (42 U.S.C. 7256a), as amended.

970.0404–4 [Amended]

9. Subsection 970.0404–4 is amended by removing and reserving paragraph (a)(3).

970.2272 [Amended]

10. Section 970.2272 is amended by removing the second sentence of paragraph (a).

11. Subsection 970.5204–12 is amended by removing "**Note:** In contracts identified in 970.2272, the following paragraph shall be substituted for (c) above:" following the first paragraph (c) and adding "**Note:** The contracting officer may substitute the following paragraph for (c) above:" in its place.

970.5204–34 [Removed and Reserved]

12. Subsection 970.5204–34 is removed and reserved.

970.5204–35 [Amended]

13. Subsection 970.5204–35 is amended by removing the phrase "specified in Attachment _____ to this contract," and adding the phrase "1240.2 (latest version), Unclassified Visits and Assignments by Foreign Nationals," in its place.

[FR Doc. 93–29434 Filed 12–1–93; 8:45 am]
BILLING CODE 6450–01–P

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48 CFR Part 939

Acquisition Regulation, Acquisition of Federal Information Processing Resources by Contracting

AGENCY: Department of Energy.

ACTION: Proposed rule.

SUMMARY: The Department of Energy (DOE) proposes to amend the Department of Energy Acquisition Regulation (DEAR) to add new regulations on Acquisition of Federal Information Processing Resources by Contracting. This proposed rule implements pertinent parts of the Federal Information Resources Management Regulation (FIRMR) to prescribe internal DOE policies and procedures relevant to the acquisition of Federal Information Processing (FIP) resources.

DATES: Written comments on this proposed rule must be received by January 31, 1994.

ADDRESSES: Comments should be addressed to: Edward Simpson, Office of Policy (HR–521.1), Office of Procurement and Assistance Management, U.S. Department of Energy 1000 Independence Avenue, SW., Washington, DC 20585.

FOR FURTHER INFORMATION CONTACT:

Edward Simpson, Office of Policy (HR–521.1), Office of Procurement and Assistance Management, U.S. Department of Energy, Washington, DC 20585 (202) 586–8246

Sophie Cook, Office of the Assistant General Counsel for Procurement and Finance (GC–34), U.S. Department of Energy, Washington, DC 20585 (202) 586–1900

SUPPLEMENTARY INFORMATION:

I. Background

A. Background

The FIRMR, codified at 41 CFR part 201, is the primary Governmentwide regulation for the acquisition, management, and use of FIP resources. The FIRMR is prepared, issued and maintained by the Administrator of the General Services Administration (GSA) under the authority of the Federal Property and Administrative Services Act of 1949, as amended (40 U.S.C. 486). Subpart 201.39 of the FIRMR prescribes the contracting policies and procedures to be followed by Federal agencies in acquiring FIP resources. The policies and procedures set out in FIRMR 201–39 are unique to the acquisition of FIP resources, and are to be used in conjunction with the general Federal contracting policies and procedures of the Federal Acquisition Regulation (FAR).

Part 39 of the FAR requires agencies to follow the policies and procedures contained in the FAR when acquiring FIP resources, except in those areas where the FIRMR prescribes special policies, procedures, provisions, or clauses (see FAR 39.001). In addition, FAR 39.002(b) includes FIRMR 201–39 as an appendix to the FAR as an aid to contracting officials when acquisitions are conducted under GSA's exclusive procurement authority.

Section 201–3.301 of the FIRMR permits agencies to issue regulations to implement or supplement the FIRMR in their agency acquisition regulations, where such regulations pertain solely to the acquisition of FIP resources by contracting. The amendments proposed today would amend the DEAR to add a new part 939, Acquisition of Federal Information Processing Resources by Contracting. The amendments implement pertinent parts of the FIRMR to prescribe internal DOE policies and procedures relevant to the acquisition of FIP resources. This proposed rule is considered necessary because of the increased presence of FIP resources in many of DOE's acquisitions. The proposed amendments to the DEAR should provide greater discipline in DOE's acquisition planning, award, and administration activities through a greater awareness of the requirements applicable to FIP resource acquisitions. The specific amendments to the DEAR needed to implement 41 CFR part 201–39 of the FIRMR are described below.

B. Section-by-Section Analysis

The regulations at 48 CFR part 9 are amended to add a new part 939, Acquisition of Federal Information Processing Resources by Contracting. This new part consists of 54 subparts.

Section 939.001 is added to prescribe the scope of part 939. It also permits contracting activities to establish local procedures that may be needed to further implement the requirements of part 939.

Subpart 939.1 addresses general matters concerning the FIRMR system. Regarding FIRMR applicability, section 939.101–3 provides that the procurement request initiator shall make the initial assessment of FIRMR applicability to a particular acquisition.

Section 939.101–5 explains the numbering system of part 939. Within a specific subpart, sections or subsections are numbered to correspond to like divisions of the FIRMR, where the intent is to implement the FIRMR. Where a specific section or subsection is intended to supplement the FIRMR, or where FIRMR coverage does not exist, the number is assigned a suffix of "70," or above.

Section 939.102 expands upon the existing relationship of the FAR and the FIRMR by addressing the relationship of the DEAR.

Section 939.104–1 provides policy on the processing of deviations to the FIRMR within DOE.

Section 939.106–3 addresses the contracting authority of individual Heads of the Contracting Activity and the responsibilities of the contracting officer.

Section 939.106–70 formalizes existing policy regarding the processing of agency procurement requests within DOE.

Subpart 939.2 provides definitions for words and terms used in part 939.

Section 939.501–70 permits the contracting officer to issue a synopsis for a solicitation in advance of receipt of procurement authority from GSA.

Section 939.602–270 of subpart 939.6 establishes review and approval requirements for solicitations and contracts for, or using, outdated FIP equipment.

Section 939.670 prohibits the contracting officer from issuing solicitations until such time as actual procurement authority is obtained. However, the contracting officer may issue draft Statements of Work/ specifications or draft solicitations, prior to actual receipt of procurement authority. This will permit DOE to obtain information from the marketplace in a timely manner, and enhance competition.

Subpart 939.10 establishes the responsibilities of the procurement request initiator and the contracting officer regarding specifications for security and privacy requirements (Section 939.1001–70) and Federal standards (Section 939.1002–70) applicable to an acquisition for FIP resources. The proposed section 939.1003–70 addresses the requirements of Executive Order 12845, "Purchase of Energy Efficient Computers by Federal Agencies." This order directs the acquisition of computer equipment that meets the Environmental Protection Agency's "Energy Star" low power standards.

Section 939.1701–470 of Subpart 939.17 sets out the policy governing the period of performance of contracts for FIP services or support services. Consistent with existing statutory and regulatory requirements, the period of performance of contracts for FIP services and support services shall not exceed 5 years. However, certain exceptions to this requirement are permitted when the services or support services are associated with the development, installation, and operation of a FIP system, subsystem, equipment, or software.

Section 939.4470 of Subpart 939.44 prescribes the policies governing contractor acquisitions of FIP resources.

II. Public Comments

Interested persons are invited to participate in the rulemaking process by submitting data, views, or arguments with respect to the proposed DEAR amendments set forth in this notice. Three copies of written comments should be submitted to the address indicated in the **ADDRESS** section of this notice. All written comments received by January 31, 1994, will be carefully assessed and fully considered prior to publication of the proposed amendment as a final rule.

DOE has concluded that this proposed rule does not involve a substantial issue of fact or law and that the proposed rule should not have a substantial impact on the Nation's economy or large numbers of individuals or businesses. Therefore, pursuant to Public Law 95–91, the DOE Organization Act, and the Administrative Procedure Act (5 U.S.C. 553), the Department does not plan to hold a public hearing on this proposed rule.

III. Procedural Requirements

A. Regulatory Review

Pursuant to the January 22, 1993, memorandum on the subject of regulatory review from the Director of the Office of Management and Budget (58 FR 6074, January 25, 1993), DOE submitted this notice to the Director for appropriate review. The Director has completed his review. Separately, DOE has determined that there is no need for a regulatory impact analysis because the rule is not a major rule as that term is defined in section 1(b) of Executive Order 12291.

B. Review Under Executive Order 12778

Section 2 of Executive Order 12778 instructs each agency subject to Executive Order 12291 to adhere to certain requirements in promulgating new regulations and reviewing existing regulations. These requirements, set forth in sections 2(a) and 2(b), include eliminating drafting errors and needless ambiguity, drafting the regulations to minimize litigation, providing clear and certain legal standards for affected conduct, and promoting simplification and burden reduction. Agencies are also instructed to make every reasonable effort to ensure that the regulation: specifies clearly any preemptive effect, effect on existing Federal law or regulation, and retroactive effect; describes any administrative proceedings to be available prior to judicial review and any provisions for the exhaustion of such administrative proceedings; and defines key terms. DOE certifies that today's proposal meets the requirements of sections 2(a) and 2(b) of Executive Order 12778.

C. Review Under the Regulatory Flexibility Act

This proposal was reviewed under the Regulatory Flexibility Act of 1980, Pub. L. 96–354, which requires preparation of a regulatory flexibility analysis for any proposed rule which is likely to have a significant economic impact on a substantial number of small entities. This proposed rule will have no impact on interest rates, tax policies or liabilities, the cost of goods or services, or other direct economic factors. It will also not have any indirect economic consequences, such as changed construction rates. DOE certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities and, therefore, no regulatory flexibility analysis has been prepared.

D. Review Under the Paperwork Reduction Act

No new information collection or recordkeeping requirements are imposed by this proposed rule. Accordingly, no OMB clearance is required under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501, *et seq.*).

E. Review Under Executive Order 12612

Executive Order 12612, entitled "Federalism," 52 FR 41685 (October 30, 1987), requires that regulations, rules, legislation, and any other policy actions be reviewed for any substantial direct effects on states, on the relationship between the Federal government and the states, or in the distribution of power and responsibilities among various levels of government. If there are sufficient substantial direct effects, then the Executive Order requires preparation of a federalism assessment to be used in all decisions involved in promulgating and implementing a policy action. This proposed rule will not affect states. It deals with relations between Federal agencies.

F. National Environmental Policy Act

DOE has concluded that this proposed rule would not represent a major Federal action having significant impact on the human environment under the National Environmental Policy Act (NEPA) of 1969 (42 U.S.C. 4321, *et seq.*) (1976) or the Council on Environmental Quality Regulations (40 CFR Parts 1500–1508) and, therefore, does not require an environmental impact statement or an environmental assessment pursuant to NEPA.

List of Subjects in 48 CFR Part 939

Government procurement.

Issued in Washington, DC, on November 24, 1993.

G.L. Allen,

Acting Deputy Assistant Secretary for Procurement and Assistance Management.

The regulations in 48 CFR Chapter 9 are proposed to be amended as set forth below:

1. A new Part 939, Acquisition of Federal Information Processing Resources by Contracting, consisting of Subparts 939.0 through 939.53, is added to read as follows:

PART 939—ACQUISITION OF FEDERAL INFORMATION PROCESSING RESOURCES BY CONTRACTING

Subpart 939.0 Scope of part.

Sec.
939.001 Scope.
939.002 Local procedures.

Subpart 939.1 Federal Information Resources Management Regulation (FIRMR) System

Sec.
939.101–3 FIRMR applicability.
939.101–5 Arrangement of part.
939.102 Relationship of the acquisition regulations.
939.104–1 Deviations from the FIRMR.
939.106–3 Contracting authority and responsibilities.
939.106–70 Agency procurement requests.

Subpart 939.2 Definitions of words and terms

Sec.
939.201 Definitions.

Subparts 939.3 and 939.4 [Reserved]

Subpart 939.5 Publicizing contract actions

Sec.
939.501–70 Synopsis of solicitations.

Subpart 939.6 Competition Requirements

Sec.
939.602–270 Outdated FIP equipment.
939.670 Issuance of solicitations.

Subparts 939.7 through 939.9 [Reserved]

Subpart 939.10 Specifications, standards, and other purchase descriptions

Sec.
939.1001–70 Security and privacy specifications.
939.1002–70 Federal Standards.
939.1003–70 Purchase of Energy Efficient Computers (Energy Star)

Subparts 939.11 through 939.16 [Reserved]

Subpart 939.17 Special contracting methods

Sec.
939.1701–470 Contract period of performance.

Subparts 939.18 through 939.43 [Reserved]

Subpart 939.44 Subcontracting policies and procedures

Sec.
939.4470 Contractor acquisitions of FIP resources.

Subparts 939.45 through 939.53 [Reserved]

Authority: 42 U.S.C. 7254; 40 U.S.C. 486(c).

Subpart 939.0 Scope of part

939.001 Scope.

This part sets forth the policies and procedures that apply to the contracting for Federal Information Processing (FIP) resources by the Department of Energy (DOE).

939.002 Local procedures.

Contracting activities may establish, as appropriate, procedures to further implement the requirements of this part. Local procedures may address such matters as local review and approval of requirements analyses, analyses of alternatives, implementation plans, and agency procurement requests; approval of deviations; and contracting officer authority.

Subpart 939.1—Federal Information Resources Management Regulation (FIRMR) System

939.101–3 FIRMR applicability.

(a) Because of the potential presence of FIP resources in many of the supplies and services acquired by DOE, the procurement request initiator shall make initial assessment of FIRMR applicability consistent with the guidance set forth in FIRMR Bulletin A–1, Federal Information Resources Management Regulation Applicability. The FIRMR applicability assessment shall be in writing at a level of detail commensurate with the complexity of the acquisition.

(b) Contracting officers shall review each acquisition to ensure that the assessment of FIRMR applicability by the procurement request initiator is accurate and consistent with the guidance of FIRMR Bulletin A–1, Federal Information Resources Management Regulation Applicability.

939.101–5 Arrangement of part.

For consistency with the FIRMR and the FAR, part 939 is arranged in 54 subparts. Within each subpart, sections and subsections are numbered to correspond to like divisions of the FIRMR where the intent of the part 939 sections and subsections is to implement the FIRMR. Where the specific section or subsection is intended to supplement the FIRMR, or where specific FIRMR coverage does not exist, the section or subsection number is assigned a number of 70 or above.

939.102 Relationship of the acquisition regulations.

The FAR and the DEAR shall serve as the regulatory basis for DOE's acquisition policies and procedures, unless the FIRMR specifically requires the use of its policies and procedures, instead of the FAR, when acquiring FIP resources.

939.104–1 Deviations from the FIRMR.

(a) Deviations from the FAR and the DEAR shall be processed in accordance with FAR 1.4 and DEAR 901.4.

(b) Only the General Services Administration (GSA) can authorize class deviations and individual deviations from the FIRMR. Within DOE, contracting officers shall submit requests for deviations from the FIRMR to the Headquarters Office of Clearance and Support for approval and subsequent processing with GSA.

(c) Contracting officers shall submit requests for deviations from the FIRMR in writing as far in advance as the circumstances will permit. Each request shall contain the following information:

(1) A statement of the deviation required, including the identification of the specific paragraphs of the FIRMR affected by the deviation;

(2) The reason why the deviation is considered necessary or would be in the interest of the Government;

(3) If applicable, the name of the contractor and identification of the contract affected;

(4) A statement as to whether the deviation has been requested previously and, if so, circumstances of the previous request;

(5) A description of the intended effect of the deviation;

(6) A statement of the period of time for which the deviation is needed; and,

(7) Any pertinent background information which will contribute to a full understanding of the requested deviation.

(d) *Approval requirements.* The Head of the Contracting Activity (HCA), after coordination with local counsel, shall concur in requests for deviations prior to submission to the Office of Clearance and Support. The Procurement Executive shall approve all requests for deviations prior to submission of the request to GSA.

939.106–3 Contracting authority and responsibilities.

(a) In instances where a delegation of procurement authority is not required

under FIRMR 201–20.305–3, Specific Acquisition Delegations, each HCA may acquire FIP resources up to the regulatory delegation thresholds prescribed in FIRMR 201–20.305–1, Regulatory Delegations, unless different thresholds have been established either in the HCA's delegation of contracting authority, or in an agency delegation from GSA under FIRMR 201–20.305–2, Specific Agency Delegations.

(b) The contracting officer is responsible for ensuring that the authority exists to enter into any contract, or modification to an existing contract, for, or containing, FIP resources.

(c) The contracting officer is responsible for ensuring compliance with all terms, conditions, and limitations imposed on DOE under a specific Delegation of Procurement Authority (DPA).

(d) The contracting officer shall not award a contract, or a modification to an existing contract, when the value of the FIP resources portion of the award, including the value of any options, exceeds DOE's delegated procurement authority for that contract or modification. Where the anticipated award value of the FIP resources portion of the contract, or modification to the contract, exceeds DOE's delegated procurement authority, DOE shall obtain a revised delegation from GSA prior to award.

939.106–70 Agency procurement requests.

(a) Where specific delegations are required in order to acquire FIP resources, the office initiating the procurement request shall prepare the Agency Procurement Request (APR) consistent with FIRMR 201–20.305–3, Specific Acquisition Delegations and Bulletin C–5, Delegation of Procurement Authority for a Specific Acquisition, except that APRs submitted under GSA's Trail Boss Program shall be prepared in accordance with Bulletin C–7, Trail Boss Program.

(b) Upon review and concurrence of the APR within the field office, the APR shall be submitted in duplicate to the Headquarters Office of Clearance and Support by the office initiating the procurement request. A copy of the APR shall also be submitted concurrently to the Headquarters Office of IRM Policy, Plans, and Oversight. The Office of Clearance and Support shall assess the adequacy of the APR, coordinate review(s) of the APR within Headquarters, and submit the APR to GSA for a DPA. The Office of IRM Policy, Plans, and Oversight shall be a mandatory reviewer of all APRs.

(c) The Office of Clearance and Support shall be the primary liaison at Headquarters, and with GSA, on all matters concerning an APR.

(d) Upon receipt of the DPA from GSA, the Office of Clearance and Support shall forward the DPA to the contracting office having cognizance over the acquisition for inclusion in the official contract file.

(e) Any reports required by GSA as a condition of granting the DPA for a specific acquisition shall be submitted to GSA through the Office of Clearance and Support at least 10 business days prior to the date the reports are due to GSA.

(f) In cases where the requirement for FIP services or support services is subject to DOE Order 4200.3D, Management of Support Services Contract Activity (or the version current at time the requirement is identified), the office initiating the procurement request shall include a copy of the support services request with the APR package submitted to the Office of Clearance and Support. The office initiating the procurement request shall obtain approval of the support services request prior to submission of the APR to GSA.

(g) Amendments to APRs shall be processed using the same procedures for processing a new APR, except that the amendment need only contain the information relevant to specific change(s) to the original APR.

(h) The office initiating the procurement request shall maintain the official APR file. Contracting officers may request copies of pertinent documents, such as the analysis of alternatives or the APR, for inclusion in the official contract file.

(i) *Exceptions to GSA mandatory-for-use telecommunications programs.* Any acquisition which includes telecommunications requirements that can be satisfied under one of GSA's mandatory-for-use programs (e.g., FTS 2000; see FIRMR 201–24.1), must use such programs unless an exception to use has been granted by GSA, regardless of whether procurement authority may otherwise exist for the acquisition. If an exception to the use of a mandatory program is needed, the office initiating the procurement request shall prepare the request for an exception and submit it to the Headquarters Office of IRM Policy, Plans, and Oversight for review and submission to GSA.

Subpart 939.2—Definitions of Words and Terms

939.201 Definitions.

The words and terms used in this part have the meanings used in the FIRMR, unless otherwise indicated.

Subpart 939.3 and 939.4—[Reserved]

Subpart 939.5—Publicizing Contract Actions

939.501–70 Synopsis of solicitations.

The contracting officer may, for the purpose of conducting market surveys, issue the synopsis for the solicitation prior to receipt of a DPA from GSA, provided that the synopsis indicates that a DPA has not been obtained as of the publication date of the synopsis, and an amendment to the synopsis is subsequently published at such time as a DPA is received.

Subpart 939.6—Competition Requirements

939.602–270 Outdated FIP equipment.

Solicitations and contracts for, or using, outdated FIP equipment shall be submitted to the Office of Clearance and Support for review and approval. The Office of IRM Policy, Plans, and Oversight shall be a mandatory reviewer of all solicitations and contracts for, or using, outdated FIP equipment.

939.670 Issuance of Solicitations.

The contracting officer shall not issue a solicitation until a DPA has been obtained. However, for purposes of obtaining market information or enhancing competition, the contracting officer may issue a draft Statement of Work or a draft solicitation for public comment, provided that the document expressly states the purpose of the issuance, that offers or proposals are not being solicited and will not be accepted, and that a DPA has not been obtained as of the date of the issuance.

Subparts 939.7 through 939.9—[Reserved]

Subpart 939.10—Specifications, Standards, and Other Purchase Descriptions

939.1001–70 Security and privacy specifications.

(a) Whenever an acquisition requires the delivery or use of, or access to, DOE-owned or -controlled FIP resources, the office initiating the procurement request shall be responsible for:

(1) Determining the appropriate security requirements, features, and assurances to be included in the

Statement of Work or Specifications and ensuring that the such items reflect DOE's minimum needs;

(2) Obtaining any needed approvals relating thereto; and,

(3) Developing appropriate criteria and methods for evaluating the security requirements, features, and assurances for inclusion in the solicitation.

(b) With regard to a particular acquisition, the contracting officer shall develop appropriate provisions and clauses for inclusion, respectively, in the solicitation and contract that ensure contractor compliance with DOE's security and privacy requirements, features, and assurances.

939.1002–70 Federal standards.

(a) Whenever an acquisition requires the delivery or use of, or access to, DOE-owned or -controlled FIP resources, the office initiating the procurement request shall be responsible for:

(1) Determining the appropriate FIP standards to be included in the Statement of Work or Specifications; and,

(2) Obtaining a waiver if it has been determined that inclusion of the mandatory FIP standard would adversely impact the mission accomplishment and/or cause major adverse financial impact which is not offset by Governmentwide savings.

(b) With regard to a particular acquisition, the contracting officer shall develop appropriate provisions and clauses for inclusion, respectively, in the solicitation and contract that ensure contractor compliance with mandatory FIP standards.

939.1003–70 Purchase of Energy Efficient Computers (Energy Star).

(a) Executive Order 12845, "Purchase of Energy Efficient Computers by Federal Agencies," requires agencies to acquire microcomputers, including personal computers, monitors, and printers, that meet the "Energy Star" requirements established by the Environmental Protection Agency for energy efficiency. Solicitations for microcomputers and peripheral equipment, issued after October 21, 1993, are required to include a requirement that equipment meet the "Energy Star" standard, unless an exemption has been provided by the Head of the Contracting Activity.

(b) The office initiating the procurement request is responsible for ensuring that the "Energy Star" performance requirement(s) are included in the statement of work/specification in accordance with Departmental policies. The contracting officer shall not process any procurement request that does not contain these requirements, unless an exemption has been authorized. Evaluation criteria shall include a proper evaluation of these requirements.

Subparts 939.11 through 939.16—[Reserved]

Subpart 939.17—Special Contracting Methods

939.1701–470 Contract period of performance.

(a) Except as provided in paragraph (b) of this section, the period of performance of contracts for, or that include, FIP services and support services shall not exceed 5 years, except that contracts for, or including, FIP services and support services not subject to the Service Contract Act of 1965 may exceed 5 years when:

(1) Such services or support services are a direct part of the development, installation, and operation of a specific FIP system, subsystem, equipment, or software;

(2) The requirement to provide services or support services was considered in the acquisition planning stage;

(3) Such services can be identified in the contract Statement of Work;

(4) Firm prices for such services and support services can be established in the contract;

(5) The providing of such services or support services will not extend for a period of 5 years beyond the last date of delivery of the FIP system, subsystem, equipment, or software; and

(6) No other statutory restrictions exist which limit the period of performance of the contract.

(b) The period of performance of contracts for telecommunications services awarded under GSA's special telecommunications authority may be for a period of up to 10 years.

Subparts 939.18 through 939.43—[Reserved]

Subpart 939.44—Subcontracting Policies and Procedures

939.4470 Contractor acquisitions of FIP resources.

(a) *Management and operating (M&O) contracts:* M&O contractors and their subcontractors shall not be used to acquire FIP resources unrelated to the mission of the M&O contract either for sole use by DOE employees or employees of other DOE contractors, or for use by other Federal agencies or their contractors.

(b) *Other than M&O contracts:* Where it has been determined that a contractor (other than an M&O contractor or its subcontractor) will acquire FIP resources either for sole use by DOE employees or for the furnishing of the FIP resources as government-furnished property under another contract, DOE will obtain any needed procurement authority from GSA prior to having the contractor acquire the FIP resources.

Subparts 939.45 through 939.53—[Reserved]

[FR Doc. 93–29435 Filed 12–1–93; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

RIN 1018–AB97

Endangered and Threatened Wildlife and Plants; Proposed Designation of Critical Habitat for the Louisiana Black Bear

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Proposed rule.

SUMMARY: The Service proposes to designate critical habitat for the Louisiana black bear (*Ursus americanus luteolus*), a subspecies that was listed as threatened on January 7, 1992. Critical habitat was not proposed at the time the listing was proposed (June 21, 1990) due to a determination that designation of critical habitat was not then prudent. If this proposed action is made final, Federal actions that may affect critical habitat will be subject to section 7(a)(2) of the Endangered Species Act of 1973, as amended. The Service solicits data and comments from the public on all aspects of this proposal, including additional information on the economic effects (costs and benefits) of the designation, methods of evaluating costs, noneconomic benefits accruing from the designation, the amount and distribution of occupied and available habitat, and why any particular lands should or should not be designated as critical habitat.

DATES: Comments from all interested parties must be received by March 2, 1994. Public hearing requests must be received by January 18, 1994.

ADDRESSES: Comments and materials concerning this proposal should be sent to Robert Bowker, Complex Field Supervisor, U.S. Fish and Wildlife Service, 6578 Dogwood View Parkway, Suite A, Jackson, Mississippi 39213. Comments and materials received will

be available for public inspection, by appointment, during normal business hours at the above address.

FOR FURTHER INFORMATION CONTACT: Wendell A. Neal, at the above address (601/965–4900).

SUPPLEMENTARY INFORMATION:

Background

The Endangered Species Act of 1973, as amended (Act), requires the Service to designate critical habitat to the maximum extent prudent and determinable concurrently with listing a species as endangered or threatened. The Service proposed listing the Louisiana black bear as threatened on June 21, 1990 (55 FR 25341), primarily due to historic habitat loss and continuing vulnerability to such losses, but proposing critical habitat was determined to be not prudent at that time. However, in the final rule listing the Louisiana black bear (57 FR 588), the Service changed its earlier finding by determining that designation of critical habitat may be prudent, but was not then determinable.

Critical Habitat

Critical habitat as defined by section 3 of the Act, means: (i) The specific areas within the geographical area occupied by a species, at the time it is listed in accordance with the Act, on which are found those physical or biological features (I) essential to the conservation of the species and (II) that may require special management considerations or protection, and (ii) specific areas outside the geographical area occupied by a species at the time it is listed, upon a determination that such areas are essential for the conservation of the species.

With information from Weaver and Pelton (in press), Weaver (1992), Chandler (Tensas River National Wildlife Refuge, pers. comm. 1992), Pace (U.S. Fish and Wildlife Service Coop Unit, LSU, pers. comm. 1992), Hammond (1989), and Shropshire (Mississippi Department of Wildlife, Fisheries and Parks, pers. comm. 1992) regarding present occurrence of Louisiana black bears, and an assessment of habitat contiguously or closely located to bear populations (Simmering, *in litt.* 1992; U.S. Army Corps of Engineers, *in litt.* 1992), three critical habitat areas (CHAs) are being proposed: (1) the Tensas River Basin CHA; (2) the Atchafalaya River Floodway CHA; and (3) the lower Iberia-St. Mary Parish CHA. The total area of proposed CHAs is approximately 3 million acres. Yet, all of the area within CHAs is not actually critical habitat. Critical habitat is limited to the areas of the three CHAs that contain the characteristics necessary for the species' conservation (approximately 1.25 million acres).

The Service's listing regulations 50 CFR 424.12(b)(5) require consideration of those physical and biological attributes essential to the conservation of the species. Such requirements, as stated in 50 CFR 424.12(b)(5) include, but are not limited to, the following:

(a) Space for individual and population growth, and for normal behavior;
(b) Food, water, or other nutritional or physiological requirements;
(c) Cover or shelter;
(d) Sites for breeding, reproduction, rearing of offspring; and
(e) Habitats that are protected from disturbance or are representative of the historic geographical and ecological distributions of a species.

The Service has determined that physical and biological habitat features (referred to as the primary constituent elements) that support denning, foraging, escape cover and dispersal are essential to the conservation of the Louisiana black bear. These elements are associated with tracts of bottomland hardwoods. This determination also considers that the Louisiana subspecies is likely no different than other black bears in being a habitat generalist. According to Hillman (1989), the adaptable black bear needs neither wilderness, its equivalent in parks and habitat preserves, nor managed forests for survival. The black bear uses virtually all elements of an ecosystem. Ecosystem features that are essential for conservation of the Louisiana black bear are entirely associated with bottomland hardwood forests. Bottomland forests with high species and age class diversity contain essential escape cover, denning sites, and hard and soft mast supplies for supporting black bear populations. Large cypress (*Taxodium distichum*) or tupelo gum (*Nyssa aquatica*) with cavities that are commonly found along water courses may be important for denning given the history of flooding in the bottomlands of Louisiana. The proposed CHAs include areas within the geographical area occupied by the species at the time it was listed, as well as specific areas outside the geographical area occupied by the species at the time it was listed, which are essential to the conservation of the species. Areas outside occupied range are essential for conservation of the Louisiana black bear because of the need to reduce threats associated with forest fragmentation and to provide corridors for movement and genetic exchange among bears in Louisiana, as well as between Louisiana bears and bears in Arkansas.

Section 4(b)(8) of the Act requires, for any proposed or final regulation that designates critical habitat, a brief description and evaluation of those activities (public or private) that may adversely modify such habitat or may be affected by such a designation. By definition, critical habitat affects only Federal agency actions and does not apply to private, or local or State government activities that are not subject to Federal authorization or funding. Actions that adversely affect critical habitat for this species include the removal or fragmentation of forest habitat that may indirectly cause an increase in human-associated or human-induced disturbances. The primary activity that could adversely affect critical habitat is conversion of forestland to open farmland conditions, regardless of the particular crop planted. Some of this forestland conversion would already be affected by the application of the jeopardy standard of section 7. Thus, only a subset of the Federal actions associated with forestland conversion would be affected by the designation of critical habitat and the application of the adverse modification standard of section 7.

A second but major activity that will be subject to section 7 of the Act is the U.S. Army Corps of Engineers' Development and Environmental Easement Program, which is intended to involve 338,000 acres in the Atchafalaya Basin. The easement areas will comprise about half the forested area in the proposed Atchafalaya Basin CHA and therefore holds the potential for having substantive impacts on the conservation of the Louisiana black bear. The prohibition against adverse modification of critical habitat in this instance is expected to serve as an important additional protection to the bear's habitat.

Another Federal activity that may be affected by critical habitat designation is the permitting program of the U.S. Army Corps of Engineers under section 404 of the Clean Water Act. If a final designation is made, permit review by the Corps would need to insure that issuance is not likely to result in the destruction or adverse modification of critical habitat for the Louisiana black bear. Only those activities that require permit review and may affect the critical habitat for the Louisiana black bear would be affected; these activities include the filling or clearing of forested wetlands. Other activities that do not require a Federal permit or do not

involve Federal funding would not be affected by this rule if made final.

Management and operations of the four National Wildlife Refuges within critical habitat (Tensas River, Atchafalaya, Lake Ophelia, and Farmer's Home Interest - State of Louisiana) will not only be in compliance with the prohibitions of section 7 of the Act, but will address conservation and recovery needs of the Louisiana black bear. Since the threatened status of the Louisiana black bear already requires these efforts, the proposed critical habitat designation is not expected to have any additional effect on these areas.

Other Federal actions that must comply with section 7 and the adverse modification standard, should this proposal be made final, include disposition of Farmers Home Administration properties, the pesticide registration program of the Environmental Protection Agency, as well as activities of the Soil Conservation Service.

Section 4(b)(2) of the Act requires the Service to consider economic and other relevant impacts of designating a particular area as critical habitat. The Service's initial economic analysis does not fully analyze the entire range of the economic impacts, both positive and negative, of the proposed designation. To allow for the completion of the analysis and the fullest possible public comment on the economic effects of the proposed designation, the Service is requesting public comment concerning several specific economic issues. (See discussion under "Public Comments Solicited" below.) The Service will consider all additional relevant information on such impacts in deciding which areas should be included in or excluded from critical habitat.

Available Conservation Measures

Conservation measures provided to species listed as endangered or threatened under the Endangered Species Act include recognition, recovery actions, requirements for Federal protection, and prohibitions against certain practices. Recognition through listing encourages and results in conservation actions by Federal, State, and private agencies and by various groups and individuals. The Endangered Species Act provides for possible land acquisition and cooperation with the States and requires that recovery actions be carried out for all listed species. The protection measures provided to listed species by Federal agencies are summarized below.

Section 7(a) of the Act, as amended, requires Federal agencies to evaluate their actions with respect to any species that is proposed or listed as endangered or threatened and with respect to its critical habitat, if any is being designated. Regulations implementing this interagency cooperation provision of the Act are codified at 50 CFR part 402. Section 7(a)(4) requires Federal agencies to confer informally with the Service on any action that is likely to jeopardize the continued existence of a proposed species or result in destruction or adverse modification of proposed critical habitat. If a species is listed subsequently, section 7(a)(2) requires Federal agencies to ensure that activities they authorize, fund, or carry out are not likely to jeopardize the continued existence of a listed species or to destroy or adversely modify its critical habitat. If a Federal action may affect a listed species or its critical habitat, the responsible Federal agency must enter into formal consultation with the Service.

Federal agencies with known jurisdiction in the proposed critical habitat for the Louisiana black bear include the U.S. Fish and Wildlife Service, the U.S. Army Corps of Engineers, the U.S. Dept of Agriculture, Soil Conservation Service, the Farmers Home Administration, and the Environmental Protection Agency. Known or potential projects that will require consultation are summarized in the Critical Habitat section above.

Public Comments Solicited

The Service intends that any final action resulting from this proposal will be as accurate and as effective as possible. Therefore, comments or suggestions from the public, other concerned governmental agencies, the scientific community, industry, or any other interested party concerning this proposed rule are hereby solicited. Comments particularly are sought concerning:

(1) The reasons why any habitat should or should not be determined to be critical habitat as provided by Section 4 of the Act;

(2) Current or planned activities in the subject area and their possible impacts on this species;

(3) Any foreseeable economic and other impacts resulting from the proposed designation of critical habitat;

(4) Economic values associated with benefits of designating critical habitat for the Louisiana black bear; and

(5) The methodology the Service might use, under Section 4(b)(2) of the Act, in determining whether the benefits of excluding an area from critical habitat outweigh the benefits of specifying the area as critical habitat.

The final decision on this proposed regulation on designating critical habitat for the Louisiana black bear will take into consideration the comments and any additional information received by the Service, and such communications may lead to a final regulation that differs from this proposal.

Requests for a public hearing on this proposal must be received within 45 days of the date of publication of the proposal. Such requests must be made in writing and addressed to the Field Supervisor (see **ADDRESSES** section).

National Environmental Policy Act

The Fish and Wildlife Service has determined that an Environmental Assessment, as defined by the National Environmental Policy Act of 1969, need not be prepared in connection with regulations adopted pursuant to section 4(a) of the Endangered Species Act of 1973, as amended. A notice outlining the Service's reasons for this determination was published in the **Federal Register** on October 25, 1983 (48 FR 49244).

Required Determinations

The Service has determined that this is not a major rule as defined by Executive Order 12291 and that the rule would not have a significant economic effect on a substantial number of small entities as described in the Regulatory Flexibility Act (5 U.S.C. 601, *et seq.*). Based on the information currently available and discussed in this rule and the draft economic analysis concerning public projects and private activities within critical habitat, it does not appear that significant economic impacts will result from the critical habitat designation. However, the Service is requesting additional information on anticipated activities within the proposed critical habitat area and the potential economic impacts that may result from designating critical habitat. The Service will prepare a final economic analysis after receipt of additional information and prior to a final determination on this proposed rule.

Executive Order No. 12630 requires that Federal actions that may affect the value or use of private property be accompanied by a "Takings Implications Assessment." Although Takings Implications Assessments are not required prior to endangered and threatened species listing decisions, which must be based solely on biological information, such assessments may be appropriate for certain rulemakings involving critical habitat designation. The Service will consider whether a Takings

Implications Assessment is necessary prior to a final decision on the proposed designation.

The rule does not require a federalism assessment under Executive Order 12612 since it will not have any significant federalism effects as described in the order. The rule only relates to Federal lands and other lands where there is Federal involvement; no intrusion on State policy or administration is expected, and roles and responsibilities of Federal and State governments will not change, and fiscal capacity will not be substantially affected.

The rule contains no collections of information that require approval by the Office of Management and Budget under 44 U.S.C. 3501, *et seq.* Finally, the rule contains no recordkeeping requirements as defined by the Paperwork Reduction Act of 1980.

References Cited

Hammond, A.S. 1989. Status of the black bear in Louisiana in 1988. M.S. Thesis, 97 pp.

Hillman, L.L. 1989. Maintaining the black bear in the southern Appalachians. Presented at the Conference: Restoring Biodiversity in the Southern Appalachians: A Strategy for Survival. 10 pp.

Weaver, K.M. 1992. Louisiana status report. Ninth Eastern Workshop on Black Bear Res. and Manage. Ontario, Canada. 14 pp.

Weaver, K.M. and M.R. Pelton. In press. Denning ecology of black bears in the Tensas River Basin of Louisiana. Int. Conf. Bear Res. and Manage.

Author

The primary author of this proposed rule is Wendell A. Neal (see **ADDRESSES** section).

List of Subjects in 50 CFR Part 17

Endangered and threatened species, Exports, Imports, Reporting and recordkeeping requirements, and Transportation.

Proposed Regulation Promulgation

Accordingly, the Service proposes to amend part 17, subchapter B of chapter I, title 50 of the Code of Federal Regulations, as set forth below:

PART 17—[AMENDED]

1. The authority citation for part 17 continues to read as follows:

Authority: 16 U.S.C. 1361–1407; 16 U.S.C. 1531–1544; 16 U.S.C. 4201–4245; Pub. L. 99–625, 100 Stat. 3500; unless otherwise noted.

§ 17.11 [Amended]

2. Section 17.11(h) is amended by revising the Critical Habitat column for Bear, Louisiana black, under MAMMALS, to read "17.95(a)".

3. Section 17.95(a) is amended by adding critical habitat of the Louisiana black bear in the same alphabetical order as the species occurs in § 17.11(h).

§ 17.95 Critical habitat—fish and wildlife.

(a) * * *

* * * * * *

LOUISIANA BLACK BEAR (*Ursus americanus luteolus*)

Louisiana. Within the following boundaries:

(1) The area within the Atchafalaya River basin starting at the Old River Lock at the juncture of Old River and the Mississippi River, south along the Atchafalaya River to Bayou Des Glaises Fuse Plug Levee, then west to West Atchafalaya Basin Protection Levee south to Wax Lake Outlet, south to U.S. Highway 90, then east to the East Atchafalaya Basin Protection Levee, thence north to Morganza Control Structure, then North along Mississippi River to the point of beginning. The constituent elements include forested tracts within this area.

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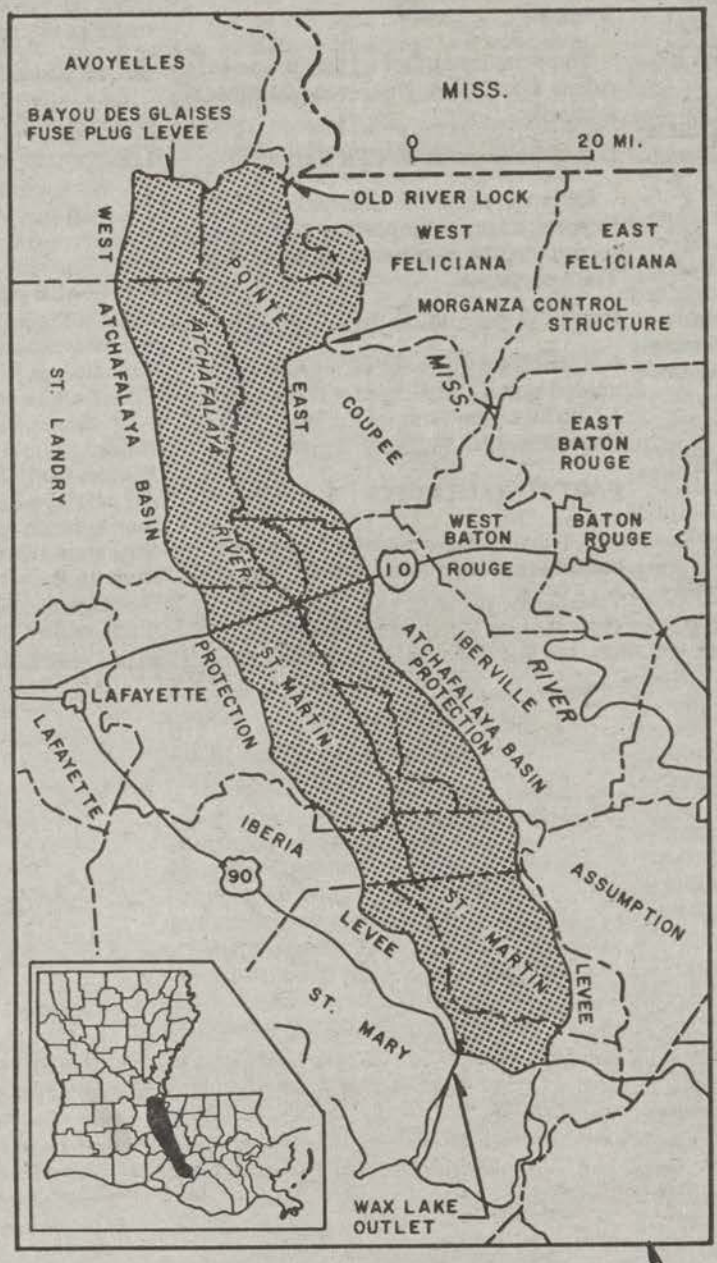
LOUISIANA BLACK BEAR

ATCHAFALAYA BASIN CRITICAL HABITAT AREA

LOUISIANA



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THIS MAP COMPIILED FROM U.S.G.S. STATE MAP (1:500000)

JBB 11/92

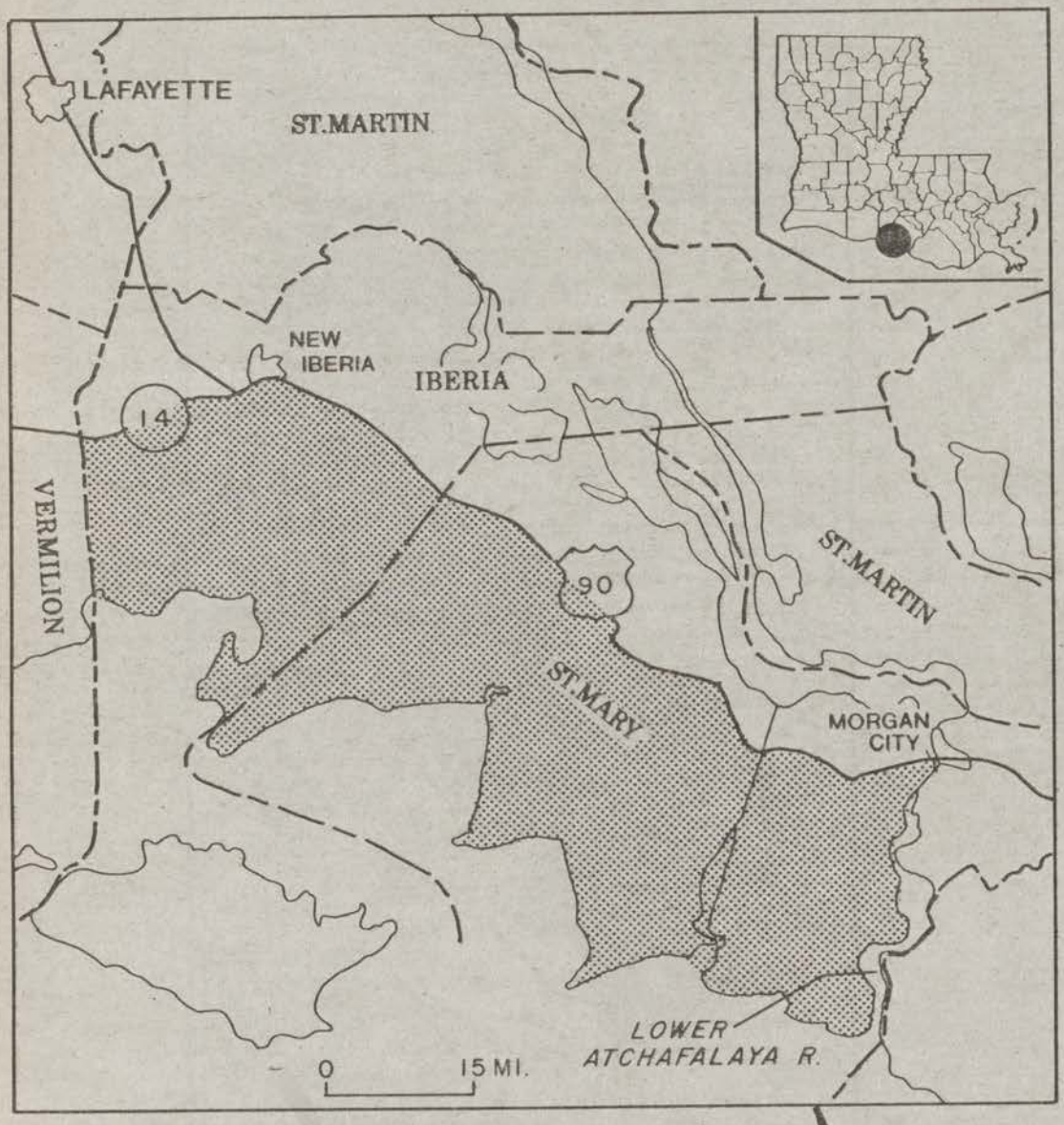
BILLING CODE 4310-55-C

(2) The areas south of U.S. Highway 90, west from the lower Atchafalaya River outlet along the coastline to the Vermillion Parish line, north to Highway 14, thence east to U.S. Highway 90. The constituent elements include forested tracts within this area.

BILLING CODE 4310-55-P

LOUISIANA BLACK BEAR

LOWER IBERIA–ST.MARY PARISH CRITICAL HABITAT AREA
LOUISIANA



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(3) The lands contained within an area bounded by the main channel of the Mississippi River on the east, Arkansas State line on the north, Highway 17 south to U.S. Highway 80; from that point east to Bayou Macon, and south to its juncture with the Tensas River; south down the Tensas River to its juncture with the Black River and south to its juncture with the Red River, thence south to the Old River Control Structure. The constituent elements include forested tracts within this area.

Mississippi. The area of Mississippi lying south of Washington County and west of the Main channel of Mississippi River. The constituent elements include forested tracts within this area.

* * * * *

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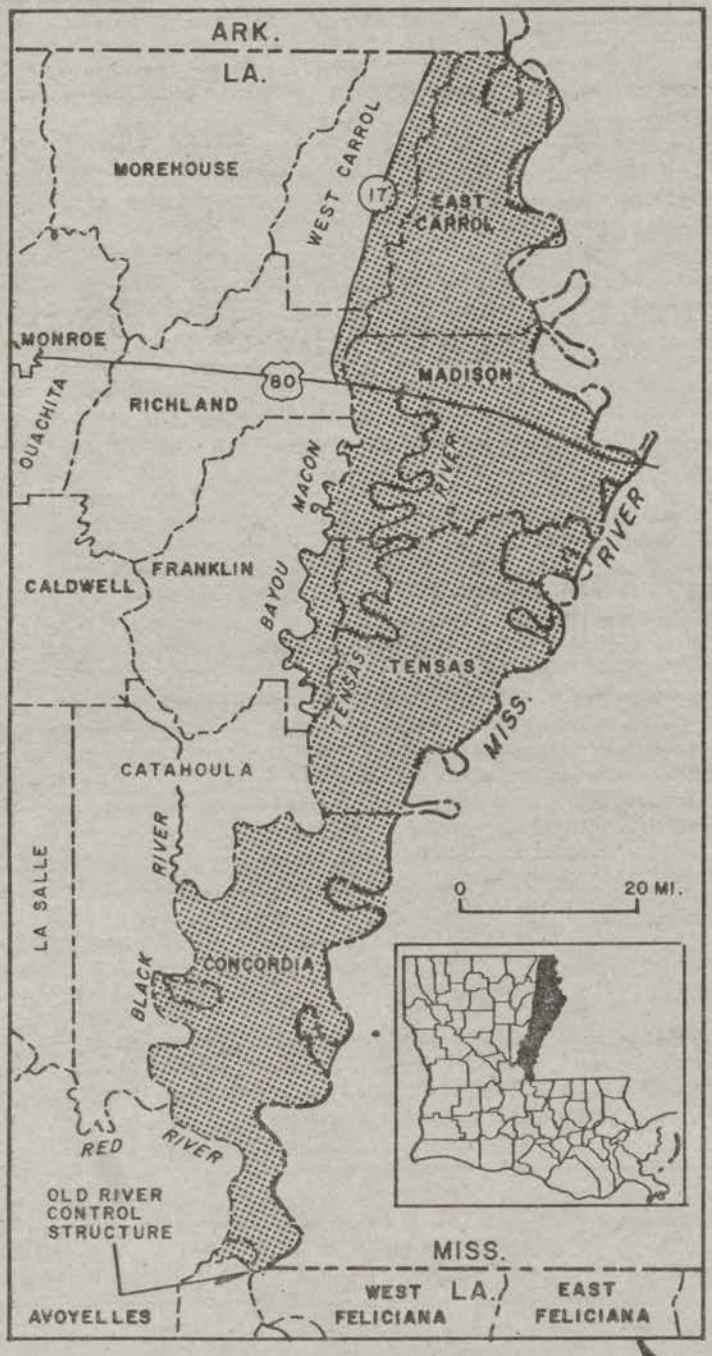
LOUISIANA BLACK BEAR
TENSAS BASIN CRITICAL HABITAT AREA
LOUISIANA



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BILLING CODE 4310-55-C

Dated: September 2, 1993.

Richard N. Smith,

Acting Director, Fish and Wildlife Service.

[FR Doc. 93–29530 Filed 12–1–93; 8:45 am]

BILLING CODE 4310–55–P

Notices

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

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Food Safety and Inspection Service

[Docket No. 91–011N]

FSIS Petition Submission and Review Procedures

AGENCY: Food Safety and Inspection Service, USDA.

ACTION: Notice.

SUMMARY: This notice provides guidelines for submission of petitions for rulemaking to the Food Safety and Inspection Service (FSIS) and information on how FSIS will process and respond to such petitions.

FOR FURTHER INFORMATION CONTACT: Ralph E. Stafko, Deputy Director, Policy Evaluation and Planning Staff, Food Safety and Inspection Service, U.S. Department of Agriculture, Washington, DC 20250; (202) 720–8169.

SUPPLEMENTARY INFORMATION:

Background

Administrative Conference of the United States (ACUS) Recommendation No. 86–6 advises agencies to review their rulemaking petition procedures and practices, and adopt measures ensuring that the right to petition is a meaningful one (1 CFR 305.86–6).

FSIS has done so and concludes that its rulemaking petition procedures and practices need clarification. United States Department of Agriculture regulations provide that petitions from interested persons for the issuance, amendment, or repeal of a rule may be filed with the official that issued or is authorized to issue the rule. Further, all such petitions must be given prompt consideration and petitioners must be notified promptly of the disposition of their petitions (7 CFR 1.28). No other guidance is provided to assist persons filing a petition for rulemaking with FSIS.

Historically, FSIS has addressed petitions for rulemaking on an ad hoc basis. More recently, it has instituted internal procedures to ensure petitions are identified and responded to properly (FSIS Directive 1232.2, Rev. 1, "Public Petitions for Rulemaking," dated 8/21/89). However, prospective petitioners have little guidance on what information a petition should contain and how it should be submitted to best ensure prompt consideration by FSIS. Therefore, FSIS is publishing these guidelines.

Guidelines for Petitioners

Any person may petition FSIS for the issuance, amendment, or repeal of a rule relating to programs administered by FSIS. "Person" includes an individual, partnership, corporation, association, or public or private organization.

A petition is a written request for FSIS action which would entail the issuance, amendment, or repeal of a rule. For every petition, FSIS will either grant the petition and undertake rulemaking, or deny the petition and notify the petitioner of the denial.

Format and Contents of the Petition

When a person petitions FSIS for the issuance, amendment, or repeal of a rule, the petition should:

- Include the phrase "Petition for Rulemaking Re: (Topic)" in the heading of the petition;
- Specify the regulatory provision to be issued, amended, or repealed;
- Provide information to support the need for the change;
- Include information on the economic impacts of the requested change; and
- Include the name, address, and telephone number of the petitioner.

The petition, including supporting information, will be made available for inspection as stated below. Therefore, the petition must not include any information that the petitioner does not want make available for public inspection.

Petition Submission Procedure

While 7 CFR 1.28 provides that one may petition the person who issued or is authorized to issue rules, FSIS recommends that petitions for rulemaking relating to programs administered by FSIS be addressed to the United States Department of Agriculture, Food Safety and Inspection Service, Hearing Clerk's Office, room 3171, South Agriculture Building, 14th and Independence Avenue SW., Washington, DC 20250.

FSIS Petition Processing Procedures

After receiving a petition for rulemaking, the FSIS Hearing Clerk will log it and place a copy in the public record, located in the Hearing Clerk's Office, where it may be inspected by the public.[1] The Hearing Clerk will send the petition, with all supporting information, to the Administrator, FSIS, who will assign it to an appropriate FSIS office for review and recommendations on its disposition. This office, the Office of Primary Interest (OPI), will send an initial letter to the petitioner acknowledging receipt of the petition for rulemaking. The acknowledgement letter will also identify the OPI, and who the petitioner may contact for information about FSIS's review of the petition. The OPI will then conduct a review of the petition. FSIS will make its decision on the petition as promptly as possible.

Supplementary Information; Abandonment

If a petition for rulemaking appears to have merit, but is insufficiently supported by information, FSIS may request additional supporting information. Such requests will be made in writing to the petitioner. If a petitioner does not respond to an FSIS request for information within a reasonable amount of time, usually considered to be 90 days, the reviewing official will contact the petitioner to determine whether the needed information will be forthcoming or if the petition will be withdrawn. If the petition is to be withdrawn, the petitioner should send the reviewing official a letter requesting that the petition be withdrawn. If the reviewing official does not receive the additional information or withdrawal letter within a reasonable amount of time, usually considered to be 90 days, the reviewing official will consider the petition to be abandoned.

The OPI will inform the petitioner in writing that the petition is considered to be abandoned due to petitioner's failure

[1] Petitions for rulemaking may be inspected in the Hearing Clerk's Office, Food Safety and Inspection Service, United States Department of Agriculture, 14th & Independence Ave., SW., room 3171, South Agriculture Building, Washington, DC 20250.

to provide previously requested information. The letter will also state that the petition will be considered again, in accordance with 7 CFR 1.28, if re-submitted with adequate information to facilitate a review.

Disposition of Petitions

After reviewing a petition for rulemaking and supporting information, the OPI will recommend disposition. If the petition is found to not have merit or does not support the requested rulemaking, the OPI will recommend that the Administrator, FSIS, deny the petition. If the OPI determines that the petition has merit, the OPI will recommend the the Administrator, FSIS, grant the petition. If the Administrator, FSIS, decides to deny the petition for rulemaking, a letter will be sent to the petitioner denying the petition for rulemaking and explaining the basis for the denial of the petition. A copy of the letter denying the petition will be placed in the public record located in the Hearing Clerk's Office.

If the Administrator, FSIS, decides to grant the petition, upon the addition of the rulemaking to FSIS's Regulatory Agenda, a letter will be sent to the petitioner granting the petition for rulemaking. A copy of the letter granting the petition will be placed in the public record located in the Hearing Clerk's Office. The preamble to the consequent **Federal Register** rulemaking document will reference the petition(s) to which it is responding.

Done at Washington, DC on: November 29, 1993.

H. Russell Cross,

Administrator.

[FR Doc. 93–29505 Filed 12–1–93; 8:45 am]

BILLING CODE 3410–DM–M

DEPARTMENT OF COMMERCE

Agency Form Under Review by the Office of Management and Budget

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).

Agency: Bureau of the Census.

Title: Survey of Income and Program Participation, 1993 Panel, Wave 5.

Form Number(s): SIPP–13500, SIPP–13503.

Agency Approval Number: 00607–0759.

Type of Request: Revision of a currently approved collection.

Burden: 63,000 hours.

Number of Respondents: 42,000.

Avg Hours Per Response: 30 minutes.

Needs and Uses: The Survey of Income and Program Participation (SIPP) is designed as a continuing series of national panels of interviewed households which are introduced annually with each panel having a duration of about 2½ years in the survey. The survey is molded around a central 'core' of labor force and income questions that will remain fixed throughout the life of a panel. The core is periodically supplemented with questions designed to answer specific needs. These supplemental questions are included with the core and are referred to as 'topical modules.' The topical modules for the 1993 panel Wave 5 interview collectively are called the 'Annual Round–Up' topical modules. The individual components are 1) Annual Income and Retirement Accounts, 2) Taxes, and 3) School Enrollment and Financing. Wave 5 interviews will be conducted from June through September 1994.

Affected Public: Individuals or households.

Frequency: Once during panel.

Respondent's Obligation: Voluntary.

OMB Desk Officer: Maria Gonzalez, (202) 395–7313.

Copies of the above information collection proposal can be obtained by calling or writing Edward Michals, DOC Forms Clearance Officer, (202) 482–3271, Department of Commerce, room 5312, 14th and Constitution Avenue, NW, Washington, DC 20230.

Written comments and recommendations for the proposed information collection should be sent to Maria Gonzalez, OMB Desk Officer, room 3208, New Executive Office Building, Washington, DC 20503.

Dated: November 29, 1993.

Edward Michals,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 93–29534 Filed 12–1–93; 8:45 am]

BILLING CODE 3510–07–F

Agency Form Under Review by the Office of Management and Budget

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).

Agency: Bureau of the Census.

Title: Survey of Income and Program Participation, 1992 Panel, Wave 8.

Form Number(s): SIPP–12800, SIPP–12803.

Agency Approval Number: 0607–0723.

Type of Request: Revision of a currently approved collection.

Burden: 63,000 hours.

Number of Respondents: 42,000.

Avg Hours Per Response: 30 minutes.

Needs and Uses: The Survey of Income and Program Participation (SIPP) is designed as a continuing series of national panels of interviewed households which are introduced annually with each panel having a duration of about 2½ years in the survey. The survey is molded around a central 'core' of labor force and income questions that will remain fixed throughout the life of a panel. The core is periodically supplemented with questions designed to answer specific needs. These supplemental questions are included with the core and are referred to as 'topical modules.' The topical modules for the 1992 panel Wave 8 interview collectively are called the 'Annual Round–Up' topical modules. The individual components are 1)Annual Income and Retirement Accounts, 2)Taxes, and 3)School Enrollment and Financing. Wave 8 interviews will be conducted from June through September 1994.

Affected Public: Individuals or households.

Frequency: Once during panel.

Respondent's Obligation: Voluntary.

OMB Desk Officer: Maria Gonzalez, (202) 395–7313.

Copies of the above information collection proposal can be obtained by calling or writing Edward Michals, DOC Forms Clearance Officer, (202) 482–3271, Department of Commerce, room 5312, 14th and Constitution Avenue, NW, Washington, DC 20230.

Written comments and recommendations for the proposed information collection should be sent to Maria Gonzalez, OMB Desk Officer, room 3208, New Executive Office Building, Washington, DC 20503.

Dated: November 29, 1993.

Edward Michals,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 93–29533 Filed 12–1–93; 8:45 am]

BILLING CODE 3510–07–F

National Oceanic and Atmospheric Administration

[I.D. 112693B]

Alaska Groundfish Fisheries; Catch Measurement; Public Meeting

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and

Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of public meeting.

SUMMARY: NMFS announces a public meeting on the subject of catch measurement in the Alaska groundfish fisheries. The purpose of this meeting is to discuss NMFS's initial recommendations for performance standards and operational requirements for weighing fish at sea. The meeting is scheduled for Tuesday, December 14, 1993, in the Windward Room of the Downtown Seattle Hilton Hotel. The Hilton Hotel is located at 6th and University in Seattle, Washington. The meeting will begin at 9 a.m.

FOR FURTHER INFORMATION CONTACT: Sally Bibb, NMFS Alaska Region, Fisheries Management Division, 907–586–7228.

Dated: November 26, 1993.

Richard H. Schaefer,

Director of Office of Fisheries Conservation and Management, National Marine Fisheries Service.

[FR Doc. 93–29474 Filed 12–1–93; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF ENERGY

Floodplain Statement of Findings for the Oak Ridge National Laboratory Waste Area Grouping 2 Site Characterization Activities

AGENCY: Department of Energy (DOE).

ACTION: Floodplain statement of findings.

SUMMARY: This is a Floodplain Statement of Findings for site characterization activities to support the remedial investigation of Waste Area Grouping (WAG) 2 at the Oak Ridge National Laboratory (ORNL), prepared in accordance with 10 CFR part 1022. DOE proposes to perform characterization activities within the 100-year floodplain of White Oak Lake, White Oak Creek, and Melton Branch, which are located in Roane County, Tennessee. DOE prepared a Floodplain and Wetlands Assessment describing the effects, alternatives, and measures designed to avoid or minimize potential harm to or within the affected floodplain. DOE will endeavor to allow 15 days of public review after publication of the statement of findings before implementing the proposed action.

FOR FURTHER INFORMATION CONTACT: Mr. Robert Sleeman, Director, Environmental Restoration Division, Oak Ridge Operations Office, U.S. Department of Energy, Post Office Box 2001, Oak Ridge, Tennessee 37831–8541, (615) 483–0715. Fax comments to: (615) 576–6074.

FOR FURTHER INFORMATION ON GENERAL DOE FLOODPLAIN ENVIRONMENTAL REVIEW REQUIREMENTS, CONTACT: Ms. Carol M. Borgstrom, Director, Office of NEPA Oversight, (EH–25), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585, (202) 586–4600 or (800) 472–2756.

SUPPLEMENTARY INFORMATION: This is a Floodplain Statement of Findings for the ORNL WAG 2 assessment activities, prepared in accordance with 10 CFR part 1022. A Notice of Floodplain and Wetlands Involvement was published in the **Federal Register** on October 5, 1993 (58 FR 51813), and a floodplain and wetlands assessment has been prepared. DOE proposes to conduct remedial investigation (RI) assessment activities, also called site characterization activities, at the ORNL WAG 2 site. All the proposed activities would be located in the floodplain, as the boundaries of the 150-acre WAG 2 site approximate the 100-year floodplain boundaries of White Oak Lake, White Oak Creek, and Melton Branch. The proposed assessment activities are required under the implementation of the Comprehensive Environmental Response, Compensation, and Liability Act on the Oak Ridge Reservation and would provide the necessary information to remediate the site.

The proposed RI assessment activities consist of sampling and monitoring activities that are required to investigate four media: Ground water, surface water, sediment and soils, and biota. The majority of the sampling and monitoring activities, including the collection of soils and sediments and the installation of drive-point wells, small weir plates, metal measuring pins, and stabilizers for sampling tubes, would be performed by hand. Only the installation of several auger wells and preformed flumes would require the use of powered equipment, such as a drill rig or lift truck. The sites for the auger wells and preformed flumes are either adjacent to or just off of existing gravel roads, thereby minimizing any potential adverse impacts on the floodplain during installation.

Alternatives to the proposed activities are the no-action alternative, on-site construction and fabrication of the flumes, different drilling techniques, and alternative sampling and monitoring locations. None of the alternatives that could meet the mandated RI assessment criteria would produce and lessen impact upon the floodplain than the preferred alternative.

Measures to mitigate the impacts to the floodplain are minor since the impacts associated with the floodplain are insignificant. Best management practices would be strictly adhered to for all activities, including the installation of the preformed flumes, small weir plates, drive-point and auger wells, metal pins, and stabilizing devices. Using preformed flumes would greatly expedite the installation time and minimize any possible excavation. The installation of the preformed flumes and auger wells should take no more than several days and can therefore be planned during favorable weather. Installation during favorable conditions, when the ground is dry and firm and winds are light, would effectively eliminate the damage to the surrounding areas that powered equipment might cause during severe weather.

The floodplain assessment concluded that site characterization activities at WAG 2 would have no adverse impact on the 100-year floodplain, would not cause impacts to property or individuals such as backwater effects or inundation of land, and would not promote development in the floodplain. The proposed action has been designed to conform to applicable State or local floodplain protection standards.

DOE will endeavor to allow 15 days of public review after publication of the Statement of Findings prior to implementing the proposed action.

Issued in Washington, DC, on November 18, 1993.

James J. Fiore,

Director, Office of Eastern Area Programs, Office of Environmental Restoration.

[FR Doc. 93–29531 Filed 12–1–93; 8:45 am]

BILLING CODE 6450–01–M

Transmittal of Mined Geologic Disposal System (MGDS) Annotated Outline for the Preparation of a License Application, Revision 3, to the U.S. Nuclear Regulatory Commission (NRC)

AGENCY: Department of Energy.

ACTION: Notice.

SUMMARY: The Department of Energy (DOE) transmitted the Mined Geologic Disposal System (MGDS) Annotated Outline for the Preparation of a License Application, Revision 3, dated November 30, 1993, to the NRC for information and guidance. The annotated outline process is the basis for developing a license application, if any, for the MGDS program. The annotated outline process is iterative,

with revisions to be developed in consultation with the NRC.

FOR FURTHER INFORMATION CONTACT: For further information and to obtain a copy of the annotated outline, contact Corinne Macaluso, RW–331, Office of Civilian Radioactive Waste Management, U.S. Department of Energy, 1000 Independence Avenue, SW., Washington, DC 20585, (202) 586–2837.

Issued in Washington, DC on November 24, 1993.

Daniel A. Dreyfus,

Director, Office of Civilian Radioactive Waste Management.

[FR Doc. 93–29532 Filed 12–1–93; 8:45 am]

BILLING CODE 6450–01–M

Federal Energy Regulatory Commission

[Docket No. SA93–2–000]

Corpus Christi Transmission Company, A Limited Partnership; Petition for Adjustment

November 26, 1993.

Take notice that on September 1, 1993, Corpus Christi Transmission Company, A Limited Partnership (CCTC–LP) filed pursuant to section 503(c) of the Natural Gas Policy Act of 1978 (NGPA), a petition for adjustment from 284.123(b)(1)(ii) of the Commission's regulations to permit CCTC–LP to use its tariff on file with the Railroad Commission of Texas (Railroad Commission) for services performed pursuant to NGPA Section 311.

In support of its petition, CCTC–LP states that it is an intrastate pipeline operating in the State of Texas, and is a gas utility subject to the jurisdiction of the Railroad Commission. CCTC–LP's transportation rates are subject to regulation by the Railroad Commission. CCTC–LP anticipates providing Section 311 transportation service on behalf of interstate pipeline companies or local distribution companies served by interstate pipeline companies for a charge not to exceed $0.11 per MMBtu (plus pro rata fuel, any regulatory fees, any new or increased taxes assessed on CCTC–LP, and any reimbursement of treating costs in connection with the performance of such service).

The regulations applicable to this proceeding are found in Subpart K of the Commission's Rules of Practice and Procedure. Any person desiring to participate in this rate proceeding must file a motion to intervene in accordance with sections 385.211 and 385.214 of the Commission's Rules of Practice and Procedures. All motions must be filed with the Secretary of the Commission within 15 days after publication of this notice in the **Federal Register**. The petition for adjustment is on file with the Commission and is available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 93–29469 Filed 12–1–93; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. PR94–2–000]

Enron Gas Storage Co.; Petition for Rate Approval

November 26, 1993.

Take notice that on November 15, 1993, Enron Storage Company (ESC) filed pursuant to § 284.123(b)(2) of the Commission's regulations, a petition for rate approval requesting that the Commission approve market-based storage rates as fair and equitable for storage services performed under section 311(a)(2) of the Natural Gas Policy Act of 1978 (NGPA).

ESC states that it is an intrastate pipeline within the meaning of section 2(16) of the NGPA and it owns and operates an intrastate pipeline system in the State of Louisiana. ESC proposes an effective date of November 15, 1993.

Pursuant to § 284.123(b)(2)(ii), if the Commission does not act within 150 days of the filing date, the rate will be deemed to be fair and equitable and not in excess of an amount which interstate pipelines would be permitted to charge for similar storage service. The Commission may, prior to the expiration of the 150-day period, extend the time for action or institute a proceeding to afford parties an opportunity for written comments and for the oral presentation of views, data, and arguments.

Any person desiring to participate in this rate proceeding must file a motion to intervene in accordance with §§ 385.211 and 385.214 of the Commission's Rules of Practice and Procedures. All motions must be filed with the Secretary of the Commission on or before December 13, 1993. The petition for rate approval is on file with the Commission and is available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 93–29470 Filed 12–1–93; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. RP94–56–000]

Northern Border Pipeline Co.; Proposed Changes in FERC Gas Tariff

November 26, 1993.

Take notice that on November 23, 1993, Northern Border Pipeline Company (Northern Border) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 1, the following revised tariff sheets:

First Revised Sheet Number 117
First Revised Sheet Number 118
First Revised Sheet Number 156
First Revised Sheet Number 157

Northern Border states that the purpose of this filing is (i) to revise the Maximum Rate and Minimum Revenue Credit under Rate Schedule IT–1; and (ii) to comply with the interpretation of the Chief Accountant concerning the Statement of Financial Accounting Standard No. 109. The specific tariff pages affected by these changes are detailed below.

Northern Border notes that none of the herein proposed changes result in a change in Northern Border's total revenue requirement due to its cost of service form of tariff.

Northern Border proposes to increase the Maximum Rate from 4.018 cents per 100 Dekatherm-Miles to 4.170 cents per 100 Dekatherm-Miles and to decrease the Minimum Revenue Credit from 2.742 cents per 100 Dekatherm-Miles to 2.225 cents per 100 Dekatherm-Miles. The revised Maximum Rate and Minimum Revenue Credit is to be effective January 1, 1994 in accordance with Northern Border's Tariff provisions under Rate Schedule IT–1.

Northern Border requests that Sheet Numbers 117 and 118 be made effective December 30, 1993 and Sheet Numbers 156 and 157 be made effective January 1, 1994.

Northern Border further states that copies of this filing have been sent to all of Northern Border's contracted shippers.

Any person desiring to be heard or to protest said filing should file a petition to intervene or a protest with the Federal Energy Regulatory Commission, 825 North Capitol Street, NE., Washington, DC 20426, in accordance with the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214). All such petitions or protests should be filed on or before December 3, 1993. Protests will be considered but not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a petition to intervene. Copies of this filing are on

file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.

Acting Secretary.

[FR Doc. 93–29471 Filed 12–1–93; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. RP88–259–069]

Northern Natural Gas Co.; Report of Distribution of Refunds

November 26, 1993.

Take notice that on November 19, 1993, Northern Natural Gas Company (Northern), tendered for filing its Interim Gas Inventory Charge Report of Distribution of Refunds in the above proceeding.

In accordance with the Commission's letter order dated October 21, 1993, Northern states that on November 19, 1993, it remitted refunds including interest to its jurisdictional sales and transportation customers of $86,522.

Any person desiring to protest said filing should file a protest with the Federal Energy Regulatory Commission, 825 North Capitol Street, NE., Washington, DC 20426, in accordance with the Commission's rules of Practice and Procedure (18 CFR 385.211). All such protests should be filed on or before December 3, 1993. All protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 93–29472 Filed 12–1–93; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. RP94–40–001]

Questar Pipeline Co.; Proposed Changes in FERC Gas Tariff

November 26, 1993.

Take notice that on November 23, 1993, Questar Pipeline Company (Questar) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 1, First Original Sheet No. 5A.1, to be effective September 1, 1993. Questar states that the filing is being made in compliance with the Commission's November 9, 1993, letter order in Docket No. RP94–40.

Questar states that through this filing, Questar will comply with the November 9 order by filing within 15 days of that order a tariff sheet setting forth the charge reflecting the direct bill of Account No. 191 to Mountain Fuel Supply Company (Mountain Fuel) as required by sections 4(c) and 4(d) of the NGA. Questar requested waiver of § 154.22 of the Commission's Regulations so that the tendered tariff sheet would become effective September 1, 1993, the effective date of Questar's restructuring.

Questar states that copies of this filing were served upon Mountain Fuel, the Public Service Commission of Utah, the Public Service Commission of Wyoming and each person designated on the official service list compiled by the Secretary in this proceeding.

Any person desiring to protest said filing should file a protest with the Federal Energy Regulatory Commission, 825 North Capitol Street NE., Washington, DC 20426, in accordance with 18 CFR 385.211 of the Commission's Rules and Regulations. All such protests should be filed on or before December 3, 1993. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection in the public reference room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 93–29473 Filed 12–1–93; 8:45 am]

BILLING CODE 6717–01–M

ENVIRONMENTAL PROTECTION AGENCY

DEPARTMENT OF ENERGY

[FRL–4808–5]

Voluntary Greenhouse Gas Emissions Reduction Recognition Program—Climate-Wise

AGENCY: U.S. Environmental Protection Agency and U.S. Department of Energy.

ACTION: Announcement of public workshop.

SUMMARY: This Federal Register notice is to announce a public workshop on a new voluntary greenhouse gas (GHG) emission reduction program, called Climate-Wise. Climate-Wise is being launched pursuant to President Clinton's Climate Change Action Plan. Climate-Wise will also provide an incentive for reporting GHG emission reductions under the section 1605(b) provisions of the Energy Policy Act of 1992. Through Climate-Wise, the U.S. Environmental Protection Agency (EPA) and the U.S. Department of Energy (DOE) will recognize and encourage a broad array of GHG emission reduction measures. Such measures may include, but are not limited to: the use of renewable resources and energy efficiency technologies; industrial process efficiency improvements; raw materials and fuels substitutions; and innovative transportation programs that reduce fossil fuel use. The premise of the program is that government can spur innovation by establishing broad performance goals and allowing individuals to identify the most effective means to achieve them.

DATES: The workshop will be held December 17, 1993.

ADDRESSES: The workshop will be held at the Crystal City Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, Virginia 22205, (703) 271–5107. The workshop will begin at 8:30 a.m. and adjourn at 5 p.m.

FOR FURTHER INFORMATION CONTACT: To obtain more information on the workshop or a copy of the Climate-Wise Options Identification Document, call Ms. Pamela Herman, U.S. Environmental Protection Agency, Office of Policy, Planning and Evaluation (21111), 401 M Street SW., Washington, DC 20460 or Mr. Gerald Kotas, U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy (EE–1), 1000 Independence Avenue SW., Washington, DC 20585; (202) 586–9220.

SUPPLEMENTARY INFORMATION: On October 19, 1993, the President announced the Climate Change Action Plan to meet his goal of reducing U.S. emissions of greenhouse gases (GHGs) to 1990 levels by the year 2000. Climate-Wise is one of the foundation elements of the Action Plan and is intended to encourage GHG emission reductions by recognizing voluntarily achievements.

Under the Climate-Wise program, each organization will have the flexibility to decide the most efficient and cost-effective measures to reduce or mitigate GHG emissions in their operations. Climate-Wise will complement existing voluntary pollution prevention programs, such as 33/50, Clean Cities, Green Lights, Motor Challenge, Climate Challenge, and the Natural Gas and Energy Star programs. The program will recognize organizations for significant emission reductions achieved through these and other assistance programs as well as for reductions achieved through self-initiated programs.

Examples of activities an organization may choose to conduct to reduce greenhouse gas emissions include:

- Undertaking demand-side management (DSM) programs.

- Carrying out energy conservation and efficiency measures in industrial and manufacturing processes.
- Setting up employee mass transit or carpooling programs.
- Converting vehicle fleets to alternatively fueled vehicles.
- Undertaking carbon sequestration activities, such as tree planting.
- Switching to lower-carbon-content fuels (e.g., natural gas or renewable sources of energy).
- Designing and implementing cogeneration projects.
- Improving boiler/turbine efficiency.
- Recovering and reusing fugitive emissions.
- Substituting raw materials (e.g., replacing limestone with fly ash or slag in cement production).

EPA and DOE are considering a range of recognition and technical assistance programs to encourage organizations to undertake these kinds of activities. Several recognition categories under Climate-Wise are being considered to highlight achievements and call attention to meaningful progress. For example, a first place winner and a runner-up could be designated according to the greatest emission reductions. Awards could also be given for "best technological achievements," "most effective program developed by small business," "best carbon sequestration project," and so on. DOE and EPA are also considering establishing sector-based recognition categories (i.e., transportation, residential, and commercial, industrial, etc.). An alternative to recognizing overall achievement, is to establish national or sector-specific performance goals and recognize all organizations that meet or exceed them. A variation on this approach is to allow individual organizations to establish their own individual emission reductions goals.

EPA and DOE are also considering providing technical assistance to organizations participating in the Climate-Wise program to assist them in setting and reaching significant emission mitigation goals. Technical assistance could include the establishment of a clearinghouse of information on technological advancements, formal training programs or workshops, and other information provision programs. These programs would complement the extensive technical assistance services that DOE and EPA already provide.

In addition to encouraging GHG emission reductions, Climate-Wise also provides an incentive for participation in the voluntary emissions reduction reporting system established under section 1605(b) of the Energy Policy Act (EPACT) of 1992. Climate-Wise will reinforce and strengthen the voluntary reporting program by providing public recognition for significant reduction and mitigation achievements. As currently envisioned, data reported as part of the EPACT program would be one of the primary resources used by DOE and EPA to identify and assess emission reduction achievements.

On July 27, 1993 DOE issued a Notice of Inquiry requesting comment on the initial design of the "Guidelines for Voluntary Reporting of Greenhouse Gas Emissions Reductions and Carbon Sequestration" (58 FR 40116). A series of public workshops is currently underway to discuss the design of the voluntary reporting system. EPA and DOE will consider comments submitted to DOE in response to the Notice of Inquiry and the public workshops in designing the Climate-Wise program.

Due to the wide variety of organizations that will be eligible to participate in the Climate-Wise program, DOE and EPA are interested in receiving opinions from a broad range of large and small organizations representing the different sectors of the economy. The initial Climate-Wise concept paper was extensively reviewed by public and private sector officials during the development of the President's Climate Change Action Plan. DOE and EPA have also been meeting with potential participants and interested parties to obtain their input on the design of the program. The upcoming public workshop, to be held December 17, will provide an opportunity to review specific program design options. EPA and DOE also plan to publish a final program proposal in the **Federal Register** for public review and comment.

Some of the design issues that will be discussed during the workshop include:

- Whether to recognize the highest reduction achievements overall, in a certain sector, or whether to recognize organizations which meet a pre-determined national or organization specific goal.
- Whether to require on-site or third party verification of the reported emission reduction activities.
- How to structure recognition categories (e.g., by size and/or sector) and recognition events.
- Whether to include general climate change information in the public education activities.

Alexander Cristofaro,
Director, Air and Energy Policy Division, Environmental Protection Agency.
Gerald F. Kotas,
Senior Environmental Advisor, Office of Energy Efficiency & Renewable Energy, U.S. Department of Energy.

[FR Doc. 93–29415 Filed 12–1–93; 8:45 am]
BILLING CODE 6560–50–P

[PF–585; FRL–4741–6]

E.I. du Pont de Nemours & Co.; Filing of Petition Requesting Revocation of Benomyl Tolerance on Raisins

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: EPA has received from E.I. du Pont de Nemours & Co. a petition proposing to revoke food additive tolerances for benomyl on raisins. This notice sets forth the basis for DuPont's petition and provides opportunity for public comment on it.

DATES: Written comments, identified by the document control number [PF-585], must be received on or before January 3, 1994.

ADDRESSES: By mail, submit written comments to: Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Copies of the petition will be available for public inspection from 8 a.m. to 4 p.m., Monday through Friday, except for legal holidays in the Information Services Branch, Program Management and Support Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, Rm. 1132, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, telephone: 703-305-5805.

Information submitted and any comment(s) concerning this notice may be claimed confidential by marking any part or all of that information as "Confidential Business Information" (CBI). Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment(s) that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice to the submitter. All written comments will be available for public inspection at the address and hours given above.

FOR FURTHER INFORMATION CONTACT: By mail: Niloufar Nazmi, Special Review and Reregistration Division (7508W), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: Rm. WF32C5, Crystal Station #1, 2800 Crystal Drive, Arlington, VA, 703-308-8028.

SUPPLEMENTARY INFORMATION:

I. Introduction

Statutory Framework

The Federal Food, Drug and Cosmetic Act (FFDCA) (21 U.S.C. 136 et seq.) authorizes the establishment of tolerances and exemptions from tolerances for the residues of pesticides in or on raw agricultural commodities (RAC's) in section 408 of the act (21 U.S.C. 346a), and the promulgation of food additive regulations for pesticide residues in processed foods under section 409 of the act (21 U.S.C. 348).

Raw agricultural commodities are defined by the statute as "any food in its raw or natural state, including all fruit that are washed, colored, or otherwise treated in their unpeeled natural form prior to marketing." 21 U.S.C. 301(r). The statute contains no definition on non-RAC processed foods, but does list the following activities as processing steps: "canning, cooking, freezing, dehydrating, or milling." The reference to dehydration has been relied upon by EPA and FDA in classifying dried fruit as a non-RAC processed food. See 21 CFR 170.20.

Under section 408 of the act, EPA establishes tolerances or exemptions from tolerances when appropriate, for pesticide residues in raw agricultural commodities. Food additive regulations setting maximum permissible levels of pesticide residues in processed foods are established under section 409 of the act. Section 409 tolerances are required, however, only for certain pesticide residues in processed food. Under section 402(a)(2) of the act, no section 409 tolerance is required if any pesticide residue in a processed food resulting from use on a RAC has been removed to the extent possible by good manufacturing practices and is below the tolerance for that pesticide in or on that RAC. This exemption in section 402(a)(2) is commonly referred to as the "flow-through" provision because it allows the section 408 raw food tolerance to flow through the processed food. Thus, a section 409 tolerance is only necessary to prevent foods from being deemed adulterated when despite the use of good manufacturing practices the concentration of the pesticide residue in a processed food is greater than the tolerance prescribed for the raw agricultural commodity, or if the processed food itself is treated or comes in contact with a pesticide. Monitoring and enforcement are carried out by the Federal Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA).

The establishment of a food additive regulation under section 409 requires a finding that use of the pesticide will be "safe" (21 U.S.C. 348(c)(2)). Section 409 also contains the Delaney Clause, which specifically provides that, with limited exceptions, no additive may be approved if it has been found to induce cancer in man or animals. (21 U.S.C. 348(c)(5))

In setting both section 408 and 409 tolerances, EPA reviews residue chemistry and toxicology data. To be acceptable, tolerances must be both high enough to cover residues likely to be left when the pesticide is used in accordance with its labeling, and low enough to protect the public health. With respect to section 408 tolerances, EPA determines the highest levels of residues that might be present in a raw agricultural commodity based on controlled field trials conducted under the conditions allowed by the product's labeling that are expected to yield maximum residues. Generally, EPA's policy concerning whether a section 409 tolerance is needed depends on whether there is a possibility that the processing of a raw agricultural commodity containing pesticide residues would result in residues in the processed food at a level greater than the raw food tolerance.

II. The DuPont Petition

E.I. du Pont de Nemours & Co. has submitted a petition requesting the revocation of the tolerance established under section 409 of the FFDCA for combined residues of the fungicide benomyl (methyl-1-(butylcarbamoyl)-2-benzimidazolecarbamate) and its metabolites containing the benzimidazole moiety (calculated as benomyl) in raisins. The tolerance level for benomyl in raisins is 50 ppm as specified in § 185.350. This petition is filed in accordance with 40 CFR part 177. The following sets forth the basis for the petitioner's request.

The petitioner contends that this action is warranted because raisins are a raw agricultural commodity. First, the petitioner proposes that the existing 409 tolerance for raisins is inappropriate and should be revoked because raisins meet the statutory definition of a raw agricultural commodity udner section 201(r) of the FFDCA. It claims that the drying of a RAC in its unpeeled natural form is not the type of intrusive activity which turns a RAC into a processed food. According to section 201(r) of the FFDCA, RAC means "any food in its raw or natural state, including all fruits that are washed, colored or otherwise treated in their unpeeled natural form prior to marketing."

Du Pont contends that under this definition, raisins that are dried in their natural state without peeling or other intrusive processing procedures remain as a RAC. The petition states that a tolerance for raisins should be established under section 408 and the existing tolerance under section 409 should be revoked.

In the event that the above-described revocation is not possible, DuPont proposes a label amendment to remove benomyl use on grapes grown for raisins. The petitioner believes that it is feasible to limit use by stipulating on the benomyl label a prohibition of treating grapes grown for raisins. To defend its claim that grapes grown for raisins are easy to segment, the petition cites the limited geography used for raisin production, the fact that raisin-bearing acreage is readily distinguished from acreage bearing wine and table grapes, and that agricultural practices for table grapes and raisin grapes are significantly different.

The petitioner further notes that FDA/USDA sampling of raisin data in 1991 showed no detection of benomyl residues in over 100 samples of raisins collected off the shelf at retail locations. (A full copy of the petition and its attachments, including the referenced studies, is available as described in the "ADDRESSES" section above in this document).

III. Conclusion

EPA notes that it issued in the **Federal Register** of July 14, 1993 (58 FR 37862), a rule revoking the section 409 tolerance for benomyl on raisins (40 CFR 185.350) (The section was reinstated in the **Federal Register** of September 16, 1993 (58 FR 48456).) The July 14, 1993 document allowed the effective date to be stayed if any stay requests were submitted for such a time as needed for EPA to determine whether to grant the stay petition. A request was submitted and to date EPA has not issued a decision on the stay petition.

Pursuant to 40 CFR 177.125 and 177.30, EPA may issue an order ruling on the petition or may issue a proposal in response to the petition and seek further comment. If EPA issues an order in response to the petition, any person adversely affected by the order may file written objections and a request for a

hearing on those objections with EPA on or before the 30th day after the date of publication of the order. 40 CFR 178.20.

List of Subjects

Environmental protection, Pesticides and pests, Food additives.

Authority: 21 U.S.C. 346a and 348.

Dated: November 17, 1993.

Stephen L. Johnson,

Acting Director, Registration Division, Office of Pesticide Programs.

[FR Doc. 93–29518 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–F

[FRL–4808–9]

Control Techniques Guideline Document: Volatile Organic Liquid Storage in Floating and Fixed Roof Tanks

AGENCY: Environmental Protection Agency (EPA).

ACTION: Release of a draft control techniques guideline (CTG) document for public review.

SUMMARY: The EPA is announcing the availability of a draft CTG document for control of volatile organic compound (VOC) emissions from volatile organic liquid storage in floating and fixed roof tanks. The document addresses VOC emissions from four tank types: fixed-roof tanks; external floating roof tanks; internal floating roof tanks; and horizontal tanks. The CTG affects tanks regardless of industry sector. Some of the affected industries include: Chemical Manufacturing, Petroleum Refining, Pipelines, and Liquid Terminals. This CTG document has been prepared to assist States in analyzing and determining reasonable available control technology (RACT) for stationary sources of VOC emissions located within ozone national ambient air quality standard nonattainment areas.

DATES: *Comments.* Comments must be received on or before January 31, 1994.

ADDRESSES: *Comments.* Comments should be submitted (in duplicate, if possible) to: Mr. Mark Morris, (919) 541–5416, U.S. Environmental Protection Agency, Chemicals and Petroleum Branch, Research Triangle Park, NC 27711. *Control Techniques Guideline.* Copies of the draft CTG may be obtained from the U.S. EPA Library (MD–35), Research Triangle Park, North Carolina 27711, telephone number (919) 541–2777.

FOR FURTHER INFORMATION CONTACT: Mr. Mark Morris, (919) 541–5416, U.S. Environmental Protection Agency, Chemicals and Petroleum Branch, Research Triangle Park, NC 27711.

SUPPLEMENTARY INFORMATION: Under the Clean Air Act (CAA) Amendments of 1990, State Implementation Plans (SIP's) for ozone nonattainment areas must be revised to require RACT for control of VOC emissions from sources for which EPA has already published a CTG or for which it will publish a CTG between the date the Amendments were enacted and the date an area achieves attainment status. **Federal Register** notice 44 FR 53761 (September 17, 1979) defines RACT as "the lowest emission limitation that a particular source is capable of meeting by the application of control technology that is reasonably available considering technological and economic feasibility."

The CTG documents review current knowledge and data concerning the technology and costs of various emissions control techniques. The CTG's are intended to provide State and local air pollution authorities with an information base for proceeding with their own analyses of RACT to meet statutory requirements.

Each CTG contains a "presumptive norm" for RACT for a specific source category, based on the EPA's evaluation of the capabilities and problems general to that category. Where applicable, EPA recommends that States adopt requirements consistent with the presumptive norm. However, the presumptive norm is only a recommendation. States may choose to develop their own RACT requirements on a case-by-case basis, considering the economic and technical circumstances of the individual source.

This CTG addresses RACT for control of VOC emissions from fixed roof tanks and floating roof tanks storing volatile organic liquids. Tanks storing chemicals and petroleum liquids, such as gasoline, may emit large quantities of VOC. This CTG addresses the sources, mechanisms, and control of VOC emissions from storage tanks, and recommends RACT for each basic type of tank.

Under Executive Order (E.O.) 12291, EPA must judge whether a rule is "major" and therefore subject to the requirement of a regulatory impact analysis. This CTG document is not "rulemaking." Rather, it provides information to States to aid them in developing rules. This **Federal Register** notice and copies of the draft CTG were submitted to the Office of Management and Budget (OMB) for review, and OMB's comments to EPA have been incorporated into the CTG and included in the project file. This file is available for public inspection at the EPA's Office of Air Quality Planning and Standards, Research Triangle Park, North Carolina, which is listed in the **ADDRESSES** section of this notice.

Dated: November 12, 1993.

Robert D. Brenner,

Acting Assistant Administrator for Air and Radiation.

[FR Doc. 93–29514 Filed 12–1–93; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

Public Information Collection Requirement Submitted to Office of Management and Budget for Review

November 22, 1993.

The Federal Communications Commission has submitted the following information collection requirement to OMB for review and clearance under the Paperwork Reduction Act of 1980 (44 U.S.C. 3507).

Copies of this submission may be purchased from the Commission's copy contractor, International Transcription Service, Inc., 2100 M Street, NW., suite 140, Washington, DC 20037, (202) 857–3800. For further information on this submission contact Judy Boley, Federal Communications Commission, (202) 632–0276. Persons wishing to comment on this information collection should contact Timothy Fain, Office of Management and Budget, room 3235 NEOB, Washington, DC 20503, (202) 395–3561.

OMB Number: 3060–0397.

Title: Section 15.7(a), Special Temporary Authority (STA).

Action: Extension of a currently approved collection.

Respondents: Businesses or other for-profit (including small businesses).

Frequency of Response: On occasion reporting requirement.

Estimated Annual Burden: 2 responses; 6 hours average burden per response; 12 hours total annual burden.

Needs and Uses: In exceptional situations, the Commission will consider an individual application for a special temporary authorization to operate a device not conforming to the provisions of part 15 of the Rules. Consideration will be given to an applicant who can demonstrate that the proposed operation would be in the public interest, that it is for a unique type of station or for a type of operation which is incapable of being established as a regular service, and that the proposed operation cannot feasibly be conducted under part 15 rules.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 93–29486 Filed 12–1–93; 8:45 am]

BILLING CODE 6712–01–M

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1005–DR]

California; Amendment to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of California, (FEMA–1005–DR), dated October 28, 1993, and related determinations.

EFFECTIVE DATE: November 19, 1993.

FOR FURTHER INFORMATION CONTACT:

Pauline C. Campbell, Disaster Assistance Programs, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3606.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated November 19, 1993, the President amended the major disaster declaration of October 28, 1993, under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 *et seq.*), in a letter to James L. Witt, Director of the Federal Emergency Management Agency, as follows:

I have determined that the damage in certain areas of the State of California, resulting from wildland fires on October 26, 1993, and continuing is of sufficient severity and magnitude to warrant the expansion of the incident type to include damage resulting from soil erosion, landslides, flooding and mudslides in the major disaster declaration of October 28, 1993, under the Robert T. Stafford Disaster Relief and Emergency Assistance Act ("the Stafford Act").

All other conditions specified in the original declaration remain the same.

Please notify the Governor of the State of California and the Federal Coordinating Officer of this amendment to my major disaster declaration.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance.)

Richard W. Krimm,

Deputy Associate Director, State and Local Programs and Support.

[FR Doc. 93–29528 Filed 12–1–93; 8:45 am]

BILLING CODE 6718–02–M

[FEMA–3113–EM]

Texas; Amendment to Notice of an Emergency Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of an emergency for the State of Texas (FEMA–3113–EM), dated September 10, 1993, and related determinations.

EFFECTIVE DATE: November 17, 1993.

FOR FURTHER INFORMATION CONTACT: Pauline C. Campbell, Disaster Assistance Programs, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3606.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this emergency is closed effective November 15, 1993.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

Richard W. Krimm,

Deputy Associate Director, State and Local Programs and Support.

[FR Doc. 93–29527 Filed 12–1–93; 8:45 am]

BILLING CODE 6718–02–M

FEDERAL RESERVE SYSTEM

Bank South Corporation, et al.; Acquisitions of Companies Engaged in Permissible Nonbanking Activities

The organizations listed in this notice have applied under § 225.23(a)(2) or (f) of the Board's Regulation Y (12 CFR 225.23(a)(2) or (f)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to acquire or control voting securities or assets of a company engaged in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

Each application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated for the application or the offices of the Board of Governors not later than December 27, 1993.

A. Federal Reserve Bank of Atlanta (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. Bank South Corporation, Atlanta, Georgia; Barnett Banks, Inc., Jacksonville, Florida; First Citizens BancShares, Inc., Raleigh, North Carolina; First Union Corporation, Charlotte, North Carolina; NationsBank Corporation, Charlotte, North Carolina; Southern National Corporation, Lumberton, North Carolina; SunTrust Banks, Inc., Orlando, Florida; Synovus Financial Corp., Columbus, Georgia; and Wachovia Corporation, Winston-Salem, North Carolina; through their subsidiary, Southeast Switch, Inc., Maitland, Florida, to acquire certain data processing assets of South Carolina National Bank, Charleston, South Carolina, and thereby engage in providing management consulting advice pursuant to § 225.25(b)(11) and providing data processing and data transmission services pursuant to § 225.25(b)(7) of the Board's Regulation Y.

B. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. Old Kent Financial Corporation, Grand Rapids, Michigan; to acquire Grand Rapids Hope Limited Partnership II, Grand Rapids, Michigan, and thereby engage in community development activities by making an equity investment in a low income transitional housing project for women and children, as a limited partner, pursuant to § 225.25(b)(6) of the Board's Regulation Y.

C. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166:

1. Peoples First Corporation, Paducah, Kentucky; to acquire First Kentucky Bancorp, Inc., Central City, Kentucky, and thereby indirectly acquire First Kentucky Federal Savings Bank, Central

City, Kentucky, and thereby engage in operating a savings association pursuant to § 225.25(b)(9) of the Board's Regulation Y.

D. Federal Reserve Bank of Minneapolis (James M. Lyon, Vice President) 250 Marquette Avenue, Minneapolis, Minnesota 55480:

1. First Bank Holding Company, Inc., Harvey, North Dakota; to acquire Harvey Insurance Agency, Inc., Harvey, North Dakota, and thereby engage in providing both personal and commercial insurance, including hail and federal crop insurance, contractors bonds, and products liabilities pursuant to § 225.25(b)(8)(iii) of the Board's Regulation Y. These activities will be conducted in Harvey, North Dakota.

E. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. FNB Financial Services, Inc., Durant, Oklahoma; to acquire FNB Capital Corporation, Inc., Durant, Oklahoma, and thereby engage in consumer lending activities pursuant to § 225.25(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, November 26, 1993.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 93-29481 Filed 12-1-93; 8:45 am]

BILLING CODE 6210-01-F

Central National Bank Corporation, et al.; Formations of; Acquisitions by; and Mergers of Bank Holding Companies

The companies listed in this notice have applied for the Board's approval under section 3 of the Bank Holding Company Act (12 U.S.C. 1842) and § 225.14 of the Board's Regulation Y (12 CFR 225.14) to become a bank holding company or to acquire a bank or bank holding company. The factors that are considered in acting on the applications are set forth in section 3(c) of the Act (12 U.S.C. 1842(c)).

Each application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank or to the offices of the Board of Governors. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute and summarizing the evidence that would be presented at a hearing.

Unless otherwise noted, comments regarding each of these applications must be received not later than December 27, 1993.

A. Federal Reserve Bank of Atlanta (Zane R. Kelley, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303:

1. Central National Bank Corporation, Winter Park, Florida; to acquire up to 15 percent of the voting shares of First Mercantile National Bank, Longwood, Florida.

B. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. First Community Bancshares, Inc., Bargersville, Indiana; to acquire 7.0 percent of the voting shares of First State Bank, Morgantown, Indiana.

C. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63166:

1. Clay BancShares, Inc., Flora, Illinois; to become a bank holding company by acquiring 100 percent of the voting shares of Flora Bank and Trust, Flora, Illinois.

2. First Commercial Corporation, Little Rock, Arkansas; to acquire at least 80 percent of the voting shares of State First Financial Corporation, Texarkana, Arkansas, and thereby indirectly acquire State First National Bank of Texarkana, Texarkana, Arkansas; American National Bank of Texarkana, Texarkana, Texas; First National Bank of Nashville, Nashville, Arkansas; First National Bank in Ashdown, Ashdown, Arkansas; Atlanta National Bank, Atlanta, Texas.

3. Union Planters Corporation, Memphis, Tennessee; to acquire 100 percent of the voting shares of Anderson County Bank, Clinton, Tennessee.

D. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. Sack Family Partnership, York, Arkansas; to become a bank holding company by acquiring 99.96 percent of the voting shares of York State Company, York, Nebraska, and thereby indirectly acquire York State Bank and Trust Company, York, Nebraska.

Board of Governors of the Federal Reserve System, November 26, 1993.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 93-29482 Filed 12-1-93; 8:45 am]

BILLING CODE 6210-01-F

Jason Leon Collins, et al.; Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. 93-28581) published on page 61690 of the issue for Monday, November 22, 1993.

In the second column, under the Federal Reserve Bank of Atlanta heading, the entry for Jason Leon Collins, et al. is revised to read as follows:

1. Jason Leon Collins; Jeffery David Collins, Portland, Tennessee; Jonathan Ray Collins, Portland, Tennessee; Larry Joe Collins, Jr., and Jaska Ann Collins Sheucraft, Portland, Tennessee, as partners of C & C Construction Company, Portland, Tennessee, to retain 7.65 percent and acquire an additional 10.65 percent of the voting shares of Volunteer State Bancshares, Inc., Portland, Tennessee, and thereby indirectly acquire Volunteer State Bank, Portland, Tennessee.

Board of Governors of the Federal Reserve System, November 26, 1993.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 93-29483 Filed 12-1-93; 8:45 am]

BILLING CODE 6210-01-F

Northern Trust Corporation; Notice of Application to Engage de novo in Permissible Nonbanking Activities

The company listed in this notice has filed an application under § 225.23(a)(1) of the Board's Regulation Y (12 CFR 225.23(a)(1)) for the Board's approval under section 4(c)(8) of the Bank Holding Company Act (12 U.S.C. 1843(c)(8)) and § 225.21(a) of Regulation Y (12 CFR 225.21(a)) to commence or to engage *de novo*, either directly or through a subsidiary, in a nonbanking activity that is listed in § 225.25 of Regulation Y as closely related to banking and permissible for bank holding companies. Unless otherwise noted, such activities will be conducted throughout the United States.

The application is available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether consummation of the proposal can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such

as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices." Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Comments regarding the application must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than December 21, 1993.

A. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. Northern Trust Corporation, Chicago, Illinois; to engage *de novo* through its subsidiary, Northern Futures Corporation, Chicago, Illinois, in executing and clearing, clearing without executing, and executing without clearing for customers transactions in corn futures, options on corn futures, wheat futures, options on wheat futures, soybean futures and options on soybean futures on the Chicago Board of Trade; live cattle futures, options on live cattle futures, feeder cattle futures, options on feeder cattle futures, live hog futures, and options on live hog futures on the Index and Option Division of the Chicago Mercantile Exchange, having customer transactions in No. 2 heating oil futures, options on No. 2 heating oil futures, light sweet crude oil futures, and options on light sweet crude oil futures executed and cleared in an omnibus account through other clearing firms on the New York Mercantile Exchange, pursuant to section 4(c)(8) of the Bank Holding Company Act. These activities will previously been approved by the Board for bank holding companies. *Bank of Montreal*, 79 Federal Reserve Bulletin 1049 (1993).

Board of Governors of the Federal Reserve System, November 26, 1993.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 93-29484 Filed 12-1-93; 8:45 am]

BILLING CODE 6210-01-F

Alfred Teo, et al.; Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. Once the notices have been accepted for processing, they will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than December 22, 1993.

A. Federal Reserve Bank of New York (William L. Rutledge, Vice President) 33 Liberty Street, New York, New York 10045:

1. Alfred Teo, and Annie Teo, Kinnelon, New Jersey; Alpha Industries, Inc., Lyndhurst, New Jersey; Sigma Extruding Corp., Lyndhurst, New Jersey; Omega Extruding Corp. of California, Rancho Cucamonga, California; Beta Plastics Corp., Carlstadt, New Jersey; Lamda Financial Service Corp., Lyndhurst, New Jersey; and Alpha Technologies, Inc., Piscataway, New Jersey; to acquire 15 percent of the voting shares of Citizens First Bancorp, Inc., Glen Rock, Bergen, New Jersey, and thereby indirectly acquire Citizens First National Bank of New Jersey, Ridgewood, New Jersey.

B. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. William W. Cook, to acquire an additional 49.42 percent for a total of 50.99 percent; Mary C. Schiermeyer, to acquire 24.51 percent; Martha C. Fricke, to acquire 24.51 percent of the voting shares of Cook Investment, Inc., Beatrice, Nebraska, and thereby indirectly acquire Beatrice National Bank & Trust Company, Beatrice, Nebraska, and thereby indirectly acquire The Wymore State Bank, Wymore, Nebraska.

2. Walter and Jana H. Shafer, Newkirk, Oklahoma; to acquire an additional 0.82 percent of the voting shares of Eastman National Bancshares, Inc., Newkirk, Oklahoma, for a total of 25.03 percent, and thereby indirectly acquire The Eastman National Bank, Newkirk, Oklahoma.

3. William J. and Theresa S. Sheik, Bern, Kansas, to acquire an additional 41.0 percent for a total of 65.8 percent; and Charles and Jeannie Rosengarten, Bern, Kansas, to acquire an additional 20.5 percent of the voting shares of Bern Bancshares, Inc., Bern, Kansas, and thereby indirectly acquire State Bank of Bern, Bern, Kansas.

4. Wiley William Smith, Sapulpa, Oklahoma; to acquire an additional 3.63 percent of the voting shares of Security National Bancshares of Sapulpa, Inc., Sapulpa, Oklahoma, for a total of 16.03 percent, and thereby indirectly acquire Security National Bank of Sapulpa, Sapulpa, Oklahoma.

Board of Governors of the Federal Reserve System, November 26, 1993.

Jennifer J. Johnson,

Associate Secretary of the Board.

[FR Doc. 93-29485 Filed 12-1-93; 8:45 am]

BILLING CODE 6210-01-F

GENERAL SERVICES ADMINISTRATION

Public Building Service; Record of Decision; New Port of Entry; Imperial County, CA

The United States General Services Administration (GSA) announces its decision, in accordance with the National Environmental Policy Act (NEPA) and the Regulations issued by the Council on Environmental Quality, November 29, 1978, to construct a new Port of Entry in Imperial County, California, approximately six miles east of the city of Calexico.

The purpose of the new Port of Entry (POE) is to provide a thoroughly modern and highly efficient border crossing facility in the Calexico/Imperial area in order to accommodate growth in transboundary traffic and better meet the needs of the Federal Inspection Service (FIS) agencies, the commercial transporters, and the traveling public between the United States and Mexico.

The existing POE facility in the area, located in downtown Calexico, is already overburdened. It is not uncommon for automobiles crossing from Mexico into the United States to wait over one hour to cross. As long as there is only one POE at Calexico (further expansion at the existing POE is limited), this situation will only get worse. In 1993, approximately 30 million people will cross into the United States through Calexico. Only in the much larger metropolitan areas of San Diego and El Paso is this number greater. Calexico is the fastest growing area along the southern border in terms of crossings with an average annual growth of 18.3% between 1986 and 1990 (borderwide, the average annual growth for this period was 7.9%). Based on past history and current trends, the INS estimates that by the year 2000, the

number of persons crossing at Calexico will nearly triple, to 87.8 million.

The proposed action is being taken to relieve major congestion at the existing downtown Calexico facility, which will continue to serve as an automobile and pedestrian port of entry, and to significantly expand the capacity for processing commercial traffic.

Alternatives Considered

The Environmental Impact Statement (EIS), prepared jointly with the California Department of Transportation, evaluated potential environmental impacts which might result from the proposed Port of Entry and its associated roadway (State Route 7 between the POE and State Route 98). These include, but are not limited to, short-term impacts during construction as well as long-term changes in traffic and physical conditions in the area. The POE alternatives considered include the following:

No Action Alternative

The EIS considered a No Action Alternative. Under this alternative, no new Port of Entry would be constructed and there would be no change in the current facility in downtown Calexico. Automobile and commercial traffic would continue to utilize State Route 111 (SR–111) and Calexico city streets on its way to Interstate 8. This alternative was rejected because the current facility is already overburdened at present, and additional traffic is projected to cross through Calexico in the future which cannot be handled by the POE nor the existing SR–111 and local roads.

Action Alternative No. 1

This alternative considered the expansion of the downtown facility to accommodate the projected increases in traffic. Traffic would continue to utilize SR–111, and SR–7 would not be constructed. This would involve the purchase and relocation of a portion of the downtown Calexico shopping district, as well as a portion of the Southern Pacific Transportation Company right-of-way. This is also not a viable alternative because the amount of area available for expansion is limited. It would also require the relocation of railroad tracks, and would most likely not be acceptable to the Mexican Government, which would like to see commercial traffic rerouted out of downtown Mexicali.

Action Alternative No. 2

This alternative includes the acquisition by GSA of approximately 87 acres of agricultural land in an unincorporated area of Imperial County, approximately 6 miles east of the current Port of Entry for the construction of a new border crossing facility, acquisition of an additional 10 acres immediately south of the facility for construction of a roadway and bridge leading from the border to the facility, and the acquisition by the California Department of Transportation (CalTrans) of approximately 58 acres of right of way for the construction of a State Highway (State Route 7) linking the POE with State Route 98.

The new POE would include approximately 75,000 square feet of office, storage, and special space in five buildings and 185,000 square feet of primary and secondary inspection areas under canopy. The noncommercial side of the facility would include 8 primary lanes, expandable to 24; and 24 secondary spaces, expandable to 72. The commercial side would consist of 3 primary import (northbound) inspection booths, expandable to 5; 2 export (southbound) inspection booths, 60 import dock spaces, expandable to 200; 25 export dock spaces, expandable to 50; a bulk storage lot, hazardous materials inspection area, an incinerator, and other features. The project would also feature a 175-foot clear span bridge over the All American Canal. The bridge, 282 feet in width would consist of 6 noncommercial lanes, 4 commercial lanes, and a northbound and southbound pedestrian walkways. The SR–7 would be approximately 1.37 miles in length and link the POE with SR–98 and, eventually, Interstate 8.

There are no wetlands on the project site nor is the site within the 100-year floodplain. The site is located one mile west of the Alamo River and one-and-one half miles west of the Imperial Valley Fault. No historic or archaeological resources are known to exist on site and no long term significant impact on ambient noise levels is anticipated. One endangered or threatened species, the burrowing owl, is present on site. Utilities would be provided on site by GSA.

Preferred Alternative

The alternative described under Action Alternative No. 2 was identified as the preferred alternative. The POE site and project was described as the preferred alternative in the Draft EIS, issued to the public for comment in February 1993, and the Final EIS, issued for public comment in August 1993. SR–7 road alignment alternatives were described in the Draft EIS, issued to the public for comment in February 1993, and the preferred alignment was designated in the Final EIS, issued for public comment in August 1993

From an environmental perspective, the alternative described under Action Alternative No. 2 produces overall fewer adverse impacts than either the No Action Alternative or Action Alternative No. 1. Demand for cross-border movement has been increasing and will continue to increase regardless of whether a new facility is constructed to meet the demand or not. Thus, increased burdens would be placed upon the existing facility under the No Action Alternative; problems already present, such as severe traffic congestion would simply get worse. Expansion of the existing facility, as described in Action Alternative No. 1, is constrained by its location and site configuration. While some additional capacity could be provided, it would be insufficient to fully meet the projected demand. Thus the amplification of existing problems would merely be delayed.

Environmental Mitigation

All practicable means to avoid or minimize impacts to the area are being considered in the development of the project.

GSA received a number of comments and mitigation suggestions from concerned citizens, and interested and responsible local, state, and Federal agencies. Most of these related specifically to the project's potential impacts on local water and air quality. There were also a number of comments concerning the project's perceived connection with the proposed North American Free Trade Agreement (NAFTA). The proposed Calexico East POE is a result of the Congressionally approved 1988 Southwest Border Station Capital Improvement Program, which predates the recently proposed NAFTA. The POE is being proposed to alleviate the serious congestion which currently exists at the downtown Calexico POE and to provide a thoroughly modern and highly efficient border crossing facility in the Calexico/Imperial area in order to accommodate growth in transboundary traffic and better meet the needs of the FIS agencies and the traveling public between the United States and Mexico. It is not the purpose of the Calexico East POE to encourage additional commercial traffic, but to give the FIS agencies the capability, in conjunction with the downtown POE, to thoroughly and efficiently inspect and process the traffic which is currently crossing at the downtown POE.

Major mitigation proposals related to the proposed Calexico East POE are identified below.

Water quality impacts in the United States due to growth which might occur in Mexicali are being addressed by various federal government agencies in Mexico and the United States. This growth is occurring and would occur with or without the new POE. While GSA understands that opening a new border crossing may accelerate development which would likely result in increased pollutant emissions that could affect the U.S., it also believes that the mitigation of these types of impacts should be coordinated on a large scale between the two countries rather than on a case by case basis.

To this end, various U.S. and Mexican federal agencies, including the U.S. State Department, U.S. Section of the International Boundary and Water Commission (USIBWC) and Environmental Protection Agency (EPA), have been working together to insure that future impacts to the Alamo and New Rivers are mitigated. USIBWC Minute 288 provides a conceptual plan for the long term solution to border sanitation problems in the Calexico-Mexicali area. This plan has been integrated into the *Intergrated Environmental Plan for the U.S.-Mexico Border* under EPA leadership in which a total of approximately $384 million has been allocated by the United States for environmental protection along the border including approximately up to $20 million for construction of a wastewater treatment facility at the New River in Calexico.

Mexico has committed $460 million for urban infrastructure projects along the border, of which $197 million has already been obligated, and of which $17 million is specifically targeted for improvements in the Mexicali area.

There are several potential areas of impact to air quality. During construction, on-site activities would increase the levels of PM–10 (airborne particulate matter measuring greater than 10 microns). Mitigation to reduce wind entrainment of dust will include watering unpaved, exposed surfaces twice daily, keeping vehicle speeds on site to below 15 miles per hours, and guaranteeing that loaded trucks be tarped.

Potential impacts associated with the operation of the POE include emissions generated as the result of the operation of the incinerator. GSA will adhere to the regulations for operation set by the Imperial County Air Pollution Control District (APCD) to mitigate any potential impacts.

Another potentially significant air quality occurs as the result of idling vehicles waiting to be inspected. GSA believes that, regionally, the increased throughput potential at the new POE, combined with the capacity at the downtown facility, will result in shorter waiting times for trucks and automobiles crossing into the U.S. and thus *improved* air quality. However, at the request of the EPA and the Imperial Valley APCD, source receptor modeling for carbon monoxide (CO) was preformed as a part of the EIS. The modeling, which measured potential ground level concentrations ("at the tailpipe") at the fenceline and within the queuing area, was done using conservative emission factors at the request of EPA Region 9 to approximate the combination of Mexican and American vehicles which will cross into the U.S. at the new POE. The modeling found that, as is the case with all places where automobiles sit idling, there are times when this area may become a local "hot spot" for CO concentrations (thresholds are exceeded).

To protect susceptible populations (those likely to spend at least an hour in the queue or at the fenceline, such as vendors and Customs and INS inspectors), mitigation will include denying vendors and pedestrian access to the vehicle queue and discouraging them from congregating at the fenceline, and pressurizing the inspection booths so that exhaust air and fumes do not enter the booths. Also, a vehicle exhaust dilution system will be installed in the work areas in the vicinity of the queuing area to assist in dispersing CO.

Further, GSA will install ambient air monitoring equipment at the POE in consultation with the U.S. Department of Public Health and Imperial County Air Pollution Control District. If pollutant readings exceed acceptable levels established by the Occupational Safety and Health Administration (OSHA), measures will be taken to alleviate the impacted area.

Other significant environmental mitigation associated with this project include the following:

A pre-construction survey for burrowing owl presence will be conducted by a qualified biologist no more than 90 days prior to grading activities. Each burrow will be hand excavated, any birds found within the burrows will be allowed to escape, and the burrow will be collapsed and destroyed prior to construction. No burrows will be excavated during the owl's nesting period, from March 15 to June 15. If burrows remain on site after March 15, construction and grading activities will not be allowed within 100 feet of the burrow site(s) until at least June 15.

Because commercial vehicles carrying hazardous materials will be allowed to cross to the POE, a Hazardous Materials Response Plan will be developed to outline procedures to be followed in the unlikely event of a breach. The plan will be developed by GSA and FIS agencies in consultation with the EPA, U.S. Fish and Wildlife Service, California Office of Emergency Services, California EPA, California Highway Patrol, California Department of Fish and Game, Regional Water Quality Control Board, Imperial County, Imperial Irrigation District, and the Calexico Fire Department.

Emergency services response (fire, medical) will be coordinated with the appropriate County and Calexico City agencies.

The General Services Administration believes that there are no outstanding issues to be resolved with respect to the prospect project. Requests for a comprehensive copy of mitigation measures associated with the Calexico East Port of Entry and State Route 7 may be directed to Mr. Alan Campbell, Planning Staff (9PL), U.S. General Services Administration, 525 Market Street, San Francisco, CA 94105, (415) 744–5252.

Dated: November 12, 1993.

Aki K. Nakao,

Acting Regional Administrator (9A).

[FR Doc. 93–29493 Filed 12–1–93; 8:45 am]

BILLING CODE 6820–23–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Request for Nominations for Members on Public Advisory Committees; National Task Force on Acquired Immune Deficiency Syndrome (AIDS) Drug Development

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: The Office of the Secretary, Department of Health and Human Services, in conjunction with the National AIDS Policy Coordinator, is requesting nominations for 14 members to serve on the National Task Force on Acquired Immune Deficiency Syndrome (AIDS) Drug Development. Elsewhere in this issue of the **Federal Register**, the Secretary of Health and Human Services (the Secretary) is publishing a notice announcing the establishment of this Task Force.

The Secretary and the National AIDS Policy Coordinator has special interest

in ensuring that women, minority groups, and the physically handicapped are adequately represented on advisory committees and, therefore, extends particular encouragement to nominations for appropriately qualified female, minority, or physically handicapped candidates.

DATES: Nominations should be received on or before January 3, 1994.

ADDRESSES: All nominations for membership should be sent to the contact person (address below).

FOR FURTHER INFORMATION CONTACT: Regarding all nominations: Randolph F. Wykoff, Director, Office of AIDS and Special Health Issues (HF–12), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–0104.

SUPPLEMENTARY INFORMATION: The Office of the Secretary, Department of Health and Human Services, in conjunction with the National AIDS Policy Coordinator, is requesting nominations for 14 members to serve on the National Task Force on AIDS Drug Development. The function of the Task Force is to identify any barriers and provide creative options for the rapid development and evaluation of treatments of HIV infection and its sequelae. It shall advise the Secretary, and, as needed, other parts of the Administration, on issues related to such barriers, and provide options for the elimination of such barriers. The Task Force will provide its recommendations through the use of subcommittees, public testimony, and Task Force deliberations.

Persons nominated for membership should be from among authorities knowledgeable about AIDS and treatment development issues. Members shall represent the drug development industry, academic and medical research centers, clinical medicine, Federal government, and the HIV-infected and affected communities.

Members shall be invited to serve for overlapping four-year terms: terms of more than two years are contingent upon the renewal of the Task Force by appropriate action prior to its expiration. Of the first members appointed: four shall serve for a term of two years, five for a term of three years, and five for a term of four years, as designated at the time of appointment.

A member may serve after the expiration of a member's term until a successor has taken office.

Nominations Procedures

Interested persons may nominate one or more qualified persons for membership on the Task Force. Nominations shall state that the nominee is willing to serve as a member of the Task Force and appears to have no conflict of interest that would preclude Task Force membership. The Secretary, in conjunction with the National AIDS Policy Coordinator, will ask the potential candidates to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2), relating to advisory committees.

Dated: November 22, 1993.

Donna E. Shalala,

Secretary.

[FR Doc. 93–29478 Filed 11–30–93; 8:45 am]

BILLING CODE 4110–60–P

Advisory Committees; National Task Force on Acquired Immune Deficiency Syndrome (AIDS) Drug Development; Establishment

AGENCY: Office of the Secretary, HHS.

ACTION: Notice of establishment.

SUMMARY: The Office of the Secretary, Department of Health and Human Services, in conjunction with the National AIDS Policy Coordinator, is announcing the establishment by the Secretary of Health and Human Services (the Secretary), of the National Task Force on Acquired Immune Deficiency Syndrome (AIDS) Drug Development. Elsewhere in this issue of the **Federal Register**, the Secretary is also publishing a notice requesting nominations for membership on this Task Force.

DATES: Authorization for the Task Force being established will end on November 22, 1995, unless the Secretary formally determines that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Donna M. Combs, Committee Management Office (HFA–306), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–2765.

SUPPLEMENTARY INFORMATION: Under the Federal Advisory Committee Act of October 6, 1972, Public Law 92–463, as amended (5 U.S.C. app. 2), and 21 CFR 14.40(b), the Office of the Secretary, Department of Health and Human Services, in conjunction with the National AIDS Policy Coordinator, is announcing the establishment by the Secretary of Health and Human Services (the Secretary) of the National Task Force on AIDS Drug Development.

The Task Force shall advise the Secretary and, as needed, other parts of the Administration, on how best to proceed in developing therapies to treat AIDS, a major pubic health problem in the United States today. The Task Force will assist the Administration, including the agencies of the Public Health Service, other agencies within HHS, the Department of Defense, and other Departments as appropriate, in the establishment of a national strategy in all aspects of the development of treatments for human immunodeficiency virus (HIV) infection and HIV-related diseases. It will be charged with first identifying any barriers that may be preventing the rapid development and evaluation of such treatments, and to then identify steps that can be taken to remove such barriers. Additionally, the Task Force will be charged with identifying creative options to enhance the development and evaluation of useful treatments for treating HIV infection and HIV-related diseases.

Dated: November 22, 1993.

Donna E. Shalala,

Secretary.

[FR Doc. 93–29479 Filed 11–30–93; 8:45 am]

BILLING CODE 4110–60–P

Public Health Service

[GN# 2149]

Public Health Service Award for Exceptional Achievement in Orphan Product Development

AGENCY: Office of the Assistant Secretary for Health, DHHS.

ACTION: Solicitation of nominations for the PHS Award for Exceptional Achievement in Orphan Products Development.

SUMMARY: The Office of the Assistant Secretary for Health and the Orphan Products Board are soliciting nominations for the PHS Award for Exceptional Achievement in Orphan Products Development. This award, which is presented by the Assistant Secretary for Health, is intended to encourage and give recognition to individual groups in the public and private sectors who engage in research or aid significantly the development of orphan products for rare diseases or conditions.

ADDRESSES: Nominations should be sent to Dr. Richard J. Bertin, Executive Secretary, Orphan Products Board, Office of Orphan Products Development

(HF–35), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, and should be received by January 21, 1994.

FOR FURTHER INFORMATION CONTACT:

Dr. Richard J. Bertin, Executive Secretary, Orphan Products Board, Office of Orphan Products Development (HF–35), Food and Drug Administration, 5600 Fishers Lane; Rockville, MD 20857. Phone: (301) 443–4903; FAX (301) 443–4915.

SUPPLEMENTARY INFORMATION: To be considered for this award, individual organizations must meet at least one of the following criteria:

1. Contribution of time, talent and/or resources that resulted in significant achievement in the development and/or availability of orphan products for rare diseases or conditions.

2. Exhibition of outstanding leadership in directing a program that advances the cause of orphan products for rare diseases or conditions.

3. Achievement of a scientific or technical breakthrough in the conception, evaluation, synthesis, or manufacture of an orphan product.

4. A single action or sustained activity that enhances orphan product development through work in research laboratories, clinics or in the community through other humanitarian activities.

The nomination should provide the following:

1. The name of the individual or individuals or, in the case of an organization, its name and the name and title of the director and location;

2. A narrative statement not to exceed one page describing the nominee's contribution(s);

3. The names, addresses and telephone numbers of three persons or organizations familiar with the contribution(s) of the nominee. This can include the candidate, or members of his/her organization;

4. A suggested citation of 25 words or less; and

5. Name, address and phone number of nominating individual or organizations.

Nominations may be submitted at any time during the year but will be considered on an annual basis by the Board. The awards will next be presented at the public meeting of the Orphan Products Board which will take place in the spring of 1994. In order to be considered for the current cycle, nominations must be received by c.o.b. Friday, January 21, 1994.

Dated: November 23, 1993.

Philip R. Lee,

Assistant Secretary for Health.

[FR Doc. 93–29477 Filed 12–1–93; 8:45 am]

BILLING CODE 4160–17–M

Preventive Health Amendments of 1992; Delegation of Authority

Notice is hereby given that in furtherance of the delegation of authority from the Secretary to the Assistant Secretary for Health on January 14, 1981 (46 FR 10016), the Assistant Secretary for Health has delegated to the Director, Centers for Disease Control and Prevention, with authority to redelegate, the following authorities:

- Section 317B—Education, Technology Assessment, and Epidemiology Regarding Lead Poisoning;
- Section 317C—Collection of Data on Birth Defects;
- Section 317D—Prevenive Health Measures with Respect to Prostate Cancer;
- Section 318A—Infertility and Sexually Transmitted Diseases; and
- Section 340B—Bulk Purchases of Vaccines for Certain Programs.

This delegation excludes the authority to promulgate regulations and to submit reports to Congress.

This delegation becomes effective upon date of signature. In addition, I have affirmed and ratified any actions taken by the Director, Centers for Disease Control and Prevention or his subordinates which, in effect, involved the exercise of the authorities delegated herein prior to the effective date of the delegation.

Dated: November 22, 1993.

Philip R. Lee,

Assistant Secretary for Health.

[FR Doc. 93–29487 Filed 12–1–93; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–930–4210–05; N–36712]

Termination of Recreation and Public Purpose Classification; Nevada

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: This action terminates Recreation and Public Purpose (R&PP) Classification N–36712 in its entirety. The land will be opened to the public land laws, including the mining laws.

EFFECTIVE DATE: The land will be open to entry effective 10 a.m. on January 3, 1994.

FOR FURTHER INFORMATION CONTACT: Pat Hall, Bureau of Land Management, Las Vegas District, P.O. Box 26569, Las Vegas, Nevada 89126, 702–647–5000.

SUPPLEMENTARY INFORMATION: Pursuant to the authority delegated by Appendix 1 of Bureau of Land Management Manual 1203 dated April 14, 1987, Recreation and Public Purpose Classification N–36712 is hereby terminated in its entirety:

Mount Diablo Meridian, Nevada

T. 21 S., R. 61 E.,
Sec. 32, lot 34.

The area described contained 5 acres in Clark County.

The classification made pursuant to the Act of June 14, 1926, as amended, segregated the public land from all other forms of appropriation under the public land laws, including location under the United States mining laws, but not leasing under the mineral leasing laws. The applicant withdrew its application and, therefore, the land was never leased. The classification no longer serves any purpose.

At 10 a.m. on January 3, 1994, the land will become open to the operation of the public land laws generally, subject to valid existing rights, the provisions of existing withdrawals, and the requirements of applicable law. All valid applications received at or prior to 10 a.m. on January 3, 1994 shall be considered as simultaneously filed at that time. Those received thereafter shall be considered in the order of filing.

At 10 a.m. on January 3, 1994, the land will also be open to location under the United States mining laws. Appropriation of lands under the general mining laws prior to the date and time of restoration is unauthorized. Any such attempted appropriation, including attempted adverse possession under 30 U.S.C. 38, shall vest no rights against the United States. Acts required to establish a location and to initiate a right of possession are governed by State law where not in conflict with Federal law. The Bureau of Land Management will not intervene in disputes between rival locators over possessory rights since Congress has provided for such determinations in local courts.

Billy R. Templeton,

State Director, Nevada.

[FR Doc. 93–29488 Filed 12–1–93; 8:45 am]

BILLING CODE 4310–HC–M

[CA-019-04-4760-03]

Availability of Draft Clear Creek Management Area Resource Management Plan Amendment and Environmental Impact Statement

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of availability.

SUMMARY: Pursuant to 40 CFR 1501.7 and 43 CFR 1610.2(c), a draft Resource Management Plan Amendment/Draft Environmental Impact Statement (RMP Amendment/EIS) has been prepared for the Hollister Resource Area. The draft RMP Amendment/EIS describes and analyzes alternative management scenarios for about 50,000 acres of public lands in the Clear Creek Management Area. These lands are located in south San Benito County in central California

Decisions relating to management of the Clear Creek Management Area generated by this planning process will supersede those currently in the Hollister RMP. Copies of the draft RMP Amendment/DEIS can be obtained from the Hollister Resource Area Office, 20 Hamilton Court, Hollister CA 95023.

Copies are also available for review at public libraries in Antioch, Davis, Fairfield, Fresno, Gilroy, Hanford, Hayward, Livermore, Madera, Menlo Park, Modesto, Monterey, Oroville, Sacramento, San Francisco, San Jose, San Mateo, San Rafael, Santa Clara, Santa Cruz, Seaside, Salinas, Sunnyvale, Tracy, Vallejo, Visalia, Yuba City and at the following BLM locations:

Office of Public Affairs, Main Interior Bldg., RM 5600, 18th and C Street NW., Washington, DC 20240.
California State Office, 2800 Cottage Way, Sacramento, CA 95825.
Bakersfield District Office, 800 Truxtun Avenue, Bakersfield, CA 93301.

Background information and maps used in developing the draft RMP Amendment/DEIS can be reviewed at the Hollister Resource Area Office.

DATES: Written comments on the draft RMP Amendment/DEIS will be accepted until February 15, 1994.

ADDRESSES: Comments should be sent to Robert E. Beehler, Area Manager, Hollister Resource Area, Bureau of Land Management, 20 Hamilton Court, Hollister, CA 95023.

FOR FURTHER INFORMATION CONTACT: Tim Moore, RMP Team Leader, Hollister Resource Area; phone (408) 637-8183.

SUPPLEMENTARY INFORMATION: The draft RMP Amendment/DEIS analyzes six alternatives to address the following issues: Airborne asbestos emissions, public health risks to environmental asbestos exposure, watershed and riparian resources, endangered and other special status plants and animals, and recreational off-road vehicle use. The alternatives have been developed to incorporate the issues and are summarized as follows: Alt. #1—No action or the continuation of existing management decisions, Alt. #2—Accelerated implementation of new and existing land-use management decisions, Alt. #3—Dispersed OHV use, Alt #4—Restricted OHV use (Preferred Alternative), Alt. #5—OHV Closure, Alt. #6—Enhancement of natural values.

Public participation has occurred throughout the RMP process. A Notice of Intent was filed in the **Federal Register** in April 1991. Since that time there have been several mailings and public meetings to solicit comments and ideas. All comments received have been considered.

Dated: November 19, 1993.

Robert E. Beehler,

Area Manager, Hollister Resource Area.

[FR Doc. 93-29463 Filed 12-1-93; 8:45 am]

BILLING CODE 4310-40-M

Fish and Wildlife Service

Receipt of Applications for Permit

The following applicants have applied for a permit to conduct certain activities with endangered species. This notice is provided pursuant to section 10(c) of the Endangered Species Act of 1973, as amended (16 U.S.C. 1531, *et seq.*):

PRT-784932

Applicant: Paul Kao Northridge, CA

The applicant requests a permit to import one pair of captive-bred Palawan peacock pheasant (*Polyplectron emphanum*) from Hong Kong Zoological & Botanical Gardens, Hong Kong, for the purposes of enhancement of propagation and survival of the species.

PRT-782701

Applicant: Center for Marine Biotechnology Scripps Institute of Oceanography La Jolla, CA

The applicant requests a permit to take captive-held and captive-hatched sea turtles for physiological studies to enhance the propagation and survival of the species.

PRT-781383

Applicant: Exotic Animals Tarzana, CA

The applicant requests a permit to export one male captive-born tiger (*Panthera tigris*) for enhancement of survival through conservation education.

PRT-739350

Applicant: NMFS, Southwest Fisheries La Jolla, CA

The applicant requests a permit to amend their current permit for take of hawksbill sea turtles (*Eretmochelys imbricata*) to include attaching satellite transmitters to nesting females in Hawaii to document migratory routes and post-nesting foraging areas to enhance the propagation and survival of the species.

PRT-784784

Applicant: Ransom Gallaway Lubbock, TX

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus dorcas dorcas*) culled from the captive herd maintained by Mr. Ernest Pringle, "Huntly Glen", Bedford, Republic of South Africa, for the purpose of enhancement of survival of the species.

PRT-784782

Applicant: E.W. Williams, Jr. Amarillo, TX

The applicant requests a permit to import the sport-hunted trophy of one male bontebok (*Damaliscus dorcas dorcas*) culled from the captive herd maintained by Mr. Ernest Pringle, "Huntly Glen", Bedford, Republic of South Africa, for the purpose of enhancement of survival of the species.

PRT-784934

Applicant: Jeffrey R. Powell, Yale Univ. New Haven, CT

The applicant requests a permit to import up to 5000 blood samples (1 sample per tortoise) obtained from Galapagos tortoises (*Geochelone elephantopus*) during census surveys on the Galapagos Islands, Ecudaor, to conduct genetic analysis for purposes of enhancement of propagation and survival of the species.

PRT-783326

Applicant: Miami Reptiles Miami, Fl

The applicant requests a permit to purchase in interstate commerce ten male and ten female cotton top tamarins (*Saguinus oedipus*) from Harvard Medical School, Southborough, Massachusetts, to enhance the propagation or survival of the species.

PRT-784159

Applicant: AAZPA SSP for Black Rhino Brownsville, TX

The applicant requests a permit to reexport one male wild-caught black rhinoceros (*Diceros bicornis*) to the Western Plains Zoo, South Wales, Australia, to enhance the propagation or survival of the species.

Written data or comments should be submitted to the Director, U.S. Fish and

Wildlife Service, Office of Management Authority, 4401 North Fairfax Drive, room 432, Arlington, Virginia 22203 and must be received by the Director within 30 days of the date of this publication.

Documents and other information submitted with these applications are available for review, subject to the requirements of the Privacy Act and Freedom of Information Act, by any party who submits a written request for a copy of such documents to the following office within 30 days of the date of publication of this notice: U.S. Fish and Wildlife Service, Office of Management Authority, 4401 North Fairfax Drive, room 420(c), Arlington, Virginia 22203. Phone: (703/358–2104); FAX: (703/358–2281).

Dated: November 29, 1993.

Susan Jacobsen,

Acting Chief, Branch of Permits, Office of Management Authority.

[FR Doc. 93–29529 Filed 12–1–93; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF JUSTICE

Antitrust Division

Pursuant to the National Cooperative Research and Production Act of 1993—The ATM Forum

Notice is hereby given that, on August 20, 1993, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* ("the Act"), The ATM Forum (the "ATM Forum") filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in membership. The notifications were filed for the purpose of extending the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, the identities of the new members of ATM Forum are: Advanced Micro Devices, Sunnyvale, CA; BT Laboratories, Suffolk, UNITED KINGDOM; CableLabs, Boulder, CO; Efficient Networks, Highland Village, TX; Financial Paradigms, Deer Park, NY; General DataComm, Inc., Middlebury, CT; Integrated Device Technology, Santa Clara, CA; Integrated Telecom, Gaithersburg, MD; Madge Networks, Ltd., Bucks, UNITED KINGDOM; Mitre Corporation, McLean, VA; NetExpress Systems, Inc., Foster City, CA; Pairgain Technologies, Cerritos, CA; PMC Sierra, Burnaby, CANADA; Proteon, Inc., Westborough, MA; Raytheon Company, Mountain View, CA; Silicon Graphics, Inc., Mountain View, CA; Standard Microsystems, Irvine, CA; Sumitomo Electric U.S.A., Santa Clara, CA; Swedish Telecom, Stockholm, SWEDEN; Tekelec, Calabasas, CA; Telco Systems FOC, Norwood, MA; and Tellabs, Lisle, IL.

No other changes have been made in either the membership or planned activity of the group research project. Membership in this group research project remains open, and the ATM Forum intends to file additional written notifications disclosing all changes in membership.

On April 19, 1993, the ATM Forum filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act on June 2, 1993, 58 FR 31415.

Joseph H. Widmar,

Director of Operations, Antitrust Division.

[FR Doc. 93–29462 Filed 12–1–93; 8:45 am]

BILLING CODE 4410–01–M

Pursuant to the National Cooperative Research and Production Act of 1993—Biotechnology Research and Development Corp.

Notice is hereby given that, on September 22, 1993, pursuant to section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. 4301 *et seq.* ("the Act"), Biotechnology Research and Development Corporation ("BRDC") has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing changes in BRDC. The notifications were filed for the purpose of extending the Act's provisions limiting the potential recovery of antitrust plaintiffs to actual damages under specified circumstances. Specifically, on August 25, 1993, BRDC issued to Alexion Pharmaceuticals, Inc., ("Alexion"), and Alexion purchased from BRDC, 466 2/3rds shares of common stock, without par value, of BRDC. Simultaneously, with the issuance and purchase of the shares of the common stock, BRDC and Alexion entered into an Agreement to be Bound by BRDC Master Agreement whereby Alexion agreed to be bound by the terms and conditions of the BRDC Master Agreement effective as of June 10, 1988, by and among BRDC and its common stockholders. Alexion has the rights set forth in the BRDC Master Agreement in all project technology made, discovered, conceived, developed, learned or acquired by or on behalf of BRDC in connection with, or arising out of or as the result of, a research project in existence while Alexion is a common stockholder of BRDC.

No other changes have been made in either the membership or planned activity of BRDC. Membership in BRDC remains open, and the parties intend to file additional written notification disclosing all changes in membership.

On April 12, 1988, the venture filed its original notification pursuant to section 6(a) of the Act. The Department of Justice published a notice in the **Federal Register** pursuant to section 6(b) of the Act on May 12, 1988 (53 FR 16919).

The last notification was filed with the Department on July 20, 1993. A notice was published in the **Federal Register** pursuant to section 6(b) of the Act on August 17, 1993 (58 FR 43654).

Joseph H. Widmar,

Director of Operations, Antitrust Division.

[FR Doc. 93–29461 Filed 12–1–93; 8:45 am]

BILLING CODE 4410–01–M

DEPARTMENT OF LABOR

Mine Safety and Health Administration

New Miner Hotline Number

AGENCY: Mine Safety and Health Administration, Labor.

ACTION: Notice.

SUMMARY: The Mine Safety and Health Administration (MSHA) is announcing a change in the telephone number for miners to report hazardous conditions.

EFFECTIVE DATE: December 2, 1993.

FOR FURTHER INFORMATION CONTACT: Patricia W. Silvey, Director, Office of Standards, Regulations and Variances, MSHA, (703) 235–1910.

SUPPLEMENTARY INFORMATION: The telephone number, used by miners to notify MSHA about safety and health concerns at their mines, changed on October 15, 1993, from (703) 557–2020 to (800) 746–1554. The new number is toll-free. Under the old number callers were asked to place collect calls through telephone operators. When calling the new hotline number, miners are asked to describe the hazard and identify the mine involved. An answering machine records their message. The message is referred to the appropriate MSHA field office on the following work day for investigation as appropriate. The old phone number will refer callers to the new toll-free number for one year.

Dated: November 24, 1993.

Edward C. Hugler,

Acting Assistant Secretary for Mine Safety and Health.

[FR Doc. 93–29498 Filed 12–1–93; 8:45 am]

BILLING CODE 4510–43–P

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–409]

Dairyland Power Cooperative (La Crosse Boiling Water Reactor); Exemption

I

The Dairyland Power Cooperative (the licensee), is the holder of Possession-Only License (POL) No. DPR–45 which authorizes possession and maintenance of the La Cross Boiling Water Reactor (LACBWR). The license provides, among other things, that the plant is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

The facility is a permanently shutdown light-water reactor, in SAFSTOR, and is located at the licensee's site in La Crosse, Wisconsin, LACBWR permanently ceased power operations in 1987, and the fuel was removed from the reactor and placed into the spent fuel pit. License No. DPR–45 was modified to a POL.

II

The NRC is considering granting an exemption from the training requirements of 10 CFR 50.120 for those categories of personnel listed in 10 CFR 50.120. This rule states the following:

"* * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4."

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are: (1) Authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present. Section 50.12(a)(2)(ii) of 10 CFR 50.12 provides that special circumstances exist when application of the regulations in the particular circumstances would not serve the underlying purpose of the rule or is not necessary to achieve the underlying purpose of the rule. The NRC will not consider granting an exemption unless special circumstances are present. The special circumstances at LACBWR are: (1) The reactor has been defueled; (2) the fuel is removed from the reactor and is stored in the spent fuel pit; (3) the reactor license has been amended to prohibit the reactor from returning to operation; (4) the training requirements necessary to assure adequate protection of the public health and safety at a permanently shutdown and defueled facility are significantly less than the training requirements necessary to assure the public health and safety at an operating facility; (5) there are no credible accident scenarios that could result in offsite doses greater than a small fraction of the U.S. Environmental Protection Agency's "Protective Action Guidelines;" and (6) the NRC approved Decommissioning Plan (DP) identifies the existing training requirements and commitments. The existing training requirements identified in the NRC approved LACBWR DP address the measures necessary to protect public health and safety given the current shutdown and defueled status of the facility.

This exemption would relieve the licensee from the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are (1) Non-licensed operators; (2) shift supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel. Five of the nine categories do not exist at LACBWR. The following personnel at LACBWR perform tasks similar to those required during plant operations: Radiological protection technician; electrical and mechanical maintenance personnel; and non-licensed operating personnel (including shift supervisors and equipment operators). Radiological protection personnel at LACBWR have approved training requirements identified in Section 8.0 of the NRC approved DP. The electrical and mechanical maintenance personnel receive technical training at a local technical college, at vendor training courses, and at extension courses from the University of Wisconsin. In addition, the electrical and mechanical personnel receive training in radiation protection principles and procedures in accordance with 10 CFR 19.12. Operating personnel are given annual training in the following areas: (1) Spent fuel systems; (2) radiation protection; and (3) SAFSTOR systems that are in operation.

This exemption would relieve the licensee from the training program requirements of 10 CFR 50.120. However, it will not relieve the licensee from previous requirements or commitments to train and qualify facility personnel. Therefore, requiring LACBWR to comply with the training requirements specified in 10 CFR 50.120 is not necessary to achieve the underlying purpose of the rule.

IV

The staff finds the special circumstances at La Crosse presented in Section III satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

The NRC staff has determined that, pursuant to 10 CFR 50.12(a)(1), an exemption is authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption to the portions of 10 CFR 50.120 that apply to the establishment, implementation, and maintenance of training programs using a systems approach to training. This exemption does not relieve the licensee of any other training requirements or commitments that were made to the NRC.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61928, dated November 23, 1993).

A copy of the licensee's request for exemption and supporting documentation dated, July 26, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for public inspection at the NRC's Public Document Room, 2120 L Street, NW., Washington, DC 20037, and at the local public document room at the La Crosse Public Library, 800 Main Street, La Crosse, WI 54601.

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November, 1993.

For the Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29523 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–M

[Docket No. 50–16]

Detroit Edison Co. (Enrico Fermi Atomic Power Plant, Unit 1); Exemption

I

The Detroit Edison Company (the licensee), is the holder of Possession-Only License (POL) No. DPR–9 which authorizes possession and maintenance of the Enrico Fermi Atomic Power Plant, Unit 1 (Fermi–1). The license provides, among other things, that the plant is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

Fermi–1 is a permanently shutdown sodium-cooled, fast-breeder reactor, that ceased power operations in 1972. Fermi–1 is located at the licensee's site approximately 30 miles southwest of Detroit, Michigan, on Lake Erie at Lagoona Beach in Frenchtown Township, Michigan. The fuel and uranium–238 blanket material have been removed from the reactor and shipped offsite, and all the sodium has been removed with the exception of small residual amounts that could not be drained. The Fermi–1 license was modified to a POL on September 5, 1973. Fermi–1 is expected to remain in SAFSTOR until the year 2025, at which time the licensee is planning to decommission Fermi–1 and Fermi–2 simultaneously.

II

The NRC is considering granting an exemption from the requirements in 10 CFR 50.120 to establish, implement, and maintain a training program, using the systems approach to training, for all nine categories of personnel listed in 10 CFR 50.120. This rule states the following:

> * * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4.

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are: (1) Authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present. Section 50.12(a)(2)(ii) of 10 CFR 50.12 addresses special circumstances that exist when application of the regulations in the particular circumstances would not serve the underlying purpose of the rule or is not necessary to achieve the underlying purpose of the rule. The NRC will not consider granting an exemption unless special circumstances are present. The special circumstances at Fermi–1 are:

(1) The reactor has been defueled;

(2) The fuel has been shipped offsite;

(3) The reactor license has been amended to prohibit the reactor from returning to operation;

(4) The training requirements necessary to assure adequate protection of the public health and safety at a permanently shutdown and defueled facility are significantly less than the training requirements necessary to assure the public health and safety at an operating facility; and

(5) There are no credible accident scenarios that could result in offsite doses that would exceed a small fraction of the U.S. Environmental Protection Agency's "Protective Action Guidelines."

This exemption would relieve the licensee from the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are: (1) Non-licensed operators; (2) shift supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel. The only category of personnel at Fermi–1 that performs duties similar to those required during plant operations is the radiological protection technician. Radiological protection personnel at Fermi–1 are trained in accordance with the conditions in the Fermi–1 License Amendment No. 9, Technical Specification, Appendix A. The licensee is currently using the radiation protection personnel assigned to Fermi–2, on as needed basis. Fermi–2 radiation protection personnel meet the training requirements of 10 CFR 50.120.

Requiring a plant such as Fermi–1 (that is in SAFSTOR and has the fuel shipped offsite) to comply with the training requirements specified in 10 CFR 50.120 is not necessary to achieve the underlying purpose of the rule.

IV

The staff finds the special circumstances at Fermi–1 presented in Section III satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

The NRC staff has determined that, pursuant to 10 CFR 50.12(a)(1), an exemption can be authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption to the portions of 10 CFR 50.120 that apply to the establishment, implementation, and maintenance of training programs using a systems approach to training. This exemption does not relieve the licensee of any other training requirements or commitments that were made to the NRC.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61928, dated November 23, 1993).

A copy of the licensee's request for exemption and supporting documentation dated July 30, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for public inspection at the NRC's Public Document Room, 2120 L Street NW., Washington, DC 20037, and at the local public document room at the Monroe County Library System, 3700 South Custer Road, Monroe, MI 48161.

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November, 1993.

For The Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29521 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–P

[Docket No. 50–18]

General Electric Company (Vallecitos Boiling Water Reactor); Exemption

I

The General Electric Company (the licensee), is the holder of Possession-Only License (POL) No. DPR–1 which authorizes possession and maintenance

of the Vallecitos Boiling Water Reactor (VBWR). The license provides, among other things, that the plant is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

VBWR is a 50 MW boiling water reactor that permanently ceased power operations in 1962. VBWR is located approximately 33 miles east-southeast of San Francisco in Alameda County, California. The nuclear fuel has been removed from the reactor and shipped offsite. Currently, General Electric Company (GE) intends to keep the VBWR in SAFSTOR until the year 2016, and decommission all the reactors at the Vallecitos Nuclear Center (VNC) concurrently.

II

By letter dated July 18, 1993, the licensee requested an exemption from the training rule requirements for all nine categories of personnel listed in 10 CFR 50.120. This rule states the following:

"* * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4."

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are: (1) Authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present. Section 50.12(a)(2)(ii) of 10 CFR 50.12 addresses special circumstances that exist at a power reactor where application of the rule would not serve the underlying purpose of the rule or is not necessary to achieve the underlying purpose of the rule. The NRC will not consider granting an exemption unless special circumstances are present. The special circumstances for VBWR are: (1) The reactor has been defueled; (2) the fuel has been removed from the reactor and shipped offsite; (3) the reactor license has been amended to prohibit the reactor from returning to operation; (4) the training requirements necessary to assure adequate protection of the public health and safety at a permanently shutdown and defueled facility are significantly less than the training requirements necessary to assure the public health and safety at an operating nuclear power plant; and (5) there are no credible accident scenarios that could result in offsite doses that exceeds a small fraction of the U.S. Environmental Protection Agency's "Protective Action Guidelines."

This exemption would relieve the licensee of the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are: (1) Non-licensed operators; (2) shift supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel. For all the nine categories identified above, the only category of personnel at VBWR that performs similar duties to those required during plant operations is the radiological protection technician. The VBWR personnel are trained in accordance with their NRC approved "Final Report on Deactivation of the Vallecitos Boiling Water Reactor."

This exemption would relieve the licensee of the training program requirements of 10 CFR 50.120. The requirements of 10 CFR 50.120 are not necessary to protect the health and safety at VBWR because of the special circumstances at the VBWR. Therefore, requiring VBWR to comply with the training requirements specified in 10 CFR 50.120 is not necessary to achieve the underlying purpose of the rule. However, an exemption from the requirements of 10 CFR 50.120 will not relieve the licensee from previous requirements or commitments to train and qualify facility personnel.

IV

The staff finds the special circumstances at VBWR, presented in Section III, satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

The NRC staff has determined that pursuant to 10 CFR 50.12(a)(1), that an exemption is authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption from the training requirements of 10 CFR 50.120 for the VBWR. This exemption does not relieve the licensee of any other training requirements or commitments that have been made to the NRC.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61929, dated November 23, 1993).

A copy of the licensee's request for an exemption and the supporting documentation dated July 18, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for public inspection at the NRC's Public Document Room, 2120 L Street, NW., Washington, DC 20037.

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November, 1993.

For the Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29526 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–M

[Docket No. 50–322]

Long Island Power Authority (Shoreham Nuclear Power Station Unit 1); Exemption

I

The Long Island Power Authority (LIPA or the licensee), is the holder of Possession-Only License No. NFP–82, which authorizes possession and maintenance of the Shoreham Nuclear Power Station, Unit 1 (SNPS). The license provides, among other things, that SNPS is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

SNPS is a boiling water reactor located in the town of Brookhaven, Suffolk County, New York, about 50 miles east of New York City on the north shore of Long Island. SNPS is permanently shutdown, defueled, and currently being dismantled in accordance with the approved SNPS Decommissioning Plan (DP). Decommissioning of SNPS is approximately 75 percent complete. LIPA has entered into a contract with Philadelphia Electric Company (PECO) to sell PECO the slightly irradiated fuel Initial fuel transfer began in September 1993 and LIPA estimates that fuel transfer will be completed in May 199

II

By letter dated August 2, 1993, the licensee requested an exemption in accordance with 10 CFR 50.12 from the training requirements of 10 CFR 50.120 for all nine categories of personnel listed in 10 CFR 50.120. This rule states the following:

"* * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4."

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are: (1) Authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present.

The special circumstances identified by the licensee in their August 2, 1993, letter for SNPS are: (1) SNPS is shutdown, and defueled; (2) the plant is being dismantled in accordance with an approved DP; (3) SNPS requires only certain basic systems to be in service, and none of these systems are safety related; (4) the training requirements necessary to assure adequate protection of the public health and safety in a permanently shutdown and defueled facility are significantly less than the training requirements necessary to assure the public health and safety at an operating facility; (5) the existing training requirements identified in the NRC approved SNPS DP provide the necessary protection for the public health and safety, given the status of the plant; and (6) there are no credible accident scenarios that could result in offsite doses greater than a small fraction of the U.S. Environmental Protection Agency's "Protective Action Guidelines."

This exemption would relieve the licensee from the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are: (1) Non-licensed operators; (2) shift supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel. The only category of personnel at SNPS that performs duties comparable to those required during plant operations is the radiation protection personnel. The training requirements for the radiation protection personnel are defined in the SNPS DP. An exemption from the requirements of 10 CFR 50.120 does not relieve the licensee from requirements or commitments to train and qualify facility personnel as defined in the approved SNPS DP. Requiring SNPS, a facility that is approximately 75 percent dismantled, to comply with the training requirements specified in 10 CFR 50.120 is not necessary to achieve the underlying purpose of the rule.

IV

The staff finds that the special circumstances at SNPS, presented in Section III above, satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

The NRC staff has determined that pursuant to 10 CFR 50.12(a)(1), that an exemption can be authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption to the portions of 10 CFR 50.120 that apply to the establishment, implementation, and maintenance of training programs using a systems approach to training. This exemption does not relieve the licensee of any other training requirements or commitments that were made to the NRC.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61930, dated November 23, 1993).

A copy of the licensee's request for exemption and supporting documentation dated August 2, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for the public inspection at the NRC's Public Document Room, 2120 L Street NW., Washington, DC 20037, and at the Shoreham Wading River Public Library, Shoreham Wading River High School, Route 25A, Shoreham, NY 11792.

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November, 1993.

For the Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29525 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–M

[Docket No. 50–322, License No. NFP–82 (Possession Only)]

Long Island Power Authority (Shoreham Nuclear Power Station Unit 1); Exemption

I

The Long Island Power Authority (LIPA or the licensee), is the holder of Possession-Only License No. NFP–82, which authorizes possession and maintenance of the Shoreham Nuclear Power Station, Unit 1 (SNPS). The license states, among other things, that SNPS is subject to all rules, regulations, and orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect. SNPS is a boiling water reactor located in the town of Brookhaven, Suffolk County, New York, about 50 miles east of New York City on the north shore of Long Island. SNPS is permanently shut down, and currently in the process of being decommissioned. Decommissioning of SNPS is approximately 75 percent complete. LIPA estimates that the facility license will be terminated and the facility will be released for unrestricted use in 1955.

The reactor is permanently defueled and all the fuel assemblies are currently stored in the Spent Fuel Storage Pool. At the time of the plant's final shutdown (June 1987), the average fuel burnup was calculated to be approximately two effective full-power days. Because the fuel heat decay rate is low (220 watts), active cooling of the fuel is not required. In addition, LIPA has entered into a contract with Philadelphia Electric Company to sell the fuel, and fuel transfer began in September 1993. LIPA estimates that fuel transfer will be completed in May 1994.

II

By letter dated July 6, 1993, LIPA requested an exemption, in accordance with 10 CFR 20.2301, from the revised requirements in 10 CFR 20.1001 through 20.2401 of the Code of Federal Regulations. 10 CFR 20.2301 allows an exemption provided that the exemption would not result in undue hazard to life or property. LIPA requested an exemption because: (1) SNPS decommissioning will be approximately 90 percent completed by January 1, 1994, and the benefits from implementing the revised 10 CFR Part 20 would not be realized during the remaining short period of decommissioning, approximately 24 months; and (2) the estimated cost of one million dollars to implement the revised program is not warranted because of the limited duration of the

SNPS decommissioning project, and the one million dollar cost to convert to the revised requirements poses an undue hardship of LIPA. Although the staff believes that LIPA's estimated cost of one million dollars to convert to the revised requirements is high, and that SNPS provided little information to support this cost estimate, the staff agrees that the benefits from implementing the revised requirements would not be realized.

The Decommissioning Plan (DP) estimated a collective dose projection for occupational and ALARA purposes of 1989 person-rems to decommissioning SNPS. Using the current SNPS radiation protection and ALARA programs, the actual exposure for the 75-percent completed decommissioning of SNPS is 2.7 person-rems, and the total estimated exposure to decommission SNPS is 4.5 person-rems using the current radiation protection program. The current radiation protection program has proven extremely effective in ensuring the health and safety of both the public and worker. The current program has reduced the estimated collective dose projections for occupational and ALARA purposes by an estimated 184 person-rems. In addition, LIPA estimates that the 1994 exposure to complete the SNPS decommissioning will be less than 0.3 person-rem. The maximum exposure received during the decommissioning program to date by any worker was 0.045 rem per quarter. The average individual exposure was 0.00026 rem per quarter. These individual exposures are well within the 10 CFR part 20 quarterly dose limits, and within the revised 10 CFR part 20 limit of 5 rems. Thus, the intent of the revised 10 CFR part 20 is met, and no apparent benefit would be realized by requiring implementation of the new 10 CFR part 20.

III

The staff agrees with the licensee's analyses and concludes that sufficient bases have been presented for approval of the request for an exemption, pursuant to 10 CFR 20.2301, from the requirements of the revised 10 CFR 20.1001 through 20.2401, for the completion of the decommissioning of SNPS.

IV

Based on the above evaluation, the NRC has determined that pursuant to 10 CFR 20.2301, a schedular exemption is authorized by law, will not present an undue risk to the public health and safety, and is consistent with the common defense and security.

Accordingly, the NRC hereby grants a schedular exemption from the revised 10 CFR part 20 that would be effective January 1, 1994, and in effect allows SNPS to operate 2 years beyond January 1, 1994, and complete the decommissioning of SNPS under the existing requirements of 10 CFR 20.1 through 20.601.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this schedular exemption will have no significant impact on the environment (58 FR 60469, November 16, 1993).

A copy of the licensee's request for an exemption and supporting documentation dated July 6, 1993, and the NRC staff's Safety Evaluation Report are available for the public inspection at the NRC's Public Document Room, 2120 L Street, NW., Washington, DC 20037, and at the Shoreham Wading River Public Library, Shoreham Wading River High School, Route 25A, Shoreham, NY 11792.

This schedular exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November, 1993.

For The Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29520 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–P

[Docket No. 50–171]

Philadelphia Electric Company (Peach Bottom Atomic Power Station, Unit 1); Exemption

I

The Philadelphia Electric Company (the licensee), is the holder of Possession-Only License (POL) No. DPR–12 which authorizes possession and maintenance of the Peach Bottom Atomic Power Station, Unit 1 (PBAPS–1). The license provides, among other things, that the plant is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

PBAPS–1 is a permanently shutdown, high-temperature, gas-cooled reactor that permanently ceased power operations in 1974. PBAPS is located at the licensee's site in Delta, Pennsylvania. The fuel was removed from the reactor and shipped offsite. A POL was issued July 6, 1974. A condition of the PBAPS–1 POL No. DPR–12 states: "The licensee is not authorized to operate the reactor. Fuel may not be placed in the reactor vessel." PBAPS–1 is currently in SAFSTOR until 2015. The licensee is planning to decommission PBAPS–1 simultaneously with the PBAPS–2 and PBAPS–3 in 2015.

II

The NRC is considering granting an exemption from the training requirements of 10 CFR 50.120 for those categories of personnel listed in 10 CFR 50.120. This rule states the following:

" * * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4."

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the safety status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are (1) authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present.

Section 50.12(a)(2)(ii) of 10 CFR 50.12 provides that special circumstances exist when application of the regulations in the particular circumstances would not serve the underlying purpose of the rule or is not necessary to achieve the underlying purpose of the rule. The NRC will not consider granting an exemption unless special circumstances are present. The special circumstances identified in the licensee's letter of July 30, 1993, for PBAPS–1 are: (1) The reactor has been defueled; (2) the fuel is removed from the reactor and stored offsite; (3) the reactor license has been amended to prohibit the reactor from returning to operation; (4) the training requirements necessary to assure adequate protection of the public health and safety at a permanently shutdown and defueled facility are significantly less than the training requirements necessary to assure the public health and safety at an operating facility; and (5) there are no credible accident scenarios that could result in offsite doses greater than a small fraction of the U.S. Environmental Protection Agency's "Protective Action Guidelines."

This exemption would relieve the licensee from the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are: (1) non-licensed operators; (2) shift

supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel.

The only category of personnel at PBAPS–1 who performs similar duties comparable to those required during plant operations is the radiological protection technician. For all personnel in the radiological protection category, PBAPS–2 and PBAPS–3 personnel perform those tasks on an as needed basis for PBAPS–1, and all PBAPS–2 and PBAPS–3 personnel, including those who perform work on PBAPS–1, are trained in accordance with the PBAPS–2 and PBAPS–3 approved training program.

This exemption would relieve the licensee from the training program requirements of 10 CFR 50.120. Because of the reduced nuclear safety significance at PBAPS–1, it is not necessary to require PBAPS–1 to comply with the training requirements specified in 10 CFR 50.120 to achieve the underlying purpose of the rule. However, it will not relieve the licensee from previous requirements or commitments to train and qualify facility personnel.

IV

The staff agrees with the licensee's analyses as presented in Section III above and concludes that sufficient bases exist for approving the exemption request. In addition, the staff finds that the special circumstances presented satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

Based on the special circumstances at PBAPS–1, the NRC staff has determined that, pursuant to 10 CFR 50.12(a)(1), an exemption is authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption to the portions of 10 CFR 50.120 that apply to the establishment, implementation, and maintenance of training programs using a systems approach to training. This exemption does not relieve the licensee of any other training requirements or commitments that were made to the NRS.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61930, dated November 23, 1993).

A copy of the licensee's request for exemption and supporting documentation dated July 30, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for public inspection at the NRC's Public Document Room the Gelman Building, 2120 L Street NW., Washington, DC 20037, and at the local public document room at the State Library of Pennsylvania, Walnut Street and Commonwealth Avenue, Harrisburg, PA 17105.

This exemption is effective upon issuance.

Dated at Rockville, Maryland, this 24th day of November 1993.

For the Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29524 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–M

[Docket No. 50–267]

Public Service Company of Colorado (Fort St. Vrain Nuclear Generating Station); Exemption

I

The Public Service Company of Colorado (PSC or the licensee), is the holder of Possession-Only License (POL) No. DPR–34, which authorizes possession and maintenance of the Fort St. Vrain Nuclear Generating Station (FSV). The license provides, among other things, that the plant is subject to all rules, regulations, and Orders of the U.S. Nuclear Regulatory Commission now or hereafter in effect.

FSV is a high-temperature, gas-cooled reactor that is located at the licensee's site in Weld County, Colorado. FSV is permanently shutdown, defueled, and currently in the process of being decommissioned. All spent fuel has been transferred to the PSC Independent Spent Fuel Storage Installation (ISFSI) that is located onsite, and is licensed under 10 CFR part 72.

II

By letter dated August 9, 1993, the licensee requested an exemption from the training rule requirements for all nine categories of personnel listed in 10 CFR 50.120. This rule states the following:

* * * each nuclear power plant licensee, by [October 25, 1993, publication] shall establish, implement, and maintain a training program derived from a systems approach to training as defined in 10 CFR 55.4.

The intent of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility.

III

The NRC may grant exemptions from the requirements of the regulations which, pursuant to 10 CFR 50.12(a), are: (1) Authorized by law, will not present an undue risk to the public health and safety, and are consistent with the common defense and security; and (2) when special circumstances are present.

The purpose of 10 CFR 50.120 is to ensure that civilian nuclear power plant operating personnel are trained and qualified to safely operate and maintain the facility commensurate with the status of the facility. The training requirements necessary to assure adequate protection of the public health and safety at a permanently shutdown and defueled facility that is actively being dismantled are significantly less than the training requirements at an operating facility.

Special circumstances were identified by the licensee in their August 9, 1993, letter for FSV, namely:

(1) The reactor has been defueled, and the fuel is stored in the ISFSI;

(2) The plant is being dismantled in accordance with an approved Decommissioning Plan (DP);

(3) There are no credible accident scenarios that could result in offsite doses greater than a small fraction of the U. S. Environmental Protection Agency's "Protective Action Guidelines;" and

(4) The existing training requirements identified in the NRC approved FSV DP addresses the training requirements necessary to protect the public health and safety given the status of the plant.

This exemption would relieve the licensee of the training requirements for all nine categories of personnel listed in 10 CFR 50.120. The nine categories that would be exempted are: (1) Non-licensed operators; (2) shift supervisors; (3) shift technical advisor; (4) instrument and control technician; (5) electrical maintenance personnel; (6) mechanical maintenance personnel; (7) radiological protection technician; (8) chemistry technician; and (9) engineering support personnel. An exemption from the requirements of 10 CFR 50.120 does not relieve the licensee of requirements or commitments to train and qualify facility personnel as defined in their approved DP.

The only category of personnel at FSV that performs duties comparable to those required during plant operations

is the radiation protection personnel. The training requirements of personnel in this category are defined in the approved DP.

IV

The staff finds that the special circumstances at FSV presented in Section III above satisfy the requirements of 10 CFR 50.12(a)(2)(ii).

V

The NRC staff has determined that, pursuant to 10 CFR 50.12(a)(1), an exemption can be authorized by law, and that this exemption will not present an undue risk to the public health and safety and is consistent with the common defense and security. Accordingly, the NRC hereby grants an exemption, pursuant to 10 CFR 50.12, to the training requirements of 10 CFR 50.120 for FSV. This exemption does not relieve the licensee of any other training requirements or commitments that were made to the NRC.

Pursuant to 10 CFR 51.32, the NRC has determined that the granting of this exemption will not have a significant effect on the quality of the human environment (58 FR 61931, dated November 23, 1993).

A copy of the licensee's request for exemption and supporting documentation dated August 9, 1993, and the NRC staff's Safety Evaluation, included in the exemption, are available for public inspection at the NRC's Public Document Room, 2120 L Street, NW., Washington, DC 20037 and at the Weld Library District—Downtown Branch, 919 7th Street, Greeley, CO 80631.

This exemption is effective upon issuance.

Dated at Rockville, Maryland this 24th day of November, 1993.

For The Nuclear Regulatory Commission.

John T. Greeves,

Director, Division of Low-Level Waste Management and Decommissioning, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 93–29522 Filed 12–1–93; 8:45 am]

BILLING CODE 7590–01–P

OFFICE OF MANAGEMENT AND BUDGET

Rescission of OMB Circular No. A–120, Guidelines for the Use of Advisory and Assistance Services

AGENCY: Office of Management and Budget (OMB), Executive Office of the President.

ACTION: Notice of rescission of OMB circular No. A–120.

SUMMARY: Notice is hereby given that the Office of Management and Budget Circular No. A–120, "Guidelines for the Use of Advisory and Assistance Services," dated January 4, 1988, is rescinded. Guidance contained in the Circular has been revised and incorporated into other policy documents, as appropriate. Those documents include: (1) Office of Federal Procurement Policy (OFPP) Policy Letter 93–1 on "Management Oversight of Service Contracting," (2) OFPP Policy Letter 92–1 on "Inherently Governmental Functions," (3) OFPP Policy Letter 91–2 on "Service Contracting," (4) OFPP Policy Letter 89–1 on "Conflicts of Interest Applicable to Consultants," (5) OMB Circular A–76 on "Performance of Commercial Activities," and (6) OFPP's Guidance on Contract Administration.

SUPPLEMENTARY INFORMATION: The proposed notice of rescission of OMB Circular No. A–120 was published in the December 20, 1991 **Federal Register** (56 FR 66089). The notice of OMB's intent to rescind the Circular was published concurrently with OFPP's proposed Policy Letter on "Management Oversight of Service Contracting." Twenty-eight comments were received in response to the notices.

Several commenters supported the rescission of the Circular while others expressed concern that the coverage of the new OFPP Policy Letter 93–1 was much broader and could increase the procurement lead time in service contracting. The Policy Letter has been revised to reduce the administrative burden and still provide better management controls in service contracting. We believe, however, that the Circular, which has not been effective in providing good management controls to prevent abuses in the use of consulting services, should be rescinded.

Moreover, the Circular's definition of advisory and assistance is in conflict with the statutory definition of consulting services that was included in the 1993 Departments of Labor, Health and Human Services, and Education Appropriations Act (Pub. L. 102–394). The law requires OMB to establish funding for consulting services for each department and agency as a separate object classification in the President's Budget. This requirement was implemented by revising the OMB Circular No. A–11 (Preparation and Submission of Budget Estimates) guidance to eliminate the reference to A–120 and use the statutory definition. Therefore, rescinding the A–120 guidance would eliminate any potential confusion that may exist when agencies develop their object classification data.

The new OFPP Policy Letter 93–1, which includes much of the guidance contained in the Circular, establishes Government-wide policy for Executive departments and agencies to use in managing and controlling the use of services contracts so that the needs of the users are better satisfied. Specific guidance on what constitutes good management practices is provided through a series of questions that should help agencies improve controls in the five areas that require increased management scrutiny: inherently governmental functions, cost effectiveness, Government control, conflicts of interests, and competition.

FOR FURTHER INFORMATION CONTACT: Linda G. Williams, Deputy Associate Administrator, (202) 395–3302. To obtain a copy of this Transmittal Memorandum, please call the Executive Office of the President's Publications Office at (202) 395–7332.

Dated: November 19, 1993.

Allan V. Burman,

Administrator.

[FR Doc. 93–29341 Filed 12–1–93; 8:45 am]

BILLING CODE 3110–01–M

Office of Federal Procurement Policy

Policy Letter on Management Oversight of Service Contracting

AGENCY: Executive Office of the President, Office of Management and Budget (OMB), Office of Federal Procurement Policy.

ACTION: The Office of Federal Procurement Policy (OFPP) is issuing a Policy Letter on the "Management Oversight of Service Contracting." The guidance contained in OMB Circular No. A–120, "Guidelines for the Use of Advisory and Assistance Services," dated January 4, 1988—which has been rescinded by Transmittal Memorandum No. 1—has been revised and incorporated into this Policy Letter and other policy documents, as appropriate.

SUMMARY: The Government relies on the private sector for a wide range of services from routine support functions such as grounds maintenance to highly specialized professional, technical and managerial advice. Such services provide essential support for an agency to accomplish its mission. Accordingly, management control procedures are necessary to ensure that quality and good contractor performance are achieved in service contracting. This Policy Letter establishes Government-wide policy for Executive departments

and agencies to use in managing and controlling the acquisition and use of services contracts. The Policy Letter sets forth specific guidance on what constitutes good management practices in the use of such contracts so that the needs of users are better satisfied.

Over the years, both real and perceived problems have been identified in the area of services contracting. Some of the major problem areas—associated primarily with the use of contracts for consulting services (i.e., advisory and assistance services)—include lack of competition, the potential for conflicts of interest on the part of services contractors, and the failure of the Government to exercise adequate control over these contractors. Accordingly, this Policy Letter specifies, with reasonable detail, what the essential considerations should be in those areas that require close management scrutiny. The guidance may not cover all aspects of good contract management, nor is it intended to be a modification to existing policies, unless otherwise stated. Agencies should, therefore, consult the applicable authority for definitive guidance in any area where such authority may be referenced.

This Policy Letter sets out a series of questions as guidelines for agencies to use in improving controls in the five areas that require increased management scrutiny: Inherently Governmental functions, cost effectiveness, Government control, conflicts of interest, and competition. Agencies are to review requirements for services contracts on an individual or class basis to determine if the guidelines, provided in the Policy Letter, are applicable. If the guidelines apply, and there is an "affirmative" response to any of the questions, agencies must ensure that management control procedures are in place to eliminate the potential for abuse.

The Policy Letter is not applicable to services that are (1) obtained through personnel appointments and advisory committees, (2) obtained through personal service contracts authorized by statute, or (3) for construction, as defined in § 36.102 of the Federal Acquisition Regulation (FAR).

Services obtained under contracts below the small purchase threshold and services incidental to supply contracts are excluded from the management oversight responsibilities set forth in sections 8a and 8b of this Policy Letter. However, agencies are encouraged to apply management controls, as necessary, to ensure that the abuses covered in section 7 are not occurring.

The Policy Letter requires each agency to designate a senior management official, preferably at the Senior Executive Service level, to be responsible and accountable for ensuring compliance with the provisions contained therein. Each agency is also required to establish written management control procedures that outline the senior management official's responsibilities as they relate to the review and approval of requirements for services, and the process to follow to correct and document any noncompliance with established management controls.

The Policy Letter gives the senior management official the flexibility of designating certain types of services for a class rather than individual review if it can be justified to the agency head that those services are not subject to abuse in the areas that require increased management scrutiny. Guidelines are provided on the types of services that may be reviewed on a class basis. An agency's review and approval levels and class designations must be included in its management control procedures.

The senior management official is required to submit a one-time report to the agency head, with a copy to OFPP, on the agency's implementation of the policies contained in the Policy Letter. The information to be included in the report is set forth in Section 8b.(4). Agencies are required to continue reporting data on contract actions for services to the Federal Procurement Data System, but the requirement to categorize separately contract advisory and assistance services is eliminated.

The Policy letter requires the agency procurement executive to ensure that the agency is in compliance with this Policy Letter prior to certifying the procurement system in accordance with Executive Order 12352. A copy of the certification shall be provided to the OFPP.

The Inspectors General are encouraged to conduct vulnerability assessments of service contracting and, where warranted, include in their annual plans a review of service contracts to ensure that management control procedures are adequate to prevent abuses, contractor performance met contract requirements and abuse are not occurring in purchases for services below the small purchase threshold.

This Policy Letter is published pursuant to the authority of Section 6(a) of the Office of Federal Procurement Policy Act, as amended, codified at 41 U.S.C. 405, which authorizes the Administrator, OFPP, to prescribe Government-wide procurement policies.

SUPPLEMENTARY INFORMATION: A proposed Policy Letter and request for comments was published in the December 20, 1991 **Federal Register** (56 FR 66091). Twenty-eight comments were received in response to the **Federal Register** notice. Of the responses, five were from the private sector. A summary of the more significant comments received and OFPP responses to them follows:

1. *Duplication of existing regulations.* Several agencies commented that many of the provisions of the Policy Letter were duplicative of existing parts of the FAR, and are, therefore, redundant. Some examples cited as duplicative were the coverage on conflicts of interest, competition, and cost effectiveness. Conversely, it was suggested that, in those cases where FAR coverage existed, a cross-reference should be made in the Policy Letter. OFPP recognizes that many of the provisions of the Policy Letter may duplicate existing FAR coverage and other policy documents. However, the intent of the Policy Letter is to provide an overall approach to managing and using service contracts so that program and procurement officials can work together to obtain the services necessary to accomplish programmatic goals and objectives. The guidelines are designed to provide agencies with a comprehensive management framework to eliminate, to the extent possible, any potential for abuse from the time a requirement for services is developed through contract award and administration. The questions in the Appendix are intended to serve as specific guidance that should help agency officials detect potential problems and take immediate corrective action.

We have included, where appropriate, cross-references to existing FAR coverage and other OFPP Policy documents.

2. *Definition of services.* A few commenters noted that the definition of "services" in the Policy Letter appeared to be inconsistent with the FAR, the Service Contract Act, and the OFPP Policy Letter 91–2 on "Service Contracting." We recognize the inconsistency and have changed the definition to exclude incidental services performed under supply contracts. However, agencies are encouraged to apply management controls, as necessary, to ensure that abuses are not occurring in acquisitions for supplies that may include incidental services. The failure to adequately define requirements for incidental services under supply contracts could impair the overall acquisition.

We did make clear, however, that only nonpersonal services are covered.

3. *Exclusions.* Several agencies commented that the coverage of the Policy Letter is too broad, implementation could be burdensome, and procurement lead time could be increased. Some agencies commented that A&E services, incidental services under supply contracts, Federal information processing services, and personal service contracts authorized by statute should be excluded from coverage of the Policy Letter. Other agencies suggested that since blue collar services were cited as appropriate for class reviews, those services should be excluded. In addition, other agencies suggested that the coverage of this Policy Letter should be applicable to service contracts at a level higher than the small purchase threshold.

We disagree with adding more exclusions and increasing the threshold for coverage of the Policy Letter. The primary reasons why the guidance in OMB Circular No. A–120 was ineffective in preventing abuses in services contracting were that the definition was too broad and ambiguous and the numerous exclusions made it difficult to apply good management controls. As part of the National Performance Review, the Administration is developing a legislative proposal to increase the small purchase threshold to $100,000. This proposal, when enacted, would significantly reduce the number of service contracts applicable to this Policy Letter.

The Policy Letter has been structured to provide agencies with the flexibility of reviewing requirements for services contracts on an individual or class basis to ensure that the guidelines in section 7 are being followed in the acquisition and use of these services. Class reviews are permitted to allow the senior management official some flexibility when establishing the review and approval levels in the agency's management control procedures. Class reviews are not intended to be used to exclude services from coverage of the Policy Letter.

We made clear in the text that personal service contracts authorized by statute are not covered by the Policy Letter. We also included the specific FAR reference—FAR 36.102—that contains the definition of construction to make clear that only contracts for the construction, alteration, or repair (including dredging, excavating, and painting) of buildings, structures, or other real property are excluded. The Policy Letter is applicable, however, to A&E services that are associated with contracts for construction and all other A&E services.

4. *Level and authority of the senior management official.* A few agencies, in particular the smaller agencies, commented that the requirement in section 8 (Responsibilities) for agency heads to designate a senior management official at the Senior Executive Service (SES) level is too specific and could create organizational problems. Agencies should be given the flexibility of determining their staffing and organizational needs. The smaller agencies contend that their service contracting is minimal and the procurement function is one of several performed by an administrative or executive officer that is not generally at the SES level.

While we recognize that we cannot dictate agency staffing requirements, we believe that the management oversight of service contracting is sufficiently important to warrant the attention of a senior management official, preferably at the SES level.

Some agencies also commented that the responsibility of the senior management official is unclear as it relates to the review and approval of requirements for services that are covered by this Policy Letter. Concerns were expressed as to whether it is intended for the senior management official to review and approve each requirement.

The Policy Letter requires agencies to establish the senior management official's oversight responsibilities as they relate to the review and approval of requirements for services in their management control procedures. Some agencies, based on their organizational structure, may require the senior official to review each requirement, while others may establish review levels that will require the senior official to review and approve only requirements above a specific dollar threshold. The senior management official is required, however, to define the review levels in the agency's management control procedures, and assure that any such delegations of authority are performed in a manner that will ensure compliance with the Policy Letter.

Other agencies commented that the review levels to approve requirements for services should be only one level above the requesting office. We have adopted the suggestion and deleted the requirement for approval at least two levels above the requesting office for fourth quarter requirements.

5. *Good management practices (Section 7).* Several commenters noted that the questions in this section should be reviewed to ensure that an "affirmative" response denotes a potential for abuse. We have revised the appropriate questions in the Appendix to clarify the intent of the guidance.

Some commenters suggested that questions pertaining to acquisition plans should be revised to reflect that acquisition plans are not required for all purchases. FAR 7.102 states that agencies are required to perform acquisition planning for all acquisitions. Although written plans may not be required, we believe that agencies should ensure that the requirements in those questions are being addressed for services contracts.

Also, a few commenters suggested that the guidance in section 7b (Cost Effectiveness) should take into consideration the concept of best value and quality that is reflected in OFPP Policy Letter 91–2. The guidance tends to indicate that cost is the primary factor in determining the most effective means for obtaining services. We have clarified the guidance by adding some introductory language on best value and two questions that pertain to quality and best value when obtaining services where cost is not the primary factor for awarding the contract.

6. *Unnecessary reporting requirements.* A few agencies commented that the annual reporting requirement in section 8 is unnecessary and imposes an undue burden on an already cumbersome procurement process. Although the Government's use of contractor support is of continuing interest to Congress and the Executive Branch, we have changed the reporting requirements to a one-time report rather than annual reports and minimized the detail requirements. This change is in keeping with the National Performance Review's principles for streamlining the government and reducing any unnecessary reports that do not add value to the process. We will continue to monitor agencies compliance with this Policy Letter through review of IG reports.

We have revised paragraph 8b.(4) to require the report to be submitted not later than 180 days after the Policy Letter is implemented in the FAR.

7. *Conducting audits or reviews of purchases for services below the small purchase threshold.* Several agencies commented that there is an inconsistency between section 5 (Exclusions) and section 8b as it relates to purchases for services below the small purchases threshold. Section 5 excludes these purchases from coverage of the Policy Letter, but section 8b initially required the agencies to conduct periodic reviews or audits of these purchases to ensure that no

potential abuses are occurring regarding these acquisitions. Further, several commenters stated that purchases below the small purchase threshold are not tracked in agencies' procurement systems in detail by the purpose of the work (product or service) so that audit samples may not be easily obtainable.

While the Policy Letter does not require agencies to establish management control procedures for the review and approval of purchases for services below the small purchase threshold, agencies should ensure that good procurement practices are being followed. We believe that agencies should, as part of their procurement management reviews or internal IG review program, conduct periodic reviews of a sample of these purchases. Although the data may not be readily available in agencies' automated procurement systems, contracting offices should have information in their small purchases' files in order to comply with this requirement. We have revised the Policy Letter by moving the requirement for periodic reviews of small purchases from section 8b. and including it in section 8d. as part of the IG review process.

8. *Rescission of Circular A–120 and its effect on the reporting and evaluation requirements in 31 U.S.C., section 1114.*

Several agencies commented on whether the proposed rescission of A–120 will have an impact on the Title 31 requirement that requires annual budgeting and auditing of agencies' use of consulting services. The rescission of A–120 will not have an impact on the Title 31 requirement. Section 512 of the FY 1993 Department of Labor, Health, and Human Services, and Education Appropriations Act (Public Law 102–394) requires OMB to establish funding for consulting services for each department and agency as a separate object classification in the President's budget. This information will be used to comply with the Title 31 reporting requirements. We are continuing to work with Congress to support the implementation of this OFPP Policy Letter and either repeal the Title 31 requirement or make it consistent with section 512.

9. *Implementation schedule.* A few agencies commented that there is an inconsistency between the date to which implementing regulations are to be issued in section 8c and the effective date of the Policy Letter in section 11 (formerly section 12). OFPP has a statutory requirement to allow 30 days before any procurement policy can become effective. We have revised section 11 to make it clear that full implementation of these policies must await changes to the FAR, but agencies are to develop implementation strategies in the interim and initiate staff training to assure effective implementation of these policies upon the effective date of the Policy Letter.

DATES: The Policy Letter is effective on January 3, 1994. It directs that Government-wide regulations be promulgated to implement the policies contained therein within 210 days from the date this Policy Letter is published in the **Federal Register.**

FOR FURTHER INFORMATION CONTACT: Linda G. Williams, Deputy Associate Administrator, Office of Federal Procurement Policy, 725 17th Street, NW., Washington, DC 20503, telephone (202) 395–3302. To obtain a copy of this Policy Letter, please call the Executive Office of the President's Publications Office at (202) 395–7332.

Dated: November 19, 1993.

Allan V. Burman,

Administrator.

Policy Letter No. 93–1

To the Heads of Executive Departments and Establishments

Subject: Management Oversight of Service Contracting

November 19, 1993.

a. *Purpose.* This Policy Letter establishes Government-wide policy, assigns responsibilities, and provides guidance for Executive Departments and agencies in managing the acquisition and use of services.

2. *Authority.* This Policy Letter is issued pursuant to section 6(a) of the Office of Federal Procurement Policy (OFPP) Act, as amended, codified at 41 U.S.C. 405.

3. *Background.* On March 15, 1993, the Office of Management and Budget (OMB) Director Leon Panetta requested that 17 major Executive Departments and agencies review their service contracting programs. The purpose of the review was to determine (1) if the service contracts were accomplishing what was intended; (2) whether the contracts were cost effective; and (3) whether inherently governmental functions were being performed by contractors. The results of the reviews indicated that service contracting practices and capabilities are uneven across the Executive branch and that various common management problems need to be addressed.

This Policy Letter has been developed to provide a new, more comprehensive approach to managing and using service contracts, to provide specific guidance on what constitutes good management practices in the use of such contracts, and to ensure that the users obtain the services they need.

In addition to the Director's review, the National Performance Review has found that improved support for customers of the procurement system is needed. To do this, it is important that procurement officials work closely with program and other officials to develop clear and precise statements of work for the products and services being acquired. Contracting for services is especially complex and demands close collaboration between procurement personnel and the users of the service to ensure that contractor performance meets contract requirements and performance standards.

The guidance contained in the Office of Management and Budget (OMB) Circular No. A–120, "Guidance for the Use of Advisory and Assistance Services," which has been rescinded by Transmittal Memorandum No. 1, has been revised and incorporated into this Policy Letter and other policy documents, as appropriate.

4. *Definition.* Services are identifiable tasks to be performed, rather than the delivery of an end item of supply. For purpose of this Policy Letter, only nonpersonal services are covered.

5. *Exclusions.* Services that are (1) obtained through personnel appointments and advisory committees, (2) obtained through personal services contracts authorized by statute, or (3) for construction, as defined in section 36.102 of the Federal Acquisition Regulation (FAR), are excluded from coverage of this Policy Letter.

Services obtained under contracts below the small purchase threshold and services incidental to supply contracts are excluded from the management oversight responsibilities set forth in sections 8a and 8b of this Policy Letter. However, agencies are encouraged to apply management controls, as necessary, to ensure that abuses covered in section 7 are not occurring.

6. *Policy.* When contracting for services, it is the policy of the Federal Government that:

a. Contracting officials assist program officials and line managers in accurately describing the need to be filled, or problem to be resolved, through service contracting to assure full understanding and responsive performance by contracts.

b. Services are to be obtained and used in ways that ensure that the Government retain inherently governmental decision-making authority.

c. Services are to be obtained in the most cost effective manner, without barriers to full and open competition, and free of any potential conflicts of interest.

d. Sufficient trained and experienced officials are available within the agency to manage and oversee the contract administration function.

e. Effective management practices and controls are applied to implement the policies and guidelines contained herein to prevent waste, fraud, and abuse in services contracting.

7. *Good Management Practices.* While effective management oversight is required for all types of service contracts, some require less oversight than others, as, for example, such routine services as lawn mowing and food preparation. Conversely, services that tend to affect Government decision-making, support or influence policy development, or affect program management are more susceptible to abuse. These, therefore, require a greater level of scrutiny.

The following sections offer guidance to ensure that good management practices are being followed. Agencies must involve

procurement and program officials to review requirements for services contracts either on an individual or a class basis to see if any of the following guidelines apply. Appendix A contains a series of questions to help analyze and perfect service contract requirements within these guidelines. If the guidelines apply, and if the response to any of the questions listed in the Appendix is affirmative, the responsible management official must ensure that management control procedures are in place to eliminate the potential for abuse.

a. Inherently Governmental Functions. When contracting for services, agencies must ensure that any final agency action reflects the informed, independent judgment of agency officials. Contractors thus must not be allowed to perform inherently Governmental functions as defined in OFPP Policy Letter 92–1, Inherently Governmental Functions (57 FR 45096 (1992).

b. Cost Effectiveness. When a valid requirement exists, agency officials must ensure that the requirement is obtained in the most cost effective manner. If contractor support is deemed appropriate, agencies should ensure that their acquisition strategy will result in the acquisition of services from a quality vendor that constitute the best value considering cots and other relevant factors, and yield the greatest benefit to the Government.

C. Control. When contracting for services, in particular for highly specialized or technical services, agencies should ensure that a sufficient number of trained and experienced officials is available within the agency to manage and oversee the contract administration function. This especially applies to such services as management and professional support, studies, analyses, and evaluations, engineering and technical support, and research and development. Agency officials need to be able to make sound judgments on what the requirements should be, the estimated costs, and whether the contractor is performing according to the contract terms and conditions. Agency officials must retain control over, and remain accountable for, policy decisions that may be based, in part, on a contractor's performance and work products. Agency officials must also provide an enhanced degree of management controls and oversight when contracting for functions that closely support the performance of inherently Governmental functions.

d. Conflicts of Interest. Agency officials must ensure that any potential conflicts of interest are identified and appropriate steps taken to avoid or mitigate them. Service contracts are not to be awarded to any individual or organization that may be unable, or potentially unable, to render impartial advice of assistance to the Government, or that has an unfair competitive advantage over competing contractors unless every effort is first taken to mitigate such conflict or advantage. OFPP Policy Letter 89–1, Conflicts of Interest Policies Applicable to Consultants, 54 Fed. Reg. 51805 (1989) and FAR Subpart 9.5 provide detailed guidance on conflicts of interest.

e. Competition. Full and open competition will assure cost effectiveness and reduce the potential for favoritism and conflict of interest. To maximize competition, the Competition in Contracting Act requires thorough acquisition planning and limits exceptions. The Act provides that lack of advance planning is not adequate justification for sole source contracting. Any justification for a noncompetitive contract should provide a detailed explanation as to why competition can not be achieved. Plans should be made to minimize the number of subsequent noncompetitive awards.

8. *Responsibilities.*

a. Head of Agencies. Agency heads (or their designees) shall:

(1) Designate a senior management official, preferably at the Senior Executive Service level, to be responsible and accountable for ensuring that management controls are implemented and monitored to comply with the provisions of this Policy Letter. Consideration should be given to inclusion of this function as a critical element in the senior management official's performance appraisal.

(2) Establish written procedures that outline the senior management official's oversight responsibilities as they relate to the review and approval of requests for services, and the process to follow to correct and document any noncompliance with these good management practices. At a minimum, the procedures should ensure that:

(i) Requirements for services are fully justified in writing and are responsive to the user's needs.

(ii) Trained and experienced officials are available within the agency to manage and oversee the contract administration function, and to retain control over policy decisions and other Governmental functions that may be based on the contractor's work products.

(iii) No inherently Governmental functions will be performed by a contractor.

(iv) To the maximum extent practicable, the agency will use full and open competition.

(v) Organizational and individual conflicts of interests are avoided or mitigated.

(vi) The contract will be properly administered and monitored to evaluate contractor compliance with contract requirements and performance standards. (See: OFPP Policy Letter 91–2, Service Contracting, 56 FR 15110 (1991), and OFPP's "Government-Wide Guidance on Contract Administration").

(vii) Data on each contract action for services is reported to the Federal Procurement Data System (FPDS) in accordance with the FPDS Reporting Manual.

(3) Ensure that the agency Procurement Executive, in establishing criteria and performance standards for evaluating the agency's procurement systems in accordance with Executive Order 12352, takes into account the requirements of this Policy Letter. The agency Procurement Executive shall ensure that the agency is in compliance with this Policy Letter prior to certifying that the procurement system meets required standards of performance. A copy of the resulting certification shall be provided to the Office of Federal Procurement Policy.

(4) Development implementation strategies and initiate staff training necessary to assure effective implementation of these policies.

b. Agency Senior Management Officials. The agency senior management official, as designated above, shall:

(1) Establish, as necessary, specific review levels to approve requirements for services. At a minimum, approvals should be provided at least one level above the requesting office.

(2) Designate, as appropriate, certain types of services for a class review rather than review each requirement individually, as long as that decision is justified, documented, and reported to the agency head.

Note: Services that could be reviewed on a class basis are not normally subject to abuse in the five areas of concern set forth in section 7 of this Policy Letter. Such blue collar services as lawn mowing, landscaping, janitorial functions, food preparation, messenger services, building maintenance, reproduction and printing, trash collection, and snow removal are examples of services that may be appropriate for class review.

(3) Define the review levels and class designations in the agency's management control procedures, and ensure that any such class reviews or delegations of authority are performed in a manner that will ensure compliance with this Policy Letter.

(4) Prepare and submit a report to the agency head, with a copy to OFPP, on agency implementation of the policies and procedures in this Policy Letter. The report shall be submitted within 180 days after this Policy Letter is implemented in the FAR and shall include:

(i) A description of the agency's management control procedures as required by section 8a.(2).

(ii) Identification of the types of services, including justification statements and review levels, that are being reviewed on a class basis.

c. Federal Acquisition Regulatory Council. Pursuant to sections 6(a) and 25(f) of the OFPP Act, as amended, 41 U.S.C. 401 *et seq.*, the Federal Acquisition Regulatory Council shall ensure that the policies established herein are incorporated in the FAR within 210 days from the date this Policy Letter is published in the **Federal Register**. The 210 day period is considered a "timely manner" as prescribed in 41 U.S.C. 405(b).

d. Inspectors General (IG). The Inspectors General are encouraged to conduct vulnerability assessments of service contracting and, where warranted, include in their annual plans a review of service contracts to ensure that management control procedures are adequate to prevent abuses, contractor performance met contract requirements, and abuses are not occurring in purchases for services below the small purchase threshold.

9. *Judicial Review.* This Policy Letter is not intended to provide a constitutional or statutory interpretation of any kind and it is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its agencies, its officers, or any person. It is intended only to provide policy guidance to agencies in the exercise of their discretion concerning Federal contracting. Thus, this Policy Letter is not intended, and should not be construed,

to create any substantive or procedural basis on which to challenge any agency action or inaction on the ground that such action or inaction was not in accordance with this Policy Letter.

10. *Information Contact.* For information regarding this Policy Letter contact Linda G. Williams, Deputy Associate Administrator, Office of Federal Procurement Policy, 725 17th Street, NW, Washington, DC 20503. Telephone (202) 395–3302.

11. *Effective Date.* This Policy Letter is effective 30 days after the date of issuance. While these policies must be implemented in the FAR, it is expected that agencies will take all appropriate actions in the interim to develop implementation strategies and initiate staff training, consistent with section 8a.(4), to ensure effective implementation of these policies.

Allan V. Burman,

Administrator.

Appendix A

The following is a series of questions to help agencies analyze and review requirements for service contracts.

A. Inherently Governmental Functions

If the response to either of the following questions is affirmative, the contract requirement is for an inherently Governmental function that must be performed by Government officials:

(1) Is the requirement for a function that is listed in or closely resembles a function listed in Appendix A of OFPP Policy Letter 92–1, Inherently Governmental Functions?

(2) If not, is the requirement for an inherently Governmental function based on an analysis of the totality of the circumstances discussed in section 7(b) of Policy Letter 92–1?

B. Cost Effectiveness

If the response to any of the following questions is affirmative, the agency may not have a valid requirement or not be obtaining the requirement in the most cost effective manner:

(1) Is the statement of work so broadly written that it does not support the need for a specific service?

(2) Is the statement of work so broadly written that it does not permit adequate evaluation of contractor versus in-house cost and performance?

(3) Is the choice of contract type, quality assurance plan, competition strategy, or other related acquisition strategies and procedures in the acquisition plan inappropriate to ensure good contractor performance to meet the user's needs?

(4) If a cost reimbursement contract is contemplated, is the acquisition plan inadequate to address the proper type of cost reimbursement to ensure that the contractor will have the incentive to control costs under the contract?

(5) Is the acquisition plan inadequate to address the cost effectiveness of using contractor support (either long-term or short-term) versus in-house performance?

(6) Is the cost estimate, or other supporting cost information, inadequate to prevent the contracting office from effectively determining cost reasonableness?

(7) Is the statement of work inadequate to describe the requirement in terms of "what" is to be performed as opposed to "how" the work is be accomplished?

(8) Is the acquisition plan inadequate to ensure that there is proper consideration given to "quality" and "best value"?

C. Control

If the response to any of the following questions is affirmative, there may be a control problem:

(1) Are there insufficient resources to evaluate contractor performance when the statement of work requires the contractor to provide advice, analysis and evaluation, opinions, alternatives, or recommendations that could significantly influence agency policy development or decision-making?

(2) Is the quality assurance plan too general to monitor adequately contractor performance?

(3) Is the statement of work so broadly written that it does not specify a contract deliverable or require progress reporting on contractor performance?

(4) Is there concern that the agency lacks the expertise to evaluate independently the contractor's approach, methodology, results, options, conclusions, or recommendations?

(5) Is the requirement for a function or service listed in Appendix B of OFPP Policy Letter 92–1, or similar to a function or service on that list, such that greater management scrutiny is required of the contract terms and the manner of its performance?

D. Conflicts of Interests

If the response to any of the following questions is affirmative, there may be a conflict of interest:

(1) Can the potential offeror perform under the contract in such a way as to influence the award of future contracts to that contractor?

(2) If the requirement is for support services (such as system engineering or technical direction), were any of the potential offerors involved in developing the system design specifications or in the production of the system?

(3) Has the potential offeror participated in earlier work involving the same program or activity that is the subject of the present contract?

(4) Will the contractor be evaluating a competitor's work?

(5) Does the contract allow the contractor to accept products or activities on behalf of the Government?

(6) Will the work, under this contract, put the contractor in a position to influence Government decision-making, e.g., developing regulations, that will affect the contractor's current or future business?

(7) Will the work under this contract affect the interests of the contractor's other clients?

(8) Are any of the potential offerors, or their personnel who will perform the contract, former agency officials who—while employed by the agency—personally and substantially participated in (a) the development of the requirement for, or (b) the procurement of these services within the past two years?

E. Competition

If the response to any of the following questions is affirmative, competition may be unnecessarily limited:

(1) Is the statement of work narrowly defined with the overly restrictive specifications or performance standards?

(2) Is the contract formulated in such a way as to create a continuous and dependent arrangement with the same contractor?

(3) Is the use of an indefinite quantity or term contract arrangement inappropriate to obtain the required services?

(4) Will the requirement be obtained through the use of other than full and open competition?

[FR Doc. 93–29342 Filed 12–1–93; 8:45 am]

BILLING CODE 3110–01–M

POSTAL SERVICE

Privacy Act of 1974; Computer Matching Programs

AGENCY: United States Postal Service (USPS).

ACTION: Notice of debt collection/salary offset computer matching programs between the United States Postal Service and the Railroad Retirement Board, the National Science Foundation, and the Office of Personnel Management.

SUMMARY: Subsection (e)(12) of the Privacy Act, as amended by the Computer Matching and Privacy Protection Act of 1988 (Pub. L. 100–503), requires agencies to publish advance notice of computer matching programs as a means of informing benefit recipients/debtors/employees of plans to conduct computer matches. This publishes notice that the USPS plans to conduct computer matching programs with the agencies listed above. Each of these matching programs will compare USPS payroll and agency debtor records to identify postal employees delinquently indebted to the federal government under various programs administered by these agencies, and to initiate collection of those debts under the salary offset provisions of the Debt Collection Act of 1982 (Pub. L. 97–365) when voluntary payment is not made.

DATES: Comments must be received no later than 30 days from the publication date of this notice. Unless comments are received that result in a contrary determination, the matching programs covered by this notice will begin no sooner than 40 days after this published notice has been sent to Congress and the Office of Management and Budget, and a copy of each matching agreement has been sent to the Congress.

ADDRESS: Comments may be mailed to the Records Officer, US Postal Service, 475 L'Enfant Plaza SW., Washington, DC 20260–5240, or delivered to Room 8831 at the above address between 8:15 a.m. and 4:45 p.m. Comments received may also be inspected during the above hours in Room 8831.

FOR FURTHER INFORMATION CONTACT: Sheila Allen, Records Office, (202) 268–4869.

SUPPLEMENTARY INFORMATION: Below are descriptions of the matching programs which the Postal Service has negotiated with the above-listed agencies to comply with the Debt Collection Act of 1982.

The following dates and agency contact information apply to each matching program.

Dates of the matching programs: Each matching program is expected to begin in November of 1993, and to continue in effect for 18 months unless terminated earlier by any of the parties. Matching activity under each program will begin no sooner than 40 days after the last to occur of the following: (1) Publication of this notice, (2) transmittal of each of the matching agreements to Congress, or (3) report of each of the matching programs to OMB and to Congress.

Address of agency official for receipt of pubic inquiries about these programs: Interested parties may submit comments or inquiries to Records Officer, US Postal Service, 475 L'Enfant Plaza SW., Washington, DC 20260–5240.

1. USPS/Railroad Retirement Board Debt Collection/Salary Offset Match

a. *Participating agencies:* The United States Postal Service (USPS) (the recipient agency) and the Railroad Retirement Board (RRB) (the source agency).

b. *Purpose of the matching program:* To identify postal employees who may owe delinquent debts to the federal government under certain programs administered by the RRB; and to collect those debts under the provisions of the Debt Collection Act of 1982 when voluntary repayment is not made.

c. *Legal authorities for the match:* 39 U.S.C. 404 (Postal Reorganization Act) and 5 U.S.C. 5514 (Debt Collection Act of 1982).

d. *Categories of individuals matched and identification of records used:* USPS employee data records within Privacy Act System 050.020, identified as Finance Records—Payroll System (57 FR 57515) and RRB records from its Privacy Act System RRB42—Uncollectible Benefit Overpayment Accounts (56 FR 182).

2. USPS/National Science Foundation Debt Collection/Salary Offset Match

a. *Participating agencies:* The United States Postal Service (USPS) (the recipient agency) and the National Science Foundation (NSF) (the source agency).

b. *Purpose of the matching program:* To identify postal employees who may owe delinquent debts to the federal government under benefit programs administered by the NSF, or due to overpayment or overdrawn annual or sick leave while employed by the NSF; and to collect those debts under the provisions of the Debt Collection Act of 1982 when voluntary repayment is not made.

c. *Legal authorities for the match:* 39 U.S.C. 404 (Postal Reorganization Act) and 5 U.S.C. 5514 (Debt Collection Act of 1982).

d. *Categories of individuals matched and identification of records used:* USPS employee data records within Privacy Act System 050.020, identified as Finance Records—Payroll System (57 FR 57515) and NSF records from its Privacy Act System NSF–57—Delinquent Debtors File (58 FR 33673).

3. USPS/Office of Personnel Management Debt Collection/Salary Offset Match

a. *Participating agencies:* The United States Postal Service (USPS) (the recipient agency) and the Office of Personnel Management (OPM) (the source agency).

b. *Purpose of the matching program:* To identify and locate postal employees who may owe delinquent debts to the federal government under certain programs administered by the Retirement and Insurance Group of OPM; and to collect those debts under the provisions of the Debt Collection Act of 1982 when voluntary repayment is not made.

c. *Legal authorities for the match:* 39 U.S.C. 404 (Postal Reorganization Act) and 5 U.S.C. 5514 (Debt Collection Act of 1982), as well as 5 CFR parts 831 and 845.

d. *Categories of individuals matched and identification of records used:* USPS employee data records within Privacy Act System 050.020, identified as Finance Records—Payroll System (57 FR 57515) and OPM records from its Privacy Act System OPM/Central–1, Civil Service Retirement and Insurance Records (a full description of which was last published at 58 FR 19154, and revised at 58 FR 41300).

Description of the matching programs: The Railroad Retirement Board, the National Science Foundation and the Office of Personnel Management will each provide to the USPS a magnetic tape or diskette containing a file of the names and social security numbers (SSN) of its debtors. By computer, the USPS will compare each debtor file with its payroll file, establishing matched individuals (i.e., hits) on the basis of common SSNs. For each matched individual, the USPS will provide to the source agency the name, SSN, home address, date of birth, work location, and employee type (permanent or temporary). The identity and debtor status of an individual will be verified by the source agency by: (1) Manually comparing the hit file with the agency's debtor files, (2) conducting independent inquiries when necessary to resolve questionable identities, and (3) reviewing records of the suspected debtor's account to confirm that the debt is still in a non-pay status without resolution.

Each agency will follow due process procedures including: (1) Verification of the debt, (2) 30-day written notice to the debtor explaining the debtor's rights, (3) provision for the debtor to examine and copy the agency's documentation of the debt, (4) provision for the debtor to seek the agency's review of the debt, (5) opportunity for a hearing before an individual who is not under the supervision or control of the source agency, and (6) opportunity for the debtor to enter into a written agreement satisfactory to the agency for repayment of the debt. Only after the agency has given the debtor's these opportunities and certified over the signature of an authorized agency official that all due process procedures have been followed will steps be taken to effect involuntary salary offset.

Beginning and ending dates of the matching programs. Each of these matching programs is expected to begin in November, 1993 and to continue in effect for a period not to exceed 18 months. Each computer matching agreement may be extended for one additional year beyond that period if, within 3 months prior to the actual expiration date of the matching agreement, the Data Integrity Boards of the USPS and the Railroad Retirement Board, the National Science Foundation, and the Office of Personnel Management, respectively, find that their computer matching programs can be conducted without change, and each agency certifies that the matching program has been conducted in

compliance with its matching agreement.

Stanley F. Mires,

Chief Counsel, Legislative Division.

[FR Doc. 93–29535 Filed 11–29–93; 4:07 pm]

BILLING CODE 7710–12–M

RAILROAD RETIREMENT BOARD

Agency Forms Submitted for OMB Review

SUMMARY: In accordance with the Paperwork Reduction Act of 1980 (44 U.S.C. chapter 35), the Railroad Retirement Board has submitted the following proposal(s) for the collection of information to the Office of Management and Budget for review and approval.

Summary of Proposal(s)

(1) Collection title: Application for Spouse Annuity Under the Railroad Retirement Act

(2) Form(s) submitted: AA–3

(3) OMB Number: 3220–0042

(4) Expiration date of current OMB clearance: Three years from date of OMB approval

(5) Type of request: Extension of the expiration date of a currently approved collection without any change in the substance or in the method of collection

(6) Frequency of response: On Occasion

(7) Respondents: Individuals or households

(8) Estimated annual number of respondents: 19,500

(9) Total annual responses: 19,500

(10) Average time per response: .43548 hours

(11) Total annual reporting hours: 8,492

(12) Collection description: The RRA provides for the payment of annuities to spouses of railroad retirement annuitants who meet the requirements under the Act. The application will obtain information supporting the claim for benefits based on being a spouse of an annuitant. The information will be used for determining entitlement to and amount of annuity applied for.

ADDITIONAL INFORMATION OR COMMENTS: Copies of the form and supporting documents can be obtained from Dennis Eagan, the agency clearance officer (312–751–4693). Comments regarding the information collection should be addressed to Ronald J. Hodapp, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611–2092 and the OMB reviewer, Laura Oliven (202–395–7316), Office of Management and Budget, room 3002, New Executive Office Building, Washington, DC 20503.

Dennis Eagan,

Clearance Officer.

[FR Doc. 93–29490 Filed 12–1–93; 8:45 am]

BILLING CODE 7905–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–33253; International Series Release No. 617; File No. SR–CBOE–93–09]

Self-Regulatory Organizations; Order Granting Accelerated Approval of a Proposed Rule Change by the Chicago Board Options Exchange, Inc., Relating to Listing Options on a Certain Specific American Depositary Receipt.

November 26, 1993.

I. Introduction

The Chicago Board Options Exchange, Inc. ("CBOE" or "Exchange"), filed with the Securities and Exchange Commission ("Commission"), on February 3, 1993, pursuant to Section 19(b) of the Securities Exchange Act of 1934 ("Act")[1] and Rule 19b–4 thereunder,[2] a proposed rule change to list and trade options on American Depositary Receipts ("ADRs") representing the shares of Transportation Maritima Mexicana ("TMM").

The proposed rule change was published for comment in Securities Exchange Act Release No. 33088 (October 22, 1993), 58 FR 58208 (October 29, 1993). No comments were received on the proposed rule change.

II. Description

On November 27, 1992, the Commission approved a CBOE proposal to list and trade ADR options where the underlying foreign security is subject to a comprehensive surveillance sharing agreement and the underlying ADR meets or exceeds the Exchange's established uniform options listing standards.[3] First, the ADR Approval Order provides that for ADR options to be eligible for listing and continued trading, the CBOE must have comprehensive surveillance sharing agreements in place with the foreign exchanges that serve as the primary markets for the foreign securities underlying the ADRs, unless the Commission otherwise approves the options' listing without an agreement. Second, the CBOE's initial listing standards require that the ADRs underlying the Exchange-listed options have a "float" of 7,000,000 ADRs outstanding, 2,000 shareholders, trading volume of at least 2,400,000 over the prior twelve month period, and a minimum price of $7½ for a majority of the business days during the preceding three month period. Moreover, options on ADRs must meet or exceed the maintenance criteria for continued listing under the CBOE rules. Those criteria require that the ADRs underlying Exchange-listed options maintain a "float" of 6,300,000 ADRs, 1,600 shareholders, trading volume of at least 1,800,000 over the prior twelve month period, and a minimum price of $5 on a majority of the business days during the preceding six month period. Additionally, the ADR Approval Order requires the CBOE to make reasonable inquiry to evaluate the securities underlying the ADRs to ensure that these securities are generally consistent with the above-noted listing requirements.

Furthermore, the BCOE options initial listing standards require that the ADR underlying an ADR option be registered and listed on a national securities exchange or traded through the facilities of a national securities association and be reported as a national market system security. The issuers of the ADRs also must be in compliance with any other applicable requirements of the Act.

The current proposal would authorize the CBOE to list and trade options on ADRs representing the shares of TMM, even though the CBOE does not have a surveillance sharing agreement with the primary exchange on which the foreign securities underlying the ADRs trade. The foreign securities underlying TMM ADRs trade primarily on the Bolsa Mexicana de Valores ("Mexican Stock Exchange"), while the ADRs trade primarily on the New York Stock Exchange ("NYSE").[4]

Although the CBOE does not have a surveillance sharing agreement with the Mexican Stock Exchange, the CBOE does not believe that this will impair its

[1] 15 U.S.C. 78s(b) (1988).

[2] 17 CFR 240.19b–4 (1993).

[3] Securities Exchange Release No. 31531 (November 27, 1992), 57 FR 57250 (December 3, 1992) ("ADR Approval Order"). A comprehensive surveillance sharing agreement provides, among other things, for the exchange of market trading activity, clearing activity, and the identify of the ultimate purchaser or seller of the securities traded.

[4] Although the NYSE is the primary market for TMM ADRs, the ADRs also trade in the United States on the Boston Stock Exchange, Inc. ("BSE"), the Chicago Stock Exchange, Inc. ("CHX"), the Pacific Stock Exchange, Inc. ("PSE"), the Philadelphia Stock Exchange, Inc. ("Phlx"), and through the National Association of Securities Dealers, Inc. ("NASD"), Automatic Quotation System ("NASDAQ").

ability to detect or deter potential manipulations of the market in TMM ADR options because the dominant underlying market for the ADR options is the U.S. ADR market, rather than the Mexican Stock Exchange.[5] Since the CBOE, the NASD, and the U.S. exchanges on which TMM ADRs trade are members of the Intermarket Surveillance Group ("ISG"), the CBOE believes that it has the ability to conduct adequate surveillance of trading in TMM ADR options.[6]

III. Discussion

The Commission finds the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange, and, in particular, the requirements of Section 6(b)(5).[7] Specifically, the Commission finds that allowing options to trade on ADRs representing the shares of TMM, among other things, gives investors a better means to hedge their positions in the ADRs, as well as enhanced market timing opportunities.[8] Further, the pricing of the ADRs underlying TMM ADR options may become more efficient and market makers in these ADRs, by virtue of enhanced hedging opportunities, may be able to provide deeper and more liquid markets.[9] In sum, options on ADRs likely engender the same benefits to investors and the market place that exist with respect to options on common stock.[10]

The Commission also believes that it is appropriate to permit the CBOE to list and trade options on TMM ADRs given that these options will be subject to specific requirements related to the protection of investors. First, CBOE rules require that the ADRs underlying these options meet the CBOE's uniform options listing standards in all respects. As described above, this would include the initial and maintenance criteria. These criteria ensure, among other things, that the underlying ADRs will maintain adequate price and float to prevent the ADR options from being readily susceptible to manipulation.

Second, the ADR Approval Order requires that the CBOE make a reasonable inquiry to evaluate TMM securities to ensure that these securities are generally consistent with the requirements set forth in the Exchange's options listing standards. In the ADR Approval Order, the Commission recognized that in some cases, an ADR underlying an option could meet the options listing standards while the foreign security on which the ADR is based may not meet these standards in every respect. For example, in the case of ADRs overlying certain foreign securities, one ADR could represent several shares of a specific stock. For this reason, it is possible that the price of the ADR will meet exchange listing standards even though the market price of the foreign security underlying the ADR may be less than the CBOE standard. The Commission believes, however, that requiring the CBOE to review the securities underlying TMM ADRs to ensure that they are generally consistent with the Exchange's options listing standards, along with other market safeguards, will adequately protect investors from the possibility that these ADR options can be potentially manipulated.[11]

Third, the CBOE has in place an adequate mechanism for providing for the exchange of the surveillance information necessary to adequately detect and deter market manipulation or trading abuses involving TMM ADR options. Although the CBOE does not have an comprehensive surveillance sharing agreement with the Mexican Stock Exchange, the Commission believes that this does not impair the ability of the CBOE to detect or deter manipulation since the majority of the trading activity in these Mexican securities occurs in the U.S. ADR market. The Commission notes that the CBOE, the U.S. exchanges on which TMM ADRs trade, and the NASD are members of the ISG, which will provide for the exchange of necessary surveillance information concerning trading activity in the TMM ADR options, and the respective underlying ADR market.[12]

As a general matter, the Commission believes that the existence of a surveillance sharing agreement that effectively permits the sharing of information between an exchange proposing to list an equity option, such as options on TMM ADRs, and the exchange trading the stock underlying the equity option is necessary to detect and deter market manipulation and other trading abuses. In particular, the Commission notes that surveillance sharing agreements provide an important deterrent to manipulation because they facilitate the availability of information needed to fully investigate a potential manipulation if it were to occur. These agreements are especially important in the context of derivative products based on foreign securities because they facilitate the collection of necessary regulatory, surveillance and other information from foreign jurisdictions.

In the context of ADRs, the Commission believes that, in most cases, the relevant underlying equity market is the primary market on which the security underlying the ADR trades. This is because, in most cases, the market for the security underlying the ADR generally is larger in comparison to the ADR market, both in terms of share volume and the value of trading. Because of the additional leverage provided by an option on an ADR, the

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[5] The CBOE represents that for the three month period ending October 31, 1993, 50% or more of the world-wide trading volume (on a share equivalent basis) in TMM occurred in the U.S. ADR market. Letter from Robert Ryan, CBOE, to Monica C. Michelizzi, Staff Attorney, Division of Market Regulation ("Division"), Commission, dated November 23, 1993 ("November 23rd Letter"). The CBOE further represents that if the trading volume in the U.S. market for TMM ADRs below 30% of the world-wide trading volume for TMM ADRs and stock in any subsequent three month period, the Exchange will not open for trading any additional series of options on TMM ADRs unless the CBOE has in place a comprehensive surveillance sharing agreement with the primary exchange in the home country where the foreign security underlying the ADR is traded or the Commission otherwise authorizes the listing. Letter from Joseph Levin, Vice President, Research and Development, CBOE, to Monica C. Michelizzi, Staff Attorney, Division, Commission, dated September 23, 1993 ("September 23rd Letter").

[6] ISG was formed on July 14, 1983 to, among other things, coordinate more effectively surveillance and investigative information sharing arrangements in the stock and options markets. See Intermarket Surveillance Group Agreement, July 14, 1983. The most recent amendment to the ISG Agreement, which incorporates the original agreement and all amendments made thereafter, was signed by ISG members on January 29, 1990. See Second Amendment to the Intermarket Surveillance Group Agreement, January 29, 1990. The members of the ISG are: the American Stock Exchange, Inc. ("Amex"), the BSE, the CBOE, the CHX, the Cininnati Stock Exchange, Inc. ("CSE"), the NASD, the NYSE, the PSE, and the Phlx.

[7] 15 U.S.C. 78f(b)(5) (1988).

[8] For example, if an investor wants to invent in ADRs but does not have sufficient cash available until a future date, he can purchase an ADR option now for less money and exercise the option to purchase the ADRs at a later date.

[9] See e.g. Report of the Special Study of the Options Markets to the Securities and Exchange Commission, 96th Cong., 1st Sess. (Comm. Print No. 96–IFC3, December 22, 1978).

[10] Pursuant to Section 6(b)(5) of the Act, the Commission must predicate approval of any new securities product upon a finding that the introduction of such new product is in the public interest. Such a finding would be difficult for a derivative instrument that served no hedging or other economic function, because any benefits that might be derived by market participants likely would be outweighed by the potential for manipulation, diminished public confidence in the integrity of the markets, and other valid regulatory concerns.

[11] For example, we would expect the Exchange to consider delisting an option on an ADR if the price and public float of the underlying security did not meet trading or size maintenance standards, or if the security underlying the ADR failed to meet other standards that raised manipulative concerns.

[12] *See supra* note 6.

Commission generally believes that having a comprehensive surveillance sharing agreement in place, between the exchange where the ADR option trades and the exchange where the foreign security underlying the ADR primarily trades, will ensure the integrity of the marketplace.[13] The Commission further believes that the ability to obtain relevant surveillance information, including, among other things, the identity of the ultimate purchasers and sellers of securities, is an essential and necessary component of a comprehensive surveillance sharing agreement.

In the present case, however, the Commission finds that the market for TMM ADRs is larger than the market for the underlying foreign securities. Specifically, approximately 59% of the world-wide volume in TMM stock and ADRs occurs in the U.S. ADR market, which consists of the NYSE, the BSE, the CHX, the PSE, the Phlx, and NASDAQ.[14] The Commission believes that the U.S. market for TMM ADRs operates as a single market even though it is made up of several national securities exchanges and the NASD.

The Commission notes that TMM ADRs trade primarily on one U.S. exchange, the NYSE, and all of the markets on which or through which these ADRs could trade are linked together by the Intermarket Trading System ("ITS").[15] Accordingly, the Commission believes that the U.S. ADR market for TMM is substantially the price-discovery market for TMM securities (*i.e.*, stocks and ADRs) and, therefore, is the instrumental market for purposes of deterring and detecting potential manipulation or other abusive trading strategies in conjunction with transactions in the overlying ADR options market. Since both the CBOE, the U.S. exchanges on which TMM ADRs trade, and the NASD are members of the ISG, the Commission believes that there is an effective surveillance sharing arrangement to permit the exchanges and the NASD to adequately investigate any potential manipulations of the ADR options or their underlying securities.

The Commission also notes that the CBOE will review the world-wide trading volume for TMM stock and ADRs to ensure that the primary market for TMM securities continues to be the U.S. ADR market. Specifically, the CBOE has agreed to continue reviewing the percentage of the world-wide trading volume in TMM securities that occurs in the U.S. ADR market. If the average daily trading volume in TMM stock and ADRs occurring in the U.S. ADR market falls below 30% of world-wide trading volume, the CBOE represents that it will not open for trading any additional series of options on TMM ADRs unless it has in place a comprehensive surveillance sharing agreement with the Mexican Stock Exchange.[16] Accordingly, the Commission believes that these requirements ensure that if the U.S. ADR market ceases to be the primary market for TMM securities, the CBOE will either obtain the necessary surveillance sharing agreements or "wind down" trading in the product.

The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**. The current proposal was noticed for comment on October 29, 1993. The Commission has not received any comments on the proposal. In addition, the current CBOE proposal to list and trade options on TMM ADRs is substantially similar to proposals by the CBOE and the Amex to list and trade options on Empresas ADR options.[17] The proposals to list Empresas ADR options were subject to a full notice and comment period and the Commission did not receive any comments on them. Further, the Commission believes that approving the CBOE proposal to list TMM ADR options on an accelerated basis facilitates transaction in securities and perfects the mechanism of a free and open market by facilitating the offering of new products to investors. Accordingly, the Commission believes it is consistent with sections 19(b)(2) and 6(b)(5) of the Act[18] to approve the CBOE's proposal to list TMM ADR options on an accelerated basis.

It is therefore ordered, pursant to Section 19(b)(2) of the Act,[19] that the proposed rule change (File No. SR–CBOE–93–09) is approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[20]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 93–29465 Filed 12–1–93; 8:45 am]

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[13] See also Securities Exchange Act Release No. 26653 (March 21, 1989), 54 FR 12705 (order approving the trading of options on the International Market Index (IMI"), an index comprised of ADRs traded in the United States based on foreign securities). In this approval order, the Commission specifically required that there be comprehensive surveillance sharing agreements in place between the Amex and the foreign exchanges on which the securities underlying the ADRs trade so that a substantial percentage of the Index was covered by comprehensive surveillance sharing agreements. In particular, 78% of the weight of the Index was covered by comprehensive surveillance sharing agreements. For the remaining 22% of the Index, the Commission further recommended that the Amex obtain comprehensive surveillance agreements with the exchanges on which the foreign securities underlying the ADRs trade.

[14] The combined total trading volume for August through October, 1993, on the Mexican Stock Exchange for both classes of common shares of TMM (*i.e.*, "L" class and "A" class) was 5,425,000 shares (44.43%) and the combined total trading volume for the same time period in the U.S. ADR market for ADRs overlying either of these classes was 6,785,000 ADRs (55.57%). November 23rd Letter, *supra* note 5. Although the CBOE only intends to list options on ADRs representing the "L" class of TMM common stock, the Commission believes that, for the purpose of determining the price discovery market for TMM securities, it is necessary to review the trading activity of all classes of TMM common stock and the ADRs that overlie them. The CBOE further represents that the Mexican Stock Exchange and the U.S. ADR market are the predominate markets for TMM securities. Telephone Conversation between Joseph Levin, Vice President, Research and Development, CBOE, and Monica Michelizzi, Staff Attorney, Division, Commission, on October 22, 1993.

[15] ITS is a communications system designed to facilitate trading among competing markets by providing each market with order routing capabilities based on current quotation information. The system links the participant markets and provides facilities and procedures for: (1) The display of composite quotation information at each participant market, so that brokers are able to determine readily the best bid and offer available from any participant for multiple trading securities; (2) efficient routing of orders and sending administrative messages (on the functioning of the system) to all participating markets; (3) participation, under certain conditions, by members of all participating markets in opening transactions in those markets; and (4) routing orders from a participating market to a participating market with a better price. The exchanges on which Empresas ADRs trade are ITS participant markets. The NASD's Computer Assisted Execution System links NASD market makers, for order routing and execution purposes, to ITS for Empresas ADRs.

[16] September 23rd Letter, *supra* note 5.

[17] Securities Exchange Act Release Nos. 31122 (August 28, 1992), 57 FR 40707 (September 4, 1992) (File No. SR–CBOE–92–15), and 31117 (August 28, 1992), 57 FR 40703 (September 4, 1992) (Amendment No. 2 to File No. SR–Amex–91–26). The Commission notes that the NYSE also filed a proposal to trade Empresas ADR options. See Securities Exchange Act Release No. 33195 (November 12, 1993), 58 FR 61119 (November 19, 1993) (File No. SR–NYSE–92–26).

[18] 15 U.S.C. 78s(b)(2) and 78f(b)(5) (1988).

[19] 15 U.S.C. 78s(b) (1988).

[20] 17 CFR 200.30–3(a)(12) (1993).

[Release No. 34–33248; File No. SR–NSCC–93–13]

Self-Regulatory Organizations; National Securities Clearing Corporation; Notice of Proposed Rule Change Relating to Buy-Ins

November 24, 1993.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934,[1] notice is hereby given that on September 1, 1993, the National Securities Clearing Corporation ("NSCC") filed with the Securities and Exchange Commission

[1] 15 U.S.C. 78s(b)(1) (1988).

("Commission") the proposed rule change as described in Items I, II, and III below, which Items have been prepared substantially by NSCC. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The proposed rule change will modify the timing under which a buy-in of a security settling in NSCC's Continuous Net Settlement ("CNS") system may be executed under NSCC's rules.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, NSCC included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposal. The text of these statements may be examined at the places specified in Item IV below. NSCC has prepared summaries, set forth in sections (A), (B), and (C) below, of the most significant aspects of such statements.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

The proposed rule change modifies the timing under which a buy-in of a security settling in NSCC's CNS system may be executed under NSCC's rules.[2] This change will have the effect of conforming buy-in execution practices for exchange-listed CNS trades with buy-in execution practices for over-the-counter CNS trades.

NSCC's rules currently provide that if a member has not satisfied its buy-in liability by the end of the evening allocation on the day after it receives a retransmittal notice from NSCC, it is subject to a buy-in.[3] While buy-ins executed as floor trades may be executed at any time on N+2, under the National Association of Securities Dealers' ("NASD") buy-in rules buy-ins cannot be executed until 2:30 p.m. on N+2. The proposed rule change will amend NSCC rules so that a member's buy-in liability may be satisfied up to the completion of the day cycle on N+2 instead of the completion of the evening cycle on N+2. Extending the time during which a member may satisfy its buy-in liability from the end of the evening cycle to the end of the day cycle will have the practical effect of conforming the timing for the execution of buy-ins.

The proposed rule change also will have the effect of reducing buy-in risk for members with short positions because it will give them the opportunity to meet their obligation by delivering shares during the day cycle on N+2 without being subject to buy-in liability. Currently, such deliveries cannot be used to mitigate a member's buy-in liability. This limitation exists because in the past members with long positions had no way of knowing whether deliveries were made during the day cycle in fulfillment of buy-in liabilities. Therefore, allowing day cycle deliveries to mitigate buy-in liabilities would have placed members with long positions at risk if the member executed a buy-in. This limitation now may be removed because all members currently have access to The Depository Trust Company's Participant Terminal System which allows them to monitor deliveries made to NSCC during the day cycle.

The proposed rule change will help minimize the risks to members from buy-in liabilities and will permit members to effect clearance and settlement in a more efficient manner. Thus, these changes are consistent with the requirements of Section 17A of the Act and the rules and regulations thereunder.

B. Self-Regulatory Organization's Statement on Burden on Competition

NSCC does not believe that the proposed rule change will impose any burden on competition.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

Written comments were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within thirty-five days of the date of publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to ninety days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

(A) By order approve such proposed rule change or

(B) Institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street NW., Washington, DC 20549. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street NW., Washington, DC 20549. Copies of such filings also will be available for inspection and copying at the principal office of NSCC. All submissions should refer to File No. SR–NSCC–93–13 and should be submitted by December 23, 1993.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[4]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 93–29466 Filed 12–1–93; 8:45 am]

BILLING CODE 8010–01–M

[2] An NSCC member that has a long position (*i.e.*, the number of units of a CNS security which the member is entitled to receive) at the end of any day may submit a buy-in notice to NSCC. The day the buy-in notice is submitted is "N." If a buy-in position remains unfilled after the evening allocation on N+1 (*i.e.*, the day after the buy-in notice is submitted to NSCC), NSCC will issue on the morning of N+1 retransmittal notices to a number of members that have short positions. The quantity of securities specified as owing on the retransmittal notice is the short members' buy-in liability (*i.e.*, the number of a CNS security which the member is obligated to deliver). NSCC Procedures, Section VII, J.

[3] NSCC's daily processing cycle commences in the evening and includes an evening cycle which runs from 6 p.m. until 8 a.m. the following morning and a day cycle which runs from 8:30 a.m. to 2 p.m. Telephone conversation between Karen L. Saperstein, Vice President/Director of Legal and Association General Counsel, NSCC, and Jerry W. Carpenter, Branch Chief, and Richard C. Strasser, Attorney, Division of Market Regulation, Commission (August 4, 1993).

[4] 17 CFR 200.30–3(a)(12) (1992).

[Release No. 34–33252; International Series Release No. 616; File No. SR-Phlx–93–54]

Self-Regulatory Organizations; Notice of Filing and Order Granting Partial Accelerated Approval To Proposed Rule Change by the Philadelphia Stock Exchange, Inc., Relating to the Listing of Options on American Depository Receipts

November 26, 1993.

Pursuant to section 19(b)(1) of the Securities Exchange Act of 1934 ("Act"), 15 U.S.C. 78s(b)(1), notice is hereby given that on November 15, 1993, the Philadelphia Stock Exchange ("Phlx" or "Exchange") filed with the Securities and Exchange Commission ("Commission") the proposed rule change as described in Items I and II below, which Items have been prepared by the self-regulatory organization. The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change

The Phlx proposes to amend Rules 1009 and 1010 to provide for the listing and trading of options on American Depositary Receipts ("ADRs") where over 50% of the world-wide trading volume in the underlying stocks and ADRs occurs in the United States ADR Market, even though the Phlx does not have a comprehensive surveillance agreement in place with the foreign exchange on which the foreign security underlying the ADR primarily trades.

The Phlx also requests Commission authorization to list and trade options on ADRs representing the shares of Transportation Maritima Mexicana ("TMM").

The text of the proposal is available at the Office of the Secretary, Phlx and at the Commission.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the self-regulatory organization included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The self-regulatory organization has prepared summaries, set forth in sections (A), (B) and (C) below, of the most significant aspects of such statements.

(A) Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

The Phlx states that the purpose of the proposed rule change is to revise the Exchange's rules relating to listing of options on ADRs. On November 27, 1992, the Commission approved a Phlx proposal to list and trade ADR options where the underlying foreign security is subject to a comprehensive surveillance sharing agreement and the underlying ADR meets or exceeds the Exchange's established uniform options listing standards.[1] First, the ADR Approval Order provides that for ADR options to be eligible for listing and continued trading, the Phlx must have comprehensive surveillance sharing agreements in place with the foreign exchanges that serve as the primary markets for the foreign securities underlying the ADRs, unless the Commission otherwise approves the options' listing without an agreement. Second, the Phlx's initial listing standards require that the ADRs underlying the Exchange-listed options have a "float" of 7,000,000 ADRs outstanding, 2,000 shareholders, trading volume of at least 2,400,000 over the prior twelve month period, and a minimum price of $7½ for a majority of the business days during the preceding three month period. Moreover, options on ADRs must meet or exceed the maintenance criteria for continued listing under the Phlx rules. Those criteria require that the ADRs underlying Exchange-listed options maintain a "float" of 6,300,000 ADRs, 1,600 shareholders, trading volume of at least 1,800,000 over the prior twelve month period, and a minimum price of $5 on a majority of the business days during the preceding six month period. Additionally, the ADR Approval Order requires the Phlx to make reasonable inquiry to evaluate the securities underlying the ARDs to ensure that these securities are generally consistent with the above-noted listing requirements.

Furthermore, the Phlx options initial listing standards require that the ADR underlying an ADR option be registered and listed on a national securities exchange or traded through the facilities of a national securities association and be reported as a national market system security. The issuers of the ADRs also must be in compliance with any other applicable requirements of the Act.

The current proposal would amend Commentary .03 to Exchange Rule 1009 to provide that the Exchange could list options on ADRs if the trading volume in the United States markets where the ADR is traded represents at least 50% of the world-wide trading volume (on a share equivalent basis) in the security underlying the ADR over the three month period preceding the date of selection of the ADR for options trading.

Additionally, the current proposal adds new Commentary .07 to Exchange Rule 1010. New Commentary .07 provides that if an ADR was initially deemed appropriate for options trading on the grounds that 50% or more of the world-wide trading volume in a security underlying the ADR takes place in the U.S. ADR market, and if such percentage is less than 30% over any subsequent three month period, then the Phlx will not open for trading any additional series of options on such ADR unless the Exchange then has in place a comprehensive surveillance agreement with the primary exchange in the home country where the security underlying the ADR is traded. The Phlx may, however, continue to trade the ADR option if the Commission has otherwise approved the listing.

Finally, the Phlx is requesting Commission authorization to list and trade options on ADRs representing shares of TMM, even though the Phlx does not have a surveillance sharing agreement with the primary exchange on which the foreign securities underlying the ADRs trade. The foreign securities underlying TMM ADRs trade primarily on the Mexican Stock Exchange, while the ADRs trade primarily on the New York Stock Exchange ("NYSE").[2]

Although the Phlx does not have a surveillance sharing agreement with the Mexican Stock Exchange, the Phlx does not believe that this will impair its ability to detect or deter potential manipulations of the market in TMM ADR options because the dominant underlying market for the ADR options is the U.S. ADR market, rather than the Mexican Stock Exchange.[3] Since the

[1] Securities Exchange Release No. 31531 (November 27, 1992), 57 FR 57250 (December 3, 1992) ("ADR Approval Order"). A comprehensive surveillance sharing agreement provides, among other things, for the exchange of market trading activity, clearing activity, and the identify of the ultimate purchaser or seller of the securities traded.

[2] Although the NYSE is the primary market for TMM ADRs, the ADRs also trade in the United States on the Boston Stock Exchange, Inc. ("BSE"), the Chicago Stock Exchange, Inc. ("CHX"), the Pacific Stock Exchange, Inc. ("PSE"), the Philadelphia Stock Exchange, Inc. ("Phlx"), and through the National Association of Securities Dealers, Inc. ("NASD"), Automatic Quotation System ("NASDAQ").

[3] The Phlx represents that for the three month period ending October 31, 1993, 50% or more of the world-wide trading volume (on a share equivalent basis) in securities representing TMM common

Phlx, the NASD, and the U.S. exchanges on which TMM ADRs trade are members of the Intermarket Surveillance Group ("ISG"), the Phlx believes that it has the ability to conduct adequate surveillance of trading in TMM ADR options.[4]

(B) Self-Regulatory Organization's Statement on Burden on Competition

The Phlx believes that the proposed rule change will not impose a burden on competition.

(C) Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

Written comments on the proposed rule change were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

The Exchange has requested that the proposed rule change be given accelerated effectiveness pursuant to section 19(b)(2) of the Act.[5]

The Commission finds the portions of the proposed rule change related to the listing of options on ADRs representing shares of TMM is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange, and, in particular, the requirements of section 6(b)(5).[6] Specifically, the Commission finds that allowing options to trade on ADRs representing the shares of TMM, among other things, gives investors a better means to hedge their positions in the ADRs, as well as enhanced market timing opportunities.[7] Further, the pricing of the ADRs underlying TMM ADR options may become more efficient and market makers in these ADRs, by virtue of enhanced hedging opportunities, may be able to provide deeper and more liquid markets.[8] In sum, options on ADRs likely engender the same benefits to investors and the market place that exist with respect to options on common stock.[9]

The Commission also believes that it is appropriate to permit the Phlx to list and trade options on TMM ADRs given that these options will be subject to specific requirements related to the protection of investors. First, Phlx rules require that the ADRs underlying these options meet the Phlx's uniform options listing standards in all respects. As described above, this would include the initial and maintenance criteria. These criteria ensure, among other things, that the underlying ADRs will maintain adequate price and float to prevent the ADR options from being readily susceptible to manipulation.

Second, the ADR Approval Order requires that the Phlx make a reasonable inquiry to evaluate TMM securities to ensure that these securities are generally consistent with the requirements set forth in the Exchange's options listing standards. In the ADR Approval Order, the Commission recognized that in some cases, an ADR underlying an option could meet the options listing standards while the foreign security on which the ADR is based may not meet these standards in every respect. For example, in the case of ADRs overlying certain foreign securities, one ADR could represent several shares of a specific stock. For this reason, it is possible that the price of the ADR will meet exchange listing standards even though the market price of the foreign security underlying the ADR may be less than the Phlx standard. The Commission believes, however, that requiring the Phlx to review the securities underlying TMM ADRs to ensure that they are generally consistent with the Exchange's options listing standards, along with other market safeguards, will adequately protect investors from the possibility that these ADR options can be potentially manipulated.[10]

Third, the Phlx has in place an adequate mechanism for providing for the exchange of the surveillance information necessary to adequately detect and deter market manipulation or trading abuses involving TMM ADR options. Although the Phlx does not have an comprehensive surveillance sharing agreement with the Mexican Stock Exchange, the Commission believes that this does not impair the ability of the Phlx to detect or deter manipulation since the majority of the trading activity in these Mexican securities occurs in the U.S. ADR market. The Commission notes that the Phlx, the U.S. exchanges on which TMM ADRs trade, and the NASD are members of the ISG, which will provide for the exchange of necessary surveillance information concerning trading activity in the TMM ADR options, and the respective underlying ADR market.[11]

As a general matter, the Commission believes that the existence of a surveillance sharing agreement that effectively permits the sharing of information between an exchange proposing to list an equity option, such as options on TMM ADRs, and the exchange trading the stock underlying the equity option is necessary to detect and deter market manipulation and other trading abuses. In particular, the Commission notes that surveillance sharing agreements provide an important deterrent to manipulation because they facilitate the availability of information needed to fully investigate a potential manipulation if it were to occur. These agreements are especially important in the context of derivative products based on foreign securities because they facilitate the collection of necessary regulatory, surveillance and other information from foreign jurisdictions.

In the context of ADRs, the Commission believes that, in most cases, the relevant underlying equity market is the primary market on which

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stock occurred in the U.S. ADR market. The Phlx further represents that if the trading volume for TMM in the U.S. ADR market falls below 30% of the world-wide trading volume for TMM ADRs and stock in any subsequent three month period, the Exchange will not open for trading any additional series of options on TMM ADRs unless the Phlx has in place a comprehensive surveillance sharing agreement with the primary exchange in the home country where the foreign security underlying the ADR is traded or the Commission otherwise authorizes the listing. See letter from Michele R. Weisbaum, Associate General Counsel, Phlx, to Monica C. Michelizzi, Staff Attorney, Division of Market Regulation ("Division"), Commission, dated November 16, 1993 ("November 16th Letter").

[4] ISG was formed on July 14, 1983 to, among other things, coordinate more effectively surveillance and investigative information sharing arrangements in the stock and options markets. See Intermarket Surveillance Group Agreement, July 14, 1983. The most recent amendment to the ISG agreement, which incorporates the original agreement and all amendments made thereafter, was signed by ISG members on January 29, 1990. See Second Amendment to the Intermarket Surveillance Group Agreement, January 29, 1990. The members of the ISG are: the American Stock Exchange, Inc. ("Amex"), the BSE, the CBOE, and the CHX, the Cincinnati Stock Exchange, Inc. ("CSE"), the NASD, the NYSE, the PSE, and the Phlx.

[5] 15 U.S.C. 78s(b)(2) (1988).

[6] 15 U.S.C. 78f(b)(5) (1988).

[7] For example, if an investor wants to invest in ADRs but does not have sufficient cash available until a future date, he can purchase an ADR option now for less money and exercise the option to purchase the ADRs at a later date.

[8] See *e.g.*, Report of the Special Study of the Options Markets to the Securities and Exchange Commission, 96th Cong., 1st Sess. (Comm. Print No. 96–IFC3, December 22, 1978).

[9] Pursuant to section 6(b)(5) of the Act, the Commission must predicate approval of any new securities product upon a finding that the introduction of such new product is in the public interest. Such a finding would be difficult for a derivative instrument that served no hedging or other economic function, because any benefits that might be derived by market participants likely would be outweighed by the potential for manipulation, diminished public confidence in the integrity of the markets, and other valid regulatory concerns.

[10] For example, we would expect the Exchange to consider delisting an option on an ADR if the prices and public float of the underlying security did not meet trading or size maintenance standards, or if the security underlying the ADR failed to meet other standards that raised manipulative concerns.

[11] See supra note 4.

the security underlying the ADR trades. This is because, in most cases, the market for the security underlying the ADR generally is larger in comparison to the ADR market, both in terms of share volume and the value of trading. Because of the additional leverage provided by an option on an ADR, the Commission generally believes that having a comprehensive surveillance sharing agreement in place, between the exchange where the ADR option trades and the exchange where the foreign security underlying the ADR primarily trades, will ensure the integrity of the marketplace.[12] The Commission further believes that the ability to obtain relevant surveillance information, including, among other things, the identify of the ultimate purchasers and sellers of securities, is an essential and necessary component of a comprehensive surveillance sharing agreement.

In the present case, however, the Commission finds that the market for TMM ADRs is larger than the market for the underlying foreign securities. Specifically, approximately 59% of the world-wide volume in TMM stock and ADRs, occurs in the U.S. ADR market, which consists of the NYSE, the BSE, the CHX, the PSE, the Phlx, and NASDAQ.[13] The Commission believes that the U.S. market for TMM ADRs operates as a single market even though it is made up of several national securities exchanges and the NASD. The Commission notes that TMM ADRs trade primarily on one U.S. exchange, the NYSE, and all of the markets on which or through which these ADRs could trade are linked together by the Intermarket Trading System ("ITS").[14] Accordingly, the Commission believes that the U.S. ADR market for TMM is substantially the price-discovery market for TMM securities (*i.e.*, stocks and ADRS) and, therefore, is the instrumental market for purposes of deterring and detecting potential manipulation or other abusive trading strategies in conjunction with transactions in the overlying ADR options market. Since both the Phlx, the U.S. exchanges on which TMM ADRs trade, and the NASD are members of the ISG, the Commission believes that there is an effective surveillance sharing arrangement to permit the exchanges and the NASD to adequately investigate any potential manipulations of the ADR options or their underlying securities.

The Commission also notes that the Phlx will review the world-wide trading volume for TMM stock and ADRs to ensure that the primary market for TMM securities continues to be the U.S. ADR market. Specifically, the Phlx has agreed to continue reviewing the percentage of world-wide trading volume in TMM securities that occurs in the U.S. ADR market. If the average daily trading volume in TMM stock and ADRs occurring in the U.S. ADR market falls below 30% of world-wide trading volume, the Phlx represents that it will not open for trading any additional series of options on TMM ADRs unless it has in place a comprehensive surveillance sharing agreement with the Mexican Stock Exchange.[15] Accordingly, the Commission believes that these requirements ensure that if the U.S. ADR market ceases to be the primary market for TMM securities, the Phlx will either obtain the necessary surveillance sharing agreements or "wind down" trading in the product.

The Commission finds good cause for approving the portions of the proposed rule change relating to the listing of options on TMM ADRs prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**. The current Phlx proposal to list and trade options on TMM ADRs is substantially similar to proposals by the CBOE and the Amex to list and trade options on Empresas ADR options.[16] The proposals to list Empresas ADR options were subject to a full notice and comment period and the Commission did not receive any comments on them. In addition, the current proposal is identical to a CBOE proposal to list and trade TMM ADR options which was noticed for comment on October 29, 1993.[17] The Commission has not received any comments on that proposal.

Finally, the Commission believes that approving the Phlx proposal to list TMM ADR options on an accelerated basis facilitates transaction in securities and perfects the mechanism of a free and open market by facilitating the offering of new products to investors. Accordingly, the Commission believes it is consistent with sections 19(b)(2) and 6(b)(5) of the Act[18] to approve the Phlx's proposal to list TMM ADR options on an accelerated basis.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views and arguments concerning the proposed rule change. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the

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[12] See also Securities Exchange Act Release No. 26653 (March 21, 1989), 54 12705 (order approving the trading of options on the International Market Index ("IMI"), an index comprised of ADRs traded in the United States based on foreign securities). In this approval order, the Commission specifically required that there be comprehensive surveillance sharing agreements in place between the Amex and the foreign exchanges on which the securities underlying the ADRs trade so that a substantial percentage of the Index was covered by comprehensive surveillance sharing agreements. In particular, 78% of the weight of the Index was covered by comprehensive surveillance sharing agreements. For the remaining 22% of the Index, the Commission further recommended that the Amex obtain comprehensive surveillance agreements with the exchanges on which the foreign securities underlying the ADRs trade.

[13] The combined total trading volume for August through October, 1993, on the Mexican Stock Exchange for both classes of common shares of TMM (i.e., "L" class and "A" class) was 5,425,000 shares (44.43%) and the combined total trading volume for the same time period in the U.S. ADR market for ADRs overlying either of these classes was 6,785,000 ADRs (55.57%). The Phlx further represents that the Mexican Stock Exchange and the U.S. ADR market are the predominate markets for TMM U.S. ADR market are the predominate markets for TMM securities. November 16th Letter, *supra* note 3. Although the Phlx only intends to list options on ADRs representing the "L" class of TMM common stock, the Commission believes that, for the purpose of determining the price discovery market for TMM securities, it is necessary to review the trading activity of all classes of TMM common stock and the ADRs that overly them.

[14] ITS us a communications system designed to facilitate trading among competing markets by providing each market with order routing capabilities based on current quotation information. The system links the participants markets and provides facilities and procedures for: (1) The display of composite quotation information at each participant market, so that brokers are able to determine readily the best bid and offer available from any participant for multiply trading securities; (2) efficient routing of orders and sending administrative messages (on the functioning of the system) to all participating markets; (3) participation, under certain conditions, by members of all participating markets in opening transactions in those markets; and (4) routing orders from a participating market to a participating market with a better price. The exchanges on which TMM ADRs trade are ITS participant markets. The NASD's Computer Assisted Execution System links NASD market makers, for order routing and execution purposes, to ITS for TMM ADRs.

[15] November 16th Letter, *supra* note 3.

[16] Securities Exchange Act Release Nos. 31122 (August 28, 1992), 57 FR 40707 (September 4, 1992) (File No. SR-CBOE-92-15), and 31117 (August 28, 1992), 57 FR 40703 (September 4, 1992) (Amendment No. 2 to File No. SR-Amex-91-26). The Commission notes that the NYSE also filed a proposal to trade Empresas ADR options. See Securities Exchange Act Release No. 33195 (November 12, 1993), 58 FR 61119 (November 19, 1993) (File No. SR-NYSE 92-26).

[17] Securities Exchange Act Release No. 3308 (October 22, 1992), 58 FR 58208 (October 29, 1993).

[18] 15 U.S.C. 78s(b)(2) and 78f(b)(5) (1988).

provisions of 5 U.S.C. 552, will be available for inspection and copying in the Commission's Public Reference Section, 450 Fifth Street, NW., Washington, DC. Copies of such filing will also be available for inspection and copying at the principal office of the above-mentioned self-regulatory organization. All submissions should refer to the file number in the caption above and should be submitted by December 22, 1993.

It Is Therefore Ordered, pursuant to section 19(b)(2) of the Act,[19] that the portions of proposed rule change (File No. SR–Phlx–93–54) related to the listing of TMM ADR options are approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[20]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 93–29467 Filed 12–1–93; 8:45 am]

BILLING CODE 8010–01–M

[Release No. 35–25930]

Filings Under the Public Utility Holding Company Act of 1935 ("Act")

November 24, 1993.

Notice is hereby given that the following filing(s) has/have been made with the Commission pursuant to provisions of the Act and rules promulgated thereunder. All interested persons are referred to the application(s) and/or declaration(s) for complete statements of the proposed transaction(s) summarized below. The application(s) and/or declaration(s) and any amendments thereto is/are available for public inspection through the Commission's Office of Public Reference.

Interested persons wishing to comment or request a hearing on the application(s) and/or declaration(s) should submit their views in writing by December 20, 1993, to the Secretary, Securities and Exchange Commission, Washington, DC 20549, and serve a copy on the relevant applicant(s) and/or declarant(s) at the address(es) specified below. Proof of service (by affidavit or, in case of an attorney at law, by certificate) should be filed with the request. Any request for hearing shall identify specifically the issues of fact or law that are disputed. A person who so requests will be notified of any hearing, if ordered, and will receive a copy of any notice or order issued in the matter. After said date, the application(s) and/or declaration(s), as filed or as amended, may be granted and/or permitted to become effective.

Public Service Company of Oklahoma, et al. (70–6827)

Public Service Company of Oklahoma ("PSO"), 212 East Sixth Street, Tulsa, Oklahoma 74119, an electric utility subsidiary company of Central and South West Corporation, a registered holding company, and its subsidiary, Ash Creek Mining Company ("Ash Creek"), P.O. Box 201, Tulsa, Oklahoma 74102, have filed a post-effective amendment to their application-declaration under sections 6(a), 7, 9(a), 10 and 12(b) of the Act and Rules 43 and 45 thereunder.

By order dated November 30, 1976 (HCAR No. 19777), PSO was authorized to acquire all of the outstanding common stock of Ash Creek and make short-term loans to Ash Creek in the maximum principal amount outstanding at any one time of $12.5 million ("Loans"). By subsequent orders dated December 28, 1982, December 20, 1983, January 4, 1985, January 3, 1986, January 21, 1988, December 8, 1989 and December 11, 1991, (HCAR Nos. 22802, 23172, 23565, 23982, 24562, 24994 and 25428, respectively), PSO's authority to make Loans to Ash Creek was increased to $5 million and extended through December 31, 1993.

PSO proposes to continue to make Loans to Ash Creek, through December 31, 1995, in the same maximum principal amount outstanding at any one time of $5 million. PSO and Ash Creek estimate that Ash Creek's indebtedness to PSO at December 31, 1993 will be approximately $3.8 million.

Central and South West Corporation, et al. (70–7918)

Central and South West Corporation ("CSW"), a registered holding company, and two of its nonutility subsidiaries, CSW Energy, Inc. ("Energy"), CSW Development-I, Inc. ("Energy Sub"), and a proposed nonutility subsidiary of Energy Sub, CSW Mulberry, Inc. ("CSW Mulberry"), each located at 1616 Woodall Rodgers Freeway, Dallas, Texas 75202; and three other nonutility subsidiaries, ARK/CSW Development Partnership ("Joint Venture"), Polk Power Partners, L.P. ("Partnership") and Polk Power GP ("JV Sub"), Inc., each located at 23046 Avenida de la Carlota, Suite 400, Laguna Hills, California 92653 (collectively, "Applicants"), have filed a post-effective amendment under sections 6(a), 7, 9(a), 10, 11, 12(b), 12(c) and 13(b) of the Act and Rules 42, 43, 45, 50(a)(5), 86, 87, 90 and 91 thereunder to their application-declaration previously filed under 6(a), 7, 9(a), 10 and 12(b) of the Act and Rules 43, 45, 50(a)(5) and 51 thereunder.

By order dated February 18, 1992 (HCAR No. 25477) ("February Order"), CSW, Energy, Energy Sub and the Joint Venture were authorized, among other things, to contribute up to $9 million to the capital of the Partnership, to borrow up to $120 million ("Construction Financing") to construct and develop a 122.2 megawatt, gas-fired cogeneration facility ("Project") located near Bartow in Polk County, Florida, and to convert such borrowings to a term loan facility ("Term Loan Financing") with a lender or group of lenders ("Lenders") upon completion of the project. Under the February Order, CSW, Energy, Energy Sub and the Joint Venture were also authorized to organize the Partnership to own and operate the Project and organize JV Sub to be the sole general partner of the Partnership.

Once operational, the Project would be a qualifying cogeneration facility under the Public Utility Regulatory Policies Act of 1978. JV Sub is a wholly owned subsidiary of the Joint Venture, a general partnership owned equally by Energy Sub and ARK Energy, Inc. ("ARK"), a nonassociate corporation. JV Sub, a corporation, has a 1% interest in the Partnership. The two limited partners are Energy Sub and ARK. They each hold a 49.5% interest in the Partnership.

By subsequent order dated August 6, 1992 (HCAR No. 25599) ("August Order"), the Commission authorized the Partnership to enter into a construction agreement with Energy or Energy Sub for the purpose of developing and constructing the Project. The August Order also authorized the Applicants to increase the amount of Construction Financing to $135 million and to increase the amount of capital contributions that Energy Sub and Ark would each contribute to the Partnership to $13.5 million.

Finally by order dated March 19, 1993 (HCAR No. 25762) ("March Order"), the Applicants were authorized to: (1) Increase the amount of Construction Financing to $160 million; (2) increase the maximum amount, excluding advances, as defined below, of the aggregate equity contributions to the Partnership by JV Sub and Energy Sub to $32 million, constituting a maximum equity contribution equal to 20% of the amount to be financed; and (3) make, directly or indirectly through Energy loans, open account advances, or additional equity contributions to the Partnership in an aggregate amount not to exceed $85 million ("Advances"

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[19] 15 U.S.C. 78s(b) (1988).

[20] 17 CFR 200.30–3(a)(12) (1993)

The Applicants now state that the Project will consist of a gas turbine combined cycle cogeneration plant and steam boat, which is anticipated to be a 6 million gallon per year ethanol plant. In this regard, it is proposed that Energy Sub form a special purpose wholly owned subsidiary, CSW Mulberry. CSW Mulberry will have an authorized capital of up to 1,000 shares of common stock without par value. In exchange for an assignment from Energy Sub to CSW Mulberry of all of Energy Sub's right, title and interest in and to the Partnership, it is proposed that Energy Sub would subscribe to all of CSW Mulberry's common stock. It is further proposed that the stock of JV Sub held by the Joint Venture, the stock of CSW Mulberry held by Energy Sub, the Project assets owned by the Partnership and the partnership interests of the Partnership held by each of JV Sub and CSW Mulberry may be pledged to lenders ("Lenders") as collateral in connection with the proposed Term Loan Financing of the Project, as defined in and authorized by the February, August and March Orders.

It is also proposed that in lieu of structuring the Term Loan Financing as a debt financing, as approved in the prior orders of the Commission, the permanent financing for the Project may instead involve an equity investment in the Partnership in exchange for a limited partner interest by a nonassociate company ("New Limited Partner"). In lieu of the Term Loan Financing, the Partnership may permit the New Limited Partner to make an equity contribution to the Partnership in an amount equal to all or any part of the outstanding amount of the Construction Financing and become a new limited partner in the Partnership. Under this scenario, distributions to the limited partners, other than the New Limited Partner, from the operation of the Project would be restricted until such time as the New Limited Partner shall have received a rate of return on its investment not to exceed 9%.

After the equity funding of the Partnership by the New Limited Partner, the Partnership may issue term debt to the New Limited Partner and/or the lender in an amount up to $160 million, such term debt to be used to reduce or repay, in whole or in part, the equity contribution made by the New Limited Partner to the Partnership and otherwise included in the aggregate credit facility. Such term debt shall be issued on terms no less favorable to the Applicants than those authorized in the prior orders.

It is also proposed that the Applicants issue guaranties ("Guaranties") and arrange with a third party lender to be determined ("Issuer") for irrevocable standby letters of credit ("LOC") in an aggregate amount not to exceed $50 million. In the event that the Issuer is also the Lender, then the LOC may be issued as part of the credit facility. In the event that the Issuer is not the Lender, CSW or Energy would be the account party ("Account Party") under the LOC.

The Guaranties and LOC may be used to support any of the Partnership's proposed debt obligations or certain payment obligations of the Partnership required by fuel suppliers, fuel transporters or other third parties under various project agreements. The LOC would be issued for renewable terms not to exceed 5 years for the duration of the project agreement to which such LOC relates. Drawings made under the LOC would be reimbursable to the Issuer by the Account Party and, upon such reimbursement, the LOC would be reinstated to the face amount. Fees payable to the Issuer by the Account Party for the LOC would not exceed 2% per annum of the face amount of the LOC, and the interest rate payable per annum on unreimbursed drawings under the LOC would not exceed the prime rate of the Issuer plus four percentage points, which is the expected maximum rate that the Issuer may require in light of the fact that the LOC would be unsecured and issued prior to commencement of operations of the Project. Amounts paid pursuant to the Guaranties or paid to the Issuer by the Account Party would be reimbursed by the Partnership and/or the partners, as appropriate, under the terms of the Limited Partnership Agreement.

It is proposed that the Partnership enter into an operation and maintenance agreement ("O&M Agreement") with Energy or Energy Sub (in such capacity, "Operator") for the purpose of operating and managing the Project. The amounts payable to the Operator under the O&M Agreement will be equal to the sum of: (1) The cost incurred by the Operator of the equipment and supplies, materials and other goods to be used in the operation and maintenance of the Project; (2) the cost of taxes, interest, other overhead and compensation for the use of capital of the Operator attributable to the Project; (3) an administration fee anticipated not to exceed $45,000 per annum; (4) an operating fee anticipated not to exceed $300,000 per annum; and (5) a performance bonus or performance penalty, as appropriate. All expenses, including prices paid for goods, if any, estimated to be incurred by Operator in transactions with associate companies will be at cost. In no event will amounts payable to the Operator under the O&M Agreement exceed the market price for services to be performed thereunder. Other than these changes, the terms of the Project financing will remain the same as those described in the February, August and March Orders.

Central and South West Corporation, et al. (70–8133)

Central and South West Corporation ("CSW"), a registered holding company, and its nonutility subsidiaries, CSW Energy, Inc. ("Energy"), CSW Development-I, Inc. ("Energy Sub"), all located at 1616 Woodall Rodgers Freeway, P.O. Box 660164, Dallas, Texas 75202, ARK/CSW Development Partnership ("Joint Venture") (collectively, "Applicants"), 23046 Avenida de la Carlotta, Suite 400, Laguna Hills, California 92653, Orange Cogeneration Limited Partnership ("Project Venture"), Orange Cogeneration Limited G.P., Inc. ("JV Sub") and CSW Orange, Inc. ("CSWO") (collectively, "Project Subsidiaries"), all located at 1616 Woodall Rodgers Freeway, P.O. Box 660164, Dallas, Texas 75202, have filed a post-effective amendment pursuant to sections 6, 7, 9(a), 10, 12(b), and 13(b) of the Act and Rules 45, 50(a)(5), 86, 87, 90, and 91 thereunder to their application-declaration filed pursuant to sections 6, 7, 9(a), 10, and 12(b) of the Act and Rules 45 and 51.

By order dated April 15, 1993 (HCAR No. 25796), the Applicants were authorized to, among other things, acquire a 74 megawatt, now 103 megawatt, qualifying cogeneration facility to be located in or near Bartow, Florida ("Project") and to form related project entities. The Project Venture, a subsidiary of Joint Venture, now seeks to obtain financing authorization for construction and operation of the Project. Under the proposal, Project Venture would enter into a credit facility ("Credit Facility") with a bank or other lending institution (or a syndicate of banks or lending institutions) ("Project Lender") of up to $140 million. JV Sub stock, CSWO stock, Project assets, and partnership interests of the Project Venture may be required to be pledged as collateral to the Project Lender as a condition to obtaining the Credit Facility.

The Credit Facility would include (a) a construction loan of up to $130 million and (b) letters of credit and guarantees, issued by the Project Lender for fuel suppliers or other third parties under the Project Documents (or to replace any LOCs, as defined below), and a revolving working capital credit line to fund working capital for the

Project, in an aggregate amount of up to $10 million. Unreimbursed drawings under letters of credit issued as part of the Credit Facility will be treated as loans thereunder.

The construction loan ("Construction Loan") would have a term of up to 2 years, and will be converted to, or refinanced by, a term loan or repaid by additional equity provided by a new, nonassociate company, limited partner in the Project Venture ("New Partner") upon Project completion (which is expected to occur before December 31, 1995, absent force majeure events).

The term loan ("Term Loan") would be approximately $130 million and would have a term of up to 25 years. The interest cost to the Project Venture for the Construction Loan or Term Loan will not exceed 12% per annum. The Applicants and the Project Subsidiaries request an exception from the competitive bidding requirements of rule 50 under subsection (a)(5) thereunder for the Credit Facility and corresponding promissory notes.

CSW and/or Energy propose to, in the event a Construction Loan is not obtained prior to Project construction, make loans, open account advances or additional equity contributions, directly or indirectly, to Project Venture in an aggregate amount not to exceed $125 million ("Advances"). The Advances would be used for construction and operation of the Project, including performance testing, start-up costs and working capital costs. Additional equity contributions would be repaid out of the construction loan or the term loan or (if prior to such financing) out of Project revenues, including a reasonable return. Loans or open account advances would bear interest at a rate per annum not in excess of the prime commercial lending rate as in effect from time to time at Mellon Bank plus 4% and would have a final maturity not to exceed 25 years. No Advances will remain outstanding which would cause the Project not to qualify as a "qualifying facility" under the Public Utility Regulatory Policies Act of 1978, as amended.

The Applicants and Project Subsidiaries also propose to issue corporate guaranties ("Guaranties") and obtain irrevocable standby letters of credit ("LOCs") in an aggregate amount not to exceed $50 million. In the event that the issuing bank is also the Project Lender, then the LOCs may be issued as part of the Credit Facility. Otherwise, CSW or Energy would be the account party ("Account Party") under the LOCs.

The Guaranties and LOCs would support certain Project Venture payment obligations required by fuel suppliers, fuel transporters or other third parties under Project documents. The LOCs would be issued for renewable terms not to exceed 5 years. After reimbursement of drawings on LOCs, the LOC would be reinstated to the face amount. Fees would not exceed 2% per annum of the face amount of the LOCs, and unreimbursed drawings under the LOCs would bear interest at a rate not in excess of the prime rate of the issuing bank plus 4%. Amounts paid under the Guaranties or LOCs would be reimbursed by the Project Venture and/or the partners, as appropriate, on such terms as they shall agree.

As stated, as an alternative to Term loan financing, Project Venture may solicit a new limited partner ("New Limited Partner") to contribute equity to the Project Venture in an amount not to exceed the outstanding amount of the Construction Loan. In such event, the New Limited Partner would have a preferred right to distributions from the Project Venture until it has received a 9% return on its investment.

After the funding of equity to the Project Venture by the New Limited Partner, the New Limited Partner may cause the Project Venture to issue term debt to the New Limited Partner and/or the Project Lender in an amount up to $130 million, such term debt to be used to reduce or repay the equity contribution made by the New Limited Partner to the Project Venture and otherwise included in the Credit Facility. Such term debt shall be issued on terms substantially similar to the term financing described above.

The Project Lender or New Limited Partner may require the Project Venture and/or the partners to obtain equity support agreements or letters of credit for up to $65 million of equity contributions to the Project and up to $30 million for debt service reserves. These equity support agreements or letters of credit shall be substantially on the same terms, between the same parties, and reimbursable as the LOCs described above. Any drawings under such equity support agreements or letters of credit will be applied to amounts outstanding under the Credit Facility and will not increase the exposure of the Applicants or Project Subsidiaries above the amount of the Credit Facility.

The Project Venture also proposes to enter into an operation and maintenance agreement ("O&M Agreement") with Energy or Energy Sub (in such capacity, the "Operator") for the purpose of operating and managing the Project. Amounts payable to Energy or Energy Sub under the O&M Agreement will be equal to the sum of (1) the cost incurred by the Operator of the equipment, supplies, materials and other goods to be used in the operation and maintenance of the Project, (2) the cost of taxes, interest, other overhead and compensation (to the extent allowed under Rule 91) for the use of capital of the Operator attributable to the Project, (3) an administration fee anticipated not to exceed $45,000 per annum, (4) an operating fee anticipated not to exceed $300,000 per annum, indexed to the consumer price index annually, and (5) a performance bonus or performance penalty, as appropriate, based on the actual performance of the Project compared to the operating pro forma of the Project.

The Applicants represent that all expenses (including prices paid for goods), if any, estimated to be incurred by Operator in transactions with associate companies will be at cost. In no event will amounts payable to the Operator under the O&M Agreement exceed the market price for services to be performed thereunder. However, the O&M Agreement itself will not necessarily be limited to cost. The Applicants represent that neither Energy nor Energy Sub is engaged in the business of performing operation and maintenance services, and that the O&M Agreement is merely incidental to Energy and Energy Sub's development activities.

It is expected that the Operator will provide general operation and maintenance services and will subcontract with nonassociate equipment and supplies vendors to provide the Project with necessary equipment and supplies. The Operator may also subcontract for certain operation and maintenance services with Central and South West Services, Inc. ("CSWS"), a wholly owned subsidiary of CSW. All expenses for services subcontracted to or performed by CSWS will be at cost. The Applicants represent that these services will have no adverse effect on the availability of CSWS personnel or services to any operating company in CSW's holding company system.

The O&M Agreement will contain certain performance penalties that may create potential liability for the Operator in the event that certain projected performance standards are not satisfied or waived. Such potential liability will be based on the Project's pro forma performance schedule. The annual aggregate amount of performance penalties pursuant to the O&M Agreement will be limited to the operating fee payable to Operator that year.

Finally, CSW and Energy ("Indemnitor") propose to give an indemnity ("Indemnity") of title for the Project site to the title company ("Title Company") issuing the title insurance policy on the Project site. The Indemnity shall provide for the reimbursement of the Title Company to the extent that the Title Company becomes liable to the Project Venture under the title insurance policy with respect to any mechanics liens which may be filed to the extent construction has commenced prior to the Project Lender's recordation of a deed of trust. If any payment is made by the Indemnitor to the Title Company pursuant to the Indemnity, the Project Venture will be obligated to reimburse the Indemnitor in full (with such payment to pass through, as applicable, to CSWO, Energy Sub and Energy, respectively).

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 93-29468 Filed 12-1-93; 8:45 am]

BILLING CODE 8010-01-M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Maui County, HI

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that a supplement to a final environmental impact statement will be prepared for a proposed highway project in Maui County, Hawaii.

FOR FURTHER INFORMATION CONTACT: William R. Lake, Division Administrator, Federal Highway Administration, Box 50206, 300 Ala Moana Boulevard, Honolulu, Hawaii 96850, Telephone: (808) 541-2700.

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the Hawaii Department of Transportation (DOT) will prepare a supplement to the final environmental impact statement (EIS) on a proposal to improve the highway capacity between Puamana and Honokowai in Maui County, Hawaii. The original EIS for the improvements (FHWA-HI-EIS-88-02-F) was approved on November 21, 1990. The approved EIS proposed a bypass highway between Puamana and Kaanapali (5.5 miles), and a widening of Honoapiilani Highway between Kaanapali and Honokowai (3.0 miles).

Later, in May 1991, the Hawaii DOT and the County of Maui completed the Maui Long-Range Highway Planning Study which showed the need for six lanes in the highway corridor between Kaanapali and Honokowai to accommodate the 2010 traffic demand. This reduces the suitability of the "Widening Alternative" because of its right-of-way limitations.

Alternatives under consideration include: (1) Taking no action; and (2) extending the bypass to Honokowai. Because of proposed developments in the area, the extension alternative will not be the same as that presented in the Draft EIS.

Other changes proposed include: (1) Expanding the ultimate typical roadway section between Puamana and Lahainaluna Road to a four-lane divided highway; (2) modifying the roadway profile (especially at Lahainaluna Road to provide a grade-separated crossing); (3) providing a connector road between the proposed bypass and the existing Honoapiilani Highway about midway; and (4) revising the typical sections.

As noted in the original EIS, there are section 4(f) properties in the proposed project vicinity. The original EIS also indicated that the proposed project would not involve lands protected by section 4(f). However, due to the proposed realignment and extension of the bypass highway section from Lahaina to Honokowai and the linkage of the Dickenson Street and Kaanapali connector roads to the bypass highway, a section 4(f) evaluation may be required.

Letters describing the proposed action and soliciting comments will be sent to appropriate Federal, State, and local agencies, and to private organizations and citizens who have previously expressed or are known to have interest in this proposal. A public hearing will be held. Public notice will be given of the time and place of the hearing. The draft supplemental EIS will be available for public and agency review and comment prior to the public hearing. No formal scoping meeting will be held.

To ensure that the full range of issues related to this proposed action are addressed and all significant issues identified, comments and suggestions are invited from all interested parties. Comments or questions concerning this proposed action and the EIS should be directed to the FHWA at the address provided above.

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Research, Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities apply to this program)

Issued on: November 23, 1993.

William R. Lake,

District Administrator, Honolulu.

[FR Doc. 93-29491 Filed 12-1-93; 8:45 am]

BILLING CODE 4910-22-M

Federal Railroad Administration

Petition for Waiver of Compliance

In accordance with 49 CFR 211.9 and 211.41, notice is hereby given that the Federal Railroad Administration (FRA) has received from the Duluth, Missabe and Iron Range Railway Company (DMIR) a request for waiver of compliance with certain requirements of the Federal safety laws and regulations. The petition is described below, including the regulatory provisions involved, the nature of the relief being requested and the petitioner's arguments in favor of relief.

Duluth, Missabe and Iron Range Railway Company (DMIR) Waiver Petition, Docket Number RSFC-93-2

The DMIR seeks a waiver of compliance from certain sections of 49 CFR part 215, Railroad Freight Car Safety Standards. DMIR is requesting a permanent waiver of the provisions of 49 CFR 215.301 requiring that the railroad or private car owner reporting mark be stenciled, or otherwise displayed, in clearly legible letters and numbers not less than seven inches high.

DMIR has approximately 1,550 ore cars which are not in compliance with 49 CFR 215.301. These cars are generally confined to on line service. These cars have the company logo painted on each side of each car. The outer circle of the logo is 24 inches in diameter, the inner circle is 17 inches in diameter. The "Missabe" lettering is 4 inches high; the "Duluth" and "Iron Range" letters are 2½ inches high. The 7-inch required reporting marks have been absent on these cars for the past 18 to 20 years.

Interested parties are invited to participate in these proceedings by submitting written views, data, or comments. FRA does not anticipate scheduling a public hearing in connection with these proceedings since the facts do not appear to warrant a hearing. If any interested party desires an opportunity for oral comment, they should notify FRA, in writing, before the end of the comment period and specify the basis for their request.

All communications concerning these proceedings should identify the appropriate docket number (e.g., Waiver Petition Docket Number RSFC–93–2 and must be submitted in triplicate to the Docket Clerk, Office of Chief Counsel, FRA, Nassif Building, 400 Seventh Street SW., Washington, DC 20590. Communications received before January 13, 1994 will be considered by FRA before final action is taken. Comments received after that date will be considered as far as practicable. All written communications concerning these proceedings are available for examination during regular business hours (9 a.m.– 5 p.m.) in room 8201, Nassif Building, 400 Seventh Street SW., Washington, DC 20590.

Issued in Washington, DC on November 29, 1993.

Phil Olekszyk,

Deputy Associate Administrator for Safety.

[FR Doc. 93–29539 Filed 12–1–93; 8:45 am]

BILLING CODE 4910–06–P

DEPARTMENT OF THE TREASURY

Public Information Collection Requirements Submitted to OMB for Review

November 26, 1993.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1980, Public Law 96–511. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 3171 Treasury Annex, 1500 Pennsylvania Avenue, NW., Washington, DC 20220.

Comptroller of the Currency

OMB Number: 1557–0127.

Form Number: FFIEC 001 and FFIEC 006.

Type of Review: Revision.

Title: (MA)—Annual Report of Trust Assets/Special Report—Fiduciary Activities/Annual Report of International Fiduciary Activities.

Description: Collected data are needed to determine types, extent, and financial viability of fiduciary activities. Data re used to analyze, supervise, and examine bank fiduciary activities. Analytical reports are prepared from the data. National banks authorized to exercise fiduciary powers are the affected public.

Respondents: Businesses or other for-profit, Small businesses of organizations.

Estimated Number of Respondents: 1,515.

Estimated Burden Hours Per Respondent: 4 hours.

Frequency of Response: Annually.

Estimated Total Recordkeeping Burden: 11,345 hours.

Clearance Officer: John Ference, (202) 874–4697, Comptroller of the Currency, 250 E Street SW., Washington, DC 20219.

OMB Reviewer: Gary Waxman, (202) 395–7340, Office of Management and Budget, room 3208, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports, Management Officer.

[FR Doc. 93–29499 Filed 12–1–93; 8:45 am]

BILLING CODE 4810–33–M

Public Information Collection Requirements Submitted to OMB for Review

November 26, 1993.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1980, Public Law 96–511. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 3171 Treasury Annex, 1500 Pennsylvania Avenue, NW., Washington, DC 20220.

Internal Revenue Service

OMB Number: 1545–0499.

Form Number: IRS Form 5305–SEP.

Type of Review: Revision.

Title: Simplified Employee Pension—Individual Retirement Accounts Contribution Agreement.

Description: This form is used by an employer to make an agreement to provide benefits to all employees under a Simplified Employee Pension (SEP) described in section 408(k). This form is not to be filed with the IRS but to be retained in the employer's records as proof of establishing a SEP and justifying a deduction for contributions in the SEP. The data is used to verify the deduction.

Respondents: Businesses or other for-profit.

Estimated Number of Respondents/ Recordkeeping: 100,000.

Estimated Burden Hours Per Respondent/Recordkeeper:

Recordkeeping—7 min.

Learning about the law of the form—23 min.

Preparing the form—18 min.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 80,000 hours.

Clearance Officer: Garrick Shear, (202) 622–3869, Internal Revenue Service, room 5571, 1111 Constitution Avenue NW., Washington, DC 20224.

OMB Reviewer: Milo Sunderhauf, (202) 395–6880, Office of Management and Budget, room 3001, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 93–29500 Filed 12–1–93; 8:45 am]

BILLING CODE 4830–01–P

Public Information Collection Requirements Submitted to OMB for Review

November 22, 1993.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1980, Public Law 96–511. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 3171 Treasury Annex, 1500 Pennsylvania Avenue NW., Washington, DC 20220.

U.S. Customs Service

OMB Number: 1515–0086.

Form Number: CF 214 and CF 216.

Type of Review: Extension.

Title: Application for Foreign-Trade Zone Admission and/or Status Transaction (CF 214); Application for Foreign-Trade Zone Activity Report (CF 216).

Description: These documents allow business firms to apply for admission of goods to a foreign trade zone, and for foreign trade zone grantees and U.S. Customs to authorize admissions without payment of duties and taxes. Also, allows firms to apply for and receive an appropriate zone status.

Respondents: Businesses or other for-profit.

Estimated Number of Respondents/ Recordkeepers: 6154.

Estimated Burden Hours Per Respondent/Recordkeeper:

CF 214—17 minutes.

CF 216—17 minutes.

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 18,001 hours.

Clearance Officer: Ralph Meyer, (202) 927–1552, U.S. Customs Service, Paperwork Management Branch, room 6316, 1301 Constitution Avenue NW., Washington, DC 20229.

OMB Reviewer: Milo Sunderhauf, (202) 395–6880, Office of Management and Budget, room 3001, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports Management Officer.

[FR Doc. 93–29501 Filed 12–1–93; 8:45 am]

BILLING CODE 4820–20–P

Public Information Collection Requirements Submitted to OMB for Review

November 26, 1993.

The Department of the Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1980, Public Law 96–511. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, room 3171 Treasury Annex, 1500 Pennsylvania Avenue, NW., Washington, DC 20220.

Special Request: In order to comply with the January 1, 1994 implementation date of the North American Free Trade Agreement (NAFTA), the Department of the Treasury's U.S. Customs Service is requesting review and approval of the information collection described below by December 20, 1993. A copy of CF 434 and its instructions will accompany this notice for the purpose of public review and comments. All comments must be received by close of business on December 13, 1993.

U.S. Customs Service

OMB Number: New.

Form Number: CF 434.

Type of Review: New collection.

Title: North American Free Trade Agreement (NAFTA).

Description: The objectives of the NAFTA are to eliminate barriers to trade in goods and services between the three countries (United States, Mexico and Canada), facilitate conditions of fair competition within the free-trade area, liberalize significantly conditions for investments with the free-trade area, establish effective producers for the joint administration of the NAFTA and the resolution of disputes.

Respondents: Businesses or other for-profit.

Estimated Number of Respondents/ Recordkeepers: 7,750.

Estimated Burden Hours Per Respondent/Recordkeeper:

Submission type	Average response time (minutes)
Written declaration that good qualifies as an originating good	20
Filing a post-importation claim for a refund	20
Declaration filed in connection with entry of goods returned from Mexico or Canada after being exported for repairs or alterations	20
Written consent of Canadian or Mexican exporter or producer to conduct verification visit	20
Written notice of postponement of verification visit	20
Written statement accompanying each corrected declaration or notice of incorrect certification	20
Written request of an advanced ruling	20
Written request for administrative review	20
Written application for higher level review	20

Frequency of Response: On occasion.

Estimated Total Reporting/ Recordkeeping Burden: 385,927 hours.

Clearance Officer: Ralph Meyer, (202) 927–1552, U.S. Customs Service, Paperwork Management Branch, room 6316, 1301 Constitution Avenue NW., Washington, DC 20229.

OMB Reviewer: Milo Sunderhauf, (202) 395–6880, Office of Management and Budget, room 3001, New Executive Office Building, Washington, DC 20503

Lois K. Holland,

Departmental Reports Management Officer.

BILLING CODE 4820–02–P

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE

Aproved through 00/00/00
OMB No. 1515-XXXX
See back of form for Paperwork Reduction Act Notice.

NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

Please print or type

19 CFR 181.11, 181.22

1. EXPORTER NAME AND ADDRESS	2. BLANKET PERIOD *(DD/MM/YR)*
TAX IDENTIFICATION NUMBER:	FROM TO
3. PRODUCER NAME AND ADDRESS	4. IMPORTER NAME AND ADDRESS
TAX IDENTIFICATION NUMBER:	TAX IDENTIFICATION NUMBER:

5. DESCRIPTION OF GOOD(S)	6. HS TARIFF CLASSIFICATION NUMBER	7. PREFERENCE CRITERION	8. PRODUCER	9. AUTOMOTIVE GOODS AVERAGING	10. COUNTRY OF ORIGIN

DRAFT by PRINTING AND RECORDS MANAGEMENT BRM
FORM DESIGN PROPOSAL

I CERTIFY THAT:

• THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT;

• I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND TO INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE;

• THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THOSE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES; AND

• THIS CERTIFICATE CONSISTS OF ____ PAGES, INCLUDING ALL ATTACHMENTS.

11.	11a. AUTHORIZED SIGNATURE		11b. COMPANY	
	11c. NAME *(Print or Type)*		11d. TITLE	
	11e. DATE *(DD/MM/YR)*	11f. TELEPHONE ▷	*(Voice)*	*(Fax)*

Customs Form 434 (111993)

PAPERWORK REDUCTION ACT NOTICE: This information is needed to carry out the terms of the North American Free Trade Agreement (NAFTA). NAFTA requires that, upon request, an importer must provide Customs with proof of the exporter's written certification of the origin of the goods. The certification is essential to substantiate compliance with the rules of origin under the Agreement. You are required to give us this information to obtain a benefit.

Statement Required by 5 CFR 1320.21: The estimated average burden associated with this collection of information is [illegible] per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to U.S. Customs Service, Paperwork Management Branch, [illegible] Washington DC 20503, and to the Office of Management and Budget, Paperwork Reduction Project (1515-XXXX), Washington DC 20503.

DRAFT PRM

FORM DESIGN PROPOSAL

NORTH AMERICAN FREE TRADE AGREEMENT CERTIFICATE OF ORIGIN INSTRUCTIONS

For purposes of obtaining preferential tariff treatment, this document must be completed legibly and in full by the exporter and be in the possession of the importer at the time the declaration is made. This document may also be completed voluntarily by the producer for use by the exporter. Please print or type:

FIELD 1: State the full legal name, address (including country) and legal tax identification number of the exporter. Legal taxation number is: in Canada, employer number or importer/exporter number assigned by Revenue Canada; in Mexico, federal taxpayer's registry number (RFC); and in the United States, employer's identification number or Social Security Number.

FIELD 2: Complete field if the Certificate covers multiple shipments of identical goods as described in Field # 5 that are imported into a NAFTA country for a specified period of up to one year (the blanket period). "FROM" is the date upon which the Certificate becomes applicable to the good covered by the blanket Certificate (it may be prior to the date of signing this Certificate). "TO" is the date upon which the blanket period expires. The importation of a good for which preferential treatment is claimed based on this Certificate must occur between these dates.

FIELD 3: State the full legal name, address (including country) and legal tax identification number, as defined in Field #1, of the producer. If more than one producer's good is included on the Certificate, attach a list of additional producers, including the legal name, address (including country) and legal tax identification number, cross-referenced to the good described in Field #5. If you wish this information to be confidential, it is acceptable to state "Available to Customs upon request". If the producer and the exporter are the same, complete field with "SAME". If the producer is unknown, it is acceptable to state "UNKNOWN".

FIELD 4: State the full legal name, address (including country) and legal tax identification number, as defined in Field #1, of the importer. If the importer is not known, state "UNKNOWN"; If multiple importers, state "VARIOUS".

FIELD 5: Provide a full description of each good. The description should be sufficient to relate it to the invoice description and to the Harmonized System (H.S.) description of the good. If the Certificate covers a single shipment of a good, include the invoice number as shown on the commercial invoice. If not known, indicate another unique reference number, such as the shipping order number.

FIELD 6: For each good described in Field #5, identify the H.S. tariff classification to six digits. If the good is subject to a specific rule of origin in Annex 401 that requires eight digits, identify to eight digits, using the H.S. tariff classification of the country into whose territory the good is imported.

FIELD 7: For each good described in Field #5, state which criterion (A through F) is applicable. The rules of origin are contained in Chapter Four and Annex 401. Additional rules are described in Annex 703.2 (certain agricultural goods), Annex 300-B, Appendix 6 (certain textile goods) and Annex 308.1 (certain automatic data processing goods and their parts). **NOTE: In order to be entitled to preferential tariff treatment, each good must meet at least one of the criteria below.**

Preference Criteria

A The good is "wholly obtained or produced entirely" in the territory of one or more of the NAFTA countries as referenced in Article 415. **Note: The purchase of a good in the territory does not necessarily render it "wholly obtained or produced".** If the good is an agricultural good, see also criterion F and Annex 703.2. *(Reference: Article 401(a) and 415)*

B The good is produced entirely in the territory of one or more of the NAFTA countries and satisfies the specific rule of origin, set out in Annex 401, that applies to its tariff classification. The rule may include a tariff classification change, regional value-content requirement, or a combination thereof. The good must also satisfy all other applicable requirements of Chapter Four. If the good is an agricultural good, see also criterion F and Annex 703.2. *(Reference: Article 401(b))*

C The good is produced entirely in the territory of one or more of the NAFTA countries exclusively from originating materials. Under this criterion, one or more of the materials may not fall within the definition of "wholly produced or obtained", as set out in Article 415. All materials used in the production of the good must qualify as "originating" by meeting the rules of Article 401(a) through (d). If the good is an agricultural good, see also criterion F and Annex 703.2. *Reference: Article 401(c).*

D Goods are produced in the territory of one or more of the NAFTA countries but do not meet the applicable rule of origin, set out in Annex 401, because certain non-originating materials do not undergo the required change in tariff classification. The goods do nonetheless meet the regional value-content requirement specified in Article 401 (d). This criterion is limited to the following two circumstances:

1. The good was imported into the territory of a NAFTA country in an unassembled or disassembled form but was classified as an assembled good, pursuant to H.S. General Rule of Interpretation 2(a), or
2. The good incorporated one or more non-originating materials, provided for as parts under the H.S., which could not undergo a change in tariff classification because the heading provided for both the good and its parts and was not further subdivided into subheadings, or the subheading provided for both the good and its parts and was not further subdivided.

NOTE: This criterion does not apply to Chapters 61 through 63 of the H.S. *(Reference: Article 401(d))*

E Certain automatic data processing goods and their parts, specified in Annex 308.1, that do not originate in the territory are considered originating upon importation into the territory of a NAFTA country from the territory of another NAFTA country when the most-favored-nation tariff rate of the good conforms to the rate established in Annex 308.1 and is common to all NAFTA countries. *(Reference: Annex 308.1)*

F The good is an originating agricultural good under preference criterion A, B, or C above and is not subject to a quantitative restriction in the importing NAFTA country because it is a "qualifying good" as defined in Annex 703.2, Section A or B (please specify). A good listed in Appendix 703.2B.7 is also exempt from quantitative restrictions and is eligible for NAFTA preferential tariff treatment if it meets the definition of "qualifying good" in Section A of Annex 703.2. **NOTE 1: This criterion does not apply to goods that wholly originate in Canada or the United States and are imported into either country. NOTE 2: A tariff rate quota is not a quantitative restriction.**

FIELD 8: For each good described in Field #5, state "YES" if you are the producer of the good. If you are not the producer of the good, state "NO" followed by (1), (2), or (3), depending on whether this certificate was based upon: (1) your knowledge of whether the good qualifies as an originating good; (2) your reliance on the producer's written representation (other than a Certificate of Origin) that the good qualifies as an originating good; or (3) a completed and signed Certificate for the good, voluntarily provided to the exporter by the producer.

FIELD 9: This field applies only to automotive goods as described in Article 403 and Annex 403.1 and 403.2. If you are averaging the regional value content, state "YES". If you do not choose to average, state "NO".

FIELD 10: Identify the name of the country ("MX" or "US" for agricultural and textile goods exported to Canada; "US" or "CA" for all goods exported to Mexico; or "CA" or "MX" for all goods exported to the United States) to which the preferential rate of customs duty applies, as set out in Annex 302.2, in accordance with the Marking Rules or in each party's schedule of tariff elimination.

For all other originating goods exported to Canada, indicate appropriately "MX" or "US" if the goods originate in that NAFTA country, within the meaning of the NAFTA Rules of Origin Regulations, and any subsequent processing in the other NAFTA country does not increase the transaction value of the goods by more than seven percent; otherwise "JNT" for joint production. *(Reference: Annex 302.2)*

FIELD 11: This field must be completed, signed, and dated by the exporter. When the Certificate is completed by the producer for use by the exporter, it must be completed, signed, and dated by the producer. The date must be the date the Certificate was completed and signed.

Customs Form 434 (111993)(Back)

[FR Doc. 93–29502 Filed 12–1–93; 8:45 am]

BILLING CODE 4820–02–C

Treasury Order Number: 101–05

Reporting Relationships and Supervision of Officials, Offices and Bureaus, Delegation of Certain Authority, and Order of Succession in the Department of the Treasury

Dated: November 23, 1993.

By virtue of the authority vested in the Secretary of the Treasury, including the authority vested by 31 U.S.C. 321(b) and Executive Order 11822, dated December 10, 1974, it is ordered that:

1. The Deputy Secretary shall report directly to the Secretary.

2. The Chief of Staff shall report directly to the Secretary and shall exercise supervision over the Director, Secretary's Scheduling Office.

3. The Executive Secretary and Senior Adviser to the Secretary shall report directly to the Secretary and shall exercise supervision over the functions of the Executive Secretariat; the Deputy Executive Secretary (Public Liaison); and, for purposes of administrative and managerial control, over the Special Assistant to the Secretary (National Security). The Special Assistant to the Secretary (National Security) shall report to the Secretary and the Deputy Secretary.

4. The following officials shall report through the Deputy Secretary to the Secretary and shall exercise supervision over those officers and organizational entities set forth on the attached organizational chart:

Under Secretary (International Affairs)
Under Secretary (Domestic Finance)
General Counsel
Assistant Secretary (Economic Policy)
Assistant Secretary (Enforcement)
Assistant Secretary (Legislative Affairs)
Assistant Secretary (Management)
Assistant Secretary (Public Affairs)
Assistant Secretary (Tax Policy)
Inspector General
Commissioner of Internal Revenue

5. The Assistant Secretary (Management) serves as the Department's Chief Financial Officer pursuant to the Chief Financial Officers Act of 1990, Public Law 101–576.

6. The Deputy Secretary is authorized, in that official's own capacity and that official's own title, to perform any functions the Secretary is authorized to perform and shall be responsible for referring to the Secretary any matter on which action would appropriately be taken by the Secretary.

7. The Under Secretaries, the General Counsel, and the Assistant Secretaries are authorized to perform any functions the Secretary is authorized to perform. Each of these officials will ordinarily perform under this authority only functions which arise out of, relate to, or concern the activities or functions of, or the laws administered by or relating to, the bureaus, offices, or other organizational units over which the incumbent has supervision. Each of these officials shall perform under this authority in the official's own capacity and the official's own title and shall be responsible for referring to the Secretary any matter on which action would appropriately be taken by the Secretary. Any action heretofore taken by the Deputy Secretary or any of these officials in the incumbent's own title is hereby affirmed and ratified as the action of the Secretary.

8. The following officials shall, in the order of succession indicated, act as Secretary of the Treasury in case of the death, resignation, absence or sickness of the Secretary and other officers succeeding the incumbent, until a successor is appointed, or until the absence or sickness shall cease:

a. Deputy Secretary;

b. The following individuals, in the order of the date on which they were first appointed to a position within the Department requiring appointment by the President by and with the advice and consent of the Senate:

- Under Secretary (International Affairs); and
- Under Secretary (Domestic Finance);

c. General Counsel; and

d. Assistant Secretaries, appointed by the President with Senate confirmation, in the order designated by the Secretary.

9. To the extent that any provision of any other Order of the Department is inconsistent with any provision of this Order, the provisions of this Order shall govern.

10. Cancellation. Treasury Order 101-05, "Reporting Relationships and Supervision of Officials, Offices and Bureaus, Delegation of Certain Authority, and Order of Succession in the Department of the Treasury," dated July 2, 1992, is superseded as of this date.

Lloyd Bentsen,

Secretary of the Treasury.

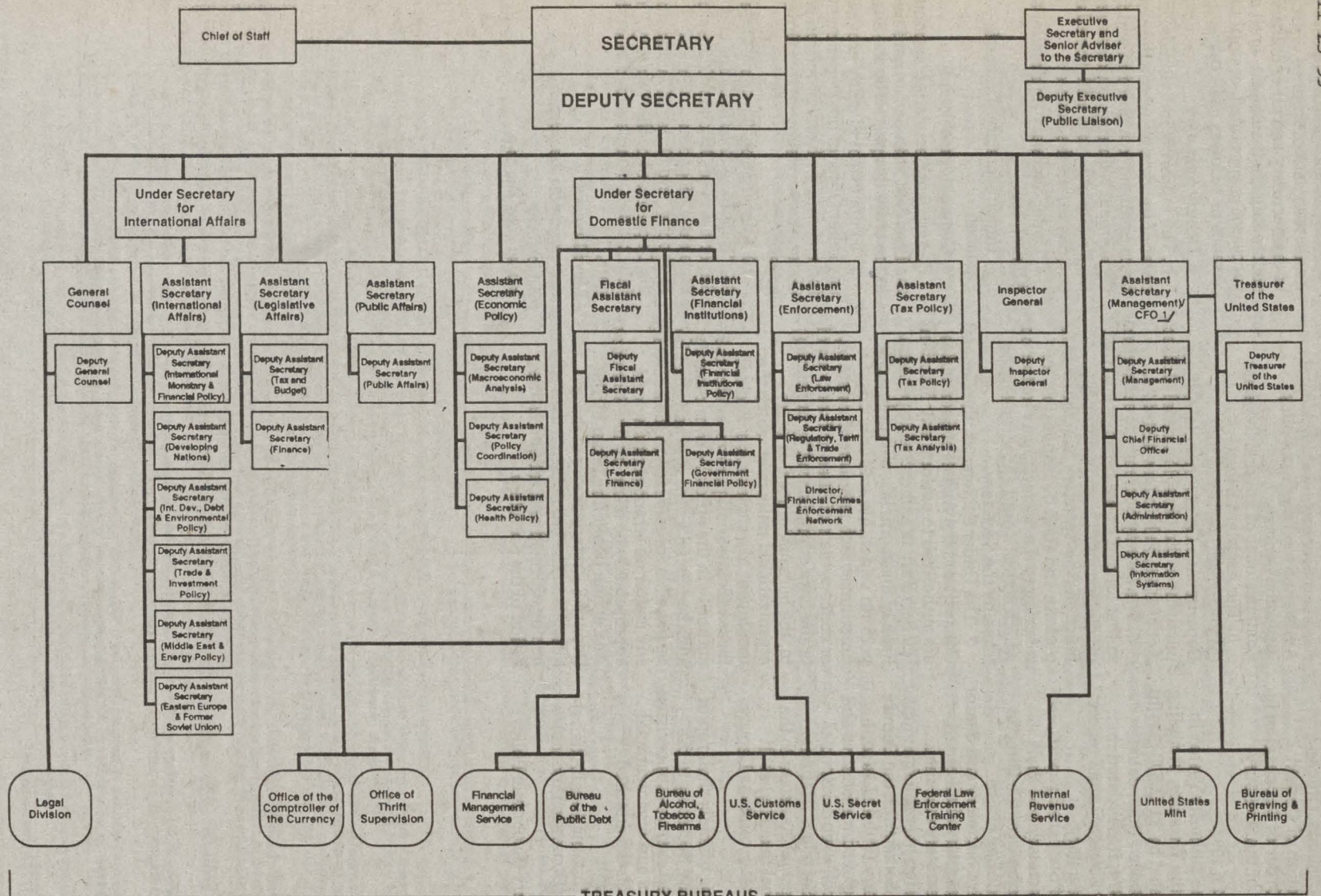
Attachment

BILLING CODE 4810–25–P

TO 101-05
11-23-93

Attachment

THE DEPARTMENT OF THE TREASURY



1/ Assistant Secretary (Management) is the Chief Financial Officer (CFO).

BILLING CODE 4810-25-C

Approved:
Lloyd Bentsen,
Secretary of the Treasury.
Dated: November 23, 1993.
[FR Doc. 93-29418 Filed 12-1-93; 8:45 am]
BILLING CODE 4810-25-P

Fiscal Service

U.S. Savings Bonds; Presorted Mailing by Issuing Agents

AGENCY: Bureau of the Public Debt, Fiscal Service, Department of the Treasury.

ACTION: Notice.

SUMMARY: The purpose of this notice is to describe the basis on which a bonus will be paid to qualified issuing agents of United States Savings Bonds for presorting bonds they deliver by mail. The bonus applies to issue records transferred to the Bureau of the Public Debt on or after the effective date of this notice.

EFFECTIVE DATE: January 1, 1994.

FOR FURTHER INFORMATION CONTACT: Dean A. Adams, Assistant Chief Counsel, Bureau of the Public Debt, (304) 420-6703; P.O. Box 1328, Parkersburg, West Virginia 26106-1328.

SUPPLEMENTARY INFORMATION:

Background Information

Department of the Treasury Circular, Public Debt Series No. 4-67, Second Revision, First Amendment (31 CFR Part 317), at § 317.6(b), provides that, with prior approval, issuing agents that are authorized to inscribe bonds and eligible to receive fee payments will be paid a bonus for presorting savings bond mailings. The Circular further provides that a schedule will be separately published in the **Federal Register**.

A three-tiered structure for bonus payments has been developed to compensate issuing agents that presort savings bonds prior to mailing. The amount of each bonus level was determined by an analysis of bonds issued by large-volume issuing agents, and an assessment of the overall postage savings that would be realized with presorting at the 3-digit ZIP code level. Because of United States Postal Service requirements, it is unlikely that all savings bonds in each mailing prepared by an agent that presorts will actually be mailed at discounted rates; nevertheless, the bonus will be paid for each bond the agent issues, presorts and mails. The bonus levels were determined using postal rates in effect at the time of this notice. The Secretary reserves the right to withdraw the bonus offering at any time or to revise bonus amounts when circumstances so warrant.

An agent that wishes to receive bonus payments for presorting bonds must obtain prior approval from the Bureau of the Public Debt's Mail Management Officer, P.O. Box 1328, Parkersburg, West Virginia 26106-1328, (304) 480-6268. The Mail Management Officer will work with the agent to determine the level of presorting that optimizes benefits for Public Debt and is best suited to the agent's operating environment and the geographic dispersion of its savings bond mailings.

The Level I bonus payment applies to agents with systems that insert one bond per envelope. Level II applies to agents with the capability to enter 11-digit delivery point bar codes on single bond mailings. Level III applies to agents with systems that are able to insert multiple bonds belonging to the same person in a single envelope and employ delivery point bar coding.

Envelopes are supplied free of charge to all agents that mail savings bonds. Level I and II agents will mail bonds in permit imprint envelopes charged to a permit issued to Public Debt. Level III agents will be provided a dedicated postage meter licensed to Public Debt which may be used only to mail savings bonds.

Once the Mail Management Officer approves an application to presort savings bond mailings by an issuing agent, he or she will provide the agent a memorandum of understanding. By signing and returning a copy of the memorandum, the agent will establish its acceptance of the terms and conditions contained in the memorandum. The memorandum will include instructions about envelope requisition, postage meter acquisition and usage, and submission of quarterly documentation of presorted mailing activity required to support bonus payments.

An agent's bonus payment will be computed using the number of issue records it transmits during a calendar quarter based on transfer dates assigned to the transmittals by a Federal Reserve Bank. Bonds transferred on or after the first day of the month following the month in which the agent begins presorting, as established in the memorandum of understanding, will be eligible for the bonus. To obtain payment of the bonus, an agent will be required to submit documentation of presorted mailings to the Mail Management Officer for each calendar quarter; no bonus payment will be made without this documentation. In accordance with the Prompt Payment Act, if this documentation is received by the Mail Management Officer not more than 30 days after the close of a calendar quarter, payment of the bonus will be made within 50 days after the close of the quarter. If the documentation is received more than 30 days after the close of a quarter, payment will be made within 30 days after the date of receipt, even if that results in a payment occurs more than 50 days after the close of the quarter. This amount of time is required for audit and classification of savings bond issue records—information which is necessary to calculate bonus payments. Payment will be made by the automated clearinghouse (ACH) method to an account designated by the agent. Payment will be made by check or other means only if extraordinary conditions so warrant.

Schedule of Bonus Payments

The schedule for payment of bonuses for presorting Series EE savings bond mailings is hereby set forth below.

With prior approval by the Bureau of the Public Debt, organizations qualified as issuing agents by Federal Reserve Banks under the provisions of 31 CFR part 317, other than Federal agencies, will receive a bonus for each savings bond issued during a calendar quarter according to the following schedule:

Level	Bonds per envelope	Presort level	Bar code	Bonus
I	One	3-Digit ZIP code	None	$0.015
II	One	3-Digit ZIP code	Delivery point bar code (DPBC)	.02
III	More than one	3-Digit ZIP code	Delivery point bar code (DPBC)	.04

Qualification for Bonus

To receive bonus payments for presorting savings bond mailings, a non-Federal agency issuing agent must obtain prior approval from the Bureau of the Public Debt. Public Debt will determine the appropriate level for bonus payments and will issue a memorandum of understanding setting

out the terms and conditions under which the bonus will be paid. By signing and returning a copy of the memorandum, an issuing agent will establish its acceptance of the arrangement.

Payment of Bonus

An approved issuing agent will be paid a bonus for each savings bond issue record transmitted to the Bureau of the Public Debt on or after the first day of the month following the month in which it begins presorting, pursuant to the memorandum of understanding. Payment will be made for each issue record transmitted during a calendar quarter based on transfer dates assigned to the transmittals by a Federal Reserve Bank. To obtain payment, an approved agent must submit documentation of its presorted savings bond mailings on a quarterly basis as specified in the memorandum of understanding; no payment will be made in the absence of this documentation. If this documentation is received by Public Debt not more than thirty (30) days after the close of a calendar quarter, payment of the bonus will be made within fifty (50) days after the close of the quarter. If the documentation is received more than thirty (30) days after the close of a quarter, the bonus will be paid in thirty (30) days after the date of receipt, even if that results in payment occurring more than 50 days later the close of the quarter. All payments will be made by the automated clearinghouse (ACH) method to an account designated by the agent, unless extraordinary circumstances warrant payment by check or other means.

Reservation

The Secretary reserves the right to withdraw the offering of bonus payments to issuing agents for presorting savings bond mailings, and to revise or rescind any memorandum of understanding relating thereto, with prior notice to the issuing agent.

Gerald Murphy,

Fiscal Assistant Secretary.

[FR Doc. 93–29196 Filed 12–1–93; 8:45 am]

BILLING CODE 4810–40–P

UNITED STATES INFORMATION AGENCY

Public and Private Non-Profit Organizations In Support of International Educational and Cultural Activities

AGENCY: United States Information Agency.

ACTION: Notice—request for proposals.

TITLE: Central and Eastern European Training Program (CEETP–4).

SUMMARY: The Office of Citizen Exchanges (E/P) announces a competitive grants program for non-profit organizations to develop training programs in the areas of (1) Local government/public administration, (2) independent media development and (3) business administration. These projects should link the U.S. organization's international exchange interests with counterpart institutions and groups in Albania, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Poland, Romania, Slovak Republic and Slovenia.

Interested applicants are urged to read the complete **Federal Register** announcement before addressing inquiries to the Office or submitting their proposals. After the deadline for submitting proposals, USIA officers may not discuss this competition in any way with applicants until final decisions are made.

Announcement Name and Number: All communications concerning this announcement should refer to CENTRAL AND EASTERN EUROPEAN TRAINING PROGRAM (CEETP–4). This announcement number is *E/P–94–17.* Please refer to this title and number in all correspondence or telephone calls to USIA.

DATES: Deadline for Proposals: All copies must be received at the U.S. Information Agency by 5 pm, Washington DC time on January 28, 1994. Faxed documents will not be accepted, nor will documents postmarked January 28, 1994, but received at a later date.

It is the responsibility of each grant applicant to ensure that proposals are received by the above deadline. CEETP–4 grant project activity should begin after June 15, 1994.

ADDRESSES: The original and 14 copies of the completed application and required forms should be submitted by the deadline to: U.S. Information Agency, Ref: CEETP–4 E/P–94–17, Grants Management Division (E/XE), 301 Fourth Street SW.—room #336, Washington, DC 20547.

FOR INFORMATION CONTACT: Interested organizations/institutions should contact: European Division, Office of Citizen Exchanges (E/P), Room 216, United States Information Agency, 301 Fourth Street, SW., Washington, DC 20547, telephone 202/619–5348, fax 202/619–4350, to request detailed application packets, which include award criteria, all necessary forms, and guidelines for preparing proposals, including specific budget preparation.

Objectives of Central & East European Training Program (CEETP–4)

Overview: Proposals must be for projects which encourage the growth of democratic institutions and political and economic pluralism. Listed in order of priority are the areas in which USIA is interested in receiving proposals: (1) Local government/public administration; (2) independent media development; and (3) business administration. Projects should lay the groundwork for new and continuing links between American and Central/Eastern European professional organizations.

Projects may include: Study tours in the U.S. for small groups; short-term non-technical workshops conducted in Central/Eastern Europe; four-to-ten-week internships in the U.S.; consultations in Central/Eastern Europe; and the development of specialized materials for secondary and post-secondary teachers.

Programmatic Considerations

Pursuant to the Bureau's authorizing legislation, grant programs must maintain a non-political character and should be balanced and representative of the diversity of American political, social and cultural life.

All proposals should demonstrate:

(1) In-depth, substantive knowledge of the issues of concern to these countries;

(2) Established connections with the partner institutions;

(3) The capacity to organize and conduct the program, including appropriate orientation activities for the participants; detailed work plan for all phases of the project; tentative agendas for study tours, workshops, and internships; letters of commitment from internship hosts; and selection procedures. Applicants should consult the USIS office at the U.S. Embassies before submitting proposals.

USIA will give priority to proposals from U.S. organizations which have partner organizations in Central/Eastern Europe, which will assist logistically and will contribute to the realization of program goals and objectives and will themselves be enhanced by the program. Applicants are encouraged to demonstrate partner relationships by providing copies of correspondence or other materials as appendices to proposals.

The CEE partner institutions are encouraged to provide cost-sharing or significant in-kind contributions such as

local housing, transportation, interpreting, translating and other local currency costs and to assist with the organization of projects.

Materials Development

USIA encourages the development, where needed, of written, audio and video materials in CEE languages to enhance the training programs. For example, if not already available, glossaries of specialized terms in the three field (public administration, media, and business) might be developed.

In developing materials, consideration should be given to their wider use, beyond the immediate training program. USIA is interested in organizations' ideas on how to "reuse" specialized materials by providing them to universities, libraries, or other institutions for use by a larger audience. USIA does not pay for publication of materials for distribution in the United States.

Local Government

USIA is interested in proposals for training programs which will foster effective administration of local and regional governments. Programs might examine and seek to improve relationships among local executive, legislative, and judicial elements, or they might address the knowledge and skills necessary to administer one or more of these branches of local government.

Program topics might include one or more of the following: judicial administration, budget development, financial management, tax policies and mechanisms, election practices, management of municipal services, privatization of government property, consumer protection, business regulation (as opposed to control), licensing, environmental protection. Programs might further the development of information and library systems relevant to local government, improve committee and staff structures, research capability, legislation drafting capability, structural and procedural needs of local governments. Training should be conducted mostly in local centers, preferably situated outside the capital cities.

Mass Media Development

The focus of the proposals should be directed toward the development of a free and independent media.

Programs in this general topic fall under two training sub-categories: Working reporters and media business management. Preference will be given to mass media training programs which contain a U.S. internship component. For training programs in CEE, preference will be given to those of at least two weeks duration; they could focus on either basic journalism or business management techniques.

Training, especially for journalists outside of the CEE capital cities, should emphasize skills such as effective writing, investigative reporting, objectivity, evaluation of sources, clear labelling of editorials and opinion pieces, conformance to copyright laws, and ethics.

Media management training (both print and broadcast) should focus on management of media as a profitable business. Topics to be addressed might include management techniques, desk top publishing, advertising, marketing, distribution, public relations, staff development, accountability, and the pitfalls of journalistic advocacy, among others.

Business Administration

While this topic is broad, proposals should focus primarily on management training, small business development (including incubators and Small Business Centers), agri-business, banking, credit practices, financial management, marketing management, industrial relations, and/or privatization.

Program design should clearly differentiate CEE target audiences, such as professors and instructors of economics, senior business leaders, government officials, of promising practitioners, and demonstrate how the proposed agenda addresses the selected audience(s).

USIA has a strong interest in programs on the development of business structures and the creation of jobs in non-urban areas.

Scope

Proposals should limit their focus to one of the CEE countries and to one of the three major topics: local governance, independent media development, or business administration. Proposals for programs that are broader in scope will be eligible, but are less likely to receive USIA support. USIA will consider geographic distribution in selecting grantee institutions to ensure a wide distribution of this program.

USIA encourage proposals which feature "train the trainers" models; the creation of indigenous training centers; schemes to create professional networks or professional associations to disseminate information; and other enduring aspects.

Guidelines and Restrictions

Selection of Participants: All grant proposals must clearly describe the type of persons who will participate in the program as well as the process by which participants will be selected. It is recommended that programs in support of internships in the U.S. should include letters tentatively committing host institutions to support the internships. In the selection of all foreign participants, USIA and USIS posts retain the right to nominate participants and to accept or deny participants recommended by the program institution.

USIA does not support proposals limited to conferences or seminars of only a few days length which are organized as plenary sessions, major speakers, and panels with a passive audience. It will support conferences only insofar as they are a minor part of a larger project in duration and scope which is receiving USIA funding from this competition. Furthermore, grants are not given to support projects whose focus is limited to technical issues, or for research projects, for publication intended for dissemination in the United States, for individual student exchanges, for film festivals or exhibits. Nor does this Office provide scholarships or other support for long-term (i.e., a semester or more) academic studies. Proposals that request support for the development of university curriculums or for degree-based programs will not be eligible under this RFP.

Proposals to link university departments or to exchange faculty and/or students are funded by USIA's Office of Academic Programs (E/A) under the University Affiliation Program and should not be submitted under this RFP.

Competitions sponsored by other offices of USIA's Bureau of Educational and Cultural Affairs are also announced in the Federal Register, and may have different guidelines or restrictions.

Funding

The amount requested from USIA should not exceed $200,000. However, exchange organizations with less than four years of successful experience in managing international exchange programs are limited to $60,000.

While applicants must provide an all-inclusive budget with the proposal, they may also include separate sub-budgets for each program component, phase, location or activity. Competition for USIA funding support is keen. Please note: All delegates will be covered under the terms of a USIA-sponsored health insurance policy. The premium

is paid by USIA directly to the insurance company.

The following project costs are eligible for consideration for funding: 1. International and domestic air fares; visas; transit costs; ground transportation costs.

2. Per Diem: For the U.S. program, organizations have the option of using a flat $140/day for program participants or the published U.S. Federal per diem rates for individual American cities.

Note: U.S. escorting staff must use the published Federal per diem rates, not the flat rate. For activities in Central/Eastern Europe, the Federal per diem rates must be used.

3. Interpreters: Interpreters for the U.S. program are provided by the U.S. State Department Language Services Division. Typically, a pair of simultaneous interpreters is provided for every four visitors who need interpretation. USIA grants do not pay for foreign interpreters to accompany delegations from their home country. Grant proposal budgets should contain a flat $140/day per diem for each DOS interpreter, as well as home-program-home air transportation of $400 per interpreter plus any U.S. travel expenses during the program. Salary expenses are covered centrally and should not be part of an applicant's proposed budget.

4. Book and cultural allowance: participants and escorts are entitled to a one-time cultural allowance of $150 per person, plus a book allowance of $50. U.S. staff do not get these benefits.

5. Consultants: May be used to provide specialized expertise or to make presentations. Daily honoraria generally do not exceed $250 per day. Subcontracting organizations may also be used, in which case the written agreement between the prospective grantee and subcontractor should be included in the proposal.

6. Room rental, which generally should not exceed $250 per day.

7. Materials development: Proposals may contain costs to purchase, develop and translate materials for participants.

8. One working meal per project. Per capita costs may not exceed $5–8 for a lunch and $14–20 for a dinner; this includes room rental if applicable. The number of invited guests may not exceed participants by more than a factor of two to one.

9. A return travel allowance of $70 for each participant which is to be used for incidental expenditures incurred during international travel.

10. *Audit Requirements:* The proposal shall include the cost of an audit that:

a. Complies with the requirements of OMB circular No. 1–133, Audits of Institutions of Higher Education and Other Nonprofit Institutions;

b. Complies with the requirements of American Institute of Certified Public Accountants (AICPA) Statement of Position (SOP) No. 92–9; and

c. Includes review by the recipient's independent auditor of a recipient-prepared supplemental schedule of indirect cost rate computation, if such a rate is being proposed.

The audit costs shall be identified separately for: a. Preparation of basic financial statements, and other accounting services; and

b. Preparation of the supplemental reports and schedules required by OMB Circular No. A–133, AICPA SOP 92–9, and the review of the supplemental schedule of indirect cost rate computation.

11. Cost-sharing is encouraged. Cost-sharing may be in the form of allowable direct or indirect costs. The Receipient must maintain written records to support all allowable costs which are claimed as being its contribution to cost participation, as well as costs to be paid by the Federal government. Such records are subject to audit. The basis for determining the value of cash and in-kind contributions must be in accordance with OMB Circular A–110, Attachment E, "Cost-sharing and Matching" and should be described in the proposal. In the event the Recipient does not provide the minimum amount of cost sharing as stipulated in the Recipient's budget, the Agency's contribution will be reduced in proportion to the Recipient's contribution.

Application Requirements

Proposals must be structured in accordance with the instructions contained in the application package.

Review Process

USIA will acknowledge receipt of all proposals and will review them for technical eligibility. Proposals will be deemed ineligible if they do not fully adhere to the guidelines established herein and in the application packet. Eligible proposals will be forwarded to panels of USIA officers for advisory review. Proposals are reviewed by USIS posts and by USIA's Office of European Affairs. Proposals may also be reviewed by the Office of General Counsel or other Agency offices. Funding decisions are at the discretion of the Associate Director for Educational and Cultural Affairs. Final technical authority for grant awards resides with USIA's contracting officer. The award of any grant is subject to availability of funds. The U.S. Government reserves the right to reject any or all applications received. USIA will not pay for design and development costs associated with submitting a proposal. Applications are submitted at the risk of the applicant; should circumstances prevent award of a grant all preparation and submission costs are at the applicant's expense. USIA will not award funds for activities conducted prior to the actual grant award.

Review Criteria

USIA will consider proposals based on their conformance with the objectives and considerations already stated in this RFP, as well as the following criteria:

1. *Quality of Program Idea:* Proposals should exhibit relevance, originality, rigor and substance to USIA's mission. They should demonstrate the match of U.S. resources to a clearly defined need.

2. *Institutional Ability/Capacity/Record:* Applicant institutions should demonstrate their potential for program excellence and/or provide documentation of successful programs. If an organization is a previous USIA grant recipient, responsible fiscal management and full compliance with all reporting requirements for past USIA grants as determined by the Office of Contracts (M/KG) will be considered. Relevant program evaluation of previous projects may also be considered in this assessment.

3. *Project Personnel:* Personnel's thematic and logistical expertise should be relevant to the proposed program. Resumes should be relevant to the specific proposal.

4. *Program Planning and Ability to Achieve Program Objectives:* The proposal should clearly show how the grantee institution will meet the program's objectives. The proposal should include a detailed agenda, a realistic work plan, and any supporting documents that demonstrate the grantee's ability to carry out the project.

5. *Thematic Expertise:* Proposal should demonstrate the organization's expertise in the subject area.

6. *Cross-Cultural Expertise and Area Expertise:* Proposals should show evidence of sensitivity to historical, linguistic, and other cross-cultural factors, as well as relevant knowledge of target area/country.

7. *Multiplier Effect/Follow-On Activities:* Proposed programs should strengthen long-term mutual understanding, to include maximum sharing of information and establishment of long-term institutional and individual ties. Proposal should also reflect an institutional commitment for continued exchange activity beyond the term of the USIA grant.

8. *Cost-Effectiveness:* Overhead and administrative costs should be kept as low as possible. All other items proposed for USIA funding should be necessary and appropriate to achieve the program's objectives.

9 *Cost-Sharing:* Proposals should maximize cost-sharing through other private sector support as well as direct funding contributions and/or in-kind support from the prospective grantee institution.

10. *Project Evaluation:* Proposals should include a plan to evaluate the activity's success. In this respect the applicant should include a draft survey questionnaire or other technique and a mythodology that will be used to link outcomes to original project objectives. Applicants will be expected to submit intermediate reports after each project component is concluded or quarterly, whichever is less frequent.

Notice

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

Notification

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

Dated: November 23, 1993.

Barry Fulton,

Acting Associate Director, Bureau of Educational and Cultural Affairs.

[FR Doc. 93–29351 Filed 12–1–93; 8:45 am]

BILLING CODE 8230–01–M

Freedom Support Act—Secondary School Initiative for School Linkages

AGENCY: United States Information Agency.

ACTION: Notice—request for proposals.

SUMMARY: The United States Information Agency (USIA) invites applications from U.S. educational, cultural, and other not-for-profit, private organizations and public institutions to conduct exchanges through school linkage programs with the twelve Newly Independent States (NIS) of the former Soviet Union. The school linkage program has the following two components: (A) Exchange of students, between the ages of 14 and 18 ½ years of age, and a defined number of escorts for all 12 NIS republics; (B) exchange of teachers and administrators for specified programming BETWEEN THE U.S. AND RUSSIA ONLY. These exchanges represent part of the activities of the NIS Secondary School Initiative, the Office of Citizen Exchanges, and are subject to the availability of funding for the Fiscal Year 1994 program.

ANNOUNCEMENT NUMBER: The announcement number is E/P–94–15. Please refer to this number in all correspondence or telephone calls to the Agency.

This is a request for proposals for reciprocal exchanges based on multiple school linkages. Requests for proposals in support of other programs under the aegis of the NIS Secondary School Initiative have been published separately.

DATES: Deadline for proposals: All copies of proposals for grants under this request must be received at the U.S. Information Agency by 5 p.m. Washington, DC time on Friday, January 28, 1994. Faxed documents will not be accepted, nor will documents postmarked on January 28 but received at a later date. It is the responsibility of each grant applicant to ensure that its proposal is received by the above deadline. Subject to the availability of funding, grants will be awarded April 1, 1994 for exchanges to begin after August 1, 1994.

ADDRESSES: The original, 4 fully tabbed copies of the original and 10 copies (Tabs A–D) of the application, including required forms, should be submitted in the format described in the Bureau's application package and mailed to: U.S. Information Agency, Ref: F.S.A.—School Linkage Exchanges, Office of Grants Management, E/XE, 301 4th Street SW., room 336, Washington, DC 20547.

FOR FURTHER INFORMATION CONTACT: Interesed organizations/institutions should contact Diana Aronson, NIS Secondary School Division (E/PY) Room 314, (202) 619–6299; FAX (202) 619–5311, to request detailed application packets, which include award criteria additional to this announcement, all necessary forms, and guidelines for preparing proposals, including specific budget preparation information.

SUPPLEMENTARY INFORMATION: Pursuant to the Bureau's authorizing legislation, programs must maintain a non-political character and should be balanced and representative of the diversity of American political, social and cultural life.

Overall authority for these exchanges is contained in the Freedom Support Act (Pub. L. 102–391).

Overview

Grant funding is intended to promote and strengthen school linkages through: (A) The exchange of secondary school students, from 14 to 18½ years of age, between the U.S. and Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan; and (B) the exchange of secondary school educators between the U.S. and Russia. [USIA Funding Constraints Limit Teacher Programming to School Linkages With Russia Only.] The Agency's main objective is to foster interaction between American and foreign participants. Consequently, extensive interaction is a requirement. Proposals should demonstrate how American and foreign youth and their secondary school teachers and administrators will interact in a way that encourages the exchange of ideas.

Grants are awarded to expand or enhance existing exchange programs or to encourage the development of new exchanges. Programs may involve the U.S. organization in a partnership with organizations in one or more countries. The minimum length of stay in country for participants in any project is three weeks; longer stays are allowable but may not exceed one academic semester.

Organizations may choose to bid only on the component that includes exchanges of students and accompanying escorts from partnered schools. Alternatively, they have the option to include, as part of their proposal, enhanced programming for teachers and administrators from those schools for a period of up to one academic semester.

Guidelines for School Linkages

Purpose

To link a network of American secondary schools with a network of schools in one or more NIS countries as the basis for exchanges of students, teachers and school administrators during academic year 1994–95.

Each network should consist of a minimum of 10 schools (five pairs). These may be schools with common features or interests (e.g., teach Russian/English as a foreign language, math and science magnet schools), or they may be schools in a finite system (e.g., a local school district, county or state). They may be schools in communities that are

affiliated with communities in NIS countries under an umbrella organization.

Special consideration will be given to proposals that address the needs and interests of USIS posts and NIS ministries for projects linking specific networks of schools. A list of these will be provided with the application packet.

Schools may have not been paired yet or they may already be linked by computers or have developed ties through correspondence. Partnerships should have an existence beyond the scope of this initiative; that is, there should be an inherent reason for their linkage apart from the availability of grant funds. Partnered schools should engage in regular communication throughout the year and carry on such activities as joint research projects, pen pal exchanges, video exchanges, etc.

The American organization is responsible for recruiting and selecting a minimum of 5 American schools, forming a partnership with an organization or agency of government in the NIS responsible for a network of partner schools and linking the U.S. and NIS schools. In addition, the American organization will: Design the overall plan and criteria for the exchanges; manage all travel arrangements, logistics, passports, visas, etc.; training of escorts; disbursing of and accounting for grant funds.

Student Exchanges

The minimum stay in country is 3 weeks. Longer stays are allowable but should not exceed one academic semester. These exchanges should be designed to enable varying numbers of students to live with host families while at their host school, preferably while school is in session. The goal is for each school to send a group and host a group each year, but variations in this model will be entertained. Full reciprocity is desirable but not a requirement. The exchange program may also include excursions, cultural activities, and opportunities to experience community life. It is considered desirable for each group of NIS students to have a program in Washington DC. If such a program is not feasible, the NIS students should have a program in the capital of their host school's state.

Teacher/Administrator Exchanges

The minimum stay in country for teachers and administrators will be three weeks and may not exceed one academic semester. Examples of programs for teachers and administrators include seminars on educational issues, curriculum development, English teaching methodology, teacher training, team-teaching, and shadowing components that promote the EXCHANGE of ideas, values, and information.

U.S. and Russian teachers will receive an allowance enabling them to purchase teaching materials for their Russian partner school.

Budget

The organization must submit a comprehensive line item budget. Details are available in the application packet. Grant awards to eligible organizations with fewer than four years experience in conducting international exchange programs will be limited to $60,000. Organizations submitting proposals should be familiar with OMB circulars A110, A122 and A133.

Cost sharing is encouraged. Cost sharing may be in the form of allowable direct or indirect costs. The recipient must maintain written records to support all allowable costs that are claimed as its contribution to cost participation, as well as cost to be paid by the Federal government. Such records are subject to audit.

The basis for determining the value of cash and in-kind contributions must be in accordance with OMB Circular A110, Attachment E—"Cost Sharing and Matching"—and should be described in the proposal.

In the event the recipient does not provide the minimum amount of cost sharing as stipulated in the recipient's budget, the Agency's contribution will be reduced in proportion to the recipient's contribution.

The recipient's proposal shall include the cost of an audit that:

(1) Complies with the requirements of OMB Circular No. A–133, No. A–133, Audits of Institutions of Higher Education and Other Nonprofit Institutions;

(2) Complies with the requirements of American Institute of Certified Public Accountants (AICPA) Statement of Position (SOP) No. 92–9; and

(3) Includes review by the recipient's independent auditor of a recipient-prepared supplemental schedule of indirect cost rate computation, if such a rate is being proposed.

The audit costs shall be identified separately for:

(1) Preparation of basic financial statements and other accounting services; and

(2) Preparation of the supplemental reports and schedules required by OMB Circular No. A–133, AICPA SOP 92–9, and the review of the supplemental schedule of indirect cost rate computation.

Review Process

USIA will acknowledge receipt of all proposals and will review them for technical eligibility. Proposals will be deemed ineligible if they do not fully adhere to the guidelines established herein and in the application packet. Eligible proposals will be forwarded to panels of USIA officers for advisory review. All eligible proposals also will be reviewed by the appropriate geographic area office, and the budget and contract offices. Proposals also may be reviewed by the Agency's Office of the General Counsel. Funding decisions are at the discretion of the Associate Director of Educational and Cultural Affairs. Final technical authority for grant awards resides with the Agency's Office of Contracts.

Review Criteria

Technically eligible applications will be competitively reviewed according to the following criteria:

1. Quality of the program idea: Proposals should exhibit originality, substance, rigor and relevance to Agency mission and adherence to the criteria and conditions described above.

2. Reasonable, Feasible, and Flexible Objectives: Proposals should clearly demonstrate how the institution will meet the program's objectives and plan.

3. Multiplier Effect/Impact: Proposed programs should strengthen long-term mutual understanding, to include maximum sharing of information and establishment of long-term institutional and individual linkages.

4. Value to U.S.-Partner Country Relations: Assessments by USIA's geographic area desk and overseas officers of the need, potential, impact and significance in the partner country(ies).

5. Cost Effectiveness: The overhead and administrative components of grants, as well as salaries and honoraria, should be kept as low as possible. All other items should be necessary and appropriate. Proposals should maximize cost-sharing through other private sector support as well as institutional direct funding contributions.

6. Institutional Capacity: Proposed personnel and institutional resources should be adequate and appropriate to achieve the program or project's goals.

7. Institution's Track Record/Ability: Proposals should demonstrate a track record of successful programs, including responsible fiscal management and full compliance with all reporting requirements for past Agency grants as determined by USIA's Office of Contracts (M/KG). The Agency will consider the past performance of prior

grantees and the demonstrated potential of new applicants.

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

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

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

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

Notice

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

Notification

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

Dated: November 26, 1993.

Barry Fulton,

Acting Associate Director, Bureau of Educational and Cultural Affairs.

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

BILLING CODE 8230–01–M

Sunshine Act Meetings

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

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

UNITED STATES COMMISSION ON CIVIL RIGHTS

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

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

STATUS: Open to the Public.

Monday, November 29, 1993

Matter Considered:

I. Authority of the Chairperson to Take Personnel Actions

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

Emma Monroig,

Solicitor.

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

BILLING CODE 6335–01–M

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Agency Meeting

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

Reports of the Office of Inspector General.

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

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

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

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

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

Dated: November 30, 1993.

Federal Deposit Insurance Corporation.

Patti C. Fox,

Assistant Executive Secretary.

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

BILLING CODE 6714–01–M

FEDERAL ELECTION COMMISSION

"FEDERAL REGISTER" NUMBER: 93–29188.

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

THE FOLLOWING ITEM WAS ADDED TO THE AGENDA:

Revised Draft Directive on Documenting Member Input for the Record.

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

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

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

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

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

Matters concerning participation in civil actions or proceedings or arbitration.

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

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

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

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes.

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

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

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

Administrative Matters.

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

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

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

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

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

Matters concerning participation in civil actions or proceedings or arbitration.

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

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

Delores Hardy,

Administrative Assistant.

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

BILLING CODE 6715–01–M

federal register

Thursday
December 2, 1993

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 405 and 414

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 405 and 414

[BPD–770–FC]

RIN 0938–AG22

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

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

ACTION: Final rule with comment period.

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTARY INFORMATION:

Overview

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

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

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

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

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

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

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

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

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

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

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

Addenda to this rule provide the following information:

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

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

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

Addendum D—Geographic Practice Cost Indices (GPCIs).

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

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

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

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

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

Table of Contents

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

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

I. Background

A. Legislative History

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

B. Regulations and Recent Federal Register Publications

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

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

C. Components of the Fee Schedule Payment Amounts

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

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

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

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

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

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

1. Work RVUs

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

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

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

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

2. Practice Expense and Malpractice Expense RVUs

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

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

3. GPCIs

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

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

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

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

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

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

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

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

A. RVUs

1. Refinement Process

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

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

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

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

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

2. Transplant Surgeries

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

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

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

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

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

B. Radiation Physics Services

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

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

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

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

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

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

adequately compensate radiation oncologists for their services.

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

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

C. Anesthesia Services Furnished by Nonanesthesiologists

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

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

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

[Description of service]

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

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

[Bundled payment]

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

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

[Rural and underserved areas]

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

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

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

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

[Content of list]

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

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

1. Office or Other Outpatient Consultations and Confirmatory Consultations

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

[Impact on access]

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

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

[Psychotherapy]

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

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

[Physicians' costs of consultations in facilities]

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

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

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

[Psychiatric care in outpatient departments]

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

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

[Practice expense for consultations]

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

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

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

[Consultations "singled out"]

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

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

[Nuclear medicine consultations]

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

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

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

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

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

[Consultations require minimal supplies and equipment]

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

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

[Impact on emergency department care]

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

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

[RVUs based on mixed data]

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

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

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

2. Nursing Facility (NF) and Hospital Inpatient Settings

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

[Budget impact]

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

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

[Consultations in NFs]

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

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

[Travel expenses]

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

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

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

3. Ambulatory Surgical Center (ASC) Services

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

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

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

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

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

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

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

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

E. Supplies Other Than Drugs

1. Urological Procedures

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

[Cystoscopies]

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

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

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

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

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

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

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

[Catheterization for specimen collection]

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

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

[Insertion of a temporary indwelling catheter]

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

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

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

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

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

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

2. Unna Boots

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

[Application of bilateral rules to Unna boot applications]

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

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

[Method of payment for Unna boot supplies]

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

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

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

3. Other Supplies

[Lacrimal Punctum Plugs]

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

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

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

[Implantable vascular access devices]

Comment: Commenters requested a clarification of our policy on

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

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

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

[Endoscope with disposable sheath]

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

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

[Other supplies]

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

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

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

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

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

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

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

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

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

[General supplies policy]

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

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

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

F. Payment Area (Locality) and Corresponding GPCI Changes

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

[Locality changes]

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

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

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

[Statewide locality]

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

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

[Urban versus rural practice costs]

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

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

[Budget neutral within a State]

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

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

[Reduced payment for urban physicians]

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

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

[Medical education]

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

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

[AMA resolution]

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

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

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

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

[Corresponding GPCI Changes]

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

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

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

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

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

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

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

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

G. Evaluation and Management Services

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

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

[Proposal inadequate and burdensome]

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

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

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

Commenters recommended the following alternatives:

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

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

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

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

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

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

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

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

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

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

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

• The medical record documents the following information:

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

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

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

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

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

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

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

[Other evaluation and management services]

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

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

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

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

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

[Nonphysician practitioners]

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

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

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

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

99355; each additional 30 minutes—0.79 total RVUs

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

99357; each additional 30 minutes—0.79 total RVUs

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

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

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

[Ventilation management the same day as a visit]

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

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

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

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

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

One alternative recommendation was that we continue to include a payment

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

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

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

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

[Board certification]

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

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

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

H. Payment for Standby Surgical Team

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

[Payment to hospitals]

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

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

[Direct patient service]

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

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

[Costs to physicians of standby services]

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

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

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

[Criteria for standby services]

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

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

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

I. Clinical Laboratory Interpretation Services

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

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

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

[Services to be added to the list]

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

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

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

[Circumstances for recognition of a physician laboratory service]

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

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

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

J. Payment for Selected Multiple Echocardiography Procedures

[Multiple nonsurgical procedure reductions for echocardiography]

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

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

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

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

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

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

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

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

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

[Additional payment for other codes]

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

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

[Credentials for technicians and physicians]

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

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

[Work and practice expense RVUs]

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

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

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

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

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

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

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

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

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

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

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

L. CPT Codes for Occupational Therapy

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

[Use of CPT codes]

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

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

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

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

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

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

[Range of billable codes]

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

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

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

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

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

M. RVUs for Services Not Covered by Medicare

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

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

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

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

III. OBRA '93 Provisions and Implementing Policies

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

A. Practice Expense

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

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

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

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

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

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

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

*All CPT codes and descriptors, copyright 1993 AMA

B. Electrocardiograms (EKGs)

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

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

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

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

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

C. New Physician/Practitioner Adjustment

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

D. Anesthesia Services

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

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

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

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

E. Limiting Charge

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

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

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

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

IV. Summary of Regulation Changes

This final rule makes the following amendments to 42 CFR:

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

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

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

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

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

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

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

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

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

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

1. Work RVU Refinements of Interim RVUs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b. Table 2—Codes Reviewed during 1993.

TABLE 2.—CODES REVIEWED IN THE REFINEMENT PROCESS

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

* All numeric CPT HCPCS Copyright 1993 American Medical Association.

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

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

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CPT code	Interim work RVUs
21120	4.86
21125	6.37
21127	10.69

Commenters proposed the following interim RVUs for these codes:

CPT code	Interim work RVUs
21120	8.71
21125	10.61
21127	15.05

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

† All numeric CPT HCPCS Copyright 1993 American Medical Association.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

† All numeric CPT HCPCS Copyright 1993 American Medical Association.

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

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

† All numeric CPT HCPCS Copyright 1993 American Medical Association.
* New Code. (Codes without an asterisk are existing codes with revised procedure descriptors.)
(a) No RVUs assigned. Carrier-priced.
(b) No Work RVUs assigned.
(c) RVUs assigned by HCFA.
(d) No RVUs assigned. Service included as part of E+M service.
(e) Excluded from fee schedule.

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

(1) Dermatology—Chemical peels:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

New CPT code	Work RVUs
33233	2.89
33234	4.29
33235	5.69

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

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

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

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

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

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

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

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

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

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

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

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

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

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

established 3.15 work RVUs for CPT code 35700.

(c) Thrombectomy codes:

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

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

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

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

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

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

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

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

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

(11) Stomach excisions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In reviewing the RUC recommendations for the 1994

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Pancreatectomy codes:

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

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

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

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

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

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

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

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

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

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

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

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

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

(22) Laparoscopic general surgical procedures:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TABLE 4.—REVISIONS TO GLOBAL PERIODS

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

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

TABLE 4.—REVISIONS TO GLOBAL PERIODS—Continued

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

*All numeric CPT HCPCS Copyright 1993 American Medical Association.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Establishment of Practice Expense and Malpractice Expense RVUs

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

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

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

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

a. Diagnostic tests.

[Interventional Radiology Services]

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

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

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

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

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

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

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

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

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

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

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

[Neurology and Neuromuscular Procedures]

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

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

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

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

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

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

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

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

[Cardiovascular Procedures]

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

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

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

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

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

[Neurological Surgery]

Comment: A specialty society disagreed with the apportionment of

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

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

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

[Cardiac Catheterization]

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

[Patient demand event recording]

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

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

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

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

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

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

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

E. Summary of Changes for the 1994 Fee Schedule

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

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

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

VI. Issues for Possible Change After CY 1994

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

• Payment for severity adjustment/ unusual circumstances

• Payment for global surgery—

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

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

—Payment for itinerant surgeon billings.

• Establishment of a single system of coding physical medicine services

• Payment for physician case management services

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

VII. Other Information

A. Responses to Public Comments

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

B. Collection of Information Requirements

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

VIII. Regulatory Impact Analysis

A. Introduction

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

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

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

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

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

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

B. Effects of Implementing Proposed Policy Changes

1. Anesthesia Services Furnished by Nonanesthesiologists

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

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

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

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

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

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

3. Supplies Other Than Drugs

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

4. Payment Area (Locality) and Corresponding GPCI Changes

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

5. Evaluation and Management Services

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

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

6. Payment for Standby Surgical Teams

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

7. Clinical Laboratory Interpretation Services

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

8. Purchase of Physician Pathology TC Services

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

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

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

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

C. Refinement of RVUs

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

D. Effect on Physician Payments

1. Impact Estimation Methodology

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

2. Specialty Level Effects

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

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

E. Summary of OBRA '93 Provisions

1. Practice Expense

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

2. Electrocardiograms

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

3. New Physician/Practitioner Adjustment

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

4. Anesthesia Services

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

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

5. Limiting Charge

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

F. Rural Hospital Impact Statement

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

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

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

List of Subjects

42 CFR Part 405

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

42 CFR Part 414

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

42 CFR chapter IV is amended as set forth below:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

A. Part 405 is amended as set forth below:

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

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

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

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

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

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

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

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

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

* * * * *

Subpart F—Services of Physicians in Providers

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

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

4. Section 405.550 is amended as set forth below:

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

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

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

* * * * *

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

* * * * *

§ 405.551 [Amended]

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

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

B. Part 414 is amended as set forth below:

Subpart A—General Provisions

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

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

§ 414.2 [Amended]

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

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

§ 414.4 Fee schedule areas.

* * * * *

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

* * * * *

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

§ 414.22 Relative value units (RVUs).

* * * * *

(b) *Practice expense RVUs.*

* * * * *

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

* * * * *

5. Section 414.32 is revised to read as follows:

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

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

(1) Hospital outpatient departments, including clinics and emergency rooms.

(2) Hospital inpatient departments.

(3) Comprehensive outpatient rehabilitation facilities.

(4) Comprehensive inpatient rehabilitation facilities.

(5) Inpatient psychiatric facilities.

(b) *General rule.* If physicians' services of the type routinely furnished in physicians' offices are furnished in facility settings, the fee schedule amount for those services is determined by reducing the practice expense RVUs for the service by 50 percent.

(c) *Services covered by the reduction.* HCFA establishes a list of services routinely furnished in physicians' offices nationally. Services furnished at least 50 percent of the time in physicians' offices are subject to this reduction.

(d) *Services excluded from the reduction.* The reduction established under this section does not apply to the following:

(1) Rural health clinic services.

(2) Surgical services included on the ambulatory surgical center covered list of procedures published under § 416.65(c) of this chapter.

(3) Anesthesiology services and diagnostic and therapeutic radiology services.

§ 414.42 [Amended]

6. In § 414.42(a), remove the word "Except" and add in its place the words "For services furnished during CYs 1992 and 1993, except".

7. In § 414.46, paragraph (d) is revised to read as follows:

§ 414.46 Additional rules for payment of anesthesia services.

* * * * *

(d) *Physician medically directs concurrent anesthesia procedures.* HCFA uses one of the following methodologies to determine the fee schedule amount for concurrent medically directed anesthesia services furnished by a physician during a specified CY:

(1) *CYs 1992 and 1993.* Payment is based on the anesthesia-specific fee schedule CF, reduced base units, and anesthesia time units. For purposes of this paragraph, one anesthesia time unit is equivalent to 30 minutes of anesthesia time, and fractions of a 30-minute period are recognized as fractions of an anesthesia time unit. The base unit of each concurrent medically directed anesthesia procedure furnished by a physician is reduced by the following percentages:

(i) Two procedures—10 percent.

(ii) Three procedures—25 percent.

(iii) Four procedures—40 percent.

(iv) If cataract or iridectomy anesthesia is one of the concurrent medically directed anesthesia procedures—10 percent.

(2) *Beginning CY 1994.* Payment is based on a specified percentage of the allowance recognized for the anesthesia service personally performed by a physician alone. The following percentages apply for the years specified:

(i) CY 1994—60 percent of the allowance for personally performed procedures.

(ii) CY 1995—57.5 percent of the allowance for personally performed procedures.

(iii) CY 1996—55 percent of the allowance for personally performed procedures.

(iv) CY 1997—52.5 percent of the allowance for personally performed procedures.

(v) CY 1998 and thereafter—50 percent of the allowance for personally performed procedures.

* * * * *

8. Section 414.48 is revised to read as follows:

§ 414.48 Limits on actual charges of nonparticipating suppliers.

(a) *General rule.* A supplier, as defined in § 400.202 of this chapter, who is nonparticipating and does not accept assignment may charge a beneficiary an amount up to the limiting charge described in paragraph (b) of this section.

(b) *Specific limits.* For items or services paid under the physician fee schedule, the limiting charge is 115 percent of the fee schedule amount for nonparticipating suppliers. For items or services HCFA excludes from payment under the physician fee schedule (in accordance with section 1848 (j)(3) of the Act), the limiting charge is 115 percent of 95 percent of the payment basis applicable to participating suppliers.

9. Section 414.60 is revised to read as follows:

§ 414.60 Payment for the services of certified registered nurse anesthetists.

(a) *CYs 1992 and 1993.* For services furnished during CYs 1992 and 1993, the CF for certified registered nurse anesthetist (CRNA) services cannot exceed the CF for a service personally performed by an anesthesiologist. Medical or surgical services specifically listed in program operating instructions and furnished by a CRNA during CYs 1992 and 1993 are paid under the CRNA fee schedule in the same manner as physicians' services under § 414.44(d).

(b) *Beginning CY 1994.* The allowance for an anesthesia service furnished by a medically directed CRNA beginning CY 1994 is based on a fixed percentage, as specified in § 414.46(d)(2), of the allowance recognized for the anesthesia service personally performed by the physician alone.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 3, 1993.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 10, 1993.

Donna E. Shalala,

Secretary.

Note: The following addenda will not appear in the annual Code of Federal Regulations.

Addendum A—Explanation and use of Addenda B Through F

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physicians' services furnished in 1994. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services

included in the physician fee schedule. Addendum C provides interim RVUs and related information, including the update factor indicators for codes that are new or revised in 1994, or that were designated as carrier-priced procedures for the 1993 fee schedule. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs listed in Addendum D of this final rule. In applying the formula, use a CF of $35.158 for services designated as surgical, a CF of $33.718 for primary care services, and a CF of $32.905 for other nonsurgical services.

The resulting fee schedule amount does not reflect the effects of the transition rules. That is, if a service is subject to the transition in a fee schedule area, the payment amount for that service will be an amount greater or less than the fee schedule amount. An individual can obtain the fee schedule payment amounts in his or her area by contacting the local Medicare carrier.

Addendum E replaces Addendum D in the November 1992 notice (57 FR 56157). This addendum lists the procedure codes that will be subject to the site-of-service differential in 1994.

Addendum F replaces Addendum G in the November 25, 1991, final rule (56 FR 59811). This addendum lists the procedures codes for which Medicare pays a separate supply allowance.

Addendum B—1994 Relative Value Units (RVUs) and Related Information Used in Determining Medicare Payments for 1994

This addendum contains the following information for each HCPCS code in level 1 (CPT) and level 2 (alpha-numeric HCPCS), except for alpha-numeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysician services or items), or L (orthotics), and codes for anesthesiology.

1. *HCPCS code.* This is the CPT or level 2 HCPCS number for the service. Level 2 HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a TC (modifier TC) and a PC (modifier –26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: one for the global values (both professional and technical); one for modifier –26 (PC), and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PC and the TC of the service.

3. *Status indicator.* This indicator shows whether the HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A=Active code. These codes are separately paid under the physician fee schedule if covered. There will be RVUs and payment amounts for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B=Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes, and no separate payment is ever made. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C=Carrier-priced codes. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D=Deleted codes. These codes are deleted effective with the beginning of the CY. The codes were deleted because they were infrequently used or were replaced by new or revised codes for procedures that were formerly billed under a deleted code.

E=Excluded from physician fee schedule by regulation. These codes are for items or services that HCFA chose to exclude from the physician fee schedule payment by regulation. No RVUs or payment amounts are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G=Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N=Noncovered service. These codes are noncovered services. Payment may not be made for these codes.

P=Bundled or excluded codes. There are no RVUs and no payment amounts for these services. No separate payment should be made for them under the physician fee schedule.

—If the item or service is covered as incident to a physician service and is furnished on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service).

—If the item or service is covered as other than incident to a physician service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R=Restricted coverage. Special coverage instructions apply. If covered, the service is carrier-priced.

T=Injections. There are RVUs and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X=Exclusion by law. These codes represent an item or service that is not within the definition of "physician services" for physician fee schedule payment purposes. No RVUs or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services).

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Work RVUs.* These are the RVUs for the physician work for this service for 1994.

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1994. Codes that are subject to the OBRA '93 practice expense reduction are identified by an asterisk in this column.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1994.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1994.

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM=The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1994 Physicians' Current Procedural Terminology for specific definitions.

XXX=The global concept does not apply.

YYY=The global period is to be set by the carrier (for example, unlisted surgery codes.)

ZZZ=The code is part of another service and falls within the global period for the other service.

10. *Update indicator.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the HCPCS code in column 1. A "0" appears in this field for codes that are deleted in 1994 or are not paid under the physician fee schedule. A "P" in this column indicates that the update and CF for primary care services applies to this code. An "N" in this column indicates that the update and CF for other nonsurgical services applies to this code. An "S" in this column indicates that the separate update and CF for surgical procedures applies.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
10040		A	Acne surgery	1.35	0.32	0.03	1.70	010	S
10060		A	Drainage of skin abscess	1.13	0.44	0.04	1.61	010	S
10061		A	Drainage of skin abscess	2.51	0.65	0.06	3.22	010	S
10080		A	Drainage of pilonidal cyst	1.64	0.51	0.05	2.20	010	N
10081		A	Drainage of pilonidal cyst	2.43	1.12	0.16	3.71	010	S
10120		A	Remove foreign body	1.20	0.47	0.05	1.72	010	S
10121		A	Remove foreign body	2.67	1.01	0.12	3.80	010	S
10140		A	Drainage of hematoma/fluid	1.50	0.49	0.05	2.04	010	S
10160		A	Puncture drainage of lesion	1.16	0.38	0.05	1.59	010	S
10180		A	Complex drainage, wound	2.22	1.06	0.18	3.46	010	S
11000		A	Surgical cleansing of skin	0.92	0.40	0.04	1.36	000	S
11001		A	Additional cleansing of skin	0.46	0.26	0.02	0.74	ZZZ	S
11040		A	Surgical cleansing, abrasion	0.51	0.40	0.04	0.95	000	S
11041		A	Surgical cleansing of skin	0.83	0.57	0.06	1.46	000	S
11042		A	Cleansing of skin/tissue	1.13	0.66	0.08	1.87	000	S
11043		A	Cleansing of tissue/muscle	1.85	1.83	0.34	4.02	010	S
11044		A	Cleansing tissue/muscle/bone	2.31	2.85	0.50	5.66	010	S
11050		A	Trim skin lesion	0.43	0.37	0.03	0.83	000	S
11051		A	Trim 2 to 4 skin lesions	0.67	0.51	0.05	1.23	000	S
11052		A	Trim over 4 skin lesions	0.87	0.41	0.04	1.32	000	S
11100		A	Biopsy of skin lesion	0.82	0.52	0.04	1.38	000	S
11101		A	Biopsy, each added lesion	0.41	0.29	0.02	0.72	ZZZ	S
11200		A	Removal of skin tags	0.70	0.43	0.04	1.17	010	S
11201		A	Removal of added skin tags	0.26	0.17	0.02	0.45	ZZZ	S
11300		A	Shave skin lesion	0.52	0.54	0.05	1.11	000	S
11301		A	Shave skin lesion	0.86	0.68	0.06	1.60	000	S
11302		A	Shave skin lesion	1.06	0.90	0.09	2.05	000	S
11303		A	Shave skin lesion	1.25	1.38	0.17	2.80	000	S
11305		A	Shave skin lesion	0.68	0.53	0.05	1.26	000	S
11306		A	Shave skin lesion	1.00	0.72	0.07	1.79	000	S
11307		A	Shave skin lesion	1.15	0.95	0.10	2.20	000	S
11308		A	Shave skin lesion	1.43	1.42	0.17	3.02	000	S
11310		A	Shave skin lesion	0.74	0.70	0.06	1.50	000	S
11311		A	Shave skin lesion	1.06	0.86	0.08	2.00	000	S
11312		A	Shave skin lesion	1.21	1.13	0.11	2.45	000	S
11313		A	Shave skin lesion	1.64	1.51	0.15	3.30	000	S
11400		A	Removal of skin lesion	0.87	0.54	0.05	1.46	010	S
11401		A	Removal of skin lesion	1.28	0.68	0.06	2.02	010	S
11402		A	Removal of skin lesion	1.58	0.90	0.09	2.57	010	S
11403		A	Removal of skin lesion	1.89	1.18	0.13	3.20	010	S
11404		A	Removal of skin lesion	2.17	1.40	0.17	3.74	010	S
11406		A	Removal of skin lesion	2.74	1.90	0.33	4.97	010	S
11420		A	Removal of skin lesion	1.02	0.53	0.05	1.60	010	S
11421		A	Removal of skin lesion	1.50	0.72	0.07	2.29	010	S
11422		A	Removal of skin lesion	1.73	0.95	0.10	2.78	010	S
11423		A	Removal of skin lesion	2.14	1.32	0.15	3.61	010	S
11424		A	Removal of skin lesion	2.60	1.41	0.16	4.17	010	S
11426		A	Removal of skin lesion	3.77	1.85	0.29	5.91	010	S
11440		A	Removal of skin lesion	1.11	0.70	0.06	1.87	010	S
11441		A	Removal of skin lesion	1.58	0.86	0.08	2.52	010	S
11442		A	Removal of skin lesion	1.84	1.13	0.11	3.08	010	S
11443		A	Removal of skin lesion	2.47	1.47	0.15	4.09	010	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
11444		A	Removal of skin lesion	3.41	1.49	0.14	5.04	010	S
11446		A	Removal of skin lesion	4.49	1.80	0.18	6.47	010	S
11450		A	Removal, sweat gland lesion	2.61	2.71	0.44	5.76	090	S
11451		A	Removal, sweat gland lesion	3.84	2.93	0.47	7.24	090	S
11462		A	Removal, sweat gland lesion	2.39	2.44	0.36	5.19	090	S
11463		A	Removal, sweat gland lesion	3.84	2.02	0.34	6.20	090	S
11470		A	Removal, sweat gland lesion	3.13	2.81	0.45	6.39	090	S
11471		A	Removal, sweat gland lesion	4.31	2.49	0.49	7.29	090	S
11600		A	Removal of skin lesion	1.38	1.14	0.10	2.62	010	S
11601		A	Removal of skin lesion	1.90	1.41	0.12	3.43	010	S
11602		A	Removal of skin lesion	2.06	1.84	0.16	4.06	010	S
11603		A	Removal of skin lesion	2.33	2.28	0.21	4.82	010	S
11604		A	Removal of skin lesion	2.56	2.62	0.26	5.44	010	S
11606		A	Removal of skin lesion	3.42	3.14	0.50	7.06	010	S
11620		A	Removal of skin lesion	1.30	1.35	0.12	2.77	010	S
11621		A	Removal of skin lesion	1.94	1.77	0.16	3.87	010	S
11622		A	Removal of skin lesion	2.32	2.22	0.19	4.73	010	S
11623		A	Removal of skin lesion	2.91	2.61	0.25	5.77	010	S
11624		A	Removal of skin lesion	3.42	3.25	0.32	6.99	010	S
11626		A	Removal of skin lesion	4.25	3.45	0.52	8.22	010	S
11640		A	Removal of skin lesion	1.50	1.67	0.15	3.32	010	S
11641		A	Removal of skin lesion	2.42	2.11	0.18	4.71	010	S
11642		A	Removal of skin lesion	2.91	2.60	0.23	5.74	010	S
11643		A	Removal of skin lesion	3.49	3.04	0.28	6.81	010	S
11644		A	Removal of skin lesion	4.55	3.55	0.33	8.43	010	S
11646		A	Removal of skin lesion	5.92	4.37	0.61	10.90	010	S
11700		A	Scraping of 1–5 nails	0.32	0.32	0.03	0.67	000	S
11701		A	Scraping of additional nails	0.23	0.23	0.02	0.48	ZZZ	S
11710		A	Scraping of 1–5 nails	0.32	0.32	0.03	0.67	000	S
11711		A	Scraping of additional nails	0.20	0.19	0.02	0.41	ZZZ	S
11730		A	Removal of nail plate	1.14	0.45	0.04	1.63	000	S
11731		A	Removal of second nail plate	0.56	0.52	0.05	1.13	ZZZ	S
11732		A	Remove additional nail plate	0.38	0.25	0.02	0.65	ZZZ	S
11740		A	Drain blood from under nail	0.37	0.39	0.04	0.80	000	S
11750		A	Removal of nail bed	1.68	2.12	0.19	3.99	010	S
11752		A	Remove nail bed/finger tip	2.40	2.85	0.36	5.61	010	S
11755		A	Biopsy, nail unit	1.32	1.00	0.12	2.44	000	S
11760		A	Reconstruction of nail bed	1.55	0.94	0.09	2.58	010	S
11762		A	Reconstruction of nail bed	2.87	2.60	0.24	5.71	010	S
11765		A	Excision of nail fold, toe	0.65	0.52	0.05	1.22	010	S
11770		A	Removal of pilonidal lesion	2.59	2.70	0.44	5.73	010	S
11771		A	Removal of pilonidal lesion	5.21	4.57	0.93	10.71	090	S
11772		A	Removal of pilonidal lesion	6.43	4.87	1.02	12.32	090	S
11900		A	Injection into skin lesions	0.53	0.25	0.02	0.80	000	S
11901		A	Added skin lesion injections	0.81	0.41	0.03	1.25	000	S
11920		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11921		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11922		R	Correct skin color defects	0.00	0.00	0.00	0.00	000	S
11950		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11951		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11952		R	Therapy for contour defects	0.00	0.00	0.00	0.00	000	S
11954		R	Therapy for contour defects	0.00	0.00	0.00	0.00	XXX	S
11960		A	Insert tissue expander(s)	6.11	*7.82	1.50	15.43	090	S
11970		A	Replace tissue expander	6.72	*8.60	1.63	16.95	090	S
11971		A	Remove tissue expander(s)	1.53	*3.95	0.83	6.31	090	S
11975		R	Insert contraceptive cap	0.00	0.00	0.00	0.00	XXX	N
11976		R	Removal of contraceptive cap	0.00	0.00	0.00	0.00	XXX	N
11977		R	Remove/reinsert contra cap	0.00	0.00	0.00	0.00	XXX	N
12001		A	Repair superficial wound(s)	1.67	0.58	0.05	2.30	010	N
12002		A	Repair superficial wound(s)	1.83	0.80	0.07	2.70	010	N
12004		A	Repair superficial wound(s)	2.21	1.15	0.10	3.46	010	N
12005		A	Repair superficial wound(s)	2.84	1.49	0.14	4.47	010	N
12006		A	Repair superficial wound(s)	3.66	1.80	0.19	5.65	010	N
12007		A	Repair superficial wound(s)	4.12	1.82	0.19	6.13	010	S
12011		A	Repair superficial wound(s)	1.73	0.75	0.06	2.54	010	N
12013		A	Repair superficial wound(s)	1.96	1.04	0.08	3.08	010	N
12014		A	Repair superficial wound(s)	2.44	1.20	0.10	3.74	010	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
12015		A	Repair superficial wound(s)	3.17	1.64	0.14	4.95	010	N
12016		A	Repair superficial wound(s)	3.92	2.29	0.19	6.40	010	N
12017		A	Repair superficial wound(s)	4.71	3.40	0.31	8.42	010	N
12018		A	Repair superficial wound(s)	5.54	5.21	0.49	11.24	010	S
12020		A	Closure of split wound	2.60	1.20	0.18	3.98	010	S
12021		A	Closure of split wound	1.81	0.63	0.11	2.55	010	S
12031		A	Layer closure of wound(s)	2.12	0.73	0.07	2.92	010	S
12032		A	Layer closure of wound(s)	2.45	1.06	0.10	3.61	010	S
12034		A	Layer closure of wound(s)	2.90	1.49	0.15	4.54	010	S
12035		A	Layer closure of wound(s)	3.42	1.94	0.23	5.59	010	S
12036		A	Layer closure of wound(s)	4.04	2.35	0.37	6.76	010	S
12037		A	Layer closure of wound(s)	4.67	3.12	0.49	8.28	010	S
12041		A	Layer closure of wound(s)	2.35	0.85	0.08	3.28	010	N
12042		A	Layer closure of wound(s)	2.72	1.18	0.12	4.02	010	N
12044		A	Layer closure of wound(s)	3.12	1.64	0.17	4.93	010	N
12045		A	Layer closure of wound(s)	3.63	2.15	0.23	6.01	010	N
12046		A	Layer closure of wound(s)	4.25	2.85	0.37	7.47	010	S
12047		A	Layer closure of wound(s)	4.65	4.06	0.57	9.28	010	N
12051		A	Layer closure of wound(s)	2.45	1.02	0.10	3.57	010	S
12052		A	Layer closure of wound(s)	2.75	1.49	0.14	4.38	010	S
12053		A	Layer closure of wound(s)	3.10	1.78	0.17	5.05	010	S
12054		A	Layer closure of wound(s)	3.45	2.63	0.25	6.33	010	S
12055		A	Layer closure of wound(s)	4.43	3.28	0.37	8.08	010	S
12056		A	Layer closure of wound(s)	5.25	4.79	0.53	10.57	010	S
12057		A	Layer closure of wound(s)	5.98	5.63	0.49	12.10	010	S
13100		A	Repair of wound or lesion	3.10	1.15	0.13	4.38	010	S
13101		A	Repair of wound or lesion	3.91	2.10	0.21	6.22	010	S
13120		A	Repair of wound or lesion	3.29	1.36	0.17	4.82	010	S
13121		A	Repair of wound or lesion	4.33	2.68	0.33	7.34	010	S
13131		A	Repair of wound or lesion	3.78	2.00	0.23	6.01	010	S
13132		A	Repair of wound or lesion	4.26	4.62	0.44	9.32	010	S
13150		A	Repair of wound or lesion	3.80	1.78	0.23	5.81	010	S
13151		A	Repair of wound or lesion	4.45	2.48	0.35	7.28	010	S
13152		A	Repair of wound or lesion	6.35	5.19	0.69	12.23	010	S
13160		A	Late closure of wound	9.64	3.37	0.59	13.60	090	S
13300		A	Repair of wound or lesion	5.17	5.77	0.87	11.81	010	S
14000		A	Skin tissue rearrangement	5.49	3.45	0.38	9.32	090	S
14001		A	Skin tissue rearrangement	7.87	4.80	0.77	13.44	090	S
14020		A	Skin tissue rearrangement	6.15	4.95	0.50	11.60	090	S
14021		A	Skin tissue rearrangement	9.47	6.28	0.95	16.70	090	S
14040		A	Skin tissue rearrangement	7.26	6.85	0.66	14.77	090	S
14041		A	Skin tissue rearrangement	10.86	7.97	1.03	19.86	090	S
14060		A	Skin tissue rearrangement	8.14	7.84	1.05	17.03	090	S
14061		A	Skin tissue rearrangement	11.55	10.61	1.28	23.44	090	S
14300		A	Skin tissue rearrangement	10.88	11.44	1.86	24.18	090	S
14350		A	Skin tissue rearrangement	9.15	6.14	1.06	16.35	090	S
15000		A	Skin graft procedure	1.97	*2.89	0.54	5.40	ZZZ	S
15050		A	Skin pinch graft procedure	3.94	1.81	0.30	6.05	090	S
15100		A	Skin split graft procedure	8.14	4.59	0.90	13.63	090	S
15101		A	Skin split graft procedure	1.74	1.61	0.33	3.68	ZZZ	S
15120		A	Skin split graft procedure	9.24	6.12	0.95	16.31	090	S
15121		A	Skin split graft procedure	2.70	2.94	0.54	6.18	ZZZ	S
15200		A	Skin full graft procedure	7.54	4.18	0.70	12.42	090	S
15201		A	Skin full graft procedure	1.33	*2.46	0.51	4.30	ZZZ	S
15220		A	Skin full graft procedure	7.50	4.89	0.86	13.25	090	S
15221		A	Skin full graft procedure	1.20	*2.41	0.51	4.12	ZZZ	S
15240		A	Skin full graft procedure	8.39	6.17	1.04	15.60	090	S
15241		A	Skin full graft procedure	1.88	*3.07	0.59	5.54	ZZZ	S
15260		A	Skin full graft procedure	9.67	7.54	1.00	18.21	090	S
15261		A	Skin full graft procedure	2.25	*3.95	0.61	6.81	ZZZ	S
15350		A	Skin homograft procedure	3.93	2.17	0.42	6.52	090	S
15400		A	Skin heterograft procedure	4.96	1.07	0.17	6.20	090	S
15570		A	Form skin pedicle flap	3.79	*9.12	2.10	15.01	090	S
15572		A	Form skin pedicle flap	3.84	*8.62	1.88	14.34	090	S
15574		A	Form skin pedicle flap	3.89	*8.60	1.68	14.17	090	S
15576		A	Form skin pedicle flap	4.32	3.15	0.61	8.08	090	S
15580		A	Attach skin pedicle graft	3.34	*6.40	1.31	11.05	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
15600	.....	A	Skin graft procedure	1.72	*4.16	0.89	6.77	090	S
15610	.....	A	Skin graft procedure	2.23	*3.74	0.81	6.78	090	S
15620	.....	A	Skin graft procedure	2.72	*4.64	0.87	8.23	090	S
15625	.....	A	Skin graft procedure	1.83	*3.70	0.79	6.32	090	S
15630	.....	A	Skin graft procedure	3.05	*4.94	0.91	8.90	090	S
15650	.....	A	Transfer skin pedicle flap	3.65	*5.15	0.94	9.74	090	S
15732	.....	A	Muscle-skin graft, head/neck	12.23	*17.85	3.50	33.58	090	S
15734	.....	A	Muscle-skin graft, trunk	16.70	19.22	3.28	39.20	090	S
15736	.....	A	Muscle-skin graft, arm	15.43	16.39	3.05	34.87	090	S
15738	.....	A	Muscle-skin graft, leg	10.18	*15.54	3.33	29.05	090	S
15740	.....	A	Island pedicle flap graft	9.56	10.51	1.64	21.71	090	S
15750	.....	A	Neurovascular pedicle graft	10.73	12.09	2.05	24.87	090	S
15755	.....	A	Microvascular flap graft	28.65	30.42	5.39	64.46	090	S
15760	.....	A	Composite skin graft	8.37	7.37	1.12	16.86	090	S
15770	.....	A	Derma-fat-fascia graft	6.93	7.54	0.96	15.43	090	S
15775	.....	R	Hair transplant punch grafts	0.00	0.00	0.00	0.00	000	S
15776	.....	R	Hair transplant punch grafts	0.00	0.00	0.00	0.00	000	S
15780	.....	A	Abrasion treatment of skin	6.80	1.55	0.13	8.48	090	S
15781	.....	A	Abrasion treatment of skin	4.72	3.81	0.39	8.92	090	S
15782	.....	A	Abrasion treatment of skin	4.24	1.20	0.13	5.57	090	S
15783	.....	A	Abrasion treatment of skin	4.21	1.87	0.19	6.27	090	S
15786	.....	A	Abrasion treatment of lesion	2.00	0.63	0.06	2.69	010	S
15787	.....	A	Abrasion, added skin lesions	0.33	0.23	0.03	0.59	ZZZ	S
15788	.....	A	Chemical peel, face, epiderm	2.96	1.50	0.12	4.58	090	S
15789	.....	A	Chemical peel, face, dermal	3.95	1.50	0.12	5.57	090	S
15790	.....	D	Chemical peel, face	0.00	0.00	0.00	0.00	090	0
15791	.....	D	Chemical peel, of skin	0.00	0.00	0.00	0.00	090	0
15792	.....	A	Chemical peel, nonfacial	2.37	0.51	0.05	2.93	090	S
15793	.....	A	Chemical peel, nonfacial	3.16	0.51	0.05	3.72	090	S
15810	.....	A	Salabrasion	4.54	3.84	0.29	8.67	090	S
15811	.....	A	Salabrasion	5.20	3.78	0.74	9.72	090	S
15819	.....	A	Plastic surgery, neck	8.97	8.10	0.88	17.95	090	S
15820	.....	A	Revision of lower eyelid	4.85	*6.35	0.65	11.85	090	S
15821	.....	A	Revision of lower eyelid	5.43	*7.48	0.69	13.60	090	S
15822	.....	A	Revision of upper eyelid	4.32	*6.52	0.57	11.41	090	S
15823	.....	A	Revision of upper eyelid	6.72	7.80	0.62	15.14	090	S
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	XXX	S
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	XXX	S
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	XXX	S
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	XXX	S
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	XXX	S
15831	.....	A	Excise excessive skin tissue	11.79	9.95	2.03	23.77	090	S
15832	.....	A	Excise excessive skin tissue	11.09	8.38	1.34	20.81	090	S
15833	.....	A	Excise excessive skin tissue	10.13	6.29	1.13	17.55	090	S
15834	.....	A	Excise excessive skin tissue	10.27	7.26	1.23	18.76	090	S
15835	.....	A	Excise excessive skin tissue	11.10	7.08	1.23	19.41	090	S
15836	.....	A	Excise excessive skin tissue	8.93	5.86	1.11	15.90	090	S
15837	.....	A	Excise excessive skin tissue	8.17	6.04	0.86	15.07	090	S
15838	.....	A	Excise excessive skin tissue	6.86	5.95	0.74	13.55	090	S
15839	.....	A	Excise excessive skin tissue	9.02	2.47	0.47	11.96	090	S
15840	.....	A	Graft for face nerve palsy	12.40	15.71	2.31	30.42	090	S
15841	.....	A	Graft for face nerve palsy	21.77	17.06	2.79	41.62	090	S
15842	.....	A	Graft for face nerve palsy	36.38	29.32	2.71	68.41	090	S
15845	.....	A	Skin and muscle repair, face	11.93	*15.91	2.57	30.41	090	S
15850	.....	B	Removal of sutures	0.00	0.00	0.00	0.00	XXX	0
15851	.....	A	Removal of sutures	0.87	0.30	0.03	1.20	000	N
15852	.....	A	Dressing change, not for burn	0.87	0.44	0.07	1.38	000	N
15860	.....	A	Test for blood flow in graft	1.97	1.37	0.25	3.59	000	S
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15920	.....	A	Removal of tail bone ulcer	7.45	2.98	0.64	11.07	090	S
15922	.....	A	Removal of tail bone ulcer	9.27	6.05	1.20	16.52	090	S
15931	.....	A	Remove sacrum pressure sore	8.22	2.96	0.56	11.74	090	S
15933	.....	A	Remove sacrum pressure sore	9.75	7.00	1.45	18.20	090	S
15934	.....	A	Remove sacrum pressure sore	11.53	7.54	1.52	20.59	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
15935		A	Remove sacrum pressure sore	13.20	11.36	2.30	26.86	090	S
15936		A	Remove sacrum pressure sore	11.44	10.38	2.07	23.89	090	S
15937		A	Remove sacrum pressure sore	13.12	13.62	2.70	29.44	090	S
15940		A	Removal of pressure sore	8.28	3.59	0.74	12.61	090	S
15941		A	Removal of pressure sore	10.26	7.13	1.41	18.80	090	S
15944		A	Removal of pressure sore	10.29	9.36	1.84	21.49	090	S
15945		A	Removal of pressure sore	11.45	11.26	2.11	24.82	090	S
15946		A	Removal of pressure sore	20.03	16.79	3.28	40.10	090	S
15950		A	Remove thigh pressure sore	6.87	3.04	0.59	10.50	090	S
15951		A	Remove thigh pressure sore	9.68	7.74	1.60	19.02	090	S
15952		A	Remove thigh pressure sore	10.29	7.21	1.39	18.89	090	S
15953		A	Remove thigh pressure sore	11.52	9.18	1.89	22.59	090	S
15956		A	Remove thigh pressure sore	14.08	17.36	3.43	34.87	090	S
15958		A	Remove thigh pressure sore	14.04	*17.97	3.80	35.81	090	S
15999		C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY	S
16000		A	Initial treatment of burn(s)	0.90	0.35	0.03	1.28	000	N
16010		A	Treatment of burn(s)	0.88	0.32	0.03	1.23	000	N
16015		A	Treatment of burn(s)	2.38	2.06	0.38	4.82	000	S
16020		A	Treatment of burn(s)	0.81	0.34	0.03	1.18	000	N
16025		A	Treatment of burn(s)	1.87	0.45	0.05	2.37	000	S
16030		A	Treatment of burn(s)	2.10	0.53	0.08	2.71	000	S
16035		A	Incision of burn scab	4.58	1.90	0.34	6.82	090	S
16040		A	Burn wound excision	1.03	*2.66	0.54	4.23	000	S
16041		A	Burn wound excision	2.73	3.20	0.54	6.47	000	S
16042		A	Burn wound excision	2.38	*3.05	0.54	5.97	000	S
17000		A	Destroy benign/premal lesion	0.65	0.42	0.03	1.10	010	S
17001		A	Destruction of add'l lesions	0.19	0.19	0.02	0.40	ZZZ	S
17002		A	Destruction of add'l lesions	0.19	0.10	0.01	0.30	ZZZ	S
17010		A	Destruction skin lesion(s)	1.02	0.49	0.04	1.55	010	S
17100		A	Destruction of skin lesion	0.54	0.37	0.03	0.94	010	S
17101		A	Destruction of 2nd lesion	0.11	0.18	0.02	0.31	ZZZ	S
17102		A	Destruction of add'l lesions	0.11	0.08	0.01	0.20	ZZZ	S
17104		A	Destruction of skin lesions	2.03	0.07	0.01	2.11	010	S
17105		A	Destruction of skin lesions	0.77	0.31	0.03	1.11	010	S
17106		A	Destruction of skin lesions	4.59	1.95	0.18	6.72	090	S
17107		A	Destruction of skin lesions	9.16	3.74	0.39	13.29	090	S
17108		A	Destruction of skin lesions	13.25	9.42	0.70	23.37	090	S
17110		A	Destruction of skin lesions	0.56	0.40	0.03	0.99	010	S
17200		A	Electrocautery of skin tags	0.60	0.41	0.04	1.05	010	S
17201		A	Electrocautery added lesions	0.38	0.15	0.01	0.54	ZZZ	S
17250		A	Chemical cautery, tissue	0.51	0.34	0.04	0.89	000	S
17260		A	Destruction of skin lesions	0.87	1.14	0.10	2.11	010	S
17261		A	Destruction of skin lesions	1.13	1.41	0.12	2.66	010	S
17262		A	Destruction of skin lesions	1.55	1.84	0.16	3.55	010	S
17263		A	Destruction of skin lesions	1.76	2.28	0.21	4.25	010	S
17264		A	Destruction of skin lesions	1.91	2.62	0.26	4.79	010	S
17266		A	Destruction of skin lesions	2.32	3.14	0.50	5.96	010	S
17270		A	Destruction of skin lesions	1.28	1.35	0.12	2.75	010	S
17271		A	Destruction of skin lesions	1.46	1.77	0.16	3.39	010	S
17272		A	Destruction of skin lesions	1.74	2.22	0.19	4.15	010	S
17273		A	Destruction of skin lesions	2.02	2.61	0.25	4.88	010	S
17274		A	Destruction of skin lesions	2.57	3.25	0.32	6.14	010	S
17276		A	Destruction of skin lesions	3.19	3.45	0.52	7.16	010	S
17280		A	Destruction of skin lesions	1.13	1.67	0.15	2.95	010	S
17281		A	Destruction of skin lesions	1.69	2.11	0.18	3.98	010	S
17282		A	Destruction of skin lesions	2.01	2.60	0.23	4.84	010	S
17283		A	Destruction of skin lesions	2.62	3.04	0.28	5.94	010	S
17284		A	Destruction of skin lesions	3.20	3.55	0.33	7.08	010	S
17286		A	Destruction of skin lesions	4.44	4.37	0.61	9.42	010	S
17304		A	Chemosurgery of skin lesion	7.68	4.06	0.31	12.05	000	S
17305		A	2nd stage chemosurgery	2.88	2.29	0.17	5.34	000	S
17306		A	3rd stage chemosurgery	2.88	1.42	0.11	4.41	000	S
17307		A	Followup skin lesion therapy	2.88	1.49	0.12	4.49	000	S
17310		A	Extensive skin chemosurgery	0.96	0.13	0.01	1.10	000	S
17340		A	Cryotherapy of skin	0.74	0.28	0.02	1.04	010	S
17360		A	Skin peel therapy	1.42	0.27	0.02	1.71	010	S
17380		R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	XXX	S

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[2] Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
17999		C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY	S
19000		A	Drainage of breast lesion	0.85	0.38	0.07	1.30	000	S
19001		A	Drain added breast lesion	0.42	0.24	0.05	0.71	ZZZ	S
19020		A	Incision of breast lesion	3.41	1.42	0.28	5.11	090	S
19030		A	Injection for breast x-ray	1.55	0.50	0.04	2.09	000	N
19100		A	Biopsy of breast	1.28	0.65	0.13	2.06	000	S
19101		A	Biopsy of breast	3.16	2.37	0.45	5.98	010	S
19110		A	Nipple exploration	4.20	2.49	0.52	7.21	090	S
19112		A	Excise breast duct fistula	3.56	2.37	0.35	6.28	090	S
19120		A	Removal of breast lesion	4.89	2.93	0.61	8.43	090	S
19125		A	Excision, breast lesion	5.92	2.93	0.61	9.46	000	S
19126		A	Excision, add'l breast lesion	2.96	1.47	0.31	4.74	ZZZ	S
19140		A	Removal of breast tissue	4.95	4.34	0.92	10.21	090	S
19160		A	Removal of breast tissue	6.72	4.18	0.89	11.79	090	S
19162		A	Remove breast tissue, nodes	12.95	9.48	1.98	24.41	090	S
19180		A	Removal of breast	8.24	5.67	1.18	15.09	090	S
19182		A	Removal of breast	7.36	6.14	1.28	14.78	090	S
19200		A	Removal of breast	14.39	10.33	2.17	26.89	090	S
19220		A	Removal of breast	14.39	10.85	2.41	27.65	090	S
19240		A	Removal of breast	14.87	9.54	2.01	26.42	090	S
19260		A	Removal of chest wall lesion	14.06	5.11	1.05	20.22	090	S
19271		A	Revision of chest wall	17.26	14.11	2.80	34.17	090	S
19272		A	Extensive chest wall surgery	19.69	12.74	2.59	35.02	090	S
19290		A	Place needle wire, breast	1.28	0.44	0.07	1.79	000	S
19291		A	Place needle wire, breast	0.64	0.25	0.04	0.93	ZZZ	S
19316		A	Suspension of breast	10.18	12.98	2.46	25.62	090	S
19318		A	Reduction of large breast	11.20	*15.60	3.27	30.07	090	S
19324		A	Enlarge breast	5.61	3.33	0.68	9.62	090	S
19325		A	Enlarge breast with implant	8.14	5.94	1.14	15.22	090	S
19328		A	Removal of breast implant	5.38	3.80	0.74	9.92	090	S
19330		A	Removal of implant material	7.26	3.92	0.76	11.94	090	S
19340		A	Immediate breast prosthesis	6.40	*9.86	2.08	18.34	ZZZ	S
19342		A	Delayed breast prosthesis	10.76	10.93	2.05	23.74	090	S
19350		A	Breast reconstruction	8.30	7.16	1.40	16.86	090	S
19355		A	Correct inverted nipple(s)	7.35	4.98	1.01	13.34	090	S
19357		A	Breast reconstruction	16.91	12.29	2.40	31.60	090	S
19361		A	Breast reconstruction	18.02	20.35	3.92	42.29	090	S
19362		A	Breast reconstruction	26.89	20.35	3.92	51.16	090	S
19364		A	Breast reconstruction	27.91	16.87	3.62	48.40	090	S
19366		A	Breast reconstruction	20.06	16.58	3.22	39.86	090	S
19370		A	Surgery of breast capsule	7.67	6.24	1.20	15.11	090	S
19371		A	Removal of breast capsule	8.94	8.00	1.56	18.50	090	S
19380		A	Revise breast reconstruction	8.73	8.20	1.59	18.52	090	S
19396		C	Design custom breast implant	0.00	0.00	0.00	0.00	000	S
19499		C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY	S
20000		A	Incision of abscess	1.87	0.86	0.08	2.81	010	S
20005		A	Incision of deep abscess	3.05	1.85	0.28	5.18	010	S
20200		A	Muscle biopsy	1.48	1.13	0.18	2.79	000	S
20205		A	Deep muscle biopsy	2.38	1.90	0.33	4.61	000	S
20206		A	Needle biopsy, muscle	1.00	0.97	0.14	2.11	000	S
20220		A	Bone biopsy, trocar/needle	1.28	1.32	0.09	2.69	000	N
20225		A	Bone biopsy, trocar/needle	1.89	*2.42	0.28	4.59	000	N
20240		A	Bone biopsy, excisional	3.10	1.90	0.18	5.18	010	S
20245		A	Bone biopsy, excisional	3.72	3.62	0.44	7.78	010	S
20250		A	Open bone biopsy	4.68	5.13	0.77	10.58	010	S
20251		A	Open bone biopsy	5.22	5.90	0.93	12.05	010	S
20500		A	Injection of sinus tract	1.19	0.36	0.04	1.59	010	N
20501		A	Inject sinus tract for x-ray	0.77	0.30	0.02	1.09	000	N
20520		A	Removal of foreign body	1.82	0.72	0.08	2.62	010	S
20525		A	Removal of foreign body	3.27	2.25	0.33	5.85	010	S
20550		A	Inj tendon/ligament/cyst	0.87	0.38	0.04	1.29	000	N
20600		A	Drain/inject joint/bursa	0.67	0.48	0.05	1.20	000	S
20605		A	Drain/inject joint/bursa	0.69	0.46	0.05	1.20	000	S
20610		A	Drain/inject joint/bursa	0.80	0.46	0.05	1.31	000	N
20615		A	Treatment of bone cyst	2.25	0.50	0.06	2.81	010	N
20650		A	Insert and remove bone pin	2.09	1.09	0.14	3.32	010	S
20660		A	Apply, remove fixation device	2.54	1.58	0.21	4.33	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
20661	.....	A	Application of head brace	4.32	3.86	0.66	8.84	090	S
20662	.....	A	Application of pelvis brace	5.58	6.61	1.04	13.23	090	S
20663	.....	A	Application of thigh brace	4.93	4.69	0.77	10.39	090	S
20665	.....	A	Removal of fixation device	1.27	0.51	0.07	1.85	010	S
20670	.....	A	Removal of support implant	1.71	0.75	0.11	2.57	010	S
20680	.....	A	Removal of support implant	3.29	3.37	0.52	7.18	090	S
20690	.....	A	Apply bone fixation device	3.56	3.70	0.59	7.85	ZZZ	S
20692	.....	A	Apply bone fixation device	6.48	5.57	0.90	12.95	ZZZ	S
20693	.....	A	Adjust bone fixation device	5.48	2.52	0.42	8.42	090	S
20694	.....	A	Remove bone fixation device	3.85	2.63	0.41	6.89	090	S
20802	.....	C	Replantation, arm, complete	0.00	0.00	0.00	0.00	090	S
20804	.....	C	Replantation, arm, partial	0.00	0.00	0.00	0.00	090	S
20805	.....	C	Replant forearm, complete	0.00	0.00	0.00	0.00	090	S
20806	.....	C	Replantation, forearm, partial	0.00	0.00	0.00	0.00	090	S
20808	.....	C	Replantation, hand, complete	0.00	0.00	0.00	0.00	090	S
20812	.....	C	Replantation, hand, partial	0.00	0.00	0.00	0.00	090	S
20816	.....	C	Replantation digit, complete	0.00	0.00	0.00	0.00	090	S
20820	.....	C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20822	.....	C	Replantation digit, complete	0.00	0.00	0.00	0.00	090	S
20823	.....	C	Replantation, digit, partial	0.00	0.00	0.00	0.00	090	S
20824	.....	C	Replantation thumb, complete	0.00	0.00	0.00	0.00	090	S
20826	.....	C	Replantation, thumb, partial	0.00	0.00	0.00	0.00	090	S
20827	.....	C	Replantation thumb, complete	0.00	0.00	0.00	0.00	090	S
20828	.....	C	Replantation, thumb, partial	0.00	0.00	0.00	0.00	090	S
20832	.....	C	Replantation, leg, complete	0.00	0.00	0.00	0.00	090	S
20834	.....	C	Replantation, leg, partial	0.00	0.00	0.00	0.00	090	S
20838	.....	C	Replantation, foot, complete	0.00	0.00	0.00	0.00	090	S
20840	.....	C	Replantation, foot, partial	0.00	0.00	0.00	0.00	090	S
20900	.....	A	Removal of bone for graft	5.09	2.83	0.45	8.37	090	S
20902	.....	A	Removal of bone for graft	6.82	5.01	0.81	12.64	090	S
20910	.....	A	Remove cartilage for graft	5.09	0.80	0.09	5.98	090	S
20912	.....	A	Remove cartilage for graft	6.11	4.67	0.65	11.43	090	S
20920	.....	A	Removal of fascia for graft	4.92	3.97	0.51	9.40	090	S
20922	.....	A	Removal of fascia for graft	6.11	4.44	0.72	11.27	090	S
20924	.....	A	Removal of tendon for graft	6.11	5.51	0.86	12.48	090	S
20926	.....	A	Removal of tissue for graft	5.09	2.62	0.39	8.10	090	S
20950	.....	A	Record fluid pressure, muscle	1.27	1.10	0.17	2.54	000	S
20955	.....	C	Microvascular fibula graft	0.00	0.00	0.00	0.00	090	S
20960	.....	C	Microvascular rib graft	0.00	0.00	0.00	0.00	090	S
20962	.....	C	Microvascular bone graft	0.00	0.00	0.00	0.00	090	S
20969	.....	C	Bone-skin graft	0.00	0.00	0.00	0.00	090	S
20970	.....	C	Bone-skin graft, pelvis	0.00	0.00	0.00	0.00	090	S
20971	.....	C	Bone-skin graft, rib	0.00	0.00	0.00	0.00	090	S
20972	.....	C	Bone-skin graft, metatarsal	0.00	0.00	0.00	0.00	090	S
20973	.....	C	Bone-skin graft, great toe	0.00	0.00	0.00	0.00	090	S
20974	.....	A	Electrical bone stimulation	0.63	3.46	0.54	4.63	ZZZ	S
20975	.....	A	Electrical bone stimulation	2.63	*3.37	0.57	6.57	ZZZ	S
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY	S
21010	.....	A	Incision of jaw joint	9.16	10.35	0.94	20.45	090	S
21015	.....	A	Resection of facial tumor	4.99	*6.39	1.14	12.52	090	S
21025	.....	A	Excision of bone, lower jaw	5.09	4.19	0.38	9.66	090	S
21026	.....	A	Excision of facial bone(s)	4.58	3.17	0.28	8.03	090	S
21029	.....	A	Contour of face bone lesion	7.29	*9.33	0.79	17.41	090	S
21030	.....	A	Removal of face bone lesion	7.13	3.39	0.29	10.81	090	S
21031	.....	A	Remove exostosis, mandible	2.03	3.72	0.32	6.07	090	S
21032	.....	A	Remove exostosis, maxilla	4.32	3.92	0.35	8.59	090	S
21034	.....	A	Removal of face bone lesion	15.28	7.06	0.90	23.24	090	S
21040	.....	A	Removal of jaw bone lesion	2.03	2.79	0.24	5.06	090	S
21041	.....	A	Removal of jaw bone lesion	5.09	5.82	0.51	11.42	090	S
21044	.....	A	Removal of jaw bone lesion	11.20	9.66	1.12	21.98	090	S
21045	.....	A	Extensive jaw surgery	15.28	13.98	1.60	30.86	090	S
21050	.....	A	Removal of jaw joint	10.18	12.47	1.09	23.74	090	S
21060	.....	A	Remove jaw joint cartilage	9.67	11.72	1.05	22.44	090	S
21070	.....	A	Remove coronoid process	7.75	6.89	0.83	15.47	090	S
21079	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21080	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21081	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21082		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21083		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21084		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21085		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21086		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21087		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21088		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21089		C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21100		A	Maxillofacial fixation	4.08	1.07	0.11	5.26	090	S
21110		A	Interdental fixation	5.09	5.59	0.47	11.15	090	S
21116		A	Injection, jaw joint x-ray	0.82	0.74	0.06	1.62	000	S
21120		A	Reconstruction of chin	4.80	3.63	0.42	8.85	090	S
21121		A	Reconstruction of chin	7.54	5.71	0.67	13.92	090	S
21122		A	Reconstruction of chin	8.30	6.30	0.74	15.34	090	S
21123		A	Reconstruction of chin	10.86	8.23	0.96	20.05	090	S
21125		A	Augmentation lower jaw bone	6.29	4.77	0.55	11.61	090	S
21127		A	Augmentation lower jaw bone	10.55	8.00	0.93	19.48	090	S
21137		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21138		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21139		C	Reduction of forehead	0.00	0.00	0.00	0.00	090	S
21144		A	Reconstruct midface, lefort	17.11	12.98	1.52	31.61	090	S
21145		A	Reconstruct midface, lefort	19.13	14.50	1.70	35.33	090	S
21146		A	Reconstruct midface, lefort	19.80	15.00	1.76	36.56	090	S
21147		A	Reconstruct midface, lefort	20.53	15.57	1.83	37.93	090	S
21150		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21151		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21154		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21155		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21159		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21160		C	Reconstruct midface, lefort	0.00	0.00	0.00	0.00	090	S
21172		C	Reconstruct orbit/forehead	0.00	0.00	0.00	0.00	090	S
21175		C	Reconstruct orbit/forehead	0.00	0.00	0.00	0.00	090	S
21179		C	Reconstruct entire forehead	0.00	0.00	0.00	0.00	090	S
21180		C	Reconstruct entire forehead	0.00	0.00	0.00	0.00	090	S
21181		C	Contour cranial bone lesion	0.00	0.00	0.00	0.00	090	S
21182		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21183		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21184		C	Reconstruct cranial bone	0.00	0.00	0.00	0.00	090	S
21188		C	Reconstruction of midface	0.00	0.00	0.00	0.00	090	S
21193		A	Reconstruct lower jaw bone	16.41	12.45	1.46	30.32	090	S
21194		A	Reconstruct lower jaw bone	19.02	14.42	1.69	35.13	090	S
21195		A	Reconstruct lower jaw bone	16.45	12.48	1.46	30.39	090	S
21196		A	Reconstruct lower jaw bone	18.14	13.76	1.60	33.50	090	S
21198		A	Reconstruct lower jaw bone	13.51	14.98	1.76	30.25	090	S
21206		A	Reconstruct upper jaw bone	13.51	10.25	1.20	24.96	090	S
21208		A	Augmentation of facial bones	9.67	11.39	1.08	22.14	090	S
21209		A	Reduction of facial bones	6.35	4.64	0.77	11.76	090	S
21210		A	Face bone graft	9.67	*12.38	1.30	23.35	090	S
21215		A	Lower jaw bone graft	10.18	*14.21	1.44	25.83	090	S
21230		A	Rib cartilage graft	10.18	10.49	1.71	22.38	090	S
21235		A	Ear cartilage graft	6.35	*8.13	1.10	15.58	090	S
21240		A	Reconstruction of jaw joint	13.25	*21.20	2.11	36.56	090	S
21242		A	Reconstruction of jaw joint	12.23	*22.72	2.28	37.23	090	S
21243		A	Reconstruction of jaw joint	19.19	14.56	1.70	35.45	090	S
21244		A	Reconstruction of lower jaw	11.20	*17.30	1.95	30.45	090	S
21245		A	Reconstruction of jaw	11.20	11.60	1.32	24.12	090	S
21246		A	Reconstruction of jaw	11.78	8.93	1.05	21.76	090	S
21247		A	Reconstruct lower jaw bone	21.39	*27.38	2.30	51.07	090	S
21248		A	Reconstruction of jaw	11.20	*19.11	1.77	32.08	090	S
21249		A	Reconstruction of jaw	17.31	*35.44	3.33	56.08	090	S
21255		A	Reconstruct lower jaw bone	15.80	*20.22	1.70	37.72	090	S
21256		A	Reconstruction of orbit	15.30	*19.58	1.65	36.53	090	S
21260		A	Revise eye sockets	15.61	*19.98	1.68	37.27	090	S
21261		A	Revise eye sockets	29.76	17.98	1.67	49.41	090	S
21263		A	Revise eye sockets	26.86	*34.38	2.89	64.13	090	S
21267		A	Revise eye sockets	17.86	14.77	2.15	34.78	090	S
21268		A	Revise eye sockets	23.13	15.52	3.16	41.81	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21270		A	Augmentation cheek bone	12.23	9.71	1.43	23.37	090	S
21275		A	Revision orbitofacial bones	10.62	9.05	1.27	20.94	090	S
21280		A	Revision of eyelid	5.70	7.27	0.62	13.59	090	S
21282		A	Revision of eyelid	3.30	*7.15	0.80	11.25	090	S
21295		A	Revision of jaw muscle/bone	1.45	0.97	0.13	2.55	090	S
21296		A	Revision of jaw muscle/bone	4.01	3.66	0.22	7.89	090	S
21299		C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY	S
21300		A	Treatment of skull fracture	0.73	*1.22	0.11	2.06	000	S
21310		A	Treatment of nose fracture	0.59	*0.87	0.09	1.55	000	N
21315		A	Treatment of nose fracture	1.43	1.83	0.21	3.47	010	S
21320		A	Treatment of nose fracture	1.84	*2.54	0.34	4.72	010	S
21325		A	Repair of nose fracture	3.56	4.14	0.53	8.23	090	S
21330		A	Repair of nose fracture	5.09	*6.52	0.87	12.48	090	S
21335		A	Repair of nose fracture	8.14	*11.86	1.58	21.58	090	S
21336		A	Repair nasal septal fracture	5.41	4.14	0.53	10.08	090	S
21337		A	Repair nasal septal fracture	2.55	2.85	0.38	5.78	090	S
21338		A	Repair nasoethmoid fracture	6.11	5.07	0.67	11.85	090	S
21339		A	Repair nasoethmoid fracture	7.64	7.17	0.71	15.52	090	S
21340		A	Repair of nose fracture	10.18	9.01	1.05	20.24	090	S
21343		A	Repair of sinus fracture	12.23	9.27	1.09	22.59	090	S
21344		A	Repair of sinus fracture	18.63	9.27	1.09	28.99	090	S
21345		A	Repair of nose/jaw fracture	7.71	7.99	0.82	16.52	090	S
21346		A	Repair of nose/jaw fracture	10.03	9.50	1.05	20.58	090	S
21347		A	Repair of nose/jaw fracture	11.99	10.48	1.38	23.85	090	S
21348		A	Repair of nose/jaw fracture	15.77	11.47	2.24	29.48	090	S
21355		A	Repair cheek bone fracture	3.56	1.58	0.17	5.31	010	S
21356		A	Repair cheek bone fracture	3.92	*6.50	0.90	11.32	010	S
21360		A	Repair cheek bone fracture	6.11	7.36	0.90	14.37	090	S
21365		A	Repair cheek bone fracture	14.13	12.49	1.65	28.27	090	S
21366		A	Repair cheek bone fracture	16.79	12.21	2.39	31.39	090	S
21385		A	Repair eye socket fracture	8.66	9.70	1.14	19.50	090	S
21386		A	Repair eye socket fracture	8.66	9.17	1.26	19.09	090	S
21387		A	Repair eye socket fracture	9.17	7.53	0.97	17.67	090	S
21390		A	Repair eye socket fracture	9.58	12.02	1.39	22.99	090	S
21395		A	Repair eye socket fracture	11.98	9.74	1.39	23.11	090	S
21400		A	Treat eye socket fracture	1.32	*1.76	0.17	3.25	090	N
21401		A	Repair eye socket fracture	3.08	2.61	0.32	6.01	090	S
21406		A	Repair eye socket fracture	6.62	5.27	0.75	12.64	090	S
21407		A	Repair eye socket fracture	8.14	7.17	0.79	16.10	090	S
21408		A	Repair eye socket fracture	11.70	8.58	1.00	21.28	090	S
21421		A	Treat mouth roof fracture	4.85	*6.21	0.63	11.69	090	S
21422		A	Repair mouth roof fracture	7.87	9.91	1.20	18.98	090	S
21423		A	Repair mouth roof fracture	9.83	9.91	1.20	20.94	090	S
21431		A	Treat craniofacial fracture	6.66	6.09	0.72	13.47	090	S
21432		A	Repair craniofacial fracture	8.14	6.84	0.85	15.83	090	S
21433		A	Repair craniofacial fracture	23.95	18.16	2.12	44.23	090	S
21435		A	Repair craniofacial fracture	16.30	13.40	1.90	31.60	090	S
21436		A	Repair craniofacial fracture	26.50	14.81	2.10	43.41	090	S
21440		A	Repair dental ridge fracture	2.55	3.10	0.28	5.93	090	S
21445		A	Repair dental ridge fracture	5.09	6.18	0.57	11.84	090	S
21450		A	Treat lower jaw fracture	2.81	2.87	0.26	5.94	090	S
21451		A	Treat lower jaw fracture	4.60	*6.89	0.75	12.24	090	S
21452		A	Treat lower jaw fracture	1.87	1.41	0.17	3.45	090	S
21453		A	Treat lower jaw fracture	5.24	*6.71	0.56	12.51	090	S
21454		A	Treat lower jaw fracture	6.11	*12.64	1.44	20.19	090	S
21461		A	Repair lower jaw fracture	7.64	*11.53	1.31	20.48	090	S
21462		A	Repair lower jaw fracture	9.25	*12.50	1.35	23.10	090	S
21465		A	Repair lower jaw fracture	11.25	8.53	1.00	20.78	090	S
21470		A	Repair lower jaw fracture	14.35	17.32	1.76	33.43	090	S
21480		A	Reset dislocated jaw	0.62	*0.95	0.09	1.66	000	S
21485		A	Reset dislocated jaw	3.77	2.21	0.20	6.18	090	S
21490		A	Repair dislocated jaw	11.20	6.38	0.53	18.11	090	S
21493		A	Treat hyoid bone fracture	1.20	*1.54	0.13	2.87	090	S
21494		A	Repair hyoid bone fracture	5.94	*7.60	0.64	14.18	090	S
21495		A	Repair hyoid bone fracture	5.38	4.87	0.52	10.77	090	S
21497		A	Interdental wiring	3.65	4.01	0.38	8.04	090	S
21499		C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
21501	.....	A	Drain neck/chest lesion	3.56	1.84	0.26	5.66	090	S
21502	.....	A	Drain chest lesion	6.51	4.27	0.76	11.54	090	S
21510	.....	A	Drainage of bone lesion	5.09	3.86	0.51	9.46	090	S
21550	.....	A	Biopsy of neck/chest	2.03	0.86	0.12	3.01	010	S
21555	.....	A	Remove lesion neck/chest	4.14	1.62	0.25	6.01	090	S
21556	.....	A	Remove lesion neck/chest	5.34	3.84	0.65	9.83	090	S
21557	.....	A	Remove tumor, neck or chest	8.66	8.59	1.43	18.68	090	S
21600	.....	A	Partial removal of rib	6.34	4.55	0.89	11.78	090	S
21610	.....	A	Partial removal of rib	8.64	5.23	0.77	14.64	090	S
21615	.....	A	Removal of rib	9.13	10.24	1.98	21.35	090	S
21616	.....	A	Removal of rib and nerves	11.23	7.34	1.52	20.09	090	S
21620	.....	A	Partial removal of sternum	6.11	6.93	1.24	14.28	090	S
21627	.....	A	Sternal debridement	6.13	5.09	0.91	12.13	090	S
21630	.....	A	Extensive sternum surgery	15.74	11.33	2.06	29.13	090	S
21632	.....	A	Extensive sternum surgery	16.80	11.67	2.24	30.71	090	S
21633	.....	A	Extensive sternum surgery	16.00	13.24	2.48	31.72	090	S
21700	.....	A	Revision of neck muscle	5.91	4.21	0.51	10.63	090	S
21705	.....	A	Revision of neck muscle/rib	9.13	4.90	0.97	15.00	090	S
21720	.....	A	Revision of neck muscle	5.50	3.88	0.53	9.91	090	S
21725	.....	A	Revision of neck muscle	6.62	4.89	0.75	12.26	090	S
21740	.....	A	Reconstruction of sternum	15.59	9.09	1.66	26.34	090	S
21750	.....	A	Repair of sternum separation	10.18	7.41	1.45	19.04	090	S
21800	.....	A	Treatment of rib fracture	0.92	0.78	0.07	1.77	090	N
21805	.....	A	Treatment of rib fracture	2.65	1.36	0.17	4.18	090	S
21810	.....	A	Treatment of rib fracture(s)	6.75	7.41	0.62	14.78	090	N
21820	.....	A	Treat sternum fracture	1.21	1.38	0.17	2.76	090	S
21825	.....	A	Repair sternum fracture	6.90	6.98	1.13	15.01	090	S
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21920	.....	A	Biopsy soft tissue of back	2.03	0.80	0.11	2.94	010	S
21925	.....	A	Biopsy soft tissue of back	4.28	1.97	0.32	6.57	090	S
21930	.....	A	Remove lesion, back or flank	6.62	2.75	0.50	9.87	090	S
21935	.....	A	Remove tumor of back	17.31	6.66	1.31	25.28	090	S
22100	.....	A	Remove part of neck vertebra	8.28	6.44	0.84	15.56	090	S
22101	.....	A	Remove part, thorax vertebra	8.28	6.64	1.20	16.12	090	S
22102	.....	A	Remove part, lumbar vertebra	8.88	4.43	0.63	13.94	090	S
22105	.....	A	Remove part of neck vertebra	13.16	10.89	1.74	25.79	090	S
22106	.....	A	Remove part, thorax vertebra	11.72	9.34	1.55	22.61	090	S
22107	.....	A	Remove part, lumbar vertebra	11.72	4.95	0.85	17.52	090	S
22110	.....	A	Remove part of neck vertebra	11.72	9.83	1.66	23.21	090	S
22112	.....	A	Remove part, thorax vertebra	11.72	10.01	1.65	23.38	090	S
22114	.....	A	Remove part, lumbar vertebra	11.72	7.33	1.18	20.23	090	S
22140	.....	A	Reconstruct neck spine	22.44	17.11	2.76	42.31	090	S
22141	.....	A	Reconstruct thorax spine	25.72	17.41	2.81	45.94	090	S
22142	.....	A	Reconstruct lumbar spine	25.72	21.81	3.24	50.77	090	S
22145	.....	A	Reconstruct vertebra(e)	6.78	6.93	1.10	14.81	ZZZ	S
22148	.....	A	Harvesting bone graft	3.05	*4.38	0.83	8.26	ZZZ	S
22150	.....	A	Reconstruct neck spine	22.40	17.75	2.79	42.94	090	S
22151	.....	A	Reconstruct thorax spine	22.40	17.84	3.28	43.52	090	S
22152	.....	A	Reconstruct lumbar spine	22.40	18.54	3.29	44.23	090	S
22210	.....	A	Revision of neck spine	22.76	13.98	2.46	39.20	090	S
22212	.....	A	Revision of thorax spine	18.34	17.48	2.86	38.68	090	S
22214	.....	A	Revision of lumbar spine	18.34	15.28	2.71	36.33	090	S
22220	.....	A	Revision of neck spine	20.37	16.83	2.66	39.86	090	S
22222	.....	A	Revision of thorax spine	20.37	13.76	1.60	35.73	090	S
22224	.....	A	Revision of lumbar spine	20.37	14.84	2.69	37.90	090	S
22230	.....	A	Additional revision of spine	6.11	5.13	0.90	12.14	ZZZ	S
22305	.....	A	Treat spine process fracture	1.88	*2.45	0.37	4.70	090	S
22310	.....	A	Treat spine fracture	1.88	*3.91	0.70	6.49	090	S
22315	.....	A	Treat spine fracture	8.45	5.57	0.87	14.89	090	S
22325	.....	A	Repair of spine fracture	17.38	8.41	1.35	27.14	090	S
22326	.....	A	Repair neck spine fracture	18.63	16.11	2.77	37.51	090	S
22327	.....	A	Repair thorax spine fracture	17.76	16.13	2.38	36.27	090	S
22505	.....	A	Manipulation of spine	1.79	1.32	0.17	3.28	010	N
22548	.....	A	Neck spine fusion	24.35	22.99	3.86	51.20	090	S
22554	.....	A	Neck spine fusion	18.34	20.03	3.56	41.93	090	S
22556	.....	A	Thorax spine fusion	23.43	21.92	3.62	48.97	090	S
22558	.....	A	Lumbar spine fusion	22.37	20.39	3.42	46.18	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
22585		A	Additional spinal fusion	5.59	5.46	0.94	11.99	ZZZ	S
22590		A	Spine & skull spinal fusion	19.17	21.81	3.48	44.46	090	S
22595		A	Neck spinal fusion	19.45	22.71	3.91	46.07	090	S
22600		A	Neck spine fusion	18.25	19.58	3.36	41.19	090	S
22610		A	Thorax spine fusion	15.28	18.07	2.78	36.13	090	S
22612		A	Lumbar spine fusion	22.50	19.43	3.12	45.05	090	S
22625		A	Lumbar spine fusion	20.13	22.17	3.60	45.90	090	S
22630		A	Lumbar spine fusion	21.16	18.65	3.18	42.99	090	S
22650		A	Additional spinal fusion	6.51	5.71	0.93	13.15	ZZZ	S
22800		A	Fusion of spine	17.11	*21.90	3.62	42.63	090	S
22802		A	Fusion of spine	31.66	28.64	4.66	64.96	090	S
22810		A	Fusion of spine	29.32	18.61	3.19	51.12	090	S
22812		A	Fusion of spine	27.50	26.22	4.29	58.01	090	S
22820		A	Harvesting of bone	2.82	*4.12	0.75	7.69	ZZZ	S
22830		A	Exploration of spinal fusion	10.33	*13.22	2.20	25.75	090	S
22840		A	Insert spine fixation device	12.68	*20.38	3.67	36.73	000	S
22842		A	Insert spine fixation device	14.58	*22.48	4.06	41.12	000	S
22845		A	Insert spine fixation device	12.62	*17.62	3.31	33.55	000	S
22849		A	Reinsert spinal fixation	13.00	11.89	1.99	26.88	090	S
22850		A	Remove spine fixation device	9.08	9.27	1.52	19.87	090	S
22852		A	Remove spine fixation device	8.49	9.91	1.59	19.99	090	S
22855		A	Remove spine fixation device	9.20	7.54	1.26	18.00	090	S
22899		C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
22900		A	Remove abdominal wall lesion	6.63	3.06	0.61	10.30	090	S
22999		C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23000		A	Removal of calcium deposits	4.17	3.28	0.48	7.93	090	S
23020		A	Release shoulder joint	8.34	7.35	1.10	16.79	090	S
23030		A	Drain shoulder lesion	3.20	2.18	0.35	5.73	010	S
23031		A	Drain shoulder bursa	2.72	0.51	0.05	3.28	010	S
23035		A	Drain shoulder bone lesion	7.89	6.29	1.05	15.23	090	S
23040		A	Exploratory shoulder surgery	8.48	9.37	1.49	19.34	090	S
23044		A	Exploratory shoulder surgery	6.47	6.99	1.19	14.65	090	S
23065		A	Biopsy shoulder tissues	2.26	0.67	0.09	3.02	010	S
23066		A	Biopsy shoulder tissues	4.05	1.19	0.10	5.34	090	S
23075		A	Removal of shoulder lesion	2.37	1.70	0.29	4.36	010	S
23076		A	Removal of shoulder lesion	7.20	3.58	0.66	11.44	090	S
23077		A	Remove tumor of shoulder	14.81	7.46	1.40	23.67	090	S
23100		A	Biopsy of shoulder joint	5.69	*7.31	1.25	14.25	090	S
23101		A	Shoulder joint surgery	5.27	*6.88	1.22	13.37	090	S
23105		A	Remove shoulder joint lining	7.83	*10.02	1.75	19.60	090	S
23106		A	Incision of collarbone joint	5.62	4.80	0.81	11.23	090	S
23107		A	Explore, treat shoulder joint	8.22	9.70	1.62	19.54	090	S
23120		A	Partial removal, collarbone	6.72	4.66	0.75	12.13	090	S
23125		A	Removal of collarbone	9.00	8.58	1.28	18.86	090	S
23130		A	Partial removal, shoulderbone	7.18	7.13	1.15	15.46	090	S
23140		A	Removal of bone lesion	6.50	4.21	0.74	11.45	090	S
23145		A	Removal of bone lesion	8.63	8.22	1.34	18.19	090	S
23146		A	Removal of bone lesion	7.42	5.29	1.02	13.73	090	S
23150		A	Removal of humerus lesion	7.89	6.71	1.02	15.62	090	S
23155		A	Removal of humerus lesion	9.69	8.90	1.39	19.98	090	S
23156		A	Removal of humerus lesion	8.09	7.72	1.26	17.07	090	S
23170		A	Remove collarbone lesion	6.34	4.86	0.79	11.99	090	S
23172		A	Remove shoulder blade lesion	6.31	5.22	0.74	12.27	090	S
23174		A	Remove humerus lesion	8.81	8.65	1.22	18.68	090	S
23180		A	Remove collarbone lesion	7.91	4.35	0.68	12.94	090	S
23182		A	Remove shoulderblade lesion	7.52	6.64	1.14	15.30	090	S
23184		A	Remove humerus lesion	8.71	8.93	1.50	19.14	090	S
23190		A	Partial removal of scapula	6.86	6.14	0.99	13.99	090	S
23195		A	Removal of head of humerus	9.10	9.01	1.47	19.58	090	S
23200		A	Removal of collarbone	11.17	9.27	1.27	21.71	090	S
23210		A	Removal of shoulderblade	11.52	9.11	1.43	22.06	090	S
23220		A	Partial removal of humerus	13.46	12.18	2.05	27.69	090	S
23221		A	Partial removal of humerus	16.80	18.33	1.20	36.33	090	S
23222		A	Partial removal of humerus	16.83	15.19	2.33	34.35	090	S
23330		A	Remove shoulder foreign body	1.82	0.56	0.07	2.45	010	S
23331		A	Remove shoulder foreign body	6.97	2.29	0.38	9.64	090	S
23332		A	Remove shoulder foreign body	10.71	9.83	1.59	22.13	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
23350	.....	A	Injection for shoulder x-ray	1.01	0.53	0.05	1.59	000	N
23395	.....	A	Muscle transfer, shoulder/arm	12.56	11.25	1.86	25.67	090	S
23397	.....	A	Muscle transfers	15.40	14.13	2.37	31.90	090	S
23400	.....	A	Fixation of shoulderblade	13.10	9.95	1.70	24.75	090	S
23405	.....	A	Incision of tendon & muscle	8.06	7.57	1.00	16.63	090	S
23406	.....	A	Incise tendon(s) & muscle(s)	10.44	9.51	1.60	21.55	090	S
23410	.....	A	Repair of tendon(s)	12.03	11.06	1.77	24.86	090	S
23412	.....	A	Repair of tendon(s)	12.83	13.52	2.18	28.53	090	S
23415	.....	A	Release of shoulder ligament	9.62	5.24	0.84	15.70	090	S
23420	.....	A	Repair of shoulder	12.74	14.84	2.37	29.95	090	S
23430	.....	A	Repair biceps tendon rupture	9.67	7.42	1.20	18.29	090	S
23440	.....	A	Removal/transplant tendon	10.19	7.25	1.18	18.62	090	S
23450	.....	A	Repair shoulder capsule	12.99	12.89	2.06	27.94	090	S
23455	.....	A	Repair shoulder capsule	13.97	15.73	2.53	32.23	090	S
23460	.....	A	Repair shoulder capsule	14.82	14.23	2.26	31.31	090	S
23462	.....	A	Repair shoulder capsule	14.78	15.30	2.51	32.59	090	S
23465	.....	A	Repair shoulder capsule	15.31	14.31	2.30	31.92	090	S
23466	.....	A	Repair shoulder capsule	13.80	16.71	2.70	33.21	090	S
23470	.....	A	Reconstruct shoulder joint	16.30	16.95	2.68	35.93	090	S
23472	.....	A	Reconstruct shoulder joint	16.27	*27.26	4.94	48.47	090	S
23480	.....	A	Revision of collarbone	10.68	6.66	1.03	18.37	090	S
23485	.....	A	Revision of collarbone	12.82	11.48	1.89	26.19	090	S
23490	.....	A	Reinforce clavicle	11.44	10.09	0.81	22.34	090	S
23491	.....	A	Reinforce shoulder bones	13.78	12.84	2.13	28.75	090	S
23500	.....	A	Treat clavicle fracture	1.97	1.67	0.21	3.85	090	S
23505	.....	A	Treat clavicle fracture	3.58	2.60	0.38	6.56	090	S
23515	.....	A	Repair clavicle fracture	7.09	7.01	1.13	15.23	090	S
23520	.....	A	Treat clavicle dislocation	2.05	1.40	0.19	3.64	090	S
23525	.....	A	Treat clavicle dislocation	3.44	2.00	0.27	5.71	090	S
23530	.....	A	Repair clavicle dislocation	7.10	6.65	0.92	14.67	090	S
23532	.....	A	Repair clavicle dislocation	7.67	7.31	1.20	16.18	090	S
23540	.....	A	Treat clavicle dislocation	2.12	1.57	0.19	3.88	090	S
23545	.....	A	Treat clavicle dislocation	3.10	2.00	0.29	5.39	090	S
23550	.....	A	Repair clavicle dislocation	6.72	*8.60	1.48	16.80	090	S
23552	.....	A	Repair clavicle dislocation	7.92	7.37	1.18	16.47	090	S
23570	.....	A	Treat shoulderblade fracture	2.12	1.72	0.25	4.09	090	S
23575	.....	A	Treat shoulderblade fracture	3.92	2.78	0.43	7.13	090	S
23585	.....	A	Repair scapula fracture	8.50	7.79	1.30	17.59	090	S
23600	.....	A	Treat humerus fracture	2.78	2.93	0.43	6.14	090	S
23605	.....	A	Treat humerus fracture	4.61	4.81	0.77	10.19	090	S
23615	.....	A	Repair humerus fracture	8.47	*10.84	1.80	21.11	090	S
23616	.....	A	Repair humerus fracture	20.10	22.57	3.58	46.25	090	S
23620	.....	A	Treat humerus fracture	2.27	*2.94	0.47	5.68	090	S
23625	.....	A	Treat humerus fracture	3.68	3.86	0.61	8.15	090	S
23630	.....	A	Repair humerus fracture	6.97	8.92	1.42	17.31	090	S
23650	.....	A	Treat shoulder dislocation	3.28	2.12	0.24	5.64	090	S
23655	.....	A	Treat shoulder dislocation	4.31	2.96	0.44	7.71	090	S
23660	.....	A	Repair shoulder dislocation	7.17	9.17	1.42	17.76	090	S
23665	.....	A	Treat dislocation/fracture	4.21	3.39	0.52	8.12	090	S
23670	.....	A	Repair dislocation/fracture	7.52	*10.46	1.87	19.85	090	S
23675	.....	A	Treat dislocation/fracture	5.66	3.97	0.62	10.25	090	S
23680	.....	A	Repair dislocation/fracture	9.55	*12.38	2.15	24.08	090	S
23700	.....	A	Fixation of shoulder	2.50	2.11	0.34	4.95	010	S
23800	.....	A	Fusion of shoulder joint	13.47	16.53	2.66	32.66	090	S
23802	.....	A	Fusion of shoulder joint	14.83	14.23	2.26	31.32	090	S
23900	.....	A	Amputation of arm & girdle	18.60	12.71	2.43	33.74	090	S
23920	.....	A	Amputation at shoulder joint	13.75	14.00	2.57	30.32	090	S
23921	.....	A	Amputation follow-up surgery	5.09	4.32	0.75	10.16	090	S
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23930	.....	A	Drainage of arm lesion	2.81	1.63	0.24	4.68	010	S
23931	.....	A	Drainage of arm bursa	1.65	0.76	0.11	2.52	010	S
23935	.....	A	Drain arm/elbow bone lesion	5.62	4.74	0.79	11.15	090	S
24000	.....	A	Exploratory elbow surgery	5.38	*8.08	1.46	14.92	090	S
24006	.....	A	Release elbow joint	8.80	7.22	1.18	17.20	090	S
24065	.....	A	Biopsy arm/elbow soft tissue	2.05	0.80	0.10	2.95	010	S
24066	.....	A	Biopsy arm/elbow soft tissue	5.01	2.74	0.41	8.16	090	S
24075	.....	A	Remove arm/elbow lesion	3.83	2.00	0.35	6.18	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
24076	.....	A	Remove arm/elbow lesion	6.08	3.72	0.68	10.48	090	S
24077	.....	A	Remove tumor of arm/elbow	11.30	9.90	1.89	23.09	090	S
24100	.....	A	Biopsy elbow joint lining	4.72	4.28	0.70	9.70	090	S
24101	.....	A	Explore/treat elbow joint	5.90	*7.97	1.43	15.30	090	S
24102	.....	A	Remove elbow joint lining	7.65	*10.34	1.83	19.82	090	S
24105	.....	A	Removal of elbow bursa	3.47	3.81	0.64	7.92	090	S
24110	.....	A	Remove humerus lesion	7.16	7.78	1.23	16.17	090	S
24115	.....	A	Remove/graft bone lesion	8.98	7.77	1.34	18.09	090	S
24116	.....	A	Remove/graft bone lesion	11.25	9.83	1.49	22.57	090	S
24120	.....	A	Remove elbow lesion	6.43	6.09	0.99	13.51	090	S
24125	.....	A	Remove/graft bone lesion	7.48	5.85	0.62	13.95	090	S
24126	.....	A	Remove/graft bone lesion	7.85	7.48	1.22	16.55	090	S
24130	.....	A	Removal of head of radius	6.03	6.79	1.09	13.91	090	S
24134	.....	A	Removal of arm bone lesion	9.08	8.79	1.25	19.12	090	S
24136	.....	A	Remove radius bone lesion	7.41	8.88	0.93	17.22	090	S
24138	.....	A	Remove elbow bone lesion	7.44	6.46	1.07	14.97	090	S
24140	.....	A	Partial removal of arm bone	8.66	8.87	1.47	19.00	090	S
24145	.....	A	Partial removal of radius	7.20	6.45	1.04	14.69	090	S
24147	.....	A	Partial removal of elbow	7.08	6.68	1.09	14.85	090	S
24150	.....	A	Extensive humerus surgery	12.57	14.24	2.26	29.07	090	S
24151	.....	A	Extensive humerus surgery	14.81	13.98	2.13	30.92	090	S
24152	.....	A	Extensive radius surgery	9.62	6.88	1.17	17.67	090	S
24153	.....	A	Extensive radius surgery	11.08	10.56	1.73	23.37	090	S
24155	.....	A	Removal of elbow joint	11.23	10.87	1.74	23.84	090	S
24160	.....	A	Remove elbow joint implant	7.51	4.89	0.81	13.21	090	S
24164	.....	A	Remove radius head implant	5.85	5.59	0.91	12.35	090	S
24200	.....	A	Removal of arm foreign body	1.73	0.57	0.06	2.36	010	N
24201	.....	A	Removal of arm foreign body	4.35	3.09	0.50	7.94	090	S
24220	.....	A	Injection for elbow x-ray	1.32	0.52	0.05	1.89	000	N
24301	.....	A	Muscle/tendon transfer	9.89	7.99	1.24	19.12	090	S
24305	.....	A	Arm tendon lengthening	7.24	3.11	0.29	10.64	090	S
24310	.....	A	Revision of arm tendon	5.78	2.98	0.49	9.25	090	S
24320	.....	A	Repair of arm tendon	10.12	9.30	1.30	20.72	090	S
24330	.....	A	Revision of arm muscles	9.28	8.84	1.45	19.57	090	S
24331	.....	A	Revision of arm muscles	10.21	9.73	1.59	21.53	090	S
24340	.....	A	Repair of ruptured tendon	7.66	7.08	1.14	15.88	090	S
24342	.....	A	Repair of ruptured tendon	10.24	10.50	1.78	22.52	090	S
24350	.....	A	Repair of tennis elbow	5.11	4.28	0.70	10.09	090	S
24351	.....	A	Repair of tennis elbow	5.79	4.62	0.74	11.15	090	S
24352	.....	A	Repair of tennis elbow	6.21	5.75	0.94	12.90	090	S
24354	.....	A	Repair of tennis elbow	6.26	5.67	0.95	12.88	090	S
24356	.....	A	Revision of tennis elbow	6.46	7.36	1.19	15.01	090	S
24360	.....	A	Reconstruct elbow joint	11.89	*15.22	2.50	29.61	090	S
24361	.....	A	Reconstruct elbow joint	13.65	13.28	2.02	28.95	090	S
24362	.....	A	Reconstruct elbow joint	14.57	13.29	0.81	28.67	090	S
24363	.....	A	Replace elbow joint	17.86	*24.02	4.18	46.06	090	S
24365	.....	A	Reconstruct head of radius	8.02	7.60	1.20	16.82	090	S
24366	.....	A	Reconstruct head of radius	8.77	11.17	1.82	21.76	090	S
24400	.....	A	Revision of humerus	10.67	8.52	1.39	20.58	090	S
24410	.....	A	Revision of humerus	14.44	14.20	2.08	30.72	090	S
24420	.....	A	Revision of humerus	13.04	12.44	2.03	27.51	090	S
24430	.....	A	Repair of humerus	12.40	14.82	2.37	29.59	090	S
24435	.....	A	Repair humerus with graft	12.33	*16.51	2.87	31.71	090	S
24470	.....	A	Revision of elbow joint	8.41	8.01	1.31	17.73	090	S
24495	.....	A	Decompression of forearm	7.67	5.81	1.11	14.59	090	S
24498	.....	A	Reinforce humerus	11.43	10.49	1.64	23.56	090	S
24500	.....	A	Treat humerus fracture	3.04	2.57	0.36	5.97	090	S
24505	.....	A	Treat humerus fracture	4.88	4.55	0.72	10.15	090	S
24515	.....	A	Repair humerus fracture	11.04	9.76	1.56	22.36	090	S
24516	.....	A	Repair humerus fracture	11.04	9.76	1.56	22.36	090	S
24530	.....	A	Treat humerus fracture	3.34	2.76	0.42	6.52	090	S
24535	.....	A	Treat humerus fracture	6.58	4.90	0.79	12.27	090	S
24538	.....	A	Treat humerus fracture	8.95	8.07	1.27	18.29	090	S
24545	.....	A	Repair humerus fracture	9.76	10.08	1.61	21.45	090	S
24546	.....	A	Repair humerus fracture	14.82	10.08	1.61	26.51	090	S
24560	.....	A	Treat humerus fracture	2.65	2.18	0.30	5.13	090	S
24565	.....	A	Treat humerus fracture	5.28	3.49	0.55	9.32	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
24566	.....	A	Treat humerus fracture	7.25	6.13	0.97	14.35	090	S
24575	.....	A	Repair humerus fracture	10.02	7.88	1.25	19.15	090	S
24576	.....	A	Treat humerus fracture	2.69	2.18	0.33	5.20	090	S
24577	.....	A	Treat humerus fracture	5.51	4.04	0.62	10.17	090	S
24579	.....	A	Repair humerus fracture	10.97	8.46	1.36	20.79	090	S
24582	.....	A	Treat humerus fracture	7.92	6.69	1.07	15.68	090	S
24586	.....	A	Repair elbow fracture	14.53	14.88	2.39	31.80	090	S
24587	.....	A	Repair elbow fracture	14.42	13.87	2.19	30.48	090	S
24600	.....	A	Treat elbow dislocation	4.13	1.97	0.26	6.36	090	S
24605	.....	A	Treat elbow dislocation	5.14	2.32	0.37	7.83	090	S
24615	.....	A	Repair elbow dislocation	8.86	9.39	1.50	19.75	090	S
24620	.....	A	Treat elbow fracture	6.69	3.82	0.58	11.09	090	S
24635	.....	A	Repair elbow fracture	12.56	11.18	1.80	25.54	090	S
24640	.....	A	Treat elbow dislocation	1.16	1.02	0.08	2.26	010	N
24650	.....	A	Treat radius fracture	2.03	2.28	0.33	4.64	090	S
24655	.....	A	Treat radius fracture	4.22	3.04	0.46	7.72	090	S
24665	.....	A	Repair radius fracture	7.78	7.21	1.15	16.14	090	S
24666	.....	A	Repair radius fracture	8.97	10.38	1.62	20.97	090	S
24670	.....	A	Treatment of ulna fracture	2.42	1.97	0.27	4.66	090	S
24675	.....	A	Treatment of ulna fracture	4.57	3.55	0.55	8.67	090	S
24685	.....	A	Repair ulna fracture	8.43	8.49	1.35	18.27	090	S
24800	.....	A	Fusion of elbow joint	10.87	10.71	1.57	23.15	090	S
24802	.....	A	Fusion/graft of elbow joint	12.93	12.32	2.01	27.26	090	S
24900	.....	A	Amputation of upper arm	8.86	7.77	1.41	18.04	090	S
24920	.....	A	Amputation of upper arm	8.79	6.86	1.20	16.85	090	S
24925	.....	A	Amputation follow-up surgery	6.68	6.34	0.76	13.78	090	S
24930	.....	A	Amputation follow-up surgery	9.50	8.25	1.18	18.93	090	S
24931	.....	A	Amputate upper arm & implant	11.84	11.29	1.86	24.99	090	S
24935	.....	A	Revision of amputation	14.53	13.85	2.26	30.64	090	S
24940	.....	C	Revision of upper arm	0.00	0.00	0.00	0.00	090	S
24999	.....	C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY	S
25000	.....	A	Incision of tendon sheath	3.20	3.97	0.63	7.80	090	S
25005	.....	A	Incision of tendon sheath	3.53	4.05	0.65	8.23	090	S
25020	.....	A	Decompression of forearm	5.61	4.40	0.78	10.79	090	S
25023	.....	A	Decompression of forearm	11.93	5.50	0.95	18.38	090	S
25028	.....	A	Drainage of forearm lesion	4.93	2.08	0.36	7.37	090	S
25031	.....	A	Drainage of forearm bursa	3.94	0.67	0.09	4.70	090	S
25035	.....	A	Treat forearm bone lesion	6.91	6.37	1.02	14.30	090	S
25040	.....	A	Explore/treat wrist joint	6.68	5.75	0.91	13.34	090	S
25065	.....	A	Biopsy forearm soft tissues	2.42	0.76	0.09	3.27	010	S
25066	.....	A	Biopsy forearm soft tissues	3.91	1.56	0.22	5.69	090	S
25075	.....	A	Removal of forearm lesion	3.65	2.21	0.37	6.23	090	S
25076	.....	A	Removal of forearm lesion	4.82	3.81	0.68	9.31	090	S
25077	.....	A	Remove tumor, forearm/wrist	9.35	8.57	1.69	19.61	090	S
25085	.....	A	Incision of wrist capsule	5.19	4.67	0.72	10.58	090	S
25100	.....	A	Biopsy of wrist joint	3.70	*4.74	0.80	9.24	090	S
25101	.....	A	Explore/treat wrist joint	4.48	5.67	0.99	11.14	090	S
25105	.....	A	Remove wrist joint lining	5.62	*7.19	1.20	14.01	090	S
25107	.....	A	Remove wrist joint cartilage	5.96	5.34	0.90	12.20	090	S
25110	.....	A	Remove wrist tendon lesion	3.83	2.83	0.47	7.13	090	S
25111	.....	A	Remove wrist tendon lesion	3.28	3.26	0.56	7.10	090	S
25112	.....	A	Reremove wrist tendon lesion	4.43	3.76	0.67	8.86	090	S
25115	.....	A	Remove wrist/forearm lesion	6.33	7.22	1.24	14.79	090	S
25116	.....	A	Remove wrist/forearm lesion	6.51	8.26	1.40	16.17	090	S
25118	.....	A	Excise wrist tendon sheath	4.16	*5.69	1.03	10.88	090	S
25119	.....	A	Partial removal of ulna	5.70	*7.47	1.33	14.50	090	S
25120	.....	A	Removal of forearm lesion	5.76	6.60	1.15	13.51	090	S
25125	.....	A	Remove/graft forearm lesion	7.14	6.92	1.05	15.11	090	S
25126	.....	A	Remove/graft forearm lesion	7.21	6.88	1.13	15.22	090	S
25130	.....	A	Removal of wrist lesion	5.14	4.26	0.68	10.08	090	S
25135	.....	A	Remove & graft wrist lesion	6.65	5.52	0.98	13.15	090	S
25136	.....	A	Remove & graft wrist lesion	5.74	4.79	0.86	11.39	090	S
25145	.....	A	Remove forearm bone lesion	6.04	6.02	0.76	12.82	090	S
25150	.....	A	Partial removal of ulna	6.63	6.74	1.13	14.50	090	S
25151	.....	A	Partial removal of radius	6.94	5.81	1.03	13.78	090	S
25170	.....	A	Extensive forearm surgery	10.57	9.90	1.53	22.00	090	S
25210	.....	A	Removal of wrist bone	5.61	4.93	0.81	11.35	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
25215	.....	A	Removal of wrist bones	7.48	8.78	1.44	17.70	090	S
25230	.....	A	Partial removal of radius	4.91	5.63	0.86	11.40	090	S
25240	.....	A	Partial removal of ulna	4.96	5.36	0.87	11.19	090	S
25246	.....	A	Injection for wrist x-ray	1.47	0.51	0.05	2.03	000	N
25248	.....	A	Remove forearm foreign body	5.02	2.20	0.37	7.59	090	S
25250	.....	A	Removal of wrist prosthesis	6.38	5.69	0.92	12.99	090	S
25251	.....	A	Removal of wrist prosthesis	9.18	8.34	1.41	18.93	090	S
25260	.....	A	Repair forearm tendon/muscle	7.41	4.66	0.79	12.86	090	S
25263	.....	A	Repair forearm tendon/muscle	7.45	5.83	1.04	14.32	090	S
25265	.....	A	Repair forearm tendon/muscle	9.65	8.02	1.43	19.10	090	S
25270	.....	A	Repair forearm tendon/muscle	5.77	3.40	0.56	9.73	090	S
25272	.....	A	Repair forearm tendon/muscle	6.83	3.48	0.55	10.86	090	S
25274	.....	A	Repair forearm tendon/muscle	8.53	6.69	1.14	16.36	090	S
25280	.....	A	Revise wrist/forearm tendon	6.90	4.27	0.70	11.87	090	S
25290	.....	A	Incise wrist/forearm tendon	5.09	2.50	0.41	8.00	090	S
25295	.....	A	Release wrist/forearm tendon	6.33	3.08	0.53	9.94	090	S
25300	.....	A	Fusion of tendons at wrist	8.55	7.44	1.20	17.19	090	S
25301	.....	A	Fusion of tendons at wrist	8.18	6.85	1.19	16.22	090	S
25310	.....	A	Transplant forearm tendon	7.77	7.22	1.18	16.17	090	S
25312	.....	A	Transplant forearm tendon	9.18	7.71	1.32	18.21	090	S
25315	.....	A	Revise palsy hand tendon(s)	9.49	8.12	1.36	18.97	090	S
25316	.....	A	Revise palsy hand tendon(s)	11.48	10.47	1.77	23.72	090	S
25317	.....	A	Revise hand contracture	9.99	8.60	1.29	19.88	090	S
25318	.....	A	Revise hand contracture	12.57	11.98	1.95	26.50	090	S
25320	.....	A	Repair/revise wrist joint	9.25	8.70	1.47	19.42	090	S
25330	.....	A	Revise wrist joint	10.97	9.33	1.52	21.82	090	S
25331	.....	A	Revise wrist joint	12.74	14.82	2.43	29.99	090	S
25332	.....	A	Revise wrist joint	10.95	10.09	1.63	22.67	090	S
25335	.....	A	Realignment of hand	12.24	11.54	1.58	25.36	090	S
25350	.....	A	Revision of radius	8.32	7.69	1.27	17.28	090	S
25355	.....	A	Revision of radius	9.66	9.22	1.51	20.39	090	S
25360	.....	A	Revision of ulna	7.97	6.48	1.00	15.45	090	S
25365	.....	A	Revise radius & ulna	11.76	10.42	1.59	23.77	090	S
25370	.....	A	Revise radius or ulna	12.48	11.89	1.94	26.31	090	S
25375	.....	A	Revise radius & ulna	12.41	13.53	0.88	26.82	090	S
25390	.....	A	Shorten radius/ulna	9.96	8.92	1.52	20.40	090	S
25391	.....	A	Lengthen radius/ulna	12.89	11.38	1.95	26.22	090	S
25392	.....	A	Shorten radius & ulna	13.20	12.58	2.06	27.84	090	S
25393	.....	A	Lengthen radius & ulna	15.07	14.37	2.35	31.79	090	S
25400	.....	A	Repair radius or ulna	10.41	10.90	1.77	23.08	090	S
25405	.....	A	Repair/graft radius or ulna	13.63	12.56	2.04	28.23	090	S
25415	.....	A	Repair radius & ulna	12.78	11.55	1.94	26.27	090	S
25420	.....	A	Repair/graft radius & ulna	15.51	14.86	2.31	32.68	090	S
25425	.....	A	Repair/graft radius or ulna	12.58	12.15	1.89	26.62	090	S
25426	.....	A	Repair/graft radius & ulna	15.09	11.85	2.15	29.09	090	S
25440	.....	A	Repair/graft wrist bone	10.06	9.15	1.52	20.73	090	S
25441	.....	A	Reconstruct wrist joint	12.40	11.49	1.91	25.80	090	S
25442	.....	A	Reconstruct wrist joint	10.45	7.14	1.23	18.82	090	S
25443	.....	A	Reconstruct wrist joint	9.99	9.48	1.54	21.01	090	S
25444	.....	A	Reconstruct wrist joint	10.76	10.25	1.68	22.69	090	S
25445	.....	A	Reconstruct wrist joint	9.37	10.48	1.74	21.59	090	S
25446	.....	A	Wrist replacement	15.69	*20.08	3.53	39.30	090	S
25447	.....	A	Repair wrist joint(s)	11.49	9.66	1.55	22.70	090	S
25449	.....	A	Remove wrist joint implant	13.93	7.93	1.17	23.03	090	S
25450	.....	A	Revision of wrist joint	7.76	7.39	1.20	16.35	090	S
25455	.....	A	Revision of wrist joint	9.25	8.81	1.44	19.50	090	S
25490	.....	A	Reinforce radius	9.22	8.79	1.44	19.45	090	S
25491	.....	A	Reinforce ulna	9.65	9.20	1.51	20.36	090	S
25492	.....	A	Reinforce radius and ulna	11.88	11.32	1.86	25.06	090	S
25500	.....	A	Treat fracture of radius	2.33	2.36	0.29	4.98	090	S
25505	.....	A	Treat fracture of radius	5.02	3.61	0.52	9.15	090	S
25515	.....	A	Repair fracture of radius	8.73	7.71	1.23	17.67	090	S
25520	.....	A	Repair fracture of radius	6.08	5.80	0.95	12.83	090	S
25525	.....	A	Repair fracture of radius	11.82	11.27	1.85	24.94	090	S
25526	.....	A	Repair fracture of radius	12.57	11.98	1.96	26.51	090	S
25530	.....	A	Treat fracture of ulna	1.96	2.47	0.35	4.78	090	S
25535	.....	A	Treat fracture of ulna	4.96	3.61	0.55	9.12	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
25545		A	Repair fracture of ulna	8.44	7.66	1.21	17.31	090	S
25560		A	Treat fracture radius & ulna	2.32	2.30	0.27	4.89	090	S
25565		A	Treat fracture radius & ulna	5.35	4.71	0.71	10.77	090	S
25574		A	Treat fracture radius & ulna	6.10	*9.64	1.75	17.49	090	S
25575		A	Repair fracture radius/ulna	9.58	10.82	1.75	22.15	090	S
25600		A	Treat fracture radius/ulna	2.51	2.87	0.42	5.80	090	S
25605		A	Treat fracture radius/ulna	5.42	3.99	0.62	10.03	090	S
25611		A	Repair fracture radius/ulna	7.19	6.08	0.98	14.25	090	S
25620		A	Repair fracture radius/ulna	8.24	7.21	1.15	16.60	090	S
25622		A	Treat wrist bone fracture	2.46	2.31	0.33	5.10	090	S
25624		A	Treat wrist bone fracture	4.33	3.71	0.58	8.62	090	S
25628		A	Repair wrist bone fracture	7.90	7.21	1.17	16.28	090	S
25630		A	Treat wrist bone fracture	2.76	2.21	0.30	5.27	090	S
25635		A	Treat wrist bone fracture	4.21	3.40	0.51	8.12	090	S
25645		A	Repair wrist bone fracture	6.93	6.75	0.96	14.64	090	S
25650		A	Repair wrist bone fracture	2.90	2.69	0.36	5.95	090	S
25660		A	Treat wrist dislocation	4.58	1.84	0.26	6.68	090	S
25670		A	Repair wrist dislocation	7.60	7.16	1.13	15.89	090	S
25675		A	Treat wrist dislocation	4.49	2.31	0.34	7.14	090	S
25676		A	Repair wrist dislocation	7.63	7.40	1.12	16.15	090	S
25680		A	Treat wrist fracture	5.69	2.47	0.36	8.52	090	S
25685		A	Repair wrist fracture	9.33	8.89	1.46	19.68	090	S
25690		A	Treat wrist dislocation	5.22	4.94	0.74	10.90	090	S
25695		A	Repair wrist dislocation	8.03	7.12	1.18	16.33	090	S
25800		A	Fusion of wrist joint	9.31	11.06	1.82	22.19	090	S
25805		A	Fusion/graft of wrist joint	10.69	12.99	2.11	25.79	090	S
25810		A	Fusion/graft of wrist joint	9.90	*12.67	2.08	24.65	090	S
25820		A	Fusion of hand bones	7.22	9.01	1.50	17.73	090	S
25825		A	Fusion hand bones with graft	8.70	*11.35	2.01	22.06	090	S
25900		A	Amputation of forearm	8.24	7.16	1.32	16.72	090	S
25905		A	Amputation of forearm	8.49	7.19	1.16	16.84	090	S
25907		A	Amputation follow-up surgery	7.35	5.80	1.01	14.16	090	S
25909		A	Amputation follow-up surgery	8.46	5.61	1.07	15.14	090	S
25915		C	Amputation of forearm	0.00	0.00	0.00	0.00	090	S
25920		A	Amputate hand at wrist	8.18	7.08	1.21	16.47	090	S
25922		A	Amputate hand at wrist	7.04	5.61	1.03	13.68	090	S
25924		A	Amputation follow-up surgery	7.96	7.58	1.23	16.77	090	S
25927		A	Amputation of hand	8.36	6.36	1.23	15.95	090	S
25929		A	Amputation follow-up surgery	7.21	4.79	0.97	12.97	090	S
25931		A	Amputation follow-up surgery	7.43	4.59	0.91	12.93	090	S
25999		C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY	S
26010		A	Drainage of finger abscess	1.51	0.49	0.05	2.05	010	N
26011		A	Drainage of finger abscess	2.16	1.56	0.24	3.96	010	S
26020		A	Drain hand tendon sheath	4.05	3.76	0.64	8.45	090	S
26025		A	Drainage of palm bursa	4.37	4.56	0.77	9.70	090	S
26030		A	Drainage of palm bursa(s)	5.42	5.79	0.99	12.20	090	S
26034		A	Treat hand bone lesion	5.65	4.28	0.72	10.65	090	S
26035		A	Decompress fingers/hand	8.47	5.23	0.87	14.57	090	S
26037		A	Decompress fingers/hand	6.75	6.44	1.06	14.25	090	S
26040		A	Release palm contracture	3.12	2.89	0.50	6.51	090	S
26045		A	Release palm contracture	5.33	4.88	0.82	11.03	090	S
26055		A	Incise finger tendon sheath	2.59	*3.32	0.57	6.48	090	S
26060		A	Incision of finger tendon	2.74	1.14	0.17	4.05	090	S
26070		A	Explore/treat hand joint	3.38	2.79	0.42	6.59	090	S
26075		A	Explore/treat finger joint	3.48	3.82	0.63	7.93	090	S
26080		A	Explore/treat finger joint	3.82	3.17	0.52	7.51	090	S
26100		A	Biopsy hand joint lining	3.58	3.02	0.46	7.06	090	S
26105		A	Biopsy finger joint lining	3.62	4.22	0.68	8.52	090	S
26110		A	Biopsy finger joint lining	3.44	2.96	0.51	6.91	090	S
26115		A	Removal of hand lesion	3.72	2.03	0.34	6.09	090	S
26116		A	Removal of hand lesion	5.25	3.75	0.63	9.63	090	S
26117		A	Remove tumor, hand/finger	8.33	5.13	0.92	14.38	090	S
26121		A	Release palm contracture	7.42	*9.50	1.63	18.55	090	S
26123		A	Release palm contracture	8.74	9.20	1.55	19.49	090	S
26125		A	Release palm contracture	4.66	2.65	0.45	7.76	ZZZ	S
26130		A	Remove wrist joint lining	5.19	5.07	0.87	11.13	090	S
26135		A	Revise finger joint, each	6.74	4.91	0.83	12.48	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
26140		A	Revise finger joint, each	5.95	4.45	0.76	11.16	090	S
26145		A	Tendon excision, palm/finger	6.10	4.76	0.81	11.67	090	S
26160		A	Remove tendon sheath lesion	3.03	2.35	0.40	5.78	090	S
26170		A	Removal of palm tendon, each	4.67	2.86	0.45	7.98	090	S
26180		A	Removal of finger tendon	5.06	4.05	0.72	9.83	090	S
26200		A	Remove hand bone lesion	5.31	4.53	0.73	10.57	090	S
26205		A	Remove/graft bone lesion	7.32	6.47	1.04	14.83	090	S
26210		A	Removal of finger lesion	5.03	3.94	0.65	9.62	090	S
26215		A	Remove/graft finger lesion	6.89	5.61	0.95	13.45	090	S
26230		A	Partial removal of hand bone	6.03	4.31	0.70	11.04	090	S
26235		A	Partial removal, finger bone	5.88	4.22	0.72	10.82	090	S
26236		A	Partial removal, finger bone	5.01	3.90	0.67	9.58	090	S
26250		A	Extensive hand surgery	7.34	6.07	1.08	14.49	090	S
26255		A	Extensive hand surgery	11.79	9.04	1.56	22.39	090	S
26260		A	Extensive finger surgery	6.82	5.79	0.98	13.59	090	S
26261		A	Extensive finger surgery	8.63	7.79	1.32	17.74	090	S
26262		A	Partial removal of finger	5.47	4.80	0.77	11.04	090	S
26320		A	Removal of implant from hand	3.78	3.58	0.58	7.94	090	S
26350		A	Repair finger/hand tendon	5.82	5.80	1.00	12.62	090	S
26352		A	Repair/graft hand tendon	7.34	6.67	1.11	15.12	090	S
26356		A	Repair finger/hand tendon	7.13	7.29	1.25	15.67	090	S
26357		A	Repair finger/hand tendon	8.25	6.65	1.20	16.10	090	S
26358		A	Repair/graft hand tendon	8.79	7.48	1.28	17.55	090	S
26370		A	Repair finger/hand tendon	6.78	6.78	1.14	14.70	090	S
26372		A	Repair/graft hand tendon	8.36	6.46	1.16	15.98	090	S
26373		A	Repair finger/hand tendon	7.76	6.93	1.12	15.81	090	S
26390		A	Revise hand/finger tendon	8.83	8.04	1.24	18.11	090	S
26392		A	Repair/graft hand tendon	9.88	8.71	1.27	19.86	090	S
26410		A	Repair hand tendon	4.42	3.33	0.52	8.27	090	S
26412		A	Repair/graft hand tendon	5.98	6.08	0.98	13.04	090	S
26415		A	Excision, hand/finger tendon	8.14	6.83	0.91	15.88	090	S
26416		A	Graft hand or finger tendon	9.16	8.74	1.43	19.33	090	S
26418		A	Repair finger tendon	4.06	3.62	0.60	8.28	090	S
26420		A	Repair/graft finger tendon	6.44	5.74	0.97	13.15	090	S
26426		A	Repair finger/hand tendon	5.93	6.38	1.08	13.39	090	S
26428		A	Repair/graft finger tendon	6.98	5.56	1.01	13.55	090	S
26432		A	Repair finger tendon	3.91	3.18	0.52	7.61	090	S
26433		A	Repair finger tendon	4.46	3.98	0.67	9.11	090	S
26434		A	Repair/graft finger tendon	5.86	5.01	0.85	11.72	090	S
26437		A	Realignment of tendons	5.59	4.10	0.69	10.38	090	S
26440		A	Release palm/finger tendon	4.81	3.61	0.60	9.02	090	S
26442		A	Release palm & finger tendon	6.17	3.41	0.60	10.18	090	S
26445		A	Release hand/finger tendon	4.21	3.29	0.55	8.05	090	S
26449		A	Release forearm/hand tendon	6.46	5.63	0.97	13.06	090	S
26450		A	Incision of palm tendon	3.58	2.31	0.36	6.25	090	S
26455		A	Incision of finger tendon	3.55	1.91	0.33	5.79	090	S
26460		A	Incise hand/finger tendon	3.37	1.74	0.30	5.41	090	S
26471		A	Fusion of finger tendons	5.61	4.20	0.68	10.49	090	S
26474		A	Fusion of finger tendons	5.20	4.66	0.76	10.62	090	S
26476		A	Tendon lengthening	5.06	2.92	0.27	8.25	090	S
26477		A	Tendon shortening	5.03	4.03	0.74	9.80	090	S
26478		A	Lengthening of hand tendon	5.68	4.35	0.73	10.76	090	S
26479		A	Shortening of hand tendon	5.62	5.35	0.87	11.84	090	S
26480		A	Transplant hand tendon	6.56	6.60	1.12	14.28	090	S
26483		A	Transplant/graft hand tendon	7.96	8.59	1.42	17.97	090	S
26485		A	Transplant palm tendon	7.36	6.57	1.09	15.02	090	S
26489		A	Transplant/graft palm tendon	9.10	3.44	0.52	13.06	090	S
26490		A	Revise thumb tendon	8.08	7.89	1.29	17.26	090	S
26492		A	Tendon transfer with graft	9.27	8.85	1.22	19.34	090	S
26494		A	Hand tendon/muscle transfer	8.14	7.36	1.24	16.74	090	S
26496		A	Revise thumb tendon	9.27	8.83	1.55	19.65	090	S
26497		A	Finger tendon transfer	9.25	8.11	1.40	18.76	090	S
26498		A	Finger tendon transfer	13.70	11.91	2.06	27.67	090	S
26499		A	Revision of finger	8.66	7.84	1.26	17.76	090	S
26500		A	Hand tendon reconstruction	5.73	3.53	0.61	9.87	090	S
26502		A	Hand tendon reconstruction	6.81	5.33	0.96	13.10	090	S
26504		A	Hand tendon reconstruction	7.13	6.79	1.12	15.04	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
26508		A	Release thumb contracture	5.67	4.20	0.73	10.60	090	S
26510		A	Thumb tendon transfer	5.09	4.20	0.69	9.98	090	S
26516		A	Fusion of knuckle joints	6.83	4.21	0.68	11.72	090	S
26517		A	Fusion of knuckle joints	8.43	7.15	1.24	16.82	090	S
26518		A	Fusion of knuckle joints	8.62	6.58	1.23	16.43	090	S
26520		A	Release knuckle contracture	5.07	4.53	0.72	10.32	090	S
26525		A	Release finger contracture	5.10	3.68	0.63	9.41	090	S
26527		A	Revise wrist joint	8.45	9.88	1.63	19.96	090	S
26530		A	Revise knuckle joint	6.45	5.22	0.86	12.53	090	S
26531		A	Revise knuckle with implant	7.65	6.72	1.12	15.49	090	S
26535		A	Revise finger joint	5.00	4.89	0.59	10.48	090	S
26536		A	Revise/implant finger joint	6.13	7.29	1.20	14.62	090	S
26540		A	Repair hand joint	6.10	6.71	1.13	13.94	090	S
26541		A	Repair hand joint with graft	8.29	9.04	1.49	18.82	090	S
26542		A	Repair hand joint with graft	6.45	5.73	0.98	13.16	090	S
26545		A	Reconstruct finger joint	6.57	5.33	0.95	12.85	090	S
26548		A	Reconstruct finger joint	7.69	5.85	1.01	14.55	090	S
26550		C	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26552		C	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26555		C	Positional change of finger	0.00	0.00	0.00	0.00	090	S
26557		C	Construct finger replacement	0.00	0.00	0.00	0.00	090	S
26558		C	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26559		C	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26560		A	Repair of web finger	5.29	4.70	0.67	10.66	090	S
26561		A	Repair of web finger	10.62	8.99	1.58	21.19	090	S
26562		A	Repair of web finger	9.33	11.09	0.83	21.25	090	S
26565		A	Correct metacarpal flaw	6.52	5.88	0.86	13.26	090	S
26567		A	Correct finger deformity	6.60	4.33	0.68	11.61	090	S
26568		A	Lengthen metacarpal/finger	8.76	8.54	1.07	18.37	090	S
26580		C	Repair hand deformity	0.00	0.00	0.00	0.00	090	S
26585		C	Repair finger deformity	0.00	0.00	0.00	0.00	090	S
26587		C	Reconstruct extra finger	0.00	0.00	0.00	0.00	090	S
26590		C	Repair finger deformity	0.00	0.00	0.00	0.00	090	S
26591		A	Repair muscles of hand	2.93	2.32	0.39	5.64	090	S
26593		A	Release muscles of hand	4.94	4.17	0.71	9.82	090	S
26596		A	Excision constricting tissue	8.74	8.33	1.36	18.43	090	S
26597		A	Release of scar contracture	9.47	8.11	1.39	18.97	090	S
26600		A	Treat metacarpal fracture	1.83	1.56	0.22	3.61	090	S
26605		A	Treat metacarpal fracture	2.70	2.32	0.36	5.38	090	S
26607		A	Treat metacarpal fracture	5.18	3.59	0.58	9.35	090	S
26608		A	Treat metacarpal fracture	5.18	3.59	0.58	9.35	090	S
26615		A	Repair metacarpal fracture	5.24	4.92	0.81	10.97	090	S
26641		A	Treat thumb dislocation	3.78	1.12	0.14	5.04	090	S
26645		A	Treat thumb fracture	4.28	2.22	0.33	6.83	090	S
26650		A	Repair thumb fracture	5.55	4.05	0.65	10.25	090	S
26665		A	Repair thumb fracture	7.22	6.46	1.10	14.78	090	S
26670		A	Treat hand dislocation	3.58	0.97	0.10	4.65	090	S
26675		A	Treat hand dislocation	4.49	4.39	0.61	9.49	090	S
26676		A	Pin hand dislocation	5.35	4.91	0.68	10.94	090	S
26685		A	Repair hand dislocation	6.61	5.82	0.92	13.35	090	S
26686		A	Repair hand dislocation	7.56	6.38	1.05	14.99	090	S
26700		A	Treat knuckle dislocation	3.58	0.89	0.10	4.57	090	S
26705		A	Treat knuckle dislocation	4.03	1.80	0.27	6.10	090	S
26706		A	Pin knuckle dislocation	4.97	4.73	0.76	10.46	090	S
26715		A	Repair knuckle dislocation	5.54	4.18	0.67	10.39	090	S
26720		A	Treat finger fracture, each	1.58	1.11	0.15	2.84	090	S
26725		A	Treat finger fracture, each	3.22	1.56	0.23	5.01	090	S
26727		A	Treat finger fracture, each	4.97	2.48	0.38	7.83	090	S
26735		A	Repair finger fracture, each	5.78	3.77	0.62	10.17	090	S
26740		A	Treat finger fracture, each	1.83	1.17	0.16	3.16	090	S
26742		A	Treat finger fracture, each	3.74	2.00	0.32	6.06	090	S
26746		A	Repair finger fracture, each	5.61	4.80	0.81	11.22	090	S
26750		A	Treat finger fracture, each	1.62	0.84	0.10	2.56	090	S
26755		A	Treat finger fracture, each	3.00	1.09	0.15	4.24	090	S
26756		A	Pin finger fracture, each	4.24	1.92	0.33	6.49	090	S
26765		A	Repair finger fracture, each	4.08	2.69	0.45	7.22	090	S
26770		A	Treat finger dislocation	2.92	0.77	0.08	3.77	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
26775		A	Treat finger dislocation	3.55	1.14	0.17	4.86	090	S
26776		A	Pin finger dislocation	4.65	2.10	0.35	7.10	090	S
26785		A	Repair finger dislocation	4.13	3.00	0.49	7.62	090	S
26820		A	Thumb fusion with graft	7.93	6.72	1.06	15.71	090	S
26841		A	Fusion of thumb	6.87	6.24	1.01	14.12	090	S
26842		A	Thumb fusion with graft	7.84	8.68	1.39	17.91	090	S
26843		A	Fusion of hand joint	7.29	6.44	1.11	14.84	090	S
26844		A	Fusion/graft of hand joint	8.33	7.43	1.20	16.96	090	S
26850		A	Fusion of knuckle	6.64	4.68	0.77	12.09	090	S
26852		A	Fusion of knuckle with graft	8.06	5.78	1.01	14.85	090	S
26860		A	Fusion of finger joint	4.54	4.35	0.69	9.58	090	S
26861		A	Fusion of finger joint, added	1.76	*2.46	0.43	4.65	ZZZ	S
26862		A	Fusion/graft of finger joint	7.14	5.22	0.86	13.22	090	S
26863		A	Fuse/graft added joint	3.94	3.41	0.58	7.93	ZZZ	S
26910		A	Amputate metacarpal bone	7.26	5.22	0.94	13.42	090	S
26951		A	Amputation of finger/thumb	4.46	2.90	0.50	7.86	090	S
26952		A	Amputation of finger/thumb	6.09	4.04	0.70	10.83	090	S
26989		C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY	S
26990		A	Drainage of pelvis lesion	6.84	3.13	0.52	10.49	090	S
26991		A	Drainage of pelvis bursa	6.12	1.83	0.29	8.24	090	S
26992		A	Drainage of bone lesion	14.13	6.45	1.06	21.64	090	S
27000		A	Incision of hip tendon	5.33	1.87	0.24	7.44	090	S
27001		A	Incision of hip tendon	7.79	2.37	0.38	10.54	090	S
27003		A	Incision of hip tendon	6.60	6.85	1.09	14.54	090	S
27005		A	Incision of hip tendon	9.10	3.41	0.55	13.06	090	S
27006		A	Incision of hip tendons	9.61	4.69	0.78	15.08	090	S
27025		A	Incision of hip/thigh fascia	10.27	6.19	1.03	17.49	090	S
27030		A	Drainage of hip joint	12.22	11.55	1.88	25.65	090	S
27033		A	Exploration of hip joint	12.52	11.65	1.87	26.04	090	S
27035		A	Denervation of hip joint	15.89	11.99	2.23	30.11	090	S
27040		A	Biopsy of soft tissues	3.30	0.73	0.11	4.14	010	N
27041		A	Biopsy of soft tissues	9.46	2.70	0.44	12.60	090	S
27047		A	Remove hip/pelvis lesion	7.24	1.91	0.32	9.47	090	S
27048		A	Remove hip/pelvis lesion	5.76	4.38	0.83	10.97	090	S
27049		A	Remove tumor, hip/pelvis	12.66	10.25	1.89	24.80	090	S
27050		A	Biopsy of sacroiliac joint	3.77	*5.28	0.91	9.96	090	S
27052		A	Biopsy of hip joint	5.51	*9.05	1.61	16.17	090	S
27054		A	Removal of hip joint lining	7.68	*12.46	2.29	22.43	090	S
27060		A	Removal of ischial bursa	4.78	3.97	0.69	9.44	090	S
27062		A	Remove femur lesion/bursa	4.79	4.28	0.71	9.78	090	S
27065		A	Removal of hip bone lesion	5.04	5.65	0.91	11.60	090	S
27066		A	Removal of hip bone lesion	9.27	7.99	1.31	18.57	090	S
27067		A	Remove/graft hip bone lesion	12.78	11.76	1.95	26.49	090	S
27070		A	Partial removal of hip bone	9.69	7.49	1.22	18.40	090	S
27071		A	Partial removal of hip bone	10.34	8.59	1.47	20.40	090	S
27075		A	Extensive hip surgery	16.03	13.69	2.35	32.07	090	S
27076		A	Extensive hip surgery	18.13	16.55	2.64	37.32	090	S
27077		A	Extensive hip surgery	21.53	19.19	3.28	44.00	090	S
27078		A	Extensive hip surgery	11.99	9.30	1.69	22.98	090	S
27079		A	Extensive hip surgery	12.24	8.74	1.68	22.66	090	S
27080		A	Removal of tail bone	5.69	4.83	0.88	11.40	090	S
27086		A	Remove hip foreign body	1.84	0.59	0.07	2.50	010	S
27087		A	Remove hip foreign body	8.10	3.66	0.61	12.37	090	S
27090		A	Removal of hip prosthesis	12.13	9.19	1.48	22.80	090	S
27091		A	Removal of hip prosthesis	20.71	20.03	3.20	43.94	090	S
27093		A	Injection for hip x-ray	1.31	0.83	0.11	2.25	000	S
27095		A	Injection for hip x-ray	1.52	0.94	0.13	2.59	000	N
27097		A	Revision of hip tendon	8.17	7.80	1.27	17.24	090	S
27098		A	Transfer tendon to pelvis	8.17	7.80	1.27	17.24	090	S
27100		A	Transfer of abdominal muscle	10.69	7.77	1.44	19.90	090	S
27105		A	Transfer of spinal muscle	11.39	5.96	1.38	18.73	090	S
27110		A	Transfer of iliopsoas muscle	12.63	10.73	1.88	25.24	090	S
27111		A	Transfer of iliopsoas muscle	11.57	11.76	1.67	25.00	090	S
27120		A	Reconstruction of hip socket	16.61	18.30	2.98	37.89	090	S
27122		A	Reconstruction of hip socket	13.71	*17.55	2.97	34.23	090	S
27125		A	Partial hip replacement	13.36	*17.51	3.04	33.91	090	S
27130		A	Total hip replacement	18.89	*26.47	4.63	49.99	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27132	.....	A	Total hip replacement	21.68	*29.39	5.15	56.22	090	S
27134	.....	A	Revise hip joint replacement	24.81	*34.48	6.03	65.32	090	S
27137	.....	A	Revise hip joint replacement	18.88	*27.43	4.87	51.18	090	S
27138	.....	A	Revise hip joint replacement	19.14	*26.56	4.63	50.33	090	S
27140	.....	A	Transplant of femur ridge	11.56	11.17	1.73	24.46	090	S
27146	.....	A	Incision of hip bone	13.87	11.00	1.36	26.23	090	S
27147	.....	A	Revision of hip bone	17.78	17.16	2.79	37.73	090	S
27151	.....	A	Incision of hip bones	18.79	17.91	2.93	39.63	090	S
27156	.....	A	Revision of hip bones	20.38	18.52	3.11	42.01	090	S
27158	.....	A	Revision of pelvis	18.30	14.58	2.67	35.55	090	S
27161	.....	A	Incision of neck of femur	15.37	14.47	2.34	32.18	090	S
27165	.....	A	Incision/fixation of femur	16.38	16.95	2.66	35.99	090	S
27170	.....	A	Repair/graft femur head/neck	15.07	16.59	2.68	34.34	090	S
27175	.....	A	Treat slipped epiphysis	7.32	1.19	0.18	8.69	090	S
27176	.....	A	Treat slipped epiphysis	11.01	10.51	1.72	23.24	090	S
27177	.....	A	Repair slipped epiphysis	13.91	12.53	2.07	28.51	090	S
27178	.....	A	Repair slipped epiphysis	10.88	10.58	1.57	23.03	090	S
27179	.....	A	Revise head/neck of femur	11.82	11.27	1.85	24.94	090	S
27181	.....	A	Repair slipped epiphysis	13.95	13.29	2.18	29.42	090	S
27185	.....	A	Revision of femur epiphysis	8.39	2.80	0.88	12.07	090	S
27187	.....	A	Reinforce hip bones	12.71	*16.34	2.79	31.84	090	S
27193	.....	A	Treat pelvic ring fracture	4.69	2.44	0.39	7.52	090	S
27194	.....	A	Treat pelvic ring fracture	8.83	3.94	0.51	13.28	090	S
27200	.....	A	Treat tail bone fracture	1.78	1.51	0.17	3.46	090	S
27202	.....	A	Repair tail bone fracture	6.59	6.22	0.90	13.71	090	S
27215	.....	A	Pelvic fracture(s) treatment	9.49	*13.40	2.36	25.25	090	S
27216	.....	A	Treat pelvic ring fracture	14.36	4.35	0.67	19.38	090	S
27217	.....	A	Treat pelvic ring fracture	13.34	14.71	2.36	30.41	090	S
27218	.....	A	Treat pelvic ring fracture	19.04	14.71	2.36	36.11	090	S
27220	.....	A	Treat hip socket fracture	5.32	4.31	0.65	10.28	090	S
27222	.....	A	Treat hip socket fracture	11.07	6.44	1.04	18.55	090	S
27226	.....	A	Treat hip wall fracture	14.08	15.96	2.55	32.59	090	S
27227	.....	A	Treat hip fracture(s)	15.56	*19.92	3.24	38.72	090	S
27228	.....	A	Treat hip fracture(s)	18.10	20.17	3.24	41.51	090	S
27230	.....	A	Treat fracture of thigh	5.00	3.34	0.41	8.75	090	S
27232	.....	A	Treat fracture of thigh	9.42	9.08	1.48	19.98	090	S
27235	.....	A	Repair of thigh fracture	11.14	*15.14	2.63	28.91	090	S
27236	.....	A	Repair of thigh fracture	14.30	17.10	2.74	34.14	090	S
27238	.....	A	Treatment of thigh fracture	5.12	4.96	0.72	10.80	090	S
27240	.....	A	Treatment of thigh fracture	10.98	9.81	1.55	22.34	090	S
27244	.....	A	Repair of thigh fracture	14.51	16.48	2.65	33.64	090	S
27245	.....	A	Repair of thigh fracture	18.93	16.48	2.65	38.06	090	S
27246	.....	A	Treatment of thigh fracture	4.41	3.91	0.61	8.93	090	S
27248	.....	A	Repair of thigh fracture	9.84	*12.60	2.13	24.57	090	S
27250	.....	A	Treat hip dislocation	6.38	3.23	0.45	10.06	090	S
27252	.....	A	Treat hip dislocation	9.58	4.39	0.69	14.66	090	S
27253	.....	A	Repair of hip dislocation	12.11	13.29	2.13	27.53	090	S
27254	.....	A	Repair of hip dislocation	17.48	13.62	2.30	33.40	090	S
27256	.....	A	Treatment of hip dislocation	3.76	1.90	0.31	5.97	010	S
27257	.....	A	Treatment of hip dislocation	4.87	4.67	0.74	10.28	010	S
27258	.....	A	Repair of hip dislocation	14.56	13.88	2.27	30.71	090	S
27259	.....	A	Repair of hip dislocation	18.23	17.39	2.85	38.47	090	S
27265	.....	A	Treatment of hip dislocation	5.64	3.50	0.55	9.69	090	S
27266	.....	A	Treatment of hip dislocation	7.82	4.50	0.72	13.04	090	S
27275	.....	A	Manipulation of hip joint	2.02	1.90	0.30	4.22	010	S
27280	.....	A	Fusion of sacroiliac joint	11.94	10.17	1.79	23.90	090	S
27282	.....	A	Fusion of pubic bones	10.69	9.11	1.71	21.51	090	S
27284	.....	A	Fusion of hip joint	15.79	14.66	2.43	32.88	090	S
27286	.....	A	Fusion of hip joint	15.82	15.37	2.29	33.48	090	S
27290	.....	A	Amputation of leg at hip	21.92	25.68	4.75	52.35	090	S
27295	.....	A	Amputation of leg at hip	17.51	16.72	2.98	37.21	090	S
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY	S
27301	.....	A	Drain thigh/knee lesion	6.03	2.49	0.40	8.92	090	S
27303	.....	A	Drainage of bone lesion	7.78	5.93	0.97	14.68	090	S
27305	.....	A	Incise thigh tendon & fascia	5.48	3.84	0.69	10.01	090	S
27306	.....	A	Incision of thigh tendon	4.32	2.01	0.32	6.65	090	S
27307	.....	A	Incision of thigh tendons	5.36	3.04	0.49	8.89	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27310		A	Exploration of knee joint	8.35	9.71	1.53	19.59	090	S
27315		A	Partial removal, thigh nerve	6.58	5.44	0.97	12.99	090	S
27320		A	Partial removal, thigh nerve	5.97	5.24	0.74	11.95	090	S
27323		A	Biopsy thigh soft tissues	2.70	0.92	0.13	3.75	010	S
27324		A	Biopsy thigh soft tissues	4.58	2.66	0.46	7.70	090	S
27327		A	Removal of thigh lesion	4.37	2.32	0.40	7.09	090	S
27328		A	Removal of thigh lesion	5.37	4.12	0.74	10.23	090	S
27329		A	Remove tumor, thigh/knee	11.87	11.82	2.16	25.85	090	S
27330		A	Biopsy knee joint lining	4.76	*7.16	1.20	13.12	090	S
27331		A	Explore/treat knee joint	5.57	*8.51	1.51	15.59	090	S
27332		A	Removal of knee cartilage	7.94	*10.32	1.75	20.01	090	S
27333		A	Removal of knee cartilage	6.89	*13.59	2.55	23.03	090	S
27334		A	Remove knee joint lining	8.04	*10.51	1.79	20.34	090	S
27335		A	Remove knee joint lining	9.29	*11.98	2.07	23.34	090	S
27340		A	Removal of kneecap bursa	3.96	3.89	0.63	8.48	090	S
27345		A	Removal of knee cyst	5.69	5.69	0.96	12.34	090	S
27350		A	Removal of kneecap	7.50	*9.60	1.56	18.66	090	S
27355		A	Remove femur lesion	7.14	7.66	1.24	16.04	090	S
27356		A	Remove femur lesion/graft	8.70	8.29	1.35	18.34	090	S
27357		A	Remove femur lesion/graft	9.74	8.90	1.45	20.09	090	S
27358		A	Remove femur lesion/fixation	4.79	4.60	0.73	10.12	ZZZ	S
27360		A	Partial removal leg bone(s)	9.33	8.66	1.42	19.41	090	S
27365		A	Extensive leg surgery	13.99	14.09	2.46	30.54	090	S
27370		A	Injection for knee x-ray	0.97	0.61	0.05	1.63	000	N
27372		A	Removal of foreign body	4.86	3.46	0.55	8.87	090	S
27380		A	Repair of kneecap tendon	6.70	8.03	1.30	16.03	090	S
27381		A	Repair/graft kneecap tendon	9.77	11.40	1.84	23.01	090	S
27385		A	Repair of thigh muscle	7.25	8.94	1.44	17.63	090	S
27386		A	Repair/graft of thigh muscle	9.83	*12.58	2.04	24.45	090	S
27390		A	Incision of thigh tendon	4.94	4.41	0.72	10.07	090	S
27391		A	Incision of thigh tendons	6.74	5.48	0.91	13.13	090	S
27392		A	Incision of thigh tendons	8.61	7.76	1.29	17.66	090	S
27393		A	Lengthening of thigh tendon	6.02	5.73	0.94	12.69	090	S
27394		A	Lengthening of thigh tendons	8.06	5.79	0.95	14.80	090	S
27395		A	Lengthening of thigh tendons	11.08	10.60	1.67	23.35	090	S
27396		A	Transplant of thigh tendon	7.41	7.14	1.12	15.67	090	S
27397		A	Transplants of thigh tendons	9.43	8.98	1.47	19.88	090	S
27400		A	Revise thigh muscles/tendons	8.56	7.98	1.25	17.79	090	S
27403		A	Repair of knee cartilage	7.89	8.89	1.46	18.24	090	S
27405		A	Repair of knee ligament	8.06	10.28	1.69	20.03	090	S
27407		A	Repair of knee ligament	9.55	8.97	1.44	19.96	090	S
27409		A	Repair of knee ligaments	11.93	*15.27	2.51	29.71	090	S
27418		A	Repair degenerated kneecap	9.93	12.37	1.87	24.17	090	S
27420		A	Revision of unstable kneecap	9.25	11.11	1.76	22.12	090	S
27422		A	Revision of unstable kneecap	9.20	11.58	1.85	22.63	090	S
27424		A	Revision/removal of kneecap	9.23	*11.81	1.91	22.95	090	S
27425		A	Lateral retinacular release	5.10	*6.53	1.09	12.72	090	S
27427		A	Reconstruction, knee	8.78	*12.89	2.27	23.94	090	S
27428		A	Reconstruction, knee	10.80	*15.22	2.74	28.76	090	S
27429		A	Reconstruction, knee	11.99	11.40	1.85	25.24	090	S
27430		A	Revision of thigh muscles	9.02	9.46	1.52	20.00	090	S
27435		A	Incision of knee joint	8.84	7.11	1.14	17.09	090	S
27437		A	Revise kneecap	7.83	*10.02	1.57	19.42	090	S
27438		A	Revise kneecap with implant	10.40	13.28	2.16	25.84	090	S
27440		A	Revision of knee joint	9.60	11.96	2.12	23.68	090	S
27441		A	Revision of knee joint	9.92	9.24	1.53	20.69	090	S
27442		A	Revision of knee joint	11.26	*17.09	3.08	31.43	090	S
27443		A	Revision of knee joint	10.29	*18.02	3.38	31.69	090	S
27445		A	Revision of knee joint	16.57	*25.60	4.26	46.43	090	S
27446		A	Revision of knee joint	15.20	*22.41	3.91	41.52	090	S
27447		A	Total knee replacement	19.91	*28.44	5.00	53.35	090	S
27448		A	Incision of thigh	10.36	13.01	2.11	25.48	090	S
27450		A	Incision of thigh	13.23	15.00	2.39	30.62	090	S
27454		A	Realignment of thigh bone	12.40	*16.31	2.85	31.56	090	S
27455		A	Realignment of knee	12.14	12.14	1.97	26.25	090	S
27457		A	Realignment of knee	12.74	13.45	2.16	28.35	090	S
27465		A	Shortening of thigh bone	12.98	12.38	2.02	27.38	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27466	.....	A	Lengthening of thigh bone	15.25	13.58	2.30	31.13	090	S
27468	.....	A	Shorten/lengthen thighs	17.85	17.03	2.78	37.66	090	S
27470	.....	A	Repair of thigh	14.98	16.86	2.63	34.47	090	S
27472	.....	A	Repair/graft of thigh	16.58	20.09	3.20	39.87	090	S
27475	.....	A	Surgery to stop leg growth	8.20	7.83	1.28	17.31	090	S
27477	.....	A	Surgery to stop leg growth	9.42	*14.81	2.60	26.83	090	S
27479	.....	A	Surgery to stop leg growth	12.32	11.76	1.91	25.99	090	S
27485	.....	A	Surgery to stop leg growth	8.40	8.00	1.31	17.71	090	S
27486	.....	A	Revise knee joint replace	16.81	*24.56	4.31	45.68	090	S
27487	.....	A	Revise knee joint replace	21.93	*33.78	6.04	61.75	090	S
27488	.....	A	Removal of knee prosthesis	14.64	16.34	2.61	33.59	090	S
27495	.....	A	Reinforce thigh	14.42	17.83	2.85	35.10	090	S
27496	.....	A	Decompression of thigh/knee	4.80	4.58	0.75	10.13	090	S
27497	.....	A	Decompression of thigh/knee	5.87	5.61	0.92	12.40	090	S
27498	.....	A	Decompression of thigh/knee	6.70	6.39	1.05	14.14	090	S
27499	.....	A	Decompression of thigh/knee	7.72	7.36	1.20	16.28	090	S
27500	.....	A	Treatment of thigh fracture	5.35	5.47	0.83	11.65	090	S
27501	.....	A	Treatment of thigh fracture	5.35	5.47	0.83	11.65	090	S
27502	.....	A	Treatment of thigh fracture	9.62	7.76	1.22	18.60	090	S
27503	.....	A	Treatment of thigh fracture	9.62	7.76	1.22	18.60	090	S
27506	.....	A	Repair of thigh fracture	16.11	16.20	2.59	34.90	090	S
27507	.....	A	Treatment of thigh fracture	12.99	16.20	2.59	31.78	090	S
27508	.....	A	Treatment of thigh fracture	5.27	4.27	0.66	10.20	090	S
27509	.....	A	Treatment of thigh fracture	6.85	4.27	0.66	11.78	090	S
27510	.....	A	Treatment of thigh fracture	8.28	6.90	1.10	16.28	090	S
27511	.....	A	Treatment of thigh fracture	12.64	*16.18	2.59	31.41	090	S
27513	.....	A	Treatment of thigh fracture	16.97	16.20	2.59	35.76	090	S
27514	.....	A	Repair of thigh fracture	16.16	15.94	2.56	34.66	090	S
27516	.....	A	Repair of thigh growth plate	4.97	4.87	0.72	10.56	090	S
27517	.....	A	Repair of thigh growth plate	8.29	7.91	1.29	17.49	090	S
27519	.....	A	Repair of thigh growth plate	13.97	12.82	2.07	28.86	090	S
27520	.....	A	Treat kneecap fracture	2.71	3.07	0.46	6.24	090	S
27524	.....	A	Repair of kneecap fracture	9.48	10.46	1.67	21.61	090	S
27530	.....	A	Treatment of knee fracture	3.27	3.44	0.52	7.23	090	S
27532	.....	A	Treatment of knee fracture	6.89	5.74	0.92	13.55	090	S
27535	.....	A	Treatment of knee fracture	10.48	11.82	1.90	24.20	090	S
27536	.....	A	Repair of knee fracture	14.67	11.82	1.90	28.39	090	S
27538	.....	A	Treat knee fracture(s)	4.69	3.41	0.52	8.62	090	S
27540	.....	A	Repair of knee fracture	12.52	11.07	1.76	25.35	090	S
27550	.....	A	Treat knee dislocation	5.59	2.60	0.36	8.55	090	S
27552	.....	A	Treat knee dislocation	7.47	3.47	0.54	11.48	090	S
27556	.....	A	Repair of knee dislocation	13.62	12.62	1.97	28.21	090	S
27557	.....	A	Repair of knee dislocation	15.98	14.76	2.46	33.20	090	S
27558	.....	A	Repair of knee dislocation	16.94	14.76	2.46	34.16	090	S
27560	.....	A	Treat kneecap dislocation	3.68	1.45	0.16	5.29	090	S
27562	.....	A	Treat kneecap dislocation	5.54	5.24	0.77	11.55	090	S
27566	.....	A	Repair kneecap dislocation	11.61	10.70	1.69	24.00	090	S
27570	.....	A	Fixation of knee joint	1.71	1.74	0.28	3.73	010	S
27580	.....	A	Fusion of knee	12.40	*15.87	2.59	30.86	090	S
27590	.....	A	Amputate leg at thigh	10.35	9.21	1.82	21.38	090	S
27591	.....	A	Amputate leg at thigh	11.21	11.90	2.13	25.24	090	S
27592	.....	A	Amputate leg at thigh	8.85	8.20	1.63	18.68	090	S
27594	.....	A	Amputation follow-up surgery	6.37	3.69	0.69	10.75	090	S
27596	.....	A	Amputation follow-up surgery	9.74	7.45	1.44	18.63	090	S
27598	.....	A	Amputate lower leg at knee	9.67	10.15	1.80	21.62	090	S
27599	.....	C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY	S
27600	.....	A	Decompression of lower leg	5.08	3.43	0.65	9.16	090	S
27601	.....	A	Decompression of lower leg	5.04	3.42	0.68	9.14	090	S
27602	.....	A	Decompression of lower leg	6.70	4.09	0.78	11.57	090	S
27603	.....	A	Drain lower leg lesion	4.46	2.41	0.41	7.28	090	S
27604	.....	A	Drain lower leg bursa	4.28	1.03	0.14	5.45	090	S
27605	.....	A	Incision of achilles tendon	2.85	1.19	0.14	4.18	010	S
27606	.....	A	Incision of achilles tendon	3.91	2.14	0.35	6.40	010	S
27607	.....	A	Treat lower leg bone lesion	7.13	6.08	0.99	14.20	090	S
27610	.....	A	Explore/treat ankle joint	7.35	7.51	1.14	16.00	090	S
27612	.....	A	Exploration of ankle joint	6.30	*8.22	1.31	15.83	090	S
27613	.....	A	Biopsy lower leg soft tissue	2.14	0.68	0.10	2.92	010	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27614		A	Biopsy lower leg soft tissue	5.35	2.29	0.38	8.02	090	S
27615		A	Remove tumor, lower leg	11.92	8.32	1.44	21.68	090	S
27618		A	Remove lower leg lesion	4.99	2.12	0.32	7.43	090	S
27619		A	Remove lower leg lesion	8.07	4.18	0.68	12.93	090	S
27620		A	Explore, treat ankle joint	5.75	6.10	0.97	12.82	090	S
27625		A	Remove ankle joint lining	7.97	8.81	1.28	18.06	090	S
27626		A	Remove ankle joint lining	8.58	*10.98	1.26	20.82	090	S
27630		A	Removal of tendon lesion	4.70	3.13	0.47	8.30	090	S
27635		A	Remove lower leg bone lesion	7.37	8.13	1.28	16.78	090	S
27637		A	Remove/graft leg bone lesion	9.24	8.56	1.42	19.22	090	S
27638		A	Remove/graft leg bone lesion	10.00	9.25	1.54	20.79	090	S
27640		A	Partial removal of tibia	10.32	9.92	1.59	21.83	090	S
27641		A	Partial removal of fibula	8.45	7.21	1.19	16.85	090	S
27645		A	Extensive lower leg surgery	13.29	11.77	2.00	27.06	090	S
27646		A	Extensive lower leg surgery	11.82	10.87	1.73	24.42	090	S
27647		A	Extensive ankle/heel surgery	11.33	10.06	1.36	22.75	090	S
27648		A	Injection for ankle x-ray	0.97	0.53	0.05	1.55	000	N
27650		A	Repair achilles tendon	9.17	9.08	1.43	19.68	090	S
27652		A	Repair/graft achilles tendon	9.73	10.53	1.58	21.84	090	S
27654		A	Repair of achilles tendon	9.44	11.05	1.67	22.16	090	S
27656		A	Repair leg fascia defect	4.36	3.22	0.55	8.13	090	S
27658		A	Repair of leg tendon, each	4.66	4.06	0.61	9.33	090	S
27659		A	Repair of leg tendon, each	6.35	5.94	0.87	13.16	090	S
27664		A	Repair of leg tendon, each	4.38	3.45	0.53	8.36	090	S
27665		A	Repair of leg tendon, each	5.17	5.00	0.77	10.94	090	S
27675		A	Repair lower leg tendons	6.86	6.47	0.95	14.28	090	S
27676		A	Repair lower leg tendons	7.96	7.64	1.15	16.75	090	S
27680		A	Release of lower leg tendon	5.43	4.17	0.62	10.22	090	S
27681		A	Release of lower leg tendons	6.43	6.04	0.87	13.34	090	S
27685		A	Revision of lower leg tendon	6.15	3.87	0.41	10.43	090	S
27686		A	Revise lower leg tendons	7.01	6.63	0.91	14.55	090	S
27687		A	Revision of calf tendon	5.90	5.51	0.77	12.18	090	S
27690		A	Revise lower leg tendon	8.18	6.82	0.89	15.89	090	S
27691		A	Revise lower leg tendon	9.35	7.98	1.24	18.57	090	S
27692		A	Revise additional leg tendon	1.89	2.05	0.29	4.23	ZZZ	S
27695		A	Repair of ankle ligament	6.16	*7.99	1.33	15.48	090	S
27696		A	Repair of ankle ligaments	7.81	7.14	1.17	16.12	090	S
27698		A	Repair of ankle ligament	8.97	*11.59	1.88	22.44	090	S
27700		A	Revision of ankle joint	8.77	*11.36	1.53	21.66	090	S
27702		A	Reconstruct ankle joint	12.78	*21.79	4.03	38.60	090	S
27703		A	Reconstruction, ankle joint	14.65	13.97	2.28	30.90	090	S
27704		A	Removal of ankle implant	7.28	5.91	0.99	14.18	090	S
27705		A	Incision of tibia	9.74	10.86	1.78	22.38	090	S
27707		A	Incision of fibula	3.75	*4.80	0.80	9.35	090	S
27709		A	Incision of tibia & fibula	9.24	*12.29	2.16	23.69	090	S
27712		A	Realignment of lower leg	11.94	11.11	1.65	24.70	090	S
27715		A	Revision of lower leg	13.11	12.75	1.90	27.76	090	S
27720		A	Repair of tibia	11.07	14.13	2.28	27.48	090	S
27722		A	Repair/graft of tibia	11.04	10.62	1.66	23.32	090	S
27724		A	Repair/graft of tibia	12.24	*16.45	2.90	31.59	090	S
27725		A	Repair of lower leg	11.16	10.55	1.55	23.26	090	S
27727		A	Repair of lower leg	13.03	9.48	1.86	24.37	090	S
27730		A	Repair of tibia epiphysis	6.96	3.63	0.85	11.44	090	S
27732		A	Repair of fibula epiphysis	5.12	4.89	0.80	10.81	090	S
27734		A	Repair lower leg epiphyses	7.98	7.62	1.24	16.84	090	S
27740		A	Repair of leg epiphyses	8.85	8.45	1.38	18.68	090	S
27742		A	Repair of leg epiphyses	9.83	9.39	1.54	20.76	090	S
27745		A	Reinforce tibia	9.49	9.07	1.41	19.97	090	S
27750		A	Treatment of tibia fracture	2.93	3.49	0.51	6.93	090	S
27752		A	Treatment of tibia fracture	5.22	5.15	0.82	11.19	090	S
27756		A	Repair of tibia fracture	5.91	*9.49	1.72	17.12	090	S
27758		A	Repair of tibia fracture	10.63	*13.61	2.24	26.48	090	S
27759		A	Repair of tibia fracture	12.74	13.89	2.24	28.87	090	S
27760		A	Treatment of ankle fracture	2.84	2.61	0.37	5.82	090	S
27762		A	Treatment of ankle fracture	4.85	3.40	0.51	8.76	090	S
27766		A	Repair of ankle fracture	7.69	7.96	1.27	16.92	090	S
27780		A	Treatment of fibula fracture	2.50	1.99	0.26	4.75	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
27781		A	Treatment of fibula fracture	4.25	3.33	0.50	8.08	090	S
27784		A	Repair of fibula fracture	6.52	5.65	0.88	13.05	090	S
27786		A	Treatment of ankle fracture	2.69	2.55	0.38	5.62	090	S
27788		A	Treatment of ankle fracture	4.30	3.31	0.51	8.12	090	S
27792		A	Repair of ankle fracture	7.12	7.46	1.18	15.76	090	S
27808		A	Treatment of ankle fracture	2.66	2.82	0.39	5.87	090	S
27810		A	Treatment of ankle fracture	4.87	5.11	0.81	10.79	090	S
27814		A	Repair of ankle fracture	9.98	10.11	1.62	21.71	090	S
27816		A	Treatment of ankle fracture	2.74	*3.59	0.56	6.89	090	S
27818		A	Treatment of ankle fracture	5.14	*6.58	1.07	12.79	090	S
27822		A	Repair of ankle fracture	8.48	*11.00	1.90	21.38	090	S
27823		A	Repair of ankle fracture	11.02	12.93	2.07	26.02	090	S
27824		A	Treat lower leg fracture	2.74	*3.59	0.56	6.89	090	S
27825		A	Treat lower leg fracture	5.14	*6.58	1.07	12.79	090	S
27826		A	Treat lower leg fracture	7.51	*10.76	1.90	20.17	090	S
27827		A	Treat lower leg fracture	10.01	11.84	1.90	23.75	090	S
27828		A	Treat lower leg fracture	12.47	12.93	2.07	27.47	090	S
27829		A	Treat lower leg joint	4.92	*7.75	1.39	14.06	090	S
27830		A	Treat lower leg dislocation	3.54	3.29	0.47	7.30	090	S
27831		A	Treat lower leg dislocation	4.32	4.02	0.60	8.94	090	S
27832		A	Repair lower leg dislocation	6.03	5.76	0.90	12.69	090	S
27840		A	Treat ankle dislocation	4.32	1.89	0.21	6.42	090	S
27842		A	Treat ankle dislocation	5.78	2.24	0.34	8.36	090	S
27846		A	Repair ankle dislocation	9.14	8.69	1.39	19.22	090	S
27848		A	Repair ankle dislocation	10.57	8.45	1.33	20.35	090	S
27860		A	Fixation of ankle joint	2.32	1.41	0.23	3.96	010	S
27870		A	Fusion of ankle joint	10.54	*13.49	2.24	26.27	090	S
27871		A	Fusion of tibiofibular joint	8.65	7.88	1.22	17.75	090	S
27880		A	Amputation of lower leg	10.81	8.45	1.62	20.88	090	S
27881		A	Amputation of lower leg	11.01	10.94	1.89	23.84	090	S
27882		A	Amputation of lower leg	7.89	7.44	1.44	16.77	090	S
27884		A	Amputation follow-up surgery	7.48	3.41	0.62	11.51	090	S
27886		A	Amputation follow-up surgery	8.44	7.25	1.35	17.04	090	S
27888		A	Amputation of foot at ankle	8.80	9.60	1.67	20.07	090	S
27889		A	Amputation of foot at ankle	8.92	8.52	1.57	19.01	090	S
27892		A	Decompression of leg	6.10	3.43	0.65	10.18	090	S
27893		A	Decompression of leg	6.06	3.42	0.68	10.16	090	S
27894		A	Decompression of leg	7.72	4.09	0.78	12.59	090	S
27899		C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
28001		A	Drainage of bursa of foot	2.71	0.53	0.05	3.29	010	S
28002		A	Treatment of foot infection	3.80	2.28	0.33	6.41	010	S
28003		A	Treatment of foot infection	7.57	3.54	0.60	11.71	090	S
28005		A	Treat foot bone lesion	7.74	4.13	0.62	12.49	090	S
28008		A	Incision of foot fascia	4.24	2.71	0.29	7.24	090	S
28010		A	Incision of toe tendon	3.00	3.66	0.33	6.99	090	S
28011		A	Incision of toe tendons	4.03	1.79	0.19	6.01	090	S
28020		A	Exploration of a foot joint	4.80	4.45	0.57	9.82	090	S
28022		A	Exploration of a foot joint	4.46	2.77	0.31	7.54	090	S
28024		A	Exploration of a toe joint	4.17	2.42	0.24	6.83	090	S
28030		A	Removal of foot nerve	5.84	3.97	0.42	10.23	090	S
28035		A	Decompression of tibia nerve	4.88	*6.33	0.91	12.12	090	S
28043		A	Excision of foot lesion	3.45	1.75	0.20	5.40	090	S
28045		A	Excision of foot lesion	4.51	4.03	0.47	9.01	090	S
28046		A	Resection of tumor, foot	9.51	5.41	0.80	15.72	090	S
28050		A	Biopsy of foot joint lining	4.03	3.88	0.54	8.45	090	S
28052		A	Biopsy of foot joint lining	3.74	3.86	0.43	8.03	090	S
28054		A	Biopsy of toe joint lining	3.25	2.26	0.28	5.79	090	S
28060		A	Partial removal foot fascia	5.11	4.27	0.54	9.92	090	S
28062		A	Removal of foot fascia	6.30	7.14	0.87	14.31	090	S
28070		A	Removal of foot joint lining	4.78	4.53	0.49	9.80	090	S
28072		A	Removal of foot joint lining	4.37	3.25	0.42	8.04	090	S
28080		A	Removal of foot lesion	3.22	*4.12	0.46	7.80	090	S
28086		A	Excise foot tendon sheath	4.57	3.15	0.47	8.19	090	S
28088		A	Excise foot tendon sheath	3.66	3.66	0.40	7.72	090	S
28090		A	Removal of foot lesion	4.31	3.05	0.29	7.65	090	S
28092		A	Removal of toe lesions	3.53	2.05	0.25	5.83	090	S
28100		A	Removal of ankle/heel lesion	5.43	4.63	0.57	10.63	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28102	.....	A	Remove/graft foot lesion	7.39	6.92	0.86	15.17	090	S
28103	.....	A	Remove/graft foot lesion	6.17	5.67	0.70	12.54	090	S
28104	.....	A	Removal of foot lesion	4.91	4.38	0.50	9.79	090	S
28106	.....	A	Remove/graft foot lesion	6.82	6.49	0.80	14.11	090	S
28107	.....	A	Remove/graft foot lesion	5.22	4.91	0.49	10.62	090	S
28108	.....	A	Removal of toe lesions	4.05	4.25	0.38	8.68	090	S
28110	.....	A	Part removal of metatarsal	3.86	3.52	0.39	7.77	090	S
28111	.....	A	Part removal of metatarsal	4.69	5.10	0.66	10.45	090	S
28112	.....	A	Part removal of metatarsal	4.28	4.00	0.45	8.73	090	S
28113	.....	A	Part removal of metatarsal	4.14	4.49	0.49	9.12	090	S
28114	.....	A	Removal of metatarsal heads	7.24	*9.57	1.44	18.25	090	S
28116	.....	A	Revision of foot	6.24	5.54	0.58	12.36	090	S
28118	.....	A	Removal of heel bone	5.62	5.77	0.67	12.06	090	S
28119	.....	A	Removal of heel spur	5.16	5.50	0.58	11.24	090	S
28120	.....	A	Part removal of ankle/heel	4.86	5.10	0.68	10.64	090	S
28122	.....	A	Partial removal of foot bone	6.69	4.53	0.55	11.77	090	S
28124	.....	A	Partial removal of toe	4.44	4.16	0.37	8.97	090	S
28126	.....	A	Partial removal of toe	3.43	4.02	0.36	7.81	090	S
28130	.....	A	Removal of ankle bone	7.41	7.11	0.89	15.41	090	S
28140	.....	A	Removal of metatarsal	6.52	4.98	0.63	12.13	090	S
28150	.....	A	Removal of toe	3.87	3.33	0.38	7.58	090	S
28153	.....	A	Partial removal of toe	3.44	4.03	0.36	7.83	090	S
28160	.....	A	Partial removal of toe	3.63	4.17	0.38	8.18	090	S
28171	.....	A	Extensive foot surgery	9.08	8.08	0.89	18.05	090	S
28173	.....	A	Extensive foot surgery	8.27	5.80	0.75	14.82	090	S
28175	.....	A	Extensive foot surgery	5.65	5.44	0.59	11.68	090	S
28190	.....	A	Removal of foot foreign body	1.93	0.53	0.05	2.51	010	S
28192	.....	A	Removal of foot foreign body	4.54	1.97	0.24	6.75	090	S
28193	.....	A	Removal of foot foreign body	5.50	2.41	0.30	8.21	090	S
28200	.....	A	Repair of foot tendon	4.50	5.12	0.51	10.13	090	S
28202	.....	A	Repair/graft of foot tendon	6.45	5.88	0.78	13.11	090	S
28208	.....	A	Repair of foot tendon	4.16	2.84	0.28	7.28	090	S
28210	.....	A	Repair/graft of foot tendon	6.02	5.66	0.61	12.29	090	S
28220	.....	A	Release of foot tendon	4.32	3.91	0.43	8.66	090	S
28222	.....	A	Release of foot tendons	5.42	6.47	0.64	12.53	090	S
28225	.....	A	Release of foot tendon	3.46	2.40	0.25	6.11	090	S
28226	.....	A	Release of foot tendons	4.32	3.42	0.40	8.14	090	S
28230	.....	A	Incision of foot tendon(s)	4.04	2.46	0.22	6.72	090	S
28232	.....	A	Incision of toe tendon	3.30	1.62	0.15	5.07	090	S
28234	.....	A	Incision of foot tendon	3.23	1.55	0.14	4.92	090	S
28236	.....	A	Transfer of foot tendon	8.10	7.60	1.10	16.80	090	S
28238	.....	A	Revision of foot tendon	7.35	7.31	0.86	15.52	090	S
28240	.....	A	Release of big toe	4.17	2.15	0.23	6.55	090	S
28250	.....	A	Revision of foot fascia	5.72	4.51	0.51	10.74	090	S
28260	.....	A	Release of midfoot joint	7.58	4.48	0.49	12.55	090	S
28261	.....	A	Revision of foot tendon	9.02	5.98	0.59	15.59	090	S
28262	.....	A	Revision of foot and ankle	12.33	12.04	1.46	25.83	090	S
28264	.....	A	Release of midfoot joint	9.91	9.67	1.18	20.76	090	S
28270	.....	A	Release of foot contracture	4.63	2.66	0.23	7.52	090	S
28272	.....	A	Release of toe joint, each	3.71	2.06	0.18	5.95	090	S
28280	.....	A	Fusion of toes	4.98	2.24	0.30	7.52	090	S
28285	.....	A	Repair of hammertoe	4.46	4.42	0.39	9.27	090	S
28286	.....	A	Repair of hammertoe	4.46	3.62	0.38	8.46	090	S
28288	.....	A	Partial removal of foot bone	3.77	3.79	0.43	7.99	090	S
28290	.....	A	Correction of bunion	5.43	5.42	0.64	11.49	090	S
28292	.....	A	Correction of bunion	6.31	7.13	0.75	14.19	090	S
28293	.....	A	Correction of bunion	8.34	9.66	0.99	18.99	090	S
28294	.....	A	Correction of bunion	8.23	9.26	0.87	18.36	090	S
28296	.....	A	Correction of bunion	8.79	8.91	0.99	18.69	090	S
28297	.....	A	Correction of bunion	8.79	9.12	1.06	18.97	090	S
28298	.....	A	Correction of bunion	7.60	8.99	0.80	17.39	090	S
28299	.....	A	Correction of bunion	8.55	10.25	1.09	19.89	090	S
28300	.....	A	Incision of heel bone	9.22	6.59	0.80	16.61	090	S
28302	.....	A	Incision of ankle bone	9.23	8.99	1.13	19.35	090	S
28304	.....	A	Incision of midfoot bones	8.77	6.51	0.71	15.99	090	S
28305	.....	A	Incise/graft midfoot bones	10.10	9.96	1.04	21.10	090	S
28306	.....	A	Incision of metatarsal	5.77	4.62	0.48	10.87	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28307		A	Incision of metatarsal	6.11	5.94	0.77	12.82	090	S
28308		A	Incision of metatarsal	5.15	5.77	0.51	11.43	090	S
28309		A	Incision of metatarsals	8.93	6.95	1.01	16.89	090	S
28310		A	Revision of big toe	5.12	4.22	0.42	9.76	090	S
28312		A	Revision of toe	4.34	4.61	0.46	9.41	090	S
28313		A	Repair deformity of toe	4.80	2.60	0.31	7.71	090	S
28315		A	Removal of sesamoid bone	4.65	4.29	0.41	9.35	090	S
28320		A	Repair of foot bones	8.86	8.79	1.04	18.69	090	S
28322		A	Repair of metatarsals	8.12	4.72	0.53	13.37	090	S
28340		A	Resect enlarged toe tissue	6.65	6.41	0.92	13.98	090	S
28341		A	Resect enlarged toe	7.95	7.75	0.97	16.67	090	S
28344		A	Repair extra toe(s)	3.93	3.74	0.61	8.28	090	S
28345		A	Repair webbed toe(s)	5.58	5.40	0.74	11.72	090	S
28360		C	Reconstruct cleft foot	0.00	0.00	0.00	0.00	090	S
28400		A	Treatment of heel fracture	2.03	*2.60	0.40	5.03	090	S
28405		A	Treatment of heel fracture	4.33	3.94	0.59	8.86	090	S
28406		A	Treatment of heel fracture	5.88	6.16	0.94	12.98	090	S
28415		A	Repair of heel fracture	13.43	9.12	1.41	23.96	090	S
28420		A	Repair/graft heel fracture	15.98	11.01	1.65	28.64	090	S
28430		A	Treatment of ankle fracture	1.98	2.48	0.35	4.81	090	S
28435		A	Treatment of ankle fracture	3.29	3.40	0.51	7.20	090	S
28436		A	Treatment of ankle fracture	4.45	4.24	0.69	9.38	090	S
28445		A	Repair of ankle fracture	8.88	8.90	1.42	19.20	090	S
28450		A	Treat midfoot fracture, each	1.79	1.89	0.25	3.93	090	S
28455		A	Treat midfoot fracture, each	2.97	2.57	0.34	5.88	090	S
28456		A	Repair midfoot fracture	2.42	2.30	0.38	5.10	090	S
28465		A	Repair midfoot fracture, each	6.62	5.60	0.82	13.04	090	S
28470		A	Treat metatarsal fracture	1.78	1.82	0.23	3.83	090	S
28475		A	Treat metatarsal fracture	2.77	2.37	0.30	5.44	090	S
28476		A	Repair metatarsal fracture	3.18	3.41	0.46	7.05	090	S
28485		A	Repair metatarsal fracture	5.37	4.73	0.61	10.71	090	S
28490		A	Treat big toe fracture	1.02	0.91	0.10	2.03	090	S
28495		A	Treat big toe fracture	1.50	1.13	0.13	2.76	090	S
28496		A	Repair big toe fracture	2.20	2.09	0.31	4.60	090	S
28505		A	Repair big toe fracture	3.59	3.02	0.43	7.04	090	S
28510		A	Treatment of toe fracture	1.02	0.90	0.09	2.01	090	S
28515		A	Treatment of toe fracture	1.38	1.13	0.11	2.62	090	S
28525		A	Repair of toe fracture	3.11	2.08	0.29	5.48	090	S
28530		A	Treat sesamoid bone fracture	1.02	1.01	0.10	2.13	090	S
28531		A	Treat sesamoid bone fracture	2.03	1.93	0.32	4.28	090	S
28540		A	Treat foot dislocation	1.91	0.61	0.06	2.58	090	S
28545		A	Treat foot dislocation	2.21	1.32	0.14	3.67	090	S
28546		A	Treat foot dislocation	2.92	2.77	0.45	6.14	090	S
28555		A	Repair foot dislocation	5.90	5.64	0.74	12.28	090	S
28570		A	Treat foot dislocation	1.58	1.61	0.17	3.36	090	S
28575		A	Treat foot dislocation	2.94	2.80	0.42	6.16	090	S
28576		A	Treat foot dislocation	3.79	2.80	0.42	7.01	090	S
28585		A	Repair foot dislocation	7.54	5.02	0.56	13.12	090	S
28600		A	Treat foot dislocation	1.78	0.69	0.08	2.55	090	S
28605		A	Treat foot dislocation	2.45	2.29	0.34	5.08	090	S
28606		A	Treat foot dislocation	4.53	3.53	0.56	8.62	090	S
28615		A	Repair foot dislocation	5.18	5.02	0.79	10.99	090	S
28630		A	Treat toe dislocation	1.67	1.04	0.11	2.82	010	S
28635		A	Treat toe dislocation	1.88	1.47	0.18	3.53	010	S
28636		A	Treat toe dislocation	2.70	2.59	0.42	5.71	010	S
28645		A	Repair toe dislocation	4.00	3.28	0.38	7.66	090	S
28660		A	Treat toe dislocation	1.19	0.64	0.06	1.89	010	S
28665		A	Treat toe dislocation	1.89	0.99	0.11	2.99	010	S
28666		A	Treat toe dislocation	2.59	2.47	0.40	5.46	010	S
28675		A	Repair of toe dislocation	2.71	3.03	0.41	6.15	090	S
28705		A	Fusion of foot bones	14.39	15.28	2.38	32.05	090	S
28715		A	Fusion of foot bones	12.32	12.47	1.91	26.70	090	S
28725		A	Fusion of foot bones	10.98	9.54	1.46	21.98	090	S
28730		A	Fusion of foot bones	10.02	9.10	1.34	20.46	090	S
28735		A	Fusion of foot bones	10.18	9.87	1.39	21.44	090	S
28737		A	Revision of foot bones	8.99	8.97	1.14	19.10	090	S
28740		A	Fusion of foot bones	6.27	5.20	0.73	12.20	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
28750		A	Fusion of big toe joint	4.82	5.38	0.83	11.03	090	S
28755		A	Fusion of big toe joint	4.53	3.73	0.46	8.72	090	S
28760		A	Fusion of big toe joint	5.53	5.46	0.66	11.65	090	S
28800		A	Amputation of midfoot	7.45	6.72	1.20	15.37	090	S
28805		A	Amputation thru metatarsal	7.63	6.39	1.22	15.24	090	S
28810		A	Amputation toe & metatarsal	5.59	3.95	0.76	10.30	090	S
28820		A	Amputation of toe	3.60	2.61	0.47	6.68	090	S
28825		A	Partial amputation of toe	3.16	2.43	0.41	6.00	090	S
28899		C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY	S
29000		A	Application of body cast	2.27	1.87	0.21	4.35	000	S
29010		A	Application of body cast	2.08	2.36	0.34	4.78	000	S
29015		A	Application of body cast	2.44	2.36	0.33	5.13	000	S
29020		A	Application of body cast	2.13	1.84	0.23	4.20	000	S
29025		A	Application of body cast	2.43	0.76	0.14	3.33	000	S
29035		A	Application of body cast	1.79	1.97	0.32	4.08	000	S
29040		A	Application of body cast	2.24	2.04	0.30	4.58	000	S
29044		A	Application of body cast	2.14	2.11	0.34	4.59	000	S
29046		A	Application of body cast	2.44	2.25	0.36	5.05	000	S
29049		A	Application of shoulder cast	0.90	0.42	0.06	1.38	000	S
29055		A	Application of shoulder cast	1.80	1.21	0.17	3.18	000	S
29058		A	Application of shoulder cast	1.32	0.66	0.09	2.07	000	S
29065		A	Application of long arm cast	0.88	0.81	0.13	1.82	000	S
29075		A	Application of forearm cast	0.78	0.62	0.10	1.50	000	S
29085		A	Apply hand/wrist cast	0.88	0.51	0.08	1.47	000	S
29105		A	Apply long arm splint	0.88	0.51	0.08	1.47	000	S
29125		A	Apply forearm splint	0.60	0.37	0.05	1.02	000	S
29126		A	Apply forearm splint	0.78	0.40	0.06	1.24	000	S
29130		A	Application of finger splint	0.51	0.17	0.02	0.70	000	S
29131		A	Application of finger splint	0.56	0.39	0.06	1.01	000	S
29200		A	Strapping of chest	0.66	0.27	0.03	0.96	000	N
29220		A	Strapping of low back	0.65	0.38	0.05	1.08	000	S
29240		A	Strapping of shoulder	0.72	0.27	0.03	1.02	000	S
29260		A	Strapping of elbow or wrist	0.56	0.23	0.03	0.82	000	S
29280		A	Strapping of hand or finger	0.52	0.21	0.02	0.75	000	S
29305		A	Application of hip cast	2.05	1.90	0.31	4.26	000	S
29325		A	Application of hip casts	2.35	1.96	0.28	4.59	000	S
29345		A	Application of long leg cast	1.42	1.03	0.16	2.61	000	S
29355		A	Application of long leg cast	1.55	1.11	0.17	2.83	000	S
29358		A	Apply long leg cast brace	1.45	*1.92	0.33	3.70	000	S
29365		A	Application of long leg cast	1.19	0.87	0.14	2.20	000	S
29405		A	Apply short leg cast	0.87	0.80	0.12	1.79	000	S
29425		A	Apply short leg cast	1.02	0.98	0.14	2.14	000	S
29435		A	Apply short leg cast	1.19	1.19	0.18	2.56	000	S
29440		A	Addition of walker to cast	0.58	0.23	0.03	0.84	000	S
29450		A	Application of leg cast	1.03	0.39	0.04	1.46	000	S
29505		A	Application long leg splint	0.70	0.58	0.07	1.35	000	S
29515		A	Application lower leg splint	0.74	0.48	0.06	1.28	000	S
29520		A	Strapping of hip	0.55	0.36	0.03	0.94	000	S
29530		A	Strapping of knee	0.58	0.35	0.05	0.98	000	S
29540		A	Strapping of ankle	0.52	0.30	0.03	0.85	000	S
29550		A	Strapping of toes	0.48	0.28	0.03	0.79	000	S
29580		A	Application of paste boot	0.58	0.80	0.04	1.42	000	S
29590		A	Application of foot splint	0.77	0.28	0.03	1.08	000	S
29700		A	Removal/revision of cast	0.89	0.32	0.05	1.26	000	S
29705		A	Removal/revision of cast	1.13	0.35	0.05	1.53	000	S
29710		A	Removal/revision of cast	1.35	0.46	0.07	1.88	000	S
29715		A	Removal/revision of cast	0.95	0.87	0.12	1.94	000	S
29720		A	Repair of body cast	0.69	0.23	0.04	0.96	000	S
29730		A	Windowing of cast	0.76	0.26	0.04	1.06	000	S
29740		A	Wedging of cast	1.13	0.38	0.06	1.57	000	S
29750		A	Wedging of clubfoot cast	1.27	0.51	0.07	1.85	000	S
29799		C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY	S
29800		A	Jaw arthroscopy/surgery	5.34	4.05	0.47	9.86	090	S
29804		A	Jaw arthroscopy/surgery	8.08	*13.79	1.48	23.35	090	S
29815		A	Shoulder arthroscopy	5.80	4.89	0.77	11.46	090	S
29819		A	Shoulder arthroscopy/surgery	7.41	*9.82	1.75	18.98	090	S
29820		A	Shoulder arthroscopy/surgery	6.89	*9.67	1.75	18.31	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
29821		A	Shoulder arthroscopy/surgery	7.51	*11.97	2.15	21.63	090	S
29822		A	Shoulder arthroscopy/surgery	7.22	*9.98	1.76	18.96	090	S
29823		A	Shoulder arthroscopy/surgery	7.95	*12.86	2.35	23.16	090	S
29825		A	Shoulder arthroscopy/surgery	7.41	*11.46	2.07	20.94	090	S
29826		A	Shoulder arthroscopy/surgery	8.80	*12.96	2.34	24.10	090	S
29830		A	Elbow arthroscopy	5.69	5.38	0.84	11.91	090	S
29834		A	Elbow arthroscopy/surgery	6.20	5.91	0.97	13.08	090	S
29835		A	Elbow arthroscopy/surgery	6.40	6.10	1.00	13.50	090	S
29836		A	Elbow arthroscopy/surgery	7.45	7.11	1.16	15.72	090	S
29837		A	Elbow arthroscopy/surgery	6.79	6.47	1.07	14.33	090	S
29838		A	Elbow arthroscopy/surgery	7.50	7.13	1.15	15.78	090	S
29840		A	Wrist arthroscopy	5.45	3.33	0.55	9.33	090	S
29843		A	Wrist arthroscopy/surgery	5.93	5.66	0.92	12.51	090	S
29844		A	Wrist arthroscopy/surgery	6.29	5.65	0.96	12.90	090	S
29845		A	Wrist arthroscopy/surgery	7.42	7.08	1.16	15.66	090	S
29846		A	Wrist arthroscopy/surgery	6.67	*10.98	2.22	19.87	090	S
29847		A	Wrist arthroscopy/surgery	7.01	6.86	0.98	14.85	090	S
29848		A	Wrist arthroscopy/surgery	4.08	3.89	0.63	8.60	090	S
29850		A	Knee arthroscopy/surgery	8.05	*10.31	1.76	20.12	090	S
29851		A	Knee arthroscopy/surgery	12.52	11.07	1.76	25.35	090	S
29855		A	Tibial arthroscopy/surgery	9.59	11.82	1.90	23.31	090	S
29856		A	Tibial arthroscopy/surgery	13.43	11.82	1.90	27.15	090	S
29870		A	Knee arthroscopy, diagnostic	4.99	4.06	0.65	9.70	090	S
29871		A	Knee arthroscopy/drainage	6.36	6.85	0.97	14.18	090	S
29874		A	Knee arthroscopy/surgery	6.87	*9.14	1.54	17.55	090	S
29875		A	Knee arthroscopy/surgery	6.23	*9.18	1.63	17.04	090	S
29876		A	Knee arthroscopy/surgery	7.59	*11.05	1.97	20.61	090	S
29877		A	Knee arthroscopy/surgery	7.13	*10.29	1.83	19.25	090	S
29879		A	Knee arthroscopy/surgery	7.71	*12.15	2.21	22.07	090	S
29880		A	Knee arthroscopy/surgery	8.18	*12.51	2.24	22.93	090	S
29881		A	Knee arthroscopy/surgery	7.54	*10.43	1.84	19.81	090	S
29882		A	Knee arthroscopy/surgery	8.33	*11.00	1.92	21.25	090	S
29883		A	Knee arthroscopy/surgery	9.10	*15.28	2.83	27.21	090	S
29884		A	Knee arthroscopy/surgery	7.00	*9.06	1.58	17.64	090	S
29885		A	Knee arthroscopy/surgery	8.73	8.32	1.36	18.41	090	S
29886		A	Knee arthroscopy/surgery	7.21	6.88	1.13	15.22	090	S
29887		A	Knee arthroscopy/surgery	8.68	10.64	1.73	21.05	090	S
29888		A	Knee arthroscopy/surgery	13.43	*18.53	3.22	35.18	090	S
29889		A	Knee arthroscopy/surgery	10.88	10.37	1.70	22.95	090	S
29894		A	Ankle arthroscopy/surgery	7.03	*9.83	1.49	18.35	090	S
29895		A	Ankle arthroscopy/surgery	6.80	*9.10	1.53	17.43	090	S
29897		A	Ankle arthroscopy/surgery	7.00	*10.00	1.79	18.79	090	S
29898		A	Ankle arthroscopy/surgery	8.12	*11.51	1.93	21.56	090	S
29909		C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY	S
30000		A	Drainage of nose lesion	1.40	0.59	0.05	2.04	010	S
30020		A	Drainage of nose lesion	1.40	0.61	0.06	2.07	010	S
30100		A	Intranasal biopsy	0.95	0.70	0.08	1.73	000	S
30110		A	Removal of nose polyp(s)	1.60	1.30	0.14	3.04	010	S
30115		A	Removal of nose polyp(s)	4.30	2.84	0.30	7.44	090	S
30117		A	Removal of intranasal lesion	3.09	2.87	0.31	6.27	090	S
30118		A	Removal of intranasal lesion	9.33	8.10	0.93	18.36	090	S
30120		A	Revision of nose	5.20	*6.66	1.01	12.87	090	S
30124		A	Removal of nose lesion	3.03	1.35	0.16	4.54	090	S
30125		A	Removal of nose lesion	6.87	5.61	0.74	13.22	090	S
30130		A	Removal of turbinate bones	3.21	1.69	0.17	5.07	090	S
30140		A	Removal of turbinate bones	3.32	3.07	0.34	6.73	090	S
30150		A	Partial removal of nose	8.57	8.01	1.08	17.66	090	S
30160		A	Removal of nose	9.02	*11.69	1.75	22.46	090	S
30200		A	Injection treatment of nose	0.79	0.37	0.04	1.20	000	S
30210		A	Nasal sinus therapy	1.04	0.26	0.03	1.33	010	S
30220		A	Insert nasal septal button	1.51	1.53	0.16	3.20	010	S
30300		A	Remove nasal foreign body	1.00	0.47	0.05	1.52	010	S
30310		A	Remove nasal foreign body	1.93	1.64	0.18	3.75	010	S
30320		A	Remove nasal foreign body	4.44	4.34	0.43	9.21	090	S
30400		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S
30410		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S
30420		C	Reconstruction of nose	0.00	0.00	0.00	0.00	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
30430	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30435	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30450	.....	C	Revision of nose	0.00	0.00	0.00	0.00	090	S
30460	.....	A	Revision of nose	9.59	8.68	0.94	19.21	090	S
30462	.....	A	Revision of nose	19.19	17.35	1.89	38.43	090	S
30520	.....	A	Repair of nasal septum	5.61	*8.01	0.97	14.59	090	S
30540	.....	A	Repair nasal defect	7.54	6.70	0.71	14.95	090	S
30545	.....	A	Repair nasal defect	11.01	10.95	0.94	22.90	090	S
30560	.....	A	Release of nasal adhesions	1.22	0.56	0.06	1.84	010	S
30580	.....	A	Repair upper jaw fistula	6.56	6.31	0.58	13.45	090	S
30600	.....	A	Repair mouth/nose fistula	5.94	3.81	0.36	10.11	090	S
30620	.....	A	Intranasal reconstruction	5.61	*8.73	1.11	15.45	090	S
30630	.....	A	Repair nasal septum defect	6.91	6.31	0.72	13.94	090	S
30801	.....	A	Cauterization inner nose	1.03	0.48	0.05	1.56	010	S
30802	.....	A	Cauterization inner nose	2.00	0.95	0.11	3.06	010	S
30901	.....	A	Control of nosebleed	1.22	0.57	0.06	1.85	000	S
30903	.....	A	Control of nosebleed	1.56	0.86	0.08	2.50	000	S
30905	.....	A	Control of nosebleed	1.99	1.81	0.17	3.97	000	S
30906	.....	A	Repeat control of nosebleed	2.48	1.09	0.11	3.68	000	S
30915	.....	A	Ligation nasal sinus artery	6.79	5.00	0.53	12.32	090	S
30920	.....	A	Ligation upper jaw artery	7.54	*11.18	1.33	20.05	090	S
30930	.....	A	Therapy fracture of nose	1.22	0.72	0.08	2.02	010	S
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY	N
31000	.....	A	Irrigation maxillary sinus	1.11	0.43	0.05	1.59	010	S
31002	.....	A	Irrigation sphenoid sinus	1.88	0.47	0.05	2.40	010	S
31020	.....	A	Exploration maxillary sinus	2.84	2.69	0.29	5.82	090	S
31030	.....	A	Exploration maxillary sinus	5.66	*7.59	0.87	14.12	090	S
31032	.....	A	Explore sinus, remove polyps	6.29	*8.67	1.00	15.96	090	S
31040	.....	A	Exploration behind upper jaw	8.93	8.07	0.87	17.87	090	S
31050	.....	A	Exploration sphenoid sinus	5.13	6.03	0.65	11.81	090	S
31051	.....	A	Sphenoid sinus surgery	6.93	8.21	0.86	16.00	090	S
31070	.....	A	Exploration of frontal sinus	4.08	4.74	0.51	9.33	090	S
31071	.....	A	Exploration of frontal sinus	4.84	4.03	0.21	9.08	090	S
31075	.....	A	Exploration of frontal sinus	8.67	10.63	1.11	20.41	090	S
31080	.....	A	Removal of frontal sinus	10.85	9.31	1.13	21.29	090	S
31081	.....	A	Removal of frontal sinus	12.06	10.43	1.31	23.80	090	S
31084	.....	A	Removal of frontal sinus	12.83	14.95	1.64	29.42	090	S
31085	.....	A	Removal of frontal sinus	13.53	15.82	1.78	31.13	090	S
31086	.....	A	Removal of frontal sinus	12.11	10.99	1.16	24.26	090	S
31087	.....	A	Removal of frontal sinus	12.27	10.51	1.34	24.12	090	S
31090	.....	A	Exploration of sinuses	8.75	*16.83	2.14	27.72	090	S
31200	.....	A	Removal of ethmoid sinus	4.73	4.67	0.49	9.89	090	S
31201	.....	A	Removal of ethmoid sinus	8.00	7.09	0.76	15.85	090	S
31205	.....	A	Removal of ethmoid sinus	9.76	8.12	0.82	18.70	090	S
31225	.....	A	Removal of upper jaw	15.36	*19.66	2.40	37.42	090	S
31230	.....	A	Removal of upper jaw	21.29	21.98	2.51	45.78	090	S
31231	.....	A	Nasal endoscopy, dx	0.74	0.99	0.10	1.83	000	S
31233	.....	A	Nasal/sinus endoscopy, dx	1.58	*2.02	0.22	3.82	000	S
31235	.....	A	Nasal/sinus endoscopy, dx	2.77	*3.55	0.38	6.70	000	S
31237	.....	A	Nasal/sinus endoscopy, surg	1.90	*2.43	0.27	4.60	000	S
31238	.....	A	Nasal/sinus endoscopy, surg	3.30	*4.22	0.46	7.98	000	S
31239	.....	A	Nasal/sinus endoscopy, surg	8.59	*11.00	1.19	20.78	010	S
31240	.....	A	Nasal/sinus endoscopy, surg	2.64	*3.38	0.37	6.39	000	S
31245	.....	A	Nasal/sinus endoscopy, surg	3.35	*4.29	0.46	8.10	000	S
31246	.....	A	Nasal/sinus endoscopy, surg	4.13	*5.29	0.57	9.99	000	S
31247	.....	A	Nasal/sinus endoscopy, surg	4.64	*5.94	0.65	11.23	000	S
31248	.....	A	Nasal/sinus endoscopy, surg	4.91	*6.28	0.68	11.87	000	S
31249	.....	A	Nasal/sinus endoscopy, surg	5.83	*7.46	0.81	14.10	000	S
31250	.....	D	Nasal endoscopy, diagnostic	0.00	0.00	0.00	0.00	000	0
31251	.....	A	Nasal/sinus endoscopy, surg	6.12	*7.83	0.85	14.80	000	S
31252	.....	D	Nasal endoscopy, polypectomy	0.00	0.00	0.00	0.00	000	0
31254	.....	D	Revision of ethmoid sinus	0.00	0.00	0.00	0.00	000	0
31255	.....	D	Removal of ethmoid sinus	0.00	0.00	0.00	0.00	000	0
31256	.....	D	Exploration maxillary sinus	0.00	0.00	0.00	0.00	000	0
31258	.....	D	Nasal endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31260	.....	D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31261	.....	A	Nasal/sinus endoscopy, surg	5.31	*6.80	0.74	12.85	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
31262		A	Nasal/sinus endoscopy, surg	6.10	*7.81	0.85	14.76	000	S
31263		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31264		A	Nasal/sinus endoscopy, surg	6.60	*8.45	0.92	15.97	000	S
31265		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31266		A	Nasal/sinus endoscopy, surg	6.87	*8.79	0.96	16.62	000	S
31267		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31268		D	Endoscopy, maxillary sinus	0.00	0.00	0.00	0.00	000	0
31269		A	Nasal/sinus endoscopy, surg	7.81	*10.00	1.09	18.90	000	S
31270		D	Endoscopy, sphenoid sinus	0.00	0.00	0.00	0.00	000	0
31271		A	Nasal/sinus endoscopy, surg	8.08	*10.34	1.13	19.55	000	S
31275		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31277		D	Sphenoid endoscopy, surgical	0.00	0.00	0.00	0.00	000	0
31280		A	Nasal/sinus endoscopy, surg	6.72	*8.60	0.94	16.26	000	S
31281		A	Nasal/sinus endoscopy, surg	7.51	*9.61	1.05	18.17	000	S
31282		A	Nasal/sinus endoscopy, surg	8.01	*10.25	1.12	19.38	000	S
31283		A	Nasal/sinus endoscopy, surg	8.28	*10.60	1.15	20.03	000	S
31284		A	Nasal/sinus endoscopy, surg	9.22	*11.80	1.28	22.30	000	S
31285		D	Endoscopy, combined sinuses	0.00	0.00	0.00	0.00	000	0
31286		A	Nasal/sinus endoscopy, surg	9.49	*12.15	1.32	22.96	000	S
31287		A	Nasal/sinus endoscopy, surg	3.96	*5.07	0.55	9.58	000	S
31288		A	Nasal/sinus endoscopy, surg	4.63	*5.93	0.64	11.20	000	S
31290		A	Nasal/sinus endoscopy, surg	13.01	*16.65	1.82	31.48	010	S
31291		A	Nasal/sinus endoscopy, surg	13.67	*17.50	1.90	33.07	010	S
31292		A	Nasal/sinus endoscopy, surg	10.57	*13.53	1.47	25.57	010	S
31293		A	Nasal/sinus endoscopy, surg	11.56	*14.80	1.61	27.97	010	S
31294		A	Nasal/sinus endoscopy, surg	13.21	*16.91	1.85	31.97	010	S
31299		C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31300		A	Removal of larynx lesion	13.43	11.71	1.29	26.43	090	S
31320		A	Diagnostic incision larynx	4.59	3.91	0.49	8.99	090	S
31360		A	Removal of larynx	15.36	19.58	2.21	37.15	090	S
31365		A	Removal of larynx	22.07	27.44	3.13	52.64	090	S
31367		A	Partial removal of larynx	19.19	17.41	1.90	38.50	090	S
31368		A	Partial removal of larynx	23.98	27.06	3.09	54.13	090	S
31370		A	Partial removal of larynx	18.71	17.37	1.90	37.98	090	S
31375		A	Partial removal of larynx	18.71	15.00	1.58	35.29	090	S
31380		A	Partial removal of larynx	18.71	17.46	1.90	38.07	090	S
31382		A	Partial removal of larynx	18.71	16.24	1.80	36.75	090	S
31390		A	Removal of larynx & pharynx	21.39	*31.78	4.10	57.27	090	S
31395		A	Reconstruct larynx & pharynx	26.48	*35.07	4.47	66.02	090	S
31400		A	Revision of larynx	9.16	7.90	0.92	17.98	090	S
31420		A	Removal of epiglottis	9.16	8.17	0.85	18.18	090	S
31500		A	Insert emergency airway	2.36	1.15	0.14	3.65	000	N
31502		A	Change of windpipe airway	0.66	0.59	0.07	1.32	000	S
31505		A	Diagnostic laryngoscopy	0.62	0.43	0.05	1.10	000	S
31510		A	Laryngoscopy with biopsy	1.94	0.56	0.07	2.57	000	S
31511		A	Remove foreign body, larynx	2.18	0.97	0.10	3.25	000	S
31512		A	Removal of larynx lesion	2.09	1.81	0.20	4.10	000	S
31513		A	Injection into vocal cord	2.12	*3.15	0.38	5.65	000	S
31515		A	Laryngoscopy for aspiration	1.82	1.14	0.14	3.10	000	S
31520		A	Diagnostic laryngoscopy	2.59	1.66	0.18	4.43	000	S
31525		A	Diagnostic laryngoscopy	2.66	2.22	0.23	5.11	000	S
31526		A	Diagnostic laryngoscopy	2.60	*3.33	0.38	6.31	000	S
31527		A	Laryngoscopy for treatment	3.31	3.02	0.30	6.63	000	S
31528		A	Laryngoscopy and dilatation	2.40	2.69	0.30	5.39	000	S
31529		A	Laryngoscopy and dilatation	2.71	2.49	0.25	5.45	000	S
31530		A	Operative laryngoscopy	3.43	3.67	0.39	7.49	000	S
31531		A	Operative laryngoscopy	3.77	*5.20	0.61	9.58	000	S
31535		A	Operative laryngoscopy	3.20	4.05	0.45	7.70	000	S
31536		A	Operative laryngoscopy	3.21	*5.03	0.60	8.84	000	S
31540		A	Operative laryngoscopy	4.18	*5.35	0.62	10.15	000	S
31541		A	Operative laryngoscopy	3.60	*6.16	0.76	10.52	000	S
31560		A	Operative laryngoscopy	5.52	5.05	0.52	11.09	000	S
31561		A	Operative laryngoscopy	4.95	*8.87	1.09	14.91	000	S
31570		A	Laryngoscopy with injection	3.91	*5.33	0.61	9.85	000	S
31571		A	Laryngoscopy with injection	3.56	*5.76	0.70	10.02	000	S
31575		A	Diagnostic laryngoscopy	1.11	1.58	0.17	2.86	000	S
31576		A	Laryngoscopy with biopsy	1.99	*2.78	0.33	5.10	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
31577		A	Remove foreign body, larynx	2.50	*3.41	0.37	6.28	000	S
31578		A	Removal of larynx lesion	2.87	*4.22	0.49	7.58	000	S
31579		A	Diagnostic laryngoscopy	2.29	2.36	0.26	4.91	000	S
31580		A	Revision of larynx	11.13	*14.52	1.65	27.30	090	S
31582		C	Revision of larynx	0.00	0.00	0.00	0.00	090	S
31584		A	Repair of larynx fracture	18.71	12.86	1.35	32.92	090	S
31585		A	Repair of larynx fracture	4.45	3.81	0.40	8.66	090	S
31586		A	Repair of larynx fracture	7.32	6.62	0.72	14.66	090	S
31587		A	Revision of larynx	8.07	7.29	0.80	16.16	090	S
31588		C	Revision of larynx	0.00	0.00	0.00	0.00	090	S
31590		C	Reinnervate larynx	0.00	0.00	0.00	0.00	090	S
31595		A	Larynx nerve surgery	7.66	6.92	0.75	15.33	090	S
31599		C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31600		A	Incision of windpipe	3.66	4.08	0.66	8.40	000	S
31601		A	Incision of windpipe	4.50	5.09	0.67	10.26	000	S
31603		A	Incision of windpipe	4.20	4.28	0.67	9.15	000	S
31605		A	Incision of windpipe	3.62	4.24	0.51	8.37	000	S
31610		A	Incision of windpipe	7.96	6.74	0.93	15.63	090	S
31611		A	Surgery/speech prosthesis	5.09	*8.43	1.05	14.57	090	S
31612		A	Puncture/clear windpipe	0.92	1.18	0.12	2.22	000	S
31613		A	Repair windpipe opening	4.29	2.23	0.28	6.80	090	S
31614		A	Repair windpipe opening	6.18	6.81	0.74	13.73	090	S
31615		A	Visualization of windpipe	2.11	1.97	0.22	4.30	000	S
31622		A	Diagnostic bronchoscopy	2.83	3.61	0.34	6.78	000	N
31625		A	Bronchoscopy with biopsy	3.41	3.87	0.35	7.63	000	N
31628		A	Bronchoscopy with biopsy	3.85	*4.93	0.38	9.16	000	N
31629		A	Bronchoscopy with biopsy	3.41	*4.36	0.34	8.11	000	N
31630		A	Bronchoscopy with repair	3.86	3.76	0.51	8.13	000	S
31631		A	Bronchoscopy with dilation	4.42	3.98	0.49	8.89	000	N
31635		A	Remove foreign body, airway	3.72	4.58	0.54	8.84	000	S
31640		A	Bronchoscopy & remove lesion	4.99	5.08	0.68	10.75	000	S
31641		A	Bronchoscopy, treat blockage	5.09	*7.30	0.86	13.25	000	N
31645		A	Bronchoscopy, clear airways	3.20	3.66	0.30	7.16	000	N
31646		A	Bronchoscopy, reclear airways	2.75	3.09	0.27	6.11	000	N
31656		A	Bronchoscopy, inject for x-ray	2.19	*3.11	0.31	5.61	000	N
31659		A	Bronchoscopic procedures	2.66	*4.18	0.35	7.19	000	N
31700		A	Insertion of airway catheter	1.35	1.40	0.17	2.92	000	N
31708		A	Instill airway contrast dye	1.43	0.78	0.09	2.30	000	N
31710		A	Insertion of airway catheter	1.31	0.91	0.12	2.34	000	N
31715		A	Injection for bronchus x-ray	1.12	0.49	0.04	1.65	000	N
31717		A	Bronchial brush biopsy	2.14	0.74	0.06	2.94	000	N
31720		A	Clearance of airways	1.07	0.75	0.09	1.91	000	N
31725		A	Clearance of airways	1.98	1.43	0.15	3.56	000	N
31730		A	Intro windpipe wire/tube	2.88	2.50	0.23	5.61	000	N
31750		A	Repair of windpipe	9.15	8.98	1.10	19.23	090	S
31755		C	Repair of windpipe	0.00	0.00	0.00	0.00	090	S
31760		A	Repair of windpipe	21.12	11.04	2.58	34.74	090	S
31766		A	Reconstruction of windpipe	29.14	18.60	1.13	48.87	090	S
31770		A	Repair/graft of bronchus	21.39	15.24	2.10	38.73	090	S
31775		A	Reconstruct bronchus	22.40	16.55	1.94	40.89	090	S
31780		A	Reconstruct windpipe	16.32	17.52	2.10	35.94	090	S
31781		A	Reconstruct windpipe	22.47	17.05	1.98	41.50	090	S
31785		A	Remove windpipe lesion	16.32	9.02	1.18	26.52	090	S
31786		A	Remove windpipe lesion	22.79	13.45	2.26	38.50	090	S
31800		A	Repair of windpipe injury	6.85	4.95	0.77	12.57	090	S
31805		A	Repair of windpipe injury	12.73	9.93	1.43	24.09	090	S
31820		A	Closure of windpipe lesion	4.15	3.62	0.47	8.24	090	S
31825		A	Repair of windpipe defect	6.38	5.06	0.59	12.03	090	S
31830		A	Revise windpipe scar	4.31	3.70	0.42	8.43	090	S
31899		C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY	S
32000		A	Drainage of chest	1.56	0.91	0.08	2.55	000	N
32002		A	Treatment of collapsed lung	2.21	1.35	0.22	3.78	000	N
32005		A	Treat lung lining chemically	2.21	1.10	0.15	3.46	000	S
32020		A	Insertion of chest tube	4.02	2.66	0.43	7.11	000	S
32035		A	Exploration of chest	6.62	6.84	1.26	14.72	090	S
32036		A	Exploration of chest	7.64	7.21	1.33	16.18	090	S
32095		A	Biopsy through chest wall	7.21	8.34	1.47	17.02	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
32100		A	Exploration/biopsy of chest	10.18	11.36	2.12	23.66	090	S
32110		A	Explore/repair chest	11.89	11.64	2.03	25.56	090	S
32120		A	Re-exploration of chest	9.73	9.56	1.74	21.03	090	S
32124		A	Explore chest, free adhesions	11.05	11.06	2.23	24.34	090	S
32140		A	Removal of lung lesion(s)	12.28	12.51	2.45	27.24	090	S
32141		A	Remove/treat lung lesions	12.28	13.57	2.56	28.41	090	S
32150		A	Removal of lung lesion(s)	12.56	10.46	2.03	25.05	090	S
32151		A	Remove lung foreign body	12.56	9.25	1.39	23.20	090	S
32160		A	Open chest heart massage	7.21	*9.43	1.54	18.18	090	S
32200		A	Drainage of lung lesion	13.25	6.97	0.94	21.16	090	S
32215		A	Treat chest lining	10.18	7.70	1.29	19.17	090	S
32220		A	Release of lung	17.82	15.99	3.04	36.85	090	S
32225		A	Partial release of lung	12.23	11.97	2.31	26.51	090	S
32310		A	Removal of chest lining	12.23	13.51	2.39	28.13	090	S
32315		A	Partial removal chest lining	12.07	9.36	1.75	23.18	090	S
32320		A	Free/remove chest lining	19.36	18.30	3.44	41.10	090	S
32400		A	Needle biopsy chest lining	1.78	1.50	0.12	3.40	000	N
32402		A	Open biopsy chest lining	6.62	7.66	1.35	15.63	090	S
32405		A	Biopsy, lung or mediastinum	1.95	2.14	0.18	4.27	000	N
32420		A	Puncture/clear lung	2.20	1.52	0.13	3.85	000	N
32440		A	Removal of lung	19.36	18.77	3.59	41.72	090	S
32442		A	Sleeve pneumonectomy	24.95	18.14	3.54	46.63	090	S
32445		A	Removal of lung	23.63	20.69	3.92	48.24	090	S
32450		D	Removal of lung	0.00	0.00	0.00	0.00	090	0
32480		A	Partial removal of lung	17.03	17.34	3.27	37.64	090	S
32482		A	Bilobectomy	18.75	17.34	3.27	39.36	090	S
32484		A	Segmentectomy	19.74	17.34	3.27	40.35	090	S
32485		A	Partial removal of lung	21.77	21.70	3.97	47.44	090	S
32486		A	Sleeve lobectomy	23.00	16.72	3.27	42.99	090	S
32488		A	Completion pneumonectomy	24.68	17.94	3.50	46.12	090	S
32490		D	Partial removal of lung	0.00	0.00	0.00	0.00	090	0
32500		A	Partial removal of lung	13.25	13.62	2.59	29.46	090	S
32520		A	Remove lung & revise chest	19.64	20.90	3.97	44.51	090	S
32522		A	Remove lung & revise chest	22.18	22.14	4.24	48.56	090	S
32525		A	Remove lung & revise chest	24.60	23.76	4.66	53.02	090	S
32540		A	Removal of lung lesion	13.46	11.80	2.07	27.33	090	S
32545		D	Removal of lung lobe/lesion	0.00	0.00	0.00	0.00	090	0
32601		A	Thoracoscopy, diagnostic	5.52	3.51	0.58	9.61	000	S
32602		A	Thoracoscopy, diagnostic	6.03	3.91	0.65	10.59	000	S
32603		A	Thoracoscopy, diagnostic	7.90	3.51	0.58	11.99	000	S
32604		A	Thoracoscopy, diagnostic	8.88	3.91	0.65	13.44	000	S
32605		A	Thoracoscopy, diagnostic	7.01	3.51	0.58	11.10	000	S
32606		A	Thoracoscopy, diagnostic	8.49	3.91	0.65	13.05	000	S
32650		A	Thoracoscopy, surgical	10.18	7.70	1.29	19.17	090	S
32651		A	Thoracoscopy, surgical	12.23	11.97	2.31	26.51	090	S
32652		A	Thoracoscopy, surgical	17.82	15.99	3.04	36.85	090	S
32653		A	Thoracoscopy, surgical	12.56	10.46	2.03	25.05	090	S
32654		A	Thoracoscopy, surgical	11.89	11.64	2.03	25.56	090	S
32655		A	Thoracoscopy, surgical	12.56	13.57	2.56	28.69	090	S
32656		A	Thoracoscopy, surgical	12.23	13.51	2.39	28.13	090	S
32657		A	Thoracoscopy, surgical	13.25	13.62	2.59	29.46	090	S
32658		A	Thoracoscopy, surgical	11.20	13.41	2.55	27.16	090	S
32659		A	Thoracoscopy, surgical	11.03	*14.12	2.64	27.79	090	S
32660		A	Thoracoscopy, surgical	16.80	20.15	3.60	40.55	090	S
32661		A	Thoracoscopy, surgical	12.84	9.35	1.49	23.68	090	S
32662		A	Thoracoscopy, surgical	15.94	14.71	2.77	33.42	090	S
32663		A	Thoracoscopy, surgical	17.62	17.34	3.27	38.23	090	S
32664		A	Thoracoscopy, surgical	13.80	10.67	2.06	26.53	090	S
32665		A	Thoracoscopy, surgical	14.89	14.49	2.67	32.05	090	S
32700		D	Visualize chest cavity	0.00	0.00	0.00	0.00	000	0
32705		D	Inspect/biopsy chest cavity	0.00	0.00	0.00	0.00	000	0
32800		A	Repair lung hernia	12.23	8.37	1.60	22.20	090	S
32810		A	Close chest after drainage	11.72	6.57	1.20	19.49	090	S
32815		A	Close bronchial fistula	21.60	15.39	2.65	39.64	090	S
32820		C	Reconstruct injured chest	0.00	0.00	0.00	0.00	090	S
32850		X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851		C	Lung transplant, single	0.00	0.00	0.00	0.00	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
32852		C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32853		C	Lung transplant, double	0.00	0.00	0.00	0.00	090	S
32854		C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32900		A	Removal of rib(s)	18.34	8.56	1.65	28.55	090	S
32905		A	Revise & repair chest wall	19.36	12.88	2.63	34.87	090	S
32906		A	Revise & repair chest wall	25.45	15.59	2.95	43.99	090	S
32940		A	Revision of lung	18.34	11.50	1.77	31.61	090	S
32960		A	Therapeutic pneumothorax	1.86	0.94	0.13	2.93	000	N
32999		C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
33010		A	Drainage of heart sac	2.26	1.56	0.14	3.96	000	N
33011		A	Repeat drainage of heart sac	2.26	1.12	0.12	3.50	000	N
33015		A	Incision of heart sac	5.70	4.31	0.63	10.64	090	S
33020		A	Incision of heart sac	11.20	13.41	2.55	27.16	090	S
33025		A	Incision of heart sac	11.03	*14.12	2.64	27.79	090	S
33030		A	Partial removal of heart sac	16.80	*21.50	4.34	42.64	090	S
33031		A	Partial removal of heart sac	19.86	13.40	2.53	35.79	090	S
33050		A	Removal of heart sac lesion	12.84	9.35	1.49	23.68	090	S
33100		A	Removal of heart sac	16.80	20.15	3.60	40.55	090	S
33120		A	Removal of heart lesion	22.82	*29.21	5.23	57.26	090	S
33130		A	Removal of heart lesion	19.75	13.65	2.24	35.64	090	S
33200		A	Insertion of heart pacemaker	11.20	12.41	1.92	25.53	090	S
33201		A	Insertion of heart pacemaker	9.03	11.31	1.69	22.03	090	S
33206		A	Insertion of heart pacemaker	6.11	*8.26	1.35	15.72	090	S
33207		A	Insertion of heart pacemaker	7.36	9.11	1.34	17.81	090	S
33208		A	Insertion of heart pacemaker	7.51	*10.60	1.56	19.67	090	N
33210		A	Insertion of heart electrode	3.34	3.34	0.27	6.95	000	N
33211		A	Insertion of heart electrode	3.44	3.34	0.27	7.05	000	N
33212		A	Insertion of pulse generator	5.27	5.44	0.89	11.60	090	S
33213		A	Insertion of pulse generator	6.22	5.44	0.89	12.55	090	S
33214		A	Upgrade of pacemaker system	7.51	5.46	1.07	14.04	090	S
33216		A	Revision implanted electrode	5.13	5.08	0.56	10.77	090	N
33217		A	Insert/revise electrode	5.49	5.08	0.56	11.13	090	N
33218		A	Repair pacemaker electrodes	5.08	4.64	0.63	10.35	090	S
33219		D	Repair of pacemaker	0.00	0.00	0.00	0.00	090	0
33220		A	Repair pacemaker electrode	5.16	4.64	0.63	10.43	090	S
33222		A	Pacemaker aicd pocket	4.64	5.76	1.02	11.42	090	S
33223		A	Pacemaker aicd pocket	6.21	5.76	1.02	12.99	090	S
33232		D	Removal of pacemaker	0.00	0.00	0.00	0.00	090	0
33233		A	Removal of pacemaker system	2.85	2.67	0.05	5.57	090	S
33234		A	Removal of pacemaker system	4.23	4.79	0.38	9.40	090	S
33235		A	Removal pacemaker electrode	5.62	5.27	0.56	11.45	090	S
33236		A	Remove electrode/thoracotomy	11.84	4.02	0.63	16.49	090	S
33237		A	Remove electrode/thoracotomy	12.83	9.33	1.83	23.99	090	S
33238		A	Remove electrode/thoracotomy	14.31	10.40	2.03	26.74	090	S
33240		A	Insert/replace pulse gener	7.28	5.44	0.89	13.61	090	S
33241		A	Remove pulse generator only	2.85	2.07	0.40	5.32	090	S
33242		A	Repair pulse generator/leads	5.92	*8.32	1.56	15.80	090	S
33243		A	Remove generator/thoracotomy	21.71	9.12	1.56	32.39	090	S
33244		A	Remove generator	8.43	9.12	1.56	19.11	090	S
33245		A	Implant heart defibrillator	12.71	*16.27	2.39	31.37	090	S
33246		A	Implant heart defibrillator	19.49	21.02	3.23	43.74	090	S
33247		A	Insert/replace leads	9.87	*15.15	2.39	27.41	090	S
33248		D	Revise/remove defibrillator	0.00	0.00	0.00	0.00	090	0
33249		A	Insert/replace leads/gener	12.97	*19.01	3.23	35.21	090	S
33250		A	Ablate heart dysrhythm focus	19.76	11.69	0.87	32.32	090	S
33251		A	Ablate heart dysrhythm focus	22.82	16.59	3.25	42.66	090	S
33260		A	Ablate heart dysrhythm focus	16.37	11.90	2.32	30.59	090	S
33261		A	Ablate heart dysrhythm focus	22.82	14.12	2.76	39.70	090	S
33300		A	Repair of heart wound	16.37	14.52	2.63	33.52	090	S
33305		A	Repair of heart wound	19.43	17.59	3.10	40.12	090	S
33310		A	Exploratory heart surgery	17.31	11.41	1.95	30.67	090	S
33315		A	Exploratory heart surgery	20.37	14.64	2.60	37.61	090	S
33320		A	Repair major blood vessel(s)	15.56	14.30	2.54	32.40	090	S
33322		A	Repair major blood vessel(s)	18.60	21.99	3.65	44.24	090	S
33330		A	Insert major vessel graft	19.36	12.81	1.95	34.12	090	S
33335		A	Insert major vessel graft	27.97	15.24	2.42	45.63	090	S
33350		C	Repair major blood vessel(s)	0.00	0.00	0.00	0.00	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33400	.....	A	Repair of aortic valve	23.42	26.50	2.86	52.78	090	S
33401	.....	A	Valvuloplasty, open	22.70	16.50	3.23	42.43	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.69	17.22	3.37	44.28	090	S
33404	.....	A	Prepare heart-aorta conduit	26.92	19.57	3.82	50.31	090	S
33405	.....	A	Replacement of aortic valve	28.79	30.82	5.39	65.00	090	S
33406	.....	A	Replacement, aortic valve	31.58	30.82	5.39	67.79	090	S
33407	.....	D	Revision of aortic valve	0.00	0.00	0.00	0.00	090	0
33408	.....	D	Revision of aortic valve	0.00	0.00	0.00	0.00	090	0
33411	.....	A	Replacement of aortic valve	30.71	39.08	7.53	77.32	090	S
33412	.....	A	Replacement of aortic valve	32.62	24.73	2.89	60.24	090	S
33413	.....	A	Replacement, aortic valve	34.55	25.12	4.91	64.58	090	S
33414	.....	A	Repair, aortic valve	29.61	21.53	4.20	55.34	090	S
33415	.....	A	Revision, subvalvular tissue	25.30	19.06	2.24	46.60	090	S
33416	.....	A	Revise ventricle muscle	28.51	28.45	5.05	62.01	090	S
33417	.....	C	Repair of aortic valve	0.00	0.00	0.00	0.00	090	S
33420	.....	A	Revision of mitral valve	20.92	20.04	2.48	43.44	090	S
33422	.....	A	Revision of mitral valve	23.98	*32.17	6.52	62.67	090	S
33425	.....	A	Repair of mitral valve	25.85	31.62	5.48	62.95	090	S
33426	.....	A	Repair of mitral valve	26.36	32.32	5.86	64.54	090	S
33427	.....	A	Repair of mitral valve	32.43	35.10	6.37	73.90	090	S
33430	.....	A	Replacement of mitral valve	29.75	35.24	6.18	71.17	090	S
33452	.....	D	Revision of tricuspid valve	0.00	0.00	0.00	0.00	090	0
33460	.....	A	Revision of tricuspid valve	21.84	26.36	4.78	52.98	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.43	17.77	3.47	45.67	090	S
33464	.....	A	Valvuloplasty, tricuspid	26.16	19.02	3.71	48.89	090	S
33465	.....	A	Replace tricuspid valve	26.87	33.03	6.02	65.92	090	S
33468	.....	A	Revision of tricuspid valve	28.51	20.18	3.65	52.34	090	S
33470	.....	C	Revision of pulmonary valve	0.00	0.00	0.00	0.00	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.37	15.54	3.04	39.95	090	S
33472	.....	C	Revision of pulmonary valve	0.00	0.00	0.00	0.00	090	S
33474	.....	A	Revision of pulmonary valve	21.14	13.49	1.64	36.27	090	S
33475	.....	A	Replacement, pulmonary valve	27.64	20.10	3.93	51.67	090	S
33476	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33478	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33500	.....	A	Repair heart vessel fistula	24.18	15.54	3.03	42.75	090	S
33501	.....	A	Repair heart vessel fistula	16.32	15.54	3.03	34.89	090	S
33502	.....	A	Coronary artery correction	20.02	13.44	1.88	35.34	090	S
33503	.....	A	Coronary artery graft	20.37	13.76	1.01	35.14	090	S
33504	.....	A	Coronary artery graft	23.42	13.61	2.64	39.67	090	S
33505	.....	A	Repair artery w/tunnel	25.66	18.65	3.64	47.95	090	S
33506	.....	A	Repair artery, translocation	25.66	18.65	3.64	47.95	090	S
33510	.....	A	Cabg, vein, single	23.55	29.88	5.26	58.69	090	S
33511	.....	A	Cabg, vein, two	25.85	32.80	5.77	64.42	090	S
33512	.....	A	Cabg, vein, three	28.15	35.72	6.29	70.16	090	S
33513	.....	A	Cabg, vein, four	30.45	38.63	6.80	75.88	090	S
33514	.....	A	Cabg, vein, five	32.75	41.55	7.31	81.61	090	S
33516	.....	A	Cabg, vein, six+	35.05	44.46	7.83	87.34	090	S
33517	.....	A	Cabg, artery-vein, single	2.30	2.92	0.51	5.73	090	S
33518	.....	A	Cabg, artery-vein, two	4.60	5.83	1.03	11.46	090	S
33519	.....	A	Cabg, artery-vein, three	6.90	8.75	1.54	17.19	090	S
33521	.....	A	Cabg, artery-vein, four	9.20	11.67	2.05	22.92	090	S
33522	.....	A	Cabg, artery-vein, five	11.50	14.59	2.57	28.66	090	S
33523	.....	A	Cabg, artery-vein, six+	13.80	17.51	3.08	34.39	090	S
33530	.....	A	Coronary artery, bypass/reop	5.93	*10.50	2.20	18.63	ZZZ	S
33533	.....	A	Cabg, arterial, single	24.27	30.79	5.42	60.48	090	S
33534	.....	A	Cabg, arterial, two	27.29	34.62	6.10	68.01	090	S
33535	.....	A	Cabg, arterial, three	30.31	38.45	6.77	75.53	090	S
33536	.....	A	Cabg, arterial, four+	33.33	42.29	7.45	83.07	090	S
33542	.....	A	Removal of heart lesion	26.87	31.07	5.59	63.53	090	S
33545	.....	A	Repair of heart damage	34.34	35.31	6.35	76.00	090	S
33570	.....	A	Revise coronary circulation	17.62	14.20	2.34	34.16	090	S
33575	.....	C	Revise coronary circulation	0.00	0.00	0.00	0.00	090	S
33600	.....	A	Closure of valve	28.62	20.82	4.07	53.51	090	S
33602	.....	A	Closure of valve	27.64	20.10	3.93	51.67	090	S
33606	.....	A	Anastomosis/artery-aorta	29.61	21.53	4.20	55.34	090	S
33608	.....	A	Repair anomaly w/conduit	30.35	22.07	4.31	56.73	090	S
33610	.....	A	Repair by enlargement	29.61	21.53	4.20	55.34	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33611		A	Repair double ventricle	31.58	22.97	4.49	59.04	090	S
33612		A	Repair double ventricle	32.42	23.58	4.61	60.61	090	S
33615		A	Repair (simple fontan)	30.84	22.42	4.38	57.64	090	S
33617		A	Repair by modified fontan	32.57	23.68	4.63	60.88	090	S
33619		A	Repair single ventricle	35.78	26.02	5.08	66.88	090	S
33641		A	Repair heart septum defect	20.15	*25.98	4.92	51.05	090	S
33645		A	Revision of heart veins	23.03	17.46	2.04	42.53	090	S
33647		C	Repair heart septum defects	0.00	0.00	0.00	0.00	090	S
33649		D	Repair tricuspid defect	0.00	0.00	0.00	0.00	090	0
33660		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33665		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33670		C	Repair of heart chambers	0.00	0.00	0.00	0.00	090	S
33681		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33684		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33688		C	Repair heart septum defect	0.00	0.00	0.00	0.00	090	S
33690		C	Reinforce pulmonary artery	0.00	0.00	0.00	0.00	090	S
33692		A	Repair of heart defects	29.61	21.53	4.20	55.34	090	S
33694		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33696		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33697		A	Repair of heart defects	32.57	23.68	4.63	60.88	090	S
33698		A	Repair of heart defects	33.56	24.40	4.77	62.73	090	S
33702		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33710		C	Repair of heart defects	0.00	0.00	0.00	0.00	090	S
33720		C	Repair of heart defect	0.00	0.00	0.00	0.00	090	S
33722		A	Repair of heart defect	27.64	20.10	3.93	51.67	090	S
33730		C	Repair heart-vein defect(s)	0.00	0.00	0.00	0.00	090	S
33732		A	Repair heart-vein defect	27.39	19.92	3.89	51.20	090	S
33735		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33736		A	Revision of heart chamber	20.19	14.69	2.87	37.75	090	S
33737		C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
33738		D	Revision of heart chamber	0.00	0.00	0.00	0.00	090	0
33739		D	Revision of heart chamber	0.00	0.00	0.00	0.00	090	0
33750		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33755		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33762		C	Major vessel shunt	0.00	0.00	0.00	0.00	090	S
33764		C	Major vessel shunt & graft	0.00	0.00	0.00	0.00	090	S
33766		A	Major vessel shunt	21.71	15.79	3.09	40.59	090	S
33767		A	Atrial septectomy/septostomy	23.69	17.22	3.37	44.28	090	S
33770		A	Repair great vessels defect	32.32	23.50	4.59	60.41	090	S
33771		A	Repair great vessels defect	33.56	24.40	4.77	62.73	090	S
33774		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33775		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33776		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33777		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33778		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33779		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33780		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33781		C	Repair great vessels defect	0.00	0.00	0.00	0.00	090	S
33786		C	Repair arterial trunk	0.00	0.00	0.00	0.00	090	S
33788		C	Revision of pulmonary artery	0.00	0.00	0.00	0.00	090	S
33800		A	Aortic suspension	15.35	11.16	2.18	28.69	090	S
33802		C	Repair vessel defect	0.00	0.00	0.00	0.00	090	S
33803		C	Repair vessel defect	0.00	0.00	0.00	0.00	090	S
33813		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33814		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33820		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33822		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33824		C	Revise major vessel	0.00	0.00	0.00	0.00	090	S
33830		D	Revise major vessel	0.00	0.00	0.00	0.00	090	0
33840		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33845		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33851		C	Remove aorta constriction	0.00	0.00	0.00	0.00	090	S
33852		C	Repair septal defect	0.00	0.00	0.00	0.00	090	S
33853		A	Repair septal defect	30.60	22.25	4.34	57.19	090	S
33855		D	Repair septal defect	0.00	0.00	0.00	0.00	090	0
33860		A	Ascending aorta graft	31.58	35.10	6.25	72.93	090	S
33861		A	Ascending aorta graft	33.56	35.10	6.25	74.91	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
33863	.....	A	Ascending aorta graft	35.53	35.10	6.25	76.88	090	S
33865	.....	D	Ascending aorta graft	0.00	0.00	0.00	0.00	090	0
33870	.....	A	Transverse aortic arch graft	38.16	44.79	8.13	91.08	090	S
33875	.....	A	Thoracic aorta graft	27.24	31.60	5.65	64.49	090	S
33877	.....	A	Thoracoabdominal graft	40.74	44.60	8.47	93.81	090	S
33910	.....	A	Remove lung artery emboli	22.10	14.81	2.80	39.71	090	S
33915	.....	A	Remove lung artery emboli	19.05	12.15	2.24	33.44	090	S
33916	.....	A	Surgery of great vessel	24.44	17.77	3.47	45.68	090	S
33917	.....	A	Repair pulmonary artery	23.69	17.22	3.37	44.28	090	S
33918	.....	A	Repair pulmonary atresia	25.66	18.65	3.64	47.95	090	S
33919	.....	A	Repair pulmonary atresia	31.46	22.87	4.47	58.80	090	S
33920	.....	A	Repair pulmonary atresia	31.09	22.60	4.41	58.10	090	S
33922	.....	A	Transect pulmonary artery	22.70	16.50	3.23	42.43	090	S
33930	.....	X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX	0
33935	.....	C	Transplantation, heart/lung	0.00	0.00	0.00	0.00	090	S
33940	.....	X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX	0
33945	.....	C	Transplantation of heart	0.00	0.00	0.00	0.00	090	S
33960	.....	A	External circulation assist	19.58	7.09	0.95	27.62	XXX	S
33961	.....	A	External circulation assist	11.05	7.09	0.95	19.09	XXX	S
33970	.....	A	Aortic circulation assist	8.14	7.62	1.01	16.77	000	S
33971	.....	A	Aortic circulation assist	4.08	*5.23	0.92	10.23	090	S
33972	.....	D	Aortic circulation assist	0.00	0.00	0.00	0.00	XXX	0
33973	.....	A	Insert balloon device	9.87	7.62	1.01	18.50	000	S
33974	.....	A	Remove intra-aortic balloon	12.83	5.62	0.92	19.37	090	S
33975	.....	A	Implant ventricular device	19.74	14.35	2.80	36.89	090	S
33976	.....	A	Implant ventricular device	26.90	19.55	3.82	50.27	090	S
33977	.....	A	Remove ventricular device	17.27	12.55	2.46	32.28	090	S
33978	.....	A	Remove ventricular device	19.74	14.35	2.80	36.89	090	S
33999	.....	C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY	S
34001	.....	A	Removal of artery clot	11.82	9.69	1.89	23.40	090	S
34051	.....	A	Removal of artery clot	13.77	8.91	1.61	24.29	090	S
34101	.....	A	Removal of artery clot	8.83	8.43	1.73	18.99	090	S
34111	.....	A	Removal of arm artery clot	7.26	7.67	1.61	16.54	090	S
34151	.....	A	Removal of artery clot	15.40	12.09	2.42	29.91	090	S
34201	.....	A	Removal of artery clot	8.13	9.00	1.80	18.93	090	S
34203	.....	A	Removal of leg artery clot	11.18	8.73	1.74	21.65	090	S
34401	.....	A	Removal of vein clot	11.77	8.16	1.41	21.34	090	S
34421	.....	A	Removal of vein clot	8.99	7.53	1.53	18.05	090	S
34451	.....	A	Removal of vein clot	13.28	10.81	2.16	26.25	090	S
34471	.....	A	Removal of vein clot	9.22	3.55	0.56	13.33	090	S
34490	.....	A	Removal of vein clot	6.58	7.35	1.56	15.49	090	S
34501	.....	C	Repair valve, femoral vein	0.00	0.00	0.00	0.00	090	S
34502	.....	A	Reconstruct, vena cava	25.94	18.86	3.68	48.48	090	S
34510	.....	C	Transposition of vein valve	0.00	0.00	0.00	0.00	090	S
34520	.....	C	Cross-over vein graft	0.00	0.00	0.00	0.00	090	S
34530	.....	C	Leg vein fusion	0.00	0.00	0.00	0.00	090	S
35001	.....	A	Repair defect of artery	18.34	16.08	3.22	37.64	090	S
35002	.....	A	Repair artery rupture, neck	19.65	12.78	2.44	34.87	090	S
35005	.....	A	Repair defect of artery	16.80	10.39	2.21	29.40	090	S
35011	.....	A	Repair defect of artery	10.55	*13.50	2.79	26.84	090	S
35013	.....	A	Repair artery rupture, arm	16.14	14.86	3.06	34.06	090	S
35021	.....	A	Repair defect of artery	17.82	18.33	3.09	39.24	090	S
35022	.....	A	Repair artery rupture, chest	21.39	14.94	2.83	39.16	090	S
35045	.....	A	Repair defect of arm artery	10.09	12.49	2.53	25.11	090	S
35081	.....	A	Repair defect of artery	22.40	21.69	4.23	48.32	090	S
35082	.....	A	Repair artery rupture, aorta	29.14	23.16	4.64	56.94	090	S
35091	.....	A	Repair defect of artery	28.41	22.92	4.30	55.63	090	S
35092	.....	A	Repair artery rupture, aorta	36.46	26.56	5.27	68.29	090	S
35102	.....	A	Repair defect of artery	23.70	22.40	4.37	50.47	090	S
35103	.....	A	Repair artery rupture, groin	31.66	26.45	5.27	63.38	090	S
35111	.....	A	Repair defect of artery	15.29	17.80	3.74	36.83	090	S
35112	.....	A	Repair artery rupture, spleen	17.57	10.57	2.24	30.38	090	S
35121	.....	A	Repair defect of artery	24.95	19.33	3.70	47.98	090	S
35122	.....	A	Repair artery rupture, belly	32.44	18.12	4.00	54.56	090	S
35131	.....	A	Repair defect of artery	17.19	16.06	3.18	36.43	090	S
35132	.....	A	Repair artery rupture, groin	20.63	18.89	3.62	43.14	090	S
35141	.....	A	Repair defect of artery	13.43	14.86	2.91	31.20	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35142		A	Repair artery rupture, thigh	14.78	16.28	3.28	34.34	090	S
35151		A	Repair defect of artery	15.94	15.53	2.97	34.44	090	S
35152		A	Repair artery rupture, knee	15.63	9.37	1.97	26.97	090	S
35161		C	Repair defect of artery	0.00	0.00	0.00	0.00	090	S
35162		C	Repair artery rupture	0.00	0.00	0.00	0.00	090	S
35180		A	Repair blood vessel lesion	12.30	7.45	1.50	21.25	090	S
35182		A	Repair blood vessel lesion	16.30	10.77	1.63	28.70	090	S
35184		A	Repair blood vessel lesion	10.91	9.84	1.98	22.73	090	S
35188		A	Repair blood vessel lesion	13.25	8.20	1.61	23.06	090	S
35189		A	Repair blood vessel lesion	17.31	11.46	2.23	31.00	090	S
35190		A	Repair blood vessel lesion	11.92	10.46	2.16	24.54	090	S
35201		A	Repair blood vessel lesion	9.00	10.18	1.96	21.14	090	S
35206		A	Repair blood vessel lesion	8.58	10.26	2.05	20.89	090	S
35207		A	Repair blood vessel lesion	9.16	10.92	1.95	22.03	090	S
35211		A	Repair blood vessel lesion	20.37	13.53	2.62	36.52	090	S
35216		A	Repair blood vessel lesion	17.31	10.80	2.10	30.21	090	S
35221		A	Repair blood vessel lesion	15.28	11.21	2.22	28.71	090	S
35226		A	Repair blood vessel lesion	8.26	10.39	1.97	20.62	090	S
35231		A	Repair blood vessel lesion	10.88	*14.88	2.94	28.70	090	S
35236		A	Repair blood vessel lesion	9.49	*12.15	2.59	24.23	090	S
35241		A	Repair blood vessel lesion	21.39	13.64	2.63	37.66	090	S
35246		A	Repair blood vessel lesion	18.34	17.14	2.17	37.65	090	S
35251		A	Repair blood vessel lesion	16.30	9.70	1.90	27.90	090	S
35256		A	Repair blood vessel lesion	10.25	12.54	2.42	25.21	090	S
35261		A	Repair blood vessel lesion	10.51	13.31	2.69	26.51	090	S
35266		A	Repair blood vessel lesion	9.16	*11.72	2.44	23.32	090	S
35271		A	Repair blood vessel lesion	20.37	12.67	2.59	35.63	090	S
35276		A	Repair blood vessel lesion	17.31	10.97	2.29	30.57	090	S
35281		A	Repair blood vessel lesion	15.28	17.47	3.41	36.16	090	S
35286		A	Repair blood vessel lesion	10.90	11.84	2.36	25.10	090	S
35301		A	Rechanneling of artery	16.13	14.62	2.84	33.59	090	S
35311		A	Rechanneling of artery	22.86	22.31	4.66	49.83	090	S
35321		A	Rechanneling of artery	11.20	13.10	2.72	27.02	090	S
35331		A	Rechanneling of artery	22.40	13.49	2.69	38.58	090	S
35341		A	Rechanneling of artery	23.93	17.56	3.57	45.06	090	S
35351		A	Rechanneling of artery	19.36	15.12	3.00	37.48	090	S
35355		A	Rechanneling of artery	15.28	15.59	3.02	33.89	090	S
35361		A	Rechanneling of artery	22.40	19.59	3.92	45.91	090	S
35363		A	Rechanneling of artery	23.42	23.02	4.45	50.89	090	S
35371		A	Rechanneling of artery	10.61	12.65	2.53	25.79	090	S
35372		A	Rechanneling of artery	12.42	11.32	2.31	26.05	090	S
35381		A	Rechanneling of artery	14.66	13.82	2.74	31.22	090	S
35390		A	Reoperation, carotid	3.23	1.69	0.39	5.31	ZZZ	S
35450		A	Repair arterial blockage	10.18	*13.03	1.40	24.61	000	N
35452		A	Repair arterial blockage	6.99	4.40	0.62	12.01	000	S
35454		A	Repair arterial blockage	6.11	*8.58	1.55	16.24	000	S
35456		A	Repair arterial blockage	7.43	*9.74	1.71	18.88	000	S
35458		A	Repair arterial blockage	9.60	10.24	1.85	21.69	000	S
35459		A	Repair arterial blockage	8.73	10.51	1.71	20.95	000	S
35460		A	Repair venous blockage	6.11	3.20	0.75	10.06	000	S
35470		A	Repair arterial blockage	8.73	10.51	1.71	20.95	000	N
35471		A	Repair arterial blockage	10.18	*13.03	1.40	24.61	000	N
35472		A	Repair arterial blockage	6.99	3.65	0.86	11.50	000	N
35473		A	Repair arterial blockage	6.11	*8.58	1.55	16.24	000	N
35474		A	Repair arterial blockage	7.44	*9.74	1.71	18.89	000	N
35475		A	Repair arterial blockage	9.60	10.24	1.85	21.69	000	N
35476		A	Repair venous blockage	6.11	3.20	0.75	10.06	000	N
35480		A	Atherectomy, open	11.20	13.58	1.40	26.18	000	S
35481		A	Atherectomy, open	7.69	4.40	0.62	12.71	000	S
35482		A	Atherectomy, open	6.72	*8.73	1.55	17.00	000	S
35483		A	Atherectomy, open	8.19	*10.48	1.71	20.38	000	S
35484		A	Atherectomy, open	10.56	10.24	1.85	22.65	000	S
35485		A	Atherectomy, open	9.60	4.57	1.07	15.24	000	S
35490		A	Atherectomy, percutaneous	11.20	13.58	1.40	26.18	000	N
35491		A	Atherectomy, percutaneous	7.69	4.40	0.62	12.71	000	N
35492		A	Atherectomy, percutaneous	6.72	*8.73	1.55	17.00	000	N
35493		A	Atherectomy, percutaneous	8.19	*10.48	1.71	20.38	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35494		A	Atherectomy, percutaneous	10.56	10.24	1.85	22.65	000	N
35495		A	Atherectomy, percutaneous	9.60	4.57	1.07	15.24	000	N
35501		A	Artery bypass graft	18.43	19.57	3.53	41.53	090	S
35506		A	Artery bypass graft	18.43	19.38	3.68	41.49	090	S
35507		A	Artery bypass graft	18.43	18.12	3.65	40.20	090	S
35508		A	Artery bypass graft	17.40	18.31	3.47	39.18	090	S
35509		A	Artery bypass graft	16.89	19.11	3.96	39.96	090	S
35511		A	Artery bypass graft	15.56	10.52	1.94	28.02	090	S
35515		A	Artery bypass graft	17.40	11.38	2.03	30.81	090	S
35516		A	Artery bypass graft	15.05	17.56	3.58	36.19	090	S
35518		A	Artery bypass graft	14.21	17.66	3.42	35.29	090	S
35521		A	Artery bypass graft	14.96	17.73	3.38	36.07	090	S
35526		A	Artery bypass graft	18.84	13.09	2.47	34.40	090	S
35531		A	Artery bypass graft	24.44	20.48	3.94	48.86	090	S
35533		A	Artery bypass graft	19.36	21.27	4.48	45.11	090	S
35536		A	Artery bypass graft	21.89	21.61	4.22	47.72	090	S
35541		A	Artery bypass graft	24.44	19.77	3.69	47.90	090	S
35546		A	Artery bypass graft	24.44	21.63	4.31	50.38	090	S
35548		C	Artery bypass graft	0.00	0.00	0.00	0.00	090	S
35549		C	Artery bypass graft	0.00	0.00	0.00	0.00	090	S
35551		A	Artery bypass graft	25.45	19.46	3.91	48.82	090	S
35556		A	Artery bypass graft	15.64	18.92	3.75	38.31	090	S
35558		A	Artery bypass graft	12.96	*16.59	3.27	32.82	090	S
35560		A	Artery bypass graft	22.37	20.44	3.97	46.78	090	S
35563		A	Artery bypass graft	13.98	8.41	1.72	24.11	090	S
35565		A	Artery bypass graft	13.98	*17.89	3.55	35.42	090	S
35566		A	Artery bypass graft	20.43	20.85	4.13	45.41	090	S
35571		A	Artery bypass graft	16.85	19.58	3.91	40.34	090	S
35582		A	Vein bypass graft	25.98	24.00	4.94	54.92	090	S
35583		A	Vein bypass graft	16.15	*20.67	4.18	41.00	090	S
35585		A	Vein bypass graft	19.26	23.21	4.68	47.15	090	S
35587		A	Vein bypass graft	17.26	21.75	4.18	43.19	090	S
35601		A	Artery bypass graft	16.37	19.04	3.37	38.78	090	S
35606		A	Artery bypass graft	17.59	17.75	3.55	38.89	090	S
35612		A	Artery bypass graft	14.55	16.94	3.34	34.83	090	S
35616		A	Artery bypass graft	14.55	16.98	3.46	34.99	090	S
35621		A	Artery bypass graft	13.38	*17.83	3.84	35.05	090	S
35623		A	Bypass graft, not vein	15.59	8.15	1.90	25.64	090	S
35626		A	Artery bypass graft	22.51	20.74	4.13	47.38	090	S
35631		A	Artery bypass graft	23.42	18.07	3.61	45.10	090	S
35636		A	Artery bypass graft	21.39	13.65	2.48	37.52	090	S
35637		D	Artery bypass graft	0.00	0.00	0.00	0.00	090	0
35638		D	Artery bypass graft	0.00	0.00	0.00	0.00	090	0
35641		A	Artery bypass graft	22.92	20.79	4.13	47.84	090	S
35642		A	Artery bypass graft	16.89	10.44	2.22	29.55	090	S
35645		A	Artery bypass graft	16.37	11.27	2.07	29.71	090	S
35646		A	Artery bypass graft	24.27	24.04	4.78	53.09	090	S
35650		A	Artery bypass graft	13.20	*16.90	3.60	33.70	090	S
35651		A	Artery bypass graft	23.93	24.36	4.74	53.03	090	S
35654		A	Artery bypass graft	17.82	22.35	4.47	44.64	090	S
35656		A	Artery bypass graft	14.01	*17.93	3.64	35.58	090	S
35661		A	Artery bypass graft	11.94	*15.64	3.34	30.92	090	S
35663		A	Artery bypass graft	12.96	*17.09	3.84	33.89	090	S
35665		A	Artery bypass graft	14.21	17.99	3.61	35.81	090	S
35666		A	Artery bypass graft	16.15	20.28	4.04	40.47	090	S
35671		A	Artery bypass graft	12.32	*19.03	4.13	35.48	090	S
35681		A	Artery bypass graft	8.14	*15.32	3.56	27.02	ZZZ	S
35691		A	Arterial transposition	16.89	19.84	3.85	40.58	090	S
35693		A	Arterial transposition	14.17	9.50	1.93	25.60	090	S
35694		A	Arterial transposition	18.01	9.43	2.19	29.63	090	S
35695		A	Arterial transposition	18.01	9.43	2.19	29.63	090	S
35700		A	Reoperation, bypass graft	3.11	1.63	0.38	5.12	ZZZ	S
35701		A	Exploration, carotid artery	4.59	*6.30	1.26	12.15	090	S
35721		A	Exploration, femoral artery	4.59	5.62	1.12	11.33	090	S
35741		A	Exploration popliteal artery	4.59	5.79	1.16	11.54	090	S
35761		A	Exploration of artery/vein	4.59	5.87	1.15	11.61	090	S
35800		A	Explore neck vessels	6.11	5.34	0.98	12.43	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
35820	.....	A	Explore chest vessels	11.77	8.01	1.45	21.23	090	S
35840	.....	A	Explore abdominal vessels	8.73	7.31	1.46	17.50	090	S
35860	.....	A	Explore limb vessels	4.59	5.87	1.16	11.62	090	S
35870	.....	C	Repair vessel graft defect	0.00	0.00	0.00	0.00	090	S
35875	.....	A	Removal of clot in graft	9.17	8.30	1.67	19.14	090	S
35876	.....	A	Removal of clot in graft	13.05	8.30	1.67	23.02	090	S
35900	.....	D	Remove vessel graft	0.00	0.00	0.00	0.00	090	0
35901	.....	A	Excision, graft, neck	7.33	7.26	1.48	16.07	090	S
35903	.....	A	Excision, graft, extremity	8.73	7.26	1.48	17.47	090	S
35905	.....	A	Excision, graft, thorax	17.08	7.26	1.48	25.82	090	S
35907	.....	A	Excision, graft, abdomen	17.88	7.26	1.48	26.62	090	S
35910	.....	D	Revise circulation	0.00	0.00	0.00	0.00	090	0
36000	.....	A	Place needle in vein	0.18	*0.40	0.04	0.62	XXX	N
36005	.....	A	Injection, venography	0.96	0.48	0.04	1.48	000	N
36010	.....	A	Place catheter in vein	2.46	2.13	0.31	4.90	XXX	N
36011	.....	A	Place catheter in vein	3.17	1.92	0.22	5.31	XXX	N
36012	.....	A	Place catheter in vein	3.56	2.70	0.32	6.58	XXX	N
36013	.....	A	Place catheter in artery	2.55	2.13	0.31	4.99	XXX	N
36014	.....	A	Place catheter in artery	3.05	2.31	0.27	5.63	XXX	N
36015	.....	A	Place catheter in artery	3.56	2.70	0.32	6.58	XXX	N
36100	.....	A	Establish access to artery	3.05	2.62	0.32	5.99	XXX	N
36120	.....	A	Establish access to artery	2.03	2.35	0.30	4.68	XXX	N
36140	.....	A	Establish access to artery	2.03	1.43	0.24	3.70	XXX	N
36145	.....	A	Artery to vein shunt	2.03	*3.00	0.50	5.53	XXX	N
36160	.....	A	Establish access to aorta	2.55	2.35	0.35	5.25	XXX	S
36200	.....	A	Place catheter in aorta	3.05	2.76	0.28	6.09	XXX	N
36215	.....	A	Place catheter in artery	4.52	2.81	0.23	7.56	XXX	N
36216	.....	A	Place catheter in artery	5.34	3.33	0.27	8.94	XXX	N
36217	.....	A	Place catheter in artery	6.37	3.96	0.32	10.65	XXX	N
36218	.....	A	Place catheter in artery	1.02	0.63	0.05	1.70	XXX	N
36230	.....	D	Place catheter in artery	0.00	0.00	0.00	0.00	XXX	0
36245	.....	A	Place catheter in artery	5.13	3.19	0.26	8.58	XXX	N
36246	.....	A	Place catheter in artery	5.34	3.33	0.27	8.94	XXX	N
36247	.....	A	Place catheter in artery	6.37	3.96	0.32	10.65	XXX	N
36248	.....	A	Place catheter in artery	1.02	0.63	0.05	1.70	XXX	N
36260	.....	A	Insertion of infusion pump	9.37	6.82	1.43	17.62	090	S
36261	.....	A	Revision of infusion pump	5.10	2.25	0.42	7.77	090	S
36262	.....	A	Removal of infusion pump	3.74	1.95	0.40	6.09	090	S
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY	N
36400	.....	A	Drawing blood	0.18	0.09	0.01	0.28	XXX	N
36405	.....	A	Drawing blood	0.18	0.45	0.03	0.66	XXX	N
36406	.....	A	Drawing blood	0.18	0.16	0.01	0.35	XXX	S
36410	.....	A	Drawing blood	0.18	0.22	0.02	0.42	XXX	N
36415	.....	G	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
36420	.....	A	Establish access to vein	1.02	0.52	0.05	1.59	XXX	N
36425	.....	A	Establish access to vein	0.77	0.08	0.01	0.86	XXX	N
36430	.....	A	Blood transfusion service	0.00	0.97	0.07	1.04	XXX	N
36440	.....	A	Blood transfusion service	1.04	0.95	0.07	2.06	XXX	S
36450	.....	A	Exchange transfusion service	2.25	1.90	0.18	4.33	XXX	N
36455	.....	A	Exchange transfusion service	2.46	2.30	0.22	4.98	XXX	N
36460	.....	C	Transfusion service, fetal	0.00	0.00	0.00	0.00	XXX	N
36468	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36469	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36470	.....	A	Injection therapy of vein	1.03	0.27	0.04	1.34	010	S
36471	.....	A	Injection therapy of veins	1.51	0.39	0.05	1.95	010	S
36481	.....	A	Insertion of catheter, vein	7.07	5.36	0.62	13.05	000	S
36488	.....	A	Insertion of catheter, vein	1.36	0.98	0.14	2.48	000	N
36489	.....	A	Insertion of catheter, vein	1.23	1.13	0.17	2.53	000	N
36490	.....	A	Insertion of catheter, vein	1.69	1.40	0.20	3.29	000	N
36491	.....	A	Insertion of catheter, vein	1.45	1.73	0.32	3.50	000	N
36493	.....	A	Repositioning of cvc	1.22	0.64	0.16	2.02	000	N
36500	.....	A	Insertion of catheter, vein	3.56	0.08	0.01	3.65	000	N
36510	.....	A	Insertion of catheter, vein	1.10	0.34	0.02	1.46	000	N
36520	.....	A	Plasma and/or cell exchange	1.69	1.87	0.12	3.68	000	N
36522	.....	A	Photopheresis	1.69	*4.19	0.37	6.25	ZZZ	S
36530	.....	N	Insertion of infusion pump	0.00	0.00	0.00	0.00	XXX	0
36531	.....	N	Revision of infusion pump	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
36532	.....	R	Removal of infusion pump	0.00	0.00	0.00	0.00	010	S
36533	.....	A	Insertion of access port	3.86	4.34	0.86	9.06	010	S
36534	.....	A	Revision of access port	3.83	3.50	0.21	7.54	010	S
36535	.....	A	Removal of access port	2.24	1.83	0.38	4.45	010	S
36600	.....	A	Withdrawal of arterial blood	0.32	0.28	0.02	0.62	XXX	N
36620	.....	A	Insertion catheter, artery	1.16	0.67	0.14	1.97	000	N
36625	.....	A	Insertion catheter, artery	2.13	0.87	0.18	3.18	000	N
36640	.....	A	Insertion catheter, artery	2.12	2.35	0.40	4.87	000	N
36660	.....	A	Insertion catheter, artery	1.42	0.50	0.04	1.96	000	N
36680	.....	A	Insert needle, bone cavity	1.21	1.25	0.10	2.56	000	N
36800	.....	A	Insertion of cannula	2.46	2.24	0.28	4.98	000	N
36810	.....	A	Insertion of cannula	4.01	4.90	0.75	9.66	000	S
36815	.....	A	Insertion of cannula	2.65	*3.41	0.71	6.77	000	S
36820	.....	D	Insertion of cannula	0.00	0.00	0.00	0.00	000	0
36821	.....	A	Artery-vein fusion	8.48	7.32	1.48	17.28	090	S
36822	.....	A	Insertion of cannula(s)	5.09	5.66	0.78	11.53	090	S
36825	.....	A	Artery-vein graft	9.46	11.32	2.23	23.01	090	S
36830	.....	A	Artery-vein graft	7.87	*10.66	2.39	20.92	090	S
36832	.....	A	Revise artery-vein fistula	5.91	*9.88	2.41	18.20	090	S
36835	.....	C	Artery to vein shunt	0.00	0.00	0.00	0.00	090	S
36840	.....	C	Insert mandril	0.00	0.00	0.00	0.00	090	S
36845	.....	C	Fusion with mandril	0.00	0.00	0.00	0.00	090	S
36860	.....	A	Cannula declotting	2.03	2.60	0.43	5.06	000	N
36861	.....	A	Cannula declotting	2.55	*4.35	1.02	7.92	000	S
37140	.....	A	Revision of circulation	22.40	16.47	3.38	42.25	090	S
37145	.....	A	Revision of circulation	23.42	17.32	1.74	42.48	090	S
37160	.....	A	Revision of circulation	20.37	17.94	3.83	42.14	090	S
37180	.....	A	Revision of circulation	23.42	14.35	2.79	40.56	090	S
37181	.....	A	Splice spleen/kidney veins	25.45	16.59	3.56	45.60	090	S
37190	.....	A	Repair of circulation defect	9.42	7.89	1.68	18.99	090	S
37200	.....	A	Transcatheter biopsy	4.61	1.61	0.13	6.35	000	N
37201	.....	A	Transcatheter therapy infuse	7.33	5.56	0.65	13.54	000	N
37202	.....	A	Transcatheter therapy infuse	5.74	4.35	0.51	10.60	000	N
37203	.....	A	Transcatheter retrieval	5.09	3.86	0.45	9.40	000	N
37204	.....	A	Transcatheter occlusion	18.34	13.91	1.62	33.87	000	N
37205	.....	A	Transcatheter stent	8.37	5.22	0.42	14.01	000	S
37206	.....	A	Transcatheter stent	4.18	2.61	0.21	7.00	ZZZ	S
37207	.....	A	Transcatheter stent	8.37	5.22	0.42	14.01	000	S
37208	.....	A	Transcatheter stent	4.18	2.61	0.21	7.00	ZZZ	S
37565	.....	A	Ligation of neck vein	3.94	3.83	0.75	8.52	090	S
37600	.....	A	Ligation of neck artery	3.94	*5.77	0.81	10.52	090	S
37605	.....	A	Ligation of neck artery	4.68	5.62	1.05	11.35	090	S
37606	.....	A	Ligation of neck artery	4.68	*6.24	0.73	11.65	090	S
37607	.....	A	Ligation of fistula	5.91	3.09	0.72	9.72	090	S
37609	.....	A	Temporal artery procedure	2.30	2.24	0.38	4.92	010	S
37615	.....	A	Ligation of neck artery	4.44	*6.34	1.12	11.90	090	S
37616	.....	A	Ligation of chest artery	14.85	4.26	0.84	19.95	090	S
37617	.....	A	Ligation of abdomen artery	14.35	8.09	1.56	24.00	090	S
37618	.....	A	Ligation of extremity artery	3.94	*5.04	1.07	10.05	090	S
37620	.....	A	Revision of major vein	9.34	8.91	1.50	19.75	090	S
37650	.....	A	Revision of major vein	4.44	4.06	0.53	9.03	090	S
37660	.....	A	Revision of major vein	9.76	5.81	1.08	16.65	090	S
37700	.....	A	Revise leg vein	3.56	3.68	0.74	7.98	090	S
37720	.....	A	Removal of leg vein	5.28	5.17	1.05	11.50	090	S
37730	.....	A	Removal of leg veins	6.70	7.03	1.42	15.15	090	S
37735	.....	A	Removal of leg veins/lesion	10.01	8.43	1.70	20.14	090	S
37760	.....	A	Revision of leg veins	10.01	7.56	1.54	19.11	090	S
37780	.....	A	Revision of leg vein	3.56	1.91	0.35	5.82	090	S
37785	.....	A	Revise secondary varicosity	3.60	0.99	0.18	4.77	090	S
37788	.....	C	Revascularization, penis	0.00	0.00	0.00	0.00	090	S
37790	.....	A	Penile venous occlusion	6.91	4.91	0.48	12.30	090	S
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY	S
38100	.....	A	Removal of spleen, total	12.12	8.65	1.83	22.60	090	S
38101	.....	A	Removal of spleen, partial	12.73	7.07	1.53	21.33	090	S
38102	.....	A	Removal of spleen, total	4.85	2.54	0.59	7.98	ZZZ	S
38115	.....	A	Repair of ruptured spleen	12.73	7.73	1.51	21.97	090	S
38200	.....	A	Injection for spleen x-ray	2.67	1.73	0.15	4.55	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
38230		A	Bone marrow collection	3.20	2.81	0.21	6.22	010	N
38240		A	Bone marrow transplantation	2.26	2.10	0.14	4.50	XXX	N
38241		A	Bone marrow transplantation	2.26	2.06	0.13	4.45	XXX	N
38300		A	Drainage lymph node lesion	1.50	0.59	0.10	2.19	010	S
38305		A	Drainage lymph node lesion	4.29	1.98	0.36	6.63	090	S
38308		A	Incision of lymph channels	4.60	3.41	0.45	8.46	090	S
38380		A	Thoracic duct procedure	6.60	4.49	0.77	11.86	090	S
38381		A	Thoracic duct procedure	12.23	7.64	1.52	21.39	090	S
38382		A	Thoracic duct procedure	9.34	4.89	1.14	15.37	090	S
38500		A	Biopsy/removal, lymph node(s)	2.86	1.61	0.31	4.78	010	S
38505		A	Needle biopsy, lymph node(s)	1.15	1.13	0.17	2.45	000	S
38510		A	Biopsy/removal, lymph node(s)	3.94	2.57	0.45	6.96	090	S
38520		A	Biopsy/removal, lymph node(s)	4.91	3.02	0.57	8.50	090	S
38525		A	Biopsy/removal, lymph node(s)	4.42	2.62	0.54	7.58	090	S
38530		A	Biopsy/removal, lymph node(s)	5.88	3.21	0.66	9.75	090	S
38542		A	Explore deep node(s), neck	5.47	4.31	0.60	10.38	090	S
38550		A	Removal neck/armpit lesion	6.49	3.27	0.64	10.40	090	S
38555		A	Removal neck/armpit lesion	13.20	7.35	1.40	21.95	090	S
38562		A	Removal, pelvic lymph nodes	9.76	6.96	1.21	17.93	090	S
38564		A	Removal, abdomen lymph nodes	10.11	7.47	1.53	19.11	090	S
38700		A	Removal of lymph nodes, neck	7.64	9.75	1.32	18.71	090	S
38720		A	Removal of lymph nodes, neck	12.43	*15.91	2.06	30.40	090	S
38724		A	Removal of lymph nodes, neck	13.37	14.52	2.02	29.91	090	S
38740		A	Remove armpit lymph nodes	6.35	4.77	1.01	12.13	090	S
38745		A	Remove armpits lymph nodes	8.17	8.37	1.78	18.32	090	S
38746		A	Remove thoracic lymph nodes	4.44	2.32	0.54	7.30	ZZZ	S
38747		A	Remove abdominal lymph nodes	4.94	2.59	0.60	8.13	ZZZ	S
38760		A	Remove groin lymph nodes	8.28	6.70	1.37	16.35	090	S
38765		A	Remove groin lymph nodes	15.15	12.81	2.45	30.41	090	S
38770		A	Remove pelvis lymph nodes	12.23	15.57	1.75	29.55	090	S
38780		A	Remove abdomen lymph nodes	15.34	16.24	3.16	34.74	090	S
38790		A	Injection for lymphatic x-ray	1.30	*2.11	0.19	3.60	000	N
38794		A	Access thoracic lymph duct	4.10	2.87	0.38	7.35	090	S
38999		C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY	S
39000		A	Exploration of chest	5.09	6.12	1.09	12.30	090	S
39010		A	Exploration of chest	12.54	9.67	1.79	24.00	090	S
39020		A	Exploration of chest	8.45	*12.12	2.38	22.95	090	S
39200		A	Removal chest lesion	12.54	11.71	2.16	26.41	090	S
39220		A	Removal chest lesion	16.34	15.11	2.86	34.31	090	S
39400		A	Visualization of chest	5.17	5.18	0.96	11.31	010	S
39499		C	Chest procedure	0.00	0.00	0.00	0.00	YYY	S
39501		A	Repair diaphragm laceration	12.23	10.78	2.12	25.13	090	S
39502		A	Repair paraesophageal hernia	15.35	12.06	2.48	29.89	090	S
39503		A	Repair of diaphragm hernia	33.59	25.46	2.97	62.02	090	S
39520		A	Repair of diaphragm hernia	15.35	12.67	2.49	30.51	090	S
39530		A	Repair of diaphragm hernia	14.38	14.22	2.74	31.34	090	S
39531		A	Repair of diaphragm hernia	15.40	10.11	1.82	27.33	090	S
39540		A	Repair of diaphragm hernia	12.23	12.11	2.54	26.88	090	S
39541		A	Repair of diaphragm hernia	13.25	12.30	2.40	27.95	090	S
39545		A	Revision of diaphragm	12.23	8.16	1.55	21.94	090	S
39547		A	Revision of diaphragm	12.23	7.73	0.93	20.89	090	S
39599		C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40490		A	Biopsy of lip	1.23	0.75	0.07	2.05	000	S
40500		A	Partial excision of lip	4.13	*6.30	0.95	11.38	090	S
40510		A	Partial excision of lip	4.62	*5.91	0.84	11.37	090	S
40520		A	Partial excision of lip	4.59	4.55	0.69	9.83	090	S
40525		A	Reconstruct lip with flap	7.34	*9.40	1.45	18.19	090	S
40527		A	Reconstruct lip with flap	8.81	*11.28	1.67	21.76	090	S
40530		A	Partial removal of lip	5.20	5.16	0.75	11.11	090	S
40650		A	Repair lip	3.53	*4.52	0.66	8.71	090	S
40652		A	Repair lip	4.13	*5.29	0.80	10.22	090	S
40654		A	Repair lip	5.19	*6.64	1.01	12.84	090	S
40700		A	Repair cleft lip/nasal	12.17	8.55	1.29	22.01	090	S
40701		A	Repair cleft lip/nasal	15.27	*19.55	1.64	36.46	090	S
40702		A	Repair cleft lip/nasal	12.48	9.47	1.11	23.06	090	S
40720		A	Repair cleft lip/nasal	13.05	9.70	1.81	24.56	090	S
40761		A	Repair cleft lip/nasal	14.16	10.96	1.76	26.88	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40800	.....	A	Drainage of mouth lesion	1.13	0.75	0.07	1.95	010	S
40801	.....	A	Drainage of mouth lesion	2.51	1.72	0.16	4.39	010	S
40804	.....	A	Removal foreign body, mouth	1.20	0.59	0.06	1.85	010	S
40805	.....	A	Removal foreign body, mouth	2.67	2.53	0.30	5.50	010	S
40806	.....	A	Incision of lip fold	0.31	0.36	0.03	0.70	000	S
40808	.....	A	Biopsy of mouth lesion	0.92	0.77	0.08	1.77	010	S
40810	.....	A	Excision of mouth lesion	1.27	1.19	0.11	2.57	010	S
40812	.....	A	Excise/repair mouth lesion	2.29	1.52	0.14	3.95	010	S
40814	.....	A	Excise/repair mouth lesion	3.31	3.27	0.32	6.90	090	S
40816	.....	A	Excision of mouth lesion	3.56	3.26	0.33	7.15	090	S
40818	.....	A	Excise oral mucosa for graft	2.29	2.28	0.20	4.77	090	S
40819	.....	A	Excise lip or cheek fold	2.29	1.24	0.14	3.67	090	S
40820	.....	A	Treatment of mouth lesion	1.24	0.54	0.06	1.84	010	S
40830	.....	A	Repair mouth laceration	1.73	0.68	0.07	2.48	010	S
40831	.....	A	Repair mouth laceration	2.44	1.96	0.21	4.61	010	S
40840	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40842	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40843	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40844	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40845	.....	R	Reconstruction of mouth	0.00	0.00	0.00	0.00	XXX	S
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY	S
41000	.....	A	Drainage of mouth lesion	1.26	0.77	0.08	2.11	010	S
41005	.....	A	Drainage of mouth lesion	1.22	0.63	0.07	1.92	010	S
41006	.....	A	Drainage of mouth lesion	3.06	1.02	0.11	4.19	090	S
41007	.....	A	Drainage of mouth lesion	2.92	2.93	0.30	6.15	090	S
41008	.....	A	Drainage of mouth lesion	3.20	1.07	0.11	4.38	090	S
41009	.....	A	Drainage of mouth lesion	3.39	3.35	0.34	7.08	090	S
41010	.....	A	Incision of tongue fold	1.20	0.37	0.04	1.61	010	S
41015	.....	A	Drainage of mouth lesion	3.76	0.88	0.10	4.74	090	S
41016	.....	A	Drainage of mouth lesion	3.76	3.73	0.38	7.87	090	S
41017	.....	A	Drainage of mouth lesion	3.76	1.42	0.14	5.32	090	S
41018	.....	A	Drainage of mouth lesion	4.80	3.97	0.38	9.15	090	S
41100	.....	A	Biopsy of tongue	1.60	0.81	0.08	2.49	010	S
41105	.....	A	Biopsy of tongue	1.39	1.04	0.12	2.55	010	S
41108	.....	A	Biopsy of floor of mouth	1.01	0.86	0.09	1.96	010	S
41110	.....	A	Excision of tongue lesion	1.48	1.31	0.15	2.94	010	S
41112	.....	A	Excision of tongue lesion	2.66	2.42	0.23	5.31	090	S
41113	.....	A	Excision of tongue lesion	3.12	3.45	0.37	6.94	090	S
41114	.....	A	Excision of tongue lesion	7.97	6.46	0.74	15.17	090	S
41115	.....	A	Excision of tongue fold	1.71	1.80	0.17	3.68	010	S
41116	.....	A	Excision of mouth lesion	2.39	2.52	0.27	5.18	090	S
41120	.....	A	Partial removal of tongue	8.93	7.36	0.89	17.18	090	S
41130	.....	A	Partial removal of tongue	10.38	9.16	1.15	20.69	090	S
41135	.....	A	Tongue and neck surgery	14.45	*19.70	2.67	36.82	090	S
41140	.....	A	Removal of tongue	23.72	19.10	2.48	45.30	090	S
41145	.....	A	Tongue removal; neck surgery	27.89	23.04	2.98	53.91	090	S
41150	.....	A	Tongue, mouth, jaw surgery	19.58	19.17	2.49	41.24	090	S
41153	.....	A	Tongue, mouth, neck surgery	21.42	25.28	3.06	49.76	090	S
41155	.....	A	Tongue, jaw, & neck surgery	23.66	*30.28	3.79	57.73	090	S
41250	.....	A	Repair tongue laceration	1.88	1.08	0.11	3.07	010	S
41251	.....	A	Repair tongue laceration	2.24	2.09	0.21	4.54	010	S
41252	.....	A	Repair tongue laceration	2.95	2.38	0.26	5.59	010	S
41500	.....	A	Fixation of tongue	3.54	3.33	0.26	7.13	090	S
41510	.....	A	Tongue to lip surgery	3.36	2.56	0.45	6.37	090	S
41520	.....	A	Reconstruction, tongue fold	2.66	2.91	0.28	5.85	090	S
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY	S
41800	.....	A	Drainage of gum lesion	1.13	0.70	0.07	1.90	010	S
41805	.....	A	Removal foreign body, gum	1.20	0.85	0.08	2.13	010	S
41806	.....	A	Removal foreign body, jawbone	2.67	1.66	0.15	4.48	010	S
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	XXX	S
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	XXX	S
41822	.....	R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41823	.....	R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41825	.....	A	Excision of gum lesion	1.27	1.51	0.14	2.92	010	S
41826	.....	A	Excision of gum lesion	2.29	2.09	0.18	4.56	010	S
41827	.....	A	Excision of gum lesion	3.31	3.82	0.38	7.51	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
41828		R	Excision of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41830		R	Removal of gum tissue	0.00	0.00	0.00	0.00	XXX	S
41850		R	Treatment of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41870		R	Gum graft	0.00	0.00	0.00	0.00	XXX	S
41872		R	Repair gum	0.00	0.00	0.00	0.00	XXX	S
41874		R	Repair tooth socket	0.00	0.00	0.00	0.00	XXX	S
41899		C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42000		A	Drainage mouth roof lesion	1.19	0.63	0.06	1.88	010	S
42100		A	Biopsy roof of mouth	1.27	0.80	0.08	2.15	010	S
42104		A	Excision lesion, mouth roof	1.61	1.64	0.17	3.42	010	S
42106		A	Excision lesion, mouth roof	2.66	2.24	0.21	5.11	010	S
42107		A	Excision lesion, mouth roof	4.25	4.96	0.51	9.72	090	S
42120		A	Remove palate/lesion	5.45	*7.79	1.02	14.26	090	S
42140		A	Excision of uvula	1.56	1.36	0.15	3.07	090	S
42145		A	Repair, palate, pharynx/uvula	7.12	*12.11	1.47	20.70	090	S
42160		A	Treatment mouth roof lesion	1.77	1.55	0.16	3.48	010	S
42180		A	Repair palate	2.48	2.26	0.26	5.00	010	S
42182		A	Repair palate	3.82	3.51	0.38	7.71	010	S
42200		A	Reconstruct cleft palate	9.59	7.27	0.86	17.72	090	S
42205		A	Reconstruct cleft palate	9.06	10.94	0.80	20.80	090	S
42210		A	Reconstruct cleft palate	10.13	12.65	0.96	23.74	090	S
42215		A	Reconstruct cleft palate	8.51	7.77	0.87	17.15	090	S
42220		A	Reconstruct cleft palate	6.72	5.46	0.82	13.00	090	S
42225		A	Reconstruct cleft palate	9.16	6.98	1.09	17.25	090	S
42226		A	Lengthening of palate	9.52	7.98	0.87	18.37	090	S
42227		A	Lengthening of palate	8.99	7.49	0.38	16.86	090	S
42235		A	Repair palate	7.58	5.61	0.50	13.69	090	S
42260		A	Repair nose to lip fistula	4.22	4.02	0.44	8.68	090	S
42280		A	Preparation, palate mold	1.51	2.01	0.17	3.69	010	S
42281		A	Insertion, palate prosthesis	1.79	1.49	0.15	3.43	010	S
42299		C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY	S
42300		A	Drainage of salivary gland	1.90	0.97	0.12	2.99	010	S
42305		A	Drainage of salivary gland	5.65	2.20	0.27	8.12	090	S
42310		A	Drainage of salivary gland	1.53	1.04	0.12	2.69	010	S
42320		A	Drainage of salivary gland	2.33	1.85	0.22	4.40	010	S
42325		A	Create salivary cyst drain	2.68	2.14	0.20	5.02	090	S
42326		A	Create salivary cyst drain	3.69	4.39	0.33	8.41	090	S
42330		A	Removal of salivary stone	2.18	1.11	0.12	3.41	010	S
42335		A	Removal of salivary stone	3.25	2.50	0.27	6.02	090	S
42340		A	Removal of salivary stone	4.52	4.30	0.46	9.28	090	S
42400		A	Biopsy of salivary gland	0.79	0.80	0.10	1.69	000	S
42405		A	Biopsy of salivary gland	3.28	1.56	0.19	5.03	010	S
42408		A	Excision of salivary cyst	4.46	3.28	0.38	8.12	090	S
42409		A	Drainage of salivary cyst	2.74	2.84	0.30	5.88	090	S
42410		A	Excise parotid gland/lesion	8.98	6.01	0.93	15.92	090	S
42415		A	Excise parotid gland/lesion	16.30	12.82	1.70	30.82	090	S
42420		A	Excise parotid gland/lesion	18.84	14.98	1.89	35.71	090	S
42425		A	Excise parotid gland/lesion	12.50	11.22	1.45	25.17	090	S
42426		A	Excise parotid gland/lesion	20.10	24.39	3.25	47.74	090	S
42440		A	Excision submaxillary gland	6.68	8.07	1.00	15.75	090	S
42450		A	Excision sublingual gland	4.43	3.46	0.35	8.24	090	S
42500		A	Repair salivary duct	4.11	4.66	0.51	9.28	090	S
42505		A	Repair salivary duct	5.99	7.42	0.87	14.28	090	S
42507		A	Parotid duct diversion	6.03	4.70	0.68	11.41	090	S
42508		A	Parotid duct diversion	8.74	7.69	0.95	17.38	090	S
42509		A	Parotid duct diversion	11.20	7.39	1.24	19.83	090	S
42510		A	Parotid duct diversion	7.80	7.74	0.85	16.39	090	S
42550		A	Injection for salivary x-ray	1.26	0.44	0.04	1.74	000	N
42600		A	Closure of salivary fistula	4.63	3.93	0.47	9.03	090	S
42650		A	Dilation of salivary duct	0.78	0.39	0.04	1.21	000	S
42660		A	Dilation of salivary duct	1.14	0.51	0.06	1.71	000	S
42665		A	Ligation of salivary duct	2.46	2.06	0.25	4.77	090	S
42699		C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42700		A	Drainage of tonsil abscess	1.59	0.86	0.10	2.55	010	S
42720		A	Drainage of throat abscess	2.64	1.91	0.22	4.77	010	S
42725		A	Drainage of throat abscess	7.68	4.50	0.54	12.72	090	S
42800		A	Biopsy of throat	1.35	0.75	0.08	2.18	010	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
42802	.....	A	Biopsy of throat	1.51	1.03	0.12	2.66	010	S
42804	.....	A	Biopsy of upper nose/throat	1.20	1.10	0.13	2.43	010	S
42806	.....	A	Biopsy of upper nose/throat	1.55	1.42	0.16	3.13	010	S
42808	.....	A	Excise pharynx lesion	2.27	2.55	0.29	5.11	010	S
42809	.....	A	Remove pharynx foreign body	1.78	0.83	0.08	2.69	010	S
42810	.....	A	Excision of neck cyst	3.24	3.17	0.48	6.89	090	S
42815	.....	A	Excision of neck cyst	6.83	8.56	1.13	16.52	090	S
42820	.....	A	Remove tonsils and adenoids	3.63	3.18	0.32	7.13	090	S
42821	.....	A	Remove tonsils and adenoids	4.15	3.97	0.47	8.59	090	S
42825	.....	A	Removal of tonsils	3.25	2.67	0.33	6.25	090	S
42826	.....	A	Removal of tonsils	3.23	3.90	0.43	7.56	090	S
42830	.....	A	Removal of adenoids	2.52	1.88	0.27	4.67	090	S
42831	.....	A	Removal of adenoids	2.64	2.39	0.25	5.28	090	S
42835	.....	A	Removal of adenoids	2.24	1.88	0.10	4.22	090	S
42836	.....	A	Removal of adenoids	3.13	2.82	0.31	6.26	090	S
42842	.....	A	Extensive surgery of throat	8.22	6.76	0.74	15.72	090	S
42844	.....	A	Extensive surgery of throat	12.87	10.97	1.28	25.12	090	S
42845	.....	A	Extensive surgery of throat	22.12	18.83	2.24	43.19	090	S
42860	.....	A	Excision of tonsil tags	2.16	1.91	0.21	4.28	090	S
42870	.....	A	Excision of lingual tonsil	5.22	2.35	0.26	7.83	090	S
42880	.....	A	Excise nose/throat lesion	6.08	4.67	0.53	11.28	090	S
42890	.....	A	Partial removal of pharynx	11.80	9.09	1.04	21.93	090	S
42892	.....	A	Revision of pharyngeal walls	14.10	11.04	1.28	26.42	090	S
42894	.....	A	Revision of pharyngeal walls	20.91	16.24	1.85	39.00	090	S
42900	.....	A	Repair throat wound	5.04	4.31	0.49	9.84	010	S
42950	.....	A	Reconstruction of throat	7.79	9.97	1.11	18.87	090	S
42953	.....	A	Repair throat, esophagus	8.30	6.41	0.94	15.65	090	S
42955	.....	A	Surgical opening of throat	6.57	3.36	0.43	10.36	090	S
42960	.....	A	Control throat bleeding	2.31	1.09	0.12	3.52	010	S
42961	.....	A	Control throat bleeding	5.24	1.77	0.19	7.20	090	S
42962	.....	A	Control throat bleeding	6.71	6.05	0.69	13.45	090	S
42970	.....	A	Control nose/throat bleeding	4.83	1.04	0.10	5.97	090	N
42971	.....	A	Control nose/throat bleeding	5.62	2.93	0.34	8.89	090	S
42972	.....	A	Control nose/throat bleeding	6.62	4.60	0.74	11.96	090	S
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY	S
43000	.....	A	Incision of esophagus	6.71	5.86	0.82	13.39	090	S
43020	.....	A	Incision of esophagus	7.81	6.65	0.72	15.18	090	S
43030	.....	A	Throat muscle surgery	7.23	*9.26	1.22	17.71	090	S
43040	.....	A	Incision of esophagus	10.18	6.95	1.20	18.33	090	S
43045	.....	A	Incision of esophagus	19.04	12.59	2.39	34.02	090	S
43100	.....	A	Excision of esophagus lesion	8.56	6.26	0.96	15.78	090	S
43101	.....	A	Excision of esophagus lesion	15.28	9.59	1.90	26.77	090	S
43105	.....	A	Removal of upper esophagus	18.34	15.39	1.90	35.63	090	S
43106	.....	A	Removal of upper esophagus	21.39	19.04	2.20	42.63	090	S
43110	.....	A	Partial removal of esophagus	28.79	21.89	4.27	54.95	090	S
43111	.....	A	Partial removal of esophagus	26.52	15.42	3.38	45.32	090	S
43115	.....	A	Partial removal of esophagus	30.55	25.55	4.82	60.92	090	S
43119	.....	A	Removal of esophagus	27.50	22.75	4.47	54.72	090	S
43120	.....	A	Remove esophagus & stomach	26.35	21.60	4.24	52.19	090	S
43130	.....	A	Removal of esophagus pouch	10.80	10.63	1.62	23.05	090	S
43135	.....	A	Removal of esophagus pouch	15.28	11.85	2.19	29.32	090	S
43136	.....	D	Fixation of esophagus pouch	0.00	0.00	0.00	0.00	090	0
43200	.....	A	Esophagus endoscopy	1.61	*2.42	0.26	4.29	000	S
43202	.....	A	Esophagus endoscopy, biopsy	1.91	*2.94	0.31	5.16	000	N
43204	.....	A	Esophagus endoscopy & inject	3.81	*4.95	0.36	9.12	000	N
43205	.....	A	Esophagus endoscopy/ligation	3.81	2.71	0.18	6.70	000	N
43215	.....	A	Esophagus endoscopy	2.63	*3.95	0.47	7.05	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.83	*4.11	0.37	7.31	000	N
43217	.....	A	Esophagus endoscopy	2.83	*4.11	0.37	7.31	000	N
43219	.....	A	Esophagus endoscopy	2.83	*3.74	0.34	6.91	000	N
43220	.....	A	Esophagus endoscopy, dilation	2.12	*2.81	0.27	5.20	000	N
43226	.....	A	Esophagus endoscopy, dilation	2.37	*3.48	0.26	6.11	000	N
43227	.....	A	Esophagus endoscopy, repair	3.64	*4.66	0.34	8.64	000	N
43228	.....	A	Esophagus endoscopy, ablation	3.81	4.84	0.38	9.03	000	N
43234	.....	A	Upper gi endoscopy, exam	2.03	*2.81	0.30	5.14	000	N
43235	.....	A	Upper gi endoscopy, diagnosis	2.42	*3.38	0.29	6.09	000	N
43239	.....	A	Upper gi endoscopy, biopsy	2.72	*3.88	0.33	6.93	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
43241	.....	A	Upper gi endoscopy with tube	2.62	*4.17	0.38	7.17	000	N
43243	.....	A	Upper gi endoscopy & inject	4.62	5.69	0.39	10.70	000	N
43244	.....	A	Upper gi endoscopy/ligation	4.62	3.29	0.21	8.12	000	N
43245	.....	A	Operative upper gi endoscopy	3.43	*4.45	0.40	8.28	000	N
43246	.....	A	Place gastrostomy tube	4.38	*5.63	0.52	10.53	000	N
43247	.....	A	Operative upper gi endoscopy	3.43	*4.50	0.38	8.31	000	N
43248	.....	A	Upper gi endoscopy/guidewire	3.18	2.26	0.15	5.59	000	N
43250	.....	A	Upper gi endoscopy/tumor	3.63	*4.99	0.43	9.05	000	N
43251	.....	A	Operative upper gi endoscopy	3.63	*4.99	0.43	9.05	000	N
43255	.....	A	Operative upper gi endoscopy	4.45	5.69	0.38	10.52	000	N
43258	.....	A	Operative upper gi endoscopy	4.60	5.47	0.38	10.45	000	N
43259	.....	A	Endoscopic ultrasound exam	3.95	2.81	0.18	6.94	000	N
43260	.....	A	Endoscopy, bile duct/pancreas	6.03	6.05	0.39	12.47	000	N
43261	.....	A	Endoscopy, bile duct/pancreas	6.34	6.05	0.39	12.78	000	N
43262	.....	A	Endoscopy, bile duct/pancreas	7.47	9.10	0.59	17.16	000	N
43263	.....	A	Endoscopy, bile duct/pancreas	6.26	5.89	0.38	12.53	000	N
43264	.....	A	Endoscopy, bile duct/pancreas	9.00	9.02	0.62	18.64	000	N
43265	.....	A	Endoscopy, bile duct/pancreas	9.00	6.90	0.50	16.40	000	N
43267	.....	A	Endoscopy, bile duct/pancreas	7.47	7.49	0.49	15.45	000	N
43268	.....	A	Endoscopy, bile duct/pancreas	7.47	8.82	0.57	16.86	000	N
43269	.....	A	Endoscopy, bile duct/pancreas	6.11	7.43	0.52	14.06	000	N
43271	.....	A	Endoscopy, bile duct/pancreas	7.47	7.71	0.51	15.69	000	N
43272	.....	A	Endoscopy, bile duct/pancreas	7.47	5.66	0.42	13.55	000	N
43300	.....	A	Repair of esophagus	8.82	*11.36	1.72	21.90	090	S
43305	.....	A	Repair esophagus and fistula	16.32	13.86	1.80	31.98	090	S
43310	.....	A	Repair of esophagus	24.47	17.18	3.27	44.92	090	S
43312	.....	A	Repair esophagus and fistula	27.56	13.87	2.33	43.76	090	S
43320	.....	A	Fuse esophagus & stomach	14.40	11.28	1.86	27.54	090	S
43321	.....	A	Fuse esophagus & stomach	14.94	13.16	2.59	30.69	090	S
43324	.....	A	Revise esophagus & stomach	15.35	12.01	2.56	29.92	090	S
43325	.....	A	Revise esophagus & stomach	14.79	11.74	2.32	28.85	090	S
43326	.....	A	Revise esophagus & stomach	14.53	7.60	1.77	23.90	090	S
43330	.....	A	Repair of esophagus	14.43	11.49	2.42	28.34	090	S
43331	.....	A	Repair of esophagus	14.89	14.49	2.67	32.05	090	S
43340	.....	A	Fuse esophagus & intestine	14.32	12.58	2.55	29.45	090	S
43341	.....	A	Fuse esophagus & intestine	15.43	10.01	1.58	27.02	090	S
43350	.....	A	Surgical opening, esophagus	11.38	7.97	1.16	20.51	090	S
43351	.....	A	Surgical opening, esophagus	13.57	8.87	1.55	23.99	090	S
43352	.....	A	Surgical opening, esophagus	11.04	8.96	1.49	21.49	090	S
43400	.....	A	Ligate esophagus veins	15.72	10.94	1.65	28.31	090	S
43401	.....	A	Esophagus surgery for veins	16.44	9.70	1.95	28.09	090	S
43410	.....	A	Repair esophagus wound	9.72	9.00	1.56	20.28	090	S
43415	.....	A	Repair esophagus wound	16.04	12.88	2.55	31.47	090	S
43420	.....	A	Repair esophagus opening	10.30	5.95	0.79	17.04	090	S
43425	.....	A	Repair esophagus opening	15.75	10.05	1.73	27.53	090	S
43450	.....	A	Dilate esophagus	1.40	0.69	0.05	2.14	000	N
43451	.....	D	Redilate esophagus	0.00	0.00	0.00	0.00	000	0
43453	.....	A	Dilate esophagus	1.53	1.53	0.11	3.17	000	N
43455	.....	D	Dilate esophagus	0.00	0.00	0.00	0.00	000	0
43456	.....	A	Dilate esophagus	3.56	2.50	0.24	6.30	000	N
43458	.....	A	Dilation of esophagus	1.03	*2.54	0.27	3.84	000	N
43460	.....	A	Pressure treatment esophagus	3.84	1.69	0.15	5.68	000	N
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY	N
43500	.....	A	Surgical opening of stomach	7.68	6.20	1.21	15.09	090	S
43501	.....	A	Surgical repair of stomach	12.47	8.68	1.85	23.00	090	S
43510	.....	A	Surgical opening of stomach	9.37	8.38	0.95	18.70	090	N
43520	.....	A	Incision of pyloric muscle	7.08	4.53	0.88	12.49	090	S
43600	.....	A	Biopsy of stomach	1.93	0.51	0.05	2.49	000	N
43605	.....	A	Biopsy of stomach	8.32	5.98	1.30	15.60	090	S
43610	.....	A	Excision of stomach lesion	10.22	8.26	1.73	20.21	090	S
43611	.....	A	Excision of stomach lesion	12.57	8.26	1.73	22.56	090	S
43620	.....	A	Removal of stomach	21.26	15.55	3.23	40.04	090	S
43621	.....	A	Removal of stomach	21.71	15.55	3.23	40.49	090	S
43622	.....	A	Removal of stomach	23.07	15.55	3.23	41.85	090	S
43625	.....	D	Removal of stomach	0.00	0.00	0.00	0.00	090	0
43630	.....	D	Partial removal of stomach	0.00	0.00	0.00	0.00	090	0
43631	.....	A	Removal of stomach, partial	18.30	12.56	2.69	33.55	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
43632		A	Removal stomach, partial	18.30	12.56	2.69	33.55	090	S
43633		A	Removal stomach, partial	18.75	12.56	2.69	34.00	090	S
43634		A	Removal stomach, partial	20.11	21.06	4.62	45.79	090	S
43635		A	Partial removal of stomach	2.08	1.09	0.26	3.43	ZZZ	S
43638		A	Partial removal of stomach	20.37	12.89	2.76	36.02	090	S
43639		A	Removal stomach, partial	20.87	12.89	2.76	36.52	090	S
43640		A	Vagotomy & pylorus repair	13.43	10.46	2.21	26.10	090	S
43641		A	Vagotomy & pylorus repair	13.43	10.45	2.20	26.08	090	S
43750		A	Place gastrostomy tube	5.77	4.40	0.57	10.74	010	N
43760		A	Change gastrostomy tube	1.11	0.70	0.09	1.90	000	N
43761		A	Reposition gastrostomy tube	2.03	1.07	0.25	3.35	000	N
43800		A	Reconstruction of pylorus	9.51	6.93	1.49	17.93	090	S
43810		A	Fusion of stomach and bowel	10.19	7.72	1.55	19.46	090	S
43820		A	Fusion of stomach and bowel	10.55	8.38	1.77	20.70	090	S
43825		A	Fusion of stomach and bowel	13.43	11.20	2.33	26.96	090	S
43830		A	Place gastrostomy tube	4.89	*6.26	1.20	12.35	090	S
43831		A	Place gastrostomy tube	6.48	5.26	0.94	12.68	090	S
43832		A	Place gastrostomy tube	10.80	8.04	1.38	20.22	090	S
43840		A	Repair of stomach lesion	10.57	7.93	1.68	20.18	090	S
43842		A	Gastroplasty for obesity	11.99	13.87	2.96	28.82	090	S
43843		A	Gastroplasty for obesity	11.99	13.87	2.96	28.82	090	S
43844		A	Gastric bypass for obesity	12.90	9.78	1.14	23.82	090	S
43846		A	Gastric bypass for obesity	12.90	14.96	3.34	31.20	090	S
43850		A	Revise stomach-bowel fusion	18.34	11.77	2.27	32.38	090	S
43855		A	Revise stomach-bowel fusion	19.36	10.56	2.31	32.23	090	S
43860		A	Revise stomach-bowel fusion	18.34	11.59	2.54	32.47	090	S
43865		A	Revise stomach-bowel fusion	19.36	13.54	3.01	35.91	090	S
43870		A	Repair stomach opening	6.63	5.83	1.15	13.61	090	S
43880		A	Repair stomach-bowel fistula	18.34	8.34	1.78	28.46	090	S
43885		A	Revise stomach placement	10.01	7.73	1.66	19.40	090	S
43999		C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY	N
44005		A	Freeing of bowel adhesion	12.66	8.37	1.77	22.80	090	S
44010		A	Incision of small bowel	9.34	6.99	1.44	17.77	090	S
44015		A	Insert needle catheter, bowel	2.65	3.26	0.45	6.36	ZZZ	S
44020		A	Exploration of small bowel	10.81	7.90	1.67	20.38	090	S
44021		A	Decompress small bowel	10.95	7.08	1.50	19.53	090	S
44025		A	Incision of large bowel	11.19	7.83	1.63	20.65	090	S
44040		A	Exteriorization of bowel	12.30	9.83	2.12	24.25	090	S
44050		A	Reduce bowel obstruction	10.16	7.86	1.66	19.68	090	S
44055		A	Correct malrotation of bowel	12.05	7.75	1.62	21.42	090	S
44100		A	Biopsy of bowel	2.03	1.40	0.13	3.56	000	N
44110		A	Excision of bowel lesion(s)	9.11	7.76	1.60	18.47	090	S
44111		A	Excision of bowel lesion(s)	11.17	9.78	2.16	23.11	090	S
44120		A	Removal of small intestine	13.30	9.57	2.04	24.91	090	S
44125		A	Removal of small intestine	13.30	10.87	2.31	26.48	090	S
44130		A	Bowel to bowel fusion	11.21	8.77	1.88	21.86	090	S
44131		D	Intestinal bypass	0.00	0.00	0.00	0.00	XXX	0
44140		A	Partial removal of colon	17.27	11.56	2.44	31.27	090	S
44141		A	Partial removal of colon	17.66	12.05	2.59	32.30	090	S
44143		A	Partial removal of colon	15.28	12.46	2.66	30.40	090	S
44144		A	Partial removal of colon	15.28	12.25	2.57	30.10	090	S
44145		A	Partial removal of colon	22.09	13.70	2.88	38.67	090	S
44146		A	Partial removal of colon	23.03	15.45	3.24	41.72	090	S
44147		A	Partial removal of colon	16.97	15.81	3.41	36.19	090	S
44150		A	Removal of colon	19.25	15.00	3.21	37.46	090	S
44151		A	Removal of colon/ileostomy	18.15	10.32	2.24	30.71	090	S
44152		A	Removal of colon/ileostomy	23.24	15.61	3.40	42.25	090	S
44153		A	Removal of colon/ileostomy	24.96	19.57	3.67	48.20	090	S
44155		A	Removal of colon	22.34	16.84	3.54	42.72	090	S
44156		A	Removal of colon/ileostomy	20.71	11.53	2.55	34.79	090	S
44160		A	Removal of colon	14.25	12.58	2.71	29.54	090	S
44300		A	Open bowel to skin	7.86	6.10	1.30	15.26	090	S
44310		A	Ileostomy/jejunostomy	10.18	7.97	1.68	19.83	090	S
44312		A	Revision of ileostomy	5.40	3.11	0.46	8.97	090	S
44314		A	Revision of ileostomy	9.88	6.75	1.22	17.85	090	S
44316		A	Devise bowel pouch	13.74	9.75	1.45	24.94	090	S
44320		A	Colostomy	11.52	7.54	1.59	20.65	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
44322	.....	A	Colostomy with biopsies	10.42	9.17	1.90	21.49	090	S
44340	.....	A	Revision of colostomy	4.97	1.70	0.35	7.02	090	S
44345	.....	A	Revision of colostomy	10.16	4.89	1.04	16.09	090	S
44346	.....	A	Revision of colostomy	11.25	6.72	1.40	19.37	090	S
44360	.....	A	Small bowel endoscopy	2.95	*3.78	0.32	7.05	000	N
44361	.....	A	Small bowel endoscopy, biopsy	3.27	*4.48	0.34	8.09	000	N
44363	.....	A	Small bowel endoscopy	3.98	3.02	0.36	7.36	000	N
44364	.....	A	Small bowel endoscopy	4.18	4.78	0.73	9.69	000	N
44365	.....	A	Small bowel endoscopy	4.07	4.78	0.73	9.58	000	N
44366	.....	A	Small bowel endoscopy	5.03	5.93	0.45	11.41	000	N
44369	.....	A	Small bowel endoscopy	5.15	*6.71	0.51	12.37	000	N
44372	.....	A	Small bowel endoscopy	5.03	5.89	0.68	11.60	000	N
44373	.....	A	Small bowel endoscopy	3.98	*5.24	0.51	9.73	000	N
44376	.....	A	Small bowel endoscopy	5.43	3.86	0.25	9.54	000	N
44377	.....	A	Small bowel endoscopy	5.73	4.09	0.27	10.09	000	N
44378	.....	A	Small bowel endoscopy	7.48	5.33	0.35	13.16	000	N
44380	.....	A	Small bowel endoscopy	1.53	*2.22	0.22	3.97	000	N
44382	.....	A	Small bowel endoscopy	1.84	*2.93	0.29	5.06	000	N
44385	.....	A	Endoscopy of bowel pouch	1.84	*2.78	0.34	4.96	000	S
44386	.....	A	Endoscopy, bowel pouch, biopsy	2.14	1.56	0.15	3.85	000	N
44388	.....	A	Colon endoscopy	2.85	*3.65	0.51	7.01	000	S
44389	.....	A	Colonoscopy with biopsy	3.16	*4.05	0.45	7.66	000	N
44390	.....	A	Colonoscopy for foreign body	3.87	2.66	0.28	6.81	000	N
44391	.....	A	Colonoscopy for bleeding	4.37	5.32	0.54	10.23	000	N
44392	.....	A	Colonoscopy & polypectomy	4.08	*5.30	0.71	10.09	000	N
44393	.....	A	Colonoscopy, lesion removal	4.89	5.47	0.71	11.07	000	S
44394	.....	A	Colonoscopy w/snare	4.08	*5.30	0.71	10.09	000	N
44500	.....	A	Intro, gastrointestinal tube	0.37	0.26	0.02	0.65	000	N
44600	.....	D	Repair of bowel lesion	0.00	0.00	0.00	0.00	090	0
44602	.....	A	Suture, small intestine	9.83	7.74	1.64	19.21	090	S
44603	.....	A	Suture, small intestine	13.08	9.19	1.98	24.25	090	S
44604	.....	A	Suture, large intestine	13.08	7.96	1.69	22.73	090	S
44605	.....	A	Repair of bowel lesion	14.06	9.47	2.04	25.57	090	S
44610	.....	D	Repair of bowel lesions	0.00	0.00	0.00	0.00	090	0
44615	.....	A	Intestinal stricturoplasty	11.49	6.01	1.40	18.90	090	S
44620	.....	A	Repair bowel opening	9.76	6.04	1.27	17.07	090	S
44625	.....	A	Repair bowel opening	12.23	9.69	2.05	23.97	090	S
44640	.....	A	Repair bowel-skin fistula	13.49	6.61	1.37	21.47	090	S
44650	.....	A	Repair bowel fistula	13.91	7.41	1.48	22.80	090	S
44660	.....	A	Repair bowel-bladder fistula	13.29	8.43	1.22	22.94	090	S
44661	.....	A	Repair bowel-bladder fistula	15.61	14.10	2.55	32.26	090	S
44680	.....	A	Surgical revision, intestine	12.55	9.82	2.16	24.53	090	S
44799	.....	C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44800	.....	A	Excision of bowel pouch	10.23	5.30	1.09	16.62	090	S
44820	.....	A	Excision of mesentery lesion	9.41	5.86	1.22	16.49	090	S
44850	.....	A	Repair of mesentery	8.74	5.66	1.19	15.59	090	S
44899	.....	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44900	.....	A	Drainage of appendix abscess	7.95	4.33	0.89	13.17	090	S
44950	.....	A	Appendectomy	6.13	4.94	1.02	12.09	090	S
44955	.....	A	Appendectomy	1.55	*2.63	0.61	4.79	ZZZ	S
44960	.....	A	Appendectomy	9.89	5.96	1.25	17.10	090	S
45000	.....	A	Drainage of pelvic abscess	4.33	1.61	0.24	6.18	090	S
45005	.....	A	Drainage of rectal abscess	1.98	1.30	0.21	3.49	010	S
45020	.....	A	Drainage of rectal abscess	4.45	2.64	0.52	7.61	090	S
45100	.....	A	Biopsy of rectum	3.42	1.90	0.35	5.67	090	S
45108	.....	A	Removal of anorectal lesion	4.33	2.69	0.54	7.56	090	S
45110	.....	A	Removal of rectum	21.92	16.50	3.47	41.89	090	S
45111	.....	A	Partial removal of rectum	15.14	11.90	2.52	29.56	090	S
45112	.....	A	Removal of rectum	24.29	16.24	3.40	43.93	090	S
45114	.....	A	Partial removal of rectum	21.44	15.56	3.28	40.28	090	S
45116	.....	A	Partial removal of rectum	19.30	10.89	2.37	32.56	090	S
45120	.....	A	Removal of rectum	23.03	16.57	3.58	43.18	090	S
45121	.....	A	Removal of rectum and colon	25.24	10.91	2.03	38.18	090	S
45130	.....	A	Excision of rectal prolapse	13.17	9.02	1.81	24.00	090	S
45135	.....	A	Excision of rectal prolapse	15.53	16.13	3.54	35.20	090	S
45150	.....	A	Excision of rectal stricture	5.32	3.42	0.64	9.38	090	S
45160	.....	A	Excision of rectal lesion	12.48	7.54	1.58	21.60	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
45170		A	Excision of rectal lesion	5.09	4.47	0.92	10.48	090	S
45180		A	Removal of rectal lesion	7.82	5.15	1.07	14.04	090	S
45300		A	Proctosigmoidoscopy	0.71	0.56	0.07	1.34	000	S
45302		D	Proctosigmoidoscopy	0.00	0.00	0.00	0.00	000	0
45303		A	Proctosigmoidoscopy	0.51	*0.73	0.12	1.36	000	S
45305		A	Proctosigmoidoscopy; biopsy	1.02	0.85	0.14	2.01	000	S
45307		A	Proctosigmoidoscopy	1.73	1.28	0.18	3.19	000	S
45308		A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45309		A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45310		D	Proctosigmoidoscopy	0.00	0.00	0.00	0.00	000	0
45315		A	Proctosigmoidoscopy	2.03	1.20	0.18	3.41	000	S
45317		A	Proctosigmoidoscopy	2.76	1.27	0.19	4.22	000	S
45320		A	Proctosigmoidoscopy	2.91	1.89	0.34	5.14	000	S
45321		A	Proctosigmoidoscopy	2.14	1.49	0.27	3.90	000	S
45330		A	Sigmoidoscopy, diagnostic	0.97	*1.24	0.12	2.33	000	N
45331		A	Sigmoidoscopy and biopsy	1.27	*1.64	0.15	3.06	000	N
45332		A	Sigmoidoscopy	1.98	1.78	0.16	3.92	000	N
45333		A	Sigmoidoscopy & polypectomy	2.19	2.26	0.26	4.71	000	N
45334		A	Sigmoidoscopy for bleeding	3.02	2.74	0.23	5.99	000	N
45336		D	Sigmoidoscopy, lesion removal	0.00	0.00	0.00	0.00	000	0
45337		A	Sigmoidoscopy, decompression	2.39	*3.18	0.38	5.95	000	N
45338		A	Sigmoidoscopy	2.19	2.26	0.26	4.71	000	N
45339		A	Sigmoidoscopy	3.17	3.28	0.31	6.76	000	N
45355		A	Surgical colonoscopy	3.56	1.18	0.10	4.84	000	N
45378		A	Diagnostic colonoscopy	3.74	4.18	0.39	8.31	000	N
45379		A	Colonoscopy	4.77	5.39	0.46	10.62	000	N
45380		A	Colonoscopy and biopsy	4.05	4.84	0.40	9.29	000	N
45382		A	Colonoscopy, control bleeding	5.79	5.94	0.41	12.14	000	N
45383		A	Colonoscopy, lesion removal	5.94	5.99	0.51	12.44	000	N
45384		A	Colonoscopy	5.25	*6.72	0.59	12.56	000	N
45385		A	Colonoscopy, lesion removal	5.25	*6.72	0.59	12.56	000	N
45500		A	Repair of rectum	6.66	6.02	1.22	13.90	090	S
45505		A	Repair of rectum	5.60	6.36	1.24	13.20	090	S
45520		A	Treatment of rectal prolapse	0.56	0.62	0.10	1.28	000	N
45540		A	Correct rectal prolapse	12.11	10.00	2.12	24.23	090	S
45541		A	Correct rectal prolapse	9.90	10.28	2.06	22.24	090	S
45550		A	Repair rectum; remove sigmoid	13.53	11.62	2.41	27.56	090	S
45560		A	Repair of rectocele	7.56	4.84	0.99	13.39	090	S
45800		A	Repair rectumbladder fistula	12.89	9.93	1.47	24.29	090	S
45805		A	Repair fistula; colostomy	15.25	12.46	2.42	30.13	090	S
45820		A	Repair rectourethral fistula	13.46	9.08	1.24	23.78	090	S
45825		A	Repair fistula; colostomy	15.62	9.98	1.68	27.28	090	S
45900		A	Reduction of rectal prolapse	1.70	0.59	0.11	2.40	010	S
45905		A	Dilation of anal sphincter	1.53	0.72	0.12	2.37	010	S
45910		A	Dilation of rectal narrowing	1.88	0.88	0.13	2.89	010	S
45915		A	Remove rectal obstruction	2.11	0.79	0.09	2.99	010	N
45999		C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY	N
46000		D	Incision of anal fistula	0.00	0.00	0.00	0.00	010	0
46030		A	Removal of rectal marker	1.21	0.40	0.07	1.68	010	S
46040		A	Incision of rectal abscess	4.95	1.71	0.34	7.00	090	S
46045		A	Incision of rectal abscess	3.95	1.87	0.38	6.20	090	S
46050		A	Incision of anal abscess	1.15	0.61	0.11	1.87	010	S
46060		A	Incision of rectal abscess	5.09	5.41	1.13	11.63	090	S
46070		A	Incision of anal septum	2.66	1.39	0.33	4.38	090	S
46080		A	Incision of anal sphincter	2.38	2.15	0.43	4.96	010	S
46083		A	Incise external hemorrhoid	1.36	0.64	0.08	2.08	010	N
46200		A	Removal of anal fissure	3.05	3.33	0.67	7.05	090	S
46210		A	Removal of anal crypt	2.55	0.78	0.14	3.47	090	S
46211		A	Removal of anal crypts	4.12	1.92	0.38	6.42	090	S
46220		A	Removal of anal tab	1.53	0.64	0.12	2.29	010	S
46221		A	Ligation of hemorrhoid(s)	1.40	0.67	0.14	2.21	010	S
46230		A	Removal of anal tabs	2.55	0.84	0.12	3.51	010	S
46250		A	Hemorrhoidectomy	4.34	2.87	0.53	7.74	090	S
46255		A	Hemorrhoidectomy	5.00	4.77	0.86	10.63	090	S
46257		A	Remove hemorrhoids & fissure	5.94	5.29	1.09	12.32	090	S
46258		A	Remove hemorrhoids & fistula	6.33	5.94	1.23	13.50	090	S
46260		A	Hemorrhoidectomy	6.77	6.14	1.26	14.17	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
46261		A	Remove hemorrhoids & fissure	6.61	6.69	1.35	14.65	090	S
46262		A	Remove hemorrhoids & fistula	6.85	6.79	1.41	15.05	090	S
46270		A	Removal of anal fistula	3.55	1.89	0.37	5.81	090	S
46275		A	Removal of anal fistula	4.40	5.56	1.14	11.10	090	S
46280		A	Removal of anal fistula	5.69	6.15	1.25	13.09	090	S
46281		A	Closure of anal fistula	6.91	3.61	0.84	11.36	090	S
46285		A	Removal of anal fistula	3.92	2.31	0.43	6.66	090	S
46320		A	Removal of hemorrhoid clot	1.60	0.71	0.11	2.42	010	S
46500		A	Injection into hemorrhoids	1.55	0.32	0.06	1.93	010	S
46600		A	Diagnostic anoscopy	0.51	0.28	0.03	0.82	000	N
46602		D	Diagnostic anoscopy	0.00	0.00	0.00	0.00	000	0
46604		A	Anoscopy and dilation	1.32	0.38	0.06	1.76	000	S
46606		A	Anoscopy and biopsy	0.82	0.36	0.06	1.24	000	S
46608		A	Anoscopy; remove foreign body	1.53	1.08	0.12	2.73	000	N
46610		A	Anoscopy; remove lesion	1.53	0.86	0.15	2.54	000	S
46611		A	Anoscopy	1.53	0.86	0.15	2.54	000	S
46612		A	Anoscopy; remove lesions	1.63	1.41	0.20	3.24	000	S
46614		A	Anoscopy; control bleeding	2.03	1.57	0.25	3.85	000	S
46615		A	Anoscopy	2.71	1.57	0.25	4.53	000	S
46700		A	Repair of anal stricture	6.47	6.21	1.25	13.93	090	S
46705		A	Repair of anal stricture	6.45	3.64	0.78	10.87	090	S
46715		A	Repair of anovaginal fistula	6.80	3.55	0.83	11.18	090	S
46716		A	Repair of anovaginal fistula	11.71	6.12	1.42	19.25	090	S
46730		A	Construction of absent anus	20.77	10.86	2.53	34.16	090	S
46735		A	Construction of absent anus	25.19	13.18	3.07	41.44	090	S
46740		A	Construction of absent anus	22.33	11.68	2.71	36.72	090	S
46742		A	Repair, imperforated anus	28.13	19.97	1.95	50.05	090	S
46744		A	Repair, cloacal anomaly	31.58	22.42	2.19	56.19	090	S
46746		A	Repair, cloacal anomaly	34.55	24.53	2.40	61.48	090	S
46748		A	Repair, cloacal anomaly	38.49	27.33	2.67	68.49	090	S
46750		A	Repair of anal sphincter	7.43	6.07	1.23	14.73	090	S
46751		A	Repair of anal sphincter	7.87	4.12	0.96	12.95	090	S
46753		A	Reconstruction of anus	6.11	4.94	1.03	12.08	090	S
46754		A	Removal of suture from anus	1.53	1.50	0.30	3.33	010	S
46760		A	Repair of anal sphincter	10.73	6.88	1.43	19.04	090	S
46761		A	Repair of anal sphincter	10.27	6.91	1.37	18.55	090	S
46762		A	Implant artificial sphincter	9.36	5.78	1.22	16.36	090	S
46900		A	Destruction, anal lesion(s)	1.83	0.39	0.06	2.28	010	S
46910		A	Destruction, anal lesion(s)	1.83	0.65	0.08	2.56	010	S
46916		A	Cryosurgery, anal lesion(s)	1.83	0.68	0.06	2.57	010	S
46917		A	Laser surgery, anal lesion(s)	1.83	1.96	0.31	4.10	010	S
46922		A	Excision of anal lesion(s)	1.83	1.29	0.23	3.35	010	S
46924		A	Destruction, anal lesion(s)	2.74	2.59	0.47	5.80	010	S
46934		A	Destruction of hemorrhoids	3.88	1.20	0.17	5.25	090	N
46935		A	Destruction of hemorrhoids	2.43	1.64	0.22	4.29	010	N
46936		A	Destruction of hemorrhoids	4.22	2.32	0.24	6.78	090	N
46937		A	Cryotherapy of rectal lesion	2.69	2.38	0.45	5.52	010	S
46938		A	Cryotherapy of rectal lesion	4.47	2.53	0.53	7.53	090	S
46940		A	Treatment of anal fissure	2.32	0.52	0.09	2.93	010	S
46942		A	Treatment of anal fissure	2.03	0.47	0.08	2.58	010	S
46945		A	Ligation of hemorrhoids	3.09	0.64	0.12	3.85	090	S
46946		A	Ligation of hemorrhoids	4.08	0.95	0.17	5.20	090	S
46999		C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47000		A	Needle biopsy of liver	1.92	1.42	0.13	3.47	000	N
47001		A	Needle biopsy, liver	1.92	1.42	0.13	3.47	ZZZ	S
47010		A	Drainage of liver lesion	8.85	6.83	1.14	16.82	090	S
47100		A	Wedge biopsy of liver	6.83	3.33	0.68	10.84	090	S
47120		A	Partial removal of liver	20.21	12.13	2.51	34.85	090	S
47122		A	Extensive removal of liver	32.90	17.78	3.63	54.31	090	S
47125		A	Partial removal of liver	29.00	17.62	3.65	50.27	090	S
47130		A	Partial removal of liver	31.91	19.40	3.93	55.24	090	S
47133		X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX	0
47135		C	Transplantation of liver	0.00	0.00	0.00	0.00	090	S
47300		A	Surgery for liver lesion	8.85	7.76	1.61	18.22	090	S
47350		A	Repair liver wound	11.42	7.54	1.51	20.47	090	S
47355		A	Repair liver wound	12.32	7.26	1.36	20.94	090	S
47360		A	Repair liver wound	15.51	11.05	2.20	28.76	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
47399		C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47400		A	Incision of liver duct	19.11	8.62	1.38	29.11	090	S
47420		A	Incision of bile duct	15.48	9.59	2.01	27.08	090	S
47425		A	Incision of bile duct	14.95	11.84	2.48	29.27	090	S
47440		A	Incision of bile duct	18.51	10.61	2.23	31.35	090	S
47460		A	Incise bile duct sphincter	14.57	15.71	1.84	32.12	090	N
47480		A	Incision of gallbladder	8.14	7.68	1.61	17.43	090	S
47490		A	Incision of gallbladder	6.11	3.61	0.38	10.10	090	N
47500		A	Injection for liver x-rays	1.98	1.53	0.14	3.65	000	N
47505		A	Injection for liver x-rays	0.77	*1.34	0.14	2.25	000	N
47510		A	Insert catheter, bile duct	7.47	2.90	0.25	10.62	090	N
47511		A	Insert bile duct drain	10.02	2.90	0.25	13.17	090	N
47525		A	Change bile duct catheter	5.47	1.61	0.16	7.24	010	N
47530		A	Revise, reinsert bile tube	5.47	1.53	0.19	7.19	090	N
47550		A	Bile duct endoscopy	3.05	1.58	0.35	4.98	000	S
47552		A	Biliary endoscopy, thru skin	6.11	1.38	0.21	7.70	000	S
47553		A	Biliary endoscopy, thru skin	6.42	3.84	0.63	10.89	000	N
47554		A	Biliary endoscopy, thru skin	9.16	3.97	0.68	13.81	000	S
47555		A	Biliary endoscopy, thru skin	7.64	2.66	0.30	10.60	000	N
47556		A	Biliary endoscopy, thru skin	8.66	2.66	0.30	11.62	000	N
47600		A	Removal of gallbladder	10.80	7.61	1.60	20.01	090	S
47605		A	Removal of gallbladder	11.66	8.23	1.77	21.66	090	S
47610		A	Removal of gallbladder	14.01	9.47	2.02	25.50	090	S
47612		A	Removal of gallbladder	14.91	14.39	3.08	32.38	090	S
47620		A	Removal of gallbladder	15.97	11.35	2.39	29.71	090	S
47630		A	Remove bile duct stone	8.40	3.79	0.40	12.59	090	N
47700		A	Exploration of bile ducts	13.90	7.71	1.60	23.21	090	S
47701		A	Bile duct revision	26.87	8.30	1.92	37.09	090	S
47710		A	Excision of bile duct tumor	18.64	12.19	2.49	33.32	090	S
47715		A	Excision of bile duct cyst	14.66	8.31	1.73	24.70	090	S
47716		A	Fusion of bile duct cyst	12.67	6.63	1.55	20.85	090	S
47720		A	Fuse gallbladder & bowel	12.03	9.26	1.95	23.24	090	S
47721		A	Fuse upper gi structures	14.57	11.55	2.50	28.62	090	S
47740		A	Fuse gallbladder & bowel	14.08	10.32	2.16	26.56	090	S
47760		A	Fuse bile ducts and bowel	20.15	11.74	2.56	34.45	090	S
47765		A	Fuse liver ducts & bowel	19.25	14.77	3.00	37.02	090	S
47780		A	Fuse bile ducts and bowel	20.63	13.22	2.76	36.61	090	S
47800		A	Reconstruction of bile ducts	17.91	13.37	2.46	33.74	090	S
47801		A	Placement, bile duct support	11.41	5.54	0.82	17.77	090	S
47802		A	Fuse liver duct & intestine	16.19	10.38	1.77	28.34	090	S
47999		C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY	S
48000		A	Drainage of abdomen	13.25	7.13	1.42	21.80	090	S
48001		A	Placement of drain, pancreas	15.71	8.22	1.91	25.84	090	S
48005		A	Resect/debride pancreas	17.77	9.29	2.16	29.22	090	S
48020		A	Removal of pancreatic stone	13.12	6.86	1.59	21.57	090	S
48100		A	Biopsy of pancreas	10.30	4.26	0.80	15.36	090	S
48102		A	Needle biopsy, pancreas	4.48	2.44	0.25	7.17	010	N
48120		A	Removal of pancreas lesion	12.93	9.83	2.09	24.85	090	S
48140		A	Partial removal of pancreas	18.47	13.44	2.86	34.77	090	S
48145		A	Partial removal of pancreas	19.30	15.88	3.20	38.38	090	S
48146		A	Pancreatectomy	21.97	16.67	1.94	40.58	090	S
48148		A	Removal of pancreatic duct	14.57	8.32	1.70	24.59	090	S
48150		A	Partial removal of pancreas	34.55	22.79	4.80	62.14	090	S
48151		D	Partial removal of pancreas	0.00	0.00	0.00	0.00	090	0
48152		A	Pancreatectomy	31.33	22.79	4.80	58.92	090	S
48153		A	Pancreatectomy	34.55	22.79	4.80	62.14	090	S
48154		A	Pancreatectomy	31.33	22.79	4.80	58.92	090	S
48155		A	Removal of pancreas	19.65	20.63	4.31	44.59	090	S
48160		N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	XXX	0
48180		A	Fuse pancreas and bowel	21.11	12.74	2.66	36.51	090	S
48400		A	Injection, intraoperative	1.97	1.04	0.24	3.25	ZZZ	S
48500		A	Surgery of pancreas cyst	12.17	8.62	1.68	22.47	090	S
48510		A	Drain pancreatic pseudocyst	11.34	7.62	1.46	20.42	090	S
48520		A	Fuse pancreas cyst and bowel	13.11	11.43	2.46	27.00	090	S
48540		A	Fuse pancreas cyst and bowel	15.95	12.80	2.68	31.43	090	S
48545		A	Pancreatorrhaphy	14.81	7.75	1.81	24.37	090	S
48547		A	Duodenal exclusion	21.42	11.20	2.61	35.23	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
48550	.....	N	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX	0
48554	.....	N	Transplantallograft pancreas	0.00	0.00	0.00	0.00	XXX	0
48556	.....	C	Removal, allograft pancreas	0.00	0.00	0.00	0.00	090	S
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY	S
49000	.....	A	Exploration of abdomen	9.09	6.87	1.42	17.38	090	S
49002	.....	A	Reopening of abdomen	9.50	6.12	1.22	16.84	090	S
49010	.....	A	Exploration behind abdomen	11.31	7.03	1.32	19.66	090	S
49020	.....	A	Drain abdominal abscess	9.16	4.87	0.92	14.95	090	S
49040	.....	A	Drain abdominal abscess	8.84	6.61	1.28	16.73	090	S
49060	.....	A	Drain abdominal abscess	10.67	5.60	1.02	17.29	090	S
49080	.....	A	Puncture, peritoneal cavity	1.36	0.88	0.08	2.32	000	N
49081	.....	A	Removal of abdominal fluid	1.27	0.76	0.07	2.10	000	N
49085	.....	A	Remove abdomen foreign body	8.00	3.50	0.68	12.18	090	S
49180	.....	A	Biopsy, abdominal mass	1.51	1.84	0.20	3.55	000	N
49200	.....	A	Removal of abdominal lesion	9.29	8.47	1.72	19.48	090	S
49201	.....	A	Removal of abdominal lesion	13.75	12.23	2.53	28.51	090	S
49215	.....	A	Excise sacral spine tumor	21.28	8.59	1.61	31.48	090	S
49220	.....	A	Multiple surgery, abdomen	13.81	12.44	2.56	28.81	090	S
49250	.....	A	Excision of umbilicus	7.50	4.57	0.97	13.04	090	S
49255	.....	A	Removal of omentum	4.08	*5.22	1.16	10.46	090	S
49300	.....	D	Peritoneoscopy	0.00	0.00	0.00	0.00	000	0
49301	.....	D	Peritoneoscopy with biopsy	0.00	0.00	0.00	0.00	000	0
49302	.....	D	Peritoneoscopy with x-ray	0.00	0.00	0.00	0.00	000	0
49303	.....	D	Peritoneoscopy, x-ray & biopsy	0.00	0.00	0.00	0.00	000	0
49310	.....	D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	090	0
49311	.....	D	Laparoscopic cholecystectomy	0.00	0.00	0.00	0.00	090	0
49315	.....	D	Laparoscopy, surgical;	0.00	0.00	0.00	0.00	090	0
49400	.....	A	Air injection into abdomen	1.90	1.13	0.17	3.20	000	S
49401	.....	D	Air injection into abdomen	0.00	0.00	0.00	0.00	000	0
49420	.....	A	Insert abdominal drain	2.24	1.60	0.20	4.04	000	S
49421	.....	A	Insert abdominal drain	4.94	4.19	0.82	9.95	090	S
49425	.....	A	Insert abdomen-venous drain	10.33	8.57	1.80	20.70	090	S
49426	.....	A	Revise abdomen-venous shunt	8.67	5.45	1.08	15.20	090	S
49427	.....	A	Injection, abdominal shunt	0.90	0.50	0.03	1.43	000	N
49495	.....	A	Repair inguinal hernia, init	5.65	5.04	0.96	11.85	090	S
49496	.....	A	Repair inguinal hernia, init	8.46	5.10	1.09	14.65	090	S
49500	.....	A	Repair inguinal hernia	4.46	5.04	0.96	10.46	090	S
49501	.....	A	Repair inguinal hernia, init	7.34	5.10	1.09	13.53	090	S
49505	.....	A	Repair inguinal hernia	6.24	4.56	0.95	11.75	090	S
49507	.....	A	Repair, inguinal hernia	7.48	5.10	1.09	13.67	090	S
49510	.....	D	Repair hernia, remove testis	0.00	0.00	0.00	0.00	090	0
49515	.....	D	Repair inguinal hernia	0.00	0.00	0.00	0.00	090	0
49520	.....	A	Rerepair inguinal hernia	7.96	5.28	1.12	14.36	090	S
49521	.....	A	Repair inguinal hernia, rec	9.53	5.10	1.09	15.72	090	S
49525	.....	A	Repair inguinal hernia	7.05	5.61	1.17	13.83	090	S
49530	.....	D	Repair incarcerated hernia	0.00	0.00	0.00	0.00	090	0
49535	.....	D	Repair strangulated hernia	0.00	0.00	0.00	0.00	090	0
49540	.....	A	Repair lumbar hernia	8.00	5.26	1.13	14.39	090	S
49550	.....	A	Repair femoral hernia	7.05	4.66	0.98	12.69	090	S
49552	.....	D	Repair femoral hernia	0.00	0.00	0.00	0.00	090	0
49553	.....	A	Repair femoral hernia, init	7.48	4.66	0.98	13.12	090	S
49555	.....	A	Repair femoral hernia	7.37	6.14	1.27	14.78	090	S
49557	.....	A	Repair femoral hernia, recur	8.83	6.14	1.27	16.24	090	S
49560	.....	A	Repair abdominal hernia	9.59	5.71	1.20	16.50	090	S
49561	.....	A	Repair incisional hernia	11.51	5.71	1.20	18.42	090	S
49565	.....	A	Rerepair abdominal hernia	9.59	6.48	1.37	17.44	090	S
49566	.....	A	Repair incisional hernia	11.51	6.48	1.37	19.36	090	S
49568	.....	A	Hernia repair w/mesh	4.94	2.59	0.60	8.13	ZZZ	S
49570	.....	A	Repair epigastric hernia	4.51	4.43	0.92	9.86	090	S
49572	.....	A	Repair epigastric hernia	5.41	5.66	1.19	12.26	090	S
49575	.....	D	Repair epigastric hernia	0.00	0.00	0.00	0.00	090	0
49580	.....	A	Repair umbilical hernia	3.28	*4.31	0.95	8.54	090	S
49581	.....	D	Repair umbilical hernia	0.00	0.00	0.00	0.00	090	0
49582	.....	A	Repair umbilical hernia	5.19	4.66	0.95	10.80	090	S
49585	.....	A	Repair umbilical hernia	5.00	4.46	0.92	10.38	090	S
49587	.....	A	Repair umbilical hernia	6.00	4.46	0.92	11.38	090	S
49590	.....	A	Repair abdominal hernia	6.62	5.69	1.23	13.54	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
49600	.....	A	Repair umbilical lesion	9.59	5.32	0.78	15.69	090	S
49605	.....	A	Repair umbilical lesion	22.16	8.67	1.79	32.62	090	S
49606	.....	A	Repair umbilical lesion	18.13	8.40	0.97	27.50	090	S
49610	.....	A	Repair umbilical lesion	9.94	5.54	1.28	16.76	090	S
49611	.....	A	Repair umbilical lesion	8.34	9.10	0.59	18.03	090	S
49900	.....	A	Repair of abdominal wall	4.59	3.70	0.76	9.05	090	S
49905	.....	A	Omental flap	6.62	3.46	0.81	10.89	ZZZ	S
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
50010	.....	A	Exploration of kidney	10.18	9.66	1.14	20.98	090	S
50020	.....	A	Drainage of kidney abscess	12.55	6.88	0.86	20.29	090	S
50040	.....	A	Drainage of kidney	13.95	7.26	0.63	21.84	090	N
50045	.....	A	Exploration of kidney	14.64	9.92	0.90	25.46	090	S
50060	.....	A	Removal of kidney stone	18.20	12.39	1.22	31.81	090	S
50065	.....	A	Incision of kidney	19.84	14.08	1.37	35.29	090	S
50070	.....	A	Incision of kidney	19.36	13.01	1.37	33.74	090	S
50075	.....	A	Removal of kidney stone	24.32	17.06	1.64	43.02	090	S
50080	.....	A	Removal of kidney stone	14.14	12.34	1.16	27.64	090	S
50081	.....	A	Removal of kidney stone	20.81	15.13	1.46	37.40	090	S
50100	.....	A	Revise kidney blood vessels	15.28	10.46	1.36	27.10	090	S
50120	.....	A	Exploration of kidney	15.17	11.03	1.25	27.45	090	S
50125	.....	A	Explore and drain kidney	15.78	11.07	1.07	27.92	090	S
50130	.....	A	Removal of kidney stone	16.30	12.94	1.27	30.51	090	S
50135	.....	A	Exploration of kidney	18.34	17.24	1.65	37.23	090	S
50200	.....	A	Biopsy of kidney	2.66	2.64	0.22	5.52	000	N
50205	.....	A	Biopsy of kidney	12.83	5.70	0.70	19.23	090	S
50220	.....	A	Removal of kidney	16.16	13.46	1.45	31.07	090	S
50225	.....	A	Removal of kidney	19.14	16.70	1.72	37.56	090	S
50230	.....	A	Removal of kidney	20.79	18.60	1.86	41.25	090	S
50234	.....	A	Removal of kidney & ureter	21.34	16.84	1.67	39.85	090	S
50236	.....	A	Removal of kidney & ureter	23.59	17.94	1.76	43.29	090	S
50240	.....	A	Partial removal of kidney	20.47	16.18	1.72	38.37	090	S
50280	.....	A	Removal of kidney lesion	14.79	10.98	1.17	26.94	090	S
50290	.....	A	Removal of kidney lesion	13.84	8.97	1.20	24.01	090	S
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50320	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50340	.....	A	Removal of kidney	10.85	12.63	2.26	25.74	090	S
50360	.....	A	Transplantation of kidney	27.35	24.72	4.29	56.36	090	S
50365	.....	A	Transplantation of kidney	32.90	31.05	3.93	67.88	090	S
50370	.....	A	Remove transplanted kidney	11.23	11.20	1.94	24.37	090	S
50380	.....	A	Reimplantation of kidney	16.67	10.23	1.73	28.63	090	S
50390	.....	A	Drainage of kidney lesion	3.28	1.71	0.15	5.14	000	N
50392	.....	A	Insert kidney drain	5.65	2.39	0.20	8.24	000	N
50393	.....	A	Insert ureteral tube	6.96	3.04	0.26	10.26	000	N
50394	.....	A	Injection for kidney x-ray	0.77	0.56	0.05	1.38	000	N
50395	.....	A	Create passage to kidney	5.21	3.37	0.29	8.87	000	N
50396	.....	A	Measure kidney pressure	2.11	0.51	0.05	2.67	000	N
50398	.....	A	Change kidney tube	1.48	0.54	0.05	2.07	000	S
50400	.....	A	Revision of kidney/ureter	18.27	13.81	1.38	33.46	090	S
50405	.....	A	Revision of kidney/ureter	22.70	17.48	1.76	41.94	090	S
50500	.....	A	Repair of kidney wound	18.47	12.60	1.66	32.73	090	S
50520	.....	A	Close kidney-skin fistula	16.11	10.46	1.52	28.09	090	S
50525	.....	A	Repair renal-abdomen fistula	20.82	12.75	2.01	35.58	090	S
50526	.....	A	Repair renal-abdomen fistula	22.40	7.47	2.35	32.22	090	S
50540	.....	A	Revision of horseshoe kidney	19.36	13.56	1.56	34.48	090	S
50551	.....	A	Kidney endoscopy	5.66	2.21	0.21	8.08	000	S
50553	.....	A	Kidney endoscopy	6.06	1.68	0.17	7.91	000	S
50555	.....	A	Kidney endoscopy & biopsy	6.60	4.75	0.46	11.81	000	S
50557	.....	A	Kidney endoscopy & treatment	6.69	4.76	0.50	11.95	000	S
50559	.....	A	Renal endoscopy; radiotracer	6.86	1.35	0.14	8.35	000	S
50561	.....	A	Kidney endoscopy & treatment	7.67	5.18	0.50	13.35	000	S
50570	.....	A	Kidney endoscopy	9.65	1.47	0.14	11.26	000	S
50572	.....	A	Kidney endoscopy	10.47	7.33	0.76	18.56	000	S
50574	.....	A	Kidney endoscopy & biopsy	11.14	7.16	0.65	18.95	000	S
50575	.....	A	Kidney endoscopy	14.14	10.04	0.98	25.16	000	S
50576	.....	A	Kidney endoscopy & treatment	11.11	8.79	0.78	20.68	000	S
50578	.....	A	Renal endoscopy; radiotracer	11.48	3.83	1.20	16.51	000	S
50580	.....	A	Kidney endoscopy & treatment	11.99	3.62	0.35	15.96	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
50590	.....	A	Fragmenting of kidney stone	9.73	10.22	0.98	20.93	090	S
50600	.....	A	Exploration of ureter	14.94	9.80	1.02	25.76	090	S
50605	.....	A	Insert ureteral support	14.56	6.18	0.61	21.35	090	S
50610	.....	A	Removal of ureter stone	15.03	11.90	1.18	28.11	090	S
50620	.....	A	Removal of ureter stone	14.33	11.62	1.17	27.12	090	S
50630	.....	A	Removal of ureter stone	14.11	12.85	1.26	28.22	090	S
50650	.....	A	Removal of ureter	16.55	12.20	1.22	29.97	090	S
50660	.....	A	Removal of ureter	18.65	12.63	1.55	32.83	090	S
50684	.....	A	Injection for ureter x-ray	0.77	0.50	0.05	1.32	000	S
50686	.....	A	Measure ureter pressure	1.53	0.37	0.04	1.94	000	S
50688	.....	A	Change of ureter tube	1.15	0.39	0.04	1.58	010	S
50690	.....	A	Injection for ureter x-ray	1.17	0.32	0.03	1.52	000	S
50700	.....	A	Revision of ureter	14.26	12.71	1.30	28.27	090	S
50715	.....	A	Release of ureter	17.80	11.37	1.51	30.68	090	S
50722	.....	A	Release of ureter	15.28	10.43	1.99	27.70	090	S
50725	.....	A	Release/revise ureter	17.31	12.18	1.77	31.26	090	S
50727	.....	A	Revise ureter	7.65	5.43	0.52	13.60	090	S
50728	.....	A	Revise ureter	11.25	7.99	0.78	20.02	090	S
50740	.....	A	Fusion of ureter & kidney	17.31	13.17	1.90	32.38	090	S
50750	.....	A	Fusion of ureter & kidney	18.34	14.20	1.27	33.81	090	S
50760	.....	A	Fusion of ureters	17.31	13.62	1.50	32.43	090	S
50770	.....	A	Splicing of ureters	18.34	15.40	1.55	35.29	090	S
50780	.....	A	Reimplant ureter in bladder	17.31	13.93	1.48	32.72	090	S
50782	.....	A	Reimplant ureter in bladder	18.43	13.93	1.48	33.84	090	S
50783	.....	A	Reimplant ureter in bladder	19.38	13.93	1.48	34.79	090	S
50785	.....	A	Reimplant ureter in bladder	19.36	15.59	1.82	36.77	090	S
50800	.....	A	Implant ureter in bowel	13.25	14.83	1.53	29.61	090	S
50810	.....	A	Fusion of ureter & bowel	18.34	12.71	1.77	32.82	090	S
50815	.....	A	Urine shunt to bowel	18.34	19.98	2.78	41.10	090	S
50820	.....	A	Construct bowel bladder	20.37	19.18	2.53	42.08	090	S
50825	.....	A	Construct bowel bladder	26.48	30.88	3.37	60.73	090	S
50830	.....	A	Revise urine flow	29.62	21.16	2.30	53.08	090	S
50840	.....	A	Replace ureter by bowel	18.34	13.47	1.37	33.18	090	S
50845	.....	A	Appendico-vesicostomy	19.74	14.02	1.37	35.13	090	S
50860	.....	A	Transplant ureter to skin	14.15	11.04	1.17	26.36	090	S
50900	.....	A	Repair of ureter	12.72	10.09	1.16	23.97	090	S
50920	.....	A	Closure ureter/skin fistula	13.37	9.63	1.00	24.00	090	S
50930	.....	A	Closure ureter/bowel fistula	17.81	12.64	1.23	31.68	090	S
50940	.....	A	Release of ureter	13.62	10.01	0.96	24.59	090	S
50951	.....	A	Endoscopy of ureter	5.90	1.69	0.17	7.76	000	S
50953	.....	A	Endoscopy of ureter	6.31	1.68	0.16	8.15	000	S
50955	.....	A	Ureter endoscopy & biopsy	6.83	2.58	0.25	9.66	000	S
50957	.....	A	Ureter endoscopy & treatment	6.87	2.53	0.25	9.65	000	S
50959	.....	A	Ureter endoscopy & tracer	4.45	3.42	0.29	8.16	000	S
50961	.....	A	Ureter endoscopy & treatment	6.12	2.65	0.26	9.03	000	S
50970	.....	A	Ureter endoscopy	7.22	5.23	0.53	12.98	000	S
50972	.....	A	Ureter endoscopy & catheter	6.97	1.56	0.16	8.69	000	S
50974	.....	A	Ureter endoscopy & biopsy	9.27	7.09	0.66	17.02	000	S
50976	.....	A	Ureter endoscopy & treatment	9.14	6.48	0.63	16.25	000	S
50978	.....	A	Ureter endoscopy & tracer	5.16	4.10	0.49	9.75	000	S
50980	.....	A	Ureter endoscopy & treatment	6.93	3.16	0.30	10.39	000	S
51000	.....	A	Drainage of bladder	0.79	0.49	0.05	1.33	000	S
51005	.....	A	Drainage of bladder	1.03	0.47	0.04	1.54	000	S
51010	.....	A	Drainage of bladder	2.57	0.98	0.11	3.66	010	S
51020	.....	A	Incise & treat bladder	6.11	6.93	0.72	13.76	090	S
51030	.....	A	Incise & treat bladder	6.11	4.58	0.43	11.12	090	S
51040	.....	A	Incise & drain bladder	4.13	*6.58	0.76	11.47	090	S
51045	.....	A	Incise bladder, drain ureter	6.11	5.02	0.51	11.64	090	S
51050	.....	A	Removal of bladder stone	6.11	7.20	0.71	14.02	090	S
51060	.....	A	Removal of ureter stone	8.14	*11.27	1.20	20.61	090	S
51065	.....	A	Removal of ureter stone	8.14	7.16	0.72	16.02	090	S
51080	.....	A	Drainage of bladder abscess	5.47	5.24	0.58	11.29	090	S
51500	.....	A	Removal of bladder cyst	9.65	6.94	1.22	17.81	090	S
51520	.....	A	Removal of bladder lesion	8.79	8.62	0.88	18.29	090	S
51525	.....	A	Removal of bladder lesion	12.92	10.79	1.07	24.78	090	S
51530	.....	A	Removal of bladder lesion	11.45	9.35	1.03	21.83	090	S
51535	.....	A	Repair of ureter lesion	11.64	7.77	1.15	20.56	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
51550	.....	A	Partial removal of bladder	14.50	10.83	1.18	26.51	090	S
51555	.....	A	Partial removal of bladder	19.82	12.40	1.32	33.54	090	S
51565	.....	A	Revise bladder & ureter(s)	20.23	16.02	1.69	37.94	090	S
51570	.....	A	Removal of bladder	22.41	15.83	1.64	39.88	090	S
51575	.....	A	Removal of bladder & nodes	28.24	23.12	2.27	53.63	090	S
51580	.....	A	Remove bladder; revise tract	28.51	20.17	2.06	50.74	090	S
51585	.....	A	Removal of bladder & nodes	32.58	25.40	2.45	60.43	090	S
51590	.....	A	Remove bladder; revise tract	30.55	24.79	2.59	57.93	090	S
51595	.....	A	Remove bladder; revise tract	34.63	34.18	3.38	72.19	090	S
51596	.....	A	Remove bladder, create pouch	36.67	35.28	3.49	75.44	090	S
51597	.....	A	Removal of pelvic structures	35.66	30.97	4.36	70.99	090	S
51600	.....	A	Injection for bladder x-ray	0.89	0.28	0.03	1.20	000	S
51605	.....	A	Preparation for bladder x-ray	1.14	0.30	0.03	1.47	000	S
51610	.....	A	Injection for bladder x-ray	1.61	0.27	0.02	1.90	000	S
51700	.....	A	Irrigation of bladder	0.89	0.22	0.02	1.13	000	S
51705	.....	A	Change of bladder tube	1.00	0.38	0.04	1.42	010	S
51710	.....	A	Change of bladder tube	1.48	0.58	0.06	2.12	010	S
51715	.....	A	Endoscopic injection/implant	3.78	2.68	0.27	6.73	000	S
51720	.....	A	Treatment of bladder lesion	1.98	0.46	0.05	2.49	000	S
51725	TC	A	Simple cystometrogram	0.00	0.38	0.04	0.42	000	S
51725	26	A	Simple cystometrogram	1.53	0.64	0.07	2.24	000	S
51725	.....	A	Simple cystometrogram	1.53	1.02	0.11	2.66	000	S
51726	TC	A	Complex cystometrogram	0.00	0.49	0.05	0.54	000	S
51726	26	A	Complex cystometrogram	1.73	0.82	0.08	2.63	000	S
51726	.....	A	Complex cystometrogram	1.73	1.31	0.13	3.17	000	S
51736	TC	A	Urine flow measurement	0.00	0.15	0.01	0.16	000	S
51736	26	A	Urine flow measurement	0.85	0.26	0.03	1.14	000	S
51736	.....	A	Urine flow measurement	0.85	0.41	0.04	1.30	000	S
51739	TC	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51739	26	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51739	.....	D	Sound record of urine stream	0.00	0.00	0.00	0.00	000	0
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.02	0.23	000	S
51741	26	A	Electro-uroflowmetry, first	1.59	0.35	0.04	1.98	000	S
51741	.....	A	Electro-uroflowmetry, first	1.59	0.56	0.06	2.21	000	S
51772	TC	A	Urethra pressure profile	0.00	0.42	0.05	0.47	000	S
51772	26	A	Urethra pressure profile	1.63	0.53	0.06	2.22	000	S
51772	.....	A	Urethra pressure profile	1.63	0.95	0.11	2.69	000	S
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51785	26	A	Anal/urinary muscle study	1.55	0.66	0.07	2.28	000	S
51785	.....	A	Anal/urinary muscle study	1.55	1.05	0.11	2.71	000	S
51792	TC	A	Urinary reflex study	0.00	1.35	0.14	1.49	000	S
51792	26	A	Urinary reflex study	1.11	0.60	0.06	1.77	000	S
51792	.....	A	Urinary reflex study	1.11	1.95	0.20	3.26	000	S
51795	TC	A	Urine voiding pressure study	0.00	0.88	0.10	0.98	000	S
51795	26	A	Urine voiding pressure study	1.55	0.58	0.06	2.19	000	S
51795	.....	A	Urine voiding pressure study	1.55	1.46	0.16	3.17	000	S
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.05	0.50	000	S
51797	26	A	Intraabdominal pressure test	1.62	0.52	0.05	2.19	000	S
51797	.....	A	Intraabdominal pressure test	1.62	0.97	0.10	2.69	000	S
51800	.....	A	Revision of bladder/urethra	16.49	12.15	1.49	30.13	090	S
51820	.....	A	Revision of urinary tract	16.86	7.47	1.33	25.66	090	S
51840	.....	A	Attach bladder/urethra	9.89	9.32	1.27	20.48	090	S
51841	.....	A	Attach bladder/urethra	12.23	11.13	1.50	24.86	090	S
51845	.....	A	Repair bladder neck	9.16	10.83	1.10	21.09	090	S
51860	.....	A	Repair of bladder wound	11.29	7.70	0.92	19.91	090	S
51865	.....	A	Repair of bladder wound	14.15	11.08	1.28	26.51	090	S
51880	.....	A	Repair of bladder opening	7.29	5.02	0.53	12.84	090	S
51900	.....	A	Repair bladder/vagina lesion	11.80	11.78	1.43	25.01	090	S
51920	.....	A	Close bladder-uterus fistula	10.69	7.59	0.74	19.02	090	S
51925	.....	A	Hysterectomy/bladder repair	14.26	10.18	2.36	26.80	090	S
51940	.....	A	Correction of bladder defect	25.28	19.16	2.24	46.68	090	S
51960	.....	A	Revision of bladder & bowel	21.39	21.64	2.30	45.33	090	S
51980	.....	A	Construct bladder opening	10.55	7.54	0.76	18.85	090	S
52000	.....	A	Cystoscopy	2.03	1.34	0.14	3.51	000	S
52005	.....	A	Cystoscopy & ureter catheter	2.40	2.22	0.22	4.84	000	S
52007	.....	A	Cystoscopy and biopsy	3.05	2.85	0.28	6.18	000	S
52010	.....	A	Cystoscopy & duct catheter	3.05	1.92	0.20	5.17	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
52204	.....	A	Cystoscopy	2.40	2.41	0.24	5.05	000	S
52214	.....	A	Cystoscopy and treatment	3.75	2.83	0.28	6.86	000	S
52224	.....	A	Cystoscopy and treatment	3.17	2.93	0.29	6.39	000	S
52234	.....	A	Cystoscopy and treatment	4.68	4.76	0.46	9.90	000	S
52235	.....	A	Cystoscopy and treatment	5.51	*7.67	0.82	14.00	000	S
52240	.....	A	Cystoscopy and treatment	9.83	10.77	1.05	21.65	000	S
52250	.....	A	Cystoscopy & radiotracer	4.55	2.89	0.29	7.73	000	S
52260	.....	A	Cystoscopy & treatment	3.96	2.13	0.22	6.31	000	S
52265	.....	A	Cystoscopy & treatment	2.97	1.36	0.14	4.47	000	S
52270	.....	A	Cystoscopy & revise urethra	3.88	3.51	0.35	7.74	000	S
52275	.....	A	Cystoscopy & revise urethra	4.75	3.46	0.34	8.55	000	S
52276	.....	A	Cystoscopy and treatment	3.97	4.63	0.45	9.05	000	S
52277	.....	A	Cystoscopy and treatment	6.24	4.87	0.48	11.59	000	S
52281	.....	A	Cystoscopy and treatment	2.83	2.34	0.23	5.40	000	S
52283	.....	A	Cystoscopy and treatment	3.78	1.53	0.15	5.46	000	S
52285	.....	A	Cystoscopy and treatment	3.65	2.97	0.30	6.92	000	S
52290	.....	A	Cystoscopy and treatment	4.64	2.37	0.24	7.25	000	S
52300	.....	A	Cystoscopy and treatment	5.41	3.51	0.36	9.28	000	S
52305	.....	A	Cystoscopy and treatment	5.37	3.54	0.35	9.26	000	S
52310	.....	A	Cystoscopy and treatment	2.84	3.02	0.30	6.16	000	S
52315	.....	A	Cystoscopy and treatment	5.27	4.12	0.40	9.79	000	S
52317	.....	A	Remove bladder stone	6.79	6.26	0.60	13.65	000	S
52318	.....	A	Remove bladder stone	9.29	7.97	0.78	18.04	000	S
52320	.....	A	Cystoscopy and treatment	4.75	4.91	0.48	10.14	000	S
52325	.....	A	Cystoscopy, stone removal	6.23	7.09	0.69	14.01	000	S
52330	.....	A	Cystoscopy and treatment	5.10	3.51	0.35	8.96	000	S
52332	.....	A	Cystoscopy and treatment	2.86	3.25	0.32	6.43	000	S
52334	.....	A	Create passage to kidney	4.88	3.37	0.34	8.59	000	S
52335	.....	A	Endoscopy of urinary tract	5.93	4.74	0.46	11.13	000	S
52336	.....	A	Cystoscopy, stone removal	6.96	*9.45	1.00	17.41	000	S
52337	.....	A	Cystoscopy, stone removal	8.06	*10.34	1.09	19.49	000	S
52338	.....	A	Cystoscopy and treatment	7.42	5.99	0.58	13.99	000	S
52339	.....	A	Cystoscopy and treatment	8.92	5.99	0.58	15.49	000	S
52340	.....	A	Cystoscopy and treatment	7.85	5.21	0.51	13.57	090	S
52450	.....	A	Incision of prostate	7.13	5.05	0.50	12.68	090	S
52500	.....	A	Revision of bladder neck	7.91	7.52	0.73	16.16	090	S
52510	.....	A	Dilation prostatic urethra	6.11	7.73	0.75	14.59	090	S
52601	.....	A	Prostatectomy (turp)	11.64	12.00	1.17	24.81	090	S
52606	.....	A	Control postop bleeding	7.59	3.36	0.33	11.28	090	S
52612	.....	A	Prostatectomy, first stage	7.13	*9.39	1.00	17.52	090	S
52614	.....	A	Prostatectomy, second stage	6.11	7.17	0.69	13.97	090	S
52620	.....	A	Remove residual prostate	6.11	5.39	0.52	12.02	090	S
52630	.....	A	Remove prostate regrowth	6.62	*10.36	1.14	18.12	090	S
52640	.....	A	Relieve bladder contracture	6.11	6.50	0.63	13.24	090	S
52650	.....	A	Prostatectomy	10.69	7.29	0.78	18.76	090	S
52700	.....	A	Drainage of prostate abscess	6.38	3.34	0.34	10.06	090	S
53000	.....	A	Incision of urethra	2.03	1.78	0.17	3.98	010	S
53010	.....	A	Incision of urethra	3.05	3.56	0.37	6.98	090	S
53020	.....	A	Incision of urethra	1.79	0.83	0.09	2.71	000	S
53025	.....	A	Incision of urethra	1.14	0.81	0.08	2.03	000	S
53040	.....	A	Drainage of urethra abscess	6.08	1.87	0.19	8.14	090	S
53060	.....	A	Drainage of urethra abscess	2.61	0.52	0.07	3.20	010	S
53080	.....	A	Drainage of urinary leakage	5.94	4.02	0.45	10.41	090	S
53085	.....	A	Drainage of urinary leakage	9.78	6.83	0.71	17.32	090	S
53200	.....	A	Biopsy of urethra	2.62	1.11	0.12	3.85	000	S
53210	.....	A	Removal of urethra	11.84	6.71	0.68	19.23	090	S
53215	.....	A	Removal of urethra	14.75	10.11	0.97	25.83	090	S
53220	.....	A	Treatment of urethra lesion	6.65	4.82	0.50	11.97	090	S
53230	.....	A	Removal of urethra lesion	9.14	8.02	0.80	17.96	090	S
53235	.....	A	Removal of urethra lesion	9.71	5.08	0.50	15.29	090	N
53240	.....	A	Surgery for urethra pouch	6.10	4.38	0.45	10.93	090	S
53250	.....	A	Removal of urethra gland	5.75	4.09	0.40	10.24	090	S
53260	.....	A	Treatment of urethra lesion	2.96	1.13	0.16	4.25	010	S
53265	.....	A	Treatment of urethra lesion	3.10	1.90	0.22	5.22	010	S
53270	.....	A	Removal of urethra gland	2.96	0.85	0.18	3.99	010	S
53275	.....	A	Repair of urethra defect	4.42	2.40	0.25	7.07	010	S
53400	.....	A	Revise urethra, 1st stage	11.92	7.55	0.77	20.24	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
53405	.....	A	Revise urethra, 2nd stage	13.85	10.50	1.22	25.57	090	S
53410	.....	A	Reconstruction of urethra	15.76	8.66	0.85	25.27	090	S
53415	.....	A	Reconstruction of urethra	18.71	12.00	1.16	31.87	090	S
53420	.....	A	Reconstruct urethra, stage 1	13.43	11.00	1.06	25.49	090	S
53425	.....	A	Reconstruct urethra, stage 2	15.35	9.35	0.89	25.59	090	S
53430	.....	A	Reconstruction of urethra	15.71	7.24	0.77	23.72	090	S
53440	.....	A	Correct bladder function	11.62	13.29	1.41	26.32	090	S
53442	.....	A	Remove perineal prosthesis	7.76	5.90	0.68	14.34	090	S
53443	.....	A	Reconstruction of urethra	19.19	10.14	1.08	30.41	090	S
53445	.....	A	Correct urine flow control	13.30	*18.86	2.05	34.21	090	S
53447	.....	A	Remove artificial sphincter	12.51	9.26	0.90	22.67	090	S
53449	.....	A	Correct artificial sphincter	9.26	8.50	0.83	18.59	090	S
53450	.....	A	Revision of urethra	5.78	2.77	0.27	8.82	090	S
53460	.....	A	Revision of urethra	6.77	2.47	0.25	9.49	090	S
53502	.....	A	Repair of urethra injury	7.29	5.03	0.57	12.89	090	S
53505	.....	A	Repair of urethra injury	7.29	5.24	0.52	13.05	090	S
53510	.....	A	Repair of urethra injury	9.68	7.06	0.67	17.41	090	S
53515	.....	A	Repair of urethra injury	12.85	9.13	0.89	22.87	090	S
53520	.....	A	Repair of urethra defect	8.30	5.96	0.57	14.83	090	S
53600	.....	A	Dilate urethra stricture	1.22	0.33	0.03	1.58	000	S
53601	.....	A	Dilate urethra stricture	0.99	0.29	0.03	1.31	000	S
53605	.....	A	Dilate urethra stricture	1.29	0.47	0.05	1.81	000	S
53620	.....	A	Dilate urethra stricture	1.64	0.48	0.05	2.17	000	S
53621	.....	A	Dilate urethra stricture	1.36	0.38	0.04	1.78	000	S
53640	.....	A	Relieve bladder retention	1.61	0.58	0.06	2.25	000	S
53660	.....	A	Dilation of urethra	0.72	0.28	0.03	1.03	000	S
53661	.....	A	Dilation of urethra	0.73	0.25	0.03	1.01	000	S
53665	.....	A	Dilation of urethra	0.77	0.36	0.04	1.17	000	S
53670	.....	A	Insert urinary catheter	0.51	0.22	0.02	0.75	000	S
53675	.....	A	Insert urinary catheter	1.49	0.48	0.05	2.02	000	S
53800	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	0
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY	S
54000	.....	A	Slitting of prepuce	1.51	0.64	0.07	2.22	010	S
54001	.....	A	Slitting of prepuce	2.16	0.85	0.09	3.10	010	S
54015	.....	A	Drain penis lesion	5.22	0.84	0.09	6.15	010	S
54050	.....	A	Destruction, penis lesion(s)	1.20	0.38	0.03	1.61	010	S
54055	.....	A	Destruction, penis lesion(s)	1.20	0.62	0.06	1.88	010	S
54056	.....	A	Cryosurgery, penis lesion(s)	1.20	0.54	0.04	1.78	010	S
54057	.....	A	Laser surg, penis lesion(s)	1.20	*1.84	0.21	3.25	010	S
54060	.....	A	Excision of penis lesion(s)	1.90	1.18	0.12	3.20	010	S
54065	.....	A	Destruction, penis lesion(s)	2.40	2.50	0.25	5.15	010	S
54100	.....	A	Biopsy of penis	1.92	0.66	0.07	2.65	000	S
54105	.....	A	Biopsy of penis	3.49	1.02	0.11	4.62	010	S
54110	.....	A	Treatment of penis lesion	9.77	6.10	0.62	16.49	090	S
54111	.....	A	Treat penis lesion, graft	13.17	9.28	0.98	23.43	090	S
54112	.....	A	Treat penis lesion, graft	15.31	10.96	1.15	27.42	090	S
54115	.....	A	Treatment of penis lesion	5.74	4.23	0.44	10.41	090	S
54120	.....	A	Partial removal of penis	9.34	6.54	0.63	16.51	090	S
54125	.....	A	Removal of penis	12.94	11.69	1.18	25.81	090	S
54130	.....	A	Remove penis & nodes	19.13	14.82	1.33	35.28	090	S
54135	.....	A	Remove penis & nodes	25.29	17.95	1.76	45.00	090	S
54150	.....	A	Circumcision	1.80	0.55	0.05	2.40	010	S
54152	.....	A	Circumcision	2.29	1.84	0.20	4.33	010	S
54160	.....	A	Circumcision	2.46	1.68	0.21	4.35	010	S
54161	.....	A	Circumcision	3.26	2.19	0.23	5.68	010	S
54200	.....	A	Treatment of penis lesion	1.02	0.32	0.03	1.37	010	S
54205	.....	A	Treatment of penis lesion	7.28	5.17	0.51	12.96	090	S
54220	.....	A	Treatment of penis lesion	2.45	1.60	0.17	4.22	000	S
54230	.....	A	Prepare penis study	1.35	1.35	0.13	2.83	000	S
54231	.....	A	Dynamic cavernosometry	2.51	1.78	0.18	4.47	000	S
54235	.....	A	Penile injection	1.20	0.43	0.04	1.67	000	S
54240	TC	A	Penis study	0.00	0.49	0.06	0.55	000	S
54240	26	A	Penis study	1.32	0.52	0.06	1.90	000	S
54240	.....	A	Penis study	1.32	1.01	0.12	2.45	000	S
54250	TC	A	Penis study	0.00	0.30	0.03	0.33	000	S
54250	26	A	Penis study	2.24	0.51	0.05	2.80	000	S
54250	.....	A	Penis study	2.24	0.81	0.08	3.13	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
54300		A	Revision of penis	10.16	6.96	0.88	18.00	090	S
54304		A	Revision of penis	12.26	8.76	0.91	21.93	090	S
54308		A	Reconstruction of urethra	11.71	5.91	0.75	18.37	090	S
54312		A	Reconstruction of urethra	13.31	9.47	0.92	23.70	090	S
54316		A	Reconstruction of urethra	16.15	11.47	1.13	28.75	090	S
54318		A	Reconstruction of urethra	10.59	7.61	1.12	19.32	090	S
54322		A	Reconstruction of urethra	12.48	7.69	0.75	20.92	090	S
54324		A	Reconstruction of urethra	15.63	11.10	1.09	27.82	090	S
54326		A	Reconstruction of urethra	14.97	10.63	1.04	26.64	090	S
54328		A	Revise penis, urethra	14.96	10.84	1.25	27.05	090	S
54332		A	Revise penis, urethra	16.35	12.66	1.14	30.15	090	S
54336		A	Revise penis, urethra	19.16	19.00	1.42	39.58	090	S
54340		A	Secondary urethral surgery	8.65	6.14	0.60	15.39	090	S
54344		A	Secondary urethral surgery	15.39	16.79	1.11	33.29	090	S
54348		A	Secondary urethral surgery	16.55	11.75	1.15	29.45	090	S
54352		A	Reconstruct urethra, penis	24.11	16.36	1.51	41.98	090	S
54360		A	Penis plastic surgery	11.52	7.10	0.74	19.36	090	S
54380		A	Repair penis	12.73	9.52	0.76	23.01	090	S
54385		A	Repair penis	14.91	10.58	0.90	26.39	090	S
54390		A	Repair penis and bladder	21.20	13.72	1.60	36.52	090	S
54400		A	Insert semi-rigid prosthesis	8.68	*12.09	1.28	22.05	090	S
54401		A	Insert self-contd prosthesis	9.78	*15.97	1.75	27.50	090	S
54402		A	Remove penis prosthesis	8.77	6.07	0.59	15.43	090	S
54405		A	Insert multi-comp prosthesis	12.77	*19.55	2.12	34.44	090	S
54407		A	Remove multi-comp prosthesis	12.75	11.34	1.11	25.20	090	S
54409		A	Revise penis prosthesis	11.66	9.07	0.88	21.61	090	S
54420		A	Revision of penis	10.87	7.83	0.88	19.58	090	S
54430		A	Revision of penis	9.66	7.07	0.70	17.43	090	S
54435		A	Revision of penis	5.69	4.20	0.39	10.28	090	S
54440		C	Repair of penis	0.00	0.00	0.00	0.00	090	S
54450		A	Preputial stretching	1.13	0.69	0.07	1.89	000	S
54500		A	Biopsy of testis	1.32	0.44	0.05	1.81	000	S
54505		A	Biopsy of testis	3.45	1.88	0.22	5.55	010	S
54510		A	Removal of testis lesion	5.30	3.06	0.38	8.74	090	S
54520		A	Removal of testis	4.98	5.37	0.53	10.88	090	S
54530		A	Removal of testis	8.13	7.40	0.78	16.31	090	S
54535		A	Extensive testis surgery	11.56	8.63	1.03	21.22	090	S
54550		A	Exploration for testis	7.44	5.31	0.62	13.37	090	S
54560		A	Exploration for testis	10.58	7.31	0.82	18.71	090	S
54600		A	Reduce testis torsion	6.66	4.67	0.49	11.82	090	S
54620		A	Suspension of testis	4.74	3.36	0.33	8.43	010	S
54640		A	Suspension of testis	6.62	7.91	0.92	15.45	090	S
54645		D	Suspension of testis, stage 2	0.00	0.00	0.00	0.00	090	0
54650		A	Orchiopexy (fowler-stephens)	11.05	7.91	0.92	19.88	090	S
54660		A	Revision of testis	4.85	3.44	0.34	8.63	090	S
54670		C	Repair testis injury	0.00	0.00	0.00	0.00	090	S
54680		A	Relocation of testis(es)	11.66	8.28	0.81	20.75	090	S
54700		A	Drainage of scrotum	3.42	0.91	0.11	4.44	010	S
54800		A	Biopsy of epididymis	2.36	1.99	0.19	4.54	000	S
54820		A	Exploration of epididymis	4.77	2.65	0.29	7.71	090	S
54830		A	Remove epididymis lesion	5.13	3.55	0.39	9.07	090	S
54840		A	Remove epididymis lesion	5.07	4.89	0.49	10.45	090	S
54860		A	Removal of epididymis	6.08	5.23	0.51	11.82	090	S
54861		A	Removal of epididymis	8.63	7.38	0.73	16.74	090	S
54900		A	Fusion of spermatic ducts	12.75	9.05	0.88	22.68	090	S
54901		A	Fusion of spermatic ducts	17.49	12.43	1.21	31.13	090	S
55000		A	Drainage of hydrocele	1.45	0.40	0.04	1.89	000	S
55040		A	Removal of hydrocele	5.21	4.93	0.56	10.70	090	S
55041		A	Removal of hydroceles	7.46	*7.55	0.82	15.83	090	S
55060		A	Repair of hydrocele	5.27	4.18	0.51	9.96	090	S
55100		A	Drainage of scrotum abscess	2.05	0.64	0.07	2.76	010	S
55110		A	Explore scrotum	5.34	3.52	0.37	9.23	090	S
55120		A	Removal of scrotum lesion	4.83	1.81	0.21	6.85	090	S
55150		A	Removal of scrotum	6.69	5.51	0.58	12.78	090	S
55175		A	Revision of scrotum	4.98	4.54	0.49	10.01	090	S
55180		A	Revision of scrotum	10.18	6.91	0.83	17.92	090	S
55200		A	Incision of sperm duct	4.19	1.99	0.20	6.38	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
55250	.....	A	Removal of sperm duct(s)	3.25	2.66	0.28	6.19	090	S
55300	.....	A	Preparation, sperm duct x-ray	3.55	2.74	0.27	6.56	000	S
55400	.....	A	Repair of sperm duct	8.34	6.63	0.63	15.60	090	S
55450	.....	A	Ligation of sperm duct	3.95	2.64	0.32	6.91	010	S
55500	.....	A	Removal of hydrocele	5.34	4.37	0.51	10.22	090	S
55520	.....	A	Removal of sperm cord lesion	5.78	3.15	0.52	9.45	090	S
55530	.....	A	Revise spermatic cord veins	5.51	5.26	0.61	11.38	090	S
55535	.....	A	Revise spermatic cord veins	6.32	4.45	0.45	11.22	090	S
55540	.....	A	Revise hernia & sperm veins	7.33	4.59	0.92	12.84	090	S
55600	.....	A	Incise sperm duct pouch	6.14	4.36	0.56	11.06	090	S
55605	.....	A	Incise sperm duct pouch	7.68	5.66	0.60	13.94	090	S
55650	.....	A	Remove sperm duct pouch	11.39	7.30	0.77	19.46	090	S
55680	.....	A	Remove sperm pouch lesion	4.87	4.48	0.38	9.73	090	S
55700	.....	A	Biopsy of prostate	1.59	1.52	0.15	3.26	000	S
55705	.....	A	Biopsy of prostate	4.46	3.41	0.34	8.21	010	S
55720	.....	A	Drainage of prostate abscess	7.62	3.55	0.37	11.54	090	S
55725	.....	A	Drainage of prostate abscess	7.79	5.68	0.55	14.02	090	S
55801	.....	A	Removal of prostate	16.43	12.90	1.46	30.79	090	S
55810	.....	A	Extensive prostate surgery	21.45	18.08	1.79	41.32	090	S
55812	.....	A	Extensive prostate surgery	25.94	17.88	1.96	45.78	090	S
55815	.....	A	Extensive prostate surgery	28.79	25.48	2.45	56.72	090	S
55821	.....	A	Removal of prostate	13.14	13.74	1.36	28.24	090	S
55831	.....	A	Removal of prostate	14.46	14.72	1.46	30.64	090	S
55840	.....	A	Extensive prostate surgery	21.45	16.78	1.63	39.86	090	S
55842	.....	A	Extensive prostate surgery	22.95	19.37	1.90	44.22	090	S
55845	.....	A	Extensive prostate surgery	27.03	25.38	2.47	54.88	090	S
55860	.....	A	Surgical exposure, prostate	13.48	7.21	0.71	21.40	090	S
55862	.....	A	Extensive prostate surgery	17.28	11.82	1.21	30.31	090	S
55865	.....	A	Extensive prostate surgery	21.89	24.79	2.42	49.10	090	S
55870	.....	C	Electroejaculation	0.00	0.00	0.00	0.00	000	N
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
55970	.....	N	Sex transformation, m to f	0.00	0.00	0.00	0.00	XXX	0
55980	.....	N	Sex transformation, f to m	0.00	0.00	0.00	0.00	XXX	0
56300	.....	A	Pelvis laparoscopy, dx	3.62	*4.63	1.04	9.29	010	S
56301	.....	A	Laparoscopy; tubal cautery	3.72	*5.64	1.29	10.65	010	S
56302	.....	A	Laparoscopy; tubal block	4.16	*5.73	1.33	11.22	010	S
56303	.....	A	Laparoscopy; excise lesions	5.75	5.59	1.17	12.51	010	S
56304	.....	A	Laparoscopy; lysis	4.42	*5.66	1.21	11.29	010	S
56305	.....	A	Pelvic laparoscopy; biopsy	3.84	*4.94	0.96	9.74	010	S
56306	.....	A	Laparoscopy; aspiration	3.84	*5.02	1.19	10.05	010	S
56307	.....	A	Laparoscopy; remove adnexa	5.66	*7.24	1.62	14.52	010	S
56308	.....	A	Laparoscopy; hysterectomy	14.02	9.49	2.09	25.60	010	S
56309	.....	A	Laparoscopy; remove myoma	5.66	4.81	1.04	11.51	010	S
56311	.....	A	Laparoscopic lymph node biop	9.03	6.45	1.49	16.97	010	S
56312	.....	A	Laparoscopic lymphadenectomy	12.19	8.66	0.85	21.70	010	S
56313	.....	A	Laparoscopic lymphadenectomy	14.16	10.12	2.34	26.62	010	S
56315	.....	A	Laparoscopic appendectomy	6.13	4.94	1.02	12.09	090	S
56316	.....	A	Laparoscopic hernia repair	6.24	4.56	0.95	11.75	090	S
56317	.....	A	Laparoscopic hernia repair	7.96	5.28	1.12	14.36	090	S
56320	.....	A	Laparoscopy, spermatic veins	6.32	4.45	0.45	11.22	090	S
56322	.....	A	Laparoscopy, vagus nerves	9.81	5.13	1.19	16.13	090	S
56323	.....	A	Laparoscopy, vagus nerves	11.78	6.16	1.43	19.37	090	S
56324	.....	A	Laparoscopy, cholecystoenter	12.03	9.26	1.95	23.24	090	S
56340	.....	A	Laparoscopic cholecystectomy	10.80	8.08	1.76	20.64	090	S
56341	.....	A	Laparoscopic cholecystectomy	11.66	8.52	1.86	22.04	090	S
56342	.....	A	Laparoscopic cholecystectomy	14.01	9.47	2.02	25.50	090	S
56350	.....	A	Hysteroscopy; diagnostic	2.42	2.01	0.44	4.87	000	S
56351	.....	A	Hysteroscopy; biopsy	2.88	2.01	0.44	5.33	000	S
56352	.....	A	Hysteroscopy; lysis	3.17	3.81	0.86	7.84	000	S
56353	.....	A	Hysteroscopy; resect septum	3.55	3.81	0.86	8.22	000	S
56354	.....	A	Hysteroscopy; remove myoma	3.89	*5.49	1.31	10.69	000	S
56355	.....	A	Hysteroscopy; remove impact	3.12	2.01	0.44	5.57	000	S
56356	.....	A	Hysteroscopy; ablation	3.47	*5.91	1.51	10.89	000	S
56360	.....	A	Peritoneoscopy	4.08	3.84	0.43	8.35	000	S
56361	.....	A	Peritoneoscopy w/biopsy	4.37	4.98	0.50	9.85	000	S
56362	.....	A	Peritoneoscopy w/cholangio	4.94	2.80	0.19	7.93	000	S
56363	.....	A	Peritoneoscopy w/biopsy	5.24	3.97	0.46	9.67	000	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
56399		C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56405		A	I & d of vulva/perineum	1.41	0.77	0.15	2.33	010	S
56420		A	Drainage of gland abscess	1.35	0.81	0.13	2.29	010	S
56440		A	Surgery for vulva lesion	2.82	2.66	0.53	6.01	010	S
56441		A	Lysis of labial lesion(s)	1.94	1.67	0.30	3.91	010	S
56501		A	Destruction, vulva lesion(s)	1.50	0.55	0.11	2.16	010	S
56515		A	Destruction, vulva lesion(s)	1.87	*2.80	0.67	5.34	010	S
56605		A	Biopsy of vulva/perineum	0.87	0.69	0.15	1.71	000	S
56606		A	Biopsy of vulva/perineum	0.43	0.36	0.08	0.86	000	S
56620		A	Partial removal of vulva	6.76	6.54	1.42	14.72	090	S
56625		A	Complete removal of vulva	7.52	*9.63	2.15	19.30	090	S
56630		A	Extensive vulva surgery	10.63	*14.84	3.32	28.79	090	S
56631		A	Extensive vulva surgery	14.77	*19.94	4.56	39.27	090	S
56632		A	Extensive vulva surgery	16.84	*21.56	4.56	42.96	090	S
56633		A	Extensive vulva surgery	12.62	*16.15	3.32	32.09	090	S
56634		A	Extensive vulva surgery	16.76	*21.45	4.56	42.77	090	S
56637		A	Extensive vulva surgery	18.83	21.66	4.56	45.05	090	S
56640		A	Extensive vulva surgery	20.31	20.17	4.41	44.89	090	S
56700		A	Partial removal of hymen	2.45	1.84	0.35	4.64	010	S
56720		A	Incision of hymen	0.69	0.49	0.11	1.29	000	S
56740		A	Remove vagina gland lesion	3.64	2.90	0.56	7.10	010	S
56800		A	Repair of vagina	3.77	2.95	0.58	7.30	010	S
56805		A	Repair clitoris	15.66	11.88	1.39	28.93	090	S
56810		A	Repair of perineum	4.01	2.65	0.52	7.18	010	S
57000		A	Exploration of vagina	2.95	2.05	0.35	5.35	010	S
57010		A	Drainage of pelvic abscess	5.47	2.68	0.52	8.67	090	S
57020		A	Drainage of pelvic fluid	1.52	0.66	0.14	2.32	000	S
57061		A	Destruction vagina lesion(s)	1.21	0.83	0.17	2.21	010	S
57065		A	Destruction vagina lesion(s)	2.59	*3.32	0.75	6.66	010	S
57100		A	Biopsy of vagina	0.98	0.63	0.13	1.74	000	S
57105		A	Biopsy of vagina	1.66	1.59	0.33	3.58	010	S
57108		A	Partial removal of vagina	5.75	5.34	1.11	12.20	090	S
57110		A	Removal of vagina	13.63	7.97	1.78	23.38	090	S
57120		A	Closure of vagina	6.80	7.07	1.53	15.40	090	S
57130		A	Remove vagina lesion	2.43	2.65	0.56	5.64	010	S
57135		A	Remove vagina lesion	2.67	1.95	0.38	5.00	010	S
57150		A	Treat vagina infection	0.95	0.19	0.04	1.18	000	S
57160		A	Insertion of pessary	0.90	0.25	0.05	1.20	000	S
57170		A	Fitting of diaphragm/cap	0.92	0.32	0.06	1.30	000	S
57180		A	Treat vaginal bleeding	1.55	0.56	0.11	2.22	010	S
57200		A	Repair of vagina	3.72	2.74	0.61	7.07	090	S
57210		A	Repair vagina/perineum	4.78	3.31	0.66	8.75	090	S
57220		A	Revision of urethra	3.91	4.49	0.81	9.21	090	S
57230		A	Repair of urethral lesion	5.13	3.88	0.65	9.66	090	S
57240		A	Repair bladder & vagina	5.45	*7.16	1.62	14.23	090	S
57250		A	Repair rectum & vagina	5.02	*7.19	1.71	13.92	090	S
57260		A	Repair of vagina	7.67	8.75	1.90	18.32	090	S
57265		A	Extensive repair of vagina	7.44	*9.52	2.13	19.09	090	S
57268		A	Repair of bowel bulge	6.21	7.10	1.52	14.83	090	S
57270		A	Repair of bowel pouch	7.44	6.91	1.46	15.81	090	S
57280		A	Suspension of vagina	8.44	8.62	1.87	18.93	090	S
57282		A	Repair of vaginal prolapse	8.15	8.82	1.91	18.88	090	S
57288		A	Repair bladder defect	12.48	10.84	1.38	24.70	090	S
57289		A	Repair bladder & vagina	6.47	*8.47	1.14	16.08	090	S
57291		A	Construction of vagina	7.54	5.41	1.20	14.15	090	S
57292		A	Construct vagina with graft	12.48	6.62	1.40	20.50	090	S
57300		A	Repair rectum-vagina fistula	6.89	8.00	1.68	16.57	090	S
57305		A	Repair rectum-vagina fistula	8.79	7.63	1.58	18.00	090	S
57307		A	Fistula repair & colostomy	10.16	6.18	1.29	17.63	090	S
57310		A	Repair urethrovaginal lesion	6.17	4.37	0.49	11.03	090	S
57311		A	Repair urethrovaginal lesion	7.31	5.64	0.41	13.36	090	S
57320		A	Repair bladder-vagina lesion	7.41	*9.48	1.37	18.26	090	S
57330		A	Repair bladder-vagina lesion	11.80	8.38	0.82	21.00	090	S
57335		A	Repair vagina	9.21	6.99	0.82	17.02	090	S
57400		A	Dilation of vagina	0.84	0.33	0.06	1.23	000	S
57410		A	Pelvic examination	0.60	0.36	0.05	1.01	000	S
57415		A	Removal vaginal foreign body	0.92	0.36	0.05	1.33	010	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
57452	.....	A	Examination of vagina	1.00	0.66	0.14	1.80	000	S
57454	.....	A	Vagina examination & biopsy	1.28	1.22	0.26	2.76	000	S
57460	.....	A	Leep procedure	2.86	2.04	0.47	5.37	000	S
57500	.....	A	Biopsy of cervix	0.98	0.58	0.12	1.68	000	S
57505	.....	A	Endocervical curettage	1.10	0.64	0.13	1.87	010	S
57510	.....	A	Cauterization of cervix	1.87	0.53	0.09	2.49	010	S
57511	.....	A	Cryocautery of cervix	1.87	0.86	0.17	2.90	010	S
57513	.....	A	Laser surgery of cervix	1.87	*2.82	0.68	5.37	010	S
57520	.....	A	Conization of cervix	3.45	3.49	0.74	7.68	090	S
57530	.....	A	Removal of cervix	4.47	3.65	0.79	8.91	090	S
57540	.....	A	Removal of residual cervix	6.08	6.81	1.53	14.42	090	S
57545	.....	A	Remove cervix, repair pelvis	6.70	4.63	1.04	12.37	090	S
57550	.....	A	Removal of residual cervix	4.96	*6.83	1.56	13.35	090	S
57555	.....	A	Remove cervix, repair vagina	8.23	10.21	2.19	20.63	090	S
57556	.....	A	Remove cervix, repair bowel	7.64	9.55	1.94	19.13	090	S
57700	.....	A	Revision of cervix	3.34	2.42	0.34	6.10	090	S
57720	.....	A	Revision of cervix	3.91	2.79	0.51	7.21	090	S
57800	.....	A	Dilation of cervical canal	0.78	0.49	0.10	1.37	000	S
57820	.....	A	D&c of residual cervix	1.64	*2.28	0.47	4.39	010	S
58100	.....	A	Biopsy of uterus lining	0.72	0.67	0.14	1.53	000	S
58120	.....	A	Dilation and curettage (d&c)	2.48	2.73	0.57	5.78	010	S
58140	.....	A	Removal of uterus lesion	7.69	8.42	1.73	17.84	090	S
58145	.....	A	Removal of uterus lesion	7.44	8.33	1.56	17.33	090	S
58150	.....	A	Total hysterectomy	13.14	9.68	2.10	24.92	090	S
58152	.....	A	Total hysterectomy	14.26	12.12	2.62	29.00	090	S
58180	.....	A	Partial hysterectomy	9.16	9.87	2.13	21.16	090	S
58200	.....	A	Extensive hysterectomy	20.57	13.12	2.83	36.52	090	S
58210	.....	A	Extensive hysterectomy	24.24	17.97	3.91	46.12	090	S
58240	.....	A	Removal of pelvis contents	29.11	29.05	6.22	64.38	090	S
58260	.....	A	Vaginal hysterectomy	11.52	9.49	2.09	23.10	090	S
58262	.....	A	Vaginal hysterectomy	13.21	9.49	2.09	24.79	090	S
58263	.....	A	Vaginal hysterectomy	14.43	10.43	2.24	27.10	090	S
58267	.....	A	Hysterectomy & vagina repair	14.10	11.66	2.49	28.25	090	S
58270	.....	A	Hysterectomy & vagina repair	12.74	10.43	2.24	25.41	090	S
58275	.....	A	Hysterectomy, revise vagina	14.15	11.14	2.35	27.64	090	S
58280	.....	A	Hysterectomy, revise vagina	14.51	10.62	2.33	27.46	090	S
58285	.....	A	Extensive hysterectomy	17.64	11.73	2.73	32.10	090	S
58300	.....	A	Insert intrauterine device	1.02	0.78	0.13	1.93	000	S
58301	.....	A	Remove intrauterine device	0.74	0.46	0.08	1.28	000	S
58310	.....	D	Artificial insemination	0.00	0.00	0.00	0.00	000	0
58311	.....	D	Artificial insemination	0.00	0.00	0.00	0.00	000	0
58321	.....	A	Artificial insemination	0.93	0.72	0.15	1.80	000	S
58322	.....	A	Artificial insemination	1.11	0.72	0.15	1.98	000	S
58323	.....	A	Sperm washing	0.19	0.14	0.03	0.36	000	S
58340	.....	A	Inject for uterus/tube x-ray	0.89	0.58	0.08	1.55	000	S
58345	.....	A	Reopen fallopian tube	4.66	3.53	0.41	8.60	010	S
58350	.....	A	Reopen fallopian tube	0.97	0.70	0.16	1.83	010	S
58400	.....	A	Suspension of uterus	5.72	5.70	1.17	12.59	090	S
58410	.....	A	Suspension of uterus	6.86	5.59	0.85	13.30	090	S
58520	.....	A	Repair of ruptured uterus	6.42	4.29	1.00	11.71	090	S
58540	.....	A	Revision of uterus	8.68	6.20	1.44	16.32	090	S
58600	.....	A	Division of fallopian tube	3.78	*6.24	1.40	11.42	090	S
58605	.....	A	Division of fallopian tube	3.33	*4.63	1.02	8.98	090	S
58611	.....	A	Ligate oviduct(s)	0.64	0.48	0.10	1.22	ZZZ	S
58615	.....	A	Occlude fallopian tube(s)	3.89	2.94	0.35	7.18	010	S
58700	.....	A	Removal of fallopian tube	5.99	6.40	1.32	13.71	090	S
58720	.....	A	Removal of ovary/tube(s)	6.27	7.58	1.65	15.50	090	S
58740	.....	A	Revise fallopian tube(s)	5.34	*7.86	1.90	15.10	090	S
58750	.....	A	Repair oviduct(s)	8.92	6.38	1.48	16.78	090	S
58752	.....	A	Revise ovarian tube(s)	8.03	6.81	0.94	15.78	090	S
58760	.....	A	Remove tubal obstruction	7.24	5.17	1.20	13.61	090	S
58770	.....	A	Create new tubal opening	7.04	5.34	1.12	13.50	090	S
58800	.....	A	Drainage of ovarian cyst(s)	3.81	2.71	0.54	7.06	090	S
58805	.....	A	Drainage of ovarian cyst(s)	5.50	6.45	1.38	13.33	090	S
58820	.....	A	Drainage of ovarian abscess	4.00	2.79	0.50	7.29	090	S
58822	.....	A	Drainage of ovarian abscess	6.25	3.59	0.82	10.66	090	S
58825	.....	A	Transposition, ovary(s)	5.69	4.07	0.94	10.70	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
58900	.....	A	Biopsy of ovary(s)	5.55	5.25	1.08	11.88	090	S
58920	.....	A	Partial removal of ovary(s)	6.35	6.86	1.43	14.64	090	S
58925	.....	A	Removal of ovarian cyst(s)	6.47	6.63	1.40	14.50	090	S
58940	.....	A	Removal of ovary(s)	6.61	6.56	1.34	14.51	090	S
58943	.....	A	Removal of ovary(s)	17.68	12.24	2.66	32.58	090	S
58950	.....	A	Resect ovarian malignancy	14.26	11.37	2.41	28.04	090	S
58951	.....	A	Resect ovarian malignancy	20.57	18.54	3.97	43.08	090	S
58952	.....	A	Resect ovarian malignancy	21.59	18.31	3.96	43.86	090	S
58960	.....	A	Exploration of abdomen	10.25	*13.12	2.98	26.35	090	S
58970	.....	C	Retrieval of oocyte	0.00	0.00	0.00	0.00	000	N
58972	.....	C	Fertilization of oocyte	0.00	0.00	0.00	0.00	000	N
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58976	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
59000	.....	A	Amniocentesis	1.31	0.98	0.18	2.47	000	S
59012	.....	A	Fetal cord puncture, prenatal	3.49	2.65	0.31	6.45	000	S
59015	.....	A	Chorion biopsy	2.22	1.21	0.10	3.53	000	S
59020	.....	A	Fetal contract stress test	0.67	*1.38	0.29	2.34	000	S
59020	TC	A	Fetal contract stress test	0.00	0.51	0.10	0.61	000	S
59020		A	Fetal contract stress test	0.67	*0.87	0.19	1.73	000	S
59025	.....	A	Fetal non-stress test	0.54	0.61	0.12	1.27	000	S
59025	TC	A	Fetal non-stress test	0.00	0.22	0.04	0.26	000	S
59025	26	A	Fetal non-stress test	0.54	0.39	0.08	1.01	000	S
59030	.....	A	Fetal scalp blood sample	2.01	1.60	0.21	3.82	000	S
59050	.....	A	Fetal monitor w/report	1.56	0.82	0.15	2.53	XXX	S
59100	.....	A	Remove uterus lesion	6.03	4.19	0.97	11.19	090	S
59120	.....	A	Treat ectopic pregnancy	7.19	7.95	1.52	16.66	090	S
59121	.....	A	Treat ectopic pregnancy	7.07	5.44	1.08	13.59	090	S
59130	.....	A	Treat ectopic pregnancy	7.97	6.03	0.71	14.71	090	S
59135	.....	A	Treat ectopic pregnancy	13.14	9.96	1.16	24.26	090	S
59136	.....	A	Treat ectopic pregnancy	8.79	6.29	1.46	16.54	090	S
59140	.....	A	Treat ectopic pregnancy	5.15	4.71	0.29	10.15	090	S
59150	.....	A	Treat ectopic pregnancy	6.41	4.58	1.06	12.05	090	S
59151	.....	A	Treat ectopic pregnancy	7.32	8.71	0.65	16.68	090	S
59160	.....	A	D&c after delivery	2.69	2.96	0.53	6.18	010	S
59200	.....	A	Insert cervical dilator	0.80	0.55	0.11	1.46	000	S
59300	.....	A	Episiotomy or vaginal repair	2.44	1.00	0.10	3.54	000	S
59320	.....	A	Revision of cervix	2.51	1.80	0.41	4.72	000	S
59325	.....	A	Revision of cervix	4.12	2.92	0.29	7.33	000	S
59350	.....	A	Repair of uterus	5.00	3.58	0.83	9.41	000	S
59400	.....	A	Obstetrical care	21.22	15.16	3.51	39.89	MMM	S
59409	.....	A	Obstetrical care	13.43	9.59	2.22	25.24	MMM	S
59410	.....	A	Obstetrical care	14.60	10.42	2.42	27.44	MMM	S
59412	.....	A	Antepartum manipulation	1.73	1.23	0.29	3.25	MMM	S
59414	.....	A	Deliver placenta	1.63	1.16	0.27	3.06	MMM	S
59425	.....	A	Antepartum care only	4.08	2.91	0.67	7.66	MMM	S
59426	.....	A	Antepartum care only	6.99	4.99	1.15	13.13	MMM	S
59430	.....	A	Care after delivery	2.03	0.38	0.07	2.48	MMM	S
59510	.....	A	Cesarean delivery	23.93	17.09	3.96	44.98	MMM	S
59514	.....	A	Cesarean delivery only	15.56	11.11	2.58	29.25	MMM	S
59515	.....	A	Cesarean delivery	16.73	11.95	2.76	31.44	MMM	S
59525	.....	A	Remove uterus after cesarean	8.64	3.85	0.89	13.38	MMM	S
59812	.....	A	Treatment of miscarriage	3.13	3.65	0.78	7.56	090	S
59820	.....	A	Care of miscarriage	3.77	3.79	0.78	8.34	090	S
59821	.....	A	Treatment of miscarriage	4.31	2.75	0.63	7.69	090	S
59830	.....	A	Treat uterus infection	6.03	4.58	0.53	11.14	090	S
59840	.....	A	Abortion	2.94	3.26	0.70	6.90	010	S
59841	.....	A	Abortion	3.28	3.79	0.77	7.84	010	S
59850	.....	A	Abortion	5.52	4.04	0.86	10.42	090	S
59851	.....	A	Abortion	5.68	4.33	0.89	10.90	090	S
59852	.....	A	Abortion	7.79	5.57	1.28	14.64	090	S
59870	.....	A	Evacuate mole of uterus	4.13	2.94	0.68	7.75	090	S
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY	S
60000	.....	A	Drain thyroid/tongue cyst	1.73	0.61	0.09	2.43	010	N
60100	.....	A	Biopsy of thyroid	0.98	1.06	0.12	2.16	000	N
60200	.....	A	Remove thyroid lesion	8.93	6.09	1.05	16.07	090	S
60220	.....	A	Partial removal of thyroid	9.97	8.63	1.63	20.23	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
60225		A	Partial removal of thyroid	11.78	10.61	1.94	24.33	090	S
60240		A	Removal of thyroid	15.83	10.70	1.98	28.51	090	S
60245		A	Partial removal of thyroid	12.16	9.14	1.76	23.06	090	S
60246		A	Partial removal of thyroid	14.32	12.28	2.28	28.88	090	S
60252		A	Removal of thyroid	15.57	13.80	2.58	31.95	090	S
60254		A	Extensive thyroid surgery	16.87	19.42	3.11	39.40	090	S
60260		A	Repeat thyroid surgery	14.65	3.17	0.34	18.16	090	S
60270		A	Removal of thyroid	16.62	14.13	2.57	33.32	090	S
60280		A	Remove thyroid duct lesion	5.61	*7.39	1.12	14.12	090	S
60281		A	Remove thyroid duct lesion	8.09	5.10	0.96	14.15	090	S
60500		A	Explore parathyroid glands	15.57	11.49	2.34	29.40	090	S
60502		A	Re-explore parathyroids	19.46	11.52	2.36	33.34	090	S
60505		A	Explore parathyroid glands	20.15	13.29	2.59	36.03	090	S
60520		A	Removal of thymus gland	17.30	13.69	2.49	33.48	090	S
60540		A	Explore adrenal gland	15.89	12.18	2.10	30.17	090	S
60545		A	Explore adrenal gland	18.72	14.43	2.37	35.52	090	S
60600		A	Remove carotid body lesion	16.31	11.59	1.90	29.80	090	S
60605		A	Remove carotid body lesion	18.40	10.83	2.23	31.46	090	S
60699		C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
61000		A	Remove cranial cavity fluid	1.60	1.08	0.17	2.85	000	S
61001		A	Remove cranial cavity fluid	1.51	0.89	0.17	2.57	000	S
61020		A	Remove brain cavity fluid	1.53	1.27	0.20	3.00	000	S
61026		A	Injection into brain canal	1.71	2.05	0.22	3.98	000	N
61050		A	Remove brain canal fluid	1.53	1.24	0.15	2.92	000	N
61055		A	Injection into brain canal	2.12	1.90	0.19	4.21	000	N
61070		A	Brain canal shunt procedure	0.90	0.50	0.03	1.43	000	N
61105		A	Drill skull for examination	8.28	6.97	1.25	16.50	090	S
61106		A	Drill skull for exam/surgery	7.43	6.22	1.16	14.81	ZZZ	S
61107		A	Drill skull for implantation	4.40	*6.42	1.27	12.09	000	S
61108		A	Drill skull for drainage	10.92	12.18	2.24	25.34	090	S
61120		A	Pierce skull for examination	9.41	6.02	1.09	16.52	090	S
61130		A	Pierce skull, exam/surgery	6.44	5.01	0.97	12.42	ZZZ	S
61140		A	Pierce skull for biopsy	15.00	14.29	2.59	31.88	090	S
61150		A	Pierce skull for drainage	16.55	14.81	2.66	34.02	090	S
61151		A	Pierce skull for drainage	11.53	2.15	0.37	14.05	090	S
61154		A	Pierce skull, remove clot	13.82	*17.69	3.31	34.82	090	S
61156		A	Pierce skull for drainage	15.40	16.37	3.08	34.85	090	S
61210		A	Pierce skull; implant device	4.77	*7.54	1.55	13.86	000	S
61215		A	Insert brain-fluid device	10.16	9.10	1.65	20.91	090	S
61250		A	Pierce skull & explore	11.15	8.12	1.46	20.73	090	S
61253		A	Pierce skull & explore	13.14	9.73	1.71	24.58	090	S
61304		A	Open skull for exploration	20.86	26.32	4.83	52.01	090	S
61305		A	Open skull for exploration	25.05	29.43	5.11	59.59	090	S
61312		A	Open skull for drainage	20.77	24.40	4.51	49.68	090	S
61313		A	Open skull for drainage	20.77	24.31	4.43	49.51	090	S
61314		A	Open skull for drainage	23.03	25.91	4.73	53.67	090	S
61315		A	Open skull for drainage	26.20	24.68	4.52	55.40	090	S
61320		A	Open skull for drainage	24.17	18.91	3.45	46.53	090	S
61321		A	Open skull for drainage	26.96	20.05	3.58	50.59	090	S
61330		A	Decompress eye socket	15.82	13.11	1.23	30.16	090	S
61332		A	Explore/biopsy eye socket	26.37	20.95	2.79	50.11	090	S
61333		A	Explore orbit; remove lesion	27.05	20.69	3.30	51.04	090	S
61334		A	Explore orbit; remove object	17.26	14.81	1.84	33.91	090	S
61340		A	Relieve cranial pressure	11.69	*14.96	2.57	29.22	090	S
61343		A	Incise skull, pressure relief	28.18	30.38	5.34	63.90	090	S
61345		A	Relieve cranial pressure	25.64	19.39	3.49	48.52	090	S
61440		A	Incise skull for surgery	25.07	20.98	3.03	49.08	090	S
61450		A	Incise skull for surgery	24.56	20.66	3.47	48.69	090	S
61458		A	Incise skull for brain wound	26.26	27.58	4.92	58.76	090	S
61460		A	Incise skull for surgery	27.05	25.33	4.02	56.40	090	S
61470		A	Incise skull for surgery	21.02	14.01	2.56	37.59	090	S
61480		A	Incise skull for surgery	16.96	15.24	1.80	34.00	090	S
61490		A	Incise skull for surgery	15.80	11.85	2.18	29.83	090	S
61500		A	Removal of skull lesion	17.12	20.29	3.62	41.03	090	S
61501		A	Remove infected skull bone	13.74	*17.86	3.37	34.97	090	S
61510		A	Removal of brain lesion	23.65	27.34	4.95	55.94	090	S
61512		A	Remove brain lining lesion	24.53	29.34	5.34	59.21	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
61514	.....	A	Removal of brain abscess	23.75	25.80	4.79	54.34	090	S
61516	.....	A	Removal of brain lesion	23.09	26.77	4.62	54.48	090	S
61518	.....	A	Removal of brain lesion	32.63	30.35	5.52	68.50	090	S
61519	.....	A	Remove brain lining lesion	34.22	31.57	5.83	71.62	090	S
61520	.....	A	Removal of brain lesion	38.78	34.23	5.96	78.97	090	S
61521	.....	A	Removal of brain lesion	39.92	33.34	5.92	79.18	090	S
61522	.....	A	Removal of brain abscess	27.86	20.18	3.83	51.87	090	S
61524	.....	A	Removal of brain lesion	26.31	27.76	5.21	59.28	090	S
61526	.....	A	Removal of brain lesion	30.04	34.39	4.84	69.27	090	S
61530	.....	C	Removal of brain lesion	0.00	0.00	0.00	0.00	090	S
61531	.....	A	Implant brain electrodes	20.73	15.15	1.77	37.65	090	S
61533	.....	A	Implant brain electrodes	23.67	17.21	3.37	44.25	090	S
61534	.....	A	Removal of brain lesion	19.34	6.45	2.03	27.82	090	S
61535	.....	A	Remove brain electrodes	10.34	7.75	1.26	19.35	090	S
61536	.....	A	Removal of brain lesion	29.76	22.20	4.03	55.99	090	S
61538	.....	A	Removal of brain tissue	28.36	29.40	5.03	62.79	090	S
61539	.....	A	Removal of brain tissue	30.38	23.22	4.12	57.72	090	S
61541	.....	A	Incision of brain tissue	27.25	20.02	3.82	51.09	090	S
61542	.....	A	Removal of brain tissue	27.69	20.13	3.94	51.76	090	S
61543	.....	A	Removal of brain tissue	20.85	17.43	2.52	40.80	090	S
61544	.....	A	Remove & treat brain lesion	23.97	28.50	2.13	54.60	090	S
61545	.....	A	Excision of brain tumor	34.88	25.95	4.85	65.68	090	S
61546	.....	A	Removal of pituitary gland	29.66	27.31	4.83	61.80	090	S
61548	.....	A	Removal of pituitary gland	20.37	25.06	4.07	49.50	090	S
61550	.....	A	Release of skull seams	14.40	11.94	1.12	27.46	090	S
61552	.....	A	Release of skull seams	19.23	13.98	2.73	35.94	090	S
61556	.....	C	Incise skull/sutures	0.00	0.00	0.00	0.00	090	S
61557	.....	C	Incise skull/sutures	0.00	0.00	0.00	0.00	090	S
61558	.....	C	Excision of skull/sutures	0.00	0.00	0.00	0.00	090	S
61559	.....	C	Excision of skull/sutures	0.00	0.00	0.00	0.00	090	S
61563	.....	C	Excision of skull tumor	0.00	0.00	0.00	0.00	090	S
61564	.....	C	Excision of skull tumor	0.00	0.00	0.00	0.00	090	S
61570	.....	A	Remove brain foreign body	23.14	16.67	3.09	42.90	090	S
61571	.....	A	Incise skull for brain wound	24.82	18.52	3.25	46.59	090	S
61575	.....	A	Skull base/brainstem surgery	32.69	33.36	5.11	71.16	090	S
61576	.....	A	Skull base/brainstem surgery	34.20	28.54	3.95	66.69	090	S
61580	.....	A	Craniofacial approach, skull	29.22	21.24	4.15	54.61	090	S
61581	.....	A	Craniofacial approach, skull	33.16	24.11	4.71	61.98	090	S
61582	.....	A	Craniofacial approach, skull	30.10	21.89	4.27	56.26	090	S
61583	.....	A	Craniofacial approach, skull	34.35	24.97	4.88	64.20	090	S
61584	.....	A	Orbitocranial approach/skull	33.26	24.18	4.73	62.17	090	S
61585	.....	A	Orbitocranial approach/skull	37.21	27.05	5.29	69.55	090	S
61590	.....	A	Infratemporal approach/skull	40.47	29.42	5.74	75.63	090	S
61591	.....	A	Infratemporal approach/skull	42.44	30.86	6.03	79.33	090	S
61592	.....	A	Orbitocranial approach/skull	38.49	27.99	5.47	71.95	090	S
61595	.....	A	Transtemporal approach/skull	28.43	20.67	4.04	53.14	090	S
61596	.....	A	Transcochlear approach/skull	34.55	25.12	4.91	64.58	090	S
61597	.....	A	Transcondylar approach/skull	36.52	26.55	5.19	68.26	090	S
61598	.....	A	Transpetrosal approach/skull	32.18	23.39	4.57	60.14	090	S
61600	.....	A	Resect/excise cranial lesion	24.68	17.94	3.50	46.12	090	S
61601	.....	A	Resect/excise cranial lesion	26.45	19.24	3.76	49.45	090	S
61605	.....	A	Resect/excise cranial lesion	27.93	20.31	3.97	52.21	090	S
61606	.....	A	Resect/excise cranial lesion	37.41	27.20	5.31	69.92	090	S
61607	.....	A	Resect/excise cranial lesion	34.94	25.41	4.96	65.31	090	S
61608	.....	A	Resect/excise cranial lesion	40.66	29.57	5.77	76.00	090	S
61609	.....	A	Transect, artery, sinus	7.90	5.74	1.13	14.77	ZZZ	S
61610	.....	A	Transect, artery, sinus	23.69	17.22	3.37	44.28	ZZZ	S
61611	.....	A	Transect, artery, sinus	5.92	4.30	0.84	11.06	ZZZ	S
61612	.....	A	Transect, artery, sinus	17.77	12.92	2.53	33.22	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.87	28.99	5.67	74.53	090	S
61615	.....	A	Resect/excise lesion, skull	30.70	22.32	4.36	57.38	090	S
61616	.....	A	Resect/excise lesion, skull	41.75	30.36	5.93	78.04	090	S
61618	.....	A	Repair dura	15.79	11.48	2.24	29.51	090	S
61619	.....	A	Repair dura	19.74	14.35	2.80	36.89	090	S
61624	.....	A	Occlusion/embolization cath	20.37	15.45	1.81	37.63	000	N
61626	.....	A	Occlusion/embolization cath	16.80	12.74	1.49	31.03	000	N
61680	.....	A	Intracranial vessel surgery	36.86	31.41	5.85	74.12	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
61682		A	Intracranial vessel surgery	42.68	35.70	6.43	84.81	090	S
61684		A	Intracranial vessel surgery	39.69	30.09	3.51	73.29	090	S
61686		A	Intracranial vessel surgery	47.98	36.38	4.25	88.61	090	S
61690		A	Intracranial vessel surgery	34.20	27.77	4.14	66.11	090	S
61692		A	Intracranial vessel surgery	38.38	29.11	3.40	70.89	090	S
61700		A	Inner skull vessel surgery	35.22	32.04	5.73	72.99	090	S
61702		A	Inner skull vessel surgery	39.64	36.71	6.68	83.03	090	S
61703		A	Clamp neck artery	16.45	12.35	2.26	31.06	090	S
61705		A	Revise circulation to head	34.87	30.75	5.31	70.93	090	S
61708		A	Revise circulation to head	33.96	25.48	2.35	61.79	090	S
61710		A	Revise circulation to head	28.45	16.82	1.77	47.04	090	S
61711		A	Fusion of skull arteries	35.01	33.41	6.27	74.69	090	S
61712		A	Skull or spine microsurgery	3.53	*4.92	0.94	9.39	ZZZ	S
61720		A	Incise skull/brain surgery	16.03	*22.87	4.09	42.99	090	S
61735		A	Incise skull/brain surgery	17.27	13.10	1.53	31.90	090	S
61750		A	Incise skull; brain biopsy	10.14	*20.77	4.36	35.27	090	S
61751		A	Brain biopsy with cat scan	15.35	*23.04	4.49	42.88	090	S
61760		A	Implant brain electrodes	25.11	15.15	1.77	42.03	090	S
61770		A	Incise skull for treatment	15.31	*19.60	3.47	38.38	090	S
61790		A	Treat trigeminal nerve	10.42	*15.66	3.06	29.14	090	S
61791		A	Treat trigeminal tract	7.37	*14.92	3.20	25.49	090	S
61793		A	Focus radiation beam	16.89	21.59	1.98	40.46	090	S
61795		A	Brain surgery using computer	4.08	*7.74	1.57	13.39	000	S
61850		A	Implant neuroelectrodes	16.16	11.76	2.29	30.21	090	S
61855		A	Implant neuroelectrodes	13.08	10.51	1.49	25.08	090	S
61860		A	Implant neuroelectrodes	11.32	8.23	1.61	21.16	090	S
61865		A	Implant neuroelectrodes	21.94	15.96	3.12	41.02	090	S
61870		A	Implant neuroelectrodes	5.83	4.24	0.83	10.90	090	S
61875		A	Implant neuroelectrodes	9.30	6.76	1.32	17.38	090	S
61880		A	Revise/remove neuroelectrode	5.78	4.84	0.67	11.29	090	S
61885		A	Implant neuroreceiver	2.38	1.98	0.29	4.65	090	S
61888		A	Revise/remove neuroreceiver	3.13	2.27	0.44	5.84	010	S
62000		A	Repair of skull fracture	11.39	5.79	0.96	18.14	090	S
62005		A	Repair of skull fracture	15.00	11.20	1.99	28.19	090	S
62010		A	Treatment of head injury	18.63	19.41	3.43	41.47	090	S
62100		A	Repair brain fluid leakage	21.01	21.86	3.76	46.63	090	S
62115		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62116		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62117		C	Reduction of skull defect	0.00	0.00	0.00	0.00	090	S
62120		C	Repair skull cavity lesion	0.00	0.00	0.00	0.00	090	S
62121		A	Incise skull repair	20.48	17.70	3.45	41.63	090	S
62140		A	Repair of skull defect	12.77	13.58	2.42	28.77	090	S
62141		A	Repair of skull defect	14.05	17.93	3.32	35.30	090	S
62142		A	Remove skull plate/flap	10.02	*13.16	2.67	25.85	090	S
62143		A	Replace skull plate/flap	12.24	9.27	1.67	23.18	090	S
62145		A	Repair of skull & brain	17.88	13.31	2.32	33.51	090	S
62146		A	Repair of skull with graft	15.28	11.11	2.17	28.56	090	S
62147		A	Repair of skull with graft	18.34	13.32	2.60	34.26	090	S
62180		A	Establish brain cavity shunt	12.86	14.37	2.73	29.96	090	S
62190		A	Establish brain cavity shunt	10.24	*14.99	3.25	28.48	090	S
62192		A	Establish brain cavity shunt	11.44	*14.64	2.77	28.85	090	S
62194		A	Replace/irrigate catheter	2.84	1.90	0.29	5.03	010	N
62200		A	Establish brain cavity shunt	13.39	*17.14	3.12	33.65	090	S
62201		A	Establish brain cavity shunt	12.23	8.88	1.74	22.85	090	S
62220		A	Establish brain cavity shunt	12.19	*16.04	3.15	31.38	090	S
62223		A	Establish brain cavity shunt	12.95	*16.58	3.05	32.58	090	S
62225		A	Replace/irrigate catheter	4.76	4.85	0.59	10.20	090	S
62230		A	Replace/revise brain shunt	9.82	9.94	1.84	21.60	090	S
62256		A	Remove brain cavity shunt	5.97	6.45	1.18	13.60	090	S
62258		A	Replace brain cavity shunt	13.75	14.94	2.58	31.27	090	S
62268		A	Drain spinal cord cyst	3.91	3.01	0.36	7.28	000	N
62269		A	Needle biopsy spinal cord	4.12	1.77	0.28	6.17	000	N
62270		A	Spinal fluid tap, diagnostic	1.14	0.72	0.06	1.92	000	N
62272		A	Drain spinal fluid	1.37	1.02	0.12	2.51	000	N
62273		A	Treat lumbar spine lesion	2.17	1.13	0.26	3.56	000	N
62274		A	Inject spinal anesthetic	1.80	0.75	0.17	2.72	000	N
62275		A	Inject spinal anesthetic	1.81	0.60	0.19	2.60	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
62276		A	Inject spinal anesthetic	2.06	1.24	0.23	3.53	000	N
62277		A	Inject spinal anesthetic	2.17	0.85	0.23	3.25	000	N
62278		A	Inject spinal anesthetic	1.53	0.99	0.26	2.78	000	N
62279		A	Inject spinal anesthetic	1.60	0.83	0.24	2.67	000	N
62280		A	Treat spinal cord lesion	2.61	0.72	0.14	3.47	010	N
62281		A	Treat spinal cord lesion	2.64	0.88	0.28	3.80	010	N
62282		A	Treat spinal canal lesion	2.31	1.72	0.40	4.43	010	N
62284		A	Injection for myelogram	1.56	*2.08	0.34	3.98	000	S
62287		A	Percutaneous diskectomy	4.18	*12.76	2.68	19.62	090	S
62288		A	Injection into spinal canal	1.76	1.13	0.24	3.13	000	N
62289		A	Injection into spinal canal	1.66	1.08	0.29	3.03	000	N
62290		A	Inject for spine disk x-ray	3.62	1.88	0.24	5.74	000	N
62291		A	Inject for spine disk x-ray	2.94	1.80	0.39	5.13	000	N
62292		A	Injection into disk lesion	7.08	*11.48	2.15	20.71	090	S
62294		A	Injection into spinal artery	8.14	5.90	0.69	14.73	090	S
62298		A	Injection into spinal canal	2.22	1.05	0.13	3.40	000	N
63001		A	Removal of spinal lamina	14.66	*18.76	3.46	36.88	090	S
63003		A	Removal of spinal lamina	14.79	18.13	3.27	36.19	090	S
63005		A	Removal of spinal lamina	13.68	*17.51	3.13	34.32	090	S
63011		A	Removal of spinal lamina	11.23	10.10	1.89	23.22	090	S
63012		A	Removal of spinal lamina	14.37	18.27	3.18	35.82	090	S
63015		A	Removal of spinal lamina	16.77	*21.77	4.23	42.77	090	S
63016		A	Removal of spinal lamina	17.62	*22.55	4.16	44.33	090	S
63017		A	Removal of spinal lamina	16.03	*21.35	4.04	41.42	090	S
63020		A	Neck spine disk surgery	12.67	*17.20	3.42	33.29	090	S
63030		A	Low back disk surgery	12.24	*15.67	2.84	30.75	090	S
63035		A	Added spinal disk surgery	3.19	*4.08	0.77	8.04	ZZZ	S
63040		A	Neck spine disk surgery	17.76	*22.73	4.35	44.84	090	S
63042		A	Low back disk surgery	17.46	*22.96	4.43	44.85	090	S
63045		A	Removal of spinal lamina	15.48	*22.21	4.43	42.12	090	S
63046		A	Removal of spinal lamina	14.77	*22.58	4.63	41.98	090	S
63047		A	Removal of spinal lamina	12.90	*22.84	4.53	40.27	090	S
63048		A	Removal of spinal lamina	3.30	*5.23	1.04	9.57	ZZZ	S
63055		A	Decompress spinal cord	20.90	23.99	4.23	49.12	090	S
63056		A	Decompress spinal cord	19.32	22.08	3.80	45.20	090	S
63057		A	Decompress spinal cord	3.03	*4.72	0.86	8.61	ZZZ	S
63064		A	Decompress spinal cord	23.49	24.10	4.14	51.73	090	S
63066		A	Decompress spinal cord	3.30	2.51	0.46	6.27	ZZZ	S
63075		A	Neck spine disk surgery	19.99	17.77	3.25	41.01	090	S
63076		A	Neck spine disk surgery	4.10	*5.25	0.98	10.33	ZZZ	S
63077		A	Spine disk surgery, thorax	20.48	18.62	3.21	42.31	090	S
63078		A	Spine disk surgery, thorax	3.32	2.64	0.46	6.42	ZZZ	S
63081		A	Removal of vertebral body	22.33	26.55	4.55	53.43	090	S
63082		A	Removal of vertebral body	4.42	*6.57	1.23	12.22	ZZZ	S
63085		A	Removal of vertebral body	25.35	27.69	4.74	57.78	090	S
63086		A	Removal of vertebral body	3.23	*5.35	1.08	9.66	ZZZ	S
63087		A	Removal of vertebral body	27.87	28.56	4.90	61.33	090	S
63088		A	Removal of vertebral body	4.38	*6.40	1.19	11.97	ZZZ	S
63090		A	Removal of vertebral body	26.49	29.54	4.97	61.00	090	S
63091		A	Removal of vertebral body	3.06	2.76	0.47	6.29	ZZZ	S
63170		A	Incise spinal cord tract(s)	18.38	19.09	3.32	40.79	090	S
63172		A	Drainage of spinal cyst	16.37	*22.84	4.31	43.52	090	S
63173		A	Drainage of spinal cyst	20.63	15.64	1.83	38.10	090	S
63180		A	Revise spinal cord ligaments	16.94	11.74	2.07	30.75	090	S
63182		A	Revise spinal cord ligaments	19.12	16.62	2.23	37.97	090	S
63185		A	Incise spinal column/nerves	14.00	15.72	2.96	32.68	090	S
63190		A	Incise spinal column/nerves	16.44	*21.04	3.95	41.43	090	S
63191		A	Incise spinal column/nerves	16.60	13.19	2.23	32.02	090	S
63194		A	Incise spinal column & cord	17.72	13.16	2.36	33.24	090	S
63195		A	Incise spinal column & cord	17.35	14.01	2.13	33.49	090	S
63196		A	Incise spinal column & cord	20.80	15.76	1.85	38.41	090	S
63197		A	Incise spinal column & cord	19.60	14.52	2.65	36.77	090	S
63198		A	Incise spinal column & cord	22.70	16.50	3.23	42.43	090	S
63199		A	Incise spinal column & cord	24.16	21.64	2.64	48.44	090	S
63200		A	Release of spinal cord	17.86	12.63	1.85	32.34	090	S
63250		A	Revise spinal cord vessels	39.10	28.30	5.28	72.68	090	S
63251		A	Revise spinal cord vessels	39.29	22.99	4.37	66.65	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
63252	.....	A	Revise spinal cord vessels	39.28	28.56	5.58	73.42	090	S
63265	.....	A	Excise intraspinal lesion	20.26	22.25	3.94	46.45	090	S
63266	.....	A	Excise intraspinal lesion	20.88	25.04	4.48	50.40	090	S
63267	.....	A	Excise intraspinal lesion	16.89	*22.00	4.25	43.14	090	S
63268	.....	A	Excise intraspinal lesion	17.46	12.70	2.49	32.65	090	S
63270	.....	A	Excise intraspinal lesion	25.12	18.34	3.46	46.92	090	S
63271	.....	A	Excise intraspinal lesion	25.24	26.90	4.84	56.98	090	S
63272	.....	A	Excise intraspinal lesion	23.95	23.41	4.31	51.67	090	S
63273	.....	A	Excise intraspinal lesion	22.91	17.76	3.15	43.82	090	S
63275	.....	A	Biopsy/excise spinal tumor	22.30	28.13	5.15	55.58	090	S
63276	.....	A	Biopsy/excise spinal tumor	22.00	25.59	4.67	52.26	090	S
63277	.....	A	Biopsy/excise spinal tumor	19.73	24.01	4.30	48.04	090	S
63278	.....	A	Biopsy/excise spinal tumor	19.45	23.60	4.37	47.42	090	S
63280	.....	A	Biopsy/excise spinal tumor	27.02	28.39	5.05	60.46	090	S
63281	.....	A	Biopsy/excise spinal tumor	26.71	27.98	5.02	59.71	090	S
63282	.....	A	Biopsy/excise spinal tumor	25.24	24.38	4.49	54.11	090	S
63283	.....	A	Biopsy/excise spinal tumor	23.83	18.98	3.48	46.29	090	S
63285	.....	A	Biopsy/excise spinal tumor	34.62	24.76	4.54	63.92	090	S
63286	.....	A	Biopsy/excise spinal tumor	34.32	29.08	4.97	68.37	090	S
63287	.....	A	Biopsy/excise spinal tumor	34.81	26.01	4.58	65.40	090	S
63290	.....	A	Biopsy/excise spinal tumor	35.43	27.46	4.70	67.59	090	S
63300	.....	A	Removal of vertebral body	23.03	17.46	2.04	42.53	090	S
63301	.....	A	Removal of vertebral body	25.36	18.66	3.62	47.64	090	S
63302	.....	A	Removal of vertebral body	25.88	21.60	3.05	50.53	090	S
63303	.....	A	Removal of vertebral body	28.79	18.71	3.43	50.93	090	S
63304	.....	A	Removal of vertebral body	28.41	21.55	2.52	52.48	090	S
63305	.....	A	Removal of vertebral body	29.75	22.74	3.79	56.28	090	S
63306	.....	A	Removal of vertebral body	30.34	23.01	2.68	56.03	090	S
63307	.....	A	Removal of vertebral body	29.75	24.69	3.01	57.45	090	S
63308	.....	A	Removal of vertebral body	5.31	4.10	0.74	10.15	ZZZ	S
63600	.....	A	Remove spinal cord lesion	13.23	10.82	2.66	26.71	090	N
63610	.....	A	Stimulation of spinal cord	8.83	6.80	2.08	17.71	000	N
63615	.....	A	Remove lesion of spinal cord	15.57	11.68	2.05	29.30	090	S
63650	.....	A	Implant neuroelectrodes	6.06	*9.19	2.15	17.40	090	S
63655	.....	A	Implant neuroelectrodes	9.05	*18.08	3.68	30.81	090	S
63657	.....	D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	090	0
63658	.....	D	Implant neuroelectrodes	0.00	0.00	0.00	0.00	090	0
63660	.....	A	Revise/remove neuroelectrode	5.60	*7.38	1.58	14.56	090	S
63685	.....	A	Implant neuroreceiver	6.36	7.48	1.48	15.32	090	S
63688	.....	A	Revise/remove neuroreceiver	4.82	*6.34	1.27	12.43	090	S
63690	.....	A	Analysis of neuroreceiver	0.46	*0.77	0.12	1.35	XXX	N
63691	.....	A	Analysis of neuroreceiver	0.66	0.41	0.11	1.18	XXX	N
63700	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63702	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63704	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63706	.....	C	Repair of spinal herniation	0.00	0.00	0.00	0.00	090	S
63707	.....	A	Repair spinal fluid leakage	10.25	*13.83	2.59	26.67	090	S
63709	.....	A	Repair spinal fluid leakage	13.41	*17.17	3.34	33.92	090	S
63710	.....	A	Graft repair of spine defect	13.15	9.86	1.60	24.61	090	S
63740	.....	A	Install spinal shunt	10.55	*14.91	3.02	28.48	090	S
63741	.....	A	Install spinal shunt	7.21	*11.44	2.42	21.07	090	S
63744	.....	A	Revision of spinal shunt	6.91	8.24	1.70	16.85	090	S
63746	.....	A	Removal of spinal shunt	5.66	5.58	1.09	12.33	090	S
63750	.....	A	Insert spinal canal catheter	7.31	*13.39	3.06	23.76	090	S
63780	.....	A	Insert spinal canal catheter	6.29	1.95	0.56	8.80	090	N
64400	.....	A	Injection for nerve block	1.12	0.49	0.05	1.66	000	N
64402	.....	A	Injection for nerve block	1.26	0.63	0.09	1.98	000	S
64405	.....	A	Injection for nerve block	1.33	0.65	0.07	2.05	000	N
64408	.....	A	Injection for nerve block	1.43	1.05	0.11	2.59	000	N
64410	.....	A	Injection for nerve block	1.45	0.72	0.15	2.32	000	N
64412	.....	A	Injection for nerve block	1.19	0.63	0.08	1.90	000	N
64413	.....	A	Injection for nerve block	1.42	0.75	0.08	2.25	000	N
64415	.....	A	Injection for nerve block	1.50	0.26	0.07	1.83	000	N
64417	.....	A	Injection for nerve block	1.46	0.64	0.15	2.25	000	N
64418	.....	A	Injection for nerve block	1.33	0.86	0.10	2.29	000	N
64420	.....	A	Injection for nerve block	1.19	0.65	0.07	1.91	000	N
64421	.....	A	Injection for nerve block	1.70	0.84	0.17	2.71	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
64425		A	Injection for nerve block	1.77	0.58	0.10	2.45	000	N
64430		A	Injection for nerve block	1.48	0.71	0.12	2.31	000	S
64435		A	Injection for nerve block	1.47	0.48	0.09	2.04	000	S
64440		A	Injection for nerve block	1.35	0.80	0.09	2.24	000	N
64441		A	Injection for nerve block	1.81	1.02	0.12	2.95	000	N
64442		A	Injection for nerve block	1.43	1.20	0.16	2.79	000	N
64443		A	Injection for nerve block	1.36	0.64	0.12	2.12	ZZZ	N
64445		A	Injection for nerve block	1.50	0.50	0.06	2.06	000	N
64450		A	Injection for nerve block	1.28	0.54	0.05	1.87	000	S
64505		A	Injection for nerve block	1.38	0.63	0.06	2.07	000	N
64508		A	Injection for nerve block	1.13	1.05	0.08	2.26	000	N
64510		A	Injection for nerve block	1.23	0.72	0.18	2.13	000	N
64520		A	Injection for nerve block	1.37	0.73	0.17	2.27	000	N
64530		A	Injection for nerve block	1.60	1.18	0.28	3.06	000	N
64550		A	Apply neurostimulator	0.18	0.44	0.04	0.66	000	N
64553		A	Implant neuroelectrodes	2.29	1.03	0.10	3.42	010	N
64555		A	Implant neuroelectrodes	2.24	0.42	0.10	2.76	010	N
64560		A	Implant neuroelectrodes	2.34	1.47	0.24	4.05	010	S
64565		A	Implant neuroelectrodes	1.73	0.77	0.08	2.58	010	N
64573		A	Implant neuroelectrodes	4.40	3.20	0.62	8.22	090	S
64575		A	Implant neuroelectrodes	4.32	3.10	0.40	7.82	090	S
64577		A	Implant neuroelectrodes	4.59	2.79	0.46	7.84	090	S
64580		A	Implant neuroelectrodes	4.08	2.94	0.20	7.22	090	S
64585		A	Revise/remove neuroelectrode	2.03	0.98	0.09	3.10	010	S
64590		A	Implant neuroreceiver	2.38	1.86	0.35	4.59	010	S
64595		A	Revise/remove neuroreceiver	1.70	1.13	0.21	3.04	010	S
64600		A	Injection treatment of nerve	3.44	1.71	0.17	5.32	010	N
64605		A	Injection treatment of nerve	5.62	1.58	0.33	7.53	010	N
64610		A	Injection treatment of nerve	7.19	7.34	1.37	15.90	010	N
64612		A	Destroy nerve, face muscle	1.93	1.47	0.17	3.57	010	S
64613		A	Destroy nerve, spine muscle	1.93	1.47	0.17	3.57	010	S
64620		A	Injection treatment of nerve	2.82	1.01	0.19	4.02	010	N
64622		A	Injection treatment of nerve	2.98	1.84	0.35	5.17	010	N
64623		A	Injection treatment of nerve	1.00	0.86	0.17	2.03	ZZZ	N
64630		A	Injection treatment of nerve	2.98	1.76	0.38	5.12	010	N
64640		A	Injection treatment of nerve	2.52	0.93	0.09	3.54	010	N
64680		A	Injection treatment of nerve	2.60	1.57	0.41	4.58	010	N
64702		A	Revise finger/toe nerve	4.06	4.27	0.71	9.04	090	S
64704		A	Revise hand/foot nerve	4.49	5.44	0.75	10.68	090	S
64708		A	Revise arm/leg nerve	5.77	*7.39	1.27	14.43	090	S
64712		A	Revision of sciatic nerve	7.26	*9.29	1.70	18.25	090	S
64713		A	Revision of arm nerve(s)	10.45	9.50	1.74	21.69	090	S
64714		A	Revise low back nerve(s)	9.98	6.20	1.43	17.61	090	S
64716		A	Revision of cranial nerve	5.86	4.88	0.68	11.42	090	S
64718		A	Revise ulnar nerve at elbow	5.54	6.79	1.14	13.47	090	S
64719		A	Revise ulnar nerve at wrist	4.77	5.00	0.86	10.63	090	S
64721		A	Carpal tunnel surgery	4.03	4.95	0.84	9.82	090	S
64722		A	Relieve pressure on nerve(s)	4.51	*6.20	1.12	11.83	090	S
64726		A	Release foot/toe nerve	4.01	0.73	0.07	4.81	090	S
64727		A	Internal nerve revision	3.13	3.28	0.56	6.97	ZZZ	S
64732		A	Incision of brow nerve	4.20	4.36	0.73	9.29	090	S
64734		A	Incision of cheek nerve	4.67	4.66	0.68	10.01	090	S
64736		A	Incision of chin nerve	4.45	4.51	0.42	9.38	090	S
64738		A	Incision of jaw nerve	5.48	5.13	0.62	11.23	090	S
64740		A	Incision of tongue nerve	5.34	5.24	0.63	11.21	090	S
64742		A	Incision of facial nerve	5.98	5.06	0.44	11.48	090	S
64744		A	Incise nerve, back of head	4.92	6.17	1.11	12.20	090	S
64746		A	Incise diaphragm nerve	5.68	3.81	0.78	10.27	090	S
64752		A	Incision of vagus nerve	6.71	3.97	0.86	11.54	090	S
64755		A	Incision of stomach nerves	13.25	10.59	2.30	26.14	090	S
64760		A	Incision of vagus nerve	6.61	6.72	1.52	14.85	090	S
64761		A	Incision of pelvis nerve	6.17	4.71	0.51	11.39	090	S
64763		A	Incise hip/thigh nerve	6.79	4.85	0.93	12.57	090	S
64766		A	Incise hip/thigh nerve	8.40	6.74	1.21	16.35	090	S
64771		A	Sever cranial nerve	7.07	6.49	0.74	14.30	090	S
64772		A	Incision of spinal nerve	6.87	6.85	1.31	15.03	090	S
64774		A	Remove skin nerve lesion	4.91	2.77	0.46	8.14	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
64776	.....	A	Remove digit nerve lesion	4.91	2.81	0.41	8.13	090	S
64778	.....	A	Added digit nerve surgery	3.14	2.76	0.43	6.33	ZZZ	S
64782	.....	A	Remove limb nerve lesion	5.87	4.75	0.47	11.09	090	S
64783	.....	A	Added limb nerve surgery	3.76	3.30	0.48	7.54	ZZZ	S
64784	.....	A	Remove nerve lesion	9.57	5.70	0.97	16.24	090	S
64786	.....	A	Remove sciatic nerve lesion	15.27	12.80	2.16	30.23	090	S
64787	.....	A	Implant nerve end	4.35	3.51	0.61	8.47	ZZZ	S
64788	.....	A	Remove skin nerve lesion	4.35	3.67	0.51	8.53	090	S
64790	.....	A	Removal of nerve lesion	11.07	7.19	1.23	19.49	090	S
64792	.....	A	Removal of nerve lesion	14.56	9.09	1.68	25.33	090	S
64795	.....	A	Biopsy of nerve	3.04	2.41	0.39	5.84	000	S
64802	.....	A	Remove sympathetic nerves	8.31	5.46	1.11	14.88	090	S
64804	.....	A	Remove sympathetic nerves	13.80	12.91	2.47	29.18	090	S
64809	.....	A	Remove sympathetic nerves	12.93	10.67	2.06	25.66	090	S
64818	.....	A	Remove sympathetic nerves	9.52	8.67	1.74	19.93	090	S
64830	.....	A	Microrepair of nerve	3.13	2.03	0.38	5.54	ZZZ	S
64831	.....	A	Repair of digit nerve	8.94	3.42	0.57	12.93	090	S
64832	.....	A	Repair additional nerve	5.72	1.42	0.24	7.38	ZZZ	S
64834	.....	A	Repair of hand or foot nerve	9.88	3.54	0.57	13.99	090	S
64835	.....	A	Repair of hand or foot nerve	10.59	6.03	1.04	17.66	090	S
64836	.....	A	Repair of hand or foot nerve	10.59	6.77	1.23	18.59	090	S
64837	.....	A	Repair additional nerve	6.33	4.50	0.86	11.69	ZZZ	S
64840	.....	A	Repair of leg nerve	12.57	10.47	0.54	23.58	090	S
64856	.....	A	Repair/transpose nerve	12.95	8.30	1.48	22.73	090	S
64857	.....	A	Repair arm/leg nerve	13.58	9.64	1.56	24.78	090	S
64858	.....	A	Repair sciatic nerve	15.60	11.10	2.13	28.83	090	S
64859	.....	A	Additional nerve surgery	4.31	3.54	0.59	8.44	ZZZ	S
64861	.....	A	Repair of arm nerves	18.14	13.57	1.40	33.11	090	S
64862	.....	A	Repair of low back nerves	18.34	21.80	1.63	41.77	090	S
64864	.....	A	Repair of facial nerve	12.00	7.95	1.17	21.12	090	S
64865	.....	A	Repair of facial nerve	14.86	12.48	1.52	28.86	090	S
64866	.....	A	Fusion of facial/other nerve	15.11	11.31	1.86	28.28	090	S
64868	.....	A	Fusion of facial/other nerve	13.51	11.31	1.49	26.31	090	S
64870	.....	A	Fusion of facial/other nerve	15.36	14.06	1.72	31.14	090	S
64872	.....	C	Subsequent repair of nerve	0.00	0.00	0.00	0.00	YYY	S
64874	.....	C	Repair & revise nerve	0.00	0.00	0.00	0.00	YYY	S
64876	.....	C	Repair nerve; shorten bone	0.00	0.00	0.00	0.00	YYY	N
64885	.....	A	Nerve graft, head or neck	16.92	12.83	1.50	31.25	090	S
64886	.....	A	Nerve graft, head or neck	20.17	15.30	1.79	37.26	090	S
64890	.....	A	Nerve graft, hand or foot	14.51	12.40	2.14	29.05	090	S
64891	.....	A	Nerve graft, hand or foot	15.38	10.54	1.75	27.67	090	S
64892	.....	A	Nerve graft, arm or leg	14.00	11.16	1.71	26.87	090	S
64893	.....	A	Nerve graft, arm or leg	14.77	14.08	2.30	31.15	090	S
64895	.....	A	Nerve graft, hand or foot	18.59	13.31	2.58	34.48	090	S
64896	.....	A	Nerve graft, hand or foot	19.60	17.73	1.92	39.25	090	S
64897	.....	A	Nerve graft, arm or leg	17.57	12.77	2.50	32.84	090	S
64898	.....	A	Nerve graft, arm or leg	*18.59	14.56	2.38	35.53	090	S
64901	.....	A	Additional nerve graft	10.33	10.27	0.88	21.48	ZZZ	S
64902	.....	A	Additional nerve graft	11.96	12.05	1.00	25.01	ZZZ	S
64905	.....	A	Nerve pedicle transfer	13.37	9.50	0.71	23.58	090	S
64907	.....	A	Nerve pedicle transfer	18.10	13.16	2.58	33.84	090	S
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY	N
65091	.....	A	Revise eye	6.17	*8.09	0.46	14.72	090	S
65093	.....	A	Revise eye with implant	6.54	*9.22	0.53	16.29	090	S
65101	.....	A	Removal of eye	6.59	*8.44	0.48	15.51	090	S
65103	.....	A	Remove eye/insert implant	7.14	*9.15	0.51	16.80	090	S
65105	.....	A	Remove eye/attach implant	7.91	*10.12	0.56	18.59	090	S
65110	.....	A	Removal of eye	13.33	16.17	1.15	30.65	090	S
65112	.....	A	Remove eye, revise socket	15.61	12.30	1.10	29.01	090	S
65114	.....	A	Remove eye, revise socket	16.77	13.22	1.67	31.66	090	S
65125	.....	C	Revise ocular implant	0.00	0.00	0.00	0.00	YYY	S
65130	.....	A	Insert ocular implant	6.83	*8.74	0.51	16.08	090	S
65135	.....	A	Insert ocular implant	7.01	5.48	0.35	12.84	090	S
65140	.....	A	Attach ocular implant	7.54	6.29	0.33	14.16	090	S
65150	.....	A	Revise ocular implant	6.04	*9.77	0.57	16.38	090	S
65155	.....	A	Reinsert ocular implant	8.30	*12.70	0.91	21.91	090	S
65175	.....	A	Removal of ocular implant	6.00	7.57	0.40	13.97	090	S

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
65205		A	Remove foreign body from eye	0.79	0.37	0.02	1.18	000	S
65210		A	Remove foreign body from eye	0.85	0.47	0.03	1.35	000	S
65220		A	Remove foreign body from eye	0.72	0.53	0.04	1.29	000	N
65222		A	Remove foreign body from eye	0.94	0.58	0.03	1.55	000	S
65235		A	Remove foreign body from eye	7.20	5.67	0.30	13.17	090	S
65260		A	Remove foreign body from eye	10.47	8.73	0.45	19.65	090	S
65265		A	Remove foreign body from eye	12.17	10.15	0.52	22.84	090	S
65270		A	Repair of eye wound	1.87	1.18	0.07	3.12	010	S
65272		A	Repair of eye wound	3.61	1.66	0.10	5.37	090	S
65273		A	Repair of eye wound	3.93	3.26	0.21	7.40	090	S
65275		A	Repair of eye wound	5.10	0.67	0.04	5.81	090	S
65280		A	Repair of eye wound	7.18	*9.19	0.50	16.87	090	S
65285		A	Repair of eye wound	12.19	12.40	0.65	25.24	090	S
65286		A	Repair of eye wound	5.22	4.84	0.25	10.31	090	S
65290		A	Repair of eye socket wound	5.12	6.27	0.37	11.76	090	S
65400		A	Removal of eye lesion	5.67	6.53	0.35	12.55	090	S
65410		A	Biopsy of cornea	1.49	1.61	0.11	3.21	000	S
65420		A	Removal of eye lesion	4.01	4.33	0.23	8.57	090	S
65426		A	Removal of eye lesion	5.11	*6.71	0.38	12.20	090	S
65430		A	Corneal smear	0.88	0.55	0.03	1.46	000	S
65435		A	Curette/treat cornea	0.93	0.78	0.04	1.75	000	S
65436		A	Curette/treat cornea	4.03	1.55	0.08	5.66	090	S
65450		A	Treatment of corneal lesion	3.10	3.32	0.17	6.59	090	S
65600		A	Revision of cornea	3.18	2.65	0.14	5.97	090	S
65710		A	Corneal transplant	9.63	*18.52	1.14	29.29	090	S
65730		A	Corneal transplant	11.96	*21.73	1.30	34.99	090	S
65750		A	Corneal transplant	12.72	*22.46	1.34	36.52	090	S
65755		A	Corneal transplant	12.72	*23.26	1.41	37.39	090	S
65760		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65765		N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65767		N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX	0
65770		A	Revise cornea with implant	16.74	13.96	0.72	31.42	090	S
65771		N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX	0
65772		A	Correction of astigmatism	4.08	*5.47	0.31	9.86	090	S
65775		A	Correction of astigmatism	5.50	*8.80	0.51	14.81	090	S
65800		A	Drainage of eye	1.93	1.74	0.10	3.77	000	S
65805		A	Drainage of eye	1.93	1.83	0.10	3.86	000	S
65810		A	Drainage of eye	4.62	5.51	0.30	10.43	090	S
65815		A	Drainage of eye	4.80	4.54	0.24	9.58	090	S
65820		A	Relieve inner eye pressure	7.68	9.65	0.52	17.85	090	S
65850		A	Incision of eye	10.29	*13.17	0.70	24.16	090	S
65855		A	Laser surgery of eye	4.70	*8.84	0.53	14.07	090	S
65860		A	Incise inner eye adhesions	3.41	*6.06	0.37	9.84	090	S
65865		A	Incise inner eye adhesions	5.48	*7.06	0.41	12.95	090	S
65870		A	Incise inner eye adhesions	5.99	5.93	0.31	12.23	090	S
65875		A	Incise inner eye adhesions	6.21	6.35	0.34	12.90	090	S
65880		A	Incise inner eye adhesions	6.76	6.93	0.37	14.06	090	S
65900		A	Remove eye lesion	10.55	8.00	0.93	19.48	090	S
65920		A	Remove implant from eye	7.99	8.45	0.44	16.88	090	S
65930		A	Remove blood clot from eye	7.11	7.77	0.41	15.29	090	S
66020		A	Injection treatment of eye	1.56	*2.29	0.14	3.99	010	S
66030		A	Injection treatment of eye	1.21	0.55	0.03	1.79	010	S
66130		A	Remove eye lesion	7.62	5.34	0.28	13.24	090	S
66150		A	Glaucoma surgery	7.68	*10.30	0.60	18.58	090	S
66155		A	Glaucoma surgery	7.56	*9.68	0.51	17.75	090	S
66160		A	Glaucoma surgery	9.58	10.89	0.56	21.03	090	S
66165		A	Glaucoma surgery	7.39	*10.13	0.58	18.10	090	S
66170		A	Glaucoma surgery	11.44	12.29	0.64	24.37	090	S
66172		A	Incision of eye	13.82	12.29	0.64	26.75	090	S
66180		A	Implant eye shunt	12.77	*17.13	1.04	30.94	090	S
66185		A	Revise eye shunt	7.78	*10.05	0.59	18.42	090	S
66220		A	Repair eye lesion	7.40	6.02	0.34	13.76	090	S
66225		A	Repair/graft eye lesion	10.67	*15.36	0.87	26.90	090	S
66250		A	Follow-up surgery of eye	5.69	*7.28	0.38	13.35	090	S
66500		A	Incision of iris	3.62	*4.68	0.27	8.57	090	S
66505		A	Incision of iris	3.97	3.31	0.17	7.45	090	S
66600		A	Remove iris and lesion	8.32	9.46	0.52	18.30	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
66605		A	Removal of iris	12.48	12.00	0.68	25.16	090	S
66625		A	Removal of iris	5.00	*8.28	0.49	13.77	090	S
66630		A	Removal of iris	5.87	*8.04	0.46	14.37	090	S
66635		A	Removal of iris	5.97	*8.73	0.50	15.20	090	S
66680		A	Repair iris & ciliary body	5.20	6.49	0.35	12.04	090	S
66682		A	Repair iris and ciliary body	5.93	7.41	0.38	13.72	090	S
66700		A	Destruction, ciliary body	4.60	*6.06	0.35	11.01	090	S
66710		A	Destruction, ciliary body	4.60	*6.92	0.41	11.93	090	S
66720		A	Destruction, ciliary body	4.60	*6.53	0.38	11.51	090	S
66740		A	Destruction, ciliary body	4.60	*6.83	0.39	11.82	090	S
66761		A	Revision of iris	3.81	*7.90	0.48	12.19	090	S
66762		A	Revision of iris	4.38	*9.23	0.56	14.17	090	S
66770		A	Removal of inner eye lesion	4.93	*7.84	0.46	13.23	090	S
66820		A	Incision, secondary cataract	3.80	*5.08	0.29	9.17	090	S
66821		A	After cataract laser surgery	2.81	*5.91	0.37	9.09	090	S
66825		A	Reposition intraocular lens	7.82	7.41	0.38	15.61	090	S
66830		A	Removal of lens lesion	7.89	7.76	0.40	16.05	090	S
66840		A	Removal of lens material	7.59	*9.73	0.55	17.87	090	S
66850		A	Removal of lens material	8.76	*11.96	0.71	21.43	090	S
66852		A	Removal of lens material	9.63	*15.26	0.91	25.80	090	S
66920		A	Extraction of lens	8.55	*10.94	0.61	20.10	090	S
66930		A	Extraction of lens	9.84	10.61	0.58	21.03	090	S
66940		A	Extraction of lens	8.57	*11.09	0.63	20.29	090	S
66983		A	Remove cataract, insert lens	8.64	*15.70	0.96	25.30	090	S
66984		A	Remove cataract, insert lens	10.00	*16.12	0.95	27.07	090	S
66985		A	Insert lens prosthesis	7.98	*11.25	0.64	19.87	090	S
66986		A	Exchange lens prosthesis	11.91	12.34	0.64	24.89	090	S
66999		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67005		A	Partial removal of eye fluid	6.70	*17.77	1.14	25.61	090	S
67010		A	Partial removal of eye fluid	6.74	*16.77	1.05	24.56	090	S
67015		A	Release of eye fluid	6.76	6.52	0.35	13.63	090	S
67025		A	Replace eye fluid	6.51	6.83	0.36	13.70	090	S
67028		A	Injection eye drug	2.55	*3.26	0.18	5.99	000	S
67030		A	Incise inner eye strands	4.49	*8.47	0.51	13.47	090	S
67031		A	Laser surgery, eye strands	3.46	*11.74	0.76	15.96	090	S
67036		A	Removal of inner eye fluid	11.46	*24.58	1.51	37.55	090	S
67038		A	Strip retinal membrane	20.42	*31.12	1.82	53.36	090	S
67039		A	Laser treatment of retina	13.75	*27.76	1.70	43.21	090	S
67040		A	Laser treatment of retina	16.44	*29.49	1.77	47.70	090	S
67101		A	Repair, detached retina	7.10	*11.37	0.67	19.14	090	S
67105		A	Repair, detached retina	7.14	*13.44	0.81	21.39	090	S
67107		A	Repair detached retina	14.15	*19.37	1.11	34.63	090	S
67108		A	Repair detached retina	20.12	*30.46	1.78	52.36	090	S
67109		A	Repair detached retina	11.64	*19.05	1.13	31.82	090	S
67110		A	Repair detached retina	8.23	*15.70	0.98	24.91	090	S
67112		A	Re-repair detached retina	16.33	16.69	0.87	33.89	090	S
67115		A	Release, encircling material	4.69	*7.30	0.44	12.43	090	S
67120		A	Remove eye implant material	5.69	7.23	0.38	13.30	090	S
67121		A	Remove eye implant material	10.28	9.52	0.50	20.30	090	S
67141		A	Treatment of retina	4.95	*8.28	0.49	13.72	090	S
67145		A	Treatment of retina	5.13	*8.41	0.50	14.04	090	S
67208		A	Treatment of retinal lesion	6.47	*9.33	0.53	16.33	090	S
67210		A	Treatment of retinal lesion	9.59	9.12	0.48	19.19	090	S
67218		A	Treatment of retinal lesion	12.87	13.46	0.71	27.04	090	S
67227		A	Treatment of retinal lesion	6.35	*9.13	0.52	16.00	090	S
67228		A	Treatment of retinal lesion	12.53	9.49	0.49	22.51	090	S
67250		A	Reinforce eye wall	8.45	7.07	0.40	15.92	090	S
67255		A	Reinforce/graft eye wall	8.48	*14.88	0.88	24.24	090	S
67299		C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67311		A	Revise eye muscle	6.37	*8.43	0.48	15.28	090	S
67312		A	Revise two eye muscles	7.63	*9.77	0.54	17.94	090	S
67314		A	Revise eye muscle	7.20	*10.32	0.59	18.11	090	S
67316		A	Revise two eye muscles	8.11	*11.63	0.68	20.42	090	S
67318		A	Revise eye muscle(s)	7.53	6.28	0.33	14.14	090	S
67320		A	Revise eye muscle(s)	8.35	*11.57	0.70	20.62	090	S
67331		A	Eye surgery follow-up	7.81	*10.00	0.55	18.36	090	S
67332		A	Rerevise eye muscles	8.69	*11.12	0.59	20.40	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
67334		A	Revise eye muscle w/suture	7.64	6.37	0.33	14.34	090	S
67335		A	Eye suture during surgery	2.52	*6.75	0.43	9.70	ZZZ	S
67340		A	Revise eye muscle	9.56	7.97	0.41	17.94	090	S
67343		A	Release eye tissue	7.08	5.89	0.31	13.28	090	S
67345		A	Destroy nerve of eye muscle	2.94	2.24	0.26	5.44	010	S
67350		A	Biopsy eye muscle	2.90	2.42	0.13	5.45	000	S
67399		C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67400		A	Explore/biopsy eye socket	9.30	11.03	0.63	20.96	090	S
67405		A	Explore/drain eye socket	7.50	*9.60	0.68	17.78	090	S
67412		A	Explore/treat eye socket	9.24	*11.83	0.68	21.75	090	S
67413		A	Explore/treat eye socket	9.86	8.18	0.58	18.62	090	S
67414		A	Explore/decompress eye socket	10.18	8.48	0.44	19.10	090	S
67415		A	Aspiration orbital contents	1.78	2.04	0.12	3.94	000	S
67420		A	Explore/treat eye socket	13.51	16.97	1.12	31.60	090	S
67430		A	Explore/treat eye socket	12.93	10.77	0.55	24.25	090	S
67440		A	Explore/drain eye socket	12.57	*16.09	0.98	29.64	090	S
67445		A	Explore/decompress eye socket	13.51	11.25	0.58	25.34	090	S
67450		A	Explore/biopsy eye socket	12.94	15.46	0.88	29.28	090	S
67500		A	Inject/treat eye socket	0.80	0.74	0.06	1.60	000	S
67505		A	Inject/treat eye socket	0.83	1.05	0.06	1.94	000	S
67515		A	Inject/treat eye socket	0.62	0.57	0.03	1.22	000	S
67550		A	Insert eye socket implant	9.80	9.73	0.71	20.24	090	S
67560		A	Revise eye socket implant	10.21	8.39	0.49	19.09	090	S
67570		A	Decompress optic nerve	12.66	7.64	0.39	20.69	090	S
67599		C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67700		A	Drainage of eyelid abscess	1.31	0.50	0.03	1.84	010	S
67710		A	Incision of eyelid	0.98	1.02	0.06	2.06	010	S
67715		A	Incision of eyelid fold	1.18	*1.51	0.09	2.78	010	S
67800		A	Remove eyelid lesion	1.37	0.95	0.05	2.37	010	S
67801		A	Remove eyelid lesions	1.87	1.41	0.08	3.36	010	S
67805		A	Remove eyelid lesions	2.19	1.40	0.08	3.67	010	S
67808		A	Remove eyelid lesion(s)	3.59	2.15	0.13	5.87	090	S
67810		A	Biopsy of eyelid	1.50	0.82	0.05	2.37	000	S
67820		A	Revise eyelashes	0.90	0.38	0.02	1.30	000	S
67825		A	Revise eyelashes	1.34	0.91	0.05	2.30	010	S
67830		A	Revise eyelashes	1.67	*2.76	0.17	4.60	010	S
67835		A	Revise eyelashes	5.47	*7.81	0.46	13.74	090	S
67840		A	Remove eyelid lesion	2.01	1.23	0.07	3.31	010	S
67850		A	Treat eyelid lesion	1.66	0.83	0.05	2.54	010	S
67875		A	Closure of eyelid by suture	1.36	*1.86	0.13	3.35	000	S
67880		A	Revision of eyelid	3.59	3.98	0.23	7.80	090	S
67882		A	Revision of eyelid	4.82	*6.17	0.37	11.36	090	S
67900		A	Repair brow defect	4.59	3.82	0.20	8.61	090	S
67901		A	Repair eyelid defect	6.90	*9.27	0.65	16.82	090	S
67902		A	Repair eyelid defect	6.96	*9.85	0.73	17.54	090	S
67903		A	Repair eyelid defect	6.29	*10.88	0.74	17.91	090	S
67904		A	Repair eyelid defect	6.03	*10.60	0.72	17.35	090	S
67906		A	Repair eyelid defect	6.71	5.52	0.36	12.59	090	S
67908		A	Repair eyelid defect	5.01	*8.90	0.55	14.46	090	S
67909		A	Revise eyelid defect	5.28	*7.12	0.49	12.89	090	S
67911		A	Revise eyelid defect	5.15	*9.65	0.80	15.60	090	S
67914		A	Repair eyelid defect	3.64	*6.02	0.39	10.05	090	S
67915		A	Repair eyelid defect	3.13	1.26	0.07	4.46	090	S
67916		A	Repair eyelid defect	5.19	6.57	0.38	12.14	090	S
67917		A	Repair eyelid defect	5.91	*7.56	0.48	13.95	090	S
67921		A	Repair eyelid defect	3.36	3.86	0.20	7.42	090	S
67922		A	Repair eyelid defect	3.01	1.20	0.07	4.28	090	S
67923		A	Repair eyelid defect	5.76	6.96	0.38	13.10	090	S
67924		A	Repair eyelid defect	5.70	*7.45	0.43	13.58	090	S
67930		A	Repair eyelid wound	3.60	1.28	0.08	4.96	010	S
67935		A	Repair eyelid wound	6.14	3.83	0.24	10.21	090	S
67938		A	Remove eyelid foreign body	1.29	0.53	0.03	1.85	010	S
67950		A	Revision of eyelid	5.70	*7.31	0.46	13.47	090	S
67961		A	Revision of eyelid	5.57	*7.31	0.51	13.39	090	S
67966		A	Revision of eyelid	6.46	*9.46	0.67	16.59	090	S
67971		A	Reconstruction of eyelid	9.67	10.80	0.65	21.12	090	S
67973		A	Reconstruction of eyelid	12.73	13.69	0.92	27.34	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
67974		A	Reconstruction of eyelid	12.70	14.23	0.88	27.81	090	S
67975		A	Reconstruction of eyelid	9.00	4.20	0.24	13.44	090	S
67999		C	Eyelid surgery procedure	0.00	0.00	0.00	0.00	YYY	S
68020		A	Incise/drain eyelid lining	1.33	0.52	0.03	1.88	010	S
68040		A	Treatment of eyelid lesions	0.86	0.45	0.02	1.33	000	S
68100		A	Biopsy of eyelid lining	1.37	1.00	0.06	2.43	000	S
68110		A	Remove eyelid lining lesion	1.74	1.25	0.07	3.06	010	S
68115		A	Remove eyelid lining lesion	2.34	1.95	0.11	4.40	010	S
68130		A	Remove eyelid lining lesion	4.80	4.14	0.22	9.16	090	S
68135		A	Remove eyelid lining lesion	1.81	0.75	0.04	2.60	010	S
68200		A	Treat eyelid by injection	0.50	0.53	0.03	1.06	000	S
68320		A	Revise/graft eyelid lining	5.03	*7.15	0.42	12.60	090	S
68325		A	Revise/graft eyelid lining	7.04	*9.44	0.63	17.11	090	S
68326		A	Revise/graft eyelid lining	6.83	8.72	0.50	16.05	090	S
68328		A	Revise/graft eyelid lining	7.87	*10.96	0.83	19.66	090	S
68330		A	Revise eyelid lining	4.58	*6.02	0.35	10.95	090	S
68335		A	Revise/graft eyelid lining	6.87	*10.42	0.69	17.98	090	S
68340		A	Separate eyelid adhesions	3.96	3.17	0.17	7.30	090	S
68360		A	Revise eyelid lining	4.17	*5.53	0.33	10.03	090	S
68362		A	Revise eyelid lining	7.02	8.10	0.42	15.54	090	S
68399		C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY	S
68400		A	Incise/drain tear gland	1.66	1.01	0.06	2.73	010	S
68420		A	Incise/drain tear sac	2.27	1.03	0.06	3.36	010	S
68440		A	Incise tear duct opening	0.90	0.77	0.04	1.71	010	S
68500		A	Removal of tear gland	10.59	7.69	0.76	19.04	090	S
68505		A	Partial removal tear gland	10.51	8.79	0.50	19.80	090	S
68510		A	Biopsy of tear gland	4.66	3.73	0.28	8.67	000	S
68520		A	Removal of tear sac	7.19	*9.20	0.52	16.91	090	S
68525		A	Biopsy of tear sac	4.48	3.72	0.23	8.43	000	S
68530		A	Clearance of tear duct	3.65	2.88	0.17	6.70	010	S
68540		A	Remove tear gland lesion	10.21	8.40	0.51	19.12	090	S
68550		A	Remove tear gland lesion	12.80	11.47	0.75	25.02	090	S
68700		A	Repair tear ducts	6.27	2.72	0.15	9.14	090	S
68705		A	Revise tear duct opening	2.03	1.03	0.05	3.11	010	S
68720		A	Create tear sac drain	7.77	*11.58	0.75	20.10	090	S
68745		A	Create tear duct drain	8.32	6.63	0.46	15.41	090	S
68750		A	Create tear duct drain	8.30	*13.28	0.84	22.42	090	S
68760		A	Close tear duct opening	1.70	0.93	0.04	2.67	010	S
68761		A	Close tear duct opening	1.32	0.93	0.04	2.29	010	S
68770		A	Close tear system fistula	6.69	4.29	0.23	11.21	090	S
68800		A	Dilate tear duct opening(s)	1.12	0.42	0.02	1.56	010	S
68820		A	Explore tear duct system	1.49	0.56	0.03	2.08	010	S
68825		A	Explore tear duct system	1.55	1.51	0.09	3.15	010	S
68830		A	Reopen tear duct channel	2.14	1.95	0.10	4.19	010	S
68840		A	Explore/irrigate tear ducts	1.23	0.50	0.03	1.76	010	S
68850		A	Injection for tear sac x-ray	0.81	0.52	0.04	1.37	000	S
68899		C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY	S
69000		A	Drain external ear lesion	1.42	0.35	0.03	1.80	010	S
69005		A	Drain external ear lesion	2.08	1.17	0.13	3.38	010	S
69020		A	Drain outer ear canal lesion	1.45	0.45	0.04	1.94	010	S
69090		N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX	0
69100		A	Biopsy of external ear	0.77	0.67	0.07	1.51	000	S
69105		A	Biopsy of external ear canal	0.86	0.81	0.09	1.76	000	S
69110		A	Partial removal external ear	3.38	2.66	0.37	6.41	090	S
69120		A	Removal of external ear	3.99	0.79	0.07	4.85	090	S
69140		A	Remove ear canal lesion(s)	7.77	8.09	0.89	16.75	090	S
69145		A	Remove ear canal lesion(s)	2.57	2.54	0.28	5.39	090	S
69150		A	Extensive ear canal surgery	13.15	10.58	1.26	24.99	090	S
69155		A	Extensive ear/neck surgery	17.22	16.10	1.63	34.95	090	S
69200		A	Clear outer ear canal	0.78	0.42	0.04	1.24	000	N
69205		A	Clear outer ear canal	1.16	1.08	0.11	2.35	010	S
69210		A	Remove impacted ear wax	0.62	0.23	0.02	0.87	000	N
69220		A	Clean out mastoid cavity	0.84	0.51	0.05	1.40	000	S
69222		A	Clean out mastoid cavity	1.37	0.75	0.08	2.20	010	S
69300		R	Revise external ear	0.00	0.00	0.00	0.00	YYY	S
69310		A	Rebuild outer ear canal	10.71	9.95	1.09	21.75	090	S
69320		A	Rebuild outer ear canal	16.78	14.81	1.68	33.27	090	S

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
69399		C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69400		A	Inflate middle ear canal	0.84	0.45	0.05	1.34	000	S
69401		A	Inflate middle ear canal	0.64	0.25	0.03	0.92	000	S
69405		A	Catheterize middle ear canal	2.61	0.49	0.04	3.14	010	S
69410		A	Inset middle ear baffle	0.33	0.61	0.07	1.01	000	S
69420		A	Incision of eardrum	1.29	0.70	0.08	2.07	010	S
69421		A	Incision of eardrum	1.70	1.15	0.13	2.98	010	S
69424		A	Remove ventilating tube	0.86	0.61	0.06	1.53	000	S
69433		A	Create eardrum opening	1.49	1.34	0.15	2.98	010	S
69436		A	Create eardrum opening	1.93	2.15	0.23	4.31	010	S
69440		A	Exploration of middle ear	7.39	8.79	0.94	17.12	090	S
69450		A	Eardrum revision	5.50	*9.51	1.16	16.17	090	S
69501		A	Mastoidectomy	8.91	11.02	1.18	21.11	090	S
69502		A	Mastoidectomy	12.09	13.51	1.47	27.07	090	S
69505		A	Remove mastoid structures	12.71	*16.27	1.81	30.79	090	S
69511		A	Extensive mastoid surgery	13.25	*16.96	1.86	32.07	090	S
69530		A	Extensive mastoid surgery	18.24	16.90	1.74	36.88	090	S
69535		A	Remove part of temporal bone	34.88	25.55	2.88	63.31	090	S
69540		A	Remove ear lesion	1.16	1.28	0.14	2.58	010	S
69550		A	Remove ear lesion	10.82	*16.59	2.02	29.43	090	S
69552		A	Remove ear lesion	19.05	16.92	1.88	37.85	090	S
69554		A	Remove ear lesion	26.07	23.12	2.66	51.85	090	S
69601		A	Mastoid surgery revision	12.93	14.18	1.57	28.68	090	S
69602		A	Mastoid surgery revision	13.31	16.45	1.77	31.53	090	S
69603		A	Mastoid surgery revision	13.75	17.53	1.90	33.18	090	S
69604		A	Mastoid surgery revision	13.75	*23.01	2.73	39.49	090	S
69605		A	Mastoid surgery revision	18.24	15.12	1.88	35.24	090	S
69610		A	Repair of eardrum	4.43	0.94	0.10	5.47	010	S
69620		A	Repair of eardrum	5.80	*9.74	1.17	16.71	090	S
69631		A	Repair eardrum structures	9.66	*13.86	1.63	25.15	090	S
69632		A	Rebuild eardrum structures	12.55	*16.06	1.75	30.36	090	S
69633		A	Rebuild eardrum structures	11.89	*15.68	1.80	29.37	090	S
69635		A	Repair eardrum structures	13.16	*16.86	1.93	31.95	090	S
69636		A	Rebuild eardrum structures	15.05	*19.26	2.13	36.44	090	S
69637		A	Rebuild eardrum structures	14.93	*19.47	2.24	36.64	090	S
69641		A	Revise middle ear & mastoid	12.43	*16.49	1.89	30.81	090	S
69642		A	Revise middle ear & mastoid	16.55	20.85	2.23	39.63	090	S
69643		A	Revise middle ear & mastoid	14.97	*20.66	2.54	38.17	090	S
69644		A	Revise middle ear & mastoid	16.64	*23.03	2.73	42.40	090	S
69645		A	Revise middle ear & mastoid	15.98	*21.84	2.54	40.36	090	S
69646		A	Revise middle ear & mastoid	17.54	22.21	2.43	42.18	090	S
69650		A	Release middle ear bone	9.50	*12.16	1.34	23.00	090	S
69660		A	Revise middle ear bone	11.77	*15.74	1.84	29.35	090	S
69661		A	Revise middle ear bone	15.49	18.65	1.95	36.09	090	S
69662		A	Revise middle ear bone	15.21	18.22	1.96	35.39	090	S
69666		A	Repair middle ear structures	9.48	*14.54	1.79	25.81	090	S
69667		A	Repair middle ear structures	9.49	*14.30	1.68	25.47	090	S
69670		A	Remove mastoid air cells	11.17	10.29	1.09	22.55	090	S
69676		A	Remove middle ear nerve	9.33	8.62	0.87	18.82	090	S
69700		A	Close mastoid fistula	8.06	7.95	0.85	16.86	090	S
69710		N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX	0
69711		A	Remove/repair hearing aid	10.24	8.53	0.44	19.21	090	S
69720		A	Release facial nerve	13.95	*18.73	2.30	34.98	090	S
69725		A	Release facial nerve	19.19	14.81	1.53	35.53	090	S
69740		A	Repair facial nerve	15.56	11.96	1.71	29.23	090	S
69745		A	Repair facial nerve	16.28	16.13	1.55	33.96	090	S
69799		C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69801		A	Incise inner ear	8.28	*14.65	1.86	24.79	090	S
69802		A	Incise inner ear	12.58	11.37	1.23	25.18	090	S
69805		A	Explore inner ear	10.38	*16.84	2.02	29.24	090	S
69806		A	Explore inner ear	11.95	*20.48	2.57	35.00	090	S
69820		A	Establish inner ear window	10.25	8.95	1.01	20.21	090	S
69840		A	Revise inner ear window	10.17	8.58	0.52	19.27	090	S
69905		A	Remove inner ear	10.82	*16.65	2.09	29.56	090	S
69910		A	Remove inner ear & mastoid	13.25	*20.67	2.37	36.29	090	S
69915		A	Incise inner ear nerve	20.11	17.91	2.04	40.06	090	S
69930		A	Implant cochlear device	14.16	*27.99	3.38	45.53	090	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69950	.....	A	Incise inner ear nerve	21.39	18.19	2.34	41.92	090	S
69955	.....	A	Release facial nerve	22.37	20.51	2.27	45.15	090	S
69960	.....	A	Release inner ear canal	19.97	18.05	1.95	39.97	090	S
69970	.....	A	Remove inner ear lesion	22.55	19.91	2.29	44.75	090	S
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY	S
70010	.....	A	Contrast x-ray of brain	1.20	4.71	0.34	6.25	XXX	N
70010	TC	A	Contrast x-ray of brain	0.00	4.18	0.26	4.44	XXX	N
70010	26	A	Contrast x-ray of brain	1.20	0.53	0.08	1.81	XXX	N
70015	.....	A	Contrast x-ray of brain	1.20	1.83	0.17	3.20	XXX	N
70015	TC	A	Contrast x-ray of brain	0.00	1.30	0.09	1.39	XXX	N
70015	26	A	Contrast x-ray of brain	1.20	0.53	0.08	1.81	XXX	N
70030	.....	A	X-ray eye for foreign body	0.17	0.48	0.04	0.69	XXX	N
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.03	0.43	XXX	N
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.01	0.26	XXX	N
70100	.....	A	X-ray exam of jaw	0.18	0.60	0.04	0.82	XXX	N
70100	TC	A	X-ray exam of jaw	0.00	0.51	0.03	0.54	XXX	N
70100	26	A	X-ray exam of jaw	0.18	0.09	0.01	0.28	XXX	N
70110	.....	A	X-ray exam of jaw	0.25	0.72	0.06	1.03	XXX	N
70110	TC	A	X-ray exam of jaw	0.00	0.60	0.04	0.64	XXX	N
70110	26	A	X-ray exam of jaw	0.25	0.12	0.02	0.39	XXX	N
70120	.....	A	X-ray exam of mastoids	0.18	0.69	0.05	0.92	XXX	N
70120	TC	A	X-ray exam of mastoids	0.00	0.60	0.04	0.64	XXX	N
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.01	0.28	XXX	N
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.02	0.52	XXX	N
70130	.....	A	X-ray exam of mastoids	0.34	0.92	0.07	1.33	XXX	N
70130	TC	A	X-ray exam of mastoids	0.00	0.76	0.05	0.81	XXX	N
70134	TC	A	X-ray exam of middle ear	0.00	0.71	0.05	0.76	XXX	N
70134	.....	A	X-ray exam of middle ear	0.34	0.87	0.07	1.28	XXX	N
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.02	0.52	XXX	N
70140	.....	A	X-ray exam of facial bones	0.19	0.69	0.05	0.93	XXX	N
70140	TC	A	X-ray exam of facial bones	0.00	0.60	0.04	0.64	XXX	N
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.01	0.29	XXX	N
70150	.....	A	X-ray exam of facial bones	0.26	0.88	0.07	1.21	XXX	N
70150	TC	A	X-ray exam of facial bones	0.00	0.76	0.05	0.81	XXX	N
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.02	0.40	XXX	N
70160	.....	A	X-ray exam of nasal bones	0.17	0.59	0.04	0.80	XXX	N
70160	TC	A	X-ray exam of nasal bones	0.00	0.51	0.03	0.54	XXX	N
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.01	0.26	XXX	N
70170	.....	A	X-ray exam of tear duct	0.30	1.05	0.08	1.43	XXX	N
70170	TC	A	X-ray exam of tear duct	0.00	0.91	0.06	0.97	XXX	N
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.02	0.46	XXX	N
70190	.....	A	X-ray exam of eye sockets	0.21	0.70	0.05	0.96	XXX	N
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.01	0.32	XXX	N
70190	TC	A	X-ray exam of eye sockets	0.00	0.60	0.04	0.64	XXX	N
70200	.....	A	X-ray exam of eye sockets	0.28	0.89	0.07	1.24	XXX	N
70200	TC	A	X-ray exam of eye sockets	0.00	0.76	0.05	0.81	XXX	N
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.02	0.43	XXX	N
70210	.....	A	X-ray exam of sinuses	0.17	0.68	0.05	0.90	XXX	N
70210	TC	A	X-ray exam of sinuses	0.00	0.60	0.04	0.64	XXX	N
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.01	0.26	XXX	N
70220	.....	A	X-ray exam of sinuses	0.25	0.88	0.07	1.20	XXX	N
70220	TC	A	X-ray exam of sinuses	0.00	0.76	0.05	0.81	XXX	N
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.02	0.39	XXX	N
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.01	0.29	XXX	N
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.04	0.72	XXX	N
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.03	0.43	XXX	N
70250	TC	A	X-ray exam of skull	0.00	0.60	0.04	0.64	XXX	N
70250	.....	A	X-ray exam of skull	0.24	0.71	0.06	1.01	XXX	N
70250	26	A	X-ray exam of skull	0.24	0.11	0.02	0.37	XXX	N
70260	.....	A	X-ray exam of skull	0.34	1.02	0.08	1.44	XXX	N
70260	26	A	X-ray exam of skull	0.34	0.16	0.02	0.52	XXX	N
70260	TC	A	X-ray exam of skull	0.00	0.86	0.06	0.92	XXX	N
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.03	0.43	XXX	N
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.02	0.27	XXX	N
70300	26	A	X-ray exam of teeth	0.10	0.05	0.01	0.16	XXX	N
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.04	0.67	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.03	0.43	XXX	N
70310	26	A	X-ray exam of teeth	0.16	0.07	0.01	0.24	XXX	N
70320	.....	A	Full mouth x-ray of teeth	0.22	0.86	0.07	1.15	XXX	N
70320	TC	A	Full mouth x-ray of teeth	0.00	0.76	0.05	0.81	XXX	N
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.02	0.34	XXX	N
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.01	0.28	XXX	N
70328	.....	A	X-ray exam of jaw joint	0.18	0.57	0.04	0.79	XXX	N
70328	TC	A	X-ray exam of jaw joint	0.00	0.48	0.03	0.51	XXX	N
70330	TC	A	X-ray exam of jaw joints	0.00	0.81	0.05	0.86	XXX	N
70330	.....	A	X-ray exam of jaw joints	0.24	0.92	0.07	1.23	XXX	N
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.02	0.37	XXX	N
70332	.....	A	X-ray exam of jaw joint	0.55	2.27	0.17	2.99	XXX	N
70332	TC	A	X-ray exam of jaw joint	0.00	2.02	0.13	2.15	XXX	N
70332	26	A	X-ray exam of jaw joint	0.55	0.25	0.04	0.84	XXX	N
70336	.....	A	Magnetic image jaw joint	0.96	11.23	0.74	12.93	XXX	N
70336	TC	A	Magnetic image jaw joint	0.00	10.80	0.68	11.48	XXX	N
70336	26	A	Magnetic image jaw joint	0.96	0.43	0.06	1.45	XXX	N
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.03	0.64	XXX	N
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.02	0.38	XXX	N
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.01	0.26	XXX	N
70355	.....	A	Panoramic x-ray of jaws	0.20	0.64	0.05	0.89	XXX	N
70355	TC	A	Panoramic x-ray of jaws	0.00	0.55	0.04	0.59	XXX	N
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.01	0.30	XXX	N
70360	.....	A	X-ray exam of neck	0.17	0.48	0.04	0.69	XXX	N
70360	TC	A	X-ray exam of neck	0.00	0.40	0.03	0.43	XXX	N
70360	26	A	X-ray exam of neck	0.17	0.08	0.01	0.26	XXX	N
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.40	0.10	1.82	XXX	N
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.25	0.08	1.33	XXX	N
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.02	0.49	XXX	N
70371	.....	A	Speech evaluation, complex	0.85	2.40	0.19	3.44	XXX	N
70371	TC	A	Speech evaluation, complex	0.00	2.02	0.13	2.15	XXX	N
70371	26	A	Speech evaluation, complex	0.85	0.38	0.06	1.29	XXX	N
70373	.....	A	Contrast x-ray of larynx	0.44	1.92	0.14	2.50	XXX	N
70373	TC	A	Contrast x-ray of larynx	0.00	1.72	0.11	1.83	XXX	N
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.03	0.67	XXX	N
70380	.....	A	X-ray exam of salivary gland	0.17	0.73	0.05	0.95	XXX	N
70380	TC	A	X-ray exam of salivary gland	0.00	0.65	0.04	0.69	XXX	N
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.01	0.26	XXX	N
70390	.....	A	X-ray exam of salivary duct	0.38	1.89	0.14	2.41	XXX	N
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.03	0.58	XXX	N
70390	TC	A	X-ray exam of salivary duct	0.00	1.72	0.11	1.83	XXX	N
70450	.....	A	Cat scan of head or brain	0.86	4.93	0.35	6.14	XXX	N
70450	TC	A	Cat scan of head or brain	0.00	4.55	0.29	4.84	XXX	N
70450	26	A	Cat scan of head or brain	0.86	0.38	0.06	1.30	XXX	N
70460	.....	A	Contrast cat scan of head	1.14	5.96	0.43	7.53	XXX	N
70460	TC	A	Contrast cat scan of head	0.00	5.45	0.35	5.80	XXX	N
70460	26	A	Contrast cat scan of head	1.14	0.51	0.08	1.73	XXX	N
70470	.....	A	Contrast cat scans of head	1.28	7.38	0.52	9.18	XXX	N
70470	TC	A	Contrast cat scans of head	0.00	6.81	0.43	7.24	XXX	N
70470	26	A	Contrast cat scans of head	1.28	0.57	0.09	1.94	XXX	N
70480	26	A	Cat scan of skull	1.29	0.58	0.09	1.96	XXX	N
70480	.....	A	Cat scan of skull	1.29	5.13	0.38	6.80	XXX	N
70480	TC	A	Cat scan of skull	0.00	4.55	0.29	4.84	XXX	N
70481	TC	A	Contrast cat scan of skull	0.00	5.45	0.35	5.80	XXX	N
70481	.....	A	Contrast cat scan of skull	1.40	6.07	0.44	7.91	XXX	N
70481	26	A	Contrast cat scan of skull	1.40	0.62	0.09	2.11	XXX	N
70482	.....	A	Contrast cat scans of skull	1.47	7.46	0.53	9.46	XXX	N
70482	TC	A	Contrast cat scans of skull	0.00	6.81	0.43	7.24	XXX	N
70482	26	A	Contrast cat scans of skull	1.47	0.65	0.10	2.22	XXX	N
70486	.....	A	Cat scan of face, jaw	1.15	5.06	0.37	6.58	XXX	N
70486	TC	A	Cat scan of face, jaw	0.00	4.55	0.29	4.84	XXX	N
70486	26	A	Cat scan of face, jaw	1.15	0.51	0.08	1.74	XXX	N
70487	.....	A	Contrast cat scan, face/jaw	1.31	6.03	0.44	7.78	XXX	N
70487	TC	A	Contrast cat scan, face/jaw	0.00	5.45	0.35	5.80	XXX	N
70487	26	A	Contrast cat scan, face/jaw	1.31	0.58	0.09	1.98	XXX	N
70488	.....	A	Contrast cat scans face/jaw	1.44	7.45	0.53	9.42	XXX	N
70488	TC	A	Contrast cat scans face/jaw	0.00	6.81	0.43	7.24	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
70488	26	A	Contrast cat scans face/jaw	1.44	0.64	0.10	2.18	XXX	N
70490	.....	A	Cat scan of neck tissue	1.29	5.13	0.38	6.80	XXX	N
70490	TC	A	Cat scan of neck tissue	0.00	4.55	0.29	4.84	XXX	N
70490	26	A	Cat scan of neck tissue	1.29	0.58	0.09	1.96	XXX	N
70491	.....	A	Contrast cat of neck tissue	1.40	6.07	0.44	7.91	XXX	N
70491	TC	A	Contrast cat of neck tissue	0.00	5.45	0.35	5.80	XXX	N
70491	26	A	Contrast cat of neck tissue	1.40	0.62	0.09	2.11	XXX	N
70492	.....	A	Contrast cat of neck tissue	1.47	7.46	0.53	9.46	XXX	N
70492	26	A	Contrast cat of neck tissue	1.47	0.65	0.10	2.22	XXX	N
70492	TC	A	Contrast cat of neck tissue	0.00	6.81	0.43	7.24	XXX	N
70540	.....	A	Magnetic image, face, neck	1.50	11.47	0.78	13.75	XXX	N
70540	TC	A	Magnetic image, face, neck	0.00	10.80	0.68	11.48	XXX	N
70540	26	A	Magnetic image, face, neck	1.50	0.67	0.10	2.27	XXX	N
70541	.....	A	Magnetic image, head (mra)	1.83	11.47	0.78	14.08	XXX	N
70541	TC	A	Magnetic image, head (mra)	0.00	10.80	0.68	11.48	XXX	N
70541	26	A	Magnetic image, head (mra)	1.83	0.67	0.10	2.60	XXX	N
70551	26		Magnetic image, brain (mri)	1.50	0.67	0.10	2.27	XXX	N
70551	.....	A	Magnetic image, brain (mri)	1.50	11.47	0.78	13.75	XXX	N
70551	TC	A	Magnetic image, brain (mri)	0.00	10.80	0.68	11.48	XXX	N
70552	TC	A	Magnetic image, brain (mri)	0.00	12.95	0.82	13.77	XXX	N
70552	.....	A	Magnetic image, brain (mri)	1.80	13.76	0.94	16.50	XXX	N
70552	26	A	Magnetic image, brain (mri)	1.80	0.81	0.12	2.73	XXX	N
70553	.....	A	Magnetic image, brain	2.39	25.06	1.67	29.12	XXX	N
70553	26	A	Magnetic image, brain	2.39	1.08	0.16	3.63	XXX	N
70553	TC	A	Magnetic image, brain	0.00	23.98	1.51	25.49	XXX	N
71010	.....	A	Chest x-ray	0.18	0.54	0.04	0.76	XXX	N
71010	TC	A	Chest x-ray	0.00	0.46	0.03	0.49	XXX	N
71010	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71015	.....	A	X-ray exam of chest	0.21	0.61	0.04	0.86	XXX	N
71015	TC	A	X-ray exam of chest	0.00	0.51	0.03	0.54	XXX	N
71015	26	A	X-ray exam of chest	0.21	0.10	0.01	0.32	XXX	N
71020	.....	A	Chest x-ray	0.22	0.70	0.05	0.97	XXX	N
71020	TC	A	Chest x-ray	0.00	0.60	0.04	0.64	XXX	N
71020	26	A	Chest x-ray	0.22	0.10	0.01	0.33	XXX	N
71021	.....	A	Chest x-ray	0.27	0.83	0.07	1.17	XXX	N
71021	TC	A	Chest x-ray	0.00	0.71	0.05	0.76	XXX	N
71021	26	A	Chest x-ray	0.27	0.12	0.02	0.41	XXX	N
71022	.....	A	Chest x-ray	0.31	0.85	0.07	1.23	XXX	N
71022	TC	A	Chest x-ray	0.00	0.71	0.05	0.76	XXX	N
71022	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.76	0.05	0.81	XXX	N
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.93	0.08	1.39	XXX	N
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.03	0.58	XXX	N
71030	TC	A	Chest x-ray	0.00	0.76	0.05	0.81	XXX	N
71030	.....	A	Chest x-ray	0.31	0.90	0.07	1.28	XXX	N
71030	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.39	0.09	1.48	XXX	N
71034	.....	A	Chest x-ray & fluoroscopy	0.47	1.60	0.12	2.19	XXX	N
71034	26	A	Chest x-ray & fluoroscopy	0.47	0.21	0.03	0.71	XXX	N
71035	TC	A	Chest x-ray	0.00	0.51	0.03	0.54	XXX	N
71035	.....	A	Chest x-ray	0.18	0.59	0.04	0.81	XXX	N
71035	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71036	TC	A	X-ray guidance for biopsy	0.00	1.52	0.10	1.62	XXX	N
71036	.....	A	X-ray guidance for biopsy	0.55	1.77	0.14	2.46	XXX	N
71036	26	A	X-ray guidance for biopsy	0.55	0.25	0.04	0.84	XXX	N
71038	TC	A	X-ray guidance for biopsy	0.00	1.62	0.11	1.73	XXX	N
71038	.....	A	X-ray guidance for biopsy	0.55	1.87	0.15	2.57	XXX	N
71038	26	A	X-ray guidance for biopsy	0.55	0.25	0.04	0.84	XXX	N
71040	TC	A	Contrast x-ray of bronchi	0.00	1.41	0.09	1.50	XXX	N
71040	.....	A	Contrast x-ray of bronchi	0.59	1.68	0.13	2.40	XXX	N
71040	26	A	Contrast x-ray of bronchi	0.59	0.27	0.04	0.90	XXX	N
71060	TC	A	Contrast x-ray of bronchi	0.00	2.12	0.14	2.26	XXX	N
71060	.....	A	Contrast x-ray of bronchi	0.75	2.46	0.19	3.40	XXX	N
71060	26	A	Contrast x-ray of bronchi	0.75	0.34	0.05	1.14	XXX	N
71090	TC	A	X-ray & pacemaker insertion	0.00	1.62	0.11	1.73	XXX	N
71090	.....	A	X-ray & pacemaker insertion	0.55	1.87	0.15	2.57	XXX	N
71090	26	A	X-ray & pacemaker insertion	0.55	0.25	0.04	0.84	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
71100	TC	A	X-ray exam of ribs	0.00	0.55	0.04	0.59	XXX	N
71100	.....	A	X-ray exam of ribs	0.22	0.65	0.06	0.93	XXX	N
71100	26	A	X-ray exam of ribs	0.22	0.10	0.02	0.34	XXX	N
71101	TC	A	X-ray exam of ribs, chest	0.00	0.65	0.04	0.69	XXX	N
71101	.....	A	X-ray exam of ribs, chest	0.27	0.78	0.06	1.11	XXX	N
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.02	0.42	XXX	N
71110	TC	A	X-ray exam of ribs	0.00	0.76	0.05	0.81	XXX	N
71110	.....	A	X-ray exam of ribs	0.27	0.89	0.07	1.23	XXX	N
71110	26	A	X-ray exam of ribs	0.27	0.13	0.02	0.42	XXX	N
71111	TC	A	X-ray exam of ribs, chest	0.00	0.86	0.06	0.92	XXX	N
71111	.....	A	X-ray exam of ribs, chest	0.32	1.01	0.08	1.41	XXX	N
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.02	0.49	XXX	N
71120	TC	A	X-ray exam of breastbone	0.00	0.63	0.04	0.67	XXX	N
71120	.....	A	X-ray exam of breastbone	0.20	0.72	0.05	0.97	XXX	N
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.01	0.30	XXX	N
71130	TC	A	X-ray exam of breastbone	0.00	0.68	0.04	0.72	XXX	N
71130	.....	A	X-ray exam of breastbone	0.22	0.78	0.05	1.05	XXX	N
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.01	0.33	XXX	N
71250	TC	A	Cat scan of chest	0.00	5.69	0.36	6.05	XXX	N
71250	.....	A	Cat scan of chest	1.17	6.21	0.44	7.82	XXX	N
71250	26	A	Cat scan of chest	1.17	0.52	0.08	1.77	XXX	N
71260	TC	A	Contrast cat scan of chest	0.00	6.81	0.43	7.24	XXX	N
71260	.....	A	Contrast cat scan of chest	1.25	7.37	0.51	9.13	XXX	N
71260	26	A	Contrast cat scan of chest	1.25	0.56	0.08	1.89	XXX	N
71270	TC	A	Contrast cat scans of chest	0.00	8.52	0.53	9.05	XXX	N
71270	.....	A	Contrast cat scans of chest	1.40	9.14	0.62	11.16	XXX	N
71270	26	A	Contrast cat scans of chest	1.40	0.62	0.09	2.11	XXX	N
71550	TC	A	Magnetic image, chest	0.00	10.80	0.68	11.48	XXX	N
71550	.....	A	Magnetic image, chest	1.62	11.53	0.79	13.94	XXX	N
71550	26	A	Magnetic image, chest	1.62	0.73	0.11	2.46	XXX	N
71555	.....	A	Magnetic imaging/chest (mra)	1.83	11.53	0.79	14.15	XXX	N
71555	26	A	Magnetic imaging/chest (mra)	1.83	0.73	0.11	2.67	XXX	N
71555	TC	A	Magnetic imaging/chest (mra)	0.00	10.80	0.68	11.48	XXX	N
72010	.....	A	X-ray exam of spine	0.45	1.19	0.09	1.73	XXX	N
72010	TC	A	X-ray exam of spine	0.00	0.99	0.06	1.05	XXX	N
72010	26	A	X-ray exam of spine	0.45	0.20	0.03	0.68	XXX	N
72020	.....	A	X-ray exam of spine	0.15	0.47	0.04	0.66	XXX	N
72020	TC	A	X-ray exam of spine	0.00	0.40	0.03	0.43	XXX	N
72020	26	A	X-ray exam of spine	0.15	0.07	0.01	0.23	XXX	N
72040	.....	A	X-ray exam of neck spine	0.22	0.68	0.05	0.95	XXX	N
72040	TC	A	X-ray exam of neck spine	0.00	0.58	0.04	0.62	XXX	N
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.01	0.33	XXX	N
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.02	0.47	XXX	N
72050	.....	A	X-ray exam of neck spine	0.31	1.00	0.08	1.39	XXX	N
72050	TC	A	X-ray exam of neck spine	0.00	0.86	0.06	0.92	XXX	N
72052	TC	A	X-ray exam of neck spine	0.00	1.09	0.07	1.16	XXX	N
72052	.....	A	X-ray exam of neck spine	0.36	1.26	0.09	1.71	XXX	N
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.02	0.55	XXX	N
72069	.....	A	X-ray exam of trunk spine	0.22	0.58	0.04	0.84	XXX	N
72069	TC	A	X-ray exam of trunk spine	0.00	0.48	0.03	0.51	XXX	N
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72070	.....	A	X-ray exam of thorax spine	0.22	0.73	0.05	1.00	XXX	N
72070	TC	A	X-ray exam of thorax spine	0.00	0.63	0.04	0.67	XXX	N
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.01	0.33	XXX	N
72072	.....	A	X-ray exam of thoracic spine	0.22	0.81	0.06	1.09	XXX	N
72072	TC	A	X-ray exam of thoracic spine	0.00	0.71	0.05	0.76	XXX	N
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72074	.....	A	X-ray exam of thoracic spine	0.22	0.98	0.07	1.27	XXX	N
72074	TC	A	X-ray exam of thoracic spine	0.00	0.88	0.06	0.94	XXX	N
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72080	.....	A	X-ray exam of trunk spine	0.22	0.75	0.05	1.02	XXX	N
72080	TC	A	X-ray exam of trunk spine	0.00	0.65	0.04	0.69	XXX	N
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.02	0.43	XXX	N
72090	TC	A	X-ray exam of trunk spine	0.00	0.65	0.04	0.69	XXX	N
72090	.....	A	X-ray exam of trunk spine	0.28	0.78	0.06	1.12	XXX	N
72100	.....	A	X-ray exam of lower spine	0.22	0.75	0.05	1.02	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
72100	TC	A	X-ray exam of lower spine	0.00	0.65	0.04	0.69	XXX	N
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72110	.....	A	X-ray exam of lower spine	0.31	1.02	0.08	1.41	XXX	N
72110	TC	A	X-ray exam of lower spine	0.00	0.88	0.06	0.94	XXX	N
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.02	0.47	XXX	N
72114	.....	A	X-ray exam of lower spine	0.36	1.31	0.09	1.76	XXX	N
72114	TC	A	X-ray exam of lower spine	0.00	1.14	0.07	1.21	XXX	N
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.02	0.55	XXX	N
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72120	.....	A	X-ray exam of lower spine	0.22	0.96	0.07	1.25	XXX	N
72120	TC	A	X-ray exam of lower spine	0.00	0.86	0.06	0.92	XXX	N
72125	TC	A	Cat scan of neck spine	0.00	5.69	0.36	6.05	XXX	N
72125	.....	A	Cat scan of neck spine	1.17	6.21	0.44	7.82	XXX	N
72125	26	A	Cat scan of neck spine	1.17	0.52	0.08	1.77	XXX	N
72126	.....	A	Contrast cat scan of neck	1.23	7.35	0.51	9.09	XXX	N
72126	TC	A	Contrast cat scan of neck	0.00	6.81	0.43	7.24	XXX	N
72126	26	A	Contrast cat scan of neck	1.23	0.54	0.08	1.85	XXX	N
72127	.....	A	Contrast cat scans of neck	1.28	9.09	0.62	10.99	XXX	N
72127	TC	A	Contrast cat scans of neck	0.00	8.52	0.53	9.05	XXX	N
72127	26	A	Contrast cat scans of neck	1.28	0.57	0.09	1.94	XXX	N
72128	.....	A	Cat scan of thorax spine	1.17	6.21	0.44	7.82	XXX	N
72128	TC	A	Cat scan of thorax spine	0.00	5.69	0.36	6.05	XXX	N
72128	26	A	Cat scan of thorax spine	1.17	0.52	0.08	1.77	XXX	N
72129	.....	A	Contrast cat scan of thorax	1.23	7.35	0.51	9.09	XXX	N
72129	TC	A	Contrast cat scan of thorax	0.00	6.81	0.43	7.24	XXX	N
72129	26	A	Contrast cat scan of thorax	1.23	0.54	0.08	1.85	XXX	N
72130	.....	A	Contrast cat scans of thorax	1.28	9.09	0.62	10.99	XXX	N
72130	TC	A	Contrast cat scans of thorax	0.00	8.52	0.53	9.05	XXX	N
72130	26	A	Contrast cat scans of thorax	1.28	0.57	0.09	1.94	XXX	N
72131	.....	A	Cat scan of lower spine	1.17	6.21	0.44	7.82	XXX	N
72131	TC	A	Cat scan of lower spine	0.00	5.69	0.36	6.05	XXX	N
72131	26	A	Cat scan of lower spine	1.17	0.52	0.08	1.77	XXX	N
72132	.....	A	Contrast cat of lower spine	1.23	7.35	0.51	9.09	XXX	N
72132	TC	A	Contrast cat of lower spine	0.00	6.81	0.43	7.24	XXX	N
72132	26	A	Contrast cat of lower spine	1.23	0.54	0.08	1.85	XXX	N
72133	.....	A	Contrast cat scans, low spine	1.28	9.09	0.62	10.99	XXX	N
72133	TC	A	Contrast cat scans, low spine	0.00	8.52	0.53	9.05	XXX	N
72133	26	A	Contrast cat scans, low spine	1.28	0.57	0.09	1.94	XXX	N
72141	.....	A	Magnetic image, neck spine	1.62	11.53	0.79	13.94	XXX	N
72141	TC	A	Magnetic image, neck spine	0.00	10.80	0.68	11.48	XXX	N
72141	26	A	Magnetic image, neck spine	1.62	0.73	0.11	2.46	XXX	N
72142	.....	A	Magnetic image, neck spine	1.94	13.82	0.95	16.71	XXX	N
72142	TC	A	Magnetic image, neck spine	0.00	12.95	0.82	13.77	XXX	N
72142	26	A	Magnetic image, neck spine	1.94	0.87	0.13	2.94	XXX	N
72146	.....	A	Magnetic image, chest spine	1.62	12.72	0.86	15.20	XXX	N
72146	TC	A	Magnetic image, chest spine	0.00	11.99	0.75	12.74	XXX	N
72146	26	A	Magnetic image, chest spine	1.62	0.73	0.11	2.46	XXX	N
72147	.....	A	Magnetic image, chest spine	1.94	13.82	0.95	16.71	XXX	N
72147	TC	A	Magnetic image, chest spine	0.00	12.95	0.82	13.77	XXX	N
72147	26	A	Magnetic image, chest spine	1.94	0.87	0.13	2.94	XXX	N
72148	.....	A	Magnetic image, lumbar spine	1.50	12.66	0.85	15.01	XXX	N
72148	TC	A	Magnetic image, lumbar spine	0.00	11.99	0.75	12.74	XXX	N
72148	26	A	Magnetic image, lumbar spine	1.50	0.67	0.10	2.27	XXX	N
72149	.....	A	Magnetic image, lumbar spine	1.80	13.76	0.94	16.50	XXX	N
72149	TC	A	Magnetic image, lumbar spine	0.00	12.95	0.82	13.77	XXX	N
72149	26	A	Magnetic image, lumbar spine	1.80	0.81	0.12	2.73	XXX	N
72156	.....	A	Magnetic image, neck spine	2.60	25.14	1.68	29.42	XXX	N
72156	TC	A	Magnetic image, neck spine	0.00	23.98	1.51	25.49	XXX	N
72156	26	A	Magnetic image, neck spine	2.60	1.16	0.17	3.93	XXX	N
72157	.....	A	Magnetic image, chest spine	2.60	25.14	1.68	29.42	XXX	N
72157	TC	A	Magnetic image, chest spine	0.00	23.98	1.51	25.49	XXX	N
72157	26	A	Magnetic image, chest spine	2.60	1.16	0.17	3.93	XXX	N
72158	.....	A	Magnetic image, lumbar spine	2.39	25.06	1.67	29.12	XXX	N
72158	TC	A	Magnetic image, lumbar spine	0.00	23.98	1.51	25.49	XXX	N
72158	26	A	Magnetic image, lumbar spine	2.39	1.08	0.16	3.63	XXX	N
72159	.....	A	Magnetic imaging/spine (mra)	1.82	12.66	0.85	15.33	XXX	N
72159	TC	A	Magnetic imaging/spine (mra)	0.00	11.99	0.75	12.74	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
72159	26	A	Magnetic imaging/spine (mra)	1.82	0.67	0.10	2.59	XXX	N
72170	.....	A	X-ray exam of pelvis	0.17	0.58	0.04	0.79	XXX	N
72170	TC	A	X-ray exam of pelvis	0.00	0.51	0.03	0.54	XXX	N
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.01	0.25	XXX	N
72190	.....	A	X-ray exam of pelvis	0.21	0.75	0.05	1.01	XXX	N
72190	TC	A	X-ray exam of pelvis	0.00	0.65	0.04	0.69	XXX	N
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.01	0.32	XXX	N
72192	.....	A	Cat scan of pelvis	1.10	6.18	0.43	7.71	XXX	N
72192	TC	A	Cat scan of pelvis	0.00	5.69	0.36	6.05	XXX	N
72192	26	A	Cat scan of pelvis	1.10	0.49	0.07	1.66	XXX	N
72193	.....	A	Contrast cat scan of pelvis	1.17	7.11	0.49	8.77	XXX	N
72193	TC	A	Contrast cat scan of pelvis	0.00	6.59	0.41	7.00	XXX	N
72193	26	A	Contrast cat scan of pelvis	1.17	0.52	0.08	1.77	XXX	N
72194	.....	A	Contrast cat scans of pelvis	1.23	8.72	0.59	10.54	XXX	N
72194	TC	A	Contrast cat scans of pelvis	0.00	8.18	0.51	8.69	XXX	N
72194	26	A	Contrast cat scans of pelvis	1.23	0.54	0.08	1.85	XXX	N
72196	.....	A	Magnetic image, pelvis	1.62	11.53	0.79	13.94	XXX	N
72196	TC	A	Magnetic image, pelvis	0.00	10.80	0.68	11.48	XXX	N
72196	26	A	Magnetic image, pelvis	1.62	0.73	0.11	2.46	XXX	N
72198	.....	A	Magnetic imaging/pelvis (mra)	1.82	11.53	0.79	14.14	XXX	N
72198	26	A	Magnetic imaging/pelvis (mra)	1.82	0.73	0.11	2.66	XXX	N
72198	TC	A	Magnetic imaging/pelvis (mra)	0.00	10.80	0.68	11.48	XXX	N
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.59	0.04	0.80	XXX	N
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.51	0.03	0.54	XXX	N
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.01	0.26	XXX	N
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.69	0.05	0.93	XXX	N
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.60	0.04	0.64	XXX	N
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.01	0.29	XXX	N
72220	.....	A	X-ray exam of tailbone	0.17	0.63	0.05	0.85	XXX	N
72220	TC	A	X-ray exam of tailbone	0.00	0.55	0.04	0.59	XXX	N
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.01	0.26	XXX	N
72240	26	A	Contrast x-ray of neck spine	0.92	0.41	0.06	1.39	XXX	N
72240	.....	A	Contrast x-ray of neck spine	0.92	4.98	0.35	6.25	XXX	N
72240	TC	A	Contrast x-ray of neck spine	0.00	4.57	0.29	4.86	XXX	N
72255	TC	A	Contrast x-ray thorax spine	0.00	4.18	0.26	4.44	XXX	N
72255	.....	A	Contrast x-ray thorax spine	0.92	4.59	0.32	5.83	XXX	N
72255	26	A	Contrast x-ray thorax spine	0.92	0.41	0.06	1.39	XXX	N
72265	.....	A	Contrast x-ray lower spine	0.84	4.30	0.31	5.45	XXX	N
72265	TC	A	Contrast x-ray lower spine	0.00	3.92	0.25	4.17	XXX	N
72265	26	A	Contrast x-ray lower spine	0.84	0.38	0.06	1.28	XXX	N
72270	.....	A	Contrast x-ray of spine	1.34	6.47	0.46	8.27	XXX	N
72270	TC	A	Contrast x-ray of spine	0.00	5.87	0.37	6.24	XXX	N
72270	26	A	Contrast x-ray of spine	1.34	0.60	0.09	2.03	XXX	N
72285	.....	A	X-ray of neck spine disk	0.84	8.46	0.57	9.87	XXX	N
72285	TC	A	X-ray of neck spine disk	0.00	8.08	0.51	8.59	XXX	N
72285	26	A	X-ray of neck spine disk	0.84	0.38	0.06	1.28	XXX	N
72295	.....	A	X-ray of lower spine disk	0.84	7.95	0.53	9.32	XXX	N
72295	TC	A	X-ray of lower spine disk	0.00	7.57	0.47	8.04	XXX	N
72295	26	A	X-ray of lower spine disk	0.84	0.38	0.06	1.28	XXX	N
73000	.....	A	X-ray exam of collarbone	0.16	0.58	0.04	0.78	XXX	N
73000	TC	A	X-ray exam of collarbone	0.00	0.51	0.03	0.54	XXX	N
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.01	0.24	XXX	N
73010	.....	A	X-ray exam of shoulder blade	0.17	0.59	0.04	0.80	XXX	N
73010	TC	A	X-ray exam of shoulder blade	0.00	0.51	0.03	0.54	XXX	N
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.01	0.26	XXX	N
73020	.....	A	X-ray exam of shoulder	0.15	0.53	0.04	0.72	XXX	N
73020	TC	A	X-ray exam of shoulder	0.00	0.46	0.03	0.49	XXX	N
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.01	0.23	XXX	N
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.01	0.27	XXX	N
73030	.....	A	X-ray exam of shoulder	0.18	0.63	0.05	0.86	XXX	N
73030	TC	A	X-ray exam of shoulder	0.00	0.55	0.04	0.59	XXX	N
73040	TC	A	Contrast x-ray of shoulder	0.00	2.02	0.13	2.15	XXX	N
73040	.....	A	Contrast x-ray of shoulder	0.55	2.27	0.17	2.99	XXX	N
73040	26	A	Contrast x-ray of shoulder	0.55	0.25	0.04	0.84	XXX	N
73050	.....	A	X-ray exam of shoulders	0.20	0.74	0.05	0.99	XXX	N
73050	TC	A	X-ray exam of shoulders	0.00	0.65	0.04	0.69	XXX	N
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.01	0.30	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73060	.....	A	X-ray exam of humerus	0.17	0.63	0.05	0.85	XXX	N
73060	TC	A	X-ray exam of humerus	0.00	0.55	0.04	0.59	XXX	N
73060	26	A	X-ray exam of humerus	0.17	0.08	0.01	0.26	XXX	N
73070	.....	A	X-ray exam of elbow	0.15	0.58	0.04	0.77	XXX	N
73070	TC	A	X-ray exam of elbow	0.00	0.51	0.03	0.54	XXX	N
73070	26	A	X-ray exam of elbow	0.15	0.07	0.01	0.23	XXX	N
73080	.....	A	X-ray exam of elbow	0.17	0.63	0.05	0.85	XXX	N
73080	TC	A	X-ray exam of elbow	0.00	0.55	0.04	0.59	XXX	N
73080	26	A	X-ray exam of elbow	0.17	0.08	0.01	0.26	XXX	N
73085	.....	A	Contrast x-ray of elbow	0.55	2.27	0.17	2.99	XXX	N
73085	TC	A	Contrast x-ray of elbow	0.00	2.02	0.13	2.15	XXX	N
73085	26	A	Contrast x-ray of elbow	0.55	0.25	0.04	0.84	XXX	N
73090	.....	A	X-ray exam of forearm	0.16	0.58	0.04	0.78	XXX	N
73090	TC	A	X-ray exam of forearm	0.00	0.51	0.03	0.54	XXX	N
73090	26	A	X-ray exam of forearm	0.16	0.07	0.01	0.24	XXX	N
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.01	0.24	XXX	N
73092	TC	A	X-ray exam of arm, infant	0.00	0.48	0.03	0.51	XXX	N
73092	.....	A	X-ray exam of arm, infant	0.16	0.55	0.04	0.75	XXX	N
73100	.....	A	X-ray exam of wrist	0.16	0.55	0.04	0.75	XXX	N
73100	TC	A	X-ray exam of wrist	0.00	0.48	0.03	0.51	XXX	N
73100	26	A	X-ray exam of wrist	0.16	0.07	0.01	0.24	XXX	N
73110	.....	A	X-ray exam of wrist	0.17	0.60	0.04	0.81	XXX	N
73110	TC	A	X-ray exam of wrist	0.00	0.52	0.03	0.55	XXX	N
73110	26	A	X-ray exam of wrist	0.17	0.08	0.01	0.26	XXX	N
73115	.....	A	Contrast x-ray of wrist	0.55	1.77	0.14	2.46	XXX	N
73115	TC	A	Contrast x-ray of wrist	0.00	1.52	0.10	1.62	XXX	N
73115	26	A	Contrast x-ray of wrist	0.55	0.25	0.04	0.84	XXX	N
73120	26	A	X-ray exam of hand	0.16	0.07	0.01	0.24	XXX	N
73120	.....	A	X-ray exam of hand	0.16	0.55	0.04	0.75	XXX	N
73120	TC	A	X-ray exam of hand	0.00	0.48	0.03	0.51	XXX	N
73130	TC	A	X-ray exam of hand	0.00	0.52	0.03	0.55	XXX	N
73130	.....	A	X-ray exam of hand	0.17	0.60	0.04	0.81	XXX	N
73130	26	A	X-ray exam of hand	0.17	0.08	0.01	0.26	XXX	N
73140	.....	A	X-ray exam of finger(s)	0.13	0.46	0.04	0.63	XXX	N
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.01	0.20	XXX	N
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.03	0.43	XXX	N
73200	.....	A	Cat scan of arm	1.10	5.27	0.37	6.74	XXX	N
73200	TC	A	Cat scan of arm	0.00	4.78	0.30	5.08	XXX	N
73200	26	A	Cat scan of arm	1.10	0.49	0.07	1.66	XXX	N
73201	.....	A	Contrast cat scan of arm	1.17	6.21	0.44	7.82	XXX	N
73201	TC	A	Contrast cat scan of arm	0.00	5.69	0.36	6.05	XXX	N
73201	26	A	Contrast cat scan of arm	1.17	0.52	0.08	1.77	XXX	N
73202	.....	A	Contrast cat scans of arm	1.23	7.70	0.53	9.46	XXX	N
73202	TC	A	Contrast cat scans of arm	0.00	7.16	0.45	7.61	XXX	N
73202	26	A	Contrast cat scans of arm	1.23	0.54	0.08	1.85	XXX	N
73220	26	A	Magnetic image, arm, hand	1.50	0.67	0.10	2.27	XXX	N
73220	.....	A	Magnetic image, arm, hand	1.50	11.47	0.78	13.75	XXX	N
73220	TC	A	Magnetic image, arm, hand	0.00	10.80	0.68	11.48	XXX	N
73221	TC	A	Magnetic image, joint of arm	0.00	10.80	0.68	11.48	XXX	N
73221	.....	A	Magnetic image, joint of arm	0.96	11.23	0.74	12.93	XXX	N
73221	26	A	Magnetic image, joint of arm	0.96	0.43	0.06	1.45	XXX	N
73225	.....	A	Magnetic imaging/upper (mra)	1.75	11.47	0.78	14.00	XXX	N
73225	26	A	Magnetic imaging/upper (mra)	1.75	0.67	0.10	2.52	XXX	N
73225	TC	A	Magnetic imaging/upper (mra)	0.00	10.80	0.68	11.48	XXX	N
73500	.....	A	X-ray exam of hip	0.17	0.54	0.04	0.75	XXX	N
73500	TC	A	X-ray exam of hip	0.00	0.46	0.03	0.49	XXX	N
73500	26	A	X-ray exam of hip	0.17	0.08	0.01*	0.26	XXX	N
73510	.....	A	X-ray exam of hip	0.21	0.65	0.05	0.91	XXX	N
73510	TC	A	X-ray exam of hip	0.00	0.55	0.04	0.59	XXX	N
73510	26	A	X-ray exam of hip	0.21	0.10	0.01	0.32	XXX	N
73520	.....	A	X-ray exam of hips	0.26	0.77	0.06	1.09	XXX	N
73520	TC	A	X-ray exam of hips	0.00	0.65	0.04	0.69	XXX	N
73520	26	A	X-ray exam of hips	0.26	0.12	0.02	0.40	XXX	N
73525	26	A	Contrast x-ray of hip	0.55	0.25	0.04	0.84	XXX	N
73525	.....	A	Contrast x-ray of hip	0.55	2.27	0.17	2.99	XXX	N
73525	TC	A	Contrast x-ray of hip	0.00	2.02	0.13	2.15	XXX	N
73530	TC	A	X-ray exam of hip	0.00	0.51	0.03	0.54	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73530	.....	A	X-ray exam of hip	0.29	0.64	0.05	0.98	XXX	N
73530	26	A	X-ray exam of hip	0.29	0.13	0.02	0.44	XXX	N
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.65	0.05	0.90	XXX	N
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.55	0.04	0.59	XXX	N
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.01	0.31	XXX	N
73550	.....	A	X-ray exam of thigh	0.17	0.63	0.05	0.85	XXX	N
73550	TC	A	X-ray exam of thigh	0.00	0.55	0.04	0.59	XXX	N
73550	26	A	X-ray exam of thigh	0.17	0.08	0.01	0.26	XXX	N
73560	.....	A	X-ray exam of knee	0.17	0.58	0.04	0.79	XXX	N
73560	TC	A	X-ray exam of knee	0.00	0.51	0.03	0.54	XXX	N
73560	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73562	.....	A	X-ray exam of knee	0.18	0.64	0.05	0.87	XXX	N
73562	TC	A	X-ray exam of knee	0.00	0.55	0.04	0.59	XXX	N
73562	26	A	X-ray exam of knee	0.18	0.09	0.01	0.28	XXX	N
73564	.....	A	X-ray exam of knee	0.22	0.70	0.06	0.98	XXX	N
73564	TC	A	X-ray exam of knee	0.00	0.60	0.04	0.64	XXX	N
73564	26	A	X-ray exam of knee	0.22	0.10	0.02	0.34	XXX	N
73565	.....	A	X-ray exam of knee	0.17	0.55	0.04	0.76	XXX	N
73565	TC	A	X-ray exam of knee	0.00	0.48	0.03	0.51	XXX	N
73565	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73580	.....	A	Contrast x-ray of knee joint	0.55	2.78	0.21	3.54	XXX	N
73580	TC	A	Contrast x-ray of knee joint	0.00	2.53	0.17	2.70	XXX	N
73580	26	A	Contrast x-ray of knee joint	0.55	0.25	0.04	0.84	XXX	N
73590	.....	A	X-ray exam of lower leg	0.17	0.58	0.04	0.79	XXX	N
73590	TC	A	X-ray exam of lower leg	0.00	0.51	0.03	0.54	XXX	N
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.01	0.25	XXX	N
73592	.....	A	X-ray exam of leg, infant	0.16	0.55	0.04	0.75	XXX	N
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.01	0.24	XXX	N
73592	TC	A	X-ray exam of leg, infant	0.00	0.48	0.03	0.51	XXX	N
73600	.....	A	X-ray exam of ankle	0.16	0.55	0.04	0.75	XXX	N
73600	TC	A	X-ray exam of ankle	0.00	0.48	0.03	0.51	XXX	N
73600	26	A	X-ray exam of ankle	0.16	0.07	0.01	0.24	XXX	N
73610	.....	A	X-ray exam of ankle	0.17	0.60	0.04	0.81	XXX	N
73610	TC	A	X-ray exam of ankle	0.00	0.52	0.03	0.55	XXX	N
73610	26	A	X-ray exam of ankle	0.17	0.08	0.01	0.26	XXX	N
73615	.....	A	Contrast x-ray of ankle	0.55	2.27	0.17	2.99	XXX	N
73615	TC	A	Contrast x-ray of ankle	0.00	2.02	0.13	2.15	XXX	N
73615	26	A	Contrast x-ray of ankle	0.55	0.25	0.04	0.84	XXX	N
73620	26	A	X-ray exam of foot	0.16	0.07	0.01	0.24	XXX	N
73620	.....	A	X-ray exam of foot	0.16	0.55	0.04	0.75	XXX	N
73620	TC	A	X-ray exam of foot	0.00	0.48	0.03	0.51	XXX	N
73630	TC	A	X-ray exam of foot	0.00	0.52	0.03	0.55	XXX	N
73630	.....	A	X-ray exam of foot	0.17	0.60	0.04	0.81	XXX	N
73630	26	A	X-ray exam of foot	0.17	0.08	0.01	0.26	XXX	N
73650	.....	A	X-ray exam of heel	0.16	0.53	0.04	0.73	XXX	N
73650	TC	A	X-ray exam of heel	0.00	0.46	0.03	0.49	XXX	N
73650	26	A	X-ray exam of heel	0.16	0.07	0.01	0.24	XXX	N
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.04	0.63	XXX	N
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.01	0.20	XXX	N
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.03	0.43	XXX	N
73700	.....	A	Cat scan of leg	1.10	5.27	0.37	6.74	XXX	N
73700	TC	A	Cat scan of leg	0.00	4.78	0.30	5.08	XXX	N
73700	26	A	Cat scan of leg	1.10	0.49	0.07	1.66	XXX	N
73701	.....	A	Contrast cat scan of leg	1.17	6.21	0.44	7.82	XXX	N
73701	TC	A	Contrast cat scan of leg	0.00	5.69	0.36	6.05	XXX	N
73701	26	A	Contrast cat scan of leg	1.17	0.52	0.08	1.77	XXX	N
73702	.....	A	Contrast cat scans of leg	1.23	7.70	0.53	9.46	XXX	N
73702	TC	A	Contrast cat scans of leg	0.00	7.16	0.45	7.61	XXX	N
73702	26	A	Contrast cat scans of leg	1.23	0.54	0.08	1.85	XXX	N
73720	26	A	Magnetic image, leg, foot	1.50	0.67	0.10	2.27	XXX	N
73720	.....	A	Magnetic image, leg, foot	1.50	11.47	0.78	13.75	XXX	N
73720	TC	A	Magnetic image, leg, foot	0.00	10.80	0.68	11.48	XXX	N
73721	TC	A	Magnetic image, joint of leg	0.00	10.80	0.68	11.48	XXX	N
73721	.....	A	Magnetic image, joint of leg	0.96	11.23	0.74	12.93	XXX	N
73721	26	A	Magnetic image, joint of leg	0.96	0.43	0.06	1.45	XXX	N
73725	.....	A	Magnetic imaging/lower (mra)	1.84	11.47	0.78	14.09	XXX	N
73725	TC	A	Magnetic imaging/lower (mra)	0.00	10.80	0.68	11.48	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
73725	26	A	Magnetic imaging/lower (mra)	1.84	0.67	0.10	2.61	XXX	N
74000	.....	A	X-ray exam of abdomen	0.18	0.59	0.04	0.81	XXX	N
74000	TC	A	X-ray exam of abdomen	0.00	0.51	0.03	0.54	XXX	N
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.01	0.27	XXX	N
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.02	0.36	XXX	N
74010	.....	A	X-ray exam of abdomen	0.23	0.66	0.06	0.95	XXX	N
74010	TC	A	X-ray exam of abdomen	0.00	0.55	0.04	0.59	XXX	N
74020	TC	A	X-ray exam of abdomen	0.00	0.60	0.04	0.64	XXX	N
74020	.....	A	X-ray exam of abdomen	0.27	0.73	0.06	1.06	XXX	N
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.02	0.42	XXX	N
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.02	0.49	XXX	N
74022	TC	A	X-ray exam series, abdomen	0.00	0.71	0.05	0.76	XXX	N
74022	.....	A	X-ray exam series, abdomen	0.32	0.86	0.07	1.25	XXX	N
74150	.....	A	Cat scan of abdomen	1.20	5.98	0.43	7.61	XXX	N
74150	TC	A	Cat scan of abdomen	0.00	5.45	0.35	5.80	XXX	N
74150	26	A	Cat scan of abdomen	1.20	0.53	0.08	1.81	XXX	N
74160	.....	A	Contrast cat scan of abdomen	1.28	7.16	0.50	8.94	XXX	N
74160	TC	A	Contrast cat scan of abdomen	0.00	6.59	0.41	7.00	XXX	N
74160	26	A	Contrast cat scan of abdomen	1.28	0.57	0.09	1.94	XXX	N
74170	.....	A	Contrast cat scans, abdomen	1.42	8.81	0.61	10.84	XXX	N
74170	TC	A	Contrast cat scans, abdomen	0.00	8.18	0.51	8.69	XXX	N
74170	26	A	Contrast cat scans, abdomen	1.42	0.63	0.10	2.15	XXX	N
74181	26	A	Magnetic image, abdomen (mri)	1.62	0.73	0.11	2.46	XXX	N
74181	.....	A	Magnetic image, abdomen (mri)	1.62	11.53	0.79	13.94	XXX	N
74181	TC	A	Magnetic image, abdomen (mri)	0.00	10.80	0.68	11.48	XXX	N
74185	TC	A	Magnetic image/abdomen (mra)	0.00	10.80	0.68	11.48	XXX	N
74185	.....	A	Magnetic image/abdomen (mra)	1.82	11.53	0.79	14.14	XXX	N
74185	26	A	Magnetic image/abdomen (mra)	1.82	0.73	0.11	2.66	XXX	N
74190	.....	A	X-ray exam of peritoneum	0.32	1.38	0.10	1.80	XXX	N
74190	26	A	X-ray exam of peritoneum	0.32	0.13	0.02	0.47	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.25	0.08	1.33	XXX	N
74210	.....	A	Contrast x-ray exam of throat	0.36	1.30	0.09	1.75	XXX	N
74210	TC	A	Contrast x-ray exam of throat	0.00	1.14	0.07	1.21	XXX	N
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.02	0.54	XXX	N
74220	.....	A	Contrast x-ray exam,esophagus	0.47	1.35	0.10	1.92	XXX	N
74220	TC	A	Contrast x-ray exam,esophagus	0.00	1.14	0.07	1.21	XXX	N
74220	26	A	Contrast x-ray exam,esophagus	0.47	0.21	0.03	0.71	XXX	N
74230	.....	A	Cinema x-ray throat/esophagus	0.54	1.50	0.12	2.16	XXX	N
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.25	0.08	1.33	XXX	N
74230	26	A	Cinema x-ray throat/esophagus	0.54	0.25	0.04	0.83	XXX	N
74235	26	A	Remove esophagus obstruction	1.20	0.53	0.08	1.81	XXX	N
74235	.....	A	Remove esophagus obstruction	1.20	3.06	0.25	4.51	XXX	N
74235	TC	A	Remove esophagus obstruction	0.00	2.53	0.17	2.70	XXX	N
74240	TC	A	X-ray exam upper gi tract	0.00	1.41	0.09	1.50	XXX	N
74240	.....	A	X-ray exam upper gi tract	0.70	1.73	0.14	2.57	XXX	N
74240	26	A	X-ray exam upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74241	.....	A	X-ray exam upper gi tract	0.70	1.76	0.14	2.60	XXX	N
74241	TC	A	X-ray exam upper gi tract	0.00	1.44	0.09	1.53	XXX	N
74241	26	A	X-ray exam upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74245	.....	A	X-ray exam upper gi tract	0.92	2.71	0.21	3.84	XXX	N
74245	TC	A	X-ray exam upper gi tract	0.00	2.30	0.15	2.45	XXX	N
74245	26	A	X-ray exam upper gi tract	0.92	0.41	0.06	1.39	XXX	N
74246	.....	A	Contrast x-ray upper gi tract	0.70	1.91	0.15	2.76	XXX	N
74246	TC	A	Contrast x-ray upper gi tract	0.00	1.59	0.10	1.69	XXX	N
74246	26	A	Contrast x-ray upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74247	.....	A	Contrast x-ray upper gi tract	0.70	1.94	0.16	2.80	XXX	N
74247	TC	A	Contrast x-ray upper gi tract	0.00	1.62	0.11	1.73	XXX	N
74247	26	A	Contrast x-ray upper gi tract	0.70	0.32	0.05	1.07	XXX	N
74249	.....	A	Contrast x-ray upper gi tract	0.92	2.89	0.22	4.03	XXX	N
74249	TC	A	Contrast x-ray upper gi tract	0.00	2.48	0.16	2.64	XXX	N
74249	26	A	Contrast x-ray upper gi tract	0.92	0.41	0.06	1.39	XXX	N
74250	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74250	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
74250	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N
74251	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
74251	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
74260	.....	A	X-ray exam of small bowel	0.51	1.67	0.12	2.30	XXX	N
74260	TC	A	X-ray exam of small bowel	0.00	1.44	0.09	1.53	XXX	N
74260	26	A	X-ray exam of small bowel	0.51	0.23	0.03	0.77	XXX	N
74270	.....	A	Contrast x-ray exam of colon	0.70	1.96	0.16	2.82	XXX	N
74270	TC	A	Contrast x-ray exam of colon	0.00	1.64	0.11	1.75	XXX	N
74270	26	A	Contrast x-ray exam of colon	0.70	0.32	0.05	1.07	XXX	N
74280	.....	A	Contrast x-ray exam of colon	1.00	2.60	0.21	3.81	XXX	N
74280	TC	A	Contrast x-ray exam of colon	0.00	2.15	0.14	2.29	XXX	N
74280	26	A	Contrast x-ray exam of colon	1.00	0.45	0.07	1.52	XXX	N
74283	.....	A	Contrast x-ray exam of colon	2.04	3.38	0.30	5.72	XXX	N
74283	TC	A	Contrast x-ray exam of colon	0.00	2.47	0.16	2.63	XXX	N
74283	26	A	Contrast x-ray exam of colon	2.04	0.91	0.14	3.09	XXX	N
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.86	0.07	1.25	XXX	N
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.71	0.05	0.76	XXX	N
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.02	0.49	XXX	N
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.49	0.04	0.73	XXX	N
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.01	0.30	XXX	N
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.03	0.43	XXX	N
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.02	0.55	XXX	N
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.01	0.32	XXX	N
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.95	0.08	1.45	XXX	N
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.76	0.05	0.81	XXX	N
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.03	0.64	XXX	N
74320	26	A	Contrast x-ray of bile ducts	0.55	0.25	0.04	0.84	XXX	N
74320	.....	A	Contrast x-ray of bile ducts	0.55	3.28	0.23	4.06	XXX	N
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.03	0.19	3.22	XXX	N
74327	TC	A	X-ray for bile stone removal	0.00	1.70	0.11	1.81	XXX	N
74327	.....	A	X-ray for bile stone removal	0.71	2.02	0.16	2.89	XXX	N
74327	26	A	X-ray for bile stone removal	0.71	0.32	0.05	1.08	XXX	N
74328	.....	A	X-ray for bile duct endoscopy	0.71	3.35	0.24	4.30	XXX	N
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.03	0.19	3.22	XXX	N
74328	26	A	X-ray for bile duct endoscopy	0.71	0.32	0.05	1.08	XXX	N
74329	.....	A	X-ray for pancreas endoscopy	0.71	3.35	0.24	4.30	XXX	N
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.03	0.19	3.22	XXX	N
74329	26	A	X-ray for pancreas endoscopy	0.71	0.32	0.05	1.08	XXX	N
74330	.....	A	Xray, bile/pancreas endoscopy	0.71	3.35	0.24	4.30	XXX	N
74330	TC	A	Xray, bile/pancreas endoscopy	0.00	3.03	0.19	3.22	XXX	N
74330	26	A	Xray, bile/pancreas endoscopy	0.71	0.32	0.05	1.08	XXX	N
74340	.....	A	X-ray guide for gi tube	0.55	2.78	0.21	3.54	XXX	N
74340	TC	A	X-ray guide for gi tube	0.00	2.53	0.17	2.70	XXX	N
74340	26	A	X-ray guide for gi tube	0.55	0.25	0.04	0.84	XXX	N
74350	.....	A	X-ray guide, stomach tube	0.77	3.38	0.24	4.39	XXX	N
74350	TC	A	X-ray guide, stomach tube	0.00	3.03	0.19	3.22	XXX	N
74350	26	A	X-ray guide, stomach tube	0.77	0.35	0.05	1.17	XXX	N
74355	.....	A	X-ray guide, intestinal tube	0.77	2.88	0.22	3.87	XXX	N
74355	TC	A	X-ray guide, intestinal tube	0.00	2.53	0.17	2.70	XXX	N
74355	26	A	X-ray guide, intestinal tube	0.77	0.35	0.05	1.17	XXX	N
74360	.....	A	X-ray guide, gi dilation	0.55	3.28	0.23	4.06	XXX	N
74360	TC	A	X-ray guide, gi dilation	0.00	3.03	0.19	3.22	XXX	N
74360	26	A	X-ray guide, gi dilation	0.55	0.25	0.04	0.84	XXX	N
74363	.....	A	X-ray, bile duct dilation	0.89	6.27	0.43	7.59	XXX	N
74363	26	A	X-ray, bile duct dilation	0.89	0.40	0.06	1.35	XXX	N
74363	TC	A	X-ray, bile duct dilation	0.00	5.87	0.37	6.24	XXX	N
74400	.....	A	Contrast x-ray urinary tract	0.50	1.84	0.14	2.48	XXX	N
74400	TC	A	Contrast x-ray urinary tract	0.00	1.62	0.11	1.73	XXX	N
74400	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74405	.....	A	Contrast x-ray urinary tract	0.50	2.13	0.16	2.79	XXX	N
74405	TC	A	Contrast x-ray urinary tract	0.00	1.91	0.13	2.04	XXX	N
74405	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74410	.....	A	Contrast x-ray urinary tract	0.50	2.10	0.15	2.75	XXX	N
74410	TC	A	Contrast x-ray urinary tract	0.00	1.88	0.12	2.00	XXX	N
74410	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N
74415	26	A	Contrast x-ray urinary tract	0.50	0.22	0.03	0.75	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
74415	.....	A	Contrast x-ray urinary tract	0.50	2.26	0.16	2.92	XXX	N
74415	TC	A	Contrast x-ray urinary tract	0.00	2.04	0.13	2.17	XXX	N
74420	TC	A	Contrast x-ray urinary tract	0.00	2.53	0.17	2.70	XXX	N
74420	.....	A	Contrast x-ray urinary tract	0.36	2.69	0.19	3.24	XXX	N
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74425	.....	A	Contrast x-ray urinary tract	0.36	1.41	0.10	1.87	XXX	N
74425	TC	A	Contrast x-ray urinary tract	0.00	1.25	0.08	1.33	XXX	N
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74430	.....	A	Contrast x-ray of bladder	0.32	1.16	0.09	1.57	XXX	N
74430	TC	A	Contrast x-ray of bladder	0.00	1.01	0.07	1.08	XXX	N
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.02	0.49	XXX	N
74440	.....	A	X-ray exam male genital tract	0.38	1.26	0.10	1.74	XXX	N
74440	TC	A	X-ray exam male genital tract	0.00	1.09	0.07	1.16	XXX	N
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.03	0.58	XXX	N
74445	.....	A	X-ray exam of penis	1.15	1.60	0.15	2.90	XXX	N
74445	TC	A	X-ray exam of penis	0.00	1.09	0.07	1.16	XXX	N
74445	26	A	X-ray exam of penis	1.15	0.51	0.08	1.74	XXX	N
74450	.....	A	X-ray exam urethra/bladder	0.33	1.56	0.11	2.00	XXX	N
74450	TC	A	X-ray exam urethra/bladder	0.00	1.41	0.09	1.50	XXX	N
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74455	.....	A	X-ray exam urethra/bladder	0.33	1.67	0.12	2.12	XXX	N
74455	TC	A	X-ray exam urethra/bladder	0.00	1.52	0.10	1.62	XXX	N
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74470	.....	A	X-ray exam of kidney lesion	0.55	1.45	0.12	2.12	XXX	N
74470	TC	A	X-ray exam of kidney lesion	0.00	1.20	0.08	1.28	XXX	N
74470	26	A	X-ray exam of kidney lesion	0.55	0.25	0.04	0.84	XXX	N
74475	.....	A	X-ray control catheter insert	0.55	4.17	0.29	5.01	XXX	N
74475	TC	A	X-ray control catheter insert	0.00	3.92	0.25	4.17	XXX	N
74475	26	A	X-ray control catheter insert	0.55	0.25	0.04	0.84	XXX	N
74480	.....	A	X-ray control catheter insert	0.55	4.17	0.29	5.01	XXX	N
74480	TC	A	X-ray control catheter insert	0.00	3.92	0.25	4.17	XXX	N
74480	26	A	X-ray control catheter insert	0.55	0.25	0.04	0.84	XXX	N
74485	.....	A	X-ray guide, gu dilation	0.55	3.28	0.23	4.06	XXX	N
74485	26	A	X-ray guide, gu dilation	0.55	0.25	0.04	0.84	XXX	N
74485	TC	A	X-ray guide, gu dilation	0.00	3.03	0.19	3.22	XXX	N
74710	.....	A	X-ray measurement of pelvis	0.34	1.17	0.09	1.60	XXX	N
74710	TC	A	X-ray measurement of pelvis	0.00	1.01	0.07	1.08	XXX	N
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.02	0.52	XXX	N
74740	26	A	X-ray female genital tract	0.38	0.17	0.03	0.58	XXX	N
74740	.....	A	X-ray female genital tract	0.38	1.42	0.11	1.91	XXX	N
74740	TC	A	X-ray female genital tract	0.00	1.25	0.08	1.33	XXX	N
74742	TC	A	X-ray fallopian tube	0.00	3.03	0.19	3.22	XXX	N
74742	.....	A	X-ray fallopian tube	0.62	3.28	0.23	4.13	XXX	N
74742	26	A	X-ray fallopian tube	0.62	0.25	0.04	0.91	XXX	N
74775	.....	A	X-ray exam of perineum	0.63	1.70	0.13	2.46	XXX	N
74775	TC	A	X-ray exam of perineum	0.00	1.41	0.09	1.50	XXX	N
74775	26	A	X-ray exam of perineum	0.63	0.29	0.04	0.96	XXX	N
75500	.....	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75500	TC	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75500	26	D	Cinema x-ray heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	.....	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	TC	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75505	26	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	.....	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	TC	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75507	26	D	X-ray exam of heart vessels	0.00	0.00	0.00	0.00	XXX	0
75519	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75519	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75519	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75523	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	.....	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	TC	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75527	26	D	Heart x-ray/catheterization	0.00	0.00	0.00	0.00	XXX	0
75552	.....	A	Magnetic image, myocardium	1.62	11.53	0.79	13.94	XXX	N
75552	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
75552	26	A	Magnetic image, myocardium	1.62	0.73	0.11	2.46	XXX	N
75553	.....	A	Magnetic image, myocardium	2.02	11.53	0.79	14.34	XXX	N
75553	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N
75553	26	A	Magnetic image, myocardium	2.02	0.73	0.11	2.86	XXX	N
75554	.....	A	Cardiac mri/function	1.85	11.53	0.79	14.17	XXX	N
75554	TC	A	Cardiac mri/function	0.00	10.80	0.68	11.48	XXX	N
75554	26	A	Cardiac mri/function	1.85	0.73	0.11	2.69	XXX	N
75555	.....	A	Cardiac mri/limited study	1.76	11.53	0.79	14.08	XXX	N
75555	TC	A	Cardiac mri/limited study	0.00	10.80	0.68	11.48	XXX	N
75555	26	A	Cardiac mri/limited study	1.76	0.73	0.11	2.60	XXX	N
75556	.....	N	Cardiac mri/flow mapping	0.00	0.00	0.00	0.00	XXX	0
75600	.....	A	Contrast x-ray exam of aorta	0.50	12.36	0.79	13.65	XXX	N
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75600	26	A	Contrast x-ray exam of aorta	0.50	0.22	0.03	0.75	XXX	N
75605	.....	A	Contrast x-ray exam of aorta	1.15	12.65	0.84	14.64	XXX	N
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75605	26	A	Contrast x-ray exam of aorta	1.15	0.51	0.08	1.74	XXX	N
75625	.....	A	Contrast x-ray exam of aorta	1.15	12.65	0.84	14.64	XXX	N
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.14	0.76	12.90	XXX	N
75625	26	A	Contrast x-ray exam of aorta	1.15	0.51	0.08	1.74	XXX	N
75630	26	A	X-ray aorta, leg arteries	1.32	0.59	0.09	2.00	XXX	N
75630	.....	A	X-ray aorta, leg arteries	1.32	13.24	0.89	15.45	XXX	N
75630	TC	A	X-ray aorta, leg arteries	0.00	12.65	0.80	13.45	XXX	N
75650	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75650	.....	A	Artery x-rays, head & neck	1.51	12.81	0.86	15.18	XXX	N
75650	26	A	Artery x-rays, head & neck	1.51	0.67	0.10	2.28	XXX	N
75658	.....	A	X-ray exam of arm arteries	1.32	12.73	0.85	14.90	XXX	N
75658	TC	A	X-ray exam of arm arteries	0.00	12.14	0.76	12.90	XXX	N
75658	26	A	X-ray exam of arm arteries	1.32	0.59	0.09	2.00	XXX	N
75660	.....	A	Artery x-rays, head & neck	1.32	12.73	0.85	14.90	XXX	N
75660	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75660	26	A	Artery x-rays, head & neck	1.32	0.59	0.09	2.00	XXX	N
75662	.....	A	Artery x-rays, head & neck	1.68	12.89	0.87	15.44	XXX	N
75662	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75662	26	A	Artery x-rays, head & neck	1.68	0.75	0.11	2.54	XXX	N
75665	.....	A	Artery x-rays, head & neck	1.32	12.73	0.85	14.90	XXX	N
75665	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75665	26	A	Artery x-rays, head & neck	1.32	0.59	0.09	2.00	XXX	N
75671	.....	A	Artery x-rays, head & neck	1.68	12.89	0.87	15.44	XXX	N
75671	TC	A	Artery x-rays, head & neck	0.00	12.14	0.76	12.90	XXX	N
75671	26	A	Artery x-rays, head & neck	1.68	0.75	0.11	2.54	XXX	N
75676	.....	A	Artery x-rays, neck	1.32	12.73	0.85	14.90	XXX	N
75676	TC	A	Artery x-rays, neck	0.00	12.14	0.76	12.90	XXX	N
75676	26	A	Artery x-rays, neck	1.32	0.59	0.09	2.00	XXX	N
75680	.....	A	Artery x-rays, neck	1.68	12.89	0.87	15.44	XXX	N
75680	TC	A	Artery x-rays, neck	0.00	12.14	0.76	12.90	XXX	N
75680	26	A	Artery x-rays, neck	1.68	0.75	0.11	2.54	XXX	N
75685	.....	A	Artery x-rays, spine	1.32	12.73	0.85	14.90	XXX	N
75685	26	A	Artery x-rays, spine	1.32	0.59	0.09	2.00	XXX	N
75685	TC	A	Artery x-rays, spine	0.00	12.14	0.76	12.90	XXX	N
75705	.....	A	Artery x-rays, spine	2.20	13.13	0.91	16.24	XXX	N
75705	TC	A	Artery x-rays, spine	0.00	12.14	0.76	12.90	XXX	N
75705	26	A	Artery x-rays, spine	2.20	0.99	0.15	3.34	XXX	N
75710	.....	A	Artery x-rays, arm/leg	1.15	12.65	0.84	14.64	XXX	N
75710	TC	A	Artery x-rays, arm/leg	0.00	12.14	0.76	12.90	XXX	N
75710	26	A	Artery x-rays, arm/leg	1.15	0.51	0.08	1.74	XXX	N
75716	.....	A	Artery x-rays, arms/legs	1.32	12.73	0.85	14.90	XXX	N
75716	TC	A	Artery x-rays, arms/legs	0.00	12.14	0.76	12.90	XXX	N
75716	26	A	Artery x-rays, arms/legs	1.32	0.59	0.09	2.00	XXX	N
75722	26	A	Artery x-rays, kidney	1.15	0.51	0.08	1.74	XXX	N
75722	.....	A	Artery x-rays, kidney	1.15	12.65	0.84	14.64	XXX	N
75722	TC	A	Artery x-rays, kidney	0.00	12.14	0.76	12.90	XXX	N
75724	TC	A	Artery x-rays, kidneys	0.00	12.14	0.76	12.90	XXX	N
75724	.....	A	Artery x-rays, kidneys	1.51	12.81	0.86	15.18	XXX	N
75724	26	A	Artery x-rays, kidneys	1.51	0.67	0.10	2.28	XXX	N
75726	.....	A	Artery x-rays, abdomen	1.15	12.65	0.84	14.64	XXX	N
75726	TC	A	Artery x-rays, abdomen	0.00	12.14	0.76	12.90	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75726	26	A	Artery x-rays, abdomen	1.15	0.51	0.08	1.74	XXX	N
75731	.....	A	Artery x-rays, adrenal gland	1.15	12.65	0.84	14.64	XXX	N
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.14	0.76	12.90	XXX	N
75731	26	A	Artery x-rays, adrenal gland	1.15	0.51	0.08	1.74	XXX	N
75733	.....	A	Artery x-rays, adrenal glands	1.32	12.73	0.85	14.90	XXX	N
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.14	0.76	12.90	XXX	N
75733	26	A	Artery x-rays, adrenal glands	1.32	0.59	0.09	2.00	XXX	N
75736	.....	A	Artery x-rays, pelvis	1.15	12.65	0.84	14.64	XXX	N
75736	TC	A	Artery x-rays, pelvis	0.00	12.14	0.76	12.90	XXX	N
75736	26	A	Artery x-rays, pelvis	1.15	0.51	0.08	1.74	XXX	N
75741	.....	A	Artery x-rays, lung	1.32	12.73	0.85	14.90	XXX	N
75741	TC	A	Artery x-rays, lung	0.00	12.14	0.76	12.90	XXX	N
75741	26	A	Artery x-rays, lung	1.32	0.59	0.09	2.00	XXX	N
75743	.....	A	Artery x-rays, lungs	1.68	12.89	0.87	15.44	XXX	N
75743	TC	A	Artery x-rays, lungs	0.00	12.14	0.76	12.90	XXX	N
75743	26	A	Artery x-rays, lungs	1.68	0.75	0.11	2.54	XXX	N
75746	.....	A	Artery x-rays, lung	1.15	12.65	0.84	14.64	XXX	N
75746	TC	A	Artery x-rays, lung	0.00	12.14	0.76	12.90	XXX	N
75746	26	A	Artery x-rays, lung	1.15	0.51	0.08	1.74	XXX	N
75750	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75750	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75750	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75752	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	.....	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	TC	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75754	26	D	Artery x-rays, heart	0.00	0.00	0.00	0.00	XXX	0
75756	.....	A	Artery x-rays, chest	1.15	12.65	0.84	14.64	XXX	N
75756	TC	A	Artery x-rays, chest	0.00	12.14	0.76	12.90	XXX	N
75756	26	A	Artery x-rays, chest	1.15	0.51	0.08	1.74	XXX	N
75762	.....	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75762	TC	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75762	26	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	.....	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	TC	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75766	26	D	Coronary bypass x-ray	0.00	0.00	0.00	0.00	XXX	0
75774	.....	A	Artery x-ray, each vessel	0.36	12.30	0.78	13.44	XXX	N
75774	TC	A	Artery x-ray, each vessel	0.00	12.14	0.76	12.90	XXX	N
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.02	0.54	XXX	N
75790	.....	A	Visualize a-v shunt	1.86	2.14	0.21	4.21	XXX	N
75790	26	A	Visualize a-v shunt	1.86	0.84	0.12	2.82	XXX	N
75790	TC	A	Visualize a-v shunt	0.00	1.30	0.09	1.39	XXX	N
75801	.....	A	Lymph vessel x-ray, arm/leg	0.82	5.59	0.38	6.79	XXX	N
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.22	0.33	5.55	XXX	N
75801	26	A	Lymph vessel x-ray, arm/leg	0.82	0.37	0.05	1.24	XXX	N
75803	.....	A	Lymph vessel x-ray, arms/legs	1.18	5.74	0.41	7.33	XXX	N
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	5.22	0.33	5.55	XXX	N
75803	26	A	Lymph vessel x-ray, arms/legs	1.18	0.52	0.08	1.78	XXX	N
75805	.....	A	Lymph vessel x-ray, trunk	0.82	6.24	0.42	7.48	XXX	N
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.87	0.37	6.24	XXX	N
75805	26	A	Lymph vessel x-ray, trunk	0.82	0.37	0.05	1.24	XXX	N
75807	26	A	Lymph vessel x-ray, trunk	1.18	0.52	0.08	1.78	XXX	N
75807	.....	A	Lymph vessel x-ray, trunk	1.18	6.39	0.45	8.02	XXX	N
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.87	0.37	6.24	XXX	N
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.76	0.05	0.81	XXX	N
75809	.....	A	Nonvascular shunt, x-ray	0.48	0.95	0.08	1.51	XXX	N
75809	26	A	Nonvascular shunt, x-ray	0.48	0.19	0.03	0.70	XXX	N
75810	.....	A	Vein x-ray, spleen/liver	1.15	12.65	0.84	14.64	XXX	N
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.14	0.76	12.90	XXX	N
75810	26	A	Vein x-ray, spleen/liver	1.15	0.51	0.08	1.74	XXX	N
75820	.....	A	Vein x-ray, arm/leg	0.71	1.23	0.11	2.05	XXX	N
75820	TC	A	Vein x-ray, arm/leg	0.00	0.91	0.06	0.97	XXX	N
75820	26	A	Vein x-ray, arm/leg	0.71	0.32	0.05	1.08	XXX	N
75822	.....	A	Vein x-ray, arms/legs	1.07	1.91	0.16	3.14	XXX	N
75822	TC	A	Vein x-ray, arms/legs	0.00	1.43	0.09	1.52	XXX	N
75822	26	A	Vein x-ray, arms/legs	1.07	0.48	0.07	1.62	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75825	.....	A	Vein x-ray, trunk	1.15	12.65	0.84	14.64	XXX	N
75825	TC	A	Vein x-ray, trunk	0.00	12.14	0.76	12.90	XXX	N
75825	26	A	Vein x-ray, trunk	1.15	0.51	0.08	1.74	XXX	N
75827	.....	A	Vein x-ray, chest	1.15	12.65	0.84	14.64	XXX	N
75827	TC	A	Vein x-ray, chest	0.00	12.14	0.76	12.90	XXX	N
75827	26	A	Vein x-ray, chest	1.15	0.51	0.08	1.74	XXX	N
75831	.....	A	Vein x-ray, kidney	1.15	12.65	0.84	14.64	XXX	N
75831	TC	A	Vein x-ray, kidney	0.00	12.14	0.76	12.90	XXX	N
75831	26	A	Vein x-ray, kidney	1.15	0.51	0.08	1.74	XXX	N
75833	.....	A	Vein x-ray, kidneys	1.51	12.81	0.86	15.18	XXX	N
75833	TC	A	Vein x-ray, kidneys	0.00	12.14	0.76	12.90	XXX	N
75833	26	A	Vein x-ray, kidneys	1.51	0.67	0.10	2.28	XXX	N
75840	.....	A	Vein x-ray, adrenal gland	1.15	12.65	0.84	14.64	XXX	N
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.14	0.76	12.90	XXX	N
75840	26	A	Vein x-ray, adrenal gland	1.15	0.51	0.08	1.74	XXX	N
75842	.....	A	Vein x-ray, adrenal glands	1.51	12.81	0.86	15.18	XXX	N
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.14	0.76	12.90	XXX	N
75842	26	A	Vein x-ray, adrenal glands	1.51	0.67	0.10	2.28	XXX	N
75860	.....	A	Vein x-ray, neck	1.15	12.65	0.84	14.64	XXX	N
75860	TC	A	Vein x-ray, neck	0.00	12.14	0.76	12.90	XXX	N
75860	26	A	Vein x-ray, neck	1.15	0.51	0.08	1.74	XXX	N
75870	.....	A	Vein x-ray, skull	1.15	12.65	0.84	14.64	XXX	N
75870	TC	A	Vein x-ray, skull	0.00	12.14	0.76	12.90	XXX	N
75870	26	A	Vein x-ray, skull	1.15	0.51	0.08	1.74	XXX	N
75872	.....	A	Vein x-ray, skull	1.15	12.65	0.84	14.64	XXX	N
75872	TC	A	Vein x-ray, skull	0.00	12.14	0.76	12.90	XXX	N
75872	26	A	Vein x-ray, skull	1.15	0.51	0.08	1.74	XXX	N
75880	.....	A	Vein x-ray, eye socket	0.71	1.23	0.11	2.05	XXX	N
75880	TC	A	Vein x-ray, eye socket	0.00	0.91	0.06	0.97	XXX	N
75880	26	A	Vein x-ray, eye socket	0.71	0.32	0.05	1.08	XXX	N
75885	.....	A	Vein x-ray, liver	1.46	12.79	0.86	15.11	XXX	N
75885	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75885	26	A	Vein x-ray, liver	1.46	0.65	0.10	2.21	XXX	N
75887	.....	A	Vein x-ray, liver	1.46	12.79	0.86	15.11	XXX	N
75887	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75887	26	A	Vein x-ray, liver	1.46	0.65	0.10	2.21	XXX	N
75889	.....	A	Vein x-ray, liver	1.15	12.65	0.84	14.64	XXX	N
75889	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75889	26	A	Vein x-ray, liver	1.15	0.51	0.08	1.74	XXX	N
75891	.....	A	Vein x-ray, liver	1.15	12.65	0.84	14.64	XXX	N
75891	TC	A	Vein x-ray, liver	0.00	12.14	0.76	12.90	XXX	N
75891	26	A	Vein x-ray, liver	1.15	0.51	0.08	1.74	XXX	N
75893	.....	A	Venous sampling by catheter	0.55	12.39	0.80	13.74	XXX	N
75893	TC	A	Venous sampling by catheter	0.00	12.14	0.76	12.90	XXX	N
75893	26	A	Venous sampling by catheter	0.55	0.25	0.04	0.84	XXX	N
75894	.....	A	X-rays, transcatheter therapy	1.32	23.85	1.55	26.72	XXX	N
75894	TC	A	X-rays, transcatheter therapy	0.00	23.26	1.46	24.72	XXX	N
75894	26	A	X-rays, transcatheter therapy	1.32	0.59	0.09	2.00	XXX	N
75896	.....	A	X-rays, transcatheter therapy	1.32	20.81	1.35	23.48	XXX	N
75896	TC	A	X-rays, transcatheter therapy	0.00	20.22	1.26	21.48	XXX	N
75896	26	A	X-rays, transcatheter therapy	1.32	0.59	0.09	2.00	XXX	N
75898	.....	A	Follow-up angiogram	1.67	1.76	0.18	3.61	XXX	N
75898	26	A	Follow-up angiogram	1.67	0.75	0.11	2.53	XXX	N
75898	TC	A	Follow-up angiogram	0.00	1.01	0.07	1.08	XXX	N
75940	.....	A	X-ray placement, vein filter	0.55	12.39	0.80	13.74	XXX	N
75940	TC	A	X-ray placement, vein filter	0.00	12.14	0.76	12.90	XXX	N
75940	26	A	X-ray placement, vein filter	0.55	0.25	0.04	0.84	XXX	N
75960	.....	A	Transcatheter intro, stent	0.83	14.73	0.95	16.51	XXX	N
75960	TC	A	Transcatheter intro, stent	0.00	14.36	0.89	15.25	XXX	N
75960	26	A	Transcatheter intro, stent	0.83	0.37	0.06	1.26	XXX	N
75961	.....	A	Retrieval, broken catheter	4.30	12.04	0.91	17.25	XXX	N
75961	TC	A	Retrieval, broken catheter	0.00	10.12	0.63	10.75	XXX	N
75961	26	A	Retrieval, broken catheter	4.30	1.92	0.28	6.50	XXX	N
75962	26	A	Repair arterial blockage	0.55	0.25	0.04	0.84	XXX	N
75962	.....	A	Repair arterial blockage	0.55	15.42	0.99	16.96	XXX	N
75962	TC	A	Repair arterial blockage	0.00	15.17	0.95	16.12	XXX	N
75964	TC	A	Repair artery blockage, each	0.00	8.09	0.51	8.60	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
75964	.....	A	Repair artery blockage, each	0.36	8.25	0.53	9.14	XXX	N
75964	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75966	.....	A	Repair arterial blockage	1.32	15.76	1.04	18.12	XXX	N
75966	TC	A	Repair arterial blockage	0.00	15.17	0.95	16.12	XXX	N
75966	26	A	Repair arterial blockage	1.32	0.59	0.09	2.00	XXX	N
75968	.....	A	Repair artery blockage, each	0.36	8.25	0.53	9.14	XXX	N
75968	TC	A	Repair artery blockage, each	0.00	8.09	0.51	8.60	XXX	N
75968	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75970	.....	A	Vascular biopsy	0.84	11.50	0.76	13.10	XXX	N
75970	TC	A	Vascular biopsy	0.00	11.12	0.70	11.82	XXX	N
75970	26	A	Vascular biopsy	0.84	0.38	0.06	1.28	XXX	N
75978	.....	A	Repair venous blockage	0.55	15.66	0.99	17.20	XXX	N
75978	TC	A	Repair venous blockage	0.00	15.17	0.95	16.12	XXX	N
75978	26	A	Repair venous blockage	0.55	0.49	0.04	1.08	XXX	N
75980	.....	A	Contrast x-ray exam bile duct	1.46	5.87	0.43	7.76	XXX	N
75980	TC	A	Contrast x-ray exam bile duct	0.00	5.22	0.33	5.55	XXX	N
75980	26	A	Contrast x-ray exam bile duct	1.46	0.65	0.10	2.21	XXX	N
75982	.....	A	Contrast x-ray exam bile duct	1.46	6.52	0.47	8.45	XXX	N
75982	TC	A	Contrast x-ray exam bile duct	0.00	5.87	0.37	6.24	XXX	N
75982	26	A	Contrast x-ray exam bile duct	1.46	0.65	0.10	2.21	XXX	N
75984	.....	A	X-ray control catheter change	0.73	2.21	0.17	3.11	XXX	N
75984	TC	A	X-ray control catheter change	0.00	1.88	0.12	2.00	XXX	N
75984	26	A	X-ray control catheter change	0.73	0.33	0.05	1.11	XXX	N
75989	.....	A	Abscess drainage under x-ray	1.20	3.56	0.27	5.03	XXX	N
75989	TC	A	Abscess drainage under x-ray	0.00	3.03	0.19	3.22	XXX	N
75989	26	A	Abscess drainage under x-ray	1.20	0.53	0.08	1.81	XXX	N
75992	.....	A	Atherectomy, x-ray exam	0.55	15.42	0.99	16.96	XXX	N
75992	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75992	26	A	Atherectomy, x-ray exam	0.55	0.25	0.04	0.84	XXX	N
75993	.....	A	Atherectomy, x-ray exam	0.36	8.25	0.53	9.14	XXX	N
75993	TC	A	Atherectomy, x-ray exam	0.00	8.09	0.51	8.60	XXX	N
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75994	.....	A	Atherectomy, x-ray exam	1.32	15.76	1.04	18.12	XXX	N
75994	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75994	26	A	Atherectomy, x-ray exam	1.32	0.59	0.09	2.00	XXX	N
75995	.....	A	Atherectomy, x-ray exam	1.32	15.76	1.04	18.12	XXX	N
75995	TC	A	Atherectomy, x-ray exam	0.00	15.17	0.95	16.12	XXX	N
75995	26	A	Atherectomy, x-ray exam	1.32	0.59	0.09	2.00	XXX	N
75996	.....	A	Atherectomy, x-ray exam	0.36	8.25	0.53	9.14	XXX	N
75996	TC	A	Atherectomy, x-ray exam	0.00	8.09	0.51	8.60	XXX	N
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
76000	.....	A	Fluoroscope examination	0.17	1.32	0.09	1.58	XXX	N
76000	TC	A	Fluoroscope examination	0.00	1.25	0.08	1.33	XXX	N
76000	26	A	Fluoroscope examination	0.17	0.07	0.01	0.25	XXX	N
76001	.....	A	Fluoroscope exam, extensive	0.68	2.84	0.22	3.74	XXX	N
76001	TC	A	Fluoroscope exam, extensive	0.00	2.53	0.17	2.70	XXX	N
76001	26	A	Fluoroscope exam, extensive	0.68	0.31	0.05	1.04	XXX	N
76003	.....	A	Needle localization by x-ray	0.55	1.50	0.12	2.17	XXX	N
76003	TC	A	Needle localization by x-ray	0.00	1.25	0.08	1.33	XXX	N
76003	26	A	Needle localization by x-ray	0.55	0.25	0.04	0.84	XXX	N
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.01	0.27	XXX	N
76010	.....	A	X-ray, nose to rectum	0.18	0.59	0.04	0.81	XXX	N
76010	TC	A	X-ray, nose to rectum	0.00	0.51	0.03	0.54	XXX	N
76020	TC	A	X-rays for bone age	0.00	0.51	0.03	0.54	XXX	N
76020	.....	A	X-rays for bone age	0.19	0.60	0.04	0.83	XXX	N
76020	26	A	X-rays for bone age	0.19	0.09	0.01	0.29	XXX	N
76040	.....	A	X-rays, bone evaluation	0.27	0.89	0.07	1.23	XXX	N
76040	TC	A	X-rays, bone evaluation	0.00	0.76	0.05	0.81	XXX	N
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.02	0.42	XXX	N
76061	.....	A	X-rays, bone survey	0.45	1.16	0.09	1.70	XXX	N
76061	TC	A	X-rays, bone survey	0.00	0.96	0.06	1.02	XXX	N
76061	26	A	X-rays, bone survey	0.45	0.20	0.03	0.68	XXX	N
76062	.....	A	X-rays, bone survey	0.55	1.64	0.13	2.32	XXX	N
76062	TC	A	X-rays, bone survey	0.00	1.39	0.09	1.48	XXX	N
76062	26	A	X-rays, bone survey	0.55	0.25	0.04	0.84	XXX	N
76065	.....	A	X-rays, bone evaluation	0.28	0.84	0.07	1.19	XXX	N
76065	TC	A	X-rays, bone evaluation	0.00	0.71	0.05	0.76	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.02	0.43	XXX	N
76066	.....	A	Joint(s) survey, single film	0.31	1.21	0.09	1.61	XXX	N
76066	TC	A	Joint(s) survey, single film	0.00	1.07	0.07	1.14	XXX	N
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.02	0.47	XXX	N
76070	.....	A	Ct scan, bone density study	0.25	2.96	0.20	3.41	XXX	N
76070	TC	A	Ct scan, bone density study	0.00	2.84	0.18	3.02	XXX	N
76070	26	A	Ct scan, bone density study	0.25	0.12	0.02	0.39	XXX	N
76075	.....	A	Dual energy x-ray study	0.28	1.66	0.12	2.06	XXX	N
76075	TC	A	Dual energy x-ray study	0.00	1.54	0.10	1.64	XXX	N
76075	26	A	Dual energy x-ray study	0.28	0.12	0.02	0.42	XXX	N
76080	.....	A	X-ray exam of fistula	0.55	1.26	0.11	1.92	XXX	N
76080	TC	A	X-ray exam of fistula	0.00	1.01	0.07	1.08	XXX	N
76080	26	A	X-ray exam of fistula	0.55	0.25	0.04	0.84	XXX	N
76086	.....	A	X-ray of mammary duct	0.36	2.70	0.19	3.25	XXX	N
76086	TC	A	X-ray of mammary duct	0.00	2.53	0.17	2.70	XXX	N
76086	26	A	X-ray of mammary duct	0.36	0.17	0.02	0.55	XXX	N
76088	.....	A	X-ray of mammary ducts	0.45	3.73	0.25	4.43	XXX	N
76088	TC	A	X-ray of mammary ducts	0.00	3.53	0.22	3.75	XXX	N
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.03	0.68	XXX	N
76090	.....	A	Mammogram, one breast	0.25	1.13	0.09	1.47	XXX	N
76090	TC	A	Mammogram, one breast	0.00	1.01	0.07	1.08	XXX	N
76090	26	A	Mammogram, one breast	0.25	0.12	0.02	0.39	XXX	N
76091	.....	A	Mammogram, both breasts	0.41	1.43	0.11	1.95	XXX	N
76091	TC	A	Mammogram, both breasts	0.00	1.25	0.08	1.33	XXX	N
76091	26	A	Mammogram, both breasts	0.41	0.18	0.03	0.62	XXX	N
76092	.....	X	Mammogram, screening	0.00	0.00	0.00	0.00	XXX	0
76095	.....	A	Stereotactic breast biopsy	1.61	7.63	0.54	9.78	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.91	0.43	7.34	XXX	N
76095	26	A	Stereotactic breast biopsy	1.61	0.72	0.11	2.44	XXX	N
76096	.....	A	X-ray of needle wire, breast	0.57	1.51	0.12	2.20	XXX	N
76096	TC	A	X-ray of needle wire, breast	0.00	1.25	0.08	1.33	XXX	N
76096	26	A	X-ray of needle wire, breast	0.57	0.26	0.04	0.87	XXX	N
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.01	0.24	XXX	N
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.03	0.43	XXX	N
76098	.....	A	X-ray exam, breast specimen	0.16	0.47	0.04	0.67	XXX	N
76100	.....	A	X-ray exam of body section	0.59	1.47	0.12	2.18	XXX	N
76100	TC	A	X-ray exam of body section	0.00	1.20	0.08	1.28	XXX	N
76100	26	A	X-ray exam of body section	0.59	0.27	0.04	0.90	XXX	N
76101	.....	A	Complex body section x-ray	0.59	1.63	0.13	2.35	XXX	N
76101	TC	A	Complex body section x-ray	0.00	1.36	0.09	1.45	XXX	N
76101	26	A	Complex body section x-ray	0.59	0.27	0.04	0.90	XXX	N
76102	.....	A	Complex body section x-rays	0.59	1.94	0.15	2.68	XXX	N
76102	TC	A	Complex body section x-rays	0.00	1.67	0.11	1.78	XXX	N
76102	26	A	Complex body section x-rays	0.59	0.27	0.04	0.90	XXX	N
76120	TC	A	Cinematic x-rays	0.00	1.01	0.07	1.08	XXX	N
76120	26	A	Cinematic x-rays	0.38	0.17	0.03	0.58	XXX	N
76120	.....	A	Cinematic x-rays	0.38	1.18	0.10	1.66	XXX	N
76125	.....	A	Cinematic x-rays	0.27	0.88	0.07	1.22	XXX	N
76125	TC	A	Cinematic x-rays	0.00	0.76	0.05	0.81	XXX	N
76125	26	A	Cinematic x-rays	0.27	0.12	0.02	0.41	XXX	N
76140	.....	G	X-ray consultation	0.00	0.00	0.00	0.00	XXX	0
76150	.....	A	X-ray exam, dry process	0.00	0.40	0.03	0.43	XXX	N
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76350	TC	D	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76350	26	D	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76355	.....	A	Cat scan for localization	1.22	8.50	0.58	10.30	XXX	N
76355	TC	A	Cat scan for localization	0.00	7.96	0.50	8.46	XXX	N
76355	26	A	Cat scan for localization	1.22	0.54	0.08	1.84	XXX	N
76360	.....	A	Cat scan for needle biopsy	1.17	8.47	0.58	10.22	XXX	N
76360	TC	A	Cat scan for needle biopsy	0.00	7.96	0.50	8.46	XXX	N
76360	26	A	Cat scan for needle biopsy	1.17	0.51	0.08	1.76	XXX	N
76365	26	A	Cat scan for cyst aspiration	1.17	0.51	0.08	1.76	XXX	N
76365	.....	A	Cat scan for cyst aspiration	1.17	8.47	0.58	10.22	XXX	N
76365	TC	A	Cat scan for cyst aspiration	0.00	7.96	0.50	8.46	XXX	N
76370	TC	A	Cat scan for therapy guide	0.00	2.84	0.18	3.02	XXX	N
76370	.....	A	Cat scan for therapy guide	0.86	3.22	0.24	4.32	XXX	N
76370	26	A	Cat scan for therapy guide	0.86	0.38	0.06	1.30	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76375	.....	A	Cat scans, other planes	0.16	3.48	0.22	3.86	XXX	N
76375	TC	A	Cat scans, other planes	0.00	3.41	0.21	3.62	XXX	N
76375	26	A	Cat scans, other planes	0.16	0.07	0.01	0.24	XXX	N
76380	.....	A	Cat scan follow-up study	0.99	3.82	0.28	5.09	XXX	N
76380	26	A	Cat scan follow-up study	0.99	0.44	0.07	1.50	XXX	N
76380	TC	A	Cat scan follow-up study	0.00	3.38	0.21	3.59	XXX	N
76400	.....	A	Magnetic image, bone marrow	1.62	11.53	0.79	13.94	XXX	N
76400	TC	A	Magnetic image, bone marrow	0.00	10.80	0.68	11.48	XXX	N
76400	26	A	Magnetic image, bone marrow	1.62	0.73	0.11	2.46	XXX	N
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76506	.....	A	Echo exam of head	0.64	1.65	0.13	2.42	XXX	N
76506	TC	A	Echo exam of head	0.00	1.36	0.09	1.45	XXX	N
76506	26	A	Echo exam of head	0.64	0.29	0.04	0.97	XXX	N
76511	.....	A	Echo exam of eye	0.95	1.45	0.12	2.52	XXX	N
76511	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76511	26	A	Echo exam of eye	0.95	0.25	0.04	1.24	XXX	N
76512	.....	A	Echo exam of eye	0.67	1.77	0.15	2.59	XXX	N
76512	TC	A	Echo exam of eye	0.00	1.47	0.10	1.57	XXX	N
76512	26	A	Echo exam of eye	0.67	0.30	0.05	1.02	XXX	N
76513	26	A	Echo exam of eye, water bath	0.67	0.30	0.05	1.02	XXX	N
76513	.....	A	Echo exam of eye, water bath	0.67	1.77	0.15	2.59	XXX	N
76513	TC	A	Echo exam of eye, water bath	0.00	1.47	0.10	1.57	XXX	N
76516	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76516	.....	A	Echo exam of eye	0.55	1.45	0.12	2.12	XXX	N
76516	26	A	Echo exam of eye	0.55	0.25	0.04	0.84	XXX	N
76519	.....	A	Echo exam of eye	0.55	1.45	0.12	2.12	XXX	N
76519	TC	A	Echo exam of eye	0.00	1.20	0.08	1.28	XXX	N
76519	26	A	Echo exam of eye	0.55	0.25	0.04	0.84	XXX	N
76529	.....	A	Echo exam of eye	0.58	1.57	0.13	2.28	XXX	N
76529	TC	A	Echo exam of eye	0.00	1.31	0.09	1.40	XXX	N
76529	26	A	Echo exam of eye	0.58	0.26	0.04	0.88	XXX	N
76536	.....	A	Echo exam of head and neck	0.57	1.62	0.13	2.32	XXX	N
76536	26	A	Echo exam of head and neck	0.57	0.26	0.04	0.87	XXX	N
76536	TC	A	Echo exam of head and neck	0.00	1.36	0.09	1.45	XXX	N
76604	.....	A	Echo exam of chest	0.56	1.51	0.12	2.19	XXX	N
76604	TC	A	Echo exam of chest	0.00	1.25	0.08	1.33	XXX	N
76604	26	A	Echo exam of chest	0.56	0.26	0.04	0.86	XXX	N
76645	TC	A	Echo exam of breast	0.00	1.01	0.07	1.08	XXX	N
76645	26	A	Echo exam of breast	0.55	0.25	0.04	0.84	XXX	N
76645	.....	A	Echo exam of breast	0.55	1.26	0.11	1.92	XXX	N
76700	.....	A	Echo exam of abdomen	0.82	2.27	0.17	3.26	XXX	N
76700	TC	A	Echo exam of abdomen	0.00	1.90	0.12	2.02	XXX	N
76700	26	A	Echo exam of abdomen	0.82	0.37	0.05	1.24	XXX	N
76705	.....	A	Echo exam of abdomen	0.60	1.63	0.13	2.36	XXX	N
76705	TC	A	Echo exam of abdomen	0.00	1.36	0.09	1.45	XXX	N
76705	26	A	Echo exam of abdomen	0.60	0.27	0.04	0.91	XXX	N
76770	26	A	Echo exam abdomen back wall	0.75	0.34	0.05	1.14	XXX	N
76770	.....	A	Echo exam abdomen back wall	0.75	2.24	0.17	3.16	XXX	N
76770	TC	A	Echo exam abdomen back wall	0.00	1.90	0.12	2.02	XXX	N
76775	TC	A	Echo exam abdomen back wall	0.00	1.36	0.09	1.45	XXX	N
76775	.....	A	Echo exam abdomen back wall	0.59	1.63	0.13	2.35	XXX	N
76775	26	A	Echo exam abdomen back wall	0.59	0.27	0.04	0.90	XXX	N
76778	.....	A	Echo exam kidney transplant	0.75	2.24	0.17	3.16	XXX	N
76778	26	A	Echo exam kidney transplant	0.75	0.34	0.05	1.14	XXX	N
76778	TC	A	Echo exam kidney transplant	0.00	1.90	0.12	2.02	XXX	N
76800	.....	A	Echo exam spinal canal	1.14	1.87	0.17	3.18	XXX	N
76800	TC	A	Echo exam spinal canal	0.00	1.36	0.09	1.45	XXX	N
76800	26	A	Echo exam spinal canal	1.14	0.51	0.08	1.73	XXX	N
76805	.....	A	Echo exam of pregnant uterus	1.00	2.47	0.20	3.67	XXX	N
76805	TC	A	Echo exam of pregnant uterus	0.00	2.02	0.13	2.15	XXX	N
76805	26	A	Echo exam of pregnant uterus	1.00	0.45	0.07	1.52	XXX	N
76810	.....	A	Echo exam of pregnant uterus	1.99	4.93	0.38	7.30	XXX	N
76810	TC	A	Echo exam of pregnant uterus	0.00	4.04	0.25	4.29	XXX	N
76810	26	A	Echo exam of pregnant uterus	1.99	0.89	0.13	3.01	XXX	N
76815	26	A	Echo exam of pregnant uterus	0.66	0.30	0.04	1.00	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76815	.....	A	Echo exam of pregnant uterus	0.66	1.66	0.13	2.45	XXX	N
76815	TC	A	Echo exam of pregnant uterus	0.00	1.36	0.09	1.45	XXX	N
76816	TC	A	Echo exam followup or repeat	0.00	1.07	0.07	1.14	XXX	N
76816	.....	A	Echo exam followup or repeat	0.58	1.33	0.11	2.02	XXX	N
76816	26	A	Echo exam followup or repeat	0.58	0.26	0.04	0.88	XXX	N
76818	.....	A	Fetal biophysical profile	0.78	1.91	0.15	2.84	XXX	N
76818	TC	A	Fetal biophysical profile	0.00	1.56	0.10	1.66	XXX	N
76818	26	A	Fetal biophysical profile	0.78	0.35	0.05	1.18	XXX	N
76825	.....	A	Echo exam of fetal heart	0.99	2.25	0.17	3.41	XXX	N
76825	TC	A	Echo exam of fetal heart	0.00	1.90	0.12	2.02	XXX	N
76825	26	A	Echo exam of fetal heart	0.99	0.35	0.05	1.39	XXX	N
76826	.....	A	Echo exam of fetal heart	0.84	1.37	0.10	2.31	XXX	N
76826	TC	A	Echo exam of fetal heart	0.00	0.68	0.05	0.73	XXX	N
76826	26	A	Echo exam of fetal heart	0.84	0.69	0.05	1.58	XXX	N
76827	.....	A	Echo exam of fetal heart	0.59	2.36	0.18	3.13	XXX	N
76827	TC	A	Echo exam of fetal heart	0.00	1.66	0.13	1.79	XXX	N
76827	26	A	Echo exam of fetal heart	0.59	0.70	0.05	1.34	XXX	N
76828	.....	A	Echo exam of fetal heart	0.57	1.35	0.11	2.03	XXX	N
76828	TC	A	Echo exam of fetal heart	0.00	1.07	0.09	1.16	XXX	N
76828	26	A	Echo exam of fetal heart	0.57	0.28	0.02	0.87	XXX	N
76830	.....	A	Echo exam, transvaginal	0.70	1.79	0.15	2.64	XXX	N
76830	TC	A	Echo exam, transvaginal	0.00	1.47	0.10	1.57	XXX	N
76830	26	A	Echo exam, transvaginal	0.70	0.32	0.05	1.07	XXX	N
76856	.....	A	Echo exam of pelvis	0.70	1.79	0.15	2.64	XXX	N
76856	TC	A	Echo exam of pelvis	0.00	1.47	0.10	1.57	XXX	N
76856	26	A	Echo exam of pelvis	0.70	0.32	0.05	1.07	XXX	N
76857	.....	A	Echo exam of pelvis	0.38	1.18	0.10	1.66	XXX	N
76857	TC	A	Echo exam of pelvis	0.00	1.01	0.07	1.08	XXX	N
76857	26	A	Echo exam of pelvis	0.38	0.17	0.03	0.58	XXX	N
76870	.....	A	Echo exam of scrotum	0.65	1.76	0.14	2.55	XXX	N
76870	TC	A	Echo exam of scrotum	0.00	1.47	0.10	1.57	XXX	N
76870	26	A	Echo exam of scrotum	0.65	0.29	0.04	0.98	XXX	N
76872	.....	A	Echo exam, transrectal	0.70	1.79	0.15	2.64	XXX	N
76872	TC	A	Echo exam, transrectal	0.00	1.47	0.10	1.57	XXX	N
76872	26	A	Echo exam, transrectal	0.70	0.32	0.05	1.07	XXX	N
76880	.....	A	Echo exam of extremity	0.60	1.63	0.13	2.36	XXX	N
76880	26	A	Echo exam of extremity	0.60	0.27	0.04	0.91	XXX	N
76880	TC	A	Echo exam of extremity	0.00	1.36	0.09	1.45	XXX	N
76930	.....	A	Echo guide for heart sac tap	0.68	1.78	0.15	2.61	XXX	N
76930	TC	A	Echo guide for heart sac tap	0.00	1.47	0.10	1.57	XXX	N
76930	26	A	Echo guide for heart sac tap	0.68	0.31	0.05	1.04	XXX	N
76932	.....	A	Echo guide for heart biopsy	0.68	1.78	0.15	2.61	XXX	N
76932	TC	A	Echo guide for heart biopsy	0.00	1.47	0.10	1.57	XXX	N
76932	26	A	Echo guide for heart biopsy	0.68	0.31	0.05	1.04	XXX	N
76934	.....	A	Echo guide for chest tap	0.68	1.78	0.15	2.61	XXX	N
76934	TC	A	Echo guide for chest tap	0.00	1.47	0.10	1.57	XXX	N
76934	26	A	Echo guide for chest tap	0.68	0.31	0.05	1.04	XXX	N
76938	26	A	Echo exam for drainage	0.68	0.31	0.05	1.04	XXX	N
76938	.....	A	Echo exam for drainage	0.68	1.78	0.15	2.61	XXX	N
76938	TC	A	Echo exam for drainage	0.00	1.47	0.10	1.57	XXX	N
76942	TC	A	Echo guide for biopsy	0.00	1.47	0.10	1.57	XXX	N
76942	.....	A	Echo guide for biopsy	0.68	1.78	0.15	2.61	XXX	N
76942	26	A	Echo guide for biopsy	0.68	0.31	0.05	1.04	XXX	N
76946	.....	A	Echo guide for amniocentesis	0.38	1.64	0.13	2.15	XXX	N
76946	TC	A	Echo guide for amniocentesis	0.00	1.47	0.10	1.57	XXX	N
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.03	0.58	XXX	N
76948	.....	A	Echo guide, ova aspiration	0.38	1.64	0.13	2.15	XXX	N
76948	TC	A	Echo guide, ova aspiration	0.00	1.47	0.10	1.57	XXX	N
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.03	0.58	XXX	N
76950	.....	A	Echo guidance radiotherapy	0.59	1.52	0.12	2.23	XXX	N
76950	TC	A	Echo guidance radiotherapy	0.00	1.25	0.08	1.33	XXX	N
76950	26	A	Echo guidance radiotherapy	0.59	0.27	0.04	0.90	XXX	N
76960	.....	A	Echo guidance radiotherapy	0.59	1.52	0.12	2.23	XXX	N
76960	TC	A	Echo guidance radiotherapy	0.00	1.25	0.08	1.33	XXX	N
76960	26	A	Echo guidance radiotherapy	0.59	0.27	0.04	0.90	XXX	N
76970	.....	A	Ultrasound exam follow-up	0.40	1.19	0.10	1.69	XXX	N
76970	TC	A	Ultrasound exam follow-up	0.00	1.01	0.07	1.08	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.03	0.61	XXX	N
76975	.....	A	Gi endoscopic ultrasound	0.82	1.81	0.15	2.78	XXX	N
76975	TC	A	Gi endoscopic ultrasound	0.00	1.47	0.10	1.57	XXX	N
76975	26	A	Gi endoscopic ultrasound	0.82	0.34	0.05	1.21	XXX	N
76986	.....	A	Echo exam at surgery	1.21	3.07	0.25	4.53	XXX	N
76986	TC	A	Echo exam at surgery	0.00	2.53	0.17	2.70	XXX	N
76986	26	A	Echo exam at surgery	1.21	0.54	0.08	1.83	XXX	N
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
77261	.....	A	Radiation therapy planning	1.41	0.63	0.09	2.13	XXX	N
77262	.....	A	Radiation therapy planning	2.13	0.95	0.14	3.22	XXX	N
77263	.....	A	Radiation therapy planning	3.17	1.42	0.20	4.79	XXX	N
77280	.....	A	Set radiation therapy field	0.71	3.67	0.26	4.64	XXX	N
77280	TC	A	Set radiation therapy field	0.00	3.35	0.21	3.56	XXX	N
77280	26	A	Set radiation therapy field	0.71	0.32	0.05	1.08	XXX	N
77285	.....	A	Set radiation therapy field	1.06	5.84	0.41	7.31	XXX	N
77285	TC	A	Set radiation therapy field	0.00	5.37	0.34	5.71	XXX	N
77285	26	A	Set radiation therapy field	1.06	0.47	0.07	1.60	XXX	N
77290	26	A	Set radiation therapy field	1.58	0.71	0.11	2.40	XXX	N
77290	.....	A	Set radiation therapy field	1.58	6.98	0.50	9.06	XXX	N
77290	TC	A	Set radiation therapy field	0.00	6.27	0.39	6.66	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.92	1.72	28.64	XXX	N
77295	.....	A	Set radiation therapy field	4.62	29.00	1.95	35.57	XXX	N
77295	26	A	Set radiation therapy field	4.62	2.08	0.23	6.93	XXX	N
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77300	.....	A	Radiation therapy dose plan	0.63	1.57	0.12	2.32	XXX	N
77300	TC	A	Radiation therapy dose plan	0.00	1.29	0.08	1.37	XXX	N
77300	26	A	Radiation therapy dose plan	0.63	0.28	0.04	0.95	XXX	N
77305	.....	A	Radiation therapy dose plan	0.71	2.11	0.17	2.99	XXX	N
77305	TC	A	Radiation therapy dose plan	0.00	1.79	0.12	1.91	XXX	N
77305	26	A	Radiation therapy dose plan	0.71	0.32	0.05	1.08	XXX	N
77310	.....	A	Radiation therapy dose plan	1.06	2.71	0.22	3.99	XXX	N
77310	TC	A	Radiation therapy dose plan	0.00	2.24	0.15	2.39	XXX	N
77310	26	A	Radiation therapy dose plan	1.06	0.47	0.07	1.60	XXX	N
77315	.....	A	Radiation therapy dose plan	1.58	3.27	0.28	5.13	XXX	N
77315	TC	A	Radiation therapy dose plan	0.00	2.56	0.17	2.73	XXX	N
77315	26	A	Radiation therapy dose plan	1.58	0.71	0.11	2.40	XXX	N
77321	TC	A	Radiation therapy port plan	0.00	3.89	0.24	4.13	XXX	N
77321	26	A	Radiation therapy port plan	0.96	0.43	0.06	1.45	XXX	N
77321	.....	A	Radiation therapy port plan	0.96	4.32	0.30	5.58	XXX	N
77326	.....	A	Radiation therapy dose plan	0.94	2.70	0.21	3.85	XXX	N
77326	TC	A	Radiation therapy dose plan	0.00	2.28	0.15	2.43	XXX	N
77326	26	A	Radiation therapy dose plan	0.94	0.42	0.06	1.42	XXX	N
77327	.....	A	Radiation therapy dose plan	1.41	3.98	0.30	5.69	XXX	N
77327	TC	A	Radiation therapy dose plan	0.00	3.35	0.21	3.56	XXX	N
77327	26	A	Radiation therapy dose plan	1.41	0.63	0.09	2.13	XXX	N
77328	.....	A	Radiation therapy dose plan	2.11	5.72	0.44	8.27	XXX	N
77328	TC	A	Radiation therapy dose plan	0.00	4.78	0.30	5.08	XXX	N
77328	26	A	Radiation therapy dose plan	2.11	0.94	0.14	3.19	XXX	N
77331	.....	A	Special radiation dosimetry	0.88	0.88	0.09	1.85	XXX	N
77331	TC	A	Special radiation dosimetry	0.00	0.49	0.03	0.52	XXX	N
77331	26	A	Special radiation dosimetry	0.88	0.39	0.06	1.33	XXX	N
77332	.....	A	Radiation treatment aid(s)	0.55	1.54	0.12	2.21	XXX	N
77332	TC	A	Radiation treatment aid(s)	0.00	1.29	0.08	1.37	XXX	N
77332	26	A	Radiation treatment aid(s)	0.55	0.25	0.04	0.84	XXX	N
77333	.....	A	Radiation treatment aid(s)	0.85	2.21	0.18	3.24	XXX	N
77333	TC	A	Radiation treatment aid(s)	0.00	1.83	0.12	1.95	XXX	N
77333	26	A	Radiation treatment aid(s)	0.85	0.38	0.06	1.29	XXX	N
77334	.....	A	Radiation treatment aid(s)	1.25	3.68	0.27	5.20	XXX	N
77334	TC	A	Radiation treatment aid(s)	0.00	3.13	0.19	3.32	XXX	N
77334	26	A	Radiation treatment aid(s)	1.25	0.55	0.08	1.88	XXX	N
77336	.....	A	Radiation physics consult	0.00	2.87	0.18	3.05	XXX	N
77370	.....	A	Radiation physics consult	0.00	3.37	0.21	3.58	XXX	N
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77401	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77402	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77403	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77404	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77406	.....	A	Radiation treatment delivery	0.00	1.71	0.11	1.82	XXX	N
77407	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77408	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77409	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77411	.....	A	Radiation treatment delivery	0.00	2.01	0.13	2.14	XXX	N
77412	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77413	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77414	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77416	.....	A	Radiation treatment delivery	0.00	2.24	0.15	2.39	XXX	N
77417	.....	A	Radiology port film(s)	0.00	0.57	0.04	0.61	XXX	N
77419	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77420	.....	A	Weekly radiation therapy	1.63	0.73	0.11	2.47	XXX	N
77425	.....	A	Weekly radiation therapy	2.47	1.11	0.17	3.75	XXX	N
77430	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77431	.....	A	Radiation therapy management	1.83	0.82	0.12	2.77	XXX	N
77432	.....	A	Stereotactic radiation trmt	8.02	4.99	0.40	13.41	XXX	N
77470	.....	A	Special radiation treatment	2.11	11.68	0.81	14.60	XXX	N
77470	TC	A	Special radiation treatment	0.00	10.74	0.67	11.41	XXX	N
77470	26	A	Special radiation treatment	2.11	0.94	0.14	3.19	XXX	N
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77600	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77600	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77600	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77605	.....	A	Hyperthermia treatment	2.11	4.85	0.39	7.35	ZZZ	N
77605	TC	A	Hyperthermia treatment	0.00	3.91	0.25	4.16	ZZZ	N
77605	26	A	Hyperthermia treatment	2.11	0.94	0.14	3.19	ZZZ	N
77610	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77610	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77610	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77615	TC	A	Hyperthermia treatment	0.00	3.91	0.25	4.16	ZZZ	N
77615	.....	A	Hyperthermia treatment	2.11	4.85	0.39	7.35	ZZZ	N
77615	26	A	Hyperthermia treatment	2.11	0.94	0.14	3.19	ZZZ	N
77620	.....	A	Hyperthermia treatment	1.58	3.64	0.29	5.51	ZZZ	N
77620	26	A	Hyperthermia treatment	1.58	0.71	0.11	2.40	ZZZ	N
77620	TC	A	Hyperthermia treatment	0.00	2.93	0.18	3.11	ZZZ	N
77750	.....	A	Infuse radioactive materials	4.64	3.35	0.38	8.37	090	N
77750	TC	A	Infuse radioactive materials	0.00	1.28	0.08	1.36	090	N
77750	26	A	Infuse radioactive materials	4.64	2.07	0.30	7.01	090	N
77761	.....	A	Radioelement application	3.60	4.03	0.39	8.02	090	N
77761	TC	A	Radioelement application	0.00	2.42	0.16	2.58	090	N
77761	26	A	Radioelement application	3.60	1.61	0.23	5.44	090	N
77762	.....	A	Radioelement application	5.41	5.90	0.57	11.88	090	N
77762	TC	A	Radioelement application	0.00	3.48	0.22	3.70	090	N
77762	26	A	Radioelement application	5.41	2.42	0.35	8.18	090	N
77763	26	A	Radioelement application	8.10	3.62	0.51	12.23	090	N
77763	.....	A	Radioelement application	8.10	7.95	0.78	16.83	090	N
77763	TC	A	Radioelement application	0.00	4.33	0.27	4.60	090	N
77776	TC	A	Radioelement application	0.00	2.09	0.14	2.23	XXX	N
77776	.....	A	Radioelement application	4.71	4.20	0.45	9.36	XXX	N
77776	26	A	Radioelement application	4.71	2.11	0.31	7.13	XXX	N
77777	.....	A	Radioelement application	7.07	7.24	0.71	15.02	090	N
77777	TC	A	Radioelement application	0.00	4.08	0.26	4.34	090	N
77777	26	A	Radioelement application	7.07	3.16	0.45	10.68	090	N
77778	.....	A	Radioelement application	10.58	9.68	0.99	21.25	090	N
77778	TC	A	Radioelement application	0.00	4.94	0.31	5.25	090	N
77778	26	A	Radioelement application	10.58	4.74	0.68	16.00	090	N
77781	.....	A	High intensity brachytherapy	1.57	20.27	1.33	23.17	090	N
77781	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77781	26	A	High intensity brachytherapy	1.57	0.70	0.11	2.38	090	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
77782	.....	A	High intensity brachytherapy	2.36	20.63	1.38	24.37	090	N
77782	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77782	26	A	High intensity brachytherapy	2.36	1.06	0.16	3.58	090	N
77783	.....	A	High intensity brachytherapy	3.53	21.14	1.45	26.12	090	N
77783	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77783	26	A	High intensity brachytherapy	3.53	1.57	0.23	5.33	090	N
77784	.....	A	High intensity brachytherapy	5.30	21.94	1.57	28.81	090	N
77784	TC	A	High intensity brachytherapy	0.00	19.57	1.22	20.79	090	N
77784	26	A	High intensity brachytherapy	5.30	2.37	0.35	8.02	090	N
77789	.....	A	Radioelement application	1.06	0.90	0.10	2.06	090	N
77789	TC	A	Radioelement application	0.00	0.43	0.03	0.46	090	N
77789	26	A	Radioelement application	1.06	0.47	0.07	1.60	090	N
77790	.....	A	Radioelement handling	1.06	0.96	0.10	2.12	XXX	N
77790	TC	A	Radioelement handling	0.00	0.49	0.03	0.52	XXX	N
77790	26	A	Radioelement handling	1.06	0.47	0.07	1.60	XXX	N
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
78000	.....	A	Thyroid, single uptake	0.19	1.02	0.07	1.28	XXX	N
78000	TC	A	Thyroid, single uptake	0.00	0.93	0.06	0.99	XXX	N
78000	26	A	Thyroid, single uptake	0.19	0.09	0.01	0.29	XXX	N
78001	.....	A	Thyroid, multiple uptakes	0.26	1.37	0.10	1.73	XXX	N
78001	TC	A	Thyroid, multiple uptakes	0.00	1.25	0.08	1.33	XXX	N
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.02	0.40	XXX	N
78003	.....	A	Thyroid suppress/stimul	0.33	1.08	0.08	1.49	XXX	N
78003	TC	A	Thyroid suppress/stimul	0.00	0.93	0.06	0.99	XXX	N
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.02	0.50	XXX	N
78006	26	A	Thyroid, imaging with uptake	0.50	0.22	0.03	0.75	XXX	N
78006	.....	A	Thyroid, imaging with uptake	0.50	2.52	0.18	3.20	XXX	N
78006	TC	A	Thyroid, imaging with uptake	0.00	2.30	0.15	2.45	XXX	N
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.48	0.16	2.64	XXX	N
78007	.....	A	Thyroid, image, mult uptakes	0.51	2.71	0.19	3.41	XXX	N
78007	26	A	Thyroid, image, mult uptakes	0.51	0.23	0.03	0.77	XXX	N
78010	.....	A	Thyroid imaging	0.39	1.92	0.14	2.45	XXX	N
78010	TC	A	Thyroid imaging	0.00	1.75	0.11	1.86	XXX	N
78010	26	A	Thyroid imaging	0.39	0.17	0.03	0.59	XXX	N
78011	.....	A	Thyroid imaging with flow	0.46	2.53	0.18	3.17	XXX	N
78011	TC	A	Thyroid imaging with flow	0.00	2.32	0.15	2.47	XXX	N
78011	26	A	Thyroid imaging with flow	0.46	0.21	0.03	0.70	XXX	N
78015	.....	A	Thyroid met imaging	0.68	2.79	0.21	3.68	XXX	N
78015	TC	A	Thyroid met imaging	0.00	2.48	0.16	2.64	XXX	N
78015	26	A	Thyroid met imaging	0.68	0.31	0.05	1.04	XXX	N
78016	.....	A	Thyroid met imaging/studies	0.83	3.74	0.27	4.84	XXX	N
78016	TC	A	Thyroid met imaging/studies	0.00	3.36	0.21	3.57	XXX	N
78016	26	A	Thyroid met imaging/studies	0.83	0.38	0.06	1.27	XXX	N
78017	.....	A	Thyroid met imaging, mult	0.88	3.98	0.28	5.14	XXX	N
78017	TC	A	Thyroid met imaging, mult	0.00	3.59	0.22	3.81	XXX	N
78017	26	A	Thyroid met imaging, mult	0.88	0.39	0.06	1.33	XXX	N
78018	.....	A	Thyroid, met imaging, body	0.96	5.66	0.39	7.01	XXX	N
78018	TC	A	Thyroid, met imaging, body	0.00	5.23	0.33	5.56	XXX	N
78018	26	A	Thyroid, met imaging, body	0.96	0.43	0.06	1.45	XXX	N
78070	.....	A	Parathyroid nuclear imaging	0.52	1.98	0.15	2.65	XXX	N
78070	TC	A	Parathyroid nuclear imaging	0.00	1.75	0.11	1.86	XXX	N
78070	26	A	Parathyroid nuclear imaging	0.52	0.23	0.04	0.79	XXX	N
78075	.....	A	Adrenal nuclear imaging	0.75	5.57	0.38	6.70	XXX	N
78075	TC	A	Adrenal nuclear imaging	0.00	5.23	0.33	5.56	XXX	N
78075	26	A	Adrenal nuclear imaging	0.75	0.34	0.05	1.14	XXX	N
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78102	.....	A	Bone marrow imaging, ltd	0.56	2.21	0.17	2.94	XXX	N
78102	TC	A	Bone marrow imaging, ltd	0.00	1.96	0.13	2.09	XXX	N
78102	26	A	Bone marrow imaging, ltd	0.56	0.25	0.04	0.85	XXX	N
78103	.....	A	Bone marrow imaging, mult	0.76	3.39	0.24	4.39	XXX	N
78103	TC	A	Bone marrow imaging, mult	0.00	3.05	0.19	3.24	XXX	N
78103	26	A	Bone marrow imaging, mult	0.76	0.34	0.05	1.15	XXX	N
78104	.....	A	Bone marrow imaging, body	0.81	4.29	0.30	5.40	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78104	TC	A	Bone marrow imaging, body	0.00	3.92	0.25	4.17	XXX	N
78104	26	A	Bone marrow imaging, body	0.81	0.37	0.05	1.23	XXX	N
78110	26	A	Plasma volume, single	0.19	0.09	0.01	0.29	XXX	N
78110	.....	A	Plasma volume, single	0.19	1.00	0.07	1.26	XXX	N
78110	TC	A	Plasma volume, single	0.00	0.91	0.06	0.97	XXX	N
78111	TC	A	Plasma volume, multiple	0.00	2.48	0.16	2.64	XXX	N
78111	.....	A	Plasma volume, multiple	0.22	2.58	0.18	2.98	XXX	N
78111	26	A	Plasma volume, multiple	0.22	0.10	0.02	0.34	XXX	N
78120	.....	A	Red cell mass, single	0.23	1.78	0.13	2.14	XXX	N
78120	TC	A	Red cell mass, single	0.00	1.67	0.11	1.78	XXX	N
78120	26	A	Red cell mass, single	0.23	0.11	0.02	0.36	XXX	N
78121	.....	A	Red cell mass, multiple	0.32	2.95	0.19	3.46	XXX	N
78121	TC	A	Red cell mass, multiple	0.00	2.80	0.17	2.97	XXX	N
78121	26	A	Red cell mass, multiple	0.32	0.15	0.02	0.49	XXX	N
78122	.....	A	Blood volume	0.45	4.64	0.31	5.40	XXX	N
78122	TC	A	Blood volume	0.00	4.44	0.28	4.72	XXX	N
78122	26	A	Blood volume	0.45	0.20	0.03	0.68	XXX	N
78130	.....	A	Red cell survival study	0.62	3.03	0.21	3.86	XXX	N
78130	TC	A	Red cell survival study	0.00	2.75	0.17	2.92	XXX	N
78130	26	A	Red cell survival study	0.62	0.28	0.04	0.94	XXX	N
78135	.....	A	Red cell survival kinetics	0.65	4.98	0.34	5.97	XXX	N
78135	TC	A	Red cell survival kinetics	0.00	4.69	0.30	4.99	XXX	N
78135	26	A	Red cell survival kinetics	0.65	0.29	0.04	0.98	XXX	N
78140	.....	A	Red cell sequestration	0.62	4.07	0.28	4.97	XXX	N
78140	TC	A	Red cell sequestration	0.00	3.79	0.24	4.03	XXX	N
78140	26	A	Red cell sequestration	0.62	0.28	0.04	0.94	XXX	N
78160	.....	A	Plasma iron turnover	0.33	3.68	0.24	4.25	XXX	N
78160	TC	A	Plasma iron turnover	0.00	3.53	0.22	3.75	XXX	N
78160	26	A	Plasma iron turnover	0.33	0.15	0.02	0.50	XXX	N
78162	.....	A	Iron absorption exam	0.45	3.28	0.22	3.95	XXX	N
78162	TC	A	Iron absorption exam	0.00	3.08	0.19	3.27	XXX	N
78162	26	A	Iron absorption exam	0.45	0.20	0.03	0.68	XXX	N
78170	.....	A	Red cell iron utilization	0.41	5.30	0.35	6.06	XXX	N
78170	TC	A	Red cell iron utilization	0.00	5.12	0.32	5.44	XXX	N
78170	26	A	Red cell iron utilization	0.41	0.18	0.03	0.62	XXX	N
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	26	A	Total body iron estimation	0.54	0.25	0.04	0.83	XXX	N
78185	.....	A	Spleen imaging	0.40	2.45	0.18	3.03	XXX	N
78185	TC	A	Spleen imaging	0.00	2.27	0.15	2.42	XXX	N
78185	26	A	Spleen imaging	0.40	0.18	0.03	0.61	XXX	N
78190	.....	A	Platelet survival, kinetics	1.10	6.00	0.42	7.52	XXX	N
78190	TC	A	Platelet survival, kinetics	0.00	5.51	0.35	5.86	XXX	N
78190	26	A	Platelet survival, kinetics	1.10	0.49	0.07	1.66	XXX	N
78191	.....	A	Platelet survival	0.62	7.35	0.48	8.45	XXX	N
78191	TC	A	Platelet survival	0.00	7.07	0.44	7.51	XXX	N
78191	26	A	Platelet survival	0.62	0.28	0.04	0.94	XXX	N
78192	.....	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78192	TC	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78192	26	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	.....	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	TC	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78193	26	D	Nuclear exam, wbc scan	0.00	0.00	0.00	0.00	XXX	0
78195	.....	A	Lymph system imaging	0.71	4.24	0.30	5.25	XXX	N
78195	TC	A	Lymph system imaging	0.00	3.92	0.25	4.17	XXX	N
78195	26	A	Lymph system imaging	0.71	0.32	0.05	1.08	XXX	N
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78201	.....	A	Liver imaging	0.44	2.46	0.18	3.08	XXX	N
78201	TC	A	Liver imaging	0.00	2.27	0.15	2.42	XXX	N
78201	26	A	Liver imaging	0.44	0.19	0.03	0.66	XXX	N
78202	.....	A	Liver imaging with flow	0.52	3.01	0.21	3.74	XXX	N
78202	TC	A	Liver imaging with flow	0.00	2.78	0.17	2.95	XXX	N
78202	26	A	Liver imaging with flow	0.52	0.23	0.04	0.79	XXX	N
78205	.....	A	Liver imaging (3d)	0.72	6.02	0.41	7.15	XXX	N
78205	TC	A	Liver imaging (3d)	0.00	5.69	0.36	6.05	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78205	26	A	Liver imaging (3d)	0.72	0.33	0.05	1.10	XXX	N
78215	26	A	Liver and spleen imaging	0.50	0.22	0.03	0.75	XXX	N
78215	.....	A	Liver and spleen imaging	0.50	3.05	0.20	3.75	XXX	N
78215	TC	A	Liver and spleen imaging	0.00	2.83	0.17	3.00	XXX	N
78216	TC	A	Liver & spleen image, flow	0.00	3.36	0.21	3.57	XXX	N
78216	.....	A	Liver & spleen image, flow	0.58	3.62	0.25	4.45	XXX	N
78216	26	A	Liver & spleen image, flow	0.58	0.26	0.04	0.88	XXX	N
78220	.....	A	Liver function study	0.50	3.81	0.25	4.56	XXX	N
78220	TC	A	Liver function study	0.00	3.59	0.22	3.81	XXX	N
78220	26	A	Liver function study	0.50	0.22	0.03	0.75	XXX	N
78223	.....	A	Hepatobiliary imaging	0.85	3.91	0.28	5.04	XXX	N
78223	TC	A	Hepatobiliary imaging	0.00	3.53	0.22	3.75	XXX	N
78223	26	A	Hepatobiliary imaging	0.85	0.38	0.06	1.29	XXX	N
78230	.....	A	Salivary gland imaging	0.46	2.30	0.17	2.93	XXX	N
78230	TC	A	Salivary gland imaging	0.00	2.09	0.14	2.23	XXX	N
78230	26	A	Salivary gland imaging	0.46	0.21	0.03	0.70	XXX	N
78231	.....	A	Serial salivary imaging	0.53	3.29	0.23	4.05	XXX	N
78231	TC	A	Serial salivary imaging	0.00	3.05	0.19	3.24	XXX	N
78231	26	A	Serial salivary imaging	0.53	0.24	0.04	0.81	XXX	N
78232	.....	A	Salivary gland function exam	0.48	3.63	0.24	4.35	XXX	N
78232	TC	A	Salivary gland function exam	0.00	3.41	0.21	3.62	XXX	N
78232	26	A	Salivary gland function exam	0.48	0.22	0.03	0.73	XXX	N
78258	.....	A	Esophageal motility study	0.75	3.12	0.22	4.09	XXX	N
78258	TC	A	Esophageal motility study	0.00	2.78	0.17	2.95	XXX	N
78258	26	A	Esophageal motility study	0.75	0.34	0.05	1.14	XXX	N
78261	.....	A	Gastric mucosa imaging	0.70	4.27	0.30	5.27	XXX	N
78261	TC	A	Gastric mucosa imaging	0.00	3.95	0.25	4.20	XXX	N
78261	26	A	Gastric mucosa imaging	0.70	0.32	0.05	1.07	XXX	N
78262	.....	A	Gastroesophageal reflux exam	0.69	4.40	0.31	5.40	XXX	N
78262	TC	A	Gastroesophageal reflux exam	0.00	4.09	0.26	4.35	XXX	N
78262	26	A	Gastroesophageal reflux exam	0.69	0.31	0.05	1.05	XXX	N
78264	.....	A	Gastric emptying study	0.79	4.33	0.30	5.42	XXX	N
78264	TC	A	Gastric emptying study	0.00	3.97	0.25	4.22	XXX	N
78264	26	A	Gastric emptying study	0.79	0.36	0.05	1.20	XXX	N
78270	.....	A	Vit b-12 absorption exam	0.20	1.59	0.11	1.90	XXX	N
78270	TC	A	Vit b-12 absorption exam	0.00	1.49	0.10	1.59	XXX	N
78270	26	A	Vit b-12 absorption exam	0.20	0.10	0.01	0.31	XXX	N
78271	.....	A	Vit b-12 absorp exam, if	0.20	1.69	0.11	2.00	XXX	N
78271	TC	A	Vit b-12 absorp exam, if	0.00	1.59	0.10	1.69	XXX	N
78271	26	A	Vit b-12 absorp exam, if	0.20	0.10	0.01	0.31	XXX	N
78272	.....	A	Vit b-12 absorp, combined	0.27	2.36	0.17	2.80	XXX	N
78272	TC	A	Vit b-12 absorp, combined	0.00	2.23	0.15	2.38	XXX	N
78272	26	A	Vit b-12 absorp, combined	0.27	0.13	0.02	0.42	XXX	N
78276	.....	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78276	TC	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78276	26	D	Nuclear exam, gi blood loss	0.00	0.00	0.00	0.00	XXX	0
78278	.....	A	Acute gi blood loss imaging	1.00	5.14	0.37	6.51	XXX	N
78278	TC	A	Acute gi blood loss imaging	0.00	4.69	0.30	4.99	XXX	N
78278	26	A	Acute gi blood loss imaging	1.00	0.45	0.07	1.52	XXX	N
78280	.....	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78280	TC	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78280	26	D	Gi blood loss exam	0.00	0.00	0.00	0.00	XXX	0
78282	.....	C	Gi protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	TC	C	Gi protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	26	A	Gi protein loss exam	0.38	0.17	0.03	0.58	XXX	N
78290	.....	A	Meckel's divert exam	0.69	3.24	0.23	4.16	XXX	N
78290	TC	A	Meckel's divert exam	0.00	2.93	0.18	3.11	XXX	N
78290	26	A	Meckel's divert exam	0.69	0.31	0.05	1.05	XXX	N
78291	.....	A	Leveen/shunt patency exam	0.89	3.34	0.24	4.47	XXX	N
78291	TC	A	Leveen/shunt patency exam	0.00	2.95	0.18	3.13	XXX	N
78291	26	A	Leveen/shunt patency exam	0.89	0.39	0.06	1.34	XXX	N
78299	.....	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	26	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	TC	C	Gi nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78300	.....	A	Bone imaging, limited area	0.63	2.69	0.20	3.52	XXX	N
78300	TC	A	Bone imaging, limited area	0.00	2.40	0.16	2.56	XXX	N
78300	26	A	Bone imaging, limited area	0.63	0.29	0.04	0.96	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78305	.....	A	Bone imaging, multiple areas	0.84	3.91	0.28	5.03	XXX	N
78305	TC	A	Bone imaging, multiple areas	0.00	3.53	0.22	3.75	XXX	N
78305	26	A	Bone imaging, multiple areas	0.84	0.38	0.06	1.28	XXX	N
78306	.....	A	Bone imaging, whole body	0.87	4.51	0.32	5.70	XXX	N
78306	TC	A	Bone imaging, whole body	0.00	4.12	0.26	4.38	XXX	N
78306	26	A	Bone imaging, whole body	0.87	0.39	0.06	1.32	XXX	N
78310	26	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78310	.....	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78310	TC	D	Bone blood flow scan	0.00	0.00	0.00	0.00	XXX	0
78315	TC	A	Bone imaging, 3 phase	0.00	4.60	0.29	4.89	XXX	N
78315	.....	A	Bone imaging, 3 phase	1.03	5.06	0.36	6.45	XXX	N
78315	26	A	Bone imaging, 3 phase	1.03	0.46	0.07	1.56	XXX	N
78320	.....	A	Bone imaging (3d)	1.05	6.16	0.43	7.64	XXX	N
78320	TC	A	Bone imaging (3d)	0.00	5.69	0.36	6.05	XXX	N
78320	26	A	Bone imaging (3d)	1.05	0.47	0.07	1.59	XXX	N
78350	TC	A	Bone mineral, single photon	0.00	0.73	0.05	0.78	XXX	N
78350	26	A	Bone mineral, single photon	0.22	0.10	0.02	0.34	XXX	N
78350	.....	A	Bone mineral, single photon	0.22	0.83	0.07	1.12	XXX	N
78351	.....	N	Bone mineral, dual photon	0.00	0.00	0.00	0.00	XXX	0
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	26	A	Non-imaging heart function	0.45	0.20	0.03	0.68	XXX	N
78428	.....	A	Cardiac shunt imaging	0.79	2.53	0.19	3.51	XXX	N
78428	TC	A	Cardiac shunt imaging	0.00	2.17	0.14	2.31	XXX	N
78428	26	A	Cardiac shunt imaging	0.79	0.36	0.05	1.20	XXX	N
78445	.....	A	Vascular flow imaging	0.50	2.03	0.15	2.68	XXX	N
78445	TC	A	Vascular flow imaging	0.00	1.79	0.11	1.90	XXX	N
78445	26	A	Vascular flow imaging	0.50	0.24	0.04	0.78	XXX	N
78455	26	A	Venous thrombosis study	0.74	0.33	0.05	1.12	XXX	N
78455	.....	A	Venous thrombosis study	0.74	4.17	0.29	5.20	XXX	N
78455	TC	A	Venous thrombosis study	0.00	3.84	0.24	4.08	XXX	N
78457	TC	A	Venous thrombosis imaging	0.00	2.56	0.17	2.73	XXX	N
78457	.....	A	Venous thrombosis imaging	0.78	2.91	0.22	3.91	XXX	N
78457	26	A	Venous thrombosis imaging	0.78	0.35	0.05	1.18	XXX	N
78458	.....	A	Ven thrombosis images, bilat	0.91	4.27	0.30	5.48	XXX	N
78458	TC	A	Ven thrombosis images, bilat	0.00	3.87	0.24	4.11	XXX	N
78458	26	A	Ven thrombosis images, bilat	0.91	0.40	0.06	1.37	XXX	N
78460	.....	A	Heart muscle blood single	0.87	2.66	0.21	3.74	XXX	N
78460	TC	A	Heart muscle blood single	0.00	2.27	0.15	2.42	XXX	N
78460	26	A	Heart muscle blood single	0.87	0.39	0.06	1.32	XXX	N
78461	.....	A	Heart muscle blood multiple	1.24	5.10	0.37	6.71	XXX	N
78461	TC	A	Heart muscle blood multiple	0.00	4.55	0.29	4.84	XXX	N
78461	26	A	Heart muscle blood multiple	1.24	0.55	0.08	1.87	XXX	N
78464	.....	A	Heart image (3d) single	1.10	7.31	0.50	8.91	XXX	N
78464	TC	A	Heart image (3d) single	0.00	6.82	0.43	7.25	XXX	N
78464	26	A	Heart image (3d) single	1.10	0.49	0.07	1.66	XXX	N
78465	.....	A	Heart image (3d) multiple	1.48	12.02	0.81	14.31	XXX	N
78465	TC	A	Heart image (3d) multiple	0.00	11.36	0.71	12.07	XXX	N
78465	26	A	Heart image (3d) multiple	1.48	0.66	0.10	2.24	XXX	N
78466	.....	A	Heart infarct image	0.70	2.85	0.22	3.77	XXX	N
78466	TC	A	Heart infarct image	0.00	2.53	0.17	2.70	XXX	N
78466	26	A	Heart infarct image	0.70	0.32	0.05	1.07	XXX	N
78468	.....	A	Heart infarct image, ef	0.81	3.89	0.27	4.97	XXX	N
78468	TC	A	Heart infarct image, ef	0.00	3.53	0.22	3.75	XXX	N
78468	26	A	Heart infarct image, ef	0.81	0.36	0.05	1.22	XXX	N
78469	.....	A	Heart infarct image (3d)	0.93	5.45	0.38	6.76	XXX	N
78469	TC	A	Heart infarct image (3d)	0.00	5.04	0.32	5.36	XXX	N
78469	26	A	Heart infarct image (3d)	0.93	0.41	0.06	1.40	XXX	N
78472	.....	A	Gated heart, resting	0.99	5.75	0.41	7.15	XXX	N
78472	TC	A	Gated heart, resting	0.00	5.31	0.34	5.65	XXX	N
78472	26	A	Gated heart, resting	0.99	0.44	0.07	1.50	XXX	N
78473	.....	A	Gated heart, multiple	1.49	8.62	0.60	10.71	XXX	N
78473	TC	A	Gated heart, multiple	0.00	7.96	0.50	8.46	XXX	N
78473	26	A	Gated heart, multiple	1.49	0.66	0.10	2.25	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78478	.....	A	Heart wall motion (add-on)	0.63	1.78	0.14	2.55	XXX	N
78478	TC	A	Heart wall motion (add-on)	0.00	1.50	0.10	1.60	XXX	N
78478	26	A	Heart wall motion (add-on)	0.63	0.28	0.04	0.95	XXX	N
78480	.....	A	Heart function, (add-on)	0.63	1.78	0.14	2.55	XXX	N
78480	TC	A	Heart function, (add-on)	0.00	1.50	0.10	1.60	XXX	N
78480	26	A	Heart function, (add-on)	0.63	0.28	0.04	0.95	XXX	N
78481	.....	A	Heart first pass single	0.99	5.48	0.39	6.86	XXX	N
78481	TC	A	Heart first pass single	0.00	5.04	0.32	5.36	XXX	N
78481	26	A	Heart first pass single	0.99	0.44	0.07	1.50	XXX	N
78483	.....	A	Heart first pass multiple	1.49	8.24	0.58	10.31	XXX*	N
78483	TC	A	Heart first pass multiple	0.00	7.58	0.48	8.06	XXX	N
78483	26	A	Heart first pass multiple	1.49	0.66	0.10	2.25	XXX	N
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78580	.....	A	Lung perfusion imaging	0.75	3.65	0.26	4.66	XXX	N
78580	TC	A	Lung perfusion imaging	0.00	3.31	0.21	3.52	XXX	N
78580	26	A	Lung perfusion imaging	0.75	0.34	0.05	1.14	XXX	N
78581	.....	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78581	TC	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78581	26	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	.....	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	TC	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78582	26	D	Nuclear scan of lung	0.00	0.00	0.00	0.00	XXX	0
78584	26	A	Lung v/q image single breath	1.00	0.45	0.07	1.52	XXX	N
78584	.....	A	Lung v/q image single breath	1.00	3.53	0.26	4.79	XXX	N
78584	TC	A	Lung v/q image single breath	0.00	3.08	0.19	3.27	XXX	N
78585	TC	A	Lung v/q imaging	0.00	5.43	0.34	5.77	XXX	N
78585	.....	A	Lung v/q imaging	1.10	5.92	0.41	7.43	XXX	N
78585	26	A	Lung v/q imaging	1.10	0.49	0.07	1.66	XXX	N
78586	.....	A	Aerosol lung image, single	0.40	2.68	0.19	3.27	XXX	N
78586	TC	A	Aerosol lung image, single	0.00	2.50	0.16	2.66	XXX	N
78586	26	A	Aerosol lung image, single	0.40	0.18	0.03	0.61	XXX	N
78587	.....	A	Aerosol lung image, multiple	0.50	2.92	0.20	3.62	XXX	N
78587	TC	A	Aerosol lung image, multiple	0.00	2.70	0.17	2.87	XXX	N
78587	26	A	Aerosol lung image, multiple	0.50	0.22	0.03	0.75	XXX	N
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	2.93	0.20	3.53	XXX	N
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.75	0.17	2.92	XXX	N
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.03	0.61	XXX	N
78593	.....	A	Vent image, 1 proj, gas	0.50	3.55	0.24	4.29	XXX	N
78593	TC	A	Vent image, 1 proj, gas	0.00	3.33	0.21	3.54	XXX	N
78593	26	A	Vent image, 1 proj, gas	0.50	0.22	0.03	0.75	XXX	N
78594	.....	A	Vent image, mult proj, gas	0.54	5.05	0.34	5.93	XXX	N
78594	TC	A	Vent image, mult proj, gas	0.00	4.80	0.30	5.10	XXX	N
78594	26	A	Vent image, mult proj, gas	0.54	0.25	0.04	0.83	XXX	N
78596	.....	A	Lung differential function	1.28	7.39	0.52	9.19	XXX	N
78596	TC	A	Lung differential function	0.00	6.82	0.43	7.25	XXX	N
78596	26	A	Lung differential function	1.28	0.57	0.09	1.94	XXX	N
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78600	.....	A	Brain imaging, ltd static	0.44	2.98	0.20	3.62	XXX	N
78600	TC	A	Brain imaging, ltd static	0.00	2.78	0.17	2.95	XXX	N
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.03	0.67	XXX	N
78601	.....	A	Brain ltd imaging & flow	0.52	3.52	0.24	4.28	XXX	N
78601	TC	A	Brain ltd imaging & flow	0.00	3.28	0.20	3.48	XXX	N
78601	26	A	Brain ltd imaging & flow	0.52	0.24	0.04	0.80	XXX	N
78605	.....	A	Brain imaging, complete	0.54	3.53	0.24	4.31	XXX	N
78605	TC	A	Brain imaging, complete	0.00	3.28	0.20	3.48	XXX	N
78605	26	A	Brain imaging, complete	0.54	0.25	0.04	0.83	XXX	N
78606	.....	A	Brain imaging comp & flow	0.65	4.02	0.27	4.94	XXX	N
78606	TC	A	Brain imaging comp & flow	0.00	3.73	0.23	3.96	XXX	N
78606	26	A	Brain imaging comp & flow	0.65	0.29	0.04	0.98	XXX	N
78607	.....	A	Brain imaging (3d)	1.24	6.87	0.47	8.58	XXX	N
78607	26	A	Brain imaging (3d)	1.24	0.55	0.08	1.87	XXX	N
78607	TC	A	Brain imaging (3d)	0.00	6.32	0.39	6.71	XXX	N
78608	.....	N	Brain imaging (pet)	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
78609	.....	N	Brain imaging (pet)	0.00	0.00	0.00	0.00	XXX	0
78610	.....	A	Brain flow imaging only	0.30	1.66	0.12	2.08	XXX	N
78610	TC	A	Brain flow imaging only	0.00	1.52	0.10	1.62	XXX	N
78610	26	A	Brain flow imaging only	0.30	0.14	0.02	0.46	XXX	N
78615	.....	A	Cerebral blood flow imaging	0.42	3.90	0.26	4.58	XXX	N
78615	TC	A	Cerebral blood flow imaging	0.00	3.71	0.23	3.94	XXX	N
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.03	0.64	XXX	N
78630	.....	A	Cerebrospinal fluid scan	0.69	5.16	0.36	6.21	XXX	N
78630	TC	A	Cerebrospinal fluid scan	0.00	4.85	0.31	5.16	XXX	N
78630	26	A	Cerebrospinal fluid scan	0.69	0.31	0.05	1.05	XXX	N
78635	.....	A	Csf ventriculography	0.62	2.73	0.20	3.55	XXX	N
78635	TC	A	Csf ventriculography	0.00	2.45	0.16	2.61	XXX	N
78635	26	A	Csf ventriculography	0.62	0.28	0.04	0.94	XXX	N
78645	.....	A	Csf shunt evaluation	0.58	3.57	0.25	4.40	XXX	N
78645	TC	A	Csf shunt evaluation	0.00	3.31	0.21	3.52	XXX	N
78645	26	A	Csf shunt evaluation	0.58	0.26	0.04	0.88	XXX	N
78650	.....	A	Csf leakage imaging	0.62	4.75	0.32	5.69	XXX	N
78650	TC	A	Csf leakage imaging	0.00	4.47	0.28	4.75	XXX	N
78650	26	A	Csf leakage imaging	0.62	0.28	0.04	0.94	XXX	N
78652	.....	A	Cerebrospinal fluid scan (3d)	0.91	6.10	0.42	7.43	XXX	N
78652	TC	A	Cerebrospinal fluid scan (3d)	0.00	5.69	0.36	6.05	XXX	N
78652	26	A	Cerebrospinal fluid scan (3d)	0.91	0.41	0.06	1.38	XXX	N
78655	.....	A	Nuclear exam of eye lesion	0.57	5.06	0.34	5.97	XXX	N
78655	TC	A	Nuclear exam of eye lesion	0.00	4.80	0.30	5.10	XXX	N
78655	26	A	Nuclear exam of eye lesion	0.57	0.26	0.04	0.87	XXX	N
78660	.....	A	Nuclear exam of tear flow	0.54	2.29	0.17	3.00	XXX	N
78660	TC	A	Nuclear exam of tear flow	0.00	2.04	0.13	2.17	XXX	N
78660	26	A	Nuclear exam of tear flow	0.54	0.25	0.04	0.83	XXX	N
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78700	.....	A	Kidney imaging, static	0.45	3.13	0.21	3.79	XXX	N
78700	TC	A	Kidney imaging, static	0.00	2.93	0.18	3.11	XXX	N
78700	26	A	Kidney imaging, static	0.45	0.20	0.03	0.68	XXX	N
78701	.....	A	Kidney imaging with flow	0.50	3.65	0.24	4.39	XXX	N
78701	TC	A	Kidney imaging with flow	0.00	3.43	0.21	3.64	XXX	N
78701	26	A	Kidney imaging with flow	0.50	0.22	0.03	0.75	XXX	N
78704	.....	A	Imaging renogram	0.75	4.15	0.29	5.19	XXX	N
78704	TC	A	Imaging renogram	0.00	3.81	0.24	4.05	XXX	N
78704	26	A	Imaging renogram	0.75	0.34	0.05	1.14	XXX	N
78707	26	A	Kidney flow & function image	0.95	0.42	0.06	1.43	XXX	N
78707	.....	A	Kidney flow & function image	0.95	4.73	0.33	6.01	XXX	N
78707	TC	A	Kidney flow & function image	0.00	4.31	0.27	4.58	XXX	N
78710	TC	A	Kidney imaging (3d)	0.00	5.69	0.36	6.05	XXX	N
78710	.....	A	Kidney imaging (3d)	0.67	5.99	0.41	7.07	XXX	N
78710	26	A	Kidney imaging (3d)	0.67	0.30	0.05	1.02	XXX	N
78715	.....	A	Renal vascular flow exam	0.30	1.66	0.12	2.08	XXX	N
78715	TC	A	Renal vascular flow exam	0.00	1.52	0.10	1.62	XXX	N
78715	26	A	Renal vascular flow exam	0.30	0.14	0.02	0.46	XXX	N
78725	.....	A	Kidney function study	0.38	1.89	0.14	2.41	XXX	N
78725	TC	A	Kidney function study	0.00	1.72	0.11	1.83	XXX	N
78725	26	A	Kidney function study	0.38	0.17	0.03	0.58	XXX	N
78726	.....	A	Kidney function w/intervent	0.88	3.24	0.24	4.36	XXX	N
78726	TC	A	Kidney function w/intervent	0.00	2.85	0.18	3.03	XXX	N
78726	26	A	Kidney function w/intervent	0.88	0.39	0.06	1.33	XXX	N
78727	.....	A	Kidney transplant evaluation	1.00	4.29	0.31	5.60	XXX	N
78727	TC	A	Kidney transplant evaluation	0.00	3.84	0.24	4.08	XXX	N
78727	26	A	Kidney transplant evaluation	1.00	0.45	0.07	1.52	XXX	N
78730	.....	A	Urinary bladder retention	0.36	1.57	0.11	2.04	XXX	N
78730	TC	A	Urinary bladder retention	0.00	1.41	0.09	1.50	XXX	N
78730	26	A	Urinary bladder retention	0.36	0.16	0.02	0.54	XXX	N
78740	.....	A	Ureteral reflux study	0.58	2.30	0.17	3.05	XXX	N
78740	TC	A	Ureteral reflux study	0.00	2.04	0.13	2.17	XXX	N
78740	26	A	Ureteral reflux study	0.58	0.26	0.04	0.88	XXX	N
78760	.....	A	Testicular imaging	0.67	2.88	0.21	3.76	XXX	N
78760	TC	A	Testicular imaging	0.00	2.58	0.17	2.75	XXX	N
78760	26	A	Testicular imaging	0.67	0.30	0.04	1.01	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
78761	.....	A	Testicular imaging & flow	0.72	3.41	0.24	4.37	XXX	N
78761	TC	A	Testicular imaging & flow	0.00	3.08	0.19	3.27	XXX	N
78761	26	A	Testicular imaging & flow	0.72	0.33	0.05	1.10	XXX	N
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78800	.....	A	Tumor imaging, limited area	0.66	3.58	0.24	4.48	XXX	N
78800	TC	A	Tumor imaging, limited area	0.00	3.28	0.20	3.48	XXX	N
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.04	1.00	XXX	N
78801	.....	A	Tumor imaging, mult areas	0.80	4.43	0.31	5.54	XXX	N
78801	TC	A	Tumor imaging, mult areas	0.00	4.07	0.26	4.33	XXX	N
78801	26	A	Tumor imaging, mult areas	0.80	0.36	0.05	1.21	XXX	N
78802	.....	A	Tumor imaging, whole body	0.87	5.72	0.40	6.99	XXX	N
78802	TC	A	Tumor imaging, whole body	0.00	5.33	0.34	5.67	XXX	N
78802	26	A	Tumor imaging, whole body	0.87	0.39	0.06	1.32	XXX	N
78803	26	A	Tumor imaging (3d)	1.10	0.49	0.07	1.66	XXX	N
78803	.....	A	Tumor imaging (3d)	1.10	6.81	0.46	8.37	XXX	N
78803	TC	A	Tumor imaging (3d)	0.00	6.32	0.39	6.71	XXX	N
78805	TC	A	Abscess imaging, ltd area	0.00	3.28	0.20	3.48	XXX	N
78805	.....	A	Abscess imaging, ltd area	0.74	3.61	0.25	4.60	XXX	N
78805	26	A	Abscess imaging, ltd area	0.74	0.33	0.05	1.12	XXX	N
78806	.....	A	Abscess imaging, whole body	0.74	6.58	0.45	7.77	XXX	N
78806	TC	A	Abscess imaging, whole body	0.00	6.20	0.39	6.59	XXX	N
78806	26	A	Abscess imaging, whole body	0.74	0.38	0.06	1.18	XXX	N
78807	.....	A	Nuclear localization/abscess	1.10	6.81	0.46	8.37	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.32	0.39	6.71	XXX	N
78807	26	A	Nuclear localization/abscess	1.10	0.49	0.07	1.66	XXX	N
78890	.....	A	Nuclear medicine data proc	0.05	1.27	0.08	1.40	XXX	N
78890	TC	A	Nuclear medicine data proc	0.00	1.25	0.08	1.33	XXX	N
78890	26	A	Nuclear medicine data proc	0.05	0.02	0.00	0.07	XXX	N
78891	.....	A	Nuclear med data proc	0.10	2.58	0.18	2.86	XXX	N
78891	26	A	Nuclear med data proc	0.10	0.05	0.01	0.16	XXX	N
78891	TC	A	Nuclear med data proc	0.00	2.53	0.17	2.70	XXX	N
78990	.....	G	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX	0
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
79000	.....	A	Intial hyperthyroid therapy	1.82	3.35	0.29	5.46	XXX	N
79000	TC	A	Intial hyperthyroid therapy	0.00	2.53	0.17	2.70	XXX	N
79000	26	A	Intial hyperthyroid therapy	1.82	0.82	0.12	2.76	XXX	N
79001	.....	A	Repeat hyperthyroid therapy	1.06	1.72	0.15	2.93	XXX	N
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.25	0.08	1.33	XXX	N
79001	26	A	Repeat hyperthyroid therapy	1.06	0.47	0.07	1.60	XXX	N
79020	.....	A	Thyroid ablation	1.83	3.35	0.29	5.47	XXX	N
79020	TC	A	Thyroid ablation	0.00	2.53	0.17	2.70	XXX	N
79020	26	A	Thyroid ablation	1.83	0.82	0.12	2.77	XXX	N
79030	.....	A	Thyroid ablation, carcinoma	2.12	3.48	0.31	5.91	XXX	N
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.53	0.17	2.70	XXX	N
79030	26	A	Thyroid ablation, carcinoma	2.12	0.95	0.14	3.21	XXX	N
79035	.....	A	Thyroid metastatic therapy	2.55	3.67	0.34	6.56	XXX	N
79035	TC	A	Thyroid metastatic therapy	0.00	2.53	0.17	2.70	XXX	N
79035	26	A	Thyroid metastatic therapy	2.55	1.14	0.17	3.86	XXX	N
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.53	0.17	2.70	XXX	N
79100	.....	A	Hematopoetic nuclear therapy	1.33	3.12	0.26	4.71	XXX	N
79100	26	A	Hematopoetic nuclear therapy	1.33	0.59	0.09	2.01	XXX	N
79200	TC	A	Intracavitary nuc treatment	0.00	2.53	0.17	2.70	XXX	N
79200	.....	A	Intracavitary nuc treatment	2.01	3.43	0.31	5.75	XXX	N
79200	26	A	Intracavitary nuc treatment	2.01	0.90	0.14	3.05	XXX	N
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	.....	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	26	A	Interstitial nuclear therapy	1.62	0.72	0.11	2.45	XXX	N
79400	TC	A	Radionuclide therapy	0.00	2.53	0.17	2.70	XXX	N
79400	.....	A	Radionuclide therapy	1.98	3.41	0.30	5.69	XXX	N
79400	26	A	Radionuclide therapy	1.98	0.88	0.13	2.99	XXX	N
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	.....	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	26	A	Intravascular nuc therapy	1.53	0.68	0.10	2.31	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
79440	TC	A	Nuclear joint therapy	0.00	2.53	0.17	2.70	XXX	N
79440	.....	A	Nuclear joint therapy	2.01	3.43	0.31	5.75	XXX	N
79440	26	A	Nuclear joint therapy	2.01	0.90	0.14	3.05	XXX	N
79900	.....	C	Provide ther radionuclide(s)	0.00	0.00	0.00	0.00	XXX	N
79999	.....	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
80002	.....	X	1–2 clinical chem tests	0.00	0.00	0.00	0.00	XXX	0
80003	.....	X	3 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80004	.....	X	4 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80005	.....	X	5 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80006	.....	X	6 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80007	.....	X	7 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80008	.....	X	8 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80009	.....	X	9 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80010	.....	X	10 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80011	.....	X	11 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80012	.....	X	12 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80016	.....	X	13–16 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80018	.....	X	17–18 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80019	.....	X	19 or more blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80050	.....	X	General health panel	0.00	0.00	0.00	0.00	XXX	0
80055	.....	X	Obstetric panel	0.00	0.00	0.00	0.00	XXX	0
80058	.....	X	Hepatic function panel	0.00	0.00	0.00	0.00	XXX	0
80059	.....	X	Hepatitis panel	0.00	0.00	0.00	0.00	XXX	0
80061	.....	X	Lipid panel	0.00	0.00	0.00	0.00	XXX	0
80072	.....	X	Arthritis panel	0.00	0.00	0.00	0.00	XXX	0
80090	.....	X	Torch antibody panel	0.00	0.00	0.00	0.00	XXX	0
80091	.....	X	Thyroid panel	0.00	0.00	0.00	0.00	XXX	0
80092	.....	X	Thyroid panel w/tsh	0.00	0.00	0.00	0.00	XXX	0
80100	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80101	.....	X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80102	.....	X	Drug confirmation	0.00	0.00	0.00	0.00	XXX	0
80103	.....	X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	XXX	0
80150	.....	X	Assay of amikacin	0.00	0.00	0.00	0.00	XXX	0
80152	.....	X	Assay of amitriptyline	0.00	0.00	0.00	0.00	XXX	0
80154	.....	X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	XXX	0
80156	.....	X	Assay carbamazepine	0.00	0.00	0.00	0.00	XXX	0
80158	.....	X	Assay of cyclosporine	0.00	0.00	0.00	0.00	XXX	0
80160	.....	X	Assay of desipramine	0.00	0.00	0.00	0.00	XXX	0
80162	.....	X	Assay for digoxin	0.00	0.00	0.00	0.00	XXX	0
80164	.....	X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	XXX	0
80166	.....	X	Assay of doxepin	0.00	0.00	0.00	0.00	XXX	0
80168	.....	X	Assay of ethosuximide	0.00	0.00	0.00	0.00	XXX	0
80170	.....	X	Gentamicin	0.00	0.00	0.00	0.00	XXX	0
80172	.....	X	Assay for gold	0.00	0.00	0.00	0.00	XXX	0
80174	.....	X	Assay of imipramine	0.00	0.00	0.00	0.00	XXX	0
80176	.....	X	Assay for lidocaine	0.00	0.00	0.00	0.00	XXX	0
80178	.....	X	Assay for lithium	0.00	0.00	0.00	0.00	XXX	0
80182	.....	X	Assay for nortriptyline	0.00	0.00	0.00	0.00	XXX	0
80184	.....	X	Assay for phenobarbital	0.00	0.00	0.00	0.00	XXX	0
80185	.....	X	Assay for phenytoin	0.00	0.00	0.00	0.00	XXX	0
80186	.....	X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	XXX	0
80188	.....	X	Assay for primidone	0.00	0.00	0.00	0.00	XXX	0
80190	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80192	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80194	.....	X	Assay for quinidine	0.00	0.00	0.00	0.00	XXX	0
80196	.....	X	Assay for salicylate	0.00	0.00	0.00	0.00	XXX	0
80198	.....	X	Assay for theophylline	0.00	0.00	0.00	0.00	XXX	0
80200	.....	X	Assay for tobramycin	0.00	0.00	0.00	0.00	XXX	0
80202	.....	X	Assay for vancomycin	0.00	0.00	0.00	0.00	XXX	0
80299	.....	X	Quantitative assay, drug	0.00	0.00	0.00	0.00	XXX	0
80400	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80402	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80406	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80408	.....	X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	XXX	0
80410	.....	X	Calcium-pentagastrin stimul	0.00	0.00	0.00	0.00	XXX	0

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
80412	.....	X	Crh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80414	.....	X	Testosterone response	0.00	0.00	0.00	0.00	XXX	0
80415	.....	X	Estradiol response panel	0.00	0.00	0.00	0.00	XXX	0
80418	.....	X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	XXX	0
80420	.....	X	Dexamethasone panel	0.00	0.00	0.00	0.00	XXX	0
80422	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80424	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80426	.....	X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	XXX	0
80428	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80430	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80432	.....	X	Insulin suppression panel	0.00	0.00	0.00	0.00	XXX	0
80434	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80435	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80436	.....	X	Metyrapone panel	0.00	0.00	0.00	0.00	XXX	0
80438	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80439	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80440	.....	X	Trh stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80500	.....	A	Lab pathology consultation	0.37	0.20	0.01	0.58	XXX	N
80502	.....	A	Lab pathology consultation	1.34	0.33	0.02	1.69	XXX	N
81000	.....	X	Urinalysis with microscopy	0.00	0.00	0.00	0.00	XXX	0
81002	.....	X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	XXX	0
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	XXX	0
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	XXX	0
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	XXX	0
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	XXX	0
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	XXX	0
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	XXX	0
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	XXX	0
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	XXX	0
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	XXX	0
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	XXX	0
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	XXX	0
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	XXX	0
82024	.....	X	Acth	0.00	0.00	0.00	0.00	XXX	0
82030	.....	X	Adp & amp	0.00	0.00	0.00	0.00	XXX	0
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	XXX	0
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	XXX	0
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	XXX	0
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	XXX	0
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	XXX	0
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	XXX	0
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	XXX	0
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	XXX	0
82091	.....	D	Aldosterone saline test	0.00	0.00	0.00	0.00	XXX	0
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	XXX	0
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	XXX	0
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	XXX	0
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	XXX	0
82106	.....	X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	XXX	0
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	XXX	0
82128	.....	X	Test for amino acids	0.00	0.00	0.00	0.00	XXX	0
82130	.....	X	Amino acids analysis	0.00	0.00	0.00	0.00	XXX	0
82131	.....	X	Amino acids	0.00	0.00	0.00	0.00	XXX	0
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	XXX	0
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	XXX	0
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	XXX	0
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	XXX	0
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	XXX	0
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	XXX	0
82157	.....	X	Assay of androstenedione	0.00	0.00	0.00	0.00	XXX	0
82160	.....	X	Androsterone assay	0.00	0.00	0.00	0.00	XXX	0
82163	.....	X	Assay of angiotensin ii	0.00	0.00	0.00	0.00	XXX	0
82164	.....	X	Angiotensin i enzyme test	0.00	0.00	0.00	0.00	XXX	0
82172	.....	X	Apolipoprotein	0.00	0.00	0.00	0.00	XXX	0
82173	.....	D	Arginine tolerance test	0.00	0.00	0.00	0.00	XXX	0
82175	.....	X	Assay of arsenic	0.00	0.00	0.00	0.00	XXX	0
82180	.....	X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82190	.....	X	Atomic absorption	0.00	0.00	0.00	0.00	XXX	0
82205	.....	X	Assay of barbiturates	0.00	0.00	0.00	0.00	XXX	0
82232	.....	X	Beta-2 protein	0.00	0.00	0.00	0.00	XXX	0
82239	.....	X	Bile acids, total	0.00	0.00	0.00	0.00	XXX	0
82240	.....	X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	XXX	0
82250	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82251	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82252	.....	X	Fecal bilirubin test	0.00	0.00	0.00	0.00	XXX	0
82270	.....	X	Test feces for blood	0.00	0.00	0.00	0.00	XXX	0
82273	.....	X	Test for blood, other source	0.00	0.00	0.00	0.00	XXX	0
82286	.....	X	Assay of bradykinin	0.00	0.00	0.00	0.00	XXX	0
82300	.....	X	Assay cadmium	0.00	0.00	0.00	0.00	XXX	0
82306	.....	X	Assay of vitamin d	0.00	0.00	0.00	0.00	XXX	0
82307	.....	X	Assay of vitamin d	0.00	0.00	0.00	0.00	XXX	0
82308	.....	X	Assay of calcitonin	0.00	0.00	0.00	0.00	XXX	0
82310	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82330	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82331	.....	X	Calcium infusion test	0.00	0.00	0.00	0.00	XXX	0
82340	.....	X	Assay calcium in urine	0.00	0.00	0.00	0.00	XXX	0
82355	.....	X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	XXX	0
82360	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82365	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82370	.....	X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	XXX	0
82374	.....	X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	XXX	0
82375	.....	X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82376	.....	X	Test for carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82378	.....	X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	XXX	0
82380	.....	X	Assay carotene	0.00	0.00	0.00	0.00	XXX	0
82382	.....	X	Assay urine catecholamines	0.00	0.00	0.00	0.00	XXX	0
82383	.....	X	Assay blood catecholamines	0.00	0.00	0.00	0.00	XXX	0
82384	.....	X	Assay three catecholamines	0.00	0.00	0.00	0.00	XXX	0
82387	.....	X	Cathepsin-d	0.00	0.00	0.00	0.00	XXX	0
82390	.....	X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	XXX	0
82397	.....	X	Chemiluminescent assay	0.00	0.00	0.00	0.00	XXX	0
82415	.....	X	Assay chloramphenicol	0.00	0.00	0.00	0.00	XXX	0
82435	.....	X	Assay blood chloride	0.00	0.00	0.00	0.00	XXX	0
82436	.....	X	Assay urine chloride	0.00	0.00	0.00	0.00	XXX	0
82438	.....	X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	XXX	0
82441	.....	X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	XXX	0
82465	.....	X	Assay serum cholesterol	0.00	0.00	0.00	0.00	XXX	0
82480	.....	X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82482	.....	X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82485	.....	X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	XXX	0
82486	.....	X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	XXX	0
82487	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82488	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82489	.....	X	Thin layer chromatography	0.00	0.00	0.00	0.00	XXX	0
82491	.....	X	Chromotography, quantitative	0.00	0.00	0.00	0.00	XXX	0
82495	.....	X	Assay chromium	0.00	0.00	0.00	0.00	XXX	0
82507	.....	X	Assay citrate	0.00	0.00	0.00	0.00	XXX	0
82520	.....	X	Assay for cocaine	0.00	0.00	0.00	0.00	XXX	0
82525	.....	X	Assay copper	0.00	0.00	0.00	0.00	XXX	0
82528	.....	X	Assay corticosterone	0.00	0.00	0.00	0.00	XXX	0
82530	.....	X	Cortisol, free	0.00	0.00	0.00	0.00	XXX	0
82533	.....	X	Total cortisol	0.00	0.00	0.00	0.00	XXX	0
82536	.....	D	Cortisol test after acth	0.00	0.00	0.00	0.00	XXX	0
82537	.....	D	Cortisol test after acth	0.00	0.00	0.00	0.00	XXX	0
82538	.....	D	Cortisol after metyrapone	0.00	0.00	0.00	0.00	XXX	0
82539	.....	D	Cortisol after dexamethasone	0.00	0.00	0.00	0.00	XXX	0
82540	.....	X	Assay creatine	0.00	0.00	0.00	0.00	XXX	0
82550	.....	X	Assay ck (cpk)	0.00	0.00	0.00	0.00	XXX	0
82552	.....	X	Assay cpk in blood	0.00	0.00	0.00	0.00	XXX	0
82553	.....	X	Creatine, mb fraction	0.00	0.00	0.00	0.00	XXX	0
82554	.....	X	Creatine, isoforms	0.00	0.00	0.00	0.00	XXX	0
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	XXX	0
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	XXX	0
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82585		X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	XXX	0
82595		X	Assay cryoglobulin	0.00	0.00	0.00	0.00	XXX	0
82600		X	Assay cyanide	0.00	0.00	0.00	0.00	XXX	0
82607		X	Vitamin B-12	0.00	0.00	0.00	0.00	XXX	0
82608		X	B-12 binding capacity	0.00	0.00	0.00	0.00	XXX	0
82615		X	Test for urine cystines	0.00	0.00	0.00	0.00	XXX	0
82626		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82627		X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82633		X	Desoxycorticosterone	0.00	0.00	0.00	0.00	XXX	0
82634		X	Deoxycortisol	0.00	0.00	0.00	0.00	XXX	0
82638		X	Assay dibucaine number	0.00	0.00	0.00	0.00	XXX	0
82646		X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	XXX	0
82649		X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	XXX	0
82651		X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	XXX	0
82652		X	Assay, dihydroxyvitamin d	0.00	0.00	0.00	0.00	XXX	0
82654		X	Assay of dimethadione	0.00	0.00	0.00	0.00	XXX	0
82664		X	Electrophoretic test	0.00	0.00	0.00	0.00	XXX	0
82666		X	Epiandrosterone assay	0.00	0.00	0.00	0.00	XXX	0
82668		X	Erythropoietin	0.00	0.00	0.00	0.00	XXX	0
82670		X	Estradiol	0.00	0.00	0.00	0.00	XXX	0
82671		X	Estrogens assay	0.00	0.00	0.00	0.00	XXX	0
82672		X	Estrogen assay	0.00	0.00	0.00	0.00	XXX	0
82677		X	Estriol	0.00	0.00	0.00	0.00	XXX	0
82679		X	Estrone	0.00	0.00	0.00	0.00	XXX	0
82690		X	Ethchlorvynol	0.00	0.00	0.00	0.00	XXX	0
82693		X	Ethylene glycol	0.00	0.00	0.00	0.00	XXX	0
82696		X	Etiocholanolone	0.00	0.00	0.00	0.00	XXX	0
82705		X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	XXX	0
82710		X	Fats/lipids, feces, quantitati	0.00	0.00	0.00	0.00	XXX	0
82715		X	Fecal fat assay	0.00	0.00	0.00	0.00	XXX	0
82725		X	Assay blood fatty acids	0.00	0.00	0.00	0.00	XXX	0
82728		X	Assay ferritin	0.00	0.00	0.00	0.00	XXX	0
82735		X	Assay fluoride	0.00	0.00	0.00	0.00	XXX	0
82742		X	Assay of flurazepam	0.00	0.00	0.00	0.00	XXX	0
82746		X	Blood folic acid serum	0.00	0.00	0.00	0.00	XXX	0
82747		X	Folic acid, rbc	0.00	0.00	0.00	0.00	XXX	0
82757		X	Assay semen fructose	0.00	0.00	0.00	0.00	XXX	0
82759		X	Rbc galactokinase assay	0.00	0.00	0.00	0.00	XXX	0
82760		X	Assay galactose	0.00	0.00	0.00	0.00	XXX	0
82775		X	Assay galactose transferase	0.00	0.00	0.00	0.00	XXX	0
82776		X	Galactose transferase test	0.00	0.00	0.00	0.00	XXX	0
82784		X	Assay gammaglobulin igm	0.00	0.00	0.00	0.00	XXX	0
82785		X	Assay, gammaglobulin ige	0.00	0.00	0.00	0.00	XXX	0
82787		X	Igg1, 2, 3 and 4	0.00	0.00	0.00	0.00	XXX	0
82792		D	Blood oxygen saturation	0.00	0.00	0.00	0.00	XXX	0
82800		X	Blood ph	0.00	0.00	0.00	0.00	XXX	0
82801		D	Blood gases: pco2	0.00	0.00	0.00	0.00	XXX	0
82802		D	Blood gases: ph & pco2	0.00	0.00	0.00	0.00	XXX	0
82803		X	Blood gases: ph, po2 & pco2	0.00	0.00	0.00	0.00	XXX	0
82804		D	Blood gases: electrode po2	0.00	0.00	0.00	0.00	XXX	0
82805		X	Blood gases w/02 saturation	0.00	0.00	0.00	0.00	XXX	0
82810		X	Blood gases, o2 sat only	0.00	0.00	0.00	0.00	XXX	0
82812		D	Blood gases: manometry po2	0.00	0.00	0.00	0.00	XXX	0
82817		D	Blood gases: ph, pco2	0.00	0.00	0.00	0.00	XXX	0
82820		X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	XXX	0
82926		X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82928		X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82938		X	Gastrin test	0.00	0.00	0.00	0.00	XXX	0
82941		X	Assay of gastrin	0.00	0.00	0.00	0.00	XXX	0
82943		X	Assay of glucagon	0.00	0.00	0.00	0.00	XXX	0
82946		X	Glucagon tolerance test	0.00	0.00	0.00	0.00	XXX	0
82947		X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	XXX	0
82948		X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	XXX	0
82950		X	Glucose test	0.00	0.00	0.00	0.00	XXX	0
82951		X	Glucose tolerance test (gtt)	0.00	0.00	0.00	0.00	XXX	0
82952		X	Gtt-added samples	0.00	0.00	0.00	0.00	XXX	0
82953		X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
82955		X	Assay g6pd enzyme	0.00	0.00	0.00	0.00	XXX	0
82960		X	Test for g6pd enzyme	0.00	0.00	0.00	0.00	XXX	0
82961		D	Iv glucose tolerance test	0.00	0.00	0.00	0.00	XXX	0
82962		X	Glucose blood test	0.00	0.00	0.00	0.00	XXX	0
82963		X	Glucosidase assay	0.00	0.00	0.00	0.00	XXX	0
82965		X	Assay gdh enzyme	0.00	0.00	0.00	0.00	XXX	0
82975		X	Assay glutamine	0.00	0.00	0.00	0.00	XXX	0
82977		X	Assay of ggt	0.00	0.00	0.00	0.00	XXX	0
82978		X	Glutathione assay	0.00	0.00	0.00	0.00	XXX	0
82979		X	Assay rbc glutathione enzyme	0.00	0.00	0.00	0.00	XXX	0
82980		X	Assay of glutethimide	0.00	0.00	0.00	0.00	XXX	0
82985		X	Glycated protein	0.00	0.00	0.00	0.00	XXX	0
83001		X	Gonadotropin (fsh)	0.00	0.00	0.00	0.00	XXX	0
83002		X	Gonadotropin (lh)	0.00	0.00	0.00	0.00	XXX	0
83003		X	Assay growth hormone (hgh)	0.00	0.00	0.00	0.00	XXX	0
83004		D	Growth hormone after gtt	0.00	0.00	0.00	0.00	XXX	0
83008		X	Assay guanosine	0.00	0.00	0.00	0.00	XXX	0
83010		X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	XXX	0
83012		X	Assay haptoglobins	0.00	0.00	0.00	0.00	XXX	0
83015		X	Heavy metal screen	0.00	0.00	0.00	0.00	XXX	0
83018		X	Quantitative screen, metals	0.00	0.00	0.00	0.00	XXX	0
83020		X	Assay hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83020	26	A	Assay hemoglobin	0.37	0.20	0.01	0.58	XXX	N
83026		X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	XXX	0
83030		X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83033		X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83036		X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83045		X	Blood methemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83050		X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83051		X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83055		X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83060		X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83065		X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	XXX	0
83068		X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	XXX	0
83069		X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83070		X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83071		X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83088		X	Assay histamine	0.00	0.00	0.00	0.00	XXX	0
83150		X	Assay for hva	0.00	0.00	0.00	0.00	XXX	0
83491		X	Assay of corticosteroids	0.00	0.00	0.00	0.00	XXX	0
83497		X	Assay 5-hiaa	0.00	0.00	0.00	0.00	XXX	0
83498		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83499		X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83500		X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83505		X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83518		X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	XXX	0
83519		X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	XXX	0
83520		X	Immunoassay, ria	0.00	0.00	0.00	0.00	XXX	0
83525		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83526		D	Insulin tolerance test	0.00	0.00	0.00	0.00	XXX	0
83527		X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83528		X	Assay intrinsic factor	0.00	0.00	0.00	0.00	XXX	0
83540		X	Assay iron	0.00	0.00	0.00	0.00	XXX	0
83550		X	Iron binding test	0.00	0.00	0.00	0.00	XXX	0
83570		X	Assay idh enzyme	0.00	0.00	0.00	0.00	XXX	0
83582		X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	XXX	0
83586		X	Assay 17-(17-ks)ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83593		X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83605		X	Lactic acid assay	0.00	0.00	0.00	0.00	XXX	0
83615		X	Lactate (ld) (ldh) enzyme	0.00	0.00	0.00	0.00	XXX	0
83625		X	Assay ldh enzymes	0.00	0.00	0.00	0.00	XXX	0
83632		X	Placental lactogen	0.00	0.00	0.00	0.00	XXX	0
83633		X	Test urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83634		X	Assay urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83655		X	Assay for lead	0.00	0.00	0.00	0.00	XXX	0
83661		X	Assay l/s ratio	0.00	0.00	0.00	0.00	XXX	0
83662		X	L/s ratio, foam stability	0.00	0.00	0.00	0.00	XXX	0

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[2] * indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
83670	.....	X	Assay lap enzyme	0.00	0.00	0.00	0.00	XXX	0
83681	.....	D	Leucine tolerance test	0.00	0.00	0.00	0.00	XXX	0
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	XXX	0
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83717	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83727	.....	X	Lrh hormone assay	0.00	0.00	0.00	0.00	XXX	0
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	XXX	0
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	XXX	0
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	XXX	0
83790	.....	D	Mannitol clearance test	0.00	0.00	0.00	0.00	XXX	0
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	XXX	0
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	XXX	0
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	XXX	0
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	XXX	0
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	XXX	0
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	XXX	0
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	XXX	0
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	XXX	0
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	XXX	0
83873	.....	X	Assay, csf protein	0.00	0.00	0.00	0.00	XXX	0
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	XXX	0
83883	.....	X	Nephelometry, not specified	0.00	0.00	0.00	0.00	XXX	0
83885	.....	X	Assay for nickel	0.00	0.00	0.00	0.00	XXX	0
83887	.....	X	Assay nicotine	0.00	0.00	0.00	0.00	XXX	0
83890	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83894	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83898	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	XXX	0
83912	26	A	Genetic examination	0.37	0.20	0.01	0.58	XXX	N
83915	.....	X	Assay nucleotidase	0.00	0.00	0.00	0.00	XXX	0
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	XXX	0
83918	.....	X	Assay organic acids	0.00	0.00	0.00	0.00	XXX	0
83925	.....	X	Opiates	0.00	0.00	0.00	0.00	XXX	0
83930	.....	X	Assay blood osmolality	0.00	0.00	0.00	0.00	XXX	0
83935	.....	X	Assay urine osmolality	0.00	0.00	0.00	0.00	XXX	0
83937	.....	X	Assay for osteocalcin	0.00	0.00	0.00	0.00	XXX	0
83945	.....	X	Assay oxalate	0.00	0.00	0.00	0.00	XXX	0
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	XXX	0
83986	.....	X	Assay body fluid acidity	0.00	0.00	0.00	0.00	XXX	0
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	XXX	0
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	XXX	0
84030	.....	X	Assay blood pku	0.00	0.00	0.00	0.00	XXX	0
84035	.....	X	Assay phenylketones	0.00	0.00	0.00	0.00	XXX	0
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	XXX	0
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	XXX	0
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	XXX	0
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	XXX	0
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	XXX	0
84085	.....	X	Assay rbc pg6d enzyme	0.00	0.00	0.00	0.00	XXX	0
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	XXX	0
84100	.....	X	Assay phosphorus	0.00	0.00	0.00	0.00	XXX	0
84105	.....	X	Assay urine phosphorus	0.00	0.00	0.00	0.00	XXX	0
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84110	.....	X	Assay porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	XXX	0
84120	.....	X	Assay urine porphyrins	0.00	0.00	0.00	0.00	XXX	0
84126	.....	X	Assay feces porphyrins	0.00	0.00	0.00	0.00	XXX	0
84127	.....	X	Porphyrins, feces	0.00	0.00	0.00	0.00	XXX	0
84132	.....	X	Assay serum potassium	0.00	0.00	0.00	0.00	XXX	0
84133	.....	X	Assay urine potassium	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
84134		X	Prealbumin	0.00	0.00	0.00	0.00	XXX	0
84135		X	Assay pregnanediol	0.00	0.00	0.00	0.00	XXX	0
84138		X	Assay pregnanetriol	0.00	0.00	0.00	0.00	XXX	0
84140		X	Assay for pregnenolone	0.00	0.00	0.00	0.00	XXX	0
84143		X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	XXX	0
84144		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84146		X	Assay for prolactin	0.00	0.00	0.00	0.00	XXX	0
84150		X	Assay of prostaglandin	0.00	0.00	0.00	0.00	XXX	0
84153		X	Prostate specific antigen	0.00	0.00	0.00	0.00	XXX	0
84155		X	Assay protein	0.00	0.00	0.00	0.00	XXX	0
84160		X	Assay serum protein	0.00	0.00	0.00	0.00	XXX	0
84165		X	Assay serum proteins	0.00	0.00	0.00	0.00	XXX	0
84165	26	A	Assay serum proteins	0.37	0.20	0.01	0.58	XXX	N
84175		D	Assay body proteins	0.00	0.00	0.00	0.00	XXX	0
84181		X	Western blot test	0.00	0.00	0.00	0.00	XXX	0
84181	26	A	Western blot test	0.37	0.20	0.01	0.58	XXX	N
84182		X	Protein, western blot test	0.00	0.00	0.00	0.00	XXX	0
84182	26	A	Protein, western blot test	0.37	0.20	0.01	0.58	XXX	N
84201		D	Assay protirelin	0.00	0.00	0.00	0.00	XXX	0
84202		X	Assay rbc protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84203		X	Test rbc protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84206		X	Assay of proinsulin	0.00	0.00	0.00	0.00	XXX	0
84207		X	Assay vitamin b-6	0.00	0.00	0.00	0.00	XXX	0
84210		X	Assay pyruvate	0.00	0.00	0.00	0.00	XXX	0
84220		X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	XXX	0
84228		X	Assay quinine	0.00	0.00	0.00	0.00	XXX	0
84233		X	Assay estrogen	0.00	0.00	0.00	0.00	XXX	0
84234		X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84235		X	Assay endocrine hormone	0.00	0.00	0.00	0.00	XXX	0
84238		X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	XXX	0
84244		X	Assay of renin	0.00	0.00	0.00	0.00	XXX	0
84246		D	Renin furosemide test	0.00	0.00	0.00	0.00	XXX	0
84252		X	Assay vitamin b-2	0.00	0.00	0.00	0.00	XXX	0
84255		X	Assay selenium	0.00	0.00	0.00	0.00	XXX	0
84260		X	Assay serotonin	0.00	0.00	0.00	0.00	XXX	0
84270		X	Sex hormone globulin (shbg)	0.00	0.00	0.00	0.00	XXX	0
84275		X	Assay sialic acid	0.00	0.00	0.00	0.00	XXX	0
84285		X	Assay silica	0.00	0.00	0.00	0.00	XXX	0
84295		X	Assay serum sodium	0.00	0.00	0.00	0.00	XXX	0
84300		X	Assay urine sodium	0.00	0.00	0.00	0.00	XXX	0
84305		X	Somatomedin	0.00	0.00	0.00	0.00	XXX	0
84307		X	Somatostatin	0.00	0.00	0.00	0.00	XXX	0
84311		X	Spectrophotometry	0.00	0.00	0.00	0.00	XXX	0
84315		X	Body fluid specific gravity	0.00	0.00	0.00	0.00	XXX	0
84375		X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	XXX	0
84392		X	Assay urine sulfate	0.00	0.00	0.00	0.00	XXX	0
84402		X	Testosterone	0.00	0.00	0.00	0.00	XXX	0
84403		X	Assay total testosterone	0.00	0.00	0.00	0.00	XXX	0
84425		X	Assay vitamin b-1	0.00	0.00	0.00	0.00	XXX	0
84430		X	Assay thiocyanate	0.00	0.00	0.00	0.00	XXX	0
84432		X	Thyroglobulin	0.00	0.00	0.00	0.00	XXX	0
84436		X	Assay, total thyroxine	0.00	0.00	0.00	0.00	XXX	0
84437		X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	XXX	0
84439		X	Assay, free thyroxine	0.00	0.00	0.00	0.00	XXX	0
84442		X	Thyroid activity (tbg) assay	0.00	0.00	0.00	0.00	XXX	0
84443		X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	XXX	0
84444		D	Ria thyrotropin factor	0.00	0.00	0.00	0.00	XXX	0
84445		X	Thyroid immunoglobulins tsi	0.00	0.00	0.00	0.00	XXX	0
84446		X	Assay vitamin e	0.00	0.00	0.00	0.00	XXX	0
84449		X	Assay for transcortin	0.00	0.00	0.00	0.00	XXX	0
84450		X	Transferase (ast) (sgot)	0.00	0.00	0.00	0.00	XXX	0
84460		X	Alanine amino (alt) (sgpt)	0.00	0.00	0.00	0.00	XXX	0
84466		X	Transferrin	0.00	0.00	0.00	0.00	XXX	0
84478		X	Assay triglycerides	0.00	0.00	0.00	0.00	XXX	0
84479		X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	XXX	0
84480		X	Total assay, tt-3	0.00	0.00	0.00	0.00	XXX	0
84481		X	Free assay (ft-3)	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
84482	.....	X	T3 reverse	0.00	0.00	0.00	0.00	XXX	0
84485	.....	X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	XXX	0
84488	.....	X	Test feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84490	.....	X	Assay feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84510	.....	X	Assay tyrosine	0.00	0.00	0.00	0.00	XXX	0
84520	.....	X	Assay urea nitrogen	0.00	0.00	0.00	0.00	XXX	0
84525	.....	X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	XXX	0
84540	.....	X	Assay urine urea-n	0.00	0.00	0.00	0.00	XXX	0
84545	.....	X	Urea-n clearance test	0.00	0.00	0.00	0.00	XXX	0
84550	.....	X	Assay blood uric acid	0.00	0.00	0.00	0.00	XXX	0
84555	.....	D	Assay uric acid	0.00	0.00	0.00	0.00	XXX	0
84560	.....	X	Assay urine uric acid	0.00	0.00	0.00	0.00	XXX	0
84577	.....	X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84578	.....	X	Test urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84580	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84583	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84585	.....	X	Assay urine vma	0.00	0.00	0.00	0.00	XXX	0
84586	.....	X	Vip assay	0.00	0.00	0.00	0.00	XXX	0
84588	.....	X	Assay vasopressin	0.00	0.00	0.00	0.00	XXX	0
84589	.....	D	Assay fluid viscosity	0.00	0.00	0.00	0.00	XXX	0
84590	.....	X	Assay vitamin-a	0.00	0.00	0.00	0.00	XXX	0
84597	.....	X	Assay vitamin-k	0.00	0.00	0.00	0.00	XXX	0
84600	.....	X	Assay for volatiles	0.00	0.00	0.00	0.00	XXX	0
84620	.....	X	Xylose tolerance test	0.00	0.00	0.00	0.00	XXX	0
84630	.....	X	Assay zinc	0.00	0.00	0.00	0.00	XXX	0
84681	.....	X	Assay c-peptide	0.00	0.00	0.00	0.00	XXX	0
84702	.....	X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	XXX	0
84703	.....	X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	XXX	0
84830	.....	X	Ovulation tests	0.00	0.00	0.00	0.00	XXX	0
84999	.....	X	Clinical chemistry test	0.00	0.00	0.00	0.00	XXX	0
85002	.....	X	Bleeding time test	0.00	0.00	0.00	0.00	XXX	0
85007	.....	X	Differential wbc count	0.00	0.00	0.00	0.00	XXX	0
85008	.....	X	Nondifferential wbc count	0.00	0.00	0.00	0.00	XXX	0
85009	.....	X	Differential wbc count	0.00	0.00	0.00	0.00	XXX	0
85013	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85014	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85018	.....	X	Hemoglobin	0.00	0.00	0.00	0.00	XXX	0
85021	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85022	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85023	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85024	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85025	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85027	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85029	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85030	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85031	.....	X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	XXX	0
85041	.....	X	Red blood cell (rbc) count	0.00	0.00	0.00	0.00	XXX	0
85044	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85045	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85048	.....	X	White blood cell (wbc) count	0.00	0.00	0.00	0.00	XXX	0
85060	.....	A	Blood smear interpretation	0.46	0.22	0.02	0.70	XXX	N
85095	.....	A	Bone marrow aspiration	1.09	0.68	0.05	1.82	XXX	N
85097	.....	A	Bone marrow interpretation	0.95	0.49	0.04	1.48	XXX	N
85102	.....	A	Bone marrow biopsy	1.39	0.81	0.05	2.25	XXX	N
85102	TC	D	Bone marrow biopsy	0.00	0.00	0.00	0.00	XXX	N
85102	26	D	Bone marrow biopsy	0.00	0.00	0.00	0.00	XXX	N
85130	.....	X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	XXX	0
85170	.....	X	Blood clot retraction	0.00	0.00	0.00	0.00	XXX	0
85175	.....	X	Blood clot lysis time	0.00	0.00	0.00	0.00	XXX	0
85210	.....	X	Blood clot factor ii test	0.00	0.00	0.00	0.00	XXX	0
85220	.....	X	Blood clot factor v test	0.00	0.00	0.00	0.00	XXX	0
85230	.....	X	Blood clot factor vii test	0.00	0.00	0.00	0.00	XXX	0
85240	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85244	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85245	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85246	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0
85247	.....	X	Blood clot factor viii test	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
85250	.....	X	Blood clot factor ix test	0.00	0.00	0.00	0.00	XXX	0
85260	.....	X	Blood clot factor x test	0.00	0.00	0.00	0.00	XXX	0
85270	.....	X	Blood clot factor xi test	0.00	0.00	0.00	0.00	XXX	0
85280	.....	X	Blood clot factor xii test	0.00	0.00	0.00	0.00	XXX	0
85290	.....	X	Blood clot factor xiii test	0.00	0.00	0.00	0.00	XXX	0
85291	.....	X	Blood clot factor xiii test	0.00	0.00	0.00	0.00	XXX	0
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85300	.....	X	Antithrombin iii test	0.00	0.00	0.00	0.00	XXX	0
85301	.....	X	Antithrombin iii test	0.00	0.00	0.00	0.00	XXX	0
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	XXX	0
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	XXX	0
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	XXX	0
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	XXX	0
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	XXX	0
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	XXX	0
85390	26	A	Fibrinolysins screen	0.37	0.20	0.01	0.58	XXX	N
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	XXX	0
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	XXX	0
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85441	.....	X	Heinz bodies; direct	0.00	0.00	0.00	0.00	XXX	0
85445	.....	X	Heinz bodies; induced	0.00	0.00	0.00	0.00	XXX	0
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	XXX	0
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	XXX	0
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	XXX	0
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	XXX	0
85535	.....	X	Iron stain, blood cells	0.00	0.00	0.00	0.00	XXX	0
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
85547	.....	X	Rbc mechanical fragility	0.00	0.00	0.00	0.00	XXX	0
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	XXX	0
85555	.....	X	Rbc osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85557	.....	X	Rbc osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85575	.....	D	Blood platelet adhesiveness	0.00	0.00	0.00	0.00	XXX	0
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	XXX	0
85576	26	A	Blood platelet aggregation	0.37	0.20	0.01	0.58	XXX	N
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	XXX	0
85590	.....	X	Platelet manual count	0.00	0.00	0.00	0.00	XXX	0
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	XXX	0
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	XXX	0
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	XXX	0
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	XXX	0
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	XXX	0
85651	.....	X	Rbc sedimentation rate	0.00	0.00	0.00	0.00	XXX	0
85660	.....	X	Rbc sickle cell test	0.00	0.00	0.00	0.00	XXX	0
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	XXX	0
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	XXX	0
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	XXX	0
85720	.....	D	THROMBOPLASTIN GENERATION	0.00	0.00	0.00	0.00	XXX	0
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
85810		X	Blood viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85820		D	Serum viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85999		X	Hematology procedure	0.00	0.00	0.00	0.00	XXX	0
86000		X	Agglutinins; febrile	0.00	0.00	0.00	0.00	XXX	0
86003		X	Allergen specific ige	0.00	0.00	0.00	0.00	XXX	0
86005		X	Allergen specific ige	0.00	0.00	0.00	0.00	XXX	0
86021		X	Wbc antibody identification	0.00	0.00	0.00	0.00	XXX	0
86022		X	Platelet antibodies	0.00	0.00	0.00	0.00	XXX	0
86023		X	Immunoglobulin assay	0.00	0.00	0.00	0.00	XXX	0
86038		X	Antinuclear antibodies	0.00	0.00	0.00	0.00	XXX	0
86039		X	Antinuclear antibodies (ana)	0.00	0.00	0.00	0.00	XXX	0
86060		X	Antistreptolysin o titer	0.00	0.00	0.00	0.00	XXX	0
86063		X	Antistreptolysin o screen	0.00	0.00	0.00	0.00	XXX	0
86077		A	Physician blood bank service	0.37	0.30	0.02	0.69	XXX	N
86078		A	Physician blood bank service	0.95	0.34	0.02	1.31	XXX	N
86079		A	Physician blood bank service	0.37	0.33	0.02	0.72	XXX	N
86140		X	C-reactive protein	0.00	0.00	0.00	0.00	XXX	0
86147		X	Cardiolipin antibody	0.00	0.00	0.00	0.00	XXX	0
86155		X	Chemotaxis assay	0.00	0.00	0.00	0.00	XXX	0
86156		X	Cold agglutinin screen	0.00	0.00	0.00	0.00	XXX	0
86157		X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	XXX	0
86160		X	Complement, antigen	0.00	0.00	0.00	0.00	XXX	0
86161		X	Complement/function activity	0.00	0.00	0.00	0.00	XXX	0
86162		X	Complement, total (ch50)	0.00	0.00	0.00	0.00	XXX	0
86171		X	Complement fixation, each	0.00	0.00	0.00	0.00	XXX	0
86185		X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86215		X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	XXX	0
86225		X	Dna antibody	0.00	0.00	0.00	0.00	XXX	0
86226		X	Dna antibody, single strand	0.00	0.00	0.00	0.00	XXX	0
86235		X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	XXX	0
86243		X	Fc receptor	0.00	0.00	0.00	0.00	XXX	0
86255		X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	XXX	0
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.01	0.58	XXX	N
86256		X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	XXX	0
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.01	0.58	XXX	N
86277		X	Growth hormone antibody	0.00	0.00	0.00	0.00	XXX	0
86280		X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	XXX	0
86287		X	Hepatitis b (hbsag)	0.00	0.00	0.00	0.00	XXX	0
86289		X	Hepatitis bc antibody test	0.00	0.00	0.00	0.00	XXX	0
86290		X	Hepatitis bc antibody test	0.00	0.00	0.00	0.00	XXX	0
86291		X	Hepatitis bs antibody test	0.00	0.00	0.00	0.00	XXX	0
86293		X	Hepatitis be antibody test	0.00	0.00	0.00	0.00	XXX	0
86295		X	Hepatitis be antibody test	0.00	0.00	0.00	0.00	XXX	0
86296		X	Hepatitis a antibody test	0.00	0.00	0.00	0.00	XXX	0
86299		X	Hepatitis a antibody test	0.00	0.00	0.00	0.00	XXX	0
86302		X	Hepatitis c antibody	0.00	0.00	0.00	0.00	XXX	0
86306		X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86308		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86309		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86310		X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86311		X	Hiv antigen test	0.00	0.00	0.00	0.00	XXX	0
86316		X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	XXX	0
86317		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86318		X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86320		X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86325		X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86327		X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	XXX	0
86327	26	A	Immunoelectrophoresis assay	0.37	0.20	0.01	0.58	XXX	N
86329		X	Immunodiffusion	0.00	0.00	0.00	0.00	XXX	0
86331		X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	XXX	0
86332		X	Immune complex assay	0.00	0.00	0.00	0.00	XXX	0
86334		X	Immunofixation procedure	0.00	0.00	0.00	0.00	XXX	0
86334	26	A	Immunofixation procedure	0.37	0.20	0.01	0.58	XXX	N
86337		X	Insulin antibodies	0.00	0.00	0.00	0.00	XXX	0
86340		X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	XXX	0
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	XXX	0
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	XXX	0
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	XXX	0
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	XXX	0
86360	.....	X	T cell ratio	0.00	0.00	0.00	0.00	XXX	0
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	XXX	0
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	XXX	0
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	XXX	0
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	XXX	0
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86421	.....	D	Radioallergosorbent tests	0.00	0.00	0.00	0.00	XXX	0
86422	.....	D	Radioallergosorbent tests	0.00	0.00	0.00	0.00	XXX	0
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	XXX	0
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	XXX	0
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	XXX	N
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	0.02	0.30	XXX	N
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.02	0.32	XXX	N
86580	.....	A	Tb intradermal test	0.00	0.24	0.02	0.26	XXX	N
86585	.....	A	Tb tine test	0.00	0.19	0.01	0.20	XXX	N
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	XXX	N
86588	.....	X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	XXX	0
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	XXX	0
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	XXX	0
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	XXX	0
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	XXX	0
86603	.....	X	Adenovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	XXX	0
86609	.....	X	Bacterium, antibody	0.00	0.00	0.00	0.00	XXX	0
86612	.....	X	Blastomyces, antibody	0.00	0.00	0.00	0.00	XXX	0
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	XXX	0
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	XXX	0
86622	.....	X	Brucella, antibody	0.00	0.00	0.00	0.00	XXX	0
86625	.....	X	Campylobacter, antibody	0.00	0.00	0.00	0.00	XXX	0
86628	.....	X	Candida, antibody	0.00	0.00	0.00	0.00	XXX	0
86631	.....	X	Chlamydia, antibody	0.00	0.00	0.00	0.00	XXX	0
86632	.....	X	Chlamydia, igm, antibody	0.00	0.00	0.00	0.00	XXX	0
86635	.....	X	Coccidioides, antibody	0.00	0.00	0.00	0.00	XXX	0
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	XXX	0
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	XXX	0
86644	.....	X	Cmv antibody	0.00	0.00	0.00	0.00	XXX	0
86645	.....	X	Cmv antibody, igm	0.00	0.00	0.00	0.00	XXX	0
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	XXX	0
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86653	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86654	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86658	.....	X	Enterovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86665	.....	X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	XXX	0
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	XXX	0
86671	.....	X	Fungus, antibody	0.00	0.00	0.00	0.00	XXX	0
86674	.....	X	Giardia lamblia	0.00	0.00	0.00	0.00	XXX	0
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	XXX	0
86682	.....	X	Helminth, antibody	0.00	0.00	0.00	0.00	XXX	0
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	XXX	0
86687	.....	X	Htlv i	0.00	0.00	0.00	0.00	XXX	0
86688	.....	X	Htlv-ii	0.00	0.00	0.00	0.00	XXX	0
86689	.....	X	Htlv/hiv confirmatory test	0.00	0.00	0.00	0.00	XXX	0
86692	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86694	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86695	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86698	.....	X	Histoplasma	0.00	0.00	0.00	0.00	XXX	0
86701	.....	X	Hiv-1	0.00	0.00	0.00	0.00	XXX	0
86702	.....	X	Hiv-2	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86703		X	Hiv-1/hiv-2, single assay	0.00	0.00	0.00	0.00	XXX	0
86710		X	Influenza virus	0.00	0.00	0.00	0.00	XXX	0
86713		X	Legionella	0.00	0.00	0.00	0.00	XXX	0
86717		X	Leishmania	0.00	0.00	0.00	0.00	XXX	0
86720		X	Leptospira	0.00	0.00	0.00	0.00	XXX	0
86723		X	Listeria monocytogenes	0.00	0.00	0.00	0.00	XXX	0
86727		X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	XXX	0
86729		X	Lympho venereum	0.00	0.00	0.00	0.00	XXX	0
86732		X	Mucormycosis	0.00	0.00	0.00	0.00	XXX	0
86735		X	Mumps	0.00	0.00	0.00	0.00	XXX	0
86738		X	Mycoplasma	0.00	0.00	0.00	0.00	XXX	0
86741		X	Neisseria meningitidis	0.00	0.00	0.00	0.00	XXX	0
86744		X	Nocardia	0.00	0.00	0.00	0.00	XXX	0
86747		X	Parvovirus	0.00	0.00	0.00	0.00	XXX	0
86750		X	Malaria	0.00	0.00	0.00	0.00	XXX	0
86753		X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	XXX	0
86756		X	Respiratory virus	0.00	0.00	0.00	0.00	XXX	0
86759		X	Rotavirus	0.00	0.00	0.00	0.00	XXX	0
86762		X	Rubella	0.00	0.00	0.00	0.00	XXX	0
86765		X	Rubeola	0.00	0.00	0.00	0.00	XXX	0
86768		X	Salmonella	0.00	0.00	0.00	0.00	XXX	0
86771		X	Shigella	0.00	0.00	0.00	0.00	XXX	0
86774		X	Tetanus	0.00	0.00	0.00	0.00	XXX	0
86777		X	Toxoplasma	0.00	0.00	0.00	0.00	XXX	0
86778		X	Toxoplasma, igm	0.00	0.00	0.00	0.00	XXX	0
86781		X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	XXX	0
86784		X	Trichinella	0.00	0.00	0.00	0.00	XXX	0
86787		X	Varicella-zoster	0.00	0.00	0.00	0.00	XXX	0
86790		X	Virus, not specified	0.00	0.00	0.00	0.00	XXX	0
86793		X	Yersinia	0.00	0.00	0.00	0.00	XXX	0
86800		X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	XXX	0
86805		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86806		X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86807		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86808		X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86812		X	Hla typing, a, b, or c	0.00	0.00	0.00	0.00	XXX	0
86813		X	Hla typing, a, b, or c	0.00	0.00	0.00	0.00	XXX	0
86816		X	Hla typing, dr/dq	0.00	0.00	0.00	0.00	XXX	0
86817		X	Hla typing, dr/dq	0.00	0.00	0.00	0.00	XXX	0
86821		X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	XXX	0
86822		X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	XXX	0
86849		X	Immunology procedure	0.00	0.00	0.00	0.00	XXX	0
86850		X	Rbc antibody screen	0.00	0.00	0.00	0.00	XXX	0
86860		X	Rbc antibody elution	0.00	0.00	0.00	0.00	XXX	0
86870		X	Rbc antibody identification	0.00	0.00	0.00	0.00	XXX	0
86880		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86885		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86886		X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86890		X	Autologous blood process	0.00	0.00	0.00	0.00	XXX	0
86891		X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	XXX	0
86900		X	Blood typing, abo	0.00	0.00	0.00	0.00	XXX	0
86901		X	Blood typing, rh (d)	0.00	0.00	0.00	0.00	XXX	0
86903		X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	XXX	0
86904		X	Blood typing, patient serum	0.00	0.00	0.00	0.00	XXX	0
86905		X	Blood typing, rbc antigens	0.00	0.00	0.00	0.00	XXX	0
86906		X	Blood typing, rh phenotype	0.00	0.00	0.00	0.00	XXX	0
86910		X	Blood typing, paternity test	0.00	0.00	0.00	0.00	XXX	0
86911		X	Blood typing, antigen system	0.00	0.00	0.00	0.00	XXX	0
86915		X	Bone marrow	0.00	0.00	0.00	0.00	XXX	0
86920		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86921		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86922		X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86927		X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
86930		X	Frozen blood prep	0.00	0.00	0.00	0.00	XXX	0
86931		X	Frozen blood thaw	0.00	0.00	0.00	0.00	XXX	0
86932		X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	XXX	0
86940		X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
86941		X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	XXX	0
86945		X	Blood product/irradiation	0.00	0.00	0.00	0.00	XXX	0
86950		X	Leukacyte transfusion	0.00	0.00	0.00	0.00	XXX	0
86965		X	Pooling blood platelets	0.00	0.00	0.00	0.00	XXX	0
86970		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86971		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86972		X	Rbc pretreatment	0.00	0.00	0.00	0.00	XXX	0
86975		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86976		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86977		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86978		X	Rbc pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86985		X	Split blood or products	0.00	0.00	0.00	0.00	XXX	0
86999		X	Transfusion procedure	0.00	0.00	0.00	0.00	XXX	0
87001		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87003		X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87015		X	Specimen concentration	0.00	0.00	0.00	0.00	XXX	0
87040		X	Blood culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87045		X	Stool culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87060		X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	XXX	0
87070		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87072		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87075		X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87076		X	Bacteria identification	0.00	0.00	0.00	0.00	XXX	0
87081		X	Bacteria culture screen	0.00	0.00	0.00	0.00	XXX	0
87082		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87083		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87084		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87085		X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87086		X	Urine culture, colony count	0.00	0.00	0.00	0.00	XXX	0
87087		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87088		X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87101		X	Skin fungus culture	0.00	0.00	0.00	0.00	XXX	0
87102		X	Fungus isolation culture	0.00	0.00	0.00	0.00	XXX	0
87103		X	Blood fungus culture	0.00	0.00	0.00	0.00	XXX	0
87106		X	Fungus identification	0.00	0.00	0.00	0.00	XXX	0
87109		X	Mycoplasma culture	0.00	0.00	0.00	0.00	XXX	0
87110		X	Culture, chlamydia	0.00	0.00	0.00	0.00	XXX	0
87116		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87117		X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87118		X	Mycobacteria identification	0.00	0.00	0.00	0.00	XXX	0
87140		X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	XXX	0
87143		X	Culture typing, glc method	0.00	0.00	0.00	0.00	XXX	0
87145		X	Culture typing, phage method	0.00	0.00	0.00	0.00	XXX	0
87147		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87151		X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87155		X	Culture typing, precipitin	0.00	0.00	0.00	0.00	XXX	0
87158		X	Culture typing, added method	0.00	0.00	0.00	0.00	XXX	0
87163		X	Special microbiology culture	0.00	0.00	0.00	0.00	XXX	0
87164		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87164	26	A	Dark field examination	0.37	0.20	0.01	0.58	XXX	N
87166		X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87174		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87175		X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87176		X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87177		X	Ova and parasites smears	0.00	0.00	0.00	0.00	XXX	0
87178		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87179		X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87181		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87184		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87186		X	Antibiotic sensitivity, mic	0.00	0.00	0.00	0.00	XXX	0
87187		X	Antibiotic sensitivity, mbc	0.00	0.00	0.00	0.00	XXX	0
87188		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87190		X	Tb antibiotic sensitivity	0.00	0.00	0.00	0.00	XXX	0
87192		X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87197		X	Bactericidal level, serum	0.00	0.00	0.00	0.00	XXX	0
87205		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87206		X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
87207	26	A	Smear, stain & interpret	0.37	0.20	0.01	0.58	XXX	N
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	XXX	0
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	XXX	0
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	XXX	0
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	XXX	0
88104	.....	A	Microscopic exam of cells	0.57	0.44	0.04	1.05	XXX	N
88104	TC	A	Microscopic exam of cells	0.00	0.21	0.02	0.23	XXX	N
88104	26	A	Microscopic exam of cells	0.57	0.23	0.02	0.82	XXX	N
88106	.....	A	Microscopic exam of cells	0.57	0.37	0.03	0.97	XXX	N
88106	TC	A	Microscopic exam of cells	0.00	0.17	0.02	0.19	XXX	N
88106	26	A	Microscopic exam of cells	0.57	0.20	0.01	0.78	XXX	N
88107	.....	A	Microscopic exam of cells	0.77	0.47	0.04	1.28	XXX	N
88107	TC	A	Microscopic exam of cells	0.00	0.23	0.02	0.25	XXX	N
88107	26	A	Microscopic exam of cells	0.77	0.24	0.02	1.03	XXX	N
88108	.....	A	Cytopathology	0.57	0.47	0.04	1.08	XXX	N
88108	TC	A	Cytopathology	0.00	0.23	0.02	0.25	XXX	N
88108	26	A	Cytopathology	0.57	0.24	0.02	0.83	XXX	N
88125	.....	A	Forensic cytopathology	0.26	0.11	0.00	0.37	XXX	N
88125	26	A	Forensic cytopathology	0.26	0.07	0.00	0.33	XXX	N
88125	TC	A	Forensic cytopathology	0.00	0.04	0.00	0.04	XXX	N
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88150	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88151	.....	X	Cytopathology interpretation	0.00	0.00	0.00	0.00	XXX	0
88151	26	A	Cytopathology interpretation	0.42	0.32	0.04	0.78	XXX	N
88155	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88156	.....	X	Tbs smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	.....	X	Tbs smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	26	A	Tbs smear (bethesda system)	0.42	0.32	0.04	0.78	XXX	N
88160	.....	A	Cytopathology	0.51	0.33	0.03	0.87	XXX	N
88160	TC	A	Cytopathology	0.00	0.16	0.02	0.18	XXX	N
88160	26	A	Cytopathology	0.51	0.17	0.01	0.69	XXX	N
88161	.....	A	Cytopathology	0.51	0.39	0.03	0.93	XXX	N
88161	TC	A	Cytopathology	0.00	0.19	0.02	0.21	XXX	N
88161	26	A	Cytopathology	0.51	0.20	0.01	0.72	XXX	N
88162	.....	A	Cytopathology, extensive	0.77	0.79	0.05	1.61	XXX	N
88162	TC	A	Cytopathology, extensive	0.00	0.38	0.02	0.40	XXX	N
88162	26	A	Cytopathology, extensive	0.77	0.41	0.03	1.21	XXX	N
88170	.....	A	Fine needle aspiration	0.51	1.01	0.09	1.61	XXX	N
88170	TC	A	Fine needle aspiration	0.00	0.48	0.04	0.52	XXX	N
88170	26	A	Fine needle aspiration	0.51	0.53	0.05	1.09	XXX	N
88171	.....	A	Fine needle aspiration	1.06	1.37	0.09	2.52	XXX	N
88171	TC	A	Fine needle aspiration	0.00	0.65	0.04	0.69	XXX	N
88171	26	A	Fine needle aspiration	1.06	0.72	0.05	1.83	XXX	N
88172	.....	A	Evaluation of smear	0.61	0.71	0.05	1.37	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
88172	TC	A	Evaluation of smear	0.00	0.35	0.02	0.37	XXX	N
88172	26	A	Evaluation of smear	0.61	0.36	0.03	1.00	XXX	N
88173	.....	A	Interpretation of smear	1.09	0.88	0.05	2.02	XXX	N
88173	TC	A	Interpretation of smear	0.00	0.42	0.02	0.44	XXX	N
88173	26	A	Interpretation of smear	1.09	0.46	0.03	1.58	XXX	N
88180	.....	A	Cell marker study	0.36	0.33	0.03	0.72	XXX	N
88180	TC	A	Cell marker study	0.00	0.16	0.02	0.18	XXX	N
88180	26	A	Cell marker study	0.36	0.17	0.01	0.54	XXX	N
88182	.....	A	Cell marker study	0.78	0.89	0.07	1.74	XXX	N
88182	TC	A	Cell marker study	0.00	0.44	0.04	0.48	XXX	N
88182	26	A	Cell marker study	0.78	0.45	0.03	1.26	XXX	N
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	XXX	0
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	XXX	0
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	XXX	0
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	XXX	0
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	XXX	0
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88248	.....	X	Chrorposome analysis	0.00	0.00	0.00	0.00	XXX	0
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88262	.....	X	Chromosome count: 15-20 cells	0.00	0.00	0.00	0.00	XXX	0
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	XXX	0
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	XXX	0
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	XXX	0
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	XXX	0
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	XXX	0
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	XXX	0
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	XXX	0
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX	N
88300	.....	A	Surg path, gross	0.08	*0.21	0.01	0.30	XXX	N
88300	TC	A	Surg path, gross	0.00	0.10	0.00	0.10	XXX	N
88300	26	A	Surg path, gross	0.08	*0.11	0.01	0.20	XXX	N
88302	.....	A	Tissue exam by pathologist	0.13	*0.46	0.04	0.63	XXX	N
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.02	0.25	XXX	N
88302	26	A	Tissue exam by pathologist	0.13	*0.23	0.02	0.38	XXX	N
88304	.....	A	Tissue exam by pathologist	0.22	*0.65	0.04	0.91	XXX	N
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.02	0.35	XXX	N
88304	26	A	Tissue exam by pathologist	0.22	*0.32	0.02	0.56	XXX	N
88305	26	A	Tissue exam by pathologist	0.76	0.54	0.04	1.34	XXX	N
88305	.....	A	Tissue exam by pathologist	0.76	1.05	0.08	1.89	XXX	N
88305	TC	A	Tissue exam by pathologist	0.00	0.51	0.04	0.55	XXX	N
88307	TC	A	Tissue exam by pathologist	0.00	0.75	0.06	0.81	XXX	N
88307	.....	A	Tissue exam by pathologist	1.61	1.54	0.12	3.27	XXX	N
88307	26	A	Tissue exam by pathologist	1.61	0.79	0.06	2.46	XXX	N
88309	.....	A	Tissue exam by pathologist	2.31	1.94	0.13	4.38	XXX	N
88309	TC	A	Tissue exam by pathologist	0.00	0.94	0.06	1.00	XXX	N
88309	26	A	Tissue exam by pathologist	2.31	1.00	0.07	3.38	XXX	N
88311	.....	A	Decalcify tissue	0.24	0.21	0.01	0.46	XXX	N
88311	TC	A	Decalcify tissue	0.00	0.10	0.00	0.10	XXX	N
88311	26	A	Decalcify tissue	0.24	0.11	0.01	0.36	XXX	N
88312	.....	A	Special stains	0.55	0.26	0.01	0.82	XXX	N
88312	TC	A	Special stains	0.00	0.12	0.00	0.12	XXX	N
88312	26	A	Special stains	0.55	0.14	0.01	0.70	XXX	N
88313	.....	A	Special stains	0.24	0.21	0.01	0.46	XXX	N
88313	TC	A	Special stains	0.00	0.10	0.00	0.10	XXX	N
88313	26	A	Special stains	0.24	0.11	0.01	0.36	XXX	N
88314	.....	A	Histochemical stain	0.46	0.62	0.04	1.12	XXX	N
88314	TC	A	Histochemical stain	0.00	0.27	0.02	0.29	XXX	N
88314	26	A	Histochemical stain	0.46	0.35	0.02	0.83	XXX	N
88318	.....	A	Chemical histochemistry	0.42	0.24	0.01	0.67	XXX	N
88318	TC	A	Chemical histochemistry	0.00	0.12	0.00	0.12	XXX	N
88318	26	A	Chemical histochemistry	0.42	0.12	0.01	0.55	XXX	N
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.02	0.25	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
88319	26	A	Enzyme histochemistry	0.54	0.26	0.02	0.82	XXX	N
88319	.....	A	Enzyme histochemistry	0.54	0.49	0.04	1.07	XXX	N
88321	.....	A	Microslide consultation	1.31	0.41	0.03	1.75	XXX	N
88323	TC	A	Microslide consultation	0.00	0.33	0.02	0.35	XXX	N
88323	26	A	Microslide consultation	1.37	0.39	0.03	1.79	XXX	N
88323	.....	A	Microslide consultation	1.37	0.72	0.05	2.14	XXX	N
88325	.....	A	Comprehensive review of data	2.24	0.48	0.04	2.76	XXX	N
88329	.....	A	Pathology consult in surgery	0.68	0.37	0.03	1.08	XXX	N
88331	.....	A	Pathology consult in surgery	1.20	1.12	0.08	2.40	XXX	N
88331	TC	A	Pathology consult in surgery	0.00	0.55	0.04	0.59	XXX	N
88331	26	A	Pathology consult in surgery	1.20	0.57	0.04	1.81	XXX	N
88332	.....	A	Pathology consult in surgery	0.60	0.56	0.04	1.20	XXX	N
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.02	0.29	XXX	N
88332	26	A	Pathology consult in surgery	0.60	0.29	0.02	0.91	XXX	N
88342	.....	A	Immunocytochemistry	0.86	0.64	0.04	1.54	XXX	N
88342	TC	A	Immunocytochemistry	0.00	0.31	0.02	0.33	XXX	N
88342	26	A	Immunocytochemistry	0.86	0.33	0.02	1.21	XXX	N
88346	.....	A	Immunofluorescent study	0.87	0.58	0.04	1.49	XXX	N
88346	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88346	26	A	Immunofluorescent study	0.87	0.31	0.02	1.20	XXX	N
88347	.....	A	Immunofluorescent study	0.87	0.42	0.04	1.33	XXX	N
88347	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88347	26	A	Immunofluorescent study	0.87	0.15	0.02	1.04	XXX	N
88348	.....	A	Electron microscopy	1.53	2.30	0.16	3.99	XXX	N
88348	TC	A	Electron microscopy	0.00	1.10	0.08	1.18	XXX	N
88348	26	A	Electron microscopy	1.53	1.20	0.08	2.81	XXX	N
88349	.....	A	Scanning electron microscopy	0.77	1.57	0.12	2.46	XXX	N
88349	TC	A	Scanning electron microscopy	0.00	0.77	0.06	0.83	XXX	N
88349	26	A	Scanning electron microscopy	0.77	0.80	0.06	1.63	XXX	N
88355	.....	A	Analysis, skeletal muscle	1.87	1.76	0.13	3.76	XXX	N
88355	TC	A	Analysis, skeletal muscle	0.00	0.83	0.06	0.89	XXX	N
88355	26	A	Analysis, skeletal muscle	1.87	0.93	0.07	2.87	XXX	N
88356	.....	A	Analysis, nerve	3.05	2.69	0.18	5.92	XXX	N
88356	TC	A	Analysis, nerve	0.00	1.28	0.08	1.36	XXX	N
88356	26	A	Analysis, nerve	3.05	1.41	0.10	4.56	XXX	N
88358	.....	A	Analysis, tumor	2.85	2.34	0.16	5.35	XXX	N
88358	TC	A	Analysis, tumor	0.00	1.17	0.08	1.25	XXX	N
88358	26	A	Analysis, tumor	2.85	1.17	0.08	4.10	XXX	N
88362	.....	A	Nerve teasing preparations	2.19	1.99	0.13	4.31	XXX	N
88362	TC	A	Nerve teasing preparations	0.00	0.98	0.06	1.04	XXX	N
88362	26	A	Nerve teasing preparations	2.19	1.01	0.07	3.27	XXX	N
88365	.....	A	Tissue hybridization	0.94	0.75	0.05	1.74	XXX	N
88365	TC	A	Tissue hybridization	0.00	0.37	0.02	0.39	XXX	N
88365	26	A	Tissue hybridization	0.94	0.38	0.03	1.35	XXX	N
88371	26	A	Protein, western blot tissue	0.37	0.20	0.01	0.58	XXX	N
88371	.....	X	Protein, western blot tissue	0.00	0.00	0.00	0.00	XXX	0
88372	.....	X	Protein analysis w/probe	0.00	0.00	0.00	0.00	XXX	0
88372	26	A	Protein analysis w/probe	0.37	0.20	0.01	0.58	XXX	N
88399	.....	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
89050	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89051	.....	X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89060	.....	X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	XXX	0
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.01	0.58	XXX	N
89100	.....	A	Sample intestinal contents	0.61	0.42	0.03	1.06	XXX	N
89105	.....	A	Sample intestinal contents	0.51	0.39	0.03	0.93	XXX	N
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	XXX	0
89130	.....	A	Sample stomach contents	0.45	0.41	0.03	0.89	XXX	N
89132	.....	A	Sample stomach contents	0.19	0.19	0.02	0.40	XXX	N
89135	.....	A	Sample stomach contents	0.80	0.59	0.04	1.43	XXX	N
89136	.....	A	Sample stomach contents	0.21	0.22	0.02	0.45	XXX	N
89140	.....	A	Sample stomach contents	0.95	0.82	0.07	1.84	XXX	N
89141	.....	A	Sample stomach contents	0.86	0.74	0.06	1.66	XXX	N
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	XXX	0
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	XXX	0
89205	.....	D	Occult blood test	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	XXX	0
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	XXX	0
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	XXX	0
89350	.....	A	Sputum specimen collection	0.00	0.39	0.03	0.42	XXX	N
89355	.....	X	Exam feces for starch	0.00	0.00	0.00	0.00	XXX	0
89360	.....	A	Collect sweat for test	0.00	0.43	0.03	0.46	XXX	N
89365	.....	X	Water load test	0.00	0.00	0.00	0.00	XXX	0
89399	.....	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
90700	.....	E	Dtap immunization	0.00	0.00	0.00	0.00	XXX	0
90701	.....	E	Dtp immunization	0.00	0.00	0.00	0.00	XXX	0
90702	.....	E	Dt immunization	0.00	0.00	0.00	0.00	XXX	0
90703	.....	E	Tetanus immunization	0.00	0.00	0.00	0.00	XXX	0
90704	.....	E	Mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90705	.....	E	Measles immunization	0.00	0.00	0.00	0.00	XXX	0
90706	.....	E	Rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90707	.....	E	Mmr virus immunization	0.00	0.00	0.00	0.00	XXX	0
90708	.....	E	Measles-rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90709	.....	E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90710	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90711	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90712	.....	E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	XXX	0
90713	.....	E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	XXX	0
90714	.....	E	Typhoid immunization	0.00	0.00	0.00	0.00	XXX	0
90716	.....	E	Chicken pox vaccine	0.00	0.00	0.00	0.00	XXX	0
90717	.....	E	Yellow fever immunization	0.00	0.00	0.00	0.00	XXX	0
90718	.....	E	Td immunization	0.00	0.00	0.00	0.00	XXX	0
90719	.....	E	Diphtheria immunization	0.00	0.00	0.00	0.00	XXX	0
90720	.....	E	Dtp/hib vaccine	0.00	0.00	0.00	0.00	XXX	0
90724	.....	X	Influenza immunization	0.00	0.00	0.00	0.00	XXX	0
90725	.....	N	Cholera immunization	0.00	0.00	0.00	0.00	XXX	0
90726	.....	E	Rabies immunization	0.00	0.00	0.00	0.00	XXX	0
90727	.....	E	Plague immunization	0.00	0.00	0.00	0.00	XXX	0
90728	.....	E	Bcg immunization	0.00	0.00	0.00	0.00	XXX	0
90730	.....	E	Hepatitis a vaccine	0.00	0.00	0.00	0.00	XXX	0
90731	.....	X	Hepatitis b immunization	0.00	0.00	0.00	0.00	XXX	0
90732	.....	X	Pneumococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90733	.....	E	Meningococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90735	.....	E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	XXX	0
90737	.....	E	Influenza b immunization	0.00	0.00	0.00	0.00	XXX	0
90741	.....	E	Passive immunization, isg	0.00	0.00	0.00	0.00	XXX	0
90742	.....	E	Special passive immunization	0.00	0.00	0.00	0.00	XXX	0
90749	.....	C	Immunization procedure	0.00	0.00	0.00	0.00	XXX	N
90780	.....	A	Iv infusion therapy, 1 hour	0.00	1.07	0.08	1.15	XXX	N
90781	.....	A	Iv infusion, additional hour	0.00	0.54	0.04	0.58	XXX	N
90782	.....	T	Injection (sc)/(im)	0.00	0.10	0.01	0.11	XXX	N
90783	.....	T	Injection (ia)	0.00	0.39	0.03	0.42	XXX	N
90784	.....	T	Injection (iv)	0.00	0.46	0.04	0.50	XXX	N
90788	.....	T	Injection of antibiotic	0.00	0.11	0.01	0.12	XXX	N
90798	.....	D	Injection for severe allergy	0.00	0.00	0.00	0.00	XXX	0
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	XXX	N
90801	.....	A	Psychiatric interview	2.21	0.68	0.09	2.98	XXX	N
90820	.....	A	Diagnostic interview	2.28	0.38	0.05	2.71	XXX	N
90825	.....	A	Evaluation of tests/records	0.98	0.31	0.04	1.33	XXX	N
90830	.....	A	Psychological testing	0.00	1.70	0.20	1.90	XXX	N
90835	.....	A	Special interview	2.85	0.51	0.07	3.43	XXX	N
90841	.....	G	Psychotherapy	0.00	0.00	0.00	0.00	XXX	0
90842	.....	A	Psychotherapy, 75–80 min	2.77	1.05	0.15	3.97	XXX	N
90843	.....	A	Psychotherapy 20–30 min	1.11	0.35	0.05	1.51	XXX	N
90844	.....	A	Psychotherapy 45–50 min	1.74	0.55	0.08	2.37	XXX	N
90845	.....	A	Medical psychoanalysis	1.80	0.41	0.05	2.26	XXX	N
90846	.....	A	Special family therapy	1.84	0.63	0.08	2.55	XXX	N
90847	.....	A	Special family therapy	2.21	0.59	0.08	2.88	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
90849	.....	R	Special family therapy	0.00	0.00	0.00	0.00	XXX	N
90853	.....	A	Special group therapy	0.43	0.26	0.03	0.72	XXX	N
90855	.....	A	Individual psychotherapy	1.83	0.60	0.09	2.52	XXX	N
90857	.....	A	Special group therapy	0.43	0.15	0.02	0.60	XXX	N
90862	.....	A	Medication management	0.96	0.37	0.05	1.38	XXX	N
90870	.....	A	Electroconvulsive therapy	1.90	0.56	0.08	2.54	000	N
90871	.....	A	Electroconvulsive therapy	2.75	0.84	0.13	3.72	000	N
90880	.....	A	Medical hypnotherapy	2.21	0.65	0.07	2.93	XXX	N
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX	0
90887	.....	A	Consultation with family	1.50	0.33	0.04	1.87	XXX	N
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	XXX	0
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX	N
90900	.....	A	Biofeedback, electromyogram	0.90	0.91	0.08	1.89	000	N
90902	.....	A	Biofeedback, nerve impulse	0.90	0.64	0.05	1.59	000	N
90904	.....	A	Biofeedback, blood pressure	0.90	0.35	0.03	1.28	000	N
90906	.....	A	Biofeedback, blood flow	0.90	1.62	0.11	2.63	000	N
90908	.....	A	Biofeedback, brain waves	0.90	0.87	0.06	1.83	000	N
90910	.....	A	Biofeedback, oculogram	0.90	0.68	0.10	1.68	000	N
90911	.....	A	Anorectal biofeedback	2.17	1.14	0.27	3.58	000	N
90915	.....	A	Biofeedback, unspecified	0.90	0.77	0.06	1.73	000	N
90918	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90919	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90920	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90921	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90922	.....	X	Esrd related services, month	0.00	0.00	0.00	0.00	XXX	0
90935	.....	A	Hemodialysis, one evaluation	1.19	1.46	0.10	2.75	000	N
90937	.....	A	Hemodialysis, repeated eval	2.09	*2.69	0.18	4.96	000	N
90945	.....	A	Dialysis, one evaluation	1.24	1.23	0.08	2.55	000	N
90947	.....	A	Dialysis, repeated eval	2.12	2.05	0.14	4.31	000	N
90989	.....	X	Dialysis training/complete	0.00	0.00	0.00	0.00	XXX	0
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	XXX	0
90997	.....	A	Hemoperfusion	1.86	*2.38	0.16	4.40	000	N
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX	N
91000	.....	A	Esophageal intubation	1.00	0.67	0.06	1.73	000	N
91000	TC	A	Esophageal intubation	0.00	0.07	0.01	0.08	000	N
91000	26	A	Esophageal intubation	1.00	0.60	0.05	1.65	000	N
91010	.....	A	Esophagus motility study	1.67	2.31	0.17	4.15	000	N
91010	TC	A	Esophagus motility study	0.00	0.79	0.06	0.85	000	N
91010	26	A	Esophagus motility study	1.67	1.52	0.11	3.30	000	N
91011	.....	A	Esophagus motility study	2.00	2.69	0.18	4.87	000	N
91011	TC	A	Esophagus motility study	0.00	0.99	0.07	1.06	000	N
91011	26	A	Esophagus motility study	2.00	1.70	0.11	3.81	000	N
91012	.....	A	Esophagus motility study	1.94	3.15	0.23	5.32	000	N
91012	TC	A	Esophagus motility study	0.00	1.11	0.08	1.19	000	N
91012	26	A	Esophagus motility study	1.94	2.04	0.15	4.13	000	N
91020	.....	A	Esophagogastric study	1.91	2.53	0.18	4.62	000	N
91020	TC	A	Esophagogastric study	0.00	0.74	0.06	0.80	000	N
91020	26	A	Esophagogastric study	1.91	1.79	0.12	3.82	000	N
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.02	0.23	000	N
91030	.....	A	Acid perfusion of esophagus	1.21	0.56	0.05	1.82	000	N
91030	26	A	Acid perfusion of esophagus	1.21	0.35	0.03	1.59	000	N
91032	TC	A	Esophagus, acid reflux test	0.00	0.72	0.06	0.78	000	N
91032	.....	A	Esophagus, acid reflux test	1.61	1.98	0.16	3.75	000	N
91032	26	A	Esophagus, acid reflux test	1.61	1.26	0.10	2.97	000	N
91033	TC	A	Prolonged acid reflux test	0.00	1.29	0.11	1.40	000	N
91033	.....	A	Prolonged acid reflux test	1.73	3.00	0.25	4.98	000	N
91033	26	A	Prolonged acid reflux test	1.73	1.71	0.14	3.58	000	N
91052	TC	A	Gastric analysis test	0.00	0.32	0.03	0.35	000	N
91052	.....	A	Gastric analysis test	1.73	0.83	0.07	2.63	000	N
91052	26	A	Gastric analysis test	1.73	0.51	0.04	2.28	000	N
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.02	0.31	000	N
91055	.....	A	Gastric intubation for smear	1.29	0.81	0.06	2.16	000	N
91055	26	A	Gastric intubation for smear	1.29	0.52	0.04	1.85	000	N
91060	TC	A	Gastric saline load test	0.00	0.21	0.02	0.23	000	N
91060	.....	A	Gastric saline load test	0.46	0.72	0.06	1.24	000	N
91060	26	A	Gastric saline load test	0.46	0.51	0.04	1.01	000	N
91065	TC	A	Breath hydrogen test	0.00	0.34	0.02	0.36	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
91065	.....	A	Breath hydrogen test	0.45	0.84	0.05	1.34	000	N
91065	26	A	Breath hydrogen test	0.45	0.50	0.03	0.98	000	N
91100	.....	A	Pass intestine bleeding tube	1.09	0.57	0.05	1.71	000	N
91105	.....	A	Gastric intubation treatment	0.37	*0.51	0.04	0.92	000	N
91122	TC	A	Anal pressure record	0.00	0.68	0.09	0.77	000	S
91122	.....	A	Anal pressure record	1.79	1.75	0.22	3.76	000	S
91122	26	A	Anal pressure record	1.79	1.07	0.13	2.99	000	S
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
92002	.....	A	Eye exam, new patient	1.02	0.50	0.02	1.54	XXX	P
92004	.....	A	Eye exam, new patient	1.63	0.58	0.02	2.23	XXX	P
92012	.....	A	Eye exam established pt	0.83	0.44	0.02	1.29	XXX	N
92014	.....	A	Eye exam & treatment	1.07	0.55	0.02	1.64	XXX	N
92015	.....	N	Refraction	0.00	0.00	0.00	0.00	XXX	0
92018	.....	A	New eye exam & treatment	1.53	0.48	0.03	2.04	XXX	N
92019	.....	A	Eye exam & treatment	1.32	0.48	0.03	1.83	XXX	N
92020	.....	A	Special eye evaluation	0.37	0.29	0.01	0.67	XXX	N
92060	26	A	Special eye evaluation	0.51	0.21	0.01	0.73	XXX	N
92060	.....	A	Special eye evaluation	0.51	0.39	0.02	0.92	XXX	N
92060	TC	A	Special eye evaluation	0.00	0.18	0.01	0.19	XXX	N
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.00	0.16	XXX	N
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.01	0.74	XXX	N
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.01	0.58	XXX	N
92070	.....	A	Fitting of contact lens	0.71	1.21	0.06	1.98	XXX	N
92081	.....	A	Visual field examination(s)	0.36	0.32	0.01	0.69	XXX	N
92081	TC	A	Visual field examination(s)	0.00	0.15	0.00	0.15	XXX	N
92081	26	A	Visual field examination(s)	0.36	0.17	0.01	0.54	XXX	N
92082	.....	A	Visual field examination(s)	0.44	0.49	0.02	0.95	XXX	N
92082	TC	A	Visual field examination(s)	0.00	0.19	0.01	0.20	XXX	N
92082	26	A	Visual field examination(s)	0.44	0.30	0.01	0.75	XXX	N
92083	26	A	Visual field examination(s)	0.51	0.56	0.03	1.10	XXX	N
92083	TC	A	Visual field examination(s)	0.00	0.28	0.01	0.29	XXX	N
92083	.....	A	Visual field examination(s)	0.51	0.84	0.04	1.39	XXX	N
92100	.....	A	Serial tonometry exam(s)	0.93	0.25	0.01	1.19	XXX	N
92120	.....	A	Tonography & eye evaluation	0.82	0.31	0.02	1.15	XXX	N
92130	.....	A	Water provocation tonography	0.82	0.50	0.02	1.34	XXX	N
92140	.....	A	Glaucoma provocative tests	0.51	0.30	0.01	0.82	XXX	N
92225	.....	A	Special eye exam, initial	0.59	0.46	0.02	1.07	XXX	N
92226	.....	A	Special eye exam, subsequent	0.51	0.40	0.02	0.93	XXX	N
92230	.....	A	Eye exam with photos	0.61	0.70	0.04	1.35	XXX	N
92235	.....	A	Eye exam with photos	0.82	1.60	0.09	2.51	XXX	N
92235	TC	A	Eye exam with photos	0.00	1.00	0.06	1.06	XXX	N
92235	26	A	Eye exam with photos	0.82	0.60	0.03	1.45	XXX	N
92250	.....	A	Eye exam with photos	0.44	0.42	0.02	0.88	XXX	N
92250	TC	A	Eye exam with photos	0.00	0.17	0.01	0.18	XXX	N
92250	26	A	Eye exam with photos	0.44	0.25	0.01	0.70	XXX	N
92260	.....	A	Ophthalmoscopy/dynamometry	0.51	0.55	0.03	1.09	XXX	N
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.02	0.24	XXX	N
92265	26	A	Eye muscle evaluation	0.82	0.07	0.00	0.89	XXX	N
92265	.....	A	Eye muscle evaluation	0.82	0.29	0.02	1.13	XXX	N
92270	.....	A	Electro-oculography	0.82	0.67	0.05	1.54	XXX	N
92270	TC	A	Electro-oculography	0.00	0.30	0.02	0.32	XXX	N
92270	26	A	Electro-oculography	0.82	0.37	0.03	1.22	XXX	N
92275	.....	A	Electroretinography	1.02	0.91	0.05	1.98	XXX	N
92275	TC	A	Electroretinography	0.00	0.39	0.02	0.41	XXX	N
92275	26	A	Electroretinography	1.02	0.52	0.03	1.57	XXX	N
92280	.....	A	Special eye evaluation	0.35	0.84	0.05	1.24	XXX	N
92280	TC	A	Special eye evaluation	0.00	0.25	0.01	0.26	XXX	N
92280	26	A	Special eye evaluation	0.35	0.59	0.04	0.98	XXX	N
92283	.....	A	Color vision examination	0.26	0.29	0.01	0.56	XXX	N
92283	TC	A	Color vision examination	0.00	0.12	0.00	0.12	XXX	N
92283	26	A	Color vision examination	0.26	0.17	0.01	0.44	XXX	N
92284	.....	A	Dark adaptation eye exam	0.37	0.45	0.02	0.84	XXX	N
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.01	0.18	XXX	N
92284	26	A	Dark adaptation eye exam	0.37	0.28	0.01	0.66	XXX	N
92285	.....	A	Eye photography	0.20	0.29	0.01	0.50	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
92285	TC	A	Eye photography	0.00	0.11	0.00	0.11	XXX	N
92285	26	A	Eye photography	0.20	0.18	0.01	0.39	XXX	N
92286	.....	A	Internal eye photography	0.67	1.23	0.07	1.97	XXX	N
92286	26	A	Internal eye photography	0.67	0.84	0.05	1.56	XXX	N
92286	TC	A	Internal eye photography	0.00	0.39	0.02	0.41	XXX	N
92287	.....	A	Internal eye photography	0.82	1.54	0.08	2.44	XXX	N
92310	.....	N	Contact lens fitting	0.00	0.00	0.00	0.00	XXX	0
92311	.....	A	Contact lens fitting	1.09	0.91	0.03	2.03	XXX	N
92312	.....	A	Contact lens fitting	1.27	1.17	0.03	2.47	XXX	N
92313	.....	A	Contact lens fitting	0.93	0.89	0.03	1.85	XXX	N
92314	.....	N	Prescription of contact lens	0.00	0.00	0.00	0.00	XXX	0
92315	.....	A	Prescription of contact lens	0.46	0.67	0.03	1.16	XXX	N
92316	.....	A	Prescription of contact lens	0.69	0.96	0.04	1.69	XXX	N
92317	.....	A	Prescription of contact lens	0.46	0.39	0.02	0.87	XXX	N
92325	.....	A	Modification of contact lens	0.00	0.38	0.01	0.39	XXX	N
92326	.....	A	Replacement of contact lens	0.00	1.58	0.06	1.64	XXX	N
92330	.....	A	Fitting of artificial eye	1.09	1.14	0.09	2.32	XXX	N
92335	.....	A	Fitting of artificial eye	0.46	1.99	0.11	2.56	XXX	N
92340	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92341	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92342	.....	N	Fitting of spectacles	0.00	0.00	0.00	0.00	XXX	0
92352	.....	A	Special spectacles fitting	0.37	0.30	0.01	0.68	XXX	N
92353	.....	A	Special spectacles fitting	0.51	0.40	0.01	0.92	XXX	N
92354	.....	A	Special spectacles fitting	0.00	8.53	0.10	8.63	XXX	N
92355	.....	A	Special spectacles fitting	0.00	4.18	0.01	4.19	XXX	N
92358	.....	A	Eye prosthesis service	0.00	0.93	0.05	0.98	XXX	N
92370	.....	N	Repair & adjust spectacles	0.00	0.00	0.00	0.00	XXX	0
92371	.....	A	Repair & adjust spectacles	0.00	0.60	0.02	0.62	XXX	N
92390	.....	N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92391	.....	N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92392	.....	G	Supply of low vision aids	0.00	0.00	0.00	0.00	XXX	0
92393	.....	G	Supply of artificial eye	0.00	0.00	0.00	0.00	XXX	0
92395	.....	G	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92396	.....	G	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	.....	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92502	.....	A	Ear and throat examination	1.53	1.13	0.12	2.78	000	N
92504	.....	A	Ear microscopy examination	0.18	0.26	0.02	0.46	XXX	N
92506	.....	A	Speech & hearing evaluation	0.87	0.53	0.05	1.45	XXX	N
92507	.....	A	Speech/hearing therapy	0.53	0.33	0.03	0.89	XXX	N
92508	.....	A	Speech/hearing therapy	0.26	0.18	0.02	0.46	XXX	N
92511	.....	A	Nasopharyngoscopy	0.85	0.86	0.09	1.80	000	S
92512	.....	A	Nasal function studies	0.56	0.48	0.05	1.09	XXX	N
92516	.....	A	Facial nerve function test	0.43	0.39	0.04	0.86	XXX	N
92520	.....	A	Laryngeal function studies	0.77	0.54	0.05	1.36	XXX	N
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX	0
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	XXX	0
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.02	0.24	XXX	N
92541	.....	A	Spontaneous nystagmus test	0.40	0.68	0.07	1.15	XXX	N
92541	26	A	Spontaneous nystagmus test	0.40	0.46	0 05	0.91	XXX	N
92542	.....	A	Positional nystagmus test	0.33	0.61	0.07	1.01	XXX	N
92542	TC	A	Positional nystagmus test	0.00	0.25	0.03	0.28	XXX	N
92542	26	A	Positional nystagmus test	0.33	0.36	0.04	0.73	XXX	N
92543	.....	A	Caloric vestibular test	0.38	0.82	0.09	1.29	XXX	N
92543	TC	A	Caloric vestibular test	0.00	0.40	0.04	0.44	XXX	N
92543	26	A	Caloric vestibular test	0.38	0.42	0.05	0.85	XXX	N
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.05	0.78	XXX	N
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.02	0.22	XXX	N
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.03	0.56	XXX	N
92545	.....	A	Oscillating tracking test	0.23	0.40	0.04	0.67	XXX	N
92545	TC	A	Oscillating tracking test	0.00	0.20	0.02	0.22	XXX	N
92545	26	A	Oscillating tracking test	0.23	0.20	0.02	0.45	XXX	N
92546	.....	A	Torsion swing recording	0.29	0.53	0.05	0.87	XXX	N
92546	TC	A	Torsion swing recording	0.00	0.23	0.02	0.25	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
92546	26	A	Torsion swing recording	0.29	0.30	0.03	0.62	XXX	N
92547	.....	A	Supplemental electrical test	0.00	0.54	0.06	0.60	XXX	N
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX	0
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.04	0.46	XXX	N
92553	.....	A	Audiometry, air & bone	0.00	0.64	0.07	0.71	XXX	N
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.04	0.40	XXX	N
92556	.....	A	Speech audiometry, complete	0.00	0.55	0.06	0.61	XXX	N
92557	.....	A	Comprehensive hearing test	0.00	1.14	0.13	1.27	XXX	N
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX	0
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX	0
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.69	0.07	0.76	XXX	N
92562	.....	A	Loudness balance test	0.00	0.39	0.04	0.43	XXX	N
92563	.....	A	Tone decay hearing test	0.00	0.36	0.04	0.40	XXX	N
92564	.....	A	Sisi hearing test	0.00	0.45	0.05	0.50	XXX	N
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.04	0.42	XXX	N
92567	.....	A	Tympanometry	0.00	0.51	0.06	0.57	XXX	N
92568	.....	A	Acoustic reflex testing	0.00	0.36	0.04	0.40	XXX	N
92569	.....	A	Acoustic reflex decay test	0.00	0.39	0.04	0.43	XXX	N
92571	.....	A	Filtered speech hearing test	0.00	0.37	0.04	0.41	XXX	N
92572	.....	A	Staggered spondaic word test	0.00	0.08	0.01	0.09	XXX	N
92573	.....	A	Lombard test	0.00	0.33	0.04	0.37	XXX	N
92574	.....	A	Swinging story test	0.00	1.17	0.09	1.26	XXX	N
92575	.....	A	Sensorineural acuity test	0.00	0.29	0.03	0.32	XXX	N
92576	.....	A	Synthetic sentence test	0.00	0.42	0.05	0.47	XXX	N
92577	.....	A	Stenger test, speech	0.00	0.69	0.08	0.77	XXX	N
92578	.....	A	Delayed auditory feedback	0.00	0.53	0.05	0.58	XXX	N
92580	.....	A	Electrodermal audiometry	0.00	0.65	0.07	0.72	XXX	N
92582	.....	A	Conditioning play audiometry	0.00	0.70	0.07	0.77	XXX	N
92583	.....	A	Select picture audiometry	0.00	0.86	0.09	0.95	XXX	N
92584	.....	A	Electrocochleography	0.00	2.39	0.25	2.64	XXX	N
92585	.....	A	Brainstem evoked audiometry	0.51	3.29	0.31	4.11	XXX	N
92585	TC	A	Brainstem evoked audiometry	0.00	1.78	0.17	1.95	XXX	N
92585	26	A	Brainstem evoked audiometry	0.51	1.51	0.14	2.16	XXX	N
92589	.....	A	Auditory function test(s)	0.00	0.52	0.06	0.58	XXX	N
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX	0
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX	0
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX	0
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX	0
92594	.....	N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	XXX	0
92595	.....	N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	XXX	0
92596	.....	A	Ear protector evaluation	0.00	0.57	0.06	0.63	XXX	N
92599	.....	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	26	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	TC	C	Ent procedure/service	0.00	0.00	0.00	0.00	XXX	N
92950	.....	A	Heart/lung resuscitation(cpr	3.84	2.30	0.17	6.31	000	N
92953	.....	A	Temporary external pacing	0.23	*1.57	0.15	1.95	000	N
92960	.....	A	Heart electroconversion	2.28	1.90	0.16	4.34	000	N
92970	.....	A	Cardioassist, internal	3.56	3.51	0.41	7.48	000	N
92971	.....	A	Cardioassist, external	1.79	1.12	0.08	2.99	000	N
92975	.....	A	Dissolve clot, heart vessel	7.33	5.77	0.42	13.52	000	N
92977	.....	A	Dissolve clot, heart vessel	0.00	7.77	0.55	8.32	XXX	N
92982	.....	A	Coronary artery dilation	11.10	*15.22	1.23	27.55	000	N
92984	.....	A	Coronary artery dilation	3.00	*5.06	0.44	8.50	ZZZ	N
92986	.....	A	Revision of aortic valve	20.57	12.17	0.91	33.65	090	N
92990	.....	A	Revision of pulmonary valve	16.40	9.70	0.72	26.82	090	N
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92995	.....	A	Coronary atherectomy	12.22	*15.64	1.23	29.09	000	N
92996	.....	A	Coronary atherectomy	3.30	*5.14	0.44	8.88	ZZZ	N
93000	.....	A	Electrocardiogram, complete	0.17	0.59	0.04	0.80	XXX	N
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	0.03	0.46	XXX	N
93010	.....	A	Electrocardiogram report	0.17	0.16	0.01	0.34	XXX	N
93012	.....	A	Transmission of ecg	0.00	0.25	0.02	0.27	XXX	N
93014	.....	A	Report on transmitted ecg	0.16	*0.20	0.02	0.38	XXX	N
93015	.....	A	Cardiovascular stress test	0.75	2.39	0.18	3.32	XXX	N
93015	26	D	Cardiovascular stress test	0.00	0.00	0.00	0.00	XXX	N
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93017	.....	A	Cardiovascular stress test	0.00	1.62	0.12	1.74	XXX	N
93018	.....	A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93024	TC	A	Cardiac drug stress test	0.00	1.08	0.09	1.17	XXX	N
93024	.....	A	Cardiac drug stress test	1.18	*2.66	0.23	4.07	XXX	N
93024	26	A	Cardiac drug stress test	1.18	*1.58	0.14	2.90	XXX	N
93040	.....	A	Rhythm ecg with report	0.16	0.26	0.02	0.44	XXX	N
93041	.....	A	Rhythm ecg, tracing	0.00	0.14	0.01	0.15	XXX	N
93042	.....	A	Rhythm ecg, report	0.16	0.12	0.01	0.29	XXX	N
93201	.....	A	Phonocardiogram & ecg lead	0.42	1.04	0.09	1.55	XXX	N
93202	.....	A	Phonocardiogram & ecg lead	0.00	0.76	0.07	0.83	XXX	N
93204	.....	A	Phonocardiogram & ecg lead	0.42	0.28	0.02	0.72	XXX	N
93205	.....	A	Special phonocardiogram	0.47	0.89	0.07	1.43	XXX	N
93208	.....	A	Special phonocardiogram	0.00	0.33	0.03	0.36	XXX	N
93209	.....	A	Special phonocardiogram	0.47	0.56	0.04	1.07	XXX	N
93210	.....	A	Intracardiac phonocardiogram	0.93	1.75	0.13	2.81	XXX	N
93210	TC	A	Intracardiac phonocardiogram	0.00	0.92	0.07	0.99	XXX	N
93210	26	A	Intracardiac phonocardiogram	0.93	0.83	0.06	1.82	XXX	N
93220	.....	A	Vectorcardiogram	0.26	*0.99	0.07	1.32	XXX	N
93221	.....	A	Vectorcardiogram tracing	0.00	0.59	0.04	0.63	XXX	N
93222	.....	A	Vectorcardiogram report	0.26	*0.40	0.03	0.69	XXX	N
93224	.....	A	Ecg monitor/report, 24 hrs	0.53	*4.08	0.31	4.92	XXX	N
93225	.....	A	Ecg monitor/record, 24 hrs	0.00	1.19	0.09	1.28	XXX	N
93226	.....	A	Ecg monitor/report, 24 hrs	0.00	2.10	0.16	2.26	XXX	N
93227	.....	A	Ecg monitor/review, 24 hrs	0.53	*0.79	0.06	1.38	XXX	N
93230	.....	A	Ecg monitor/report, 24 hrs	0.53	*4.51	0.34	5.38	XXX	N
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	1.47	0.11	1.58	XXX	N
93232	.....	A	Ecg monitor/report, 24 hrs	0.00	2.09	0.15	2.24	XXX	N
93233	.....	A	Ecg monitor/review, 24 hrs	0.53	*0.95	0.08	1.56	XXX	N
93235	.....	A	Ecg monitor/report, 24 hrs	0.45	*3.33	0.23	4.01	XXX	N
93236	.....	A	Ecg monitor/report, 24 hrs	0.00	2.53	0.17	2.70	XXX	N
93237	.....	A	Ecg monitor/review, 24 hrs	0.45	*0.80	0.06	1.31	XXX	N
93255	.....	A	Apexcardiography	0.17	0.31	0.02	0.50	XXX	N
93255	TC	A	Apexcardiography	0.00	0.15	0.01	0.16	XXX	N
93255	26	A	Apexcardiography	0.17	0.16	0.01	0.34	XXX	N
93268	.....	A	Ecg record/review	0.53	3.87	0.36	4.76	XXX	N
93268	TC	A	Ecg record/review	0.00	3.47	0.31	3.78	XXX	N
93268	26	A	Ecg record/review	0.53	0.40	0.05	0.98	XXX	N
93278	.....	A	Ecg/signal-averaged	0.35	*1.77	0.18	2.30	XXX	N
93278	TC	A	Ecg/signal-averaged	0.00	1.11	0.12	1.23	XXX	N
93278	26	A	Ecg/signal-averaged	0.35	*0.66	0.06	1.07	XXX	N
93280	.....	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93280	26	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93280	TC	D	Cardiac fluoroscopy	0.00	0.00	0.00	0.00	XXX	0
93307	.....	A	Echo exam of heart	0.79	*4.82	0.36	5.97	XXX	N
93307	TC	A	Echo exam of heart	0.00	3.72	0.27	3.99	XXX	N
93307	26	A	Echo exam of heart	0.79	*1.10	0.09	1.98	XXX	N
93308	.....	A	Echo exam of heart	0.54	2.56	0.19	3.29	XXX	N
93308	TC	A	Echo exam of heart	0.00	1.87	0.14	2.01	XXX	N
93308	26	A	Echo exam of heart	0.54	0.69	0.05	1.28	XXX	N
93312	.....	A	Echo exam of heart	1.59	5.01	0.45	7.05	XXX	N
93312	TC	A	Echo exam of heart	0.00	3.64	0.33	3.97	XXX	N
93312	26	A	Echo exam of heart	1.59	1.37	0.12	3.08	XXX	N
93313	.....	A	Echo exam of heart	0.96	0.68	0.06	1.70	XXX	N
93314	26	A	Echo exam of heart	0.96	0.68	0.06	1.70	XXX	N
93314	.....	A	Echo exam of heart	0.96	4.32	0.39	5.67	XXX	N
93314	TC	A	Echo exam of heart	0.00	3.64	0.33	3.97	XXX	N
93320	TC	A	Doppler echo exam, heart	0.00	1.65	0.13	1.78	XXX	N
93320	.....	A	Doppler echo exam, heart	0.38	*2.27	0.18	2.83	XXX	N
93320	26	A	Doppler echo exam, heart	0.38	*0.62	0.05	1.05	XXX	N
93321	.....	A	Doppler echo exam, heart	0.15	*1.32	0.11	1.58	XXX	N
93321	TC	A	Doppler echo exam, heart	0.00	1.07	0.09	1.16	XXX	N
93321	26	A	Doppler echo exam, heart	0.15	*0.25	0.02	0.42	XXX	N
93325	.....	A	Doppler color flow	0.07	2.83	0.25	3.15	XXX	N
93325	TC	A	Doppler color flow	0.00	1.39	0.12	1.51	XXX	N
93325	26	A	Doppler color flow	0.07	1.44	0.13	1.64	XXX	N
93350	.....	A	Echo exam of heart	1.54	*5.30	0.42	7.26	XXX	N
93350	26	A	Echo exam of heart	1.54	*1.98	0.16	3.68	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93350	TC	A	Echo exam of heart	0.00	3.32	0.26	3.58	XXX	N
93501	.....	A	Right heart catheterization	3.05	19.94	1.55	24.54	000	N
93501	TC	A	Right heart catheterization	0.00	16.29	1.21	17.50	000	N
93501	26	A	Right heart catheterization	3.05	3.65	0.34	7.04	000	N
93503	.....	A	Insert/place heart catheter	2.46	2.40	0.36	5.22	000	N
93505	.....	A	Biopsy of heart lining	4.61	4.97	0.46	10.04	000	N
93505	TC	A	Biopsy of heart lining	0.00	1.91	0.18	2.09	000	N
93505	26	A	Biopsy of heart lining	4.61	3.06	0.28	7.95	000	N
93510	.....	A	Left heart catheterization	4.38	38.70	2.89	45.97	000	N
93510	TC	A	Left heart catheterization	0.00	35.61	2.66	38.27	000	N
93510	26	A	Left heart catheterization	4.38	3.09	0.23	7.70	000	N
93511	26	A	Left heart catheterization	5.09	2.65	0.20	7.94	000	N
93511	.....	A	Left heart catheterization	5.09	37.32	2.79	45.20	000	N
93511	TC	A	Left heart catheterization	0.00	34.67	2.59	37.26	000	N
93514	TC	A	Left heart catheterization	0.00	34.67	2.59	37.26	000	S
93514	.....	A	Left heart catheterization	7.13	39.27	2.97	49.37	000	S
93514	26	A	Left heart catheterization	7.13	4.60	0.38	12.11	000	S
93524	.....	A	Left heart catheterization	7.03	50.00	3.73	60.76	000	N
93524	TC	A	Left heart catheterization	0.00	45.30	3.39	48.69	000	N
93524	26	A	Left heart catheterization	7.03	4.70	0.34	12.07	000	N
93526	.....	A	Rt & lt heart catheters	6.06	52.05	3.87	61.98	000	N
93526	TC	A	Rt & lt heart catheters	0.00	46.54	3.48	50.02	000	N
93526	26	A	Rt & lt heart catheters	6.06	5.51	0.39	11.96	000	N
93527	.....	A	Rt & lt heart catheters	7.36	52.52	3.90	63.78	000	N
93527	TC	A	Rt & lt heart catheters	0.00	45.30	3.39	48.69	000	N
93527	26	A	Rt & lt heart catheters	7.36	7.22	0.51	15.09	000	N
93528	.....	A	Rt & lt heart catheters	9.10	49.78	3.72	62.60	000	N
93528	TC	A	Rt & lt heart catheters	0.00	45.30	3.39	48.69	000	N
93528	26	A	Rt & lt heart catheters	9.10	4.48	0.33	13.91	000	N
93529	.....	A	Rt, lt heart catheterization	4.85	48.26	3.61	56.72	000	N
93529	TC	A	Rt, lt heart catheterization	0.00	45.30	3.39	48.69	000	N
93529	26	A	Rt, lt heart catheterization	4.85	2.96	0.22	8.03	000	N
93536	.....	A	Insert circulation assist	4.90	*7.23	0.72	12.85	000	N
93539	.....	A	Injection, cardiac cath	0.29	*2.07	0.20	2.56	000	N
93540	.....	A	Injection, cardiac cath	0.29	*2.07	0.20	2.56	000	N
93541	.....	A	Injection for lung angiogram	0.29	*1.64	0.16	2.09	000	N
93542	.....	A	Injection for heart x-rays	0.29	*1.65	0.16	2.10	000	N
93543	.....	A	Injection for heart x-rays	0.29	*1.20	0.11	1.60	000	N
93544	.....	A	Injection for aortography	0.29	*1.18	0.11	1.58	000	N
93545	.....	A	Injection for coronary x-rays	0.29	*2.54	0.24	3.07	000	N
93546	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93546	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93546	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93547	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93548	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93549	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93550	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93551	.....	D	X-ray aortocoronary bypass	0.00	0.00	0.00	0.00	000	0
93552	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93552	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93552	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	.....	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	TC	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93553	26	D	Heart catheter & angiogram	0.00	0.00	0.00	0.00	000	0
93555	.....	A	Imaging, cardiac cath	0.82	6.32	0.42	7.56	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	6.05	0.38	6.43	XXX	N
93555	26	A	Imaging, cardiac cath	0.82	0.27	0.04	1.13	XXX	N
93556	.....	A	Imaging, cardiac cath	0.84	9.99	0.66	11.49	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.53	0.59	10.12	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93556	26	A	Imaging, cardiac cath	0.84	0.46	0.07	1.37	XXX	N
93561	.....	A	Cardiac output measurement	1.16	1.27	0.16	2.59	000	N
93561	TC	A	Cardiac output measurement	0.00	0.51	0.07	0.58	000	N
93561	26	A	Cardiac output measurement	1.16	0.76	0.09	2.01	000	N
93562	.....	A	Cardiac output measurement	0.37	*0.77	0.10	1.24	000	N
93562	26	A	Cardiac output measurement	0.37	*0.47	0.06	0.90	000	N
93562	TC	A	Cardiac output measurement	0.00	0.30	0.04	0.34	000	N
93600	.....	A	Bundle of his recording	2.14	*4.88	0.38	7.40	000	N
93600	TC	A	Bundle of his recording	0.00	1.88	0.14	2.02	000	N
93600	26	A	Bundle of his recording	2.14	*3.00	0.24	5.38	000	N
93602	.....	A	Intra-atrial recording	2.14	2.86	0.22	5.22	000	N
93602	TC	A	Intra-atrial recording	0.00	1.07	0.08	1.15	000	N
93602	26	A	Intra-atrial recording	2.14	1.79	0.14	4.07	000	N
93603	.....	A	Right ventricular recording	2.14	3.83	0.28	6.25	000	N
93603	TC	A	Right ventricular recording	0.00	1.62	0.12	1.74	000	N
93603	26	A	Right ventricular recording	2.14	2.21	0.16	4.51	000	N
93607	.....	A	Right ventricular recording	3.30	3.67	0.28	7.25	000	N
93607	TC	A	Right ventricular recording	0.00	1.44	0.11	1.55	000	N
93607	26	A	Right ventricular recording	3.30	2.23	0.17	5.70	000	N
93609	TC	A	Mapping of tachycardia	0.00	2.62	0.19	2.81	000	N
93609	26	A	Mapping of tachycardia	10.18	3.88	0.28	14.34	000	N
93609	.....	A	Mapping of tachycardia	10.18	6.50	0.47	17.15	000	N
93610	.....	A	Intra-atrial pacing	3.05	3.64	0.27	6.96	000	N
93610	TC	A	Intra-atrial pacing	0.00	1.30	0.10	1.40	000	N
93610	26	A	Intra-atrial pacing	3.05	2.34	0.17	5.56	000	N
93612	.....	A	Intraventricular pacing	3.05	3.93	0.29	7.27	000	N
93612	TC	A	Intraventricular pacing	0.00	1.56	0.12	1.68	000	N
93612	26	A	Intraventricular pacing	3.05	2.37	0.17	5.59	000	N
93615	.....	A	Esophageal recording	1.00	0.65	0.04	1.69	000	N
93615	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93615	26	A	Esophageal recording	1.00	0.35	0.02	1.37	000	N
93616	.....	A	Esophageal recording	1.51	1.68	0.10	3.29	000	N
93616	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93616	26	A	Esophageal recording	1.51	1.38	0.08	2.97	000	N
93618	.....	A	Heart rhythm pacing	4.31	*9.51	0.72	14.54	000	N
93618	TC	A	Heart rhythm pacing	0.00	3.82	0.28	4.10	000	N
93618	26	A	Heart rhythm pacing	4.31	*5.69	0.44	10.44	000	N
93619	.....	A	Electrophysiology evaluation	7.40	*18.26	1.42	27.08	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.42	0.55	7.97	000	N
93619	26	A	Electrophysiology evaluation	7.40	*10.84	0.87	19.11	000	N
93620	.....	A	Electrophysiology evaluation	11.72	22.31	1.57	35.60	000	N
93620	TC	A	Electrophysiology evaluation	0.00	8.63	0.61	9.24	000	N
93620	26	A	Electrophysiology evaluation	11.72	13.68	0.96	26.36	000	N
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	26	A	Electrophysiology evaluation	12.80	15.11	1.12	29.03	000	N
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622	26	A	Electrophysiology evaluation	12.88	14.90	1.08	28.86	000	N
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	26	A	Stimulation, pacing heart	2.88	2.81	0.20	5.89	000	N
93624	.....	A	Electrophysiologic study	4.86	4.93	0.35	10.14	000	N
93624	TC	A	Electrophysiologic study	0.00	1.91	0.14	2.05	000	N
93624	26	A	Electrophysiologic study	4.86	3.02	0.21	8.09	000	N
93631	.....	A	Heart pacing, mapping	7.68	11.75	1.39	20.82	000	N
93631	TC	A	Heart pacing, mapping	0.00	5.93	0.71	6.64	000	N
93631	26	A	Heart pacing, mapping	7.68	5.82	0.68	14.18	000	N
93640	.....	A	Evaluation heart device	3.56	*13.96	1.11	18.63	000	N
93640	TC	A	Evaluation heart device	0.00	6.92	0.49	7.41	000	N
93640	26	A	Evaluation heart device	3.56	*7.04	0.62	11.22	000	N
93641	.....	A	Electrophysiology evaluation	5.54	*14.45	1.11	21.10	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93641	26	A	Electrophysiology evaluation	5.54	*7.53	0.62	13.69	000	N
93642	.....	A	Electrophysiology evaluation	4.94	*14.30	1.11	20.35	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93642	26	A	Electrophysiology evaluation	4.94	*7.38	0.62	12.94	000	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93650	.....	A	Ablate heart dysrhythm focus	10.63	*16.18	1.35	28.16	000	N
93650	TC	D	Ablate heart dysrhythm focus	0.00	0.00	0.00	0.00	000	N
93650	26	D	Ablate heart dysrhythm focus	0.00	0.00	0.00	0.00	000	N
93651	.....	A	Ablate heart dysrhythm focus	16.43	18.03	1.35	35.81	000	N
93652	.....	A	Ablate heart dysrhythm focus	17.88	18.03	1.35	37.26	000	N
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93660	26	A	Tilt table evaluation	1.91	1.46	0.17	3.54	000	N
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93720	.....	A	Total body plethysmography	0.17	*0.96	0.10	1.23	XXX	N
93721	.....	A	Plethysmography tracing	0.00	0.68	0.07	0.75	XXX	N
93722	.....	A	Plethysmography report	0.17	*0.28	0.03	0.48	XXX	N
93724	.....	A	Analyze pacemaker system	4.94	6.73	0.50	12.17	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.82	0.28	4.10	000	N
93724	26	A	Analyze pacemaker system	4.94	2.91	0.22	8.07	000	N
93731	.....	A	Analyze pacemaker system	0.46	0.80	0.07	1.33	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.48	0.04	0.52	XXX	N
93731	26	A	Analyze pacemaker system	0.46	0.32	0.03	0.81	XXX	N
93732	26	A	Analyze pacemaker system	0.86	0.42	0.04	1.32	XXX	N
93732	.....	A	Analyze pacemaker system	0.86	0.92	0.08	1.86	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.50	0.04	0.54	XXX	N
93733	TC	A	Telephone analysis, pacemaker	0.00	0.70	0.06	0.76	XXX	N
93733	.....	A	Telephone analysis, pacemaker	0.17	*0.94	0.08	1.19	XXX	N
93733	26	A	Telephone analysis, pacemaker	0.17	*0.24	0.02	0.43	XXX	N
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93735	.....	A	Analyze pacemaker system	0.51	0.85	0.08	1.44	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93735	26	A	Analyze pacemaker system	0.51	0.43	0.04	0.98	XXX	N
93736	.....	A	Telephone analysis, pacemaker	0.15	*0.86	0.09	1.10	XXX	N
93736	TC	A	Telephone analysis, pacemaker	0.00	0.61	0.06	0.67	XXX	N
93736	26	A	Telephone analysis, pacemaker	0.15	*0.25	0.03	0.43	XXX	N
93737	.....	A	Analyze cardio/defibrillator	0.45	0.75	0.06	1.26	XXX	N
93737	TC	A	Analyze cardio/defibrillator	0.00	0.48	0.04	0.52	XXX	N
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.02	0.74	XXX	N
93738	.....	A	Analyze cardio/defibrillator	0.93	0.89	0.07	1.89	XXX	N
93738	TC	A	Analyze cardio/defibrillator	0.00	0.50	0.04	0.54	XXX	N
93738	26	A	Analyze cardio/defibrillator	0.93	0.39	0.03	1.35	XXX	N
93740	.....	A	Temperature gradient studies	0.16	0.45	0.04	0.65	XXX	N
93740	TC	A	Temperature gradient studies	0.00	0.15	0.01	0.16	XXX	N
93740	26	A	Temperature gradient studies	0.16	0.30	0.03	0.49	XXX	N
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX	0
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX	0
93770	.....	A	Measure venous pressure	0.16	0.20	0.02	0.38	XXX	N
93770	TC	A	Measure venous pressure	0.00	0.03	0.00	0.03	XXX	N
93770	26	A	Measure venous pressure	0.16	0.17	0.02	0.35	XXX	N
93784	.....	N	Ambulatory bp monitoring	0.00	0.00	0.00	0.00	XXX	0
93786	.....	N	Ambulatory bp recording	0.00	0.00	0.00	0.00	XXX	0
93788	.....	N	Ambulatory bp analysis	0.00	0.00	0.00	0.00	XXX	0
93790	.....	N	Review/report bp recording	0.00	0.00	0.00	0.00	XXX	0
93797	.....	A	Cardiac rehab	0.18	0.30	0.02	0.50	000	N
93798	.....	A	Cardiac rehab/monitor	0.28	0.48	0.04	0.80	000	N
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93875	.....	A	Extracranial study	0.22	*1.53	0.18	1.93	XXX	N
93875	TC	A	Extracranial study	0.00	1.06	0.12	1.18	XXX	N
93875	26	A	Extracranial study	0.22	*0.47	0.06	0.75	XXX	N
93880	.....	A	Extracranial study	0.61	3.83	0.43	4.87	XXX	N
93880	TC	A	Extracranial study	0.00	3.37	0.38	3.75	XXX	N
93880	26	A	Extracranial study	0.61	0.46	0.05	1.12	XXX	N
93882	26	A	Extracranial study	0.30	0.23	0.03	0.56	XXX	N
93882	.....	A	Extracranial study	0.30	3.60	0.41	4.31	XXX	N
93882	TC	A	Extracranial study	0.00	3.37	0.38	3.75	XXX	N
93886	TC	A	Intracranial study	0.00	3.37	0.38	3.75	XXX	N
93886	.....	A	Intracranial study	0.92	4.06	0.46	5.44	XXX	N
93886	26	A	Intracranial study	0.92	0.69	0.08	1.69	XXX	N

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
93888	.....	A	Intracranial study	0.75	3.72	0.42	4.89	XXX	N
93888	26	A	Intracranial study	0.75	0.35	0.04	1.14	XXX	N
93888	TC	A	Intracranial study	0.00	3.37	0.38	3.75	XXX	N
93920	.....	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93920	TC	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93920	26	D	Upper extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	.....	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	TC	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93921	26	D	Lower extremity study	0.00	0.00	0.00	0.00	XXX	0
93922	.....	A	Extremity study	0.22	*1.44	0.19	1.85	XXX	N
93922	TC	A	Extremity study	0.00	1.11	0.14	1.25	XXX	N
93922	26	A	Extremity study	0.22	*0.33	0.05	0.60	XXX	N
93923	26	A	Extremity study	0.41	*0.63	0.09	1.13	XXX	N
93923	.....	A	Extremity study	0.41	*2.73	0.35	3.49	XXX	N
93923	TC	A	Extremity study	0.00	2.10	0.26	2.36	XXX	N
93924	TC	A	Extremity study	0.00	2.29	0.29	2.58	XXX	N
93924	.....	A	Extremity study	0.45	*2.97	0.39	3.81	XXX	N
93924	26	A	Extremity study	0.45	*0.68	0.10	1.23	XXX	N
93925	.....	A	Lower extremity study	0.61	3.83	0.43	4.87	XXX	N
93925	TC	A	Lower extremity study	0.00	3.37	0.38	3.75	XXX	N
93925	26	A	Lower extremity study	0.61	0.46	0.05	1.12	XXX	N
93926	.....	A	Lower extremity study	0.30	3.60	0.41	4.31	XXX	N
93926	TC	A	Lower extremity study	0.00	3.37	0.38	3.75	XXX	N
93926	26	A	Lower extremity study	0.30	0.23	0.03	0.56	XXX	N
93930	.....	A	Upper extremity study	0.51	3.75	0.42	4.68	XXX	N
93930	TC	A	Upper extremity study	0.00	3.37	0.38	3.75	XXX	N
93930	26	A	Upper extremity study	0.51	0.38	0.04	0.93	XXX	N
93931	.....	A	Upper extremity study	0.25	3.56	0.40	4.21	XXX	N
93931	TC	A	Upper extremity study	0.00	3.37	0.38	3.75	XXX	N
93931	26	A	Upper extremity study	0.25	0.19	0.02	0.46	XXX	N
93965	.....	A	Extremity study	0.35	*1.50	0.19	2.04	XXX	N
93965	TC	A	Extremity study	0.00	1.05	0.13	1.18	XXX	N
93965	26	A	Extremity study	0.35	*0.45	0.06	0.86	XXX	N
93970	.....	A	Extremity study	0.71	3.91	0.45	5.07	XXX	N
93970	TC	A	Extremity study	0.00	3.37	0.38	3.75	XXX	N
93970	26	A	Extremity study	0.71	0.54	0.07	1.32	XXX	N
93971	.....	A	Extremity study	0.36	3.64	0.41	4.41	XXX	N
93971	TC	A	Extremity study	0.00	3.37	0.38	3.75	XXX	N
93971	26	A	Extremity study	0.36	0.27	0.03	0.66	XXX	N
93975	.....	A	Vascular study	1.88	4.15	0.47	6.50	XXX	N
93975	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93975	26	A	Vascular study	1.88	0.78	0.09	2.75	XXX	N
93976	.....	A	Vascular study	0.96	3.75	0.42	5.13	XXX	N
93976	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93976	26	A	Vascular study	0.96	0.38	0.04	1.38	XXX	N
93978	.....	A	Vascular study	0.68	3.88	0.44	5.00	XXX	N
93978	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93978	26	A	Vascular study	0.68	0.51	0.06	1.25	XXX	N
93979	.....	A	Vascular study	0.35	3.63	0.41	4.39	XXX	N
93979	TC	A	Vascular study	0.00	3.37	0.38	3.75	XXX	N
93979	26	A	Vascular study	0.35	0.26	0.03	0.64	XXX	N
93980	.....	A	Penile vascular study	1.84	4.20	0.45	6.49	XXX	N
93980	TC	A	Penile vascular study	0.00	3.37	0.38	3.75	XXX	N
93980	26	A	Penile vascular study	1.84	0.83	0.07	2.74	XXX	N
93981	.....	A	Penile vascular study	0.65	3.50	0.39	4.54	XXX	N
93981	TC	A	Penile vascular study	0.00	3.10	0.36	3.46	XXX	N
93981	26	A	Penile vascular study	0.65	0.40	0.03	1.08	XXX	N
94010	.....	A	Breathing capacity test	0.17	0.68	0.05	0.90	XXX	N
94010	TC	A	Breathing capacity test	0.00	0.40	0.03	0.43	XXX	N
94010	26	A	Breathing capacity test	0.17	0.28	0.02	0.47	XXX	N
94060	.....	A	Evaluation of wheezing	0.31	1.28	0.09	1.68	XXX	N
94060	TC	A	Evaluation of wheezing	0.00	0.90	0.06	0.96	XXX	N
94060	26	A	Evaluation of wheezing	0.31	0.38	0.03	0.72	XXX	N
94070	.....	A	Evaluation of wheezing	0.61	1.79	0.13	2.53	XXX	N
94070	TC	A	Evaluation of wheezing	0.00	1.41	0.10	1.51	XXX	N
94070	26	A	Evaluation of wheezing	0.61	0.38	0.03	1.02	XXX	N
94150	.....	A	Vital capacity test	0.11	0.20	0.02	0.33	XXX	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
94150	TC	A	Vital capacity test	0.00	0.08	0.01	0.09	XXX	N
94150	26	A	Vital capacity test	0.11	0.12	0.01	0.24	XXX	N
94160	.....	A	Vital capacity screening	0.18	0.37	0.02	0.57	XXX	N
94160	TC	A	Vital capacity screening	0.00	0.18	0.01	0.19	XXX	N
94160	26	A	Vital capacity screening	0.18	0.19	0.01	0.38	XXX	N
94200	TC	A	Lung function test (mbc/mvv)	0.00	0.24	0.02	0.26	XXX	N
94200	.....	A	Lung function test (mbc/mvv)	0.11	*0.40	0.03	0.54	XXX	N
94200	26	A	Lung function test (mbc/mvv)	0.11	*0.16	0.01	0.28	XXX	N
94240	TC	A	Residual lung capacity	0.00	0.66	0.05	0.71	XXX	N
94240	.....	A	Residual lung capacity	0.26	0.89	0.07	1.22	XXX	N
94240	26	A	Residual lung capacity	0.26	0.23	0.02	0.51	XXX	N
94250	TC	A	Expired gas collection	0.00	0.13	0.01	0.14	XXX	N
94250	.....	A	Expired gas collection	0.11	*0.27	0.02	0.40	XXX	N
94250	26	A	Expired gas collection	0.11	*0.14	0.01	0.26	XXX	N
94260	TC	A	Thoracic gas volume	0.00	0.53	0.04	0.57	XXX	N
94260	.....	A	Thoracic gas volume	0.13	*0.76	0.06	0.95	XXX	N
94260	26	A	Thoracic gas volume	0.13	*0.23	0.02	0.38	XXX	N
94350	TC	A	Lung nitrogen washout curve	0.00	0.53	0.04	0.57	XXX	N
94350	.....	A	Lung nitrogen washout curve	0.26	0.74	0.05	1.05	XXX	N
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.01	0.48	XXX	N
94360	TC	A	Measure airflow resistance	0.00	0.93	0.06	0.99	XXX	N
94360	.....	A	Measure airflow resistance	0.26	1.12	0.07	1.45	XXX	N
94360	26	A	Measure airflow resistance	0.26	0.19	0.01	0.46	XXX	N
94370	TC	A	Breath airway closing volume	0.00	0.26	0.02	0.28	XXX	N
94370	.....	A	Breath airway closing volume	0.26	0.40	0.03	0.69	XXX	N
94370	26	A	Breath airway closing volume	0.26	0.14	0.01	0.41	XXX	N
94375	TC	A	Respiratory flow volume loop	0.00	0.47	0.03	0.50	XXX	N
94375	.....	A	Respiratory flow volume loop	0.31	0.68	0.04	1.03	XXX	N
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.01	0.53	XXX	N
94400	TC	A	CO_2 breathing response curve	0.00	0.30	0.06	0.36	XXX	N
94400	.....	A	CO_2 breathing response curve	0.40	0.78	0.19	1.37	XXX	N
94400	26	A	CO_2 breathing response curve	0.40	0.48	0.13	1.01	XXX	N
94450	TC	A	Hypoxia response curve	0.00	0.37	0.03	0.40	XXX	N
94450	.....	A	Hypoxia response curve	0.40	0.61	0.05	1.06	XXX	N
94450	26	A	Hypoxia response curve	0.40	0.24	0.02	0.66	XXX	N
94620	.....	A	Pulmonary stress testing	0.89	2.08	0.15	3.12	XXX	N
94620	TC	A	Pulmonary stress testing	0.00	1.37	0.10	1.47	XXX	N
94620	26	A	Pulmonary stress testing	0.89	0.71	0.05	1.65	XXX	N
94640	.....	A	Airway inhalation treatment	0.00	0.39	0.03	0.42	XXX	N
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX	N
94650	.....	A	Pressure breathing (ippb)	0.00	0.37	0.03	0.40	XXX	N
94651	.....	A	Pressure breathing (ippb)	0.00	0.36	0.03	0.39	XXX	N
94652	.....	A	Pressure breathing (ippb)	0.00	0.41	0.08	0.49	XXX	N
94656	.....	A	Initial ventilator mgmt	1.23	1.14	0.12	2.49	XXX	N
94657	.....	A	Cont. ventilator	0.84	0.63	0.05	1.52	XXX	N
94660	.....	A	Pos airway pressure, cpap	0.77	0.72	0.06	1.55	XXX	N
94662	.....	A	Neg pressure ventilation, cnp	0.77	0.30	0.02	1.09	XXX	N
94664	.....	A	Aerosol or vapor inhalations	0.00	0.51	0.04	0.55	XXX	N
94665	.....	A	Aerosol or vapor inhalations	0.00	0.47	0.05	0.52	XXX	N
94667	.....	A	Chest wall manipulation	0.00	0.56	0.05	0.61	XXX	N
94668	.....	A	Chest wall manipulation	0.00	0.34	0.03	0.37	XXX	N
94680	TC	A	Exhaled air analysis: O_2	0.00	0.50	0.07	0.57	XXX	N
94680	.....	A	Exhaled air analysis: O_2	0.26	0.83	0.10	1.19	XXX	N
94680	26	A	Exhaled air analysis: O_2	0.26	0.33	0.03	0.62	XXX	N
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.33	0.13	1.46	XXX	N
94681	.....	A	Exhaled air analysis: O_2, CO_2	0.20	*1.72	0.17	2.09	XXX	N
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	*0.39	0.04	0.63	XXX	N
94690	TC	A	Exhaled air analysis	0.00	0.52	0.04	0.56	XXX	N
94690	.....	A	Exhaled air analysis	0.07	0.57	0.04	0.68	XXX	N
94690	26	A	Exhaled air analysis	0.07	0.05	0.00	0.12	XXX	N
94720	TC	A	Monoxide diffusing capacity	0.00	0.81	0.06	0.87	XXX	N
94720	.....	A	Monoxide diffusing capacity	0.26	1.04	0.08	1.38	XXX	N
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.02	0.51	XXX	N
94725	TC	A	Membrane diffusion capacity	0.00	1.68	0.13	1.81	XXX	N
94725	.....	A	Membrane diffusion capacity	0.26	1.86	0.14	2.26	XXX	N
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.01	0.45	XXX	N
94750	TC	A	Pulmonary compliance study	0.00	0.56	0.04	0.60	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
94750	.....	A	Pulmonary compliance study	0.23	0.84	0.06	1.13	XXX	N
94750	26	A	Pulmonary compliance study	0.23	0.28	0.02	0.53	XXX	N
94760	.....	A	Measure blood oxygen level	0.00	0.25	0.02	0.27	XXX	N
94761	.....	A	Measure blood oxygen level	0.00	0.65	0.06	0.71	XXX	N
94762	.....	A	Measure blood oxygen level	0.00	1.09	0.10	1.19	XXX	N
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.08	0.37	XXX	N
94770	.....	A	Exhaled carbon dioxide test	0.20	0.40	0.11	0.71	XXX	N
94770	26	A	Exhaled carbon dioxide test	0.20	0.11	0.03	0.34	XXX	N
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
95004	.....	A	Allergy skin tests	0.00	0.09	0.01	0.10	XXX	N
95010	.....	A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95015	.....	A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95024	.....	A	Allergy skin tests	0.00	0.14	0.01	0.15	XXX	N
95027	.....	A	Skin end point titration	0.00	0.14	0.01	0.15	XXX	N
95028	.....	A	Allergy skin tests	0.00	0.22	0.01	0.23	XXX	N
95040	.....	D	Allergy patch tests, 1–10	0.00	0.00	0.00	0.00	XXX	0
95041	.....	D	Allergy patch tests, 11–20	0.00	0.00	0.00	0.00	XXX	0
95042	.....	D	Allergy patch tests, 21–30	0.00	0.00	0.00	0.00	XXX	0
95043	.....	D	Allergy patch tests, over 30	0.00	0.00	0.00	0.00	XXX	0
95044	.....	A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95050	.....	D	Photo patch tests, 1–10	0.00	0.00	0.00	0.00	XXX	0
95051	.....	D	Photo patch tests, over 10	0.00	0.00	0.00	0.00	XXX	0
95052	.....	A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95056	.....	A	Photosensitivity tests	0.00	0.17	0.01	0.18	XXX	N
95060	.....	A	Eye allergy tests	0.00	0.33	0.02	0.35	XXX	N
95065	.....	A	Nose allergy test	0.00	0.19	0.01	0.20	XXX	N
95070	.....	A	Bronchial allergy tests	0.00	2.19	0.02	2.21	XXX	N
95071	.....	A	Bronchial allergy tests	0.00	2.81	0.02	2.83	XXX	N
95075	.....	A	Ingestion challenge test	0.96	1.99	0.02	2.97	XXX	N
95078	.....	A	Provocative testing	0.00	0.24	0.02	0.26	XXX	N
95105	.....	D	Allergy patient counseling	0.00	0.00	0.00	0.00	XXX	0
95115	.....	A	Immunotherapy, one injection	0.00	0.43	0.02	0.45	XXX	N
95117	.....	A	Immunotherapy injections	0.00	0.68	0.02	0.70	XXX	N
95120	.....	X	Immunotherapy, single antigen	0.00	0.00	0.00	0.00	XXX	0
95125	.....	X	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95130	.....	X	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX	0
95131	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95132	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95133	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95134	.....	X	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95135	.....	D	Immunotherapy, one antigen	0.00	0.00	0.00	0.00	XXX	0
95140	.....	D	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95144	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95145	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95146	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95147	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95148	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95149	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95150	.....	D	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95155	.....	D	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95165	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95170	.....	X	Antigen therapy services	0.00	0.00	0.00	0.00	XXX	0
95180	.....	A	Rapid desensitization	2.03	0.14	0.01	2.18	XXX	N
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	XXX	N
95805	.....	A	Multiple sleep latency test	1.90	5.57	0.45	7.92	XXX	N
95805	TC	A	Multiple sleep latency test	0.00	5.00	0.38	5.38	XXX	N
95805	26	A	Multiple sleep latency test	1.90	0.57	0.07	2.54	XXX	N
95807	.....	A	Sleep study	1.68	6.84	0.52	9.04	XXX	N
95807	TC	A	Sleep study	0.00	5.00	0.38	5.38	XXX	N
95807	26	A	Sleep study	1.68	1.84	0.14	3.66	XXX	N
95808	.....	A	Polysomnography, 1–3	2.75	6.84	0.52	10.11	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	5.00	0.38	5.38	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
95808	26	A	Polysomnography, 1–3	2.75	1.84	0.14	4.73	XXX	N
95810	26	A	Polysomnography, 4 or more	2.75	1.84	0.14	4.73	XXX	N
95810	.....	A	Polysomnography, 4 or more	2.75	6.84	0.52	10.11	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	5.00	0.38	5.38	XXX	N
95816	TC	A	Electroencephalogram (eeg)	0.00	1.27	0.10	1.37	XXX	N
95816	.....	A	Electroencephalogram (eeg)	1.09	1.55	0.13	2.77	XXX	N
95816	26	A	Electroencephalogram (eeg)	1.09	0.28	0.03	1.40	XXX	N
95817	.....	A	Electroencephalogram (eeg)	1.09	2.16	0.18	3.43	XXX	N
95817	TC	A	Electroencephalogram (eeg)	0.00	1.88	0.15	2.03	XXX	N
95817	26	A	Electroencephalogram (eeg)	1.09	0.28	0.03	1.40	XXX	N
95819	.....	A	Electroencephalogram (eeg)	1.09	1.78	0.14	3.01	XXX	N
95819	TC	A	Electroencephalogram (eeg)	0.00	1.27	0.10	1.37	XXX	N
95819	26	A	Electroencephalogram (eeg)	1.09	0.51	0.04	1.64	XXX	N
95821	.....	A	Portable eeg	1.09	2.46	0.19	3.74	XXX	N
95821	TC	A	Portable eeg	0.00	1.88	0.15	2.03	XXX	N
95821	26	A	Portable eeg	1.09	0.58	0.04	1.71	XXX	N
95822	.....	A	Sleep electroencephalogram	1.09	2.31	0.18	3.58	XXX	N
95822	TC	A	Sleep electroencephalogram	0.00	1.74	0.14	1.88	XXX	N
95822	26	A	Sleep electroencephalogram	1.09	0.57	0.04	1.70	XXX	N
95823	.....	A	Activation eeg	2.92	2.28	0.18	5.38	XXX	N
95823	TC	A	Activation eeg	0.00	1.64	0.13	1.77	XXX	N
95823	26	A	Activation eeg	2.92	0.64	0.05	3.61	XXX	N
95824	.....	A	Electroencephalography	0.75	0.99	0.07	1.81	XXX	N
95824	TC	A	Electroencephalography	0.00	0.40	0.03	0.43	XXX	N
95824	26	A	Electroencephalography	0.75	0.59	0.04	1.38	XXX	N
95826	.....	A	Depth electroencephalogram	1.21	1.38	0.10	2.69	XXX	N
95826	TC	A	Depth electroencephalogram	0.00	0.70	0.05	0.75	XXX	N
95826	26	A	Depth electroencephalogram	1.21	0.68	0.05	1.94	XXX	N
95827	.....	A	Night electroencephalogram	1.09	3.09	0.24	4.42	XXX	N
95827	TC	A	Night electroencephalogram	0.00	2.20	0.17	2.37	XXX	N
95827	26	A	Night electroencephalogram	1.09	0.89	0.07	2.05	XXX	N
95828	.....	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95828	TC	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95828	26	D	Polysomnography	0.00	0.00	0.00	0.00	XXX	0
95829	.....	A	Surgery electrocorticogram	6.28	0.59	0.05	6.92	XXX	N
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.02	0.16	XXX	N
95829	26	A	Surgery electrocorticogram	6.28	0.45	0.03	6.76	XXX	N
95830	.....	A	Insert electrodes for eeg	1.72	0.79	0.07	2.58	XXX	N
95831	.....	A	Limb muscle testing, manual	0.28	0.29	0.03	0.60	XXX	N
95832	.....	A	Hand muscle testing, manual	0.29	0.25	0.02	0.56	XXX	N
95833	.....	A	Body muscle testing, manual	0.48	0.38	0.05	0.91	XXX	N
95834	.....	A	Body muscle testing, manual	0.61	0.62	0.06	1.29	XXX	N
95842	.....	A	Muscle testing, electrical	0.55	0.61	0.06	1.22	XXX	N
95842	TC	A	Muscle testing, electrical	0.00	0.19	0.02	0.21	XXX	N
95842	26	A	Muscle testing, electrical	0.55	0.42	0.04	1.01	XXX	N
95851	.....	A	Range of motion measurements	0.28	0.24	0.02	0.54	XXX	N
95852	.....	A	Range of motion measurements	0.19	0.15	0.02	0.36	XXX	N
95857	.....	A	Tensilon test	0.54	0.51	0.04	1.09	XXX	N
95858	.....	A	Tensilon test & myogram	1.58	1.03	0.09	2.70	XXX	N
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.04	0.42	XXX	N
95858	26	A	Tensilon test & myogram	1.58	0.65	0.05	2.28	XXX	N
95860	.....	A	Muscle test, one limb	0.97	1.10	0.09	2.16	XXX	N
95860	TC	A	Muscle test, one limb	0.00	0.36	0.03	0.39	XXX	N
95860	26	A	Muscle test, one limb	0.97	0.74	0.06	1.77	XXX	N
95861	.....	A	Muscle test, two limbs	1.56	1.99	0.16	3.71	XXX	N
95861	TC	A	Muscle test, two limbs	0.00	0.71	0.06	0.77	XXX	N
95861	26	A	Muscle test, two limbs	1.56	1.28	0.10	2.94	XXX	N
95863	.....	A	Muscle test, 3 limbs	1.89	2.33	0.18	4.40	XXX	N
95863	TC	A	Muscle test, 3 limbs	0.00	0.90	0.07	0.97	XXX	N
95863	26	A	Muscle test, 3 limbs	1.89	1.43	0.11	3.43	XXX	N
95864	.....	A	Muscle test, 4 limbs	2.01	3.49	0.27	5.77	XXX	N
95864	TC	A	Muscle test, 4 limbs	0.00	1.72	0.13	1.85	XXX	N
95864	26	A	Muscle test, 4 limbs	2.01	1.77	0.14	3.92	XXX	N
95867	.....	A	Muscle test, head or neck	0.63	1.15	0.09	1.87	XXX	N
95867	TC	A	Muscle test, head or neck	0.00	0.56	0.04	0.60	XXX	N
95867	26	A	Muscle test, head or neck	0.63	0.59	0.05	1.27	XXX	N
95868	.....	A	Muscle test, head or neck	1.52	1.94	0.15	3.61	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
95868	TC	A	Muscle test, head or neck	0.00	0.67	0.05	0.72	XXX	N
95868	26	A	Muscle test, head or neck	1.52	1.27	0.10	2.89	XXX	N
95869	.....	A	Muscle test, limited	0.37	0.53	0.05	0.95	XXX	N
95869	TC	A	Muscle test, limited	0.00	0.20	0.02	0.22	XXX	N
95869	26	A	Muscle test, limited	0.37	0.33	0.03	0.73	XXX	N
95872	.....	A	Muscle test, one fiber	1.52	1.27	0.11	2.90	XXX	N
95872	TC	A	Muscle test, one fiber	0.00	0.58	0.05	0.63	XXX	N
95872	26	A	Muscle test, one fiber	1.52	0.69	0.06	2.27	XXX	N
95875	TC	A	Limb exercise test	0.00	0.38	0.06	0.44	XXX	N
95875	26	A	Limb exercise test	1.35	0.22	0.04	1.61	XXX	N
95875	.....	A	Limb exercise test	1.35	0.60	0.10	2.05	XXX	N
95880	.....	A	Cerebral aphasia testing	0.00	1.70	0.20	1.90	XXX	N
95881	.....	A	Cerebral developmental test	0.00	1.70	0.20	1.90	XXX	N
95882	.....	A	Cognitive function testing	0.00	1.70	0.20	1.90	XXX	N
95883	.....	A	Neuropsychological testing	0.00	1.70	0.20	1.90	XXX	N
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.05	1.09	XXX	N
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.02	0.29	XXX	N
95900	26	A	Motor nerve conduction test	0.42	0.35	0.03	0.80	XXX	N
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.05	0.94	XXX	N
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.02	0.23	XXX	N
95904	26	A	Sense nerve conduction test	0.34	0.34	0.03	0.71	XXX	N
95920	.....	A	Intraoperative nerve testing	2.13	2.70	0.20	5.03	XXX	N
95920	TC	A	Intraoperative nerve testing	0.00	1.25	0.08	1.33	XXX	N
95920	26	A	Intraoperative nerve testing	2.13	1.45	0.12	3.70	XXX	N
95925	26	A	Somatosensory testing	0.82	0.97	0.08	1.87	XXX	N
95925	.....	A	Somatosensory testing	0.82	2.30	0.19	3.31	XXX	N
95925	TC	A	Somatosensory testing	0.00	1.33	0.11	1.44	XXX	N
95933	TC	A	Blink reflex test	0.00	0.76	0.06	0.82	XXX	N
95933	.....	A	Blink reflex test	0.60	1.27	0.10	1.97	XXX	N
95933	26	A	Blink reflex test	0.60	0.51	0.04	1.15	XXX	N
95935	.....	A	"h" or "f" reflex study	0.60	0.54	0.05	1.19	XXX	N
95935	TC	A	"h" or "f" reflex study	0.00	0.20	0.02	0.22	XXX	N
95935	26	A	"h" or "f" reflex study	0.60	0.34	0.03	0.97	XXX	N
95937	.....	A	Neuromuscular junction test	0.61	0.77	0.07	1.45	XXX	N
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.03	0.35	XXX	N
95937	26	A	Neuromuscular junction test	0.61	0.45	0.04	1.10	XXX	N
95950	.....	A	Ambulatory eeg monitoring	1.53	7.33	0.61	9.47	XXX	N
95950	TC	A	Ambulatory eeg monitoring	0.00	6.11	0.51	6.62	XXX	N
95950	26	A	Ambulatory eeg monitoring	1.53	1.22	0.10	2.85	XXX	N
95951	.....	A	Eeg monitoring/videorecord	3.84	8.93	0.65	13.42	XXX	N
95951	TC	A	Eeg monitoring/videorecord	0.00	7.41	0.54	7.95	XXX	N
95951	26	A	Eeg monitoring/videorecord	3.84	1.52	0.11	5.47	XXX	N
95953	.....	A	Eeg monitoring/computer	3.11	7.33	0.61	11.05	XXX	N
95953	TC	A	Eeg monitoring/computer	0.00	6.11	0.51	6.62	XXX	N
95953	26	A	Eeg monitoring/computer	3.11	1.22	0.10	4.43	XXX	N
95954	.....	A	Eeg monitoring/giving drugs	2.48	2.35	0.28	5.11	XXX	N
95954	TC	A	Eeg monitoring/giving drugs	0.00	0.46	0.06	0.52	XXX	N
95954	26	A	Eeg monitoring/giving drugs	2.48	1.89	0.22	4.59	XXX	N
95955	.....	A	Eeg during surgery	1.02	2.93	0.30	4.25	XXX	N
95955	TC	A	Eeg during surgery	0.00	1.89	0.19	2.08	XXX	N
95955	26	A	Eeg during surgery	1.02	1.04	0.11	2.17	XXX	N
95956	.....	A	Eeg monitoring/cable/radio	3.11	7.63	0.62	11.36	XXX	N
95956	TC	A	Eeg monitoring/cable/radio	0.00	6.11	0.51	6.62	XXX	N
95956	26	A	Eeg monitoring/cable/radio	3.11	1.52	0.11	4.74	XXX	N
95958	.....	A	Eeg monitoring/function test	4.30	4.95	0.52	9.77	XXX	N
95958	TC	A	Eeg monitoring/function test	0.00	1.68	0.14	1.82	XXX	N
95958	26	A	Eeg monitoring/function test	4.30	3.27	0.38	7.95	XXX	N
95961	TC	A	Electrode stimulation, brain	0.00	1.25	0.08	1.33	XXX	N
95961	26	A	Electrode stimulation, brain	3.00	1.45	0.12	4.57	XXX	N
95961	.....	A	Electrode stimulation, brain	3.00	2.70	0.20	5.90	XXX	N
95962	.....	A	Electrode stimulation, brain	3.25	2.70	0.20	6.15	XXX	N
95962	TC	A	Electrode stimulation, brain	0.00	1.25	0.08	1.33	XXX	N
95962	26	A	Electrode stimulation, brain	3.25	1.45	0.12	4.82	XXX	N
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	XXX	N
96400	.....	A	Chemotherapy, (sc)/(im)	0.00	0.13	0.01	0.14	XXX	N
96405	.....	A	Intralesional chemo admin	0.53	0.38	0.03	0.94	000	S
96406	.....	A	Intralesional chemo admin	0.81	0.57	0.04	1.42	000	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
96408	.....	A	Chemotherapy, push technique	0.00	0.93	0.06	0.99	XXX	N
96410	.....	A	Chemotherapy; infusion method	0.00	1.49	0.09	1.58	XXX	N
96412	.....	A	Chemotherapy, infusion method	0.00	1.11	0.08	1.19	XXX	N
96414	.....	A	Chemotherapy, infusion method	0.00	1.28	0.09	1.37	XXX	N
96420	.....	A	Chemotherapy, push technique	0.00	1.20	0.09	1.29	XXX	N
96422	.....	A	Chemotherapy, infusion method	0.00	1.18	0.09	1.27	XXX	N
96423	.....	A	Chemotherapy, infusion method	0.00	0.47	0.03	0.50	XXX	N
96425	.....	A	Chemotherapy, infusion method	0.00	1.38	0.09	1.47	XXX	N
96440	.....	A	Chemotherapy, intracavitary	2.40	0.82	0.06	3.28	000	N
96445	.....	A	Chemotherapy, intracavitary	2.22	0.99	0.09	3.30	000	N
96450	.....	A	Chemotherapy, into cns	1.91	0.88	0.06	2.85	000	N
96520	.....	A	Pump refilling, maintenance	0.00	0.86	0.06	0.92	XXX	N
96530	.....	A	Pump refilling, maintenance	0.00	1.02	0.07	1.09	XXX	N
96542	.....	A	Chemotherapy injection	1.44	1.10	0.13	2.67	XXX	N
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX	0
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX	N
96900	.....	A	Ultraviolet light therapy	0.00	0.38	0.03	0.41	XXX	N
96910	.....	A	Photochemotherapy with uv-b	0.00	0.56	0.04	0.60	XXX	N
96912	.....	A	Photochemotherapy with uv-a	0.00	0.64	0.05	0.69	XXX	N
96913	.....	C	Photochemotherapy, uv-a or b	0.00	0.00	0.00	0.00	XXX	N
96999	.....	C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX	N
97010	.....	A	Hot or cold packs therapy	0.23	0.20	0.02	0.45	XXX	N
97012	.....	A	Mechanical traction therapy	0.21	0.19	0.02	0.42	XXX	N
97014	.....	A	Electric stimulation therapy	0.21	0.19	0.02	0.42	XXX	N
97016	.....	A	Vasopneumatic device therapy	0.25	0.22	0.02	0.49	XXX	N
97018	.....	A	Paraffin bath therapy	0.25	0.23	0.03	0.51	XXX	N
97020	.....	A	Microwave therapy	0.18	0.18	0.02	0.38	XXX	N
97022	.....	A	Whirlpool therapy	0.20	0.19	0.02	0.41	XXX	N
97024	.....	A	Diathermy treatment	0.19	0.19	0.02	0.40	XXX	N
97026	.....	A	Infrared therapy	0.21	0.19	0.02	0.42	XXX	N
97028	.....	A	Ultraviolet therapy	0.19	0.17	0.01	0.37	XXX	N
97039	.....	A	Physical therapy treatment	0.29	0.24	0.03	0.56	XXX	N
97110	.....	A	Therapeutic exercises	0.27	0.22	0.03	0.52	XXX	N
97112	.....	A	Neuromuscular reeducation	0.25	0.22	0.02	0.49	XXX	N
97114	.....	A	Functional activity therapy	0.21	0.18	0.02	0.41	XXX	N
97116	.....	A	Gait training therapy	0.23	0.18	0.02	0.43	XXX	N
97118	.....	A	Manual electric stimulation	0.25	0.24	0.02	0.51	XXX	N
97120	.....	A	Electric current therapy	0.26	0.23	0.03	0.52	XXX	N
97122	.....	A	Manual traction therapy	0.20	0.18	0.02	0.40	XXX	N
97124	.....	A	Massage therapy	0.21	0.18	0.02	0.41	XXX	N
97126	.....	A	Contrast baths therapy	0.21	0.17	0.02	0.40	XXX	N
97128	.....	A	Ultrasound therapy	0.21	0.19	0.02	0.42	XXX	N
97139	.....	A	Physical medicine procedure	0.35	0.28	0.03	0.66	XXX	N
97145	.....	A	Extended physiotherapy	0.14	0.12	0.01	0.27	XXX	N
97220	.....	A	Hydrotherapy	0.38	0.35	0.04	0.77	XXX	N
97221	.....	A	Extended hydrotherapy	0.13	0.11	0.01	0.25	XXX	N
97240	.....	A	Hydrotherapy	0.44	0.38	0.05	0.87	XXX	N
97241	.....	A	Extended hydrotherapy	0.12	0.10	0.01	0.23	XXX	N
97250	.....	A	Myofascial release	0.45	0.35	0.04	0.84	000	N
97260	.....	A	Regional manipulation	0.19	0.20	0.02	0.41	000	N
97261	.....	A	Supplemental manipulations	0.12	0.11	0.01	0.24	000	N
97500	.....	A	Orthotics training	0.31	0.27	0.04	0.62	XXX	N
97501	.....	A	Supplemental training	0.17	0.15	0.02	0.34	XXX	N
97520	.....	A	Prosthetic training	0.37	0.30	0.04	0.71	XXX	N
97521	.....	A	Supplemental training	0.22	0.17	0.02	0.41	XXX	N
97530	.....	A	Kinetic therapy	0.36	0.32	0.04	0.72	XXX	N
97531	.....	A	Added kinetic therapy	0.18	0.16	0.02	0.36	XXX	N
97540	.....	A	Training for daily living	0.44	0.37	0.03	0.84	XXX	N
97541	.....	A	Supplemental training	0.21	0.16	0.01	0.38	XXX	N
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97700	.....	A	Training checkout	0.39	0.35	0.04	0.78	XXX	N
97701	.....	A	Supplemental checkout	0.19	0.17	0.02	0.38	XXX	N
97720	.....	A	Extremity testing	0.41	0.35	0.04	0.80	XXX	N
97721	.....	A	Supplemental limb testing	0.23	0.18	0.02	0.43	XXX	N
97752	.....	A	Muscle testing with exercise	0.46	0.60	0.07	1.13	XXX	N
97752	TC	A	Muscle testing with exercise	0.00	0.24	0.03	0.27	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
97752	26	A	Muscle testing with exercise	0.46	0.36	0.04	0.86	XXX	N
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX	N
98925	.....	A	Osteopathic manipulation	0.45	0.25	0.02	0.72	000	N
98926	.....	A	Osteopathic manipulation	0.66	0.40	0.03	1.09	000	N
98927	.....	A	Osteopathic manipulation	0.88	0.38	0.03	1.29	000	N
98928	.....	A	Osteopathic manipulation	1.04	0.42	0.04	1.50	000	N
98929	.....	A	Osteopathic manipulation	1.20	0.39	0.03	1.62	000	N
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	XXX	0
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	XXX	0
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX	0
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX	0
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	XXX	0
99054	.....	B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	XXX	0
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	XXX	0
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	XXX	0
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	XXX	0
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	XXX	0
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	XXX	0
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	XXX	0
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	XXX	0
99082	.....	C	Unusual physician travel	0.00	0.00	0.00	0.00	XXX	N
99090	.....	B	Computer data analysis	0.00	0.00	0.00	0.00	XXX	0
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	XXX	0
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	XXX	0
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	XXX	0
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	XXX	0
99150	.....	D	Prolonged md attendance	0.00	0.00	0.00	0.00	XXX	0
99151	.....	D	Prolonged md attendance	0.00	0.00	0.00	0.00	XXX	0
99175	.....	A	Induction of vomiting	0.00	1.34	0.10	1.44	XXX	N
99178	.....	C	Development evaluation tests	0.00	0.00	0.00	0.00	XXX	N
99180	.....	D	Hyperbaric oxygen, initial	0.00	0.00	0.00	0.00	XXX	0
99182	.....	D	Hyperbaric oxygen, subsequent	0.00	0.00	0.00	0.00	XXX	0
99183	.....	A	Hyperbaric oxygen therapy	2.37	1.69	0.11	4.17	XXX	N
99185	.....	A	Regional hypothermia	0.00	0.62	0.04	0.66	XXX	N
99186	.....	A	Total body hypothermia	0.00	1.72	0.53	2.25	XXX	N
99190	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99191	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99192	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99195	.....	A	Phlebotomy	0.00	0.42	0.03	0.45	XXX	N
99199	.....	C	Special service or report	0.00	0.00	0.00	0.00	XXX	N
99201	.....	A	Office/outpatient visit, new	0.38	0.37	0.04	0.79	XXX	P
99202	.....	A	Office/outpatient visit, new	0.76	0.46	0.05	1.27	XXX	P
99203	.....	A	Office/outpatient visit, new	1.15	0.53	0.06	1.74	XXX	P
99204	.....	A	Office/outpatient visit, new	1.73	0.79	0.08	2.60	XXX	P
99205	.....	A	Office/outpatient visit, new	2.31	0.86	0.09	3.26	XXX	P
99211	.....	A	Office/outpatient visit, est	0.17	0.19	0.02	0.38	XXX	P
99212	.....	A	Office/outpatient visit, est	0.38	0.28	0.02	0.68	XXX	P
99213	.....	A	Office/outpatient visit, est	0.56	0.38	0.03	0.97	XXX	P
99214	.....	A	Office/outpatient visit, est	0.95	0.51	0.04	1.50	XXX	P
99215	.....	A	Office/outpatient visit, est	1.53	0.77	0.07	2.37	XXX	P
99217	.....	A	Observation care discharge	1.10	0.53	0.04	1.67	XXX	N
99218	.....	A	Observation care	1.09	0.69	0.06	1.84	XXX	N
99219	.....	A	Observation care	1.77	1.06	0.09	2.92	XXX	N
99220	.....	A	Observation care	2.44	1.15	0.09	3.68	XXX	N
99221	.....	A	Initial hospital care	1.07	0.68	0.06	1.81	XXX	N
99222	.....	A	Initial hospital care	1.86	1.05	0.09	3.00	XXX	N
99223	.....	A	Initial hospital care	2.60	1.14	0.08	3.82	XXX	N
99231	.....	A	Subsequent hospital care	0.52	0.38	0.03	0.93	XXX	N
99232	.....	A	Subsequent hospital care	0.89	0.45	0.04	1.38	XXX	N
99233	.....	A	Subsequent hospital care	1.26	0.61	0.05	1.92	XXX	N
99238	.....	A	Hospital discharge day	1.07	0.52	0.04	1.63	XXX	N
99241	.....	A	Office consultation	0.55	0.65	0.08	1.28	XXX	N
99242	.....	A	Office consultation	1.12	0.78	0.09	1.99	XXX	N
99243	.....	A	Office consultation	1.49	0.98	0.10	2.57	XXX	N
99244	.....	A	Office consultation	2.25	1.24	0.11	3.60	XXX	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
99245	.....	A	Office consultation	2.99	1.71	0.16	4.86	XXX	N
99251	.....	A	Initial inpatient consult	0.55	0.68	0.08	1.31	XXX	N
99252	.....	A	Initial inpatient consult	1.14	0.77	0.09	2.00	XXX	N
99253	.....	A	Initial inpatient consult	1.58	0.96	0.10	2.64	XXX	N
99254	.....	A	Initial inpatient consult	2.30	1.21	0.11	3.62	XXX	N
99255	.....	A	Initial inpatient consult	3.17	1.59	0.14	4.90	XXX	N
99261	.....	A	Follow-up inpatient consult	0.36	0.33	0.03	0.72	XXX	N
99262	.....	A	Follow-up inpatient consult	0.75	0.47	0.04	1.26	XXX	N
99263	.....	A	Follow-up inpatient consult	1.17	0.68	0.04	1.89	XXX	N
99271	.....	A	Confirmatory consultation	0.46	*0.59	0.07	1.12	XXX	N
99272	.....	A	Confirmatory consultation	0.85	0.72	0.09	1.66	XXX	N
99273	.....	A	Confirmatory consultation	1.20	1.03	0.11	2.34	XXX	N
99274	.....	A	Confirmatory consultation	1.75	1.23	0.11	3.09	XXX	N
99275	.....	A	Confirmatory consultation	2.34	1.76	0.17	4.27	XXX	N
99281	.....	A	Emergency dept visit	0.28	0.28	0.01	0.57	XXX	P
99282	.....	A	Emergency dept visit	0.48	0.38	0.03	0.89	XXX	P
99283	.....	A	Emergency dept visit	1.08	0.50	0.04	1.62	XXX	P
99284	.....	A	Emergency dept visit	1.70	0.71	0.06	2.47	XXX	P
99285	.....	A	Emergency dept visit	2.66	1.14	0.08	3.88	XXX	P
99288	.....	B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX	0
99291	.....	A	Critical care, first hour	3.68	1.45	0.11	5.24	XXX	N
99292	.....	A	Critical care, addl 30 min	1.86	0.64	0.04	2.54	XXX	N
99295	.....	A	Neonatal critical care	14.96	5.14	1.57	21.67	XXX	N
99296	.....	A	Neonatal critical care	7.46	2.49	0.78	10.73	XXX	N
99297	.....	A	Neonatal critical care	3.71	1.24	0.38	5.33	XXX	N
99301	.....	A	Nursing facility care	1.08	0.46	0.03	1.57	XXX	P
99302	.....	A	Nursing facility care	1.69	0.51	0.04	2.24	XXX	P
99303	.....	A	Nursing facility care	2.32	0.96	0.07	3.35	XXX	P
99311	.....	A	Nursing facility care, subseq	0.55	0.34	0.03	0.92	XXX	P
99312	.....	A	Nursing facility care, subseq	0.90	0.41	0.03	1.34	XXX	P
99313	.....	A	Nursing facility care, subseq	1.20	0.47	0.04	1.71	XXX	P
99321	.....	A	Rest home visit, new patient	0.72	0.37	0.03	1.12	XXX	P
99322	.....	A	Rest home visit, new patient	1.02	0.52	0.05	1.59	XXX	P
99323	.....	A	Rest home visit, new patient	1.29	0.74	0.06	2.09	XXX	P
99331	.....	A	Rest home visit, estab pat	0.61	0.28	0.02	0.91	XXX	P
99332	.....	A	Rest home visit, estab pat	0.81	0.36	0.03	1.20	XXX	P
99333	.....	A	Rest home visit, estab pat	1.01	0.44	0.02	1.47	XXX	P
99341	.....	A	Home visit, new patient	1.13	0.54	0.05	1.72	XXX	P
99342	.....	A	Home visit, new patient	1.60	0.61	0.05	2.26	XXX	P
99343	.....	A	Home visit, new patient	2.11	0.78	0.06	2.95	XXX	P
99351	.....	A	Home visit, estab patient	0.84	0.45	0.04	1.33	XXX	P
99352	.....	A	Home visit, estab patient	1.13	0.54	0.04	1.71	XXX	P
99353	.....	A	Home visit, estab patient	1.50	0.62	0.05	2.17	XXX	P
99354	.....	A	Prolonged service, office	1.15	0.53	0.06	1.74	XXX	P
99355	.....	A	Prolonged service, office	0.38	0.37	0.04	0.79	XXX	P
99356	.....	A	Prolonged service, inpatient	1.15	0.53	0.06	1.74	XXX	N
99357	.....	A	Prolonged service, inpatient	0.38	0.37	0.04	0.79	XXX	N
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	XXX	0
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99375	.....	B	Care plan oversight/30–60	0.00	0.00	0.00	0.00	XXX	0
99376	.....	B	Care plan oversight/over 60	0.00	0.00	0.00	0.00	XXX	0
99381	.....	N	Preventive visit, new, infant	0.00	0.00	0.00	0.00	XXX	0
99382	.....	N	Preventive visit, new, age 1–4	0.00	0.00	0.00	0.00	XXX	0
99383	.....	N	Preventive visit, new, age 5–11	0.00	0.00	0.00	0.00	XXX	0
99384	.....	N	Preventive visit, new, 12–17	0.00	0.00	0.00	0.00	XXX	0
99385	.....	N	Preventive visit, new, 18–39	0.00	0.00	0.00	0.00	XXX	0
99386	.....	N	Preventive visit, new, 40–64	0.00	0.00	0.00	0.00	XXX	0
99387	.....	N	Preventive visit, new, 65 & over	0.00	0.00	0.00	0.00	XXX	0
99391	.....	N	Preventive visit, est, infant	0.00	0.00	0.00	0.00	XXX	0
99392	.....	N	Preventive visit, est, age 1–4	0.00	0.00	0.00	0.00	XXX	0
99393	.....	N	Preventive visit, est, age 5–11	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
99394		N	Preventive visit, est, 12–17	0.00	0.00	0.00	0.00	XXX	0
99395		N	Preventive visit, est, 18–39	0.00	0.00	0.00	0.00	XXX	0
99396		N	Preventive visit, est, 40–64	0.00	0.00	0.00	0.00	XXX	0
99397		N	Preventive visit, est, 65 & over	0.00	0.00	0.00	0.00	XXX	0
99401		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99402		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99403		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99404		N	Preventive counseling, indiv	0.00	0.00	0.00	0.00	XXX	0
99411		N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	0
99412		N	Preventive counseling, group	0.00	0.00	0.00	0.00	XXX	0
99420		N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX	0
99429		N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX	0
99431		C	Initial care, normal newborn	0.00	0.00	0.00	0.00	XXX	N
99432		C	Newborn care not in hospital	0.00	0.00	0.00	0.00	XXX	N
99433		C	Normal newborn care, hospital	0.00	0.00	0.00	0.00	XXX	N
99440		C	Newborn resuscitation	0.00	0.00	0.00	0.00	XXX	N
99499		C	Unlisted e/m service	0.00	0.00	0.00	0.00	XXX	N
A0010		X	Ambulance service, (bls) base rate	0.00	0.00	0.00	0.00	XXX	0
A0020		X	Ambulance service, (bls) per mile	0.00	0.00	0.00	0.00	XXX	0
A0021		X	Ambulance service, outside state	0.00	0.00	0.00	0.00	XXX	0
A0030		X	Ambulance service, air service	0.00	0.00	0.00	0.00	XXX	0
A0040		X	Ambulance service, helicopter	0.00	0.00	0.00	0.00	XXX	0
A0050		X	Ambulance service, emergency	0.00	0.00	0.00	0.00	XXX	0
A0060		X	Ambulance service, waiting time	0.00	0.00	0.00	0.00	XXX	0
A0070		X	Ambulance service, oxygen	0.00	0.00	0.00	0.00	XXX	0
A0080		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0090		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0100		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0110		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0120		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0130		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0140		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0150		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0160		N	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0170		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0180		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0190		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0200		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0210		X	Non-emergency transportation	0.00	0.00	0.00	0.00	XXX	0
A0215		X	Ambulance service, miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A0220		X	Ambulance service, (als) base	0.00	0.00	0.00	0.00	XXX	0
A0221		X	Ambulance service, (als) per mile	0.00	0.00	0.00	0.00	XXX	0
A0222		X	Ambulance service, return trip	0.00	0.00	0.00	0.00	XXX	0
A0223		X	Ambulance service, (als) base	0.00	0.00	0.00	0.00	XXX	0
A0225		X	Ambulance service, neonatal	0.00	0.00	0.00	0.00	XXX	0
A0999		X	Unlisted ambulance service	0.00	0.00	0.00	0.00	XXX	0
A2000		A	Manipulation of spine	0.45	0.29	0.01	0.75	XXX	N
A4190		P	Transparent film	0.00	0.00	0.00	0.00	XXX	0
A4200		P	Gauze pads, sterile or nonsterile	0.00	0.00	0.00	0.00	XXX	0
A4202		P	Gauze bandage, elastic	0.00	0.00	0.00	0.00	XXX	0
A4203		P	Gauze bandage, non-elastic	0.00	0.00	0.00	0.00	XXX	0
A4204		P	Absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4205		P	Non-absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4206		P	Syringe with needle, sterile 1cc	0.00	0.00	0.00	0.00	XXX	0
A4207		P	Syringe with needle, sterile 2cc	0.00	0.00	0.00	0.00	XXX	0
A4208		P	Syringe with needle, sterile 3cc	0.00	0.00	0.00	0.00	XXX	0
A4209		P	Syringe with needle, sterile 5cc+	0.00	0.00	0.00	0.00	XXX	0
A4210		N	Needle-free injection device	0.00	0.00	0.00	0.00	XXX	0
A4211		P	Supplies for self-adm injection	0.00	0.00	0.00	0.00	XXX	0
A4212		P	Non-coring needle	0.00	0.00	0.00	0.00	XXX	0
A4213		P	Syringe, sterile, 20 cc or greater	0.00	0.00	0.00	0.00	XXX	0
A4214		P	Sterile saline or water, 30 cc	0.00	0.00	0.00	0.00	XXX	0
A4215		P	Needles only, sterile, any size	0.00	0.00	0.00	0.00	XXX	0
A4220		P	Refill kit for implant infus. pump	0.00	0.00	0.00	0.00	XXX	0
A4244		P	Alcohol or peroxide, per pint	0.00	0.00	0.00	0.00	XXX	0
A4245		P	Alcohol wipes, per box	0.00	0.00	0.00	0.00	XXX	0
A4246		P	Betadine or phisohex solution	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4247		P	Betadine or iodine swabs/wipes	0.00	0.00	0.00	0.00	XXX	0
A4250		R	Urine test or reagent strips	0.00	0.00	0.00	0.00	XXX	N
A4253		P	Blood glucose test	0.00	0.00	0.00	0.00	XXX	0
A4256		P	Normal, low and high cal solution	0.00	0.00	0.00	0.00	XXX	0
A4259		P	Lancets, per box	0.00	0.00	0.00	0.00	XXX	0
A4260		N	Levonorgestrel implant	0.00	0.00	0.00	0.00	XXX	0
A4262		B	Lacrimal duct implant, temp, each	0.00	0.00	0.00	0.00	XXX	0
A4263		A	Lacrimal duct implant, perm., each	0.00	0.00	0.00	0.00	XXX	0
A4265		P	Paraffin	0.00	0.96	0.00	0.96	XXX	N
A4270		B	Disposable endoscope sheath, each	0.00	0.00	0.00	0.00	XXX	0
A4300		A	Implantable vascular access portal	0.00	0.00	0.00	0.00	XXX	0
A4305		P	Disposable drug delivery system	0.00	0.96	0.00	0.96	XXX	N
A4306		P	Disposable drug delivery system	0.00	0.00	0.00	0.00	XXX	0
A4310		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4311		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4312		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4313		P	Insertion tray w/o drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4314		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4315		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4316		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4320		P	Irrigation tray for bladder	0.00	0.00	0.00	0.00	XXX	0
A4322		P	Irrigation syringe, bulb or piston	0.00	0.00	0.00	0.00	XXX	0
A4323		P	Sterile saline irrigation solution	0.00	0.00	0.00	0.00	XXX	0
A4326		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4327		P	Female external urinary collection	0.00	0.00	0.00	0.00	XXX	0
A4328		P	Female external urinary collection	0.00	0.00	0.00	0.00	XXX	0
A4329		P	External catheter starter set	0.00	0.00	0.00	0.00	XXX	0
A4330		P	Perianal fecal collection pouch	0.00	0.00	0.00	0.00	XXX	0
A4335		P	Incontinence supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4338		P	Indwelling catheter; foley type	0.00	0.00	0.00	0.00	XXX	0
A4340		P	Indwelling catheter; spec type	0.00	0.00	0.00	0.00	XXX	0
A4344		P	Indwelling catheter, foley type	0.00	0.00	0.00	0.00	XXX	0
A4346		P	Indwelling catheter; foley type	0.00	0.00	0.00	0.00	XXX	0
A4347		P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4351		P	Intermittent urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4352		P	Intermittent urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4354		P	Insertion tray with drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4355		P	Irrigation tubing set	0.00	0.00	0.00	0.00	XXX	0
A4356		P	External urethral clamp device	0.00	0.00	0.00	0.00	XXX	0
A4357		P	Bedside drainage bag, day or night	0.00	0.00	0.00	0.00	XXX	0
A4358		P	Urinary leg bag; vinyl	0.00	0.00	0.00	0.00	XXX	0
A4359		P	Urinary suspensory without leg bag	0.00	0.00	0.00	0.00	XXX	0
A4361		P	Ostomy faceplate	0.00	0.00	0.00	0.00	XXX	0
A4362		P	Skin barrier; solid, 4 x 4	0.00	0.00	0.00	0.00	XXX	0
A4363		P	Skin barrier; liquid, powder	0.00	0.00	0.00	0.00	XXX	0
A4364		P	Adhesive for ostomy or catheter	0.00	0.00	0.00	0.00	XXX	0
A4367		P	Ostomy belt	0.00	0.00	0.00	0.00	XXX	0
A4397		P	Irrigation supply; sleeve	0.00	0.00	0.00	0.00	XXX	0
A4398		P	Irrigation supply; bags	0.00	0.00	0.00	0.00	XXX	0
A4399		P	Irrigation supply; cone/catheter	0.00	0.00	0.00	0.00	XXX	0
A4400		P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX	0
A4402		P	Lubricant	0.00	0.00	0.00	0.00	XXX	0
A4404		P	Ostomy rings	0.00	0.00	0.00	0.00	XXX	0
A4421		P	Ostomy supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4454		P	Tape, all types, all sizes	0.00	0.00	0.00	0.00	XXX	0
A4455		P	Adhesive remover or solvent	0.00	0.00	0.00	0.00	XXX	0
A4460		P	Elastic bandage	0.00	0.00	0.00	0.00	XXX	0
A4465		P	Non-elastic binder for extremity	0.00	0.00	0.00	0.00	XXX	0
A4470		P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX	0
A4480		P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX	0
A4490		N	Surgical stockings above knee	0.00	0.00	0.00	0.00	XXX	0
A4495		N	Surgical stockings thigh length	0.00	0.00	0.00	0.00	XXX	0
A4500		N	Surgical stockings below knee	0.00	0.00	0.00	0.00	XXX	0
A4510		N	Surgical stockings full length	0.00	0.00	0.00	0.00	XXX	0
A4550		A	Surgical trays	0.00	0.00	0.00	0.00	XXX	0
A4554		N	Disposable underpads, all sizes	0.00	0.96	0.00	0.96	XXX	N
A4556		P	Electrodes, (e.g., apnea monitor)	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4557		P	Lead wires, (e.g., apnea monitor)	0.00	0.00	0.00	0.00	XXX	0
A4558		P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX	0
A4560		X	Pessary	0.00	0.00	0.00	0.00	XXX	0
A4565		X	Slings	0.00	0.00	0.00	0.00	XXX	0
A4570		X	Splint	0.00	0.00	0.00	0.00	XXX	0
A4572		X	Rib belt	0.00	0.00	0.00	0.00	XXX	0
A4580		X	Cast supplies	0.00	0.00	0.00	0.00	XXX	0
A4581		X	Supplies risser jacket	0.00	0.00	0.00	0.00	XXX	0
A4590		X	Special casting materials	0.00	0.00	0.00	0.00	XXX	0
A4610		X	Medication supplies, dme used	0.00	0.00	0.00	0.00	XXX	0
A4611		X	Battery, heavy duty; replacement	0.00	0.00	0.00	0.00	XXX	0
A4612		X	Battery cables; replacement	0.00	0.00	0.00	0.00	XXX	0
A4613		X	Battery charger; replacement	0.00	0.00	0.00	0.00	XXX	0
A4615		X	Cannula, nasal	0.00	0.00	0.00	0.00	XXX	0
A4616		X	Tubing (oxygen), per foot	0.00	0.00	0.00	0.00	XXX	0
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	XXX	0
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	XXX	0
A4619		X	Face tent	0.00	0.00	0.00	0.00	XXX	0
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	XXX	0
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	XXX	0
A4622		X	Tracheostomy or laryngectomy tube	0.00	0.00	0.00	0.00	XXX	0
A4623		X	Tracheostomy, inner cannula	0.00	0.00	0.00	0.00	XXX	0
A4624		X	Tracheal suction catheter	0.00	0.00	0.00	0.00	XXX	0
A4625		X	Tracheostomy care or cleaning kit	0.00	0.00	0.00	0.00	XXX	0
A4626		X	Tracheostomy cleaning brush, each	0.00	0.00	0.00	0.00	XXX	0
A4627		X	Spacer, bag or reservoir	0.00	0.00	0.00	0.00	XXX	0
A4630		X	Replacement batteries	0.00	0.00	0.00	0.00	XXX	0
A4631		X	Replacement, batteries	0.00	0.00	0.00	0.00	XXX	0
A4635		X	Underarm pad, crutch, replacement	0.00	0.00	0.00	0.00	XXX	0
A4636		X	Replacement, handgrip, cane	0.00	0.00	0.00	0.00	XXX	0
A4637		X	Replacement, tip, cane, crutch	0.00	0.00	0.00	0.00	XXX	0
A4640		X	Replacement pad	0.00	0.00	0.00	0.00	XXX	0
A4641		E	Radiopharm. diag. imaging agent	0.00	0.00	0.00	0.00	XXX	0
A4644		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4645		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4646		E	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4647		B	Paramagnetic contrast material	0.00	0.00	0.00	0.00	XXX	0
A4648		D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
A4649		B	Surgical supply; miscellaneous	0.00	0.00	0.00	0.00	XXX	0
A4650		X	Centrifuge	0.00	0.00	0.00	0.00	XXX	0
A4655		X	Needles and syringes for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4660		X	Sphygmomanometer/blood pressure	0.00	0.00	0.00	0.00	XXX	0
A4663		X	Blood pressure cuff only	0.00	0.00	0.00	0.00	XXX	0
A4670		X	Automatic blood pressure monitor	0.00	0.00	0.00	0.00	XXX	0
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	XXX	0
A4690		X	Dialyzers (artificial kidneys)	0.00	0.00	0.00	0.00	XXX	0
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4705		X	Bicarbonate dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4712		X	Water, sterile	0.00	0.00	0.00	0.00	XXX	0
A4714		X	Treated water; deionized	0.00	0.00	0.00	0.00	XXX	0
A4730		X	Fistula cannulation set	0.00	0.00	0.00	0.00	XXX	0
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	XXX	0
A4740		X	Shunt accessories, dialysis only	0.00	0.00	0.00	0.00	XXX	0
A4750		X	Blood tubing, arterial or venous	0.00	0.00	0.00	0.00	XXX	0
A4755		X	Blood tubing, arterial and venous	0.00	0.00	0.00	0.00	XXX	0
A4760		X	Dialysate standard solution	0.00	0.00	0.00	0.00	XXX	0
A4765		X	Dialysate concentrate additives	0.00	0.00	0.00	0.00	XXX	0
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	XXX	0
A4771		X	Serum clotting time tube, per box	0.00	0.00	0.00	0.00	XXX	0
A4772		X	Dextrostick or glucose test strips	0.00	0.00	0.00	0.00	XXX	0
A4773		X	Hemostix, per bottle	0.00	0.00	0.00	0.00	XXX	0
A4774		X	Ammonia test paper, per box	0.00	0.00	0.00	0.00	XXX	0
A4780		X	Sterilizing agent, dialysis equip	0.00	0.00	0.00	0.00	XXX	0
A4790		X	Cleansing agents for equipment	0.00	0.00	0.00	0.00	XXX	0
A4800		X	Heparin for dialysis and antidote	0.00	0.00	0.00	0.00	XXX	0
A4820		X	Hemodialysis kit supplies	0.00	0.00	0.00	0.00	XXX	0
A4850		X	Hemostats with rubber tips	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	XXX	0
A4870		X	Plumbing and/or electrical work	0.00	0.00	0.00	0.00	XXX	0
A4880		X	Storage tanks utilized with water	0.00	0.00	0.00	0.00	XXX	0
A4890		N	Contracts, repair and maintenance	0.00	0.00	0.00	0.00	XXX	0
A4900		X	Dialysis (capd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4901		X	Dialysis (ccpd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4905		X	Dialysis (ipd) supply kit	0.00	0.00	0.00	0.00	XXX	0
A4910		X	Non-medical supplies for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	XXX	0
A4913		X	Miscellaneous dialysis supplies	0.00	0.00	0.00	0.00	XXX	0
A4914		X	Preparation kits	0.00	0.00	0.00	0.00	XXX	0
A4918		X	Venous pressure clamps, each	0.00	0.00	0.00	0.00	XXX	0
A4919		X	Dialyzer holder, each	0.00	0.00	0.00	0.00	XXX	0
A4920		X	Harvard pressure clamp, each	0.00	0.00	0.00	0.00	XXX	0
A4921		X	Measuring cylinder, any size	0.00	0.00	0.00	0.00	XXX	0
A4927		X	Gloves, sterile or non-sterile	0.00	0.00	0.00	0.00	XXX	0
A5051		P	Pouch, closed; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5052		P	Pouch, closed; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5053		P	Pouch, closed; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5054		P	Pouch, closed; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5055		P	Stoma cap	0.00	0.00	0.00	0.00	XXX	0
A5061		P	Pouch, drainable; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5062		P	Pouch, drainable; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5063		P	Pouch, drainable; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5064		P	Pouch, drainable; with faceplate	0.00	0.00	0.00	0.00	XXX	0
A5065		P	Pouch, drainable; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5071		P	Pouch, urinary; with barrier	0.00	0.00	0.00	0.00	XXX	0
A5072		P	Pouch, urinary; without barrier	0.00	0.00	0.00	0.00	XXX	0
A5073		P	Pouch, urinary; use on barrier	0.00	0.00	0.00	0.00	XXX	0
A5074		P	Pouch, urinary; with faceplate	0.00	0.00	0.00	0.00	XXX	0
A5075		P	Pouch, urinary; use on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5081		P	Continent device; plug	0.00	0.00	0.00	0.00	XXX	0
A5082		P	Continent device; catheter	0.00	0.00	0.00	0.00	XXX	0
A5093		P	Ostomy accessory; convex insert	0.00	0.00	0.00	0.00	XXX	0
A5102		P	Bedside drainage bottle	0.00	0.00	0.00	0.00	XXX	0
A5105		P	Urinary suspensory; with leg bag	0.00	0.00	0.00	0.00	XXX	0
A5112		P	Urinary leg bag; latex	0.00	0.00	0.00	0.00	XXX	0
A5113		P	Leg strap; latex, per set	0.00	0.00	0.00	0.00	XXX	0
A5114		P	Leg strap; foam or fabric	0.00	0.00	0.00	0.00	XXX	0
A5119		P	Skin barrier; wipes, box per 50	0.00	0.00	0.00	0.00	XXX	0
A5121		P	Skin barrier; solid, 6 x 6	0.00	0.00	0.00	0.00	XXX	0
A5122		P	Skin barrier; solid, 8 x 8	0.00	0.00	0.00	0.00	XXX	0
A5123		P	Skin barrier; with flange	0.00	0.00	0.00	0.00	XXX	0
A5126		P	Adhesive; disc or foam pad	0.00	0.00	0.00	0.00	XXX	0
A5131		P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX	0
A5149		P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	XXX	0
A9150		E	Non-prescription drugs	0.00	0.00	0.00	0.00	XXX	0
A9160		N	Non-covered svc. by podiatrist	0.00	0.00	0.00	0.00	XXX	0
A9170		N	Non-covered svc. by chiropractor	0.00	0.00	0.00	0.00	XXX	0
A9180		N	Naturopaths	0.00	0.00	0.00	0.00	XXX	0
A9190		N	Personal items	0.00	0.00	0.00	0.00	XXX	0
A9270		N	Noncovered item or service	0.00	0.00	0.00	0.00	XXX	0
A9290		X	Description does not indicate hosp	0.00	0.00	0.00	0.00	XXX	0
A9300		N	Excercise equipment	0.00	0.00	0.00	0.00	XXX	0
D0110		R	Initial oral examination	0.00	0.00	0.00	0.00	YYY	N
D0120		R	Periodic oral examination	0.00	0.00	0.00	0.00	YYY	N
D0130		R	Emergency oral examination	0.00	0.00	0.00	0.00	YYY	N
D0210		R	Intraoral—complete series	0.00	0.00	0.00	0.00	YYY	N
D0220		R	Intraoral—periapical-first film	0.00	0.00	0.00	0.00	YYY	N
D0230		R	Intraoral—periapical each addit	0.00	0.00	0.00	0.00	YYY	N
D0240		R	Intraoral—occlusal film	0.00	0.00	0.00	0.00	YYY	N
D0250		R	Extraoral—first film	0.00	0.00	0.00	0.00	YYY	N
D0260		R	Extraoral—each additional film	0.00	0.00	0.00	0.00	YYY	N
D0270		R	Bitewing—single film	0.00	0.00	0.00	0.00	YYY	N
D0272		R	Bitewings—two films	0.00	0.00	0.00	0.00	YYY	N
D0274		R	Bitewings—four films	0.00	0.00	0.00	0.00	YYY	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D0310		R	Saliography	0.00	0.00	0.00	0.00	YYY	N
D0320		R	Temporomandibular joint arthrogram	0.00	0.00	0.00	0.00	YYY	N
D0321		R	Other temporomandibular joint film	0.00	0.00	0.00	0.00	YYY	N
D0322		R	Tomographic survey	0.00	0.00	0.00	0.00	YYY	N
D0330		R	Panoramic film	0.00	0.00	0.00	0.00	YYY	N
D0340		R	Cephalometric film	0.00	0.00	0.00	0.00	YYY	N
D0415		R	Bacteriologic studies	0.00	0.00	0.00	0.00	YYY	N
D0425		R	Caries susceptibility tests	0.00	0.00	0.00	0.00	YYY	N
D0460		R	Pulp vitality tests	0.00	0.00	0.00	0.00	YYY	N
D0470		R	Diagnostic casts	0.00	0.00	0.00	0.00	YYY	N
D0471		R	Diagnostic photographs	0.00	0.00	0.00	0.00	YYY	N
D0501		R	Histopathologic examinations	0.00	0.00	0.00	0.00	YYY	N
D0502		R	Other oral pathology procedures	0.00	0.00	0.00	0.00	YYY	N
D0999		R	Unspecified diagnostic procedure	0.00	0.00	0.00	0.00	YYY	N
D1110		R	Prophylaxis—adult	0.00	0.00	0.00	0.00	YYY	N
D1120		R	Prophylaxis—child	0.00	0.00	0.00	0.00	YYY	N
D1201		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1203		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1204		R	Topical application of fluoride	0.00	0.00	0.00	0.00	YYY	N
D1205		R	Topical application/fluoride	0.00	0.00	0.00	0.00	YYY	N
D1310		R	Dietary planning	0.00	0.00	0.00	0.00	YYY	N
D1330		R	Oral hygiene instruction	0.00	0.00	0.00	0.00	YYY	N
D1351		R	Sealant—per tooth	0.00	0.00	0.00	0.00	YYY	N
D1510		R	Space maintainer—fixed-unilateral	0.00	0.00	0.00	0.00	YYY	N
D1515		R	Space maintainer—fixed-bilateral	0.00	0.00	0.00	0.00	YYY	N
D1520		R	Space maintainer—removable	0.00	0.00	0.00	0.00	YYY	N
D1525		R *	Space maintainer—removable	0.00	0.00	0.00	0.00	YYY	N
D1550		R	Recementation of space maintainer	0.00	0.00	0.00	0.00	YYY	N
D2110		R	Amalgam—one surface, primary	0.00	0.00	0.00	0.00	YYY	N
D2120		R	Amalgam—two surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2130		R	Amalgam—three surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2131		R	Amalgam—four surfaces, primary	0.00	0.00	0.00	0.00	YYY	N
D2140		R	Amalgam—one surface, permanent	0.00	0.00	0.00	0.00	YYY	N
D2150		R	Amalgam—two surfaces, permanent	0.00	0.00	0.00	0.00	YYY	N
D2160		R	Amalgam—three surfaces, permanent	0.00	0.00	0.00	0.00	YYY	N
D2161		R	Amalgam—four or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2210		R	Silicate cement—per restoration	0.00	0.00	0.00	0.00	YYY	N
D2330		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2331		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2332		R	Resin—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2335		R	Resin—four or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2336		R	Composite resin	0.00	0.00	0.00	0.00	YYY	N
D2380		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2381		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2382		R	Resin—three or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2385		R	Resin—one surface	0.00	0.00	0.00	0.00	YYY	N
D2386		R	Resin—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2387		R	Resin—three or more surfaces	0.00	0.00	0.00	0.00	YYY	N
D2410		R	Gold foil—one surface	0.00	0.00	0.00	0.00	YYY	N
D2420		R	Gold foil—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2430		R	Gold foil—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2510		R	Inlay—metallic—one surface	0.00	0.00	0.00	0.00	YYY	N
D2520		R	Inlay—metallic—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D2530		R	Inlay—metallic—three surfaces	0.00	0.00	0.00	0.00	YYY	N
D2540		R	Onlay—metallic—per tooth	0.00	0.00	0.00	0.00	YYY	N
D2610		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2620		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2630		R	Inlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2640		R	Onlay—porcelain/ceramic	0.00	0.00	0.00	0.00	YYY	N
D2650		R	Inlay—composite/resin one surface	0.00	0.00	0.00	0.00	YYY	N
D2651		R	Inlay—composite/resin 2 surfaces	0.00	0.00	0.00	0.00	YYY	N
D2652		R	Inlay—composite/resin 3 surfaces	0.00	0.00	0.00	0.00	YYY	N
D2660		R	Onlay—composite/resin	0.00	0.00	0.00	0.00	YYY	N
D2710		R	Crown—resin (laboratory)	0.00	0.00	0.00	0.00	YYY	N
D2720		R	Crown—resin—high noble metal	0.00	0.00	0.00	0.00	YYY	N
D2721		R	Crown—resin—predom base metal	0.00	0.00	0.00	0.00	YYY	N
D2722		R	Crown—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D2740		R	Crown—porcelain/ceramic substrate	0.00	0.00	0.00	0.00	YYY	N
D2750		R	Crown—porcelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2751		R	Crown—procelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2752		R	Crown—porcelain fused—metal	0.00	0.00	0.00	0.00	YYY	N
D2790		R	Crown—full cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D2791		R	Crown—full cast predom base metal	0.00	0.00	0.00	0.00	YYY	N
D2792		R	Crown—full cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D2810		R	Crown—¾ cast metallic	0.00	0.00	0.00	0.00	YYY	N
D2910		R	Recement inlay	0.00	0.00	0.00	0.00	YYY	N
D2920		R	Recement crown	0.00	0.00	0.00	0.00	YYY	N
D2930		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2931		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2932		R	Prefabricated resin crown	0.00	0.00	0.00	0.00	YYY	N
D2933		R	Prefab stainless steel crown	0.00	0.00	0.00	0.00	YYY	N
D2940		R	Sedative filling	0.00	0.00	0.00	0.00	YYY	N
D2950		R	Crown build-up, including any pins	0.00	0.00	0.00	0.00	YYY	N
D2951		R	Pin retention—per tooth	0.00	0.00	0.00	0.00	YYY	N
D2952		R	Cast post and core	0.00	0.00	0.00	0.00	YYY	N
D2954		R	Prefab post and core	0.00	0.00	0.00	0.00	YYY	N
D2960		R	Labial veneer (laminate)	0.00	0.00	0.00	0.00	YYY	N
D2961		R	Labial veneer (resin)	0.00	0.00	0.00	0.00	YYY	N
D2962		R	Labial veneer (porcelain)	0.00	0.00	0.00	0.00	YYY	N
D2970		R	Temporary (fractured tooth)	0.00	0.00	0.00	0.00	YYY	N
D2980		R	Crown repair, by report	0.00	0.00	0.00	0.00	YYY	N
D2999		R	Unspecified restorative procedure	0.00	0.00	0.00	0.00	YYY	N
D3110		R	Pulp cap—direct	0.00	0.00	0.00	0.00	YYY	N
D3120		R	Pulp cap—indirect	0.00	0.00	0.00	0.00	YYY	N
D3220		R	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	YYY	N
D3310		R	One canal	0.00	0.00	0.00	0.00	YYY	N
D3320		R	Two canals	0.00	0.00	0.00	0.00	YYY	N
D3330		R	Three canals	0.00	0.00	0.00	0.00	YYY	N
D3346		R	Retreatment—anterior	0.00	0.00	0.00	0.00	YYY	N
D3347		R	Retreatment—bicuspid	0.00	0.00	0.00	0.00	YYY	N
D3348		R	Retreatment—molar	0.00	0.00	0.00	0.00	YYY	N
D3351		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3352		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3353		R	Apexification/recalcification	0.00	0.00	0.00	0.00	YYY	N
D3410		R	Apicoectomy (per tooth)	0.00	0.00	0.00	0.00	YYY	N
D3421		R	Apicoectomy/periradicular	0.00	0.00	0.00	0.00	YYY	N
D3425		R	Apicoectomy/periradicular	0.00	0.00	0.00	0.00	YYY	N
D3426		R	Apicoectomy/periradicular surgery	0.00	0.00	0.00	0.00	YYY	N
D3430		R	Retrograde filling—per root	0.00	0.00	0.00	0.00	YYY	N
D3450		R	Root amputation—per root	0.00	0.00	0.00	0.00	YYY	N
D3460		R	Endodontic endosseous implant	0.00	0.00	0.00	0.00	YYY	N
D3470		R	Intentional replantation	0.00	0.00	0.00	0.00	YYY	N
D3910		R	Surgical procedure for isolation	0.00	0.00	0.00	0.00	YYY	N
D3920		R	Hemisection	0.00	0.00	0.00	0.00	YYY	N
D3950		R	Canal preparation and fitting	0.00	0.00	0.00	0.00	YYY	N
D3960		R	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	YYY	N
D3999		R	Unspecified endodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D4210		R	Gingivectomy or gingivoplasty	0.00	0.00	0.00	0.00	YYY	S
D4211		R	Gingivectomy or gingivoplasty	0.00	0.00	0.00	0.00	YYY	N
D4220		R	Gingival curettage, by report	0.00	0.00	0.00	0.00	YYY	N
D4240		R	Gingival flap procedure	0.00	0.00	0.00	0.00	YYY	S
D4249		R	Crown lengthening	0.00	0.00	0.00	0.00	YYY	N
D4250		R	Mucogingival surgery—per quadrant	0.00	0.00	0.00	0.00	YYY	N
D4260		R	Osseous surgery	0.00	0.00	0.00	0.00	YYY	S
D4261		R	Osseous graft—single site	0.00	0.00	0.00	0.00	YYY	S
D4262		R	Osseous graft—multiple sites	0.00	0.00	0.00	0.00	YYY	N
D4268		R	Guided tissue regeneration	0.00	0.00	0.00	0.00	YYY	N
D4270		R	Pedicle soft tissue graft	0.00	0.00	0.00	0.00	YYY	S
D4271		R	Free soft tissue graft	0.00	0.00	0.00	0.00	YYY	S
D4320		R	Provisional splinting—intra	0.00	0.00	0.00	0.00	YYY	N
D4321		R	Provisional splinting—extra	0.00	0.00	0.00	0.00	YYY	N
D4341		R	Periodontal scaling	0.00	0.00	0.00	0.00	YYY	N
D4345		R	Periodontal scaling	0.00	0.00	0.00	0.00	YYY	N
D4910		R	Periodontal maintenance	0.00	0.00	0.00	0.00	YYY	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D4920	.....	R	Unscheduled dressing change	0.00	0.00	0.00	0.00	YYY	N
D4999	.....	R	Unspecified periodontal procedure	0.00	0.00	0.00	0.00	YYY	N
D5110	.....	R	Complete upper	0.00	0.00	0.00	0.00	YYY	N
D5120	.....	R	Complete lower	0.00	0.00	0.00	0.00	YYY	N
D5130	.....	R	Immediate upper	0.00	0.00	0.00	0.00	YYY	N
D5140	.....	R	Immediate lower	0.00	0.00	0.00	0.00	YYY	N
D5211	.....	R	Upper partial—acrylic base	0.00	0.00	0.00	0.00	YYY	N
D5212	.....	R	Lower partial—acrylic base	0.00	0.00	0.00	0.00	YYY	N
D5213	.....	R	Upper partial	0.00	0.00	0.00	0.00	YYY	N
D5214	.....	R	Lower partial	0.00	0.00	0.00	0.00	YYY	N
D5281	.....	R	Removable unilateral partial	0.00	0.00	0.00	0.00	YYY	N
D5410	.....	R	Adjust complete denture—upper	0.00	0.00	0.00	0.00	YYY	N
D5411	.....	R	Adjust complete denture—lower	0.00	0.00	0.00	0.00	YYY	N
D5421	.....	R	Adjust partial denture—upper	0.00	0.00	0.00	0.00	YYY	N
D5422	.....	R	Adjust partial denture—lower	0.00	0.00	0.00	0.00	YYY	N
D5510	.....	R	Repair broken complete denture	0.00	0.00	0.00	0.00	YYY	N
D5520	.....	R	Replace missing or broken teeth	0.00	0.00	0.00	0.00	YYY	N
D5610	.....	R	Repair acrylic saddle or base	0.00	0.00	0.00	0.00	YYY	N
D5620	.....	R	Repair cast framework	0.00	0.00	0.00	0.00	YYY	N
D5630	.....	R	Repair or replace broken clasp	0.00	0.00	0.00	0.00	YYY	N
D5640	.....	R	Replace broken teeth—per tooth	0.00	0.00	0.00	0.00	YYY	N
D5650	.....	R	Add tooth to existing partial	0.00	0.00	0.00	0.00	YYY	N
D5660	.....	R	Add clasp to existing partial	0.00	0.00	0.00	0.00	YYY	N
D5710	.....	R	Rebase complete upper denture	0.00	0.00	0.00	0.00	YYY	N
D5711	.....	R	Rebase complete lower denture	0.00	0.00	0.00	0.00	YYY	N
D5720	.....	R	Rebase upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5721	.....	R	Rebase lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5730	.....	R	Reline upper complete denture	0.00	0.00	0.00	0.00	YYY	N
D5731	.....	R	Reline lower complete denture	0.00	0.00	0.00	0.00	YYY	N
D5740	.....	R	Reline upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5741	.....	R	Reline lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5750	.....	R	Reline upper complete denture	0.00	0.00	0.00	0.00	YYY	N
D5751	.....	R	Reline lower complete denture	0.00	0.00	0.00	0.00	YYY	N
D5760	.....	R	Reline upper partial denture	0.00	0.00	0.00	0.00	YYY	N
D5761	.....	R	Reline lower partial denture	0.00	0.00	0.00	0.00	YYY	N
D5810	.....	R	Temporary complete denture (upper)	0.00	0.00	0.00	0.00	YYY	N
D5811	.....	R	Temporary complete denture (lower)	0.00	0.00	0.00	0.00	YYY	N
D5820	.....	R	Temporary partial—stayplate	0.00	0.00	0.00	0.00	YYY	N
D5821	.....	R	Temporary partial—stayplate	0.00	0.00	0.00	0.00	YYY	N
D5850	.....	R	Tissue conditioning—per denture	0.00	0.00	0.00	0.00	YYY	N
D5851	.....	R	Tissue conditioning	0.00	0.00	0.00	0.00	YYY	N
D5860	.....	R	Overdenture—complete, by report	0.00	0.00	0.00	0.00	YYY	N
D5861	.....	R	Overdenture—partial, by report	0.00	0.00	0.00	0.00	YYY	N
D5862	.....	R	Precision attachment, by report	0.00	0.00	0.00	0.00	YYY	N
D5899	.....	R	Unspecified prosthodontic proced	0.00	0.00	0.00	0.00	YYY	N
D5911	.....	R	Facial moulage (sectional)	0.00	0.00	0.00	0.00	YYY	N
D5912	.....	R	Facial moulage (complete)	0.00	0.00	0.00	0.00	YYY	N
D5913	.....	R	Nasal prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5914	.....	R	Auricular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5915	.....	R	Orbital prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5916	.....	R	Ocular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5919	.....	R	Prosthetic dressing	0.00	0.00	0.00	0.00	YYY	N
D5922	.....	R	Nasal septal prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5923	.....	R	Ocular prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5924	.....	R	Cranial prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5925	.....	R	Facial augmentation	0.00	0.00	0.00	0.00	YYY	N
D5926	.....	R	Nasal prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5927	.....	R	Auricular prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5928	.....	R	Orbital prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5929	.....	R	Facial prosthesis, replacement	0.00	0.00	0.00	0.00	YYY	N
D5931	.....	R	Surgical obturator	0.00	0.00	0.00	0.00	YYY	N
D5932	.....	R	Postsurgical obturator	0.00	0.00	0.00	0.00	YYY	N
D5933	.....	R	Refitting of obturator	0.00	0.00	0.00	0.00	YYY	N
D5934	.....	R	Mandibular resection prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5935	.....	R	Mandibular resection prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5936	.....	R	Obturator prosthesis, interim	0.00	0.00	0.00	0.00	YYY	N
D5937	.....	R	Trismus appliance	0.00	0.00	0.00	0.00	YYY	N

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D5951	.....	R	Feeding aid	0.00	0.00	0.00	0.00	YYY	N
D5952	.....	R	Pediatric speech aid	0.00	0.00	0.00	0.00	YYY	N
D5953	.....	R	Adult speech aid	0.00	0.00	0.00	0.00	YYY	N
D5954	.....	R	Superimposed prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5955	.....	R	Palatal lift prosthesis	0.00	0.00	0.00	0.00	YYY	N
D5958	.....	R	Palatal lift prosthesis, interim	0.00	0.00	0.00	0.00	YYY	N
D5959	.....	R	Palatal lift prosthesis, mod	0.00	0.00	0.00	0.00	YYY	N
D5960	.....	R	Speech aid prosthesis, mod	0.00	0.00	0.00	0.00	YYY	N
D5982	.....	R	Surgical stent	0.00	0.00	0.00	0.00	YYY	N
D5983	.....	R	Radiation carrier	0.00	0.00	0.00	0.00	YYY	N
D5984	.....	R	Radiation shield	0.00	0.00	0.00	0.00	YYY	N
D5985	.....	R	Docking device—cone locator	0.00	0.00	0.00	0.00	YYY	N
D5986	.....	R	Fluoride applicator—per arch	0.00	0.00	0.00	0.00	YYY	N
D5987	.....	R	Dental commissure splint	0.00	0.00	0.00	0.00	YYY	N
D5988	.....	R	Surgical splint	0.00	0.00	0.00	0.00	YYY	N
D5999	.....	R	Unspecified maxillofac prosthesis	0.00	0.00	0.00	0.00	YYY	N
D6030	.....	R	Endosseous implant	0.00	0.00	0.00	0.00	YYY	N
D6040	.....	R	Subperiosteal implant	0.00	0.00	0.00	0.00	YYY	N
D6050	.....	R	Transosseous implant	0.00	0.00	0.00	0.00	YYY	N
D6055	.....	R	Implant connecting bar	0.00	0.00	0.00	0.00	YYY	N
D6080	.....	R	Implant maintenance procedures	0.00	0.00	0.00	0.00	YYY	N
D6090	.....	R	Repair implant	0.00	0.00	0.00	0.00	YYY	N
D6100	.....	R	Implant removal	0.00	0.00	0.00	0.00	YYY	N
D6199	.....	R	Unspecified implant procedure	0.00	0.00	0.00	0.00	YYY	N
D6210	.....	R	Pontic—cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6211	.....	R	Pontic—cast predom base metal	0.00	0.00	0.00	0.00	YYY	N
D6212	.....	R	Pontic—cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D6240	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6241	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6242	.....	R	Pontic—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6250	.....	R	Pontic—resin with high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6251	.....	R	Pontic—resin with—base metal	0.00	0.00	0.00	0.00	YYY	N
D6252	.....	R	Pontic—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N
D6520	.....	R	Inlay—metallic—two surfaces	0.00	0.00	0.00	0.00	YYY	N
D6530	.....	R	Inlay—metallic—three or more	0.00	0.00	0.00	0.00	YYY	N
D6540	.....	R	Inlay—metallic onlaying cusps	0.00	0.00	0.00	0.00	YYY	N
D6545	.....	R	Cast metal retainer for acid etch	0.00	0.00	0.00	0.00	YYY	N
D6720	.....	R	Crown—resin with high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6721	.....	R	Crown—resin with—base metal	0.00	0.00	0.00	0.00	YYY	N
D6722	.....	R	Crown—resin with noble metal	0.00	0.00	0.00	0.00	YYY	N
D6750	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6751	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6752	.....	R	Crown—porcelain fused	0.00	0.00	0.00	0.00	YYY	N
D6780	.....	R	Crown—¾ cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6790	.....	R	Crown—full cast high noble metal	0.00	0.00	0.00	0.00	YYY	N
D6791	.....	R	Crown—full cast—base metal	0.00	0.00	0.00	0.00	YYY	N
D6792	.....	R	Crown—full cast noble metal	0.00	0.00	0.00	0.00	YYY	N
D6930	.....	R	Recement bridge	0.00	0.00	0.00	0.00	YYY	N
D6940	.....	R	Stress breaker	0.00	0.00	0.00	0.00	YYY	N
D6950	.....	R	Precision attachment	0.00	0.00	0.00	0.00	YYY	N
D6970	.....	R	Cast post and core	0.00	0.00	0.00	0.00	YYY	N
D6971	.....	R	Cast post—part of bridge retainer	0.00	0.00	0.00	0.00	YYY	N
D6972	.....	R	Prefabricated post and core	0.00	0.00	0.00	0.00	YYY	N
D6973	.....	R	Core build up for retainer	0.00	0.00	0.00	0.00	YYY	N
D6975	.....	R	Coping—metal	0.00	0.00	0.00	0.00	YYY	N
D6980	.....	R	Bridge repair, by report	0.00	0.00	0.00	0.00	YYY	N
D6999	.....	R	Unspecified fixed prosthodontic	0.00	0.00	0.00	0.00	YYY	N
D7110	.....	R	Single tooth	0.00	0.00	0.00	0.00	YYY	S
D7120	.....	R	Each additional tooth	0.00	0.00	0.00	0.00	YYY	S
D7130	.....	R	Root removal—exposed roots	0.00	0.00	0.00	0.00	YYY	S
D7210	.....	R	Surgical removal of erupted tooth	0.00	0.00	0.00	0.00	YYY	S
D7220	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7230	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7240	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7241	.....	R	Removal of impacted tooth	0.00	0.00	0.00	0.00	YYY	S
D7250	.....	R	Surgical removal of tooth roots	0.00	0.00	0.00	0.00	YYY	S
D7260	.....	R	Oroantral fistula closure	0.00	0.00	0.00	0.00	YYY	S

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D7270		R	Tooth re-implantation	0.00	0.00	0.00	0.00	YYY	S
D7271		R	Tooth implantation	0.00	0.00	0.00	0.00	YYY	N
D7272		R	Tooth transplantation	0.00	0.00	0.00	0.00	YYY	N
D7280		R	Surg exposure of impacted tooth	0.00	0.00	0.00	0.00	YYY	N
D7281		R	Surg exposure of impacted tooth	0.00	0.00	0.00	0.00	YYY	N
D7285		R	Biopsy of oral tissue—hard	0.00	0.00	0.00	0.00	YYY	S
D7286		R	Biopsy of oral tissue—soft	0.00	0.00	0.00	0.00	YYY	S
D7290		R	Surgical repositioning of teeth	0.00	0.00	0.00	0.00	YYY	S
D7291		R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	YYY	N
D7310		R	Alveoloplasty	0.00	0.00	0.00	0.00	YYY	S
D7320		R	Alveoloplasty	0.00	0.00	0.00	0.00	YYY	S
D7340		R	Vestibuloplasty	0.00	0.00	0.00	0.00	YYY	S
D7350		R	Vestibuloplasty	0.00	0.00	0.00	0.00	YYY	S
D7410		R	Radical excision	0.00	0.00	0.00	0.00	YYY	S
D7420		R	Radical excision	0.00	0.00	0.00	0.00	YYY	S
D7430		R	Excision of benign tumor	0.00	0.00	0.00	0.00	YYY	S
D7431		R	Excision of benign tumor	0.00	0.00	0.00	0.00	YYY	S
D7440		R	Excision of malignant tumor	0.00	0.00	0.00	0.00	YYY	N
D7441		R	Excision of malignant tumor	0.00	0.00	0.00	0.00	YYY	S
D7450		R	Removal of odontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7451		R	Removal of odontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7460		R	Removal of nonodontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7461		R	Removal of nonodontogenic cyst	0.00	0.00	0.00	0.00	YYY	S
D7465		R	Destruction of lesion(s)	0.00	0.00	0.00	0.00	YYY	N
D7470		R	Removal of exostosis	0.00	0.00	0.00	0.00	YYY	S
D7480		R	Partial ostectomy	0.00	0.00	0.00	0.00	YYY	S
D7490		R	Radical resection of mandible	0.00	0.00	0.00	0.00	YYY	S
D7510		R	Incision and drainage of abscess	0.00	0.00	0.00	0.00	YYY	S
D7520		R	Incision and drainage of abscess	0.00	0.00	0.00	0.00	YYY	S
D7530		R	Removal of foreign body, skin	0.00	0.00	0.00	0.00	YYY	S
D7540		R	Removal of foreign bodies	0.00	0.00	0.00	0.00	YYY	S
D7550		R	Sequestrectomy for osteomyelitis	0.00	0.00	0.00	0.00	YYY	S
D7560		R	Maxillary sinusotomy	0.00	0.00	0.00	0.00	YYY	S
D7610		R	Maxilla—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7620		R	Maxilla—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7630		R	Mandible—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7640		R	Mandible—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7650		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7660		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7670		R	Alveolus—stabilization of teeth	0.00	0.00	0.00	0.00	YYY	S
D7680		R	Facial bones—complicated reduct	0.00	0.00	0.00	0.00	YYY	S
D7710		R	Maxilla—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7720		R	Maxilla—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7730		R	Mandible—open reduction	0.00	0.00	0.00	0.00	YYY	S
D7740		R	Mandible—closed reduction	0.00	0.00	0.00	0.00	YYY	S
D7750		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	S
D7760		R	Malar and/or zygomatic arch	0.00	0.00	0.00	0.00	YYY	N
D7770		R	Alveolus—stabilization of teeth	0.00	0.00	0.00	0.00	YYY	N
D7780		R	Facial bones—complicated reduct	0.00	0.00	0.00	0.00	YYY	S
D7810		R	Open reduction of dislocation	0.00	0.00	0.00	0.00	YYY	S
D7820		R	Closed reduction of dislocation	0.00	0.00	0.00	0.00	YYY	S
D7830		R	Manipulation under anesthesia	0.00	0.00	0.00	0.00	YYY	N
D7840		R	Condylectomy	0.00	0.00	0.00	0.00	YYY	S
D7850		R	Menisectomy	0.00	0.00	0.00	0.00	YYY	N
D7852		R	Disc repair	0.00	0.00	0.00	0.00	YYY	N
D7854		R	Synovectomy	0.00	0.00	0.00	0.00	YYY	N
D7856		R	Myotomy	0.00	0.00	0.00	0.00	YYY	N
D7858		R	Joint reconstruction	0.00	0.00	0.00	0.00	YYY	N
D7860		R	Arthrotomy	0.00	0.00	0.00	0.00	YYY	S
D7865		R	Arthroplasty	0.00	0.00	0.00	0.00	YYY	N
D7870		R	Arthrocentesis	0.00	0.00	0.00	0.00	YYY	N
D7872		R	Arthroscopy—diagnosis	0.00	0.00	0.00	0.00	YYY	N
D7873		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7874		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7875		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7876		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N
D7877		R	Arthroscopy—surgical	0.00	0.00	0.00	0.00	YYY	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
D7880	.....	R	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	YYY	S
D7899	.....	R	Unspecified tmd therapy	0.00	0.00	0.00	0.00	YYY	N
D7910	.....	R	Suture of recent small wounds	0.00	0.00	0.00	0.00	YYY	N
D7911	.....	R	Suture—up to 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7912	.....	R	Suture—over 5 cm	0.00	0.00	0.00	0.00	YYY	S
D7920	.....	R	Skin grafts	0.00	0.00	0.00	0.00	YYY	S
D7940	.....	R	Osteoplasty	0.00	0.00	0.00	0.00	YYY	S
D7941	.....	R	Osteotomy—ramus, closed	0.00	0.00	0.00	0.00	YYY	N
D7942	.....	R	Osteotomy—ramus, open	0.00	0.00	0.00	0.00	YYY	N
D7943	.....	R	Osteotomy—ramus, open	0.00	0.00	0.00	0.00	YYY	S
D7944	.....	R	Osteotomy—segmented or subapical	0.00	0.00	0.00	0.00	YYY	N
D7945	.....	R	Osteotomy—body of mandible	0.00	0.00	0.00	0.00	YYY	S
D7946	.....	R	Lefort I (maxilla—total)	0.00	0.00	0.00	0.00	YYY	S
D7947	.....	R	Lefort i (maxilla—segmented)	0.00	0.00	0.00	0.00	YYY	N
D7948	.....	R	Lefort ii or lefort iii	0.00	0.00	0.00	0.00	YYY	S
D7949	.....	R	Lefort ii or lefort iii	0.00	0.00	0.00	0.00	YYY	N
D7950	.....	R	Osseous, osteoperiosteal graft	0.00	0.00	0.00	0.00	YYY	S
D7955	.....	R	Repair of maxillofacial defects	0.00	0.00	0.00	0.00	YYY	S
D7960	.....	R	Frenulectomy—separate procedure	0.00	0.00	0.00	0.00	YYY	S
D7970	.....	R	Excision of hyperplastic tissue	0.00	0.00	0.00	0.00	YYY	N
D7971	.....	R	Excision of pericoronal gingiva	0.00	0.00	0.00	0.00	YYY	N
D7980	.....	R	Sialolithotomy	0.00	0.00	0.00	0.00	YYY	S
D7981	.....	R	Excision of salivary gland	0.00	0.00	0.00	0.00	YYY	S
D7982	.....	R	Sialodochoplasty	0.00	0.00	0.00	0.00	YYY	S
D7983	.....	R	Closure of salivary fistula	0.00	0.00	0.00	0.00	YYY	N
D7990	.....	R	Emergency tracheotomy	0.00	0.00	0.00	0.00	YYY	S
D7991	.....	R	Coronoidectomy	0.00	0.00	0.00	0.00	YYY	S
D7993	.....	R	Implant—facial bones	0.00	0.00	0.00	0.00	YYY	N
D7994	.....	R	Implant—chin	0.00	0.00	0.00	0.00	YYY	N
D7999	.....	R	Unspecified oral surgery procedure	0.00	0.00	0.00	0.00	YYY	S
D8110	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8120	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8210	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8220	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8360	.....	R	Removable appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8370	.....	R	Fixed appliance therapy	0.00	0.00	0.00	0.00	YYY	N
D8460	.....	R	Class 1 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8470	.....	R	Class 2 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8480	.....	R	Class 3 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8560	.....	R	Class 1 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8570	.....	R	Class 2 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8580	.....	R	Class 3 malocclusion	0.00	0.00	0.00	0.00	YYY	N
D8650	.....	R	Treatment of skeletal case	0.00	0.00	0.00	0.00	YYY	N
D8750	.....	R	Post-treatment stabilization	0.00	0.00	0.00	0.00	YYY	N
D8999	.....	R	Unspecified orthodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D9110	.....	R	Palliative treatment—dental pain	0.00	0.00	0.00	0.00	YYY	N
D9210	.....	R	Local anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9211	.....	R	Regional block anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9212	.....	R	Trigeminal division block anesthes	0.00	0.00	0.00	0.00	YYY	N
D9215	.....	R	Local anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9220	.....	R	General anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9221	.....	R	General anesthesia	0.00	0.00	0.00	0.00	YYY	N
D9230	.....	R	Analgesia	0.00	0.00	0.00	0.00	YYY	N
D9240	.....	R	Intravenous sedation	0.00	0.00	0.00	0.00	YYY	N
D9310	.....	R	Consultation—per session	0.00	0.00	0.00	0.00	YYY	N
D9410	.....	R	House call	0.00	0.00	0.00	0.00	YYY	N
D9420	.....	R	Hospital call	0.00	0.00	0.00	0.00	YYY	N
D9430	.....	R	Office visit for observation	0.00	0.00	0.00	0.00	YYY	N
D9440	.....	R	Office visit	0.00	0.00	0.00	0.00	YYY	N
D9610	.....	R	Therapeutic drug injection	0.00	0.00	0.00	0.00	YYY	N
D9630	.....	R	Other drugs and/or medicaments	0.00	0.00	0.00	0.00	YYY	N
D9910	.....	R	Application of medicaments	0.00	0.00	0.00	0.00	YYY	N
D9920	.....	R	Behavior management	0.00	0.00	0.00	0.00	YYY	N
D9930	.....	R	Treatment of complications	0.00	0.00	0.00	0.00	YYY	N
D9940	.....	R	Occlusal guards	0.00	0.00	0.00	0.00	YYY	N
D9941	.....	R	Fabrication of athletic mouthguard	0.00	0.00	0.00	0.00	YYY	N
D9950	.....	R	Occlusion analysis—mounted case	0.00	0.00	0.00	0.00	YYY	N

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
D9951		R	Occlusal adjustment—limited	0.00	0.00	0.00	0.00	YYY	N
D9952		R	Occlusal adjustment—complete	0.00	0.00	0.00	0.00	YYY	N
D9999		R	Unspecified adjunctive procedure	0.00	0.00	0.00	0.00	YYY	N
G0001		X	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
G0002		A	Office proc: temp urinary catheter	0.51	0.71	0.02	1.24	000	S
H5300		A	Occupational therapy	0.32	0.24	0.03	0.59	XXX	N
J0110		E	Administration of injection	0.00	0.00	0.00	0.00	XXX	0
J0120		E	Injection, tetracycline	0.00	0.00	0.00	0.00	XXX	0
J0150		E	Injection, adenosine	0.00	0.00	0.00	0.00	XXX	0
J0170		E	Injection, adrenalin, epinephrine	0.00	0.00	0.00	0.00	XXX	0
J0190		E	Injection, biperiden, 2 mg	0.00	0.00	0.00	0.00	XXX	0
J0205		E	Injection, alglucerase, per 10 unit	0.00	0.00	0.00	0.00	XXX	0
J0210		E	Injection, methyldopate hcl	0.00	0.00	0.00	0.00	XXX	0
J0220		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0230		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0240		E	Injection, allergy desensitization	0.00	0.00	0.00	0.00	XXX	0
J0256		E	Injection, alpha 1-proteinase inhib	0.00	0.00	0.00	0.00	XXX	0
J0280		E	Injection, aminophyllin	0.00	0.00	0.00	0.00	XXX	0
J0290		E	Injection, ampicillin	0.00	0.00	0.00	0.00	XXX	0
J0300		E	Injection, amobarbital	0.00	0.00	0.00	0.00	XXX	0
J0330		E	Injection, succinycholine chloride	0.00	0.00	0.00	0.00	XXX	0
J0340		E	Injection, nandrolone phenpropio	0.00	0.00	0.00	0.00	XXX	0
J0360		E	Injection, hydralazine hcl	0.00	0.00	0.00	0.00	XXX	0
J0380		E	Injection, metaraminol	0.00	0.00	0.00	0.00	XXX	0
J0390		E	Injection, chloroquine	0.00	0.00	0.00	0.00	XXX	0
J0400		E	Injection, trimethaphan	0.00	0.00	0.00	0.00	XXX	0
J0460		E	Injection, atropine sulfate	0.00	0.00	0.00	0.00	XXX	0
J0470		E	Injection, dimecaprol	0.00	0.00	0.00	0.00	XXX	0
J0475		E	Injection, baclofen	0.00	0.00	0.00	0.00	XXX	0
J0500		E	Injection, dicyclomine	0.00	0.00	0.00	0.00	XXX	0
J0510		E	Injection, benzquinamide hcl	0.00	0.00	0.00	0.00	XXX	0
J0515		E	Injection, benztropine	0.00	0.00	0.00	0.00	XXX	0
J0520		E	Injection, bethanechol chloride	0.00	0.00	0.00	0.00	XXX	0
J0530		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0540		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0550		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0560		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0570		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0580		E	Injection, penicillin g benzathine	0.00	0.00	0.00	0.00	XXX	0
J0585		E	Botulinum toxin type a, per unit	0.00	0.00	0.00	0.00	XXX	0
J0590		E	Injection, ethylnorepinephrine hcl	0.00	0.00	0.00	0.00	XXX	0
J0600		E	Injection, edetate cal. disodium	0.00	0.00	0.00	0.00	XXX	0
J0610		E	Injection, calcium gluconate	0.00	0.00	0.00	0.00	XXX	0
J0620		E	Injection, calcium glycerophos	0.00	0.00	0.00	0.00	XXX	0
J0630		E	Injection, calcitonin salmon	0.00	0.00	0.00	0.00	XXX	0
J0635		E	Injection, calcitriol	0.00	0.00	0.00	0.00	XXX	0
J0640		E	Injection, leucovorin calcium	0.00	0.00	0.00	0.00	XXX	0
J0670		E	Injection, mepivacaine	0.00	0.00	0.00	0.00	XXX	0
J0680		E	Injection, deslanoside	0.00	0.00	0.00	0.00	XXX	0
J0690		E	Injection, cefazolin sodium	0.00	0.00	0.00	0.00	XXX	0
J0694		E	Injection, cefoxitin sodium	0.00	0.00	0.00	0.00	XXX	0
J0695		E	Injection, cefonicid sodium	0.00	0.00	0.00	0.00	XXX	0
J0696		E	Injection, ceftriaxone sodium	0.00	0.00	0.00	0.00	XXX	0
J0697		E	Injection, sterile cefuroxime so	0.00	0.00	0.00	0.00	XXX	0
J0698		E	Cefotaxime sodium	0.00	0.00	0.00	0.00	XXX	0
J0700		E	Injection, betamethasone	0.00	0.00	0.00	0.00	XXX	0
J0710		E	Injection, cephapirin sodium	0.00	0.00	0.00	0.00	XXX	0
J0720		E	Injection, chloramphenicol sodium	0.00	0.00	0.00	0.00	XXX	0
J0725		E	Injection, chorionic gonadotropin	0.00	0.00	0.00	0.00	XXX	0
J0730		E	Injection, chlorpheniramine mal.	0.00	0.00	0.00	0.00	XXX	0
J0743		E	Injection, cilastatin sodium	0.00	0.00	0.00	0.00	XXX	0
J0745		E	Injection, codeine phosphate	0.00	0.00	0.00	0.00	XXX	0
J0760		E	Injection, colchicine	0.00	0.00	0.00	0.00	XXX	0
J0770		E	Injection, colistimethate sodium	0.00	0.00	0.00	0.00	XXX	0
J0780		E	Injection, prochlorperazine	0.00	0.00	0.00	0.00	XXX	0
J0790		E	Injection, nikethamide	0.00	0.00	0.00	0.00	XXX	0
J0800		E	Injection, corticotropin	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J0810	.....	E	Injection, cortisone	0.00	0.00	0.00	0.00	XXX	0
J0820	.....	E	Injection, cortigel 40	0.00	0.00	0.00	0.00	XXX	0
J0830	.....	E	Injection, cortrophin zinc hydrox.	0.00	0.00	0.00	0.00	XXX	0
J0840	.....	E	Injection, warfarin sodium	0.00	0.00	0.00	0.00	XXX	0
J0895	.....	E	Injection, deferoxamine mesylate	0.00	0.00	0.00	0.00	XXX	0
J0900	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J0945	.....	E	Injection, brompheniramine maleate	0.00	0.00	0.00	0.00	XXX	0
J0970	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1000	.....	E	Injection, depo-estradiol cypionat	0.00	0.00	0.00	0.00	XXX	0
J1020	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1030	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1040	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J1050	.....	E	Injection, medroxyprogesterone	0.00	0.00	0.00	0.00	XXX	0
J1055	.....	E	Inj., medroxyprogesterone acetate	0.00	0.00	0.00	0.00	XXX	0
J1060	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1070	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1080	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1090	.....	E	Injection, testosterone cypionate	0.00	0.00	0.00	0.00	XXX	0
J1100	.....	E	Injection, dexamethosone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J1110	.....	E	Injection, dehydroergotamine	0.00	0.00	0.00	0.00	XXX	0
J1120	.....	E	Injection, acetazolamide sodium	0.00	0.00	0.00	0.00	XXX	0
J1155	.....	E	Injection, digitoxin	0.00	0.00	0.00	0.00	XXX	0
J1160	.....	E	Injection, digoxin	0.00	0.00	0.00	0.00	XXX	0
J1165	.....	E	Injection, phenytoin sodium	0.00	0.00	0.00	0.00	XXX	0
J1170	.....	E	Injection, hydromorphone	0.00	0.00	0.00	0.00	XXX	0
J1180	.....	E	Injection, dyphylline	0.00	0.00	0.00	0.00	XXX	0
J1200	.....	E	Injection, diphenhydramine hcl	0.00	0.00	0.00	0.00	XXX	0
J1205	.....	E	Injection, chlorothiazide sodium	0.00	0.00	0.00	0.00	XXX	0
J1212	.....	E	Injection, dmso, dimethyl sulfx.	0.00	0.00	0.00	0.00	XXX	0
J1230	.....	E	Injection, methadone hcl	0.00	0.00	0.00	0.00	XXX	0
J1240	.....	E	Injection, dimenhydrinate	0.00	0.00	0.00	0.00	XXX	0
J1245	.....	E	Injection, dipyridamole, per 10 mg	0.00	0.00	0.00	0.00	XXX	0
J1320	.....	E	Injection, amitriptyline hcl	0.00	0.00	0.00	0.00	XXX	0
J1330	.....	E	Injection, ergonovine maleate	0.00	0.00	0.00	0.00	XXX	0
J1340	.....	E	Injection, aqueous saline placebo	0.00	0.00	0.00	0.00	XXX	0
J1350	.....	E	Injection, erythromycin-im	0.00	0.00	0.00	0.00	XXX	0
J1360	.....	E	Injection, erthromycin-iv	0.00	0.00	0.00	0.00	XXX	0
J1380	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1390	.....	E	Injection, estradiol valerate	0.00	0.00	0.00	0.00	XXX	0
J1410	.....	E	Injection, estrogen conjugated	0.00	0.00	0.00	0.00	XXX	0
J1435	.....	E	Injection, estrone	0.00	0.00	0.00	0.00	XXX	0
J1436	.....	E	Injection, etidronate disodium	0.00	0.00	0.00	0.00	XXX	0
J1440	.....	E	Injection, filgrastim (g-csf)	0.00	0.00	0.00	0.00	XXX	0
J1441	.....	E	Injection, filgrastim (g-csf)	0.00	0.00	0.00	0.00	XXX	0
J1455	.....	E	Injection, foscarnet sodium	0.00	0.00	0.00	0.00	XXX	0
J1460	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1470	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1480	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1490	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1500	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1510	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1520	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1530	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1540	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1550	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1560	.....	E	Injection, gamma globulin	0.00	0.00	0.00	0.00	XXX	0
J1561	.....	E	Injection, immune globulin	0.00	0.00	0.00	0.00	XXX	0
J1570	.....	E	Injection, ganciclovir sodium	0.00	0.00	0.00	0.00	XXX	0
J1580	.....	E	Injection, garamycin, gentamicin	0.00	0.00	0.00	0.00	XXX	0
J1600	.....	E	Injection, gold sodium thiomaleate	0.00	0.00	0.00	0.00	XXX	0
J1630	.....	E	Injection, haloperidol	0.00	0.00	0.00	0.00	XXX	0
J1631	.....	E	Injection, haloperidol decanoate	0.00	0.00	0.00	0.00	XXX	0
J1640	.....	E	Injection, heparin sodium	0.00	0.00	0.00	0.00	XXX	0
J1660	.....	E	Injection, histamine	0.00	0.00	0.00	0.00	XXX	0
J1670	.....	E	Injection, tetanus immune globulin	0.00	0.00	0.00	0.00	XXX	0
J1690	.....	E	Injection, prednisolone tebutate	0.00	0.00	0.00	0.00	XXX	0
J1700	.....	E	Injection, hydrocortisone acetate	0.00	0.00	0.00	0.00	XXX	0

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[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
J1710		E	Injection, hydrocortisone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J1720		E	Injection, hydrocortisone sodium s	0.00	0.00	0.00	0.00	XXX	0
J1730		E	Injection, diazoxide	0.00	0.00	0.00	0.00	XXX	0
J1739		E	Injection, hydroxyprogesterone cap	0.00	0.00	0.00	0.00	XXX	0
J1741		E	Injection, hydroxyprogesterone cap	0.00	0.00	0.00	0.00	XXX	0
J1760		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1770		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1780		E	Injection, iron dextran	0.00	0.00	0.00	0.00	XXX	0
J1790		E	Injection, droperidol	0.00	0.00	0.00	0.00	XXX	0
J1800		E	Injection, propranolol hcl	0.00	0.00	0.00	0.00	XXX	0
J1810		E	Injection, droperidol and fentanyl	0.00	0.00	0.00	0.00	XXX	0
J1820		E	Injection, insulin	0.00	0.00	0.00	0.00	XXX	0
J1840		E	Injection, kanamycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J1850		E	Injection, kanamycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J1885		E	Injection, ketorolac tromethamine	0.00	0.00	0.00	0.00	XXX	0
J1890		E	Injection, cephalothin sodium	0.00	0.00	0.00	0.00	XXX	0
J1910		E	Injection, kutapressin	0.00	0.00	0.00	0.00	XXX	0
J1930		E	Injection, propiomazine	0.00	0.00	0.00	0.00	XXX	0
J1940		E	Injection, furosemide	0.00	0.00	0.00	0.00	XXX	0
J1960		E	Injection, levorphanol tartrate	0.00	0.00	0.00	0.00	XXX	0
J1970		E	Injection, methotrimeprazine	0.00	0.00	0.00	0.00	XXX	0
J1980		E	Injection, hyoscyamine sulfate	0.00	0.00	0.00	0.00	XXX	0
J1990		E	Injection, chlordiazepoxide hcl	0.00	0.00	0.00	0.00	XXX	0
J2000		E	Injection, lidocaine hcl	0.00	0.00	0.00	0.00	XXX	0
J2010		E	Injection, lincomycin hcl	0.00	0.00	0.00	0.00	XXX	0
J2050		E	Injection, liver	0.00	0.00	0.00	0.00	XXX	0
J2060		E	Injection, lorazepam	0.00	0.00	0.00	0.00	XXX	0
J2100		E	Injection, luminal sodium	0.00	0.00	0.00	0.00	XXX	0
J2150		E	Injection, mannitol	0.00	0.00	0.00	0.00	XXX	0
J2160		E	Injection, cyclizine lactate	0.00	0.00	0.00	0.00	XXX	0
J2175		E	Injection, meperidine	0.00	0.00	0.00	0.00	XXX	0
J2180		E	Injection, meperidine and prometha	0.00	0.00	0.00	0.00	XXX	0
J2190		E	Injection, mersalyl with theophyl	0.00	0.00	0.00	0.00	XXX	0
J2210		E	Injection, methylergonovine maleate	0.00	0.00	0.00	0.00	XXX	0
J2240		E	Injection, metocurine iodide	0.00	0.00	0.00	0.00	XXX	0
J2270		E	Injection, morphine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2275		E	Injection, morphine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2320		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2321		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2322		E	Injection, nandrolone decanoate	0.00	0.00	0.00	0.00	XXX	0
J2330		E	Injection, thiothixene	0.00	0.00	0.00	0.00	XXX	0
J2350		E	Injection, niacinamide, niacin	0.00	0.00	0.00	0.00	XXX	0
J2360		E	Injection, orphenadrine	0.00	0.00	0.00	0.00	XXX	0
J2370		E	Injection, phenylephrine hcl	0.00	0.00	0.00	0.00	XXX	0
J2400		E	Injection, chloroprocaine hcl	0.00	0.00	0.00	0.00	XXX	0
J2405		E	Injection, ondansetron hcl	0.00	0.00	0.00	0.00	XXX	0
J2410		E	Injection, oxymorphone hcl	0.00	0.00	0.00	0.00	XXX	0
J2440		E	Injection, papaverine hcl	0.00	0.00	0.00	0.00	XXX	0
J2460		E	Injection, oxytetracycline hcl	0.00	0.00	0.00	0.00	XXX	0
J2480		E	Injection, hydrochlorides of opium	0.00	0.00	0.00	0.00	XXX	0
J2490		E	Injection, paraldehyde	0.00	0.00	0.00	0.00	XXX	0
J2495		E	Injection, tridihexethyl chloride	0.00	0.00	0.00	0.00	XXX	0
J2510		E	Injection, penicillin g procaine	0.00	0.00	0.00	0.00	XXX	0
J2515		E	Injection, pentobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2520		E	Injection, thiopental sodium	0.00	0.00	0.00	0.00	XXX	0
J2540		E	Injection, penicillin g potassium	0.00	0.00	0.00	0.00	XXX	0
J2545		E	Pentamidine for inhaler	0.00	0.00	0.00	0.00	XXX	0
J2550		E	Injection, promethazine hcl	0.00	0.00	0.00	0.00	XXX	0
J2560		E	Injection, phenobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2590		E	Injection, oxytocin	0.00	0.00	0.00	0.00	XXX	0
J2595		E	Injection, vasopressin tannate	0.00	0.00	0.00	0.00	XXX	0
J2600		E	Injection, posterior pituitary	0.00	0.00	0.00	0.00	XXX	0
J2640		E	Injection, prednisolone sodium ph	0.00	0.00	0.00	0.00	XXX	0
J2650		E	Injection, prednisolone acetate	0.00	0.00	0.00	0.00	XXX	0
J2670		E	Injection, tolazoline hcl	0.00	0.00	0.00	0.00	XXX	0
J2672		E	Injection, propantheline bromide	0.00	0.00	0.00	0.00	XXX	0
J2675		E	Injection, progesterone	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J2680	.....	E	Injection, fluphenazine decanoate	0.00	0.00	0.00	0.00	XXX	0
J2690	.....	E	Injection, procainamide hcl	0.00	0.00	0.00	0.00	XXX	0
J2700	.....	E	Injection, oxacillin sodium	0.00	0.00	0.00	0.00	XXX	0
J2710	.....	E	Injection, neostigmine methylsulft.	0.00	0.00	0.00	0.00	XXX	0
J2720	.....	E	Injection, protamine sulfate	0.00	0.00	0.00	0.00	XXX	0
J2730	.....	E	Injection, pralidoxime chloride	0.00	0.00	0.00	0.00	XXX	0
J2760	.....	E	Injection, phentolaine mesylate	0.00	0.00	0.00	0.00	XXX	0
J2765	.....	E	Injection, metoclopramide hcl	0.00	0.00	0.00	0.00	XXX	0
J2790	.....	E	Injection, rho d immune globulin	0.00	0.00	0.00	0.00	XXX	0
J2800	.....	E	Injection, methocarbamol	0.00	0.00	0.00	0.00	XXX	0
J2810	.....	E	Injection, theophylline	0.00	0.00	0.00	0.00	XXX	0
J2820	.....	E	Injection, sargramostim (gm-csf)	0.00	0.00	0.00	0.00	XXX	0
J2825	.....	E	Injection, sarracenia purpurea	0.00	0.00	0.00	0.00	XXX	0
J2860	.....	E	Injection, secobarbital sodium	0.00	0.00	0.00	0.00	XXX	0
J2910	.....	E	Injection, aurothioglucose	0.00	0.00	0.00	0.00	XXX	0
J2912	.....	E	Injection, sodium chloride	0.00	0.00	0.00	0.00	XXX	0
J2914	.....	E	Injection, sodium salicylate	0.00	0.00	0.00	0.00	XXX	0
J2920	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J2930	.....	E	Injection, methylprednisolone	0.00	0.00	0.00	0.00	XXX	0
J2950	.....	E	Injection, promazine hcl	0.00	0.00	0.00	0.00	XXX	0
J2970	.....	E	Injection, methicillin sodium	0.00	0.00	0.00	0.00	XXX	0
J2995	.....	E	Injection, streptokinase	0.00	0.00	0.00	0.00	XXX	0
J2996	.....	E	Injection, alteplase recombinant	0.00	0.00	0.00	0.00	XXX	0
J3000	.....	E	Injection, streptomycin	0.00	0.00	0.00	0.00	XXX	0
J3010	.....	E	Injection, fentanyl citrate	0.00	0.00	0.00	0.00	XXX	0
J3050	.....	E	Injection, decamethonium bromide	0.00	0.00	0.00	0.00	XXX	0
J3070	.....	E	Injection, pentazocine hcl	0.00	0.00	0.00	0.00	XXX	0
J3080	.....	E	Injection, chlorprothixene	0.00	0.00	0.00	0.00	XXX	0
J3105	.....	E	Injection, terbutaline sulfate	0.00	0.00	0.00	0.00	XXX	0
J3120	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J3130	.....	E	Injection, testosterone enanthate	0.00	0.00	0.00	0.00	XXX	0
J3140	.....	E	Injection, testosterone suspension	0.00	0.00	0.00	0.00	XXX	0
J3150	.....	E	Injection, testosterone propionate	0.00	0.00	0.00	0.00	XXX	0
J3180	.....	E	Injection, tetanus toxoid	0.00	0.00	0.00	0.00	XXX	0
J3230	.....	E	Injection, chlorpromazine hcl	0.00	0.00	0.00	0.00	XXX	0
J3240	.....	E	Injection, thyrotropin	0.00	0.00	0.00	0.00	XXX	0
J3250	.....	E	Injection, trimethobenzamide hcl	0.00	0.00	0.00	0.00	XXX	0
J3260	.....	E	Injection, tobramycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J3270	.....	E	Injection, imipramine hcl	0.00	0.00	0.00	0.00	XXX	0
J3280	.....	E	Injection, thiethylperazine maleat	0.00	0.00	0.00	0.00	XXX	0
J3301	.....	E	Injection triamcinolone acetonide	0.00	0.00	0.00	0.00	XXX	0
J3302	.....	E	Injection triamcinolone diacetate	0.00	0.00	0.00	0.00	XXX	0
J3303	.....	E	Injection triamcinolone hexacetoni	0.00	0.00	0.00	0.00	XXX	0
J3310	.....	E	Injection, perphenazine	0.00	0.00	0.00	0.00	XXX	0
J3320	.....	E	Injection, spectinomycin dihydrochl	0.00	0.00	0.00	0.00	XXX	0
J3340	.....	E	Injection, cryptenamine acetate	0.00	0.00	0.00	0.00	XXX	0
J3350	.....	E	Injection, urea	0.00	0.00	0.00	0.00	XXX	0
J3360	.....	E	Injection, diazepam	0.00	0.00	0.00	0.00	XXX	0
J3364	.....	E	Injection, urokinase, 5000 iu vial	0.00	0.00	0.00	0.00	XXX	0
J3365	.....	E	Injection, iv, urokinase	0.00	0.00	0.00	0.00	XXX	0
J3370	.....	E	Injection, vancomycin hcl	0.00	0.00	0.00	0.00	XXX	0
J3380	.....	E	Injection, isoxsuprine hcl	0.00	0.00	0.00	0.00	XXX	0
J3390	.....	E	Injection, methoxamine	0.00	0.00	0.00	0.00	XXX	0
J3400	.....	E	Injection, triflupromazine hcl	0.00	0.00	0.00	0.00	XXX	0
J3410	.....	E	Injection, hydroxyzine hcl	0.00	0.00	0.00	0.00	XXX	0
J3420	.....	E	Injection, vitamin b-12	0.00	0.00	0.00	0.00	XXX	0
J3430	.....	E	Injection, vitamin k, phytonadione	0.00	0.00	0.00	0.00	XXX	0
J3450	.....	E	Injection, mephentermine sulfate	0.00	0.00	0.00	0.00	XXX	0
J3470	.....	E	Injection, hyaluronidase	0.00	0.00	0.00	0.00	XXX	0
J3490	.....	E	Unclassified drugs	0.00	0.00	0.00	0.00	XXX	0
J3500	.....	E	Vitamin therapy	0.00	0.00	0.00	0.00	XXX	0
J3520	.....	E	Endrate ethylenediamine-tetra-acet	0.00	0.00	0.00	0.00	XXX	0
J3530	.....	E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	XXX	0
J3535	.....	E	Metered dose inhaler drug	0.00	0.00	0.00	0.00	XXX	0
J3540	.....	E	Autogenous blood extract, intraven	0.00	0.00	0.00	0.00	XXX	0
J3550	.....	E	Intra-arterial oxygen injection	0.00	0.00	0.00	0.00	XXX	0
J3560	.....	E	Adrenal cortex extract	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
J3570		N	Laetrile, amygdalin, vitamin b-17	0.00	0.00	0.00	0.00	XXX	0
J6015		N	Typhus	0.00	0.00	0.00	0.00	XXX	0
J7010		E	Vial of allergy vaccine, single	0.00	0.00	0.00	0.00	XXX	0
J7020		E	Vial of allergy vaccine, multiple	0.00	0.00	0.00	0.00	XXX	0
J7030		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7040		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7042		P	5% dextrose/normal saline	0.00	0.00	0.00	0.00	XXX	0
J7050		P	Infusion, normal saline solution	0.00	0.00	0.00	0.00	XXX	0
J7051		P	Sterile saline or water	0.00	0.00	0.00	0.00	XXX	0
J7060		P	5% dextrose/water	0.00	0.00	0.00	0.00	XXX	0
J7070		P	Infusion, d5w	0.00	0.00	0.00	0.00	XXX	0
J7080		E	Infusion, albumisol 5%	0.00	0.00	0.00	0.00	XXX	0
J7090		E	Infusion, albumisol 25%	0.00	0.00	0.00	0.00	XXX	0
J7100		E	Infusion, dextran 40	0.00	0.00	0.00	0.00	XXX	0
J7110		E	Infusion, dextran 75	0.00	0.00	0.00	0.00	XXX	0
J7120		P	Ringers lactate infusion	0.00	0.00	0.00	0.00	XXX	0
J7130		E	Hypertonic saline solution	0.00	0.00	0.00	0.00	XXX	0
J7140		N	Prescription drug, oral	0.00	0.00	0.00	0.00	XXX	0
J7150		N	Prescription drug, oral chemo.	0.00	0.00	0.00	0.00	XXX	0
J7190		E	Factor VIII	0.00	0.00	0.00	0.00	XXX	0
J7192		E	Factor VIII, (recombinant)	0.00	0.00	0.00	0.00	XXX	0
J7194		E	Factor ix, complex	0.00	0.00	0.00	0.00	XXX	0
J7196		E	Other hemophilia clotting factors	0.00	0.00	0.00	0.00	XXX	0
J7197		E	Injection, antithrombin iii	0.00	0.00	0.00	0.00	XXX	0
J7500		E	Azathioprine—oral, tab	0.00	0.00	0.00	0.00	XXX	0
J7501		E	Azathioprine—parenteral, vial	0.00	0.00	0.00	0.00	XXX	0
J7502		E	Cyclosporine—oral, sol	0.00	0.00	0.00	0.00	XXX	0
J7503		E	Cyclosporine—parenteral	0.00	0.00	0.00	0.00	XXX	0
J7504		E	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	XXX	0
J7505		E	Monoclonal antibodies—parenteral	0.00	0.00	0.00	0.00	XXX	0
J7506		E	Prednisone, any dosage	0.00	0.00	0.00	0.00	XXX	0
J7610		E	Acetylcysteine, 10%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7615		E	Acetylcysteine, 20%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7620		E	Albuterol sulfate, 0.083%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7625		E	Albuterol sulfate, 0.5%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7627		E	Inhal. solu., bitolterol mesylate	0.00	0.00	0.00	0.00	XXX	0
J7630		E	Cromolyn sodium, per 20 mg	0.00	0.00	0.00	0.00	XXX	0
J7640		E	Epinephrine, 2.25%, per ml	0.00	0.00	0.00	0.00	XXX	0
J7650		E	Isoetharine hydrochloride, 0.1%	0.00	0.00	0.00	0.00	XXX	0
J7651		E	Isoetharine hydrochloride, 0.125%	0.00	0.00	0.00	0.00	XXX	0
J7652		E	Isoetharine hydrochloride, 0.167%	0.00	0.00	0.00	0.00	XXX	0
J7653		E	Isoetharine hydrochloride, 0.2%	0.00	0.00	0.00	0.00	XXX	0
J7654		E	Isoetharine hydrochloride, 0.25%	0.00	0.00	0.00	0.00	XXX	0
J7655		E	Isoetharine hydrochloride, 1.0%	0.00	0.00	0.00	0.00	XXX	0
J7660		E	Isoproterenol hydrochloride, 0.5%	0.00	0.00	0.00	0.00	XXX	0
J7665		E	Isoproterenol hydrochloride, 1.0%	0.00	0.00	0.00	0.00	XXX	0
J7670		E	Metaproterenol sulfate, 0.4%	0.00	0.00	0.00	0.00	XXX	0
J7672		E	Metaproterenol sulfate, 0.6%	0.00	0.00	0.00	0.00	XXX	0
J7675		E	Metaproterenol sulfate, 5.0%	0.00	0.00	0.00	0.00	XXX	0
J7699		E	Noc drugs, inhalation solution	0.00	0.00	0.00	0.00	XXX	0
J7799		E	Noc drugs, other than inhalation	0.00	0.00	0.00	0.00	XXX	0
J9000		E	Doxorubicin hcl	0.00	0.00	0.00	0.00	XXX	0
J9010		E	Doxorubicin hcl	0.00	0.00	0.00	0.00	XXX	0
J9020		E	Asparaginase	0.00	0.00	0.00	0.00	XXX	0
J9031		E	Bcg live (intravesical)	0.00	0.00	0.00	0.00	XXX	0
J9040		E	Bleomycin sulfate	0.00	0.00	0.00	0.00	XXX	0
J9045		E	Injection, carboplatin	0.00	0.00	0.00	0.00	XXX	0
J9050		E	Carmustine, bischlorethyl nitro.	0.00	0.00	0.00	0.00	XXX	0
J9060		E	Cisplatin	0.00	0.00	0.00	0.00	XXX	0
J9062		E	Cisplatin	0.00	0.00	0.00	0.00	XXX	0
J9070		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9080		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9090		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9091		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9092		E	Cyclophosphamide	0.00	0.00	0.00	0.00	XXX	0
J9093		E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9094		E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
J9095	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9096	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9097	.....	E	Cyclophosphamide, lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9100	.....	E	Cytarabine hcl	0.00	0.00	0.00	0.00	XXX	0
J9110	.....	E	Cytarabine hcl	0.00	0.00	0.00	0.00	XXX	0
J9120	.....	E	Dactinomycin, actinomycin d	0.00	0.00	0.00	0.00	XXX	0
J9130	.....	E	Dacarbazine	0.00	0.00	0.00	0.00	XXX	0
J9140	.....	E	Dacarbazine	0.00	0.00	0.00	0.00	XXX	0
J9150	.....	E	Daunorubicin, hcl	0.00	0.00	0.00	0.00	XXX	0
J9165	.....	E	Injection, diethylstilbestrol	0.00	0.00	0.00	0.00	XXX	0
J9181	.....	E	Etoposide	0.00	0.00	0.00	0.00	XXX	0
J9182	.....	E	Etoposide	0.00	0.00	0.00	0.00	XXX	0
J9185	.....	E	Fludarabine phosphate	0.00	0.00	0.00	0.00	XXX	0
J9190	.....	E	Fluorouracil	0.00	0.00	0.00	0.00	XXX	0
J9200	.....	E	Floxuridine	0.00	0.00	0.00	0.00	XXX	0
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	XXX	0
J9208	.....	E	Injection, ifosfomide	0.00	0.00	0.00	0.00	XXX	0
J9209	.....	E	Injection, mesna	0.00	0.00	0.00	0.00	XXX	0
J9211	.....	E	Idarubicin hydrochloride, 5 mg	0.00	0.00	0.00	0.00	XXX	0
J9213	.....	E	Interferon, alfa-2a, recombinant	0.00	0.00	0.00	0.00	XXX	0
J9214	.....	E	Interferon, alfa-2b, recombinant	0.00	0.00	0.00	0.00	XXX	0
J9215	.....	E	Interferon, alfa-n3	0.00	0.00	0.00	0.00	XXX	0
J9216	.....	E	Interferon, gamma 1-b	0.00	0.00	0.00	0.00	XXX	0
J9217	.....	E	Leuprolide acetate	0.00	0.00	0.00	0.00	XXX	0
J9218	.....	E	Leuprolide acetate	0.00	0.00	0.00	0.00	XXX	0
J9230	.....	E	Mechlorethamine hcl	0.00	0.00	0.00	0.00	XXX	0
J9240	.....	D	Medroyprogesterone acetate	0.00	0.00	0.00	0.00	XXX	0
J9250	.....	E	Methotrexate sodium mix	0.00	0.00	0.00	0.00	XXX	0
J9260	.....	E	Methotrexate sodium mix	0.00	0.00	0.00	0.00	XXX	0
J9265	.....	E	Paclitaxel	0.00	0.00	0.00	0.00	XXX	0
J9268	.....	E	Pentostatin	0.00	0.00	0.00	0.00	XXX	0
J9270	.....	E	Plicamycin (mithramycin)	0.00	0.00	0.00	0.00	XXX	0
J9280	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9290	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9291	.....	E	Mitomycin	0.00	0.00	0.00	0.00	XXX	0
J9293	.....	E	Injection, mitoxantrone hcl	0.00	0.00	0.00	0.00	XXX	0
J9295	.....	E	Polyestradiol phosphate	0.00	0.00	0.00	0.00	XXX	0
J9320	.....	E	Streptozocin	0.00	0.00	0.00	0.00	XXX	0
J9340	.....	E	Thiotepa	0.00	0.00	0.00	0.00	XXX	0
J9360	.....	E	Vinblastine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9370	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9375	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9380	.....	E	Vincristine sulfate	0.00	0.00	0.00	0.00	XXX	0
J9999	.....	E	Not otherwise classified drugs	0.00	0.00	0.00	0.00	XXX	0
M0005	.....	A	Office visits—two or more modal	0.77	0.31	0.03	1.11	XXX	N
M0006	.....	A	Office visits—with one modality	0.51	0.15	0.02	0.68	XXX	N
M0007	.....	A	Office visit combination of modal	1.02	0.35	0.04	1.41	XXX	N
M0008	.....	A	Office visit combination of modal	0.51	0.11	0.01	0.63	XXX	N
M0064	.....	A	Monitoring drug prescription visit	0.37	0.19	0.03	0.59	XXX	N
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	XXX	0
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	XXX	0
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	XXX	0
M0101	.....	A	Cutting or removal of corns	0.37	0.35	0.03	0.75	XXX	S
M0300	.....	N	Iv chelation therapy	0.00	0.00	0.00	0.00	XXX	0
M0301	.....	N	Fabric wrapping of abdominal aneur	0.00	0.00	0.00	0.00	XXX	0
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	XXX	0
M0702	.....	D	Brief, osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0704	.....	D	Limited, osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0706	.....	D	Intermediate osteopathic manip ther	0.00	0.00	0.00	0.00	000	0
M0708	.....	D	Extended osteopathic manip therapy	0.00	0.00	0.00	0.00	000	0
M0710	.....	D	Comprehensive osteopathic manip	0.00	0.00	0.00	0.00	000	0
M0722	.....	D	Brief inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0724	.....	D	Limited inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0726	.....	D	Intermediate inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0728	.....	D	Extended inpatient hospital omt	0.00	0.00	0.00	0.00	000	0
M0730	.....	D	Comprehensive inpatient hosp omt	0.00	0.00	0.00	0.00	000	0
M0900	.....	G	Excision, revision of a-v shunt	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs [2]	Malpractice RVUs	Total	Global period	Update
P2028	.....	X	Cephalin floculation, blood	0.00	0.00	0.00	0.00	XXX	0
P2029	.....	X	Congo red, blood	0.00	0.00	0.00	0.00	XXX	0
P2031	.....	N	Hair analysis (excluding arsenic)	0.00	0.00	0.00	0.00	XXX	0
P2033	.....	X	Thymol turbidity, blood	0.00	0.00	0.00	0.00	XXX	0
P2038	.....	X	Mucoprotein, blood (seromucoid)	0.00	0.00	0.00	0.00	XXX	0
P3000	.....	X	Screening pap smear, cervical	0.00	0.00	0.00	0.00	XXX	0
P3001	.....	X	Screening pap smear, cervical	0.00	0.00	0.00	0.00	XXX	0
P3001	26	A	Screening pap smear, cervical	0.42	0.32	0.04	0.78	XXX	N
P7001	.....	X	Culture, bacterial, urine	0.00	0.00	0.00	0.00	XXX	0
P9010	.....	E	Blood (whole), for transfusion	0.00	0.00	0.00	0.00	XXX	0
P9011	.....	E	Blood (split unit), specify amount	0.00	0.00	0.00	0.00	XXX	0
P9012	.....	E	Cryoprecipitate, each unit	0.00	0.00	0.00	0.00	XXX	0
P9013	.....	E	Fibrinogen unit	0.00	0.00	0.00	0.00	XXX	0
P9014	.....	E	Globulin, gamma	0.00	0.00	0.00	0.00	XXX	0
P9015	.....	E	Globulin, rh immune	0.00	0.00	0.00	0.00	XXX	0
P9016	.....	E	Leukocyte poor blood, each unit	0.00	0.00	0.00	0.00	XXX	0
P9017	.....	E	Plasma, single donor, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
P9018	.....	E	Plasma protein fraction, each unit	0.00	0.00	0.00	0.00	XXX	0
P9019	.....	E	Platelet concentrate, each unit	0.00	0.00	0.00	0.00	XXX	0
P9020	.....	E	Platelet rich plasma, each unit	0.00	0.00	0.00	0.00	XXX	0
P9021	.....	E	Red blood cells, each unit	0.00	0.00	0.00	0.00	XXX	0
P9022	.....	E	Washed red blood cells, each unit	0.00	0.00	0.00	0.00	XXX	0
P9603	.....	X	Travel allowance one way—lab	0.00	0.00	0.00	0.00	XXX	0
P9604	.....	X	Travel allowance one way—lab	0.00	0.00	0.00	0.00	XXX	0
P9605	.....	X	Routine venipuncture	0.00	0.00	0.00	0.00	XXX	0
P9610	.....	X	Catheterization specimen collect	0.00	0.00	0.00	0.00	XXX	0
P9615	.....	X	Catheterization specimen collect	0.00	0.00	0.00	0.00	XXX	0
Q0034	.....	X	Administration—influenza vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0035	.....	A	Cardiokymography	0.17	0.49	0.04	0.70	XXX	N
Q0035	TC	A	Cardiokymography	0.00	0.37	0.03	0.40	XXX	N
Q0035	26	A	Cardiokymography	0.17	0.12	0.01	0.30	XXX	N
Q0068	.....	A	Extracorporeal plasmapheresis	1.69	1.28	0.16	3.13	000	N
Q0091	.....	A	Screening pap smear, obtaining	0.37	0.28	0.03	0.68	XXX	N
Q0092	.....	A	Set-up portable x-ray equipment	0.00	0.30	0.01	0.31	XXX	N
Q0093	.....	D	Filgrastim (g-csf), per 100 mcg	0.00	0.00	0.00	0.00	XXX	0
Q0094	.....	D	Sargramostim (gm-csf), per 250 mcg	0.00	0.00	0.00	0.00	XXX	0
Q0103	.....	A	Physical therapy evaluation	1.02	0.35	0.11	1.48	XXX	N
Q0104	.....	A	Physical therapy evaluation	0.51	0.04	0.01	0.56	XXX	N
Q0105	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0106	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0107	.....	D	Low osmolar contrast material	0.00	0.00	0.00	0.00	XXX	0
Q0108	.....	D	Standby surgery	0.00	0.00	0.00	0.00	XXX	0
Q0109	.....	A	Occupational Therapy	1.02	0.35	0.11	1.48	XXX	N
Q0110	.....	A	Occupational Therapy	0.51	0.04	0.01	0.56	XXX	N
Q0111	.....	X	Wet mounts	0.00	0.00	0.00	0.00	XXX	0
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	XXX	0
Q0113	.....	X	Pinworm examinations	0.00	0.00	0.00	0.00	XXX	0
Q0114	.....	X	Fern test	0.00	0.00	0.00	0.00	XXX	0
Q0115	.....	X	Post-coital mucous exam	0.00	0.00	0.00	0.00	XXX	0
Q0116	.....	X	Hemoglobin, single analyte exam	0.00	0.00	0.00	0.00	XXX	0
Q0117	.....	X	Diab custom depth-inlay shoe	0.00	0.00	0.00	0.00	XXX	0
Q0118	.....	X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	XXX	0
Q0119	.....	X	Diabetic mult density insert	0.00	0.00	0.00	0.00	XXX	0
Q0120	.....	X	Diab modf shoe roller/rocker	0.00	0.00	0.00	0.00	XXX	0
Q0121	.....	X	Diabetic modf with wedge	0.00	0.00	0.00	0.00	XXX	0
Q0122	.....	X	Diab modf w/metatarsal bar	0.00	0.00	0.00	0.00	XXX	0
Q0123	.....	X	Diab modf with off-set heel	0.00	0.00	0.00	0.00	XXX	0
Q0124	.....	X	Admin/pneumococcal, flu vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0125	.....	D	Paclitaxel 30 mg	0.00	0.00	0.00	0.00	XXX	0
Q9920	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9921	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9922	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9923	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9924	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9925	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9926	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9927	.....	E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
Q9928		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9929		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9930		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9931		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9932		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9933		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9934		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9935		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9936		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9937		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9938		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9939		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
Q9940		E	Injection, epo per 1000 units	0.00	0.00	0.00	0.00	XXX	0
R0070		C	Transportation of portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0075		C	Transportation of portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0076		C	Transportation of portable ekg	0.00	0.00	0.00	0.00	XXX	N
V2020		X	Frames, purchases	0.00	0.00	0.00	0.00	XXX	0
V2025		N	Frames, deluxe	0.00	0.00	0.00	0.00	XXX	0
V2100		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2101		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2102		X	Sphere, single vision	0.00	0.00	0.00	0.00	XXX	0
V2103		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2104		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2105		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2106		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2107		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2108		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2109		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2110		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2111		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2112		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2113		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2114		X	Spherocylinder, single vision	0.00	0.00	0.00	0.00	XXX	0
V2115		X	Lenticular, (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2116		X	Lenticular lens, nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2117		X	Lenticular, aspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2118		X	Aniseikonic lens, single vision	0.00	0.00	0.00	0.00	XXX	0
V2199		X	Not otherwise classified	0.00	0.00	0.00	0.00	XXX	0
V2200		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2201		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2202		X	Sphere, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2203		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2204		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2205		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2206		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2207		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2208		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2209		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2210		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2211		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2212		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2213		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2214		X	Spherocylinder, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2215		X	Lenticular (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2216		X	Lenticular, nonaspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2217		X	Lenticular, aspheric lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2218		X	Aniseikonic, per lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2219		X	Bifocal seg width over 28mm	0.00	0.00	0.00	0.00	XXX	0
V2220		X	Bifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2299		X	Specialty bifocal (by report)	0.00	0.00	0.00	0.00	XXX	0
V2300		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2301		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2302		X	Sphere, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2303		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2304		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2305		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2306		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
V2307		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2308		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2309		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2310		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2311		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2312		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2313		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2314		X	Spherocylinder, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2315		X	Lenticular, (myodisc), per lens	0.00	0.00	0.00	0.00	XXX	0
V2316		X	Lenticular nonaspheric, per lens	0.00	0.00	0.00	0.00	XXX	0
V2317		X	Lenticular, aspheric lens	0.00	0.00	0.00	0.00	XXX	0
V2318		X	Aniseikonic lens, trifocal	0.00	0.00	0.00	0.00	XXX	0
V2319		X	Trifocal seg width over 28 mm	0.00	0.00	0.00	0.00	XXX	0
V2320		X	Trifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2399		X	Specialty trifocal (by report)	0.00	0.00	0.00	0.00	XXX	0
V2410		X	Variable asphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2430		X	Variable asphericity lens, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2499		X	Variable sphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2500		X	Contact lens, pmma, spherical	0.00	0.00	0.00	0.00	XXX	0
V2501		X	Contact lens, pmma, toric or prism	0.00	0.00	0.00	0.00	XXX	0
V2502		X	Contact lens pmma, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2503		X	Contact lens pmma, color vision	0.00	0.00	0.00	0.00	XXX	0
V2510		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2511		X	Contact lens, gas permeable, toric	0.00	0.00	0.00	0.00	XXX	0
V2512		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2513		X	Contact lens, gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX	0
V2521		X	Contact lens hydrophilic, toric	0.00	0.00	0.00	0.00	XXX	0
V2522		X	Contact lens hydrophilic, bifocal	0.00	0.00	0.00	0.00	XXX	0
V2523		X	Contact lens hydrophilic, extended	0.00	0.00	0.00	0.00	XXX	0
V2530		X	Contact lens, scleral, per lens	0.00	0.00	0.00	0.00	XXX	0
V2599		X	Contact lens, other type	0.00	0.00	0.00	0.00	XXX	0
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	XXX	0
V2610		X	Single lens spectacle mounted	0.00	0.00	0.00	0.00	XXX	0
V2615		X	Telescopic and other compound lens	0.00	0.00	0.00	0.00	XXX	0
V2623		X	Prosthetic eye, plastic, custom	0.00	0.00	0.00	0.00	XXX	0
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	XXX	0
V2625		X	Enlargement of ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2626		X	Reduction of ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	XXX	0
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	XXX	0
V2629		X	Prosthetic eye, other type	0.00	0.00	0.00	0.00	XXX	0
V2630		X	Anterior chamber intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2631		X	Iris supported intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2632		X	Posterior chamber intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2700		X	Balance lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2710		X	Slab off prism, glass or plastic	0.00	0.00	0.00	0.00	XXX	0
V2715		X	Prism, per lens	0.00	0.00	0.00	0.00	XXX	0
V2718		X	Press-on lens, fresnell prism	0.00	0.00	0.00	0.00	XXX	0
V2730		X	Special base curve	0.00	0.00	0.00	0.00	XXX	0
V2740		X	Tint, plastic, rose	0.00	0.00	0.00	0.00	XXX	0
V2741		X	Tint, plastic, other than rose 1–2	0.00	0.00	0.00	0.00	XXX	0
V2742		X	Tint, glass rose 1 or 2, per lens	0.00	0.00	0.00	0.00	XXX	0
V2743		X	Tint, glass other than rose 1 or 2	0.00	0.00	0.00	0.00	XXX	0
V2744		X	Tint, photochromatic, per lens	0.00	0.00	0.00	0.00	XXX	0
V2750		X	Anti-reflective coating, per lens	0.00	0.00	0.00	0.00	XXX	0
V2755		X	U-v lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	XXX	0
V2770		X	Occluder lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2780		X	Oversize lens, per lens	0.00	0.00	0.00	0.00	XXX	0
V2785		X	Processing, transp corneal tissue	0.00	0.00	0.00	0.00	XXX	0
V2799		X	Vision service, miscellaneous	0.00	0.00	0.00	0.00	XXX	0
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	XXX	0
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5011		N	Fitting/checking of hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5014		N	Repair/modif of a hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	XXX	0

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ADDENDUM B.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs[2]	Malpractice RVUs	Total	Global period	Update
V5030	.....	N	Hearing aid, monaural, body worn	0.00	0.00	0.00	0.00	XXX	0
V5040	.....	N	Hearing aid, monaural, body worn	0.00	0.00	0.00	0.00	XXX	0
V5050	.....	N	Hearing aid, monaural, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5060	.....	N	Hearing aid, monaural, behind ear	0.00	0.00	0.00	0.00	XXX	0
V5070	.....	N	Glasses, air conduction	0.00	0.00	0.00	0.00	XXX	0
V5080	.....	N	Glasses, bone conduction	0.00	0.00	0.00	0.00	XXX	0
V5090	.....	N	Dispensing fee, unspec hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5100	.....	N	Hearing aid, bilateral, body worn	0.00	0.00	0.00	0.00	XXX	0
V5110	.....	N	Dispensing fee, bilateral	0.00	0.00	0.00	0.00	XXX	0
V5120	.....	N	Binaural, body	0.00	0.00	0.00	0.00	XXX	0
V5130	.....	N	Binaural, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5140	.....	N	Binaural, behind the ear	0.00	0.00	0.00	0.00	XXX	0
V5150	.....	N	Binaural, glasses	0.00	0.00	0.00	0.00	XXX	0
V5160	.....	N	Dispensing fee, binaural	0.00	0.00	0.00	0.00	XXX	0
V5170	.....	N	Hearing aid, cros, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5180	.....	N	Hearing aid, cros, behind the ear	0.00	0.00	0.00	0.00	XXX	0
V5190	.....	N	Hearing aid, cros, glasses	0.00	0.00	0.00	0.00	XXX	0
V5200	.....	N	Dispensing fee, cros	0.00	0.00	0.00	0.00	XXX	0
V5210	.....	N	Hearing aid, bicros, in the ear	0.00	0.00	0.00	0.00	XXX	0
V5220	.....	N	Hearing aid, bicros, behind ear	0.00	0.00	0.00	0.00	XXX	0
V5230	.....	N	Hearing aid, bicros, glasses	0.00	0.00	0.00	0.00	XXX	0
V5240	.....	N	Dispensing fee, bicros	0.00	0.00	0.00	0.00	XXX	0
V5299	.....	R	Hearing service, miscellaneous	0.00	0.00	0.00	0.00	XXX	N
V5336	.....	N	Repair/modification augmen device	0.00	0.00	0.00	0.00	XXX	0
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	XXX	N
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	XXX	N
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX	N

Addendum C—New and Revised Codes With RVUs and Update Indicators Subject to Comment

Addendum C lists the codes for which interim RVUs have been established. These are codes that are new or revised in 1994 or that were designated as carrier-priced procedures for the 1993 physician fee schedule but for which RVUs have been established for 1994. Because these RVUs are interim, public comments on these codes will be considered if they are received by 5 p.m. [January 31, 1994]. Further, consistent with the final notice with comment period entitled "Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update For Calendar Year 1994 (BPD–774–FNC), published elsewhere in this **Federal Register** issue, the update indicators in Addendum C of this final rule for new and revised codes are also subject to comment. Any revisions to the interim RVUs will be announced in a document to be published in 1994 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1995.

Addendum C contains the following information.

1. *HCPCS code.* This is either a CPT or level 2 HCPCS code for the service in question. CPT codes are listed first, followed by level 2 HCPCS codes.

2. *Modifier.* A modifier is shown if there is a TC (modifier TC) and a PC (modifier -26) for the service. If there is a PC and a TC for the service, Addendum B contains three entries for the code: one for the global values (both professional and technical); one for modifier -26 (PC), and one for modifier TC. The global service is not designated by a modifier, and physicians must bill using the code without a modifier if the physician furnishes both the PCs and the TCs of the service.

3. *Status indicator.* This indicator shows whether the HCPCS code is in the fee schedule and whether it is separately payable if the service is covered. See Addendum B for a description of the status indicators.

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Work RVUs.* These are the interim RVUs for the physician work for this service.

6. *Practice expense RVUs.* These are the interim RVUs for the practice expense for the service.

7. *Malpractice expense RVUs.* These are the interim RVUs for the malpractice expense for the service.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs.

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). See Addendum B for explanations of the alpha codes.

10. *Update indicator.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the HCPCS code in column 1. A "0" appears in this field for codes that are deleted in 1994 or are not paid under the physician fee schedule. A "P" in this column indicates that the update and CF for primary care services applies to this code. An "N" in this column indicates that the update and CF for other nonsurgical services applies to this code. An "S" in this column indicates that the separate update and CF for surgical procedures applies.

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
11755	.....	A	Biopsy, nail unit	1.32	1.00	0.12	2.44	000	S
15788	.....	A	Chemical peel, face, epiderm	2.96	1.50	0.12	4.58	090	S
15789	.....	A	Chemical peel, face, dermal	3.95	1.50	0.12	5.57	090	S
15792	.....	A	Chemical peel, nonfacial	2.37	0.51	0.05	2.93	090	S
15793	.....	A	Chemical peel, nonfacial	3.16	0.51	0.05	3.72	090	S
19125	.....	A	Excision, breast lesion	5.92	2.93	0.61	9.46	000	S
19126	.....	A	Excision, add'l breast lesion	2.96	1.47	0.31	4.74	ZZZ	S
24566	.....	A	Treat humerus fracture	7.25	6.13	0.97	14.35	090	S
24582	.....	A	Treat humerus fracture	7.92	6.69	1.07	15.68	090	S
31231	.....	A	Nasal endoscopy, dx	0.74	0.99	0.10	1.83	000	S
31233	.....	A	Nasal/sinus endoscopy, dx	1.58	2.02	0.22	3.82	000	S
31235	.....	A	Nasal/sinus endoscopy, dx	2.77	3.55	0.38	6.70	000	S
31237	.....	A	Nasal/sinus endoscopy, surg	1.90	2.43	0.27	4.60	000	S
31238	.....	A	Nasal/sinus endoscopy, surg	3.30	4.22	0.46	7.98	000	S
31239	.....	A	Nasal/sinus endoscopy, surg	8.59	11.00	1.19	20.78	010	S
31240	.....	A	Nasal/sinus endoscopy, surg	2.64	3.38	0.37	6.39	000	S
31245	.....	A	Nasal/sinus endoscopy, surg	3.35	4.29	0.46	8.10	000	S
31246	.....	A	Nasal/sinus endoscopy, surg	4.13	5.29	0.57	9.99	000	S
31247	.....	A	Nasal/sinus endoscopy, surg	4.64	5.94	0.65	11.23	000	S
31248	.....	A	Nasal/sinus endoscopy, surg	4.91	6.28	0.68	11.87	000	S
31249	.....	A	Nasal/sinus endoscopy, surg	5.83	7.46	0.81	14.10	000	S
31251	.....	A	Nasal/sinus endoscopy, surg	6.12	7.83	0.85	14.80	000	S
31261	.....	A	Nasal/sinus endoscopy, surg	5.31	6.80	0.74	12.85	000	S
31262	.....	A	Nasal/sinus endoscopy, surg	6.10	7.81	0.85	14.76	000	S
31264	.....	A	Nasal/sinus endoscopy, surg	6.60	8.45	0.92	15.97	000	S
31266	.....	A	Nasal/sinus endoscopy, surg	6.87	8.79	0.96	16.62	000	S
31269	.....	A	Nasal/sinus endoscopy, surg	7.81	10.00	1.09	18.90	000	S
31271	.....	A	Nasal/sinus endoscopy, surg	8.08	10.30	1.13	19.55	000	S
31280	.....	A	Nasal/sinus endoscopy, surg	6.72	8.60	0.94	16.26	000	S
31281	.....	A	Nasal/sinus endoscopy, surg	7.51	9.61	1.05	18.17	000	S
31282	.....	A	Nasal/sinus endoscopy, surg	8.01	10.20	1.12	19.38	000	S
31283	.....	A	Nasal/sinus endoscopy, surg	8.28	10.60	1.15	20.03	000	S
31284	.....	A	Nasal/sinus endoscopy, surg	9.22	11.80	1.28	22.30	000	S
31286	.....	A	Nasal/sinus endoscopy, surg	9.49	12.10	1.32	22.96	000	S
31287	.....	A	Nasal/sinus endoscopy, surg	3.96	5.07	0.55	9.58	000	S
31288	.....	A	Nasal/sinus endoscopy, surg	4.63	5.93	0.64	11.20	000	S
31290	.....	A	Nasal/sinus endoscopy, surg	13.00	16.60	1.82	31.48	010	S
31291	.....	A	Nasal/sinus endoscopy, surg	13.60	17.50	1.90	33.07	010	S
31292	.....	A	Nasal/sinus endoscopy, surg	10.50	13.50	1.47	25.57	010	S
31293	.....	A	Nasal/sinus endoscopy, surg	11.50	14.80	1.61	27.97	010	S
31294	.....	A	Nasal/sinus endoscopy, surg	13.20	16.90	1.85	31.97	010	S
32442	.....	A	Sleeve pneumonectomy	24.90	18.10	3.54	46.63	090	S
32445	.....	A	Removal of lung	23.60	20.60	3.92	48.24	090	S
32480	.....	A	Partial removal of lung	17.00	17.30	3.27	37.64	090	S
32482	.....	A	Bilobectomy	18.70	17.30	3.27	39.36	090	S
32484	.....	A	Segmentectomy	19.70	17.30	3.27	40.35	090	S
32486	.....	A	Sleeve lobectomy	23.00	16.70	3.27	42.99	090	S
32488	.....	A	Completion pneumonectomy	24.60	17.90	3.50	46.12	090	S
32540	.....	A	Removal of lung lesion	13.40	11.80	2.07	27.33	090	S
32601	.....	A	Thoracoscopy, diagnostic	5.52	3.51	0.58	9.61	000	S
32602	.....	A	Thoracoscopy, diagnostic	6.03	3.91	0.65	10.59	000	S
32603	.....	A	Thoracoscopy, diagnostic	7.90	3.51	0.58	11.99	000	S
32604	.....	A	Thoracoscopy, diagnostic	8.88	3.91	0.65	13.44	000	S
32605	.....	A	Thoracoscopy, diagnostic	7.01	3.51	0.58	11.10	000	S
32606	.....	A	Thoracoscopy, diagnostic	8.49	3.91	0.65	13.05	000	S
32650	.....	A	Thoracoscopy, surgical	10.10	7.70	1.29	19.17	090	S
32651	.....	A	Thoracoscopy, surgical	12.20	11.90	2.31	26.51	090	S
32652	.....	A	Thoracoscopy, surgical	17.80	15.90	3.04	36.85	090	S
32653	.....	A	Thoracoscopy, surgical	12.50	10.40	2.03	25.05	090	S
32654	.....	A	Thoracoscopy, surgical	11.80	11.60	2.03	25.56	090	S
32655	.....	A	Thoracoscopy, surgical	12.50	13.50	2.56	28.69	090	S
32656	.....	A	Thoracoscopy, surgical	12.20	13.50	2.39	28.13	090	S
32657	.....	A	Thoracoscopy, surgical	13.20	13.60	2.59	29.46	090	S
32658	.....	A	Thoracoscopy, surgical	11.20	13.40	2.55	27.16	090	S
32659	.....	A	Thoracoscopy, surgical	11.00	14.10	2.64	27.79	090	S
32660	.....	A	Thoracoscopy, surgical	16.80	20.10	3.60	40.55	090	S
32661	.....	A	Thoracoscopy, surgical	12.80	9.35	1.49	23.68	090	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
32662	.....	A	Thoracoscopy, surgical	15.90	14.70	2.77	33.42	090	S
32663	.....	A	Thoracoscopy, surgical	17.60	17.30	3.27	38.23	090	S
32664	.....	A	Thoracoscopy, surgical	13.80	10.60	2.06	26.53	090	S
32665	.....	A	Thoracoscopy, surgical	14.80	14.40	2.67	32.05	090	S
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851	.....	C	Lung transplant, single	0.00	0.00	0.00	0.00	090	S
32852	.....	C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
32853	.....	C	Lung transplant, double	0.00	0.00	0.00	0.00	090	S
32854	.....	C	Lung transplant w/bypass	0.00	0.00	0.00	0.00	090	S
33200	.....	A	Insertion of heart pacemaker	11.20	12.40	1.92	25.53	090	S
33206	.....	A	Insertion of heart pacemaker	6.11	8.26	1.35	15.72	090	S
33208	.....	A	Insertion of heart pacemaker	7.51	10.60	1.56	19.67	090	N
33210	.....	A	Insertion of heart electrode	3.34	3.34	0.27	6.95	000	N
33211	.....	A	Insertion of heart electrode	3.44	3.34	0.27	7.05	000	N
33212	.....	A	Insertion of pulse generator	5.27	5.44	0.89	11.60	090	S
33213	.....	A	Insertion of pulse generator	6.22	5.44	0.89	12.55	090	S
33214	.....	A	Upgrade of pacemaker system	7.51	5.46	1.07	14.04	090	S
33216	.....	A	Revision implanted electrode	5.13	5.08	0.56	10.77	090	N
33217	.....	A	Insert/revise electrode	5.49	5.08	0.56	11.13	090	N
33218	.....	A	Repair pacemaker electrodes	5.08	4.64	0.63	10.35	090	S
33220	.....	A	Repair pacemaker electrode	5.16	4.64	0.63	10.43	090	S
33222	.....	A	Pacemaker aicd pocket	4.64	5.76	1.02	11.42	090	S
33223	.....	A	Pacemaker aicd pocket	6.21	5.76	1.02	12.99	090	S
33233	.....	A	Removal of pacemaker system	2.85	2.67	0.05	5.57	090	S
33234	.....	A	Removal of pacemaker system	4.23	4.79	0.38	9.40	090	S
33235	.....	A	Removal pacemaker electrode	5.62	5.27	0.56	11.45	090	S
33236	.....	A	Remove electrode/thoracotomy	11.80	4.02	0.63	16.49	090	S
33237	.....	A	Remove electrode/thoracotomy	12.80	9.33	1.83	23.99	090	S
33238	.....	A	Remove electrode/thoracotomy	14.30	10.40	2.03	26.74	090	S
33240	.....	A	Insert/replace pulse gener	7.28	5.44	0.89	13.61	090	S
33241	.....	A	Remove pulse generator only	2.85	2.07	0.40	5.32	090	S
33242	.....	A	Repair pulse generator/leads	5.92	8.32	1.56	15.80	090	S
33243	.....	A	Remove generator/thoracotomy	21.70	9.12	1.56	32.39	090	S
33244	.....	A	Remove generator	8.43	9.12	1.56	19.11	090	S
33247	.....	A	Insert/replace leads	9.87	15.10	2.39	27.41	090	S
33249	.....	A	Insert/replace leads/gener	12.90	19.00	3.23	35.21	090	S
33401	.....	A	Valvuloplasty, open	22.70	16.50	3.23	42.43	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.60	17.20	3.37	44.28	090	S
33406	.....	A	Replacement, aortic valve	31.50	30.80	5.39	67.79	090	S
33413	.....	A	Replacement, aortic valve	34.50	25.10	4.91	64.58	090	S
33414	.....	A	Repair, aortic valve	29.60	21.50	4.20	55.34	090	S
33417	.....	C	Repair of aortic valve	0.00	0.00	0.00	0.00	090	S
33460	.....	A	Revision of tricuspid valve	21.80	26.30	4.78	52.98	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.40	17.70	3.47	45.67	090	S
33464	.....	A	Valvuloplasty, tricuspid	26.10	19.00	3.71	48.89	090	S
33465	.....	A	Replace tricuspid valve	26.80	33.00	6.02	65.92	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.30	15.50	3.04	39.95	090	S
33475	.....	A	Replacement, pulmonary valve	27.60	20.10	3.93	51.67	090	S
33505	.....	A	Repair artery w/tunnel	25.60	18.60	3.64	47.95	090	S
33506	.....	A	Repair artery, translocation	25.60	18.60	3.64	47.95	090	S
33600	.....	A	Closure of valve	28.60	20.80	4.07	53.51	090	S
33602	.....	A	Closure of valve	27.60	20.10	3.93	51.67	090	S
33606	.....	A	Anastomosis/artery-aorta	29.60	21.50	4.20	55.34	090	S
33608	.....	A	Repair anomaly w/conduit	30.30	22.00	4.31	56.73	090	S
33610	.....	A	Repair by enlargement	29.60	21.50	4.20	55.34	090	S
33611	.....	A	Repair double ventricle	31.50	22.90	4.49	59.04	090	S
33612	.....	A	Repair double ventricle	32.40	23.50	4.61	60.61	090	S
33615	.....	A	Repair (simple fontan)	30.80	22.40	4.38	57.64	090	S
33617	.....	A	Repair by modified fontan	32.50	23.60	4.63	60.88	090	S
33619	.....	A	Repair single ventricle	35.70	26.00	5.08	66.88	090	S
33697	.....	A	Repair of heart defects	32.50	23.60	4.63	60.88	090	S
33698	.....	A	Repair of heart defects	33.50	24.40	4.77	62.73	090	S
33722	.....	A	Repair of heart defect	27.60	20.10	3.93	51.67	090	S
33732	.....	A	Repair heart-vein defect	27.30	19.90	3.89	51.20	090	S
33736	.....	A	Revision of heart chamber	20.10	14.60	2.87	37.75	090	S
33767	.....	A	Atrial septectomy/septostomy	23.60	17.20	3.37	44.28	090	S
33770	.....	A	Repair great vessels defect	32.30	23.50	4.59	60.41	090	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUs SUBJECT TO COMMENT—Continued

HCPCS[1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
33771	.....	A	Repair great vessels defect	33.50	24.40	4.77	62.73	090	S
33853	.....	A	Repair septal defect	30.60	22.20	4.34	57.19	090	S
33860	.....	A	Ascending aorta graft	31.50	35.10	6.25	72.93	090	S
33861	.....	A	Ascending aorta graft	33.50	35.10	6.25	74.91	090	S
33863	.....	A	Ascending aorta graft	35.50	35.10	6.25	76.88	090	S
33917	.....	A	Repair pulmonary artery	23.60	17.20	3.37	44.28	090	S
33918	.....	A	Repair pulmonary atresia	25.60	18.60	3.64	47.95	090	S
33919	.....	A	Repair pulmonary atresia	31.40	22.80	4.47	58.80	090	S
33920	.....	A	Repair pulmonary atresia	31.00	22.60	4.41	58.10	090	S
33922	.....	A	Transect pulmonary artery	22.70	16.50	3.23	42.43	090	S
33960	.....	A	External circulation assist	19.50	7.09	0.95	27.62	XXX	S
33961	.....	A	External circulation assist	11.00	7.09	0.95	19.09	XXX	S
33973	.....	A	Insert balloon device	9.87	7.62	1.01	18.50	000	S
33974	.....	A	Remove intra-aortic balloon	12.80	5.62	0.92	19.37	090	S
33975	.....	A	Implant ventricular device	19.70	14.30	2.80	36.89	090	S
33976	.....	A	Implant ventricular device	26.90	19.50	3.82	50.27	090	S
33977	.....	A	Remove ventricular device	17.20	12.50	2.46	32.28	090	S
33978	.....	A	Remove ventricular device	19.70	14.30	2.80	36.89	090	S
34502	.....	A	Reconstruct, vena cava	25.90	18.80	3.68	48.48	090	S
35390	.....	A	Reoperation, carotid	3.23	1.69	0.39	5.31	ZZZ	S
35623	.....	A	Bypass graft, not vein	15.50	8.15	1.90	25.64	090	S
35691	.....	A	Arterial transposition	16.80	19.80	3.85	40.58	090	S
35693	.....	A	Arterial transposition	14.10	9.50	1.93	25.60	090	S
35694	.....	A	Arterial transposition	18.00	9.43	2.19	29.63	090	S
35695	.....	A	Arterial transposition	18.00	9.43	2.19	29.63	090	S
35700	.....	A	Reoperation, bypass graft	3.11	1.63	0.38	5.12	ZZZ	S
35875	.....	A	Removal of clot in graft	9.17	8.60	1.67	19.14	090	S
35876	.....	A	Removal of clot in graft	13.00	8.30	1.67	23.02	090	S
35901	.....	A	Excision, graft, neck	7.33	7.26	1.48	16.07	090	S
35903	.....	A	Excision, graft, extremity	8.73	7.26	1.48	17.47	090	S
35905	.....	A	Excision, graft, thorax	17.00	7.26	1.48	25.82	090	S
35907	.....	A	Excision, graft, abdomen	17.80	7.26	1.48	26.62	090	S
37607	.....	A	Ligation of fistula	5.91	3.09	0.72	9.72	090	S
37790	.....	A	Penile venous occlusion	6.91	4.91	0.48	12.30	090	S
38102	.....	A	Removal of spleen, total	4.85	2.54	0.59	7.98	ZZZ	S
38746	.....	A	Remove thoracic lymph nodes	4.44	2.32	0.54	7.30	ZZZ	S
38747	.....	A	Remove abdominal lymph nodes	4.94	2.59	0.60	8.13	ZZZ	S
43205	.....	A	Esophagus endoscopy/ligation	3.81	2.71	0.18	6.70	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.83	4.11	0.37	7.31	000	N
43217	.....	A	Esophagus endoscopy	2.83	4.11	0.37	7.31	000	N
43226	.....	A	Esophagus endoscopy,dilation	2.37	3.48	0.26	6.11	000	N
43228	.....	A	Esophagus endoscopy,ablation	3.81	4.84	0.38	9.03	000	N
43244	.....	A	Upper gi endoscopy/ligation	4.62	3.29	0.21	8.12	000	N
43248	.....	A	Upper gi endoscopy/guidewire	3.18	2.26	0.15	5.59	000	N
43250	.....	A	Upper gi endoscopy/tumor	3.63	4.99	0.43	9.05	000	N
43259	.....	A	Endoscopic ultrasound exam	3.95	2.81	0.18	6.94	000	N
43261	.....	A	Endoscopy,bile duct/pancreas	6.34	6.05	0.39	12.78	000	N
43458	.....	A	Dilation of esophagus	1.03	2.54	0.27	3.84	000	N
43610	.....	A	Excision of stomach lesion	10.20	8.26	1.73	20.21	090	S
43611	.....	A	Excision of stomach lesion	12.50	8.26	1.73	22.56	090	S
43620	.....	A	Removal of stomach	21.20	15.50	3.23	40.04	090	S
43621	.....	A	Removal of stomach	21.70	15.50	3.23	40.49	090	S
43622	.....	A	Removal of stomach	23.00	15.50	3.23	41.85	090	S
43631	.....	A	Removal of stomach, partial	18.30	12.50	2.69	33.55	090	S
43632	.....	A	Removal stomach, partial	18.30	12.50	2.69	33.55	090	S
43633	.....	A	Removal stomach, partial	18.70	12.50	2.69	34.00	090	S
43634	.....	A	Removal stomach, partial	20.10	21.00	4.62	45.79	090	S
43635	.....	A	Partial removal of stomach	2.08	1.09	0.26	3.43	ZZZ	S
43638	.....	A	Partial removal of stomach	20.30	12.80	2.76	36.02	090	S
43639	.....	A	Removal stomach, partial	20.80	12.80	2.76	36.52	090	S
44364	.....	A	Small bowel endoscopy	4.18	4.78	0.73	9.69	000	N
44365	.....	A	Small bowel endoscopy	4.07	4.78	0.73	9.58	000	N
44376	.....	A	Small bowel endoscopy	5.43	3.86	0.25	9.54	000	N
44377	.....	A	Small bowel endoscopy	5.73	4.09	0.27	10.09	000	N
44378	.....	A	Small bowel endoscopy	7.48	5.33	0.35	13.16	000	N
44392	.....	A	Colonoscopy & polypectomy	4.08	5.30	0.71	10.09	000	N
44393	.....	A	Colonoscopy, lesion removal	4.89	5.47	0.71	11.07	000	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUs SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
44394	.....	A	Colonoscopy w/snare	4.08	5.30	0.71	10.09	000	N
44500	.....	A	Intro, gastrointestinal tube	0.37	0.26	0.02	0.65	000	N
44602	.....	A	Suture, small intestine	9.83	7.74	1.64	19.21	090	S
44603	.....	A	Suture, small intestine	13.00	9.19	1.98	24.25	090	S
44604	.....	A	Suture, large intestine	13.00	7.96	1.69	22.73	090	S
44605	.....	A	Repair of bowel lesion	14.06	9.47	2.04	25.57	090	S
44615	.....	A	Intestinal stricturoplasty	11.40	6.01	1.40	18.90	090	S
45308	.....	A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45309	.....	A	Proctosigmoidoscopy	1.93	1.14	0.20	3.27	000	S
45333	.....	A	Sigmoidoscopy & polypectomy	2.19	2.26	0.26	4.71	000	N
45338	.....	A	Sigmoidoscopy	2.19	2.26	0.26	4.71	000	N
45339	.....	A	Sigmoidoscopy	3.17	3.28	0.31	6.76	000	N
45384	.....	A	Colonoscopy	5.25	6.72	0.59	12.56	000	N
46281	.....	A	Closure of anal fistula	6.91	3.61	0.84	11.36	090	S
46611	.....	A	Anoscopy	1.53	0.86	0.15	2.54	000	S
46612	.....	A	Anoscopy; remove lesions	1.63	1.41	0.20	3.24	000	S
46615	.....	A	Anoscopy	2.71	1.57	0.25	4.53	000	S
46742	.....	A	Repair, imperforated anus	28.10	19.90	1.95	50.05	090	S
46744	.....	A	Repair, cloacal anomaly	31.50	22.40	2.19	56.19	090	S
46746	.....	A	Repair, cloacal anomaly	34.50	24.50	2.40	61.48	090	S
46748	.....	A	Repair, cloacal anomaly	38.40	27.30	2.67	68.49	090	S
48001	.....	A	Placement of drain, pancreas	15.70	8.22	1.91	25.84	090	S
48005	.....	A	Resect/debride pancreas	17.70	9.29	2.16	29.22	090	S
48146	.....	A	Pancreatectomy	21.90	16.60	1.94	40.58	090	S
48150	.....	A	Partial removal of pancreas	34.50	22.70	4.80	62.14	090	S
48152	.....	A	Pancreatectomy	31.30	22.70	4.80	58.92	090	S
48153	.....	A	Pancreatectomy	34.50	22.70	4.80	62.14	090	S
48154	.....	A	Pancreatectomy	31.30	22.70	4.80	58.92	090	S
48400	.....	A	Injection, intraoperative	1.97	1.04	0.24	3.25	ZZZ	S
48545	.....	A	Pancreatorrhaphy	14.80	7.75	1.81	24.37	090	S
48547	.....	A	Duodenal exclusion	21.40	11.20	2.61	35.23	090	S
48556	.....	C	Removal, allograft pancreas	0.00	0.00	0.00	0.00	090	S
49495	.....	A	Repair inguinal hernia, init	5.85	5.04	0.96	11.85	090	S
49496	.....	A	Repair inguinal hernia, init	8.46	5.10	1.09	14.65	090	S
49500	.....	A	Repair inguinal hernia	4.46	5.04	0.96	10.46	090	S
49501	.....	A	Repair inguinal hernia, init	7.34	5.10	1.09	13.53	090	S
49507	.....	A	Repair, inguinal hernia	7.48	5.10	1.09	13.67	090	S
49521	.....	A	Repair inguinal hernia, rec	9.53	5.10	1.09	15.72	090	S
49550	.....	A	Repair femoral hernia	7.05	4.66	0.98	12.69	090	S
49553	.....	A	Repair femoral hernia, init	7.48	4.66	0.98	13.12	090	S
49557	.....	A	Repair femoral hernia, recur	8.83	6.14	1.27	16.24	090	S
49561	.....	A	Repair incisional hernia	11.50	5.71	1.20	18.42	090	S
49565	.....	A	Rerepair abdominal hernia	9.59	6.48	1.37	17.44	090	S
49566	.....	A	Repair incisional hernia	11.50	6.48	1.37	19.36	090	S
49568	.....	A	Hernia repair w/mesh	4.94	2.59	0.60	8.13	ZZZ	S
49572	.....	A	Repair, epigastric hernia	5.41	5.66	1.19	12.26	090	S
49580	.....	A	Repair umbilical hernia	3.28	4.31	0.95	8.54	090	S
49582	.....	A	Repair umbilical hernia	5.19	4.66	0.95	10.80	090	S
49585	.....	A	Repair umbilical hernia	5.00	4.46	0.92	10.38	090	S
49587	.....	A	Repair umbilical hernia	6.00	4.46	0.92	11.38	090	S
50575	.....	A	Kidney endoscopy	14.10	10.00	0.98	25.16	000	S
50845	.....	A	Appendico-vesicostomy	19.70	14.00	1.37	35.13	090	S
51715	.....	A	Endoscopic injection/implant	3.78	2.68	0.27	6.73	000	S
54231	.....	A	Dynamic cavernosometry	2.51	1.78	0.18	4.47	000	S
54650	.....	A	Orchiopexy (fowler-stephens)	11.00	7.91	0.92	19.88	090	S
56311	.....	A	Laparoscopic lymph node biop	9.03	6.45	1.49	16.97	010	S
56312	.....	A	Laparoscopic lymphadenectomy	12.10	8.66	0.85	21.70	010	S
56313	.....	A	Laparoscopic lymphadenectomy	14.16	10.12	2.34	26.62	010	S
56316	.....	A	Laparoscopic hernia repair	6.24	4.56	0.95	11.75	090	S
56317	.....	A	Laparoscopic hernia repair	7.96	5.28	1.12	14.36	090	S
56320	.....	A	Laparoscopy, spermatic veins	6.32	4.45	0.45	11.22	090	S
56322	.....	A	Laparoscopy, vagus nerves	9.81	5.13	1.19	16.13	090	S
56323	.....	A	Laparoscopy, vagus nerves	11.78	6.16	1.43	19.37	090	S
56324	.....	A	Laparoscopy, cholecystoenter	12.03	9.26	1.95	23.24	090	S
56342	.....	A	Laparoscopic cholecystectomy	14.01	9.47	2.02	25.50	090	S
56632	.....	A	Extensive vulva surgery	16.80	21.50	4.56	42.96	090	S
57454	.....	A	Vagina examination & biopsy	1.28	1.22	0.26	2.76	000	S

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
58321	.....	A	Artificial insemination	0.93	0.72	0.15	1.80	000	S
58322	.....	A	Artificial insemination	1.11	0.72	0.15	1.98	000	S
58323	.....	A	Sperm washing	0.19	0.14	0.03	0.36	000	S
59409	.....	A	Obstetrical care	13.40	9.59	2.22	25.24	MMM	S
59410	.....	A	Obstetrical care	14.60	10.40	2.42	27.44	MMM	S
59425	.....	A	Antepartum care only	4.08	2.91	0.67	7.66	MMM	S
59426	.....	A	Antepartum care only	6.99	4.99	1.15	13.13	MMM	S
59514	.....	A	Cesarean delivery only	15.50	11.10	2.58	29.25	MMM	S
59515	.....	A	Cesarean delivery	16.70	11.90	2.76	31.44	MMM	S
61580	.....	A	Craniofacial approach, skull	29.20	21.20	4.15	54.61	090	S
61581	.....	A	Craniofacial approach, skull	33.10	24.10	4.71	61.98	090	S
61582	.....	A	Craniofacial approach, skull	30.10	21.80	4.27	56.26	090	S
61583	.....	A	Craniofacial approach, skull	34.30	24.90	4.88	64.20	090	S
61584	.....	A	Orbitocranial approach/skull	33.20	24.10	4.73	62.17	090	S
61585	.....	A	Orbitocranial approach/skull	37.20	27.00	5.29	69.55	090	S
61590	.....	A	Infratemporal approach/skull	40.40	29.40	5.74	75.63	090	S
61591	.....	A	Infratemporal approach/skull	42.40	30.80	6.03	79.33	090	S
61592	.....	A	Orbitocranial approach/skull	38.40	27.90	5.47	71.95	090	S
61595	.....	A	Transtemporal approach/skull	28.40	20.60	4.04	53.14	090	S
61596	.....	A	Transcochlear approach/skull	34.50	25.10	4.91	64.58	090	S
61597	.....	A	Transcondylar approach/skull	36.50	26.50	5.19	68.26	090	S
61598	.....	A	Transpetrosal approach/skull	32.10	23.30	4.57	60.14	090	S
61600	.....	A	Resect/excise cranial lesion	24.60	17.90	3.50	46.12	090	S
61601	.....	A	Resect/excise cranial lesion	26.40	19.20	3.76	49.45	090	S
61605	.....	A	Resect/excise cranial lesion	27.90	20.30	3.97	52.21	090	S
61606	.....	A	Resect/excise cranial lesion	37.40	27.20	5.31	69.92	090	S
61607	.....	A	Resect/excise cranial lesion	34.90	25.40	4.96	65.31	090	S
61608	.....	A	Resect/excise cranial lesion	40.60	29.50	5.77	76.00	090	S
61609	.....	A	Transect, artery, sinus	7.90	5.74	1.13	14.77	ZZZ	S
61610	.....	A	Transect, artery, sinus	23.60	17.20	3.37	44.28	ZZZ	S
61611	.....	A	Transect, artery, sinus	5.92	4.30	0.84	11.06	ZZZ	S
61612	.....	A	Transect, artery, sinus	17.70	12.90	2.53	33.22	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.80	28.90	5.67	74.53	090	S
61615	.....	A	Resect/excise lesion, skull	30.70	22.30	4.36	57.38	090	S
61616	.....	A	Resect/excise lesion, skull	41.70	30.30	5.93	78.04	090	S
61618	.....	A	Repair dura	15.70	11.40	2.24	29.51	090	S
61619	.....	A	Repair dura	19.70	14.30	2.80	36.89	090	S
66172	.....	A	Incision of eye	13.80	12.20	0.64	26.75	090	S
70541	.....	A	Magnetic image, head (mra)	1.83	11.40	0.78	14.08	XXX	N
70541	26	A	Magnetic image, head (mra)	1.83	0.67	0.10	2.60	XXX	N
70541	TC	A	Magnetic image, head (mra)	0.00	10.80	0.68	11.48	XXX	N
71555	.....	A	Magnetic imaging/chest (mra)	1.83	11.50	0.79	14.15	XXX	N
71555	26	A	Magnetic imaging/chest (mra)	1.83	0.73	0.11	2.67	XXX	N
71555	TC	A	Magnetic imaging/chest (mra)	0.00	10.80	0.68	11.48	XXX	N
72159	.....	A	Magnetic imaging/spine (mra)	1.82	12.60	0.85	15.33	XXX	N
72159	26	A	Magnetic imaging/spine (mra)	1.82	0.67	0.10	2.59	XXX	N
72159	TC	A	Magnetic imaging/spine (mra)	0.00	11.90	0.75	12.74	XXX	N
72198	.....	A	Magnetic imaging/pelvis(mra)	1.82	11.50	0.79	14.14	XXX	N
72198	26	A	Magnetic imaging/pelvis(mra)	1.82	0.73	0.11	2.66	XXX	N
72198	TC	A	Magnetic imaging/pelvis(mra)	0.00	10.80	0.68	11.48	XXX	N
73225	.....	A	Magnetic imaging/upper (mra)	1.75	11.40	0.78	14.00	XXX	N
73225	26	A	Magnetic imaging/upper (mra)	1.75	0.67	0.10	2.52	XXX	N
73225	TC	A	Magnetic imaging/upper (mra)	0.00	10.80	0.68	11.48	XXX	N
73725	.....	A	Magnetic imaging/lower (mra)	1.84	11.40	0.78	14.09	XXX	N
73725	26	A	Magnetic imaging/lower (mra)	1.84	0.67	0.10	2.61	XXX	N
73725	TC	A	Magnetic imaging/lower (mra)	0.00	10.80	0.68	11.48	XXX	N
74185	.....	A	Magnetic image/abdomen (mra)	1.82	11.50	0.79	14.14	XXX	N
74185	26	A	Magnetic image/abdomen (mra)	1.82	0.73	0.11	2.66	XXX	N
74185	TC	A	Magnetic image/abdomen (mra)	0.00	10.80	0.68	11.48	XXX	N
74190	.....	A	X-ray exam of peritoneum	0.32	1.38	0.10	1.80	XXX	N
74190	26	A	X-ray exam of peritoneum	0.32	0.13	0.02	0.47	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.25	0.08	1.33	XXX	N
74251	.....	A	X-ray exam of small bowel	0.48	1.46	0.11	2.05	XXX	N
74251	26	A	X-ray exam of small bowel	0.48	0.21	0.03	0.72	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.25	0.08	1.33	XXX	N
75553	.....	A	Magnetic image, myocardium	2.02	11.50	0.79	14.34	XXX	N
75553	26	A	Magnetic image, myocardium	2.02	0.73	0.11	2.86	XXX	N

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
75553	TC	A	Magnetic image, myocardium	0.00	10.80	0.68	11.48	XXX	N
75554	.....	A	Cardiac mri/function	1.85	11.50	0.79	14.17	XXX	N
75554	26	A	Cardiac mri/function	1.85	0.73	0.11	2.69	XXX	N
75554	TC	A	Cardiac mri/function	0.00	10.80	0.68	11.48	XXX	N
75555	.....	A	Cardiac mri/limited study	1.76	11.50	0.79	14.08	XXX	N
75555	26	A	Cardiac mri/limited study	1.76	0.73	0.11	2.60	XXX	N
75555	TC	A	Cardiac mri/limited study	0.00	10.80	0.68	11.48	XXX	N
76075	.....	A	Dual energy x-ray study	0.28	1.66	0.12	2.06	XXX	N
76075	26	A	Dual energy x-ray study	0.28	0.12	0.02	0.42	XXX	N
76075	TC	A	Dual energy x-ray study	0.00	1.54	0.10	1.64	XXX	N
76095	.....	A	Stereotactic breast biopsy	1.61	7.63	0.54	9.78	XXX	N
76095	26	A	Stereotactic breast biopsy	1.61	0.72	0.11	2.44	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.91	0.43	7.34	XXX	N
76975	.....	A	Gi endoscopic ultrasound	0.82	1.81	0.15	2.78	XXX	N
76975	26	A	Gi endoscopic ultrasound	0.82	0.34	0.05	1.21	XXX	N
76975	TC	A	Gi endoscopic ultrasound	0.00	1.47	0.10	1.57	XXX	N
77295	.....	A	Set radiation therapy field	4.62	29.00	1.95	35.57	XXX	N
77295	26	A	Set radiation therapy field	4.62	2.08	0.23	6.93	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.90	1.72	28.64	XXX	N
77419	.....	A	Weekly radiation therapy	3.64	1.63	0.23	5.50	XXX	N
77432	.....	A	Stereotactic radiation trmt	8.02	4.99	0.40	13.41	XXX	N
78807	.....	A	Nuclear localization/abscess	1.10	6.81	0.46	8.37	XXX	N
78807	26	A	Nuclear localization/abscess	1.10	0.49	0.07	1.66	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.32	0.39	6.71	XXX	N
90780	.....	A	Iv infusion therapy, 1 hour	0.00	1.07	0.08	1.15	XXX	N
90842	.....	A	Psychotherapy, 75–80 min	2.77	1.05	0.15	3.97	XXX	N
90911	.....	A	Anorectal biofeedback	2.17	1.14	0.27	3.58	000	N
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N
93018	.....	A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93268	.....	A	Ecg record/review	0.53	3.87	0.36	4.76	XXX	N
93268	26	A	Ecg record/review	0.53	0.40	0.05	0.98	XXX	N
93268	TC	A	Ecg record/review	0.00	3.47	0.31	3.78	XXX	N
93539	.....	A	Injection, cardiac cath	0.29	2.07	0.20	2.56	000	N
93540	.....	A	Injection, cardiac cath	0.29	2.07	0.20	2.56	000	N
93555	.....	A	Imaging, cardiac cath	0.82	6.32	0.42	7.56	XXX	N
93555	26	A	Imaging, cardiac cath	0.82	0.27	0.04	1.13	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	6.05	0.38	6.43	XXX	N
93556	.....	A	Imaging, cardiac cath	0.84	9.99	0.66	11.49	XXX	N
93556	26	A	Imaging, cardiac cath	0.84	0.46	0.07	1.37	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.53	0.59	10.12	XXX	N
93619	.....	A	Electrophysiology evaluation	7.40	18.20	1.42	27.08	000	N
93619	26	A	Electrophysiology evaluation	7.40	10.80	0.87	19.11	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.42	0.55	7.97	000	N
93624	.....	A	Electrophysiologic study	4.86	4.93	0.35	10.14	000	N
93624	26	A	Electrophysiologic study	4.86	3.02	0.21	8.09	000	N
93624	TC	A	Electrophysiologic study	0.00	1.91	0.14	2.05	000	N
93641	.....	A	Electrophysiology evaluation	5.54	14.40	1.11	21.10	000	N
93641	26	A	Electrophysiology evaluation	5.54	7.53	0.62	13.69	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93642	.....	A	Electrophysiology evaluation	4.94	14.30	1.11	20.35	000	N
93642	26	A	Electrophysiology evaluation	4.94	7.38	0.62	12.94	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.92	0.49	7.41	000	N
93650	.....	A	Ablate heart dysrhythm focus	10.60	16.10	1.35	28.16	000	N
93651	.....	A	Ablate heart dysrhythm focus	16.40	18.00	1.35	35.81	000	N
93652	.....	A	Ablate heart dysrhythm focus	17.80	18.00	1.35	37.26	000	N
93724	.....	A	Analyze pacemaker system	4.94	6.73	0.50	12.17	000	N
93724	26	A	Analyze pacemaker system	4.94	2.91	0.22	8.07	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.82	0.28	4.10	000	N
93731	.....	A	Analyze pacemaker system	0.46	0.80	0.07	1.33	XXX	N
93731	26	A	Analyze pacemaker system	0.46	0.32	0.03	0.81	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.48	0.04	0.52	XXX	N
93732	.....	A	Analyze pacemaker system	0.86	0.92	0.08	1.86	XXX	N
93732	26	A	Analyze pacemaker system	0.86	0.42	0.04	1.32	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.50	0.04	0.54	XXX	N
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N

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ADDENDUM C.—NEW AND REVISED CODES WITH RVUS SUBJECT TO COMMENT—Continued

HCPCS [1]	MOD	Status	Description	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total	Global period	Update
93735	.....	A	Analyze pacemaker system	0.51	0.85	0.08	1.44	XXX	N
93735	26	A	Analyze pacemaker system	0.51	0.43	0.04	0.98	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93922	.....	A	Extremity study	0.22	1.44	0.19	1.85	XXX	N
93922	26	A	Extremity study	0.22	0.33	0.05	0.60	XXX	N
93922	TC	A	Extremity study	0.00	1.11	0.14	1.25	XXX	N
93923	.....	A	Extremity study	0.41	2.73	0.35	3.49	XXX	N
93923	26	A	Extremity study	0.41	0.63	0.09	1.13	XXX	N
93923	TC	A	Extremity study	0.00	2.10	0.26	2.36	XXX	N
93924	.....	A	Extremity study	0.45	2.97	0.39	3.81	XXX	N
93924	26	A	Extremity study	0.45	0.68	0.10	1.23	XXX	N
93924	TC	A	Extremity study	0.00	2.29	0.29	2.58	XXX	N
95044	.....	A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95052	.....	A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95807	.....	A	Sleep study	1.68	6.84	0.52	9.04	XXX	N
95807	26	A	Sleep study	1.68	1.84	0.14	3.66	XXX	N
95807	TC	A	Sleep study	0.00	5.00	0.38	5.38	XXX	N
95808	.....	A	Polysomnography, 1–3	2.75	6.84	0.52	10.11	XXX	N
95808	26	A	Polysomnography, 1–3	2.75	1.84	0.14	4.73	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	5.00	0.38	5.38	XXX	N
95810	.....	A	Polysomnography, 4 or more	2.75	6.84	0.52	10.11	XXX	N
95810	26	A	Polysomnography, 4 or more	2.75	1.84	0.14	4.73	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	5.00	0.38	5.38	XXX	N
96405	.....	A	Intralesional chemo admin	0.53	0.38	0.03	0.94	000	S
96406	.....	A	Intralesional chemo admin	0.81	0.57	0.04	1.42	000	S
97250	.....	A	Myofascial release	0.45	0.35	0.04	0.84	000	N
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
99183	.....	A	Hyperbaric oxygen therapy	2.37	1.69	0.11	4.17	XXX	N
99217	.....	A	Observation care discharge	1.10	0.53	0.04	1.67	XXX	N
99238	.....	A	Hospital discharge day	1.07	0.52	0.04	1.63	XXX	N
99295	.....	A	Neonatal critical care	14.90	5.14	1.57	21.67	XXX	N
99296	.....	A	Neonatal critical care	7.46	2.49	0.78	10.73	XXX	N
99297	.....	A	Neonatal critical care	3.71	1.24	0.38	5.33	XXX	N
99354	.....	A	Prolonged service, office	1.15	0.53	0.06	1.74	XXX	P
99355	.....	A	Prolonged service, office	0.38	0.37	0.04	0.79	XXX	P
99356	.....	A	Prolonged service, inpatient	1.15	0.53	0.06	1.74	XXX	N
99357	.....	A	Prolonged service, inpatient	0.38	0.37	0.04	0.79	XXX	N
Q0109	.....	A	Occupational Therapy	1.02	0.35	0.11	1.48	XXX	N
Q0110	.....	A	Occupational Therapy	0.51	0.04	0.01	0.56	XXX	N

ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Malpractice
510	5	Birmingham, AL	0.981	0.913	0.824
510	4	Mobile, AL	0.964	0.911	0.824
510	2	North Central AL	0.970	0.867	0.824
510	1	Northwest AL	0.985	0.869	0.824
510	6	Rest of AL	0.975	0.851	0.824
510	3	Southeast AL	0.972	0.869	0.824
1020	1	Alaska	1.106	1.255	1.042
1030	5	Flagstaff (city), AZ	0.983	0.911	1.255
1030	1	Phoenix, AZ	1.003	1.016	1.255
1030	7	Prescott (city), AZ	0.983	0.911	1.255
1030	99	Rest of Arizona	0.987	0.943	1.255
1030	2	Tucson (city), AZ	0.987	0.989	1.255
1030	8	Yuma (city), AZ	0.983	0.911	1.255
520	13	Arkansas	0.960	0.856	0.302
2050	26	Anaheim-Santa Ana, CA	1.046	1.220	1.370
542	14	Bakersfield, CA	1.028	1.050	1.370
542	11	Fresno/Madera, CA	1.006	1.009	1.370
542	13	Kings/Tulare, CA	0.999	1.001	1.370
2050	18	Los Angeles, CA (1st of 8)	1.060	1.196	1.370
2050	19	Los Angeles, CA (2nd of 8)	1.060	1.196	1.370

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ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
2050	20	Los Angeles, CA (3rd of 8)	1.060	1.196	1.370
2050	21	Los Angeles, CA (4th of 8)	1.060	1.196	1.370
2050	22	Los Angeles, CA (5th of 8)	1.060	1.196	1.370
2050	23	Los Angeles, CA (6th of 8)	1.060	1.196	1.370
2050	24	Los Angeles, CA (7th of 8)	1.060	1.196	1.370
2050	25	Los Angeles, CA (8th of 8)	1.060	1.196	1.370
542	3	Marin/Napa/Solano, CA	1.012	1.198	1.370
542	10	Merced/surr. cntys, CA	1.018	1.009	1.370
542	12	Monterey/Santa Cruz, CA	1.023	1.108	1.370
542	1	N. coastal cntys, CA	1.003	1.072	1.370
542	2	NE rural CA	1.001	0.990	1.370
542	7	Oakland-Berkeley, CA	1.028	1.258	1.370
542	27	Riverside, CA	1.026	1.080	1.370
542	4	Sacramento/surr. cntys, CA	1.026	1.088	1.370
542	15	San Bernardino/E.cntrl CA	1.025	1.077	1.370
2050	28	San Diego/Imperial, CA	1.026	1.090	1.370
542	5	San Francisco, CA	1.038	1.303	1.370
542	6	San Mateo, CA	1.038	1.303	1.370
2050	16	Santa Barbara, CA	1.012	1.073	1.370
542	9	Santa Clara, CA	1.048	1.286	1.370
542	8	Stockton/surr. cntys, CA	1.019	1.027	1.370
2050	17	Ventura, CA	1.034	1.132	1.370
550	1	Colorado	0.999	0.988	0.683
10230	4	Eastern CT	0.999	1.053	1.036
10230	1	NW and N. central CT	1.002	1.071	1.025
10230	3	South central CT	1.018	1.103	1.188
10230	2	SW CT	1.053	1.139	1.231
570	1	Delaware	1.026	1.018	0.664
580	1	DC + MD/VA suburbs	1.059	1.168	0.947
590	3	Fort Lauderdale, FL	0.993	0.981	1.376
590	4	Miami, FL	1.034	1.025	1.641
590	2	N/NC Florida cities	0.975	0.932	1.108
590	1	Rest of Florida	0.966	0.871	1.108
1040	1	Atlanta, GA	0.975	1.022	0.752
1040	4	Rest of Georgia	0.956	0.841	0.752
1040	2	Small GA cities 02	0.962	0.895	0.752
1040	3	Small GA cities 03	0.961	0.869	0.752
1120	1	Hawaii	1.003	1.094	1.025
5130	12	North Idaho	0.965	0.917	0.889
5130	11	South Idaho	0.967	0.936	0.889
621	10	Champaign-Urbana, IL	0.965	0.920	1.137
621	16	Chicago, IL	1.044	1.114	1.773
621	3	De Kalb, IL	0.978	0.925	1.137
621	11	Decatur, IL	0.981	0.927	1.137
621	12	East St. Louis, IL	0.989	0.958	1.579
621	6	Kankakee, IL	0.972	0.925	1.137
621	8	Normal, IL	0.997	0.968	1.137
621	1	Northwest, IL	0.974	0.896	1.137
621	5	Peoria, IL	1.009	1.031	1.137
621	7	Quincy, IL	0.974	0.896	1.137
621	4	Rock Island, IL	0.995	0.958	1.137
621	2	Rockford, IL	1.010	1.018	1.137
621	13	Southeast IL	0.974	0.896	1.137
621	14	Southern IL	0.974	0.896	1.137
621	9	Springfield, IL	0.996	0.966	1.137
621	15	Suburban Chicago, IL	1.020	1.097	1.137
630	1	Metropolitan Indiana	0.998	0.963	0.547
630	3	Rest of Indiana	0.979	0.896	0.516
630	2	Urban Indiana	0.980	0.905	0.516
640	5	Des Moines (Polk/Warren), IA	0.997	0.966	0.666
640	3	North Central Iowa	0.971	0.916	0.666
640	2	Northeast Iowa	0.972	0.918	0.666
640	6	Northwest Iowa	0.969	0.890	0.666
640	4	S.cen. IA (excl Des Moines)	0.962	0.881	0.666
640	1	SE Iowa (incl Iowa City)	0.976	0.933	0.666
640	7	Southwest Iowa	0.968	0.900	0.666
740	5	Kansas City, KS	0.978	0.964	1.134
650	1	Rest of Kansas	0.953	0.893	1.134

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ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
740	4	Suburban Kansas City, KS	0.978	0.964	1.134
660	1	Lexington & Louisville, KY	0.984	0.917	0.667
660	3	Rest of Kentucky	0.974	0.875	0.667
660	2	Sm cities (city limits) KY	0.976	0.898	0.667
528	7	Alexandria, LA	0.985	0.889	0.808
528	3	Baton Rouge, LA	0.991	0.966	0.808
528	6	Lafayette, LA	0.982	0.928	0.808
528	4	Lake Charles, LA	0.975	0.907	0.808
528	5	Monroe, LA	0.979	0.880	0.808
528	1	New Orleans, LA	0.994	1.003	1.185
528	50	Rest of Louisiana	0.972	0.880	0.824
528	2	Shreveport, LA	1.003	0.940	0.808
21200	2	Central Maine	0.942	0.903	0.716
21200	1	Northern Maine	0.947	0.912	0.716
21200	3	Southern Maine	0.956	0.980	0.716
690	1	Baltimore/surr. cntys, MD	1.027	1.040	0.927
690	3	South + E. Shore MD	1.011	1.010	0.820
690	2	Western Maryland	1.006	1.013	0.843
700	2	Mass. Suburbs/rural (cities)	0.997	1.072	0.855
700	1	Massachusetts urban	1.002	1.131	0.855
710	1	Detroit, MI	1.059	1.091	1.736
710	2	Michigan, not Detroit	1.010	0.971	1.196
720	00	Minnesota (blue shield)	0.999	0.971	0.748
10240	00	Minnesota (travelers)	0.999	0.971	0.748
10250	1	Rest of Mississippi	0.960	0.838	0.650
10250	2	Urban MS (city limits)	0.966	0.902	0.650
740	3	K.C. (Jackson county), MO	0.978	0.964	1.179
740	2	N. K.C. (Clay/Platte), MO	0.978	0.964	1.179
11260	3	Rest of MO	0.950	0.847	1.179
740	6	Rural NW counties, MO	0.953	0.866	1.179
11260	2	Sm. E. cities, MO	0.954	0.838	1.179
740	1	St. Joseph, MO	0.950	0.867	1.179
11260	1	St. Louis/lg. E. cities, MO	0.988	0.964	1.352
751	1	Montana	0.967	0.926	0.718
655	00	Nebraska	0.960	0.883	0.435
1290	3	Elko & Ely (cities), NV	0.984	1.026	1.144
1290	1	Las Vegas, et al (cities), NV	1.036	1.082	1.144
1290	2	Reno, et al (cities), NV	1.008	1.141	1.144
1290	99	Rest of Nevada	1.020	1.079	1.144
780	40	New Hampshire	0.962	1.011	0.602
860	2	Middle New Jersey	1.034	1.070	1.153
860	1	Northern New Jersey	1.040	1.131	1.153
860	3	Southern New Jersey	1.016	1.030	1.153
1360	5	New Mexico	0.981	0.925	0.767
801	1	Buffalo/surr. cntys, NY	1.006	0.942	0.963
803	1	Manhattan, NY	1.059	1.255	1.647
801	3	N. central cities, NY	0.997	0.952	0.963
803	2	NYC suburbs/Long Is., NY	1.060	1.229	1.929
803	3	Poughkpsie/N.NYC suburbs	1.004	1.018	1.325
14330	4	Queens, NY	1.059	1.255	1.861
801	2	Rochester/surr. cntys, NY	1.021	1.017	0.963
801	4	Rest of New York	0.988	0.935	0.963
5535	00	North Carolina	0.968	0.902	0.378
820	1	North Dakota	0.965	0.895	0.688
16360	00	Ohio	0.993	0.951	0.920
1370	00	Oklahoma	0.969	0.911	0.516
1380	2	Eugene, et al (cities), OR	0.968	1.008	0.951
1380	1	Portland, et al (cities), OR	0.993	1.033	0.951
1380	99	Rest of Oregon	0.979	0.997	0.951
1380	3	Salem, et al (cities), OR	0.974	0.990	0.951
1380	12	SW OR. cities(city limits)	0.974	0.988	0.951
865	2	Lg. Pennsylvania cities	1.008	1.001	1.440
865	1	Philly/Pitt med schs/hosps	1.014	1.014	1.552
865	4	Rest of Pennsylvania	0.975	0.929	0.986
865	3	Small Pennsylvania cities	0.984	0.945	0.986
973	20	Puerto Rico	0.882	0.763	0.466
870	1	Rhode Island	1.009	0.998	0.734
880	1	South Carolina	0.971	0.874	0.448

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

ADDENDUM D.—GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
820	2	South Dakota	0.951	0.857	0.688
5440	35	Tennessee	0.969	0.896	0.407
900	29	Abilene, TX	0.971	0.888	0.504
900	26	Amarillo, TX	0.972	0.900	0.504
900	31	Austin, TX	0.969	0.968	0.504
900	20	Beaumont, TX	0.998	0.955	0.504
900	9	Brazoria, TX	1.025	0.955	0.504
900	10	Brownsville, TX	0.980	0.888	0.504
900	24	Corpus Christi, TX	0.976	0.944	0.504
900	11	Dallas, TX	0.996	0.971	0.504
900	12	Denton, TX	0.996	0.971	0.504
900	14	El Paso, TX	0.995	0.894	0.504
900	28	Fort Worth, TX	0.973	0.936	0.504
900	15	Galveston, TX	0.982	0.968	0.504
900	16	Grayson, TX	0.964	0.903	0.504
900	18	Houston, TX	1.014	0.982	0.656
900	33	Laredo, TX	0.968	0.856	0.504
900	17	Longview, TX	0.968	0.929	0.504
900	21	Lubbock, TX	0.950	0.881	0.504
900	19	Mc Allen, TX	0.945	0.873	0.504
900	23	Midland, TX	1.023	0.998	0.504
900	2	Northeast rural Texas	0.968	0.883	0.504
900	13	Odessa, TX	1.008	0.971	0.504
900	25	Orange, TX	0.998	0.955	0.504
900	30	San Angelo, TX	0.954	0.902	0.504
900	7	San Antonio, TX	0.973	0.929	0.504
900	3	Southeast rural Texas	0.973	0.895	0.504
900	6	Temple, TX	0.969	0.886	0.504
900	8	Texarkana, TX	0.953	0.883	0.504
900	27	Tyler, TX	0.984	0.931	0.504
900	32	Victoria, TX	0.976	0.973	0.504
900	22	Waco, TX	0.981	0.871	0.504
900	4	Western rural Texas	0.961	0.852	0.504
900	34	Wichita Falls, TX	0.969	0.896	0.504
910	9	Utah	0.993	0.952	0.739
780	50	Vermont	0.942	0.941	0.533
10490	1	Richmond + Charlottesvl, VA	0.975	0.953	0.462
10490	4	Rest of Virginia	0.967	0.888	0.522
10490	3	Sm. town/industrial VA	0.971	0.892	0.531
10490	2	Tidewater + n. VA counties	0.989	0.994	0.703
973	50	Virgin Islands	1.000	1.000	1.000
1390	2	Seattle (King cnty), WA	1.019	1.049	1.064
1390	3	Spokane + Richlnd (cities), WA	0.996	0.995	1.064
1390	1	W + SE WA (excl Seattle)	1.008	0.992	1.064
16510	16	Charleston, WV	0.987	0.962	0.688
16510	18	Eastern valley, WV	0.962	0.881	0.688
16510	19	Ohio River valley, WV	0.962	0.881	0.688
16510	20	Southern valley, WV	0.960	0.876	0.688
16510	17	Wheeling, WV	0.975	0.900	0.688
951	13	Central Wisconsin	0.960	0.888	0.762
951	40	Green Bay, WI (northeast)	0.979	0.913	0.762
951	54	Janesville, WI (s-central)	0.970	0.905	0.762
951	19	La Crosse, WI (w-central)	0.976	0.919	0.762
951	15	Madison, WI (dane county)	0.977	0.979	0.762
951	46	Milwaukee suburbs, WI (SE)	1.010	1.008	0.762
951	4	Milwaukee, WI	1.008	1.009	0.762
951	12	Northwest Wisconson	0.966	0.898	0.762
951	60	Oshkosh, WI (E-central)	0.974	0.911	0.762
951	14	Southwest Wisconsin	0.960	0.888	0.762
951	36	Wausau, WI (N-central)	0.971	0.898	0.762
825	21	Wyoming	0.988	0.938	0.641

Note: Work GPCI is the ¼ work GPCI required by Public Law 101–239.

[1] All numeric CPT HCPCS Copyright 1993 American Medical Association.
[2] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.

Addendum E—Procedure Codes Subject to the Site-of-Service Differential

This addendum replaces Addendum D in the November 25, 1992, final notice (57 FR 56157) and lists the codes that will be subject to the site-of-service differential in 1994.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
10040	Acne surgery.
10060	Drainage of skin abscess.
10061	Drainage of skin abscess.
10080	Drainage of pilonidal cyst.
10120	Remove foreign body.
10121	Remove foreign body.
10140	Drainage of hematoma/fluid.
10160	Puncture drainage of lesion.
11000	Surgical cleansing of skin.
11001	Additional cleansing of skin.
11040	Surgical cleansing, abrasion.
11041	Surgical cleansing of skin.
11050	Trim skin lesion.
11051	Trim 2 to 4 skin lesions.
11052	Trim over 4 skin lesions.
11100	Biopsy of skin lesion.
11101	Biopsy, each added lesion.
11200	Removal of skin tags.
11201	Removal of added skin tags.
11300	Shave skin lesion.
11301	Shave skin lesion.
11302	Shave skin lesion.
11305	Shave skin lesion.
11306	Shave skin lesion
11307	Shave skin lesion.
11310	Shave skin lesion.
11311	Shave skin lesion.
11312	Shave skin lesion.
11400	Removal of skin lesion.
11401	Removal of skin lesion.
11402	Removal of skin lesion.
11403	Removal of skin lesion.
11420	Removal of skin lesion.
11421	Removal of skin lesion.
11422	Removal of skin lesion.
11423	Removal of skin lesion.
11440	Removal of skin lesion.
11441	Removal of skin lesion.
11442	Removal of skin lesion.
11443	Removal of skin lesion.
11600	Removal of skin lesion.
11601	Removal of skin lesion.
11602	Removal of skin lesion.
11603	Removal of skin lesion.
11620	Removal of skin lesion.
11621	Removal of skin lesion.
11622	Removal of skin lesion.
11623	Removal of skin lesion.
11640	Removal of skin lesion.
11641	Removal of skin lesion.
11642	Removal of skin lesion.
11643	Removal of skin lesion.
11700	Scraping of 1–5 nails.
11701	Scraping of additional nails.
11710	Scraping of 1–5 nails.
11711	Scraping of additional nails.
11730	Removal of nail plate.
11731	Removal of second nail plate.
11732	Remove additional nail plate.
11740	Drain blood from under nail.
11750	Removal of nail bed.
11760	Reconstruction of nail bed.
11762	Reconstruction of nail bed.
11765	Excision of nail fold, toe.
11900	Injection into skin lesions.
11901	Added skin lesion injections.
15851	Removal of sutures.
16000	Initial treatment of burn(s).
16010	Treatment of burn(s).
16020	Treatment of burn(s).
16025	Treatment of burn(s).
17000	Destroy benign/premal lesion.
17001	Destruction of add'l lesions.
17002	Destruction of add'l lesions.
17010	Destruction skin lesion(s).
17100	Destruction of skin lesion.
17101	Destruction of 2nd lesion.
17102	Destruction of add'l lesions.
17104	Destruction of skin lesions.
17105	Destruction of skin lesions.
17110	Destruction of skin lesions.
17200	Electrocautery of skin tags.
17201	Electrocautery added lesions.
17250	Chemical cautery, tissue.
17304	Chemosurgery of skin lesion.
17305	2nd stage chemosurgery.
17306	3rd stage chemosurgery.
17307	Followup skin lesion therapy.
17310	Extensive skin chemosurgery.
17340	Cryotherapy of skin.
17360	Skin peel therapy.
19000	Drainage of breast lesion.
20000	Incision of abscess.
20500	Injection of sinus tract.
20520	Removal of foreign body.
20550	Inj tendon/ligament/cyst.
20600	Drain/inject joint/bursa.
20605	Drain/inject joint/bursa.
20610	Drain/inject joint/bursa.
20615	Treatment of bone cyst.
21030	Removal of face bone lesion.
24650	Treat radius fracture.
25500	Treat fracture of radius.
25600	Treat fracture radius/ulna.
26010	Drainage of finger abscess.
26600	Treat metacarpal fracture.
26720	Treat finger fracture, each.
28001	Drainage of bursa of foot.
28010	Incision of toe tendon.
28108	Removal of toe lesions.
28124	Partial removal of toe.
28126	Partial removal of toe.
28153	Partial removal of toe.
28160	Partial removal of toe.
28190	Removal of foot foreign body.
28230	Incision of foot tendon(s).
28232	Incision of toe tendon.
28234	Incision of foot tendon.
28270	Release of foot contracture.
28272	Release of toe joint, each.
28470	Treat metatarsal fracture.
28475	Treat metatarsal fracture.
28490	Treat big toe fracture.
28510	Treatment of toe fracture.
28515	Treatment of toe fracture.
29065	Application of long arm cast.
29075	Application of forearm cast.
29085	Apply hand/wrist cast.
29105	Apply long arm splint.
29125	Apply forearm splint.
29126	Apply forearm splint.
29130	Application of finger splint.
29200	Strapping of chest.
29260	Strapping of elbow or wrist.
29345	Application of long leg cast.
29355	Application of long leg cast.
29365	Application of long leg cast.
29405	Apply short leg cast.
29425	Apply short leg cast.
29435	Apply short leg cast.
29440	Addition of walker to cast.
29515	Application lower leg splint.
29520	Strapping of hip.
29530	Strapping of knee.
29540	Strapping of ankle.
29550	Strapping of toes.
29580	Application of paste boot.
29700	Removal/revision of cast.
29705	Removal/revision of cast.
30100	Intranasal biopsy.
30110	Removal of nose polyp(s).
30200	Injection treatment of nose.
30210	Nasal sinus therapy.
30901	Control of nosebleed.
31000	Irrigation maxillary sinus.
31505	Diagnostic laryngoscopy.
31575	Diagnostic laryngoscopy.
36400	Drawing blood.
36425	Establish access to vein.
36470	Injection therapy of vein.
36471	Injection therapy of veins.
36500	Insertion of catheter, vein.
40490	Biopsy of lip.
40808	Biopsy of mouth lesion.
40810	Excision of mouth lesion.
40812	Excise/repair mouth lesion.
41100	Biopsy of tongue.
41108	Biopsy of floor of mouth.
42100	Biopsy roof of mouth.
42330	Removal of salivary stone.
42650	Dilation of salivary duct.
42800	Biopsy of throat.
45300	Proctosigmoidoscopy.
45303	Proctosigmoidoscopy.
45330	Sigmoidoscopy, diagnostic.
46083	Incise external hemorrhoid.
46221	Ligation of hemorrhoid(s).

† 1994 New Code.
* Subject to the site of service differential beginning January 1, 1994.
** All numeric CPT HCPCS copyright 1993 American Medical Association.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
46230	Removal of anal tabs.
46320	Removal of hemorrhoid clot.
46500	Injection into hemorrhoids.
46600	Diagnostic anoscopy.
46604	Anoscopy and dilation.
46614	Anoscopy; control bleeding.
†46615	Anoscopy.
46900	Destruction, anal lesion(s).
46934	Destruction of hemorrhoids.
46936	Destruction of hemorrhoids.
46945	Ligation of hemorrhoids.
51700	Irrigation of bladder.
51705	Change of bladder tube.
51720	Treatment of bladder lesion.
53600	Dilate urethra stricture.
53601	Dilate urethra stricture.
53620	Dilate urethra stricture.
53621	Dilate urethra stricture.
53660	Dilation of urethra.
53661	Dilation of urethra.
53670	Insert urinary catheter.
54235	Penile injection.
55000	Drainage of hydrocele.
56501	Destruction, vulva lesion(s).
57100	Biopsy of vagina.
57150	Treat vagina infection.
57160	Insertion of pessary.
57452	Examination of vagina.
57454	Vagina examination & biopsy.
57500	Biopsy of cervix.
57505	Endocervical curettage.
57510	Cauterization of cervix.
57511	Cryocautery of cervix.
58100	Biopsy of uterus lining.
†59425	Antepartum care only.
†59426	Antepartum care only.
60100	Biopsy of thyroid.
64400	Injection for nerve block.
64405	Injection for nerve block.
64413	Injection for nerve block.
64418	Injection for nerve block.
64425	Injection for nerve block.
64440	Injection for nerve block.
64441	Injection for nerve block.
64445	Injection for nerve block.
64450	Injection for nerve block.
64505	Injection for nerve block.
64550	Apply neurostimulator.
64565	Implant neuroelectrodes.
64640	Injection treatment of nerve.
65205	Remove foreign body from eye.
65210	Remove foreign body from eye.
65220	Remove foreign body from eye.
65222	Remove foreign body from eye.
65430	Corneal smear.
65435	Curette/treat cornea.
66761	Revision of iris.
67145	Treatment of retina.
67210	Treatment of retinal lesion.
67228	Treatment of retinal lesion.
67505	Inject/treat eye socket.
67515	Inject/treat eye socket.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
67700	Drainage of eyelid abscess.
67800	Remove eyelid lesion.
67801	Remove eyelid lesions.
67810	Biopsy of eyelid.
67820	Revise eyelashes.
67825	Revise eyelashes.
67840	Remove eyelid lesion.
67850	Treat eyelid lesion.
68020	Incise/drain eyelid lining.
68110	Remove eyelid lining lesion.
68200	Treat eyelid by injection.
68440	Incise tear duct opening.
68760	Close tear duct opening.
68761	Close tear duct opening.
68800	Dilate tear duct opening(s).
68820	Explore tear duct system.
68830	Reopen tear duct channel.
68840	Explore/irrigate tear ducts.
69000	Drain external ear lesion.
69020	Drain outer ear canal lesion.
69100	Biopsy of external ear.
69200	Clear outer ear canal.
69210	Remove impacted ear wax.
69220	Clean out mastoid cavity.
69222	Clean out mastoid cavity.
69400	Inflate middle ear canal.
69401	Inflate middle ear canal.
69420	Incision of eardrum.
69433	Create eardrum opening.
69610	Repair of eardrum.
92002	Eye exam, new patient.
92004	Eye exam, new patient.
92012	Eye exam established pt.
92014	Eye exam & treatment.
92018	New eye exam & treatment.
92020	Special eye evaluation.
92070	Fitting of contact lens.
92100	Serial tonometry exam(s).
92120	Tonography & eye evaluation.
92130	Water provocation tonography.
92140	Glaucoma provocative tests.
92225	Special eye exam, initial.
92226	Special eye exam, subsequent.
92230	Eye exam with photos.
92311	Contact lens fitting.
92312	Contact lens fitting.
92352	Special spectacles fitting.
92353	Special spectacles fitting.
92504	Ear microscopy examination.
92506	Speech & hearing evaluation.
92507	Speech/hearing therapy.
92511	Nasopharyngoscopy.
92516	Facial nerve function test.
93797	Cardiac rehab.
93798	Cardiac rehab/monitor.
95831	Limb muscle testing, manual.
95832	Hand muscle testing, manual.
95833	Body muscle testing, manual.
95834	Body muscle testing, manual.
95851	Range of motion measurements.
95852	Range of motion measurements.
95857	Tensilon test.

ADDENDUM E.—PROCEDURE CODES SUBJECT TO THE SITE-OF-SERVICE DIFFERENTIAL—Continued

[This table replaces Addendum D in the November 25, 1992 final notice and lists the codes that will be subject to the site-of-service differential in 1994.]

HCPCS**	Description
†96405	Intralesional chemo admin.
†96406	Intralesional chemo admin.
96440	Chemotherapy, intracavitary.
99201	Office/outpatient visit, new.
99202	Office/outpatient visit, new.
99203	Office/outpatient visit, new.
99204	Office/outpatient visit, new.
99205	Office/outpatient visit, new.
99211	Office/outpatient visit, est.
99212	Office/outpatient visit, est.
99213	Office/outpatient visit, est.
99214	Office/outpatient visit, est.
99215	Office/outpatient visit, est.
*99241	Office consultation.
*99242	Office consultation.
*99243	Office consultation.
*99244	Office consultation.
*99245	Office consultation.
*99271	Confirmatory consultation.
*99272	Confirmatory consultation.
*99273	Confirmatory consultation.
*99274	Confirmatory consultation.
*99275	Confirmatory consultation.
†99354	Prolonged service, office.
†99355	Prolonged service, office.
A2000	Manipulation of spine.
H5300	Occupational therapy.
M0005	Office visits—two or more modal.
M0006	Office visits—with one modality.
M0007	Office visit combination of modal.
M0008	Office visit combination of modal.
M0101	Cutting or removal of corns.

Addendum F—Codes for Which an Additional Supply Payment is Allowed

This addendum replaces Addendum G, which was published in the November 25, 1991, final rule (56 FR 59811), and corrected in the September 15, 1992, correction notice (57 FR 42510). It lists procedures for which an additional amount for supplies may be payable if the procedures are performed in a physician's office. Because no changes were made to this list for the 1993 fee schedule for physicians' services, it was not included as an addendum to the November 25, 1992, final notice.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE

HCPCS*	Description
19101	Biopsy of breast.

†1994 New Code.
*Subject to the site of service differential beginning January 1, 1994.
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ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
19120	Removal of breast lesion.
19125	Excision, breast lesion.
19126	Excision, add'l breast lesion.
20200	Muscle biopsy.
20205	Deep muscle biopsy.
20220	Bone biopsy, trocar/needle.
20225	Bone biopsy, trocar/needle.
20240	Bone biopsy, excisional.
25111	Remove wrist tendon lesion.
28290	Correction of bunion.
28292	Correction of bunion.
28293	Correction of bunion.
28294	Correction of bunion.
28296	Correction of bunion.
28297	Correction of bunion.
28298	Correction of bunion.
28299	Correction of bunion.
32000	Drainage of chest.
36533	Insertion of access port.
37609	Temporal artery procedure.
38500	Biopsy/removal, lymph node(s).
43200	Esophagus endoscopy.
43202	Esophagus endoscopy, biopsy.
43220	Esophagus endoscopy, dilation.
43226	Esophagus endoscopy, dilation.
43234	Upper GI endoscopy, exam.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
43235	Upper GI endoscopy, diagnosis.
43239	Upper GI endoscopy, biopsy.
43245	Operative upper GI endoscopy.
43247	Operative upper GI endoscopy.
43250	Upper GI endoscopy/tumor.
43251	Operative upper GI endoscopy.
43458	Dilation of esophagus.
45378	Diagnostic colonoscopy.
45379	Colonoscopy.
45380	Colonoscopy and biopsy.
45382	Colonoscopy, control bleeding.
45383	Colonoscopy, lesion removal.
45384	Colonoscopy.
45385	Colonoscopy, lesion removal.
49080	Puncture, peritoneal cavity.
49081	Removal of abdominal fluid.
52005	Cystoscopy & ureter catheter.
52007	Cystoscopy and biopsy.
52010	Cystoscopy & duct catheter.
52204	Cystoscopy.
52214	Cystoscopy and treatment.
52224	Cystoscopy and treatment.
52234	Cystoscopy and treatment.
52235	Cystoscopy and treatment.
52240	Cystoscopy and treatment.
52250	Cystoscopy & radiotracer.

ADDENDUM F.—FACILITY-BASED PROCEDURES FOR WHICH ADDITIONAL AMOUNT FOR SUPPLIES MAY BE PAYABLE IF PERFORMED IN A PHYSICIAN'S OFFICE—Continued

HCPCS*	Description
52260	Cystoscopy & treatment.
52270	Cystoscopy & revise urethra.
52275	Cystoscopy & revise urethra.
52276	Cystoscopy and treatment.
52277	Cystoscopy and treatment.
52283	Cystoscopy and treatment.
52290	Cystoscopy and treatment.
52300	Cystoscopy and treatment.
52305	Cystoscopy and treatment.
52310	Cystoscopy and treatment.
52315	Cystoscopy and treatment.
57520	Conization of cervix.
58120	Dilation and curettage (d&c).
62270	Spinal fluid tap, diagnostic.
68761	Close tear duct opening.
85095	Bone marrow aspiration.
85102	Bone marrow biopsy.
96440	Chemotherapy, intracavitary.
96445	Chemotherapy, intracavitary.
96450	Chemotherapy, into CNS.

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†1994 New Code.
*Subject to the site of service differential beginning January 1, 1994.
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federal register

Thursday
December 2, 1993

Part III

Department of Health and Human Services

Health Care Financing Administration

Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update for Calendar Year 1994; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[BPD–774–FNC]

RIN 0938–AG25

Physician Performance Standard Rates of Increase for Federal Fiscal Year 1994 and Physician Fee Schedule Update for Calendar Year 1994

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Final notice with comment period.

SUMMARY: This notice announces the calendar year (CY) 1994 updates to the Medicare physician fee schedule and the Federal fiscal year (FY) 1994 performance standard rates of increase for expenditures and volume of physicians' services under the Medicare Supplementary Medical Insurance (Part B) program as required by sections 1848 (d) and (f), respectively, of the Social Security Act. The physician performance standard rates of increase for Federal FY 1994 are 8.6 percent for surgical services, 10.5 percent for primary care services, 9.2 percent for other nonsurgical services, and 9.3 percent for all physicians' services. The fee schedule update for CY 1994 is 10.0 percent for surgical services, 7.9 percent for primary care services, and 5.3 percent for other nonsurgical services.

This notice also references the surgical and nonsurgical designations for new and revised procedure codes in the Physicians' Current Procedural Terminology, to be used in applying the CY 1994 updates and for establishing and measuring expenditures under the MVPS for FY 1994. These designations appear in Addendum C of the final rule with comment period entitled "Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units under the Physician Fee Schedule for Calendar Year 1994 (BPD–770–FC)," published elsewhere in this **Federal Register** issue. The new and revised surgical and nonsurgical designations are subject to public comment. In addition, this notice addresses public comments on the "initial" procedure-specific list of surgical services published in our November 25, 1992, notice.

DATES: *Effective Date:* The performance standard rates of increase are effective on October 1, 1993. The Medicare physician fee schedule update is effective on January 1, 1994.

Applicability Date: The revised procedure-specific designations of surgical and nonsurgical services apply to payment for services furnished on or after January 1, 1994.

Comment Date: We will consider comments only on designations for new and revised surgical or nonsurgical procedures to be used in applying CY 1994 updates. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 31, 1994.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–774–FNC, P.O. Box 26688, Baltimore, MD 21207.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, D.C. 20201, or

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, MD 21207.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–774–FNC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

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SUPPLEMENTARY INFORMATION:

I. Background and Summary of Legislation

A. The Physician Fee Schedule Update and Medicare Volume Performance Standard (MVPS)

Section 1848 of the Social Security Act (the Act) requires the Secretary of Health and Human Services to—

- Establish annual updates to payment rates under the Medicare physician fee schedule, and
- Establish performance standard rates of increase to help control the rate of growth in expenditures for physicians' services.

Under section 1848(b)(1) of the Act, payment for physicians' services, except for anesthesia services, equals the product of the relative value units (RVUs) for a service, a geographic adjustment factor (GAF), and a conversion factor (CF). Anesthesia services are paid under a different relative value system, and payment is equal to the sum of the base and time units for the service multiplied by a geographically adjusted anesthesia-specific CF. The RVUs and anesthesia base units reflect the relative amount of resources used by physicians to furnish the service, and the GAF measures practice cost differences between areas. The geographically adjusted RVUs are multiplied by a CF to obtain the physician fee schedule payment amounts. The 1993 CFs are $14.052 for anesthesia services, $31.249 for nonsurgical services, and $31.962 for surgical services. (Note: The fee schedule for physicians' services for CY 1994 is not being published as a separate notice this year but is included in the final rule with comment period, "Revisions to Payment Policies and Adjustments to the Relative Value Units under the Physician Fee Schedule for Calendar Year 1994 (BPD–770–FC),"

published elsewhere in this Federal Register issue.)

1. Physician Fee Schedule Update

Section 1848(d) of the Act requires the Secretary to provide the Congress with her recommendation of a physician fee schedule update by April 15 of each year. Under section 1848(d)(2)(A) of the Act, the Secretary is required to consider a number of factors, including the following:

- The percentage change in the Medicare economic index (MEI), a measure of the change in the cost of operating a medical practice.
- The percentage by which actual expenditures for all physicians' services in the first preceding FY were less than or exceeded the actual expenditures in the second preceding FY.
- The relationship between the percentage determined above and the performance standard rate of increase for the same FY.
- Changes in the volume and intensity of services.
- Access to services.
- Other factors that may contribute to changes in volume and intensity of services or access to services.

On May 6, 1993, the Secretary recommended to the Congress a physician fee schedule update for CY 1994 of 10.2 percent for surgical services, 6.6 percent for primary care services, and 4.6 percent for nonsurgical services. The Secretary's update recommendation was based on our preliminary estimate of the MEI adjusted for our estimated rate of increase in expenditures compared to the MVPS for each category of physicians' services. For surgical and nonprimary care nonsurgical services, the Secretary recommended a reduction of 2.0 percentage points to meet the President's deficit reduction objectives. The Secretary's update recommendation is consistent with the President's FY 1994 budget, which included a proposal to base the CY 1994 update on the current law methodology less 2.0 percentage points for all services except primary care.

If the Congress does not set the update, section 1848(d)(3) of the Act establishes the process for updating the physician fee schedule. Under section 1848(d)(3), unless otherwise specified by the Congress, the fee schedule update for a category of physicians' services equals the appropriate update index (that is, the MEI) adjusted by the number of percentage points by which expenditures exceeded or were less than the performance standard rates of increase for the second preceding year for that category of physicians' services. That is, the CY 1994 update would equal the 1994 MEI increased or decreased by the difference between the rate of increase in expenditures for FY 1992 and the performance standard for that year. For 1993, the Secretary was required to establish separate updates for surgical and nonsurgical services. Beginning with the 1994 update, section 13511 of OBRA '93 requires the Secretary to establish separate updates for surgical services, primary care services, and other nonsurgical services. Before the enactment of OBRA '93, the maximum downward adjustment in the update was 2.5 percentage points in CYs 1994 and 1995 and 3.0 percentage points for any succeeding CY. However, section 13512(b) of OBRA '93 amended section 1848(d)(3)(B) of the Act to make the maximum downward adjustment for 1995 and any succeeding year 5.0 percentage points. There is no restriction on upward adjustments to the MEI.

While the Congress has not specifically set the level of physician fee schedule updates, section 13511 of OBRA '93 amended section 1848(d)(3)(A) of the Act by requiring the Secretary to reduce the CY 1994 MEI by 3.6 percentage points for surgical services and 2.6 percentage points for nonsurgical services other than primary care services. OBRA '93 also amended section 1848(d)(3)(A) to require the Secretary to reduce the MEI by 2.7 percentage points in 1995 for both surgical and nonprimary care nonsurgical services. Primary care services were exempt from the statutory reductions in the MEI in 1994 and 1995.

Section 1848(d)(1)(C) of the Act requires the Secretary to publish in the **Federal Register**, within the last 15 days of October, the update for the following CY.

2. MVPS Rates

Section 1848(f) of the Act requires the Secretary to establish performance standard rates of increase for Medicare expenditures and volume of physicians' services. We refer to these rates of increase as the MVPS rates. The use of performance standard rates of increase is intended to involve physicians in the effort to slow the unacceptably high annual rate of increase in expenditures by having physicians carefully evaluate their services and eliminate those that are inappropriate or ineffective.

The performance standard rates of increase are not limits on expenditures. Payments for services are not withheld if performance standard rates of increase are exceeded. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3)(A) of the Act, is adjusted to reflect the success or failure in meeting the performance standard rates of increase.

Section 1848(f) of the Act sets forth the process for establishing the performance standard rates of increase by requiring the Secretary to recommend to the Congress the physician performance standard rates of increase for the following Federal FY by not later than April 15. The Secretary has been required to recommend MVPS rates for surgical, nonsurgical, and all physicians' services. Beginning in 1994, section 13511 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) (Pub. L. 103–66), enacted on August 10, 1993, requires the Secretary to recommend separate MVPS rates for surgical, primary care, and other nonsurgical services. We defined surgical services in the May 3, 1990, **Federal Register** notice (55 FR 18668). On November 25, 1992, we revised this definition of surgical services for the purposes of establishing separate fee schedule updates for surgical and nonsurgical services and measuring the rates of increase in expenditures for each category of physicians' services under the MVPS (57 FR 56171). In making the recommendations, the Secretary is required to confer with organizations that represent physicians and to consider the following factors:

- Inflation.
- Changes in the number and age composition of Medicare enrollees under Part B (excluding risk HMO enrollees).
- Changes in technology.
- Evidence of inappropriate utilization of services.
- Evidence of lack of access to necessary physicians' services.
- Other appropriate factors as determined by the Secretary.

The Secretary recommended performance standard rates of increase for FY 1994 of 9.4 percent for surgical services, 7.6 percent for nonsurgical services, and 8.1 percent for all physicians' services, which included the effect of proposals in the President's FY 1994 budget. (The MVPS for all physicians' services has no practical effect on the update. It is published only because we are required to do so by section 1848(f) of the Act.)

If the Congress does not set the performance standard rates of increase, section 1848(f)(2) (A) and (B) of the Act requires the Secretary to set MVPS rates for all physicians' services and each category of physicians' services equal to the product of the following four factors reduced by a performance standard factor of 3.5 percentage points:

• 1.0 plus the Secretary's estimate of the weighted average percentage increase (divided by 100) in fees for all physicians' services or for the category of physicians' services for the portions of CY 1993 and CY 1994 contained in FY 1994.

• 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of Part B enrollees (excluding risk HMO enrollees) from FY 1993 to FY 1994.

• 1.0 plus the Secretary's estimate of the average annual percentage growth (divided by 100) in volume and intensity of all physicians' services or of the category of physicians' services for FY 1988 through FY 1993.

• 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services or of the category of physicians' services that will result from changes in law or regulations in FY 1994 as compared with expenditures for physicians' services in FY 1993.

Before enactment of OBRA '93, section 1848 of the Act specified a performance standard factor of 2.0 percentage points. Section 13512 of OBRA '93, however, amended section 1848(f)(2)(B) of the Act to increase the performance standard factor from 2.0 to 3.5 percentage points. Section 13511 of OBRA '93 made several other modifications to the MVPS, including amending section 1848(j)(1) of the Act to require the Secretary to create a separate MVPS rate of increase for the category of primary care services and include anesthesia services in the MVPS for surgical services. The amendments made by section 13511 of OBRA '93 are effective beginning with the FY 1994 MVPS rates of increase and the CY 1996 physician fee schedule update.

Section 1848(f)(1)(C) of the Act requires the Secretary to publish in the **Federal Register** within the last 15 days of October of each year the performance standard rates of increase for all physicians' services and for each category of physicians' services for the Federal FY that began on October 1 of that year.

3. Past Years' MVPS Rates and Physician Fee Schedule Updates

MVPS rates have been established under section 1848 of the Act since FY 1990. CY 1992 was the first year in which the update was affected by expenditures under the MVPS system. The following table illustrates the MVPS rates in each FY since their inception, the rate of increase in expenditures, and the corresponding update in the second subsequent CY.

FEE SCHEDULE UPDATE

Calendar year	MEI (percent)	Performance adjustment (percent)	Legislative adjustment (percent)	Update (percent)
CY 1992: All services	3.2	−0.9	−0.4	1.9
CY 1993:				
Surgical	2.7	0.4	.....	3.1
Nonsurgical	2.7	−1.9	.....	0.8
CY 1994:				
Surgical	2.3	11.3	−3.6	10.0
Primary care	2.3	5.6	0.0	7.9
Other nonsurgical	2.3	5.6	−2.6	5.3

MVPS

Fiscal year	MVPS (percent)	Actual (percent)	Difference (percent)
FY 1990 [1] All services	9.1	10.0	−0.9
FY 1991:			
Surgical	3.3	2.9	0.4
Nonsurgical	8.6	10.5	−1.9
FY 1992:			
Surgical	6.5	−4.8	11.3
Nonsurgical	11.2	5.6	5.6
FY 1993:			
Surgical	8.4	.....	.....
Nonsurgical	10.8	.....	.....
FY 1994:			
Surgical	8.6	.....	.....
Primary care	10.5	.....	.....
Other nonsurgical	9.2	.....	.....

[1] Separate MVPS rates for surgical and nonsurgical services were not required until FY 1991. Separate fee schedule updates were not required until CY 1993. Beginning with the CY 1994 fee schedule update and the FY 1994 MVPS, we are establishing separate updates and MVPS rates of increase for surgical, primary care, and other nonsurgical services.

B. Physicians' Services

Section 1848(f)(5)(A) of the Act defines physicians' services for purposes of the volume performance standard rates of increase as including other items or services (such as clinical diagnostic laboratory tests and radiology services), as specified by the Secretary, that are commonly performed by a physician or furnished in a physician's office. Section 1861(s) of the Act defines medical and other health services covered under Part B. As provided for in the FY 1990 performance standard rates of increase notice in the **Federal Register** on December 29, 1989 (54 FR 53819), we are including the following medical and other health services under section 1861(s) of the Act in the physician performance standard rates of increase if bills for the items are processed and paid for by Medicare carriers:

• Physicians' services.

• Services and supplies furnished incident to physicians' services.

• Outpatient physical therapy and speech therapy services, and outpatient occupational therapy services.

• Antigens prepared by or under the direct supervision of a physician.

• Services of physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, nurse practitioners, and clinical nurse specialists.

• Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests.

• X-ray, radium, and radioactive isotope therapy.

• Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations.

C. Definition of Surgical Services

On May 3, 1990, we published in the **Federal Register** a notice with comment period (55 FR 18668) that announced the definition of surgical services for purposes of the performance standard rates of increase for expenditures and volume of physicians' services, as

required by section 1848(j) of the Act. Surgical services were defined as follows:

• All services that were both classified under type of service as "surgery" and were performed by surgical specialists. Surgical specialists are listed below. As our listing of specialty codes was revised in 1992, we are including the revised specialty label in parentheses if the nomenclature has changed.

—General surgeon.
—Neurological surgeon. (Neurosurgeon.)
—Obstetrician. (Deleted.)
—Gynecologist. (Obstetrician/Gynecologist.)
—Ophthalmologist.
—Oral surgeon.
—Orthopedic surgeon.
—Otorhinolaryngologist.
—Plastic surgeon. (Plastic and reconstructive surgeon.)
—Proctologist. (Colorectal surgeon.)
—Thoracic surgeon.
—Urologist.
—Podiatrist.
—Dermatologist.
—Hand surgeon.
—Multi-specialty clinic.

• All services currently classified under type of service as "assistant at surgery."

The May 1990 definition was not procedure-specific because expenditures for a surgical service performed by a surgeon would be included under the surgical services performance standard while expenditures for the same service performed by a nonsurgeon would be included in the nonsurgical services performance standard. The May 1990 definition, therefore, was used to allocate expenditures in the surgical or nonsurgical performance standard based on the type of service and specialty—not according to procedure code. In our May 1990 notice defining surgical services, we stated that this definition would not lead to payment differentials by physician specialty and that any differential in annual updates because of separate performance standard rates would be procedure-specific without regard to specialty. We also stated our intention to define surgical services on a procedure-specific basis.

On December 28, 1990, we published the physician performance standard rates of increase for FY 1991 (55 FR 53356). We included in that notice a summary of the one comment we received on the May 1990 definition of surgical services. We made no changes to the definition in December 1990 from the May 1990 definition.

In our final notice published November 25, 1992 (57 FR 56168), we set forth a procedure-specific definition of surgical services for the purposes of the physician fee schedule update.

We consider a procedure to be surgical if the following conditions are met:

• In the HCFA Part B data system, the service is classified under "type of service" as a "surgery."

• The service is performed by surgical specialists more than 50 percent of the time.

The addendum to the November 1992 notice included the procedure codes that meet these criteria. We used full year 1991 data to determine whether a service was surgical for procedure codes in existence before January 1, 1992. For new procedure codes in 1992, we used 6 months of 1992 utilization data. For a procedure code that was new in 1993, as identified in the Physicians' Current Procedural Terminology (CPT), Fourth Edition, 1993, copyrighted by the American Medical Association, we did not have any data for determining how often the procedure is performed by surgical specialists and therefore whether the service should be subject to the update for surgical or nonsurgical services. These codes were determined to be surgical or nonsurgical based on the judgment of our medical staff. To assist us in making this determination, we considered the type-of-service classification within the CPT and the relationship of services represented by the new codes to surgical services meeting the above-described criteria. Because we do not have 1994 data, we are using a similar process for determining whether a new 1994 procedure code is subject to the surgical or nonsurgical services update. We used 6 months of 1993 data to ensure that the new 1993 procedure codes meet the criteria for being considered surgical services.

In 1992, we revised our specialty coding system. We require physicians to indicate their specialty when submitting claims on behalf of beneficiaries. Physicians can designate a specialty that is recognized by HCFA. We can then identify in the Medicare charge data the number of services and allowed charges for a particular service by physician specialty. Although the list of surgical services was generated primarily using the specialty codes in effect in 1991, the new specialty codes were used for determining whether a procedure code that was new in 1992 was surgical or nonsurgical. We are also using the new specialty coding system for determining the surgical/nonsurgical status for services that are new in 1993 and for making revisions to the listing of surgical services.

The new specialty codes and their designations follow:

Specialty	Status
Addiction medicine	Nonsurgical.
Cardiac surgery	Surgical.
Critical care	Nonsurgical.
Emergency medicine	Nonsurgical.
Endocrinology	Nonsurgical.
Hematology	Nonsurgical.
Hematology/Oncology	Nonsurgical.
Independent physiological laboratory.	Nonsurgical.
Interventional radiology	Nonsurgical.
Maxillofacial surgery	Surgical.
Medical oncology	Nonsurgical.
Neuropsychiatry	Nonsurgical.
Peripheral vascular disease	Nonsurgical.
Preventive medicine	Nonsurgical.
Radiation oncology	Nonsurgical.
Rheumatology	Nonsurgical.
Surgical oncology	Surgical.
Vascular surgery	Surgical.

Although section 13511 of OBRA '93 amended section 1848(j)(1) of the Act to include anesthesia services in the definition of surgical services, we are not considering anesthesiology as a surgical specialty. We believe the Congress intended to include only anesthesia associated with surgical services in the surgical services MVPS—not other services performed by anesthesiologists. This interpretation is consistent with language included in the conference report accompanying OBRA '93 (H.R. Rep. No. 103–213, 103d Congress, 1st Session 763 (1993)), which states that only anesthesia services paid on the basis of base and time units will be included in the surgical services MVPS. Thus, for the purposes of the MVPS for FY 1994 and subsequent years and the physician fee schedule update for CY 1996 and subsequent years, the surgical services MVPS will include anesthesia services paid on the basis of base and time units included in the CPT code range of 00100 through 01999.

In addition to developing a list of services that are subject to the separate surgical services update, we used our procedure-specific definition of surgical services for the purposes of establishing the MVPS and measuring performance beginning with FY 1994. This definition is consistent with our intentions stated in the May 1990 notice and differs from our earlier definition only in that it classifies a service as surgical or nonsurgical based on the percentage that the service is performed by a surgical or nonsurgical specialist. We invited comments on the listing of services published as an addendum to the November 1992 notice and our criteria for determining whether a

service is surgical or nonsurgical. We respond to those comments in section II. of this notice.

Published elsewhere in this **Federal Register** issue is the final rule with comment period entitled "Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units under the Physician Fee Schedule for CY 1994 (BPD–770–FNC)." Addendum B of that rule lists the relative value units and related information used in determining Medicare payments for 1994 for HCFA Common Procedure Coding System (HCPCS) codes. For purposes of the MVPS and the physician fee schedule, we have assigned the following surgical/nonsurgical indicators to these services:

Surgical/nonsurgical indicator	Interpretation
S	Services that are considered surgical.
N	Services that do not meet the criteria for being considered surgical services.
P	Primary care services. (As stated earlier, the Secretary is required to establish a separate MVPS in FY 1994 and a separate physician fee schedule update for CY 1994 for primary care services. We explain below which services are considered primary care.)
O	The physician fee schedule update does not apply.

The surgical/nonsurgical classifications for new and revised services are shown in Addendum C of BPD–770–FNC. We invite public comments on the designation of these new and revised codes.

D. Definition of Primary Care Services

Section 1848(j)(1) of the Act, as amended by section 13511 of OBRA '93, requires the Secretary to establish primary care services as a category of physicians' services for the purposes of the MVPS and fee schedule update and use the definition established in section 1842(i)(4) of the Act. Section 1842(i)(4) defines primary care services as "office medical services, emergency department services, home medical services, skilled nursing, intermediate care, and long-term care medical services, or nursing home, boarding home, domiciliary, or custodial care medical services." This language was the result of an amendment to the Act made by 4042(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) (Pub. L. 100–203), enacted on December 22, 1987.

The conference report accompanying OBRA '87 (H.R. Rep. No. 100–495, 100th Congress, 1st Session 594–595 (1987)) further specified that the following "current HCPCS (HCFA Common Procedure Coding System) procedure" codes be included in the definition of primary care services:

- Office visits (HCPCS codes 90000 through 90080);
- Home visits (HCPCS codes 90100 through 90170);
- Skilled nursing, intermediate care, and long-term care facility visits (HCPCS codes 90300 through 90370);
- Nursing home, boarding home, domiciliary, or custodial care medical visits (HCPCS codes 90400 through 90470); and
- Emergency department visits (HCPCS codes 90500 through 90570).

On January 1, 1993, Medicare began using a new visit coding system resulting in the deletion of the visit codes listed above. For the purposes of the physician fee schedule update and MVPS, the following procedure codes constitute primary care services under section 1842(i)(4) of the Act:

- Office visits (HCPCS codes 99201 through 99215);
- Home visits (HCPCS codes 99341 through 99353);
- Skilled nursing, intermediate care, and long-term care facility visits (HCPCS codes 99301 through 99313);
- Nursing home, boarding home, domiciliary, or custodial care medical visits (HCPCS codes 99321 through 99333); and
- Emergency department visits (HCPCS codes 99281 through 99285).

We are also including HCPCS codes 92002 and 92004 in the definition of primary care services for the purposes of the MVPS for FY 1994 and subsequent years and the physician fee schedule update for CY 1996 and subsequent years. These codes are being included in the definition of primary care services as a result of section 6102(e)(10) of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) (Pub. L. 101–239), enacted on December 19, 1989, which states "in applying section 1842(i)(4) * * * intermediate and comprehensive office visits for eye examinations and treatments (codes 92002 and 92004) shall be considered to be primary care services."

II. Analysis of and Responses to Public Comments

Our final notice in the November 25, 1992, **Federal Register** (57 FR 56168) set forth a procedure-specific definition of surgical services. We invited comments on the listing and on our criteria for determining whether a service is surgical or nonsurgical. We received 11 timely public comments, 9 from organizations and 2 from individuals. The comments and our responses to them follow:

[Interventional Radiology]

Comment: One commenter stated that "Interventional Radiology" should be added to the list of surgical specialties. According to this commenter, procedures performed by interventional radiologists are similar to those performed by surgeons but differ in that they are less invasive and involve a shorter recovery time for the patient than the analogous surgical procedures. This commenter believed that interventional radiologists pay malpractice premiums that are several times higher than the rates for general diagnostic radiologists, and their rates are similar to those paid for surgeons. Additionally, this commenter stated that by "including many commonly performed interventional radiology procedures under the heading 'General Surgical Procedures'" in the November 1992 final rulemaking revisions to the physician fee schedule RVUs (57 FR 55964), we already acknowledge the surgical nature of interventional radiology services. This commenter added that "other interventional procedures along with cardiac artery bypass surgery" are included under the heading "Cardiovascular Procedures" (57 FR 55963).

Response: Before 1992, we could not distinguish interventional radiologists from other physician specialists because they lacked a separate specialty code. In 1992, however, physicians were allowed to self-designate interventional radiology as one of 18 new specialty codes. While use of this new specialty code was not widespread in 1992 (only 98 physicians designated themselves as interventional radiologists), we reviewed the charge data for all services performed by interventional radiologists and found that approximately 73

percent of their allowed charges were for radiology services (in the CPT code range 70000 through 79999). Data are based on 100 percent claims data for specialty code "94," "Interventional Radiology." Services in the surgical section of the CPT coding system accounted for only 22.8 percent of the allowed charges performed by interventional radiologists.

Moreover, for general surgeons, 64 percent of their allowed charges were for surgical services. Thus, surgical services accounted for a significantly higher percentage of payments to a general surgeon than an interventional radiologist. Thus, we reject this commenter's belief that interventional radiologists are similar to general surgeons.

We note that even if we considered interventional radiology as a surgical specialty, this determination would have no immediate effect on services that we classified as surgical or nonsurgical. Interventional radiology accounted for only a small proportion of the procedures that this commenter recommended we reclassify from nonsurgical to surgical. The majority of the services in question were billed in 1992 by radiologists. It may be that these data actually show that use of the new specialty code for interventional radiology has not become widespread. We may revisit this issue in the future if use of the interventional radiology specialty code becomes more widespread.

Comment: One commenter stated that many interventional procedures are classified as nonsurgical while the analogous open surgical procedure is classified as surgical. This commenter believed that parallel surgical and interventional procedures being subject to different updates "will perpetuate historical inequities in payments based on which specialty is performing a service" and will "create perverse incentives to perform more expensive open procedures or to miscode percutaneous procedures."

Response: We accounted for both type of service and specialty in classifying percutaneous and open angioplasty procedures (CPT codes 35450 through 35460 and 35470 through 35476, respectively), as we do for other procedures. We found that the predominant performing specialists were surgical for the open procedures and nonsurgical for percutaneous procedures.

For open and transluminal atherectomy (CPT codes 35480 through 35485 and 35490 through 35495, respectively), we did not have charge data for classifying these services as surgical or nonsurgical. Because atherectomy is similar to angioplasty, we are using a surgical/nonsurgical classification for atherectomy that parallels angioplasty (that is, we consider open atherectomy as surgical, and percutaneous atherectomy as nonsurgical). We have reviewed 1993 charge data for the first 6 months of the CY and found our classification to be consistent with our criteria. The predominant performing specialists are surgeons for the open procedures, and nonsurgeons for the percutaneous procedures.

With regard to this commenter's argument that physicians will have "perverse incentives to perform more expensive open procedures or to miscode percutaneous procedures," we note that deliberate miscoding of a service in order to receive higher payment is an example of fraud and abuse that would make a physician liable to sanctions. We also believe that individual physicians' codes of ethics will preclude them from deliberately performing an open surgical procedure if the patient's condition warrants only a percutaneous procedure.

[Podiatry]

Comment: One commenter stated that classifying HCPCS code M0101 as a nonsurgical service is "contrary to the evident nature of the service." According to this commenter, code M0101 is defined as "cutting or removal of corns or callouses" and should appropriately be considered a surgical service.

Response: We agree with this comment. This service should be appropriately considered a surgical service, and we changed its type-of-service designation from "Medical Care" to "Surgery" and its classification for the purposes of the MVPS and update from "nonsurgical" to "surgical."

[Specialty Differential]

Comment: Two commenters objected to use of the criterion "performed by surgical specialists more than 50 percent of the time." These commenters suggested that we use only type of service in classifying a procedure as surgical or nonsurgical because the current definition effectively leads to differential payments by physician specialty. As an example, these commenters stated that CPT code 45300 (diagnostic proctosigmoidoscopy) is classified as surgical while CPT code 45336 (sigmoidoscopy with lesion removal) is nonsurgical. Similarly, another commenter stated that the creation of separate CFs creates the functional equivalent of a specialty differential. This commenter believed the separate surgical CF violates the law and should be eliminated.

Response: Section 1848(c)(6) of the Act states that the "Secretary may not vary the conversion factor or the number of relative value units for a physician's service based on whether the physician furnishing the service is a specialist or based on the type of specialty of the physician." This language prohibits the Secretary from making differential payments by physician specialty for the same service. With regard to the examples provided by these commenters, we will pay the same amount for CPT code 45300 regardless of the specialty of the physician. Similarly, payment for CPT code 45336 will also not vary by physician specialty. Thus, we are in compliance with section 1848(c)(6) of the Act.

We further note that section 1848(d)(1) states that "the conversion factor (or factors) for each year shall be the conversion factor (or factors) established * * * for the previous year * * * adjusted by the update or updates (established under paragraph (3)) for the year involved." Section 1848(d)(3) requires the Secretary to establish differential updates for surgical and nonsurgical services based on their respective rate of increase in expenditures compared to the MVPS. Thus, the law does not prohibit differential updates and CFs for surgical or nonsurgical services but instead makes them a requirement of section 1848(d)(1) and (d)(3) of the Act.

[Gastroenterology]

Comment: One commenter stated that it is inconsistent to apply global surgery rules to services that are not classified as surgical for purposes of the physician fee schedule update. This commenter provided a list of several gastroenterology procedures (CPT codes 43200, 43234, 43235, 43239, 43246, 43255, 43260, 43262, 45330, 45331, 45378, 45379, 45380, 45382, 45383, and 45385) that are subject to the global surgery rules but are not classified as surgical services, which should have their classification changed from nonsurgical to surgical. In addition to requesting that classification for these services be changed, this commenter requested that we consider a service surgical if it is classified as type-of-service surgery in the Medicare data systems and if the global surgery policy applies. This commenter added that gastroenterologists have been unfairly designated as nonsurgical specialists and requested that gastroenterologists,

similar to proctologists, be considered surgical specialists.

Response: Our initial definition of surgical services was published on May 3, 1990 (55 FR 18668). At that time, we stated that the type-of-service classification in the Medicare payment record and specialty would be used for purposes of the separate surgical and nonsurgical MVPS rates. We used the Medicare payment record because there was no other mechanism for measuring year-to-year growth in national Medicare expenditures for physicians' services. Because the Medicare payment record did not distinguish payment for individual procedures, we could not establish a procedural definition of surgical services. However, we stated our intention to "define surgical services on the procedure-specific basis." Since that time, we have made improvements in our data systems that have allowed us to establish a procedure-specific definition of surgical services. As we are using type of service and specialty for classifying services into surgical and nonsurgical categories, our definition is largely consistent with the one published in the May 1990 notice.

For the May 1990 notice, we consulted the American College for Gastrointestinal Endoscopy (ACGE). The ACGE urged exclusion of endoscopic procedures from the definition of surgical services, regardless of the specialty of the physician performing the service. We further note that the American College of Gastroenterologists (ACG) commented on our June 5, 1991, proposed rule implementing the Medicare physician fee schedule (57 FR 25792). The ACG stated that endoscopic procedures "are not surgical procedures" that should be subject to Medicare's global surgery rules. Similarly, the American Gastroenterological Association stated that "global payment for nonincisional procedures is totally inappropriate for the medical specialist, who often provides continuing care for a condition * * *". We also received a large volume of mail from individual physicians in response to our June 1991 proposed rule, stating that gastroenterology is not surgery. In our November 25, 1991, final rule implementing the physician fee schedule (56 FR 59592), we agreed with these comments and established a global surgical period of zero days for endoscopic services performed through an existing body orifice. That is, Medicare will pay separately for follow-up services that are provided beginning with the day following the date of service.

We continue to believe, in agreement with gastroenterologists and their representatives, that gastroenterology is not surgery. Therefore, we are rejecting this commenter's request that the listed gastroenterology procedures have their classification changed from nonsurgical to surgical. CPT code 43200 is already classified as a surgical service because it is predominantly performed by surgical specialists (for example, otolaryngologists). The remaining procedures on this commenter's list are performed overwhelmingly by specialists in gastroenterology and internal medicine. Thus, the services listed by this commenter do not meet the criteria for being considered a surgical service.

In response to the comment that gastroenterologists are similar to proctologists, we believe that these two types of specialists furnish distinctly different services. Colon and rectal surgeons (the nomenclature for proctology was changed in 1992) furnish services that require a separate incision and are not typically performed with an endoscope through an existing body orifice. Again, we note that many gastroenterologists and their representatives have written us in the past urging that gastroenterology be considered a nonsurgical specialty. Thus, we reject the comment that gastroenterologists have been unfairly excluded from the listing of surgical specialists.

[Multiple CFs]

Comment: One commenter opposed use of multiple CFs and urged us to use a single update factor. This commenter also stated that our criteria for classifying services as surgical or nonsurgical has resulted in anomalies. To illustrate this point, this commenter stated that CPT code 11900 (injection, intralesional; up to and including seven lesions) is technically similar to CPT code 90782 (therapeutic or diagnostic injection; subcutaneous or intramuscular), but only CPT code 11900 is classified as surgical. This commenter requested that our discretion be used for changing the status indicator if the data produce a questionable classification for a procedure. Additionally, this commenter requested that physicians or their representatives and the public be invited to participate in categorizing the type of service for the Medicare Part B data systems.

Response: Under current law, the Secretary does not have the authority to establish a single CF and physician fee schedule update. However, we welcome comments from individuals who believe that there are anomalies in our classification of services as surgical or nonsurgical. While we are using, as criteria, the type of service and the distribution of allowed services by physician specialty, we have used medical judgement to rectify inconsistencies with our classification when there are insufficient data for accurately classifying a procedure code as surgical or nonsurgical.

With regard to the example provided by this commenter, we have reviewed the charge data and found that CPT code 11900 is performed over 82 percent of the time by dermatologists—surgical specialists. CPT code 90782 is performed predominantly by internists, family and general practitioners. Although these services may be technically similar, it was our intent to consider both type of service and specialist when classifying a procedure as surgical or nonsurgical. CPT code 11900 is performed by surgical specialists and is appropriately considered a surgical service consistent with our definition. Similarly, CPT code 90782 is performed by medical specialists and is appropriately considered a nonsurgical service.

[Obstetrics and Gynecology]

Comment: One commenter stated we should use a clinical definition of surgery rather than making it data-based. According to this commenter, although some gynecological services are included in the surgery section of the CPT, they are not surgical procedures. For instance CPT codes 57150 (treatment of vaginal infection), 57160 (insertion of pessary), 57170 (diaphragm or cervical cap fitting), 59020 (fetal contraction stress test), and 59025 (fetal non-stress test) are services with a surgical classification, which more appropriately should be considered nonsurgical.

Response: We anticipate reexamining the current classification of services as surgical and nonsurgical, including the specific codes identified by the commenter, to determine if they make clinical sense. If we decide to change our criteria, we will publish changes through a rulemaking process.

Comment: One commenter stated that obstetricians and gynecologists are included separately in the listing of surgical specialties. The commenter believed that obstetrics and gynecology should be included as one specialty.

Response: Before 1992, Medicare's specialty coding system included separate specialty codes for Doctors of Osteopathy (D.O.) and Doctors of Medicine (M.D.) for some specialties. In 1992, we revised the specialty coding system and have one specialty code for

D.O. and M.D. obstetrician-gynecologists.

[Measuring Expenditures Under the MVPS]

Comment. One commenter stated that services should be included in the surgical services MVPS only if performed by surgeons. According to this commenter, surgeons do not have the ability to affect the practice patterns of nonsurgeons. Similarly, this commenter believed that services should receive the surgical update only if performed by surgeons.

Response: The law does not permit us to have specialty differentials in payment. Consequently, we believe services performed by nonsurgeons and classified as surgical need to be included in the surgical MVPS and vice-versa to avoid the introduction of payment differentials by physician specialty.

Comment: One commenter was concerned that the differential update for surgical and nonsurgical services in 1993 is a fundamental problem that compromises "the integrity of the fee schedule." According to this commenter, the separate update for surgical and nonsurgical services is inconsistent with the physician fee schedule, which was intended to establish "appropriate relative values for procedural and non-procedural services." This commenter requested that the fee schedule update process be revised to protect evaluation and management services.

This commenter also expressed concern about the "crude categorization of services into surgical and nonsurgical groups." According to this commenter, the rate of increase in volume and intensity for medical visits has been relatively consistent. Diagnostic tests and other nonsurgical procedures, however, have been growing rapidly. As a result, visit services have been subject to a reduced update in 1993 despite a "relatively flat increase in volume."

This commenter requested that the Secretary establish multiple categories of MVPS services provided that (1) volume growth within a category of physician services can be accurately measured, (2) volume changes for individual services within each category demonstrate less variation than volume changes between categories, and (3) the categorization of physician services can be clinically meaningful. According to this commenter, one visit service category may be sufficient for establishing an MVPS system that meets the above criteria. This commenter believed we will not make a recommendation of the appropriate number of MVPS categories without completing a simulation.

Response: Before enactment of OBRA '93, section 1848 of the Act required the Secretary to establish MVPS rates of increase only for surgical and nonsurgical services. OBRA '93 requires the Secretary to create a separate MVPS for primary care services. The Secretary has no discretion to create additional MVPS rates.

Although OBRA '93 creates a separate MVPS for primary care services, there is no certainty that the update for primary care will be equal to or higher than the update for surgical services. Once again, the Secretary, under section 1848 of the Act, does not have the discretion for setting the level of the physician fee schedule update.

With regard to this commenter's specific comments about establishing categories of physician services, we agree that the ability to measure volume growth within a category should be an essential prerequisite. We are confident of our ability to measure the rate of increase in expenditures at the procedure code level for the categories of physician services currently in existence. As stated earlier, we welcome comments on how our procedure code definition of surgical and nonsurgical services can be more clinically meaningful. We cannot redefine primary care services because we are required to use the statutory definition set forth in section 1842(i)(4) of the Act.

Comment: One commenter provided a list of services that have been designated as surgical but have professional and technical components. This commenter had two concerns about these procedure codes. First, this commenter was unsure why surgical services would have professional and technical components similar to diagnostic medical, radiology, or pathology services. Secondly, as these services have been designated as surgical, they are subject to Medicare's multiple surgery rules, which, the commenter states, have been applied inconsistently. As an example, this commenter stated that multiple surgery rules have applied to the professional component but not to the technical portion of the global service. Similarly, this commenter believed that in 1993, multiple surgery rules will apply to the professional and technical portions of some services but not to the global service.

Response: Application of Medicare's multiple surgery rules has been independent of the classification of services as either surgical or nonsurgical. That is, the multiple surgery rules would apply to the services listed by this commenter even if the services were designated as nonsurgical. For purposes of the physician fee schedule update, we decided which services should be subject to multiple surgery rules before classifying services as surgical or nonsurgical.

III. Provisions of This Final Notice

A. Physician Fee Schedule Update for CY 1994

Under the requirements of section 1848(d)(3) of the Act, the fee schedule update for CY 1994 will be 10.0 percent for surgical services, 7.9 percent for primary care services, and 5.3 percent for other nonsurgical services. We determined this update as follows:

	Surgical services (percent)	Primary care services (percent)	Nonsurgical services (percent)
1994 MEI ..	2.3	2.3	2.3
OBRA '93 Adjustment	−3.6	0.0	−2.6
MVPS Adjustment .	11.3	5.6	5.6
1994 Update	10.0	7.9	5.3

Applying these updates to the 1993 CFs of $31.249 for nonsurgical services and $31.962 for surgical services results in CFs of $35.158 for surgical services and $32.905 for nonprimary care nonsurgical services (other than anesthesia services) for 1994. The 1993 CF of $31.249 for all nonsurgical services will be updated by 7.9 percent to $33.718 for primary care services for 1994. The 1993 anesthesia CF of $14.052 will be updated by the nonsurgical services update to $14.797 for 1994.

The specific calculations to determine the fee schedule updates for physicians' services for CY 1994 are explained in section IV.A. of this notice.

B. Physician Performance Standard Rates of Increase for FY 1994

Under the requirements in section 1848(f)(2)(A) and (B) of the Act, we have determined that the performance standard rates of increase for physicians' services for FY 1994 are 8.6 percent for surgical services, 10.5 percent for primary care services, 9.2 percent for other nonsurgical services, and 9.3 percent for all physicians' services.

This determination is based on the following legislatively mandated factors:

Legislative factors	Surgical services (percent)	Primary Care services (percent)	Nonsurgical services (percent)
Inflation	2.6	2.6	2.7
Enrollment .	1.3	1.3	1.3
Volume and Intensity .	6.3	6.3	6.3
Legislation .	1.4	3.2	1.9
Performance Standard Factor	−3.5	−3.5	−3.5
Total ...	8.6	10.5	9.2

The specific calculations to determine the performance standard rates of increase for physicians' services for FY 1994 are explained in section IV.B. of this notice.

IV. Detail on Calculation of the CY 1994 Physician Fee Schedule Update and the FY 1994 Physician Performance Standard Rates of Increase

A. Physician Fee Schedule Update

1. The Percentage Change in the MEI

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1989 base weights, is comprised of two broad categories: (1) Physician's own time, and (2) physician practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents, wages and salaries and fringe benefits. These components are adjusted by the 10-year moving average percent change in output per manhour for the nonfarm business sector to eliminate double counting for productivity growth in physicians' offices and the general economy.

The physician practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average percent change in output per manhour for the nonfarm business sector. The physician practice expense component also includes the following categories of nonlabor inputs: office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. The table below presents a listing of the MEI cost categories with associated weights and percent changes for price proxies for the 1994 update. The CY 1994 MEI is 2.3 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX FOR THE CALENDAR YEAR 1994 UPDATE

[Annual Percent Change by Component [1]]

	1989 weights [2]	Percent changes
Medicare Economic Index Total	100.0	2.3
1. Physician's Own Time [3 4]	54.2	1.7
a. Wages and Salaries: Average Hourly Earnings private nonfarm, net of productivity	45.3	1.2
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	8.8	4.1
2. Physician Practice Expense [3 4]	45.8	3.0
a. Nonphysician Employee Compensation	16.3	2.0
1. Wages & Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	13.8	1.7
2. Fringe Benefits: Employment Cost Index, fringe benefit, white collar net of productivity	2.5	3.8
b. Office Expense: CPI–U, housing	10.3	2.8
c. Medical Materials and Supplies: PPI, ethical drugs/PPI, surgical appliances and supplies/CPI–U medical equipment and supplies (equally weighted)	5.2	4.2
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	4.8	5.8
e. Medical Equipment: PPI, medical instruments & equipment	2.3	2.3
f. Other Professional Expense	6.9	3.3
1. Professional Care: CPI–U, private transportation	1.4	2.9
2. Other: CPI–U, all items less food & energy	5.5	3.5
Addendum:		
Productivity: 10-year moving average of output per manhour nonfarm business sector	n/a	1.3
Physician's Own Time, not productivity adjusted	54.2	3.0
Wages and salaries, not productivity adjusted	45.3	2.5
Fringe benefits, not productivity adjusted	8.8	5.5
Nonphysician Employee Compensation, not productivity adjusted	16.3	3.3
Wages and salaries, not productivity adjusted	13.8	3.0
Fringe benefits, not productivity adjusted	2.5	5.1

[1] The rates of change are for the 12-month period ending June 30, 1993, which is the period used for computing the 1994 calendar year update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 9, 1993.

[2] The weights shown for the MEI components are the 1989 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Lespeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians services for calendar year 1989. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1989 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physician services.

[3] The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per manhour in the nonfarm business sector. For example, the wages and salaries component of Physician's Own Time is calculated by dividing the rate of growth in average hourly earnings by the 10-year moving average rate of growth of output per manhour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.025=1.025) by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.013=1.013) equals one plus the change in average hourly earnings net of the change in output per manhour (1.025/1.013=1.012). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision, the computer calculated quotient may differ from the quotient calculated from rounded individual percent changes.

[4] The average hourly earnings proxy, the Employment Cost Index proxies, as well as the CPI–U housing and CPI–U private transportation are published in the Current Labor Statistics Section of the Bureau of Labor Statistics' Monthly Labor Review. The remaining CPIs and PPIs in the revised index can be obtained from the Bureau of Labor Statistics' CPI Detailed Report or Producer Price Indexes.

[5] Derived from a HCFA survey of several major insurers (the latest available historical percent change data are for calendar year 1992). This is consistent with prior computations of the professional liability insurance component of the MEI.

n/a Productivity is factored into the MEI compensation categories as an adjustment to the price variables, therefore no explicit weight exists for productivity in the MEI.

2. Adjustment in Update

As required by section 1848(d)(3)(A) of the Act, as amended by section 13511 of OBRA '93, we are reducing the MEI by 3.6 percentage points for surgical services and 2.6 percentage points for nonsurgical services other than primary care services.

3. MVPS Performance Adjustment

As required by section 1848(d)(3)(B)(i) of the Act, we are increasing the MEI by 11.3 percentage points for surgical services and by 5.6 percentage points for primary care and other nonsurgical services to reflect the percentage increase in expenditures between FY 1991 and FY 1992 relative to the performance standard rate of increase for FY 1992.

Our estimate of the percentage growth in physicians' services between FY 1991 and FY 1992 is −4.8 percent for surgical services. Because the performance standard rate of increase for FY 1992 was 6.5 percent, the rate of increase in expenditures for surgical services was less than the performance standard rate of increase by 11.3 percentage points. For primary care and other nonsurgical services, the rate of increase in expenditures was 5.6 percent, 5.6 percentage points less than the performance standard rate of increase of 11.2 percent.

B. FY 1994 Physician Performance Standard Rates of Increase

Below we explain how we determined the increases for each of the four factors used in determining the performance standard rates of increase for FY 1994.

Factor 1—Weighted Average Percentage Increase in Fees for Physicians' Services (Before Applying Legislatively Mandated Reductions) for Months of CYs 1993 and 1994 Included in FY 1994

This factor was calculated as a weighted average of the fee increases that apply to FY 1994; that is, the fee increases that apply to the last 3 months of CY 1993 multiplied by 25 percent plus the fee increases that apply to the first 9 months of CY 1994 multiplied by 75 percent. Beginning with CY 1992, physicians' services are updated by a physician fee schedule update factor that is based on the MEI adjusted for several statutory factors. For instance, the MEI for 1994 is reduced for surgical services and nonsurgical services other than primary care services. The update factor for a category of physicians' services for CY 1994 is also adjusted by the number of percentage points that the rate of increase in expenditures in FY 1992 compared to FY 1991 exceeded or was less than the performance standard rate of increase for the category of physicians' services in FY 1992. Laboratory services are updated by increases in the Consumer Price Index for Urban Consumers (CPI–U). However, for CYs 1991 through 1993, section 1833(h)(2)(A)(ii)(III) of the Act establishes the update for laboratory services as 2.0 percent. For 1994, the laboratory update will be 0.0 percent, as required by section 1848(h)(2)(ii) of the Act, as amended by section 13551 of OBRA '93.

We are showing the MEI and CPI–U in Table 2 below and not the physician fee schedule or laboratory update due to a provision in section 4118(e) of the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) (Public Law 101–508), enacted on November 5, 1990, that amended section 1848(f)(2)(A)(iv) of the Act, which requires that this factor be equal to the fee increase before applying legislatively mandated changes in fees. The adjustments to the MEI for surgical, primary care, and other nonsurgical services for the physician fee schedule update and the difference between the CPI–U and legislated laboratory update are accounted for in Factor 4.

Table 2 shows the updates that were used to determine the weighted average percentage increase in physicians' fees.

TABLE 2.—MEI AND CPI-U FOR CYS 1993 AND 1994

	1993	1994
MEI	2.7	2.3
CPI-U	3.0	3.3

Physicians' services make up 94 percent of the total expenditures in the definition of physicians' services used for purposes of the performance standard rates of increase; laboratory services represent 6 percent.

In addition to the annual updates and individual weights of the above services, one other element has an effect on the rate of increase in physicians' fees. Section 1842(h)(1) of the Act provides for "participating physicians" who agree to accept Medicare payment as payment in full and to bill Medicare beneficiaries only for the 20 percent coinsurance amount and any unmet portion of the $100 annual deductible amount. Sections 1842(b)(4)(A)(iv) and 1848(a)(3) of the Act provide that nonparticipating physicians are paid 5 percent less for their Medicare services than participating physicians. The nonparticipating physicians are given an opportunity at the end of each CY to enroll as participating physicians for the next CY. Participation rates have increased each year, and we assume that this trend will continue. The increase in the number of participating physicians and the fact that they are paid at a rate higher than nonparticipating physicians also add to the rate of increase in the weighted average percentage increase in physicians' fees.

After taking into account all the elements described above, we estimate that the weighted average increase in fees for physicians' services in FY 1994 before applying legislatively mandated changes will be 2.6 percent for surgical services, 2.6 percent for primary care services, 2.7 percent for other nonsurgical services, and 2.7 percent for all physicians' services.

Factor 2—The Percentage Increase in the Average Number of Part B Enrollees From FY 1993 to FY 1994

We estimate that average Medicare Part B enrollment in FY 1994 will be 34.933 million. Decreasing that figure by the estimated enrollment in risk HMOs of 1.868 million (those enrolled in risk HMOs whose Medicare-covered medical care is paid for through the adjusted

average per capita cost mechanism and is therefore outside the scope of the MVPS) results in an estimate of 33.065 million Part B enrollees in FY 1994.

The corresponding figures for 1993 are estimated to be 34.273 million total Part B enrollees and 1.624 million risk HMO enrollees, which results in an estimate of 32.649 million Part B enrollees not in risk HMOs. We estimate that there will be 660,000 more Part B enrollees not in risk HMOs in FY 1994 than in FY 1993, which represents a 1.3 percent increase from FY 1993 to FY 1994 for surgical services, primary care services, other nonsurgical services, and all physicians' services.

Factor 3—Average Annual Growth in Volume and Intensity of Physicians' Services for FY 1989 Through FY 1993

Section 1848(f)(2)(A)(iii) of the Act requires the Secretary to estimate the average annual percentage growth in volume and intensity of physicians' services for FY 1989 through FY 1993. This estimate must be based upon information contained in the most recent annual report issued by the Board of Trustees of the Supplementary Medical Insurance Trust Fund (Trustees Report).

The data on the percentage increase in the volume and intensity in the Trustees Report are based on historical trends in increases in allowed charges. The performance standard rates of increase under this notice, however, must be applied against increases in expenditures; that is, incurred benefits. The Part B deductible remained at $75 throughout the 1989 through 1990 CY periods and at $100 from CY 1991 through CY 1993. The deductible was raised from $75 to $100 by section 1833(b) of the Act, as amended by section 4302 of OBRA '90 effective January 1, 1991. Although both allowed charges and expenditures have been increasing through the 1989 to 1993 period, the average rate of increase in expenditures was larger in the FY 1989 through FY 1991 and the FY 1992 through FY 1993 periods than the average rate of increase in allowed charges. However, for the FY 1990 through FY 1991 period, the average rate of increase in allowed charges was larger than the average rate of increase in expenditures due to the deductible being raised from $75 to $100.

Although we believe it would be consistent with a literal interpretation of section 1848(f)(2)(A)(iii) of the Act, it would be inappropriate to base the volume and intensity component on the 5-year growth in reasonable charges because of the effect of raising the deductible. We believe the most equitable approach is to compute the 5-year (FYs 1989 through 1993) average annual increase based on allowed charges and to adjust it by a factor that would account for the estimated effect of the deductible on expenditure growth in FY 1994 as compared with FY 1993.

Consistent with data contained in the Trustees Report, we estimated this component of the performance standard rates of increase using a definition of physicians' services that includes certain supplies and nonphysicians' services not otherwise included in computing the performance standard rates of increase (primarily durable medical equipment (DME) and ambulance services). We included data for these services because we were required to base the estimate on data contained in the Trustees Report, and it was not feasible to recompute the data from the 5-year period to exclude these supplies and nonphysicians' services. We believe the inclusion of these nonphysicians' supplies and services in this component has a minimal effect on the estimate because the component measures rates of change. Since DME and ambulance services constitute only about 10 percent of the total charges used in the Trustees Report, the rate of change for these nonphysicians' services and supplies would have to be significantly different from the rate of change for physicians' services to have any measurable impact on this volume and intensity increase factor. The volume increases for services performed in independent laboratories were included in the calculation of the physician increases. (Factor 3 is the only component of the performance standard rate of increase that was estimated using data that included nonphysicians' services and supplies.) The 5-year average rate of increase in volume and intensity of physicians' services equals 6.3 percent for surgical services, primary care services, other nonsurgical services, and all physicians' services.

Factor 4—Percentage Increase in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in FY 1994 Compared With FY 1993

Legislative changes enacted in OBRA '93 and changes in the regulations required by this law, implementation of the physician fee schedule (including refinements made in the RVUs for 1993 and 1994), and adjustments in the physician fee schedule update will have an impact on the performance standard rates of increase for FY 1994.

The net effect of implementation of the physician fee schedule after making the RVU refinements for 1993 and 1994 will increase payment rates and, therefore, the performance standard for primary care services. Similarly, the net effect of refinements in the RVUs and implementation of the new fee schedule will reduce payment rates for most surgical services and many nonsurgical services other than primary care and the performance standard rate of increase for each respective category of services. Implementation of the fee schedule will have no effect on the performance standard rates of increase for all physicians' services because the net effect of increases in payment for certain services and decreases in payment for other services will have a budget-neutral effect on payment for all physicians' services throughout the transition to the physician fee schedule. That is, payment rates are, in effect, being determined so that outlays for physicians' services under the physician fee schedule equal the outlays that would have occurred had the reasonable charge payment system been continued.

Another provision that will have a significant effect on this factor is the adjustment in the physician fee schedule update. This factor will have the effect of increasing the performance standard rates for surgical, primary care, and other nonsurgical services. Nonsurgical services other than primary care will also be affected by a payment freeze and a lower payment limit for clinical laboratory services. OBRA '93 also includes a provision to lower payment for practice expenses for certain services paid under the physician fee schedule. This provision will have the effect of lowering the MVPS for both surgical and nonsurgical services. An OBRA '93 provision that limits payment for the anesthesia care team will also have the effect of reducing the surgical services MVPS. After taking into account all of these legislative and regulatory provisions, this factor equals 1.4 percent for surgical services, 3.2 percent for primary care services, 1.9 percent for other nonsurgical services, and 2.0 percent for all physicians' services.

V. Regulatory Impact Statement

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that a notice will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, States and individuals are not entities, but we consider all physicians to be small entities.

We are not preparing a regulatory flexibility analysis since we have determined, and the Secretary certifies, that this notice will not have a significant economic impact on a substantial number of small entities.

Also, section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

We are not preparing a rural impact analysis since we have determined, and the Secretary certifies, that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

VI. Other Required Information

A. Waiver of Prior Notice and Comment Period for Classification of New Services as Surgical or Nonsurgical and the Listing of Primary Care Services

We ordinarily publish a proposed notice in the **Federal Register** and invite prior public comment on it. A proposed notice includes a reference to the legal authority under which it is proposed and the terms and substance of the proposed notice or a description of the subjects and issues involved. However, this procedure can be waived when an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons for it in the notice issued.

This notice references Addendum C (the list of CPT codes new or revised in 1994 that are designated as surgical or nonsurgical (other than primary care)) in the final rule with comment period, "Revisions to Payment Policies and Adjustments to the Relative Value Units under the Physician Fee Schedule for Calendar Year 1994 (BPD–770–FC)," published elsewhere in this **Federal Register** issue. The status of these codes is identified in the column labeled "Surgical/Nonsurgical Update." To the extent that it could be argued that the designation of these new or revised 1994 services as surgical, primary care, or another nonsurgical service requires prior notice and public comment, we are waiving those requirements.

These codes were not made available to us by the American Medical Association until this past summer. The unavailability of these codes at an earlier time prevented us from publishing a surgical and nonsurgical listing of new or revised 1994 CPT codes in proposed form, allowing for public comment, and publishing a final listing in time for the 1994 physician fee schedule. We need the surgical and nonsurgical designations to implement the CPT codes that are new or revised in 1994. Therefore, we believe it would have been impracticable to designate new or revised CPT codes as surgical or nonsurgical for notice and comment in a proposed notice. With regard to primary care services, the specific procedure codes are specified in the statute and not subject to notice and comment. The designations for all other codes were published for comment in our November 1992 notice. In this notice, we have responded to those comments.

All other CPT codes and alpha-numeric HCPCS codes are listed in Addendum B of BPD–770–FC. The status of these codes is identified in the column labeled "Surgical/Nonsurgical Update."

B. Inapplicability of 30–Day Delay in Effective Date

We usually provide a delay of 30 days in the effective date for final **Federal Register** documents. However, in this case, the performance standard rates of increase are required by law to be published in the last 15 days of October 1993 and are effective on October 1, 1993. Thus, the Congress has clearly indicated its intent that the rates of increase be implemented without the usual 30-day delay in the effective date and has foreclosed any discretion by us in this matter. Therefore, the requirement for a 30-day delay in the effective date does not apply to this notice. With regard to the physician fee schedule, the effective date will be January 1, 1994, which is more than 30 days beyond the publication date of this notice.

C. Paperwork Reduction Act

This notice does not impose paperwork or information collection requirements. Consequently, it need not be reviewed by the Executive Office of Management and Budget under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511).

(Sections 1848 (d) and (f) of the Social Security Act) (42 U.S.C. 1395w-4 (d) and (f))

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 29, 1993.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 9, 1993.

Donna E. Shalala,

Secretary.

[FR Doc. 93–29361 Filed 12–1–93; 8:45 am]

BILLING CODE 4120–01–P

federal register

Thursday
December 2, 1993

Part IV

Department of Education

34 CFR Part 647
Ronald E. McNair Postbaccalaureate Achievement Program; Proposed Rule

DEPARTMENT OF EDUCATION

34 CFR Part 647

RIN 1840–AB65

Ronald E. McNair Postbaccalaureate Achievement Program

AGENCY: Department of Education.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Secretary proposes to establish regulations for the Ronald E. McNair Postbaccalaureate Achievement Program (McNair). The proposed regulations are needed to implement the Higher Education Amendments of 1992. These regulations also clarify and simplify the requirements governing the program.

The purposes and allowable activities of the Ronald E. McNair Postbaccalaureate Achievement Program support the National Education Goals. Specifically, the program funds projects designed to increase the number of United States undergraduate and graduate students, especially women and minorities, who complete advanced degrees in numerous disciplines, including the fields of mathematics and science (Goal 4).

DATES: Comments must be received on or before January 3, 1994.

ADDRESSES: All comments concerning these proposed regulations should be addressed to May J. Weaver, U.S. Department of Education, room 5065, FOB #6, 400 Maryland Avenue SW., Washington, DC 20202–5249.

A copy of any comments that concern information collection requirements should also be sent to the Office of Management and Budget at the address listed in the Paperwork Reduction Act section of this preamble.

FOR FURTHER INFORMATION CONTACT: Eileen S. Bland, U.S. Department of Education, 400 Maryland Avenue SW., room 5065, Washington, DC 20202–5249. Telephone: (202) 708–4804. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339 between 8 a.m. and 8 p.m., Eastern time, Monday through Friday.

SUPPLEMENTARY INFORMATION:

Background

These proposed regulations would implement the Higher Education Amendments of 1992 (Pub. L. 102–325, enacted July 23, 1992). The Ronald E. McNair Postbaccalaureate Achievement Program provides grants to enable institutions of higher education to prepare low-income individuals who are first-generation college students and students from groups underrepresented in graduate education for doctoral study.

Projects assisted under this program may provide services such as (1) opportunities for research or other scholarly activities designed to prepare students for doctoral study; (2) summer internships; (3) seminars and other educational activities designed to prepare students for doctoral study; (4) tutoring; (5) academic counseling; (6) activities designed to assist participants in securing admission to and financial assistance for enrollment in graduate programs; (7) mentoring programs involving faculty members at institutions of higher education, students, or any combination of such persons; and (8) exposure to cultural events and academic programs not usually available to disadvantaged students.

The major provisions of these proposed regulations include the following:

1. *Allowable activities (§ 647.4).* Expand the allowable activities to allow for payment of participants' summer program costs including tuition, room and board, and transportation, in addition to the payment of a stipend for summer research internships up to a $2,400 maximum per student.

2. *Project period (§ 647.5).* Implement a statutory provision that expands the project period to four years—or five years in the case of applications that receive peer review scores in the highest 10 percent of all scores for approved new projects.

3. *Definitions (§ 647.7).* Implement definitions to clarify certain terms used including definitions of "graduate center" and "summer internship."

4. *Projects in territories (§ 647.20(3)).* Reflect a requirement in section 1204(a) of the Higher Education Act to give priority to applications from certain territories.

5. *Selection criteria (§ 647.21).* Implement application selection criteria to simplify and clarify the review and increase grantee accountability. The Secretary is especially interested in receiving comments on the feasibility of the data collection necessary to respond to the Need criterion (§ 647.21(b)). In addition, the proposed regulations would clarify and strengthen the requirements for a grantee's evaluation of a project.

6. *Prior experience (§ 647.22).* Implement the criteria for the evaluation of a grantee's prior experience to focus on project outcomes.

7. *Costs (§§ 647.30–647.31).* State the cost principles applicable to the McNair program and specify the allowable and unallowable costs under the program.

Regulatory Flexibility Act Certification

The Secretary certifies that these proposed regulations would not have a significant economic impact on a substantial number of small entities. The small entities that would be affected by these regulations are small institutions of higher education that receive Federal funds under this program. However, the regulations would not have a significant economic impact on the small entities affected because the regulations would not impose excessive regulatory burdens or require unnecessary Federal supervision. The regulations would impose minimal requirements to ensure the proper expenditure of program funds.

Paperwork Reduction Act of 1980

Sections 647.21, 647.22, and 647.32 contain information collection requirements. As required by the Paperwork Reduction Act of 1980, the Department of Education will submit a copy of these sections to the Office of Management and Budget (OMB) for its review. (44 U.S.C. 3504(h))

Institutions of higher education and combinations of those institutions are eligible to apply for grants to carry out McNair Program projects. The Department needs and uses the information to make grants. Annual public reporting burden for this collection of information is estimated to average 20 hours per response for 68 respondents, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Organizations and individuals desiring to submit comments on the information collection requirement should direct them to the Office of Information and Regulatory Affairs, OMB, room 3002, New Executive Office Building, Washington, DC 20503; Attention: Daniel J. Chenok.

Intergovernmental Review

This program is subject to the requirements of Executive Order 12372 and the regulations in 34 CFR part 79. The objective of the Executive order is to foster an intergovernmental partnership and a strengthened federalism by relying on processes developed by State and local governments for coordination and review of proposed Federal financial assistance.

In accordance with the order, this document is intended to provide early notification of the Department's specific plans and actions for this program.

Invitation to Comment

Interested persons are invited to submit comments and recommendations regarding these proposed regulations.

All comments submitted in response to these proposed regulations will be available for public inspection during and after the comment period in room 5065, FOB #6, 400 Maryland Avenue SW., Washington, DC, between the hours of 8:30 a.m. and 4 p.m., Monday through Friday of each week except Federal holidays.

Assessment of Educational Impact

The Secretary particularly requests comments on whether the proposed regulations in this document would require transmission of information that is being gathered by or is available from any other agency or authority of the United States.

List of Subjects in 34 CFR Part 647

Colleges and universities, Disadvantaged students, Educational programs, Graduate education, Discretionary grants, Reporting and recordkeeping requirement.

(Catalog of Federal Domestic Assistance Number 84.217—Ronald E. McNair Postbaccalaureate Achievement Program)

Dated: November 26, 1993.

Richard W. Riley,

Secretary of Education.

The Secretary proposes to amend title 34 of the Code of Federal Regulations by adding a new part 647 to read as follows:

PART 647—RONALD E. McNAIR POSTBACCALAUREATE ACHIEVEMENT PROGRAM

Subpart A—General

Sec.

Subpart B—Assurances

Subpart C—How Does the Secretary Make a Grant?

Subpart D—What Conditions Must Be Met by a Grantee?

Authority: 20 U.S.C. 1070a–11 and 1070a–15, unless otherwise noted.

Subpart A—General

§ 647.1 What is the Ronald E. McNair Postbaccalaureate Achievement Program?

The Ronald E. McNair Postbaccalaureate Achievement Program—referred to in these regulations as the McNair program—awards grants to institutions of higher education for projects designed to provide qualified students from disadvantaged backgrounds with opportunities that encourage and prepare them to undertake doctoral studies.

(Authority: 20 U.S.C. 1070a–11 and 1070a–15)

§ 647.2 Who is eligible for a grant?

Institutions of higher education and combinations of those institutions are eligible for grants to carry out McNair projects.

(Authority: 20 U.S.C. 1070a–11, 1070a–15, 1088, and 1141(a) and 1144a)

§ 647.3 Who is eligible to participate in a McNair project?

A student is eligible to participate in a McNair project if the student meets all the following requirements:

(a)(1) Is a citizen or national of the United States;

(2) Is a permanent resident of the United States;

(3) Is in the United States for other than a temporary purpose and provides evidence from the Immigration and Naturalization Service of his or her intent to become a permanent resident;

(4) Is a permanent resident of Guam, the Northern Mariana Islands, or the Trust Territory of the Pacific Islands (Palau); or

(5) Is a resident of the Freely Associated States—the Federated States of Micronesia or the Republic of the Marshall Islands.

(b) Is currently enrolled in a degree program at an institution of higher education that participates in the student financial assistance programs authorized under title IV of the HEA.

(c) Is a low-income individual who is a first-generation college student or is a member of a group that is underrepresented in graduate education.

(d) Has completed his or her sophomore year.

(e) Has not enrolled in doctoral level study at an institution of higher education.

(Authority: 20 U.S.C. 1070a–15)

§ 647.4 What activities and services may a project provide?

A McNair project may provide the following services and activities:

(a) Opportunities for research or other scholarly activities at the grantee institution or at graduate centers that are designed to provide participants with effective preparation for doctoral study.

(b) Summer internships.

(c) Seminars and other educational activities designed to prepare participants for doctoral study.

(d) Tutoring.

(e) Academic counseling.

(f) Assistance to participants in securing admission to and financial assistance for enrollment in graduate programs.

(g) Mentoring programs involving faculty members or students at institutions of higher education, or any combination of these persons.

(h) Exposure to cultural events and academic programs not usually available to project participants.

(Authority: 20 U.S.C 1070a–15)

§ 647.5 How long is a project period?

(a) Except as provided in paragraph (b) of this section, a project period under the McNair program is four years.

(b) The Secretary approves a project period of five years for applications that score in the highest ten percent of all applications approved for new grants under the criteria in § 647.21.

(Authority: 20 U.S.C. 1070a–11)

§ 647.6 What regulations apply?

The following regulations apply to the McNair program:

(a) The Education Department General Administrative Regulations (EDGAR) as follows:

(1) 34 CFR Part 74 (Administration of Grants to Institutions of Higher Education, Hospitals, and Nonprofit Organizations).

(2) 34 CFR Part 75 (Direct Grant Programs).

(3) 34 CFR Part 77 (Definitions that Apply to Department Regulations).

(4) 34 CFR Part 79 (Intergovernmental Review of Department of Education Programs and Activities).

(5) 34 CFR Part 82 (New Restrictions on Lobbying).

(6) 34 CFR Part 85 (Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Workplace (Grants)).

(7) 34 CFR Part 86 (Drug-Free Schools and Campuses).

(b) The regulations in this part 647.

(Authority: 20 U.S.C. 1070a–11 and 1070a–15)

§ 647.7 What definitions apply?

(a) *Definitions in EDGAR.* The following terms used in this part are defined in 34 CFR 77.1:

Applicant
Application
Budget
Budget Period
EDGAR
Equipment
Facilities
Fiscal Year
Grant
Grantee
Project
Project Period
Public
Secretary
Supplies

(b) *Other definitions.* The following definitions also apply to this part:

First-generation college student means—

(1) A student neither of whose parents received a baccalaureate degree; or

(2) A student who regularly resided with and received support from only one parent, and whose supporting parent did not receive a baccalaureate degree.

Graduate center means an educational institution as defined in sections 481, 1201(a), and 1204 of the HEA; and that—

(1) Provides instruction in one or more programs leading to a doctoral degree;

(2) Maintains specialized library collections;

(3) Employs scholars engaged in research that relates to the subject areas of the center; and

(4) Provides outreach and consultative services on a national, regional or local basis.

HEA means the Higher Education Act of 1965, as amended.

Individuals from groups underrepresented in graduate education means proportionate representation as measured by degree recipients, that is less than the proportionate representation in the general population, as indicated by—

(1) The most current edition of the Department's Digest of Educational Statistics (available from the U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202);

(2) The National Research Council's Doctorate Recipients from United States Universities (available from the National Research Council, 2001 Wisconsin Avenue NW., Washington, D.C. 20007);

(3) Other standard statistical references, as announced annually in the **Federal Register** notice inviting applications for new awards under this program; or

(4) As documented by national survey data submitted to and accepted by the Secretary on a case-by-case basis.

Institution of higher education means an educational institution as defined in sections 481, 1201(a) and 1204 of the HEA.

Low-income individual means an individual whose family's taxable income did not exceed 150 percent of the poverty level in the calendar year preceding the year in which the individual participates in the project. Poverty level income is determined by using criteria of poverty established by the Bureau of the Census of the U.S. Department of Commerce.

Summer internship means a practical educational experience in which participants, under the supervision of experienced practitioners, are provided an opportunity to engage in research or other scholarly activities that normally will occur between the junior and senior year of their undergraduate program.

(Authority: 20 U.S.C. 1070a–11, 1070a–15, and 1141)

Subpart B—Assurances

§ 647.10 What assurances must an applicant submit?

An applicant must submit as part of its application, assurances that—

(a) Each participant enrolled in the project will be enrolled in a degree program at an institution of higher education that participates in one or more of the student financial assistance programs authorized under title IV of the HEA;

(b) Each participant given a summer research internship will have completed his or her sophomore year of study; and

(c) (1) At least two thirds of the students to be served will be low-income individuals who are first-generation college students; and

(2) The remaining students to be served will be members of groups underrepresented in graduate education.

(Authority: 20 U.S.C. 1070a–15)

Subpart C—How Does the Secretary Make a Grant?

§ 647.20 How does the Secretary decide which new grants to make?

(a) The Secretary evaluates an application for a new grant as follows:

(1) (i) The Secretary evaluates an application on the basis of the selection criteria in § 647.21.

(ii) The maximum score for all the criteria in § 647.21 is 100 points. The maximum score for each criterion is indicated in parentheses with the criterion.

(2) (i) For an application from an applicant who has carried out a McNair project in the fiscal year immediately preceding the fiscal year for which the applicant is applying, the Secretary evaluates the applicant's prior experience on the basis of the criteria in § 647.22.

(ii) The maximum score for all the criteria in § 647.22 is eight points. The maximum score for each criterion is indicated in parentheses with the criterion.

(iii) If an applicant described in paragraph (a)(2)(i) of this section applies for more than one new grant in the same fiscal year, the Secretary applies the criteria in § 647.22 to those projects which seek to support existing McNair projects on that campus.

(3) The Secretary awards additional points equal to 10 percent of the application's score under paragraph (a)(1) and (2) of this section to an application for a project in Guam, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands (Palau), or the Northern Mariana Islands if the applicant meets the requirements of subparts A, B, and D of this part.

(b) The Secretary makes new grants in rank order on the basis of the total scores received by applications under paragraphs (a)(1) through (a)(3) of this section.

(c) (1) If the total scores of two or more applications are the same and there are insufficient funds for these applications after the approval of higher-ranked applications, the Secretary uses the remaining funds to achieve an equitable geographic distribution of all new projects.

(2) In making an equitable geographic distribution of new projects, the Secretary considers only the locations of new projects.

(d) The Secretary may decline to make a grant to an applicant that carried out a project that involved the fraudulent use of funds under section 402A(c)(2)(B) of the HEA.

(Authority: 20 U.S.C. 1070a–11 and 1070a–15)

§647.21 What selection criteria does the Secretary use?

The Secretary uses the following criteria to evaluate an application for a new grant:

(a) *Meeting the purpose of the McNair program* (27 points). The Secretary reviews each application to determine how well the proposed project will meet the purpose of the McNair program, i.e., effectively preparing students for doctoral programs, by evaluating—

(1) The quality of the services that the applicant will provide to prepare participants for postbaccalaureate programs;

(2) The quality of research and scholarly activities in which participants will be involved, as measured by the design of the research activities, the research methodology to be employed, and level of faculty assistance to be provided;

(3) The extent of the integration of project activities with each participant's overall educational plans; and

(4) The commitment of the project to the overall goals of the McNair program as evidenced by the applicant's efforts to prepare McNair participants for postbaccalaureate study.

(b) *Need for the project* (16 points). The Secretary reviews each application to determine the extent of need for a McNair project at the applicant institution based upon—

(1) The number and percent of low-income individuals who are first-generation college students who attend the institution;

(2) The number and percent of students identified in paragraph (b)(1) of this section who pursue a postbaccalaureate degree;

(3) The number and percent of the applicant's students who come from groups underrepresented in graduate education; and

(4) The number and percent of students identified in paragraph (b)(3) of this section who pursue a postbaccalaureate degree.

(c) *Plan of operation* (30 points). The Secretary reviews each application to determine the quality of the applicant's plan of operation including—

(1) The extent to which the applicant's plan includes specific objectives for the project period and each budget period that—

(i) Are consistent with the purposes of the program;

(ii) Are attainable within the budget or project period, given the project's budget and other resources;

(iii) Are measurable;

(2) The quality of the applicant's plan to use its resources and personnel to achieve each objective during the project period, including the adequacy of the time the director and all other project personnel will commit to the project;

(3) The extent to which the plan of management is effective and ensures proper and efficient administration of the project; and

(4) The process that the applicant will use to identify and recruit participants with potential for postbaccalaureate study and determine that such students—

(i) Are enrolled in programs of study in which a doctorate degree is the terminal degree; and

(ii) Have the capacity and motivation to enroll in graduate study; and

(5) The manner in which project participants who are otherwise eligible are selected without regard to race, color, national origin, gender, age, or disabling condition.

(d) *Quality of key personnel* (10 points). The Secretary evaluates the quality of key personnel the applicant plans to use on the project on the basis of the following:

(1) (i) The job qualifications of the project director.

(ii) The job qualifications of each of the project's other key personnel.

(iii) The quality of the project's plan for employing highly qualified persons, including the procedures to be used to employ members of groups underrepresented in higher education, including Blacks, Hispanics, American Indians, Alaska Natives, Asian Americans and Pacific Islanders (including Native Hawaiians).

(2) In evaluating the qualifications of a person, the Secretary considers his or her experience and training in fields related to the objectives of the project.

(e) *Adequacy of the resources and budget* (12 points).The Secretary evaluates the extent to which—

(1) The applicant's proposed allocation of resources in the budget is clearly related to the objectives of the project;

(2) Project costs and resources, including facilities, equipment, and supplies, are reasonable in relation to the objectives and scope of the project; and

(3) The applicant's proposed commitment of institutional resources to the McNair participants, including the commitment of time from institutional research faculty and the waiver of tuition and fees for McNair participants engaged in summer research projects.

(f) *Evaluation plan* (5 points). The Secretary evaluates the quality of the evaluation plan for the project on the basis of the extent to which the applicant's methods of evaluation—

(1) Are appropriate to the project's objectives;

(2) Provide for the applicant to determine, in specific and measurable ways, the success of the project in—

(i) Making progress toward achieving its objectives (a formative evaluation); and

(ii) Achieving its objectives at the end of the project period (a summative evaluation); and

(3) Provide for a description of other project outcomes, including the use of quantifiable measures, if appropriate.

(Authority: 20 U.S.C. 1070a–15)

§647.22 How does the Secretary evaluate prior experience?

(a) The Secretary reviews information relating to an applicant's performance as a grantee under the McNair program during the five fiscal years immediately preceding the fiscal year in which the application is submitted. This information includes performance reports, audit reports, site visit reports, and project evaluation reports.

(b) The Secretary evaluates the applicant's prior experience in delivery of services on the basis of the following criteria:

(1) (2 points) Whether the applicant consistently served the number and types of participants the project was funded to serve.

(2) (2 points) Whether the applicant was successful in providing the participants with research and scholarly activities and whether those activities had an impact on project participants.

(3) (4 points) The extent to which the applicant met or exceeded its funded objectives with regard to project participants as demonstrated by the number of participants who—

(i) Attained a baccalaureate degree;

(ii) Enrolled in a postbaccalaureate program; and

(iii) Attained a doctoral level degree.

(Authority: 20 U.S.C. 1070a–11 and 1070a–15)

§647.23 How does the Secretary set the amount of a grant?

(a) The Secretary sets the amount of a grant on the basis of—

(1) 34 CFR 75.232 and 75.323 for new grants; and

(2) 34 CFR 75.253 for the second and subsequent years of a project period.

(b) If the circumstances described in section 402A(b)(3) of the HEA exist, the Secretary uses the available funds to set the amount of the grant beginning in fiscal year 1995 at the lesser of—

(1) $190,000; or

(2) The amount requested by the applicant.

(Authority: 20 U.S.C. 1070a–11)

Subpart D—What Conditions Must Be Met by a Grantee?

§ 647.30 What are allowable costs?

The cost principles that apply to the McNair program are in 34 CFR part 74. Allowable costs include the following if they are reasonably related to the objectives of the project:

(a) Fees and transportation costs for activities of an academic or scholarly nature, such as trips to institutions of higher education offering doctoral programs, special lectures, symposia, and professional conferences in specific academic disciplines.

(b) For a student offered a summer research internship, stipends of up to $2,400 per year, provided that—

(1) The student completed his sophomore year of study at an eligible institution before his internship began; and

(2) The student participates in an approved research activity.

(c) Costs of a participant's summer program including tuition, room and board, and transportation.

(d) Purchase of computer hardware, software, and other equipment for student instruction and project administration and recordkeeping if specifically approved by the Secretary as being needed by the project. The Secretary may restrict the funds for capital equipment purchases to a certain percentage of the total grant for a project.

(Authority: 20 U.S.C. 1070a–15)

§ 647.31 What are unallowable costs?

Costs that are unallowable under the McNair program include, but are not limited to, the following:

(a) Payment of student tuition and fees for course work normally associated with obtaining a baccalaureate degree, or for course work conducted by faculty or staff or both paid from project funds.

(b) Fees or payments for test preparation, workshops, or courses that are not part of the project.

(c) Charges for tuition, stipends, room and board, or any other form of assistance to staff or participants in the project, except as specified in § 647.30(c).

(d) Construction, renovation, or remodeling of any facilities.

(Authority: 20 U.S.C. 1070a–15)

§ 647.32 What other requirements must a grantee meet?

(a) *Eligibility of participants.* (1) A grantee shall determine the eligibility of each student before the student is selected to participate. A grantee does not have to redetermine a student's eligibility once the student has been determined eligible in accordance with the provisions of paragraph (c) of this section; and

(2) A grantee shall determine the status of a low-income individual on the basis of the documentation described in section 402A(e) of the HEA.

(b) *Recordkeeping.* For each student, a grantee shall maintain a record of—

(1) The basis for the grantee's determination that the student is eligible to participate in the project under § 647.3;

(2) The grantee's need assessment for the participant;

(3) The services that are provided to the participant; and

(4) The specific educational progress made by the participant as a result of the services.

(c) *Other reporting requirements.* A grantee shall submit to the Secretary reports and other information as requested to evaluate program effectiveness.

(d) *Project director.* A grantee shall designate a project director who has—

(1) Authority to conduct the project effectively; and

(2) Appropriate professional qualifications, experience and administrative skills to effectively fulfill the objectives of the project.

(Authority: 20 U.S.C. 1070a–15)

[FR Doc. 93–29515 Filed 12–1–93; 8:45 am]

BILLING CODE 4000–01–P

federal register

Thursday
December 2, 1993

Part V

Environmental Protection Agency

40 CFR Part 35
Indian Tribes: General Assistance Grants for Environmental Protection Programs; Interim Final Rule

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 35

[FRL–4670–7]

Indian Tribes: General Assistance Grants for Environmental Protection Programs

AGENCY: Environmental Protection Agency (EPA).

ACTION: Interim final rule with request for comments.

SUMMARY: Under the Indian Environmental General Assistance Program Act of 1992 EPA must promulgate regulations that govern the award of general assistance grants to Indian tribal governments to build capacity to administer environmental protection programs on Indian lands. This interim final rule establishes the rules and procedures EPA will follow in awarding those grants.

DATE: *Effective Date:* EPA is publishing this rule as an interim final rule which is effective December 2, 1993.

Comment Date: EPA solicits comments on this interim rule until January 31, 1994.

ADDRESSES: Comments must be mailed (in duplicate, if possible) to B. Katherine Biggs, Office of Federal Activities (A–104), Environmental Protection Agency, 401 M Street SW., Washington, DC 20460.

The docket for this rule and copies of the public documents submitted will be available for public inspection and copying at a reasonable fee at EPA Headquarters Library, Public Information Reference Unit, room 2904, 401 M Street SW., Washington, DC 20460, telephone (202) 260–5926.

FOR FURTHER INFORMATION CONTACT: B. Katherine Biggs, Office of Federal Activities (A–104), U.S. Environmental Protection Agency, 401 M Street SW., Washington, DC 20460, at (202) 260–5078.

SUPPLEMENTARY INFORMATION: This preamble is organized according to the following outline:

I. Introduction

A. Statutory Background

On October 24, 1992, the President signed into law the Indian Environmental General Assistance Program Act of 1992 (Act). The purposes of the Act are to:

> (1) Provide general assistance grants to Indian tribal governments and intertribal consortia to build capacity to administer environmental regulatory programs that may be delegated by the [EPA] on Indian lands; and (2) provide technical assistance from the [EPA] to Indian tribal governments and intertribal consortia in the development of multimedia programs to address environmental issues on Indian lands.

Consistent with these purposes, the Act authorizes the Environmental Protection Agency (EPA) to provide general assistance grants to tribal governments and intertribal consortia for planning, developing, and establishing the capability to implement environmental protection programs administered by EPA on Indian lands.

The Act requires EPA to promulgate regulations establishing procedures governing such grants. Since FY 91, EPA has had authority to provide financial assistance to tribes for the development of the capacity to implement multimedia environmental programs. EPA has relied to the extent appropriate on its experience from administering these programs in developing this regulation.

B. Background of the Rulemaking

This interim final rule is consistent with federal policy regarding Indian tribes, including the EPA Indian Policy Statement and Implementation Guidance issued in November of 1984. It is promulgated as interim final, rather than as a proposed rule, in accordance with the Administrative Procedure Act, 5 U.S.C. 553(a), which exempts grants rules from the notice-and-comment requirements for rulemaking. Nevertheless, EPA solicits public comment on this interim final rule which takes effect today for prompt implementation of this new authority for awarding grants to Indian tribes.

II. Description of Program and Regulation

A. Purpose of General Assistance Grants

EPA's goal is to assist in the development of tribal environmental programs which are tailored to individual tribal needs. General assistance agreements are intended to assist Indian tribes in developing the capacity to manage their own environmental programs. General assistance agreements offer the opportunity for a tribe to develop an integrated environmental program, develop the capability to manage specific programs that can be delegated by EPA, and, as appropriate, plan and establish a core program for environmental protection. These assistance agreements provide the opportunity for the tribes to define and develop administrative and legal infrastructures, and to conduct assessments, monitoring, planning and other actions, and to undertake additional activities to develop environmental programs within a simplified administrative framework.

The primary purpose of these assistance agreements is to support the development of elements of a core environmental protection program, such as:

- Providing for tribal capacity-building to assure an environmental presence for identifying programs and projects, including developing proposals for environmental program grants and managing environmental work;
- Fostering compliance with federal environmental statutes by developing appropriate tribal environmental programs, ordinances and services; and
- Establishing a communications capability to work with federal, state, local and other tribal environmental officials.

The intent of the general assistance grant program is to provide maximum flexibility for the Agency to work with tribes to plan, develop, and establish the capability to implement effective environmental programs for Indian lands.

B. Relationship to Other Grant Programs

1. Grants Under Statutes Authorizing EPA To Treat Tribes in the Same Manner as It Treats States

EPA has a variety of authorities regarding protection of the environment on reservations. Several of the Agency's statutes authorize the provision of funds to tribes for specific media program activities. Receipt of general assistance under this program will not preclude a tribe from also receiving program or project-specific grants. Tribes remain eligible for categorical program, project-specific, and other EPA grants. Thus the Act is explicit in its requirement that the award of general assistance under

this authority shall not result in a reduction of EPA grants for environmental protection to the recipient. Conversely, general assistance agreements under the Act are not prerequisites to program-specific grants under other EPA authorities.

General assistance agreements must support the objectives of EPA's statutory and regulatory programs. Since the principal focus of this program is on the development of general tribal environmental capability, assistance will not be provided under this program for construction of specific facilities or for site-specific actions unless the Agency determines it is necessary to do so to carry out the purposes of the Act. Such determination shall include approval of EPA's National Program Manager for the General Assistance Program.

2. Grants for Regulation of Hazardous and Solid Waste

The Act expressly authorizes the use of general assistance funds for "planning, developing, and establishing the capability to implement programs administered by the Environmental Protection Agency * * * [including] the development and implementation of solid and hazardous waste programs for Indian lands."

A stated purpose of the Act is to build tribal capacity "to administer environmental regulatory programs that may be delegated by the Environmental Protection Agency on Indian lands." Several statutes expressly authorize EPA to approve tribal programs on Indian lands, by providing that EPA may treat tribes in the same manner in which it treats states. By contrast, the Resource Conservation and Recovery Act, which regulates hazardous and solid waste management, contains no express language authorizing program approvals on tribal lands, and EPA has not to date issued regulations authorizing approval of tribal programs (although such regulations are under development). The Agency believes that the Act's express reference to waste programs is intended to clarify that general assistance funds may be used to build capacity to administer environmental regulatory programs for waste, as well as water, air, and other media activities integral to planning, developing, and establishing environmental protection programs on Indian lands.

III. Eligibility

Federally recognized Indian tribes are eligible to receive general assistance agreements. The Bureau of Indian Affairs (BIA) periodically publishes a list of federally recognized tribal entities. See, e.g., 53 FR 52829–52832 (December 29, 1988). Any tribe that has gained recognition since the publication of that list and thus does not appear on it because the list has not been updated by BIA will need to notify EPA of this fact so EPA can verify this with BIA.

The Act defines "Indian tribal government" broadly to include tribal entities appearing on that list, including Alaska Native villages and regional or village corporations. However, Alaska Native village corporations and regional corporations are not deemed to be governmental bodies, and therefore, they are not eligible to receive general assistance for capacity-building to develop regulatory programs. They may, however, assist Alaska Native villages with funds provided to the villages, and in certain circumstances, village corporations and regional corporations may be eligible for direct funding for non-regulatory capacity-building activities, such as training or needs assessment.

Tribal consortia formed by two or more eligible tribes for the purpose of receiving general assistance agreements are eligible for general assistance agreements.

IV. Grant Limitations

A. Terms and Awards

The Act authorizes the establishment of a general assistance program for grants to Indian tribes. Section 11(d)(2) of the Act further provides that a grant awarded "under this subsection for a fiscal year shall be no less than $75,000." The Agency believes this means that each new grant awarded under this authority in a fiscal year must be for a minimum of $75,000. However, amendments under this authority to either new grants or grants originally awarded under the Multi-Media Assistance Program, may be made in such amounts as are appropriate in light of the nature and scope of the original project.

The Act further provides that the term of an award may exceed one year, with funds remaining available until expended. The Agency interprets this to mean that, while no new grant may be for an amount of less than $75,000, a grant of that amount may be for a period exceeding one fiscal year.

Finally, Section 11(d)(3) of the Act provides that a recipient "may receive a general assistance grant for a period of up to four years in each specific media area." EPA does not believe that this precludes more than one award for work in a particular area. However, the Agency has determined that, under this regulation, the term of an award made under the Act may not exceed four years. Grantees may reapply at the end of the grant period.

B. Tribal Share

Neither the statute nor this regulation requires that a tribe provide any share of project costs. However, in the absence of specific statutory authority, funds provided under this program may not be used as a cost share for any other federal program (see 40 CFR 31.24(b)(1)).

V. Grant Procedures

A. Grant Application and Management

The Act authorizes EPA, through this regulation, to establish procedures for this program. The Agency concludes that general assistance agreements should be governed by the requirements of 40 CFR part 31. These are standard EPA grant regulations that apply to financial assistance to state and local governments and Indian tribes. The Agency believes it is appropriate to apply these requirements in this program for two principal reasons. First, the requirements, which are not overly burdensome, are based on a common government-wide rule for administering federal grants. Second, these requirements generally govern all other EPA assistance to tribes; if tribes are to develop viable environmental programs, they must have or develop the ability to comply with these requirements.

Applicants must use the "Application for Federal Assistance: State and Local Non-Construction Programs" (Standard Form 424). Tribes receiving federal funds must comply with OMB Circular A–128 which implements the Single Audit Act of 1984. Circular A–128 assigns audit responsibilities based on the amount of federal funding. General Assistance agreements awarded under the authority of 42 U.S.C. 4368b are not subject to intergovernmental review.

B. Procurement Requirements

As noted above, general assistance agreements are subject to the EPA grant regulations applicable to state and local governments and tribes at 40 CFR part 31. In addition, ordinarily all procurements under federal financial assistance are subject to standard procurement requirements. However, the Agency believes that these requirements could prove to be burdensome to some tribes, particularly those who are just beginning to develop capacity. Although uniformity in administration of federal financial assistance programs is important, the Agency believes that Congress intended that this program be shaped flexibly to meet the needs of tribes developing

environmental management programs, and to encourage and facilitate tribal participation in this program. For this reason, for procurements of less than $50,000, grant recipients under this program will be provided with specific, but limited and controlled, variation from the standard federal procurement requirements at 40 CFR part 31. In summary:

- For procurements of $1000 or less, the recipient need only determine that the costs are reasonable. This procedure is consistent with the requirements for direct federal procurement.
- For purchases over $1000 and less than $25,000, the small purchase procedures in 40 CFR 31.36(d)(1) apply.
- For procurements of $25,000 and over but less than $50,000, the recipient must: (1) Solicit written bids/proposals from two or more sources; (2) provide a complete description of what the bid/proposal must cover; (3) provide criteria for evaluation of bids/proposals; (4) evaluate all bids/proposals objectively; and (5) notify all unsuccessful bidders/proposers. There is no requirement to formally announce the request for bids/proposals, and there is no formal panel for evaluation of the bids/proposals for procurements of $25,000 and over but less than $50,000.
- For procurements of $50,000 or over, the recipient must follow the procurement requirements in 40 CFR 31.36.

These procurement requirements are similar to the procurement requirements approved for use by recipients of Superfund Technical Assistance Grants. These procedures are simpler and easier than the standard requirements, but are generally consistent with the common rule and allow for adequate control, including audits, over procurements under these grants.

VI. Executive Order Clearance

Under Executive Order E.O. 12291, EPA must judge whether a new regulation is "major" and therefore subject to the requirement of a Regulatory Impact Analysis. This regulation does not satisfy any of the criteria the Executive Order specifies for a major rulemaking and therefore is not subject to a Regulatory Impact Analysis.

This Regulation was submitted to OMB for review as required by E.O. 12291 and cleared under E.O. 12866.

VII. Regulatory Flexibility Act

EPA did not develop a Regulatory Flexibility Analysis for this grant regulation because it is exempt from notice and comment rulemaking under section 553(a)(2) of the APA (5 U.S.C. 553(a)(2)), and therefore is not subject to the analytical requirements of sections 603 and 604 of the Regulatory Flexibility Act (5 U.S.C. 603 and 604).

VIII. Paperwork Reduction Act

The proposed regulation contains no new or additional information collection activities and, therefore, no information collection request (ICR) will be submitted to the Office of Management and Budget (OMB) for review in compliance with the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*

The information collection activities associated with the administrative requirements of assistance programs have already been approved under the provisions of the Paperwork Reduction Act at 44 U.S.C. 3501 *et seq* and have been assigned OMB control number 2030–0020.

The collection of information associated with the administrative requirements of assistance programs is estimated to have a public reporting burden averaging 29 hours per response and to require 3 hours per recordkeeper annually. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Chief, Information Policy Branch (PM–223Y); U.S. Environmental Protection Agency; 401 M Street, SW., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

List of Subjects in 40 CFR Part 35

Environmental protection, Grant programs-environmental protection, Grant programs-Indians, Indians, Reporting and recordkeeping requirements.

Dated: November 19, 1993.

Carol M. Browner,

Administrator.

For the reasons set forth in the preamble, EPA is amending 40 CFR part 35 as set forth below:

PART 35—STATE AND LOCAL ASSISTANCE

1. The authority citation for part 35 is revised to read as follows:

Authority: 42 U.S.C. 4368b.

2. Part 35 is amended by adding subpart Q consisting of §§ 35.10000 through 35.10035 to read as follows:

Subpart Q—General Assistance Grants to Indian Tribes

Sec.

Subpart Q—General Assistance Grants to Indian Tribes

§ 35.10000 Authority.

This subpart is issued under the Indian Environmental General Assistance Program Act of 1992 ("the Act"), 42 U.S.C. 4368b.

§ 35.10005 Purpose and scope.

(a) This subpart codifies requirements for administering general assistance grants to Indian tribal governments and intertribal consortia to build capacity to administer environmental regulatory programs on Indian lands.

(b) 40 CFR part 31, "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments," establishes consistency and uniformity among Federal agencies in the administration of grants and cooperative agreements to State, local, and Indian Tribal governments. This subpart supplements the requirements contained in 40 CFR part 31, including its provisions for accounting, auditing, evaluating, and reviewing any programs or activities funded in whole or in part by an EPA grant.

§ 35.10010 Definitions.

(a) *Indian tribal government.* Any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation (as defined in, or established pursuant to, the Alaska Native Claims Settlement Act (43 U.S.C. 1601, *et seq.*)), which is recognized by the United States Department of the Interior as eligible for the special services provided by the United States to Indians because of their status as Indians.

(b) *Intertribal Consortia or Intertribal Consortium.* A partnership between two or more Indian tribal governments authorized by the governing bodies of those tribes to apply for and receive assistance under this program.

(c) *General assistance.* Financial assistance provided under this program

to Indian tribal governments or to an intertribal consortia or consortium to cover the costs of planning, developing, and establishing the capability to implement environmental protection programs on Indian lands. General assistance may be provided through either a grant or a cooperative agreement in accordance with the Federal Grant and Cooperative Agreement Act, 31 U.S.C. 6301 *et seq.*

§ 35.10015 Eligible recipients.

The following entities are eligible to receive financial assistance under this program:

(a) An Indian tribal government.

(b) An intertribal consortium or consortia.

§ 35.10020 Eligible activities.

(a) Activities eligible for funding under this program are those for planning, developing, and establishing capability to implement environmental protection programs, including solid and hazardous waste programs.

(b) Alaska Native village corporations and regional corporations are not eligible to receive general assistance for capacity-building to develop regulatory programs.

§ 35.10025 Limitations.

Financial assistance provided under this program is subject to the following terms and limitations:

(a) No initial grant provided under this program for a fiscal year shall be for an amount less than $75,000. A grant amendment may be for an amount less than $75,000.

(b) No single grant awarded under this program may be for an amount exceeding ten percent of total annual funds appropriated under section 11(h) of the Act.

(c) Awards made pursuant to this section shall remain available until expended within the term of the award. The term of an award may exceed one year, but may not exceed four years.

(d) No award under this program shall result in reduction of total EPA grants for environmental programs to the recipient. Receipt of funds under this program shall not preclude an eligible Indian tribal government or intertribal consortium from receiving individual program or project-specific grants or cooperative agreements. Funds provided under this program may be used to supplement other funds provided by EPA through individual program or project-specific grants or cooperative agreements.

§ 35.10030 Grant management.

Procedures for accounting, auditing, evaluating, and reviewing any programs or activities funded in whole or in part for a general assistance grant under this program shall be governed by regulations at 40 CFR part 31.

§ 35.10035 Procurement under general assistance agreements.

Procurement of goods or services by recipients funded under this program shall be governed by the following requirements:

(a) *Competition.* To the extent permitted by 25 U.S.C. 450e(b):

(1) The recipient must provide maximum open and free competition.

(2) Recipients must not unduly restrict or eliminate competition.

(b) *Documentation.* Recipients must document all procurement activities with written records that furnish reasons for decisions.

(c) *Cost.*

(1) The recipient must determine that all costs are reasonable.

(2) The recipient must comply with the cost and price analysis requirements in 40 CFR 31.36(f).

(d) *Debarment.* Recipients and contractors must not make any contract at any time to anyone who is on the "List of Parties Excluded from Federal Procurement or Nonprocurement Programs."

(e) *Recipient Responsibility.*

(1) The recipient is responsible for the settlement and satisfactory completion of all contractual and administrative issues arising out of contracts entered into under a grant.

(2) The recipient must ensure that all contractors perform in accordance with the terms and conditions of the contract.

(f) *Responsible contractors.* The recipient shall award contracts only to responsible contractors that possess the potential ability to perform successfully under the terms and conditions of a proposed contract.

(g) *Disadvantaged business enterprises.* The recipient shall comply with the "Small, Minority, Women's and Labor Surplus Area Business" requirements in 40 CFR 31.36(e).

(h) *Illegal contracts.* Recipients may not award cost-plus-percentage-of-cost or percentage-of-construction-cost contracts.

(i) *Contract provisions.* The recipient must include the following provisions in each contract:

(1) Statement of work;

(2) Schedule for performance;

(3) Due dates for deliverables;

(4) Total cost of the contract;

(5) Payment provisions; and

(6) The following clauses from 40 CFR 33.1030, "Model contract clauses":

(i) Supersession;

(ii) Privity of Contract;

(iii) Termination;

(iv) Remedies;

(v) Audit, Access to Records;

(vi) Covenant Against Contingent Fees;

(vii) Gratuities;

(viii) Responsibility of the Contractor; and

(ix) Final Payment.

(j) *Subcontracting.* A contractor must comply with the following provisions in its award of subcontracts (these requirements do not apply to subcontractors for the supply of materials to produce equipment, materials, and subcontracts for catalog, off-the-shelf, or manufactured items):

(1) Section 35.10035(b) Documentation;

(2) Section 35.10035(c) Cost;

(3) Section 35.10035(d) Debarment;

(4) Section 35.10035(f) Responsible contractor;

(5) Section 35.10035(g) Disadvantaged business enterprises;

(6) Section 35.10035(h) Illegal contracts; and

(7) Section 35.10035(i) Contract provisions.

(k) *Bid protests.* The recipient must establish a procedure for resolving protests which complies with the provisions of 40 CFR 31.36(b)(12).

(l) *Procurement.* Recipients shall not divide any procurements into smaller parts to get under any dollar limit.

(1) If the aggregate amount of the purchase is $1000 or less, the recipient may make the purchase as long as the recipient demonstrates that the price is reasonable.

(2) If the aggregate amount of the proposed contract is over $1000 but less than $25,000, the recipient must obtain and document oral or written price quotations from two or more qualified sources.

(3) If the aggregate amount of the proposed contract is $25,000 and over but less than $50,000, the recipient must:

(i) Solicit written bids/proposals from two or more sources who are willing and able to do the work;

(ii) Provide to potential sources a clear and accurate description of the work to be performed;

(iii) Provide the criteria the recipient will use to evaluate bids/proposals;

(iv) Objectively evaluate all bids/proposals submitted; and

(v) Notify all unsuccessful bidders/proposers.

(4) If the aggregate amount of the proposed contract is $50,000 or over, the recipient must follow the procurement rules in 40 CFR 31.36.

(m) *Non-competitive procurements.* The recipient shall comply with the non-competitive procurement requirements in 40 CFR 31.36(d)(4).

[FR Doc. 93-29506 Filed 12-1-93; 8:45 am]

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federal register

Thursday
December 2, 1993

Part VI

The President

Proclamation 6632—World AIDS Day, 1993

Federal Register
Vol. 58, No. 230
Thursday, December 2, 1993

Presidential Documents

Title 3—

The President

Proclamation 6632 of November 30, 1993

World AIDS Day, 1993

By the President of the United States of America

A Proclamation

AIDS and HIV disease have cut short the lives of many Americans who had so much to contribute. They have plagued our sons and daughters, our mothers and fathers, our brothers and sisters, and our friends and co-workers. The devastating effects of AIDS have touched all of us. More than one million of our fellow citizens are infected with HIV, the virus that causes AIDS. Since January 1981, more than 340,000 Americans have developed AIDS, and more than 200,000 have died from complications resulting from AIDS.

On this World AIDS Day, we recognize and are humbled by the global impact of HIV disease. The World Health Organization estimates that more than 14 million people worldwide are infected with HIV and that more than 2.5 million have developed AIDS. By the end of this century, more than 30 million people will have been infected with HIV and, of those, more than 10 million adults will have developed AIDS.

The extent of HIV infection is overwhelming, but we must not allow ourselves to despair in the face of these daunting statistics. Instead, we must accelerate our efforts to find effective treatments, a vaccine, and an eventual cure for this scourge that haunts us.

This Administration has undertaken a new commitment to AIDS research and prevention and to the development of improved care and treatment for those with HIV disease. Through the strengthened Office of AIDS Research at the National Institutes of Health, we are increasing our efforts to improve treatments and working more effectively to find a cure for HIV and AIDS.

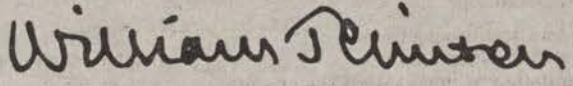
State governments and public health officials across our Nation have mobilized to educate the public and address the needs, not only of persons with AIDS, but also of their families and loved ones. Community-based organizations throughout the country have provided education, care programs, and support to those coping with HIV and their families. Volunteers across America, members of local service organizations, church groups, gay and lesbian service organizations, and thousands of individuals have heard the summons to action and have given selflessly of their time and energy. Those who labor to hasten the end of this terrible epidemic deserve our deep appreciation and admiration.

Education is our most effective tool in preventing the spread of HIV/AIDS. We need to ensure that all Americans will protect their lives and the lives of their loved ones by making safe and healthy choices. Government alone cannot solve this crisis. We all must look deep within our souls to find the compassion, the values, the spirit, and the commitment that will allow us to conquer this modern-day plague.

I call upon every American to join in the effort to fight the spread of HIV and to treat those living with HIV with dignity and respect. We all hope and pray for the day when we discover a cure and a preventive vaccine. Until that day—which I know will come—we all must work together, strengthen our resolve to marshal the resources necessary to end the epidemic, and increase our compassion for those who need our help in their struggle against HIV disease.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim December 1, 1993, as World AIDS Day, and I invite the Governors of the States, the Commonwealth of Puerto Rico, officials of other territories subject to the jurisdiction of the United States, and the American people to join me in reaffirming our commitment to combatting HIV/AIDS and to helping those living with this disease.

IN WITNESS WHEREOF, I have hereunto set my hand this thirtieth day of November, in the year of our Lord nineteen hundred and ninety-three, and of the Independence of the United States of America the two hundred and eighteenth.



[FR Doc. 93-29707
Filed 12-1-93; 11:01 am]
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Editorial note: For the President's remarks while visiting AIDS patients at Georgetown University Medical Center, see issue 48 of the *Weekly Compilation of Presidential Documents.*

Reader Aids

Federal Register

Vol. 58, No. 230

Thursday, December 2, 1993

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FEDERAL REGISTER PAGES AND DATES, DECEMBER

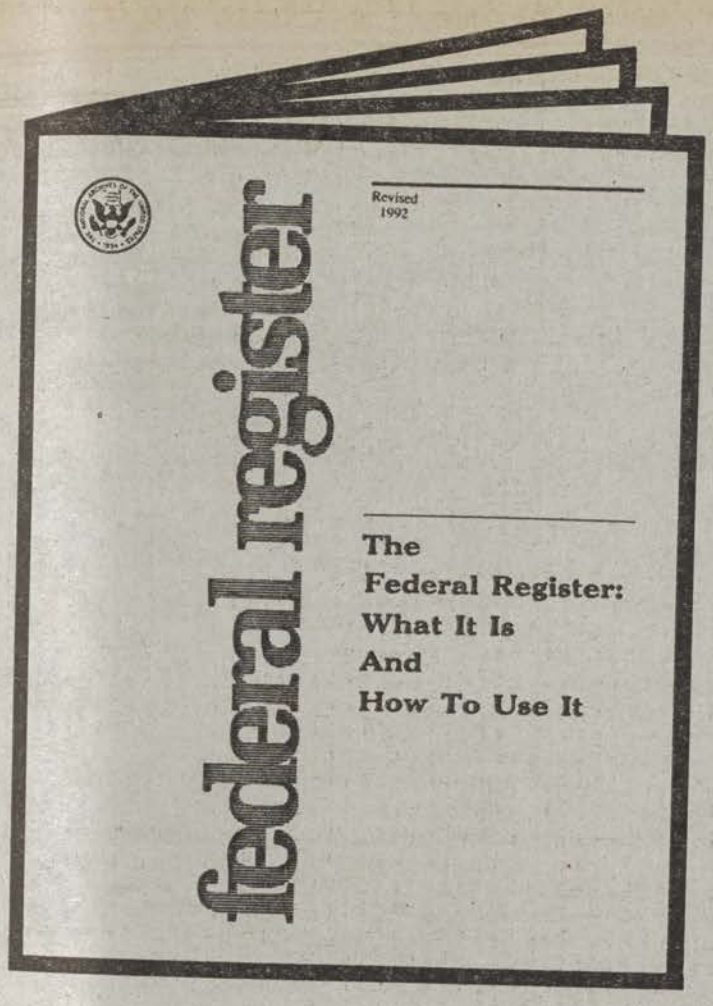
CFR PARTS AFFECTED DURING DECEMBER

At the end of each month, the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

LIST OF PUBLIC LAWS

Note: No public bills which have become law were received by the Office of the Federal Register for inclusion in today's **List of Public Laws.**

Last List November 30, 1993



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Of significant historical interest is Appendix C, which lists the agencies and functions of the Federal Government abolished, transferred, or changed in name subsequent to March 4, 1933.

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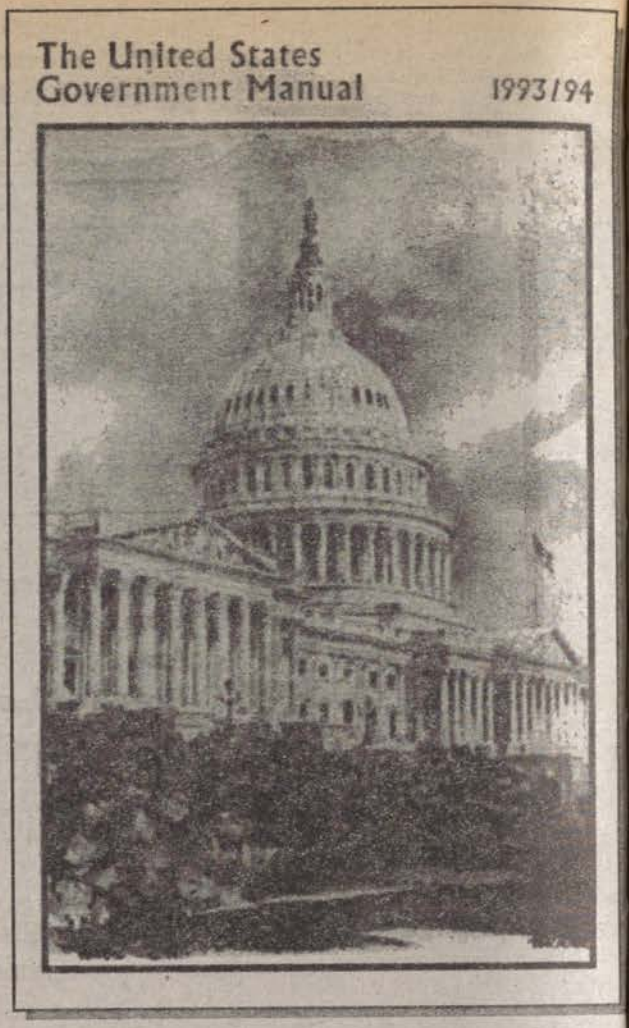

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