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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V2204		X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2205		X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2206		X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2207		X	Lens sphcy bifocal 4.25–7d/	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2208		X	Lens sphcy bifocal 4.25–7/2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2209		X	Lens sphcy bifocal 4.25–7/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2210		X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2211		X	Lens sphcy bifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2212		X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2213		X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2214		X	Lens sphcyl bifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2215		X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2216		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2217		X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2218		X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2219		X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2220		X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2299		X	Lens bifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2300		X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2301		X	Lens sphere trifocal 4.12–7	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2302		X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2303		X	Lens sphcy trifocal 4.0/.12–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2304		X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2305		X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2306		X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2307		X	Lens sphcy trifocal 4.25–7/	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2308		X	Lens sphc trifocal 4.25–7/2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2309		X	Lens sphc trifocal 4.25–7/4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2310		X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2311		X	Lens sphc trifo 7.25–12/.25–	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2312		X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2313		X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2314		X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2315		X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2316		X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2317		X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2318		X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2319		X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2320		X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2399		X	Lens trifocal speciality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2410		X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2430		X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2499		X	Variable asphericity lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2500		X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2501		X	Cntct lens pmma-toric/prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2502		X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2503		X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2510		X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2511		X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2512		X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2513		X	Contact lens extended wear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2520		P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2521		X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2522		X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2523		X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2530		X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2531		X	Contact lens gas permeable	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2599		X	Contact lens/es other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2600		X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610		X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615		X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623		X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624		X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625		X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626		X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627		X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628		X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629		X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630		X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631		X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632		X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700		X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710		X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V2715		X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718		X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730		X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740		X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741		X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742		X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743		X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744		X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750		X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755		X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760		X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770		X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780		X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781		X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785		X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2790		X	Amniotic membrane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799		X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008		N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010		N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011		N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014		N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020		N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030		N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040		N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050		N	Hearing aid monaural in ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060		N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070		N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080		N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100		N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110		N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120		N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130		N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140		N	Behind ear binaur hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150		N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160		N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170		N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180		N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190		N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200		N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210		N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220		N	Behind ear bicros hearing ai	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230		N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240		N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5241		N	Dispensing fee, monaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5242		N	Hearing aid, monaural, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5243		N	Hearing aid, monaural, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5244		N	Hearing aid, prog, mon, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5245		N	Hearing aid, prog, mon, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5246		N	Hearing aid, prog, mon, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5247		N	Hearing aid, prog, mon, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5248		N	Hearing aid, binaural, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5249		N	Hearing aid, binaural, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5250		N	Hearing aid, prog, bin, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5251		N	Hearing aid, prog, bin, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5252		N	Hearing aid, prog, bin, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5253		N	Hearing aid, prog, bin, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5254		N	Hearing aid, digit, mon, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5255		N	Hearing aid, digit, mon, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5256		N	Hearing aid, digit, mon, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5257		N	Hearing aid, digit, mon, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5258		N	Hearing aid, digit, bin, cic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5259		N	Hearing aid, digit, bin, itc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5260		N	Hearing aid, digit, bin, ite	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5261		N	Hearing aid, digit, bin, bte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5262		N	Hearing aid, disp, monaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5263		N	Hearing aid, disp, binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5264		N	Ear mold/insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5265		N	Ear mold/insert, disp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5266		N	Battery for hearing device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5267		N	Hearing aid supply/accessory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5268		N	ALD Telephone Amplifier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5269		N	Alerting device, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
V5270		N	ALD, TV amplifier, any type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5271		N	ALD, TV caption decoder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5272		N	Tdd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5273		N	ALD for cochlear implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5274		N	ALD unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5275		N	Ear impression	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299		R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336		N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362		R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363		R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364		R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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ADDENDUM C.—CODES WITH INTERIM RVUS

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
11981		A	Insert drug implant device	1.48	1.58	0.59	0.14	3.20	2.21	XXX
11982		A	Remove drug implant device	1.78	1.70	0.71	0.17	3.65	2.66	XXX
11983		A	Remove/insert drug implant	3.30	2.31	1.32	0.31	5.92	4.93	XXX
20526		A	Ther injection carpal tunnel	0.86	0.78	0.39	0.06	1.70	1.31	000
20551		A	Inject tendon origin/insert	0.86	0.78	0.39	0.06	1.70	1.31	000
20552		A	Inject trigger point, 1 or 2	0.86	0.78	0.39	0.06	1.70	1.31	000
20553		A	Inject trigger points, > 3	0.86	0.78	0.39	0.06	1.70	1.31	000
24300		A	Manipulate elbow w/anesth	3.75	NA	5.46	0.52	NA	9.73	090
24332		A	Tenolysis, triceps	7.45	NA	5.23	0.77	NA	13.45	090
24343		A	Repr elbow lat ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24344		A	Reconstruct elbow lat ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
24345		A	Repr elbw med ligmnt w/tiss	8.65	NA	7.91	1.21	NA	17.77	090
24346		A	Reconstruct elbow med ligmnt	14.00	NA	10.87	1.95	NA	26.82	090
25001		A	Incise flexor carpi radialis	3.38	NA	4.30	0.45	NA	8.13	090
25024		A	Decompress forearm 2 spaces	9.50	NA	8.17	1.20	NA	18.87	090
25025		A	Decompress forearm 2 spaces	16.54	NA	12.05	1.91	NA	30.50	090
25259		A	Manipulate wrist w/anesthes	3.75	NA	5.35	0.52	NA	9.62	090
25275		A	Repair forearm tendon sheath	8.50	NA	7.53	1.11	NA	17.14	090
25394		A	Repair carpal bone, shorten	10.40	NA	8.43	1.15	NA	19.98	090
25430		A	Vasc graft into carpal bone	9.25	NA	7.82	0.56	NA	17.63	090
25431		A	Repair nonunion carpal bone	10.44	NA	6.42	0.56	NA	17.42	090
25651		A	Pin ulnar styloid fracture	5.36	NA	4.39	0.73	NA	10.48	090
25652		A	Treat fracture ulnar styloid	7.60	NA	6.90	0.97	NA	15.47	090
25671		A	Pin radioulnar dislocation	6.00	NA	6.02	0.75	NA	12.77	090
26340		A	Manipulate finger w/anesth	2.50	NA	4.53	0.32	NA	7.35	090
26587		A	Reconstruct extra finger	14.05	4.67	NA	1.08	19.80	NA	090
28299		A	Correction of bunion	10.58	11.55	9.21	1.24	23.37	21.03	090
29086		A	Apply finger cast	0.62	0.81	0.50	0.07	1.50	1.19	000
29805		A	Shoulder arthroscopy, dx	5.89	3.23	3.23	0.83	9.95	9.95	090
29806		A	Shoulder arthroscopy/surgery	14.37	NA	11.33	2.01	NA	27.71	090
29807		A	Shoulder arthroscopy/surgery	13.90	NA	11.06	2.01	NA	26.97	090
29824		A	Shoulder arthroscopy/surgery	8.25	NA	7.48	1.16	NA	16.89	090
29900		A	Mcp joint arthroscopy, dx	5.42	NA	5.88	0.69	NA	11.99	090
29901		A	Mcp joint arthroscopy, surg	6.13	NA	6.28	0.81	NA	13.22	090
29902		A	Mcp joint arthroscopy, surg	6.70	NA	6.60	0.89	NA	14.19	090
33967		A	Insert ia percut device	4.85	2.01	1.96	0.27	7.13	7.08	000
33979		C	Insert intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33980		C	Remove intracorporeal device	0.00	0.00	0.00	0.00	0.00	0.00	090
35646		A	Artery bypass graft	31.00	NA	13.26	2.98	NA	47.24	090
35647		A	Artery bypass graft	28.00	NA	11.97	2.98	NA	42.95	090
35685		A	Bypass graft patency/patch	4.05	NA	1.50	0.41	NA	5.96	ZZZ
35686		A	Bypass graft/av fist patency	3.35	NA	1.24	0.34	NA	4.93	ZZZ
36002		A	Pseudoaneurysm injection trt	1.96	2.95	1.03	0.08	4.99	3.07	000
36400		A	Drawing blood	0.38	0.72	0.10	0.01	1.11	0.49	XXX
36820		A	Av fusion/forearm vein	14.00	NA	6.56	1.53	NA	22.09	090
43239		A	Upper GI endoscopy, biopsy	2.87	6.79	1.27	0.14	9.80	4.28	000
43313		A	Esophagoplasty congential	45.28	NA	22.01	5.43	NA	72.72	090
43314		A	Tracheo-esophagoplasty cong	50.27	NA	24.07	5.53	NA	79.87	090
44120		A	Removal of small intestine	17.00	NA	7.67	1.46	NA	26.13	090
44126		A	Enterectomy w/taper, cong	35.50	NA	18.03	0.36	NA	53.89	090
44127		A	Enterectomy w/o taper, cong	41.00	NA	20.56	0.41	NA	61.97	090
44128		A	Enterectomy cong, add-on	4.45	NA	1.78	0.45	NA	6.68	ZZZ

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
44160		A	Removal of colon	18.62	NA	8.65	1.55	NA	28.82	090
44203		A	Lap resect s/intestine, addl	4.45	NA	1.60	0.45	NA	6.50	ZZZ
44204		A	Laparo partial colectomy	25.08	NA	10.46	1.83	NA	37.37	090
44205		A	Lap colectomy part w/ileum	22.23	NA	9.31	1.55	NA	33.09	090
45136		A	Excise ileoanal reservoir	27.30	NA	12.66	2.19	NA	42.15	090
45380		A	Colonoscopy and biopsy	4.44	9.28	2.05	0.21	13.93	6.70	000
46020		A	Placement of seton	2.90	3.09	2.36	0.22	6.21	5.48	010
47370		A	Laparo ablate liver tumor rf	18.00	7.19	7.19	0.85	26.04	26.04	090
47371		A	Laparo ablate liver cryosug	16.94	6.76	6.76	0.85	24.55	24.55	090
47380		A	Open ablate liver tumor rf	21.25	8.48	8.48	0.85	30.58	30.58	090
47381		A	Open ablate liver tumor cryo	21.00	8.38	8.38	0.85	30.23	30.23	090
47382		A	Percut ablate liver rf	12.00	NA	5.37	0.85	NA	18.22	010
49491		A	Repairing hern premie reduc	11.13	NA	5.65	1.00	NA	17.78	090
49492		A	Rpr ing hern premie, blocked	14.03	NA	6.40	1.42	NA	21.85	090
52001		A	Cystoscopy, removal of clots	2.37	NA	0.98	0.32	NA	3.67	000
52347		A	Cystoscopy, resect ducts	5.28	NA	2.14	0.33	NA	7.75	000
53431		A	Reconstruct urethra/bladder	19.89	7.94	7.94	1.25	29.08	29.08	090
53444		A	Insert tandem cuff	13.40	NA	6.66	0.79	NA	20.85	090
53446		A	Remove uro sphincter	10.23	NA	8.46	0.61	NA	19.30	090
53447		A	Remove/replace ur sphincter	13.49	NA	7.90	0.79	NA	22.18	090
53448		A	Remov/replc ur sphinctr comp	21.15	NA	12.35	1.27	NA	34.77	090
53853		A	Prostatic water thermother	4.14	52.75	2.55	0.38	57.27	7.07	090
54162		A	Lysis penil circumcis lesion	3.00	NA	2.91	0.18	NA	6.09	010
54163		A	Repair of circumcision	3.00	NA	2.54	0.18	NA	5.72	010
54164		A	Frenulotomy of penis	2.50	NA	2.37	0.15	NA	5.02	010
54406		A	Remove multi-comp penis pros	12.10	NA	6.09	0.80	NA	18.99	090
54408		A	Repair multi-comp penis pros	12.75	NA	6.46	0.80	NA	20.01	090
54410		A	Remove/replace penis prosth	15.50	NA	7.36	0.80	NA	23.66	090
54411		A	Remv/replc penis pros, comp	16.00	NA	8.98	0.80	NA	25.78	090
54415		A	Remove self-contd penis pros	8.20	NA	5.35	0.55	NA	14.10	090
54416		A	Remv/repl penis contain pros	10.87	NA	6.94	0.55	NA	18.36	090
54417		A	Remv/replc penis pros, compl	14.19	NA	7.89	0.55	NA	22.63	090
56605		A	Biopsy of vulva/perineum	1.10	1.90	0.50	0.11	3.11	1.71	000
56810		A	Repair of perineum	4.13	NA	2.91	0.41	NA	7.45	010
57155		A	Insert uteri tandems/ovoids	6.27	NA	3.67	0.63	NA	10.57	090
58100		A	Biopsy of uterus lining	1.53	1.56	0.76	0.07	3.16	2.36	000
58346		A	Insert heyman uteri capsule	6.75	NA	3.84	0.68	NA	11.27	090
58953		A	Tah, rad dissect for debulk	32.00	NA	15.59	3.20	NA	50.79	090
58954		A	Tah, rad debulk/lymph remove	35.00	NA	16.71	3.50	NA	55.21	090
59001		A	Amniocentesis, therapeutic	3.00	NA	1.37	0.23	NA	4.60	000
64561		A	Implant neuroelectrodes	6.74	15.28	3.83	0.11	22.13	10.68	010
64581		A	Implant neuroelectrodes	13.50	NA	6.72	0.37	NA	20.59	090
64821		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64822		A	Remove sympathetic nerves	8.75	NA	7.09	0.99	NA	16.83	090
64823		A	Remove sympathetic nerves	10.37	NA	7.89	1.17	NA	19.43	090
67225		A	Eye photodynamic ther add-on	0.47	0.24	0.19	0.50	1.21	1.16	ZZZ
76085		A	Computer mammogram add-on	0.06	0.31	NA	0.02	0.39	NA	ZZZ
76092		A	Mammogram, screening	0.70	1.44	NA	0.09	2.23	NA	XXX
76362		A	Cat scan for tissue ablation	4.00	9.24	NA	1.38	14.62	NA	XXX
76394		A	Mri for tissue ablation	4.25	12.13	NA	1.43	17.81	NA	XXX
76490		A	Us for tissue ablation	2.00	2.13	NA	0.36	4.49	NA	XXX
76819		A	Fetal biophys profil w/o nst	0.77	1.83	NA	0.10	2.70	NA	XXX
77301		A	Radioltherapy dos plan, imrt	8.00	29.72	NA	1.41	39.13	NA	XXX
77418		A	Radiation tx delivery, imrt	0.00	16.07	NA	0.11	16.18	NA	XXX
88380		C	Microdissection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90471		A	Immunization admin	0.00	0.10	NA	0.01	0.11	NA	XXX
90472		A	Immunization admin, each add	0.00	0.10	NA	0.01	0.11	NA	ZZZ
90473		N	Immune admin oral/nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90474		N	Immune admin oral/nasal addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
90939		X	Hemodialysis study, transcut	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91123		B	Irrigate fecal impaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92136		A	Ophthalmic biometry	0.54	1.52	NA	0.07	2.13	NA	XXX
92973		A	Percut coronary thrombectomy	3.28	NA	1.37	0.17	NA	4.82	ZZZ
92974		A	Cath place, cardio brachytx	3.00	NA	1.26	1.18	NA	5.44	ZZZ
93025		A	Microvolt t-wave assess	0.75	6.42	NA	0.11	7.28	NA	XXX
93609		A	Map tachycardia, add-on	4.81	4.59	NA	0.66	10.06	NA	ZZZ
93613		C	Electrophys map, 3d, add-on	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
93701		A	Bioimpedance, thoracic	0.17	0.78	NA	0.02	0.97	NA	XXX
95250		A	Glucose monitoring, cont	0.00	1.44	NA	0.01	1.45	NA	XXX
95875		A	Limb exercise test	1.10	1.38	NA	0.09	2.57	NA	XXX
95965		C	Meg, spontaneous	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95966		C	Meg, evoked, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95967		C	Meg, evoked, each addl	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
96000		A	Motion analysis, video/3d	1.80	NA	0.72	0.02	NA	2.54	XXX
96001		A	Motion test w/ft press meas	2.15	NA	0.86	0.02	NA	3.03	XXX
96002		A	Dynamic surface emg	0.41	NA	0.16	0.02	NA	0.59	XXX

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician Work RVUs [3]	Fully implemented non-facility PE RVUs	Fully implemented facility PE RVUs	Malpractice RVUs	Fully implemented non-facility total	Fully implemented facility total	Global
96003		A	Dynamic fine wire emg	0.37	NA	0.15	0.03	NA	0.55	XXX
96004		A	Phys review of motion tests	1.80	0.72	0.72	0.08	2.60	2.60	XXX
96150		A	Assess hlth/behave, init	0.50	0.21	0.20	0.02	0.73	0.72	XXX
96151		A	Assess hlth/behave, subseq	0.48	0.21	0.19	0.02	0.71	0.69	XXX
96152		A	Intervene hlth/behave, indiv	0.46	0.20	0.18	0.02	0.68	0.66	XXX
96153		A	Intervene hlth/behave, group	0.10	0.04	0.04	0.01	0.15	0.15	XXX
96154		A	Interv hlth/behav, fam w/pt	0.45	0.19	0.18	0.02	0.66	0.65	XXX
96155		A	Interv hlth/behav fam no pt	0.44	0.18	0.18	0.02	0.64	0.64	XXX
96567		A	Photodynamic tx, skin	0.00	1.63	NA	0.03	1.66	NA	XXX
97602		B	Wound(s) care non-selective	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97802		A	Medical nutrition, indiv, in	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97803		A	Med nutrition, indiv, subseq	0.00	0.45	0.45	0.01	0.46	0.46	XXX
97804		A	Medical nutrition, group	0.00	0.17	0.17	0.01	0.18	0.18	XXX
99091		B	Collect/review data from pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99289		I	Pt transport, 30–74 min	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99290		I	Pt transport, addl 30 min	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
G0117		T	Glaucoma scrn hgh risk direc	0.45	0.97	0.22	0.02	1.44	0.69	XXX
G0118		T	Glaucoma scrn hgh risk direc	0.17	0.84	0.08	0.01	1.02	0.26	XXX
G0202	26	A	Screeningmammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0204	26	A	Diagnosticmammographydigital	0.87	0.35	0.35	0.03	1.25	1.25	XXX
G0206	26	A	Diagnosticmammographydigital	0.70	0.28	0.28	0.03	1.01	1.01	XXX
G0236	26	A	digital film convert diag ma	0.06	0.02	0.02	0.01	0.09	0.09	ZZZ

[1] CPT codes and descriptions only are copyright 2001 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

Carrier No.	Locality No.	Locality name	Work	Practice expense	Malpractice
00510	00	ALABAMA	0.978	0.870	0.807
00831	01	ALASKA	1.064	1.172	1.223
00832	00	ARIZONA	0.994	0.978	1.111
00520	13	ARKANSAS	0.953	0.847	0.340
31146	26	ANAHEIM/SANTA ANA, CA	1.037	1.184	0.955
31146	18	LOS ANGELES, CA	1.056	1.139	0.955
31140	03	MARIN/NAPA/SOLANO, CA	1.015	1.248	0.687
31140	07	OAKLAND/BERKELEY, CA	1.041	1.235	0.687
31140	05	SAN FRANCISCO, CA	1.068	1.458	0.687
31140	06	SAN MATEO, CA	1.048	1.432	0.687
31140	09	SANTA CLARA, CA	1.063	1.380	0.639
31146	17	VENTURA, CA	1.028	1.125	0.783
31146	99	REST OF CALIFORNIA*	1.007	1.034	0.748
31140	99	REST OF CALIFORNIA*	1.007	1.034	0.748
00824	01	COLORADO	0.985	0.992	0.840
00591	00	CONNECTICUT	1.050	1.156	0.966
00902	01	DELAWARE	1.019	1.035	0.712
00903	01	DC + MD/VA SUBURBS	1.050	1.166	0.909
00590	03	FORT LAUDERDALE, FL	0.996	1.018	1.877
00590	04	MIAMI, FL	1.015	1.052	2.528
00590	99	REST OF FLORIDA	0.975	0.946	1.265
00511	01	ATLANTA, GA	1.006	1.059	0.935
00511	99	REST OF GEORGIA	0.970	0.892	0.935
00833	01	HAWAII/GUAM	0.997	1.124	0.834
05130	00	IDAHO	0.960	0.881	0.497
00952	16	CHICAGO, IL	1.028	1.092	1.797
00952	12	EAST ST. LOUIS, IL	0.988	0.924	1.691
00952	15	SUBURBAN CHICAGO, IL	1.006	1.071	1.645
00952	99	REST OF ILLINOIS	0.964	0.889	1.157
00630	00	INDIANA	0.981	0.922	0.481
00826	00	IOWA	0.959	0.876	0.596
00650	00	KANSAS*	0.963	0.895	0.756
00740	04	KANSAS*	0.963	0.895	0.756
00660	00	KENTUCKY	0.970	0.866	0.877
00528	01	NEW ORLEANS, LA	0.998	0.945	1.283
00528	99	REST OF LOUISIANA	0.968	0.870	1.073
31142	03	SOUTHERN MAINE	0.979	0.999	0.666
31142	99	REST OF MAINE	0.961	0.910	0.666
00901	01	BALTIMORE/SURR. CNTYS, MD	1.021	1.038	0.916
00901	99	REST OF MARYLAND	0.984	0.972	0.774
31143	01	METROPOLITAN BOSTON	1.041	1.239	0.784
31143	99	REST OF MASSACHUSETTS	1.010	1.129	0.784
00953	01	DETROIT, MI	1.043	1.038	2.738
00953	99	REST OF MICHIGAN	0.997	0.938	1.571
00954	00	MINNESOTA	0.990	0.974	0.452
00512	00	MISSISSIPPI	0.957	0.837	0.779

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

Carrier No.	Locality No.	Locality name	Work	Practice expense	Mal-practice
00740	02	METROPOLITAN KANSAS CITY, MO	0.988	0.967	0.846
00523	01	METROPOLITAN ST. LOUIS, MO	0.994	0.938	0.846
00740	99	REST OF MISSOURI*	0.946	0.825	0.793
00523	99	REST OF MISSOURI*	0.946	0.825	0.793
00751	01	MONTANA	0.950	0.876	0.727
00655	00	NEBRASKA	0.948	0.877	0.430
00834	00	NEVADA	1.005	1.039	1.209
31144	40	NEW HAMPSHIRE	0.986	1.030	0.825
00805	01	NORTHERN NJ	1.058	1.193	0.860
00805	99	REST OF NEW JERSEY	1.029	1.110	0.860
00521	05	NEW MEXICO	0.973	0.900	0.902
00803	01	MANHATTAN, NY	1.094	1.351	1.668
00803	02	NYC SUBURBS/LONG I., NY	1.068	1.251	1.952
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.011	1.075	1.275
14330	04	QUEENS, NY	1.058	1.228	1.871
00801	99	REST OF NEW YORK	0.998	0.944	0.764
05535	00	NORTH CAROLINA	0.970	0.931	0.595
00820	01	NORTH DAKOTA	0.950	0.880	0.657
16360	00	OHIO	0.988	0.944	0.957
00522	00	OKLAHOMA	0.968	0.876	0.444
00835	01	PORTLAND, OR	0.996	1.049	0.436
00835	99	REST OF OREGON	0.961	0.933	0.436
00865	01	METROPOLITAN PHILADELPHIA, PA	1.023	1.092	1.413
00865	99	REST OF PENNSYLVANIA	0.989	0.929	0.774
00973	20	PUERTO RICO	0.881	0.712	0.275
00870	01	RHODE ISLAND	1.017	1.065	0.883
00880	01	SOUTH CAROLINA	0.974	0.904	0.279
00820	02	SOUTH DAKOTA	0.935	0.878	0.406
05440	35	TENNESSEE	0.975	0.900	0.592
00900	31	AUSTIN, TX	0.986	0.996	0.859
00900	20	BEAUMONT, TX	0.992	0.890	1.338
00900	09	BRAZORIA, TX	0.992	0.978	1.338
00900	11	DALLAS, TX	1.010	1.065	0.931
00900	28	FORT WORTH, TX	0.987	0.981	0.931
00900	15	GALVESTON, TX	0.988	0.969	1.338
00900	18	HOUSTON, TX	1.020	1.007	1.336
00900	99	REST OF TEXAS	0.966	0.880	0.956
00910	09	UTAH	0.976	0.941	0.644
31145	50	VERMONT	0.973	0.986	0.539
00973	50	VIRGIN ISLANDS	0.965	1.023	1.002
00904	00	VIRGINIA	0.984	0.938	0.500
00836	02	SEATTLE (KING CNTY), WA	1.005	1.100	0.788
00836	99	REST OF WASHINGTON	0.981	0.972	0.788
16510	16	WEST VIRGINIA	0.963	0.850	1.378
00951	00	WISCONSIN	0.981	0.929	0.939
00825	21	WYOMING	0.967	0.895	1.005

*Payment locality is serviced by two carriers.

Note: Work GPCI reflects only ¼ work GPCI in accordance with section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors for budget neutrality: Work = 0.99699; Practice Expense = 0.99235; Malpractice Expense = 1.00215.

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS

[Section 1877 of the Social Security Act]

CLINICAL LABORATORY SERVICES

INCLUDE CPT codes for all clinical laboratory services in the 80000 series, except EXCLUDE CPT codes for the following blood component collection services:

86890 ..... Autologous blood process
86891 ..... Autologous blood, op salvage
86915 ..... Bone marrow/stem cell prep
86927 ..... Plasma, fresh frozen
86930 ..... Frozen blood prep
86931 ..... Frozen blood thaw
86932 ..... Frozen blood freeze/thaw
86945 ..... Blood product/irradiation
86950 ..... Leukacyte transfusion
86965 ..... Pooling blood platelets
86985 ..... Split blood or products

INCLUDE the following HCPCS level 2 codes for other clinical laboratory services:

G0001 ..... Drawing blood for specimen
G0026 ..... Fecal leukocyte examination

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

G0027 ..... Semen analysis
G0103 ..... Psa, total screening
G0107 ..... CA screen; fecal blood test
G0123 ..... Screen cerv/vag thin layer
G0124 ..... Screen c/v thin layer by MD
G0141 ..... Scr c/v cyto,autosys and md
G0143–G0145 ..... Scr c/v cyto,thinlayer, rescr
G0147 ..... Scr c/v cyto, automated sys
G0148 ..... Scr c/v cyto, autosys, rescr
P2028 ..... Cephalin floculation test
P2029 ..... Congo red blood test
P2031 ..... Hair analysis
P2033 ..... Blood thymol turbidity
P2038 ..... Blood mucoprotein
P3000 ..... Screen pap by tech w md supv
P3001 ..... Screening pap smear by phys
P7001 ..... Culture bacterial urine
P9612 ..... Catheterize for urine spec
P9615 ..... Urine specimen collect mult

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

Q0111 ..... Wet mounts/w preparations
Q0112 ..... Potassium hydroxide preps
Q0113 ..... Pinworm examinations
Q0114 ..... Fern test
Q0115 ..... Post-coital mucous exam

PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH-LANGUAGE PATHOLOGY

INCLUDE the following CPT codes for the physical therapy/occupational therapy/speech-language pathology services in the 97000 series:

97001 ..... Pt evaluation
97002 ..... Pt re-evaluation
97003 ..... Ot evaluation
97004 ..... Ot re-evaluation
97010 ..... Hot or cold packs therapy
97012 ..... Mechanical traction therapy
97014 ..... Electric stimulation therapy
97016 ..... Vasopneumatic device therapy
97018 ..... Paraffin bath therapy

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

97020	Microwave therapy
97022	Whirlpool therapy
97024	Diathermy treatment
97026	Infrared therapy
97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current therapy
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97039	Physical therapy treatment
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97124	Massage therapy
97139	Physical medicine procedure
97140	Manual therapy
97150	Group therapeutic procedures
97504	Orthotic training
97520	Prosthetic training
97530	Therapeutic activities
97532	Cognitive skills development
97533	Sensory integration
97535	Self care mngment training
97537	Community/work reintegration
97542	Wheelchair mngment training
97545	Work hardening
97546	Work hardening add-on
97703	Prosthetic checkout
97750	Physical performance test
97799	Physical medicine procedure

INCLUDE CPT codes for physical therapy/occupational therapy/speech-language pathology services *not* in the 97000 series:

64550	Apply neurostimulator
90901	Biofeedback train, any meth
90911	Biofeedback peri/uro/rectal
92506	Speech/hearing evaluation
92507–92508	Speech/hearing therapy
92510	Rehab for ear implant
92526	Oral function therapy
93797	Cardiac rehab
93798	Cardiac rehab/monitor
94667–94668	Chest wall manipulation
94762	Measure blood oxygen level
95831	Limb muscle testing, manual
95832	Hand muscle testing, manual
95833–95834	Body muscle testing, manual
95851–95852	Range of motion measurements
96000	Motion analysis, video/3d
96001	Motion test w/ft press meas
96002	Dynamic surface emg
96003	Dynamic fine wire emg
96105	Assessment of aphasia
96110	Developmental test, lim
96111	Developmental test, extend
96115	Neurobehavior status exam

INCLUDE HCPCS level 2 codes for the following physical therapy/occupational therapy/speech-language pathology services:

G0193	Endoscopic study swallow functn
G0194	Sensory testing endoscopic stud
G0195	Clinical eval swallowing funct
G0196	Eval of swallowing with radioopa
G0197	Eval of pt for prescip speech devi
G0198	Patient adapation & train for spe
G0199	Reevaluation of patient use spec
G0200	Eval of patient prescip of voice p
G0201	Modi for training in use voice pro
Q0086	Physical therapy evaluation/

RADIOLOGY

INCLUDE the following radiology and certain other imaging services in the CPT 70000 series:

70100–70110	X-ray exam of jaw
70120–70130	X-ray exam of mastoids
70134	X-ray exam of middle ear
70140–70150	X-ray exam of facial bones
70160	X-ray exam of nasal bones
70190–70200	X-ray exam of eye sockets
70210–70220	X-ray exam of sinuses
70240	X-ray exam, pituitary saddle
70250–70260	X-ray exam of skull
70300–70310	X-ray exam of teeth
70320	Full mouth x-ray of teeth
70328	X-ray exam of jaw joint
70330	X-ray exam of jaw joints
70336	Magnetic image, jaw joint
70350	X-ray head for orthodontia
70355	Panoramic x-ray of jaws
70360	X-ray exam of neck
70370	Throat x-ray & fluoroscopy
70371	Speech evaluation, complex
70380	X-ray exam of salivary gland
70450	Ct head/brain w/o dye
70460	Ct head/brain w/dye
70470	Ct head/brain w/o&w dye
70480	Ct orbit/ear/fossa w/o dye
70481	Ct orbit/ear/fossa w/dye
70482	Ct orbit/ear/fossa w/o&w dye
70486	Ct maxillofacial w/o dye
70487	Ct maxillofacial w/dye
70488	Ct maxillofacial w/o&w dye
70490	Ct soft tissue neck w/o dye
70491	Ct soft tissue neck w/dye
70492	Ct sft tsue nck w/o & w/dye
70496	Ct angiography, head
70498	Ct angiography, neck
70540	Mri orbit/face/neck w/o dye
70542	Mri orbit/face/neck w/dye
70543	Mri orbt/fac/nck w/o&w dye
70544	Mr angiography head w/o dye
70545	Mr angiography head w/dye
70546	Mr angiograph head w/o&w dye
70547	Mr angiography neck w/o dye
70548	Mr angiography neck w/dye
70549	Mr angiograph neck w/o&w dye
70551	Mri brain w/o dye
70552	Mri brain w/dye
70553	Mri brain w/o&w dye
71010–71022	Chest x-ray
71023	Chest x-ray and fluoroscopy
71030	Chest x-ray
71034	Chest x-ray and fluoroscopy
71035	Chest x-ray
71100	X-ray exam of ribs
71101	X-ray exam of ribs/chest
71110	X-ray exam of ribs
71111	X-ray exam of ribs/ chest
71120–71130	X-ray exam of breastbone
71250	Ct thorax w/o dye
71260	Ct thorax w/dye
71270	Ct thorax w/o&w dye
71275	Ct angiography, chest
71550	Mri chest w/o dye
71551	Mri chest w/dye
71552	Mri chest w/o&w dye
71555	Mri angio chest w or w/o dye
72010–72020	X-ray exam of spine
72040–72052	X-ray exam of neck spine
72069	X-ray exam of trunk spine
72070–72074	X-ray exam of thoracic spine
72080–72090	X-ray exam of trunk spine
72100–72120	X-ray exam of lower spine
72125	Ct neck spine w/o dye
72126	Ct neck spine w/dye
72127	Ct neck spine w/o&w dye
72128	Ct chest spine w/o dye
72129	Ct chest spine w/dye
72130	Ct chest spine w/o&w dye
72131	Ct lumbar spine w/o dye
72132	Ct lumbar spine w/dye
72133	Ct lumbar spine w/o&w dye
72141	Mri neck spine w/o dye
72142	Mri neck spine w/dye
72146	Mri chest spine w/o dye
72147	Mri chest spine w/dye
72148	Mri lumbar spine w/o dye
72149	Mri lumbar spine w/dye
72156	Mri neck spine w/o&w dye
72157	Mri chest spine w/o&w dye
72158	Mri lumbar spine w/o&w dye
72170–72190	X-ray exam of pelvis
72191	Ct angiograph pelv w/o&w dye
72192	Ct pelvis w/o dye
72193	Ct pelvis w/dye
72194	Ct pelvis w/o&w dye
72195	Mri pelvis w/o dye
72196	Mri pelvis w/dye
72197	Mri pelvis w/o & w dye
72200–72202	X-ray exam sacroiliac joints
72220	X-ray exam of tailbone
73000	X-ray exam of collar bone
73010	X-ray exam of shoulder blade
73020–73030	X-ray exam of shoulder
73050	X-ray exam of shoulders
73060	X-ray exam of humerus
73070–73080	X-ray exam of elbow
73090	X-ray exam of forearm
73092	X-ray exam of arm, infant
73100–73110	X-ray exam of wrist
73120–73130	X-ray exam of hand
73140	X-ray exam of finger(s)
73200	Ct upper extremity w/o dye
73201	Ct upper extremity w/dye
73202	Ct uppr extremity w/o&w dye
73206	Ct angio upr extrm w/o&w dye
73218	Mri upper extremity w/o dye
73219	Mri upper extremity w/dye
73220	Mri uppr extremity w/o&w dye
73221	Mri joint upr extrem w/o dye
73222	Mri joint upr extrem w/ dye
73223	Mri joint upr extr w/o&w dye
73500–73510	X-ray exam of hip
73520	X-ray exam of hips
73540	X-ray exam of pelvis & hips
73550	X-ray exam of thigh
73560	X-ray exam of knee, 1 or 2
73562	X-ray exam of knee, 3
73564	X-ray exam, knee, 4 or more
73565	X-ray exam of knees
73590	X-ray exam of lower leg
73592	X-ray exam of leg, infant
73600–73610	X-ray exam of ankle
73620–73630	X-ray exam of foot
73650	X-ray exam of heel
73660	X-ray exam of toe(s)
73700	Ct lower extremity w/o dye
73701	Ct lower extremity w/dye
73702	Ct lwr extremity w/o&w dye
73706	Ct angio lwr extr w/o&w dye
73718	Mri lower extremity w/o dye
73719	Mri lower extremity w/dye
73720	Mri lwr extremity w/o&w dye
73721	Mri joint of lwr extre w/o d
73722	Mri joint of lwr extr w/dye

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

[Section 1877 of the Social Security Act]

73723	Mri joint lwr extr w/o&w dye
73725	Mr ang lwr ext w or w/o dye
74000–74020	X-ray exam of abdomen
74022	X-ray exam series, abdomen
74150	Ct abdomen w/o dye
74160	Ct abdomen w/dye
74170	Ct abdomen w/o&w dye
74175	Ct angio abdom w/o&w dye
74181	Mri abdomen w/o dye
74182	Mri abdomen w/dye
74183	Mri abdomen w/o&w dye
74185	Mri angio, abdom w or w/o dy
74210	Contrst x-ray exam of throat
74220	Contrast x-ray, esophagus
74230	Cine/video x-ray, throat/eso
74240–74245	X-ray exam, upper gi tract
74246–74249	Contrst x-ray uppr gi tract
74250	X-ray exam of small bowel
74290	Contrast x-ray, gallbladder
74291	Contrast x-rays, gallbladder
74710	X-ray measurement of pelvis
75552	Heart mri for morph w/o dye
75553	Heart mri for morph w/dye
75554	Cardiac MRI/function
75555	Cardiac MRI/limited study
75635	Ct angio abdominal arteries
76000	Fluoroscope examination
76006	X-ray stress view
76010	X-ray, nose to rectum
76020	X-rays for bone age
76040	X-rays, bone evaluation
76061–76062	X-rays, bone survey
76065	X-rays, bone evaluation
76066	Joint survey, single view
76085	Computer mammogram add-on
76090	Mammogram, one breast
76091	Mammogram, both breasts
76092	Mammogram, screening
76093	Magnetic image, breast
76094	Magnetic image, both breasts
76100	X-ray exam of body section
76101	Complex body section x-ray
76102	Complex body section x-rays
76120	Cine/video x-rays
76125	Cine/ video x-rays add-on
76150	X-ray exam, dry process
76370	CAT scan for therapy guide
76375	3d/holograph reconstr add-on
76380	CAT scan follow-up study
76390	Mr spectroscopy
76400	Magnetic image, bone marrow
76499	Radiographic procedure
76506	Echo exam of head
76511–76512	Echo exam of eye
76513	Echo exam of eye, water bath
76516–76519	Echo exam of eye
76536	Us exam of head and neck
76604	Us exam, chest, b-scan
76645	Us exam, breast(s)
76700	Us exam, abdom, complete
76705	Us exam, abdom, limited
76770	Us exam abdo back wall, comp
76775	Us exam abdo back wall, lim
76778	Us exam kidney transplant
76800	Us exam, spinal canal
76805	Us exam, pg uterus, compl
76810	Us exam, pg uterus, mult
76815	Us exam, pg uterus limit
76816	Us exam pg uterus repeat
76818	Fetal biophy profile w/nst
76819	Fetal biophys profil w/o nst
76825–76828	Echo exam of fetal heart
76830	Us exam, transvaginal
76831	Echo exam, uterus
76856	Us exam, pelvic, complete

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

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76857	Us exam, pelvic, limited
76870	Us exam, scrotum
76872	Echo exam, transrectal
76873	Echograp trans r, pros study
76880	Us exam, extremity
76885	Us exam infant hips, dynamic
76886	Us exam infant hips, static
76970	Ultrasound exam follow-up
76977	Us bone density measure
76999	Echo examination procedure

INCLUDE the following CPT codes for echocardiography and vascular ultrasound:

93303–93304	Echo transthoracic
93307–93308	Echo exam of heart
93320–93321	Doppler echo exam, heart, if used in conjunction with 93303–93308
93325	Doppler color flow add-on, if used in conjunction with 93303–93308
93875–93882	Extracranial study
93886–93888	Intracranial study
93922–93924	Extremity study
93925–93926	Lower extremity study
93930–93931	Upper extremity study
93965–93971	Extremity study
93975–93979	Vascular study
93980–93981	Penile vascular study
93990	Doppler flow testing

INCLUDE miscellaneous other HCPCS level 2 codes for radiology and certain other imaging services:

G0050	Residual urine by ultrasound
G0131–132	CT scan, bone density study
G0188	Xray lwr extrmty-full lngth
G0202	Screening mammography digital
G0204	Diagnostic mammography digital
G0206	Diagnostic mammography digital
G0236	digital film convert diag ma
R0070	Transport portable x-ray
R0075	Transport port x-ray multipl

RADIATION THERAPY SERVICES AND SUPPLIES

INCLUDE CPT codes for all radiation therapy services and supplies in the CPT 70000 series:

77261–77263	Radiation therapy planning
77280–77295	Set radiation therapy field
77299	Radiation therapy planning
77300	Radiation therapy dose plan
77301	Radioltherapy dos plan, imrt
77305–77315	Radiation therapy dose plan
77321	Radiation therapy port plan
77326–77328	Radiation therapy dose plan
77331	Special radiation dosimetry
77332–77334	Radiation treatment aid(s)
77336–77370	Radiation physics consult
77399	External radiation dosimetry
77401–77416	Radiation treatment delivery
77417	Radiology port film(s)
77418	Radiation tx delivery, imrt
77427	Radiation tx management, x5
77431	Radiation therapy management
77432	Stereotactic radiation trmt
77470	Special radiation treatment
77499	Radiation therapy management
77520	Proton trmt, simple w/o comp
77522	Proton trmt, simple w/comp
77523	Proton trmt, intermediate
77525	Proton treatment, complex
77600–77620	Hyperthermia treatment
77750	Infuse radioactive materials

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

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77761	Apply intrcav radiat simple
77762	Apply intrcav radiat interm
77763	Apply intrcav radiat compl
77776	Apply interstit radiat simpl
77777	Apply interstit radiat inter
77778	Apply iterstit radiat compl
77781–77784	High intensity brachytherapy
77789	Apply surface radiation
77790	Radiation handling
77799	Radium/radioisotope therapy

INCLUDE CPT codes for radiation therapy classified elsewhere:

31643	Diag bronchoscope/catheter
50559	Renal endoscopy/radiotracer
55859	Percut/needle insert, pros
61770	Incise skull for treatment
61793	Focus radiation beam
92974	Cath place, cardio brachytx

PREVENTIVE SCREENING TESTS, IMMUNIZATIONS AND VACCINES

The following CPT and HCPCS codes are excluded under § 411.355(h) as screening tests:

76085	Computer mammogram add-on
76092	Mammogram, screening
76977	Us bone density measure
G0103	Psa, total screening
G0107	CA screen; fecal blood test
G0123	Screen cerv/vag thin layer
G0124	Screen c/v thin layer by MD
G0141	Scr c/v cyto, autosys and md
G0143–G0145	Scr c/v cyto, thinlayer, rescr
G0147	Scr c/v cyto, automated sys
G0148	Scr c/v cyto, autosys, rescr
G0202	Screening mammography digital
P3000	Screen pap by tech w md supv
P3001	Screening pap smear by phys

The following CPT and HCPCS codes are excluded under § 411.355(h) as vaccines:

90657	Flu vaccine, 6–35 mo, im
90658	Flu vaccine, 3 yrs, im
90659	Flu vacine, whole, im
90732	Pneumococcal vaccine
90748	Hep b/hib vaccine, im
Q3018	Hepatitis B vaccine

DRUGS USED BY PATIENTS UNDERGOING DIALYSIS

The following HCPCS codes are excluded under § 411.355(g) as EPO and other dialysis related outpatient prescription drugs furnished in or by an ESRD facility:

J0635	Calcitriol injection
J0895	Deferoxamine mesylate inj
J1270	Injection, doxercalciferol
J1750	Iron dextran
J1755	Iron sucrose injection
J2915	NA Ferric Gluconate Complex
J2997	Alteplase recombinant
Q9920	Epoetin with hct <=20
Q9921	Epoetin with hct = 21
Q9922	Epoetin with hct = 22
Q9923	Epoetin with hct = 23
Q9924	Epoetin with hct = 24
Q9925	Epoetin with hct = 25
Q9926	Epoetin with hct = 26
Q9927	Epoetin with hct = 27
Q9928	Epoetin with hct = 28
Q9929	Epoetin with hct = 29
Q9930	Epoetin with hct = 30
Q9931	Epoetin with hct = 31
Q9932	Epoetin with hct = 32
Q9933	Epoetin with hct = 33
Q9934	Epoetin with hct = 34
Q9935	Epoetin with hct = 35

ADDENDUM E.—UPDATED LIST OF CPT [1]/HCPCS CODES USED TO DESCRIBE CERTAIN DESIGNATED HEALTH SERVICES UNDER THE PHYSICIAN REFERRAL PROVISIONS—Continued

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Q9936	Epoetin with hct = 36
Q9937	Epoetin with hct = 37
Q9938	Epoetin with hct = 38
Q9939	Epoetin with hct = 39
Q9940	Epoetin with hct >= 40

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